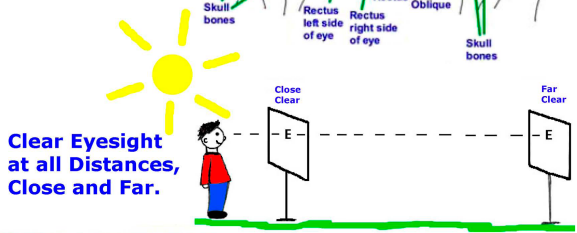
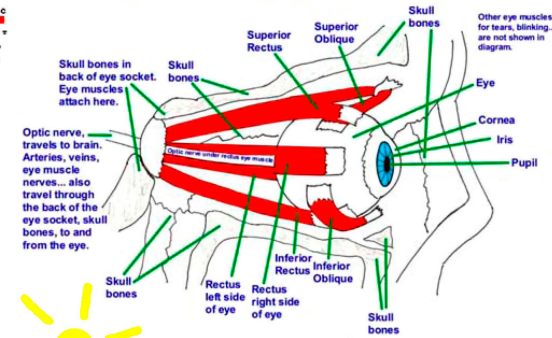


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# Ophthalmologist William H. Bates & The Bates Method History Natural Eyesight Improvement

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**5 C G O**  
**4 K B E R**  
**3 V Y R P T**  
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Does Your Boy Squint?  
 Avoid Squinting, Staring. Learn to 'Relax and Shift' For Clear Eyesight

## Dr. Bates Discovered Natural Eyesight Improvement Author of Better Eyesight Magazine & The Cure Of Imperfect Sight By Treatment Without Glasses

True Story of Ophthalmologist Bates 'Battle with the Optical, Medical Industry, Association' to teach and preserve the Bates Method of Natural Eyesight (Vision) Improvement. Bates Method History. Includes Dr. Bates Natural Treatments, Cures from his Better Eyesight Magazines and book. Natural treatment for clear vision, healthy eyes without eyeglasses, eye surgery, drugs. Includes 14 Natural Eyesight Improvement E-Books with Audio, Video Training.

# **Ophthalmologist William H. Bates & The Bates Method History**

## ***Natural Eyesight Improvement***



### **Experiments**

**Dr. Bates Inspecting Emily Lierman's Eyes,  
Focus-Refraction of Light Rays in the Eyes,  
Reflection of Light on the Cornea, Lens,  
Function of Eye Muscles, Clarity of Eyesight.**





**Ophthalmologist  
William H. Bates**

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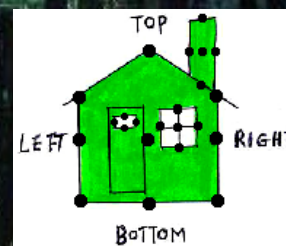
This book contains the basic Natural Eyesight Improvement treatments with 4 1/2 years of Ophthalmologist Bates Better Eyesight Magazine and History of The Bates Method. An entire Natural Eyesight Course in 17 PDF E-Books, videos is Free at;

[www.cleareyesight.info](http://www.cleareyesight.info) , [mclearsight@aol.com](mailto:mclearsight@aol.com)

# Do It Yourself – Natural Eyesight Improvement

## Original and Modern Bates Method & Better Eyesight Magazine

by Ophthalmologist William H. Bates



[Video-Click Here](#)

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Double Click this symbol for Audio Natural Vision Improvement Lessons.

## E-Books;

[Better Eyesight Magazine Illustrated with 500 Pictures](#) by Dr. William H. Bates  
[Stories From The Clinic](#) by Emily C. Lierman/Bates  
[The Cure of Imperfect Sight by Treatment Without Glasses](#) by Dr. Bates  
[Medical Articles](#) by Dr. Bates  
[Use Your Own Eyes](#) by Dr. William B. MacCracken  
[Normal Sight Without Glasses](#) by Dr. William B. MacCracken  
[Strengthening The Eyes](#) by Bernarr MacFadden  
[Reading, Seeing Fine Print Clear](#) by Clark Night  
[EFT - Emotional Freedom Technique](#) by Clark Night

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## DISCLAIMER & DIRECTIONS

Contact lenses cannot be worn before, during, after practicing Natural Eyesight Improvement. Contacts will not fit the eye, cornea as it changes to normal, healthy shape and function with practice of The Bates Method. Contact lenses can scrape, injure, infect the eyes cornea, eyes, impairing the vision, eyes health. The eye can change shape often with or without practice of Natural Eyesight Improvement. Contact lenses are never a perfect fit to the eye. Avoid wearing contact lenses.

Natural Eyesight Improvement normalizes the eyes pressure, improves eye health. If the reader has any eye condition, Glaucoma... check with your Eye Doctor first before practicing The Bates Method, Natural Eyesight Improvement. Eye drops, drugs, medicine, un-natural treatments for eye pressure may need to be changed, reduced, discontinued.

Natural Eyesight Improvement changes the shape of the eye, cornea back to normal, healthy condition. If eye, retina, cornea, cataract... surgery has been done on the eyes; check with a Eye Doctor first to be sure the surgery and Natural Eyesight Improvement do not conflict, interfere with eachother; with the eye shape, condition the doctor has fit the surgery to. Natural Eyesight Improvement may help the surgery, eye to heal or it may work against the surgery because; Natural Eyesight Improvement brings the eye, cornea to normal shape-but, the surgery may have been done to place, keep the eye in a abnormal shape, the shape it was in before the surgery or a new abnormal shape. Example; Retina surgery done on a eye that is abnormally lengthened due to advanced Nearsight, many years wearing eyeglasses or a injury may act differently if the patient practices Natural Eyesight Improvement and returns the eye to normal, round shape, normal eye pressure, normal fluid, circulation flow... Same warning for eye cornea laser and other surgeries. Possibly cataract lens surgery. Read complete directions in the free PDF E-book. People have regained clear vision after unsuccessful eye muscle, cataract and other surgery but always check with a eye doctor, preferably a Bates Method, Natural Eyesight Improvement Ophthalmologist, Teacher.

The 14 E-books listed below are Free with any Paperback, Kindle or PDF E-Book Purchase. Send your receipt # to;

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Your purchase supports free and low cost Natural Eyesight Improvement and Donations to the Guide Dog Schools, Perkins School for the Blind, DAV, ASPCA at; <http://cleareyesight.info/id73.html>

## 14 PDF E-Books: Natural Eyesight (Vision) Improvement Training

### Do It Yourself-Natural Eyesight Improvement-Original and Modern Bates Method

- + [A Exact Copy the Author's Natural Eyesight Improvement Website](#) in book form, with all Training, Activities, Treatments, Text, Pictures, Downloads, Links.
  - + [Natural Eyesight Improvement Training Book](#) with 100+ Color Pictures. Less reading: Easy to learn steps-Read the short directions on the pictures to quickly learn, apply a treatment, activity for Fast Vision Improvement. (All of Dr. Bates, Clark Night's Kindle, PDF & Paperback books are in this E-Book.)
  - + [Better Eyesight Magazine](#) by Ophthalmologist William H. Bates - (Unedited, Full Set - 132 Magazine Issues - 11 Years-July, 1919 to June, 1930.) Illustrated with 500 Pictures and additional, up to date Modern Natural Eyesight Improvement Training.
  - + [Original Better Eyesight Magazine](#) by Ophthalmologist William H. Bates - [Photo copy of all his Original Antique Magazine Pages](#) in the 1900's Print. (Unedited, Full Set 132 Magazine Issues - 11 Years-July, 1919 to June, 1930.) A History Book. Learn Natural Eyesight Improvement Treatments directly from the Original Eye Doctor that discovered and practiced this effective, safe, natural method! Magazines & Method Hidden from the public by eye surgeons, Optometrists, optical businesses for over 100 years because this method works and frees the patient from the need to purchase eyeglasses, drugs, unnecessary eye surgery. Yes, it can and has reversed cataracts and other eye conditions!
  - + [The Cure of Imperfect Sight by Treatment Without Glasses](#) by Dr. Bates (Photo Copy of the Original Antique Book Pages) with Pictures. Dr. Bates First, Original Book. (Text version with Modern Treatments included.) 2nd Printing Title: Perfect Sight Without Glasses.
  - + [Medical Articles](#) by Dr. Bates - with Pictures.
  - + [Stories From The Clinic](#) by Emily C. A. Lierman/Bates. (Dr. Bates Clinic Assistant, Wife.)
  - + [Use Your Own Eyes](#) by Dr. William B. MacCracken M.D. (Trained with Dr. Bates.)
  - + [Normal Sight Without Glasses](#) by Dr. William B. MacCracken M.D.
  - + [Strengthening The Eyes](#) by Bernarr MacFadden & Dr. Bates - with Pictures and Modern Training. (Trained with Dr. Bates. One of the First Physical Fitness Teachers.)
  - + [EFT Training Booklet](#) - with Acupressure, Energy balance, strengthening, Positive Emotions. Easy step by step directions with Pictures.
  - + [Seeing, Reading Fine Print Clear, Clear Close Vision](#) (Presbyopia Treatments) with Videos.
  - + [Eight Correct, Relaxed Vision Habits](#)- A Quick Course in Natural Eyesight Improvement.
  - + [Astigmatism Removal Treatments](#) - Natural Eyesight Improvement with Astigmatism Swings, Eyecharts and Videos.
  - + [Eyecharts Booklet](#) with Natural Eyesight Improvement Basic Training.
  - + [Eyecharts](#) - 15 Large, Small and Fine Print Big C, E Charts for Close and Distant Vision, White and Black Letter Charts, Tumbling E Chart, Astigmatism Test and Removal Charts, Behavioral Optometry Charts. Eyechart Video Lessons.
  - + [Audio Lessons in Every Chapter](#)
  - + [Video Links in Training Chapters](#) - Learn a Treatment, Activity Quick and Easy.
  - + [Videos Page](#): Links to 35+ Natural Eyesight Improvement Training Videos; YouTube and on the Author's Website. Download Videos to DVD with Real Player SP, Convert for Television. Watch YouTube Videos on Cable TV. Watch for new videos in 2011-2012.
- E-Book contains over 1500 pages. 650+ Color Pictures. No security; print, bind all 14 books. Read the Books, Watch the Videos for Complete Natural Eyesight Improvement Training. Check the 'New Stuff Page' on <http://cleareyesight.info/id61.html> for notice when new Chapters, Activities are added to the PDF, Kindle Books. Contact [mclearsight@aol.com](mailto:mclearsight@aol.com) for the new download link. Print the pages, add them to the Paperback Book.



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## Dedication

### To Ophthalmologist William H. Bates

**William H. Bates, Ophthalmologist discovered and perfected Natural Eyesight Improvement, 'The Bates Method'. He discovered the natural principles, true, normal function of the eyes (visual system) and applied natural methods, relaxation to return the eyes, eye muscles, nerves, mind/brain, thought patterns, body (entire visual system) to natural, normal function with healthy eyes and clear vision.**

**The Bates Method of Natural Eyesight Improvement.**

**He cured; unclear close and distant vision, astigmatism, crossed, wandering eyes, cataracts, glaucoma, and other eye conditions. Natural Eyesight (Vision) Improvement was practiced years before Dr. Bates discovered it. It is the normal, natural function of the eyes. Hidden from the public by eye surgeons, Optometrists, optical businesses for over 100 years because this method works, is easy, anyone can learn, teach it, including children. It produces healthy eyes, clear vision and frees the patient from the need to purchase eyeglasses, drugs, unnecessary eye surgery. Yes, it can and has reversed cataracts!**

**Dr. Bates worked his entire life treating people successfully with Natural Eyesight Improvement. When he cured the eyes, vision of many patients, medical students and other doctors in the hospital where he worked with natural treatments, without use of eyeglasses, surgery, drugs and proved his method is fact and that some of the old theories of eye function are incorrect, only theories; the doctors, eye surgeons that preferred to sell eyeglasses, surgery, drugs became angry and expelled him. (See: 'Reason and Authority' and 'Dr. Bates Lecture' in Better Eyesight Magazine: November, 1919, April, 1923 and Articles in his book.)**

**Dr. Bates then opened his own office, a Clinic in Harlem, New York City. He treated thousands of people by natural methods, including many of the poor people that had little money. He kept his price for medical treatment low and also provided no charge office visits 'Free Clinic Days' for people that could not afford to pay for a visit to an Ophthalmologist. His treatments were successful. He cured the young and old, people of all ages, nationalities, cured a variety of eye conditions.**

**The Bates Method is so simple and effective that many of his cured patients, 'often children' then went on to cure their friends, family, parents, teachers and other children of defective vision including crossed, wandering eyes. Read the 'true story of the two little girls that restored a blind mans eyesight' in the Oct. 1925 Magazine Issue. Read Dr. Bates full story in 'Better Eyesight Magazine' and his book 'The Cure of Imperfect Sight by Treatment Without Glasses'.**

**Dr. Bates recorded 11 years of work in his clinic, his patients and their varied treatments in his Better Eyesight Magazines, Books and Medical Articles. Dr. Bates Better Eyesight Magazines contain many Natural Treatments, a variety of Activities, Directions, Articles describing how Dr. Bates, Emily Lierman Bates, (his Clinic assistant, wife) and other eye Doctors, School Teachers, Bates Method Students, Bates Teachers, Children and Parents used Natural Treatments to remove, correct, prevent many different eye problems: unclear close and distant vision (nearsight, myopia, farsight, presbyopia), astigmatism, cataracts, glaucoma, conical cornea, cornea ulcers & scars, retinitis pigmentosa, wandering/crossed eyes (strabismus), amblyopia and other eye conditions. Done without eyeglasses, surgery, drugs. Dr. Bates used surgery, drugs only when necessary, (Eye injury, infection...).**

**The magazines contain 'True Life Stories' of the doctors, assistants, patients, treatments. Interesting, entertaining, fun to read. A History book, life in the early 1900's. Vision improvement based 'Fairy Stories' and other articles for children are included. The stories produce a positive, relaxed state of mind, activate,**



**Dr. William H. Bates  
Ophthalmologist - M.D.  
Eye, Ear, Nose & Throat.  
Discovered the Principles  
of Eye Function-Natural  
Eyesight Improvement.**



**Fig. 37. Myopic Astigmatism comes and Goes According as the Subject Looks at Distant Objects With or Without Strain**

**No. 1.—Patient regarding the Snellen test card at ten feet without effort and reading the bottom line with normal vision.**

**No. 2.—The same patient making an effort to see a picture at twenty feet. The retinoscope indicated compound myopic astigmatism.**



**Fig. 43**

**Patient with atrophy of the optic nerve gets flashes of improved vision after palming.**



improve the memory and imagination, teach Natural Eyesight Improvement, normal, correct eye functions. This improves the eyesight.

Dr. Bates discovered Natural Eyesight Improvement over 100 years ago - Started around the year 1886. Dr. Bates Better Eyesight Magazines, books are the original source of The Bates Method and true Natural Eyesight Improvement. The Original Better Eyesight Magazine collection is proof that Ophthalmologist William H. Bates discovered the Bates Method, Natural Eyesight (Vision) Improvement and is the True Author of the Magazine.

The Optical, Medical Industry/Association and most Eye Doctors, Opticians have hidden Dr. Bates work, magazines, books, articles, Natural Eyesight Improvement from the public for over 100 years because: The Bates Method improves the clarity of vision, eye function, Dr. Bates writings are proof that Natural Eyesight Improvement works, produces clear vision, healthy eyes, it describes, teaches people how to apply Natural Eyesight Improvement & obtain clear vision 'on their own' and prevents the need for purchasing eyeglasses, contact lenses, sunglasses, eye surgery and drugs. The Bates Method is safe, healthy for the eyes, reverses and prevents vision impairment.

After Dr. Bates death, the Optical Industry, Medical Doctors/Association destroyed Dr. Bates magazines, books, articles, removed them from libraries, schools, colleges, bookstores in an attempt to hide the truth about Natural Eyesight Improvement from the public, prevent people from curing their eyesight.

They bribed dishonest politicians, judges to pass laws preventing the public from teaching Natural Eyesight Improvement. They passed a law stating that only an eye doctor can teach the Bates Method. Most doctors refused to teach it. Ophthalmology, Optometry, Optician Colleges hid it, refused to teach it and Eye Doctors were taught in College to ignore the Bates Method. Honest eye doctors were afraid to teach it, were told that they would lose their medical license if they used it in their practice.

A few honest Eye Doctors, Bates Teachers, Students, Libraries from the 1900's - present have preserved and republished Dr. Bates magazines, books and continued to teach the Bates Method despite harassment from the Optical, Medical Industry: Emily Lierman/Bates, Dr. Harold Peppard, Cecil S. Price, Dr. William B. MacCracken, Bernarr MacFadden, Clara Hackett, Margaret Corbett, Aldous Huxley, Janet Goodrich and others. (See the case of Margaret Corbett and Aldous Huxley, New York City, USA; The Optical/Medical Industry, Association brought her to court, accused her of practicing Optometry without a license. She won all cases brought against her and cured the eyesight of many people that were in the courtroom. Aldous Huxley (famous Author) was a witness for Margaret Corbett, proved to the court how she reversed his near blindness, improved his eyesight. He later wrote the book: 'The Art of Seeing'. Many cured people were witnesses.

The Optical, Medical and Drug Industry prefers to sell eyeglasses, contact lenses, dangerous destructive cornea laser eye surgery, cataract lens surgery, other eye operations and drugs. They continue to suppress, hide the Bates Method from their patients, the public.

Dishonest Eye Doctors prescribe stronger and stronger eyeglass lenses, bifocals, unneeded astigmatism sections in the eyeglass lenses, tinted/UV blocking lenses & sunglasses knowing that this causes and increases vision impairment, eye muscle tension, abnormal pressure, tension on/in the eye, retina, lens., dependence on stronger eyeglasses and leads to development of cataracts, detached retina, other eye health impairment and thousands of dollars profit from performing cataract, retina, cornea... surgery. I suspect that some Opticians, Optometrists that sell stronger and stronger eyeglasses receive money, 'kickbacks' from eye surgeons when the business sends a patient that has developed a cataract or other eye problem, 'advanced and ready for surgery', to the eye surgeon for a operation.

Senior citizens are their main victim, 'customer', abused by their doctors, told to wait for surgery until the cataract grows large enough while the doctor sells stronger and stronger eyeglass lenses, bifocals, unnecessary astigmatism sections in the glasses, sunglasses... knowing that this practice will cause more vision impairment, increase, speed the growth, development of the cataract and prevent a natural reversal, cure of the cataract. Reading glasses, astigmatism sections in the lenses are a main cause of cataract.

A sales pitch for laser eye cornea surgery is often done after the patient's eyesight is greatly impaired from being prescribed addictive, stronger and stronger eyeglass lenses, bifocals and astigmatism lenses. When the patient feels helpless, scared, they are pressured into agreeing to eye cornea laser surgery.

Laser cornea eye surgeons destroy the health, structure of the eyes cornea knowing it will lead to a variety of eye, vision impairments, sale of eyeglasses, more eye surgery. Many patients have experienced extreme, disabling vision problems, eye pain and blindness has occurred. Patients have committed suicide, explaining to their family they would rather die than live with the greatly impaired vision, pain and poor quality of life that the laser cornea eye surgery caused. See the FDA 'Cornea Surgery Side Effects Warning' links at <http://www.fda.gov> & YouTube: <http://www.youtube.com/watch?v=976O9G6Dno0> <http://www.lasikcomplications.com> . The law states that eye doctors do not have to tell their patients all the dangers, side effects of cornea eye surgeries. Laser surgery destroys the cornea's health, function and often results in more eye surgeries to correct the damage done by the first laser surgery. Even though the TV

news stations and newspapers receive a lot of money for advertising Laser surgery they post reports on laser cornea eye surgery side effects.

An honest eye doctor prefers to get the patient to stop use of eyeglasses, will not prescribe strong eyeglasses, bifocals, tinted, UV blocking lenses, sunglasses, unnecessary astigmatism sections, laser cornea eye surgery. He/she teaches the patient how to reverse, prevent unclear vision, astigmatism, cataracts and other abnormal eye conditions.

Due to the truth about Natural Medicine being available to the modern public, interest in Natural Cures; Dr. Bates Better Eyesight Magazines, books, work has been recovered from individual owners, re-published and brought back to the public. Many Ophthalmologists, Optometrists are now learning, teaching the Bates Method and monitoring, recording their patients Natural Eyesight Improvement progress.

### **Dr. William H. Bates Life & The Bates Method History**

Dr. Bates started his career as an orthodox ophthalmologist following the old, long time rules of the practice; prescribing eyeglasses...

During his practice, working with different patients, eye conditions, he realized that unclear close, distant vision, astigmatism and other conditions often cured itself, reversed back to clear vision, especially when his patients stopped wearing their eyeglasses. He noticed that wearing glasses weakened the eyes, resulted in stronger and stronger eyeglass lens prescriptions being needed in order to see clear through the glasses. He began his own studies on the eye and its function. This led him to discover that many of the old ophthalmologist, optometry 'supposed facts' about the eye, lens and its function and cause of unclear vision... are incorrect. Dr. Bates began teaching his patients to avoid eyeglasses, stop wearing their glasses. He taught them natural methods, including relaxation, correct use of the eyes, practice of normal, natural eye function to improve the vision. Dr. Bates cured his own eyesight, close vision, presbyopia. Distant vision also clear. He wrote an Article in his book, magazines describing how he did it with Memory, Imagination, Relaxation. He controlled, changed the focus of light rays in his eyes with his mind.

Dr. Bates performed experiments on the eyes of animals, and observed the function of thousands of animal, patient's eyes under different conditions, situations, state of mind, body, thoughts and emotions. He used the retinoscope to see the refraction, focus of light rays in the eye under these various conditions. He proved that the refraction, clarity of vision changes often and when the eyes are left alone, eyeglasses avoided, the refraction, clarity returns to normal, clear vision. He proved that the state of the mind, thoughts change the refraction of the eye, clarity of vision. Example: when the mind, body is relaxed, positive, happy thoughts, emotions: the refraction is normal and vision is clear. When the mind, body is under stress, strain: the refraction is abnormal and vision is unclear. Dr. Bates discovered that the main cause of unclear vision and other eye problems is: Wearing Eyeglasses, Mental Strain, Mental, Visual Effort to See, Incorrect Vision Habits (incorrect use of the eyes: squinting, staring, not shifting, lack of central-fixation, low memory, imagination...). Perfect Sight occurs only with Perfect Relaxation (deep or active/dynamic relaxation - See Aldous Huxley's book: The Art of Seeing). Relaxation occurs first and then the eyesight becomes clear.

His experiments on the outer eye muscles proved that tension in these muscles disrupts their function, the eyes movement, accommodation, convergence, un-accommodation, divergence, causes pressure, tension on/in the eye, alters the eyes shape, (and lens), disrupts focus of light rays on the retina and the clarity of vision. Circulation in the eyes is also affected.

Mental strain, stress, strain in the mind, negative thoughts, emotions cause eye muscle tension. Neck muscle tension causes eye muscle tension and neck tension is caused by mental strain, negative thoughts, emotions, incorrect posture, injury: vertebrae out of alignment). Inner eye muscle tension; ciliary/lens, iris, tear gland muscle... also occurs. When the mind is strained, tense, the brain and retina do not communicate, function together at optimum level, function of the retina is lowered.

Dr. Bates proved that MENTAL STRAIN causes unclear vision. RELAXATION of the mind produces clear vision. Dr. Bates used his retinoscope to show that the refraction/focus of light rays in the eye are disrupted resulting in unclear vision when a person lies. Lying causes a bit of mental strain. When the person tells the truth-no strain occurs, the refraction is perfect and vision clear. Many things can cause mental strain. Avoid eyeglasses, remove the stress, strain and vision returns to clear. Practice of Natural Eyesight Improvement can uncover old, forgotten stressful experiences, resulting in strong emotions, feelings being remembered, activated. Once the memory, feelings are acknowledged, released and new positive thoughts, emotions placed into the brain, system: often the vision immediately returns to normal 20/20 and clearer. No other practice is needed. The eyes relax, move, 'shift'... correct on their own.

Dr. Bates published Medical Articles, Books describing his experiments on the eyes, eye muscles, the effect of memory on the eyes, vision and the effect of the clarity of vision on the memory: 1891 'A Study of

Images Reflected from the Cornea, Iris, Lens, and Sclera' & 'Memory as an Aid to Vision'. These Articles and others are placed in his 1920 book: *The Cure of Imperfect Sight by Treatment without Glasses, Better Eyesight Magazine and his Medical Articles E-Book.*

Dr. Bates created Natural Treatments, Activities to cure: reverse, correct and prevent unclear vision and other eye conditions based on his discoveries. This became known as 'The Bates Method'. Glaucoma, cataracts and other eye conditions were also reversed successfully with Dr. Bates Natural Treatments.

## **Dr. Bates History - Dates**

**1860 - Born December, 23<sup>rd</sup> - New Jersey, USA.**

**1881 - Graduate - B.S. (Bachelor of Science) Agriculture - Cornell University in New York.**

**1885 - Graduate - MD (Medical Degree - Doctor of Medicine) - College of Physicians & Surgeons - Columbia University, New York.**

**1886 - Invented new operation for a type of deafness by incising the ear drum membrane and published article.**

**Published more articles on the Eye, Eye Muscles, Lens, Cornea, Cataracts, Accommodation, Myopia... from this date onward.**

**Discovered and published Article on properties of the aqueous extract of the suprarenal capsule, 'Adrenalin'.**

**1886 - First Natural Eyesight Improvement Application - Dr. Bates cures a medical student of unclear distant vision, 'Myopia' without eyeglasses, surgery, drugs.**

**1886 -1902 - Eye surgeon - Instructor of Ophthalmology - New York Postgraduate Medical School, Hospital. Dr. Bates teaches the other doctors, medical students to stop wearing their eyeglasses and how to cure their eyesight, myopia with Natural Methods. Dr. Bates natural treatments were successful. He states, proves the natural cure for Myopia, unclear distant vision.**

**(1891 - Dr. Roosa, the chief director of the institution, expelled Dr. Bates in an attempt to hide Natural Eyesight Improvement from the public and maintain the practice of solely prescribing eyeglasses, surgery and drugs.)**

**Dr. Bates then opens his own office, clinic and works for better hospitals.**

**Attending Physician, Surgeon, Clinic Assistant - Manhattan Eye & Ear hospital, Bellevue hospital, New York Eye Infirmary-Northern, Northeastern, Northwestern dispensary & Harlem Hospital.**

**Invented Astigmatic Keratotomy, an operation to correct astigmatism. He discontinued applying this operation after he realized through further study of Natural Eyesight Improvement that the operation eventually impairs the eyes function, cornea, vision, health. It works against the natural function of the eye.**

**Dr. Bates discontinued his hospital schedules for a while and started experimental work, studied the eyes natural function at the laboratory at Columbia University., Research at the Pathology Laboratory of Dr. Pruden at the College of Physicians and Surgeons, Columbia University.**

**Dr. Bates goes to Grand Forks, North Dakota, (Medical License) and teaches his Natural Eyesight Improvement Method, correct natural use of Snellen Eyecharts in the schools, brings clear vision to the children and teachers. Elected president of the Grand Forks district Medical Society.**

**Back to New York, worked as Attending Physician - Harlem Hospital in New York City. Teaches his method, use of Snellen Eyecharts in the schools, brings clear vision to the children and teachers in New York City.**

**1911+ - Met Emily C. Lierman. Dr. Bates cured her eyesight, then hired her as his assistant clinic nurse -They worked his experiments in the Physiological Laboratory at the College of Physicians and Surgeons in New York and treated patient's eyesight with natural methods in the Harlem Hospital, Clinic. Many years giving free treatments to the Public. They Married in 1928.**

**Dr Bates performs experiments on the eyes of Animals, Fish proving that the outer eye muscles when tense can alter the shape of the eye, lens and cause unclear vision, cataracts and other conditions. He proves the outer eye muscles, oblique can accommodate the eyes for clear close vision.**

**1918 - 1924 - Course, book 'Strengthening the Eyes' by Bernarr Macfadden & Dr. W. H. Bates - Physical Culture Publishing Co. In later book editions, Only MacFadden's name was listed on the book.**

**1919 -1930 - Dr. Bates Published his Monthly 'Better Eyesight Magazine' - Central-Fixation Publishing Co. - 11 Years-132 Issues recording various Natural Treatments for many different eye conditions of the patients of Dr. Bates, Emily and other doctor's... patients. A Gold Mine, History of Natural Eyesight Improvement Methods, Applications.**

**1920 - Dr. Bates published his book: 'The Cure of Imperfect Sight by Treatment Without Glasses'. 2nd print renamed: 'Perfect Sight Without Glasses'.**

**Medical Article - The American Journal of Clinical Medicine 'A Clinical and Experimental Study of Physiological Optics with a view to the Cure of Imperfect Sight Without glasses'. Basic information on The Bates Method. Many Medical Articles proving the effectiveness of The Bates Method were published though the years.**

**Elected Vice President of Allied Medical Associations of America.**

**Stopped work at Harlem Hospital, Clinic and starts Free Clinic treatments day at new location.**

**1926 - Emily C. A. Lierman (Bates) writes, publishes the book: 'Stories From The Clinic' describing The Bates Method, various natural treatments Dr. Bates and Emily applied to cure many different eye conditions for patients in their Clinic.**

**1931, July 10<sup>th</sup> - Dr. Bates Deceased, age 70 at his home in New York City. Emily Lierman/Bates, Dr. Harold Peppard, Dr. William B. MacCracken, C.S. Price, Clara Hackett, Margaret Corbett, Aldous Huxley and others continue to teach The Bates Method. Better Eyesight Magazine and Bates Books, Articles were Preserved. Bates Teachers work in Cities in the U.S.A., England, Germany, Spanish Teachers, South Africa,..**

**1940 - Emily Lierman, Bates re-published Dr. Bates book with an additional chapter teaching The Bates Method's Application: The Fundamental Principles of Treatment. (The list of treatments is placed in this introduction and is derived from Better Eyesight Magazine, June, 1921 and other issues & Dr. Bates original books). Sometime during her teaching profession she and others continued to bring the Bates Method to California and other states, countries. Thousands of person's eyesight cured naturally. Emily and other teachers made a Movie on 'How to Apply The Bates Method'. It is hard to find.**

**1940 -1941+ - Natural Eyesight Improvement Teachers are sued by the Optical, Medical Industry, Association in an attempt to stop them from teaching The Bates Method. (See Margaret Corbett, Aldous Huxley case in this book.) Optical Industry, AMA, Eye Doctors destroy Dr. Bates Books, Magazines, Articles, remove them from Colleges, Libraries, Bookstores...**

**1943 - Emily Lierman/Bates re-publishes Dr. Bates book with a new title 'Better Eyesight Without Glasses'. Many treatments in the book are removed causing The Bates Method to be mis-understood by students. Students confused Natural Eyesight Improvement with Eye Exercises. (The Bates Method uses relaxation of the mind, body, eye muscles and eyes. Exercise, hard effort is not applied.) Emily wrote this new limited book out of fear of Law Suits, Abuse, Imprisonment by the Medical People (Optical Industry, AMA...) that preferred to continue selling harmful Eyeglasses, Eye Surgery, Drugs and hide Natural Eyesight Improvement from the public.**

**Emily and other Natural Eyesight Improvement Bates Teachers, a few honest Eye Doctors secretly preserved Dr. Bates Original Books, Medical Articles, Better Eyesight Magazines in the U.S.A. and other countries.**



**The Original Method for Practicing Natural Eyesight Improvement Described by Ophthalmologist William H. Bates**

**BETTER EYESIGHT**

September 1927

**Perfect Sight**

**By William H. Bates**

If you learn the fundamental principles of perfect sight and will consciously keep them in mind your defective vision will disappear. The following discoveries were made by W. H. Bates, M. D., and his method is based on them. With it he has cured so-called incurable cases:

**I. Many blind people are curable.**

**II. All errors of refraction are functional, therefore curable.**

**III. All defective vision is due to strain in some form.**

You can demonstrate to your own satisfaction that strain lowers the vision. When you stare, you strain. Look fixedly at one object for five seconds or longer. What happens? The object blurs and finally disappears. Also, your eyes are made uncomfortable by this experiment. When you rest your eyes for a few moments the vision is improved and the discomfort relieved.

**IV. Strain is relieved by relaxation.**

To use your eyes correctly all day long, it is necessary that you:

**1. Blink frequently. Staring is a strain and always lowers the vision.**

**2. Shift your glance constantly from one point to another, seeing the part regarded best and other parts not so clearly.**

That is, when you look at a chair, do not try to see the whole object at once; look first at the back of it, seeing that part best and other parts worse. Remember to blink as you quickly shift your glance from the back to the seat and legs, seeing each part best, in turn. This is central-fixation. (with shifting.)

**3. Your head and eyes are moving all day long. Imagine that stationary objects are moving in the direction opposite to the movement of your head and eyes. When you walk about the room or on the street, notice that the floor or pavement seems to come toward you, while objects on either side appear to move in the direction opposite to the movement of your body.**

**BETTER EYESIGHT**

December 1927

**INSTRUCTIONS FOR HOME TREATMENT**

**By William H. Bates**

The most important fact is to impress upon the patient the necessity of discarding his glasses. He is told that when glasses are used temporarily a relapse always follows and the patient loses for a short time, at least, everything that has been gained. If it is impossible or unnecessary for the patient to return at regular intervals for further treatment and supervision, he is given instructions for home practice to suit his individual case, and is asked to report his progress or difficulties at frequent intervals.

The importance of practicing certain parts of the routine treatment at all times, such as blinking, central-fixation, shifting and imagining stationary objects to be moving opposite to the movement of his head and eyes, is stressed. The normal eye does these things unconsciously, and the imperfect eye must at first practice them consciously until it becomes an unconscious habit.

The Natural Vision Improvement student practices, imitates these normal, natural eye functions (relaxed, natural, Correct Vision Habits) to gently coax the brain, eyes, eye muscles, body (visual system) back to normal, relaxed function and clear vision. Then, the eyes, brain... function correct, automatically 'on their own' maintaining clear vision.

## The Fundamental Principles of Treatment

Derived from Dr. Bates Better Eyesight Magazine -June, 1921 & other Issues

### HOW TO DEMONSTRATE THE FUNDAMENTAL PRINCIPLE OF TREATMENT

Experience, demonstrate that strain, lowers the vision: think something disagreeable, some physical-discomfort, or something seen imperfectly. When the eyes are opened, it will be found that the vision has been lowered. Staring causes strain, blurred vision. Next: repeat and think something pleasant, happy - notice clear vision.

#### BASIC TREATMENTS

##### Resting the Eyes

##### Palming

##### Shifting and Swinging

##### Memory

##### Imagination

##### Flashing or Blinking

##### Central-fixation

##### Sun Treatment

#### How to Practice With the Test Card

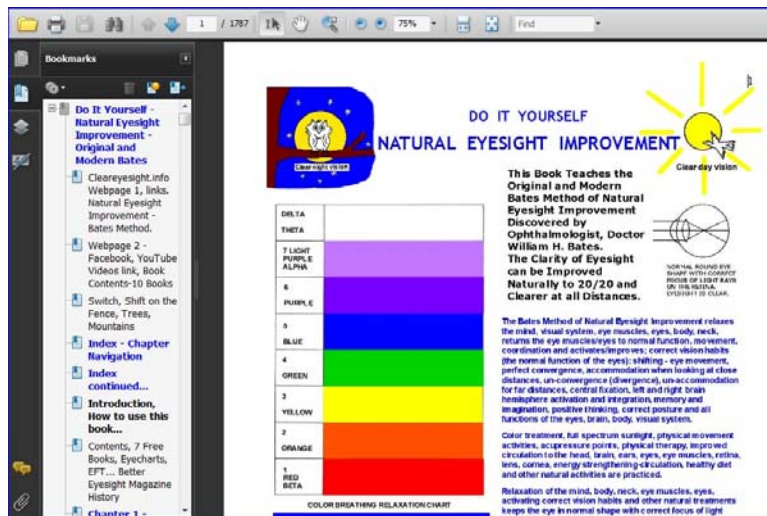
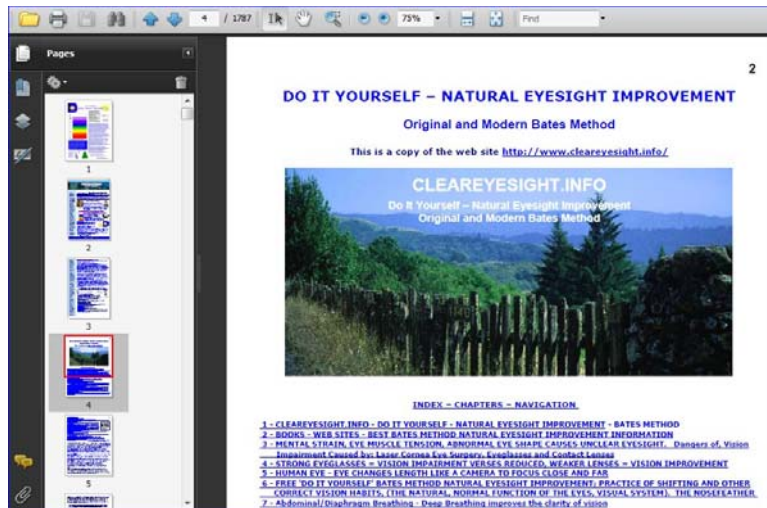
##### Reading small, Familiar Letters Daily

Use the Adobe PDF E-Book to search for the complete directions for these steps in Better Eyesight Magazine and Dr. Bates Books. Also, see the latest version of 'Better Eyesight Without Glasses' 1940+ book editions, final extra chapter by Emily C. A. Lierman, Bates - her list, directions for these Treatments. They are basically the same as are described in Dr. Bates old copyright free books and 132 Issues of Better Eyesight magazine.

Adults can experience free Natural Eyesight Improvement Training by watching how children (that have clear vision) use their eyes: Relaxed, their eyes move, 'shift' often, easily, clear vision occurs effortless, automatically without thinking about, controlling their eyes and vision. (Do not let the child know you are watching their eyes because this might cause them to start thinking about their eyes, clarity of vision, try to control eye function and this will interfere with completely natural, normal eye function and visual clarity. Similar to a teacher placing a lot of pressure on a child to see an eyechart clear. The child must be allowed to see the chart in a relaxed state, memorize the letters.) Relaxation, good memory produces clear eyesight. Imitate, practice the child's correct eye function.

Videos – How to Use The E-Book & Natural Eyesight Improvement Training

- <http://www.youtube.com/watch?v=n1MWGeF0iU4>
- <http://www.youtube.com/watch?v=ZsiBKELMxDw>
- <http://www.youtube.com/watch?v=863yFmc-Ius>
- [http://www.youtube.com/watch?v=mYpsYPPV\\_hg](http://www.youtube.com/watch?v=mYpsYPPV_hg)
- <http://www.youtube.com/watch?v=-HcAMLGptHo>
- <http://www.youtube.com/watch?v=YVQ6pWHcO78>
- [http://www.youtube.com/watch?v=WO9AS4A8f\\_c](http://www.youtube.com/watch?v=WO9AS4A8f_c)



Videos Page, Better Eyesight Magazine on the Internet with Language Translator, Speak aloud function; listen to the books;

- <http://cleareyesight.info/id79.html>
- <http://www.cleareyesight.info/naturalvisionimprovementoriginalandmodernbatesmethod>
- <http://cleareyesight.info/index.html>

Adobe E-Books may be viewed in Italian, Spanish, German, Polish... Some books will read out-loud. Click the View Tab. Contact Adobe Reader/Acrobat for directions;

**View 2+ pages**

**Word Find, Search**

**Go to a Page**

**Adjust size of pages: zoom - enlarge/reduce**

**Word search**

**Page Thumbnails Navigation Index**

**< Move this bar to show more Page Thumbnails**

**Word search results for Myopia - Click a link to go to a page, move quickly through all 9 books for 50-100+ treatments for unclear distant vision.**

**Start search on any page in any of the 9 books to move onward through all following pages, books.**

**Tools - copy/paste...**

**Print**

**Bookmarks Navigation Index**

**Click the Cross + on the left side of a bookmark, book title, article, chapter to reveal more bookmarks. Bookmarks are used as a Index.**

**Word search results for Cataracts - Click the links to move quickly through all 9 books for 50-100+ treatments.**

**Better Eyesight Magazine**  
Illustrated with 500 pictures  
By Ophthalmologist William Horatio Bates  
July, 1919 to June, 1930  
Copyright, 1919, © Author, Editor - William H. Bates, M.D.  
Ophthalmologist.  
Central Fixation Publishing Company  
39-45 EAST 42<sup>nd</sup> Street, NEW YORK, N.Y.

**Better Eyesight**  
A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES  
Vol. 1 JULY, 1919 No. 1

Foreword  
Fundamental Facts  
Central Fixation  
A Teacher's Experiences  
Army Officer Cures Himself

**Dr. William H. Bates**  
Ophthalmologist  
Eye, ear, nose, throat  
Discovered the principle of eye function - Natural Eyesight Improvement

**Natural Eyesight Improvement**  
Original and Modern Bates Methods

This book contains Dr. Bates' Best Eyesight Magazine, all of his original treatments and modern versions of older treatments.

500+ pictures are placed in the text to help the reader understand the activity Dr. Bates describes and learn, apply and obtain Natural Eyesight Improvement easy and fast.

Remembering, imagining, creating clear mental/visual pictures is a main Natural Vision Improvement treatment.

The brain works with the eyes produce clear vision.

Books that contain entertaining, interesting pictures improves the brain, visual systems memory, imagination of clear pictures of objects. This improves eye function with the brain and clarity of vision.

Copyright © - Diagrams and blue text in book are drawn, written by Clark Night - ClearSight Publishing Co. Do It Yourself: Natural Eyesight Improvement.

ClearSight Publishing and [www.clearsight.info](http://www.clearsight.info) preserves Ophthalmologist Bates work, free and to the public.

Looking For: myopia in the current document  
Results: 1 documents with 738 instances  
Searching page 1445 of 1790

Results:  
Myopia=Nearsighted  
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Find a word in the current document

**Tools - copy/paste...**

**Print**

**Bookmarks Navigation Index**

**Click the Cross + on the left side of a bookmark, book title, article, chapter to reveal more bookmarks. Bookmarks are used as a Index.**

**Word search results for Cataracts - Click the links to move quickly through all 9 books for 50-100+ treatments.**

**Better Eyesight Magazine - July, 1919 - First Issue - Pictures of Dr. William H. Bates and Emily C.**

BETTER EYESIGHT - July, 1919 - (All articles without authors name listed are written by Ophthalmologist William

FOREWORD

Fine Print - For Clear Close Vision

FUNDAMENTAL FACTS

CENTRAL FIXATION

A TEACHER'S EXPERIENCES

ARMY OFFICER CURES HIMSELF

July, 1919 footnotes

BETTER EYESIGHT - SCHOOL NUMBER - August, 1919

How to Use the Snellen Test Card for the Prevention and Cure of Imperfect Sight in Children

20/20 Defined

**BETTER EYESIGHT**  
A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES  
July, 1919

**Ophthalmologist William H. Bates**

Do you read imperfectly? Can you observe then that when you look at the first word, do you see best where you are looking? that you see other words, or other letters, just as well as do you observe also that the harder you try to see the worse you see?

Now close your eyes and rest them, remembering some color, like black or white, that you close until they feel rested, or until the feeling of strain has been completely relieved. No letter of a sentence for a fraction of a second. If you have been able to relax, partially or completely improved or clear vision, and the area seen best will be smaller.

After opening the eyes for this fraction of a second, close them again quickly, still remembering until they again feel rested. Then again open them for a fraction of a second. Continue the flashing of the letters for a time, and you may soon find that you can keep your eyes open losing the improved vision.

If your trouble is with distant instead of near vision, use the same method with distant vision. In this way you can demonstrate for yourself the fundamental principles of the cure of imperfect glasses.

If you fail, ask someone with perfect sight to help you.

FOREWORD

WHEN the United States entered the European war recruits for general military service were required to have 20/40 in one eye and 20/100 in the other. This very low standard, although it is matter interpreted with great liberality, proved to be the greatest physical obstacle to the raising of

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Searching page 1190 of 1790

Results:  
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Are cataracts curable wit  
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Find a word in the current document





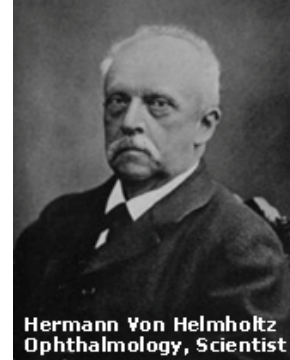
Ophthalmologist  
William H. Bates

## Chapter 1

### Do It Yourself - Natural Eyesight Improvement Original and Modern Bates Method

Improve the clarity of vision to 20/20 and clearer at all distances, close and far with; The Bates Method of Natural Eyesight (Vision) Improvement discovered by Doctor, Ophthalmologist William H. Bates.

- + Dr. Bates discovered Natural Vision Improvement, the true principles, function of the eyes, visual system. The Bates Method.
  - + Dr. Helmholtz discovered many functions of the eyes and invented instruments (Ophthalmoscope) to see inside the eye, detect focus of light rays, health of the eyes, body.
- Read their story in this book and Better Eyesight Magazine.



Hermann Von Helmholtz  
Ophthalmology, Scientist

This book/website is written by a Bates Method Natural Vision Improvement Graduate Student and Self-Trained Bates Teacher that has kept her vision 20/20 and clearer for 35 years using the Bates Method, Original and Modern Natural Vision Improvement.

The author teaches friends, family, the public how to obtain clear vision. Free and low cost training.

This book contains Bates Method, Natural Vision Improvement lessons with color pictures, videos, audios for easy, quick learning & application of the activities, fast attainment of clear vision. Students with low vision, busy schedule often cannot see or have the time to read lengthy directions. This book provides the option for entire study of the Bates Method and/or the short basic training.

#### Natural Vision Improvement Teachers must give free lessons!

There are hundreds of schools, websites, advertising Natural Vision Improvement for about \$40.00 to \$500.00+ and up to \$7000.00 to be trained as a Natural Vision Improvement Teacher. Very few provide free, complete, genuine training. Honest teachers will charge a decent price, give full training.

Choose a teacher carefully. I understand that teachers must charge a fee to exist as a teacher, pay their bills for housing... but some teachers are becoming as greedy as the Optical, Medical and Drug Industry. There are teachers that have organized together and are trying to raise the price to be trained as a Bates Method Natural Vision Improvement Teacher to \$10,000.00 and up and may be trying to pass laws preventing students, the public from being teachers unless they pay this price. If that law passes, the price will be raised again. This is exactly like the corruption that exists in the Medical Profession, Drug Industry. Colleges are corrupt, charge thousands of dollars to be a Doctor, Optician, Optometrist, Ophthalmologist, Lawyer... An honest person with low income often cannot afford the money and time to go to college. There are honest, good hearted teachers out there. See list of teachers, low cost Bates Training in this book, chapter 2.

It is legal for a mother to teach a child to walk, read, learn.

Teaching the Bates Method is a human right.

A person that has clear vision, successful Bates Method Natural Vision Improvement experience can teach other people to obtain clear vision. Dr. Bates describes in his books, Better Eyesight Magazine how many patients, (including children) cured of unclear vision teach others to see clear. Many people that have never been taught the Bates Method begin to use it naturally, an automatic eye, brain function (especially when eyeglasses are avoided or lost, broken, cannot be worn) and their vision improves because; 'It is the normal, natural function of the eyes.'

Sailors have used it to navigate on the ocean for hundreds of years.

People with clear vision use it all the time.

Clear Eyesight is the Birthright of All People.

Clear Eyesight Improves the Quality of Life.

It is a cruel, heartless crime for Eye Doctors, Opticians to purposely sell stronger and stronger eyeglass lenses, laser cornea eye surgery knowing that it leads to increased vision impairment, more eye surgeries and can result in near or complete blindness.

## 2 - BOOKS - WEBSITES - BEST BATES METHOD NATURAL EYESIGHT IMPROVEMENT INFORMATION

### Bates Method History



Ophthalmologist  
William H. Bates

BOOKS, TEACHERS: IN HISTORICAL ORDER,  
YEAR 1900+

+ THE CURE OF IMPERFECT SIGHT BY TREATMENT WITHOUT GLASSES By OPTHALMOLOGIST WILLIAM H. BATES - 1920. This is Dr. Bates First, Original book. It contains the complete unedited version. Treatments for blindness, other conditions.

+ PERFECT SIGHT WITHOUT GLASSES By OPTHALMOLOGIST WILLIAM H. BATES 1920+ Is not the complete version of Dr. Bates original book, has a few new additional information.



Emily C. Lierman, Bates

+ BETTER EYESIGHT MAGAZINE - A MONTHLY MAGAZINE By DR. BATES INCLUDING Stories From the Clinic (123 True Stories of Bates Method Patient Treatments) By EMILY C. A. LIERMAN, BATES 1919 - 1930.

Better Eyesight Magazines prove and describe how Dr. Bates and Emily Bates Applied Natural Vision Improvement to cure many patients of unclear vision, astigmatism, wandering eyes, cataracts, glaucoma, and many other eye problems/disease without use of eyeglasses, surgery, drugs.

The optical industry and eye doctors became angry, realizing they were losing a lot of money as people were being cured of unclear vision and other eye conditions naturally by Dr. Bates and did not need to purchase eyeglasses, surgery and drugs. The optical industry and eye doctors tried to stop Dr. Bates from curing his patient's eye problems and teaching Natural Vision Improvement to the public. To date; year 2011, the optical industry and eye doctors that prefer to sell eyeglasses, surgery and drugs continue to suppress information on Natural Vision Improvement, prevent the public from learning how to obtain clear vision and cure/prevent other eye problems naturally.

+ STRENGTHENING THE EYES, A SYSTEM OF SCIENTIFIC EYE TRAINING By BERNARR A. MACFADDEN 1918, 1924 - His first book was published 25 years previous to this book. The 1918, 1924 book is a result of his studying Ophthalmologist Bates work. Originally Dr. Bates name was on the book as co-author with MacFadden. Later editions of the book were authored by MacFadden alone.

+STORIES FROM THE CLINIC By EMILY C. A. LIERMAN, BATES - 1926 - Derived from Better Eyesight Magazine with a few additions, changes in the writing.

+ THE IMPROVEMENT OF SIGHT BY NATURAL METHODS By Cecil S. Price - Trained by Dr. Bates - 1934

+ SIGHT WITHOUT GLASSES By DR. HAROLD M. PEPPARD - 1936  
Step by step Bates Method directions for various eye problems and the effect that health, diet, stress, neck, shoulder tension, headaches... have on the eyes. I disagree with a few of the older methods in MacFadden and Peppard's books but they contain 95% correct, very beneficial information. New versions of old outdated methods are provided in 'Better Eyesight Magazine with 500 pictures'. Dr. Peppard trained with Dr. Bates.

+ THE BATES METHOD FOR BETTER EYESIGHT WITHOUT GLASSES & BETTER EYESIGHT WITHOUT GLASSES By DR. WILLIAM H. BATES AND EMILY LIERMAN, BATES, HIS WIFE, MEDICAL NURSE, ASSISTANT - 1940 & 1943 - Is not the complete version of Dr. Bates original book. Looking into the sun with eyes open and other original treatments are removed from the book. Emily Lierman/Bates re-published Dr. Bates book after his death with this new title. Book is missing a lot of the original treatments due to pressure, fear of imprisonment from the Optical, Medical Industry, Association, Doctors trying to hide, destroy the true Bates Method so they could continue selling

eyeglasses, eye surgery and drugs. Emily added a new chapter to the end of the book describing the basic treatments.

+ USE YOUR OWN EYES - 1937 and

+ NORMAL SIGHT WITHOUT GLASSES By WILLIAM B. MACCRACKEN M. D. - 1945.

Studied with Dr. Bates and cured the vision of his patients.

+ THE ART OF SEEING By ALDOUS HUXLEY - 1942 – 95% perfect Bates Method. A few treatments are old, no longer applied – new improved versions are taught by modern teachers = closed eye sunning...

+ HELP YOURSELF TO BETTER SIGHT - 1949

+ A QUICK GUIDE TO BETTER VISION; HOW TO HAVE GOOD EYESIGHT WITHOUT GLASSES By MARGARET CORBETT - 1957

Margaret Corbett is a Natural Vision Improvement Teacher that worked with Dr. Bates in 1930, improved famous writer Aldous Huxley's vision and the vision of many people, including pilots and other people in the military.

The optical, medical industry tried to stop Margaret Corbett from teaching the public how to improve their vision naturally and stop use of eyeglasses. They accused her of practicing optometry without a license. They brought her to court. Aldous Huxley, famous writer, was a witness that testified for Margaret Corbett. He proved that she improved his vision, saved him from blindness. She won the case and improved the vision of people that were in the courtroom that day. Huxley wrote the book; 'The Art of Seeing' to describe the Bates Method and how his vision was cured. See his pictures on the right; top picture - strong, thick eyeglasses before Natural Vision Improvement. Bottom picture - without eyeglasses, he has clear vision after his vision was cured by the Bates Method of Natural Vision Improvement.

Critics state that later in life, Huxley was giving a speech and could not read part of a page without putting on glasses. People must realize that it is normal for the clarity of vision to fluctuate, especially when under pressure, a bit nervous giving a speech, and that Aldous Huxley had a major eye problem, was almost completely blind before treatment from Margaret Corbett.

For many years, since eyeglasses were invented and sold to the public, the optical industry and eye doctors that prefer to hide the truth about Natural Vision Improvement and to prescribe/sell eyeglasses, eye surgery and drugs have tried to stop Natural Vision Improvement Teachers from teaching the public how to cure unclear vision and other eye problems naturally without glasses, surgery and drugs. Bates teachers are often threatened with lawsuits, fines, imprisonment by the optical industry and eye doctors.

Eyeglasses are addictive, lead to prescriptions for stronger and stronger lenses, cause and increase mental strain, eye muscle tension, eyestrain, vision impairment, abnormal eye, cornea, lens shape, cause increased pressure, tension on and in the eye, cornea, lens, retina, optic and eye muscle nerves, capillaries and all parts of the eye resulting in; unclear vision, astigmatism, crossed/wandering eyes, cataracts, detached retina, macula degeneration, glaucoma and other eye problems.

Eye doctors prescribe laser and other cornea surgeries which are very harmful to the eyes and result in unclear vision, blindness and other eye problems after the surgery.

Natural Vision Improvement improves the clarity of vision and health of the eyes without harmful side effects.

+ RELAX AND SEE; A DAILY GUIDE TO BETTER VISION By CLARA A. HACKETT - 1955  
Natural Vision Improvement Teacher.

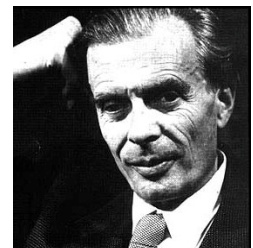
+ NATURAL VISION IMPROVEMENT By JANET GOODRICH - 1985

+ HELP YOUR CHILD TO PERFECT EYESIGHT WITHOUT GLASSES BY JANET GOODRICH - 1996  
Natural Vision Improvement Teacher.

See entire teacher history, books in dedication at the end of the book



Margaret D. Corbett



### 3 - MENTAL STRAIN, EYE MUSCLE TENSION, ABNORMAL EYE SHAPE CAUSES UNCLEAR EYESIGHT. Dangers of, Vision Impairment Caused by: Laser Cornea Eye Surgery, Eyeglasses

Strain, tension in the mind, visual system, incorrect posture, shoulder, neck muscle tension, Incorrect Vision Habits cause eye muscle tension.

Tension in the outer eye muscles places pressure on/in the eye causing abnormal eye shape, incorrect focus of light rays in the eye and unclear vision. Muscles inside the eye also become tense-function of the lens iris, retina are impaired.

+ Picture # 1 shows the normal round eye shape.

Eye muscles are relaxed.

Light rays focus correct on the retina.

+ The central light ray focuses on the center of the fovea centralis in the macula in the center of the retina.

This produces the center of the visual field.

+ Peripheral light rays focus on the peripheral areas of the retina (all areas around, near and away from the macula and fovea) which produces the peripheral field of vision. Distant vision is clear.

Bates Teachers state; 'The oblique muscles around the outside of the eye contract to slightly lengthen the eye to accommodate, focus divergent light rays on the retina for clear close vision. (Like a camera.) They un-contract, return the eye to a round shape for clear distant vision'.

+ Picture # 2 shows a abnormal lengthened eye shape.

The eye is lengthened too much and is kept in this state due to tension in the oblique outer eye muscles.

Light rays do not focus on the retina.

Light rays focus incorrect before the retina causing unclear distant vision.

Close vision may be clear if the eye is not lengthened too much, but it is never perfectly clear when the distant vision is unclear.

Increased eye muscle tension causes increased lengthening of the eye resulting in unclear distant and close vision.

+ Picture # 3 shows a abnormal shortened eye shape due to tension in the recti outer eye muscles pulling back on the front of the eye.

Light rays focus incorrect beyond the retina.

In early stages of eye muscle tension the eye may stay in a round shape unable to lengthen slightly when looking at close distances resulting in unclear close vision.

Distant vision may be clear, but is never perfectly clear when the close vision is unclear..

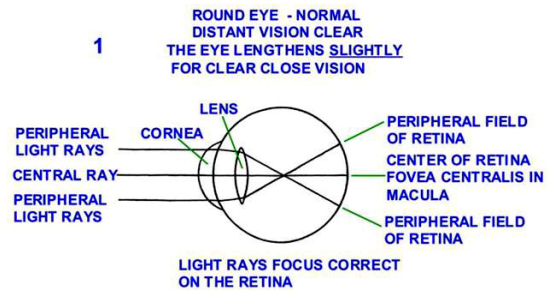
As muscle tension increases, the eye is pulled into a shortened shape causing unclear close and distant vision.

+ Picture # 4 shows a irregular , uneven eye shape caused by tension in one or more outer eye muscles, oblique and/or recti.

The shape of the cornea is also uneven. Astigmatism, unclear vision.

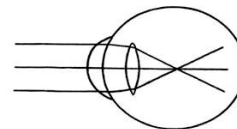
This condition can occur with a abnormal lengthened or shortened eye shape.

Light rays focus incorrect; all or some light rays focus incorrect before and/or beyond the retina.



2

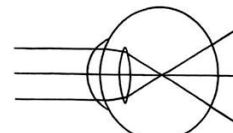
LENGTHENED EYE - ABNORMAL  
DISTANT VISION UNCLEAR



LIGHT RAYS FOCUS INCORRECT  
BEFORE THE RETINA  
CLOSE VISION MAY BE CLEAR IF THE  
EYE IS NOT LENGTHENED TOO MUCH

3

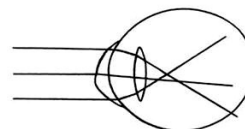
SHORTENED EYE - ABNORMAL  
CLOSE AND DISTANT VISION UNCLEAR



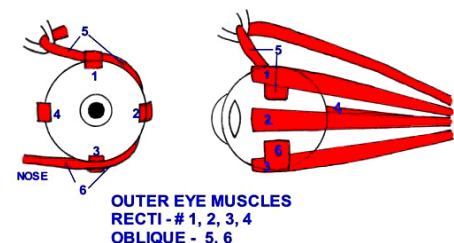
LIGHT RAYS FOCUS INCORRECT  
BEYOND THE RETINA

4

IRREGULAR EYE/CORNEA SHAPE - ABNORMAL  
ASTIGMATISM AND UNCLEAR VISION

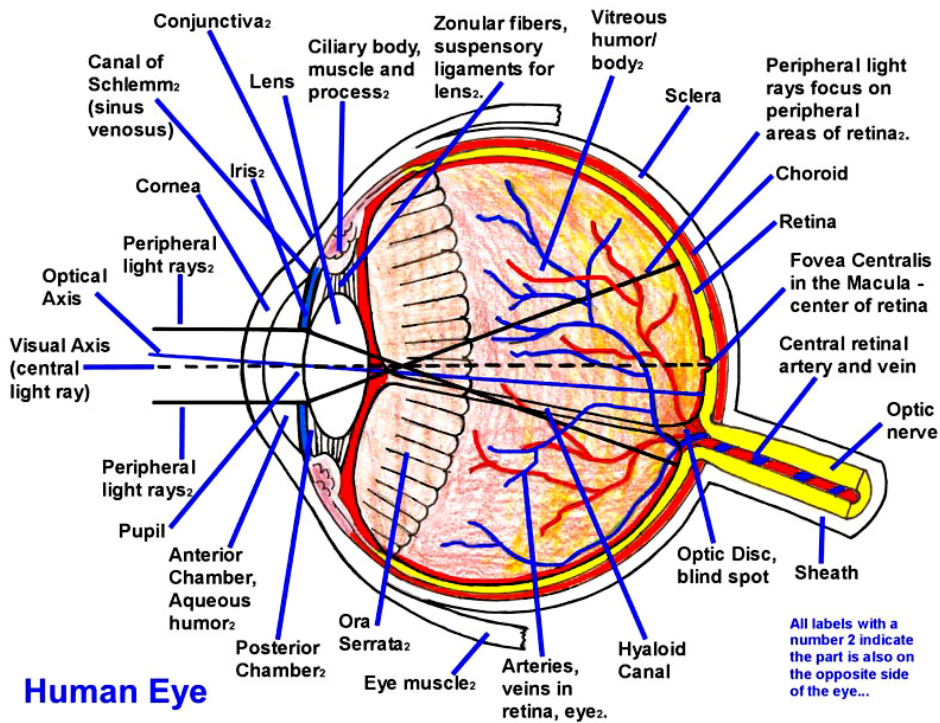
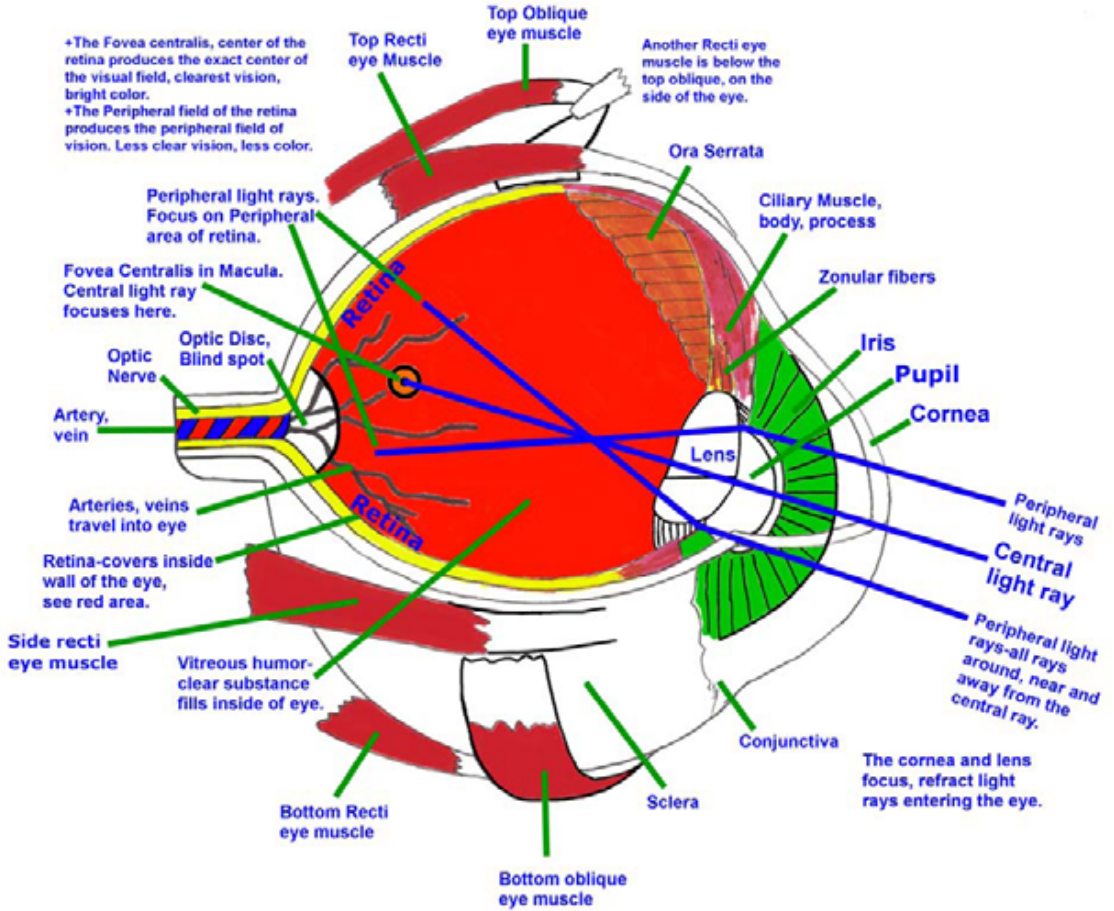


LIGHT RAYS FOCUS INCORRECT  
BEFORE AND/OR BEYOND THE RETINA





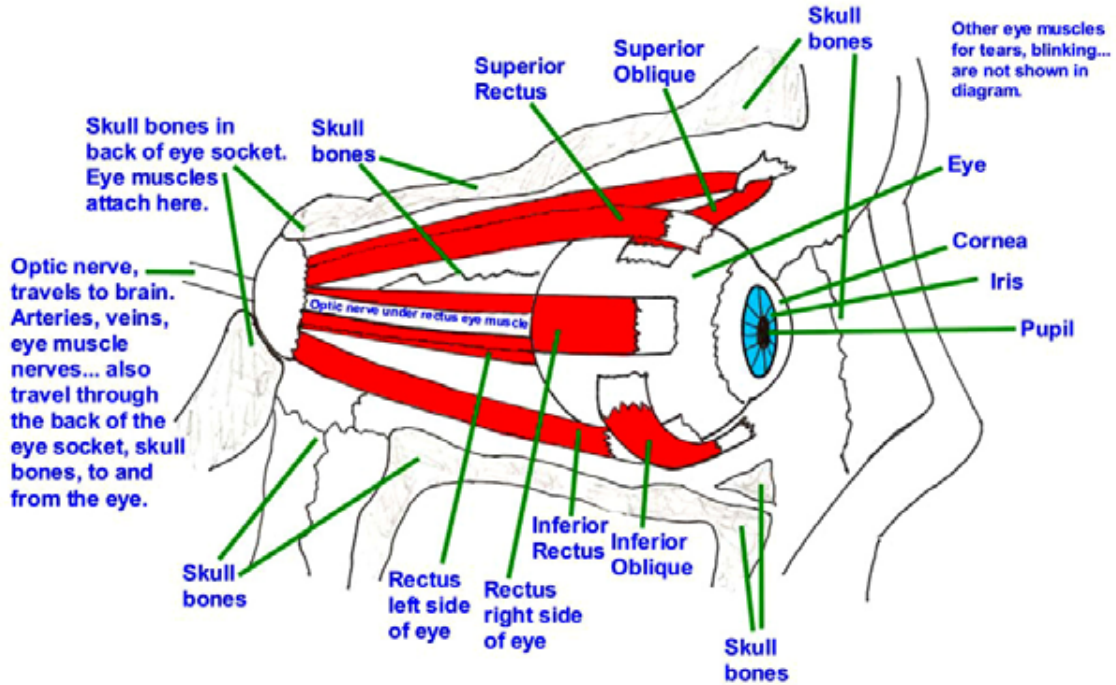
The retina contains cones and rods, light receptors.  
 Cones=very clear vision, bright color. Activated in light. Stops functioning in almost complete darkness.  
 Rods=Less clear vision, grey, white color. Also senses movement in the visual field and continues to function in very dim light, almost complete darkness.  
 The macula contains many cones, and a few rods.  
 The fovea contains a high concentration of cones and no rods.  
 The peripheral field of the retina contains many rods and some cones with less and no cones into the far outer peripheral. This is why the center of the visual field is clearest.  
 See clear by using the Macula, Fovea Centralis, center of the visual field. See much clearer, fine details, brightest color by using the fovea, exact center of the retina, visual field.  
 The center of the visual field moves with the eyes from object to object, part to part on objects keeping the vision clear.



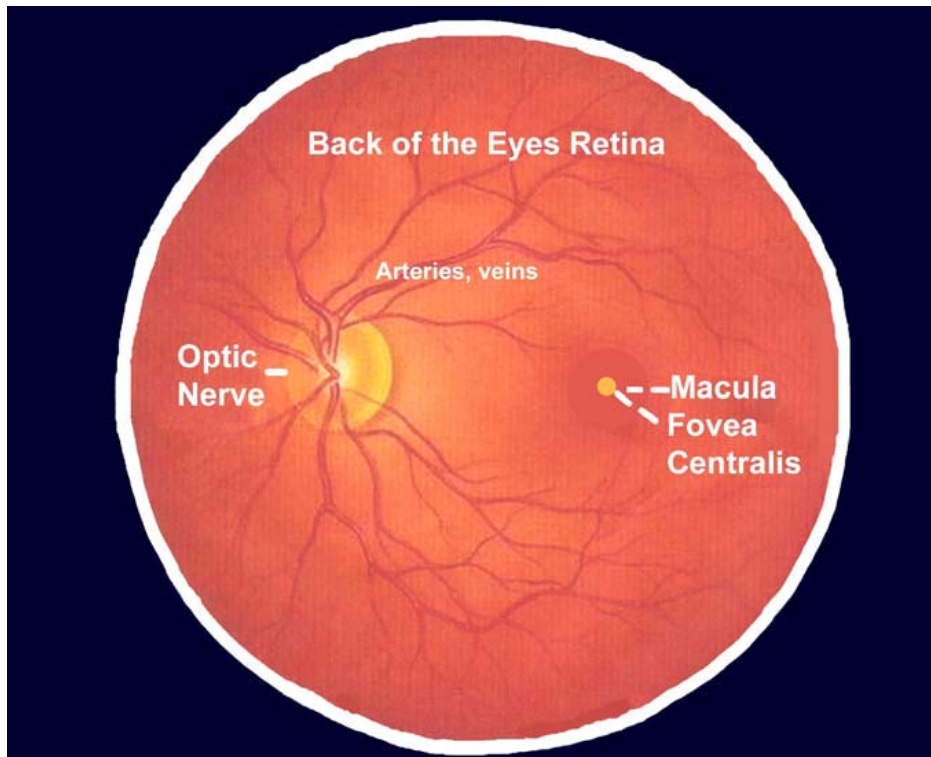
**Human Eye**



### Eye socket, bones, eye, eye muscles, optic nerve.



Notice that the eye socket is composed of bone segments, aligned, grown together. These are part of the skull bones. Eye muscles attach to the skull bones in the back of the eye socket. Misalignment of the eye socket or skull bones due to accidents, birth trauma, forcep, suction delivery... can mis-align the bones, place pressure, tension on/in the eye, optic nerve, eye muscles resulting in crossed, wandering eyes, imperfect convergence, divergence, accommodation, un-accommodation, unclear vision, astigmatism and other abnormal eye conditions. Special chiropractors (Cranial, Cranio Sacral Therapy, Osteopathy) can re-align the bones of the skull if needed. Often, use of the Bates method alone can correct eye function and clarity of the vision.



## **STRONG EYEGLASSES = VISION IMPAIRMENT VERSES REDUCED, WEAKER LENSES = VISION IMPROVEMENT**

### **WHAT GLASSES DO TO US**

**By W. H. BATES, M. D.**

On a tomb in the Church of Santa Maria Maggiore in Florence was found the following inscription:  
"Here lies Salvino degli Armati, Inventor of Spectacles. May God pardon him his sins."

The Florentines were doubtless mistaken in supposing that their fellow citizen was the inventor of the lenses now so commonly worn to correct errors of refraction. There has been much discussion as to the origin of these devices, but they are generally believed to have been known at a period much earlier than that of Salvino degli Armati. The Romans at least must have known something of the art of supplementing the powers of the eye, for Pliny tells us that Nero used to watch the games in the Coliseum through a concave gem set in a ring for that purpose. If, however, his contemporaries believed that Salvino of the Armati was the first to produce these aids to vision, they might well pray for the pardon of his sins; for while it is true that eyeglasses have brought to some people improved vision and relief from pain and discomfort, they have been to others simply an added torture, they always do more or less harm, and at their best they never improve the vision to normal.

That glasses cannot improve the sight to normal can be very simply demonstrated by looking at any color through a strong convex or concave glass. It will be noted that the color is always less intense than when seen with the naked eye; and since the perception of form depends upon the perception of color, it follows that both color and form must be less distinctly seen with glasses than without them. Even plane glass lowers the vision both for color and form, as everyone knows who has ever looked out of a window.

**That glasses must injure the eye is evident from the fact that one cannot see through them unless one produces the degree of refractive error which they are designed to correct. But refractive errors, in the eye which is left to itself, are never constant. If one secures good vision by the aid of concave, or convex, or astigmatic lenses, therefore, it means that one is maintaining constantly a degree of refractive error which otherwise would not be maintained constantly. It is only to be expected that this should make the conditions worse, and it is a matter of common experience that it does. After people once begin to wear glasses their strength, in most cases, has to be steadily increased in order to maintain the degree of visual acuity secured by the aid of the first pair.**

That the human eye resents glasses is a fact which no one would attempt to deny. Every oculist knows that patients have to "get used" to them, and that sometimes they never succeed in doing so. Patients with high degrees of myopia and hypermetropia have great difficulty in accustoming themselves to the full correction, and often are never able to do so. The strong concave glasses required by myopes of high degree make all objects seem much smaller than they really are while convex glasses enlarge them. These are unpleasantnesses that cannot be overcome. Patients with high degrees of astigmatism suffer some very disagreeable sensations when they first put on glasses, for which reason they are warned by one of the Conservation of Vision leaflets published by the Council on Health and Public Instruction of the American Medical Association to "get used to them at home before venturing where a misstep might cause a serious accident."

All glasses contract the field of vision to a greater or less degree. Even with very weak glasses patients are unable to see distinctly unless they look through the center of the lenses, with the frames at right angles to the line of vision; and not only is their vision lowered if they fail to do this, but annoying nervous symptoms, such as dizziness and headache, are sometimes produced. Therefore they are unable to turn their eyes freely in different directions. It is true that glasses are now ground in such a way that it is theoretically possible to look through them at any angle, but practically they seldom accomplish the desired result.

**This Article from Ophthalmologist Bates 'Better Eyesight Magazine' July 1920.**

**Eyeglasses, contact lenses change the focus of light rays entering the abnormally shaped eye to bring the focus of light rays onto the retina resulting in clearer but not perfect vision through the eyeglass lenses. Eyeglasses, contacts do not improve the shape, function and health of the eye.**

**Eyeglasses, contact lenses cause and increase eye muscle tension, dysfunction, impairment of the shape, function, health of the eyes and clarity of vision.**

Read the Free PDF E-Book;

**'Do It Yourself-Natural Eyesight Improvement-Original and Modern Bates Method'** for directions on how to reduce the strength of eyeglass lenses, wear weaker and weaker lenses and permanently discontinue use of Eyeglasses. Lenses are worn only if absolutely necessary for driving, safety at work... Not wearing eyeglasses is the fastest, easiest way to obtain perfect, clear 20/20 and better vision at all distances, close and far.



**AVOID EYEGLASSES, SURGERY AND DRUGS. EYEGLASSES, SURGERY AND DRUGS CAUSE AND INCREASE EYE MUSCLE TENSION, MENTAL STRAIN, ABNORMAL EYE SHAPE, UNCLEAR VISION, CATARACTS AND ALL EYE PROBLEMS.**

## 90 Cause and Cure of Errors of Refraction



Patient reading fine print in a good light at thirteen inches, the object of vision being placed above the eye so as to be out of the line of the camera. Simultaneous retinoscopy indicated that the eye was focused at thirteen inches. The glass was used with the retinoscope to determine the amount of the refraction.

Fig. 34. Straining to See at the Near-Point Produces Hypermetropia

When the room was darkened the patient failed to read the fine print at thirteen inches and the retinoscope indicated that the eye was focused at a greater distance. When a conscious strain of considerable degree was made to see, the eye became hypermetropic.



### THE CURE OF IMPERFECT SIGHT

By Treatment Without Glasses

By W. H. BATES, M.D., New York

A RESUME of animal experiments and clinical observations which demonstrate that the lens is not a factor in accommodation and that all errors of refraction are functional and therefore curable.

METHODS OF TREATMENT whereby such cures have been effected in thousands of cases. These methods will enable not only physicians, but parents, teachers, and others who themselves possess normal vision to cure all children under twelve years of age who have never worn glasses, and many children and adults who have. Many persons with minor defects of vision are able to cure themselves.

Thoroughly scientific, the book is at the same time written in language which any intelligent layman can understand. It is profusely illustrated with original photographs and drawings, and will be published shortly at \$5, post-paid. Orders may be placed now with the

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## Better Eyesight

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Vol. III SEPTEMBER, 1920 No. 3

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342 WEST 42nd STREET NEW YORK, N. Y.



**EYEGASSES ARE ADDICTIVE**

STRONGER AND STRONGER EYEGASS LENSES MAINTAIN, CAUSE AND INCREASE OUTER (OBLIQUE, RECTI...) AND INNER (CILIARY, IRIS) EYE MUSCLE TENSION, ABNORMAL EYE SHAPE AND PROGRESSIVE VISION IMPAIRMENT.

THE DIAGRAM BELOW SHOWS THE NEARSIGHTED EYE (UNCLEAR DISTANT VISION).

A SERIES OF STRONGER EYE GLASS LENSES ARE PRESCRIBED WHICH CAUSES INC REASED EYE MUSCLE TENSION, INC REASED ABNORMAL LENGTHENING OF THE EYE AND PROGRESSIVE VISION IMPAIRMENT: INCREASED PRESSURE, TENSION, PULLING, STRETCHING ON IN THE EYE, CORNEA, LENS, RETINA, OPTIC AND EYE MUSCLE NERVES, BLOOD VESSELS, CAPILLARIES, CELLS IN THE RETINA, ALL PARTS OF THE EYE RESULTING IN IMPAIRED BLOOD, OXYGEN, NUTRIENT, LYMPH, NERVE, ENERGY FLOW IN THE EYES, CORNEA, LENS, RETINA, EYE MUSCLES... INCREASED BLUR, DEVELOPMENT OF ASTIGMATISM, CATARACTS, DETACHED RETINA, MACULA DEGENERATION, GLAUCOMA AND OTHER EYE PROBLEMS.

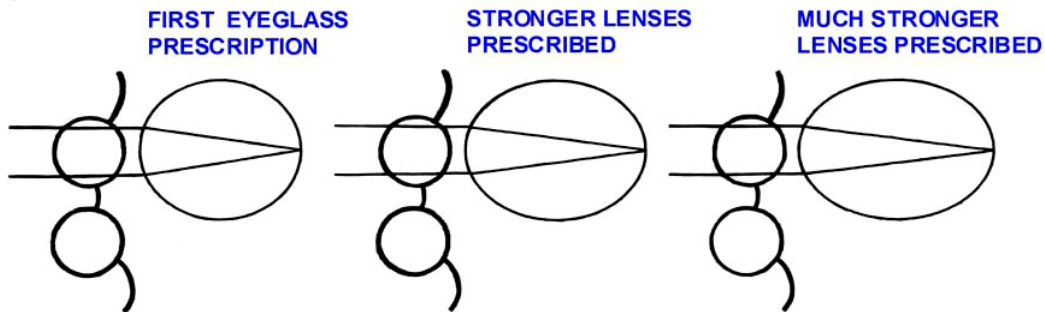
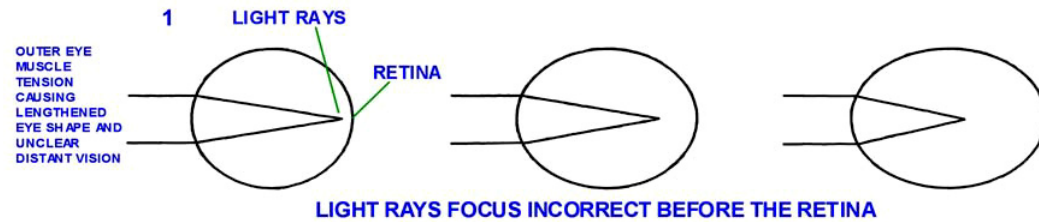
ABNORMAL EYE SHAPE, PRESSURE, TENSION CAN IMPAIR THE SHAPE HEALTH OF THE EYE, CORNEA, LENS, RETINA, IRIS, ALL PARTS OF THE EYE WHEN EYE MUSCLE TENSION ABNORMALLY LENGTHENS THE EYE, THE LIGHT RAYS DO NOT FOCUS CORRECT ON THE RETINA.

THE LIGHT RAYS FOCUS INCORRECT BEFORE THE RETINA RESULTING IN UNCLEAR VISION. SEE DIAGRAM 1 TOP LEFT.

WHEN EYEGASSES ARE WORN, THE EYE MUSCLE TENSION IS MAINTAINED, INCREASED CAUSING INC REASED LENGTHENING OF THE EYE.

THE LIGHT RAYS FOCUS FARTHER AWAY FROM THE RETINA RESULTING IN INCREASED BLUR AND PRESCRIPTIONS FOR STRONGER EYEGASS LENSES.

**NEARSIGHTED - UNCLEAR DISTANT VISION**



STRONGER AND STRONGER EYEGASS LENSES ARE NEEDED TO BRING THE FOCUS OF LIGHT RAYS ONTO THE RETINA.

EYE MUSCLE TENSION, ABNORMAL LENGTHENING OF THE EYE, UNCLEAR VISION MAINTAINED AND INCREASED BY THE EYEGASSES.

EYE MUSCLE TENSION, ABNORMAL LENGTHENING OF THE EYE, UNCLEAR VISION MAINTAINED AND INCREASED MORE BY STRONGER EYEGASS LENSES.

EYE MUSCLE TENSION, ABNORMAL LENGTHENING OF THE EYE, UNCLEAR DISTANT AND CLOSE VISION MAINTAINED AND PROGRESSIVELY INCREASED BY STRONGER AND STRONGER EYEGASS LENSES. CATARACTS, DETACHED RETINA, GLAUCOMA, MACULA DEGENERATION AND OTHER EYE PROBLEMS DEVELOP.

NATURAL EYESIGHT IMPROVEMENT RELAXES THE EYE MUSCLES AND RETURNS THE EYE, CORNEA, LENS, RETINA, OPTIC NERVE, ALL AREAS OF THE EYE TO NORMAL SHAPE, FUNCTION, NORMAL BLOOD, OXYGEN, NUTRIENT, LYMPH, ENERGY, NERVE FLOW IN THE EYES, RETINA, LENS... PERFECT EYE HEALTH, CORRECT FOCUS OF LIGHT RAYS ON THE RETINA, CLEAR VISION AT ALL DISTANCES. ASTIGMATISM, CATARACTS, DETACHED RETINA AND OTHER EYE PROBLEMS ARE REVERSED/PREVENTED.

OPHTHALMOLOGIST BATES TAUGHT THAT STRAIN, STRESS IN THE MIND, BODY, NEGATIVE EMOTIONS; WORRY, FEAR, GRIEF, ANGER...CAUSE EYE MUSCLE TENSION, LOWERED BRAIN, RETINA FUNCTION, INCORRECT FOCUS OF LIGHT RAYS IN THE EYE AND UNCLEAR VISION. RELAXATION OF THE MIND, BODY, POSITIVE EMOTIONS RELAX THE EYE MUSCLES, RETURN THE BRAIN, RETINA TO NORMAL FUNCTION WITH CLEAR VISION.

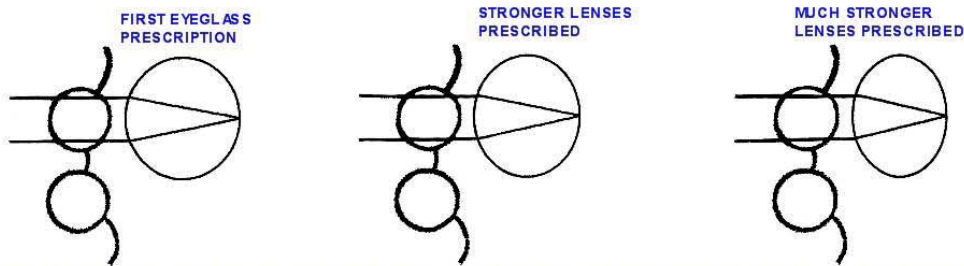
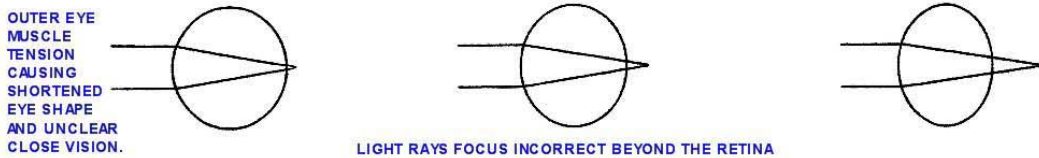
ABNORMAL EYE SHAPE IS ACCENTUATED FOR EASY VIEWING

UNCLEAR CLOSE VISION IS CAUSED BY TENSE OUTER EYE MUSCLES (RECTI) PULLING THE EYE INTO A SHORTENED SHAPE CAUSING LIGHT RAYS TO FOCUS INCORRECT BEYOND THE RETINA.

EYEGLASSES FOR CLOSE VISION MAINTAIN, CAUSE AND INCREASE EYE MUSCLE TENSION AND SHORTENING OF THE EYE. THIS RESULTS IN STRONGER AND STRONGER EYEGLASS LENS PRESCRIPTIONS, INCREASED EYE MUSCLE TENSION, SHORTENING OF THE EYE, INCREASED PRESSURE, TENSION, PULLING, STRETCHING ON/IN THE EYE, RETINA, LENS, CORNEA, OPTIC AND OTHER NERVES, BLOOD VESSELS, CAPILLARIES, CELLS, ALL PARTS OF THE EYE RESULTING IN INCREASED BLUR AT ALL DISTANCES, ASTIGMATISM AND DEVELOPMENT OF THE SAME EYE PROBLEMS LISTED ON THE PREVIOUS PAGE FOR A LENGTHENED EYE.

CLOSE VISION EYEGLASSES CAUSE FAST VISION IMPAIRMENT. CATARACTS AND DISTANT BLUR OFTEN OCCUR SOON AFTER WEARING CLOSE VISION EYEGLASSES.

### FARSIGHTED - UNCLEAR CLOSE VISION



STRONGER AND STRONGER EYEGLASS LENSES ARE NEEDED TO BRING THE FOCUS OF LIGHT RAYS ONTO THE RETINA.

EYE MUSCLE TENSION, SHORTENING OF THE EYE, UNCLEAR CLOSE VISION MAINTAINED AND INCREASED BY EYEGLASSES.

EYE MUSCLE TENSION, SHORTENING OF THE EYE, UNCLEAR CLOSE VISION MAINTAINED AND INCREASED MORE BY STRONGER EYEGLASS LENSES.

EYE MUSCLE TENSION, SHORTENING OF THE EYE, UNCLEAR CLOSE AND DISTANT VISION MAINTAINED, AND PROGRESSIVELY INCREASED BY STRONGER AND STRONGER EYEGLASS LENSES. CATARACTS, DETACHED RETINA, GLAUCOMA, MACULA DEGENERATION AND OTHER EYE PROBLEMS DEVELOP.

**NATURAL EYESIGHT IMPROVEMENT RELAXES ALL THE EYE MUSCLES; OUTER; OBLIQUE, RECTI, INNER; CILIARY, IRIS, RETURNS THE EYE TO NORMAL HEALTHY SHAPE; WITH CORRECT FOCUS OF LIGHT RAYS ON THE RETINA, HEALTHY EYES, NORMAL BLOOD, NERVE... FLOW AND CLEAR CLOSE AND DISTANT VISION. THE EYE REMAINS ROUND FOR CLEAR DISTANT VISION AND LENGTHENS SLIGHTLY TO PRODUCE ACCOMMODATION FOR CLEAR CLOSE VISION.**

TENSE RECTI MUSCLES CAN CAUSE TENSE OBLIQUE MUSCLES. TENSE OBLIQUE CAN CAUSE TENSE RECTI. TENSION IN THE OBLIQUE AND RECTI OUTER EYE MUSCLES CAUSE UNCLEAR CLOSE AND DISTANT VISION. WHEN STRONG EYEGLASS LENSES CAUSE EYE MUSCLE TENSION AND AN EXTREMELY LENGTHENED OR SHORTENED EYE SHAPE, LIGHT RAYS FROM CLOSE AND DISTANT OBJECTS CANNOT FOCUS ON THE RETINA. THIS RESULTS IN UNCLEAR CLOSE AND DISTANT VISION.

TENSION IN THE OUTER EYE MUSCLES CAUSING ABNORMAL EYE SHAPE, PRESSURE, TENSION ON/IN THE EYE CAN CAUSE TENSION IN THE CILIARY MUSCLE AND IMPAIRED BLOOD, NERVE FLOW IN THE EYE, LENS, RETINA WHICH CAN IMPAIR FUNCTION/ HEALTH OF THE EYES LENS, RETINA... RESULTING IN UNCLEAR VISION, CATARACTS AND OTHER EYE PROBLEMS..

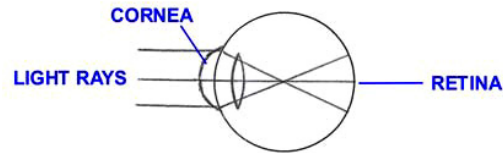
**If eyeglasses are necessary for driving and other activities while Natural Vision Improvement is applied; reduced, weaker 20/40 lenses can be used. Weaker lenses cause less eye muscle tension and enable the eye muscles and eye to begin to relax, return to normal shape. No Eyeglasses is best.**



## DANGERS OF LASER AND OTHER CORNEA EYE SURGERIES

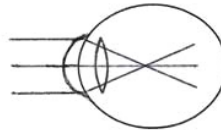
### LASER AND OTHER CORNEA EYE SURGERIES CAUSE CORNEA INJURY, UNCLEAR EYESIGHT AND OTHER EYE PROBLEMS

- 1                    NORMAL ROUND EYE SHAPE.  
CORNEA NORMAL, NO CORNEA SURGERY.



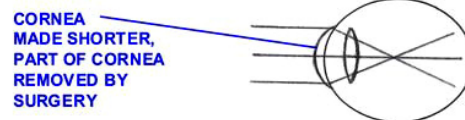
LIGHT RAYS FOCUS CORRECT ON THE RETINA.  
DISTANT VISION IS CLEAR.  
THE EYE LENGTHENS SLIGHTLY FOR CLEAR CLOSE VISION.

- 2                    ABNORMAL LENGTHENED EYE SHAPE DUE TO OUTER  
EYE MUSCLE TENSION. NO CORNEA SURGERY.



LIGHT RAYS FOCUS INCORRECT BEFORE THE RETINA.  
DISTANT VISION IS UNCLEAR.  
CLOSE VISION ALSO BECOMES UNCLEAR IF INCREASED EYE  
MUSCLE TENSION AND LENGTHENING OF THE EYE OCCURS.

- 3                    AFTER CORNEA SURGERY.  
EYE SHAPE STILL ABNORMAL, LENGTHENED.  
EYE MUSCLES STILL TENSE.



PART OF THE EYES CORNEA HAS BEEN PERMANENTLY REMOVED BY LASER OR OTHER SURGERY.  
THE CORNEA IS SHORTENED IN AN ATTEMPT TO MAKE THE EYE CLOSER TO A ROUND SHAPE TO IMPROVE  
FOCUS OF LIGHT RAYS IN THE EYE. LIGHT RAYS FOCUS BETTER, CLOSER TO THE RETINA, BUT OFTEN  
FOCUS IMPERFECT. DISTANT VISION IS CLEARER BUT NOT PERFECT.

- 4                    5 MONTHS AFTER CORNEA SURGERY. VISION IS MORE  
IMPAIRED THAN BEFORE SURGERY.

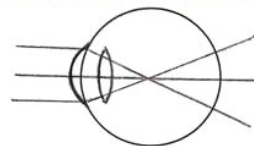
IN DIAGRAM # 4 IT IS 5 MONTHS  
AFTER CORNEA SURGERY.

THE EYE MUSCLES HAVE  
RELAXED, NATURALLY AND THE  
EYE HAS RETURNED TO NORMAL SHAPE.  
THE LIGHT RAYS SHOULD FOCUS CORRECT  
AND DISTANT VISION SHOULD BE CLEAR, BUT,  
THE CORNEA HAS BEEN PERMANENTLY SHORTENED,  
IMPAIRED BY SURGERY AND THE CORNEA CANNOT  
RETURN TO NORMAL SHAPE WITH THE EYE.

THIS CAUSES THE EYE TO BE TOO SHORT CAUSING LIGHT RAYS TO FOCUS INCORRECT BEYOND /BEHIND THE RETINA.  
DISTANT AND CLOSE VISION ARE UNCLEAR.

THE CORNEAS STRUCTURE IS ALSO WEAKENED AND EASILY INJURED, INFECTED, SCARRED RESULTING IN ASTIGMATISM, HAZE, BLIND SPOTS,  
OTHER VISION PROBLEMS INCLUDING BLINDNESS.

THE CORNEA, IRIS, LENS, RETINA IS ALSO OVEREXPOSED TO LIGHT DUE TO IMPAIRED STRUCTURE, FUNCTION, SIZE, THICKNESS OF THE  
SURGICALLY ALTERED CORNEA. CATARACTS, MACULA DEGENERATION AND OTHER EYE INJURY OCCURS.  
LASER AND OTHER CORNEA SURGERIES CANNOT BE REVERSED.



**Eye muscle tension causes abnormal eye/cornea shape, incorrect focus of light rays in the eye and unclear vision. See picture # 2.**

**Natural Vision Improvement relaxes the eye muscles and returns the eye/cornea to normal shape with correct focus of light rays in the eye with clear vision at close and far distances without use of surgery, eyeglasses. The cornea remains whole, strong and healthy. See picture # 1.**

**A normal round eye shape, relaxed eye muscles keeps normal pressure/circulation in the eye, retina, lens, cornea... resulting in healthy eyes and prevention of cataracts, macula degeneration, glaucoma and other eye problems.**

**AVOID LASER CORNEA EYE SURGERY AND OTHER CORNEA SURGERIES.  
LASER AND OTHER CORNEA EYE SURGERIES CAUSE EYE HEALTH IMPAIRMENT, UNCLEAR VISION, A  
VARIETY OF VISION PROBLEMS INCLUDING BLINDNESS**

Eye surgeons advertise expensive cornea surgery to improve the clarity of distant and close vision but are not required to warn the patient about all of the side effects the surgery causes. The eye surgeon does not tell the patient the truth; that many different types of vision impairment and blindness can, has and will occur due to cornea laser surgery.

A woman on a television news show described how laser cornea surgery has caused her to be blind at night and in low light. She cannot go outside at night due to extreme glare, halos from lights. Other vision impairments have developed, unclear daytime vision, reading vision. This condition is permanent. The woman says the cornea surgery has ruined her life.

In 2008 - Television news broadcast - a father telling about how his son was so depressed, his life miserable due to the incurable eye problems, near blindness, eye pain he suffered caused by laser cornea eye surgery. The son committed suicide.

Many people have impaired vision due to cornea surgery.

Read Laser surgery side effects warning at [www.naturalvisioncenter.com](http://www.naturalvisioncenter.com)

FDA side effects warning [www.fda.gov](http://www.fda.gov) Click medical devices, lasik.

See YouTube videos on eye/vision impairment caused by lasik.

Type in 'laser surgery, suicidal patients'. <http://www.youtube.com/watch?v=97609G6Dno0>

Also see website, YouTube videos: [www.lasikcomplications.com](http://www.lasikcomplications.com)

Many patients are developing cataracts after laser cornea surgery.

Some of the side effects of laser and other cornea surgeries are;

The surgery destroys, weakens the cornea's structure. Part of the cornea is permanently removed. Cornea injury, ulcers, scars, infection in the cornea and eye, waves, uneven and torn areas in the cornea and other impairments occur resulting in; vision less clear than it was before surgery at close and far distances, double, triple vision, astigmatism, dizziness, cloudy, dull vision, haze, spots in the visual field, impaired tolerance to light and large halos, glare from indoor lights, from sunlight and from lights at night resulting in night blindness and low daylight vision.

The peripheral field of vision is lowered and the central field becomes unclear..

Increased cornea structure impairment occurs. Many people have become blind right after the surgery or a short time into the future after the surgery. The permanently weakened cornea is easily injured and the person must avoid certain activities, sports, climates, altitudes... for life. Even a soft touch of the hand, a blanket, sleeve... to the cornea can injure it. Cornea injury can occur from a light blow to the body, head. Pilots, various government, military persons and people in certain occupations are not allowed to have cornea surgery.

Some surgery results in clearer than 20/20 vision but this is temporary and the clarity of vision goes below 20/20 in a short time. Most people still need eyeglasses after cornea surgery.

Cornea surgery causes the eyes to feel tired and the clarity of vision to lower during the day and become more unclear at night. Most cornea surgery patients need permanent use of eyeglasses at night and in dim light. The eyeglasses then cause and increase eye muscle tension, abnormal eye/cornea shape and vision impairment resulting in eyeglass prescriptions for the day and night at close and far distances. More vision impairment occurs and stronger and stronger eyeglass prescriptions are prescribed causing increased eye muscle tension, abnormal eye shape with pulling, stretching, tension on/in the eye, cornea. The surgically weakened cornea develops waves, tears, ulcers. Multiple eye problems develop. Cornea transplants and other eye surgeries are needed.

The eyes cornea and lens absorb/control the amount of sunlight and UV light that enters the eye, protecting the eye from over exposure to sunlight, UV light. Cornea surgery; removing part of the cornea destroys this natural eye function. Cornea surgery leaves the cornea, iris/pupil, lens, retina overexposed to sunlight/UV light and overexposed to unhealthy partial spectrum artificial light. This can result in impaired eye health, damage to the cornea, lens, retina... causing pupil malfunction, cataracts, macula degeneration, and other retina damage, unclear vision and other eye problems, including blindness.

**Avoid Contact Lenses** - See the Warning in the Disclaimer, beginning of the book.



#### 4 - 'DO IT YOURSELF'-BATES METHOD-NATURAL EYESIGHT IMPROVEMENT; PRACTICE OF SHIFTING AND OTHER RELAXED, NATURAL, 'CORRECT VISION HABITS' (THE NORMAL FUNCTION OF THE EYES, VISUAL SYSTEM). THE NOSEFEATHER.

##### CORRECT, RELAXED VISION HABITS

Practice Correct Vision Habits and other Natural Vision Improvement activities without eyeglasses. When wearing glasses-continue to use Correct Vision Habits; Shifting, Central-Fixation...

##### SHIFTING

Shifting is a Natural Eye Function and is practiced as a Correct, 'Relaxed' Vision Habit. Correct Vision (Eyesight) Habits; Shifting, Central-Fixation, Relaxation, Memory & Imagination, Movement, Blinking, Abdominal Breathing, Switching... are 'the normal function of the eyes, brain, body' (visual system).

Practice of Shifting, Central-Fixation., Correct Vision Habits is 'imitating, activating normal, correct function of the eyes, brain, visual system'. Practice, imitate correct eye function, relaxed vision habits as a easy, effortless 'habit', all the time.

With a little practice, the eyes, eye muscles, brain, body (Visual system) will return to normal function, relaxation and Correct Vision Habits will be activated, occur 'on their own', all the time, as a automatic, subconscious habit, maintaining relaxation and clear vision at all distances. (Just as the heart beats, lungs breathe automatically, without conscious control, direction, without thinking about it.) Then, the student will consciously practice only occasionally if needed to prevent staring, squinting, blur-a tune-up to remind the visual system to stay with correct, relaxed function.

Shifting; eye movement; to move, shift the eyes (visual attention, center of the visual field) from one small part of a object to another small part.

To see a object clear, the eyes 'Shift' - The eyes, visual attention, central field moves continually, easily from point to point (small part to small part) on the object. This is the normal function of the eyes.

Shifting also occurs when the eyes look from one object to another object at different locations and distances in the visual field.

Central-Fixation (using the center of the visual field) is combined with shifting. Central-Fixation-chapter 8.

Staring; eye immobility, squinting, straining, trying hard, using effort to see clear are Incorrect Vision Habits that cause mental strain, eyestrain, eye muscle tension, neck, shoulder tension and unclear vision. Even a small amount of effort lowers the clarity of vision.

Natural Vision Improvement Teacher, Clara Hackett says; Staring is the main Incorrect Vision Habit that causes tension, strain and unclear vision. Correct Vision Habits are natural and relax the eyes, mind, visual system, produce clear vision.

Shifting 'eye movement' relaxes the mind, body, eye muscles, eyes, and brings clear vision. Shifting prevents staring and unclear vision.

Example;

Look at the picture of the green house.

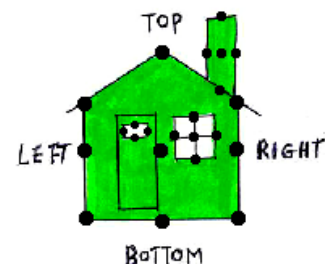
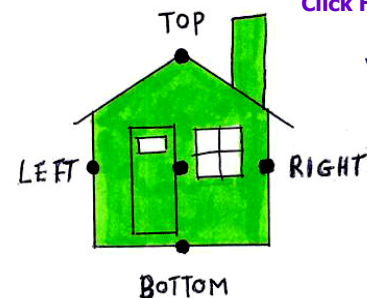
The dots on the house represent small parts of the house.

Practice shifting from small part to small part on the house by moving the eyes (visual attention/center of the visual field) on the dots; Shift from dot to dot on the house.

Look at the dot on the left side of the house, then shift to the dot on the right, then top, then bottom... and in any direction. Blink, Relax.

Videos for this chapter - Shifting, Central Fixation, Nosefeather  
Click Here

Video



After resting the eyes by closing or palming, shifting and swinging are often more successful. By this method of alternately resting the eyes and then shifting, persons with very imperfect sight have sometimes obtained a temporary or permanent cure in a few weeks.

Shifting may be done slowly or rapidly, according to the state of the vision. At the beginning the patient will be likely to strain if he shifts too rapidly; and then the point shifted from will not be seen worse, and there will be no swing. As improvement is made, the speed can be increased. It is usually impossible, however, to realize the swing if the shifting is more rapid than two or three times a second.

Seeing the previous point worse—the new point shifted to is in the central field and is clearest. The previous point is now in the peripheral field and is less clear, seen worse. The central field is clearest. The peripheral field is less clear. This is normal vision.

### THE BLIND MAN

From Better Eyesight Magazine

#### Little Girls Cure Homeless Man of Blindness

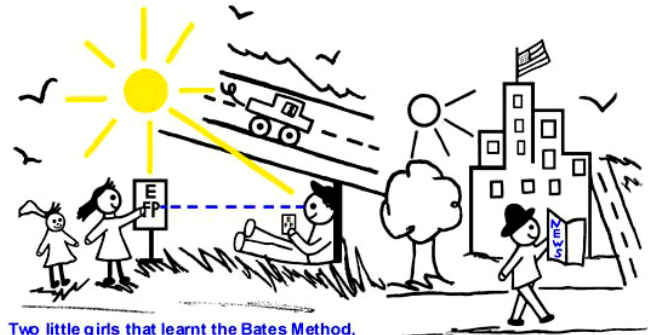
Editor's Note. - This letter from a school teacher was just received, and seemed so worthwhile that we decided to make room for it in this issue. It substantiates Ms. Lierman's reports that those who know the method can improve the sight of others. We regret that we did not have time to obtain the permission of the writer to publish this article, and are therefore withholding her name.

Dear Dr. Bates:

I cannot resist telling you what my little Edith Collins, aged twelve years, has done for a blind man that she picked up on the street.

His eyes were very much sunken. She taught him to palm and sun-gaze. She and a little girl friend visited him in his hovel once or twice a week. Much of the time he was so ill that he kept to his bed, but had this so placed that the sun shone on his eyes.

Little by little his eyes came forward. He palmed faithfully and swung a chart that was given to him. A visiting nurse was telling him it was all "bunk" one day, as Edith entered. She spoke to the nurse and informed her it was not bunk, and that if she (the nurse) would come back in two or three months she would find out for herself. Well, up to July the reports were that he was gradually looking better, and his eyes seemed fuller. When school opened, Edith came into my room and said, "He sees!" I had forgotten about the man, and for a minute I wondered what she meant. She told me that she had met this man on the street a week or two ago - he was very happy - sees to get around, can read headlines in the papers, and can pick out the smaller words in spots. He has promised her that he will not stop exercising till he obtains perfect sight. He also told Edith that if he had not met her, he would still be a blind man begging for food. Now he intends to find work in some other city. Isn't this a **wonderful thing for a little girl to do**? Of course, if it were not for Edith, the man would still have been blind. Children do not discriminate as to whether a man is a beggar, a worker or worthy. To them there are no differences. They scatter the good into every nook and cranny, and what is more, if it had not been for the revolutionary discovery of this very, very natural way to see and think, I would not have been able to have carried it on to the children, who so unquestionably take to the truth when presented to them. I have been so excited about this that I had to write you at once!



Two little girls that learnt the Bates Method, obtained clear eyesight teach the Bates Method to a blind homeless man they found living outside under a bridge. They cure the blindness, his eyesight and health are restored. Treatment: Sunning, sunlight, palming, shifting and switching on letters on identical close and distant eye charts, swinging, central fixation... Children are often the best Natural Vision Improvement teachers.

His blindness cured, he now reads the newspaper, walks the city on his own, looks for a job and continues to practice the Bates Method.

### CENTRAL FIXATION

By W. H. Bates, M.D.

When the eye sees best where it is looking it is called Central Fixation. Of course when one sees one point best it must see all other parts worse. It is a great help in accomplishing Central Fixation to ignore or dodge all other objects or letters (objects/letters the eyes are not looking directly at, that are in the peripheral field). To see worse may require in a way greater rest of the mind because in Central Fixation a great many more things are seen worse and only one thing is seen best.

It must be borne in mind that dodging may be done right or it may be done wrong like many other methods of improving the sight. Dodging is done properly when things are ignored. We do not think so much of the objects seen worse (in peripheral field) as we do of the one object which is seen best (in the central field). It is impossible to have perfect sight without Central Fixation. Central Fixation is demonstrated to be a passive condition of the mind and is always accomplished without effort. It is necessary then to dodge the objects not regarded.



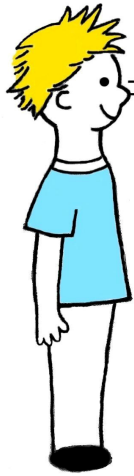
## THE NOSEFEATHER



THE MAN IS TRACING AROUND THE EDGE OF THE TREE WITH THE IMAGINARY NOSEFEATHER.  
 THE END OF THE FEATHER EXTENDS OUT FROM THE END/CENTER OF THE NOSE AND BENDS UP TO EYE LEVEL TO TOUCH THE PART OF THE OBJECT THE EYES ARE LOOKING AT IN THE CENTER OF THE VISUAL FIELD.  
 THE FEATHER IS VERY THIN AND THE END FORMS A VERY SMALL POINT WHICH IS THE SIZE OF THE EXACT CENTER OF THE VISUAL FIELD PRODUCED BY THE FOVEA CENTRALIS IN THE MACULA, CENTER OF THE EYES RETINA.  
 MOVE THE POINTED END OF THE NOSEFEATHER AROUND THE EDGE OF OBJECTS AND PARTS OF OBJECTS.  
 THE EYES, END OF THE NOSEFEATHER, HEAD/FACE AND BODY MOVE TOGETHER, IN SYNCHRONIZATION; SAME TIME, SAME DIRECTION.  
 THE NECK IS RELAXED AND MOBILE.  
 BLINK, BREATHE ABDOMINALLY, RELAX.  
 THE NOSEFEATHER IS ALSO USED TO SHIFT FROM POINT TO POINT (SMALL PART TO SMALL PART) ON A OBJECT.  
 THE NOSEFEATHER IS USED TO SWITCH FROM CLOSE OBJECTS TO DISTANT OBJECTS AND DISTANT TO CLOSE, MIDDLE...  
 THE FEATHER BECOMES LONGER WHEN LOOKING TO THE DISTANCE AND SHORTER WHEN LOOKING AT CLOSE OBJECTS.  
 THE NOSEFEATHER ACTIVATES EASY USE OF CORRECT VISION HABITS; SHIFTING (EYE MOVEMENT), CENTRAL FIXATION, MOVEMENT OF THE HEAD/FACE, BODY WITH THE EYES, RELAXATION AND MOVEMENT OF THE NECK.  
 THE FEATHER CAN BE IMAGINED AS BEING INVISIBLE.  
 THIS ALLOWS THE BRAIN TO IMAGINE, REMEMBER THE OBJECT THE EYES ARE LOOKING AT CLEAR WITHOUT BEING DISTRACTED BY THE IMAGE OF THE FEATHER.



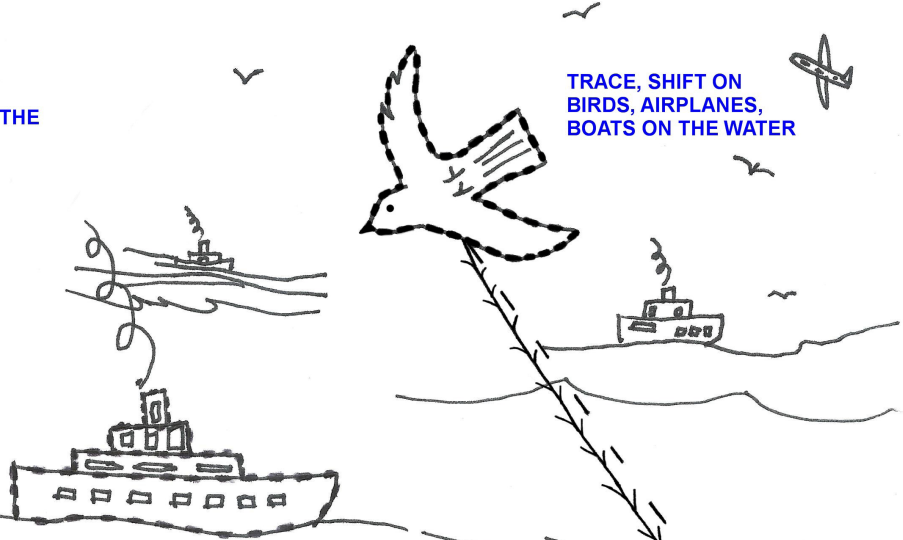
TRACE OBJECTS AND PARTS OF OBJECTS WITH THE NOSEFEATHER  
TRACE ALONG THE DASHED LINES ON THE DIAGRAM AND THEN ON ANY PARTS.  
SHIFT FROM PART TO PART ON OBJECTS WITH THE NOSEFEATHER.



TRACE ON THE LETTER E



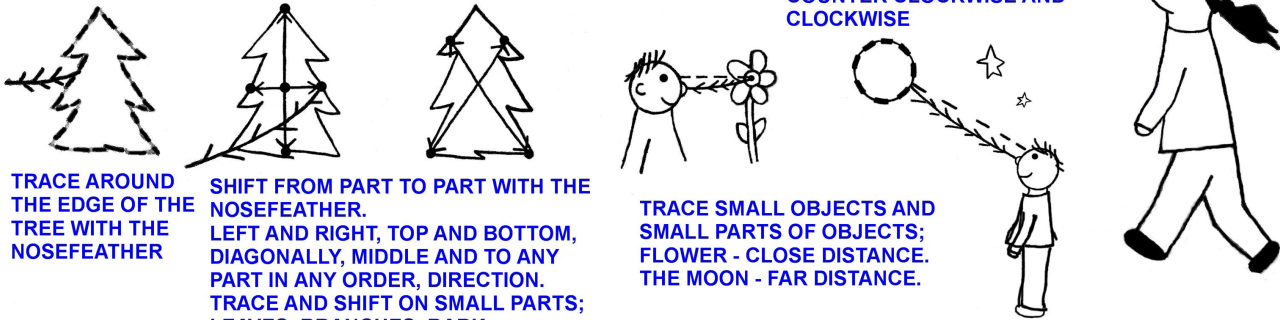
TRACE, SHIFT ON BIRDS, AIRPLANES, BOATS ON THE WATER



TRACE ON/ALONG THE OUTSIDE AND INSIDE EDGE OF THE E



TRACE ON, AROUND THE EDGE OF THE MOON COUNTER CLOCKWISE AND CLOCKWISE



TRACE AROUND THE EDGE OF THE TREE WITH THE NOSEFEATHER

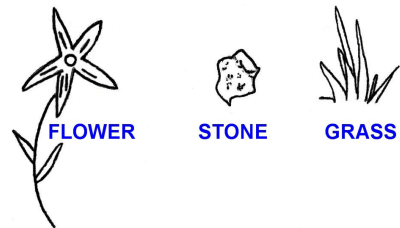
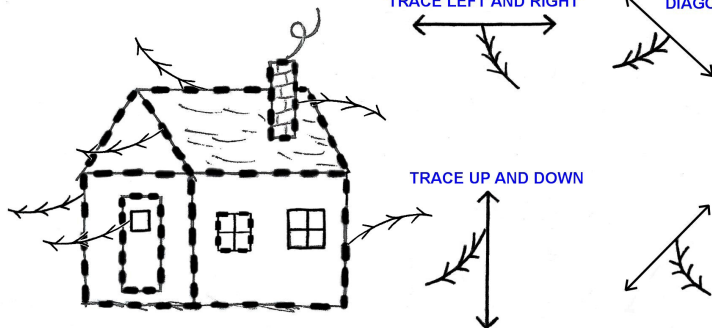
SHIFT FROM PART TO PART WITH THE NOSEFEATHER. LEFT AND RIGHT, TOP AND BOTTOM, DIAGONALLY, MIDDLE AND TO ANY PART IN ANY ORDER, DIRECTION. TRACE AND SHIFT ON SMALL PARTS; LEAVES, BRANCHES, BARK.

TRACE SMALL OBJECTS AND SMALL PARTS OF OBJECTS; FLOWER - CLOSE DISTANCE. THE MOON - FAR DISTANCE.

TRACE LEFT AND RIGHT

DIAGONALLY

TRACE UP AND DOWN



TRACE AND SHIFT WITH THE NOSEFEATHER ON SMALL OBJECTS AND SMALL PARTS, FINE DETAILS OF OBJECTS.

TRACE ON/ALONG THE EDGE OF THE HOUSE WITH THE NOSEFEATHER. TRACE/MOVE THE END OF THE FEATHER ALONG THE DASHED LINES AND ON ANY AREAS. TRACE THE SIDES, ROOF, DOOR, WINDOWS, WINDOW PANES, CHIMNEY, BRICKS IN THE CHIMNEY. SHIFT ON PARTS. COMBINE TRACING AND SHIFTING.

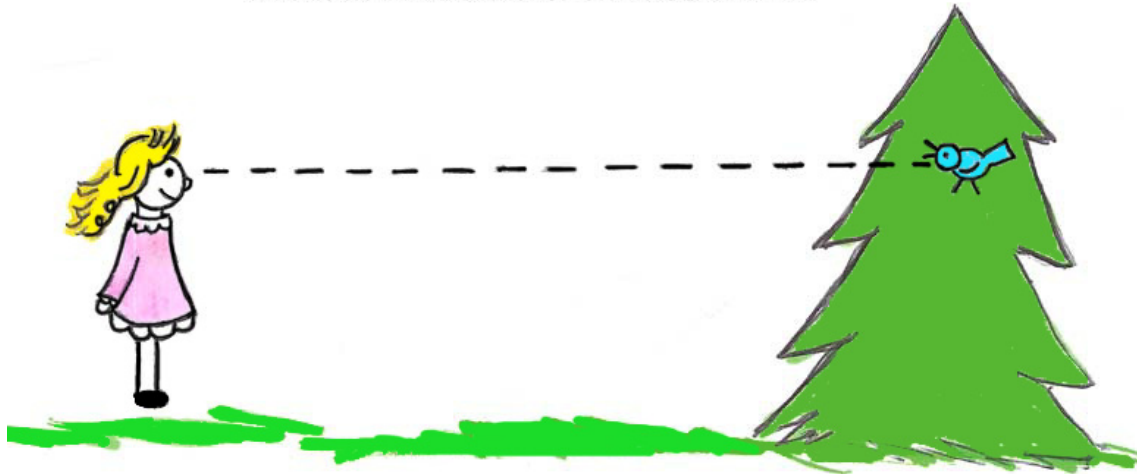
TRACE AND SHIFT ON LARGE, MEDIUM, SMALL OBJECTS AND PARTS OF OBJECTS AT CLOSE, MIDDLE, FAR DISTANCES. BLINK, BREATHE ABDOMINALLY, RELAX

**5 - CENTRAL- FIXATION – Seeing Clearest with the Center of the Visual Field**



GIRL LOOKING AT BLUEBIRD.  
BIRD IS IN THE CENTER OF THE VISUAL FELD.

Video



Central-fixation is a Correct, Natural Vision Habit, (the normal, relaxed function of the eyes) that produces very clear fine detailed vision.

Central-fixation = to see clear by using the center of the visual field.

To place the object the eyes are looking at in the center of the visual field.

The center of the visual field is between the left and right eyes, at eye level.

The center is the clearest area of the visual field, clearer than 20/20.

The center of the visual field is produced by the fovea centralis, macula in the center of the eyes retina.

The fovea and macula produce the clearest vision, clearer than 20/20.

The center of the visual field, (central Field) moves with the eyes, visual attention; from object to object and part to part on objects. See one small part of a object clearest at a time, in the center of the visual field. Move the central field from part to part. Each new part the eyes shift to, look at is in the center of the visual field and is seen clearest. The new part is clearest while the central field is on that part. Then, when the eyes (central field) move to a new part, that part will be seen clearest. The eyes move continually from part to part, seeing one part at a time clearest, in the central field.

In the picture above the girl is looking at the bluebird in the tree.

The bird is in the center of the visual field and is seen clear.

Relaxation, shifting and central-fixation are the 3 main Correct Vision Habits that keep the vision clear.

Practice them in a relaxed, easy, effortless manner.

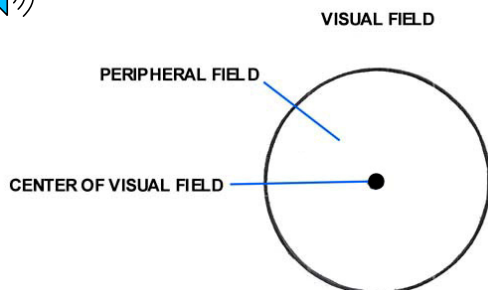
Avoid staring, eye immobility, becoming stiff, immobile when placing a object in the center of the visual field. Relax, blink and move.

Central-fixation is combined with shifting = shift, move the eyes (visual attention, center of the visual field) from part to part on the object.

The eyes, head/face, neck and body are relaxed and move freely.

Blink, relax and move.

SHIFT FROM PART TO PART ON THE BIRD AND APPLE



BIRD IS SEEN CLEAR BY PLACING IT IN THE CENTER OF THE VISUAL FELD



**CLEAR EYESIGHT AT CLOSE DISTANCES****Reading - Fine Print Healthy for the Eyes - Read in Full Spectrum Sunlight****Video****Clear Close Vision****Reading, Seeing Fine Print Clear  
Natural Presbyopia Treatments****Practice the same Correct Vision Habits (shifting, central-fixation) to see close objects clear.****Example; look at a small flower or piece of jewelry at 3 - 7 inches from the eyes.****Place the object up in front of the face, in the center of the visual field; between the eyes, at eye level.****Use good posture; avoid bending the head, neck down.****Keep the neck straight and relaxed.****Shift on the small parts, tiny details of the object. Shift part to part, small point to small point****See example of the girl looking at the bluebird; she has good posture, the bird is at eye level, center of the visual field.****Avoid staring. Squinting, trying to see.****Keep the eyes moving, shifting relaxed, slowly, easy, continually from one small part of the object to another small part. (Let fast, saccadic eye movements occur automatically, on their own.)****Blink, breathe slow, relaxed. The head/face, neck and body are relaxed and move freely.**



## 15 - NIGHT VISION





## 6 - SWITCHING, SHIFTING CLOSE, MIDDLE AND FAR

**Switching Close, Middle, Far on objects at different distances is a type of Shifting that improves the clarity of vision at all distances.**

**Switching; to switch (change) the visual attention from one distance to another distance.**

**Example;**

**+Look at a object at a close distance, the cat on the fence. Shift part to part on the cat. Blink, Relax.**

**+Then switch to a object at a far distance - trees, mountains, sky. Shift part to part on the far objects.**

**+Then switch back to the close object - cat. Shift part to part on the cat.**

**+Switch back and forth; cat, trees, mountains, sky, cat, trees, mountains, sky... Shift on each object the eyes look at, one object at a time.**

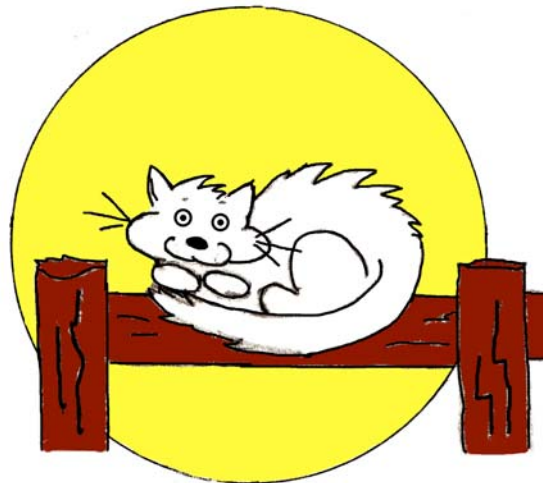
**+Switch to the middle distance; cat to house, house to cat, cat to house... house to trees, mountains, back to house, trees...**

**Switch back and forth on any objects, any distances, close, middle, far, in any order. Let the eyes move, shift freely from object to object and part to part on objects; shift along the fence, grass, flowers, truck, dog, house, owl, trees, mountains, sky, birds. Shift on small parts, tiny details on objects; shift part to part on the windows in the house, window panes, chimney, bricks in the chimney. Shift on the owls face, eyes, ears, wings, claws. Central-fixation: shift point to point on tiny parts. No effort to see. Blink, breathe deep, relax.**

**Trace on/along the edge of objects, parts of objects with the Nosefeather; mountains, hills, trees, house, fence, any object.**

**Switch on objects at close, middle, far distances that are in a straight line, row with eachother.**

**In the picture of the kitty on the fence, house, mountains; To practice switching, shifting on the objects; the person stands with the cat, fence at eye level. Height of the cat, fence is in front of the persons face. This causes some distant objects (house, trees...) to be directly beyond the cat, fence. The objects are aligned with eachother. Placing a few objects in a straight line with eachother greatly improves accommodation, un-accommodation and convergence, divergence when looking close, middle and far, switching back and forth on the cat, house...**



Shift on the kitty, then the distant moon, then the kitty, then moon, kitty... Blink, relax.

**Video Video**



This improves the clarity of vision.

**Example:** See the picture of the kitty and moon. The kitty and moon are in a row, aligned.

Shift part to part on the kitty, then switch to the distant moon and shift on the moon, then back to the kitty, then moon, kitty... See the pictures below; The man switches, shifts close, middle, far on 5 telephone poles aligned with each other, in a straight line down the side of the street. He shifts, traces on the poles, one at a time.



Switch, Shift, Trace on objects at different distances in a straight line with each other to perfect: accommodation, un-accommodation, convergence, divergence, clarity of vision. Practice with: both eyes together, then one eye at a time, then both eyes together again.



Switch, shift, central-fixation on objects at different distances, close, middle, far, in a straight line with each other.

He then does the Rock; moves the eyes, head, face, body side to side and notices oppositional movement of the poles; Poles at different distances appear to move against each other in opposite directions as he rocks side to side. The close pole moves opposite his eyes, head, body moment and the far distant pole appears to move with him in the same direction.

He also switches, shifts on the houses along the side of the street. He gets a good view of the houses aligned by standing where the kitty is by the edge of the house.

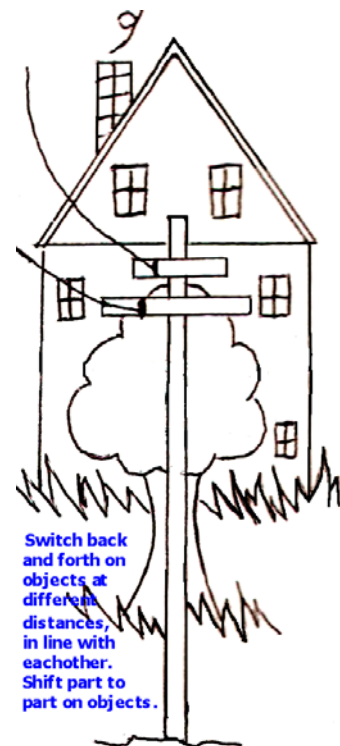
The 2 other pictures show more objects in a straight line.

**Example:** Shifting part to part on the Pete's brewery sign, then on the truck beyond it, then back to the sign, then to the trees, then to the truck, then trees, sign, trees, truck... Switch to and shift on the fields, mountains, airplane, parachute, birds. Switch to any object, any order and shift on it.

(Switching is not done only on objects in a straight line. Switching is also practiced on objects at a variety of locations; left, right, up, down, diagonally... to give the eyes complete freedom of shifting movement. This is the normal, natural function of the eyes. Straight line switching is only practiced a short time to 'tune up' the eyes function, visual clarity.) More examples for switching in a straight line are in the 'Pens in a Row' section in this chapter.

Switching, shifting... at night video;

<http://www.youtube.com/watch?v=r5JxOFVi3hc>



Switch back and forth on objects at different distances, in line with each other. Shift part to part on objects.

The rope can be imagined as a thin string for a lighter feeling in the mind, eyes.



Shift on Baby Yellow Kitty. Then switch to the distant tree, glide along the rope to the tree. Shift on the tree. Switch, glide on the rope back to the Kitty, shift on the Kitty, then back to the tree. Repeat.

Imaginary Rope. Glide the eyes, (visual attention, central field) back and forth along the rope to close and far objects. Shift on a object, then glide to another object, shift on it, glide back to the first object...  
For switching on objects in a straight line with eachother.

Let the rope be loose, avoid tension. A relaxed feeling should occur as the eyes, visual attention move along the rope. Move, glide easy, relaxed on the rope. The rope makes it relaxing, easy for the eyes to converge, accommodate for close objects and diverge, un-accommodate for distant objects. This is especially relaxing for eyes that have tight muscles, crossed, wandering eyes. Stiff, rigid eye and neck muscles can cause a feeling of tension, pulling, a little dizziness as switching close and far is practiced and the eyes try to function, move normally, together and quickly. The rope helps to prevent this feeling of tension. It activates relaxation and quick, easy improvement of eye movement, visual clarity.

Blink, relax,, breathe, switch, shift, central fixation. Use the Nosefeather on the rope.



## SWITCH BACK AND FORTH; CLOSE, MIDDLE, FAR ON THREE PENS FOR CLEAR VISION AT ALL DISTANCES

DIRECTIONS; PLACE THREE COLORED PENS (OR POPSICLE STICKS) UP RIGHT INTO A CARDBOARD BOX, IN A STRAIGHT LINE AT CLOSE, MIDDLE AND FAR DISTANCES. THE 3 PENS ARE IN THE CENTER OF THE VISUAL FIELD, BETWEEN THE EYES, AT EYE LEVEL.

RED, GREEN AND BLUE ARE THE MAIN COLORS OF THE SUNS LIGHT SPECTRUM. COMBINATIONS OF RED, GREEN, BLUE CREATES OTHER COLORS.

THE CONES IN THE EYES RETINA DETECT RED, GREEN, BLUE AND ALL OTHER COLORS.

RED ACTIVATES THE LEFT BRAIN HEMISPHERE AND CLEAR CLOSE VISION.

BLUE ACTIVATES THE RIGHT BRAIN HEMISPHERE AND CLEAR DISTANT (FAR) VISION.

GREEN ACTIVATES AND INTEGRATES BOTH LEFT AND RIGHT BRAIN HEMISPHERES AND CLEAR CLOSE AND DISTANT VISION.

ALL 3 COLORS ACTIVATE CLEAR MIDDLE DISTANCE VISION.

ACTIVATING AND INTEGRATING THE LEFT AND RIGHT BRAIN HEMISPHERES PRODUCES EQUALLY CLEAR PERFECT VISION IN THE LEFT AND RIGHT EYES AT ALL DISTANCES CLOSE, MIDDLE, FAR.

SWITCHING ON ANY OBJECTS; CLOSE, FAR, CLOSE, FAR, AND TO THE MIDDLE DISTANCE ACTIVATES AND INTEGRATES THE LEFT AND RIGHT BRAIN HEMISPHERES AND CLEAR VISION AT ALL DISTANCES. SWITCHING ON THE RED, BLUE AND GREEN PENS INCREASES ACTIVATION AND INTEGRATION THE LEFT AND RIGHT BRAIN HEMISPHERES AND CLARITY OF VISION.



PRACTICE OUTSIDE IN THE SUNLIGHT WITH THE SUN SHINING OVER THE SHOULDER ONTO THE PENS.

PRACTICE SWITCHING CLOSE, MIDDLE AND FAR ON THE 3 PENS WITH BOTH EYES TOGETHER AND ONE EYE AT A TIME USE THE MEMORY AND IMAGINATION;

1 - EYES OPEN - BOTH EYES TOGETHER - SWITCH CLOSE, FAR, MIDDLE ON THE 3 PENS AND SHIFT ON EACH PEN (SHIFT ON ONE PEN AT A TIME) AND REMEMBER, IMAGINE AND SEE EACH PEN CLEAR WITH BRIGHT PERFECT COLOR.

2 - EYES CLOSED - REPEAT IN THE IMAGINATION/MIND - IMAGINE SWITCHING CLOSE, FAR, MIDDLE ON THE 3 PENS AND IMAGINE SHIFTING ON THE PENS (ONE PEN AT A TIME) AND REMEMBER, IMAGINE AND SEE IN THE MIND EACH PEN CLEAR AND WITH PERFECT BRIGHT COLOR.

3 - EYES OPEN - REPEAT NUMBER 1.

4 - ONE EYE AT A TIME - REPEAT NUMBER 1, 2, 3 WITH ONE EYE AT A TIME; LEFT EYE (RIGHT EYE COVERED WITH PATCH AND OPEN UNDER THE PATCH) - SWITCH, SHIFT ON THE 3 PENS AND REMEMBER, IMAGINE AND SEE THE PENS CLEAR AND WITH PERFECT BRIGHT COLOR WITH THE EYE OPEN, CLOSED, OPEN.

REPEAT WITH THE RIGHT EYE (LEFT EYE COVERED WITH PATCH AND OPEN UNDER THE PATCH).

REPEAT WITH LEFT EYE AGAIN, THEN RIGHT, LEFT, RIGHT.

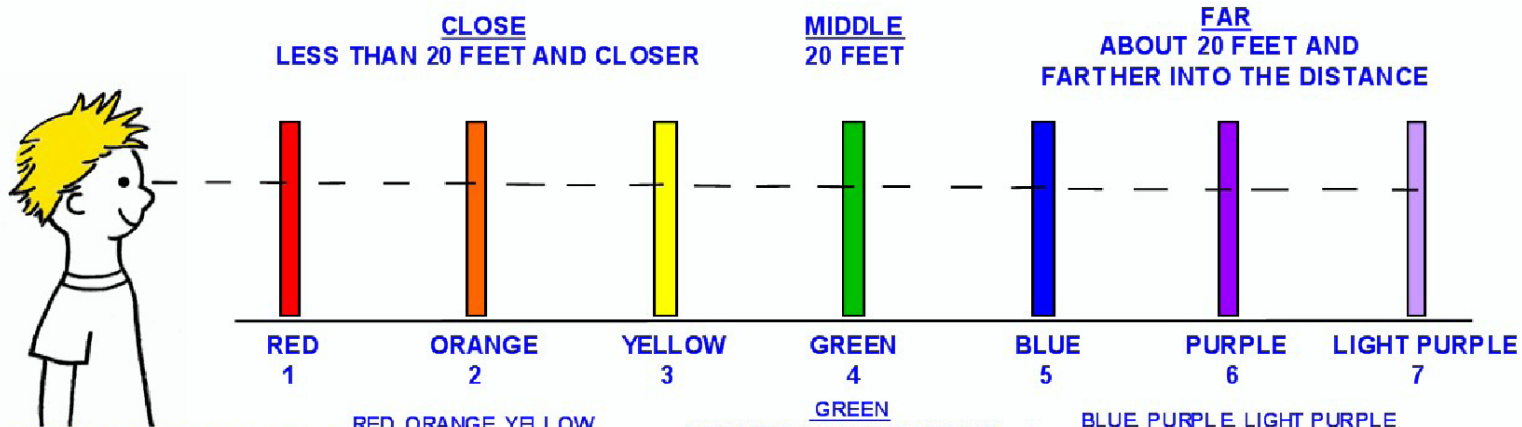
IF VISION IS LESS CLEAR IN ONE EYE - PRACTICE WITH THAT EYE A LITTLE LONGER.

WHEN USING ONE EYE; KEEP THE PEN BETWEEN THE EYES, AT EYE LEVEL, CENTER OF THE VISUAL FIELD.

5 - END BY PRACTICING WITH BOTH EYES TOGETHER AGAIN - STEPS 1,2,3.

PRACTICE WITH THE PENS PLACED AT A VARIETY OF DISTANCES FOR CLEAR VISION AT ALL DISTANCES.

## SWITCH ON THE SEVEN COLORED PENS PLACED AT CLOSE, MIDDLE AND FAR DISTANCES



RED PEN - 6 TO 12 INCHES FROM THE EYES OR START AT ANY DISTANCE THAT IS COMFORTABLE.  
PLACE THE 7 PENS IN THE CENTER OF THE VISUAL FIELD, BETWEEN THE EYES, AT EYE LEVEL. PENS ARE IN A STRAIGHT LINE.

RED, ORANGE, YELLOW  
ACTIVATES THE LEFT BRAIN  
HEMISPHERE AND CLEAR CLOSE  
VISION

GREEN  
ACTIVATES AND INTEGRATES THE  
LEFT AND RIGHT BRAIN  
HEMISPHERES AND CLEAR CLOSE,  
MIDDLE AND FAR VISION.  
GREEN, THE MIDDLE DISTANCE, IS  
THE BALANCING COLOR AND  
REPRESENTS THE CENTER/MIDLINE  
OF THE BRAIN WHERE THE LEFT AND  
RIGHT HEMISPHERES MEET,  
COMMUNICATE, SWITCH BACK AND  
FORTH.

BLUE, PURPLE, LIGHT PURPLE  
ACTIVATES THE RIGHT BRAIN  
HEMISPHERE AND CLEAR DISTANT  
(FAR) VISION

### DIRECTIONS

+SWITCHING BACK AND FORTH; CLOSE TO FAR, FAR TO CLOSE AND TO/ FROM THE MIDDLE DISTANCE TO/FROM CLOSE AND FAR ACTIVATES AND INTEGRATES THE LEFT AND RIGHT BRAIN HEMISPHERES AND CLEAR CLOSE, MIDDLE, DISTANT/FAR VISION.

COLOR IMPROVES BRAIN FUNCTION AND CLARITY OF VISION.

+ SWITCHING ON THE COLORED PENS; RED, ORANGE, YELLOW (CLOSE DISTANCES) TO BLUE, PURPLE, LIGHT PURPLE (FAR DISTANCES) AND TO GREEN (MIDDLE DISTANCE) INCREASES ACTIVATION AND INTEGRATION OF THE LEFT AND RIGHT BRAIN HEMISPHERES AND CLARITY OF VISION.

EXAMPLE; RED, CLOSE (LEFT BRAIN HEMISPHERE) TO BLUE, FAR (RIGHT BRAIN HEMISPHERE)

BLUE, FAR (RIGHT HEMISPHERE) TO RED, CLOSE (LEFT HEMISPHERE) ACTIVATES AND INTEGRATES THE LEFT AND RIGHT HEMISPHERES AND CLEAR CLOSE AND FAR VISION.

MIDDLE DISTANCE VISION IS AUTOMATICALLY IMPROVED. SWITCHING TO AND FROM THE MIDDLE DISTANCE GREEN TO TO/FROM THE CLOSE AND FAR DISTANCES WILL INCREASE ACTIVATION AND INTEGRATION OF THE BRAIN HEMISPHERES, CLARITY OF CLOSE, MIDDLE AND FAR VISION.

SWITCH CLOSE, MIDDLE, FAR IN ANY ORDER ON THE 7 PENS;

RED TO BLUE - BLUE TO RED. RED TO LIGHT PURPLE - LIGHT PURPLE TO RED. RED TO GREEN - GREEN TO RED

RED TO BLUE, TO GREEN, TO BLUE, TO YELLOW ORANGE TO GREEN - GREEN TO ORANGE, PURPLE TO BLUE, PURPLE, RED..

SHIFT ON EACH PEN THE EYES LOOK AT. LOOK AT A PEN AND SHIFT ON IT TO PREVENT STARING. AVOID STARING, EYE IMMOBILITY, SQUINTING, TRYING TO SEE CLEAR.

SHIFT ON THE PEN FROM PART TO PART; TOP AND BOTTOM, LEFT AND RIGHT, DIAGONALLY, TO MIDDLE AND TO ANY DIRECTION, PART.

MOVE THE HEAD/FACE WITH THE EYES, SAME TIME, SAME DIRECTION.

THE EYES, HEAD, FACE, NECK AND BODY ARE RELAXED AND MOBILE.

BLINK, BREATHE, RELAX. PRACTICE OUTSIDE IN THE SUNLIGHT. PRACTICE WITH BOTH EYES AND ONE EYE AT A TIME. USE THE MEMORY AND IMAGINATION. SEE COMPLETE DIRECTIONS ON TOP PICTURE. TRACE AROUND THE EDGES OF THE PENS WITH THE NOSEFEATHER.

SWITCHING, SHIFTING ON THE PENS AND USE OF CENTRAL FIXATION KEEPS THE EYES RELAXED, IMPROVES CONVERGENCE, ACCOMMODATION AT CLOSE DISTANCES, UNCONVERGENCE, UNACCOMMODATION AT FAR DISTANCES.

CENTRAL FIXATION; PLACE THE PART OF THE PEN THE EYES ARE LOOKING AT IN THE CENTER OF THE VISUAL FIELD, BETWEEN THE EYES AT EYE LEVEL.

THE CLEAR CENTER OF THE VISUAL FIELD MOVES WITH THE EYES AS THE EYES SHIFT FROM PART TO PART ON THE PENS.

SPACE THE PENS FARTHER APART OR CLOSER TOGETHER TO PRACTICE SWITCHING AT A VARIETY OF DISTANCES CLOSE AND FAR.

AT VERY CLOSE DISTANCES THE PENS SIZE MAY BLOCK THE VIEW OF OTHER PENS.

COLOR TOOTHPICKS CAN BE USED IN PLACE OF THE PENS WHEN SWITCHING AT VERY CLOSE DISTANCES; ALL TOOTHPICKS WITHIN 8 INCHES FROM EYES...

SEE DIAGRAM BELOW.

BE CAREFUL WHEN LOOKING AT THE TOOTHPICKS CLOSE TO THE EYES; KEEP ENDS AWAY FROM EYES.



COLORED TOOTHPICKS

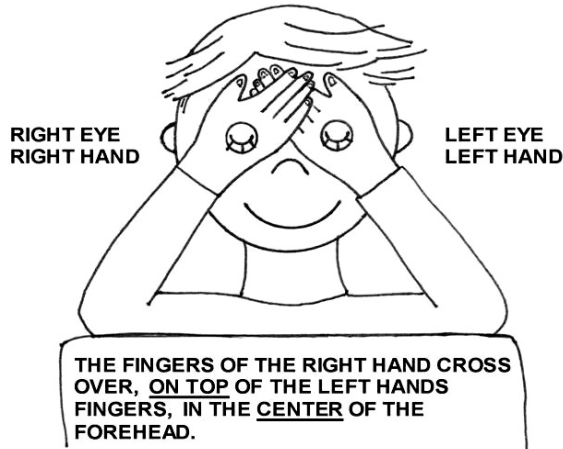


## 7 - RELAXATION METHODS - PALMING, COLOR VISUALIZATION, ABDOMINAL BREATHING, DEEP RELAXATION, ENERGY CIRCULATION CHART.



### PALMING

TO COVER THE CLOSED EYES WITH THE PALMS OF THE HANDS WHILE RELAXING AND THINKING SOMETHING PLEASANT.



THIS PICTURE SHOWS THE LEFT AND RIGHT HANDS/EYES OF A PERSON FACING THE READER. TO SEE HOW THE READERS HANDS ARE PLACED; VIEW THIS PICTURE IN A MIRROR OR PLACE THE PICTURE OUTWARD ON THE CHEST AND LOOK DOWN AT THE PICTURE FOR A SECOND.

PALMING RELAXES THE MIND, BODY, NECK, EYE MUSCLES, EYES, AND WHEN COMBINED WITH SUNNING IMPROVES THE EYES/RETINA, BRAIN AND BODY'S ACTIVATION/REACTION TO SUNLIGHT AND ABSORPTION, USE OF SUNLIGHT. THIS IMPROVES FUNCTION, HEALTH OF EYES, BRAIN, BODY.



**Palm and remember, imagine a pleasant object, scenery and shift throughout the scene; from object to object, part to part on objects. See objects in motion, action like a real life movie in the mind, in color, clear.**

### PALMING

The pictures show palming; to cover the closed eyes with the palms of the hands and relax.

Practice palming before and after sunning and at any time day or night to relax the mind, eyes, eye muscles and entire body. Palming relaxes the mind, brain, visual system. Relaxation of the mind is a main Natural Vision Improvement activity for clear vision.

Remembering, imagining pleasant thoughts, clear objects, clear vision, and practicing Correct Vision Habits; shifting, central-fixation, switching., in the imagination while palming improves the memory, imagination and function of the eyes, brain, visual system with the eyes for clear vision.

Palming improves circulation of energy, blood in the head, eyes.

Palming also activates and integrates the left and right brain hemispheres when the mind relaxes, using the memory, imagination and by crossing the left and right hands fingers across the center of the forehead. Chakras, energy/acupressure points on the center of the forehead are activated by the light touch of the hands on the forehead. Energy from the chakras in the hands enters the eyes. Body, spiritual energy centers exist on the center of the forehead, top of the head and above the head.



Fig. 52. Neuralgia Relieved by Palming and the Memory of Black  
While the visitor was explaining to her sceptical hostess the method of relieving pain by palming and the memory of black, another member of the family, who was suffering from trigeminal neuralgia, came in, and having heard what was being said, immediately put it into practice and was cured. The hostess later developed severe pain in her head and eyes, and did not obtain any relief until she also practiced palming and the memory of black.

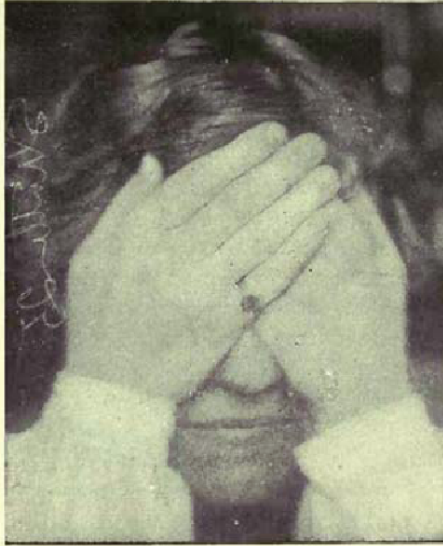


Fig. 42. Palming

This is one of the most effective methods of obtaining relaxation of all the sensory nerves.



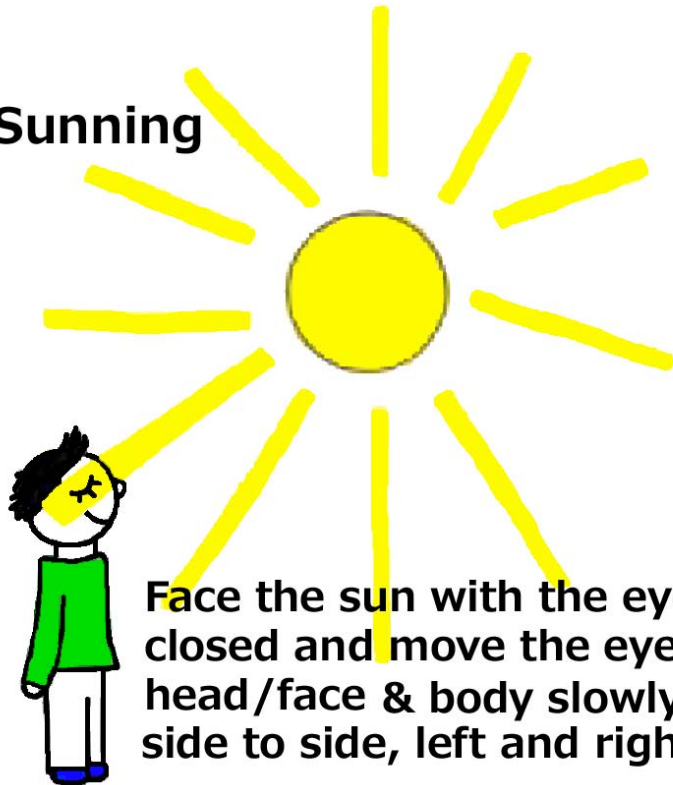
**Palm and remember, shift on a favorite object: flower, colorful stone, jewelry, tree, land, old house... Improving the memory, imagination of clear mental pictures relaxes the mind, body, eyes and improves the vision.**



**Palm and imagine drifting down a river. See objects in color, clear, motion. Movement of the boat, water, wind, birds flying, sun shining, sparkling on the river, animals walking on the shore, colorful dragonflies... Imagine all the senses; touch, warmth of sun, feel the breeze, hear the water, birds, wind, taste your favorite drink...**



## Sunning



Face the sun with the eyes closed and move the eyes, head/face & body slowly side to side, left and right.



## DR. BATES SUNLIGHT TREATMENTS (As described in Better Eyesight Magazine)

Shining direct sunlight on the sclera, the outer white part of the eye is a old treatment Dr. Bates applied to bring life, health, activity to the retina and its cells, cones, rods, nerves, blood vessels. Dr. Bates cured unclear vision and other eye problems, diseases with this treatment. People that were blind or almost blind would begin to see light and obtain clear vision as result of this treatment and other Bates activities.

### Directions

**1 - Face the sun with the eyes pupil directed away from the sun. Allow full spectrum sunlight to shine directly on the sclera, (white part of the eye) by pulling the upper eyelids up while looking down. The sun shines on the upper white area of the eye. The eyes pupil is down, under the lower eyelid to prevent direct sunlight from shining into the pupil.**

Move the eyes and head/face side to side to move the sunlight over the entire sclera and retina, lens through the sclera. Keep the sunlight moving on the sclera for a few seconds. Then stop, rest. Repeat if comfortable. Do not overdo it. Movement of the eyes, light places sunlight on all areas of the eye, retina, improves absorption, use of the light, activation of the retinas cells, light receptors... and prevents overexposure, concentration of the light, sunburn on the eye.

When pulling the eyelid; do not touch the eye or eyelid. Pull on the skin above the eyelid. Keep fingernails very short. Wash your hands first. Avoid chemical based soap. Do both eyes at the same time; left thumb pulls left lid, right thumb pulls right lid. Pull gently. This treatment also helps the eye build normal tolerance to sunlight, improves health and color of the sclera, perception of light, color, clarity of vision.

**2 - Now, direct the sunlight onto the bottom of the sclera; Pull the lower eyelids down, move the eye/pupil up in the opposite direction so the sun shines on the lower area of the sclera and not directly into the pupil.**

Move the eyes, head/face side to side. Keep the sunlight moving on the sclera for a few seconds. Then stop, rest. The head/body may need to be tilted back a bit to keep sunlight on the lower sclera and away from the pupil. Practicing this treatment repeatedly can tense the eye muscles and the pull of the fingers can irritate the eyelids, skin. Use it occasionally.

### Sun-Glass Treatment

Dr. Bates cured advanced eye problems, blindness by the sunlight methods and, also applying the use of the Sunglass to increase the strength of the sunlight on the eyes sclera and retina through the sclera. He moves the sunlight through the Sunglass quickly over the sclera for only a second, few seconds. He also moves the sunlight through the Sunglass on/over closed eyelids. Light is not directed into the pupil.

The light is kept in movement and moved quickly on the sclera and not for too long; only a few seconds in order to prevent over concentrating sunlight on any one or more areas of the eye, to prevent overexposure, sunburn on/in the eye. Distance of the glass must be correct or the eye can be burned.

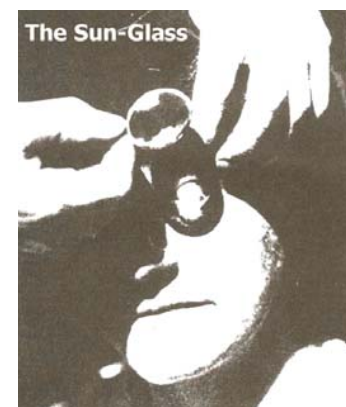
The patient is exposed to plain sunlight first, without the glass to get the eyes adjusted to the light before using the sun-glass.

Do not do this at home without an eye doctor's direction. Done incorrect, it can burn the eye.

#### Sunlight on the Sclera



Expose left and right eyes to the sun at the same time. Move the eyes left and right enabling the sun to shine/move on all areas of the Sclera.



Do not wear any type of eyeglasses, sunglasses, tinted, colored, UV blocking lenses, contact lenses while sunning, sun-gazing, applying sunlight on sclera and using the sunglass. All these eyeglasses can act as a magnifying glass causing sunlight through the eyeglass lens to burn the eyes even when the eyes are closed. These eyeglasses also impair the natural structure of the suns light rays causing unbalanced, partial spectrum, unhealthy light to enter the eyes, cause eye, vision impairment.



## THE USE OF THE SUN GLASS

In using the sun glass, it is well to accustom the eyes of the patient to the strong light by having him sit in the sun with his eyes closed, and at the same time he should slowly move his head from side to side, in order to avoid discomfort from the heat. Enough light shines through the eyelid to cause some people a great deal of discomfort at first, but after a few hours' exposure in this way, they become able to gradually open their eyes to some extent without squeezing the lids. When this stage is reached, one can focus, with the aid of the sun glass, the light on the closed eyelids, which at first is very disagreeable. When the patient becomes able to open the eyes, he is directed to look as far down as possible, and in this way the pupil is protected by the lower lid. Then by gently lifting the upper lid, only the white part of the eye is exposed, while the sun's rays strike directly upon this part of the eyeball. The sun glass may then be used on the white part of the eye. Care should be taken to move the glass from side to side quickly. The length of time devoted to focusing the light on the white part of the eye is never longer than a few seconds. After such a treatment the patient almost immediately becomes able to open his eyes widely in the light.

Most Modern Natural Eyesight Improvement Teachers do not apply the Sunglass Treatment - (Mainly due to fear of the AMA.) Ophthalmologist Bates cured many vision problems, eye diseases, various types of blindness with the Sunglass and Sunlight, Sunning Treatments. Try plain Sunning, Sunlight first.

the Sunglass light is on the eyes.

Start with eyes closed, look far down. Bring the glass, light beam close, but a safe distance from the eye. Move the light beam on the white area of the eye through the eyelids. The movement helps to prevent too much heat. Test the intensity of the light, heat, distance of the glass... on the closed eyelids first. See the size of the light spot on the eye and the blood vessels... in the eyes sclera, retina. Keep the light moving, move it quickly on the sclera for a few seconds.

Then, repeat with the eyes open: still looking far down, eyes pupil under the lower eyelid, protected from the light; lift the upper eyelid, open the eyes and move the light quickly side to side, a few seconds on the white area, sclera of the eye. Then repeat the steps with the other eye.

The Sunglass is a glass. As described in other chapters; All glass, plastic...; eyeglasses, windows, sunglasses block out part of the sun's light spectrum causing unhealthy partial spectrum, unbalanced light to exit the glass and shine into the eyes, travel to the brain, body. This impairs health, function of the brain, body, eyes and clarity of vision. For this reason the sunglass is only used to get the cells, light receptors, capillaries... in the eye, retina, lens back to full life, activity, bring the vision back. Then the glass is not used. Plain sunlight not passing through glass is used by practicing Sunning, Sun-gazing... as described in this chapter.

Read more directions for Sunning, Sun-Gazing, Sunglass Treatments in the PDF Natural Eyesight Improvement E-book; Ophthalmologist Bates 'Better Eyesight Magazine' describes this treatment. See; Better Eyesight Magazine; April, May, June, August, October, December, 1926 and November, 1924 and

The Sunglass Treatment is be done by a Bates Method Experienced Ophthalmologist and only if necessary in cases of blindness, extreme vision impairment and only after closed eyes sunning, daily sunlight exposure; eyes open (not staring into the sun), yes; looking at, shifting on the bright sunny sky, clouds, trees and other Bates Method Treatments have been tried first.

If these have not brought vision improvement, the Sunglass Treatment may.

Be aware that certain types of glass act as a magnifying glass. The Sunglass is a magnifier and sunlight passing through the Sunglass can burn the eye.

Only a professional should apply this method;

The glass is never still; the glass is moved continually side to side causing the light to move quickly on the white area of the eye. A short time; only a few seconds of light is placed on the eye. Do one eye at a time.

(Patch the eye not being worked upon with a thick white eyepatch to prevent the eye, pupil from moving into the light of the Sunglass. Keep the patch open on the outer side away from the glass to allow plain daylight into that eye to keep both brain hemispheres, eyes active. Do not wear any type of eyeglasses, contact lenses, sunglasses, tinted, UV blocking lenses when using the Sunglass, Sun-gazing, Sunning.)

Distance of the glass from the eye must be exact, a specific distance and the time the light is on the eye (white area, sclera only, through or under eyelids) must be brief, few seconds or the eye can be burned. It is a certain type of magnifying glass; Type, size, thickness, curvature... of the glass, distance, angle from the eye, strength of the sun affects the strength, intensity, concentration of the light ray beam, heat of the sunlight through the glass. The heat increases with the amount of time the light is on the eye. The correct amount is relaxing, healthy for the eye. The light must never shine on/into the eyes pupil. Keep the light away from the pupil, iris. Keep the eye, pupil far down, under the lower lid to prevent the light beam from shining into the pupil. Do not move the eyes when

The strength of the light, heat, distance of the glass can be tested on the hand first but remember the eye is more sensitive than the hand.

other 'Use of the Sunglass, Burning Glass' articles. Better Eyesight Magazine article June, 1926 in original form is shown on this page.

I place the instructions here due to the many cures Dr. Bates, Emily Lierman, Bates, other doctors obtained with the Sunglass and to enable persons to know if their Eye doctor is doing the treatment correct, safe.

**Sun-Gazing;** Looking into the sun with the eyes open, while moving the eyes, head/face side to side, keeping the eyes, head/face in movement 'shifting' is still done by some people in various countries, cultures. For sun-gazers that do look at the sun with the eyes open; Practice only for 5-10 seconds occasionally, always moving the head/face, eyes; shifting side to side, top and bottom... across the sun. Blink often. Never stare into the sun. Application time may vary with certain cultures, countries, treatments by experts.

Avoid areas where the sunlight is concentrated or the ozone layer is depleted. Looking at the sun at sunrise, sunset in safe areas of the planet is allowed as long as staring, over-exposure is avoided. People have been looking at the sky, sunrise, sunset for millions of years.

Due to the depletion of the ozone layer, Modern Bates Teachers do not advise looking into the sun with the eyes open. **Closed Eyes Sunning only is practiced.**

Looking at the bright areas of the sky, clouds, tree tops with the eyes open on a sunny day is allowed.

Never look at or near the sun during a solar eclipse of the sun.

Good nutrition is necessary to maintain the eyes natural protection and tolerance to sunlight.

Sunlight through the eyes and on the skin is also necessary for the body to absorb, create, function with nutrients, vitamins, vitamin D, calcium., minerals, to help protect the eyes, skin from sunburn, overexposure to sunlight, to produce, balance, control hormones, chemicals in the brain, body, body organs, systems, including melatonin for a normal sleep cycle and serotonin, tryptophan... for a positive state of mind, good mood, positive thoughts, emotions. The eyes need sunlight to remain healthy, keep the vision clear.

Most drugs and some herbs impair the vision, eye health, natural tolerance, protection from over-exposure to sunlight.

Sunlight contains all colors, frequencies, energy of the light spectrum.



**5. SUN TREATMENT.** The eyes need sunlight. People who work in mines, where there is no sun, sooner or later develop inflammations of the interior of the eyes. The cloudiness of the lens from cataract is lessened by exposing the eye to the direct rays of the sun. When using the sun treatment, it is best to let the eyes become accustomed to the sun by mild treatment at first. Have the patient sit in a chair with his eyes closed and his face turned toward the sun. He should slowly move his head a short distance from side to side. The movement of the head prevents concentration of the sun's rays on one part of the eye. After some days of treatment, or when the patient becomes more accustomed to the light, one may use the sun-glass with added benefit. Direct the patient to look far down and while he does this, lift the upper lid gently, exposing to view the sclera or white part of the eye. Now, with the aid of the sun-glass focus the sunlight on the forehead or on the cheek, and then rapidly pass the concentrated light over various parts of the sclera. This requires less than a minute of time. It is

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*Better Eyesight*

not well to be in a hurry. One should wait until the patient becomes sufficiently accustomed to the sun to permit the upper eyelid to be raised while he looks far down, exposing the sclera only. It is important that the patient be cautioned not to look directly at the sun.

#### *Prognosis*

The cure of cataract is usually accomplished more quickly than the cure of some other diseases of the eye. My assistant, Emily C. Lierman, has had unusual success in treating cataract cases, as she adapts my methods to each individual case. In her book, "Stories from the Clinic," the treatment is described in detail.



Sunlight, light energy travels into the eyes, brain, body, to organs, systems and chakras, (energy centers) along the spine and in all areas of the body.

Sunlight is necessary to maintain normal function, communication, health of all areas/parts of the body, brain, eyes. Light and darkness controls the production and balance of melatonin, serotonin, and all chemicals, hormones, energy, functions in the eyes, brain, body.

Sunlight, light energy travels into the eyes and to the brain, pituitary, hypothalamus, pineal, and other organs, glands, left and right hemispheres, visual cortex, all areas of the brain. Light energy then travels down and up the spine to all areas of the body.

Sunlight, energy also travels in the brain and along the spine through energy centers, chakras (related to acupuncture points). The eight main chakras along the spine, head and on the hands, feet are shown in the diagram.

Many more chakras are located throughout the body connected by energy pathways similar to the circulatory system.

When energy flows correct, balanced in the body; normal health is maintained.

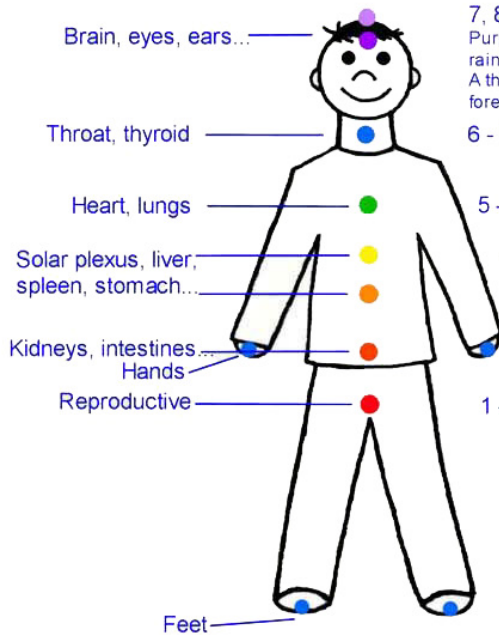
Full spectrum sunlight traveling in through the eyes and on the skin keeps energy strong, balanced for perfect health and clear vision.

Tai Chi, Qi gong, Karate, Meditation, breathing exercises strengthen, balance, control the bodies energies.



Organs, systems

Chakras



7, 8 - Top of head and above head.  
Purple, light purple, white and all colors of the rainbow.  
A third main chakra exists below the center of the forehead, between the eyebrows.

6 - Throat, neck - blue

5 - Chest - green

4 - Solar plexus - yellow

3 - Below solar plexus - orange

2 - Lower abdominal area - orange/red

1 - Base of spine, tailbone area - red

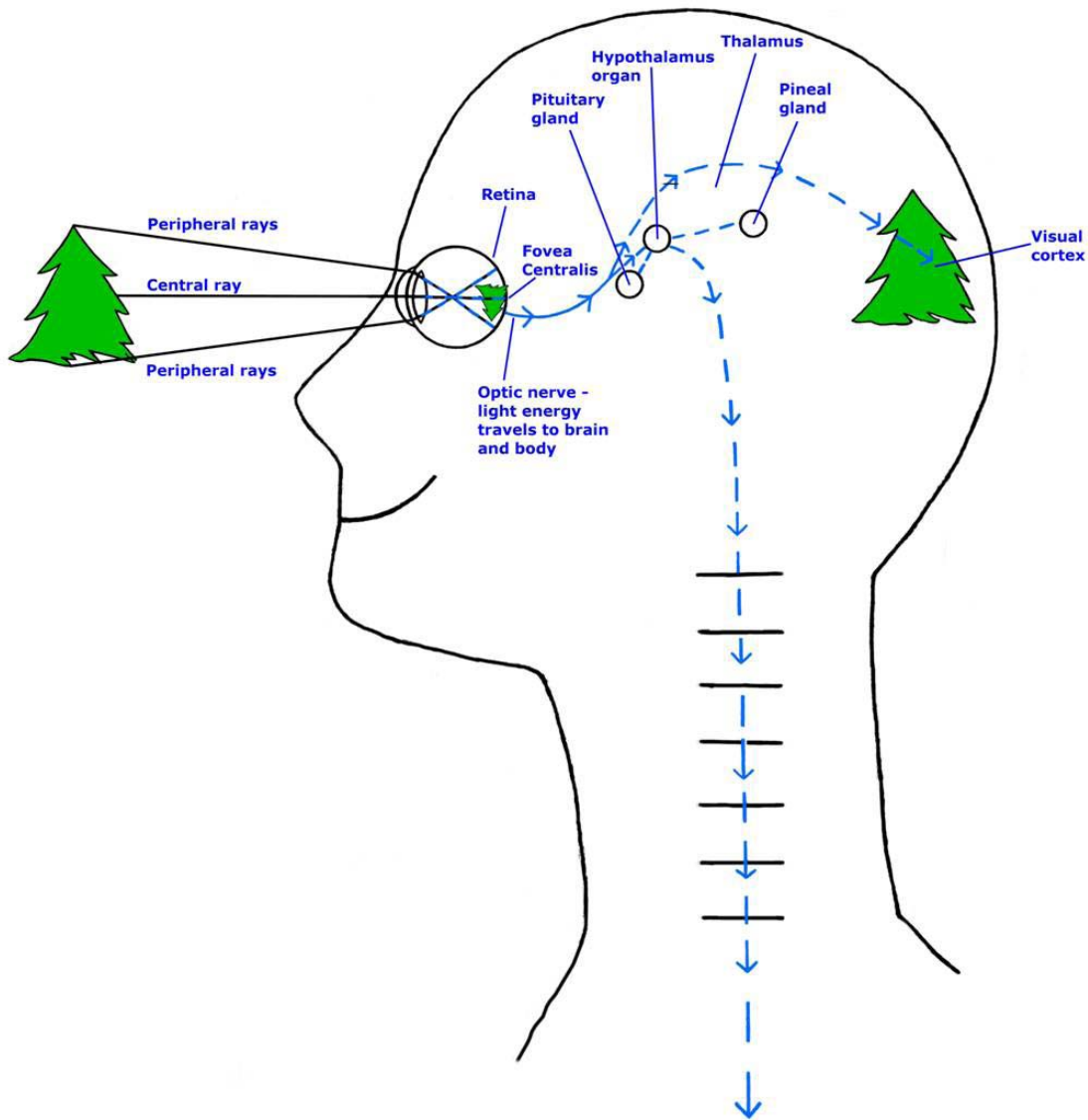
Obtain full spectrum sunlight daily, no eyeglasses, contacts, sunglasses. Take your hat off and let sunlight shine on the top of the head and strengthen chakras energy.

The sun contains the 7 colors of the rainbow and all mixtures, levels of these colors. Each color has its own light wave frequency and properties.

When looking at, visualizing each color, notice the feeling it generates in the eyes, mind and body; energy, relaxation, different types of positive feelings, mood. Each color has a specific healthy energy.



## Sunlight, Light Energy Travels Into the Eyes, Brain, Body



The thalamus located on the top of the brainstem also controls function of many organs, glands, areas of the brain, body, eyes and visual systems.

Light energy signals travel from all areas of the brain, hypothalamus organ, down along the spinal cord to all organs, glands, systems, areas of the body; neck, thyroid, thymus, heart, lungs, stomach, liver, spleen, pancreas, kidneys, adrenals, reproductive system, nervous systems, circulatory and lymphatic, digestive systems, muscles, bones, all parts of the body keeping the eyes, brain, body communicating, functioning normally in perfect health.

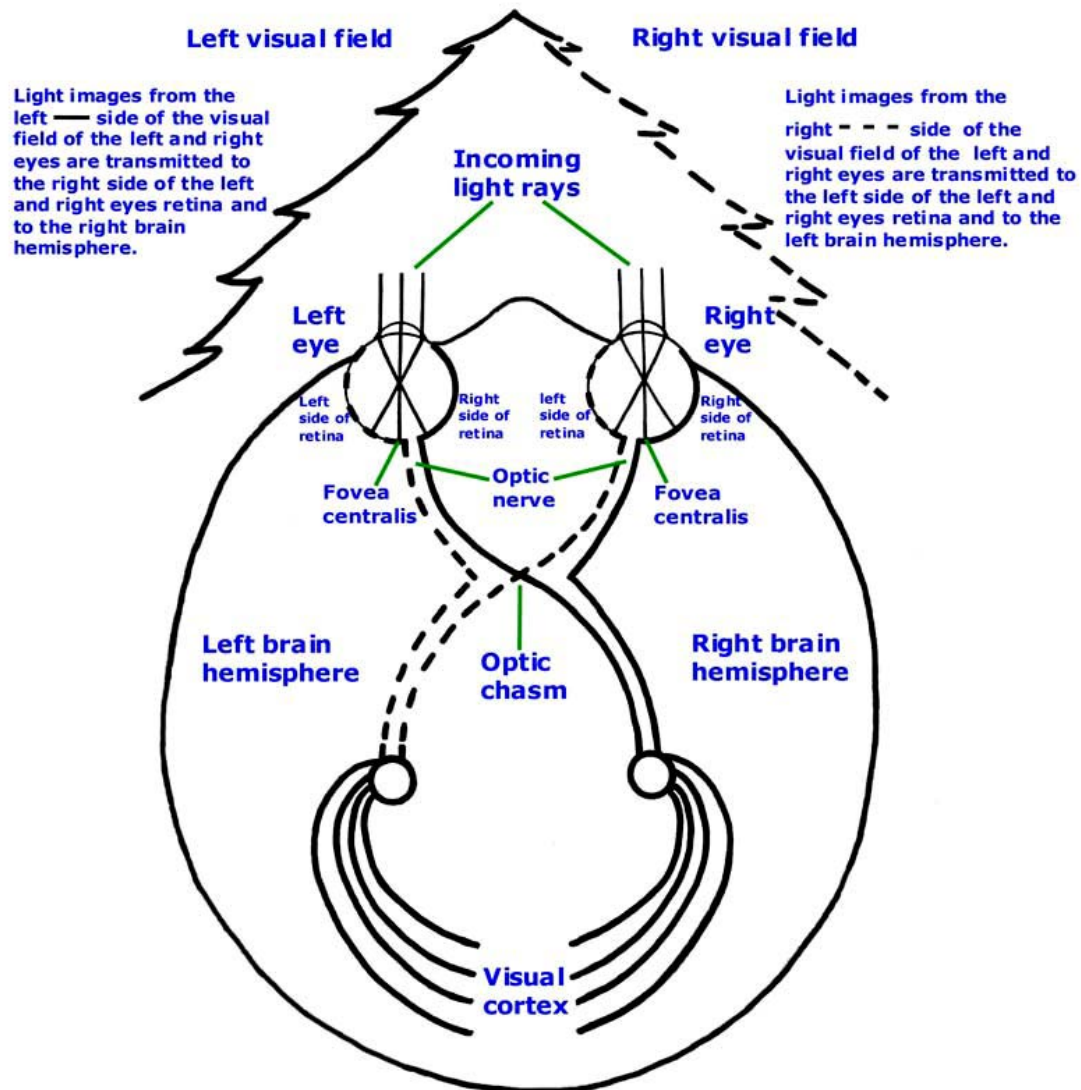
Energy messages move up and down the spine, in and out the eyes; eyes to brain to body and body to brain to eyes.

Full spectrum sunlight keeps the eyes, brain, body healthy.

Eyeglasses, sunglasses, tinted, colored lenses, contacts, windows in the home, car, at work block full spectrum sunlight, and cause partial spectrum, unbalanced light, incorrect energy signals to enter the eyes, brain, body resulting in body, brain, eye dysfunction, health impairment and unclear vision. Obtain full spectrum sunlight daily, not filtered through glasses, windows.



Sunlight, light energy enters the eyes, focuses on the retina, is converted to electricity, light energy, then travels along the optic nerve to the brain, crosses through the optic chiasm, through the left and right brain hemispheres to the visual cortex in the back of the brain producing a clear visual image seen by the eyes, brain.



The visual fields of the left and right eyes combine, fuse together to form one visual field with one central field, one peripheral field.

The brain and eyes function together to produce clear vision.

Vision is mainly a function of the brain.

Relaxation of the mind/brain activates perfect function of the brain, eye muscles, nerves, retina, eyes and clear vision.

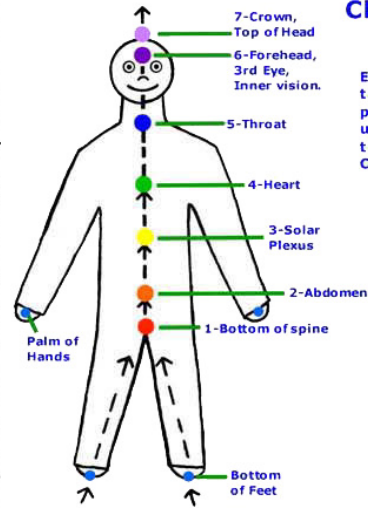
Natural eyesight improvement; shifting, central fixation, switching close, middle, far, relaxation, memory and imagination, left and right brain hemisphere activation and integration activities activate correct function of the brain, eyes, perfect left and right brain hemisphere activation and integration for equally clear 20/20 and better vision in the left and right eyes at all distances, close and far.

## Energy Flow Through the Body, Chakras with Color Breathing- Left and Right Brain Hemisphere Chart

White	Alpha and into Theta, Delta deep relaxation brain wave states.	Chakra	Distance of Vision	Brain Hemisphere Activated
Light Purple	7	Crown-Top of head and above head. Higher spirit.	Distant Vision	Right Brain Hemisphere
Purple	6	Center of forehead, midbrain, 3rd eye, inner vision	Distant Vision	Right Brain Hemisphere
Blue	5	Throat	Distant Vision	Right Brain Hemisphere
Green	4	Heart	Close and Distant vision. All distances, close, middle, far. Green is a balancing color, very healthy, soothing for the eyes improves vision at all distances.	Left and Right Brain Hemisphere activation/ integration. Center of the brain, body
Yellow	3	Solar Plexus	Close Vision	Left Brain Hemisphere
Orange	2	Abdominal area	Close Vision	Left Brain Hemisphere
Red	1	Bottom of spine, near tailbone	Close Vision	Left Brain Hemisphere

**Beta Brain Wave**  
Alert, active.

The Chakra Chart is used with the Color Breathing Relaxation Chart. Practice outside at night in the moonlight and in sunlight during the day. Sitting under a tree, back against the tree improves energy flow. After practicing deep breathing and relaxation with the chart, go outside in the sunlight and practice shifting, central fixation- Natural Eyesight Improvement. The relaxed and energy balanced mind, body, eyes will absorb correct eye function, activate clear vision easily. Stand or sit under, against the tree in the sunlight; entire spine along the tree. The eyes, body will absorb full spectrum sunlight which contain all colors, energy wavelengths, frequencies and connect with balanced energy from the earth, tree, atmosphere.



### Chakras

Energy flows in the body, along pathways, and up the spine through the Chakras.

Energy flows throughout the body, though chakras, energy points, and pathways. This diagram shows main chakras. Many more chakras of varying size and energy pathways exist in the body.

#### Energy, Color Breathing Exercise:

+Breathe in deep, slow, relaxed as you pull white sparkling energy in from the earth, air through the feet and up the body to the head.

+Then breathe out, relax and let the energy flow out the top of the head. The energy combines with external energy and then flows down all around the body, a sparkling, protective, white force field of energy. Imagine the energy as moving, bright, shining light, electric.

+Then: breath in and pull the energy back up the body through the feet again. Repeat.

+Imagine each color #1 Red to 2, 3, 4, 5, 6, #7 Light Purple, in that order, one color at a time per each breathing/energy cycle in and around the body.

Imagine the energy color moving in and around the body.

+Change the color to white before moving to the next color. End the exercise with the color white.

Practice with other colors: sea blue/green, pink, magenta...

Next: move the energy down around the body in a clockwise spiral, circling around, down the body, then up through the feet again.

This is Chi, Qi Gong and other types of energy. Do not force it. Let it flow easy, on its own.

Energy flows up through the chakras. Chakras must be open, enabling energy to flow. If energy feels stuck; learn how to open the chakras naturally. No force. Read the section on EFT.

Another type of energy that flows when practicing advanced breathing, energy, Yoga exercises is Kundalini.

Many people prefer safer Ritual, religious practices for spiritual development and energy control.

Other energy control, movement is practiced by Karate Teachers. Energy can be directed in/out the hands, feet and other areas of the body.

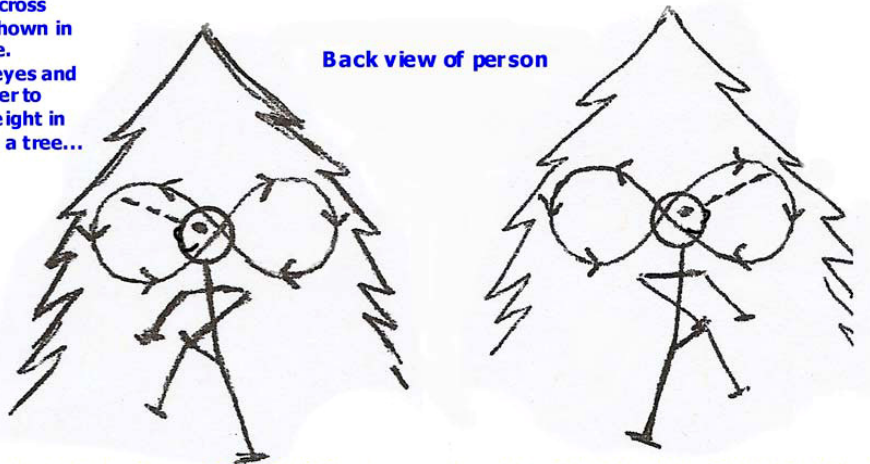


increase blood flow to the head, eyes, brain. Under normal, healthy conditions (and with some medical problems) this can be beneficial, but it can cause health, eye impairment if a blood vessel is weak, eye, body needs or has had surgery. Sudden reversal of the pull of gravity and/or increase of blood flow into a weak blood vessel in the head, eyes., through a weak, detached retina, any eye, brain part that is injured or has had surgery may cause a rupture, injury, interfere with the surgery, healing.

### More Left and Right Brain Hemisphere Exercises:

Draw to the left side of the eight first, then to the right.  
 Draw continually left and right while doing the cross crawl as shown in the picture.  
 Use the eyes and nose/feather to draw the eight in the air, on a tree...

Practice the Figure Eight and do the Cross Crawl at the same time. A great left and right brain hemisphere activation, integration exercise.



Draw the left side of the eight while lifting the left knee and touch the knee with the right hand. Continue on to the right side of the eight.

Draw the right side of the eight while lifting the right knee and touch the knee with the left hand. Continue back to the left side of the eight.

The cross crawl can also be done in the opposite order;  
 + Draw the left side of the eight and lift the right knee and touch it with the left hand.  
 + Draw the right side of the eight and lift the left knee and touch it with the right hand.  
 Do the exercise continually; left, right, left, right., slow, then fast. Practice with the eyes open, then closed, then open. Continue to physically move the eyes, body when practicing with the eyes closed.

### Cross Crawl while walking

Walk by raising the arm, foot on the same side of the body, at the same time.



Activates Right Hemisphere

Activates left Hemisphere

Walk by raising the arm, foot on the opposite sides of the body at the same time.



Activates and integrates left and right Hemispheres

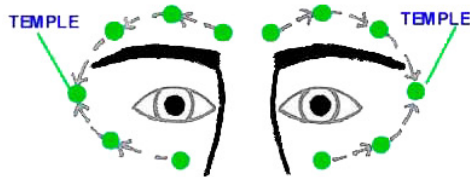
Normal walking is: Opposite sides: Left arm/hand and right leg/foot move forward, then, next step; the right arm/hand and left leg/foot move forward. Left and right hemispheres activated and integrated.

Practice all the exercises while walking forward and backward.

Snap the fingers on the hand that moves forward. Then, on both hands.

**ACUPRESSURE POINTS FOR EYE  
MUSCLE RELAXATION AND  
CLEAR EYESIGHT**

**1 - POINTS AROUND TOP,  
SIDES, BOTTOM OF  
EYES AND TEMPLES**



Breathe abdominally, relax the eyes, head, face, neck and body.  
Avoid being immobile, rigid when pressing a point; relax and allow a little body, neck movement.

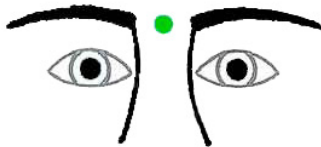
Activate the points in diagram # 1.  
Massage the left and right temples with the thumbs;  
Left thumb on left temple.  
Right thumb on right temple.  
Then, gently press, release, press, release the temple points.  
Press the left and right temples at the same time.

Next; keep the thumbs on the temples and press/move the first or second knuckles of the index fingers (pointer finger next to thumb) of the left and right hands on/along the top pressure points on the bone above the left and right eyebrows.  
Rub the knuckles from above the inner area of the eyebrows outward to the temples in the direction of the arrows in diagram #1.

Next; Keep the thumbs on the temples and press/move/rub the index finger knuckles of the left and right hands across the bottom points on the top of the cheekbone below the left and right eyes.  
Rub/Move the knuckles from the inner points outward to the temples as shown by the arrows.

The temple points relax and improve function of the recti outer eye muscles.  
When the recti muscles are tense they pull the eye into a abnormal shortened shape which impairs focus of light rays in the eye and impairs convergence, accommodation and unconvergence, unaccommodation resulting in unclear close and distant vision and wandering, crossed eyes.  
When the recti muscles relax they function correct, the eye returns to normal shape, light rays focus correct on the retina, the eyes move/shift perfect, and eyesight is clear.  
Relaxed recti muscles cause relaxation to resonate into the oblique and other eye muscles improving function of all eye muscles.

**2 - GV24.5**



Point # 2 - GV24.5 - The third eye point is located on a chakra, energy center.  
This point is located between the eyebrows in the center of the indentation where the bridge of the nose meets the forehead.  
Apply light pressure with the 3rd finger of the left or right hand and look straight ahead, or;  
face the palms of the left and right hands toward each other and lightly touch the point with the index and 3rd fingers of both left and right hands with the head tilted down a little bit.  
Avoid touching the palms of the hands together.  
Breathe and relax.  
This point prevents eyestrain, discomfort, headaches, sinus congestion and activates/ improves function of the pituitary gland in the brain, the endocrine system, relaxes the central nervous system, removes emotional tension and improves many functions of the brain, body.  
These conditions improve eyesight.

**3 - B2**



Point # 3 - B2 is in the small dent in the upper bone of the outer area of the eye socket under the eyebrows, out from the bridge of the nose.  
Press with the thumbs up into the points and; press, release, press, release... massage.  
Left thumb to left side  
Right thumb to right side  
Press left and right sides at the same time.  
This point relaxes and improves function of the superior (top) oblique outer eye muscle.  
The oblique muscles move the eyes and produce accommodation and unaccommodation.  
Tense oblique muscles place pressure on/in the eye causing abnormal eye shape, a abnormal lengthening of the eye resulting in incorrect focus of light rays in the eye, impaired accommodation, unaccommodation and impaired eye movement.  
These conditions result in unclear distant vision and in advanced cases also unclear close vision. Impaired convergence, unconvergence can also occur.  
When the oblique muscles relax, they function correct, the eye returns to a normal round shape for unaccommodation/ clear distant vision and lengthens slightly for accommodation/clear close vision. light rays focus correct on the retina, the eyes move/ shift perfect, eyesight is clear.  
When the top oblique muscle relaxes, relaxation resonates into the bottom oblique muscle, the recti and other eye muscles.  
Function of all eye muscles improve.  
B2 also prevents eyestrain, fatigue, red eyes, headaches and sinus congestion.





# EFT

## Emotional Freedom Technique & Acupressure, Color Breathing, Visualization For Healthy Mind, Body & Clear Eyesight

### Natural Eyesight Improvement & EFT

#### EFT is an Easy Type of Chinese Acupressure/Puncture without Needles or Hard Pressure

EFT is applied by 'TAPPING', activating energy points, meridians on/in the body with the fingertips. Tapping removes energy blocks, (stuck, stagnant energy), orients, 'polarizes', corrects, balances and strengthens the energy flow in the body, through the Meridians/Energy Pathways, Energy Points, Chakras, Nervous System. (Electric, Chi and other Energies, Physical and Spiritual.) Tai Chi, Qi Gong, Karate Energy Control Methods are related to EFT.

EFT removes negative, destructive emotions, thoughts, feelings, stress from the mind/brain, system by correcting energy flow. The body's energies flow correct and strengthen. EFT balances and improves function of the left and right brain hemispheres. This produces good health, clear vision.

Neck, chest, shoulder, eye muscle tension, stiff, infrequent eye 'shifting' movements, headaches, strain in the mind/brain, negative, unhappy past/present thoughts, emotions, experiences, blocked energy flow, lowered liver/kidney health, staring, squinting cause unclear vision.

Negative, destructive thoughts, emotions, worry are a common cause of mental strain, back, chest, shoulder, neck, eye muscle tension and unclear vision. Lowered vision increases worry, mental strain, which then increases the body., neck, eye muscle tension. Eye function is impaired. Light rays focus incorrect in the eye. Circulation to/in the eye lowers. Vision is more unclear.

EFT, Nutrition, Natural Vision Improvement corrects these conditions;

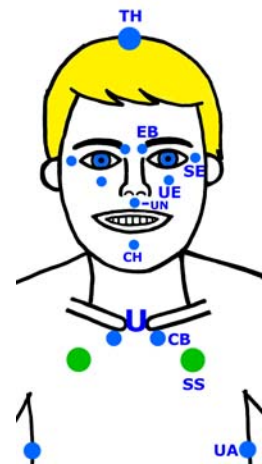
Blocked energy (experienced during a stressful event) happens first, before the negative emotions occur and locks them into the mind/body. Negative thoughts, emotions maintain blocked energy flow.

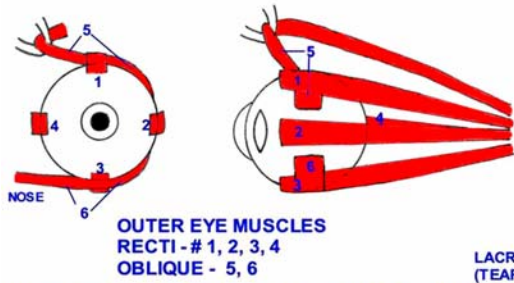
Removing blocked energy first results in removal of the negative emotions, thoughts, feelings and often brings instant clear vision. As EFT Tapping removes energy blocks, corrects the energy flow, resulting in removal of negative emotions, thoughts, feelings; the person can then place positive, constructive thoughts into the mind, system; think, feel in a positive, constructive way about the past or present stressful event. Positive thoughts, emotions help to correct and strengthen the body's energy flow. Correct energy flow is now maintained. Mental and physical health improve, eye function returns to normal, vision is 20/20 and clearer at all distances, close and far. Health of body organs, systems improve as energy flows correct throughout the body.

EFT improves the function of the brain, visual cortex, left and right brain hemisphere activation, integration. This improves function of the brain with the eyes, retina, eye muscles and body. Vision and mental, physical health improve. Memory, imagination, math, science, speech, learning, creativity, art, music., skills - all functions of the brain, left and right hemispheres even the oldest, deep survival areas of the brain improve. This is a main treatment of Natural Vision Improvement. See; The Long Swing, Cross Crawl in this Book. Use the Color Breathing Relaxation Chart, Acupressure points, Shifting, Central-Fixation... in this book to increase benefits of EFT.

**EFT is powerful, it works! Study EFT first before applying it to be sure it is done correct!**

Karate and other methods work with the body's energy, acupressure points and meridians. A karate Master can send energy out of the body. Example; Direct energy out of the hands and throw/direct it at an opponent through space and knock the opponent down without physical contact. A true master does not abuse this power. It is used only when absolutely necessary in self-defense. Energy control is used in creative, constructive ways.





**OUTER EYE MUSCLES**  
RECTI - # 1, 2, 3, 4  
OBLIQUE - 5, 6

LIGHT RAYS, ENERGY TRAVELS INTO THE EYES, RETINA, ALONG THE OPTIC NERVE TO THE BRAIN, PITUITARY GLAND, HYPOTHALAMUS ORGAN, PINEAL GLAND, OPTIC CHIASM, LEFT AND RIGHT HEMISPHERES, VISUAL CORTEX, ALL AREAS OF THE BRAIN, AND DOWN IN THE BRAINSTEM, SPINAL CORD TO ALL AREAS OF THE BODY. (SEE DASHED LIGHT BLUE LINES IN DIAGRAM.)

FULL SPECTRUM SUNLIGHT KEEPS THE EYES, BRAIN, BODY HEALTHY. PRACTICE OF SHIFTING, A CORRECT VISION HABIT IMPROVES SACCADEIC SHIFTING; TINY, FAST AUTOMATIC EYE MOVEMENTS, VIBRATIONS THAT PULL LIGHT INTO THE EYES, IMPROVES ALL EYE FUNCTIONS AND PRODUCE PERFECT CLEAR VISION.

THE SIX OUTER EYE MUSCLES SHOWN IN THE DIAGRAM ABOVE AND ON THE RIGHT CONTROL EYE MOVEMENT. OPHTHALMOLOGIST BATES STATES THAT THE OBLIQUE OUTER EYE MUSCLES ALSO PRODUCE ACCOMMODATION FOR CLEAR CLOSE VISION BY CONTRACTING TO SLIGHTLY LENGTHEN THE EYE. UNACCOMMODATION FOR CLEAR DISTANT VISION IS PRODUCED BY THE OBLIQUES UNCONTRACTING AND RETURNING THE EYE TO A ROUND SHAPE. THE TROCHLEAR NERVE CONTROLS THE SUPERIOR OBLIQUE MUSCLE. DR. BATES EXPERIMENTS ON THE EYE PROVED THAT THE TROCHLEAR NERVE AND SUPERIOR OBLIQUE MUSCLE (# 5) PRODUCES ACCOMMODATION AND CLEAR CLOSE VISION.

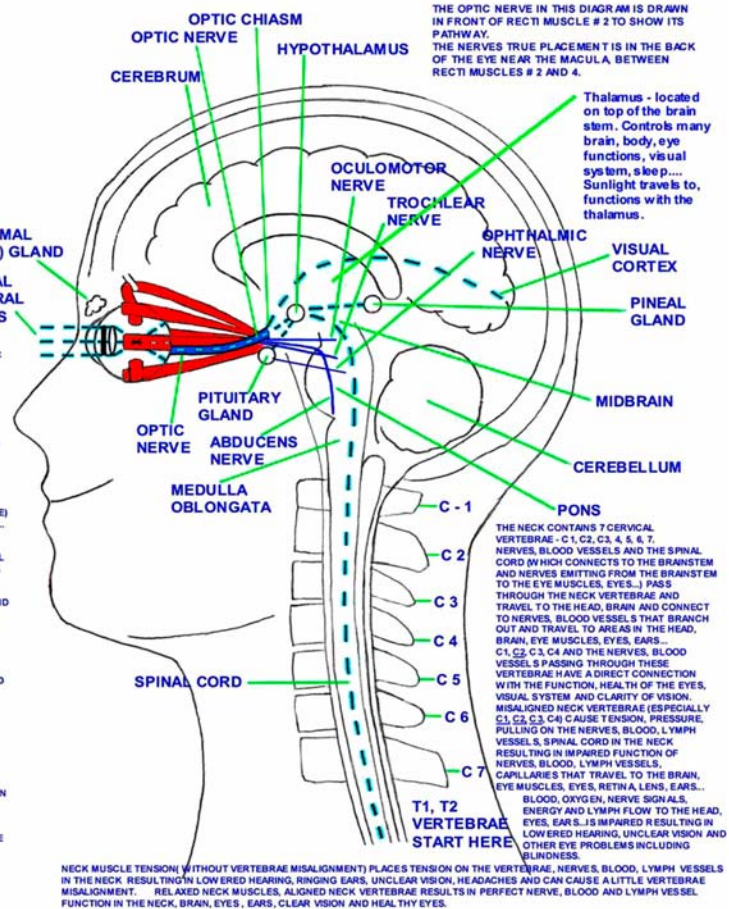
DR. BATES EXPERIMENTS PROVED THAT TENSION IN ANY OF THE 6 OUTER EYE MUSCLES; (RECTI, OBLIQUE) PLACES PRESSURE, TENSION, PULLING ON THE EYE CAUSING ABNORMAL EYE, CORNEA, LENS, RETINA... SHAPE AND FUNCTION, INCORRECT FOCUS OF LIGHT RAYS IN THE EYE RESULTING IN UNCLEAR VISION, ASTIGMATISM, AND OTHER ABNORMAL CONDITIONS. DR. BATES PROVED THAT RELAXATION OF THE OUTER EYE MUSCLES RETURNS THE MUSCLES TO NORMAL FUNCTION, RETURNS THE EYE TO NORMAL SHAPE WITH CORRECT FOCUS OF LIGHT RAYS ON THE RETINA RESULTING IN CLEAR VISION AND HEALTHY EYES.

THE CILIARY MUSCLE IS AN INNER EYE MUSCLE. THE CILIARY IS ATTACHED ON/AROUND THE EYES LENS AND PUMPS AQUEOUS HUMOR INTO THE POSTERIOR CHAMBER OF THE EYE. MOST EYE DOCTORS STATE THAT THE CILIARY MUSCLE ALSO CHANGES THE SHAPE OF THE EYES LENS TO PRODUCE ACCOMMODATION AND UNACCOMMODATION. SOME EYE DOCTORS AND BATES TEACHERS STATE THAT ONLY THE SHAPE OF THE EYE CHANGES TO PRODUCE THIS FUNCTION, NOT THE LENS. SOME EYE DOCTORS, BATES TEACHERS STATE THAT THE LENS AND EYE CHANGE SHAPE. THE BATES METHOD OF NATURAL EYESIGHT IMPROVEMENT RELAXES ALL THE EYE MUSCLES; OUTER AND INNER; OBLIQUE, RECTI, CILIARY... RESULTING IN CORRECT EYE MUSCLE, EYE, LENS... FUNCTION AND CLEAR VISION.

THE CRANIAL NERVES TRAVEL FROM THE BRAIN, BRAINSTEM TO THE EYE, EYE MUSCLES. THE OPTIC NERVE AND EYE MUSCLE NERVES ARE SHOWN IN DARK BLUE. THE BRAINSTEM CONSISTS OF THE; MIDBRAIN, PONS, MEDULLA OBLONGATA AND OTHER PARTS. THE BRAINSTEM CONNECTS THE BRAIN WITH THE SPINAL CORD. THE SPINAL CORD AND ITS MANY NERVE TRAVEL THROUGH THE VERTEBRAE IN THE NECK AND BACK.

THE OPTIC NERVE CONNECTS TO THE EYES RETINA, NERVES, GANGLION CELLS, FIBERS, CONES, RODS... IN THE RETINA AND RECEIVES, TRANSMITS LIGHT ENERGY SIGNALS, VISUAL PICTURES, FROM THE EYES, RETINA TO THE BRAIN, SPINE, BODY. (SEE DASHED LIGHT BLUE LINES IN DIAGRAM.)

OTHER CRANIAL NERVES; THE OCULOMOTOR, TROCHLEAR, OPHTHALMIC, ABDUCENS, TRIGEMINAL NERVE WITH OPHTHALMIC NERVE BRANCH AND OTHER NERVES AND BRANCHES OF NERVES CONTROL MOVEMENT, CONTRACTION, UNCONTRACTION OF THE OUTER AND INNER EYE MUSCLES. OUTER; OBLIQUE, RECTI FOR EYE MOVEMENT; OBLIQUE FOR ACCOMMODATION, UNACCOMMODATION, MUSCLES FOR BLINKING, KEEPING THE EYES OPEN, TEAR PRODUCTION, FACIAL MUSCLES. INNER MUSCLES; CILIARY, IRIS/PUPIL... OTHER NERVES FOR SENSATION IN EYES, FACE, MOUTH...



THE OPTIC NERVE IN THIS DIAGRAM IS DRAWN IN FRONT OF RECTI MUSCLE # 2 TO SHOW ITS PATHWAY. THE NERVE'S TRUE PLACEMENT IS IN THE BACK OF THE EYE NEAR THE MACULA BETWEEN RECTI MUSCLES # 2 AND 4.

Thalamus - located on top of the brain stem. Controls many brain, body, eye functions, visual system, sleep... Sunlight travels to, functions with the thalamus.

THE NECK CONTAINS 7 CERVICAL VERTEBRAE - C 1, C 2, C 3, 4, 5, 6, 7. NERVES, BLOOD VESSELS AND THE SPINAL CORD IN WHICH CONNECTS TO THE BRAINSTEM AND NERVES EMITTING FROM THE BRAINSTEM TO THE EYE MUSCLES, EYES... PASS THROUGH THE NECK VERTEBRAE AND TRAVEL TO THE HEAD, BRAIN AND CONNECT TO NERVES, BLOOD VESSEL THAT BRANCH OUT AND TRAVEL TO AREAS IN THE HEAD, BRAIN, EYE MUSCLES, EYES, EARS... C1, C2, C3, C4 AND THE NERVES, BLOOD VESSEL PASSING THROUGH THESE VERTEBRAE HAVE A DIRECT CONNECTION WITH THE FUNCTION, HEALTH OF THE EYES, VISUAL SYSTEM AND CLARITY OF VISION. MISALIGNED NECK VERTEBRAE (ESPECIALLY C1, C2, C3, C4) CAUSE TENSION, PRESSURE, PULLING ON THE NERVES, BLOOD, LYMPH VESSELS, SPINAL CORD IN THE NECK, RESULTING IN IMPAIRED FUNCTION OF NERVES, BLOOD, LYMPH VESSELS. CAPILLARIES THAT TRAVEL TO THE BRAIN, EYE MUSCLES, EYES, RETINA, LENS, EARS... BLOOD, OXYGEN, NERVE SIGNALS, ENERGY AND LYMPH FLOW TO THE HEAD, EYES, EARS... IS IMPAIRED RESULTING IN LOWERED HEARING, UNCLEAR VISION AND OTHER EYE PROBLEMS INCLUDING BLINDNESS.

NECK MUSCLE TENSION (WITHOUT VERTEBRAE MISALIGNMENT) PLACES TENSION ON THE VERTEBRAE, NERVES, BLOOD, LYMPH VESSELS IN THE NECK RESULTING IN LOWERED HEARING, RINGING EARS, UNCLEAR VISION, HEADACHES AND CAN CAUSE A LITTLE VERTEBRAE MISALIGNMENT. RELAXED NECK MUSCLES, ALIGNED NECK VERTEBRAE RESULTS IN PERFECT NERVE, BLOOD AND LYMPH VESSEL FUNCTION IN THE NECK, BRAIN, EYES, EARS, CLEAR VISION AND HEALTHY EYES.

**If the patient must seek chiropractic treatment: Choose a chiropractor carefully. Work together with a neurologist, medical doctor, not just a chiropractor. Chiropractic can be dangerous.**

**A honest, experienced chiropractor can improve a person's health and clarity of vision, but a inexperienced and/or dishonest chiropractor can cause injury to the body and eyes; stroke, blindness, unclear vision, impaired hearing, balance and other health problems. Skull bones may be hard to align after they have grown together, as the person grows older.**

**(All medical professions have their good and bad doctors and even a good doctor's treatment can result in injury if a accident during treatment occurs or a underlying condition exists that chiropractic treatment may make worse.) Chiropractic can cure, but, it's not worth the chance of injury!**

**Example; A honest, Experienced Chiropractor Cures Blindness;**

**A lady on a television news program described how a chiropractor cured her blindness; the lady had a black, blind spot in the center of her visual field. It kept growing larger, blocking out more of her vision. Eye doctors could not find the cause of the blind spot and told her she would become completely blind. The lady heard of a treatment through the Edgar Cayce Library of Natural Cures in Virginia, USA. [www.edgarcayce.org](http://www.edgarcayce.org) See Cayce's picture on the right >.**

**She was referred to a chiropractor. The chiropractor told her that vertebrae in her neck had become misaligned due to a neck injury. The vertebrae were out of alignment and placing pressure on the nerves and blood vessels in the neck that travel to the brain and eyes. Nerves, blood vessels travel through the neck and brain stem, brain to the eyes. The chiropractor aligned the vertebrae; C1, C2, C3, C4 and all vertebrae in the neck. C1, C2, C3 on the top of the neck are directly linked to the health/function of the eyes.**



Read the large Natural Eyesight PDF book for warnings on the dangers of Chiropractic.



## 27 - NUTRITION

### A HEALTHY DIET = HEALTHY EYES = CLEAR EYESIGHT

Fresh, raw, organic, colorful vegetables, fruits, berries, whole grains, brown, wild rice and other natural foods keep the body, eyes healthy and vision clear.



Food, vitamins, minerals, and other nutrients that keep the eyes healthy and vision clear;

Dark greens, chard, spinach, dandelion greens with the flowers, stem, root, alfalfa, colorful dark blue, red, purple berries, bilberry, (bilberry fruit/berries, not the leaf), apples, yellow orange squash, yellow corn (maze- stone ground, salt free, not deep fried, yellow corn chips), red beets, unrefined whole grains, unrefined brown..., wild rice, oats, beans and other healthy food shown in the picture above keep the body, eyes, retina, lens healthy and vision clear. Lutein and beta-carotene natural vitamin A found in dark greens, chard, spinach, carrots, squash, dark blue, purple, red berries keep the eyes, retina, lens healthy. Red, itchy, sandy feeling eyes is often a sign of mal-nutrition and/or eyestrain, neck tension. Buy true organic-vegetables, herbs grown in complete nutrient rich soil.

17 PDF E-books including the entire Natural Eyesight Improvement book shown partially in this PDF is included with purchase of any Paperback, Kindle, Nook or PDF E-book.



# Better Eyesight Magazine

Illustrated With 500 Pictures

By

Ophthalmologist William H. Bates

July, 1919 to June, 1930 - 132 Issues

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By Ophthalmologist William Horatio Bates M.D.,  
Eye, Ear, Nose & Throat

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Stories From The Clinic By  
Emily C. A. Lierman, Bates Included.



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See Things Moving

When the Sight Is Normal all Objects Regarded Have  
An Apparent Motion

The Mission of "Better Eyesight"  
Retrospect and Forecast

Stories from the Clinic  
By Emily C. Lierman

What Glasses Do to Us  
By W. H. Bates, M.D.

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## Natural Eyesight Improvement

### Original and Modern Bates Method

This book contains Doctor Bates Better Eyesight Magazine. Every Year, Month, Page from July, 1919 to June, 1930 - Unedited. The Origin of Natural Eyesight Improvement. Safe, Natural Treatments for Clear Close, and Distant Vision, Astigmatism, Cataract, Glaucoma and other Eye Conditions.

Illustrated with 500 Pictures. All of his Original Treatments and Modern Versions of Older Treatments & New Treatments.

Pictures with directions are placed in the book to help the reader quickly understand each activity Dr. Bates describes. Learn, apply & obtain Natural Eyesight Improvement, clear vision easy and fast.

Remembering, imagining, creating clear mental/visual pictures is a main Natural Eyesight Improvement Treatment. The Brain, Memory, Imagination, Visual System work with the eyes to produce clear Eyesight (Vision).

Books that contain entertaining, interesting pictures improve the brain, visual systems memory, imagination of clear pictures, clear mental, visual images of objects the eyes look at. This improves eye function with the brain, relaxation and clarity of Eyesight.

12 Natural Eyesight Improvement E-books, Eyecharts, Videos, Audio Training and the Original Antique Print Pages of Better Eyesight Magazine included.

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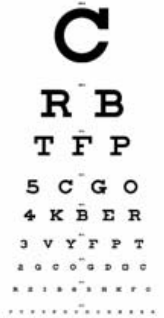


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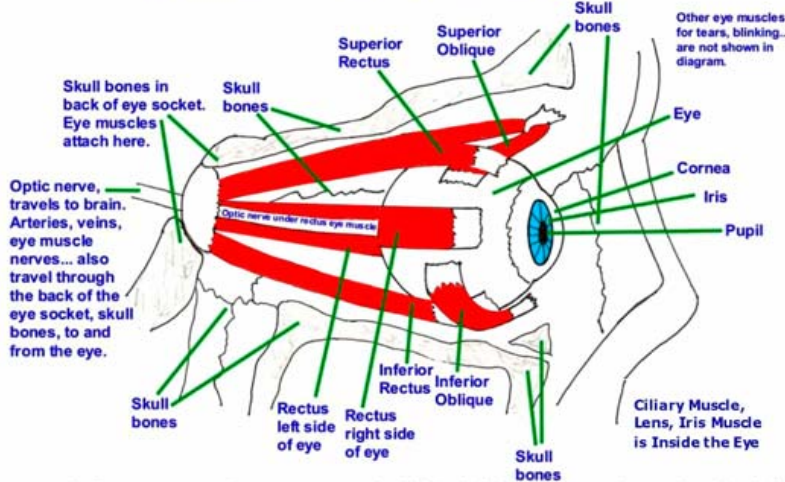
# Ophthalmologist William H. Bates

## Discovered Natural Eyesight Improvement

### Author of Better Eyesight Magazine



Eye socket, bones, eye, eye muscles, optic nerve.



The eye socket is composed of bone segments. These are connected with the skull bones. Eye muscles attach to the skull bones in the back of the eye socket. Eye muscle nerves, the optic nerve, blood, lymph vessels also travel from the spinal cord/brain stem, brain, neck through the eye socket, skull bones. Unclear vision is usually caused by mental strain, tense, incorrect use of the eyes, 'staring-squinting', incorrect posture, stress, negative thoughts, emotions. These can cause: outer and inner eye muscle tension, abnormal eye shape, disrupted focus of light rays in the eye, tension, abnormal pressure on/in the eye, impair circulation in the eye, resulting in unclear vision... Extreme neck, shoulder muscle tension, incorrect posture places pressure, tension, pulling on the nerves, blood, lymph vessels that travel from the spine, neck, brain stem to the eyes, eye muscles, retina, lens, brain. Neck muscle tension also travels directly up into the eye muscles. These conditions cause: tension, abnormal pressure on/in the eye, optic nerve, eye muscle nerves, retina, lens, outer and inner eye muscle tension/dysfunction, abnormal eye shape, disrupts focus of light rays in the eye, resulting in: unclear vision, astigmatism, crossed, wandering eyes, imperfect convergence, divergence, accommodation, un-accommodation, cataracts and other conditions. Circulation of blood, oxygen, lymph, fluid, tears... in the eye is impaired. Sinus, tension, migraine headaches, disrupted ear function can also occur and affect the vision.

Wearing eyeglasses creates, increases, maintains all of these causes and resulting conditions.

The Bates Method of Natural Eyesight Improvement, relaxation of the mind, neck, body, eye muscles, eyes, good posture returns the eyes to normal function with 20/20 and clearer close & distant Vision. Wandering, Crossed Eyes, Astigmatism are corrected. Cataracts and other eye conditions are reversed, removed without use of eyeglasses, eye surgery, drugs.



Does Your Boy Squint?  
Avoid Squinting - Learn to 'Shift' for Clear Vision

Dr. Bates, Emily C. A. Lierman, Bates. Bates Method Student in Dr. Bates Clinic reading the Eyechart with strain, blur and without strain, blur.





## Better Eyesight Magazine

By

Ophthalmologist William H. Bates

Original Magazine Pages

## Better Eyesight Magazine by William H. Bates, M. D.

Ophthalmologist - Eye, Ear, Nose & Throat



Ophthalmologist  
William H. Bates

Central-Fixation Publishing Co.,  
New York City, New York, USA

### Original Antique Magazine Pages

This E-book contains Photo-Copies of the Original printed pages of 'Better Eyesight Magazine' written and published by Ophthalmologist William H. Bates and his assistant/wife Emily C. A. Lierman/Bates. 11 Years - All 132 Monthly Magazine Issues; July 1919 to June 1930. A History Book, Antique Collection.

Dr. Bates discovered the natural principles, true function of the eyes (Visual System) and applied relaxation, natural methods to return the eyes, eye muscles, nerves, mind/brain, body to normal function with clear vision and healthy eyes. The Bates Method.



Emily C. Lierman, Bates

The Stories, articles in Better Eyesight Magazine describe how Dr. Bates, Emily Lierman Bates, other Doctors, School Teachers, Bates Method Students/Teachers, Children and Parents used Natural Treatments to prevent, remove, many different eye problems without use of eyeglasses, surgery, drugs; unclear close and distant vision, astigmatism, cataracts, glaucoma, conical cornea, cornea scars, wandering and crossed eyes (Strabismus, Squint) and other conditions. Hundreds of Natural Treatments are listed. Dr. Bates used surgery only when necessary.

Better Eyesight Magazine consists of articles that are interesting, positive, fun to read. 'True Life Stories' of the doctors, patients, adults and children. Vision improvement based 'Fairy Stories' and other articles for children are included.

The magazines, books are the original source of Natural Eyesight (Vision) Improvement. The Original Better Eyesight Magazine collection is proof that Ophthalmologist William H. Bates discovered the Bates Method, Natural Eyesight Improvement and is the True Author of the Magazine.

Dr. Bates discovered Natural Eyesight Improvement over 100 years ago. The Optical and Medical Industry/Association and most Eye Doctors, Opticians have hidden Dr. Bates magazines, books, articles, Natural Eyesight Improvement from the public for over 100 years because: The writings are proof that Natural Eyesight Improvement works, produces clear vision, healthy eyes, it teaches people how to obtain clear vision 'on their own' and prevents the need for purchasing eyeglasses, contact lenses, sunglasses, eye surgery and drugs.

Due to the truth about Natural Medicine becoming available to the modern public, Dr. Bates work has been recovered from individual owners and re-published. Many modern Ophthalmologists, Optometrists are now learning, teaching the Bates Method.

*Cataract Number*

## Better Eyesight

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION  
AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

Vol. IV JANUARY 1921 No. 1

The Treatment of Cataract  
A Report of a Case

Cataract: Its Cause and Cure  
By W. H. Bates, M.D.

Traumatic Cataract Disappears  
By Margaret Downie

Incipient Cataract Relieved  
By C. L. Steenson, M.D.

Cataract at the Clinic  
By Emily C. Lierman

\$2.00 per year

20 cents per copy

Published by the CENTRAL FIXATION PUBLISHING COMPANY  
342 WEST 42nd STREET NEW YORK, N. Y.

The 8 Correct Vision Habits, (natural, normal, relaxed eye, visual system function): Shifting, Central-fixation, Memory, Imagination, Switching Close and Far, Long Swing, Sunning, Palming and other activities described in this book are derived from Dr. Bates work, magazines.

### Directions for the Original Better Eyesight Magazines

The Original Better Eyesight Magazine contains a few treatments that are no longer taught the old way to Natural Eyesight Improvement students. They have been changed, improved and new treatments, activities added. The E-Book 'Better Eyesight Magazine Illustrated with 500 Pictures' is attached free with this book. Read that modern text version of Better Eyesight Magazine to learn the new correct way a few of the old treatments in the original magazines are practiced.

Treatments, activities must be practiced correct to maintain healthy eyes, clear vision. Blue print and pictures in the text version describe the old, new, and improved treatments and the correct new way to practice them. The text version can also be used to check for correction of the old worn print in some copies of the original pages.



Fig. 8. The Usual Method of Using the Retinoscope  
The observer is so near the subject that the latter is made nervous, and this changes the refraction.

Example of older methods that have been changed;

Open Eyes Sunning is no longer practiced in this way. Closed Eyes Sunning only is practiced.

Some people still practice open eyed sunning but in a specific way: Eyes, head/face continually move, eyes blinking, eyes, head/face shifting to the sky near the left, right, top, bottom of the sun and across the sun quickly. The person faces the sun for a brief time. Other directions are applied for safety.

Modern Bates Teachers teach Closed Eyes Sunning only and with eye, head/face movement. Looking at the bright sky, clouds, trees... away from the sun is allowed.

The Sunglass is used only in special cases of near or complete blindness by an experienced Bates Method Ophthalmologist if other methods fail. It can burn the eye, like a magnifying glass when used incorrect, and because it is a glass, it blocks full spectrum light resulting in partial spectrum, unbalanced light emitting through, from the glass. The light does not go into the eyes pupil and is not directed at the cornea. It is only directed at the sclera, white area of the eye, but it still must not be overused. Partial spectrum light is unhealthy. Pure full spectrum sunlight, not passing through glass is best, healthy for the eyes, brain, body, clarity of vision. The Sunglass is only a short, temporary treatment to awaken, bring to life and action the cells in the eyes retina, lens... to reverse extreme vision impairment, blindness. Done correct, by a Bates Method Eye Doctor, it is beneficial and will not harm the eye.

Reading by 'first' looking at the white spaces between sentences - Do not try to see, read the print clear while at the same time, looking at the white spaces between sentences. Central-fixation must be used: look directly at the print to see, read it. In Better Eyesight Magazine, Dr. Bates explains in detail in his 'Questions and Answers Page' to: Use central-fixation when reading; Look directly at the object you want to see. First: Look at, move the eyes (visual attention, center of the visual field) along the white spaces between the sentences to relax the mind and eyes. (Looking at the white spaces causes relaxation because there if nothing to see, there is no effort to see anything clear, so, strain is avoided. This enables relaxation of the mind, eyes, eye muscles to occur. The relaxation produces clear vision, a 'Flash of Clarity'.) When the relaxation and clarity occur and the print flashes dark black and clear; then: look away from the spaces, look directly at the black print, place the print in the center of the visual field to read, see it clear. The relaxation and clear vision from looking at the white spaces continues when looking at the print. If it blurs, return to the spaces or Palm to regain relaxation. Then back to the print. Use the memory and imagination when looking at the white spaces: Imagine painting the spaces pure, bright white with a white paint brush and pure white paint while imagining the white space is seen pure, bright, glowing white and clear. Relax, no effort. Move the paintbrush, eyes left and right along the spaces, blink, relax. Practice with the eyes open, then in the imagination with the eyes closed, then open again. Paint with an imaginary paint brush in the hand or use a white Nosefeather. Practice on Fine Print in the Sunlight.



Some people misunderstood Dr. Bates in early times and would try to read the print while looking at the white spaces. Dr. Bates explained to; look at the space or the print; only one at a time, not both at the same time. Looking at, trying to see, think about 2 or more objects at the same time is the opposite of central-fixation: it is diffusion, eccentric fixation and causes tension, strain in the mind, (brain) eye muscles, eyes and unclear vision.

Look at one object at a time for clear vision. This is central-fixation: looking directly at the object of visual attention: first at the white spaces, then the black print, one object at a time, in the center of the visual field.

Palming and imagining, remembering, seeing perfect black on the closed eyes produces perfect relaxation and clear vision. Dr. Bates noticed that some patients used effort to imagine, see black and this prevented relaxation. Dr. Bates states that imagining, seeing black is not necessary to obtain perfect relaxation and clear vision. Remembering, imagining any pleasant thoughts, letting the mind drift from one happy thought, object to another while palming will produce the relaxation and clear vision. Then, black may also appear in front of the closed eyes. If black does not appear, it's alright, it will not make a difference in relaxation, clarity. See the palming chapter for examples.

Square, elliptical...swings - Some of the older swings are now combined into the Infinity, Figure Eight Swing. The Long Swing, Sway (Rock) remain as Dr. Bates created them and are also combined in the Figure Eight Swing.

In later editions of Better Eyesight Magazine and books, Dr. Bates and Emily Lierman, Bates lists these changes.

Dr. Bates himself stated that the Bates Method is continually advancing, being improved. As he treated thousands of patients over the years the Bates Method was perfected. Bates Teachers state they learn much from their patients, students, each student being an individual and various treatments being successful for each condition, state of mind, body, eyes and personality.

A few original magazine pages that are old with unclear print have an additional new clear page attached, typed in present date print. A few misprints are corrected with additional print, leaving the original pages untouched.

Book printing settings for the original pages is best at: darkest black and highest quality. Not too dark or it will smear the print. The Original Antique Magazines will be in Paperback on Amazon.com in 2011-2012.

Distributing this book free to the public is encouraged. Keep this page in the Original Better Eyesight Magazine E-book that states; The modern version is free with the original book and should also be read to insure correct application of some of the older original practices, treatments.

## Thank-You, in Historical Order

+The University of California Library - <http://www.lib.berkeley.edu/> and the Optometrist - Monroe J. Hirsch (name shown in old print, pictures in this book) and other Colleges, Libraries, Eye Doctors, Emily C. A. Lierman Bates, Bates Teachers, Individual Persons that preserved Ophthalmologist Bates Magazines, Books, hid them from the Optical Industry when these businesses, doctors were destroying Doctor Bates work. The law in Europe allowed preservation of Dr. Bates magazines, books.

+Thomas Quackenbush - <http://www.naturalvisioncenter.com> Bates Method, Natural Vision Improvement Teacher, Author of 'Relearning to See - Improve Your Eyesight Naturally' and 'Better Eyesight - The Complete Magazines of William H. Bates'. He is the first Natural Vision Improvement Teacher to re-publish and bring Dr. Bates work, treatments in Better Eyesight Magazine to the modern public.

+David Kiesling - <http://www.iblindness.org> For creating, bringing the first photo copy of all Dr. Bates Original Better Eyesight Magazines back to the public. Every page, month, year in original antique print type! This proved that Dr. Bates is the discoverer of Natural Eyesight, Vision Improvement, the true source of the Bates Method. Original Pictures of Better Eyesight Magazine Pages and Dr. Bates... were provided, purchased from David.

The following pages provide a sample of the 1919 Better Eyesight Magazine Issue Illustrated with 500 Pictures. Free in PDF form with this book.



## Better Eyesight Magazine by William H. Bates, M. D.

Ophthalmologist - Eye, Ear, Nose & Throat

Central-Fixation Publishing Co.,  
New York City, New York, USA



Ophthalmologist  
William H. Bates

**Do It Yourself - Natural Eyesight Improvement - Original and Modern Bates Method & Better Eyesight Magazine Illustrated with 500 Pictures by Ophthalmologist William H. Bates. Based on the Method, Treatments of Dr. Bates, the Eye Doctor that discovered The Bates Method of Natural Eyesight, (Vision) Improvement.**

**This Book contains Better Eyesight Magazine; a PDF text version of the magazines Illustrated with 500 pictures & additional Modern Natural Eyesight Improvement Training, Activities and a copy of the Original Magazine Pages. Better Eyesight Magazine contains all 132 Monthly Magazine Issues, 11 years-July, 1919 to June, 1930.**



Emily C. Lierman, Bates

Stories From The Clinic included; 123 True Stories of Dr. Bates and Emily C.A. Lierman Bates patients varied treatments, eyesight improvement. Written and published by Ophthalmologist William Horatio Bates and his assistant, wife Emily C. A. Lierman, Bates. Eyecharts, Videos, Audio Lessons & 12 E-Books included by Dr. Bates and other Bates Teachers, Doctors. Learn the Modern Treatments and the Original Method, Treatments, Activities from Dr. Bates.

### Introduction

Dr. Bates discovered the natural principles, true function of the eyes and applied relaxation, natural methods to return the eyes, eye muscles, nerves, mind/brain, thought patterns, body (entire visual system) to normal function with healthy eyes and clear vision. **'The Bates Method of Natural Eyesight Improvement.'**

Dr. Bates Better Eyesight Magazine stories, articles describe how Dr. Bates & Emily Lierman Bates, other Doctors, School Teachers, Bates Method Students/Teachers, Children and Parents used Natural Treatments to remove, correct, prevent many different eye problems without use of eyeglasses, surgery, drugs.

The natural treatments they applied removed/prevented; unclear close and distant vision, astigmatism, cataracts, glaucoma, conical cornea, cornea scars, wandering/crossed eyes (strabismus) and other conditions. Hundreds of Natural Treatments are listed.

Read more in Dr. Bates Dedication.

The 8 Correct, Relaxed, Vision Habits (natural, normal, relaxed eye, visual system function); Shifting, Central-fixation, Relaxation, Movement, Blinking, Abdominal Breathing, Switching Close and Far, Long Swing, Sway (Rock), Familiar Eyecharts, Memory and Imagination, Sunning, Palming, Reading Fine Print and other activities described on the Author's website [www.clear eyesight.info](http://www.clear eyesight.info) and in this book are derived from Dr. Bates treatments, method and are listed in his Better Eyesight Magazine and books. The Natural Eyesight Improvement Student practices, imitates this normal eye function to gently coax, return the eyes (visual system) to normal, natural function and clear vision.

Dr. Bates Better Eyesight Magazines, books, Medical Articles are included in this E-Book to enable the Natural Eyesight Improvement student to learn directly from Ophthalmologist Bates, the original eye doctor that discovered Natural Eyesight Improvement, to provide the reader with access to Dr. Bates treatments,

### Better Eyesight

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION  
AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES  
Vol. 1 JULY, 1919 No. 1

Foreword

Fundamental Facts

Central Fixation

A Teacher's Experiences

Army Officer Cures Himself

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39-46 EAST 42nd STREET NEW YORK, N. Y.

teaching method, true Natural Eyesight Improvement. The reader can avoid fraudulent teachers, harmful methods.

The Author, Clark Night is a Natural Eyesight Improvement Graduated Student and Self Trained Teacher that has maintained clear eyesight, freedom from eyeglasses for 37 years. Completed 5 different Natural Eyesight (Vision) Improvement Courses, Trained by Teachers in Person and Home School, studied many Bates and other Natural Vision Improvement books) Improved her close and distant vision to 20/20 and clearer at age 17. Age 54, can read fine print clear at 3 ft.+ and to 30 to 1 to 1/4 inches from the eyes. Teaches friends, family, public how to obtain clear vision without eyeglasses. <http://www.clearsight.info>

### This Book Teaches a Variety of Natural Vision Improvement Treatments, Activities

Shifting; (Natural Eye movements), Central-fixation, Relaxation of the Mind/brain, body, eye muscles, eyes, Blinking, Memory and Imagination, Switching Close, Middle, Far for Perfect, Equally Clear Vision, Convergence, Accommodation, Divergence, Un-Accommodation in the Left and Right Eyes at all Distances, Left and Right Brain Hemisphere Activation and Integration, Color Treatment, Visualization, Alpha, Theta, Delta Brain Wave Frequency Deep Relaxation, Palming, Long Swing, Short Swing/Rock and Figure Eight Infinity Swings, Astigmatism Removal Swings, Positive Thinking, Constructive Thoughts, Emotions, Correct Posture, Neck, Shoulder Relaxation, Coordinated Body Movement Exercises, Physical Therapy, Abdominal Deep Breathing, Energy Circulation/Strengthening, Sunning, Saccadic Sunning, Reading, Seeing Fine Print and Eyecharts Clear, EFT, Acupressure, Headache Treatments, Nutrition Chapter-Eye, body Nutrition and other Activities for Clear Close, Distant, Day and Night Vision and Healthy Eyes. Treatments to reverse, remove, prevent: Myopia, Presbyopia (Unclear Distant & Close Vision), Astigmatism, Strabismus, Cataracts, Glaucoma and other eye/vision conditions.

Eye-glass Strength Reduction & Freedom From Glasses - Learn how to work with a Bates Method Behavioral Optometrist or Ophthalmologist for a complete eye exam and be prescribed reduced, weaker and weaker eyeglass lenses (if needed for driving, work safety...) temporarily as vision is improving. Gain complete freedom from eyeglasses.

Treatments are Derived from Dr. Bates Better Eyesight Magazines and Books

Do you read imperfectly? Can you observe then that when you look at the first word, or the first letter, of a sentence you do not see best where you are looking; that you see other words, or other letters, just as well as or better than the ones you are looking at? Do you observe also that the harder you try to see the worse you see?

Now close your eyes and rest them, remembering some color, like black or white, that you can remember perfectly. Keep them closed until they feel rested, or until the feeling of strain has been completely relieved. Now open them and look at the first word or letter of a sentence for a fraction of a second. If you have been able to relax, partially or completely, you will have a flash of improved or clear vision, and the area seen best will be smaller.

After opening the eyes for this fraction of a second, close them again quickly, still remembering the color, and keep them closed until they again feel rested. Then again open them for a fraction of a second. Continue this alternate resting of the eyes and flashing of the letters for a time, and you may soon find that you can keep your eyes open longer than a fraction of a second without losing the improved vision.

If your trouble is with distant instead of near vision, use the same method with distant letters.

In this way you can demonstrate for yourself the fundamental principles of the cure of imperfect sight by treatment without glasses.

If you fail, ask someone with perfect sight to help you.

Right  
Ar. W. J. Bates  
7/28 1926

PAGE TWO

## BETTER EYESIGHT

*A Magazine devoted to the prevention and cure of imperfect sight without glasses*

Copyright, 1919, by the Central Fixation Publishing Company  
Editor—W. H. BATES, M.D.  
Publisher—CENTRAL FIXATION PUBLISHING CO.

Vol. I JULY, 1919 No. 1

### FOREWORD.

WHEN the United States entered the European war recruits for general military service were required to have a visual acuity of 20/40 in one eye and 20/100 in the other.<sup>1</sup> This very low standard, although it is a matter of common knowledge that it was interpreted with great liberality, proved to be the greatest physical obstacle to the raising of an army. Under it 21.68 per cent. of the registrants were rejected, 13 per cent. more than for any other single cause.<sup>2</sup>

Later the standard was lowered<sup>3</sup> so that men might be "unconditionally accepted for general military service" with a vision of 20/100 in each eye without glasses, provided one eye was correctible to 20/40. For special or limited service they might be accepted with only 20/200 in each eye without glasses, provided one was correctible to 20/40. At the same time a great many defects other than errors of refraction were admitted in both classes, such as squint not interfering with vision, slight nystagmus, and color blindness. Even total blindness in one eye was not a cause for rejection in the limited service class, and the vision of the other eye was normal. Under this incredible standard eye defects still remained one of three leading causes of rejection.

<sup>1</sup>Harvard: Manual of Military Hygiene for the Military services of the United States, third revised edition 1917, p. 195.

<sup>2</sup>Report of the Provost Marshal General to the Secretary of War on the First Draft under the Selective Service Act, 1917.

<sup>3</sup>Standards of Physical Examination for the Use of Local Boards, District Boards and Medical Advisory Boards under the Selective Service Act, Form 75, issued through office of the Provost Marshal General.



# Better Eyesight Magazine

## Ophthalmologist William H. Bates

First Magazine – July 1919  
Central Fixation Publishing Co.



# Better Eyesight

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*A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION  
AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES*

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[Videos- Better Eyesight Magazine -Click Here](#)



## The Following Words Describe Eye Conditions Listed in This Book

+**Emmetropia**=Normal Round Eye=clear distant vision.

Dr. Bates states that the eye lengthens slightly (due to action of the outer oblique eye muscles) to produce accommodation for clear close vision. Other eye doctors state that the lens, or lens and eye, change shape (lens; due to action of the ciliary, inner eye muscle) to produce accommodation, others theorize the lens may move, as in a camera. The iris, pupil size, iris muscle also affects the function of the eye, light rays., clarity of vision.

+**Myopia**=Nearsighted=abnormally lengthened eyeball=unclear distant vision.

+**Hypermetropia**=Hyperopia=Farsighted=abnormally shortened eyeball=unclear close vision.

+**Presbyopia**=abnormally shortened or greatly lengthened eyeball due to outer eye muscle tension, and/or the lens is inflexible, ciliary muscle stiff=unclear close 'Reading' Vision. Extreme neck muscle tension, arthritis lowering blood, oxygen, nutrient flow to the head, eyes, retina, lens and causing neck muscle tension to travel into the outer and inner eye muscles can cause unclear close, distant vision, cataracts and other eye problems.

The Bates Method, nutrition, sunlight, posture, movement., corrects this condition.

Reading fine print cures presbyopia. See the Close Vision chapter and Better Eyesight Magazine.

+**Astigmatism**=irregular, abnormal cornea, lens, eye shape, due to outer, inner eye muscle tension, dysfunction.

Vision/objects are distorted, blurred, unclear in various areas of the visual field at close and/or far distances. Headaches, dizziness can be experienced due to distortion of objects in the visual field. Objects can appear to move, produce a variety of visual effects when the eyes move and the astigmatism area of the eyes cornea passes over objects. It is usually the eye and cornea that have the abnormal shape, not often the lens.

Headaches, sinus congestion, pressure can also affect the eyes nerves, muscles, eye movement, entire eye, eye shape and cause unclear vision, astigmatism, a variety of visual disturbances. Check with your doctor if a sinus infection is suspected. Usually is harmless but occasionally infection can travel. See the Nutrition Chapter for natural prevention of sinus congestion, infection. Extreme neck muscle tension, misaligned neck vertebrae can affect eye muscle, nerve, ear, sinus... function causing many different eye, vision problems.

Relax the neck, stay healthy, use the Bates Method to avoid astigmatism, blur, eyeglasses.

+**Amblyopia**=Amblyopia Ex Anopsia=Dim, low, no vision or less clear vision in one eye, often in a wandering/crossed eye due to lack of use of the eye or the brain shutting off the image in the wandering/crossed eye to prevent double vision. Can occur in both eyes. Can occur in an eye with very unclear, blurry vision.

+**Squint**=Strabismus=Wandering/Crossed/Lazy Eye - Dr. Bates uses the word 'Squint' to describe this condition.

A tense outer eye muscle pulls the eye in, out, up, down... causing strabismus, slow, stiff, un-coordinated eye movement, imperfect convergence, divergence, double vision. The state of convergence, for close vision, divergence for distant vision functions with and affects accommodation for clear close vision, un-accommodation for clear distant vision.

Strain in the mind, left and right brain hemisphere imbalance, one hemisphere or part of the brain not working correct with a eye muscle, not activating its movement or partially activating it can cause strabismus, imperfect eye movement. Exercises, games, Bates Method corrects this condition.

Imperfect Left and right brain hemisphere function, imbalance, interfering with a baby's crawling, natural walking stage, use of baby walkers, (This disrupts natural left and right brain hemisphere development, activation & integration as the baby grows, learns to crawl and walk. The brain, hemispheres work with the eyes, eye muscles, eye development, clarity of vision.), injury from forceps birth delivery, (incorrect handling of the baby at birth, doctors forcing mothers to avoid natural, healthy instincts of safe ways to massage, caress the baby's body, head that naturally insures perfect skull bone alignment after passing through the birth canal, 'like animals do with their tongue'), misaligned skull & eye socket bones and/or neck, back vertebrae, collarbones, other bones, pressure, pulling on nerves, muscles in/along the spine, neck, skull, eye socket can also cause eye muscle tension, eye/eye muscle dysfunction, strabismus, blur, astigmatism and other eye problems. Usually;

Mental strain, eye muscle tension, eyestrain, staring, not shifting, lack of central-fixation and other incorrect use of the eyes, wearing eyeglasses, sunglasses, lack of sunlight, using incorrect posture, is the cause of defective vision; blur, astigmatism, strabismus...

Stress, negative emotions, thoughts, experiences can also strain, tense the mind/brain, eye muscles, cause Brain Hemisphere imbalance and un-coordinated eye muscle function, vision impairment. Stress can temporarily shut off part of the brain, lower certain brain functions, communication with the eyes, eye muscles, retina. Computer use; looking all day at that one close distance, at the artificial 3-D images on the screen can tense up the eye muscles and eye movement in one or both eyes, cause one brain hemisphere to be dominant and one eye to be dominant at close distances, less clear vision at other distances... Divergence when looking to the distance after hours on the computer can be slow, double vision, one or both eyes movement almost frozen for close distance. (Looking at print, images, videos on the computer screen is different than looking at real print, pictures on a piece of paper. The computer screen strains the eyes when overdone.) Diet also affects the eyes health and vision.

Dr. Bates proved that all these eye conditions are most always caused by mental strain, incorrect use of the eyes and outer eye muscle tension placing pressure, pulling, stretching, tension on/in the eye, cornea, lens, retina, distorting their shape, function, disrupting the focus of light rays in the eye, on the retina, impairing blood, oxygen, nutrient, fluid, energy circulation to, in, out of the eyes and tear production. (Tears contribute to clear vision by acting as a natural contact lens and keeping the cornea, eye healthy. People state their vision improves to clear, even cataracts clearing from the eyes after crying. Crying improves eye circulation, cleansing inside and outside the eye, and stretches, relaxes the muscles in the eyes, head, neck, shoulders.) Sunlight on the eyes, no eye or sun-glasses cures many eye problems, improves the clarity of vision. **Outer & Inner eye muscle tension affects eye, lens, iris/pupil, tear... function, health of the eye, clarity of vision.**

Neck, shoulder muscle tension is a major cause of eye muscle tension, eye muscle and eye nerve dysfunction, impaired circulation in the head, eyes and unclear vision. Extreme neck muscle tension can pull or tilt a neck vertebra temporarily out of alignment, placing pressure, pulling on the nerves in the neck that travel to/connect to the brain stem, brain, eyes, retina, eye muscles, ears. (Eyes, ears, balance and vision are connected, work together.) Blood, lymph vessels can be affected. Neck muscle tension alone can do this to a lesser degree.

The Author, assembler (Clark Night) of this book experienced a crossed/wandering eye condition with astigmatism, double vision, sinus inflammation, congestion, ear ringing, balance impairment from a neck injury, misaligned vertebrae, torn muscles, ligaments, injured nerves in the neck from a dishonest chiropractor. The Bates Method and a new, good chiropractor corrected the eye, vision, sinus condition.

Natural Eyesight Improvement, Dr. Bates Method relaxes the mind/brain, body, eye muscles, eyes, neck, returns all parts of the eye to normal shape, function, circulation, correct focus of light rays in the eyes for healthy eyes and clear vision at all distances.

#### THE SWINGING CURE

If you see a letter perfectly, you may note that it appears to pulsate, or move slightly in various directions. If your sight is imperfect, the letter will appear to be stationary. The apparent movement is caused by the unconscious shifting of the eye. The lack of movement is due to the fact that the eye stares, or looks too long at one point. This is an invariable symptom of imperfect sight, and may often be relieved by the following method:

Close your eyes and cover them with the palms of the hands so as to exclude all the light, and shift mentally from one side of a black letter to the other. As you do this, the mental picture of the letter will appear to move back and forth in a direction contrary to the imagined movement of the eye. Just so long as you imagine that the letter is moving, or swinging, you will find that you are able to remember it, and the shorter and more regular the swing, the blacker and more distinct the letter will appear. If you are able to imagine the letter stationary, which may be difficult, you will find that your memory of it will be much less perfect.

Now open your eyes and look first at one side and then at the other of the real letter. If it appears to move in a direction opposite to the movement of the eye, you will find that your vision has improved. If you can imagine the swing of the letter as well with your eyes open as with your eyes closed, as short, as regular and as continuous, your vision will be normal.

## BETTER EYESIGHT

A MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

Copyright, 1919, by the Central Education Publishing Company  
Editor—W. H. BATES, M.D.  
Publisher—CENTRAL EDUCATION PUBLISHING CO.

Vol. I OCTOBER, 1919 No. 4

#### SIMULTANEOUS RETINOSCOPY

Much of my information about the eye has been obtained by means of simultaneous retinoscopy.

The retinoscope is an instrument used to measure the refraction of the eye. It throws a beam of light into the pupil by reflection from a mirror, the light being either outside the instrument—above and behind the subject—or arranged within it by means of an electric battery. On looking through the sight-hole one sees a larger or smaller part of the pupil filled with light, which in normal human eyes is a reddish yellow, because this is the color of the retina, but which is green in a cat's eye, and might be white if the retina were diseased. Unless the eye is exactly focussed at the point from which it is being observed, one sees also a dark shadow at the edge of the pupil, and it is the behavior of this shadow when the mirror is moved in various directions which reveals the refractive condition of the eye. If the instrument is used at a distance of six feet or more, and the shadow moves in a direction opposite to the movement of the mirror, the eye is myopic. If it moves in the same direction as the mirror, the eye is either hypermetropic or normal; but in the case of hypermetropia

3

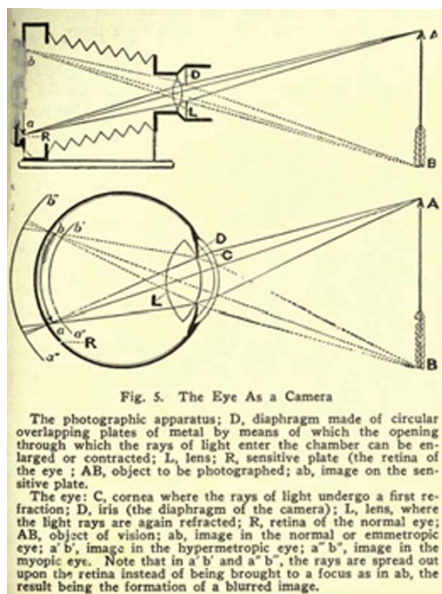


Fig. 5. The Eye As a Camera

The photographic apparatus; D, diaphragm made of circular overlapping plates of metal by means of which the opening through which the rays of light enter the chamber can be enlarged or contracted; L, lens; R, sensitive plate (the retina of the eye); AB, object to be photographed; ab, image on the sensitive plate.

The eye; C, cornea where the rays of light undergo a first refraction; D, iris (the diaphragm of the camera); L, lens, where the light rays are again refracted; R, retina of the normal eye; AB, object of vision; ab, image in the normal or emmetropic eye; a' b', image in the hypermetropic eye; a'' b'', image in the myopic eye. Note that in a' b' and a'' b'', the rays are spread out upon the retina instead of being brought to a focus as in ab, the result being the formation of a blurred image.

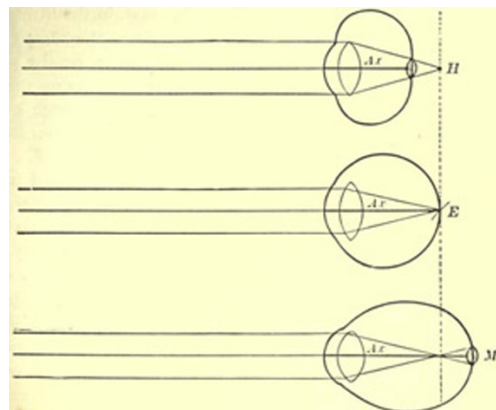


Fig. 4. Diagram of the Hypermetropic, Emmetropic and Myopic Eyeballs

H, hypermetropia; E, emmetropia; M, myopia; Ax, optic axis. Note that in hypermetropia and myopia the rays, instead of coming to a focus, form a round spot upon the retina.

# Better Eyesight

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION  
AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

Vol. I

JULY, 1919

No. 1

## Foreword

## Fundamental Facts

## Central Fixation

## A Teacher's Experiences

## Army Officer Cures Himself

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## The Cure of Imperfect Sight by Treatment Without Glasses

By  
W. H. BATES, M.D.



Dr. William H. Bates  
Ophthalmologist M.D.  
Eye, Ear, Nose & Throat.  
Discovered the Principles  
of Eye Function-Natural  
Eyesight Improvement

CENTRAL FIXATION PUBLISHING CO.  
210 MADISON AVENUE, NEW YORK CITY

Perfect Sight Without Glasses - Title 2nd Publishing of This Book

Ophthalmologist Bates Better Eyesight Magazine Illustrated with 500 Pictures and other books, videos are included on a CD or download link with the Paperback copy of this E-book. 11 of the E-Books are included, attached to the E-book. The Original Better Eyesight Magazines (as shown here) and a few new books are provided in separate E-books.

### How to Use the Snellen Test Card FOR THE Prevention and Cure of Imperfect Sight in Children

The Snellen Test Card is placed permanently upon the wall of the classroom, and every day the children silently read the smallest letters they can see from their seats with each eye separately, the other being covered with the palm of the hand in such a way as to avoid pressure on the eyeball. This takes no appreciable amount of time, and is sufficient to improve the sight of all children in one week and to cure all errors of refraction after some months, a year, or longer.

Children with markedly defective vision should be encouraged to read the card more frequently.

Records may be kept as follows:

John Smith, 10, Sept. 15, 1918.  
R. V. (vision of the right eye) 20/40.  
L. V. (vision of the left eye) 20/20.  
John Smith, 11, Jan. 1, 1919.  
R. V. 20/30.  
L. V. 20/15.

The numerator of the fraction indicates the distance of the test card from the pupil; the denominator denotes the line read, as designated by the figures printed above the middle of each line of the Snellen Test Card.

A certain amount of supervision is absolutely necessary. At least once a year some one who understands the method should visit each classroom for the purpose of answering questions, encouraging the teachers to continue the use of the method, and making a report to the proper authorities.

It is not necessary that either the inspector, the teachers, or the children, should understand anything about the physiology of the eye.

## BETTER EYESIGHT

A MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF  
IMPERFECT SIGHT WITHOUT GLASSES

Copyright, 1919, by the Central Fixation Publishing Company  
Editor—W. H. BATES, M.D.  
Publisher—CENTRAL FIXATION PUBLISHING CO.

Vol. I

AUGUST, 1919

No. 2

### A HOUSE BUILT ON SAND

That the results of the present method of treating defects of vision are far from satisfactory is something which no one would attempt to deny. It is well known that many patients wander from one specialist to another, seeking vainly for relief, while others give up in despair and either bear their visual ills as best they may without assistance, or else resort to Christian Science, mental science, osteopathy, physical culture, or some of the other healing cults to which the incompetence of orthodox medicine has given birth. The specialists themselves, having daily to handle each other's failures, are scarcely better satisfied. Privately they criticize each other with great asperity and freedom, and publicly they indulge in much speculation as to the underlying causes of this deplorable state of affairs.

At the recent meeting of the Ophthalmological Section of the American Medical Association, Dr. E. J. Gardiner, of Chicago, in a paper on *The Present Status of Refraction Work*,<sup>1</sup> finds that ignorance is responsible for the largest quota of failure to get satisfactory results from what he calls the "rich heritage" of ophthalmic science, but that a considerable percentage must be attributed to other causes. Among these causes he enumerates a too great dependence on measuring devices, the delegation of refraction work to assistants, and the tendency to eliminate cycloplegics, in

<sup>1</sup> For reports of all the papers quoted, see Jour. Am. Med. Assn, June 21, 1919.



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### THE CURE OF IMPERFECT SIGHT

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## Better Eyesight

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A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION  
AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

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Vol. III                      SEPTEMBER, 1920                      No. 3

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“PAGE TWO”

ON page two of this magazine are printed each month specific directions for improving the sight in various ways. Too many subscribers read the magazine once and then mislay it. We feel that at least page two should be kept for reference.

When the eyes are neglected the vision may fail. It is so easy to forget how to palm successfully. The long swing always helps but it has to be done right. One may under adverse conditions suffer a tension so great that the ability to remember or imagine perfectly is modified or lost and relaxation is not obtained. The long swing is always available and always brings sufficient relief to practice the short swing, central fixation, the perfect memory and imagination with perfect relief.

*Be sure and review page two frequently; not only for your special benefit but also for the benefit of individuals you desire to help!*

Persons with imperfect sight often have difficulty in obtaining relaxation by the various methods described in the book and in this magazine. It should be emphasized that persons with good vision are better able to help others than people who have imperfect sight or wear glasses. If you are trying to cure yourself avoid people who wear glasses or do not see well. Those individuals are always under a strain and the strain is manifested in their face, in their voices, in their walk, the way they sit, in short in everything that they do.

Strain is contagious. Teachers in Public Schools who wear glasses are a menace to their pupils' sight. Parents who wear glasses or who have imperfect sight lower the vision of their children. It is always well when treating children or adults to keep them away from people with imperfect sight.

Giff  
Dr. W. H. Bates  
7 28 1924



Ophthalmologist  
William H. Bates

## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND  
CURE OF IMPERFECT SIGHT WITHOUT GLASSES

July, 1919 - June, 1930 - 132 Magazine Issues

Central Fixation Publishing Co.

New York, N. Y. USA

July, 1919



Emily C. Lierman, Bates

Do you read imperfectly? Can you observe then that when you look at the first word, or the first letter, of a sentence you do not see best

where you are looking; that you see other words, or other letters, just as well as or better than the ones you are looking at? Do you observe also that the harder you try to see the worse you see?

Now close your eyes and rest them, remembering some color, like black or white, that you can remember perfectly. Keep them closed until they feel rested, or until the feeling of strain has been completely relieved. Now open them and look at the first word or letter of a sentence for a fraction of a second. If you have been able to relax, partially or completely, you will have a flash of improved or clear vision, and the area seen best will be smaller.

After opening the eyes for this fraction of a second, close them again quickly, still remembering the color, and keep them closed until they again feel rested. Then again open them for a fraction of a second. Continue this alternate resting of the eyes and flashing of the letters for a time, and you may soon find that you can keep your eyes open longer than a fraction of a second without losing the improved vision.

If your trouble is with distant instead of near vision, use the same method with distant letters.

In this way you can demonstrate for yourself the fundamental principles of the cure of imperfect sight by treatment without glasses. If you fail, ask someone with perfect sight to help you.

**Do You Read Imperfectly? - This first article and others are placed on page 2 on the inside cover of each monthly Better Eyesight Magazine issue. The articles consist of a variety of the Best of Dr. Bates Original Natural Eyesight Improvement Treatments, Activities. The student can copy, paste these into a small fine print booklet to carry in a pocket and practice in your spare time.**

### FOREWORD

WHEN the United States entered the European war recruits for general military service were required to have a visual acuity of 20/40 in one eye and 20/100 in the other.<sup>1</sup> This very low standard, although it is a matter of common knowledge that it was interpreted with great liberality, proved to be the greatest physical obstacle to the raising of an army. Under it 21.68 per cent of the registrants were rejected, 13 per cent more than for any other single cause.<sup>2</sup>

Later the standard was lowered<sup>3</sup> so that men might be "unconditionally accepted for general military service" with a vision of 20/100 in each eye without glasses, provided one eye was correctible to 20/40. For special or limited service they might be accepted with only 20/200 in each eye without glasses, provided one was correctible to 20/40. At the same time a great many defects other than errors of refraction were admitted in both classes, such as squint not interfering with vision, slight nystagmus, and color blindness. Even total blindness in one eye was not a cause for rejection to the limited service class, provided it was not due to progressive or organic change, and the vision of the other eye was normal. Under this incredible standard eye defects still remained one of three leading causes of rejection.

Over ten per cent, (10.65) of the registrants were disqualified by them, while defects of the bones and joints and of the heart and blood-vessels ran respectively one and one and a half percent higher.<sup>4</sup> Most of the revelations about the physical condition of the American people which resulted from the operation of the draft law had been anticipated by persons who had been giving their attention to such matters - and whose warnings had long fallen upon deaf ears - but it is doubtful if anyone had formed an adequate conception of the truth regarding the condition of the nation's eyesight. That it should be impossible to raise an army with even half normal vision in one eye, and that one man in every ten rejected for military service should have been unable, even by the aid of glasses, to attain this standard, is a situation so appalling that words fail to characterize it, so incredible that only the most unimpeachable evidence could compel belief in it. Under these circumstances it seems to me the plain duty of anyone who has found any means of controlling the evil in question to give the facts the widest possible publicity.

Most writers on ophthalmology today appear to believe that defective eyesight is part of the price we must pay for civilization. The human eye, they say, was not designed for the uses to which it is now put. Eons before there were any schools, or printing presses, electric lights, or moving pictures, its evolution was complete. In those days it served the needs of the human animal perfectly, but it is not to be expected, we are told, that it should respond without injury to the new demands. By care it is thought that this injury may be minimized, but to eliminate it wholly is considered to be too much to hope for. Such is the depressing conclusion to which the monumental labors of a hundred years and more have led us.

I have no hesitation in stating that this conclusion is unqualifiedly wrong. Nature did not blunder when she made the human eye,

but has given us in this intricate and wonderful mechanism, upon which so much of the usefulness as well as the pleasure of life depends, an organ as fully equal to the needs of civilization as to those of the Stone Age. After thirty-three years of clinical and experimental work, I have demonstrated to my own satisfaction and that of others that the eye is capable of meeting the utmost demands of civilization; that the errors of refraction which have so long dogged the footsteps of progress, and which have made the raising of an army during the recent war so difficult, are both preventable and curable; and that many other forms of imperfect sight, long held to be incurable, may be either improved or completely relieved.

All these discoveries have been published in the medical press, but while their reliability has never been publicly disputed, the medical profession has so far failed to make use of them. Meantime the sight of our children is being destroyed daily in the schools, and our young men and women are entering life with a defect which, if uncorrected, must be a source of continual misery and expense to them, sometimes ending in blindness or economic ruin. Admitting for the sake of argument that I may be wrong in my conclusion that these things are unnecessary, it is time I was proven to be wrong. I should not be allowed to play on the forlorn hope of a suffering world. If I am right, as I know I am, a suffering world should no longer be deprived of the benefit of my discoveries.

To give publicity to these discoveries and arouse discussion regarding them is one of the objects for which this magazine has been started. At the same time its pages are open to everyone who has any light to throw upon the problem. It has too long been the custom of ophthalmologists to disregard every fact at variance with the accepted theories. Such facts, when observed, have usually not been published, and when published they have either been ignored or explained away in some more or less plausible manner. The management of this magazine wishes to make it a medium for the publication of such facts, which, it may safely be asserted, are known to every ophthalmologist of any experience, and which, if they had received proper consideration, would long ago have led us out of the blind alley in which we are now languishing.

While I think it may be truthfully said that many of my methods are new and original, other physicians, both in this country and in Europe, have cured themselves and others by treatment without glasses. Lay persons have done the same.

### Fine Print – For Clear Close Vision

In *The Autocrat of the Breakfast Table*, Oliver Wendell Holmes published a very remarkable case of the cure of presbyopia.

"There is now living in New York State," he says, "an old gentleman who, perceiving his sight to fail, immediately took to exercising it on the finest print, and in this way fairly bullied Nature out of her foolish habit of taking liberties at five-and-forty, or thereabouts. And now this old gentleman performs the most extraordinary feats with his pen, showing that his eyes must be a pair of microscopes. I should be afraid to say how much he writes in the compass of a half-dime, whether the Psalms or the Gospels, or the Psalms and the Gospels, I won't be positive."<sup>5</sup>

An officer in the American Expeditionary Forces, whose letter is published elsewhere, wrote to me about a year ago that he has cured himself of presbyopia, and after half a lifetime of misery was entirely free from eye discomfort. There must be many more of these cases, and we want to hear of them.



(Five and forty=fifties, forties... year of age.) Reading fine print maintains clear close and distant vision at all ages and keeps the eyes healthy, prevents development of eye diseases.

### FUNDAMENTAL FACTS

For about seventy years it has been believed that the eye accommodates for vision at different distances by changing the curvature of the lens, and this theory has given birth to another, namely, that errors of refraction are due to a permanent organic change in the shape of the eyeball. On these two ideas the whole system of treating errors of refraction is based at the present time.

My experiments and clinical observations have demonstrated that both these theories are wrong.<sup>6</sup> They have shown:

- (1) That the lens is not a factor in accommodation;**
- (2) That the change of focus necessary for vision at different distances is brought about by the action of the superior and inferior obliques, which, by their contraction and relaxation, change the length of the eyeball as the length of the camera is changed by the shortening and lengthening of the bellows;**
- (3) That errors of refraction are due to the abnormal action of these muscles and of the recti, the obliques being responsible for myopia and the recti for hypermetropia, while both may combine in the production of astigmatism;**
- (4) That this abnormal action of the muscles on the outside of the eyeball is always due to mental strain of some kind.**

This being the case it follows that all errors of refraction can be cured by relaxation. All methods of treatment, therefore, are simply different ways of obtaining relaxation. And because it is impossible to relax the eye muscles without relaxing the mind - and the relaxation of the mind means the relaxation of the whole body - it also follows that improvement in the eyesight is always accompanied by an improvement in health and mental efficiency.

The fact that all errors of refraction are functional can often be demonstrated within five minutes. When a person with myopia, hypermetropia, or astigmatism, looks at a blank wall without trying to see, the retinoscope, with a plane mirror, at six feet, indicates, in flashes or more continuously no error of refraction. The conditions should be favorable for relaxation and the doctor should be as much at his ease as the patient.



It can also be demonstrated with the retinoscope that persons with normal sight do not have it all the time.<sup>7</sup> When the vision of such persons becomes imperfect at the distance it will be found that myopic refraction has been produced;<sup>8</sup> when it becomes imperfect at the near point it will be found that hypermetropia has been produced.

### CENTRAL FIXATION

An invariable symptom of all abnormal conditions of the eyes, whether functional or organic, is the loss of central fixation. When a person with perfect vision looks at a letter on the Snellen test card he can always observe that all the other letters in his field of vision are seen less distinctly. He can also observe that when he looks at the bottom of even the smallest letter on the card, the top appears less black and less distinct than the part directly regarded, while the same is true of a letter of diamond type, or of the smallest letters that are printed. When a person with imperfect sight looks at the card he can usually observe that when he can read a line of letters he is able to look at one letter of a line and see it better than the others, but the letters of a line he cannot read may look all alike, or those not directly regarded may even be seen better than the one fixed.

These conditions are due to the fact that when the sight is normal the sensitiveness of the fovea is normal, but when the sight is imperfect, from whatever cause, the sensitiveness of the fovea is lowered, so that the eye sees equally well, or even better, with other parts of the retina. Contrary to what is generally believed, the part seen best when the sight is normal is extremely small.

**The text-books say that at twenty feet an area having a diameter of a quarter of an inch can be seen with maximum vision, but anyone who tries at this distance to see every part of one of the small letters of the Snellen test card - the diameter of which is about a quarter of an inch - equally well at one time will immediately become myopic. The fact is that the nearer the point of maximum vision approaches a mathematical point, which has no area, the better the sight.**

The cause of this loss of function in the center of sight is mental strain; and as all abnormal conditions of the eyes, organic as well as functional, are accompanied by mental strain, all such conditions must necessarily be accompanied by loss of central fixation. When the mind is under a strain the eye usually goes more or less blind. The center of sight goes blind first, partially or completely, according to the degree of the strain, and if the strain is great enough the whole or the greater part of the retina may be involved. When the vision of the center of sight has been suppressed, partially or completely, the patient can no longer see the point which he is looking at best, but sees objects not regarded directly as well, or better, because the sensitiveness of the retina has now become approximately equal in every part, or is even better in the outer part than in the center. Therefore in all cases of defective vision the patient is unable to see best where he is looking. **When the person with imperfect vision sees the peripheral field clearest, it is not as clear as the central field is when the vision is normal.**

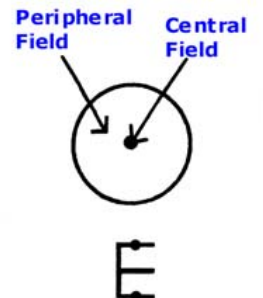
This condition is sometimes so extreme that the patient may look as far away from an object as it is possible to see it and yet see it just as well as when looking directly at it. In one case it had gone so far that the patient could see only with the edge of the retina on the nasal side. In other words, she could not see her fingers in front of her face, but could see them if she held them at the outer side of her eye. She had no error of refraction, showing that while every error of refraction is accompanied by eccentric fixation, the strain which causes the one condition is different from that which produces the other. The patient had been examined by specialists in this country and Europe, who attributed her blindness to disease of the optic nerve, or brain; but the fact that vision was restored by relaxation demonstrated that the condition had been due simply to mental strain.

Eccentric fixation, even in its lesser degrees, is so unnatural that great discomfort, or even pain, can be produced in a few seconds by trying to see every part of an area three or four inches in extent at twenty feet, or even less, or an area of an inch or less at the near point, equally well at one time, while at the same time the retinoscope will demonstrate that an error of refraction has been produced. This strain, when it is habitual, leads to all sorts of abnormal conditions and is, in fact, at the bottom of most eye troubles, both functional and organic. The discomfort and pain may be absent, however, in the chronic condition, and it is an encouraging symptom when the patient begins to experience them.

**Natural health improvement doctors state; When health or vision is impaired, pain and other symptoms occur. When health/vision impairment increases, sometimes the pain, other uncomfortable symptoms vanish, are not felt. New symptoms may take their place. When healing occurs and the health/vision is reversing back to normal, is being corrected/cured; the old pains, symptoms may temporarily re-appear as the health/vision is passing backwards through previous beginning stages of the health or vision problem. Then, as the health/vision improves to perfect health, clear vision; the pain, symptoms are completely removed. Complete recovery without passing through pain, uncomfortable symptoms can also occur.**

The center of the retina, macula and fovea centralis with its many cones produce the clearest vision and brightest color in the center of the visual field. The peripheral field of the retina produces less clear vision and less color in the peripheral field of vision. When the vision is normal, clear; the center of the visual field is clearest and the peripheral field less clear. The exact center of the visual field is produced by the fovea centralis and is the size of the pointed end of a pin and produces very clear vision, much clearer than 20/20 and brightest color, fine detailed vision, ability to see very small parts of objects at close and far distances.

Central fixation – To look at/see one small part of a object clearest at a time in the center of the visual field. Shifting is combined with central fixation- The eyes, center of the visual field moves, shifts continually from part to part (point to point) on a object to see the object clear. The center of the visual field also moves with the eyes from object to object seeing one object at a time clearest. Natural Eyesight Improvement returns perfect clear central vision and brings the peripheral to its maximum possible clarity.



**Look at the dot on the top of the E. The dot is in the center of the visual field and is clearest. The dot on the bottom is in the peripheral field and is less clear. Shift dot to dot seeing one dot clearest at a time.**

When the eye possesses central fixation it not only possesses perfect sight, but it is perfectly at rest and can be used indefinitely without fatigue. It is open and quiet; no nervous movements are observable; and when it regards a point at the distance the visual axes are parallel. In other words, there are no muscular insufficiencies. This fact is not generally known. The text-books state that muscular insufficiencies occur in eyes having normal sight, but I have never seen such a case. The muscles of the face and of the whole body are also at rest, and when the condition is habitual there are no wrinkles or dark circles around the eyes.

In most cases of eccentric fixation, on the contrary, the eye quickly tires, and its appearance, with that of the face, is expressive of effort or strain. The ophthalmoscope reveals that the eyeball moves at irregular intervals, from side to side, vertically or in other directions. These movements are often so extensive as to be manifest by ordinary inspection, and are sometimes sufficiently marked to resemble nystagmus. Nervous movements of the eyelids may also be noted, either by ordinary inspection, or by lightly touching the lid of one eye while the other regards an object either at the near point or the distance. The visual axes are never parallel, and the deviation from the normal may become so marked as to constitute the condition of **squint**. **Strain, eccentric fixation, diffusion causes squint, crossed, wandering eyes, imperfect convergence, divergence.** Redness of the conjunctiva and of the margins of the lids, wrinkles around the eyes, dark circles beneath them and tearing are other symptoms of eccentric fixation.

Eccentric fixation is a symptom of strain, and is relieved by any method that relieves strain; but in some cases the patient is cured just as soon as he is able to demonstrate the facts of central fixation. When he comes to realize, through actual demonstration of the fact, that **(when experiencing blur, eccentric fixation, diffusion, not seeing with the center of the visual field)** he does not see best where he is looking, and that when he looks a sufficient distance away from a point **(when the eyes are working correct, relaxed, with central fixation)** he can see it worse than when he looks directly at it, he becomes able, in some way, to reduce the distance to which he has to look in order to see worse, until he can look directly at the top of a small letter and see the bottom worse, or look at the bottom and see the top worse. The smaller the letter regarded in this way, or the shorter the distance the patient has to look away from a letter in order to see the opposite part indistinctly, the greater the relaxation and the better the sight. When it becomes possible to look at the bottom of a letter and see the top worse, or to look at the top and see the bottom worse, it becomes possible to see the letter perfectly black and distinct. At first such vision may come only in flashes. The letter will come out distinctly for a moment and then disappear. But gradually, if the practice is continued, central fixation will become habitual.

Most patients can readily look at the bottom of the big C and see the top worse; but in some cases it is not only impossible for them to do this, but impossible for them to let go of the large letters at any distance at which they can be seen. In these extreme cases it sometimes requires considerable ingenuity, first to demonstrate to the patient that he does not see best where he is looking, and then to help him to see an object worse when he looks away from it than when he looks directly at it. The use of a strong light as one of the points of fixation, or of two lights five or ten feet apart, has been found helpful, the patient when he looks away from the light being able to see it less bright more readily than he can see a black letter worse when he looks away from it. It then becomes easier for him to see the letter worse when he looks away from it. This method was successful in the following case:

A patient with vision of 3/200, when she looked at a point a few feet away from the big C, said she saw the letter better than when she looked directly at it. Her attention was called to the fact that her eyes soon became tired and that her vision soon failed when she saw things in this way. Then she was directed to look at a bright object about three feet away from the card, and this attracted her attention to such an extent that she became able to see the large letter on the test card worse, after which she was able to look back at it and see it better. It was demonstrated to her that she could do one of two things: look away and see the letter better than she did before, or look away and see it worse. She then became able to see it worse all the time when she looked three feet away from it. Next she became able to shorten the distance successively to two feet, one foot and six inches, with a constant improvement in vision; and finally she became able to look at the bottom of the letter and see the top worse, or look at the top and see the bottom worse. With practice she became able to look at the smaller letters in the same way, and finally she became able to read the ten line at twenty feet. By the same method also she became able to read diamond type, first at twelve inches and then at three inches. By these simple measures alone she became able, in short, to see best where she was looking, and her cure was complete.

The highest degrees of eccentric fixation occur in the high degrees of myopia, and in these cases, since the sight is best at the near point, the patient is benefited by practicing seeing worse at this point. The distance can then be gradually extended until it becomes possible to do the same thing at twenty feet. One patient with a high degree of myopia said that the farther she looked away from an electric light the better she saw it, but by alternately looking at the light at the near point and looking away from it she became able, in a short time, to see it brighter when she looked directly at it than when she looked away from it. Later she became able to do the same thing at twenty feet, and then she experienced a wonderful feeling of relief. No words, she said, could adequately describe it. Every nerve seemed to be relaxed, and a feeling of comfort and rest permeated her whole body. Afterward her progress was rapid. She soon became able to look at one part of the smallest letters on the card and see the rest worse, and then she became able to read the letters at twenty feet.

On the principle that a burnt child dreads the fire, some patients are benefited by consciously making their sight worse. When they learn, by actual demonstration of the facts, just how their visual defects are produced, they unconsciously avoid the unconscious strain which causes them. When the degree of eccentric fixation is not too extreme to be increased, therefore, it is a benefit to patients to teach them how to increase it. **When a patient has consciously lowered his vision and produced discomfort and even pain by trying to see the big C, or a whole line of letters, equally well at one time, he becomes better able to correct the unconscious effort of the eye to see all parts of a smaller area equally well at one time.** **(experience strain=learn to avoid it.)**

**In learning to see best where he is looking it is usually best for the patient to think of the point not directly regarded as being seen less distinctly than the point he is looking at, instead of thinking of the point fixed as being seen best, as the latter practice has a tendency, in most cases, to intensify the strain under which the eye is already laboring.** One part of an object is seen best only when the mind is content to see the greater part of it indistinctly, and as the degree of relaxation increases the area of the part seen worse increases until that seen best becomes merely a point. **(Exact center of visual field, fovea centralis, clearer than 20/20)**

The limits of vision depend upon the degree of central fixation. A person may be able to read a sign half a mile away when he sees the letters all alike, but when taught to see one letter best he will be able to read smaller letters that he didn't know were there. The

**remarkable vision of savages, who can see with the naked eye objects for which most civilized persons require a telescope, is a matter of central fixation.** Some people can see the rings of Saturn, or the moons of Jupiter, with the naked eye. It is not because of any superiority in the structure of their eyes, but because they have attained a higher degree of central fixation than most civilized persons do.

Not only do all errors of refraction and all functional disturbances of the eye disappear when it sees by central fixation, but many organic conditions are relieved or cured. I am unable to set any limits to its possibilities. I would not have ventured to predict that glaucoma, incipient cataract and syphilitic iritis could be cured by central fixation; but it is a fact that these conditions have disappeared when central fixation was attained. Relief was often obtained in a few minutes, and sometimes this relief was permanent. Usually, however, a permanent cure required more prolonged treatment. Inflammatory conditions of all kinds, including inflammation of the cornea, iris, conjunctiva, the various coats of the eyeball and even the optic nerve itself, have been benefited by central fixation after other methods had failed. Infections, as well as diseases caused by protein poisoning and the poisons of typhoid fever, influenza, syphilis and gonorrhoea, have also been benefited by it. Even with a foreign body in the eye there is no redness and no pain so long as central fixation is retained.

Since central fixation is impossible without mental control, central fixation of the eye means central fixation of the mind. It means, therefore, health in all parts of the body, for all the operations of the physical mechanism depend upon the mind. Not only the sight, but all the other senses - touch, taste, hearing and smell - are benefited by central fixation. All the vital processes - digestion, assimilation, elimination, etc. - are improved by it. The symptoms of functional and organic diseases are relieved. The efficiency of the mind is enormously increased. The benefits of central fixation already observed are, in short, so great that the subject merits further investigation.

#### Central fixation example:

Look at the top part of the letter C. Place it in the center of the visual field. Shift on it to avoid staring. While looking at that part, in the center of the visual field; that part is clearest. Other parts of the C away from the part the eyes are looking directly at are in the peripheral field are seen worse, less clear. When the eyes move, shift to a new part, example; a part on the bottom of the C; this part is now in the center of the visual field, is clearest and the top of the C and other parts are in the peripheral field, away from the central field and are seen less clear.

Shift from part to part on the C and see one small part at a time clearest in the center of the visual field – Central Fixation.

Practice on large, then smaller letters, any objects, then on small objects, a fine print letter.

When the eyes can shift: small point to small point on a small object, small part of a object, fine print letter and use central fixation, vision is very clear.

Central fixation must be combined with shifting; shifting from point to point.

**Central fixation does not mean to fix the eyes immobile on a point.**



**Look at/see clearest - one part (dot) of the C at a time, in the center of the visual field. The part (dot) in the peripheral field is less clear.**

Eccentric fixation is – Diffusion – trying to see two or more objects or more than one part of a object at the same time, objects in the central and peripheral field equally clear at the same time. Not shifting from part to part, object to object. To space the visual attention out to cover the entire field without moving the eyes. Using the peripheral area of the retina and field of vision to see with, placing the object of visual attention in the peripheral field.

## A TEACHER'S EXPERIENCES

A teacher forty years of age was first treated on March 28, 1919. She was wearing the following glasses: O. D. convex 0.75 D. S. with convex 4.00 D. C., 105 deg.; O. S. convex 0.75 D. S. with convex 3.50 D. C., 105 deg. On June 9, 1919, she wrote:

I will tell you about my eyes, but first let me tell you other things. You were the first to unfold your theories to me, and I found them good immediately - that is, I was favorably impressed from the start. I did not take up the cure because other people recommended it, but because I was convinced: first, that you believed in your discovery yourself; second, that your theory of the cause of eye trouble was true. I don't know how I knew these two things, but I did. After a little conversation with you, you and your discovery both seemed to me to bear the earmarks of the genuine article. As to the success of the method with myself I had a little doubt. You might cure others, but you might not be able to cure me, However, I took the plunge, and it has made a great change in me and my life.

To begin with, I enjoy my sight. I love to look at things, to examine them in a leisurely, thorough way, much as a child examines things. I never realized it at the time, but it was irksome for me to look at things when I was wearing glasses, and I did as little of it as possible. The other day, going down on the Sandy Hook boat, I enjoyed a most wonderful sky without that hateful barrier, of misted glasses, and I am positive I distinguished delicate shades of color that I never would have been able to see, even with clear glasses. Things seem to me now to have more form, more reality than when I wore glasses. Looking into the mirror you see a solid representation on a flat surface, and the flat glass can't show you anything really solid. My eye-glasses, of course, never gave me this impression, but one curiously like it. I can see so clearly without them that it is like looking around corners without changing the position. I feel that I can almost do it.

I very seldom have occasion to **palm**.<sup>9</sup> Once in a great while I feel the necessity of it. The same with **remembering a period**.<sup>10</sup> Nothing else is ever necessary. I seldom think of my eyes, but at times it is borne in upon me how much I do use and enjoy using them.

My nerves are much better. I am more equable, have more poise, am less shy. I never used to show that I was shy, or lacked confidence. I used to go ahead and do what was required, if not without hesitation, but it was hard. Now I find it easy. Glasses, or poor sight rather, made me self-conscious. It certainly is a great defect and one people are sensitive to without realizing it. I mean the poor sight and the necessity for wearing glasses. I put on a pair of glasses the other day just for an experiment, and I found that they magnified things. My skin looked as if under a magnifying glass. Things seemed too near. The articles on my chiffonier looked so close I felt like pushing them away from me. The glasses I especially wanted to push away. They brought irritation at once. I took them off and felt peaceful. Things looked normal.



I see better in the street than I ever did with glasses. I can see what people look like across the street, can distinguish their features, etc., a thing I could not do with glasses, or before I wore them. I can see better across the river and further into people's houses across the street. Not that I indulge, but I noticed an increase of power while looking out of the window in school.

Speaking of school, I corrected an immense pile of examination papers the other day, five hours at a stretch, with an occasional look off the paper and an occasional turn about the room. I felt absolutely no discomfort after it. Two weeks previous to this feat I handled two hundred designs over and over again, looking at each one dozens and dozens of times to note changes and improvement in line and color. Occasionally, while this work was going on. I had to palm in the mornings on rising.

I use my eyes with as much success writing, though once in a while after a lot of steady writing they are a little bit tired. I can read at night without having to get close to a light. I mention this because last summer I had to sit immediately under the light, or I could not see.

From the beginning of the treatment I could use my eyes pretty well, but they used to tire. I remember making a large Liberty Loan poster two weeks after I took off my glasses, and I was amazed to find I could make the whole layout almost perfectly without a ruler, just as well as with my glasses. When I came to true it up with the ruler I found only the last row of letters a bit out of line at the very end. I couldn't have done better with glasses. However this wasn't fine work. About the same time I sewed a hem at night in a black dress, using a fine needle. I suffered a little for this, but not much. I used to practice my exercises at that time and palm faithfully. Now I don't have to practice, or palm; I feel no discomfort, and I am absolutely unsparing in my use of my eyes. I do everything I want to with them. I shirk nothing, pass up no opportunity of using them. From the first I did all my school work, read every notice, wrote all that was necessary, neglected nothing. Everything I was called upon to do I attempted. For instance, I had to read President Wilson's "Fourteen Points" in the assembly room without notice in a poor light-unusual wording, too,-and I read it unhesitatingly. I have yet to fail to make good.

Now to sum up the school end of it, I used to get headaches at the end of the month from adding columns of figures necessary to reports, etc. Now I do not get them. I used to get flustered when people came into my room. Now I do not; I welcome them. It is a peasant change to feel this way. And-I suppose this is most important really, though I think of it last-I teach better. I know how to get at the mind and how to make the children see things in perspective. I gave a lesson on the horizontal cylinder recently, which, you know, is not a thrillingly interesting subject, and it was a remarkable lesson in its results and in the grip it got on every girl in the room, stupid and bright. What you have taught me makes me use the memory and imagination more, especially the latter, in teaching.

Now, to sum up the effect of being cured upon my own mind. I am more direct, more definite, less diffused, less vague. In short, I am conscious of being better centered. It is central fixation of the mind. I saw this in your latest paper, but I realized it long ago and knew what to call it.

### ARMY OFFICER CURES HIMSELF

An engineer, fifty-one years of age, had worn glasses since 1896, first for astigmatism, getting stronger ones every couple of years, and then for astigmatism and presbyopia. At one time he asked his oculist and several opticians if the eyes could not be strengthened by exercises, so as to make glasses unnecessary, but they said: "No. Once started on glasses you must keep to them." When the war broke out he was very nearly disqualified for service in the Expeditionary Forces by his eyes, but managed to pass the required tests, after which he was ordered abroad as an officer in the Gas Service. While there he saw in the Literary Digest of May 2, 1918, a reference to my method of curing defective eyesight without glasses, and on May 11 he wrote to me in part as follows:

At the front I found glasses a horrible nuisance, and they could not be worn with gas masks. After I had been about six months abroad I asked an officer of the Medical Corps about going without glasses. He said I was right in my ideas and told me to try it. The first week was awful, but I persisted and only wore glasses for reading and writing. I stopped smoking at the same time to make it easier on my nerves.

I brought to France two pairs of bow spectacles and two extra lenses for repairs. I have just removed the extra piece for near vision from these extra lenses and had them mounted as pince-nez, with shur-on mounts, to use for reading and writing, so that the only glasses I now use are for astigmatism, the age lens being off. Three months ago I could not read ordinary head-line type in newspapers without glasses. Today, with a good light, I can read ordinary book type (18 point), held at a distance of eighteen inches from my eyes. Since the first week in February, when I discarded my glasses, I have had no headaches, stomach trouble, or dizziness, and am in good health generally. My eyes are coming back, and I believe it is due to sticking it out. I ride considerably in automobiles and trams, and somehow the idea has crept into my mind that after every trip my eyes are stronger. This, I think, is due to the rapid changing of focus in viewing scenery going by so fast.

Other men have tried this plan on my advice, but gave it up after two or three days. Yet, from what they say, I believe they were not so uncomfortable as I was for a week or ten days.

I believe most people wear glasses because they "coddle" their eyes.

### July, 1919 footnotes

1 - Harvard: Manual of Military Hygiene for the Military services of United States, third revised edition 1917, p. 195.

2 - Report of the Provost Marshal General to the Secretary of War on the First Draft under the Selective Service Act, 1917.

3 - Standards of Physical Examination for the Use of Local Boards, District Boards and Medical Advisory Boards under the Selective Service Act, Form 75, issued through office of the Provost Marshal General.

4 - Second Report of the Provost Marshal General to the Secretary of War on the Operations of the Selective Service System to December 20, 1918.

5 - Everyman's Library, 1908, pp. 166 and 167.

6 - Bates: The Cure of Defective Eyesight by Treatment Without Glasses. N. Y. Med. Jour., May 8, 1915. A Study of Images Reflected from the Cornea, Iris, Lens and Sclera. N. Y. Med. Jour., May 18, 1918.

7 - Bates: The Imperfect Sight of the Normal Eye. N. Y. Med. Jour., Sept 8, 1917.

8 - Bates: The Cause of Myopia. N. Y. Med. Jour., March 16, 1912.

9 - By palming is meant the covering of the closed eyes with the palms of the hands in such a way as to exclude all the light, while remembering some color, usually black.

10 - Bates: *Memory as an Aid to Vision*. N. Y. Med. Jour., May 24, 1919.

SCHOOL NUMBER  
**BETTER EYESIGHT**

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

August, 1919

**How to Use the Snellen Test Card**  
 FOR THE  
**Prevention and Cure of Imperfect Sight in Children**

The Snellen Test Card is placed permanently upon the wall of the classroom, and every day the children silently read the smallest letters they can see from their seats with each eye separately, the other being covered with the palm of the hand in such a way as to avoid pressure on the eyeball. This takes no appreciable amount of time, and is sufficient to improve the sight of all children in one week and to cure all errors of refraction after some months, a year, or longer.

Children with markedly defective vision should be encouraged to read the card more frequently.

Records may be kept as follows:

John Smith, 10, Sept. 15, 1918.  
 R. V. (vision of the right eye) 20/40.  
 L. V. (vision of the left, eye) 20/20.

John Smith, 11, Jan. 1, 1919.  
 R. V. 20/30.  
 L. V. 20/15.

**20/20**

**The numerator (top number) of the fraction indicates the distance of the test card from the pupil;**  
**The denominator (bottom number) denotes the line read, as designated by the figures printed above the middle of each line of the Snellen Test Card.**

A certain amount of supervision is absolutely necessary. At least once a year some one who understands the method should visit each classroom for the purpose of answering questions, encouraging the teachers to continue the use of the method, and making a report to the proper authorities.

It is not necessary that either the inspector, the teachers, or the children, should understand anything about the physiology of the eye.

**SNELLEN TEST CARDS**

There should be a Snellen test card in every family and in every school classroom. When properly used it always improves the sight even when it is already normal. Children or adults with errors of refraction, if they have never worn glasses, are cured simply by reading every day the smallest letters they can see at a distance of ten, fifteen, or twenty feet.

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200 ft.  
C

100 ft.  
R B

70 ft.  
T F P

50 ft.  
5 C G O

40 ft.  
4 K B E R

30 ft.  
3 V Y F P T

20 ft.  
2 Q C O G D □ C

15 ft.  
R Z 3 B 8 S H K F O

10 ft.  
F T Y V P E C □ O B R K 5 6

200 ft.  
C

100 ft.  
R B

70 ft.  
T F P

50 ft.  
5 C G O

40 ft.  
4 K B E R

30 ft.  
3 V Y F P T

20 ft.  
2 Q C O G D □ C

15 ft.  
R Z 3 B 8 S H K F O

10 ft.  
F T Y V P E C □ O B R K 5 6



Fig. 8. The Usual Method of Using the Retinoscope  
The observer is so near the subject that the latter is made nervous, and this changes the refraction.

Glasses are often prescribed unnecessarily or 'too strong' (over-corrected) due to temporary nervousness, pressure to hurry, limited eye, head, neck, body movement, looking into test equipment during an eye exam. Eye doctors also prefer to prescribe an 'extra strength' to the eyeglass lenses. All eyeglasses, especially strong eyeglass lenses cause fast, increased vision/eye impairment and prescriptions for stronger and stronger lenses.



Fig. 43

Patient with atrophy of the optic nerve gets flashes of improved vision after palming.



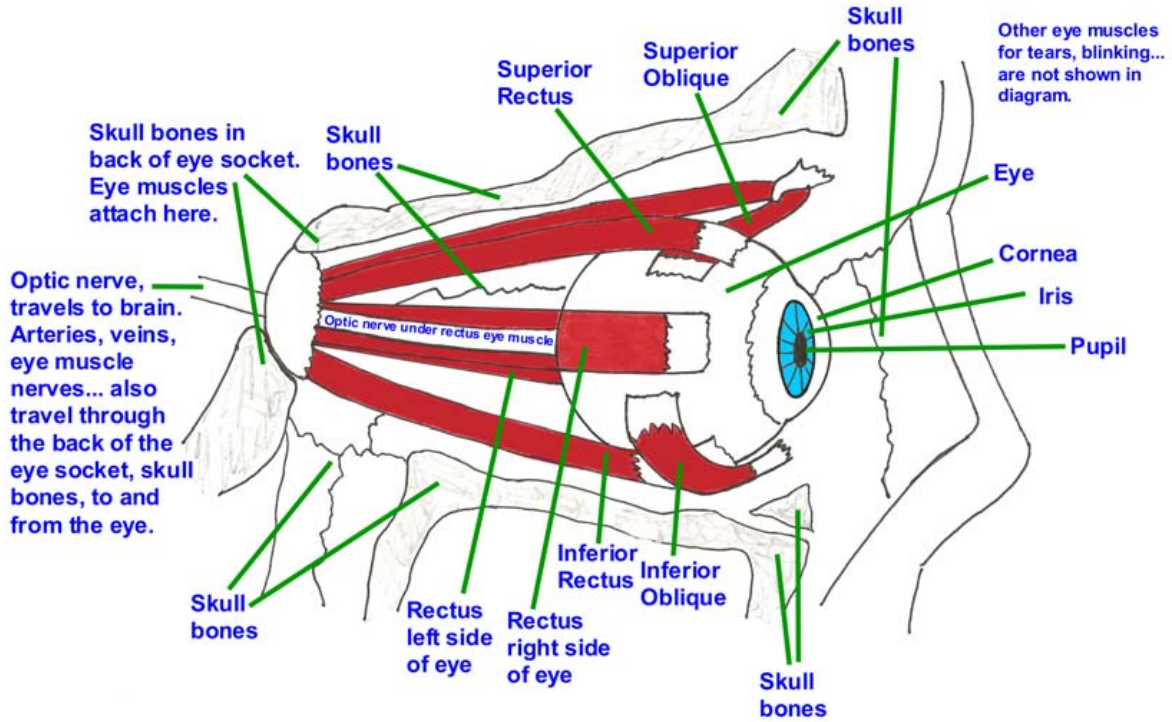
Fig. 39. A Family Group Strikingly Illustrating the Effect of the Mind Upon the Vision

No. 1.—Girl of four with normal eyes. No. 2.—The child's mother with myopia. No. 3.—The same girl at nine with myopia. Note that her expression has completely changed, and is now exactly like her mother's. Nos. 4, 5 and 6.—The girl's brother at two, six and eight. His eyes are normal in all three pictures. The girl has either inherited her mother's disposition to take things hard, or has been injuriously effected by her personality of strain. The boy has escaped both influences. In view of the prevailing theories about the relation of heredity to myopia, this picture is particularly interesting.

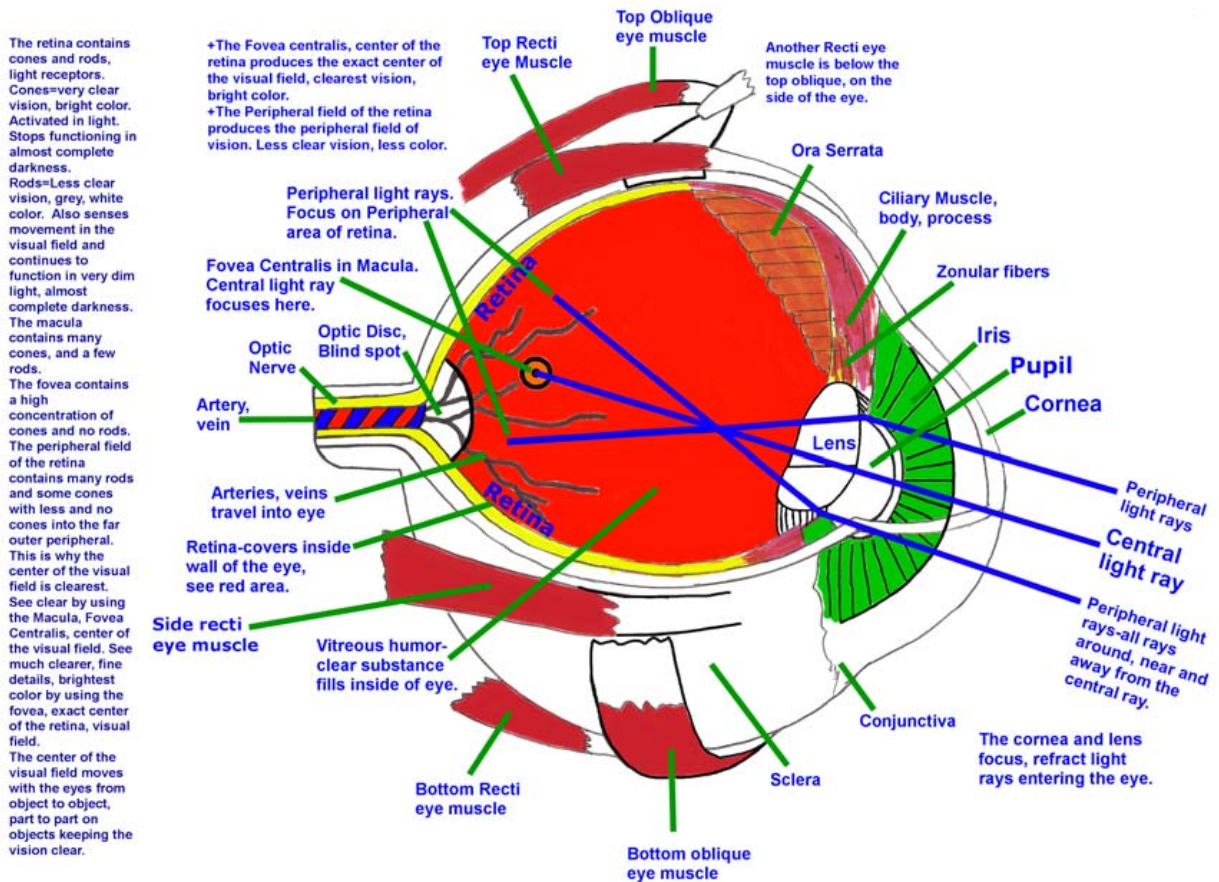
These old pictures are from Dr. Bates original book 'The Cure of Imperfect Sight by Treatment Without Glasses'. More pictures in that book and Medical Articles. Books are included free in E-Book form with this book. Contact [www.cleareyesight.info](http://www.cleareyesight.info) [mclearsight@aol.com](mailto:mclearsight@aol.com)



## Eye socket, bones, eye, eye muscles, optic nerve.



Notice that the eye socket is composed of bone segments, aligned, grown together. These are part of the skull bones. Eye muscles attach to the skull bones in the back of the eye socket. Misalignment of the eye socket or skull bones due to accidents, birth trauma, forcep, suction delivery... can mis-align the bones, place pressure, tension on/in the eye, optic nerve, eye muscles resulting in crossed, wandering eyes, imperfect convergence, divergence, accommodation, un-accommodation, unclear vision, astigmatism and other abnormal eye conditions. Special chiropractors (Cranial, Cranio Sacral Therapy, Osteopathy) can re-align the bones of the skull if needed. Often, use of the Bates method alone can correct eye function and clarity of the vision.



# Dr. Hermann Von Helmholtz

## Inventor of the Ophthalmoscope



### Hermann Von Helmholtz (1821–1894) A German Physician, Physicist

Dr. Helmholtz studied and contributed to developments in mechanics, physics, science, mathematics, energy conservation, electrodynamics, fluid dynamics, thermodynamics, chemical thermodynamics, chemistry, electricity, magnetism, meteorology, philosophy, fine arts, physiology of the eye and the ear, hearing, acoustics, motion perception, physiological optics, mathematics of the eye, theories of vision, visual perception of space, color vision, color blindness, dioptrics (study of the refraction of light, especially by lenses) of the eye and many other areas of science. He studied electrodynamics by Michael Faraday and James Clerk Maxwell, began the revolution in wireless communication, wrote the 'Handbook of Physiological Optics'.

He invented the Ophthalmoscope to examine/inspect the interior of the eye/retinal blood vessels, detect high blood pressure and arterial disease... He also invented the Ophthalmometer to measure the eyes accommodation/the eye's curvature.

Dr. Helmholtz created the 'Theory of Accommodation' – which states that the human eyes lens changes shape due to the action of the Ciliary Muscle to produce accommodation in the eye for clear vision when looking at close distances.

For years the Optical Industry, Eye Doctors stated Helmholtz's Theory as an absolute fact and stated that due to this fact, unclear vision cannot be cured, that only glasses, surgery, drugs can correct unclear vision and other eye problems.

Dr. William H. Bates, Ophthalmologist, eye, ear... doctor proved that the outer eye muscles (Oblique, Recti) can change the shape of the eye, produce accommodation and affect the clarity of vision. Relaxed, normally functioning outer eye muscles produced clear vision. Bates stated the lens does not produce accommodation. Dr. Bates proved as fact that unclear vision and a variety of other eye problems can be corrected, cured by natural methods of relaxing the mind, body, eye muscles, returning mind, body, eye muscles, eyes to normal function without eyeglasses, surgery, drugs. The Bates Method.

Modern day Ophthalmologists state that: with new technology, they have proven that the lens does change shape and can produce accommodation.

Some Scientists, Ophthalmologists state that Helmholtz and Bates were correct, that the eye and lens change shape, work together (and the lens might also move) to produce accommodation.

The Bates Method relaxes, improves function, health of the entire visual system, eyes, mind, body and relaxes, improves function of all the eye muscles; outer (Oblique, Recti & other outer muscles), inner (ciliary/lens, iris...) and continues to produce clear vision for over 100 years. Even before Bates time, the Bates Method was used naturally by the human eye.

Third Monthly Meeting  
**BETTER EYESIGHT LEAGUE**  
 8:00 P. M., JUNE 15th  
 Room 504  
 300 MADISON AVENUE NEW YORK CITY

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### The Snellen Test Card

OWING to the many inquiries requesting information for the use of the Snellen Test Card, we have had little booklets printed explaining its value and how to use it in relation with Dr. Bates' method of treating imperfect sight. We shall be glad to send one of these on request. In addition to the Snellens, we have what we call the Various Cards. These were made especially for those who have memorized the Snellen, and think that their good sight is due to the fact that they know what letter is coming. This is proof positive of one of Dr. Bates' statements that familiar things are more readily seen.

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## A HOUSE BUILT ON SAND

That the results of the present method of treating defects of vision are far from satisfactory is something which no one would attempt to deny. It is well known that many patients wander from one specialist to another, seeking vainly for relief, while others give up in despair and either bear their visual ills as best they may without assistance, or else resort to Christian Science, mental science, osteopathy, physical culture, or some of the other healing cults to which the incompetence of orthodox medicine has given birth. The specialists themselves, having daily to handle each other's failures, are scarcely better satisfied. Privately they criticize each other with great asperity and freedom, and publicly they indulge in much speculation as to the underlying causes of this deplorable state of affairs.

At the recent meeting of the Ophthalmological Section of the American Medical Association, Dr. E. J. Gardiner, of Chicago, in a paper on *The Present Status of Refraction Work*,<sup>1</sup> finds that ignorance is responsible for the largest quota of failure to get satisfactory results from what he calls the "rich heritage" of ophthalmic science, but that a considerable percentage must be attributed to other causes. Among these causes he enumerates a too great dependence on measuring devices, the delegation of refraction work to assistants, and the tendency to eliminate cycloplegics, in deference to the prejudices of patients who have a natural objection to being incapacitated by "drops."

On the same occasion, Dr. Samuel Theobald, of Johns Hopkins University, noted a tendency to "minimize the importance of muscular anomalies" as an important cause of many failures to give relief to eye patients. Among cases that have come into his hands after glasses had been prescribed by other ophthalmologists he has often found that "though great pains had been taken to correct even minor faults of refraction, grave muscular errors had been entirely overlooked." From this fact and from the small number of latent muscular defects noted in the hospital reports which he has examined, the conclusion seems to him inevitable that such faults are in large measure ignored.

Dr. Walter Pyle, of Philadelphia, laid stress on "necessary but often neglected refinements in examination of ocular refraction." "Long practice, infinite care and attention to finer details," he said, "are imperative requisites, since a slight fault in the correction of a refractive error aggravates rather than relieves the accompanying asthenopic symptoms." This care, he says, must be exercised not only by the oculist but by the optician, and to the end that the latter may be inspired to do his part, he suggests that the oculist provide himself with the means for keeping tabs on him in the form of a mechanical lens measure, axis finder and centering machine.

Dr. Charles Emerson, of the Indiana University School of Medicine, suggested a closer co-operation between the ophthalmologist and the physician, as there were many patients who could not be helped by the ophthalmologist alone.

The fitting of glasses by opticians is usually condemned without qualification, but in the discussion which followed these papers, Dr. Dunbar Roy, of Atlanta, said that the optician, just because he does not use cycloplegics, frequently fits patients with comfortable glasses where the ophthalmologist has failed. When a patient needs glasses, said Dr. Roy, he needs them when his eyes are in their natural or normal condition and not when the muscle of accommodation is partially paralyzed. Even the heavy frames used in the adjustment of trial lenses were not forgotten in the search for possible causes of failure, Dr. Roy believing that the patient is often so annoyed by these contrivances that he does not know which is causing him the most discomfort, the frames or the glasses.

Nowhere in the whole discussion was there any suggestion that this great mass of acknowledged failure could possibly be due to any defect in fundamental principles. These are a "rich heritage," the usefulness of which is not to be questioned. If they do not



produce satisfactory results, it must be due to their faulty application, and it is taken for granted that there are a select few who understand and are willing to take the trouble to use them properly.

The simple fact, however, is that the fitting of glasses can never be satisfactory. The refraction of the eye is continually changing.<sup>2</sup> Myopia, hypermetropia and astigmatism come and go, diminish and increase, and the same adjustment of glasses cannot suit the affected eyes at all times. One may be able, in many cases, to make the patient comfortable, to improve his sight, or to relieve nervous symptoms; but there will always be a considerable number of persons who get little or no help from glasses, while practically everyone who wears them is more or less dissatisfied. The optician may succeed in making what is considered to be a satisfactory adjustment, and the most eminent ophthalmologist may fail. I personally know of one specialist, a man of international reputation, who fitted a patient sixty times with glasses without affording him the slightest relief.

And even when the glasses do what is expected of them they do very little. Considering the nature of the superstructure built on the foundation of Donders, and the excellent work being done by leading men, Dr. Gardiner thinks the present status of refraction work might be deemed eminently satisfactory if it were not for the great amount of bad and careless work being done; but I do not consider it satisfactory when all we can do for people with imperfect sight is to give them eye crutches that do not even check the progress of the trouble, when the only help we can offer to the millions of myopic and hypermetropic and astigmatic and squinting children in our schools is to put spectacles on them. If this is the best that ophthalmology can do after building for three-quarters of a century upon the foundation of Donders, is it not time that we began to examine that foundation of which Dr. Gardiner boasts that "not one stone has been removed"? Instead of seeking the cause of our failure to accomplish even the little we claim to be able to do in the ignorance and carelessness of the average practitioner, great as that ignorance and carelessness often are; in the neglect of cycloplegics and the refinements of lens adjustment: in the failure to detect latent muscular anomalies; in the absence of co-operation between specialist and general practitioner: would it not be wiser to examine the foundation of our superstructure and see whether it is of stone or of sand?

## THE PREVENTION OF MYOPIA

### Methods That Failed

The publication in 1867 by Professor Hermann Cohn of Breslau of a study of the eyes of ten thousand school children first called general attention to the fact that while myopia is seldom found in the pre-school age, the defect increases steadily both in percentage of cases and in degree during the educational period. Professor Cohn's investigations were repeated in all the advanced countries, and his observations, with some difference in percentages, were everywhere confirmed. The conditions were unanimously attributed to the excessive use of the eyes for near work, and as it was impossible to abandon the educational system, attempts were made to minimize the supposed evil effects of the reading, writing and other near work which it demanded. Careful and detailed rules were laid down by various authorities as to the size of type to be used in school books, the length of the lines, their distance apart, the distance at which the book should be held, the amount and arrangement of the light, the construction of the desks, the length of time the eyes might be used without a change of focus, etc. Face rests were even devised to hold the eyes at the prescribed distance from the desk and to prevent stooping, which was supposed to cause congestion of the eyeball and thus to encourage elongation. The Germans, with characteristic thoroughness, actually used these instruments of torture, Cohn never allowing his children to write without one, "even at the best possible desk."<sup>3</sup>

The results of these preventive measures were disappointing. Some observers reported a slight decrease in the percentage of myopia in schools in which the prescribed reforms had been made; but on the whole, as Risley has observed in his discussion of the subject in Norris and Oliver's *System of Diseases of the Eye*, "the injurious effects of the educational process were not noticeably arrested."

"It is a significant, though discouraging fact," he continues, "that the increase, as found by Cohn, both in the percentage and in the degree of myopia, had taken place in those schools where he had especially exerted himself to secure the introduction of hygienic forms, and the same is true of the observations of Just, who had examined the eyes of twelve hundred and twenty-nine of the pupils of the two High Schools of Zittau, in both of which the hygienic conditions were all that could be desired. He found, nevertheless, that the excellent arrangements had not in any degree lessened the percentage of increase in myopia. It became necessary, therefore, to look beyond faulty hygienic environments for the cause of the pathological states represented by Myopia."<sup>4</sup>

With the passage of time further evidence to the same effect has steadily accumulated. In an investigation in London, for instance, in which the schools were carefully selected to reveal any difference that might arise from the various influences, hygienic, social and racial, to which the children were subjected, the proportion of myopia in the best lighted and ventilated school of the group was actually found to be higher than in the one where these conditions were worst.<sup>5</sup> It has also been found that there is just as much myopia in schools where little near work is done as in those in which the demands upon the accommodative power of the eye are greater, while in any case it is only a minority of the children in any school who become myopic, although all may be exposed to practically the same eye conditions. Dr. Adolf Steiger, in his recent hook on *Spherical Refraction*, bears witness, after a comprehensive survey of the whole question, to the "absolutely negative results of school hygiene,"<sup>6</sup> and Dr. Sidler-Huguenin reports<sup>7</sup> that in the thousands of cases that have come under his care he has observed no appreciable benefit from any method of treatment at his command.

Facts of this sort have led to a modification of the myopia theory, but have produced no change in methods of myopia prevention. An hereditary tendency toward the development of the defect is now assumed by most authorities; but although no one has ever been able to offer even a plausible explanation for its supposed injuriousness, and though its restriction has been proven over and over again to be useless, near work is still generally held to be a contributing cause and ophthalmologists still go on in the same old way, trying to limit the use of the eyes at the near-point and encourage vision at the distance. It is incomprehensible that men calling themselves scientific, and having had at least a scientific training, can be so foolish. One might excuse a layman for such irrational conduct, but how men of scientific repute who are supposed to write authoritative textbooks can go on year after year copying each other's mistakes and ignoring all facts which are in conflict with them is a thing which reasonable people can hardly be expected to



understand.

In 1912,<sup>8</sup> and a good many times since, I published the observation that myopia is always lessened when the subject strains to see at the near point, and always produced in the normal eye when the subject strains to see at the distance. These observations are

of the greatest practical importance, for if they are correct, they prove our present methods of preventing myopia to be a monumental blunder. Yet no one, so far as I have heard, has taken the trouble to test their accuracy. I challenged the medical profession to produce a single exception to the statements I made in the 1912 publication, and that challenge has stood for seven years, although every member of the Ophthalmological Section of the American Medical Association must have had an opportunity to see it, and anyone who knows how to use a retinoscope could have made the necessary tests in a few minutes. If any did this, they failed to publish the results of their observations, and are, therefore, responsible for the effects of their silence. If they found that I was right and neglected to say so, they are responsible for the fact that the benefits that must ultimately result from this discovery have been delayed. If they found that I was wrong, they are responsible for any harm that may have resulted from their indifference.

## THE PREVENTION AND CURE OF MYOPIA AND OTHER ERRORS OF REFRACTION

### A Method That Succeeded

You cannot see anything with perfect sight unless you have seen it before. When the eye looks at an unfamiliar object it always strains more or less to see that object, and an error of refraction is always produced. When children look at unfamiliar writing, or figures, on the blackboard, distant maps, diagrams, or pictures, the retinoscope always shows that they are myopic, though their vision may be under other circumstances absolutely normal. The same thing happens when adults look at unfamiliar distant objects. When the eye regards a familiar object, however, the affect is quite otherwise. Not only can it be regarded without strain, but the strain of looking later at unfamiliar objects is lessened.

This fact furnishes us with a means of overcoming the mental strain to which children are subjected by the modern educational system. It is impossible to see anything perfectly when the mind is under a strain, and if children become able to relax when looking at familiar objects, they become able, sometimes in an incredibly brief space of time, to maintain their relaxation when looking at unfamiliar objects.

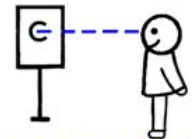
I discovered this fact while examining the eyes of 1,500 school children at Grand Forks, N. D., in 1903.<sup>9</sup> In many cases children who could not read all of the letters on the Snellen test card at the first test read them at the second or third test. After a class had been examined the children who had failed would sometimes ask for a second test, and then it often happened that they would read the whole card with perfect vision. So frequent were these occurrences that there was no escaping the conclusion that in some way the vision was improved by reading the Snellen test card. In one class I found a boy who at first appeared to be very myopic, but who, after a little encouragement, read all the letters on the test card. The teacher asked me about this boy's vision, because she had found him to be very "near-sighted." When I said that his vision was normal she was incredulous, and suggested that he might have learned the letters by heart, or been prompted by another pupil. He was unable to read the writing or figures on the blackboard, she said, or to see the maps, charts, and diagrams on the walls, and did not recognize people across the street. She asked me to test his sight again, which I did, very carefully, under her supervision, the sources of error which she had suggested being eliminated. Again the boy read all the letters on the card. Then the teacher tested his sight. She wrote some words and figures on the blackboard and asked him to read them. He did so correctly. Then she wrote additional words and figures, which he read equally well. Finally she asked him to tell the hour by the clock twenty-five feet distant, which he did correctly. It was a dramatic situation, both the teacher and the children being intensely interested. Three other cases in the class were similar, their vision, which had previously been very defective for distant objects, becoming normal in the few moments devoted to testing their eyes. It is not surprising that after such a demonstration the teacher asked to have a Snellen test card placed permanently in the room.

**The children were directed to read the smallest letters they could see from their seats at least once every day, with both eyes together and with each eye separately, the other being covered with the palm of the hand in such a way as to avoid pressure on the eyeball. (Use of eye patch is best so the hand does not need to be held up – holding hand up to eye causes the muscles in hand, arm, shoulder, neck, then eyes to become tense.)**

Those whose vision was defective were encouraged to read it more frequently, and in fact needed no encouragement to do so after they found that the practice helped them to see the blackboard, and stopped the headaches, or other discomfort, previously resulting from the use of their eyes.

In another class of forty children, between six and eight, thirty of the pupils gained normal vision while their eyes were being tested. The remainder were cured later under the supervision of the teacher by exercises in distant vision with the Snellen card. This teacher had noted every year for fifteen years that at the opening of the school in the fall all the children could see the writing on the blackboard from their seats, but before school closed the following spring all of them without exception complained that they could not see it at a distance of more than ten feet. After learning of the benefits to be derived from the daily practice of distant vision with familiar objects as the points of fixation, this teacher kept a Snellen test card continually in her classroom and directed the children to read it every day. The result was that for eight years no more of the children under her care acquired defective eyesight.

This teacher had attributed the invariable deterioration in the eyesight of her charges during the school year to the fact that her classroom was in the basement and the light poor. But teachers with well-lighted classrooms had the same experience, and after the Snellen test card was introduced into both the well-lighted and the poorly lighted rooms, and the children read it every day, the deterioration of their eyesight not only ceased, but the vision of all improved. Vision which had been below normal improved, in most cases, to normal, while children who already had normal sight, usually reckoned at 20/20, became able to read 20/15 or 20/10. And not only was myopia cured, but the vision for near objects was improved.



**Practice shifting on a familiar object - letters on a test card daily with; Both eyes together, one eye at a time, both eyes together again.**

At the request of the superintendent of the schools of Grand Forks, Mr. J. Nelson Kelly, the system was introduced into all the schools of the city and was used continuously for eight years, during which time it reduced myopia among the children, which I found at the beginning to be about six per cent, to less than one per cent.

In 1911 and 1912 the same system was introduced into some of the schools of New York City<sup>10</sup> with an attendance of about ten thousand children. Many of the teachers neglected to use the cards, being unable to believe that such a simple method, and one so entirely at variance with previous teaching on the subject, could accomplish the desired results. Others kept the cards in a closet except when they were needed for the daily eye drill, lest the children should memorize them. Thus they not only put an unnecessary burden upon themselves, but did what they could to defeat the purpose of the system, which is to give the children **daily exercise in distant vision with a familiar object as the point of fixation**. A considerable number, however, used the system intelligently and persistently, and in less than a year were able to present reports showing that of three thousand children with imperfect sight over one thousand had obtained normal vision by its means. Some of these children, as in the case of the children of Grand Forks, were cured in a few minutes. Many of the teachers were also cured, some of them very quickly. In some cases the results of the system were so astonishing as to be scarcely credible.

In a class of mental defectives, where the teacher had kept records of the eyesight of the children for several years, it had been invariably found that their vision grew steadily worse as the term advanced. As soon as the Snellen test card had been introduced, however, they began to improve. Then came a doctor from the Board of Health who tested the eyes of the children and put glasses on all of them, even those whose sight was fairly good. The use of the card was then discontinued, as the teacher did not consider it proper to interfere while the children were wearing glasses prescribed by a physician. Very soon, however, the children began to lose, break, or discard, their glasses. Some said that the spectacles gave them headaches, or that they felt better without them. In the course of a month or so most of the aids to vision which the Board of Health had supplied had disappeared. The teacher then felt herself at liberty to resume the use of the Snellen test card. Its benefits were immediate. The eyesight and the mentality of the children improved simultaneously, and soon they were all drafted into the regular classes, because it was found that they were making the same progress in their studies as the other children were.

Another teacher reported an equally interesting experience. She had a class of children who did not fit into the other grades. Many of them were backward in their studies. Some were persistent truants. All of them had defective eyesight. A Snellen test card was hung in the classroom where all the children could see it, and the teacher carried out my instructions literally. At the end of six months all but two had been cured and these had improved very much, while the worst incorrigible and the worst truant had become good students. The incorrigible, who had previously refused to study, because, he said, it gave him a headache to look at a book, or at the blackboard, found out that the test card, in some way, did him a lot of good; and although the teacher had asked him to read it but once a day, he read it whenever he felt uncomfortable. The result was that in a few weeks his vision had become normal and his objection to study had disappeared. The truant had been in the habit of remaining away from school two or three days every week, and neither his parents nor the truant officer had been able to do anything about it. To the great surprise of his teacher he never missed a day after having begun to read the Snellen test card. When she asked for an explanation he told her that what had driven him away from school was the pain that came in his eyes whenever he tried to study, or to read the writing on the blackboard. After reading the Snellen test card, he said, his eyes and head were rested and he was able to read without any discomfort.

To remove any doubts that might arise as to the cause of the improvement noted in the eyesight of the children comparative tests were made with and without cards. In one case six pupils with defective sight were examined daily for one week without the use of the test card. No improvement took place. The card was then restored to its place and the group was instructed to read it every day. At the end of a week all had improved and five were cured. In the case of another group of defectives the results were similar. During the week that the card was not used no improvement was noted, but after a week of exercises in distant vision with the card all showed marked improvement, and at the end of a month all were cured. In order that there might be no question as to the reliability of the records of the teachers some of the principals asked the Board of Health to send an inspector to test the vision of the pupils, and whenever this was done the records were found to be correct. **Dr. Bates has the children read the eyechart with both eyes together, then one eye at a time, then both eyes together again. He also has the children look close and distant, shifting on exact letters on two identical eyecharts placed at close and far distances. Also done with both eyes together, then one eye at a time, then both eyes together again. If vision needs more improvement in one eye, extra time is spent practicing with that eye to bring the vision equally clear, perfect in both left and right eyes.** Basic Behavioral Optometry.

One day I visited the city of Rochester, and while there I called on the Superintendent of Public Schools and told him about my method of preventing myopia. He was very much interested and invited me to introduce it in one of his schools. I did so, and at the end of three months a report was sent to me showing that the vision of all the children had improved, while quite a number of them had obtained perfect sight in both eyes.

The method has been used in a number of other cities and always with the same result. The vision of all the children improved, and many of them obtained perfect sight in the course of a few minutes, days, weeks or months.

It is difficult to prove a negative proposition, but since this system improved the vision of all the children who used it, it follows that none could have grown worse. It is therefore obvious that it must have prevented myopia. This cannot be said of any method of preventing myopia in schools which had previously been tried. All other methods are based on the idea that it is the excessive use of the eyes for near work that causes myopia, and all of them have admittedly failed.

It is also obvious that the method must have prevented other errors of refraction, a problem which previously had not even been seriously considered, because hypermetropia is supposed to be congenital, and astigmatism was until recently supposed also to be congenital in the great majority of cases. Anyone who knows how to use a retinoscope may, however, demonstrate in a few minutes that both of these conditions are acquired; for no matter how astigmatic or hypermetropic an eye may be, its vision always becomes normal when it looks at a blank surface without trying to see. It may also be demonstrated that when children are learning to read, write, draw, sew, or to do anything else that necessitates their looking at unfamiliar objects at the near-point, hypermetropia, or hypermetropic astigmatism, is always produced. The same is true of adults. These facts have not been reported before, so far as I am aware, and they strongly suggest that children need, first of all, eye education. They must be able to look at strange letters or objects at the near-point without strain before they can make much progress in their studies, and in every case in which the method has been tried it has proven that this end is attained by daily exercise in distant vision with the Snellen test card. When their distant

vision has been improved by this means children invariably become able to use their eyes without strain at the near-point.

The method succeeded best when the teacher did not wear glasses. In fact, the effect upon the children of a teacher who wears glasses is so detrimental that no such person should be allowed to be a teacher, and since errors of refraction are curable, such a ruling would work no hardship on anyone. Not only do children imitate the visual habits of a teacher who wears glasses, but the nervous strain of which the defective sight is an expression produces in them a similar condition. In classes of the same grade, with the same lighting, the sight of children whose teachers did not wear glasses has always been found to be better than the sight of children whose teachers did wear them. In one case I tested the sight of children whose teacher wore glasses and found it very imperfect. The teacher went out of the room on an errand, and after she had gone I tested them again. The results were very much better. When the teacher returned she asked about the sight of a particular boy, a very nervous child, and as I was proceeding to test him she stood before him and said, "Now, when the doctor tells you to read the card, do it." The boy couldn't see anything. Then she went behind him, and the effect was the same as if she had left the room. The boy read the whole card.

Still better results would be obtained if we could reorganize the educational system on a rational basis. Then we might expect a general return of that **primitive acuity of vision** which we marvel at so greatly when we read about it in the memoirs of travelers. But even under existing conditions it has been proven beyond the shadow of a doubt that errors of refraction are no necessary part of the price we must pay for education.

There are at least ten million children in the schools of the United States who have defective sight. This condition prevents them from taking full advantage of the educational opportunities which the State provides. It undermines their health and wastes the taxpayers' money. If allowed to continue, it will be an expense and a handicap to them throughout their lives. In many cases it will be a source of continual misery and suffering. And yet practically all of these cases could be cured and the development of new ones prevented by the daily reading of the Snellen test card.

Why should our children be compelled to suffer and wear glasses for want of this simple measure of relief? It costs practically nothing. In fact, it would not be necessary, in some cases, as in the schools of New York City, even to purchase the Snellen test cards, as they are already being used to test the eyes of the children. Not only does it place practically no additional burden upon the teachers, but, by improving the eyesight, health, disposition and mentality of their pupils, it greatly lightens their labors. No one would venture to suggest, further, that it could possibly do any harm. Why, then, should there be any delay about introducing it into the schools? If there is still thought to be need for further investigation and discussion, we can investigate and discuss just as well after the children get the cards as before, and by adopting that course we will not run the risk of needlessly condemning another generation to that curse which heretofore has always dogged the footsteps of civilization, namely, defective eyesight. I appeal to all who read these lines to use whatever influence they possess toward the attainment of this end.

Native American Indians had perfect eyesight and health before they were forced into the white mans culture, schools, religion diet. Modern Indians are now reclaiming their heritage. An American Indian would be a great U.S. President.

This book is free for Native American Indians to read, distribute, sell.



### THE STORY OF EMILY

**Children cured of defective eyesight by Dr. Bates, teach the Bates Method, cure defective sight; blur, astigmatism, cataract, crossed eyes in other children.**

The efficacy of the method of treating imperfect sight without glasses has been demonstrated in thousands of cases, not only in my own practice but in that of many persons of whom I may not even have heard; for almost all patients when they are cured proceed to cure others. At a social gathering one evening a lady told me that she had met a number of my patients; but when she mentioned their names, I found that I did not remember any of them, and said so.

"That is because you cured them by proxy," she said. "You didn't directly cure Mrs. Jones or Mrs. Brown, but you cured Mrs. Smith and Mrs. Smith cured the other ladies. You didn't treat Mr. and Mrs. Simpkins or Mr. Simpkins' mother and brother, but you may remember that you cured Mr. Simpkins' boy of a squint, and he cured the rest of the family."

**In schools where the Snellen test card was used to prevent and cure imperfect sight, the children, after they were cured themselves, often took to the practice of ophthalmology with the greatest enthusiasm and success, curing their fellow students, their parents and their friends.** They made a kind of game of the treatment, and the progress of each school case was watched with the most intense interest by all the children. On a bright day, when the patients saw well, there was great rejoicing, and on a dark day there was corresponding depression. One girl cured twenty-six children in six months; another cured twelve in three months; a third developed quite a varied ophthalmological practice and did things of which older and more

experienced practitioners might well have been proud. Going to the school which she attended one day, I asked this girl about her sight, which had been very imperfect. She replied that it was now very good, and that her headaches were quite gone. I tested her sight and found it normal. Then another child whose sight had also been very poor spoke up,

"I can see all right too," she said. "Emily"—indicating girl No. 1—"cured me."

"Indeed!" I replied. "How did she do that?"

The second girl explained that Emily had had her read the card, which she could not see at all from the back of the room, at a distance of a few feet. The next day she had moved it a little further way, and so on, until the patient was able to read it from the back of the room, just as the other children did. Emily now told her to cover the right eye and read the card with her left, and both girls were considerably upset to find that the **uncovered eye was apparently blind**. The school doctor was consulted and said that nothing could be done. The eye had been blind from birth and no treatment would do any good.

Nothing daunted, however, Emily undertook the treatment. She told the patient to cover her good eye and go up close to the card, and at a distance of a foot or less it was found that she could read even the small letters. The little practitioner then proceeded confidently as with the other eye, and after many months of practice the patient became the happy possessor of normal vision in both eyes. The case had, in fact, been simply one of high myopia, and the school doctor, not being a specialist, had not detected the difference between this condition and blindness.

In the same classroom, there had been a little girl with congenital **cataract**, but on the occasion of my visit the defect had disappeared. This, too, it appeared, was Emily's doing. The school doctor had said that there was no help for this eye except through operation, and as the sight of the other eye was pretty good, he fortunately did not think it necessary to urge such a course. Emily accordingly took the matter in hand. She had the patient stand close to the card, and at that distance it was found that she could not see even the big C. Emily now held the card between the patient and the light and moved it back and forth. At a distance of three or four feet this movement could be observed indistinctly by the patient. The card was then moved farther away, until the patient became able to see it move at ten feet and to see some of the larger letters indistinctly at a less distance. Finally, after six months, she became able to read the card with the bad eye as well as with the good one. After testing her sight and finding it normal in both eyes, I said to Emily

"You are a splendid doctor. You beat them all. Have you done anything else?"

The child blushed, and turning to another of her classmates, said:

"Mamie, come here."

Mamie stepped forward and I looked at her eyes. There appeared to be nothing wrong with them.

"I cured her," said Emily.

"What of?" I inquired.

"Cross eyes," replied Emily.

"How," I asked, with growing astonishment.

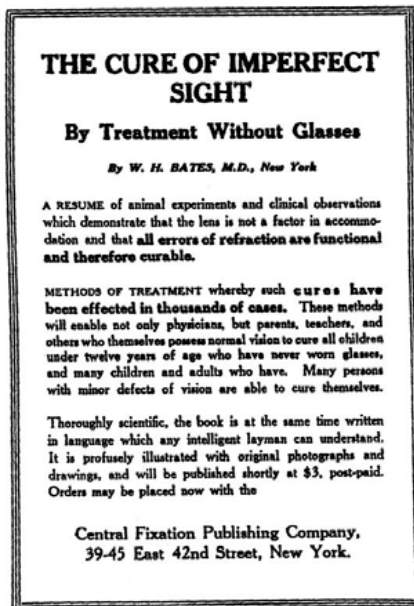
Emily described a procedure very similar to that adopted in the other cases. Finding that the sight of the **crossed eye** was very poor, so much so, indeed, that poor Mamie could see practically nothing with it, the obvious course of action seemed to her to be the restoration of its sight; and, never having read any medical literature she did not know that this was impossible. So she went to it. She had Mamie cover her good eye and practice with the bad one at home and at school, until at last the sight became normal and the eye straight. The school doctor had wanted to have the eye operated upon, I was told, but fortunately Mamie was "scared" and would not consent. And here she was with two perfectly good, straight eyes.

"Anything else?" I inquired, when Mamie's case had been disposed of. Emily blushed again, and said:

"Here's Rose. Her eyes used to hurt her all the time, and she couldn't see anything on the blackboard. Her headaches used to be so bad that she had to stay away from school every once in a while. The doctor gave her glasses; but they didn't help her, and she wouldn't wear them. When you told us the card would help our eyes I got busy with her. I had her read the card close up, and then I moved it farther away, and now she can see all right, and her head doesn't ache any more. She comes to school every day, and we all thank you very much."

This was a case of compound hypermetropic astigmatism. Such stories might be multiplied indefinitely. Emily's astonishing record cannot, it is true, be duplicated, but lesser cures by cured patients have been very numerous and serve to show that the benefits of the method of preventing and curing defects of vision in the schools which is presented in this number of *BETTER EYESIGHT* would be far-reaching. Not only errors of refraction would be cured, but many more serious defects; and not only the children would be helped, but their families and friends also.

August, 1919 -



- 1 - For reports of all the papers quoted, see Jour. Am. Med. Assoc. June 21, 1919.
- 2 - Bates: The Imperfect Sight of the Normal Eye, N. Y. Med. Jour., Sept. 8, 1917.
- 3 - The Hygiene of the Eye in Schools, English translation, edited by Turnbull, p. 127.
- 4 - System of Diseases of the Eye, 1897. Vol. II, p. 361.
- 5 - Brit. Med. Jour., June 18, 1898.

- 6 - Die Entstehung der sphärischen Refraktionen des menschlichen Auges, Berlin, 1913, p. 540.
- 7 - Archiv f. Augenhk., Vol. LXXIX, 1915, translated in Archives of Ophthalmology, Vol. XLV, No. 6, November 1916.
- 8 - Bates: The Cause of Myopia, N. Y. Med. Jour., March 16, 1912.
- 9 - Bates: The Prevention of Myopia in School Children, N. Y. Med. Jour., July 29, 1911.
- 10 - Bates: Myopia Prevention by Teachers, N. Y. Med. Jour., Aug. 30, 1913.



## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

September, 1919

### THE FLASHING CURE

Do you read imperfectly? Can you observe then that when you look at the first word, or the first letter, of a sentence you do not see best where you are looking; that you see other words, or other letters, just as well as or better than the ones you are looking at? Do you observe also that the harder you try to see the worse you see?

Now close your eyes and rest them, remembering some color, like black or white, that you can remember perfectly. Keep them closed until they feel rested, or until the feeling of strain has been completely relieved. Now open them and **look at the first word or letter of a sentence for a fraction of a second**. If you have been able to relax, partially or completely, you will have a **flash of improved or clear vision**, and the area seen best will be smaller.

After opening the eyes for this fraction of a second, close them again quickly, still remembering the color, and keep them closed until they again feel rested. Then again open them for a fraction of a second. Continue this alternate resting of the eyes and flashing of the letters for a time, and you may soon find that you can keep your eyes open longer than a fraction of a second without losing the improved vision.

If your trouble is with distant instead of near vision, use the same method with distant letters.

In this way you can demonstrate for yourself the fundamental principles of the cure of imperfect sight by treatment without glasses.

If you fail, ask someone with perfect sight to help you. **When looking at a letter: shift on it part to part. Blink. The letter remains clear. Shift dot to dot (part to part) on the E.**



Shift left and right,  
top and bottom  
and in any direction  
on the E.

### VISION AND EDUCATION

Poor sight is admitted to be one of the most fruitful causes of retardation in the schools. It is estimated<sup>1</sup> that it may reasonably be held responsible for a quarter of the habitually "left-backs," and it is commonly assumed that all this might be prevented by suitable glasses.

There is much more involved in defective vision, however, than mere inability to see the blackboard, or to use the eyes without pain or discomfort. Defective vision is the result of an abnormal condition of the mind, and when the mind is in an abnormal condition it is obvious that none of the processes of education can be conducted with advantage. By putting glasses upon a child we may, in some cases, neutralize the effect of this condition upon the eyes and by making the patient more comfortable may improve his mental faculties to some extent, but we do not alter fundamentally the condition of the mind and by confirming it in a bad habit we may make it worse.

**It can easily be demonstrated that among the faculties of the mind which are impaired when the vision is impaired is the memory;** and as a large part of the educational process consists of storing the mind with facts, and all the other mental processes depend upon one's knowledge of facts, it is easy to see how little is accomplished by merely putting glasses on a child that has "trouble with its eyes." The **extraordinary memory of primitive people** has been attributed to the fact that owing to the absence of any convenient means of making written records they had to depend upon their memories, which were strengthened accordingly; but in view of the known facts about the relation of memory to eyesight it is more reasonable to suppose that the retentive memory of primitive man was due to the same cause as his **keen vision**, namely, **a mind at rest**.

The primitive memory as well as primitive keenness of vision have been found among civilized people, and if the necessary tests had been made it would doubtless have been found that they always occur together, as they did in a case which recently came under my observation. The subject was a child of ten with such marvelous eyesight that

**she could see the moons of Jupiter with the naked eye**, a fact which was demonstrated by her drawing a diagram of these satellites which exactly corresponded to the diagrams made by persons who had used a telescope. **Her memory was equally remarkable**. She could recite the whole content of a book after reading it, as Lord Macaulay is said to have done, and she learned more Latin in a few days without a teacher than her sister who had six diopters of myopia had been able to do in several years. She remembered five years afterward what she ate at a restaurant, she recalled the name of the waiter, the number of the building and the street in which it stood. She also remembered what she wore on this occasion and what every one else in the party wore. The same was true of every other event which had awakened her interest in any way, and it was a favorite amusement in her family to ask her what the menu had been and what people had worn on particular occasions.

When the sight of two persons is different it has been found that their memories differ in exactly the same degree. Two sisters, one of whom had only ordinary good vision, indicated by the formula 20/20, while the other had 20/10, found that the time it took them to learn eight verses of a poem varied in almost exactly the same ratio as their sight. The one whose vision was 20/10 learned eight verses of the poem in fifteen minutes, while the one whose vision was only 20/20 required thirty-one minutes to do the same thing. After palming the one with ordinary vision learned eight more verses in twenty-one minutes, while the one with 20/10 was only able to reduce her time by two minutes, a variation clearly within the limits of error. In other words, the mind of the latter being already in a normal or nearly normal condition, she could not improve it appreciably by palming, while the former whose mind was under a strain was able to gain relaxation, and hence improve her memory, by this means.

**When the two eyes of the same person are different a corresponding difference in the memory has been noted according to whether both eyes were open, or the better eye closed.** A patient with normal vision in the right eye and half-normal vision in the left when looking at the Snellen test card with both eyes open could remember a period for twenty seconds continuously, but could remember it only ten seconds when the better eye was closed. A patient with half-normal vision in the right eye and one-quarter normal in the left could remember a period for twelve seconds with both eyes open and only six seconds with better eye closed. A third patient with normal sight in the right eye and vision of one-tenth in the left could remember a period twelve seconds with both eyes open and only two seconds when the better eye was closed. In other words if the right eye is better than the left the memory is better when the right eye is open than when only the left eye is open.

Under the present educational system there is a constant effort to compel the children to remember. These efforts always fail. They spoil both the memory and the sight. The memory cannot be forced any more than the vision can be forced. **We remember without effort,**



**just as we see without effort, and the harder we try to remember or see the less we are able to do so.**

**The sort of things we remember are the things that interest us, and the reason children have difficulty in learning their lessons is because they are bored by them. For the same reason, among others, their eyesight becomes impaired, boredom being a condition of mental strain in which it is impossible for the eye to function normally.**

Some of the various kinds of compulsion now employed in the educational process may have the effect of awakening interest. Betty Smith's interest in winning a prize, for instance, or in merely getting ahead of Johnny Jones, may have the effect of rousing her interest in lessons that have hitherto bored her, and this interest may develop into a genuine interest in the acquisition of knowledge; but this cannot be said of the various fear incentives still so largely employed by teachers. These, on the contrary, have the effect, usually, of completely paralyzing minds already benumbed by lack of interest, and the effect upon the vision is equally disastrous.

The fundamental reason, both for poor memory and poor eyesight in school children, in short, is our irrational and unnatural educational system. **Montessori has taught us that it is only when children are interested that they can learn. It is equally true that it is only when they are interested that they can see.** This fact was strikingly illustrated in the case of one of the two pairs of sisters mentioned above. Phebe, of the keen eyes, who could recite whole books if she happened to be interested in them, disliked mathematics and anatomy extremely, and not only could not learn them but became myopic when they were presented to her mind. She could read letters a quarter of an inch high at twenty feet in a poor light, but when asked to read figures one to two inches high in a good light at ten feet she miscalled half of them. When asked to tell how much 2 and 3 made, she said "4," before finally deciding on "5"; and all the time she was occupied with this disagreeable subject the retinoscope showed that she was myopic. When I asked her to look into my eye with the ophthalmoscope she could see nothing, although a much lower degree of visual acuity is required to note the details of the interior of the eye than to see the moons of Jupiter.

Short-sighted Isabel, on the contrary, had a passion for mathematics and anatomy, and excelled in those subjects. She learned to use the ophthalmoscope as easily as Phebe had learned Latin. Almost immediately she saw the optic nerve, and noted that the center was whiter than the periphery. She saw the light-colored lines, the arteries; and the darker ones, the veins; and she saw the light streaks on the blood-vessels. Some specialists never become able to do this, and no one could do it without normal vision. Isabel's vision, therefore, must have been temporarily normal when she did it. Her vision for figures, although not normal, was better than for letters.

In both these cases the ability to learn and the ability to see went hand in hand with interest. Phebe could read a photographic reduction of the Bible and recite what she had read verbatim, she could see the moons of Jupiter and draw a diagram of them afterwards, because she was interested in these things; but she could not see the interior of the eye, nor see figures even half as well as she saw letters, because these things bored her. When, however, it was suggested to her that it would be a good joke to surprise her teachers, who were always reproaching her for her backwardness in mathematics, by taking a high mark in a coming examination, her interest in the subject awakened and she contrived to learn enough to get seventy-eight per cent. In Isabel's case letters were antagonistic. She was not interested in most of the subjects with which they dealt and, therefore, she was backward in those subjects and had become habitually myopic. But when asked to look at objects which aroused an intense interest her vision became normal.

When one is not interested, in short, one's mind is not under control, and without mental control one can neither learn nor see. Not only the memory but all other mental faculties are improved when the eyesight becomes normal. It is a common experience with patients cured of defective sight to find that their ability to do their work has improved.

The teacher whose letter was quoted in the first issue of BETTER EYESIGHT testified that after gaining perfect eyesight she "knew better how to get at the minds of the pupils, was "more direct, more definite, less diffused, less vague," possessed, in fact, "central fixation of the mind." In another letter she said, "The better my eyesight becomes the greater is my ambition. On the days when my sight is best I have the greatest anxiety to do things."

Another teacher reports that one of her pupils used to sit doing nothing all day long and apparently was not interested in anything. After the test card was introduced into the classroom and his sight improved, he became anxious to learn, and speedily developed into one of the best students in the class. In other words his eyes and his mind became normal together.

A bookkeeper nearly **seventy years of age** who had **worn glasses for forty years** found after he had **gained perfect sight without glasses** that he could work more rapidly and accurately and with less fatigue than ever in his life before. During busy seasons, or when short of help, he has worked for some weeks at a time from 7 a. m. until 11 p. m., and he reports that he felt less tired at night after he was through than he did in the morning when he started. Previously, although he had done more work than any other man in the office, it always tired him very much. He also noticed an improvement in his temper. Having been so long in the office and knowing so much more about the business than his fellow employees, he was frequently appealed to for advice. These interruptions, before his sight became normal, were very annoying to him and often caused him to lose his temper. Afterward, however, they caused him no irritation whatever. In the case of another patient whose story is given elsewhere symptoms of insanity were relieved when the vision became normal.

From all these facts it will be seen that the problems of vision are far more intimately associated with the problems of education than we had supposed, and that they can by no means be solved by putting concave, or convex, or astigmatic lenses before the eyes of the children.

### THE DOCTOR'S STORY

One of the most striking cases of the relation of mind to vision that ever came to my attention was that of a physician whose mental troubles, at one time so serious that they suggested to him the idea that he might be going insane, were completely relieved when his sight became normal. He had been seen by many eye and nerve specialists before he came to me and consulted me at last, not because he had any faith in my methods, but because nothing else seemed to be left for him to do. He brought with him quite a collection of glasses prescribed by different men, no two of them being alike. He had worn glasses, he told me, for many months at a time without benefit and then he had left them off and had been apparently no worse. Outdoor life had also failed to help him. On the advice of some prominent neurologists he had even given up his practice for a couple of years to spend the time upon a ranch, but the vacation had done him no good.

I examined his eyes and found no organic defects and no error of refraction. Yet his vision with each eye was only three-fourths of the normal, and he suffered from **double vision and all sorts of unpleasant symptoms**. He used to see people standing on their heads, and little devils dancing on the tops of the high buildings. He also had other **illusions** too numerous to mention in a short paper. At night his sight was so bad that he had difficulty in finding his way about, and when walking along a country road he believed that he saw better when he turned his eyes far to one side and viewed the road with the side of the retina instead of with the center. At variable intervals, without warning and without loss of consciousness, **he had attacks of blindness**. These caused him great uneasiness, for he, was a

surgeon with a large and lucrative practice, and he feared that he might have an attack while operating.

His memory was very poor. He could not remember the color of the eyes of any member of his family, although he had seen them all daily for years. Neither could he recall the color of his house, the number of rooms on the different floors, or other details. The faces and names of patients and friends he recalled with difficulty, or not at all.

His treatment proved to be very difficult, chiefly because he had an infinite number of erroneous ideas about physiological optics in general and his own case in particular and insisted that all these should be discussed; while these discussions were going on he received no benefit. Every day for hours at a time over a long period he talked and argued. Never have I met a person whose logic was so wonderful, so apparently unanswerable, and yet so utterly wrong.

His eccentric fixation was of such high degree that when he looked at a point forty-five degrees to one side of the big C on the Snellen test card, he saw the letter just as black as when he looked directly at it. The strain to do this was terrific, and produced much astigmatism; but the patient was unconscious of it, and could not be convinced that there was anything abnormal in the symptom. If he saw the letter at all, he argued, he must see it as black as it really was, because he was not color-blind. Finally he became able to look away from one of the smaller letters on the card and see it worse than when he looked directly at it. It took eight or nine months to accomplish this, but when it had been done the patient said that it seemed as if a great burden had been lifted from his mind. He experienced a wonderful feeling of rest and relaxation throughout his whole body.

When asked to remember black with his eyes closed and covered he said he could not do so, and he saw every color but the black which one ought normally to see when the optic nerve is not subject to the stimulus of light. He had, however, been an enthusiastic football player at college, and he found at last that he could remember a black football. I asked him to imagine that this football had been thrown into the sea and that it was being carried outward by the tide, becoming constantly smaller but no less black. This he was able to do, and the strain floated with the football, until, by the time the latter had been reduced to the size of a period in a newspaper, it was entirely gone. The relief continued as long as he remembered the black spot, but as he could not remember it all the time, I suggested another method of gaining permanent relief. This was to make his sight voluntarily worse, a plan against which he protested with considerable emphasis.

"Good heavens!" he said, "Is not my sight bad enough without making it worse."

After a week of argument, however, he consented to try the method, and the result was extremely satisfactory. After he had learned to see two or more lights where there was only one, by straining to see a point above the light while still trying to see the light as well as when looking directly at it, he became able to avoid the unconscious strain that had produced his double and multiple vision and was not troubled by these superfluous images any more. In a similar manner other illusions were prevented.

One of the last illusions to disappear was his belief that an effort was required to remember black. His logic on this point was overwhelming, but after many demonstrations he was convinced that no effort was required to let go, and when he realized this, both his vision and his mental condition immediately improved.

He finally became able to read 20/10 or more, and although more than fifty-five years of age, he also read diamond type at from six to twenty-four inches. His night blindness was relieved, his attacks of day blindness ceased, and he told me the color of the eyes of his wife and children. One day he said to me:

"Doctor, I thank you for what you have done for my sight; but no words can express the gratitude I feel for what you have done for my mind."

Some years later he called with his heart full of gratitude, because there had been no relapse.

### LYING A CAUSE OF MYOPIA

I may claim to have discovered the fact that telling lies is bad for the eyes. Whatever bearing this circumstance may have upon the universality of defects of vision, it can easily be demonstrated that it is impossible to say what is not true, even with no intent to deceive, or even to imagine a falsehood, without producing an error of refraction.

If a patient can read all the small letters on the bottom line of the test card, and either deliberately or carelessly miscalls any of them, the retinoscope will indicate an error of refraction. In numerous cases patients have been asked to state their ages incorrectly, or to try to imagine that they were a year older, or a year younger, than they actually were, and in every case when they did this the retinoscope indicated an error of refraction. A patient twenty-five years old had no error of refraction when he looked at a blank wall without trying to see; but if he said he was twenty-six, or if someone else said he was twenty-six, or if he tried to imagine that he was twenty-six, he became myopic. The same thing happened when he stated or tried to imagine that he was twenty-four. When he stated or remembered the truth his vision was normal, but when he stated or imagined an error he had an error of refraction.

Two little girl patients arrived one after the other one day, and the first accused the second of having stopped at Huyler's for an ice-cream soda, which she had been instructed not to do, being somewhat too much addicted to sweets. The second denied the charge, and the first, who had used the retinoscope and knew what it did to people who told lies, said:

"Do take the retinoscope and find out."

"I followed the suggestion, and having thrown the light into the second child's eyes, I asked:

"Did you go to Huyler's?"

"Yes," was the response, and the retinoscope indicated no error of refraction.

"Did you have an ice-cream soda?"

"No," said the child; but the tell-tale shadow moved in a direction opposite to that of the mirror, showing that she had become myopic and was not telling the truth.

The child blushed when I told her this and acknowledged that the retinoscope was right, for she had heard of the ways of the uncanny instrument before and did not know what else it might do to her if she said anything more that was not true.

The fact is that it requires an effort to state what is not true, and this effort always results in a deviation from the normal in the refraction of the eye. So sensitive is the test that if the subject, whether his vision is ordinarily normal, or not, pronounces the initials of his name correctly while looking at a blank surface without trying to see, there will be no error of refraction; but if he miscalls one initial, even without any consciousness of effort, and with full knowledge that he is deceiving no one, myopia will be produced.



**Central Fixation-**  
Look directly at the dot on the left and see it clear. Look away from it and see it less clear in the peripheral field.

**Remember and shift on a small black period.**

## CURED IN FIFTEEN MINUTES

Patients often ask how long it takes to be cured. The answer is that it takes only as long as it takes to relax. If this can be done in five minutes, the patient is cured in five minutes, no matter how great the degree of his error of refraction, or how long its duration. All persons with errors of refraction are able to relax in a few seconds under certain conditions, but to gain permanent relaxation usually requires considerable time. Some persons, however, are able to get it very quickly. These quick cures are very rare, except in the case of children under twelve; but they do occur, and I believe the time is coming when it will be possible to cure everyone quickly. It is only a question of accumulating more facts and presenting them in such a way that the patient can grasp them quickly.

A very remarkable case of a quick cure was that of a man of fifty-five who had worn glasses for thirty years for distant vision and ten years for reading, and whose distant vision at the time he consulted me was 20/200.

When he looked at the Snellen test card the letters appeared grey to him instead of black. He was told that they were black, and the fact was demonstrated by bringing the card close to him. His attention was also called to the fact that the small letters were just as black as the large ones. He was then directed to close and cover his eyes with the palms of his hands, shutting out all the light. When he did this he saw a perfect black, indicating that he had secured perfect relaxation and that the optic nerve and visual centers of the brain were not disturbed. While his eyes were still closed he was asked:

"Do you think that you can remember with your eyes open the perfect black that you now see?"

"Yes," he answered, "I know I can,"

When he opened his eyes, however, his memory of the black was imperfect, and though able to read the large letters, he could not read the small ones. A second time he was told to close and cover his eyes, and again he saw a perfect black. When he opened them he was able to retain complete control of his memory, and so was able to read the whole card. This was ten minutes after he entered the office.

Diamond type was now given him to read, but the letters looked grey to him, and he could not distinguish them. Neither could he remember black when he was looking at them, because in order to see them grey he had to strain, and in order to remember black he would have had to relax, and he could not do both at the same time. He was told that the letters were perfectly black, and when he looked away from them he was able to remember them black. When he looked back he still remembered them black, and was able to read them with normal vision at twelve inches. This took five minutes, making the whole time in the office fifteen minutes. The cure was permanent, the patient not only retaining what he had gained, but continuing to improve his sight, by daily reading of fine print and the Snellen test card, till it became almost **telescopic**.

### September, 1919

1 -School Health News, published by the Department of Health of New York City, February, 1919.

## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

October, 1919

### THE SWINGING CURE

If you see a letter perfectly, you may note that it appears to pulsate, or move slightly in various directions. If your sight is imperfect, the letter will appear to be stationary. The apparent movement is caused by the unconscious shifting of the eye. The lack of movement is due to the fact that the eye stares, or looks too long at one point. This is an invariable symptom of imperfect sight, and may often be relieved by the following method:

Close your eyes and cover them with the palms of the hands so as to exclude all the light, and shift mentally from one side of a black letter to the other. As you do this, the mental picture of the letter will appear to move back and forth in a direction contrary to the imagined movement of the eye. Just so long as you imagine that the letter is moving, or swinging, you will find that you are able to remember it, and the **shorter and more regular the swing, the blacker and more distinct the letter will appear**. If you are able to imagine the letter stationary, which may be difficult, you will find that your memory of it will be much less perfect.

Now open your eyes and look first at one side and then at the other of the real letter. If it appears to move in a direction opposite to the movement of the eye, you will find that your vision has improved. If you can imagine the swing of the letter as well with your eyes open as with your eyes closed, as **short**, as **regular** and as **continuous**, your vision will be normal.

## SIMULTANEOUS RETINOSCOPY

Much of my information about the eye has been obtained by means of simultaneous retinoscopy. The retinoscope is an instrument used to measure the refraction of the eye. It throws a beam of light into the pupil by reflection from a mirror, the light being either outside the instrument—above and behind the subject—or arranged within it by means of an electric battery. On looking through the sight-hole one sees a larger or smaller part of the pupil filled with light, which in normal human eyes is a reddish yellow, because this is the color of the retina, but which is green in a cat's eye, and might be white if the retina were diseased. Unless the eye is exactly focused at the point from which it is being observed one sees also a dark shadow at the edge of

Remember, imagine black. Remember, imagine letters dark black and clear.



Shift left and right on a E. Shift dot to dot.



Shift on a letter E and remember, imagine it dark black and clear. See the swing; the letter moves when the eyes shift on it: the E appears to move a 'short swing' in the opposite direction the eyes shift to. Practice with the eyes open, then closed while palming, then open again. Repeat.



Shift left and right on the E and see it move in the opposite direction. Practice with the eyes open, then closed with the imagination, then open.



the pupil, and it is the behavior of this shadow when the mirror is moved in various directions which reveals the refractive condition of the eye. If the instrument is used at a distance of six feet or more, and the shadow moves in a direction opposite to the movement of the mirror, the eye is myopic. If it moves in the same direction as the mirror, the eye is either hypermetropic or normal; but in the case of hypermetropia the movement is more pronounced than in that of normality, and an expert can usually tell the difference between the two states merely by the nature of the movement. In astigmatism the movement is different in different meridians. To determine the degree of the error, or to distinguish accurately between hypermetropia and normality, or between the different kinds of astigmatism, it is usually necessary to place a glass before the eye of the subject.

This exceedingly useful instrument has possibilities which have not been generally realized by the medical profession. It is commonly employed only under certain artificial conditions in a dark room; but it is possible to use it under all sorts of normal and abnormal conditions on the eyes both of human beings and of the lower animals. I have used it in the daytime and at night; when the subjects were comfortable and when they were excited; when they were trying to see and when they were not; when they were lying and when they were telling the truth. I have also used it, under varying conditions, on the eyes of many cats, dogs, rabbits, birds, turtles, reptiles and fish.

Most ophthalmologists depend upon the Snellen test card, supplemented by trial lenses, to determine whether the vision is normal or not, and to determine the degree of any abnormality that may exist. This is a slow, awkward and unreliable method of testing the vision, and absolutely unavailable for the study of the refraction of the lower animals and that of human beings under the conditions of life. The test card can be used only under certain favorable conditions, but the retinoscope can be used anywhere. It is a little easier to use it in a dim light than in a bright one, but it may be used in any light, even with the strong light of the sun shining directly into the eye. It is available whether the subject is at rest or in motion, asleep or awake, or even under ether or chloroform. It is also available when the observer is in motion. It has been used successfully when the eyelids were partly closed, shutting off part of the area of the pupil; when the pupil was dilated; also when it was contracted to a pin-point; when the subject was reading fine print at six inches, or at a greater distance; and when the eye was oscillating from side to side, from above downward, or in other directions.

It takes a considerable time, varying from minutes to hours, to measure the refraction with the Snellen test card and trial lenses. With the retinoscope, however, the refraction can be determined in a fraction of a second. With the Snellen test card and trial lenses it would be impossible to get any information about the refraction of a baseball player at the moment he swings for the ball, at the moment he strikes it, and at the moment after he strikes it. With the retinoscope, however, it is quite easy to determine whether his vision is normal, or whether he is myopic, hypermetropic, or astigmatic, when he does these things; and if any errors of refraction are noted, one can guess their degree pretty accurately by the rapidity of the movement of the shadow.

With the Snellen test card and trial lenses conclusions must be drawn from the patient's statements as to what he sees; but the patient often becomes so worried and confused during the examination that he does not know what he sees, or whether different glasses make his sight better, or worse; and, moreover, visual acuity is not reliable evidence of the state of the refraction. One patient with two diopters of myopia may see twice as much as another with the same error of refraction. The evidence of the test card is, in fact, entirely subjective; that of the retinoscope is entirely objective, depending in no way upon the statements of the patient.

By means of simultaneous retinoscopy it has been demonstrated that the refraction of the eye is never constant; that all persons with errors of refraction have, at frequent intervals during the day and night, moments of normal vision when their myopia, hypermetropia, or astigmatism, disappears completely; and that all persons, no matter how good their sight may ordinarily be, have moments of imperfect sight when they become myopic, hypermetropic, or astigmatic. It has also been demonstrated that when the eye makes an effort to see, an error of refraction is always produced, and that when it looks at objects without effort, all errors of refraction disappear, no matter how great their degree, or how long their duration. It has been further demonstrated that when the eye strains to see distant objects myopia is always produced in one or all meridians, and when it strains to see near objects hypermetropia is always produced in one or all meridians.

The examination of the eyes of persons while asleep, or under the influence of ether or chloroform, has shown that the eye is rarely at rest during sleep, or while the subject is unconscious from any cause. Persons whose sight was normal while awake were found to have myopia, hypermetropia and astigmatism when asleep, and if these errors were present when they were awake, they were increased during sleep. This explains why so many people are unable to see as well in the morning as at other times, and why people waken with headaches and pain in the eyes. Under ether or chloroform, errors of refraction are also produced or increased, and when people are sleepy they have invariably been found to have errors of refraction.

Under conditions of mental or physical discomfort, such as pain, cough, fever, discomfort from heat or cold, depression, anger, or anxiety, errors of refraction are always produced in the normal eye, or increased in the eye in which they already exist. In a dim light, in a fog, or in the rain, the retinoscope may indicate no error of refraction in eyes which ordinarily have normal sight; but a pilot on a ship on a rainy night usually has an error of refraction, because he is straining to see, and it is rare to find persons in positions of responsibility under unfavorable conditions with normal vision.

In order to obtain reliable results with the retinoscope it must be used at a distance of six feet or more from the subject. When used at a distance of three feet or less, as it commonly is, the subject becomes nervous and unconsciously strains, thus altering his refraction.

## FLOATING SPECKS

A very common phenomenon of imperfect sight is the one known to medical science as *muscae volitantes*, or *flying flies*. These floating specks are usually dark, or black; but sometimes appear like white bubbles, and in rare cases may assume all the colors of the rainbow. They move somewhat rapidly, usually in curving lines, before the eyes, and always appear to be just beyond the point of fixation. If one tries to look at them directly, they seem to move a little farther away. Hence their name of *flying flies*.

The literature of the subject is full of speculations as to the origin of these appearances. Some have attributed them to the presence of floating specks—dead cells or the debris of cells—in the vitreous humor, the transparent substance that fills four-fifths of the eyeball behind the crystalline lens. Similar specks on the surface of the cornea have also been held responsible for them. It has even been surmised that they might be caused by the passage of tears over the cornea. They are so common in myopia that they have been supposed to be one of the symptoms of this condition, although they occur also with other errors of refraction, as well as in eyes otherwise normal. They have been attributed to disturbances of the circulation, the digestion and the kidneys, and because so many insane people have them, have been thought to be an evidence of incipient insanity. The patent-medicine business has

thrived upon them, and it would be difficult to estimate the amount of mental torture they have caused, as the following cases illustrate.

A clergyman who was much annoyed by the continual appearance of floating specks before his eyes was told by his eye specialist that they were a symptom of kidney disease, and that in many cases of kidney trouble, disease of the retina might be an early symptom. So at regular intervals he went to the specialist to have his eyes examined, and when at length the latter died, he looked around immediately for some one else to make the periodical examination. His family physician directed him to me. I was by no means so well known as his previous ophthalmological adviser, but it happened that I had taught the family physician how to use the ophthalmoscope after others had failed to do so. He thought, therefore, that I must know a lot about the use of the instrument, and what the clergyman particularly wanted was some one capable of making a thorough examination of the interior of his eyes, and detecting at once any signs of kidney disease that might make their appearance. So he came to me, and at least four times a year for ten years he continued to come.

Each time I made a very careful examination of his eyes, taking as much time over it as possible, so that he would believe that it was careful; and each time he went away happy because I could find nothing wrong. Once when I was out of town he got a cinder in his eye and went to another oculist to get it out. When I came back late at night I found him sitting on my doorstep, on the chance that I might return. His story was a pitiable one. The strange doctor had examined his eyes with the ophthalmoscope, and had suggested the possibility of glaucoma, describing the disease as a very treacherous one which might cause him to go suddenly blind and would be agonizingly painful. He emphasized what the patient had previously been told about the danger of kidney disease, suggested that the liver and heart might also be involved, and advised him to have all of these organs carefully examined. I made another examination of his eyes in general and their tension in particular; I had him feel his eyeballs and compare them with my own, so that he might see for himself that they were not becoming hard as a stone; and finally I succeeded in reassuring him. I have no doubt, however, that he went at once to his family physician for an examination of his internal organs.

A man returning from Europe was looking at some white clouds one day when floating specks appeared before his eyes. He consulted the ship's doctor, who told him that the symptom was very serious, and might be the forerunner of blindness. It might also indicate incipient insanity, as well as other nervous or organic diseases. He advised him to consult his family physician and an eye specialist as soon as he landed, which he did. This was twenty-five years ago, but I shall never forget the terrible state of nervousness and terror into which the patient had worked himself by the time he came to me. It was even worse than that of the clergyman, who was always ready to admit that his fears were unreasonable. I examined his eyes very carefully, and found them absolutely normal. The vision was perfect both for the near-point and the distance. The color perception, the fields and the tension were normal; and under a strong magnifying glass I could find no opacities in the vitreous. In short, there were absolutely no symptoms of any disease. I told the patient there was nothing wrong with his eyes, and I also showed him an advertisement of a quack medicine in a newspaper which gave a great deal of space to describing the dreadful things likely to follow the appearance of floating specks before the eyes, unless you began betimes (in good time, early) to take the medicine in question at one dollar a bottle. I pointed out that the advertisement, which was appearing in all the big newspapers of the city every day, and probably in other cities, must have cost a lot of money, and must, therefore, be bringing in a lot of money. Evidently there must be a great many people suffering from this symptom, and if it were as serious as was generally believed, there would be a great many more blind and insane people in the community than there were. The patient went away somewhat comforted, but at eleven o'clock—his first visit had been at nine—he was back again. He still saw the floating specks, and was still worried about them. I examined his eyes again as carefully as before, and again was able to assure him that there was nothing wrong with them. In the afternoon I was not in my office, but I was told that he was there at three and at five. At seven he came again, bringing with him his family physician, an old friend of mine. I said to the latter:

"Please make this patient stay at home. I have to charge him for his visits, because he is taking up so much of my time; but it is a shame to take his money when there is nothing wrong with him."

What my friend said to him I don't know, but he did not come back again.

I did not know as much about **muscae volitantes** then as I know now, or I might have saved both of these patients a great deal of uneasiness. I could tell them that their eyes were normal, but I did not know how to relieve them of the symptom, which is simply **an illusion resulting from mental strain**. The specks are associated to a considerable extent with markedly **imperfect eyesight**, because persons whose eyesight is imperfect always strain to see; but persons whose eyesight is ordinarily normal may see them at times, because no eye has normal sight all the time. Most people can see muscae volitantes when they look at the sun, or any uniformly bright surface, like a sheet of white paper upon which the sun is shining. This is because most people strain when they look at surfaces of this kind. The specks are never seen, in short, except when the eyes and mind are under a strain, and they always disappear when the strain is relieved. **If one can remember a small letter on the Snellen test card by central fixation, the specks will immediately disappear, or cease to move; but if one tries to remember two or more letters equally well at one time, they will reappear and move.**

Usually the strain that causes muscae volitantes is very easily relieved. [See; April, 1925](#)  
[Floating specks may be debris in the eyeball. A cleansing diet, improved circulation of blood, fluid to/in the eye can break down floaters and enable them to flow out of the eye. Eyestrain, mental strain, staring, poor diet, sugar, can cause floaters. Shifting, central fixation, relaxation can stop the appearance of floaters.](#)

## CORRESPONDENCE TREATMENT

Correspondence treatment is usually regarded as quackery, and it would be manifestly impossible to treat many diseases in this way. Pneumonia and typhoid, for instance, could not possibly be treated by correspondence, even if the physician had a sure cure for these conditions and the mails were not too slow for the purpose. In the case of most diseases, in fact, there are serious objections to correspondence treatment.

But myopia, hypermetropia and astigmatism are functional conditions, not organic, as the text-books teach, and as I believed myself until I learned better. Their treatment by correspondence, therefore, has not the drawbacks that exist in the case of most physical derangements. One cannot, it is true, fit glasses by correspondence as well as when the patient is in the office, but even this can be done, as the following case illustrates.

An old colored woman in the wilds of Honduras, far removed from any physician or optician, was unable to read her Bible, and her son, a waiter in New York, asked me if I could not do something for her. The suggestion gave me a distinct shock which I will remember as long as I live. I had never dreamed of the possibility of prescribing glasses for anyone I had not seen, and I had, besides, some very disquieting recollections of colored women whom I had tried to fit with glasses at my clinic. If I had so much difficulty in prescribing the proper glasses under favorable conditions, how could I be expected to fit a patient whom I could not even see? The waiter was deferentially persistent, however. He had more faith in my genius than I had, and as his mother was nearing the end of her life, he was very anxious to gratify her last wishes. So, like the unjust judge of the parable, I yielded at last to his importunity, and wrote a prescription for convex 3.00 D. S. The young man ordered the glasses and mailed them to his mother, and by return mail came a very grateful letter stating that they were perfectly satisfactory.

A little later the patient wrote that she couldn't see objects at the distance that were perfectly plain to other people, and asked if some glasses couldn't be sent that would make her see at the distance as well as she did at the near-point. This seemed a more difficult proposition than the first one; but again the son was persistent, and I myself could not get the old lady out of my mind. So again I decided to do what I could. The waiter had told me that his mother had read her Bible long after the age of forty. Therefore I knew she could not have much hypermetropia, and was probably slightly myopic. I knew also that she could not have much astigmatism, for in that case her sight would always have been noticeably imperfect. Accordingly I told her son to ask her to measure very accurately the distance between her eyes and the point at which she could read her Bible best with her glasses, and to send me the figures. In due time I received, not figures, but a piece of string about a quarter of an inch in diameter and exactly ten inches long. If the patient's vision had been normal for the distance, I knew that she would have been able to read her Bible best with her glasses at thirteen inches. The string showed that at ten inches she had a refraction of four diopters. Subtracting from this the three diopters of her reading glasses, I got one diopter of myopia. I accordingly wrote a prescription for concave 1.00 D. S., and the glasses were ordered and mailed to Honduras. The acknowledgment was even more grateful than in the case of the first pair. The patient said that for the first time in her life she was able to read signs and see other objects at a distance as well as other people did, and that the whole world looked entirely different to her.

Would anyone venture to say that it was unethical for me to try to help this patient? Would it have been better to leave her in her isolation without even the consolation of Bible reading? I do not think so. What I did for her required only an ordinary knowledge of physiological optics, and if I had failed, I could not have done her much harm.

In the case of the treatment of imperfect sight without glasses there can be even less objection to the correspondence method. It is true that in most cases progress is more rapid and the results more certain when the patient can be seen personally; but often this is impossible, and I see no reason why patients who can not have the benefit of personal treatment should be denied such aid as can be given them by correspondence. I have been treating patients in this way for years, and often with extraordinary success.

Some years ago an English gentleman wrote to me that his glasses were very unsatisfactory. They not only did not give him good sight, but they increased instead of lessening his discomfort. He asked if I could help him, and since relaxation always relieves discomfort and improves the vision, I did not believe that I was doing him an injury in telling him how to rest his eyes. He followed my directions with such good results that in a short time he obtained perfect sight for both the distance and the near-point without glasses, and was completely relieved of his pain. Five years later he wrote me that he had qualified as a sharpshooter in the army. Did I do wrong in treating him by correspondence? I do not think so.

After the United States entered the European war, an officer wrote to me from the deserts of Arizona that the use of his eyes at the near-point caused him great discomfort, which glasses did not relieve, and that the strain had produced granulation of the lids. As it was impossible for him to come to New York, I undertook to treat him by correspondence. He improved very rapidly. The inflammation of the lids was relieved almost immediately, and in about four months he wrote me that he had read one of my own reprints-by no means a short one-in a dim light, with no bad after effects; that the glare of the Arizona sun, with the Government thermometer registering 114, did not annoy him, and that he could read the ten line on the test card at fifteen feet almost perfectly, while even at twenty feet he was able to make out most of the letters.

A third case was that of a forester in the employ of the U. S. Government. He had myopic astigmatism, and suffered extreme discomfort, which was not relieved either by glasses or by long summers in the mountains, where he used his eyes but little for close work. He was unable to come to New York for treatment, and although I told him that correspondence treatment was somewhat uncertain, he said he was willing to risk it. It took three days for his letters to reach me and another three for my reply to reach him, and as letters were not always written promptly on either side, he often did not hear from me more than once in three weeks. Progress under these conditions was necessarily slow; but his discomfort was relieved very quickly, and in about ten months his sight had improved from 20/50 to 20/20.

In almost every case the treatment of cases coming from a distance is continued by correspondence after they return to their homes; and although the patients do not get on so well as when they are coming to the office, they usually continue to make progress till they are cured.

At the same time it is often very difficult to make patients understand what they should do when one has to communicate with them entirely by writing, and probably all would get on better if they could have some personal treatment. At the present time the number of doctors in different parts of the United States who understand the treatment of imperfect sight without glasses is altogether too few, and my efforts to interest them in the matter have not been very successful. I would consider it a privilege to treat medical men without a fee, and when cured they will be able to assist me in the treatment of patients in their various localities.

## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

November, 1919

### THE MEMORY CURE

When the sight is perfect, the memory is also perfect, because the mind is perfectly relaxed. Therefore the sight may be improved by any method that improves the memory. The easiest thing to remember is a small black spot of no particular size and form; but when the sight is imperfect it will be found impossible to remember it with the eyes open and looking at letters, or other objects with definite outlines. It may, however, be remembered for a few seconds or longer, when the eyes are closed and covered, or when looking at a blank surface where there is nothing particular to see. By cultivating the memory under these favorable conditions, it gradually becomes possible to retain it under unfavorable ones, that is, when the eyes are open and the mind conscious of the impressions of sight. By alternately remembering the period with the eyes closed and covered and then looking at the Snellen test card, or other letters or objects; or by remembering it when looking away from the card where there is nothing particular to see, and then looking back; the patient becomes able, in a longer or shorter time, to retain the memory when looking at the card, and thus becomes able to read the letters with normal vision. Many children have been cured very quickly by this method. Adults who have worn glasses have greater difficulty. Even under favorable conditions, the period cannot be remembered for more than a few seconds, unless one shifts from one part of it to another. One can also shift from one period, or other small black object, to another.



Remember, imagine and shift on a small black dot with the eyes closed. With practice it can also be remembered with the eyes open and the vision becomes clear.

### REASON AND AUTHORITY

**This article describes how eye doctors fought against Dr. Bates, tried to hide the Bates Method from the public so they could continue selling eyeglasses, surgery, drugs.**

Some one—perhaps it was Bacon—has said: "You cannot by reasoning correct a man of ill opinion which by reasoning, he never acquired." He might have gone a step farther and stated that neither by reasoning, nor by actual demonstration of the facts, can you convince some people that an opinion which they have accepted on authority is wrong. A man whose name I do not care to mention, a professor of ophthalmology, and a writer of books well known in this country and in Europe, saw me perform an experiment upon the eye of a rabbit which, according to others who had witnessed it, demonstrated beyond any possibility of error that the lens is not a factor in accommodation. At each step of the operation he testified to the facts; yet at the conclusion he preferred to discredit the evidence of his senses rather than accept the only conclusion that these facts admitted.

First he examined the eye of the animal to be experimented upon with the retinoscope and found it normal, and the fact was written down. Then the eye was stimulated with electricity, and he testified that it accommodated. This was also written down. I now divided the superior oblique muscle, and the eye was again stimulated with electricity. The doctor observed the eye with the retinoscope when this was being done and said, "You failed to produce accommodation." This fact, too, was written down. The doctor now used the electrode himself, but again failed to observe accommodation, and these facts were written down. I now sewed the cut ends of the muscle together, and once more stimulated the eye with electricity. The doctor said, "Now you have succeeded in producing accommodation," and this was written down. I now asked:

"Do you think that superior oblique had anything to do with producing accommodation?"

"Certainly not," he replied.

"Why?" I asked.

"Well," he said, "I have only the testimony of the retinoscope. I am getting on in years, and I don't feel that confidence in my ability to use the retinoscope that I once had. I would rather you wouldn't quote me on this."

While the operation was in progress, however, he gave no indication whatever of doubting his ability to use the retinoscope. He was very positive, in fact, that I had failed to produce accommodation after the cutting of the oblique muscle and his tone suggested that he considered the failure ignominious. It was only after he found himself in a logical trap, with no way out except by discrediting his own observations, that he appeared to have any doubts as to their value.

Patients whom I have cured of various errors of refraction have frequently returned to specialists who had prescribed glasses for them, and, by reading fine print and the Snellen test card with normal vision, have demonstrated the fact that they were cured, without in any way shaking the faith of these practitioners in the doctrine that such cures are impossible. A girl of sixteen who had progressive myopia of such high degree that she was not allowed to read, and was unable to go about on the streets without a guide, was assured by the specialist whom her family consulted that her condition was quite hopeless, and that it was likely to progress until it ended in blindness. She was cured in a very short time by means of the methods advocated in this magazine, becoming able to discard her glasses and resume all the ordinary activities of life. She then returned to the specialist who had condemned her to blindness to tell him the good news; but, while he was unable to deny the fact that her vision was normal without glasses, he said it was impossible that she would have been cured of myopia, because myopia was incurable. How he reconciled this statement with his former patient's condition he was unable to make clear to her.

A lady with compound myopic astigmatism<sub>1</sub> suffered from almost constant headaches which were very much worse when she took her glasses off. Every week, no matter what she did, she was so prostrated by eyestrain that she had to spend a few days in bed; and if she went to a theatre, or to a social function, she had to stay there longer. She was told to take off her glasses and go to the movies: to look first at the corner of the screen, then off to the dark, then back to the screen a little nearer to the center, and so forth. She did so, and soon became able to look directly at the pictures without discomfort. After that nothing troubled her. One day she called on her former ophthalmological adviser, in the company of a friend who wanted to have her glasses changed, and told him of her cure. The facts seemed to make no impression on him whatever. He only laughed and said, "I guess Dr. Bates is more popular with you than I am."

In some cases patients themselves, after they are cured, allow themselves to be convinced that it was impossible that such a thing could have happened, and go back to their glasses. A clergyman and writer, aged forty-seven, who had worn glasses for years for distance and reading, had what I should have considered the good fortune to be very quickly cured. By the aid of his imagination



he was able to relax in less than five minutes, and to stay relaxed. When he looked at fine print it appeared grey to him, and he could not read it. I asked him if he had ever seen printer's ink. He replied, of course, that he had. I then told him that the paragraph of printed matter which he held in his hand was printed in printer's ink, and that it was black and not grey. I asked him if he did not know and believe that it was black, or if he could not at least imagine that it was black. "Yes," he said, "I can do that"; and immediately he read the print. It took him only about a minute to do this, and he was not more than five minutes in the office. The cure was permanent, and he was very grateful-for a time. Then he began to talk to eye specialists whom he knew, and thereupon grew skeptical as to the value of what I had done for him. One day I met him at the home of a mutual friend, and in the presence of a number of other people he accused me of having hypnotized him, adding that to hypnotize a patient without his knowledge or consent was to do him a grievous wrong. Some of the listeners protested that whether I had hypnotized him or not, I had not only done him no harm, but had greatly benefited him, and he ought to forgive me. He was unable, however, to take this view of the matter. Later he called on a prominent eye specialist who told him that the presbyopia (old sight) and astigmatism from which he had suffered were incurable, and that if he persisted in going without his glasses he might do himself great harm. The fact that his sight was perfect for the distance and the near-point had no effect upon the specialist and the patient allowed himself to be frightened into disregarding it also. He went back to his glasses, and so far as I know has been wearing them ever since. The story obtained wide publicity, for the man had a large circle of friends and acquaintances; and if I had destroyed his sight I could scarcely have suffered more than I did for curing him.

[Other Doctors try to hide Dr. Bates discoveries from the public. Doctors expel Dr. Bates from the Hospital he worked at after Dr. Bates cures patients without glasses, surgery, drugs and proves the facts of Natural Eyesight Improvement.](#)

Fifteen or twenty years ago the specialist mentioned in the foregoing story read a paper on cataract at a meeting of the ophthalmological section of the American Medical Association in Atlantic City, and asserted that anyone who said that cataract could be cured without the knife was a quack. At that time I was assistant surgeon at the New York Eye and Ear Infirmary, and it happened that I had been collecting statistics of the spontaneous cure of cataract at the request of the executive surgeon of this institution, Dr. Henry G. Noyes, Professor of Ophthalmology at the Bellevue Hospital Medical School. As a result of my inquiry I had secured records of a large number of cases which had recovered, not only without the knife, but without any treatment at all. I also had records of cases which I had sent to Dr. James E. Kelly of New York and which he had cured, largely by hygienic methods. Dr. Kelly is not a quack, and at that time was Professor of Anatomy in the New York Post Graduate Medical School and Hospital and attending surgeon to a large city hospital. In the five minutes allotted to those who wished to discuss the paper, I was able to tell the audience enough about these cases to make them want to hear more. My time was, therefore, extended, first to half an hour and then to an hour. Later both Dr. Kelly and myself received many letters from men in different parts of the country who had tried his treatment with success. The man who wrote the paper had blundered, but he did not lose any prestige because of my attack with facts upon his theories. He is still a prominent and honored ophthalmologist and in his latest book he gives no hint of having ever heard of any successful method of treating cataract other than by operation. He was not convinced by my record of spontaneous cures, nor by Dr. Kelly's record of cures by treatment; and while a few men were sufficiently impressed to try the treatment recommended, and while they obtained satisfactory results, the facts made no impression upon the profession as a whole, and did not modify the teaching of the schools. That spontaneous cures of cataract do sometimes occur cannot be denied; but they are supposed to be very rare, and any one who suggests that the condition can be cured by treatment still exposes himself to the suspicion of being a quack.

Between 1886 and 1891 I was a lecturer at the Post Graduate Hospital and Medical School. The head of the institution was Dr. D. B. St. John Roosa. He was the author of many books, and was honored and respected by the whole medical profession. At the school they had got the habit of putting glasses on the nearsighted doctors, and I had got the habit of curing them without glasses. It was naturally annoying to a man who had put glasses on a student to have him appear at a lecture without them and say that Dr. Bates had cured him. Dr. Roosa found it particularly annoying, and the trouble reached a climax one evening at the annual banquet of the faculty when, in the presence of one hundred and fifty doctors, he suddenly poured out the vials of his wrath upon my head. He said that I was injuring the reputation of the Post Graduate by claiming to cure myopia. Every one knew that Donders said it was incurable, and I had no right to claim that I knew more than Donders. I reminded him that some of the men I had cured had been fitted with glasses by himself. He replied that if he had said they had myopia he had made a mistake. I suggested further investigation. "Fit some more doctors with glasses for myopia," I said, "and I will cure them. It is easy for you to examine them afterwards and see if the cure is genuine." This method did not appeal to him, however. He repeated that it was impossible to cure myopia, and to prove that it was impossible **he expelled me from the Post Graduate, even the privilege of resignation being denied to me.** The fact is that, except in rare cases, man is not a reasoning being. He is dominated by authority, and when the facts are not in accord with the view imposed by authority, so much the worse for the facts. They may and indeed must win in the long run; but in the meantime the world gropes needlessly in darkness and endures much suffering that might have been avoided.

### THE EFFECT OF LIGHT UPON THE EYES

Although the eyes were made to react to the light, a very general fear of the effect of this element upon the organs of vision is entertained both by the medical profession and by the laity. Extraordinary precautions are taken in our homes, offices and schools to temper the light, whether natural or artificial, and to insure that it shall not shine directly into the eyes; smoked and amber glasses, eye-shades, broad-brimmed hats and parasols are commonly used to protect the organs of vision from what is considered an excess of light; and when actual disease is present, it is no uncommon thing for patients to be kept for weeks, months and years in dark rooms, or with bandages over their eyes.

The evidence on which this universal fear of the light has been based is of the slightest. In the voluminous literature of the subject one finds such a lack of information that, in 1910, Dr. J. Herbert Parsons of the Royal Ophthalmic Hospital of London, addressing a meeting of the Ophthalmological Section of the American Medical Association, felt justified in saying that ophthalmologists, if they were honest with themselves, "must confess to a lamentable ignorance of the conditions which render bright light injurious to the eyes."<sup>2</sup> Since then, Verhoeff and Bell have reported<sup>3</sup> an exhaustive series of experiments carried on at the Pathological Laboratory of the Massachusetts Charitable Eye and Ear Infirmary, which indicate that the danger of injury to the eye from light radiation as such has been "very greatly exaggerated." That brilliant sources of light sometimes produce unpleasant temporary symptoms cannot, of course, be denied; but as regards definite pathological effects, or permanent impairment of vision from exposure to light alone, Drs. Verhoeff and Bell were unable to find, either clinically or experimentally, anything of a positive nature.

The results of these experiments are in complete accord with my own observations as to the effect of strong light upon the eyes.

In my experience such light has never been permanently injurious. Persons with normal sight have been able to look at the sun for an indefinite length of time, even an hour or longer, without any discomfort or loss of vision. Immediately afterward they were able to read the Snellen test card with improved vision, their sight having become better than what is ordinarily considered normal. Some persons with normal sight do suffer discomfort and loss of vision when they look at the sun; but in such cases the retinoscope always indicates an error of refraction, showing that this condition is due, not to the light, but to strain. In exceptional cases persons with defective sight have been able to look at the sun, or have thought that they have looked at it, without discomfort and without loss of vision; but, as a rule, the strain in such eyes is enormously increased and the vision decidedly lowered by sun-gazing, as manifested by inability to read the Snellen test card. **Blind areas (scotomata)** may develop in various parts of the field—two or three or more. The sun, instead of appearing perfectly white, may appear to be slate-colored, yellow, red, blue, or even totally black. After looking away from the sun, patches of color of various kinds and sizes may be seen, continuing a variable length of time, from a few seconds to a few minutes, hours, or even months. In fact, one patient was troubled in this way for a year or more after looking at the sun for a few seconds. Even total blindness lasting a few hours has been produced. Organic changes may also be produced. Inflammation, redness of the conjunctiva, cloudiness of the lens and of the aqueous and vitreous humours, congestion and cloudiness of the retina, optic nerve and choroid, have all resulted from **sun-gazing**. These effects, however, are **always temporary**. The scotomata, the strange colors, even the total blindness, as explained in the preceding chapter, are only mental illusions. No matter how much the sight may have been impaired by **sun-gazing**, or how long the impairment may have lasted, a return to normal has always occurred; while prompt relief of all the symptoms mentioned has always followed the relief of eyestrain, showing that the conditions are the result, not of the light, but of the strain. **Some persons who have believed their eyes to have been permanently injured by the sun have been promptly cured by central fixation, indicating that their blindness had been simply functional.**

By persistence in looking at the sun, a person with normal sight soon becomes able to do so without any loss of vision; but persons with imperfect sight usually find it impossible to accustom themselves to such a strong light until their vision has been improved by other means. **One has to be very careful in recommending sun-gazing to persons with imperfect sight; because, although no permanent harm can result from it, great temporary discomfort may be produced, with no permanent benefit. In some rare cases, however, complete cures have been effected by this means alone.**  
**Diet must also be healthy. No prescription, non-prescription drugs, including sinus sprays, cough/cold medicines...**

In one of these cases the sensitiveness of the patient, even to ordinary daylight, was so great that an eminent specialist had felt justified in putting a black bandage over one eye and covering the other with a smoked glass so dark as to be nearly opaque. She was kept in this condition of almost total blindness for two years without any improvement. Other treatment extending over some months also failed to produce satisfactory results. She was then advised to look directly at the sun. The immediate result was total blindness, which lasted several hours; but next day the vision was not only restored to its former condition, but was improved. The sun-gazing was repeated, and each time the blindness lasted for a shorter period. At the end of a week the patient was able to look directly at the sun without discomfort, and her vision, which had been 20/200 without glasses and 20/70 with them, had improved to 20/10, twice the accepted standard for normal vision.

Like the sun, a strong electric light may also lower the vision temporarily, but never does any permanent harm. In those exceptional cases in which the patient can become accustomed to the light, it is beneficial. After looking at a strong electric light some patients have been able to read the Snellen test card better.

It is not light but darkness that is dangerous to the eye. Prolonged exclusion from the light always lowers the vision, and may produce serious inflammatory conditions. Among young children living in tenements this is a somewhat frequent cause of ulcers upon the cornea, which ultimately destroy the sight. The children, finding their eyes sensitive to light, bury them in the pillows and thus shut out the light entirely. **The universal fear of reading or doing fine work in a dim light is, however, unfounded. So long as the light is sufficient so that one can see without discomfort, this practice is not only harmless, but may be beneficial.**

Sudden contrasts of light are supposed to be particularly harmful to the eye. The theory on which this idea is based is summed up as follows by Fletcher B. Dresslar, specialist in school-hygiene and sanitation of the United States Bureau of Education:

"The muscles of the iris are automatic in their movements, but rather slow. Sudden strong light and weak illumination are painful and likewise harmful to the retina. For example, if the eye adjusted to a dim light is suddenly turned toward a brilliantly lighted object, the retina will receive too much light, and will be shocked before the muscles controlling the iris can react to shut out the superabundance of light. If contrasts are not strong, but are frequently made, that is, if the eye is called upon to function where frequent adjustments in this way are necessary, the muscles controlling the iris become fatigued, respond more slowly and less perfectly. As a result, eyestrain in the ciliary muscles is produced and the retina is over stimulated. This is one cause of headaches and tired eyes."<sup>4</sup>

There is no evidence whatever to support these statements. Sudden fluctuations of light undoubtedly cause discomfort to many persons, but far from being injurious, I have found them, in all cases observed, to be actually beneficial. The pupil of the normal eye, when it has normal sight, does not change appreciably under the influence of changes of illumination; and persons with normal vision are not inconvenienced by such changes. I have seen a patient look directly at the sun after coming from an imperfectly lighted room, and then, returning to the room, immediately pick up a newspaper and read it. When the eye has imperfect sight, the pupil usually contracts in the light and expands in the dark, but it has been observed to contract to the size of a pinhole in the dark. Whether the contraction takes place under the influence of light or of darkness, the cause is the same, namely, strain. Persons with imperfect sight suffer great inconvenience, resulting in lowered vision, from changes in the intensity of the light; but the lowered vision is always temporary, and if the eye is persistently exposed to these conditions, the sight is benefited. Such practices as reading alternately in a bright and a dim light, or going from a dark room to a well-lighted one, and vice versa, are to be recommended. Even such rapid and violent fluctuations of light as those involved in the production of the moving picture are, in the long run, beneficial to all eyes. I always advise patients under treatment for the cure of defective vision to go to the movies frequently and practice central fixation. They soon become accustomed to the flickering light, and afterward other lights and reflections cause less annoyance.

**In later years Dr. Bates advises closed eyes sunning.**

## TWO POINTS OF VIEW

Being anxious to know what my colleagues think of BETTER EYESIGHT, I lately sent notes to a number of them asking for their opinion. The following replies were so interesting that I think the readers of the magazine have a right to see them.

Dear Doctor:

As long as you ask for my opinion of your new magazine entitled BETTER EYESIGHT, permit me to give it to you in all frankness. It is what we call in the vernacular, "PUNK."

Meaning no personal offense, I am,

Your colleague.

Dear Doctor

Your little note received this morning and am glad to have the opportunity to tell you what I think of BETTER EYESIGHT.

It is all that you claim for it, and I am always glad to receive it, as I know that I am going to get something beneficial for myself as well as something for the good of my patients.

If the medical bigots had BETTER EYESIGHT on their desks, and would put into practice what you give in each number, it would be a great blessing to the people who are putting eye crutches on their eyes. I first tried central fixation on myself and had marvelous results. I threw away my glasses and can now see better than I have ever done. I read very fine type (smaller than newspaper type) at a distance of six inches from the eyes, and can run it out at full arm's length and still read it without blurring the type.

I have instructed some of my patients in your methods, and all are getting results. One case who has a partial cataract of the left eye could not see anything on the Snellen test card at twenty feet, and could see the letters only faintly at ten feet. Now she can read 20/10 with both eyes together and also with each eye separately, but the left eye seems, as she says, to be looking through a little fog. I could cite many other cases that have been benefited by central fixation, but this one is the most interesting to me.

Kindly send me more of the subscription slips, as I want to hand them out to my patients.

Yours very truly,

**November, 1919**

1 - A condition in which the eye is shortsighted in all meridians, but more so in one than in the others.

2 - Jour. Am. Med. Assn., Dec. 10, 1910, p. 2028.

3 - Proc. Am. Acad. Arts and Sciences, July, 1916, vol. 51, No. 13.

4 - School Hygiene, Brief Course Series in Education, edited by Paul Monroe, Ph.D., 1916, pp. 235-236.

## BETTER EYESIGHT

**A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES**

**December, 1919**

### THE IMAGINATION CURE

When the imagination is perfect the mind is always perfectly relaxed, and as it is impossible to relax and imagine a letter perfectly, and at the same time strain and see it imperfectly, it follows that when one imagines that one sees a letter perfectly one actually does see it, as demonstrated by the retinoscope, no matter how great an error of refraction the eye may previously have had. The sight, therefore, may often be improved very quickly by the aid of the imagination. To use this method the patient may proceed as follows:

Look at a letter at the distance at which it is seen best. Close and cover the eyes so as to exclude all the light, and remember it. Do this alternately until the memory is nearly equal to the sight. Next, after remembering the letter with the eyes closed and covered, and while still holding the mental picture of it, look at a blank surface a foot or more to the side of it, at the distance at which you wish to see it. Again close and cover the eyes and remember the letter, and on opening them look a little nearer to it. Gradually reduce the distance between the point of fixation and the letter, until able to look directly at it and imagine it as well as it is remembered with the eyes closed and covered. The letter will then be seen perfectly, and other letters in its neighborhood will come out. **If unable to remember the whole letter, you may be able to imagine a black period as forming part of it. If you can do this, the letter will also be seen perfectly.**

Imagine the letter is composed of many black periods and shift from period to period (part to part) on the letter.

### THE MENACE OF LARGE PRINT

If you look at the big "C" on the Snellen test card (or any other large letter of the same size) at ten, fifteen, or twenty feet, and try to see it all alike, you may note a feeling of strain and the letter may not appear perfectly black and distinct. If you now look at only one part of the letter, and see the rest of it worse, you will note that the part seen best appears blacker than the whole letter when seen all alike, and you may also note a relief of strain. If you look at the small "c" on the bottom line of the test card, you may be able to note that it seems blacker than the big "C." If not, imagine it as forming part of the area of the big "C." If you are able to see this part blacker than the rest of the letter, the imagined letter will, of course, appear blacker also. If your sight is normal, you may now go a step further and note that when you look at one part of the small "c" this part looks blacker than the whole letter, and that it is easier to see the letter in this way than to see it all alike.

If you look at a line of the smaller letters that you can read readily, and try to see them all alike—all equally black and equally distinct in outline—you will probably find it to be impossible, and the effort will produce discomfort and, perhaps, pain. You may, however, succeed in seeing two or more of them alike. This, too, may cause much discomfort, and if continued long enough, will

produce pain. If you now look at only the first letter of the line, seeing the adjoining ones worse, the strain will at once be relieved, and the letter will appear blacker and more distinct than when it was seen equally well with the others.

If your sight is normal at the near-point, you can repeat these experiments with a letter seen at this point, with the same results. A number of letters seen equally well at one time will appear less black and less distinct than a single letter seen best, and a large letter will seem less black and distinct than a small one; while in the case of both the large letter and the several letters seen all alike, a feeling of strain may be produced in the eye. You may also be able to note that the reading of very fine print, when it can be done perfectly, is markedly restful to the eye.

The smaller the point of maximum vision, in short, the better the sight, and the less the strain upon the eye. This fact can usually be demonstrated in a few minutes by any one whose sight is not markedly imperfect; and in view of some of our educational methods, is very interesting and instructive.

Probably every man who has written a book upon the eye for the last hundred years has issued a warning against fine print in school books, and recommended particularly large print for small children. This advice has been followed so assiduously that one could probably not find a lesson book for small children anywhere printed in ordinary reading type, while alphabets are often printed in characters one and two inches high. The British Association for the Advancement of Science does not wish to see children read books at all before they are seven years old, and would conduct their education previous to that age by means of large printed wall-sheets, blackboards, pictures, and oral teaching. If they must read, however, it wants them to have 24- and 30-point type, with capitals about a quarter of an inch in height. This is carefully graded down, a size smaller each year, until at the age of twelve the children are permitted to have the same kind of type as their elders. Bijou editions of Bible, prayer-book and hymnals are forbidden, however, to children of all ages.<sup>1</sup>

In the London myope classes, which have become the model for many others of the same kind, books are eliminated entirely, and only the older children are allowed to print their lessons in one- and two-inch types.<sup>2</sup>

Yet it has just been shown that large print is a strain upon the eyes, while the retinoscope demonstrates that a strain to see at the near-point always produces hypermetropia<sup>3</sup> (commonly but erroneously called "farsight"). We should naturally expect, therefore, to find hypermetropia very common among small children, and it is. Of children eight and a half years old in the public schools of Philadelphia, Risley<sup>4</sup> found that more than eighty-eight per cent were hypermetropic, and similar figures may be found in all statistics of the subject. The percentage declines as the children become older, but hypermetropia, or hypermetropic astigmatism, remains at all ages the most common of all errors of refraction. Hypermetropia is, in fact, a much more serious problem than myopia, or nearsight. Yet we have heard very little about it, for the specialists have concluded, from its prevalence and its tendency to pass away or become less pronounced with the growth of the body, that it is the normal state of the immature human eye and therefore beyond the reach of preventive measures. It is true that many young children are not hypermetropic, but this fact is easily disposed of by the theory that the ciliary muscle alters the shape of the lens in such cases sufficiently to compensate for the shortness of the eyeball.

The baselessness of this theory, as well as the relation of large print to the production of hypermetropia, may be demonstrated by the fact that the condition can be relieved, and has been relieved in numerous cases, by the reading of fine print, combined with rest of the eyes. A child of eight was cured in a few visits by this means. Yet according to the British Association she should not, at this age, have been allowed to read any type larger than 12-point, with capitals more than an eighth of an inch in height. Many grown people have been cured of hypermetropia in the same way, and in all forms of functional imperfect sight the reading of fine print, when it can be done with comfort, has been found to be a benefit to the eyes. Even straining to see fine print is sometimes a benefit in myopia. [Large letters are not a strain if central fixation, shifting are applied. Avoid diffusion, eccentric fixation.](#)

## SHIFTING AND SWINGING

### Correct Appearance of Oppositional Movement

When the eye with normal vision regards a letter either at the near-point or at the distance, the letter may appear to pulsate, or move in various directions, from side to side, up and down, or obliquely. When it looks from one letter to another on the Snellen test card, or from one side of a letter to another, not only the letters, but the whole line of letters and the whole card, may appear to move from side to side. This apparent movement is due to the shifting of the eye, and is always in a direction contrary to its movement. If one looks at the top of a letter, the letter is below the line of vision, and therefore appears to move downward. If one looks at the bottom, the letter is above the line of vision and appears to move upward. If one looks to the left of the letter, it is to the right of the line of vision and appears to move to the right. If one looks to the right, it is to the left of the line of vision and appears to move to the left.

Persons with normal vision are rarely conscious of this illusion, and may have difficulty in demonstrating it; but in every case that has come under my observation they have always become able, in a longer or shorter time, to do so. When the sight is imperfect the letters may remain stationary, or even move in the same direction as the eye.

It is impossible for the eye to fix a point longer than a fraction of a second. If it tries to do so, it begins to strain and the vision is lowered. This can readily be demonstrated by trying to hold one part of a letter for an appreciable length of time. No matter how good the sight, it will begin to blur, or even disappear, very quickly, and sometimes the effort to hold it will produce pain. In the case of a few exceptional people a point may appear to be held for a considerable length of time; the subjects themselves may think that they are holding it; but this is only because the eye shifts unconsciously, the movements being so rapid that objects seem to be seen all alike simultaneously.

The shifting of the eye with normal vision is usually not conspicuous, but by direct examination with the ophthalmoscopes it can always be demonstrated. If one eye is examined with this instrument while the other is regarding a small area straight ahead, the eye being examined, which follows the movements of the other, is seen to move in various directions, from side to side, up and down, in an orbit which is usually variable. If the vision is normal, these movements are extremely rapid and unaccompanied by any appearance of effort. The shifting of the eye with imperfect sight, on the contrary, is slower, its excursions are wider, and -the movements are jerky and made with apparent effort.

It can also be demonstrated that the **eye is capable of shifting with a rapidity which the ophthalmoscope cannot measure.** ([Saccadic movements](#)) The normal eye can read fourteen letters on the bottom line of a Snellen test card, at a distance of ten or fifteen feet, in a dim light, so rapidly that they seem to be seen all at once. Yet it can be demonstrated that in order to recognize the letters under these conditions it is necessary to make about four shifts to each letter. At the near-point, even though



Shift left and right, top and bottom and in any direction on the E and see it move (swing) in the opposite direction.



one part of the letter is seen best, the rest may be seen well enough to be recognized; but at the distance it is impossible to recognize the letters unless one shifts from the top to the bottom and from side to side. One must also shift from one letter to another, making about **seventy shifts in a fraction of a second.**

A line of small letters on the Snellen test card may be less than a foot long by a quarter of an inch in height; and if it requires seventy shifts to a fraction of a second to see it apparently all at once, it must require many thousands to see an area of the size of the screen of a moving picture with all its detail of people, animals, houses, or trees, while to see sixteen such areas to a second, as is done in viewing moving pictures, must require a rapidity of shifting that can scarcely be realized. Yet it is admitted that the present rate of taking and projecting moving pictures is too slow. The results would be more satisfactory, authorities say, if the rate were raised to twenty, twenty-two or twenty-four a second. The human eye and mind are not only capable of this rapidity of action, and that without effort or strain, but it is only when the eye is able to shift thus rapidly that eye and mind are at rest, and the efficiency of both at their maximum. It is true that every motion of the eye produces an error of refraction; but when the movement is short, this is very slight, and usually the shifts are so rapid that the error does not last long enough to be detected by the retinoscope, its existence being demonstrable only by reducing the rapidity of the movements to less than four or five a second. The period during which the eye is at rest is much longer than that during which an error of refraction is produced. Hence, when the eye shifts normally no error of refraction is manifest. The more rapid the unconscious shifting of the eye, the better the vision; but if one tries to be conscious of a too rapid shift, a strain will be produced.

Perfect sight is impossible without continual shifting, and such shifting is a striking illustration of the mental control necessary for normal vision. It requires perfect mental control to think of thousands of things in a fraction of a second; and each point of fixation has to be thought of separately, because it is impossible to think of two things, or of two parts of one thing, perfectly at the same time. The eye with imperfect sight tries to accomplish the impossible by looking fixedly at one point for an appreciable length of time; that is, by staring. When it looks at a strange letter and does not see it, it keeps on looking at it in an effort to see it better. Such efforts always fail, and are an important factor in the production of imperfect sight.

**+ One of the best methods of improving the sight, therefore, is to imitate consciously the unconscious shifting of normal vision, and to realize the apparent motion produced by such shifting. Whether one has imperfect or normal sight, conscious shifting and swinging are a great help and advantage to the eye; for not only may imperfect sight be improved in this way, but normal sight may be improved also.**

Detailed instructions for improving the sight by this method will be given in my forthcoming book, *The Cure of Imperfect Sight by Treatment without Glasses.*

Rapid and tiny shifts, the eyes ability to shift many times per fraction of a second are called Saccadic eye movements, vibrations. The eye produces many different movements, high frequency...

## OPTIMUMS AND PESSIMUMS

In nearly all cases of imperfect sight due to errors of refraction there is some object, or objects, which can be regarded with normal vision. Such objects I have called *optimums*. On the other hand, there are some objects which persons with normal eyes and ordinarily normal sight always see imperfectly, an error of refraction being produced when they are regarded, as demonstrated by the retinoscope. Such objects I have called *pessimums*. An object becomes an optimum, or a pessimum, according to the effect it produces upon the mind, and in some cases this effect is easily accounted for.

For many children their mother's face is an optimum, and the face of a stranger a pessimum. A dressmaker was always able to thread a No. 10 needle with a fine thread of silk without glasses, although she had to put on glasses to sew on buttons, because she could not see the holes. She was a teacher of dressmaking, and thought the children stupid because they could not tell the difference between two different shades of black. She could match colors without comparing the samples. Yet she could not see a black line in a photographic copy of the Bible which was no finer than a thread of silk, and she could not remember a black period. An employee in a cooperage factory, who had been engaged for years in picking out defective barrels as they went rapidly past him on an inclined plane, was able to continue his work after his sight for most other objects had become very defective, while persons with much better sight for the Snellen test card were unable to detect the defective barrels. The familiarity of these various objects made it possible for the subjects to look at them without strain—that is, without trying to seem them. Therefore the barrels were to the cooper optimums; while the needle's eye and the colors of silk and fabrics were optimums to the dressmaker. Unfamiliar objects, on the contrary, are always pessimums.

In other cases there is no accounting for the idiosyncrasy of the mind which makes one object a pessimum and another an optimum. It is also impossible to account for the fact that an object may be an optimum for one eye and not for the other, or an optimum at one time and at one distance and not at others. Among these unaccountable optimums one often finds a particular letter on the Snellen test card. One patient, for instance, was able to see the letter K on the forty, fifteen and ten lines, but could see none of the other letters on these lines, although most patients would see some of them, on account of the simplicity of their outlines, better than they would such a letter as K.

Pessimums may be as curious and unaccountable as optimums. The letter V is so simple in its outlines that many people can see it when they cannot see others on the same line. Yet some people are unable to distinguish it at any distance, although able to read other letters in the same word, or on the same line of the Snellen test card. Some people again will not only be unable to recognize the letter V in a word, but also to read any word that contains it, the pessimum lowering their sight not only for itself but for other objects. Some letters, or objects, become pessimums only in particular situations. A letter, for instance, may be a pessimum when located at the end, or at the beginning of a line, or sentence, and not in other places. When the attention of the patient is called to the fact that a letter seen in one location ought logically to be seen equally well in others, the letter often ceases to be a pessimum in any situation.

A pessimum, like an optimum, may be lost and later become manifest. It may vary according to the light and distance. An object which is a pessimum in a moderate light may not be so when the light is increased or diminished. A pessimum at twenty feet may not be one at two feet, or thirty feet, and an object which is a pessimum when directly regarded may be seen with normal vision in the eccentric field—that is, when not directly regarded.

For most people the Snellen test card is a pessimum. If you can see the Snellen test card with normal vision, you can see almost anything else in the world. Patients who cannot see the letters on the Snellen test card can often see other objects of the same size and at the same distance with normal sight. When letters which are seen imperfectly, or even letters which cannot be seen at all, or which the patient is not conscious of seeing, are regarded, the error of refraction is increased. The patient may regard a blank white card without any error of refraction; but if he regards the lower part of a Snellen test card, which appears to him to be just as blank

as the blank card, an error of refraction can always be demonstrated, and if the visible letters of the card are covered the result is the same. The pessimism may, in short, be letters or objects which the patient is not conscious of seeing. This phenomenon is very common. When the card is seen in the eccentric field it may have the effect of lowering the vision for the point directly regarded. For instance, a patient may regard an area of green wall-paper at the distance, and see the color as well as at the near-point; but if a Snellen test card on which the letters are either seen imperfectly, or not seen at all, is placed in the neighborhood of the area being regarded, the retinoscope may indicate an error of refraction. When the vision improves, the number of letters on the card which are pessimisms diminishes and the number of optimums increases, until the whole card becomes an optimum.

A pessimism, like an optimum, is a manifestation of the mind. It is something associated with a strain to see, just as an optimum is something which has no such association. It is not caused by the error of refraction, but always produces an error of refraction; and when the strain has been relieved it ceases to be a pessimism and becomes an optimum.

## HOME TREATMENT

It is not always possible for patients to go to a competent physician for relief. As the method of treating eye defects presented in this magazine is new, it may be impossible to find a physician in the neighborhood who understands it; and the patient may not be able to afford the expense of a long journey, or to take the time for treatment away from home. To such persons I wish to say that it is possible for a large number of people to be cured of defective eyesight without the aid either of a physician or of anyone else. They can cure themselves, and for this purpose it is not necessary that they should understand all that has been written in this magazine, or anywhere else. All that is necessary is to follow a few simple directions.

Place a Snellen test card on the wall at a distance of ten, fourteen, or twenty feet, and devote half a minute a day, or longer, to reading the smallest letters you can see, with each eye separately, covering the other with the palm of the hand in such a way as to avoid touching the eyeball.

Keep a record of the progress made, with the dates. The simplest way to do this is by the method used by oculists, who record the vision in the form of a fraction, with the distance at which the letter is read as the numerator and the distance at which it ought to be read as the denominator. As already explained, the figures above the lines of letters on the test card indicate the distance at which these letters should be read by persons with normal eyesight. Thus a vision of 10/200 would mean that the big C, which ought to be read at 200 feet, cannot be seen at a greater distance than ten feet. A vision of 20/10 would mean that the ten line, which the normal eye is not ordinarily expected to read at a greater distance than ten feet, is seen at double that distance. This is a standard commonly attained by persons who have practiced my methods.

Children under twelve years who have not worn glasses are usually cured of defective eyesight by the above method in three months, six months, or a year. Adults who have never worn glasses are benefited in a very short time—a week or two—and if the trouble is not very bad, may be cured in the course of from three to six months. Children or adults who have worn glasses, however, are more difficult to relieve, and will usually have to practice the various methods of gaining relaxation which have been presented from month to month in this magazine and will be described in more detail in my forthcoming book, *The Cure of Imperfect Sight by Treatment without Glasses*.

**It is absolutely necessary that the glasses be discarded. No half-way measures can be tolerated, if a cure is desired. Do not attempt to wear weaker glasses, and do not wear glasses for emergencies. Persons who are unable to do without glasses are not likely to be able to cure themselves.**

Modern Natural Vision Improvement teachers state that reduced, weaker eyeglass lenses can be worn, but only when necessary. In later years Dr. Bates stated glasses can be worn if absolutely essential but, glasses will slow vision improvement.

Children and adults who have worn glasses will have to devote an hour or longer every day to practice with the test card and the balance of their time to practice on other objects. It will be well for such patients to have **two test cards, one to be used at the near-point, where it can be seen best, and the other at ten or twenty feet. The patient will find it a great help to shift from the near card to the distant one, as the unconscious memory of the letters seen at the near-point helps to bring out those seen at the distance.** (Switching close and far. Shift on the E on the close card. Switch to the distant card. Shift on the E on that card. Then back to the close card. Repeat. Remember, imagine the E clear.)

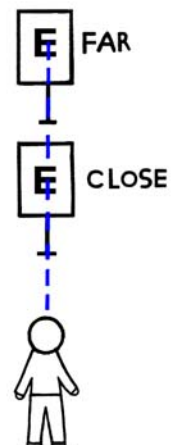
If the patient can secure the aid of some person with normal sight, it will be a great advantage. In fact, persons whose cases are obstinate will find it very difficult, if not impossible, to cure themselves without the aid of a teacher. The teacher, if he is to benefit the patient, must himself be able to derive benefit from the various methods recommended. If his vision is 10/10, he must be able to improve it to 20/10, or more. If he can read fine print at twelve inches, he must become able to read it at six, or at three inches. He must also have sufficient control over his visual memory to relieve and prevent pain.

Parents who wish to preserve and improve the eyesight of their children should encourage them to read the Snellen test card every day. There should, in fact, be a Snellen test card in every family; for when properly used it always prevents myopia and other errors of refraction, always improves the vision, even when this is already normal, and always benefits functional nervous troubles. Parents should improve their own eyesight to normal, so that their children may not imitate wrong methods of using the eyes and will not be subject to the influence of an atmosphere of strain.

December, 1919

- 1 - Report on the Influence of School Books upon Eyesight, second revised edition, 1913.
- 2 - Pollock: The Education of the Semi-Blind, Glasgow med. Jour., Dec, 1915.
- 3 - Bates: The cause of myopia, N.Y. Med. Jour., March 10, 1912.
- 4 - School hygiene, in System of Diseases of the Eye, edited by Norris and Oliver, vol. II, P. 353.

Shift on letters on a eyechart (test card) with +both eyes together, then +one eye at a time, then +both eyes together again.



Switch, shift on letters on two identical eyecharts placed at close and far distances.

5 - An instrument for viewing the interior of the eye. When the optic nerve is observed with the ophthalmoscope, movements can be noted that are not apparent when only the exterior of the eye is regarded.

## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

January, 1920

### THE PALMING CURE

One of the most efficacious methods of relieving eyestrain, and hence of improving the sight, is palming. By this is meant the covering of the closed eyes with the palms of the hands in such a way as to exclude all the light, while avoiding pressure upon the eyeballs. In this way most patients are able to secure some degree of relaxation in a few minutes, and when they open their eyes find their vision temporarily improved.

When relaxation is complete the patient sees, when palming, a black so deep that it is impossible to remember or imagine anything blacker, and such relaxation is always followed by a complete and permanent cure of all errors of refraction (nearsight, farsight, astigmatism and even old sight), as well as by the relief or cure of many other abnormal conditions. In rare cases patients become able to see a perfect black very quickly, even in five, ten or fifteen minutes; but usually this cannot be done without considerable practice, and some never become able to do it until they have been cured by other means. When the patient becomes able after a few trials to see an approximate black, it is worth while to continue with the method; otherwise something else should be tried.

Most patients are helped by the memory of some color, preferably black, and as it is impossible to remember an unchanging object for more than a few seconds, they usually find it necessary to shift consciously from one mental picture to another, or from one part of such a picture to another. In some cases, however, the shifting may be done unconsciously, and the black object may appear to be remembered all alike continuously.

When palming - remember, imagine a happy scene, objects, people in motion, color, clear like a real life movie in the mind.

Shift on objects in the imagination and remember, imagine they are clear. Relax; dynamic and deep relaxation. Famous scientists, artists, and others use this method when awake and before they drift off to sleep, working with the conscious and subconscious mind to visualize, work on a goal; art, science creation, invention, formula, health improvement, new home, job, business...

(Shift part to part on the flower on the right. Shift on the green dots: top and bottom, left and right, middle and in any direction.)



Palm and remember, imagine a pleasant object, scenery and shift throughout the scene; from object to object, part to part on objects. See objects in motion, action like a real life movie in the mind, in color, clear.



Shift part to part on the object to remember, imagine, see the object clear with the eyes open and in the mind with eyes closed.

### THE VARIABILITY OF THE REFRACTION OF THE EYE

The theory that errors of refraction are due to permanent deformations of the eyeball leads naturally to the conclusion, not only that errors of refraction are permanent states, but that normal refraction is also a continuous condition. As this theory is almost universally accepted as a fact, therefore, it is not surprising to find that the normal eye is generally regarded as a perfect machine which is always in good working order. No matter whether the object regarded is strange or familiar, whether the light is good or imperfect, whether the surroundings are pleasant or disagreeable, even under conditions of nerve strain or bodily disease, the normal eye is expected to have normal refraction and normal sight all the time. It is true that the facts do not harmonize with this view, but they are conveniently attributed to the perversity of the ciliary muscle. This muscle is believed to control the shape of the lens, and is credited with a capacity for interfering with the refraction in some very curious ways. In hypermetropia (farsight), it is believed to alter the shape of the lens sufficiently to compensate, in whole or in part, for the shortness of the eyeball. In myopia, or nearsight, on the contrary, we are told that it actually goes out of its way to produce the condition, or to make an existing condition worse. In other words, the muscle is believed to get into a more or less continuous state of contraction, thus keeping the lens continuously in a state of convexity, which, according to accepted theories, it ought to assume only for vision at the near-point. This theory serves the purpose of explaining to the satisfaction of most eye specialists why persons who at times appear to have myopia, or hypermetropia, appear at other times not to have them. After people have reached the age at which the lens is not supposed to change it does not work so well, while in astigmatism it is available only to a limited extent even at the earlier ages; but these facts are quietly ignored.

When we understand how the shape of the eyeball is controlled by the external muscles, and how it responds instantaneously to their action, it is easy to see that no refractive state, whether it is normal or abnormal, can be permanent. This conclusion is confirmed by the retinoscope, and I had observed the facts long before my experiments upon the eye muscles of animals, reported in 1915, and to be described again in my forthcoming book, had offered a satisfactory explanation for them. During thirty years devoted to the study of refraction, I have found few people who could maintain perfect sight for more than a few minutes at a time, even under the most favorable conditions; and often I have seen the refraction change half a dozen times or more in a second, the variations ranging all the way from twenty diopters of myopia to normal.

Similarly I have found no eyes with continuous or unchanging errors of refraction, all persons with errors of refraction having, at frequent intervals during the day and night, moments of normal vision, when their myopia, hypermetropia, or astigmatism, wholly disappears. The form of the error also changes, myopia even changing into hypermetropia and one form of astigmatism into another.

Of twenty thousand school children examined in one year more than half had normal eyes, with sight which was perfect at times; but not one of them had perfect sight in each eye at all times of the day. Their sight might be good in the morning and imperfect in the afternoon, or imperfect in the morning and perfect in the afternoon. Many children could read one Snellen test card with perfect sight, while unable to see a different one perfectly. Many could also read some letters of the alphabet perfectly, while unable to distinguish other letters of the same size under similar conditions. The degree of this imperfect sight varied within wide limits, from one-third to one-tenth, or less. Its duration was also variable. Under some conditions it might continue for only a few minutes, or less; under others it might prevent the subject from seeing the blackboard for days, weeks, or even longer. Frequently all the pupils in a classroom were affected to this extent.

Among babies a similar condition was noted. Most investigators have found babies hypermetropic. A few have found them myopic. My own observations indicate that the refraction of infants is continually changing. One child was examined under atropine on four successive days, beginning two hours after birth. A three per cent solution of atropine was instilled into both eyes, the pupil was dilated to the maximum, and other physiological symptoms of the use of atropine were noted. The first examination showed a condition of mixed astigmatism. On the second day there was compound hypermetropic astigmatism, and on the third compound myopic astigmatism.<sup>2</sup> On the fourth one eye was normal and the other showed simple myopia. Similar variations were noted in many other cases.

What is true of children and infants is equally true of adults of all ages. Persons over seventy years of age have suffered losses of vision of variable degree and intensity, and in such cases the retinoscope always indicated an error of refraction. A man eighty years old, with normal eyes and ordinarily normal sight, had periods of imperfect sight which would last from a few minutes to half an hour or longer. Retinoscopy at such times always indicated myopia of four diopters or more.

During sleep the refractive condition of the eye is rarely, if ever, normal. Persons whose refraction is normal when they are awake will produce myopia, hypermetropia and astigmatism when they are asleep, or, if they have errors of refraction when they are awake, they will be increased during sleep. This is why people waken in the morning with eyes more tired than at any other time, or even with severe headaches. When the subject is under ether or chloroform, or unconscious from any other cause, errors of refraction are also produced or increased.

When the eye regards an unfamiliar object an error of refraction is always produced. Hence the proverbial fatigue caused by viewing pictures, or other objects, in a museum. Children with normal eyes who can read perfectly small letters a quarter of an inch high at ten feet always have trouble in reading strange writing on the blackboard, although the letters may be two inches high. A strange map, or any map, has the same effect. I have never seen a child, or a teacher, who could look at a map at the distance without becoming nearsighted. German type has been accused of being responsible for much of the poor sight once supposed to be peculiarly a German malady; but if a German child attempts to read Roman print, it will at once become temporarily myopic. German print, or Greek or Chinese characters will have the same effect on a child, or other person, accustomed to Roman letters. Cohn repudiated the idea that German lettering was trying to the eyes.<sup>3</sup> On the contrary, he always found it "pleasant, after a long reading of the monotonous Roman print, to return to 'our beloved German'." Because the German characters were more familiar to him than any others he found them restful to his eyes. "Use," as he truly observed, "has much to do with the matter." Children learning to read, write, draw, or sew, always suffer from defective vision, because of the unfamiliarity of the lines or objects with which they are working.

**1In astigmatism the eye is lopsided. In simple hypermetropic astigmatism one principal meridian is normal, and the other, at right angles to it, is flatter; hence the eye is farsighted in one curvature and normal in another. In simple myopic astigmatism the contrary is the case, one principal meridian is normal and the other, at right angles to it, more convex, making the refraction normal in one curvature and shortsighted in another. In mixed astigmatism one principal meridian is too flat, the other too convex. In compound hypermetropic astigmatism, both principal meridians are flatter than normal, one more so than the other. In compound myopic astigmatism both are more convex than normal, one more so than the other.**

[This is one of footnotes on the bottom page of Better Eyesight Magazine.](#)  
All footnotes have been typed into this book.

A sudden exposure to strong light, or rapid or sudden changes of light, are likely to produce Imperfect sight in the normal eye, continuing in some cases for weeks and months.

Noise is also a frequent cause of defective vision in the normal eye. All persons see imperfectly when they hear an unexpected loud noise. Familiar sounds do not lower the vision, but unfamiliar ones always do. Country children from quiet schools may suffer from defective vision for a long time after moving to a noisy city. In school they cannot do well with their work, because their sight is impaired. It is, of course, a gross injustice for teachers and others to scold, punish, or humiliate, such children.

Under conditions of mental or physical discomfort, such as pain, cough, fever, discomfort from heat or cold, depression, anger, or anxiety, errors of refraction are always produced in the normal eye, or increased in the eye in which they already exist.

The variability of the refraction of the eye is responsible for many otherwise unaccountable accidents. When people are struck down in the street by automobiles or trolley cars, it is often due to the fact that they were suffering from temporary loss of sight. Collisions on railroads or at sea, disasters in military operations, aviation accidents, etc., often occur because some responsible person suffered temporary loss of sight.

### HOW LONG WILL IT TAKE?

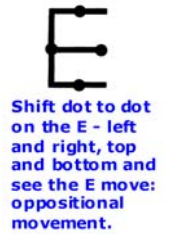
This question is asked so constantly by persons who wish to be cured of Imperfect sight that it seems worth while to devote a little space to its consideration. It is impossible, of course, to answer the question definitely. Cure is a question of the mind, and people's minds are different.

While patients who have worn glasses are usually harder to cure than those who have not, elderly persons who have worn them for the better part of a lifetime are sometimes cured as quickly as children under twelve who have never worn them. These cases are very rare, but they do occur. Some patients can look at the letters on the test card, or in a paragraph of fine print, and imagine them at once to be perfectly black, with the result that they immediately become able to read them. Some patients are able to palm almost perfectly from the start, and nearly all can do it well enough to improve their sight; some never become able to do it until



their sight has been improved by other means.

Most patients, when they look from one side of a large letter to another, or from one side of the card to another, can imagine that the letter, or the card, is moving in a direction opposite to the movement of the eye. Others, whose condition may be no worse, take a week, or a month, or longer, to do the same thing. A patient recently treated was able to do almost everything I asked her to at the first visit. I began, as I always do, by directing her to close and rest her eyes, and, as in the case of most other patients, she was able to improve her sight materially by this method. Then she went on to do a lot of other things, some of which very few patients can do at the first visit, while no one but herself, so far as I can remember, was ever able to do all of them. She was able to stare at a letter and make her sight worse, and she was able to look from one side of it to another and imagine that it was moving in a direction opposite to the movement of the eye. If the letter was seen perfectly, the movement was short, rhythmical and easy; if it was seen imperfectly, it was longer, and irregular. She could not imagine a letter stationary, and if she tried to imagine it so, it blurred. When she looked at a line of letters that she could read, she realized at once that one letter was seen best and the adjoining ones worse; and when she looked at a line that she could not read, she noted that they were seen all alike. She demonstrated at once—which was very remarkable—that a perfect memory is quick and easy, and an imperfect memory slow, difficult and even impossible; that the first relieves fatigue and the second induces discomfort. She also demonstrated that while it was easy to imagine that a letter remembered perfectly was swinging, she either could not imagine such a swing in the case of an imperfectly remembered letter, or else the swing was longer and irregular. It is hardly necessary to say that this patient became able at once to read the whole card, even in a dim light. It was only when she came to fine print that she failed. She could not imagine that the letters of diamond type were swinging. She could imagine the universal swing<sup>4</sup> when she looked two inches away from the letters, but she could not imagine it when she looked between the lines.



These peculiarities of the mind cannot be known in advance, and therefore it is seldom possible, in any given case, to make predictions as to the length of time that will be required for a cure. This much can be stated, however: that marked improvement is always obtained in a few weeks and that all patients obtain some benefit at the first visit. If there are any exceptions to this rule, they are so rare that I do not remember them.

As more facts are accumulated and better ways of presenting things learned, it becomes possible to cure people more quickly. I can cure people more quickly today than I did a year ago, and I expect to cure them next year more quickly than I do today. In the last three months, seven or eight patients have been cured in one visit, with a little additional help over the telephone.

When patients can give considerable time to the treatment they naturally get on faster than those who cannot or will not do this. When they follow instructions and do not waste time in discussion, or in carrying out theories of their own, they also get on faster. One of the advantages that children have over adults is that their heads are not so full of erroneous ideas, and that they are accustomed to doing as they are told.

The chief cause of delay seems to be that people will not believe the truth after it is demonstrated to them. You can demonstrate to anyone in a few minutes that rest improves the vision, but the idea that everything worth while must be gained by effort is so deeply ingrained in the average mind that you may not in a year be able to get it out, and so long as the patient believes that his sight can be improved by effort, he will make little progress.

In most cases it is necessary, in order to retain what has been gained, to continue the treatment for a few minutes every day. When a cure is complete it is always permanent. The patient need never think of the matter again, and may even forget how he was cured. But **complete cures**, which mean the attainment, not of what is ordinarily called normal sight, but of a measure of **telescopic and microscopic vision**, are very rare; and even in these cases the treatment may be continued with benefit, for it is impossible to set limits to the visual powers of man, and no matter how good the sight, it is always possible to improve it.

### RELIEF AFTER TWENTY-FIVE YEARS

While many persons are benefited by the accepted methods of treating defects of vision, there is a minority of cases, known to every eye specialist, which gets little or no help from them. These patients sometimes give up the search for relief in despair, and sometimes continue it with surprising pertinacity, never being able to abandon the belief, in spite of the testimony of experience, that somewhere in the world there must be some one with sufficient skill to fit them with the right glasses. The rapidity with which these patients respond to treatment by relaxation is often very dramatic, and affords a startling illustration of the superiority of this method to treatment by glasses and muscles cutting. In the following case relaxation did in twenty-four hours what the old methods, as practiced by a succession of eminent specialists, had not been able to do in twenty five years.

The patient was a man of forty-nine, and his imperfect sight was accompanied by continual pain and misery, culminating twenty years before I saw him, in a complete nervous breakdown. As he was a writer, dependent upon his pen for a living, his condition was a serious economic handicap, and he consulted many specialists in the vain hope of obtaining relief. Glasses did little, either to improve his sight, or to relieve his discomfort, and the eye specialists talked vaguely about disease of the optic nerve and brain as a possible cause of his troubles. The nerve specialists, however, were unable to do anything to relieve him. One specialist diagnosed his case as muscular, and gave him prisms, which helped him a little. Later, the same specialist, finding that all of the apparent muscular trouble was not corrected by glasses, cut the external muscles of both eyes. This also brought some relief, but not much. At the age of twenty-nine the patient suffered the nervous breakdown already mentioned. For this he was treated unsuccessfully by various specialists, and for nine years he was compelled to live out of doors. This life, although it benefited him, failed to restore his health, and when he came to me on September 13, 1919, he was still suffering from neurasthenia. His distant vision was less than 20/40, and could not be improved by glasses. He was able to read with glasses, but could not do so without discomfort. I could find no symptom of disease of the brain or of the interior of the eye. When he tried to palm he saw grey and yellow instead of black; but he was able to rest his eyes simply by closing them, and by this means alone he became able, in twenty-four hours, to read diamond type and to make out most of the letters on the twenty line of the test card at twenty feet. At the same time his discomfort was materially relieved.

He was under treatment for about six weeks, and then he left the city.

On October 25 he wrote as follows:

"I saw you last on October 6, and at the end of the week, the 11th, I started off on a ten-day motor trip as one of the officials of the Cavalry Endurance Test for horses. The last touch of eyestrain which affected me nervously at all I experienced on the 8th and 9th. On the trip, though I averaged but five hours sleep, rode all day in an open motor without goggles and wrote reports at night by

bad lights, I had no trouble. After the third day the universal slow swing seemed to establish itself, and I have never had a moment's discomfort since. I stood fatigue and excitement better than I have ever done and went with less sleep. My practicing on the trip was necessarily somewhat curtailed, yet there was noticeable improvement in my vision. Since returning I have spent a couple of hours a day in practice, and have at the same time done a lot of writing.

#### Fine print - Directions

"Yesterday, the 24<sup>th</sup>, I made a test with diamond type, and found that after twenty minutes' practice I could get the lines distinct, and make out the capital letters and bits of the text at a scant three inches. At seven I could read it readily, though I could not see it perfectly. This was by an average daylight-no sun. In a good daylight I can read the newspaper almost perfectly at a normal reading distance, say fifteen inches. I seem able now to read ordinary print at a little distance from my eyes without straining; but **I practice bringing it so close that it is not quite clear, and after closing and opening my eyes and thinking of the text as clear and black, or of a perfect black letter, it clears up. I am confident now that in a few weeks I shall be able to read the fine print at three inches. Now that the swing has established itself so well I seem to get the best results on close work by consciously relaxing as much as I can, avoiding all conscious effort to see better, and imagining words or letters perfectly clear and black.** All soreness has gone from the eyeballs, but there are little muscle twitches that catch me when consciously opening or closing the lids. The last few days these almost ceased at the end of twenty minutes practice, and my sight was better.

"I feel now that I am really out of the woods. I have done night work without suffering for it, a thing I have not done in twenty-five years, and I have worked steadily for more hours than I have been able to work at a time since my breakdown in 1899, all without sense of strain or nervous fatigue. You can imagine my gratitude to you. Not only for my own sake, but for yours, I shall leave no stone unturned to make the cure complete and get back the child eyes which seem perfectly possible in the light of progress I have made in the eight weeks since I first went to you.

"I have just been trying the big card for distance in the out-of-door light of an overcast day at two in the afternoon. At twenty feet I get all the bottom line, but the "5" and "6." The "B" also is black. But I think I have done a little better than this. The halos (5) begin to come out spontaneously both on the fine print and on the big card at a distance. I am sure that I only have to keep on to win."

See the Halos, 'White Glow' on the white paper near/ around the edge of the ink of the black letters. Imagining and seeing this brings clear vision.



### FACTS VERSUS THEORIES

Reading fine print is commonly supposed to be an extremely dangerous practice, and reading print of any kind upon a moving vehicle is thought to be even worse. Looking away to the distance, however, and not seeing anything in particular is believed to be very beneficial to the eyes. In the light of these superstitions the facts contained in the following letter are particularly interesting:

"On reaching home Monday morning I was surprised and pleased at the comments of my family regarding the appearance of my eyes. They all thought they looked so much brighter and rested, and that after two days of railroading. I didn't spare my eyes in the least on the way home. I read magazines and newspapers, looked at the scenery; in fact, used my eyes all the time. My sight for the near-point splendid. Can read for hours without tiring my eyes. . . . I went downtown today and my eyes were very tired when I got home. The fine print on the card (diamond type) helps me so. . . I would like to have your little Bible (a photographic reduction of the Bible with type much smaller than diamond). I'm sure the very fine print has a soothing effect on one's eyes, regardless of what my previous ideas on the subject were."

It will be observed that the eyes of this patient were not tired by her two days railroad journey, during which she read constantly;—they were not tired by hours of reading after her return; they were rested by reading extremely fine print; but they were very much tired by a trip downtown during which they were not called upon to focus upon small objects. Later a leaf from the Bible was sent to her, and she wrote:

"The effect even of the first effort to read it was wonderful. If you will believe it, I haven't been troubled having my eyes feel 'crossed' since, and while my actual vision does not seem to be any better, my eyes feel a great deal better.

#### January, 1920

1 - Bates: The Cure of Defective Eyesight by Treatment Without Glasses, N. Y. Med. Jour., May 8, 1915.

2 - In astigmatism the eyes is lopsided. In simple hypermetropic astigmatism one principle meridian is normal, and the other, at right angles to it, is flatter; hence the eye is farsighted in one curvature and normal in another. In simple myopic astigmatism the contrary is the case, one principal meridian is normal and the other, at right angles to it, more convex, making the refraction normal in one curvature and shortsighted in another. In mixed astigmatism one principal meridian is too flat, the other too convex. In compound hypermetropic astigmatism, both principal meridians are flatter than normal, one more so than the other. In compound myopic astigmatism both are more convex than normal, one more so than the other.

3 - Eyes and School-Books, Pop. Sci. Monthly, May, 1881, translated from Deutsche Rundschau.

4 - When the patient becomes able to imagine that the letters on the test card are swinging, everything else thought of also seems to be swinging. This is the universal swing.

5 - When the sight is normal, the margins and openings of letters appear whiter than the rest of the background, and the lines of fine print seem to be separated by white streaks.

## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

February, 1920

### HALOS

When the eye with normal sight looks at the large letters on the Snellen test card, at any distance from twenty feet to six inches or less, it sees, at the inner and outer edges and in the openings of the round letters, a white more intense than the margin of the card. Similarly, when such an eye reads fine print, the spaces between the lines and the letters and the openings of the letters appear whiter than the margin of the page, while streaks of an even more intense white may be seen along the edges of the lines of letters. These "halos" are sometimes seen so vividly that in order to convince people that they are illusions it is often necessary to cover the letters, when they at once disappear. Patients with imperfect sight also see the halos, though less perfectly, and when they understand that they are imagined, they often become able to imagine them where they had not been seen before, or to increase their vividness, in which case the sight always improves. This can be done by imagining the appearances first with the eyes closed, and then looking at the card, or at fine print, and imagining them there. By alternating these two acts of imagination the sight is often improved rapidly. It is best to begin the practice at the point at which the halos are seen, or can be imagined best. Nearsighted patients are usually able to see them at the near-point, sometimes very vividly. Farsighted people may also see them best at this point, although their sight for form may be best at the distance.

The White Glow  
around a letter E



THIN WHITE LINE  
THIN WHITE LINE  
WHITE SPACE  
BETWEEN SENTENCES

### NEW EYES FOR OLD By GRACE ELLERY CHANNING

EDITOR'S NOTE.—We are constantly hearing of patients who have been able to improve their sight by the aid of information contained in this magazine, or in other publications on the same subject, without personal assistance. The following is a very remarkable example of these cases, as the improvement was made while the patient was handicapped by having to wear her glasses a great part of the time.

There was once a gentleman who attempted to sell new lamps for old ones. And another who tried to exchange, on Waterloo Bridge, perfectly good new shillings for sixpence. In both cases the wares were as advertised, but both fell under suspicion.

It is perhaps, then, not to be wondered at that an offer of new eyes for old should meet with a similar fate at the hands of a public early trained to suspect the worst—in a world where few things are as represented and nothing is to be had for nothing.

In no other way, at least, can I account for the fact that so much of the world is still in glasses, after a brief experience of my own. This is the story:

Something over a year ago, in one of those periodic fits of dejection common to those who abuse their eyes and then wonder at their failure. I chanced to take up a copy of the *New York Tribune*, open exactly at an article on Eyes, in the column devoted to scientifico-medical truth.

I may as well confess at once that I read this column chiefly to scoff: it is a privilege reserved to those born in doctor's families. Moreover the condition of my own eyes at the moment, after years of oculists and opticians, was one to make me particularly from Missouri in my mental attitude towards anything calling itself a new "cure." Still—I ran through the article.

It was brief, a mere review of another which had appeared in the *Scientific American*, and I grasped but a fragment of the principle—that defects of vision were not necessarily integral, but might result from defectively controlled muscles distorting the eyeball—pulling it out of shape. Hence nearsight, farsight, astigmatism, etc., might be curable through muscle-control. The treatment consisted in relaxation and re-education, intelligently applied.

As I grasped it, not being hampered by scientific pre-possessions, the thing appeared so simple that I exclaimed to myself: "How sensible!"—hastily qualifying it with, "How much too good to be true!" For here was something rational—something you could do for yourself without either being cut up or poisoned. The article mentioned that patients went home and taught their families—it was so simple. There was nothing to prevent one's at least trying it on oneself.

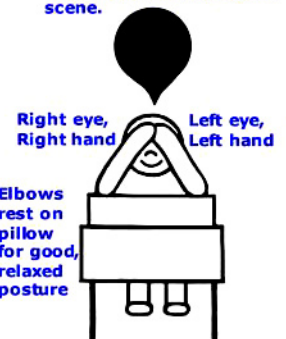
The only detail of treatment set forth—or which I grasped—was that the eyes could be relaxed most conveniently by looking at black, and that by covering the eyes with the palms of the hands ("palming") black could be retained as a mental vision, or memory, during which the eye was at rest. By practice, one could learn to "remember black" with the eyes opened, at will, and when it was not there. Thus muscular control could be re-established.

It was at least worth trying, and I tried. (Here it is interesting to remark that the moment you look at a black thing, you realize it isn't. A really black object is hard to find, but not necessary to success; the approximate will serve. Later I discovered that a black period—of printer's ink—was sufficient, but I am giving by preference the tale of my first blundering efforts.)

My first discovery was one which anyone may make for himself; it contains the crux of the whole. This is, that after looking at black, "palming," and seeing black with the eyes shut (at first one may see grey or red), and then opening the eyes, there is an appreciable instant of clear vision, in which letters or images previously blurred and hazy come out sharp and definite. For that brief instant I could read clearly; then immediately the old habit of muscular strain set in again and vision lapsed. But *that instant was enough*. For, if for any fraction of time at all vision could be reconquered, clearly the organ of vision was intact; the trouble was extraneous, functional, might be removable. All that was needed was to *make that instant permanent*, and that, evidently, was a mere matter of reeducating the exterior muscles of the eye and fixing a habit.

So far as I was concerned that first experiment was final. I was as convinced then as I am convinced now that I, or anyone else in my case, can recover vision virtually whole, with time, patience and training. The demonstration was, for me, complete. Nobody had proved it to me, I had, proved it to myself. Relaxed, eyes could return to the normal and see without glasses.

Palm and Imagine perfect  
black or any pleasant  
thought, memory, object,  
scene.



Left hand over the left eye  
first. Then right hand over  
right eye and right hands  
fingers cross over on top of  
the left hands fingers in the  
center of the forehead.

How to take advantage of my discovery was another matter. My days are largely spent in typing; my nights (too largely) in reading, both in glasses, which of course are framed to perpetuate the errors they confirm, so that every pair of glasses has to be farther from the normal than the one before. With a war on, I could neither stop working nor reading newspapers. Yet the first requisite for the new cure I assumed to be the abandonment of the glasses. (I have since heard of cases cured even while in glasses.)

I postponed, then, all hope of my own cure to some date "after Peace." But I was too interested and fascinated to quite let the matter drop. Accordingly I began to play with the small fragment of theory I had assimilated (very inaccurately, I now realize), in the scant leisure of my daily outings. I practiced "seeing black" on the coat-backs of pedestrians, and "central fixation" (which means seeing what you look at *where* you look at it, and not its edges instead,) on the street signs and advertising bill-boards. My companions began to recognize my "seeing black" expression. As a skeptic, I am something of a trial to them and they enjoyed, perhaps, seeing the biter bit. But I was getting results—undoubling the long-doubled stars, making one moon grow where the proverbial two had grown before. Blurred letters of fantastic height I was reducing to neat, clear rows, half as high; I who had not read a headline, with just *eyes*, for years, was reading them all. Thence I passed to the higher literature; probably nobody has ever been so stirred by the genius of Mr. Shonts as I, when first I could untangle his lines. Next came the gems of verse in street-car advertisements. Now I read them all alike, indifferently, negligently, as being no great thing, down to the quite fine ones, if the vehicle is moderately light.

The first really startling intimation of gain, however, came to me one hurried morning when, taking my mail from the box, I read my letters one after another, on the way to the bus, and only realized later, as I was rolling downtown, that I had read them all without glasses—and without noticing it. It was fully ten years since I had been able to read a line of a letter without glasses, frequently to my extreme inconvenience.

This is as far as I have gone—except that I am still going. Month by month, I recover a little and a little more of my ability to see normally, and meanwhile, as a most important by-product of the gain, I lose the old fatigue and ache which, with its accompanying depression, made my hours without glasses periods of strain. Here I should explain that my eyes are always under a twofold strain—for I listen with them. Only the partly deaf will fully understand this, but it makes the importance of this new treatment, for them, incalculable. And the deaf are as the sands of the sea.

Now, if gains so real and so appreciable can be made in quarter-hour and casual applications of a partially-grasped theory, and while with both hands one is engaged in undoing for the remainder of the hours what one has done in the quarters, is it not fair to believe that a proper, steadfast, continuous application of the theory would work miracles for those multitudes of mankind who suffer every form of disability and handicap now covered by the term "eyestrain"? We are told that pretty much everything from flat feet to baldness can proceed from eyestrain, and for my part I believe it; I know what earstrain can do. We are also assured that children in our schools suffer, by tens of thousands, from defective vision, and are turned into truants, invalids and criminals. Almost the largest percentage of physical disqualifications in our Army were optical—and that under an incredibly low standard. Eyes, then, are not an academic but a vital issue. How is it possible that we fail to investigate to the last point any and every possible means of relief from an evil well-nigh universal?

This is the question I have naturally been asking, north, south, east and west, for a year past. It seems time now to ask it out loud—in print. Of course I have found excellent people to tell me that my discovery "isn't so," and other excellent people to tell me that "everybody has always known it" anyway, which does not explain to me why "everybody" is still wearing glasses. I was sufficiently interested myself to go and talk with a few of the cured enthusiasts; their attitude is about what mine would be in their case—that of those who were present at the Pool Bethesda and *saw* the miracle effected. I also had the curiosity to go and talk with the author of the revolutionary theory that eyes can be cured without glasses, himself—Dr. Wm. H. Bates.

I went to Dr. Bates through streets filled with people wearing glasses, and punctuated at intervals by the signs of oculists, opticians, and makers of optical devices for the near-blind. My own oculist's and optician's offices are usually thronged with a waiting list; it occurred to me that I might find cordons of troops keeping order about Dr. Bates'. I found neither the cordon nor the crowds. Why?

Here is a man who is either an absolute benefactor of humanity, or who makes an unfounded claim. He should be given, not for his own sake but for ours, the widest opportunity and the heartiest encouragement to prove or disprove his theory, past all possibility of question. It is indeed so extraordinary that he has not been forcibly summoned to do this before now, by an impatient public, that it can only be accounted for by that ancient disability of the human mind to accept new things if strange—new lamps for old, real shillings sold for sixpence, or truth that is as simple as a lie. Yet, actually, of course, truth is always simple—the only simple thing there is.

New eyes for old, ladies and gentlemen! Who wants them?

## STORIES FROM THE CLINIC

### 1. *Joey and Patsy*

By EMILY C. LIERMAN

EDITOR'S NOTE.—*Mrs. Lierman wore glasses for thirteen years. She was cured six years ago, and has since acted as a very enthusiastic assistant in the laboratory and clinic of the editor. She is not a physician, but obtains results, having never failed to improve the sight of any patient whom she has treated—a wonderful record.*

Joey is a little Italian boy who was struck on the head a few months ago in an automobile accident, and injured in such a way that he became almost totally blind in the left eye. Patsy is Joey's brother, and from him it was learned that when the accident occurred Joey was at the head of his troops, conducting a strategic retreat after a fierce conflict in which he had been obliged to yield to adverse fortune. His face was to the foe and the automobile was behind him. Hence the catastrophe.

A week later he was brought to the clinic of the Harlem Hospital by his aunt. Dr. Bates examined him and found that he was suffering from optic neuritis and retinal hemorrhages of the left eye, as a result of which the vision of this eye had been reduced to mere light perception.

The child was now brought to me for treatment, and never have I seen a more forlorn little specimen of humanity. I did not know then that a gang of street boys had once looked up to him as their leader, and I never should have suspected it. There was not the shadow of a smile upon his face, and he had not a word to say. Both his face and his clothes were dirty. The latter were also ragged,



while his shoes were full of holes. His teeth were wonderful, however, and beneath the grime on his small countenance one could catch glimpses of the complexion of perfect health. I told him to rest his eyes by closing and covering with the palms of his hands, and after a few minutes he was able to see the largest letter on the test card with his blind eye. I told him to do this six times a day for five minutes at a time, and to come back on the next clinic day.

The next time I saw him he not only had made no progress, but was as blind as he had been at the beginning. His aunt said: "You scold him. Tell him you will keep him here, because he will not palm or do anything he is told to do at home."

I answered: "You do not wish me to lie to him, do you?" Joey looked up into my face, so sad and worried, waiting for me to defend him again, as his aunt replied: "Well, I will leave him here and not take him home again."

"All right," I said. "I live in the country, and perhaps Joey would like to go home with me and play in the fields, and watch the birds build their nests, and learn how to smile as little boys should."

Well now, you should have seen that dirty little face flush up with excitement and pleasure.

"Joey," I said, "you are going to love me a whole lot, because I love you already; but you must mind what I say, because if you don't you will go blind."

Joey then consented to palm for a few minutes, and his sight improved so that he was able to see the large letter of the test card three feet away. He now made an effort to see the next line of two letters, but not only did he fail to do so, but he also lost the large letter. The strain had made him blind again.

How I wish I had more time to spend on a case like this! But the room was full of patients, and more were coming continually. I had to attend to them. So I asked Joey, very gently, to palm and not take his hands from his eyes until I came back. After ten minutes I returned and asked what he could see. To my surprise he read five lines of the test card with the blind eye. Much encouraged I sent him home, and he promised to palm six times a day. He stayed away almost a week and I worried about him, for I knew he would forget what I had told him to do. Then one day he turned up with his brother Patsy, who, I believe, is twelve years old. My, how Patsy did talk! Joey had not a word to say, and did not smile until I asked him to. Patsy said that Joey did not practice, and that his father hit him on the head and threatened him with all sorts of things to make him do so. It was quite evident that he had not practiced. When I asked him to read the card, all he could see was the big letter at the top at three feet.

Poor little Joey! I gathered him in my arms, patted his dirty face, and told him that if he would count six fingers for me and practice palming as many times a day I was sure Santa Claus would have some toys for him at Christmas time. Joey was all smiles, and stood with his eyes covered for a long time. When he again looked at the card he read the fifth line. Meantime Patsy was telling me all about the accident in which Joey had been injured, and also all about the rest of the family. His big brother was going to be married, he said, but not until another brother, eighteen years old, was out of prison. Patsy talked like a man and his voice sounded like a foghorn; but I saw that he had a gentle nature and I enlisted him as my little assistant. I asked him if he would not try to get Joey to palm more, and told him that he must always, speak kindly to him. I also asked him to ask his father not to hit Joey on the head again, because that made the hemorrhages worse and Joey would go blind. Bless Patsy's heart! He promised to help me all he could, and I am sure he deserves much of the credit for what I was afterward able to do for Joey.

After this Joey's progress was steady. He responded to kindness as a flower responds to the sun. But if I ever forgot myself and spoke to him without the utmost gentleness—if I even raised my voice a little—he would at once become nervous and begin to strain. One day I remonstrated with him because he had not done what I had told him, and a few moments later when I asked him to read the test card with his left eye, he said, "I can only see the large letter." I began to pet him, telling him what a great man he might be some day and how important it was for him to see with both eyes. He smiled and palmed, and in a short time he again read five lines of the card.

At a recent visit he was very conspicuous because he had had his face washed. I could see that he wanted me to notice this, which of course I did, giving him high praise for his improved appearance. He smiled and started to palm without being told to, and his sight improved more rapidly than at any previous visit.

His last visit was a happy one. He saw all of the bottom line at ten feet without palming.

One day Patsy appeared at the clinic wearing spectacles. "Patsy, for heaven's sake, what are you wearing those things for?" I asked.

"The nurse in school said I needed glasses and my father paid four dollars for them—but I can see without them."

His vision without glasses was 20/100. After palming five minutes it improved considerably.

"Do you want to be cured without glasses?" he was asked.

"Sure, I don't want to wear them."

"Well, you ask father's permission and I will cure you." Fortunately, father had no objection, and now Patsy sees much better without glasses than he ever did with them. He says that the blackboard looks blacker than it used to, and that his lessons do not seem so hard. His vision is not normal yet, but after he has rested his eyes for part of a minute, simply by closing them, he can read the bottom line of the test card easily at ten feet.

## SEEKING A MYOPIA CURE

By L. MEHLER

When the *Lusitania* was sunk I knew that the United States was going to get into trouble, and I wanted to be in a position to join the Army. But I was suffering from a high degree of myopia, and I knew they wouldn't take me with glasses. Later on they took almost anyone who wasn't blind, but at that time I couldn't possibly have measured up to the standard. So I began to look about for a cure.

I tried osteopathy, but didn't go very far with it. I asked the optician who had been fitting me with glasses for advice, but he said that myopia was incurable. I dismissed the matter for a time, but I didn't stop thinking about it. I am a farmer, and I knew from the experience of outdoor life that health is the normal condition of living beings. I knew that when health is lost it can often be regained. I knew that when I first tried to lift a barrel of apples onto a wagon I could not do so, but that after a little practice I became able to do it easily, and I did not see why, if one part of the body could be strengthened by exercise, others could not be strengthened also. I could remember a time when I was not myopic, and it seemed to me that if a normal eye could become myopic, it ought to be possible for a myopic eye to regain normality. After a while I went back to the optician and told him that I was convinced that there must be some cure for my condition. He replied that this was quite impossible, as everyone knew that myopia was incurable. The assurance with which he made this statement had an effect upon me quite the opposite of what he intended, for

when he said that the cure of myopia was impossible I knew that it was not, and I resolved never to give up the search for a cure until I found it. Shortly after I had the good fortune to hear of the editor of this magazine, and lost no time in going to see him. At the first visit I was able, just by closing and resting my eyes, to improve my sight considerably for the Snellen test card, and in a short time I was able to make out most of the letters on the bottom line at ten feet. I am still improving, and when I can see a little better I mean to go back to that optician and tell him what I think of his ophthalmological learning.

### **MENTAL EFFECTS OF CENTRAL FIXATION**

A man of forty-four who had worn glasses since the age of twenty was first seen on October 8, 1917, when he was suffering, not only from very Imperfect sight, but from headache and discomfort. He was wearing for the right eye: concave 5.00D.S. with concave 0.50D.C. 180 degrees, and for the left concave 2.50D.S. with concave 1.50D.C. 180 degrees. As his visits were not very frequent and he often went back to his glasses, his progress was slow. But his pain and discomfort were relieved very quickly, and almost from the beginning he had flashes of greatly improved and even of normal vision. This encouraged him to continue, and his progress, though slow, was steady. He has now gone without his glasses entirely for some months. His wife was particularly impressed with the effect of the treatment upon his nerves, and in December, 1919, she wrote:

"I have become very much interested in the thought of renewing my youth by becoming like a little child. The idea of the mental transition is not unfamiliar, but that this mental, or I should say spiritual, transition should produce a physical effect, which would lead to seeing clearly, is a sort of miracle very possible indeed, I should suppose, to those who have faith.

"In my husband's case, certainly, some such miracle was wrought, for not only was he able to lay aside his spectacles after many years constant use, and to see to read in almost any light, but I particularly noticed his serenity of mind after treatments. In this serenity he seemed able to do a great deal of work efficiently, and not under the high nervous pressure whose after-effect is the devastating scattering of forces.

"It did not occur to me for a long time that perhaps your treatment was quieting his nerves. But I think now that the quiet periods of relaxation, two or three times a day, during which he practiced with the letter card, must have had a very beneficial effect. He is so enthusiastic by nature, and his nerves are so easily stimulated, that for years he used to overdo periodically. Of course, his greatly improved eyesight and the relief from the former strain must have been a large factor in this improvement. But I am inclined to think that the intervals of quiet and peace were wonderfully beneficial, and why shouldn't they be? We are living on stimulants, physical stimulants, mental stimulants of all kinds. The minute these stop we feel we are merely existing, and yet if we retain any of the normality of our youth do you not think that we respond very happily to natural simple things?"

### **BETTER EYESIGHT**

#### **A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES**

**March, 1920**

#### **INFLUENZA—A QUICK CURE**

When the muscles of the eyes are perfectly relaxed all errors of refraction are not only corrected, but abnormal conditions in other parts of the body are also relieved. It is impossible to relax the muscles of the eyes without relaxing every other muscle in the body. When people have colds or influenza the muscles that control the circulation in the affected parts are under a strain, the arteries are contracted, and the heart is not able to force the normal amount of blood through them. The blood consequently accumulates in the veins and produces inflammation. Hence any treatment which relaxes the muscles of the eyes sufficiently to produce central fixation and normal vision will cure colds and influenza. When one palms perfectly, shifts easily, or has a perfect universal swing, not only the muscles which control the refraction, but the muscles of the arteries which control the circulation of the eyes, nose, lungs, kidneys, etc., are relaxed, and all symptoms of influenza, disappear. The nasal discharge ceases as if by magic, the cough is at once relieved, and if the nose has been closed, it opens. Pain, fatigue, fever and chilliness are also relieved. The truth of these statements has been repeatedly demonstrated.

The Editor is very proud of this discovery which is now published for the first time.

*EDITOR'S NOTE.—The writer of this article, a young man of twenty, was wearing, when first seen, the following glasses, prescribed three years earlier: both eyes, concave 6.50 D. S. combined with concave 3.00 D. C. 180 degrees. He also brought with him, from the Mayo Clinic, a later prescription—right eye, concave 9.00 D. S. combined with 4.50 D. C. 180 degrees; left eye, concave 8.00 D. S. combined with concave 3.00 D. C.—which indicated that there had been a very rapid advance in his myopia. The progress he made in the brief period of six weeks was very unusual.*

By E. E. AGRANOVE

I was only eight years old when the teacher told me that I couldn't come to school if I didn't get glasses. So, of course; I had to get them, and of course, I hated them. They kept me out of all the games that a boy really likes, such as baseball, and they made me terribly self-conscious.

Every little while I had to get new and stronger glasses. They were changed eight times in the course of the next nine years, by the end of which time I had what the specialists pronounced to be a very bad case of progressive myopia. After that I refused to make any more changes, for I had lost faith in glasses and wasn't interested in trying new ones.

Although my eyes kept getting worse all the time, and the specialists said there wasn't a chance of a cure, I always felt sure that sometime I would find a cure, and I tried and investigated everything that seemed to offer any hope of relief. One specialist said that while I couldn't be cured, it would help me to live out of doors. So I gave up my job as a telegrapher, went west and got work in the open air. It didn't do me a bit of good. Then I went in for physical culture; but, while this improved my general health, it didn't help my eyes. I tried osteopathy and chiropractic, but they didn't help either. I read all the literature on the subject that I could find, and the invariable assertion of the authorities that my condition was hopeless did not shake my conviction to the contrary. I even made a trip to Rochester, Minnesota, for the sake of visiting the famous Mayo Clinic, where I expected to find all medical wisdom concentrated. All I got was a prescription for a stronger pair of glasses and a confirmation of the statements of my previous medical advisors, and of the medical books, that myopia was incurable. I remained unconvinced, however.

I now happened to run across an article in the *Literary Digest* about a method of curing shortsight by squeezing the eyeball, said to have been used successfully in Paris. I wrote for further information but was told that the article was merely a reprint from *La Nature* and that the office knew nothing more about it. The editor suggested, however, that I write to Dr. Bates who was making a special study of this problem. I had already heard of Dr. Bates through another source, and I lost no time in following this advice. He assured me that my condition was curable, and as I did not want to go to the expense of going to New York I asked him if he could treat me by correspondence. He replied that while he had cured many patients by correspondence, such treatment was slow and at a little uncertain, and in a case as serious as mine had better not be relied upon. As soon as I was able, therefore, I gathered together all the money that I had and went to New York, in spite of a tremendous amount of opposition and no encouragement whatever. Every doctor and every layman to whom I mentioned my purpose said I was crazy to suppose that shortsight could be cured, when all the books said it was incurable. My brother, who is an optician, was so strong in his opposition that I don't think I should ever have got to New York if I hadn't pretended that I was going for some purpose other than the real one-and even after I got there and was able to write to him that my sight was improving, he kept urging me to come home, telling me that any man who pretended to cure shortsight must be a quack, and that if I imagined I was getting any benefit it was because I had been hypnotized.

I arrived in New York on December 17, 1919, and went at once to Dr. Bates. When my eyes were tested with the Snellen test card, I found that at twenty feet I could see only the large letter at the top. I could read large print at five and a half inches, but could not read it any nearer or any farther, and could not see diamond type distinctly at any point.

I put in six hours a day at the office, practicing constantly with the Snellen test card, and at first found it rather discouraging and tiresome. When I tried to palm I saw all the colors of the rainbow instead of black. As I could not see anything perfectly, either at the near-point or the distance, I could not remember anything I saw perfectly. Even my own signature I was unable to visualize. Neither could I imagine that the letters on the card were moving when I shifted from one to another, or from one side of a letter to another.

At the end of a week, however, I succeeded in getting the swing, becoming able to imagine not only that the letters on the card were swinging, but that my body and everything that I thought of was swinging also. This **universal swing** soon established itself so thoroughly that I was unable to stop it and the Doctor had to tell me how. I did it by staring at a letter of fine print for a few seconds. After this things began, to go better. As long as I imagined the universal swing I could see black when I palmed and remember it with my eyes open. When I imagined it on the street it was as if a fog had lifted, or the sun had come out from behind a cloud. My sight improved rapidly, and I began to find the practice extremely interesting. I never got bored or sleepy, and, in fact, never had such a good time in my life.

Besides improving my sight the swing did many other things for me. I had never done any running before coming to New York, but I now began to experiment with that form of exercise, not expecting in the least to distinguish myself. In a week, however, I was **able to run eleven miles, without fatigue or loss of breath, and without even feeling sore or stiff afterward. This I attributed to the swing, which I kept up all the time I was running. When I did not do this, I quickly became tired.** One day I had to visit a chiropodist to have an ingrowing nail treated. The first touch was excruciatingly painful. Then the chiropodist turned away to get an instrument, and I began to swing. When he resumed work I felt no pain, and the operation was finished painlessly. Even loneliness seemed to flee before this imaginary rhythmical movement, and it has now become so necessary to my existence that I would even be willing to go back to the hated glasses rather than be without it.

When I left New York on December 31 I was able to make out some of the letters on the bottom line of the test card at twenty feet and to read diamond type at from four to eighteen inches, while my eyes, which had previously been inflamed and partly closed, were clear and wide open. Incidentally my memory, which had previously been so poor as to cause me great inconvenience, and for which I had taken several memory courses in vain, had improved as much as my eyesight.

## 2. A Case of Cataract

By EMILY C. LIERMAN

One day as I entered the clinic I found a little white haired woman waiting patiently to be treated. I had not seen her before, and did not know what her trouble was. The usual crowd of patients was waiting for Dr. Bates and myself, so when he said to me, "See what you can do for this woman," I did not ask any questions, for I knew that whatever the condition of her eyes relaxation would help her.

I placed her four feet from the test card, at which distance she read the forty line (read by the eye with normal vision at forty feet), and told her how to rest her eyes by palming and how to avoid staring by shifting from one side of a letter to another. These practices helped her so much that before she left she was able to read the thirty line.

Later I learned that she had first seen Dr. Bates in March, 1919, and that she had incipient cataract of both eyes. In October, 1916, she had visited another dispensary where an operation was advised when the cataracts were ripe. I also learned that in spite of her seventy-three years she worked hard every day for her living, being employed in an orphan asylum where she mended the children's clothes. The fact that she was very deaf I saw for myself, of course, at the first interview, for I had to scream to make her hear. Her courage and cheerfulness under circumstances that might have daunted the bravest spirit were amazing. Her face was always radiant with smiles, and she was so witty, and so appreciative of everything that was done for her, that each one of her visits to the clinic was a pleasure to me.

"I have so much to be thankful for," she said one day. "I know I will see all right again. They are waiting to operate at the other dispensary, and I am waiting to fool them."

The orphanage is about two miles from the clinic, and often she walks the entire distance rather than bother waiting for a car. She insists after these feats that she isn't a bit tired. One day there were no cars running and the walking was so bad that a friend urged her not to go out unless she was prepared to swim. She came just as usual, however. Why should she stay in, she asked, because other people were afraid to go out. She wasn't tired either, and she hadn't even got her feet wet. She just dodged the snowdrifts.

Most patients frown when they cannot see a letter, but my little cataract patient smiles instead and remarks cheerfully, "That's the time you got me."

One day she did not do as well as usual, and I found that the people in the place where she worked had been saying unpleasant things. I told her she must try not to let things of this sort disturb her, because that made her strain and made the cataracts worse.

"Well," she said, "it is mighty hard not to worry; but I'll try not to."

At a recent visit she explained that she wouldn't be able to do very well because she hadn't had time to practice.

"Never mind," I said. "Just do as well as you can." Without her knowing it I placed her two feet farther from the card than usual. Then I told her to palm, and after a short time I pointed to a small letter on the bottom line and asked her if she could see it. She recognized it immediately. Then I pointed to another, but she was so eager to see it that she tried too hard and failed. She closed her eyes for a few minutes without palming, and when she opened them she read the whole line. I then told her that she was two feet farther away from the card than she usually was. She was very happy about this and said, "That's the time you fooled me."

She has since become able to read the bottom line at ten feet, and one day she read it at eleven feet, without knowing it and without having done any practicing at home. On sunshiny days she can read the "W. H. Bates, M.D." on Dr. Bates' card, and for over a month she has done all her sewing without glasses. There is no doubt that she is going to fool them at the other dispensary.

**Along with the improvement in her eyes has gone a considerable improvement in her hearing. Noises in her ears which she describes as a "ringing and a singing" are promptly relieved by palming,** and she says that the relief, which at first was only temporary, is now becoming more constant. She also says that she hears conversation better than she used to.

## HOW I WAS CURED

By VICTORIA COOLIDGE

EDITOR'S NOTE.—*This is the first of a series of articles by the same author. Next month she will tell us how she cured other people. Owing to her high degree of hypermetropia, her own cure is particularly interesting.*

When I went to see Dr. Bates I had been wearing glasses for twenty-six years. A prescription for glasses given to me in 1899 read: right eye, convex 5.00 D. S. combined with convex 0.50 D. C. 180 degrees; left eye, convex 5.00 D. S. combined with convex 1.00 D. C. 180 degrees. Another given to me in 1917 read nearly the same. I had consulted five different eye specialists, some of them several times, and they all told me the same thing—very poor sight caused by malformation of the eyeball and no possibility of cure.

Fortunately, I was only a child when I first put on glasses, and these statements, instead of discouraging me, made me feel that I was very important and should be the envy of all my schoolmates. As I grew older, however, I began to have headaches; so I had my glasses changed and my home study was reduced to one hour. As the changing of my glasses meant, at that time, a trip out of town, both parts of the treatment were very pleasant—more pleasant than effective, for the headaches continued.

Each time the eye specialist gave me stronger glasses, and gradually my vision for distant objects became worse and worse. When I went to the theatre I could not see the faces of the actors distinctly unless I sat as near as the fifth or sixth row from the stage; and when I discussed the play with the persons who accompanied me, the accuracy with which they could describe the features and expressions of the actors, without the aid of eyeglasses or opera-glasses, seemed unbelievable. The feeling of depression which I experienced on these occasions, however, was only momentary, and on the whole I was resigned to my fate.

But resignation was not so complete as to dull entirely my sense of ocular deformity; and, especially when I had had some fresh reminder of it in the shape of a headache, or inability to finish a book because of tired eyes, I searched the magazines eagerly for discoveries about the eye. I felt sure that science had not said the last word about that subject. In January, 1915, my attention was called to an article entitled *New Light Upon Our Eyes*, in the *Scientific American*, and I lost no time in reading it. You may be sure the article stated that Dr. Bates, who was already well known to the scientific world as the discoverer of adrenalin, had made a series of experiments on animals, the results of which struck at the very foundations of the present method of treating errors of refraction. They indicated, in short, that the **lens is not a factor in accommodation, and that the deviations from the normal in the**



**shape of the eyeball which produce errors of refraction are caused by a strain of the extrinsic muscles. As soon as the strain is removed, by perfect relaxation, the eyeball resumes its normal shape and there is no error of refraction. The remedy, therefore, was not to put glasses before the eyes, but to remove the strain which caused the abnormal action of the outside muscles.**

The morning after reading the article I took off my glasses, and tried to knit, but put them on more quickly than I had taken them off, for my sight was so poor without them that I made several mistakes and experienced a feeling of nausea. I believe that I had never until that moment realized how very poor my sight had become. I began to leave off my glasses whenever I had no close work to do, in spite of the fact that I had been warned by one eye specialist never to let them leave my nose during waking hours, and I determined to see Dr. Bates the very next time I came to New York.

The following August I called on Dr. Bates. I was prepared to make any sacrifice, or to spend any amount of time—five years, ten years—it didn't matter, if my eyes were only getting better all the time instead of worse. The only thing that troubled me was the fear that he might tell me that my case was hopeless. This thought was so prominent in my mind, in fact, that I told him at once that I was afraid he could do nothing for me. I wanted him to know that I was prepared, so that if I must hear my doom I might hear it without delay.

After making a careful examination of my eyes, Dr. Bates asked me what was the lowest line that I could read on the test card. I found that I could read the thirty line at a distance of fourteen feet. Then he asked me if I could see anything on the line below. I said I could see the hollow square. Then he directed me to close my eyes, remembering how the square looked, I was able to do that, and he next directed me to look at the blank wall, still remembering the square; while I was doing so, he examined my eyes again with a retinoscope and found them normal. When the strain was removed from my eyes by remembering the square perfectly and looking at the blank wall without trying to see anything, my vision became normal. The impossible had evidently been accomplished. For a few moments, at least, the lopsided eyeballs with their consequent errors of refraction had been miraculously rounded out. Dr. Bates now asked me to close my eyes, and then left me for about fifteen minutes. When he returned, he handed me one of his professional cards and asked me if I could read anything on it. It seemed to me, I remember, a very foolish question because I had previously told him that I could read nothing without glasses. A newspaper looked like a big gray blur, and the harder I tried to see it the more blurred it became. However, I took the card and tried to read it, but, as I expected, without success. So he asked me to close my eyes again, this time covering them with the palms of my hands, and thinking of the blackest thing I could remember, which happened to be black paint. I did this for perhaps twenty minutes. After this he gave me the same card again, and directed me to hold it close to my eyes, about six inches, and to look alternately at the top and bottom of the letters. Much to my amazement and joy, a "B" came out clearly enough for me to recognize it. I kept on in this way, occasionally closing my eyes, until I could see "Bates," "Dr. W. H. Bates." and finally the telephone numbers printed in small type. I felt as if I were in a dream, or as if I must be some one else. I lived in the clouds for the rest of the day, but somehow managed to get in some palming and some practice with the Snellen card.

The next day I did better, and I have kept on improving ever since. The best of it is that every gain is permanent. Dr. Bates told me that I would never have to wear glasses again, but I kept them near me for two or three weeks in case of emergency, just as Dr. Manette, in Dickens' *Tale of Two Cities*, used to keep his shoemaking tools and bench at hand in the event of his relapsing into his disordered state of mind. I never had to use them, however, and about six months ago I sold them for old gold. My vision is now 20/20 in a good light and 20/30 in any light, and I can read diamond type at six inches.

## AFTER GLASSES FAILED

By FLORENCE MILLER

I began to wear glasses when I was fifteen years old, and wore them unchanged for seven years. Then I went to another specialist who gave me new ones—stronger, I suppose. I wore these for a year, and then, not feeling quite comfortable in them, I consulted a third specialist, who changed them again. These lenses I wore for four years, by the end of which time I had begun to have constant though not severe **headaches**. I went back to the third specialist a second time, but he said he could not improve upon the lenses I was wearing, and I went on having the headaches, which gradually became worse until sometimes I had to go to bed with them.

One day my son, ten years old, came home and said that the teacher had told him that he needed glasses. Naturally I did not wish to see him wearing spectacles if there was any way of avoiding it, and as my husband, who is a physician, had recently heard Dr. Bates read a paper at a medical society on his method of curing errors of refraction without glasses. I took my boy to see him. Dr. Bates not only assured me that the child could be cured, but improved his sight markedly at the first visit. Then he turned to me and said:

"I can cure you, too."

"But I couldn't possibly go without glasses," I said; "I get such awful headaches when I do."

"Do you want to be cured very much?" he asked.

"I would do anything in this world," I said, "to be cured."

"If so," he answered, "I can cure you, and you will be able to go without your glasses without getting headaches."

"What do you want me to do?" I asked.

"I want you to take off your glasses," he said, "and come and see me every day for a while."

I took the glasses off, and have never worn or wanted them since. Just what became of them I don't know. My impression is that I gave them to the doctor and that he put them in a cabinet where he deposits treasures of that kind. He says he told me to throw them in the ash-can, and that I afterwards said I had done so. At any rate I am sure that I never put them or any other glasses before my eyes since that day.

This was on July 14, 1914, and my vision, as tested by the Snellen test card without glasses, was 20/200 in each eye. The doctor said I had compound myopic astigmatism and that my glasses were concave 0.50 D. S. combined with concave 1.50 D. C. 180 degrees. It was troublesome and tedious learning to see. For two months I went to see Dr. Bates nearly every day, and he spent half an hour or more with me. For another two months I went twice a week. Since then I have continued to practice more or less regularly with the test card. But the results have been worth all the trouble.

Most of the practice time I spent simply resting my eyes by closing them, or by covering them with the palms of my hands, then looking at the test card for a moment and resting again. The doctor told me that when I looked at a letter on the test card and did not see one part of it better than the rest I was immediately to look away and rest my eyes. He also recommended me to imagine that I saw one part of a letter best with the eyes open and closed alternately. In this way I finally became able to look at each and every letter on the card and see one part of it best, when my vision became normal, and even double what is ordinarily considered normal.

On July 20, less than a week after I began to take the treatment, I was able to read most of the letters on the bottom line of the test card at twenty feet (20/10), and in two weeks I could read all of them. At first I was able to do this only temporarily, but gradually I became able to hold the letters longer. On August 12 I was able to report that for the first time in years I had not had a headache for a whole week. By September 2 I was able to read and sew as much as I liked without any discomfort in my eyes. When I wore glasses the theatre and movies had always hurt my eyes terribly, but instead of advising me to stay away from these places, Dr. Bates urged me to go to the movies and look at them just as I did at the test card—that is, by alternating vision with rest. I was to look first at the corner of the screen, then off to the dark, then a little nearer the center, and so forth. In this way I soon became able to look directly at the pictures without discomfort.

For the last five years my sight has steadily improved. My form of astigmatism was such as to positively obliterate all horizontal lines. To see such lines at all I had to turn my head, or the object. Lines of music would hold only a minute or less. I have gradually become able to hold these lines longer and longer, and now I never lose them unless very tired. As for headaches I have had none at all during these years that could not be accounted for by indigestion or neuralgia, and very few even of these.

Last Spring I went to see Dr. Bates about an ulcer on my cornea. He tested my sight and found it, even under these conditions, better than normal.

In later issues of Better Eyesight Magazine Dr. Bates states that glasses can be worn, only if necessary for emergencies and the vision can still improve, but glasses will slow and can block, reverse vision improvement.

Modern teachers state; if eyeglasses are necessary for work, driving... wear reduced weaker lenses, continually reducing the eyeglass strength until the vision is clear enough to discontinue use of the glasses. Wear only when necessary. Continue shifting, central fixation, Bates Method bas when wearing the glasses and when without glasses.

## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

April, 1920

### REST

All methods of curing errors of refraction are simply different ways of obtaining rest.

Different persons do this in different ways. Some patients are able to rest their eyes simply by closing them, and complete cures have been obtained by this means, the closing of the eyes for a longer or shorter period being alternated with looking at the test card for a moment. In other cases patients have strained more when their eyes were shut than when they were open. Some can rest their eyes when all light is excluded from them by covering with the palms of the hands; others cannot, and have to be helped by other means before they can palm. Some become able at once to remember or imagine that the letters they wish to see are perfectly black, and with the accompanying relaxation their vision immediately becomes normal. Others become able to do this only after a considerable time. Shifting is a very simple method of relieving strain, and most patients soon become able to shift from one letter to another, or from one side of a letter to another in such a way that these forms seem to move in a direction opposite to the movement of the eye. A few are unable to do this, but can do it with a mental picture of a letter, after which they become able to do it visually.

**Patients who do not succeed with any particular method of obtaining rest for their eyes should abandon it and try something else. The cause of the failure is strain, and it does no good to go on straining.** Different treatments are needed for certain individuals. Each person has their own thoughts, experiences. Certain treatments work best that match the personality, mind of the patient.

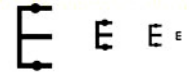
### HOW I HELPED OTHERS

By VICTORIA COOLIDGE

When I had become able to read without glasses, and my headaches had become less and less frequent, and less severe each time, I was so enthusiastic over my experience that I was anxious to help others. My brother was my first patient. He was so much interested in what had been done for me that he wanted to try it himself; but I never dreamed of being able to help him, because his eyes were almost as bad as my own had been, his glasses being: right eye convex 3.25 D.S.; left eye, convex 3.75 D.S. combined with 0.50 D.C., 180 degrees. However, I knew the treatment could do no harm, so I decided that I would try to show him as nearly as I could what Dr. Bates had done for me. Imagine my surprise, then, when I found that he, too, by holding the fine print six inches from his eyes and looking alternately at the top and bottom of the letters, became able to read it just as I had become able to do so. He proved to be a model pupil as soon as he had demonstrated to his own satisfaction that he must leave off his glasses all the time if he wanted to make any appreciable progress. He has now done without them for about a year, and has made remarkable progress in that time, the secret of his success being a great desire to be cured, an intelligent grasp of the idea of central fixation, and perseverance in practicing central fixation at every possible opportunity.

The next person I was able to help was a friend who, while visiting me, happened to notice the Snellen test card hanging on the

Shift on letters to see them clear -  
Top and bottom,  
left and right,  
diagonally, middle, to any  
part, direction. Blink.

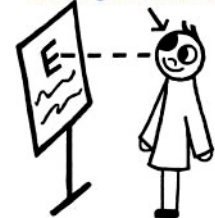


E

Shift on fine print letters.  
Shift on a period.

Shift on letters on the  
Snellen Test Card with:  
+Both eyes together.  
+One eye at a time.  
+Both eyes together.

Eyepatch on right eye.  
Reading card with left eye.



#### PALMING

TO COVER THE CLOSED EYES WITH THE PALMS OF THE HANDS WHILE RELAXING AND THINKING SOMETHING PLEASANT.



THE FINGERS OF THE RIGHT HAND CROSS OVER, ON TOP OF THE LEFT HANDS FINGERS, AT THE CENTER OF THE FOREHEAD.

THIS PICTURE SHOWS THE LEFT AND RIGHT HANDS EVER OF A PERSON FACING THE READER. TO SEE HOW THE READER'S HANDS ARE PLACED, VIEW THIS PICTURE IN A MIRROR OR PLACE THIS PICTURE OUTWARD ON THE CHEST AND LOOK DOWN AT THE PICTURE FOR A SECOND.

PALMING RELAXES THE MIND, BODY, NECK, EYE MUSCLES, EYES, AND BROWN COVERED WITH BANNING PURCHASES THE EYE STRAIN, HEAD AND BODY'S ACTIVATION TO SUNLIGHT AND ABSORPTION, USE OF SUNLIGHT, THE SENSITIVE FUNCTION, WASH OF EYES, BROWN, BROWN.

wall. She asked me what I was doing with it, and I explained, adding that she was very fortunate in having normal vision. "I thought I had," she said, "but I have had so many headaches that I consulted an eye specialist the other day and he gave me glasses." She was so displeased to think she had to wear them, and had found it so difficult to get used to seeing with them, that I asked her if she would like to try Dr. Bates' treatment without glasses. She said that she would jump at the chance. I told her to read the card every day at ten, fifteen, and twenty feet, and to palm whenever she had a headache. That was in August. On December 19 she telephoned that she had practiced reading the card every day, that she had had no trouble with headaches, and that she was reading 20/10 easily with the better eye, and fairly well with the other. Shortly after she began the treatment herself, she was able to improve the vision of a child nine years old from 20/50 to 20/20.

It has been many times pointed out in this magazine that children under twelve years of age who have never worn glasses are easily cured; and so for the past month I have been trying to see what I could do for such children, and for some who were older—including two who had worn glasses, one some time previously and the other up to the time I began to treat her. I have worked with six and they have all improved. One girl, fifteen, who had worn glasses a few years ago for imperfect sight in one eye, but who had discarded them, improved in a half hour from 20/70 to 20/50, by alternating palming, or sometimes just closing her eyes, and then reading the Snellen test card. This improvement was permanent.

Another girl, sixteen, had worn glasses for a year, chiefly for headache, she said, although her vision in both eyes was but 20/200. As she could read without her glasses without much difficulty, she was only too glad to take them off, as most girls of that age are, but she was afraid of the headaches. I asked her to try it, and she has done so for about three weeks, during which time her vision improved to 20/70 and she had no headaches.

The following is the record of four little girls who have improved by reading the Snellen test card daily, and palming:

Name	Age	Vision Sept., 1919 Phys. Test Card	Dec. 11	Dec. 31
Catherine	10	R. 20/50	20/40	20/40
		L. 20/50	20/40	20/40
Blanche	10	R. 4/50	6/40	6/30
		L. 4/50	6/40	6/30
Vinnie	9	R. 20/50	20/40	
		L. 20/40	20/30	absent
Sylvia	10	R. 20/40	20/15	20/10
		L. 20/40	20/15	20/10

**Catherine's vision afterwards (January 22) improved to 20/20. The case of Sylvia was so interesting that it will be treated in more detail next month.**

Catherine's vision afterwards (January 22) improved to 20/20. The case of Sylvia was so interesting that it will be treated in more detail next month.

### STORIES FROM THE CLINIC

#### 3. Retinitis Pigmentosa

By EMILY C. LIERMAN

I am not a physician, and I know very little about the disease of the eyes known as *retinitis pigmentosa* except how to relieve it. I have been told that in this condition spots of black pigment are deposited in the retina, that parts of the retina are destroyed, and that the nerve of sight is diseased. Eye books which describe the disease say that it usually begins in childhood, and progresses very slowly until it ends in complete blindness. The field of vision is contracted, and, because they cannot see objects on either side of them, patients frequently stumble against such objects. In most cases the vision is much worse at night than in the daytime. The books say further that no treatment is known which helps these cases. Nevertheless Dr. Bates reported, in the *New York Medical Journal* of February 3, 1917, a case of retinitis pigmentosa which had been materially benefited through treatment by relaxation, and by the use of the same methods, I have been able to greatly improve the sight in several cases of the same kind.

My first case of retinitis pigmentosa was Pauline, a little girl of twelve who came to the clinic in October, 1917. At five feet from the card she could read only the seventy line, and her eyes vibrated continually from side to side, a condition known as *nystagmus*. She was very shy and extremely nervous, and appealed to me pathetically for glasses, so that she could see the blackboard, and the teacher would not think her stupid and make fun of her. I have noticed that eye patients often suffer from extreme nervousness; but this poor child had the worst case of nerves I ever saw, and the slightest agitation made her sight worse. If, in asking her to read a line on the test card, I raised my voice and spoke a little peremptorily, her face would flush, and she would say, "I cannot see anything now." But just as soon as I lowered my voice and took pains to speak gently, her sight cleared up.

I began her treatment by telling her to cover her eyes with the palms of her hands and remember the letters she had seen on the card. This improved her sight so much that before she left she was able to see all the fifty line at five feet, and—what thrilled me most of all—the dreadful movement of her eyes had stopped. She came quite steadily to the clinic, and every time she came I was able to improve her sight, so that at last she became able to read the writing on the blackboard at school.

Then I did not see her again for six months. When she came back she told me that she had been working in a laundry during the summer because she hated school. She had also been ill during the summer, and her mother had taken her to a hospital for treatment. While she was there an eye specialist had looked at her eyes, and this made her so nervous that they had started to vibrate from side to side. He said to her:

"You ought to have your eyes treated; they are very bad."

"I am having them treated at the Harlem Hospital Clinic," she answered. "I know how to stop that vibration."

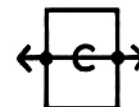
Then she palmed for a while and when she uncovered and opened her eyes the doctor looked at them again.

"Why they seem all right now," he said. "You had better go to that doctor until you are cured. He can do more for you than I can."

**Palm and remember the letters on the test card. Shift on the letters in the mind. Imagine the letters dark black, clear.**



I was very much pleased to find that in spite of having stayed away so long, she had not forgotten what I had told her, and was able to stop her nystagmus. I tested her sight, and found that it was no worse than when I had last seen her. In fact, in some ways, it was better. She was not so nervous, and she said that her family and friends noticed that her eyes looked better. She herself was now very enthusiastic and anxious to have me help her. I told her to palm as usual, and left her to treat other patients. Five minutes later she read the thirty line at thirteen feet. I now told her to look first to the right of the card and then to the left, and to note that it appeared to move in a direction opposite to the movement of her eyes, then to close her eyes and remember this movement. She did this, and when she opened her eyes she read two letters on the twenty line. At a later visit she read the whole of the twenty line at thirteen feet.



**Shift to the right and left of the card (dot to dot) and see the card move opposite the movement of the eyes. Then, close the eyes/palm and remember the card, imagine shifting right and left on the card and remember/imagine the movement: Oppositional Movement, 'The Swing'. Open the eyes and read the card with clear vision. Repeat.**

The last patient I treated for this dreadful disease was an old man of seventy. He came to the clinic on January 14, 1920, and when I first saw him, he was standing with many others, waiting patiently for Dr. Bates to speak to him. Our work has to be done very rapidly, because of the very short time we have to treat so many patients, and I very seldom have time to observe individuals as I would like to do. But because of his unusual appearance, I at once singled this dear old man out from the crowd. Most men of his age who come to our clinic are unkempt, dirty and ragged—pitiable objects generally. But this man was well groomed. His clothes, though worn and old, were well brushed; his shoes were polished, his collar clean, his tie neatly adjusted. He had a great abundance of snow-white hair, neatly parted and brushed, and his skin was like a baby's, "pink and white."

Dr. Bates asked me to treat him with the usual remark, "See what you can do for this man," and I placed him four feet from the card, asking him to read what he could.

"I'm afraid I can't see so well, ma'am," he said; "my eyes bother me a good deal."

"I'm going to show you how to rest your eyes so that they won't bother you," I answered.

The best he could do at this distance was to read the fifty line. I told him to palm, and in less than five minutes he saw a number of letters on the forty line. The next time he came I put him nine feet from the card, and at this distance he read all the letters on the thirty line. He was so happy and excited over this that I became excited too. I forgot that I had other patients waiting for me and encouraged him to talk, a thing which I am seldom able to do with the patients. I was glad afterward that I did so for he had a wonderful story to tell.

"Do you know, ma'am," he said, "for two nights I palmed and rested my eyes for a long time before I went to bed—and what do you think?—I slept all the night through without waking up once. Now I think that's great, ma'am, because for years I have had insomnia. I would sleep only a little while; then I would get up and smoke my pipe to pass the time."

At a later visit I put him twelve feet from the card, and at this distance also he was able to read the thirty line. When I told him what he had done he was again greatly pleased and excited.

"You know I'm so much better," he said, "that I didn't even notice that I was further away than usual. Thank you, ma'am. God bless you, ma'am."

During the practice, when he failed to see a letter I was pointing to, I said:

"Close your eyes and tell me the color of your grandchild's eyes."

"Blue, ma'am," he said.

"Keep your eyes covered, keep remembering the color of baby's eyes."

He did this, and after a few minutes his sight cleared up and he saw the letter. After we had finished the practice I again encouraged him to talk, and he told me more about his insomnia.

"Do you know, ma'am," he said, "after I had had two night's sleep without waking up I didn't dare tell any of my family about it, for fear that it wouldn't last and I would only disappoint them. So I waited. Now, do you know, ma'am, it is just two weeks that I have slept the night through without waking up once, and so I told my wife about it. She is so happy, ma'am, I just can't tell you, for it has been many years since I was able to do that."

I wish I could have a picture of his face when he is telling of the improvement in his eyesight and general health. It would be a picture of gentleness, love, kindness and gratitude.

Recently he looked up into my face and said: "I am seeing you better now, ma'am. You look younger."

In two months his vision improved from 10/200 to 10/30. As he made but eight visits in this time, I feel that this record is remarkable. I also feel that the statements in the books about the impossibility of doing anything for patients with retinitis pigmentosa are in need of modification.



EDITOR'S NOTE.—The author of the following article is engaged in literary work which compels her to use her eyes constantly for reading and writing. When first seen she was wearing the following glasses: right eyes, convex 1.50 D.S.; left eye, convex 1.25 D.C.

One of several problems which long disturbed my mind, both consciously and subconsciously, was whether the distressing condition of my eyes was caused by bodily ailments, or my general state of ever-present weariness was due to trouble with the eyes. Without glasses, my eyes felt blurred and strained; after wearing them for a time, the immediate relief was succeeded by increased weariness and a desire to throw them far away. Often I thought, "How happy would I be if I never again had to put on my glasses!"

My problem has now been solved. The haunting spectre of anxiety which stalked ever at my side has vanished, and I have entered upon a state of beatific bliss and satisfaction with life in general. I have acquired perfect vision without glasses, and at the same time a relaxed state of once over-strained nerves which gives me a glimpse of what heaven may hold in store for world-weary mortals.

A visit to Dr. Bates wrought this seeming miracle, so far beyond any hope or expectations in which I had ever dared to indulge that I now confess, as an article of faith, that hereafter I shall always believe that everything is possible.

The first treatment occupied not more than half an hour, but in that brief time I passed from inability to read type of medium size, except at arm's length, to reading type less than half the size and at a proximity to the eye which formerly had made the letters absolutely illegible.

My recollections of the entire treatment are by no means consecutive nor complete, but the results were more than conclusive that the basic principle must be sound.

After some preliminary tests with charts, Dr. Bates informed me that there was nothing wrong with my eyes. This in itself was a tremendous relief, as it immediately suggested the possibility of benefit by means other than the wearing of nerve-racking eyeglasses.

"Close your eyes and rest them," I was told.

The closing was at once accomplished, but the resting process proved to be more elusive. Almost at once the eyelids began to twitch so constantly that only with great difficulty was I able to keep the eyes closed at all. Upon opening them, the letters on the test card were very much blurred, and suggestive of little dancing figures.

Instructions followed to close the eyes again and, first, to remember the white of starch; then the black of coal. When the eyes were reopened from the blackness, they felt distinctly rested and it was possible to read lines upon the card which previously had been very unclear.

"Now close your eyes and remember an agreeable color—the green of trees, of grass, the color of flowers."

This I did, seeing the green leaves of oak trees with sunlight upon them, the blue of a river glimmering beyond; brighter green of grass on a hillside; yellow flowers with fine-fringed petals upon which had alighted a butterfly of deeper yellow; reddish-yellow tiger-lilies; pink roses, red roses, yellow roses; blue sky with cumulus cloud masses.

Upon opening my eyes, the first line of printing on a card which had been much blurred at a distance of, say nine inches, could now be read with ease. The card was then brought three inches nearer, with the result that the printing once more became indistinct.

Directions now followed to close the eyes and again remember a color. After some hesitation, I brought to my mind yellow, but the eyes did not feel rested, as on the former occasion. This I thought might be due to the effort to concentrate upon an object of that color - a curtain of yellow hanging in my apartment. My comment to this effect met the response that I must not make any effort, that all effort was bad for the eyes.

Another instruction was to close the eyes, covering them with the cupped palm, fingers crossed lightly upon the brow, with no pressure upon the eye itself, and to remember black. This is called "palming." The blackness at first was filled with swirling, grayish, elongated globules, and the eyelids twitched. No other color was visible, and these swirling particles gradually became less apparent.

"Now remember a black point, or period, and imagine it swinging like a pendulum."

My first attempt was a failure, but I finally succeeded and, to my amazement, found upon opening the eyes that I was able to read diamond type on a small card held at a distance of six inches from the eyes. This really surpassed everything else, for formerly the person who held anything before my eyes at this close range had inflicted positive suffering upon me, and was usually greeted with an expression of ill-suppressed irritation, for the attempt to focus the eyes at this point produced at once a feeling of nausea.

A peep into the mirror showed my eyes much clearer and less filled with weariness than I had been accustomed to see them after hours of sleep. Completely convinced of the uselessness of wearing aids to eyes that did not aid but only irritated, I went home to consign the hated glasses to the darkest and deepest corner of my "Botany Bay" trunk. They have lain there undisturbed for over a year. I have never since that day felt the need of them, and my eyes have performed without fatigue tasks which would have been quite beyond them in the days when I depended on eye-crutches. One day recently when I had to finish a piece of work in a limited time, I worked at my typewriter from nine in the morning until four the following morning, only stopping for meals, and my eyes were just as fresh when I finished as when I began.



**Palm and remember a black period. Shift on it left and right and see it swing left and right like a pendulum.**

### "BETTER EYESIGHT" APPRECIATED

The testimony of the following letter to the value of the experiences of patients recently published in this magazine is very interesting. The statements about the effect of central fixation upon the desire for sleep are also significant, and the facts have been duplicated in many other cases.

I am keenly interested in this medium through which your discoveries and the experiences of your patients are made known to the public. My eyesight is improving steadily, and I find that I am grasping and applying the principles set forth in your magazine more intelligently every day.

I have improved physically and mentally since I started the exercises. Ever since I can remember, I have had the greatest difficulty in rousing myself from a very heavy sleep in the morning into which I seem to fall after a night of constant dreaming. As a

result, I feel heavy with fatigue and positively stupid mentally. One doctor whom I consulted said that these nocturnal disturbances were due to indigestion, or a bad conscience! I told him I guessed it was both!

As soon as I awaken in the morning now, I start my exercises and after palming, flashing and swinging, I feel as if a fog had lifted and as if I were suddenly released from a weight that had held me down. I start the day with a clear mind and a buoyant energy that enables me to accomplish twice as much as I used to. This has been a very interesting experience to me, and a very curious one. I suppose some mental scientists would say that I forget my fatigue because I focus my attention and interest on something else, which may be true to a certain extent, but not wholly, because it does not explain the sudden clear vision and physical freedom of which I immediately become conscious.

## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

May, 1920

### Fine Print a Benefit to the Eye

Its Effect the Exact Contrary of What Has been Supposed

### Seven Truths of Normal Sight

- 1—Normal Sight can always be demonstrated in the normal eye, but only under favorable condition.
  - 2—Central Fixation: The letter or part of the letter regarded is always seen best.
  - 3—Shifting: The point regarded changes rapidly and continuously.
  - 4—Swinging: When the shifting is slow, the letters appear to move from side to side, or in other directions, with a pendulum-like motion.
  - 5—Memory is perfect. The color and background of the letters, or other objects seen, are remembered perfectly, instantaneously and continuously.
  - 6—Imagination is good. One may even see the white part of letters whiter than it really is, while the black is not altered by distance, illumination, size, or form, of the letters.
  - 7—Rest or relaxation of the eye and mind is perfect and can always be demonstrated.
- When one of these seven fundamentals is perfect, all are perfect.

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  - 7—Rest or relaxation of the eye and mind is perfect and can always be demonstrated.
- When one of these seven fundamentals is perfect, all are perfect.

It is impossible to read fine print without relaxing. Therefore the reading of such print, contrary to what is generally believed, is a great benefit to the eyes. Persons who can read perfectly fine print, like the above specimen, are relieved of pain and fatigue while they are doing it, and this relief is often permanent. Persons who cannot read it are benefited by observing its blackness, and remembering it with the eyes open and closed alternately. By bringing the print so near to the eyes that it cannot be read pain is sometimes relieved instantly, because when the patient realizes that there is no possibility of reading it the eyes do not try to do so. In myopia, however, it is sometimes a benefit to strain to read fine print. Persons who can read fine print perfectly imagine that they see between the lines streaks of white whiter than the margin of the page, and persons who cannot read it also see these streaks, but not so well. When the patient becomes able to increase the vividness of these appearances [see *Halos*, February number] the sight always improves.

**Fine Print a Benefit to the Eye**

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## MY HEADACHES

By R. Ruiz Arnau, M.D.

From my childhood until about three years ago—I am now forty-six—I suffered from headaches, periods of intense supraorbital pain lasting from twenty-four to thirty-six hours, unless relieved by repeated doses of some derivative of antipyrin. A notable feature of these attacks was their regularity; every six days—seven at the most—I would awake with a feeling of discomfort near the right temple, the forerunner of immediate torment. Unless relieved by the use of a sedative, varying according to the time and also the results or lack of results obtained from previous doses, the painful paroxysm, with all its train of nausea, eructation, polyuria, excessive sensitiveness to light and noise, and complete incapacity for physical or mental activity, would run its course, producing a condition truly unbearable for one or two days. In the intervals between the attacks I was absolutely normal, and even accomplished more, perhaps, than the ordinary person, thus compensating for the time lost by headache. Under these conditions I went through my studies at the high school and took my medical course. Thereafter, for a period of about twenty years, I followed the profession of an active general practitioner, wrote many articles and several books, always subject to the terrible prospect of the period of **migraine**, which unfailingly appeared with invariable regularity.



**Migraine Headache causes Zig-Zag patterns of flashing, moving lights with temporary partial blind spots in the visual field and impaired memory.**

As I enjoyed, or thought I enjoyed, perfect vision, I lived to the age of thirty-three accepting the idea of hereditary rheumatic migraine; my mother suffered from similar headaches all her life, and so also did my sisters. I had been told that if the headaches were due to such a cause, they would be modified, or disappear, after thirty years of age, some other indisposition, perhaps, taking their place. With that hope I almost wished the years to pass quickly, so that I might not only be free from an excessively painful malady, but be able to devote myself to the intense mental labor to which my vocation and tastes had always inclined me. My thirtieth birthday came and went, however, with no cessation of the headaches and no diminution in their severity.

With the passing of the years, too, came a desire to cultivate a specialty requiring deep, constant and careful theoretical and practical work. For this purpose it was necessary for me to read a number of books printed in small type, and as my professional work, then very arduous, left me but little free time, I had to read them at all hours and in all places, often in moving vehicles. In the space of a few months, my age being then thirty-four, I found my sight ruined, constituting a new factor in my (supposedly) inherited disorders. Immediately on beginning to read I would experience ocular fatigue and a feeling of discomfort in the eyeballs, and this aggravated the headaches, although I was now in the fourth decade of my life, the period at which I had hoped for relief.

I had recourse, naturally, to an oculist, a friend of mine to whom I was accustomed to send special cases, and with whose aptness and efficiency I had always been satisfied. He examined my eyes with great care, and concluded that I had a slight hypermetropic error in both, with a slight degree of astigmatism in one. He prescribed lenses to correct only half my defect, as is customary in such cases, and after several changes, owing to the difficulty of fitting the astigmatic eye, I secured a pair of glasses which I was able to endure for a year.

Their use convinced me that the head troubles from which I had suffered during my whole life, in spite of their mathematical regularity and their supposedly rheumatic origin, had never been anything but an eloquent expression of what Anglo-Saxons term "eyestrain." As soon as I began to wear the glasses all the features of the old pains were radically modified. Their regularity ceased, and they were converted into painful disturbances of irregular occurrence, connected with work requiring use of the eyes at the near-point and completely independent of other causes. If I did not read, I would be all right indefinitely; if I used my eyes for close work for even a short time, I knew that I would suffer for it, some hours later, with a period of ocular pain or headache. In a word, the trouble became a necessary consequence of visual activity and lost its old appearance of a syndrome, established, recurrent, classical, only remotely connected with the use of the eyes. **Glasses can change a headache into other types of headaches.**

But the fact remained that the wearing of glasses had not cured my malady. I had, it is true, got rid of the old periodical migraine, but I was left with perpetual attacks of ocular and supraorbital pain, almost continuous, though never very intense. This change I almost regretted; for when I suffered from periodical headaches I had had five good consecutive days, during which it was possible for me to do sustained intellectual work. Now prolonged application was impossible, and I feared that an ailment resulting in almost continuous pain would, in time, lead to a serious state of neurasthenia.

At thirty-eight years of age my trouble began to be complicated with presbyopia; and here began, if I may say so, the second Odyssey of my ocular problem. In order to read I had to increase the strength of my glasses, and this involved the use of hideous bifocals. With three different pairs of glasses in my pocket and one on my nose—one for distance, one for reading, a tinted pair to moderate the intense sunlight of the tropics where I lived, and bifocals for special occasions—I found my troubles daily increasing. I could not escape from the optician, who was continually changing the refractive power of the lenses, as none of them ever suited me, and I did not cease to annoy my good friend, the oculist, who, with singular patience, listened to my complaints and tried to help me.

Once during this time I had occasion to visit New York, and while there I consulted a famous eye specialist. In no way was he able to mitigate my sufferings, and I returned, more confused than ever, to my country, Porto Rico, and almost decided, in view of the increasing difficulty of keeping up the struggle, to give up professional life and devote myself to some work of a rural nature which would not require of my poor eyes the insupportable effort of reading the small print of periodicals and medical books.

I must add that at this time I suffered from several attacks of **swelling of the upper eyelid of one or the other eye**, lasting for four or five days and having no appreciable cause; that on two occasions I had an inflammation of the margins of the lids, followed the second time by a combined inflammation of both eyes and lids; while the last condition left after it a **little ulcer of the right cornea**, near the pupil, which required more than two months treatment on the part of my patient and capable oculist.

Another detail which I do not wish to forget is that during the whole time that I wore glasses, about nine years, and even for some months after discarding them, I frequently noticed the phenomenon known as "**floating specks**." These I never noticed before wearing glasses. **Glasses cause all these eye problems!**

I had reached a state bordering on desperation when, in September, 1916, professional work took me again to New York, accompanying one of my patients to whom I had recommended X-ray treatment by a well-known specialist of the great city. On the occasion of our visits the old doctor and I used to discuss the latest advances in electrotherapy, and he called my attention to some notable cases of cure brought about by this means. One day it occurred to me to say to him:

"Well, friend doctor, all that is very fine, but the wonder that is to cure my particular ill has not yet been discovered."

"What do you mean? What is the matter with you?"

I recounted at great length the history of my eyes.

The doctor laughed, left his office for a few minutes, and on returning said to me:

"Why, yes, it has been discovered. Read this pamphlet, take my card, and go to see the author."

It was an article by Dr. William H. Bates, of New York, published a few months previously in the *New York Medical Journal*, and entitled: *The Cure of Defective Sight by Treatment Without Glasses, or Radical Cure of Errors of Refraction by Means of Central Fixation*. The reader can understand the eagerness with which I read this pamphlet, but I must confess that it caused me both surprise and disappointment. The author affirmed, as the readers of this magazine already know, that errors of refraction—myopia, hypermetropia, and astigmatism—so far from being permanent conditions due to deformities of the eyeball, congenital or acquired, and only to be corrected by glasses, are caused by a vicious contraction of the outside muscles of the ocular globe and may be cured by treatment leading to the relaxation of these muscles. In a word the eyeball is not inextensible, and the lens is not a factor in accommodation. Thus two fundamental dogmas of the doctrine established by Helmholtz and others fall to the ground. This, I reflected, could only be the work of an unbalanced mind or of a genius, and unbalanced minds are so abundant and geniuses so rare, nowadays, that the latter did not seem probable. Imbued, like all doctors, with the idea that accommodation is brought about by a change in the curvative of the crystalline lens, I felt, as I read, the tremendous influence of the old school of physiological optics, with all the authority of its founders, and all the weight of things long established, accepted by the great majority and sustained by the immense mass of vested interests developed under their shadow; and I said to myself: "All this seems to me anatomically impossible."

And yet it inspired me with hope. After all, I thought, why should things not be accomplished in the eye as they are in the photographic camera, in which, in order to obtain pictures at different distances, the distance between the lens and the sensitive plate is shortened or lengthened. If, in a kodak, one were to imitate that which, according to the accepted theory, occurs in the eye, it would be necessary to put in a new lens every time one desired to change the focus, since there is no known device that can modify the power of a lens. Leaving the accepted theories out of consideration for the moment, it seemed to me more logical to conceive of accommodation as Bates described it than as it had appeared to Helmholtz. After some hesitation, therefore, I decided to consult the author of the revolutionary pamphlet.

I gave him a detailed account of my ailment, begging him, on finishing the tale, to tell me frankly if he considered it incurable, as in that case I would give up my career definitely, and live in the country. I expected that my case, which I supposed to be exceptional, would present to him a most difficult clinical problem, and I was astonished when he said:

"Is that all?"

"What! You don't think that is much, Dr. Bates?" I replied, somewhat provoked, as I remembered my long years of suffering.

"You will be cured, and soon," was his reply; a reply firm, decided, categorical, which for the moment increased my confusion.

Dr. Bates then explained to me that my eyes were in no way abnormal, except for having lost the power of central fixation many years before. Mental strain had brought with it ocular strain. I had contracted the muscles of the eyeball abnormally in doing close work, and with the commencement of the presbyopic age the trouble had been considerably accentuated.

It required only a few treatments by means of rest, practice with the Snellen test card, and the cultivation of the memory of a black period with the eyes alternately closed and open (glasses having, of course, been discarded), to convince me of the truth of this diagnosis, and naturally, of its logical basis. By a continuation of the same treatment my headaches were soon cured, and after many months of practice my lost power of central fixation was restored and I regained the normal vision I have since enjoyed. I can now read diamond type at six inches, and can devote to reading or writing as much time as I wish. The intense rays of electric light, which formerly were unbearable to me, no longer cause me any inconvenience, and I even enjoy looking at them for long periods. I can also look at the sun itself for some seconds without the least discomfort, to the great admiration of my friends, who, although they believe their sight to be normal, cannot do this.

**I have, in short, learned to look at things without staring, so that every object seen seems to have a slight movement, caused by the unconscious shifting of the eye, a phenomenon discovered by Bates and by virtue of which the point regarded changes rapidly and continuously.**

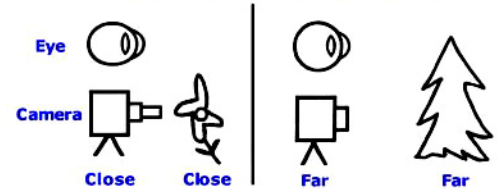
I have been able to demonstrate in myself the seven truths of normal sight, formulated by Bates; truths in the light of which the old ideas of the refraction of the eye crumble irremediably; truths completely verifiable by every truly impartial and scientific mind which is emancipated from the tendency to persist in error solely because it is supported by authority, even such an authority as the immortal Helmholtz; truths demonstrated by careful, repeated and varied observations—by scientific experiments upon animals, and above all by the study of images, obtained, after much labor and many failures, from the lens, cornea, iris and sclera. The powerful electric light employed for the latter purpose is evidently more adequate than the candle used by Purkinje for the study of the celebrated images to which his name has been given, and it suffices to compare—with an open mind—two photographs of images upon the lens, obtained with the eye focused, respectively, at the distance and the near-point, to become convinced that accommodation is accomplished by the lengthening of the eyeball—through the unmistakable action of the oblique muscles—and that we have here one of the most beautiful and significant achievements of the century.

And not only have I demonstrated these truths in myself, but I have cured some patients and improved many. Among the former was the very notable case of a young printer, who, although only slightly hypermetropic, was easily fatigued by the close work demanded by his calling. Half an hour of such work brought on a severe frontal headache, growing in intensity up to midday, when he was obliged to suspend his labors. After only three weeks of treatment by the methods described his troubles completely disappeared. To-day he not only works all day without inconvenience, but even works overtime, with great economic advantage to himself.

Another case was that of a lady, a lawyer, who had been told that the sight of one eye was almost lost, and who could practically do no continuous work without severe headaches. She wore a pair of large dark-tinted lenses constantly, in order to protect her eyes from the tropical sunlight, and these were so disfiguring that they made her very conspicuous and, naturally, caused her much annoyance. Treatment by relaxation soon cured her headaches and other ailments, and she became able to fulfill her duties efficiently as secretary to a high judicial officer in Porto Rico. At present she occupies an important position as a lecturer in one of the Y. W. C. A.'s of the United States, and according to recent advices her sight and general health continue very satisfactory.

Many of my friends who witnessed and sympathized with my sufferings and saw me wear numerous spectacles, are now for the

The eye lengthens like a camera to focus on close objects and shortens/returns to a round shape to focus on distant objects.





most part presbyopic, and use glasses for reading. Overcome by the evidence of my case, they only await a period of leisure in order to take the treatment, in which they believe, but which they erroneously suppose to demand effort and time. They find their problems solved temporarily by glasses and continue to wear them. But the patients who never find a pair of lenses satisfactory, and who pass half their lives in the optician's office, who suffer from troublesome ailments of various kinds resulting from their eye troubles; these have no choice but to have recourse to the new truth and the new methods, which are certain to solve their problems, not temporarily but permanently. It is they, above all, who will publish the glad tidings—they and the school children under twelve, who having, as a rule, not accustomed their eyes to glasses, and being free from the misconceptions that handicap older patients, respond with incredible rapidity to the new methods—methods as simple as they are effective, and both preventative and curative of visual defects.

In spite of indifference, in spite of the coldness with which new truths are received—the great majority not deigning even to discuss them—I have absolute confidence in the early acceptance of this wonderful discovery, so simple, and, in its practical application, so fruitful. There will not be lacking dispassionate and impartial minds to verify and propagate it. The number of the cured, constantly increasing, will become at last like a tidal wave, overwhelming all opposition. Truth must conquer in the end, removing the mountains of error and prejudice.

## THE STORY OF SYLVIA

By Victoria Coolidge

Sylvia is a little girl, ten years old, in the fourth grade in school. She has a good brain and is an energetic worker, but until she learned to see with central fixation, she was handicapped by defective eyesight. According to her physical record card, her vision in September, 1919, was 20/40 in each eye. On November 4, 1919, I tested her eyes and found that 20/40 was the best that she could see with either eye at that time.

On this day I gave her the first lesson in central fixation. By alternately reading the Snellen card and closing her eyes to rest them, she improved to 20/30. When she had demonstrated what an improvement she could make by resting her eyes in this way, I showed her how she could rest them even more by palming, that is, covering her eyes with the palms of her hands laid gently over them, excluding all light, but not pressing on the eyeballs. I asked her to do this as many times as she could during the day, five minutes at a time, and I gave her a piece of paper on which to write her name, the date, and the number of times she palmed each day for a week.

The next week I went to visit Sylvia's school, and she showed me her paper. She had palmed about eight times each day, except Saturday and Sunday, when she had palmed fourteen times. I could see by the expression on her face that she had a surprise in store for me, but I was not prepared for such a surprise as followed. I had her stand six feet from the Snellen card, and she read every letter on it perfectly. Then she stood ten feet away and read it just as well. "Now stand back here," I said, pointing to a line twenty feet from the card. Nothing daunted, and with the triumphant expression still lighting up her face, she walked to the twenty-foot mark and read every letter correctly through the fifteen line and some letters on the ten line. I looked at Sylvia and then at her teacher; "Is this Sylvia?" I asked, thinking I had been teaching the wrong child. The teacher assured me that it was. Still skeptical, I looked up her physical record card, and my own record, to be sure that I had read the figures correctly. There they were, 20/40 on both.

At my next visit, December 18, Sylvia scorned to stand at ten feet, and instead, walked immediately to the twenty-foot mark with all the confidence in the world. This time she was able to read all the letters so quickly and so confidently that her teacher began to suspect that she had memorized them, and I must confess that I began to think so, too. Therefore, I hung up the Snellen card which belonged to the school and which had entirely different letters. Sylvia had not seen this card since September when her eyes were tested. She read the twenty line, which happened to be the last line on the card, at twenty, twenty-six, and thirty-two feet. Another day I took her out into the hall and she read the twenty line on the same card, at forty feet, in a dim light, with only two errors. In addition to this, she read diamond type, first at nine inches, the nearest distance at which she could see it clearly, and at fifteen inches, the farthest; and later at six and at twenty inches. She also read writing on the blackboard from the back of the room without any difficulty.

To sum up Sylvia's case, then, she was able in two weeks' time to improve her vision from 20/40, which is only half what is ordinarily considered normal, to 20/10, which is double this standard. In five weeks she was able to read a card having unfamiliar letters with a vision of 40/20, and to read diamond type clearly at six inches and also at twenty inches. The remarkable cure had been accomplished through resting the eyes by palming for five minutes at a time about nine times a day, by reading the Snellen test card every day from her seat in the schoolroom, and from a point twenty feet from the card.

**Sylvia, now looking for more worlds to conquer, has undertaken, with characteristic energy, the cure of one of her schoolmates. She has already succeeded in improving this child's vision from 20/30 to 20/20.**

Clearer than 20/20  
vision: 20 line on the  
eyechart is clear from  
40 feet away.

40  
—  
20

40 FT.  
—  
LETTER LINE  
3/8"

## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

June, 1920

### SUN-GAZING

In all abnormal eye conditions sunlight is beneficial

Light is necessary to the health of the eye, and darkness is injurious to it. Eye shades, dark glasses, darkened rooms, weaken the sight and sooner or later produce inflammations. Persons with normal sight can look directly at the sun, or at the strongest artificial light, without injury or discomfort, and persons with imperfect sight are never permanently injured by such lights, though temporary ill effects, lasting from a few minutes to a few hours, days, weeks, months, or longer, may be produced. In all abnormal conditions of the eyes, light is beneficial. It is rarely sufficient to cure, but is a great help in gaining relaxation by other methods.

The quickest way to get results from the curative power of sunlight is to focus the rays with a burning glass on the white part of the eye when the patient looks far downward, moving the light from side to side to avoid heat. This may be done for part of a minute at frequent intervals.

Looking at the sun, while slower in its results, has often been sufficient to effect permanent cures, sometimes in a very short time. There is a right way and a wrong way to do this. Persons with imperfect sight should never look directly at the sun at first, because, while no permanent harm can come from it, great temporary inconvenience may result. Such persons should begin by looking to one side of the sun, and after becoming accustomed to the strong light, should look a little nearer to its source, and so on until they become able to look directly at the sun without discomfort.

Dr. Bates states to: shift/move the eyes, head continually to the left and right sides, top and bottom... of the sun and blink to move the light evenly upon/fully activate all areas of the eyes: cornea, lens, retina. Moving the eyes, head is done to prevent too strong a concentration of the sun's light on one area of the eye. Staring, eyes immobile at the sun must be avoided. Staring strains the eyes, activates abnormal eye function, results in uncomfortable effects from the sunlight and a too strong concentration of the light onto one area of the eye. This can result in a colored spot of light (scatoma) that lasts for days, weeks...

Due to depletion of the ozone layer other eye problems might develop from staring directly into the sun.

**Modern teachers advise only closed eyes sunning and to keep the head/eyes moving side to side, up, down... when facing the sun.**

**A person that is blind or definitely going blind might regain his/her vision by short term open eyed sun-gazing when done correct. For this reason I keep this older information in this book. Never look into the sun or near it during a Eclipse.**

**No Sunglasses, tinted, UV blocking lenses. Dark glasses block healthy full spectrum sunlight resulting in unclear vision, eye disease.**



chapter, are only mental illusions. No matter how much the sight may have been impaired by sun-gazing, or how long the impairment may have lasted, a return to normal



Fig. 46.—Woman With Normal Vision Looking Directly at the Sun. Note That the Eyes are Wide Open and That There Is No Sign of Discomfort.

has always occurred; while prompt relief of all the symptoms mentioned has always followed the relief of eye-strain, showing that the conditions are the result, not of the light, but of the strain. Some persons who have



Fig. 47. Woman Aged 37, Child Aged 4, Both Looking Directly at Sun Without Discomfort

It is not light but darkness that is dangerous to the eye. Prolonged exclusion from the light always lowers the vision, and may produce serious inflammatory conditions. Among young children living in tenements this is a somewhat frequent cause of ulcers upon the cornea, which ultimately destroy the sight. The children, finding their eyes sensitive to light, bury them in the pillows

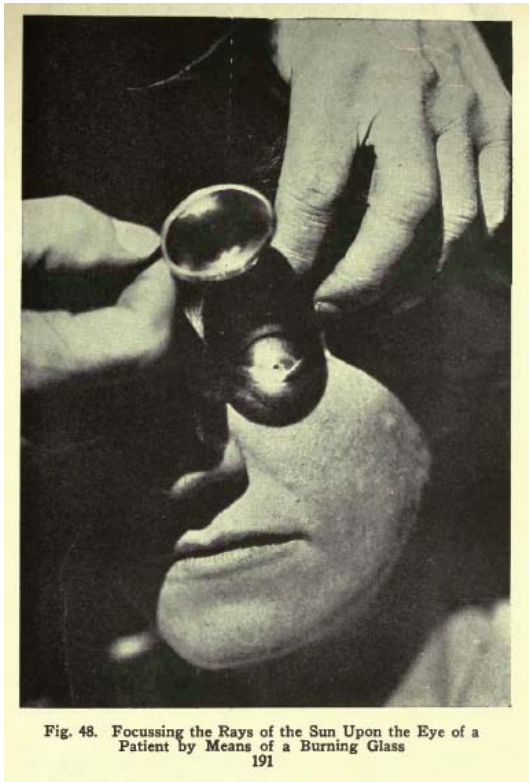
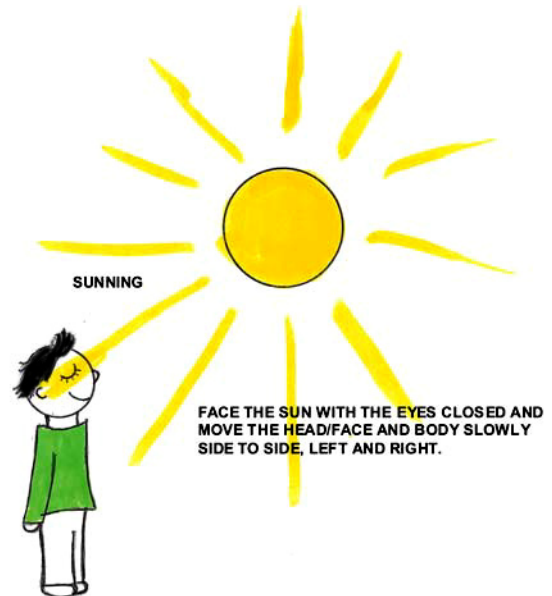


Fig. 48. Focussing the Rays of the Sun Upon the Eye of a Patient by Means of a Burning Glass  
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### A LESSON FROM THE GREEKS

By W. H. BATES, M.D.

The failure of the muscles of the eyes to function normally under the conditions of civilization is not an isolated phenomenon. As Diana Watts, in her remarkable book, *The Renaissance of the Greek Ideal* (Frederick A. Stokes Company, New York), points out, the entire muscular system of modern civilized peoples works under such a condition of jar and strain that all muscular labor is accomplished with a maximum of effort. So far, indeed, have we drifted from our normal physical possibilities that the positions of the ancient statues seem impossible to us, and we have been forced to attribute many descriptions of the feats of heroes in the *Iliad* and *Odyssey* to poetic license. Mrs. Watts, by reproducing the positions of these statues, and doing other things that are beyond the power of even the strongest gymnasts and dancers trained under present methods, has fairly established her claim to have discovered the secret of Greek physical supremacy.

Greek athletics, according to Mrs. Watts, was very far from being a matter of mere muscle development. Its aim was to produce a condition in which all the muscles worked harmoniously together and responded instantly to the mind's desire, thus securing a maximum of activity with a minimum expenditure of energy.

The secret she found to be very simple. It consists in such a perfect balancing of the body that whether it is at rest or in motion its centre of gravity is always kept exactly over its base. This perfect equilibrium involves in turn a condition of the muscles in which they are transformed from a dead weight to a living force. In this condition there is said to be a complete connection of all the muscles with the center of gravity; independent motions and independent reactions are eliminated, and a combined force is instantly brought to bear upon whatever work is required. The spine is perfectly straight, the waist muscles firm, and the weight, in the standing posture, is supported upon the balls of the feet. Extraordinary precision and beauty of movement results, and all sense of fatigue is said to be abolished.

To attain this equilibrium in its perfection requires much study and practice, but it can be approximated simply by keeping the spine straight and the weight over the balls of the feet, or upon the thighs, if seated. By this means a large degree of relaxation is often obtained, and the effect upon the eyesight has, in several cases, been most marked.

A patient suffering from **retinitis pigmentosa** found that when he **straightened his spine**, in walking or sitting, **his field at once became normal**, remaining so as long as the erect position was maintained. His field had already improved considerably by other methods, but was still very far from normal. **In the evening the position had the further effect of relieving his night blindness.**

Another patient who had been under treatment for some time for a high degree of myopia without having become able to read the bottom line of the test card, read it for the first time when her body was in the position described. She was able, moreover, to maintain the position for a considerable length of time, whereas ordinarily she was extremely restless, and could not remain still for more than a moment. A third patient, who could not rest her eyes by closing them or by palming, was relieved at once by this means, as was shown, not only by her own feelings, but by the expression of her face.

**Sleeping with a straight spine has also been found to be a very effective method of improving the vision and relieving fatigue.** The patient with retinitis pigmentosa whose case has just been referred to, suffered continual relapses in the morning. No matter how well he saw in the afternoon, or in the evening, he would wake up unable to distinguish the big C and with his memory so impaired that it would take him the whole morning to get it back. After **sleeping on his back, with his lower limbs completely extended and his arms lying straight by his sides**, he was able to see the fifty line at ten feet when he woke and

his memory was much better than usual at that time. Further improvement resulted from further sleeping in this posture. The patient with myopia had been in the habit of waking up tired after ten or twelve hours' sleep. One night she shared her bed with a guest, and in order not to disturb the latter she tried to keep her body straight. Although she had staid up until a very late hour talking, she awoke feeling perfectly refreshed. Another myopic patient who had been at a standstill for six months, gained two lines after sleeping on his back for one night.

## SAVED FROM BLINDNESS

By PATRICIA PALMER

It is very hard for an active young girl to suddenly learn that in a short time she may lose her eyesight. I had always felt a great deal of pity for blind people, but I never stopped to realize how many beautiful things they missed until I knew that I was going blind myself. I only wore glasses for three years, but in that short time I developed a very bad case of progressive myopia. In the summer of 1918 my sight became so poor that I had to stop reading altogether and even a moderately bright day hurt my eyes so much that I kept them bandaged a great part of the time. Finally I had to put on a dark Krux lens, and the goggle-like glasses that I wore shut out all light. In the fall I started school, but as I could not see to read I was working under great difficulties. Then, through an article published some months before in the *Scientific American*, we learned of Dr. Bates's work and it seemed the last possible hope. I declared that there was no use in taking the trip to New York, because I knew he could do nothing for me, but in the end I went.

The first time I looked at the test card I could not see the big "C" until I stood within four feet of it, but in two hours I was able to flash all the letters of the third line and part of the fourth at ten feet. In four weeks I had 10/10 vision and my hearing, which had been bad, was normal.

Some weeks after I returned home a friend, who was calling, complained of a bad headache. I persuaded him to take off his glasses and showed him how to palm and swing the letters on the chart. A short time later he discovered, to his surprise, that his headache was entirely gone.

This incident made me realize that if I showed others what Dr. Bates had shown me I could relieve, if not cure, their troubles. The next person that I worked with was a little girl with progressive myopia which had not become very serious. She worked very conscientiously, and about a month after we started, when she visited Dr. Bates, her sight was nearly perfect.

I have helped a number of people, some successfully, others not so successfully. One of my most interesting cases was a chauffeur who thought that he was unusually farsighted, but who could not see to read the paper. When I tested his eyes I found that he had only 10/20 vision. In a short time, however, he attained normal sight by palming and swinging the letters. I then told him to close his eyes and count ten, then open them for a fraction of a second. I held a book in front of him and in a short time, by closing his eyes and then glancing at it, he read parts of it. He practices on signboards, automobile licenses, or anything that he sees, and now he reads the entire paper every evening. He has noticed, too, that he is not blinded by bright lights at night as he used to be.

As to the value of swinging the little black period I am very decided. I find it my best friend, especially in a test. One time in a French examination, in the excitement of the moment, I could not think of a certain word which I knew well enough and which was very important to me. I closed my eyes and palmed for a second and remembered the period. In a flash my self-control returned to me and with it the word. I have tried this several times since, usually with success.

I often wonder now how I could possibly have managed without my eyes, even with glasses. It is such a joy to be able to read from morning to night if I want to. Reading music is supposed to be a terrible thing for the eyes, but I do an endless amount of it and never know the difference. I find, too, that since my eyes have been well I memorize remarkably quickly, and that when I study I can grasp the contents of the text more easily than before. In the old days of glasses I had to read my history assignment two or three times before I knew what it was about, while now once is quite enough.

My greatest regret is that so few people know how to prevent eye troubles, or how to care for them after they develop. Perhaps, however, if the movement to establish Snellen test cards in the schools grows, thousands of children may be saved the agony which I and many others suffered with headaches as well as being freed from the inconvenience of glasses.

**Palm, shift, see oppositional movement on a letter. Shift on, flash a object, letter for a fraction of a second.**

**E •**

**Shift on a black dot (period) and see it move, 'swing' in the opposite direction the eyes move to (oppositional movement) with the eyes open and in the mind, imagination with eyes closed.**

## STORIES FROM THE CLINIC

### 4. Three of a Kind.

By EMILY C. LIERMAN.

George, Gladys and Charlie are three children who came to the eye clinic of the Harlem Hospital at about the same time. They were all of the same age, nine years; they were all suffering from about the same degree of defective sight; they all had headaches; and they got into a very interesting three-cornered contest in which each one tried to beat the others at getting cured. George and Gladys are colored, and Charlie is a white boy of a most pronounced blonde type, with fair curls and blue eyes.

George was the first of the trio to visit us. He had been sent from his school to get glasses because of his headaches, and it was easy to see from his half-shut eyes and the expression of his face that he was in continual misery. My first impulse was to try to make him smile, but my efforts in that direction did not meet with much success.

"Won't you let me help you?" I asked.

"Maybe you can and maybe you can't," was his discouraging reply.

"But you are going to let me try, aren't you?" I persisted, stroking his woolly head.

He refused to unbend, but did consent to let me test his vision, which I found to be 20/70, and to show him how to palm and rest his eyes. He also continued to come to the clinic, but for three weeks I never saw him smile, and he complained constantly of the pain in his head.

Then came Gladys, accompanied by her mother who gave me a history of her case very similar to that of George. Her vision was 20/100, and in a very short time I improved it to 20/40. At her next visit it became temporarily normal, and this fact made a great impression upon George. I saw him roll his black eyes and watch Gladys while I was treating her, and later, when he thought I was



not looking, I saw him walk over to her, and heard him say:

"You ain't going to get ahead of me. I came before you. I wanna get cured first. See?"

I separated the two children very quickly, for I foresaw trouble; but all the time I was very grateful to Gladys for having, however unintentionally, stirred George up.

Next week Charlie came. He looked very sad, and his mother, who came with him, was sad also. His headaches were worse than those of the other children had been, and were actually preventing him from going on with his studies. Promotion time was near, and both mother and child were very anxious for fear the latter would be left behind. They hoped that by the aid of glasses this tragedy would be averted. Of course I explained to the mother that we never gave glasses at this clinic, but cured people so they did not need them. Then I tested Charlie's sight, and found it to be 20/100. Next I told him to close his eyes and remember a letter perfectly black, just as he saw it on the test card. He shook his head in dismay, and said:

"I can't remember anything, the pain is so bad."

**"Close your eyes for part of a minute," I said, "then open them just a second and look at the letter I am pointing at, then quickly close them again. Do this for a few minutes, and see what happens."**

What happened was that in a few minutes Charlie began to smile, and said:

"The pain is gone."

I now showed him how to palm, and left him for a while. When I came back his sight had improved to 20/70. I was very happy about this, and so was Charlie's mother. She was also very happy to think that he did not have to wear glasses.

Charlie continued to come regularly, and was an apt pupil. One day he told me that he had been out sleigh-riding with the boys, and that the sun had been shining so brightly upon the snow that he couldn't open his eyes, and, his head ached so that he had to go home and go to bed.

"Why didn't you palm for a while and remember one of those letters on the card?" I asked.

"That's right," he said. "I wonder why I didn't think of it."

The next time he came there had been another snowstorm, and he could hardly wait to tell me what had happened.

"I went sleigh-riding some more with the boys," he said, as soon as he could get my ear, "and the pain came back while I was having fun. But this time I didn't go home and go to bed. I remembered what you said, covered my eyes with the palms of my hands right in the street, and in a little while the pain all went away, I could look right at the snow with the sun shining on it, and I didn't mind it a bit."

From the start, the two colored children were greatly interested in Charlie, and thinking that a little more of the competition that had proved so effective in George's case would do no harm, I said, "See who beats." They needed no urging from me, however. Every clinic day, an hour before the appointed time, the black and white trio was at the hospital door. If there was a crowd there, the children forced their way through without much ceremony, and then started on a dead run for the eye room. There they practiced diligently until Dr. Bates and I arrived, and I fear they also squabbled considerably. There was no lack of smiles now in the case of any of the children, and as for George, he had a grin on his face all the time.

Charlie was the first to be cured. In just a month from the time of his first visit his vision had improved to 20/10. Usually patients do not come back after they are cured, but this boy kept on with the practice at home, and returned to show me, and incidentally his two rivals, what progress he had made. We had a visiting physician at the clinic that day, and I rather suspected Charlie of trying to show off when he walked to the very end of the room, a distance of thirty feet from the card. To my astonishment, and the great annoyance of George and Gladys, he read all the letters on the bottom line correctly. The colored children made haste to suggest that he had probably memorized the letters; so I hung up a card with pothooks on it, such as we use for the illiterate patients, and asked him to tell me the direction in which those of the bottom line were turned. He did not make a single mistake. There seemed no room for doubt that his vision had actually improved to 30/10, three times the accepted standard of normality. Not more than one other patient at the clinic has ever become able to read the card at this distance. Charlie returned several times after this, not from the best of motives, I fear, and I took great pleasure in exhibiting, his powers to the nurses and to visitors.

George and Gladys were cured very soon after Charlie, both of them becoming able to read 20/10. I was sorry that they could not have done as well as Charlie, but since their vision is now twice what is ordinarily considered normal, I think they ought to be satisfied.

## A CASE OF CATARACT

By VICTORIA COOLIDGE

After I had made one visit to Dr. Bates, I was so much encouraged that I asked him if he could do anything for my father, **eighty-one years old, who had cataract in each eye**. He said he could, provided the patient had all his faculties and would follow directions. I replied that he was not only in full possession of his faculties but that he was blest with vigorous health besides, and I felt sure that he would be willing to do anything to restore his sight.

When I went home, I told my father what Dr. Bates had said, but the treatment seemed so simple for such a difficult case, and his mind was so thoroughly imbued with the idea that nothing but an operation would help him, that he did not make up his mind to see Dr. Bates until four months later.

He remembered having had remarkably keen vision as a young man, and in 1862 passed as normal the **army eye test**, which was very strict at the beginning of the **Civil War**. When he was about fifty years old, however, he began to have trouble in reading and other near work, so he put on glasses to correct this difficulty, and seems to have had the same experience that so many people have—they were nearly, but not quite right. He went from one doctor to another, but the result was always the same. Finally, in 1907, he consulted a well-known specialist in Albany, who, in 1919, at his request, sent him the following record of his case as it was at the time of that visit:

R. V.—20/200 corrected by glasses to 20/50

L. V.—20/50 corrected by glasses to 20/30

Ophthalmoscopic examination showed in each eye incipient cataractous changes, which were more marked in the right eye. Otherwise the interior of the eye appeared normal. Nothing was said to him personally regarding this condition, for frequently it remains unchanged for years.

He was well pleased with the glasses obtained at this time, and for a few years had more comfort with them than with any he had

ever worn; but after a while he began to have trouble with his right eye again. In 1917 he noticed that there seemed to be hard deposits in his eyes. He consulted a prominent specialist in his own locality and learned from him that he had a fairly well developed cataract in the left eye, and an incipient cataract in the other. The doctor prescribed glasses for him, and asked him to visit him once a month so that he might watch the progress of the cataracts. He said that nothing but an operation would help the left eye, but he would advise an operation only in the event of a loss of sight in both eyes, as would be the case if the cataract in the right eye should also progress, because unless both eyes were operated on at approximately the same time, they would not focus together. He called on the doctor faithfully every month for about a year and a half, when he finally became tired of hearing the same discouraging story: the left cataract was rapidly developing, but the doctor would not operate unless both cataracts were ripe. And so he discontinued his visits.

It was about six or seven months after his last visit to this doctor that he called on Dr. Bates. The sight in the left eye had become so dim by this time that he could not recognize the members of his family across the table. He could see that there were people there, but he could not distinguish them. Dr. Bates made the following report of his condition at the time of his first visit:

January 1, 1918:

R. V.—20/100

L. V.—Perception of light—unable to count his fingers.

At subsequent visits the following records were made:

January 2.

R. V.—20/200, artificial light.

L. V.—Counted fingers at six inches.

Improved by shifting, swing, rest, palming (best).

January 4.

R. V.—14/30.

L. V.—14/200.

Reads large print.

January 8.

R. V.—14/15.

L. V.—14/200+.

Reads some words fine print continuously.

January 13.

R. V.—14/10.

L. V.—14/40.

He reads in flashes the fine print with the right eye and some larger print with the left. His improved sight helps his hearing at times.

January 18.

R. V.—14/10.

L. V.—14/20 in more continuous flashes.

He is reading large print more continuously with the left eye.

April 30.

Obtains flashes of the fine print with the left eye better than with the right.

## Cataract Cure

**The treatment prescribed was as follows:**

**+Palming six times a day, a half hour or longer at a time;**

**+reading the Snellen test card at five, ten, and twenty feet;**

**+reading fine print at six inches, five minutes at a time, especially soon after rising in the morning and just before retiring at night, and**

**+reading books and newspapers.**

**+Besides this, he was to subject his eyes, especially the left, to the sunlight whenever an opportunity offered,**

**+ to drink twelve glasses of water a day,**

**+walk five miles a day,**

**+and later, when he was in better training, to run half a mile or so every day.**

The results of this treatment have been most gratifying. Not only have his eyes improved steadily, but his general health has been so much benefited that at eighty-two he looks, acts and feels better and younger than he did at eighty-one.

## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

July, 1920

### SEE THINGS MOVING

When the Sight Is Normal all Objects Regarded Have An Apparent Motion

When the sight is perfect the subject is able to observe that all objects regarded appear to be moving. A letter seen at the near point or at the distance appears to move slightly in various directions. The pavement comes toward one in walking, and the houses appear to move in a direction opposite to one's own. In reading the page appears to move in a direction opposite to that of the eye. If one tries to imagine things stationary, the vision is at once lowered and discomfort and pain may be produced, not only in the eyes and head, but in other parts of the body.

This movement is usually so slight that it is seldom noticed till the attention is called to it, but it may be so conspicuous as to be plainly observable even to persons with markedly imperfect sight. If such persons for instance, **hold the hand within six inches of the face and turn the head and eyes rapidly from side to side, the hand will be seen to move in a direction opposite to that of the eyes.** If it does not move, it will be found that the patient is straining to see it in the eccentric field. By observing this movement it becomes possible to see or imagine a less conspicuous movement, and thus the patient may gradually become able to observe a slight movement in every object regarded. Some persons with imperfect sight have been cured simply by imagining that they see things moving all day long.

The world moves. Let it move. All objects move if you let them. Do not interfere with this movement, or try to stop it. This cannot be done without an effort which impairs the efficiency of the eye and mind.

The Variable Swing



Place the finger in front of the face. Move the head left and right and see the finger/hand move in the opposite direction. **Oppositional Movement.**

### THE MISSION OF "BETTER EYESIGHT"

With this number *Better Eyesight* enters upon its second year. It was started in July, 1919, for the purpose of diffusing a knowledge of the truth about central fixation, and it has accomplished all that was hoped for it. It has carried the message that errors of refraction are curable to thousands of people, and many of these people have been able to cure these conditions in themselves and others solely by means of the information which it has contained.

The magazine is modest in its appearance. One can get many times the amount of reading matter which it contains at any newsstand for the same money, but the value of truth cannot be estimated by the number of words required to state it, and it is the object of the editor to give the public the truth about central fixation as briefly and simple as possible. The truth can usually be stated briefly and simply. It is error which is hard to understand and which requires a multitude of words for its presentation.

The editor believes that no one who values his or her eyesight can afford to be without this magazine. It has a message not only for those whose sight is imperfect, but for those whose sight is normal. No one, however good his sight may ordinarily be, has perfect sight all the time.

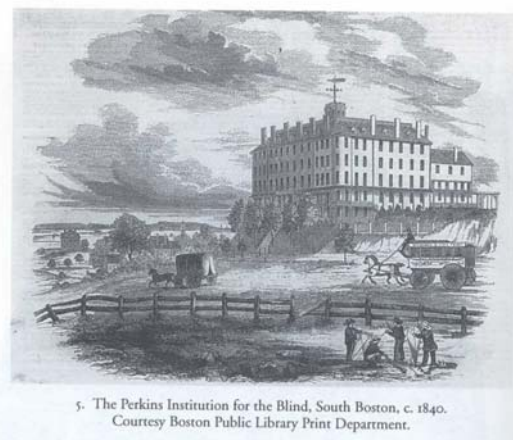
No one has as good sight as he might have. Therefore everyone can be benefited by practicing the principles presented in this magazine. While persons with imperfect sight may thus gain normal vision, persons with so-called normal sight can always improve it, and may even double the accepted standard of normality, or gain a measure of **telescopic or microscopic vision**. It is not a good thing to be satisfied with just normal sight. Not only is keen sight a great convenience, but it reflects a condition of mind which reacts favorably upon all the other senses, upon the general health and upon the mental faculties.

**Even the blind can get some help from *Better Eyesight*.** Not all blind persons are curable, but the editor believes that an increasing number of blind persons may expect help from **central fixation**, for already it has been found possible to relieve or cure such conditions as **cataract, glaucoma, conical cornea, retinitis pigmentosa, cyclitis, opacities of the cornea, and atrophy of the optic nerve.**

(Photo - Perkins Institute for the blind.)

The magazine will continue to publish during the coming year, as it has in the past, the latest discoveries of the editor, the experiences of cured patients—which have proven to be very valuable—and practical instructions for the improvement of the eyesight. On page 2 of each issue we will continue to give specific directions for self-treatment in language as simple as possible, so that persons who are not physicians can understand it. We have had much testimony to the value of this page, and the editor strongly urges every subscriber, no matter what the condition of his or her eyesight, to demonstrate these truths as they appear.

*Better Eyesight* stands for a revolution in the treatment of eye troubles, and has had to meet the difficulties that always beset the path of the revolutionist. For seventy-five years we have believed that errors of refraction—by which is meant the inability of the eye to focus light rays accurately upon the retina—were due to organic and irremediable causes. The editor of *Better Eyesight* has proved that these troubles are functional and curable, that the elongated eyeball of myopia (shortsight), the flattened eyeball of hypermetropia (farsight), and the lopsided eyeball of astigmatism, can be made to resume their normal shape, temporarily in a few minutes, and more continuously by further treatment. The world has been slow to receive this message.



5. The Perkins Institution for the Blind, South Boston, c. 1840. Courtesy Boston Public Library Print Department.

**1 - Normal.**  
Round eye shape. Vision clear. Eye lengthens slightly for close vision.



**2 - Abnormal.**  
Elongated eye. Unclear distant and close vision.



**3 - Abnormal.**  
Shortened/flattened eye. Unclear close and distant vision.



**4 - Irregular eye shape.**  
Astigmatism.



Eye shape and focus of light rays are altered/abnormal resulting in unclear vision due to outer eye muscle tension, dysfunction.

The editor is practically alone in advocating central fixation. A small number of physicians, including a few eye specialists, who have been cured or seen members of their families cured of eye troubles, without glasses, operations, or medication, have been convinced that the old theories about the eye and the treatment of defects of vision are wrong; but very few have had courage to endorse the new treatment publicly.

This is not to be wondered at, and is not a cause for discouragement. The editor now wonders at his own slowness in seeing the truth. The facts conquered his conservatism at last only because they were irresistible, and for the same reason they must ultimately conquer all conservatism. Physicians and others who refuse to accept them, or even to investigate them, will be swept aside to make room for those of more open mind.

In the meantime, *Better Eyesight* needs friends, it needs encouragement, it needs subscribers. The editor appeals to present subscribers to continue their support, and to advertise whenever and wherever they have an opportunity the good news that the eye is not a blunder of nature, as the textbooks teach, but an instrument as perfectly adapted to the needs of civilized man as to those of the savage. Persons who have cured themselves should utilize every opportunity to improve the sight of relatives and friends. All parents should be told that they have it in their power to prevent and cure defects of vision in their children and at the same time to improve their health and increase their mental efficiency. The same message should be carried to teachers and school boards. The blind should be told of this new hope for the sightless, and societies for the blind should be urged to investigate it. If everyone who has demonstrated the truth of central fixation does his or her duty in the matter, defective eyesight will soon cease to be, as it has so long been, the curse of civilization.

## STORIES FROM THE CLINIC

### 5. The Jewish Woman

By EMILY C. LIERMAN

Just before the war a Jewish woman, sixty-three years of age, came to the clinic and begged me to help her just a little.

"Please don't bother trying to cure me," she said. "That is too much to expect, and anyhow I am an old lady, so what does it matter?"

Her eyes were half shut, because the light bothered her and she felt more comfortable with the lids lowered. She told me that she was suffering great pain both in her eyes and head, and when I had her look at the test card at ten feet it was all a blur to her. I showed her how to palm, but the position tired her, and she said she was not accustomed to praying so long—she was quite a sinner. As she weighed over two hundred pounds and was sick in both mind and body, I asked her how much she ate every day.

"Oh, I don't eat much—nothing to speak of at all," she said. "In the morning I eat eggs, or something like that, and rolls and butter and coffee. Then about ten I have a few slices of bread with more butter and more coffee. At noon I have soup, bread and butter and more coffee. For supper I have bread, butter, meat, vegetables and more coffee. That's all."

She took more food in one day than I did in three, and when I told her she ate too much, it appeared to frighten her, for she staid away for two weeks. Eating, no doubt, was one of the few pleasures she had in life, and she did not wish to be deprived of it.

When she returned I had her palm again, and this improved her sight from 20/100 to 20/50. It also relieved her pain markedly, and when I told her that she would get still more help, both for her eyes and her body generally, if she would eat less, she agreed to do so.

In spite of her pain and misery, my patient had always been full of humor, and her witty remarks had been a source of much amusement to me; but one day, just after the declaration of war, I found her in a corner weeping. When I asked her to read the test card for me, she said with tears:

"Please, nurse, I can't see anything today. My two sons have enlisted, one as a marine, and the other as an aviator, and they are never coming back, I am afraid. I cannot sleep. I am suffering great pain all over my body. My heart is breaking."

From the beginning I had felt that she had been a devoted mother, and as I am always drawn to good mothers, I now felt a great pity for her grief. In order to get her mind off her pain, I encouraged her to talk about her boys.

"How proud you must be to have two sons to fight for your country, and for you!" I said. "I wish I had ten sons I would give them all for my country."

These remarks were not very consoling, I admit, in the presence of a sorrow like this, and the stricken mother refused to be comforted. But when I said, "You wouldn't be proud of them if they were cowards, and Uncle Sam wouldn't want them if they were criminals in a jail," she straightened up and said:

"You are right. They are brave boys all right, and I am proud of them."

I now tested her sight with the card, and found it better than ever before.

"You have the right medicine," she said, "I am coming again. I do not understand why I can see so well now after being so blind a few minutes ago."

I squeezed her arm above the elbow and asked:

"Do you feel that?"

"Yes," she replied.

"Well, that is just what you are doing to the muscles of your eyes, and the strain blinded you. When you relaxed, the pressure was relieved and your sight improved. It was the pressure that lowered the vision."

**Positive emotions, thoughts=relaxed mind, eyes=clear vision.**

At a later visit she brought a package for me, explaining that she had no money and wanted to express her gratitude. I took the package home, and when I opened it I found a loaf of delicious real bread—not Hoover bread. My neighbors were very envious of me, because the only bread they could obtain had a flavor like that of sawdust. At the time I appreciated that bread more than a five dollar bill.

Every time the patient came to the clinic we talked about her boys for a few minutes, and it certainly had a good effect upon her eyesight. When the war ended and the boy came home, every one who would listen heard of the great things they had done "over there." One would have thought one was attending an annual convention of some sort instead of an eye clinic.

During the war and up to about six months ago, the patient came more or less regularly to the clinic. Palming always helped her, but as she complained that it made her arms ache to hold her hands over her eyes, I had her simply close her eyes without palming. This also helped her. One day I placed her two feet further from the card than usual, and asked her how much she could see. She replied:



"Now, you know I am an old woman, and I guess my eyes are getting old too. I cannot see so far."

I told her to close her eyes and rest them, forget that she had eyes, and think of black velvet, or her black hat. Ten minutes later she read 10/20, and her eyes had a natural appearance. She became very much excited and asked me what I did to her.

Dieting also helped her eyesight and nerves very much, but she could not always bring herself to forego the pleasure of eating what she wanted. She forgot most of the things I told her to do at home, but I don't think she ever forgot a meal, nor did she realize the quantity of food she consumed when she gave free rein to her appetite. If she had always done as she was told, I am sure she would have been completely cured long ago. As it was, her improvement was very remarkable. Not only did she become able to read 10/20, but at the time she stopped coming to the clinic she said that the pain and discomfort in her eyes had entirely ceased. She was sleeping better, and her general physical condition was greatly improved.

Her case made me realize more clearly than ever the **relation of mental strain to defective vision**. I could not help her until I found out what she had on her heart, and when by means of a little sympathy—I could give her nothing else—I was able to get her **mind off her trouble, or make it seem less to her, her nerves always relaxed**. It was very remarkable the way a pleasant conversation, without further treatment, would improve her sight. The experience was afterward a great help to me in treating other patients. In the rush of work at the dispensary it has often seemed that I could not take the time to talk to the patients, to get acquainted with them, to let them tell me about their troubles. I know now that this is not a waste of time, but a very necessary part of the treatment.

## WHAT GLASSES DO TO US

By W. H. BATES, M. D.

*On a tomb in the Church of Santa Maria Maggiore in Florence was found the following inscription: "Here lies Salvino degli Armati, Inventor of Spectacles. May God pardon him his sins."<sup>1</sup>*

The Florentines were doubtless mistaken in supposing that their fellow citizen was the inventor of the lenses now so commonly worn to correct errors of refraction. There has been much discussion as to the origin of these devices, but they are generally believed to have been known at a period much earlier than that of Salvino degli Armati. The **Romans** at least must have known something of the art of supplementing the powers of the eye, for Pliny tells us that **Nero used to watch the games in the Colosseum through a concave gem set in a ring for that purpose**. If, however, his contemporaries believed that Salvino of the Armati was the first to produce these aids to vision, they might well pray for the pardon of his sins; for while it is true that eyeglasses have brought to some people improved vision and relief from pain and discomfort, they have been to others simply an added torture, they always do more or less harm, and at their best they never improve the vision to normal.

That glasses cannot improve the sight to normal can be very simply demonstrated by looking at any color through a strong convex or concave glass. It will be noted that the color is always less intense than when seen with the naked eye; and since the perception of form depends upon the perception of color, it follows that both color and form must be less distinctly seen with glasses than without them. **Even plane glass lowers the vision both for color and form, as everyone knows who has ever looked out of a window.** [All glass, plain and colored disrupts the healthy full spectrum light of the of sun.](#)

That glasses must injure the eye is evident from the fact that one cannot see through them unless one produces the degree of refractive error which they are designed to correct. But refractive errors, in the eye which is left to itself, are never constant.<sup>2</sup> If one secures good vision by the aid of concave, or convex, or astigmatic lenses, therefore, it means that one is maintaining constantly a degree of refractive error which otherwise would not be maintained constantly. It is only to be expected that this should make the conditions worse, and it is a matter of common experience that it does. **After people once begin to wear glasses their strength, in most cases, has to be steadily increased in order to maintain the degree of visual acuity secured by the aid of the first pair.**

That the human eye resents glasses is a fact which no one would attempt to deny. Every oculist knows that patients have to "get used" to them, and that sometimes they never succeed in doing so. Patients with high degrees of myopia and hypermetropia have great difficulty in accustoming themselves to the full correction, and often are never able to do so. **The strong concave glasses required by myopes of high degree make all objects seem much smaller than they really are while convex glasses enlarge them.** These are unpleasantnesses that cannot be overcome. Patients with high degrees of astigmatism suffer some very disagreeable sensations when they first put on glasses, for which reason they are warned by one of the *Conservation of Vision* leaflets published by the Council on Health and Public Instruction of the American Medical Association to "get used to them at home before venturing where a misstep might cause a serious accident."<sup>3</sup>

**All glasses contract the field of vision to a greater or less degree. Even with very weak glasses patients are unable to see distinctly unless they look through the center of the lenses, with the frames at right angles to the line of vision; and not only is their vision lowered if they fail to do this, but annoying nervous symptoms, such as dizziness and headache, are sometimes produced. Therefore they are unable to turn their eyes freely in different directions.** [This results in eye, neck, head, body muscle tension, immobility, impaired eye shifting, central fixation and other functions of the visual system.](#)

It is true that glasses are now ground in such a way that it is theoretically possible to look through them at any angle, but practically they seldom accomplish the desired result.

The difficulty of keeping the glass clear is one of the minor discomforts of glasses, but nevertheless a most annoying one. On damp and rainy days the atmosphere clouds them. On hot days the perspiration from the body may have a similar effect. On cold days they are often clouded by the moisture of the breath. Every day they are so subject to contamination by dust and moisture and the touch of the fingers incident to unavoidable handling that it is seldom they afford an absolutely unobstructed view of the objects regarded.

Reflections of strong light from eyeglasses are often very annoying, and in the street may be very dangerous. Soldiers, sailors, athletes, workmen and children have great difficulty with glasses because of the activity of their lives, which not only leads to the breaking of the lenses, but often throws them out of focus, particularly in the case of eyeglasses worn for astigmatism.

The fact that glasses are very disfiguring may seem a matter unworthy of consideration in a medical publication; but mental discomfort does not improve either the general health or the vision, and while we have gone so far toward making a virtue of what we conceive to be necessity that some of us have actually come to consider glasses becoming, huge round lenses in ugly tortoise-shell frames being positively fashionable at the present time, there are still some unperverted minds to which the wearing of glasses

is mental torture and the sight of them upon others far from agreeable. Most human beings are, unfortunately, ugly enough without putting glasses upon them, and to disfigure any of the really beautiful faces that we have with such contrivances is surely as bad as putting an import tax upon art. As for putting glasses upon a child it is enough to make the angels weep.

Up to about a generation ago glasses were used only as an aid to defective sight, but they are now prescribed for large numbers of persons who can see as well or better without them. The hypermetropic eye is believed to be capable of correcting its own difficulties to some extent by altering the curvature of the lens, through the activity of the ciliary muscle. The eye with simple myopia is not credited with this capacity, because an increase in the convexity of the lens, which is supposed to be all that is accomplished by accommodative effort, would only increase the difficulty, and this, it is believed, can be overcome, in part, by alterations in the curvature of the lens. Thus we are led by the theory to the conclusion that an eye in which any error of refraction exists is practically never free, while open, from abnormal accommodative efforts. In other words, it is assumed that the supposed muscle of accommodation has to bear, not only the normal burden of changing the focus of the eye for vision at different distances, but the additional burden of compensating for refractive errors. Such adjustments, if they actually took place, would naturally impose a severe strain upon the nervous system, and it is to relieve this strain—which is believed to be the cause of a host of functional nervous troubles—quite as much as to improve the sight, that glasses are prescribed.

It has been demonstrated, however, that the lens is not a factor, either in the production of accommodation, or in the correction of errors of refraction. Therefore under no circumstances can there be a strain of the ciliary muscle to be relieved. It has also been demonstrated that when the vision is normal no error of refraction is present, and the extrinsic muscles of the eyeball are at rest. Therefore there can be no strain of the extrinsic muscles to be relieved in these cases. When a strain of these muscles does exist, glasses may correct its effects upon the refraction, but the strain itself they cannot relieve. On the contrary, as has been shown, they must make it worse. Nevertheless persons with normal vision who wear glasses for the relief of a supposed muscular strain are often benefited by them. This is a striking illustration of the effect of mental suggestion, and plane glass, if it could inspire the same faith, would produce the same result. In fact, many patients have told me that they had been relieved of various discomforts by glasses which I found to be simply plane glass. One of these patients was an optician who had fitted the glasses himself and was under no illusions whatever about them; yet he assured me that when he didn't wear them he got headaches.

When glasses do not relieve headaches and other nervous symptoms it is assumed to be because they were not properly fitted, and some practitioners and their patients exhibit an astounding degree of patience and perseverance in their joint attempts to arrive at the proper prescription. A patient who suffered from **severe pains in the base of his brain** was **fitted sixty times by one specialist alone, and had besides visited many other eye and nerve specialists in this country and in Europe. He was relieved of the pain in five minutes by the methods recommended by this magazine, while his vision at the same time became temporarily normal.**

As refractive abnormalities are continually changing, not only from day to day and from hour to hour, but from minute to minute, even under the influence of atropine, the accurate fitting of glasses is, of course, impossible. In some cases these fluctuations are so extreme, or the patient so unresponsive to mental suggestion, that no relief whatever is obtained from correcting lenses, which necessarily become, under such circumstances, an added discomfort. At their best it cannot be maintained that glasses are anything more than a very unsatisfactory substitute for normal vision.

**July, 1920**

1 - Nuova Enciclopedia Italiana, sixth edition.

2 - Bates: The Imperfect Sight of the Normal Eye. N. Y. Med. Jour., Sept 8, 1917.

3 - Lancaster: Wearing Glasses, p. 15.

## **School Number BETTER EYESIGHT**

**A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES**

**August, 1920**

### **THE CURE OF IMPERFECT SIGHT IN SCHOOL CHILDREN**

While reading the Snellen test card every day will, in time, cure imperfect sight in all children under twelve who have never worn glasses, the following simple practices will insure more rapid progress:

- 1. Let the children rest their eyes by closing for a few minutes or longer, and then look at the test card for a few moments only, then rest again, and so on alternately. This cures many children very promptly.**
- 2. Let them close and cover their eyes with the palms of their hands in such a way as to exclude all the light while avoiding pressure on the eyeballs (palming), and proceed as above. This is usually more effective than mere closing.**
- 3. Let them demonstrate that all effort lowers the vision by looking fixedly at a letter on the test card, or at the near point, and noting that it blurs or disappears in less than a minute. They thus become able, in some way, to avoid unconscious effort.**

**The method succeeds best when the teachers do not wear glasses.**

**Supervision is absolutely necessary. At least once a year some person whose sight is normal without glasses and who understands the method should visit the classrooms for the purpose of answering questions, testing the sight of the children, and making a report to the proper authorities.**

**The Snellen test card is a chart showing letters of graduated sizes, with numbers indicating the distance in feet at which each line should be read by the normal eye. Originally designed by Snellen for the purpose of testing the eye, it is admirably adapted for use in eye education.**

## SAVE THE CHILDRENS' EYES

### Editorial

With this issue of BETTER EYESIGHT we are again urging measures to prevent and cure imperfect sight in school children. A very simple method by which this can be done was discovered by the author while studying the vision of the school children of Grand Forks, N. D., and tested over a period of eight years in the schools of this city. It consists merely, as has been frequently stated in this magazine, of exposing a Snellen test card in each classroom, and having the children read the lowest line they can see from their seats once a day, or oftener.

Six or seven years ago this system was tried in some of the public schools of New York City with the most gratifying results. In every case in which the card was used properly the vision of the children improved, regardless of whether the classroom was well or poorly lighted; and in every case in which it was not used the vision declined, being worse at the end of the year than it was at the beginning, regardless also of the lighting of the room. Not only was myopia (shortsight) prevented and cured by this method, but hypermetropia (farsight), a much greater curse than myopia and one the prevention of which had not previously been seriously considered, was also prevented and cured. So also was astigmatism, while the sight of those children whose sight had been normal to begin with was improved. Headaches and fatigue were relieved. The mentality of the children improved. Truants and incorrigibles were reformed. The teachers were enthusiastic about the results. So also were the children.

But unfortunately the method was contrary to the teachings of a hundred years, and hence was condemned without trial by every eye specialist consulted by the Board of Education. And thus the children, not only of New York, but of the whole country, have been deprived for years of the blessing of perfect sight, for if New York had led the way, the whole country would have followed.

Through the efforts of this magazine, however, a few schools here and there have introduced the system, and we hope that before another year has elapsed there will be many more of them. An interesting report from one of these schools appears on page 14.

### IMPERFECT SIGHT CONTAGIOUS

By W. H. BATES, M. D.

The question of whether or not errors of refraction are hereditary is one about which the medical profession has exercised itself greatly. An immense amount of work has been done for the purpose of throwing light upon it, and all the time the very plain fact that these conditions are contagious has escaped observation. **For an error of refraction is simply a nervous condition,** and there is **nothing more contagious than nervousness.** A person with myopia, hypermetropia, or astigmatism, is a person under a strain. This strain shows in his voice, his walk, his manner, and makes the people with whom he comes in contact nervous. These people then develop errors of refraction, temporarily if the influence is temporary, and permanently if the influence is permanent, as in the case of **children who cannot escape from their nervous teachers and parents.** Endless illustrations of this fact could be given. A few must suffice.

A very nervous woman wearing glasses for astigmatism brought me her very nervous child who had been wearing glasses for six months, also for astigmatism, three diopters in one eye and three and a half in the other. The child's eyes were red, strained, and partly closed, and it was quite evident that the glasses did not make her comfortable. I talked to her pleasantly for a while so as to disarm any fears of the doctor that she might entertain, and then told her to close her eyes and rest them for fifteen minutes. When she opened them she had perfect sight for the Snellen test card in both eyes, and she read diamond type at from six inches to eighteen. I said to the mother:

"There is nothing wrong with your child's eyes. When they were tested she must have been nervous."

The mother answered that this was true. She had been trying to play a duet with her sister, and got so nervous that she could not see the notes. The family was so alarmed at this sudden failure of sight that she was taken immediately to an oculist, and the result was glasses for astigmatism. As children have an astonishing power of adapting their eyes to different kinds of lenses, she had adapted her eyes to these very strong glasses sufficiently so that she could see through them, but was not able to be comfortable in them, nor in any of the others that were subsequently given to her.

Mother and child left the office in a very happy frame of mind, but a few days later the mother returned, very much discouraged and somewhat incensed. The child was just as bad as ever, she said. She couldn't read half the card.

"The reason she can't read the card," I said, "is because you test her. Let her younger sister test her, and you will find that she will read it perfectly. The strain in your eyes is reflected in your voice and walk, in everything about you; you make the child nervous, and when you try to test her sight she becomes astigmatic. If you want her to get cured and stay cured, you should get cured yourself."

She took my advice, and is now under treatment.

In my studies of the eyesight of school children this experience was frequently repeated. When I went into a classroom where the teacher wore glasses I knew I would always find a large percentage of imperfect sight. When the teacher did not wear glasses I knew the percentage would be below the average. When the teacher tested the sight of a child it was often found to be very imperfect, but when I tested it, it might be perfect. In one case a teacher wearing glasses told me that a certain boy was very nearsighted. He could not read writing on the blackboard, he could not tell the time by the clock, and he could not recognize people across the street. I tested his sight and found it normal. The teacher was incredulous and suggested that he must have memorized the letters. Then I wrote letters and words on the blackboard which he read just as well as he had read the letters on the card.

One day my own children came home from school with a note to the effect that they could not read the writing on the blackboard and needed glasses, and later a nurse called to reinforce the message. I tested their sight and found it normal. Then I called on the principal, told him that I was an eye specialist, and after testing the sight of the children I could find nothing wrong with it. I asked if there would be any objection to their having a test card in their classrooms so that they could read it frequently. He said he could see no reason why this should not be done, and it was. But soon after the younger child, a little girl, came home from school in tears. The teacher and the nurse and the other children had made fun of the card, and said it was absurd to suppose that such a simple thing as reading it every day could keep one from having trouble with one's eyes. Of course I knew it could do her no good to read the card under these conditions, and so I had her read it at home. The sight of both children has remained perfect, but I have no doubt that if the circumstances had been different they would have been wearing glasses today.

Children are very sensitive to nervous influences, these influences often produce temporary imperfect sight, and unfortunately they are often, in these states, fitted with glasses. Fortunately most children hate to wear glasses, and after trying them for a while

frequently discard them. They also break and lose them. Thus they are saved much injury. But if the teacher or parent is conscientious and insists on the wearing of the glasses, and on their renewal when lost or broken, the temporary error of refraction becomes a permanent one.

The atmosphere of the average schoolroom is extremely irritating. It makes the children nearsighted, farsighted and astigmatic. But if they have a familiar Snellen test card which they can read every day they are always able to overcome this adverse influence. When they can read the letters on the test card which they know by heart, they are also able to read the writing on the blackboard and see other strange objects at the distance or the near-point with normal sight.

## STORIES FROM THE CLINIC

### 6. The School Children

BY EMILY C. LIERMAN

A great many children visit our clinic. Some are sent by their teachers or the school nurse. Others hear from their friends that we cure people without glasses and come of their own accord. They are a most interesting class of patients; for they respond so quickly to treatment that one's work becomes a succession of thrills, and as a rule they are very grateful for what we do for them.

Grown people are often annoyed when they find that we do not prescribe glasses, but the children, with rare exceptions, are delighted, for they usually hate to wear glasses. Only occasionally do they insist that they must have them, because the teacher or the nurse said so. Before they leave the clinic, however, they are always convinced that whoever told them they needed glasses made a mistake.

One day a colored girl tried to work me for a pair of glasses. Dr. Bates, after examining her eyes, turned her over to me with the remark that she would be an easy case. I placed her at ten feet from the card and asked her to read what she could. She said she could not read anything. I brought her to within one foot of it, and she still insisted that she could not see a letter. It occurred to me that perhaps she did not know the letters, but she said she did. I told her to palm for a while, and then I tried her again at ten feet. She looked very mournful, and said, "I can't see." Then I realized at last what was the matter with her.

"Well, if you want glasses," I said, "you will have to go elsewhere, we do not give glasses here."

I never saw a patient's sight improve as quickly as hers did now. She started at once to read the test card, and went right down to the bottom, missing only two letters on the last line.

In most cases the children, after they are cured, prove to be enthusiastic missionaries in the cause of better eyesight. On the same day that I cured the case just mentioned another colored girl, ten years old, who was as anxious to be cured as the other one had been to avoid it, came to the clinic. The school nurse had sent her to get glasses, but she said:

"I just hate glasses and I won't wear them."

I improved her sight in ten minutes from 15/70 to 15/30, and the next clinic day she brought with her fourteen other children and the school nurse, all colored, including the nurse, who was a mulatto. That was a thrilling day at the clinic. The nurse was thrilled and I was thrilled, for in an hour's time I improved the sight of every one of those children from about 15/50 to 15/20.

The first child I treated, was very cross, and did not wish to be annoyed by palming or anything else. The nurse explained to me that she was a very nervous child and never still a minute.

"That doesn't matter," I said; "I'm not going to make her nervous,"

I then asked the child what her name was, and she told me that it was Helen.

"Now Helen," I said, "the first thing you are going to do for me is to smile," which she did.

"Now I wonder if you can read that test card for me?" I asked.

"Oh, sure," she replied. "I'm not a baby!"

She read 15/50.

"Be a nice girl now and cover your closed eyes with your palms," and I showed her how to do it.

She followed my instructions, and by alternately flashing the letters and palming, her vision rapidly improved to 15/20.

The next girl was one of the prettiest mulattos I have ever seen. She had closely watched Helen, and from the look on her face I could see that she would be more ready to do as I wished her to do than Helen had been. Her name was Clarice, and her vision was about the same as Helen's, namely 15/50. I told her to palm, and while she was doing this I went to the next patient, a girl who reminded me of Topsy in *Uncle Tom's Cabin*, for her head was just covered with pigtails. After I had started her to palming, I went back to Clarice, and found that she could now read 15/20. And so it went through the whole fourteen. The nurse asked me a great many questions about the treatment, and said she would treat the children the same way at school. At a later date she came to me again for more instructions, and said that so far she had been getting such good results that she had not found it necessary to send any more of her charges to the clinic. She studied BETTER EYESIGHT very carefully and found that it enabled her to give the treatment correctly. Clarice and Helen also came back, not because it was necessary, since they and the other children were doing so well under the instructions of the nurse, but because they liked to come. After palming for a short time both of them became able to read 15/10.

The influence of the school in producing imperfect sight is sometimes startlingly illustrated by these child patients. A dear little blue-eyed girl of twelve who came to us because she had severe headaches seemed to be suffering mainly from fear of her teacher. In the morning before school she felt perfectly well; after playing in the street with the other children she also felt well; but when she went into her classroom and began work her head began to ache. It also ached when she was doing her home work, but not so badly. I asked her to read the test card at twelve feet, and unconsciously I raised my voice a little. Immediately I saw her start as if someone had scared the very life out of her. I guessed at once just what was the matter, and lowering my voice I told her as gently as possible that there was nothing to be frightened about.

"What you are not able to read on that card today, you will read next time," I said.

Then I showed her how to palm and left her for a time, as there were many other children waiting to be treated. Coming back in fifteen minutes I told her to take her hands down and tell me what she could read; and I made my voice as low as I could, not much above a whisper. At once, with each eye she read 15/10, more than normal vision, and she said she had no pain. I asked her if she could guess how many children there were in her class.



"Yes, about sixty," she replied.

"My," I said, "if your poor mother had sixty children, wouldn't she be nervous and worried! And wouldn't you want to help her all you could! Suppose you make believe the teacher is your mother, and try to help her all you can."

This had a great effect on her. The next time she came her attitude toward her teacher seemed to have completely changed, and at every subsequent visit she always had something to say about her wonderful teacher. I feel sure that her fear of her teacher had been unnecessary, and also that it had had much to do with her condition. She had little trouble with the headaches after her first visit, for when she felt one coming on, as sometimes happened when she had a hard example to do, she was able to get quick relief simply by closing her eyes.

While the work with the children is always thrilling, we sometimes have a case that is so wonderful that it stands out from all the others. A boy of ten came to us one day in a very bad condition. He did not want to look at anyone, and did not even want to raise his head, because the light bothered him so. After testing his sight and finding it to be about 15/70 I placed him on a stool, which, by the way, is a very precious piece of furniture in the clinic. All our poor patients have to stand while they palm and practice with the test card. No comfortable chairs for them. But most of them are willing to do anything so that they may not need glasses, and they do not complain. For this boy, however, I was able to find a stool on which he could sit while he palmed. I told him not to open his eyes for a moment, and after I had attended to a few patients I came back and asked him to take his hands from his eyes. What happened then seemed like a miracle. He didn't look like the same boy. His formerly half-shut eyes were wide open, and without any trouble he read the bottom line of the test card at fifteen feet. When I praised him for what he had done he smiled and said:

"When shall I come again?"

At the next visit he read 20/10 with both eyes, and he told me that when the light bothered him he closed his eyes and covered them with the palms of his hands, and in a few minutes he was all right.

This boy brought a friend, aged twelve, who had been wearing glasses for two years or more. When he came into the room he did not wait for his turn (I guess he never thought about it in his eagerness), but placed himself right in front of me, took off his glasses, and said:

"You cured Jimmie's eyes. Will you cure me, too?"

"Surely," I said, "if you wait your turn," and as soon as I could I tested his sight.

I found that he could see just as well without his glasses as with them—15/20. So I asked Dr. Bates to examine him and his glasses, and it turned out that he was wearing far-sighted glasses for near-sight. I told him to palm, and before he left the clinic that day he saw distinctly some of the letters on the bottom line at fifteen feet. This was an even more remarkable cure than Jimmie's, for patients who have worn glasses are usually much harder to cure than those who have never worn them.

Sometimes the mothers come with the children, and then I always try to enlist them as my assistants, and if they wear glasses I try to persuade them to cure themselves, so that the children will not copy their bad visual habits, and will not be subjected to the influence of people who strain. Not long ago a mother who had trouble with her eyes brought a child for treatment, and said that she would help the latter at home. I said that would be fine, and then I asked the child to help me cure her mother.

"After mother has given you a treatment," I said, "tell her to close her eyes and cover them with the palms of her hands, and to stay so until everything is black. Be very quiet so that she will not be disturbed, and when she opens her eyes you will surely find that she can see better."

Both mother and child made rapid progress. At the first visit the child's vision, which had been 15/50, improved to 15/30, and in six weeks it became 20/15. The mother now exhibits to her friends, with much pride, her ability to thread a needle without glasses.

Only one thing about this work with the children makes me sad and that is, we can do so little of it. Many children come from other districts, and are, of course, turned away by the dispensary clerk. But even if the hospital rules did not require him to do this, we could not admit all who come. There is a limit to the number we can treat, and there is so little space in our little eye room that already we are obliged to treat the overflow in the outside general waiting room. I wish that there could be such clinics in every hospital, and that the teachers and the nurses in the schools could be instructed in the very simple art of preserving the eyesight of the coming generation.

### **THE SNELLEN TEST CARD IN NEWTON**

**By U. G. WHEELER**

**Superintendent School Department, Newton, Mass.**

*We are greatly indebted to Superintendent Wheeler for sending us the following report of the use of the Snellen test card in one of the public schools of Newton, and we hope that the success which attended his experiment will encourage other schools to try this method of preventing and curing imperfect sight in school children.*

Last fall we purchased several copies of the school number of BETTER EYESIGHT, and have been trying the suggested method for the prevention and cure of imperfect sight in one building in the city. The following is a copy of the report I received at the end of the school year from the principal of that school regarding the result of this trial:

In the fourth grade the teacher began using the Snellen eye chart last October. There was one case where the child tested very low in one eye. One of the children in the grade worked with her four times a day as was suggested in the booklet. The child lost the fear of using her eye, and after some time could read the card fifteen feet away. At that time her mother requested that we do no more work with her, as the oculist was afraid that she might strain her eyes.

The class as a whole used the card for months. Their eyes seem to be strengthened by the constant use of it.

In the fifth grade the teacher used the card with her class and gained definite results. One interesting case was that of a girl who had trouble with her eyes. It seemed to be hereditary, as the father had the same trouble. The girl used the Snellen test card and finally was able to read it across the room. If she neglected to practice for a few days, she found it necessary to begin all over again. There was no chance for memorizing the card, as the teacher cut letters from newspapers and used them while testing her, and found that she had been helped a great deal. It is thought the children's eyes were really strengthened.

In the other grades—I, II, VI, VII and VIII—the card was used, and in some cases it helped; in others the eye defects were too serious. However, the teachers believe that if the card is put to the right use wonderful results may be reaped.

## **BETTER EYESIGHT**

**A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES**

**September, 1920**

### **MAKE YOUR SIGHT WORSE**

**This is an excellent method of improving it**

**Learn how to cure/avoid unclear vision by experiencing how strain and unclear vision are caused.**

**Strange as it may seem there is no better way of improving the sight than by making it worse.** To see things worse when one is already seeing them badly requires mental control of a degree greater than that required to improve the sight. The importance of these facts is very great.

- + When patients become able to lower their vision by conscious staring, they become better able to avoid unconscious staring.**
- + When they demonstrate by increasing their eccentric fixation that trying to see objects not regarded lowers the vision, they may stop trying to do the same thing unconsciously.**
- + What is true of the sight is also true of the imagination and memory. If one's memory and imagination are imperfect, they can be improved by consciously making them worse than they are.**
- + Persons with imperfect sight never remember or imagine the letters on the test card as perfectly black and distinct, but to imagine them as grey and clouds is very difficult, or even impossible, and when a patient has done it, or tried to do it, he may become able to avoid the unconscious strain which has prevented him from forming mental pictures as black and distinct as the reality.**
- + To make imperfect sight worse is always more difficult than to lower normal vision. In other words, to make a letter which already appears grey and indistinct noticeably more cloudy is harder than to blur a letter seen distinctly. To make an imperfect mental picture worse is harder than to blur a perfect one. Both practices require much effort, much hard disagreeable work; but they always, when successful, improve the memory, imagination and vision.**

## **EXPERIENCES WITH CENTRAL FIXATION**

**By M. H. STUART, M.D.**

**Moultrie, Ga.**

*We are greatly indebted to Dr. Stuart for sending us this remarkable story of his own cure and that of his patients, all of which was accomplished without personal assistance by means of the information presented in this magazine.*

Some sixteen years ago, when working as a stenographer, I developed indigestion and became extremely nervous, one of my symptoms being a tension in the spinal cord between the shoulder blades which was extremely uncomfortable. In the late afternoon and evening I would become so nervous that I could scarcely sit still, and I have walked five miles into the country and back again to get relief. I tried dieting for the indigestion, but after two months failed to get any relief. A medical student then suggested that the trouble might be due to my eyes. I went to an oculist, who fitted me with glasses, and all my troubles ceased.

The glasses given to me were convex 0.25, axis 90. A few years later, when I was in New York doing post-graduate work at the Polyclinic, they were changed to concave 0.25, axis 180, my refraction having changed from hypermetropia to myopia. In succeeding years the myopic astigmatism increased to concave 0.75, axis 180, and finally, after I had worn glasses for some fourteen years, to concave 1.00, axis 180. The last correction I had worn for about two years when I discarded glasses for good.

Slight as my error of refraction was, I was not able to leave off my glasses for more than an hour or two without suffering from nervousness and the feeling of tenseness in the spinal cord alluded to above. At other times I was perfectly comfortable except for the last year or two, during which I had so much to do that I suffered at times from the old nervous trouble. I had no pain in my head or eyes, but the trouble in my back was so bad last fall that I had to have the services of a masseur in order to do my work.

Five years ago I first read about Dr. Bates' experiments upon the eye muscles of animals. While interested I was not prepared to abandon the accepted teachings on the subject, and I waited to hear more. Recently I read, in the May (1920) number of BETTER EYESIGHT, Dr. Arnau's story of how, his headaches were cured, and I was so impressed by it that I determined to try the relaxation method upon myself. I palmed for five minutes and then read the card three times with each eye as far as I could without effort. I did this six times a day for five days, and at the end of this time I had gained a very decided degree of relaxation. I had, of course, discarded glasses, and, although this caused me a little discomfort at first, I was able about a week later, to perform, without them, three tonsilectomies and one operation for cataract, and to remove two blind eyes. At the same time I went through my daily routine of treating ten to thirty patients, examining eyes, ears, noses and throats, much of which work requires extra good vision. At noon I lay down to rest as usual and read the Atlanta paper. At night I read the Moultrie daily paper and anything else that I wanted to.

After the first five days of systematic relaxation I have never done anything in a routine way for myself, but if I feel nervous, or my eyes feel drawn, I swing twenty times and palm. In this way I am always able to get relief. Another method of gaining relaxation that I have resorted to is to look at an imaginary period in any dark distant object. In this pine-woods district there are thousands of stumps, many of which have been burned and blackened. The third day after I discarded my glasses I had to drive about twenty-eight miles, and whenever my eyes felt drawn I would look in an easy relaxed way at a small point on one of these stumps and

always got relaxation.

Nearly every afternoon at half past four I go out for a game of golf, and often I palm before going, as I find it gives me better control of my nervous system, and enables me to play a more consistent game.

I was so pleased with the results of the new treatment in my own case that I have since taught central fixation to about forty of my patients, and in only about two did I fail to improve the vision at the first sitting.

The following are some of my more notable cases.

Mr. S, an automobile mechanic, had been mentally deranged for two weeks, following an attack of flu, after which he gradually became rational, only to find that he saw double and his vision was imperfect in each eye. At the first examination he read with his right 20/120, and with the left 20/60. I suggested that he palm at least six times a day for five minutes, and on the second day he was greatly improved, reading with the right eye 20/80, left 20/40. On the third day he read with the right eye 20/40, left 20/30, an increase of vision in the right eye of 200 per cent, and in the left of 100 per cent. He is now at work, and when, occasionally, he has to lay off, it is not on account of any trouble with his eyes, but because of weakness in his knees.

A year ago a Mr. B consulted me about the sight of his right eye, the left having been blind for years. His vision was 10/40, and could not be improved by any lens. I advised him to have the left eye removed, since it was a menace to the other eye. He would not consent to this and I did not see him again until May 5 of this year, when he came to my office practically blind in his right eye from **sympathetic ophthalmia**. At one foot he could only count fingers. I advised the immediate removal of the blind eye and of a few teeth that had pus about them; but I could not promise that his vision would be saved. That afternoon I removed the eye, and the following day I was gratified to find that he could count fingers at three feet. I sent him home with some large letters to use for the practice of central fixation, and by the fifteenth he was able to count fingers at five feet. I then told him how to practice the universal swing, and on the twenty-second he could count fingers at seven feet. On the twenty-ninth he could read the small type on the 20 line of the test card at four inches, whereas he had been entirely unable to see them previously. He states that he can now see the small chickens running about near his feet, and can see small cotton plants seven feet away. I am confident that in a year, or some such matter, he will have sufficient vision to attend to the necessary work of his farm.

I have treated three cases of squint, all of them with success. One of them, Delia S, aged twelve, came to me on May 15, with her right eye turned in to such a degree that the cornea was partly hidden. The sight of this eye was so imperfect that at three feet she could only count fingers. With her left eye she could read 20/30. She was told to palm, and when she returned on May 24 she was able, with the squinting eye, to count fingers at six feet, twice as far as at her first visit, and the eye was straighter. On June 5 she came again, and counted fingers at eight feet, an increase of vision since the beginning of 700 per cent. On July 3, while I was writing this report, she came in, and I found that her right eye had improved to 20/60, one third of normal, while her left had become entirely normal, 20/20. Her right eye was entirely straight at times, and I feel sure that in a few months this condition will have become permanent.

Another case of squint was that of a young girl of fourteen with rather large, pretty blue eyes, one of which, the right, was slightly crossed inwardly. Her sight was very imperfect—half normal in the right eye and one-third normal in the left—while, like most cross-eyed people, she was troubled with double vision. I asked her to **palm at least six times a day**, and she came back with her eyes straighter and able to read 20/30 with both. The next week showed normal vision, the eyes being at times perfectly straight.

I was particularly pleased to be able to relieve these little girls of a disfigurement which means so much more to them than it would mean to a boy, and I was much interested to note how much prettier their eyes were, apart from the disappearance of the squint, after a few treatments. They were wide open, softer-looking, in short, relaxed.

Palming corrects crossed/wandering eyes.



## HOW I IMPROVED MY EYESIGHT

By PAMELA SPEYER

*This patient was wearing when first seen the following glasses: each eye, concave 5.00 D.S. combined with concave 1.00 D.C. A number of competent men had said that her myopia was progressive, and that her vision was certain to become very imperfect even with glasses. They all insisted that she must wear glasses constantly. Yet after she had discarded them her vision improved in two days from 6/200 to 20/100.*

I have always been near-sighted. When I was six years old, my father took me to a famous oculist in London, and he prescribed and fitted me with my first glasses. With these lenses I was able to distinguish things at a distance which before I had not been able to see. I found that I could read or see objects at close range just as well without the glasses. The only difference that they made to my sight in this case was that print appeared smaller and less black.

Every year stronger lenses were given to me, and I visited several oculists in England and America, in the hope of improvement. When I was fifteen an oculist told me that my eyesight, instead of improving each year as I had hoped, would gradually become worse. By this time I was wearing glasses all the time.

Then, quite by chance, my father heard of Dr. Bates through a friend whose eyesight had been cured by him. I was taken there at once. The first thing Dr. Bates did was to take away my glasses. I sat down in a chair, opposite which was a Snellen test card, fifteen feet away. I could not see the largest letter, a "C" about four inches by three, which people with normal vision are supposed to read at two hundred feet. He brought the card five feet nearer and then I read the "C." It appeared very blurred and indistinct. The smaller letters were so blurred that I could not see them at all.

Palming



Treatment steps

- +Palm
- +Swing
- +Shift and see **oppositional** movement. Blink, relax.
- +Long Swing
- +Sway and shorter sway.
- +Shift on a small or fine print letter and see a small, very short swing, (small **oppositional** movement).
- + 'Flash' letters, objects for a fraction of a second: **Shift on a letter for a fraction of a second, then palm.**
- +Close the eyes and remember, imagine the letter clear and shift on it, see the swing in the mind.

The most helpful thing I learned was how to "palm." This I did by closing my eyes and then covering them with the palms of my hands, so that I saw black and remembered it perfectly. This perfect black rested my eyes a great deal. After doing this for some ten or fifteen minutes, I looked at the card and found that I could read the two letters on the next line.

After I had learned to "palm," I learned to "swing." The reason I strained my eyes so when looking at the card was that I stared at one place. So by **imagining the letter was swinging like a pendulum, I moved my eyes instead of staring** as I had done before. **At first the swing was a long one, but after practicing for some weeks, I began getting it shorter until it was only half an inch on each side of the letter. The short swing was more difficult to do than the long one, but it helped more in the end.**

#### Flashing

Then I learned to "flash." I looked at a small letter at fifteen feet distance and could not read it. The longer I looked the worse it grew. So by **closing my eyes, remembering the swing for a few seconds, I just glanced at the letter and closing my eyes at once, I saw the letter in a flash.**

All these things must be practiced every day, and even now I have to "palm" every morning and night.

**Palming, swinging and flashing** were the three fundamentals. As soon as they were mastered only practice remained. I have now been going to Dr. Bates for over a year, and my eyesight is almost cured. I often have flashes of perfect sight. Dr. Bates has certainly helped me in a remarkable degree, more indeed than I ever thought possible when I first went to him wearing strong glasses. [The above article contains many of the main Natural Vision Improvement treatments: Palm, Shift, See the Swing/Oppositional Movement, Long Swing, Sway, Short Sway/Tiny Shift, Flash letters, objects, Memory, Imagination, Relaxation.](#)



Long Swing

Shift on a small letter and see a short swing.



Sway/rock left and right.

## SLEEPINESS AND EYESTRAIN

By W. H. BATES, M.D.

How much sleep is necessary to maintain health? This is a question which has never been satisfactorily answered. Theoretically, mental or physical work should increase the need for sleep, but it is a matter of common knowledge that many inactive persons seem to need just as much sleep as those who work, or even more.

Much time has been devoted to the investigation of the symptoms of fatigue. Analyses have been made of the blood of fatigued subjects; the action of the muscles, nerves and brain, the changes in the structure of the cells, under the influence of fatigue, the changes following sleep, have all been carefully studied. But so far very little light has been thrown upon the nature of either fatigue or sleep.

This is a fact, however: that eyestrain has always been demonstrated when fatigue was present, and that fatigue has always been relieved when eyestrain was relieved. Perfect sight is perfect rest, and cannot coexist with fatigue. Even the memory or imagination of fatigue is accompanied by the production of eyestrain and imperfect sight, while the memory of perfect sight will relieve both eyestrain and fatigue. Sleepiness is a common symptom of habitual eyestrain, and when the sight improves the need for sleep is often markedly reduced.

One patient reports that after gaining normal sight without glasses she was able to get on comfortably with seven hours sleep, whereas she had formerly not been able to avoid continual sleepiness and yawning even on nine and ten hours. The inclination to yawn on all occasions had been so overpowering, she stated, that it often subjected her to great embarrassment. On one occasion she yawned so incessantly during a call made in the early evening that the visitor concluded, not unnaturally, that her presence was a burden and departed in high dudgeon, no explanations sufficing to convince her that the yawning was not the result of boredom. The patient was made very unhappy by this condition, but finally became reconciled to it in a measure, thinking that what could not be cured must be endured. Great was her surprise and delight, therefore, when, after discarding her glasses and beginning to practice central fixation, she found herself sleeping less and not yawning so much. She made no conscious effort, she said, to check the yawning, and had indeed almost forgotten about it. She now gets sleepy only at bedtime.

Another patient, although he never had any desire to sleep in the daytime, found it very difficult to keep awake in the evening. At the opera or theatre, at lectures and social gatherings, and at church, he was always sleepy and often went to sleep. It was naturally more difficult for him to keep awake when he was not interested, but whether he was interested or not he was sure to become more or less sleepy. He never went to a lecture without going to sleep, and the world's most famous song-birds were not always able to keep him awake at the opera. In the case of dull papers or sermons, it did no good to think of something else, for the sound of the speaker's voice acted like an opiate. When he learned how to **relax by the aid of the memory, imagination, shifting, swinging and palming** the trouble gradually became less, and now he can stay awake at all times and in all places where people are supposed to stay awake.

## STORIES FROM THE CLINIC

### The Woman with Asthma

By EMILY C. LIERMAN

*When eyestrain is relieved all other strain is relieved, and therefore patients relieved of eyestrain are often relieved of many other symptoms. Asthma belongs to a large class of diseases with symptoms which may result from nervous disturbances instead of from organic changes. They have been called functional neuroses. It was not strange, therefore, that this patient should note an immediate improvement in her breathing after palming, and that this treatment, in combination with hygienic measures, should have permanently relieved the trouble. Many similar cases could be reported, and even when organic disease has been present, the subjective symptoms have been relieved.*

One day during the summer of 1919, a woman suffering from asthma came to the clinic. She was only forty years of age, but looked fifty, and it was evident, from the wrinkles in her forehead and her half-shut eyes, that her vision was very poor. She told me



that she suffered from continual pain, and I could see that she had great difficulty in breathing; but her spirit was unbroken, and her exuberance was something of a problem to me. She talked continually as long as she could find anyone to listen to her, and in order to preserve any order in the clinic I had to keep her as much as possible by herself. I was sorry to do this, because her good humor was contagious, and made the patients forget their pain and other troubles, but I could not have the work brought to a standstill, even for such a desirable end as this.

The state of her eyesight did not seem to trouble her.

It was her asthma about which she was concerned. When I asked her to read the test card she said:

"Please ma'am, help me to breathe first; never mind my eyes."

"You are in the wrong room for asthma", I replied, "just let me do something for your eyes, and then I will send you to another room where a good doctor will treat you for the asthma."

She smiled, evidently pleased that I had not sent her away, and proceeded to read the card, as I had asked her to do. Her vision was 20/30 in each eye. I told her to palm and on no account to remove her hands from her eyes until I came back. It was fully half an hour before I was able to do this, and when I told her to uncover her eyes, she asked:

"What makes me breathe so easy?"

"The palming has helped you", I replied.

Her vision was now 15/20, and she said the pain in her chest and back had gone. I gave her some advice about her diet, told her to drink plenty of water, and asked her to come to the clinic three days a week.

On the next clinic day, to my great disappointment, I did not see her. I concluded that she did not care to bother about her eyes, and was not willing to give up the foods and drinks I had told her not to take, including meats, pastry, strong tea and other liquids much stronger than tea. Other patients were continually coming in, however, so the poor woman with asthma went completely out of my mind until two months later when she rushed into the clinic like a cyclone. Most of these poor people do not think about waiting for their turn, and are so anxious to tell me about their relief from eyestrain and other troubles that I have to forgive them when they break the rules. This woman not only did not wait her turn but did not think it necessary to wait till I had finished with the patient I was attending to. As soon as she saw me she yelled in a loud excited voice:

"Please, ma'am. I didn't forget you. I didn't forget myself either. I felt so good after you treated me, I just palmed and palmed, and I began to breathe so much better I went out and got a job right away. During the day my madam allowed me to rest my eyes, and I ate very sparingly. Sure, ma'am, it was no joke either, for I just love to eat good and lots of it; but I remembered what you said, and so I behaved myself. I must have starved the asthma all away."

"I am very glad to hear all this" I said. "Now let me see what the palming did for your eyes."

Her vision had improved to 15/10. And it had all happened in two months. She did it and not I. When I told her this and praised her for it, she replied:

"God bless you! You don't know how happy I am. I am working and supporting myself now for the first time in four years. But what surprises me the most is that I have not been drowned by this time with all the water I have been drinking."

## **QUESTIONS AND ANSWERS.**

The editor has received so many questions from the readers of BETTER EYESIGHT that he feels it sufficiently important to open a new department which will start next month. All persons are invited to send in questions which will be answered as promptly as possible by mail or the questions and answers will be published in the magazine. Kindly enclose a stamped, self-addressed envelope.

## **BETTER EYESIGHT**

**A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES**

**October, 1920**

### **GO TO THE MOVIES**

**This can help you to improve your sight**

Cinematograph pictures are commonly supposed to be very injurious to the eyes, and it is a fact that they often cause much discomfort and lowering of vision. They can, however, be made a means of improving the sight. When they hurt the eyes it is because the subject strains to see them. If this tendency to strain can be overcome, the vision is always improved, and, if the practice of viewing the pictures is continued long enough, nearsight, astigmatism and other troubles are cured.

If your sight is imperfect, therefore, you will find it an advantage to go to the movies frequently and learn to look at the pictures without strain. If they hurt your eyes, look away to the dark for a while, then look at a corner of the picture; look away again, and then look a little nearer to the center; and so on. In this way you may soon become able to look directly at the picture without discomfort. If this does not help, try palming for five minutes or longer. Dodge the pain, in short, and prevent the eyestrain by constant shifting, or by palming.

If you become able to look at the movies without discomfort, nothing else will bother you.

## THE PROBLEM OF IMPERFECT SIGHT

By W. H. BATES, M. D.

The problem of imperfect sight is such a tremendous one that few, even of those who specialize in such matters, realize its proportions, while outside this circle there is not the remotest conception of what it means.

The literature of the subject is very confusing and contradictory; but from the facts available there can be no doubt that the great majority of school children suffer from some degree of imperfect sight, while among adults normal vision is a rare exception.

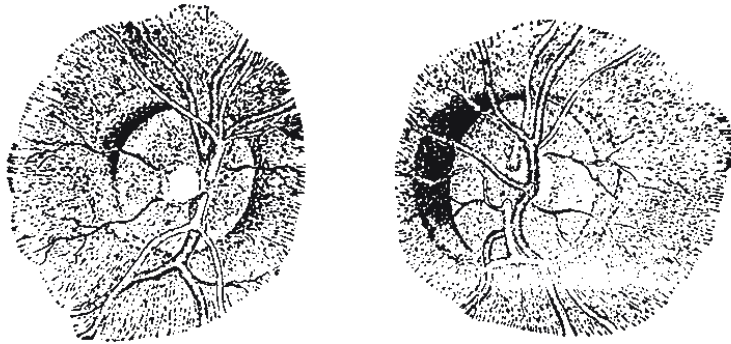
The very careful investigation of Risley showed that in the public schools of Philadelphia, among children between eight and a half and seventeen and a half, the proportion of imperfect sight was about ninety per cent,<sup>1</sup> other investigators report lower figures, but in many cases this simply means a lower standard. The findings of Risley agree with those obtained by myself in a study of 100,000 children made under all sorts of conditions in both city and country schools.

As to the sight of the adult population the operation of the draft law has supplied us with some unimpeachable data. It was found impossible to raise an army with even half normal vision in one eye, and in order to get the number of soldiers required it was necessary to accept for general service men whose vision could be brought up to half normal with glasses.<sup>2</sup>

Such figures as the foregoing, terrible as they are, by no means exhaust the subject. In fact they are only the beginning.

Errors of refraction are so common that we have learned to take them lightly. They are usually reckoned among minor physical defects, and the average lay person has no idea of their real character. It is well known, of course, that they sometimes produce very serious nervous conditions, but the fact that they also lead to all sorts of eye diseases is known only to specialists, and not fully appreciated even by them. The complications of myopia (nearsight) constitute a large and melancholy chapter in the science of the eye, but most eye specialists say that no organic changes occur in hypermetropia (farsight). That this is very far from being the case was proven by Risley in the investigation alluded to above, and it is strange that his report on the subject has attracted so little attention. His studies also showed that these organic changes occurring in all states of refraction, are very common among children and have often progressed to an extent that would be expected only after long years of eyestrain.

In the case of myopic astigmatism the percentage of diseased eyes among all the children examined ran as high as eighty-seven per cent, and in the secondary schools not a single myopic eye was found with a healthy eyeground. The condition known as *conus* in which the choroid, or middle coat of the eye, is destroyed in the neighborhood of the optic nerve exposing the white outer coat (sclera) and forming first a crescent and later even a complete circle is commonly regarded as one of the symptoms of myopia and attributed to the tension resulting from the lengthening of the globe, but Risley's statistics show that while it is somewhat more common in this state of refraction than in hypermetropia it is by no means peculiar to it. In hypermetropia it was found in twenty per cent of the cases, and in hypermetropic astigmatism in forty-five per cent. In simple myopia it was present in forty-one per cent of the cases, and in myopic astigmatism it reached sixty per cent. It is a terrible thing to think that the eyes of our children should show a symptom of this character in such a large proportion of cases.



### CONUS IN HYPERMETROPIA

The eyegrounds of a brother and sister aged respectively ten and twelve years. Both had hypemetropic astigmatism. "The conditions here represented," says Risley, "were repeated in scores of their fellows at school."

My own experience is that errors of refraction are always accompanied by some organic change. It may be only a slight congestion, but this may be sufficient to lower the vision.

By wearing glasses, avoiding poor lights and limiting the use of the eyes for near work, it is supposed that we can do something to prevent the development of these organic diseases and to check their progress; but for none of the traditional methods of treatment is it even claimed that they can be depended upon to preserve the sight as long as it may be needed, and Sidler Huguenin, in a paper several times referred to in this magazine, has stated that in the thousands of cases of myopia that have come under his observation they never were of any material benefit.<sup>3</sup>

That imperfect sight is a fruitful cause of retardation in school is well known. According to the New York City Board of Health it is responsible for a quarter of the habitually left backs.<sup>4</sup> But that this condition cannot be remedied by glasses has not been generally observed. By making the patient more comfortable glasses do often improve his mental condition, but since they cannot relieve the mental strain that underlies the visual one, they cannot improve it to normal and by confirming it in a bad habit they may make it worse.

From the foregoing facts it will be seen that in the condition of the eyesight of our people we have a health problem, an educational problem, and a military problem, of the first magnitude, and one would think that if any method of either prevention or cure that was even tolerably successful had been found it would immediately be put into general use.

**STORIES FROM THE CLINIC**  
**8: Atrophy of the Optic Nerve**  
**By Emily C. Lierman**

*About twenty-five years ago a patient came to the New York Eye Infirmary with well-marked atrophy of the optic nerve. According to all that we know of the laws of pathology he should have been totally blind; yet his vision was normal. The case was considered so remarkable that it was exhibited before a number of medical societies, but it was by no means an isolated one. On February 8, 1917, the editor published in the "New York Medical Journal," under the title, "Blindness Relieved By a New Method of Treatment," a report of a case in which the vision was improved from perception of light to normal. He has had quite a number of such cases.*

Some time ago a colored woman was led into the clinic by a friend. She had heard of Dr. Bates, and had come to him in the hope that he might be able to restore her sight. The doctor examined her eyes, and found that she had atrophy of the optic nerve complicated with other troubles. She could not count her fingers, nor had she any perception of light whatever. The doctor turned her over to me saying:

"Help her, will you?"

"She was the real "mammy" type of negro, very good-natured and motherly. She greeted me with a smile and said:

"May de good Lor' bless you, ma'am, of you can gives me again de light ob day."

The words came from a very humble heart, and were very hopeful. When I heard them I can tell you that I lost some of my courage. It might turn out that I could do nothing for her, and I dreaded to disappoint her. My work is not always easy; yet I like the hard cases to come my way, because when I can help them I feel that I have done something worth while.

"Won't you tell me how long you have been blind?" I asked.

"Yes, ma'am," she replied. "I's hasn't seed nothin' for two years, I's been in the hospital all dat time an' de doctors says dat mebbe I's nebber see again. Some friend ob mine says to me, 'You jes goes to de Harlem Hospital Clinic. Dere you find de doctor what makes you see.' So I jes come; dat's all."

I told her to cover her eyes with the palms of her hands and asked if she could remember anything black. She replied:

"Yes, ma'am, I 'member stove polish black, all right."

"That's fine," I said. "Now, keep remembering the black stove polish, and that will stop the strain in your eyes. When your eyes first began to trouble you, you strained to see, and every time you did that your eyes became worse. Now let us see what will happen when you stop the strain."

I stood her against the wall to make things easier for her, for we have few chairs at the clinic, and left her to treat other patients, telling her not to open her eyes, nor to remove her palms from them, not for a moment, till I came back. Presently I became aware of a strange sound, a sort of mumbling. I was greatly puzzled, but tried not to show it for fear I would disturb the patients. All of a sudden, as I approached my blind patient, I discovered where the sound came from. She was saying in a low tone, "Black polish, black polish," just as fast as she could. I now held a test card covered with E's of various sizes turned in different directions a foot away from her eyes, and told her to take her hands down and look at it. The doctor, the other patients and myself were quite scared at the outburst that followed.

"Ma'am, dat's a E; dat's a sure-nough E. I's sure dat's a black E on some white paper."

This was a large letter on the first line, read by the normal eye at two hundred feet.

But the next moment it faded from her eyes. That was my fault. I was not quick enough. What I should have done was to have her close her eyes and palm again the moment she saw the E. But I was greatly encouraged, not only because the patient had had a flash of vision, but because Dr. Bates had said he was sure I would help her to see again. I again told her to palm and remember black, and when, in a few moments, I asked her to take down her hands and look at the card, she again saw the E, and blacker than the first time. I now told her to close her eyes for a minute and open them for just a second, alternately, remembering the stove polish as she did so. She did this for a time, and was able to see the E each time she opened her eyes.

"Now," I said, as I raised my hand and held it one foot from her eyes, "how many fingers can you see?"

"Three," she replied, which was correct.

I told her to rest her eyes by palming many times a day, and to come and see me three times a week. I also gave her some advice about her diet, and told her that enemas were quite necessary to relieve her constipation.

Next clinic day she saw the seventy line of letters at one foot, and they did not fade away as did the E the first time she saw it. I told her to palm some more, and in a few minutes she counted my fingers correctly every time I asked her to, with only one exception.

"If dis here seein' keeps up, ma'am," she remarked, "I sure will be able to earn mar livin' again. De Lor' bless you ma'am."

She continued to come and made slow but sure progress for a time. Then came a time when she stayed away for several months. As I was very anxious to cure her, I worried about her considerably during this time. Then one day she turned up again. She seemed to be very much frightened about something, but her eyes looked much better. I was so glad to see her, and she seemed so much upset, that I refrained from scolding her, as I felt like doing, and in course of time I discovered the reason for her absence. She had been under treatment for some other troubles, and some doctor or nurse had scared her into discontinuing her visits to our clinic. She had, however, continued to palm several hours a day with most gratifying results.

"Do you know, ma'am," she said, "I's can see every house number as I go visitin', an' I goes out to a day's work once in a while."

She continued to come quite regularly, and her improvement continued. Sometimes I would find that she did not see as well as at her previous visit, but immediate improvement always followed palming. Her gratitude was pathetic, and every little while she would bring a bundle, saying:

"Dis here is fo' you, ma'am. You sabe me from blindness. Yes, you did, an' I's mighty grateful."

These bundles contained gifts of various kinds—a cocoanut from the West Indies at one time, grapefruit and cucumbers at another, and a third a necklace made of tropical beans of various colors.

The greatest day of her life came a few weeks ago when she washed a full set of Dresden china for her employer, without breaking a single piece, and earned four dollars and twenty cents by her day's work. If she continues to practice the palming, which she now forgets sometimes, I have no doubt that she will, in time, obtain normal vision. She now sees the largest letter on the card twenty feet away, and reads the headlines in the newspapers. Recently Dr. Bates examined her eyes with the ophthalmoscope, and found the appearance of the optic nerve very much improved, more blood-vessels being visible in the papilla, or head of the nerve.

## HOW I LEARNED TO SEE

By Irma Meyers

*This patient was fourteen years old when first seen, and was wearing the following glasses: Right eye, concave 3.12 D. S. combined with concave 0.75 D. C., 90 degrees; left eye, concave 3.25 D. S. combined with concave 0.50 D. C., 90 degrees. At the second treatment her sight had improved temporarily to 20/20, and at the third she had a flash of perfect sight.*

The time had come for me to consult an oculist again. I had been wearing glasses for over a year, and they had always been a torment to my parents.

We were discussing the question of oculists at table. My father contended that if there were physicians who could correct defective sight with glasses, there must be those who could cure such defects so that glasses would not be necessary. He had heard of a Dr. Bates who had cured people so that they no longer had to wear glasses.

So instead of going to an eye specialist who would probably have prescribed new glasses, father and I went to see Dr. Bates. While waiting for admission to his private office a number of questions came to my mind. Could he cure me? Would I be able to get along without glasses for the rest of my life? It seemed too good to be true. My eyesight had been so poor that I had given up hope of ever leaving off my glasses.

Finally we were ushered into Dr. Bates' office. He examined my eyes. I could just barely read the second line of letters on the Snellen chart—which shows how defective my eyesight was. The doctor impressed upon me that to improve my sight depended largely upon myself, and I determined to follow his directions conscientiously. I must never wear my glasses again, I was told, and that day, in the doctor's office, was the last time I did wear those hated glasses.

Then the doctor told me to palm—that is, to put my hands over my eyes in such a way as to exclude all the light from them. In this way my eyes became rested. I was not looking at anything, and therefore my eyes were not undergoing any strain. Next the doctor showed me some fine print on a card and called my attention to the fact that while these letters looked perfectly black to me, those on the Snellen chart, at a distance of ten feet, were gray. The difference was due to my imagination, he said, and proved that my eyesight was not normal, because the letters on the test card were just as black as those on the small card in my hand. Then he told me how to improve my imagination. In reading letters like O, D, and S, which had open spaces in them, I was to imagine the white openings (the card is white, the letters black) whiter than the margin of the card, which is the way the normal eye sees them. When I became able to do this the black letters stood out more clearly.

Besides my imagination I had also to exercise my memory. This was accomplished in this way: I looked at a certain letter on the chart. Then I closed my eyes and remembered it better than I saw it. I could not do this very well at first, but my memory improved with practice.

These and many other methods of improving the sight I learned from Dr. Bates. I visited him three times each week, and soon began to read much more on the chart than I had at my first visit. At the same time I noticed that stores, signs, houses, cars, all material objects, began to come out more clearly than before. I discovered, too, that I was not so shaky on my feet as I had been when I first discarded my eyeglasses. I felt then as if I would fall at every step I took. In school I did not have to go up to the blackboard to read what was on it, and did not have to sit as near the front as I formerly did.

After six or seven months I began to enjoy the movies. I no longer had to sit and view a picture that I could not see. (I never, as I said before, used my glasses after my first visit to Dr. Bates.) I began to enjoy the pictures as much as the people around me who had never worn glasses. In school I could sit in the last rows and read the blackboard without any trouble.

I have now been under treatment about a year, with some interruptions, and my eyesight is considered normal. At a recent test by the visiting physician at school I stood second among forty pupils. The girl who was first read just one letter more than I did, and I am sure that if I had had an opportunity to palm I would have been able to do better than she did.

I cannot express in words what I owe to Dr. Bates. I shall always be grateful to him, and I wish I could show my appreciation for his work.

At a recent visit Dr. Bates told me that my cure was not yet permanent, but I shall continue to follow his instructions and teachings implicitly until it is permanent. I sincerely hope that I shall never go back to wearing glasses, and that this recital of my experiences may help others similarly afflicted.

## QUESTIONS AND ANSWERS

*All readers of this magazine are invited to send questions to the editor regarding any difficulties they may experience in using the various methods of treatment which it recommends. These will be answered as promptly as possible. Kindly enclose a stamped addressed envelope.*

Q - 1 When objects at a distance clear up they are double. Can you suggest a remedy for this double vision?  
2. When I open my eyes after palming my sight gradually clears, but an intense pain often comes in my eyes, so that they close. The pain always starts with very clear vision. Is this eyestrain?—H. M.

A - 1 If the objects are double when they clear up, relaxation is not complete, and the only remedy is to secure a greater degree of relaxation. This may be done in many ways. Use the method you have found most effective.  
2. Yes. Your sight should be best when you open your eyes. If it clears up afterward, it is because you are making an effort to see. This produces the pain.

Q - 1 How long should one palm and how often?  
2. How young a patient can you treat by this method, and up to what age can you expect results? How would you handle a child that did not know its letters?  
3. Is astigmatism curable by this method?  
4. How long has the method?—J. H. W.



A - 1 As often and as long as possible.

2. The age is immaterial. It is a matter of intelligence. Patients as old as eighty-two have been relieved. Children can be treated as soon as they are able to talk. Any small object can be used for eye training, and in the case of children who do not know their letters, kindergarten and Montessori equipment is often useful.

3. Yes.

4. Its evolution began thirty-five years ago. It has improved as experience was gained, and is still improving.

October, 1920

1 - School Hygiene, System of Diseases of the Eye, edited by Norris and Oliver.

2 - Report of the Provost Marshal General to the Secretary of War on the First Draft under the Selective Service Act, 1917.

Second Report of the Provost Marshal General to the Secretary of War on the Operations of the Selective Service System to December 20, 1918.

3 - School Health News, February, 1919.

4 - Archiv. f. Augenh., vol. IXXIX, 1915, translated in Arch. Ophth., vol. XLV, Nov. 1916.

## Squint Number BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

November, 1920

MAKE YOUR SQUINT WORSE

This will help you to cure it

**Crossed, Wandering Eyes, Strabismus Cures**

**There is no better way of curing squint than by making it worse, or by producing other kinds of squint. This can be done as follows:**

+ **To produce convergent squint, strain to see a point about three inches from the eyes, such as the end of the nose. To produce divergent squint, fix a point at the distance to one side of any object, and strain to see it as well as when directly regarded.**

+ **To produce a vertical squint, look at a point below an object at the distance, and at the same time strain to see the latter.**

+ **To produce an oblique divergent squint, look at a point below and to one side of an object at the distance while straining to see the latter.**

**When successful two images will be seen arranged horizontally, vertically, or obliquely, according to the direction of the strain.**

**The production of convergent squint is usually easier than that of the other varieties, and most patients succeed better with a light as the object of vision than with a letter, or other non-luminous object.**



Fig. 55  
No. 1.—Convergent squint of the right eye.  
No. 2.—The patient is temporarily cured by the memory of a black period.

## SQUINT AND AMBLYOPIA: THEIR CURE

By W. H. BATES, M. D.

Squint, or strabismus, is that condition of the eyes in which both are not directed to the same point at the same time. One eye may turn out more or less persistently while the other is normal (divergent squint), or it may turn in (convergent squint), or it may look too high or too low while deviating at the same time in an outward or inward direction (vertical squint). Sometimes these conditions change from one eye to another (alternating squint), and sometimes the character of the squint changes in the same eye, divergent squint becoming convergent and vice versa. Sometimes the patient is conscious of seeing two images of the object regarded, and sometimes he is not. Usually there is a lowering of vision in the deviating eye which cannot be improved by glasses, and for which no apparent or sufficient cause can be found. This condition is known as *amblyopia*, literally *dim-sightedness*, and is supposed to be incurable after a very early age, even though the squint may be corrected.

**Operations**, which are now seldom advised, are admitted to be a gamble. According to Fuchs,<sup>1</sup> "their results are as a rule simply cosmetic. The sight of the squinting eye is not influenced by the operation, and only in a few instances is even binocular vision restored." This is an understatement rather than the reverse, for a desirable cosmetic effect cannot be counted upon, and in not a few cases the **condition is made worse**. Sometimes the affected eye becomes straight and remains straight permanently, but often, after it has remained straight for a shorter or a longer time, it suddenly turns, in the opposite direction.

I myself have had both failures and successes from operations. In one case the eyes not only became straight, but binocular single vision—that is, the power of fusing the two visual images into one—was restored, and when I last saw the patient, thirty years after the operation, there had been no change in these conditions. Yet when I reported to the ophthalmological section of the New

York Academy of Medicine that I had cut away a quarter of an inch from the tendon of the internal rectus of each eye, the members were unanimous in their opinion that the eyes would certainly turn in the opposite direction in a very short time. In other cases the eyes, after remaining straight for a time, have reverted to their old condition, or turned in the opposite direction. The latter happened once after an apparently perfect result, including the restoration of binocular single vision, which had been permanent for five years. The consequent deformity was terrible. Sometimes I tried to undo the harm resulting from operations, my own and those of others, but invariably I failed.

Glasses, prescribed on the theory that the existence of errors of refraction is responsible for the failure of the two eyes to act together, sometimes appear to do good; but exceptions are numerous, and in many cases they fail even to prevent the condition from becoming steadily worse.

The fusion training of Worth is not believed to be of much use after the age of five or six, and often fails even then, in which case Worth recommends operations.

Fortunately for the victims of this distressing condition, their **eyes often become straight spontaneously, regardless of what is or is not done to them.** More rarely the vision of the squinting eye is restored. If the sight of the good eye is destroyed, the amblyopic eye is very likely to recover normal vision, often in an incredibly short space of time. In spite of the fact that the textbooks agree in assuring us that amblyopia is incurable, many cases of the latter class are on record.

The fact is that both **squint and amblyopia, like errors of refraction, are functional troubles, originating entirely in the mind. Both can be produced in normal eyes by a strain to see, and both are immediately relieved when the patient looks at a blank surface and remembers something perfectly.** A permanent cure is a mere matter of making this temporary relaxation permanent.

**Permanent relaxation** can be obtained by any of the methods used in the cure of errors of refraction, but in the case of young children who do not know their letters these methods have to be modified. Such children can be cured by encouraging them to **use their eyes on any small objects that interest them.** There are many ways in which this can be done, and it is important to devise a variety of exercises so that the child will not weary of them. For the same reason the presence of other children is at times desirable. **There must be no compulsion and no harshness, for as soon as any exercise ceases to be pleasant it ceases to be beneficial.**

The needle, the brush, the pencil, kindergarten and Montessori material, picture books, playing cards, etc., may all be utilized for purposes of eye training. At first it will be necessary to use rather large objects and forms, but as the sight improves the size must be reduced. A child may begin to sew, for instance, with a coarse needle and thread, and will naturally take large stitches. As its sight improves a finer needle should be provided, and the stitches will naturally be smaller. Painting the openings of letters in different colors is an excellent practice, and as the sight improves the size of the letters can be reduced. Map drawing and the study of maps is a good thing, and can be easily adapted to the state of the vision. With a map of the United States a child can begin by picking out all the states of a particular color, and as its sight improves it can pick out the rivers and cities. In drawing maps it can proceed in the same way, beginning with the outlines of countries or states, and with improved vision putting in the details. A paper covered with spots in various colors is another useful thing, as the child gets much amusement and benefit from picking out all the spots of the same color. With improved vision the size of the spots can be reduced and their number increased.

Many interesting games can be devised with playing cards. **"Slap Jack"** is a good one, as it awakens intense interest and great quickness of vision is required to slap the Jack with the hand the moment its face appears on the table.

These ideas are only suggestions, and any intelligent parent will be able to add to them.

**Both children and adults are greatly benefited by making their squint worse or producing new kinds of squint (see page 2). The voluntary production of squint is a favorite amusement with children, and if they show an inclination to indulge in it, they should be encouraged. Most parents fear that the temporary squint will become permanent, but the fact is just the contrary. Anyone who can squint voluntarily will never squint involuntarily.**

Avoid using effort, force to keep a squint eye straight. This leads to more strain, eye muscle tension, abnormal eye movement. Use relaxation.

## HOW I CURED MY CHILD OF SQUINT

By MRS. B. F. GLIENKE

*The following remarkable story is published in the hope that it may help other parents in the treatment of squinting children. The patient was first seen on April 24, 1920, her age being four years. When her sight was tested with pothooks her eyes were straight and her vision normal. When tested with the letters of the Snellen test card, which she could not read, or with figures, which she did not know, her eyes turned, and the retinoscope showed that she had compound myopic astigmatism. When she looked at a blank wall without trying to see, her eyes were again straight and her vision normal.*

When my little daughter was quite young I noticed that her eyes were crossed at times, while at others they were perfectly straight. Later the squint became more continuous, and when she was four years old she was taken to Dr. Bates. **He said the trouble was entirely a nervous one,** and called my attention to the fact that **when the child was comfortable and happy her eyes were straight, and when she was nervous they turned.** He said that she should be **encouraged to use her eyes as much as possible on objects that interested her,** and that she **must never be scolded or punished.** He also recommended a cold sponge bath and **massage** first thing in the morning, for the purpose of quieting and strengthening her nerves and improving her general health.

As I had been a teacher of drawing before my marriage and understood something of kindergarten methods, I did not find it difficult to follow his instructions. I drew pictures of animals, and asked Marie to tell me if they were running, walking, or standing still, whether they were looking at her, or facing in some other direction, whether they had four legs or two. I showed her a picture of the moon, and asked her to tell me whether the horns were pointing upward, downward, or sideways. We played that the moon was full of water and had to be held right side up so that the water would not run out. She became very much interested in these pictures, and as long as the interest lasted her eyes were straight. When they ceased to interest her the squint returned.

Sometimes I would ask her to look at the windows and tell me whether they were open at the top or bottom, whether the shades



Shift on  
the moon.

were partly down, or all the way down. Then we would look at the windows across the street and do the same thing. We also watched the passing motors, and I asked her to tell me how many people there were in them and whether these people were men, women or children. We studied the patterns of the wall paper, and when visitors came I asked her after they had gone to tell me what kind of clothes they had on. **I taught her to sew and paint, to match colors, and braid mats, to thread beads, and do things with building blocks. Her father, who is a printer, showed her specimens of diamond type, and of minion which is even smaller than diamond. She enjoyed picking out the smallest letters, and when she did so her eyes were straight.**

**Threading beads was the most beneficial work undertaken, its tediousness being overcome by the fact that the child's doll and all her stuffed animals, Teddy bear, bunny, dog, etc., each received its own particular necklace of beads. The cold baths and massage were also a great help.**

The combined results of the treatment were wonderful. Her eyes began to be straight all the time. Her nervous condition and her appetite improved, and she slept better. Then we had some set-backs. First she had an attack of gripe with cough, headaches and fever. The squint came back and stayed with her for several weeks, until she was well. Then her eyes became straight again.

Later on when she was playing with her little brother they disagreed about something, and Marie got so nervous that her eyes became worse than on any previous occasion since she had been under treatment. The squint alternated from one eye to the other, the left eye being the worse, and next day we were very much worried when we found that the left eye was practically blind. But we went on encouraging her to use her eyes, and in ten days she was as well as ever.

## STORIES FROM THE CLINIC

### 9: Three Cases of Squint

By EMILY C. LIERMAN

One day as I entered the clinic I saw two mothers standing side by side, each holding a little boy by the hand. The children were both about the same age, five years, and both were cross-eyed; but there the resemblance ceased. One seemed happy and contented, and it was quite evident that he was much loved and well cared for. Although cheap and plain, the clothes of both mother and child were clean and neat, and often the boy would look at the mother for a smile, which was always there. The other boy was plainly unhappy and neglected. I could read the mind of the mother, who was anything but clean, as she stood there grasping his hand a little too tightly, and even without her frequent whispered threats of dire things to happen if the child did not keep still, I would have known that she considered him a nuisance, and not a precious possession as boy No. 1 plainly was to his mother.

I was at a loss to know which child to treat first, but decided upon Nathan, the clean one, and tried to keep the other interested while he waited. Nathan had beautiful black curls, and should have been pretty, but for the convergent squint of his right eye, which gave him a very peculiar appearance. His vision was very poor. With both eyes together he could read at ten feet only the fifty line of the test card, and with the squinting eye he read only the seventy line. I showed him how to palm, and while he was doing so I had time to talk to his mother. She said that his right eye had turned in since he was two years old and that all the doctors she had taken him to had prescribed glasses. These, however, had not helped him. I now asked Nathan to read the card again, and was delighted to find that the vision of the bad eye had become equal to that of the good one, namely 10/50. I had difficulty in keeping his head straight while I was testing him, for **like most children with squint, he tried to improve his sight by looking at the object of vision from all sorts of angles. After he had palmed for a sufficient length of time, however, he became able to correct this habit.** The extraordinary sympathy which existed between mother and child came out again during the treatment, for no matter what I said or did, the child would not smile until the mother did.

Nathan came to the clinic very regularly for a year, and for the first six months he always wore a **black patch** over his better eye, the left, while atropine was also used in this eye to prevent its use in case the patch was not worn constantly. Nathan did not like the patch, and his mother had to promise all sorts of things to keep it on. After it was removed the atropine was continued. Dr. Bates had told me what to expect when the patch was removed, and so I was not shocked to see the eye turn in. I knew the condition would be temporary, and that in time both eyes would be straight. Treatment was continued for six months, and now the boy reads at times 10/15 with both eyes, and always with a smile.

The dirty little boy, to whom we must now go back, was called George, and his condition was worse than that of Nathan, for he had squint in both eyes. At ten feet he read the fifty line, but complained that he saw double. I showed him how to palm, and while he was doing so his mother told me how very bad he was, adding that I must spank him if he did not mind me.

"I think he gets enough of that already," I said, but I was careful to say it with a smile, fearing that she might lose her temper and say more than I would like.

George had now been palming five minutes, and I asked him to uncover his eyes and look at the card. He was much surprised to find that he could read the forty line without seeing the letters double. I asked his mother very quietly to be a little patient with him and help him at home, and I gave her a test card for him to practice with.

"Madam," she replied, "I am the mother of six, and I haven't time to fuss with him."

"No wonder the kiddy is cross-eyed," I thought, and seeing I could get no help in that quarter, I appealed to George.

When I revealed to him the possibility of a Christmas present if he came to the clinic regularly and did what I told him he became interested. I did not know how much could be done for his eyes in the eight weeks that remained before the holidays, but I felt sure that with his co-operation we could at least make a good start. This he gave me in full measure. Never did I have a more enthusiastic patient. He came to the clinic regularly three days a week, and often when I came late I would find him waiting for me on the hospital steps and yelling:

"Here she is. I saw her first."

After he had been practicing faithfully for two weeks—**palming six times a day**, and perhaps more, according to his own report—he was able to keep his eyes straight while he read the test card at twelve feet.

After he had done this I asked him to spell a word with four letters, and instantly his eyes turned. I had him palm again, and then I asked him to count up to twenty. **His eyes remained straight, because he could do this without strain.**

Two days before Christmas I brought my bundle of presents for the children. George was there bright and early, and with him had come three of his brothers, to get their share too, "if there was any," as George explained. Fortunately a little fairy had prepared me for this, and I had gifts for everyone. That day George was able to keep his eyes straight both before and after his treatment,

and to read 15/10 with each eye separately. I have never seen him since, and can only hope that he kept up the treatment until permanently cured.

When little Ruth, aged three, first came to us Dr. Bates suggested to her mother, who was nearsighted, that she should have her own eyes cured, because her condition had a bad effect on the child. She consented, and now has nearly normal vision. Ruth had squint and was so tiny that I had to put her on a table to treat her. As she could not, of course, read the letters on the test card, I held before her a card covered with E's of various sizes turned in different directions. Her mother was quite positive that she couldn't understand what I wanted her to do, but Ruth, as often happens in such cases, had more intelligence than her mother gave her credit for. I asked her to tell me whether a certain E pointed upward, or to the right or left, by merely indicating the direction with her finger, and it did not take an instant for her to show Mother how bright she was. I showed her how to palm, and in a little while she indicated correctly the direction of the letters on several lines. When the letters became indistinct, as I moved the card further away, she became excited and wanted to cry, and her left eye turned in markedly. She palmed again and while she was doing so, I asked her all about her dolly, whether her eyes were blue, or some other color, what kind of clothes she wore, and so on. When she removed her hands from her eyes both were straight. Her mother was instructed to practice with her many times a day at short intervals, so that she would not tire of it, and in three months her eyes were straight every time I tested her sight. I was much interested to learn from her mother that if Ruth's daddy raised his voice in the slightest degree when he spoke to her, her eyes were sure to turn in. This merely confirmed my own experience that it is necessary to treat children who have defects of vision with the utmost gentleness if one wants to cure them. Ruth is not cured yet, but she hopes to be before Christmas, because Santa Claus is sure to visit Room 6, Harlem Hospital Clinic, and he does not like to see children squinting.

### QUESTIONS AND ANSWERS

*All readers of this magazine are invited to send questions to the editor regarding any difficulties they may experience in using the various methods of treatment which it recommends. These will be answered as promptly as possible. Kindly enclose a stamped addressed envelope.*

Q - Can opacity of the cornea be cured?—E. B.

A - Yes. A patient with opacity of the cornea came to the eye clinic of the Harlem Hospital with a vision of 20/70, and in half an hour became able to read 20/40. Later his vision became normal, much to my surprise. Other cases have also been cured.

Q - Is retinitis pigmentosa curable?—R. V.

A - Yes. See *Better Eyesight*, for April, 1920.

Q - My eyes are weak, and cannot stand the light. Can anything be done for them?—Mrs. W. T

[Close vision cure](#)

Q - Is it possible to regain the ability to read without glasses when it fails after the age of forty, the sight at the distance being perfect? If so how can this be done?—H. C.

A - The failure of the sight at the near-point after forty is due to the same cause as its failure at any other point and at any other age, namely strain. The sight can be restored by practicing at the near-point the same methods used to improve the vision at the distance—palming, shifting, swinging, etc. The sight is never perfect at the distance when imperfect at the near-point, but will become so when the sight at the near point has become normal.

A - Yes. Stop wearing dark glasses, and go out into the bright sunshine. As they get stronger accustom them to the direct light of the sun. Let the sun shine on the closed eyelids. Then gradually open them until able to keep them wide open while the sun shines directly into them. Be careful not to overdo this, as much discomfort and lowered vision might result temporarily from a premature exposure of the eyes to strong light. See *Better Eyesight* for November, 1919.

#### November, 1920

1 -Textbook of Ophthalmology, authorized translation from the twelfth German edition by Duane, p. 795.

### Glaucoma Number BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

December, 1920

VOLUNTARY PRODUCTION OF EYE TENSION A SAFEGUARD AGAINST GLAUCOMA

**It is a good thing to know how to increase the tension of the eyeball voluntarily, as this enables one to avoid not only the strain that produces glaucoma, but other kinds of strain also. To do this, proceed as follows:**

**+ Put the fingers on the upper part of the eyeball while looking downward, and note its softness. Then do any one of the following things:**

- + Try to see a letter, or other object, imperfectly, or (with the eyes either closed or open) to imagine it imperfectly.**
- + Try to see a letter, or a number of letters, all alike at one time, or to imagine them in this way.**
- + Try to imagine that a letter, or mental picture of a letter, is stationary.**
- + Try to see a letter, or other object, double, or to imagine it double.**



When successful the eyeball will become harder in proportion to the degree of the strain; but, as it is very difficult to see, imagine, or remember, things imperfectly, all may not be able at first to demonstrate the facts.

## GLAUCOMA: ITS CAUSE AND CURE

By W. H. BATES, M. D.

GLAUCOMA is a condition in which the eyeball becomes abnormally hard, and theories as to its cause are endless. The hardness is supposed to be due to a rise in intraocular pressure, and the other symptoms, chief among which is an excavation of the optic nerve, forming in advanced cases a deep cup with overhanging edges, are supposed to be the results of this pressure. Yet all the symptoms commonly associated with increased tension have been found in eyes in which the tension was normal.

The increased tension is supposed to be due to an excess of fluid in the eyeball, and this is commonly attributed to an impeded outflow. **The aqueous humor, which is secreted very rapidly, is supposed to escape at the angle formed by the junction of the iris with the cornea, and in glaucoma it is believed that the iris adheres to the cornea so that the angle is obstructed. Yet it is a well-known fact that in many cases no such obstruction can be found.**

For more than fifty years iridectomy held the field as the only treatment which gave any hope of relief in glaucoma. The operation, which means the removal of a piece of the iris, was introduced by von Graefe, and often gives relief for a longer or shorter time. If the patient lives long enough, however, the condition always returns. I have seen this happen after the tension had been normal for fifteen years. It is a fact mentioned by all the text-books, moreover, that it often fails to give even temporary relief, and sometimes the condition is made worse than it was before.

The beneficial results of the operation, when it does succeed, have never been satisfactorily explained, but the accepted opinion at the present time is that they are due to the formation of a scar which is more pervious to the fluids of the eye than the normal tissue, and the object of modern operations is to obtain such a scar. For this reason sclerotomy, usually performed by the method of Elliott has gained great vogue. A piece of the entire thickness of the sclera is removed, and thus a permanent fistula covered only by the conjunctiva is formed. Through this the fluids of the interior escape. Like iridectomy this operation sometimes succeeds temporarily, but, according to Elliott himself, it may fail to check the optic atrophy and decline of vision even when the relief of tension is complete.

Although it is the consensus of medical opinion that a glaucomatous eye must eventually be operated upon, and that the sooner this is done the better, some men have attempted to hold the process at bay by the use of myotics. These drugs, by contracting the pupil and thus stretching the iris, are believed to draw the latter away from the "filtration angle" and allow the excess of fluid to escape. They are commonly employed for the purpose of giving temporary relief, but some specialists advise their continuous use. Posey claims that such treatment gives a larger proportion of successes than iridectomy.

Until a few years ago I always treated glaucoma by the old methods, not knowing anything better to do; but I never used the Elliot operation, having early learned that it is very dangerous to allow the fluids of the eyeball to escape, and having seen glaucoma produced by fistula of the cornea. I would not have ventured to predict that the condition could be relieved by relaxation, and only learned by accident that it was amenable to such treatment.

On May 9, 1915, a patient (mentioned in *Blindness Relieved by a New Method*, N. Y. Med. Jour. Feb. 3, 1917) came to me with a complication of diseases which had reduced the vision of the right eye to light perception and that of the left to 20/100 (the field being also contracted). She was fifty-four years of age, and had been wearing since 1910 the following glasses: both eyes, convex 2.00 D.S. combined with convex 1.50 D.C., axis 90. As her pupils were much contracted, I prescribed atropine to dilate them, two grains to an ounce of normal salt solution, one drop three times a day.

On the afternoon of May 10, she had an attack of acute glaucoma in the left or better eye. As atropine and other mydriatics are thought sometimes to produce glaucoma, the fact that the disease attacked only one eye and that the better of the two is interesting. The condition got worse as the day advanced, and during the night the pain was so intense that the patient vomited repeatedly. The next morning she came to the office, and I noted that there was blood in the anterior chamber. The vision had been reduced to light perception, and the pain again produced vomiting. I prescribed eserine—two grains to the ounce, one drop three times a day. Afterward I visited her three or four times a day in her home, and as there had been no improvement, I increased the strength of the eserine solution to four grains to the ounce and alternated it with a three per cent solution of pilocarpine, both of these drugs being myotics. Still there was no improvement, and after a few days I decided upon an operation. It was performed on May 15, and was accompanied by considerable hemorrhage. Mild hemorrhages also occurred at different times during the following week. When the blood cleared away an opaque mass was left covering the pupil. On May 23, the tension was normal and there was no pain; but, owing to the opaque matter covering the pupil, there had been no improvement in the vision.

### Palming helps cure Glaucoma

After the operation the patient resumed the relaxation treatment. Under its influence the vision of the right eye improved, and when a few weeks after the operation there was an **increase of tension in this eye, it was at once relieved by palming**. For some months the vision of the left eye remained unchanged, owing to the opacity of the pupil. Then the obstruction began to clear away, and the vision improved. In a year there was normal vision in both eyes. From time to time during this period, and up to the present time, the patient had attacks of increased tension in both eyes; but they were always relieved in a few minutes by palming.

Since then I have used the same treatment in many cases, and I have never seen one in which the pain and tension could not be relieved in a few minutes by palming, while permanent relief was obtained by more prolonged treatment.

One of the worst cases of glaucoma I ever met with came to me on Feb. 2, 1920. The patient was sixty years of age, and his vision in the right eye or better eye was only 20/100, with marked contraction of the field on the nasal side. In the left he had only light perception. The eyeballs felt as hard as the glass shell of an artificial eye, which, technically, is tension plus 3. The glaucomatous excavation of the optic nerve was so marked that it seemed as if the whole nerve had been pushed backward. The patient had been under treatment a long time, but had received no benefit.

On March 2, after swinging and palming, the vision of the right eye was 20/20w—while that of the left was 20/100 in the eccentric field. On March 4, the field of the left eye had improved, and by alternating the universal swing with palming he became able, for short periods, to read diamond type with the right eye at six inches. This was twelve days after he had begun the treatment. On March 7, he flashed 20/40 with the left eye, and by the aid of the universal swing read fine print at five inches with the right, while the field of both eyes was normal. For the first time in several years he became able to see the food on his plate. Previously he had had to be fed, which was very humiliating to him. He also became able to go about without an attendant, to attend to his

correspondence at the office, and to read his letters without glasses. At this point he stopped the treatment against my advice, and I have not seen him since. He was **greatly helped by the universal swing**, which he **practiced all day**.

**The truth about glaucoma is that it is a functional neurosis caused by strain, and as such is curable.** You can produce hardness in a normal eye by having the patient strain to see (see page 2), and you can soften a glaucomatous eyeball by relief of strain. These changes are so rapid that no change in the contents of the eyeball could account for them. I therefore concluded, before I had any experimental evidence of the fact, that they were due to muscular action. Later I was able to produce glaucoma in a rabbit's eye by operations upon the muscles. I shortened the superior rectus by tucking, and thereby produced a tension of plus 1. I repeated the operation upon the superior oblique, and the tension increased to plus 2. I did the same to the inferior oblique, and the tension increased to the maximum, plus 3. All this time the tension of the other eyeball remained normal.

## GETTING CURED OF GLAUCOMA

By F. C. STEWART

*This patient when first seen was able to read 20/50 with each eye, but the right eye was absolutely blind on the nasal side, a vertical line dividing the seeing from the blind area. The tension of the right eye was usually greater than that of the left, but at times the reverse was the case, and for short periods the tension of both eyes was normal. He had been using myotics (drops which contract the pupil) for some time, but had obtained no benefit from them. His age was fifty-eight, and he was wearing the following glasses: distance, both eyes, convex 2.75 D.S.; reading, both eyes, convex 5.00 DS. The improvement in his field since he has been under treatment has been very remarkable, as the accepted methods of treatment, even when the results are most favorable are not expected to enlarge the field, or even to prevent a further loss.*

In the summer of 1917 I had the first symptoms of glaucoma in the form of an attack of rainbow vision. I did not know what the symptoms meant, and was not alarmed; but I went to an optician and had my glasses changed, thinking the trouble was the consequence of eyestrain. The symptoms continued, however, and I went to another optician and had the glasses changed again. Still I was no better. Then I went to a succession of oculists, some six or seven, all of them being men of considerable eminence in the profession. The first two put drops in my eyes and examined my field, but did not tell me that I had glaucoma. It was only from the third, about a year and a half after the first symptoms appeared, that I learned what was the matter with me. The last began to talk operation, but I let him talk. I think I may claim to be as game as anyone about operations. When the doctors told me that they wanted to take my stomach out and put it back again, I said, "Go ahead." If they had told me that they wanted to take off my leg, I would probably have said the same thing. But when it came to letting anyone cut into my eye it was a different matter. About the first of last July the oculist in whose care I then was told me that my field was getting less. He asked me to come back in October, and said if the field continued to contract he would talk operation again.

Sometime previous to this an acquaintance who said that Dr. Bates had cured him of glaucoma gave me a copy of *Better Eyesight*. I did not become seriously interested at the time, but later I asked the man for details. He told me something about Dr. Bates' methods, and said he not only had great faith in Dr. Bates, but that he was the only eye specialist in whom he did have any faith.

Finally, on September 11, of this year, I went to Dr. Bates. He told me to stop the eye drops and take off my glasses, which I did. Having worn the latter for twenty-five years, I had considerable difficulty at first in getting on without them; but after three or four days things began to go better, and before the end of the month I read the address on the Doctor's card without artificial aid. I could not have done this when I took off my glasses if a hundred million dollars had been at stake. I can now, six weeks after the beginning of the treatment, read ordinary print at twelve inches, and under favorable conditions can read diamond type at six inches or less. There has also been a considerable improvement in my field.

My progress has been slow, but it is sure, and I see no reason why it should not continue until I get a complete cure. I have spent **many hours a day palming**, and this, when it is successful, **softens the eyeball and improves the sight very materially**. I am **also able to soften the eyeball simply by a thought—that is, by the memory of some object or incident. A white cloud, the blue sky, some incident of my boyhood, or of a more recent period—anything so long as it is remembered perfectly—has this extraordinary effect.** Often when I wake in the morning my eyeballs are hard, but by the aid of my memory I am always able to soften them. One morning I woke at two o'clock, and went to the bathroom. There, in accordance with a habit of mine, I washed my face in cold water. As I touched my eyeballs I was shocked to find how hard they were. They were like two rocks. Immediately I paid a mental visit to Van Cortland Park and began to examine the trees, noticing the texture of the bark, the gum oozing out of it, the outlines of the leaves, etc., and before I had reached the second tree the eyeballs were soft. Often since then I have resorted to the same expedient, and always with the same result. Fortunately I know the different kinds of trees very well, and my visits to the park are interesting as well as profitable.

On the streets and elsewhere I try to imagine that everything is moving, (**the swing**) and as long as I am able to do this the eyeballs remain soft. Since I have been under treatment I have been trying to learn to **sleep on my back**, as the Doctor says that the **body is always under a strain unless the spine is straight**. When I am able to do this I waken without pain or hardness in the eyeballs.

Recently I sent one of Dr. Bates' reprints to the specialist who wanted to operate on me, and he said he was much interested.

## STORIES FROM THE CLINIC

### 10: Absolute Glaucoma

By EMILY C. LIERMAN

*In absolute glaucoma there is no perception of light, and the condition is considered to be incurable. It may or may not be accompanied by pain, and in the latter case the only remedy is believed to be the enucleation, or removal of the eye. So far as the editor is aware there is no case of absolute glaucoma on record in which the pain has been relieved, or any measure of sight restored, by any method except the one described below.*

A few months ago there came to the clinic a woman of seventy-nine. At first glance one could see that she was a lady, and I guessed that at one time she had been very well off. As she stood apart from the rest of the patients waiting to be attended to she took not the slightest notice of what was going on around her, and occasionally I heard her moan with pain.

When at last Dr. Bates was able to examine her he found that she had glaucoma in both eyes, and that the right was stone blind, possessing not even light perception. He turned her over to me, asking me to do what I could to help her and stop her pain.

Fortunately I was able to find a stool for her, a rare thing at the clinic, and placing it before a table upon which she could rest her elbows, I showed her how to **palm**, which she did very readily. After a few minutes the **pain ceased and the eyeballs became soft**. I now told her to take down her hands, but she still kept her eyes shut. I thought this was because I had not told her to open them, but when I told her she might do so she asked:

"Are you sure the pain will not come back if I open them. For many days I have suffered such constant pain that I cannot sleep at night, and now I feel such a sense of relief that I would really like to keep my eyes closed."

"I don't think the pain will come back," I said, "and if it does you can palm again."

I now held a test card about two feet from her eyes, and told her to cover her better eye and look at the card with the blind one. We had several visiting doctors at the clinic that day, and Dr. Bates had told them about this case of absolute glaucoma. They were all standing by, with Dr. Bates himself, when I asked the patient to look at the card, and the excitement was intense when she said that she saw the large letter at the top.

"Oh, Doctor," I said, "she sees it!"

"Yes, I see it, I really see it," added the patient, scarcely able to credit her senses.

After a little more treatment I told her she must keep her eyes shut as much as possible when she was at home, and **palm** every minute she could get. I also told her **never to look at any point more than a second**, but to keep constantly **shifting**. She went away very happy and grateful, for the pain had not come back.

The next time she came Dr. Bates treated her, and was able to improve the vision of the right eye to 9/200, while that of the left eye improved to 9/40. He then turned her over to me again. She was very happy and wanted to talk, which I let her do. She said she was living in a furnished room and that I hadn't any idea how worried she had been about going blind, because she had no one to look after her.

"But now," she added, "I have all sorts of hopes for the relief of my trouble, because you and Dr. Bates have done so much for me. Palming helps me so much that I am now able to sleep at night. I like to do it for hours at a time, because it takes the terrible pain away."

I now told her to **use her imagination to improve her sight and relieve the pain**. Most of the clinic patients become confused when I ask them to do this, but this dear old lady did not find it a bit difficult. I told her to palm, and then imagine a florist's window filled with flowers. Next I told her to imagine that she had entered the shop and was observing the flowers, and I called to her mind the red rose and the white rose, the carnation, the violet and other blossoms. Then I asked her if she could imagine the green fields in the country where the daisies grow, and she said:

"Yes, and I can imagine that I am picking the daisies also."

I now told her to remove her hands from her eyes, and Dr. Bates was thrilled when she saw the T on the thirty line at ten feet. The patient herself laughed out loud and said:

"I cannot believe it."

She came to the clinic regularly, three days a week, for quite a while, and always happy because she was steadily improving. I was not prepared, therefore, to find her one day looking very much depressed. The trouble was that she had had a visitor who talked to her—or at her, I should say—for two long hours; this had upset her nerves so that the pain had returned and her vision had been lowered. I pictured to myself what it must mean to listen to a steady stream of gossip for two hours, and my sight at once became imperfect. I told her what a dangerous thing it was for her to allow herself to be tortured in this way, and said that if her friends insisted upon talking to her for such a length of time she must keep her eyes closed as much as possible. Otherwise the strain would cause her to go blind.

For a time she got along nicely. Then I left the city for a much-needed vacation, and while I was away I got word that she was getting worse. I came back to town, and, as she was not able to come to the clinic, I called upon her.

"Oh, nurse," she said, as soon as she saw me, "my right eye pains me so that I think of nothing but death."

Her thin face was lined with pain, and I could see that she was in agony. I began to talk to her about the days when she did not suffer, and how she had stopped the pain by remembering the daisies. She began to palm without my telling her to, and became able to imagine the daisy waving in the breeze. I asked her to imagine that her body was swinging with the flower. She did this, and in a few minutes her pain left her and she smiled.

"Now, isn't it strange," she remarked, "but I forgot all about using my imagination."

She said that I had worked a miracle; but I explained that when she used her imagination she had to relax enough to relieve the strain in her eyes, and that had stopped the pain.

We often hear the remark, "This person makes me sick," or "That person makes me nervous," but it remained for my glaucoma patient to make me realize that these observations are literal statements of fact. All about the walls of her little room, which was very clean and sunshiny, were photographs of her children and their families. With great pride she named each one in turn, but when she came to the picture of a man and woman hanging a little apart from the rest her tone changed.

"This is my daughter," she said of the woman, and I could see that she was very fond of her, but when she pointed to the man she said:

"I cannot bear him. He makes me nervous and sick, because he is not a good man."

She began to strain at once, and had to do some palming before I left to relieve her pain. Evidently it is important, if we want to

avoid eyestrain, that we should keep away from the people we dislike, and think of them as little as possible.

I called on her a few times more, and by resting her eyes between each line of letters she became able to read 10/20 with the once blind eye and 10/10 with the other. The last time I saw her she was happy and comfortable.

## **Cataract number BETTER EYESIGHT**

**A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES**

**January, 1921**

### **THE TREATMENT OF CATARACT**

**A Report of a Case**

*From "A Case of Cataract," by Victoria Coolidge, in "Better Eyesight" for June, 1920.*

The treatment prescribed was as follows:

- + Palming six times a day, a half hour or longer at a time.**
- + Reading the Snellen test card at five, ten, and twenty feet.**
- + Reading fine print at six inches, five minutes at a time, especially soon after rising in the morning and just before retiring at night, and reading books and newspapers.**
- + Besides this, he was to subject his eyes, especially the left, to the sunlight whenever an opportunity offered, to drink twelve glasses of water a day, walk five miles a day, and later, when he was in better training, to run half a mile or so every day.**

The results of this treatment have been most gratifying. Not only have his eyes improved steadily, but his general health has been so much benefited that at **eighty-two** he looks, acts and feels better and younger than he did at eighty-one.

### **CATARACT: ITS CAUSE AND CURE**

**By W. H. BATES, M. D.**

Cataract is a condition in which the lens becomes opaque. It is commonly associated with advancing years, but may occur at any age. It may also be congenital (present at birth). The opacities take many different forms, and may occur in a hard or a soft lens. According to the orthodox teaching the condition is incurable except by the removal of the lens, although in the earlier stages it is sometimes ameliorated by means of drops that expand the pupil and by glasses. The text-books are full of statements to this effect.

Yet it is perfectly well known that cataract does sometimes recover spontaneously. Many such cases are on record, and probably most ophthalmologists who have been practicing for any length of time have seen them. Fifteen or twenty years ago, when I was assistant surgeon at the New York Eye and Ear Infirmary, I collected, at the request of the surgeon, Dr Henry D. Noyes, a large number of records of such cases.

The removal of the lens, when it is soft, is usually accomplished by the operation of needling, whereby the tissues are broken up so that they may be absorbed. A hard lens is extracted through an opening at the margin of the cornea, and the best results are believed to be obtained when the opacity has become complete. Otherwise part of the lens substance is liable to be left behind and cause trouble. Thus the patient may be kept for years in a condition of semi-blindness.

The results of the operation are not always as satisfactory as might be desired. A considerable proportion of patients regain what is considered to be normal acuteness of vision with very strong glasses, and the results are considered good when they become able to read large print at the near-point and 20/50 at the distance. The patient is obliged, usually to have two sets of glasses, one for distant vision to replace the focusing power of the lost lens, and the other for reading to compensate for the impairment of the accommodative power which usually follows the operation.

This impairment of accommodative power is not due to the removal of the lens, which has nothing to do with accommodation, but to the fact that the patient strains so to see that the muscles that control the shape of the eyeball fail to act properly. In some cases it is regained, after the patient becomes accustomed to the new situation, without treatment, and in rare cases patients have become able to do without glasses entirely, because the eyeball elongated sufficiently to compensate for the loss of the lens.

I began to treat cataract by the operative method, because I did not know anything better to do. Then I learned from Dr James E. Kelly of New York that incipient cases would yield to hygienic treatment. My first inkling of the value of central fixation in such conditions came to me through a patient who had incipient cataract in one eye and hypermetropia (farsight) in the other. By the time the error of refraction had been relieved the cataract had disappeared. After this I had many similar experiences, but it did not occur to me that a ripe cataract, or a congenital cataract, could be cured by this or any other treatment.

In 1912, however, a young girl of seventeen came to my clinic with the left eye enucleated and a congenital cataract in the right. The left had been operated upon for the same condition, and, having become infected, was taken out to save the better eye. The latter having recently become worse, the patient had come to have it operated upon. Before performing the operation I thought it best to treat her by the method of relaxation, for the purpose of improving the condition of the eye as much as possible so that the



operation might have a better chance of success. To my surprise the vision improved and kept on improving, until in three months it was normal and the cataract had disappeared.

One day, some half a dozen years later, a lady, fifty-five years of age, came to me to be cured of presbyopia (old-age sight.) Her distant vision in the right eye was 20/20, and in the left she had only light perception. This was due to the presence, in this eye, of a mature cataract. I began to treat her by the aid of the memory and imagination for presbyopia, and, in order to prove to her the relation between these mental faculties and the state of the vision, I asked her to cover her right eye and note that she could not remember or imagine a black period as well as when it was open. She replied that she could, and I said it was impossible. She insisted that, nevertheless, she did it. Thinking that at the near-point she would realize the imperfection of the sight of the left eye more clearly than at the distance, I brought the card closer and said:

"You cannot remember the period looking at this card with your good eye covered."

She replied: "I can, and what is more, I can read the card," which she did, both at two feet and at twenty.

This was naturally a shock to me. It did not seem to me possible that a mature cataract could melt away in such a short time, but the ophthalmoscope confirmed the statements of the patient. **When she remembered a period perfectly I could see the optic nerve and other details of the eye-ground.** Since then I have cured a great many similar cases, one of the most remarkable having been reported in *Better Eyesight* for June, 1920.

I had another shock when a few months ago a traumatic cataract began to melt away under the influence of relaxation treatment. The patient came to my clinic with an eye which had been **completely blind for four years from traumatic cataract complicated with detachment of the retina.** The opacity completely covered the pupil, and with the ophthalmoscope no red reflex (light reflected from the retina) could be seen. After a few treatments the patient became able to see the movements of his hand on the temporal side. Later he became able to see the hand in all parts of the field. Now he is beginning to read.

Another case of the cure of traumatic cataract is reported in the following article.

These cures are very remarkable. A **traumatic cataract** is one which follows an injury (trauma) to the lens, the opacity being due largely to the formation of connective tissue in the pupil, and, in advance of the event, I should have pronounced the cure of such a condition impossible, although I had previously **demonstrated that when patients practice central fixation connective tissue is absorbed in the optic nerve, retina and cornea. In the retina and optic nerve the circulation can be seen to improve as the connective tissue disappears, and I can only assume that this is the cause of its disappearance.**

Equally remarkable is the cure of diabetic cataract without relief of the disease. A patient with such a cataract came to me on April 29, 1918, her vision being 10/200 — in the right eye and 20/30 — in the left. She had been seen a year and a half previously by a well-known ophthalmologist who had advised several operations, but, fortunately, she had not submitted to them. By the aid of palming, swinging, imagination and memory, her vision improved rapidly. On May 15 that of the left eye was 20/70, while later it became normal. On May 22 the vision of the right became normal temporarily. Since then she has had slight relapses in the right eye, but few or none in the left. The general diabetic condition has not changed, and it is remarkable that when it is at its worst there is very little lowering of the vision.

It is quite evident from the foregoing facts that the cause of cataract (other than traumatic) is strain, and I have found much evidence, both clinical and experimental, to the same effect. I have not been able to produce cataract in a normal eye by strain, but **in a cataractous eye I have seen the opacity come and go according as the mind of the patient was relaxed or under strain.** In one of these cases the opacity was so dense that no red reflex could be seen. Another doctor who was present looked at the eye and made the same observation. I asked the patient to remember a swinging O perfectly black, with a perfectly white center. This meant perfect relaxation, and when she did it I saw some of the details of the retina and the optic nerve, while the other doctor again confirmed my observation. I then asked her to think of the O as stationary, with grey outlines and a clouded center. This meant great strain, and while she did it neither I nor my colleague could see the red reflex. In experimental animals I have produced cataract by operating upon the external muscles in such a way as to increase their pressure, and have then relieved it by cutting these muscles.

## TRAUMATIC CATARACT DISAPPEARS

By MARGARET DOWNIE

*This patient was first seen on October 18, 1920, when her vision in the right eye was 20/100 and in the left 14/200. She had compound myopic astigmatism in the right eye, and the pupil of the left eye was covered by a traumatic cataract which prevented ophthalmoscopic examination of the eye-ground. On December 6, the cataract had been absorbed except for a spot about the size of a pin-head, and I was able to see the optic nerve and the retina clearly. With a glass to replace the focusing power of the lens—convex 7.00D.S. combined with convex 3.00 D.C., 75 degrees—she was able with this eye to read 20/40, and on the same day, after palming and swinging, she obtained temporary normal vision in both eyes, the left eyeball having elongated sufficiently to compensate for the loss of the lens. The fact that astigmatism should have developed in the right eye after the injury to the left is interesting, as astigmatism has been supposed, until recently, to be congenital.*

When I was thirteen years of age a bullet from an air-gun, rebounding from a tree, struck my left eye and injured the lens. This resulted in the formation of a cataract which was operated upon three times. After the third operation about one third of the cataract remained, but the doctor was afraid to operate again. I was now able with this eye to distinguish, with the aid of a strong glass, only the outline of near-by objects.

Previous to the accident my eyes had been straight, and the vision of both normal, so far as I was aware. After the last operation, however, I found myself unable to read writing on the blackboard at school. I went to the specialist who had performed the operations and he was astounded to find that I had a bad case of astigmatism in the good eye. He gave me the following glass: convex 3.00 D.C., 105 degrees, combined with concave 2.50 D.C., 15 degrees. Later my left eye began to turn out.

I wore my glasses constantly, putting them on the first thing in the morning, and taking them off the last thing at night. I went swimming with them, and if they were lost or broken, I remained in my room until they were found or repaired. My condition caused me much unhappiness, and I was particularly disturbed about the squint. I wrote to every medical journal that I knew about and to many other publications, asking if there was any cure for squint; but none of them was able to suggest anything but an operation. A few months ago I happened to hear about Dr. Bates, and I resolved to see him as soon as an opportunity offered. At the beginning

of the season I came to New York from my home in Texas to study music, but with Dr. Bates in the background of my mind. Nevertheless I did not look him up immediately.

One day in the elevator of a department store my glasses were swept from my face, disappearing as completely as if they had never existed. I went to the Lost Property Office, but after waiting there a long time failed to recover them. It was a horrible experience, and the realization of my helplessness without glasses depressed me terribly. However, it resulted in my looking up Dr. Bates immediately, it was a good thing.

I went to him with the hope that he might be able to cure my squint and astigmatism, but I never dreamt that he could cure cataract also. When he told me he could do so I hardly knew what to think, but I resolved to do everything I could to help him cure me. I carried out the swinging treatment so vigorously that I used to get dizzy, and fall over on my bed. Of course I was not doing it right, but the doctor had told me to swing, and I was determined to do so. I was positively terrified when he told me to palm and remember all sorts of strange things, such as the letter F on a piece of white starch, because I thought he was trying to hypnotize me, but I did my best, nevertheless, to carry out his instruction. Later I bought and read all the back numbers of the magazine, and learned the scientific principles on which the treatment is based.

My eyesight is now steadily improving, and I intend to keep up the treatment until I have normal vision. I have given up the music for the time being—my eyes are more important, ten times more important—and the ridicule of my friends does not disturb me. As long as that old cataract continues to melt away nothing else matters.

In addition to the improvement in my eyesight I have noticed an improvement in my memory. My memory for the things I learned out of books at school was always poor, while my memory for music has always been exceptionally good. I suppose the difference was due to the fact that one set of impressions reached me through my eyes, and the other through my ears. Now that my vision is improving I can remember the things that I see better.

I wish everyone could know of this remarkable method of curing defects of vision. I know in the end it must surmount all opposition, but meantime how many persons as afflicted as I once was will remain unhelped! It is right that we should be dubious of the new, but to hang so tightly to tradition as the medical profession seems to do makes progress unnecessarily hard.

### INCIPIENT CATARACT RELIEVED

By C. L. STEENSON, M. D.

New York.

*This patient when first seen had a vision of 20/200 in each eye, and was wearing, for distant vision, the following glasses: right eye, concave 6.00 D.S. combined with 1.00 D.C., 90 degrees; left eye, 10.00 D.S. combined with 1.00 D.C., 60 degrees. Owing to the presence of incipient cataract in each eye these lenses improved his vision only 20/50 in the right eye and 20/100 in the left. For reading his glasses were three diopters weaker. He now has flashes of normal vision. He was helped most by the use of his imagination.*

Since boyhood—I am now sixty-five—I have had myopia and astigmatism, for the correction of which I have worn glasses and spectacles. About two years ago cataract developed in my right eye, and a few months later in my left eye. Both were in mild degree, but still bad enough to seriously obscure the field of vision. I had previously been annoyed by vitreous opacities which made little black spots dance in the field of vision. I also suffered from frequent severe headaches. My glasses were often changed without much relief.

About November 1st of this year (1920) I consulted Dr. Bates, of whom I had heard much and favorably. His methods of treatment seemed exceedingly rational, and he gave me great hopes of getting rid of my eye troubles. First of all he made me discard my glasses, which, at first, seemed rather hard, but to which I have gradually become reconciled. Through what I would call a system of progressive education of sight, I have now almost got rid of the myopia, the vitreous opacities do not bother me any more, and, apparently, the cataracts are disappearing by degrees. The headaches have also disappeared. I have resumed, to a great extent, the literary and research work on which I have been engaged since my retirement from active practice, and I have no doubt that, ultimately, I shall be in possession of full visual power. Upon my future progress I will report at a later date.

No. 122 West Ninety-ninth Street

### STORIES FROM THE CLINIC

#### 10: A Case of Cataract

By EMILY C. LIERMAN

#### Bates Method Improves Hearing

One day last July a man of forty came to the clinic suffering from cataract and a complication of other troubles. As I approached him he was palming. This was an unusual thing for a stranger to do, but he evidently thought that if covering the eyes with the palms was good for others it might help him also. I stood before him and said:

"Can I help you?"

He paid no attention to me whatever, and I soon discovered that he was **deaf**, so deaf that one had almost to scream into his left or better ear to make him hear. When I had at last succeeded in making him understand me he asked:

"Is it possible that you will be able to do anything for me?"

I answered: "I am going to try, with your help."

Then I said I wanted to know something about the history of his case, and this is what he told me:

At the age of six he fell down a flight of stairs, and struck his forehead on a newel post, severing an artery in the head. Later, when it was noted that his sight was deficient, physicians attributed the condition to this fall. During the thirty-four subsequent years he had been treated by many New York physicians, both at their offices and clinics. During that period he had been blind three

times, and surgical treatment had been repeatedly necessary. As a boy he could never see a blackboard at school, and could read but little. Between his twenty-first and his thirty-fifth year he had enjoyed the best vision of his life; but for the past five years his sight had been steadily declining, and several doctors had told him that this would continue until he became completely blind. He was now practically blind in one eye so far as useful vision was concerned. I tested his sight, and found that he could count fingers at about three feet with the right eye, and with the left could see only the movements of his hand. Dr. Bates had previously examined him, and had found that he had an inflammatory cataract in the left eye, together with other inflammatory conditions.

I told him to palm again, and he complained that he saw all sorts of bright colors, and that these disturbed him very much. I then told him to remove his hands from his eyes and look at the large letter on the test card, which I held a foot away from him. After he had tried a few times he was able to remember the letter with his eyes closed; then the bright colors faded away, and after palming for fifteen minutes his vision improved from 1/200 to 1/50 in the right eye, while in the left he became able to count my fingers at three feet. Next clinic day he became able to read 3/30 with the right eye and 1/10 with the left, while at the end of two weeks the vision of the right eye had improved to 3/10 and of the left to 3/70. At the same time his general health had improved so much that he asked me if I had time to let him tell me about it. I told him that I would be very glad to hear the story, and what he had to say interested me so much that I thought the readers of *Better Eyesight* might be interested also.

"For many years," he related, "I have suffered from **insomnia**, and in recent months it has been nothing unusual for me to remain awake the entire night. Frequently I stay up all night, realizing the futility of trying to induce sleep. A short time ago I did this twice in a single week. When I do sleep my slumber has been very light and disturbed by the **wildest imaginable dreaming—fires, murders, hairbreadth escapes, etc.** As a result of the insomnia and eyestrain I had frequently **splitting headaches**, sometimes every day, and sometimes twice a day. From these I could secure relief only by the use of what I knew to be harmful medicines. Since I came to you I have been sleeping very much better, the dreams have become much less disturbing, and the headaches have practically ceased."

Hearing this, I was encouraged to try to do even more for him; so I handed him a test card, and asked him to look at a small letter, close his eyes and remember it, and then imagine it blacker and clearer than he saw it. He was able to do this, and the constant twitching of his eyelids ceased. For a moment I forgot that he was deaf and said in an even voice: "How do your eyes feel now?"

He heard me, and answered:

"They feel so rested just now I do not feel that I have eyes at all, but am seeing without them."

He came three days every week for three months, and then as he improved he came less frequently. When I last saw him he was able, with his left eye, to read 3/10 at times, and with his right 5/10, while his hearing had improved so much that I was able to talk into his better ear without raising my voice much above my ordinary conversational tone. At the same time he had been **relieved of head noises, including a drumming in the ears**, which, he said, had often continued for from three to ten days. When he first came he could not go about alone, and always walked like an intoxicated person, for which he was frequently taken. When he left the clinic I noticed that he bumped against the benches and he told me that the condition had been attributed by physicians whom he had consulted to incipient **locomotor ataxia**. After his first visit, however, he never bumped into the furniture, and before he left us his walk was almost normal.

## Pain Number BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

February, 1921

### THE PREVENTION AND CONTROL OF PAIN BY THE MIND

Anyone who has normal vision can demonstrate in a few moments that when the memory is perfect no pain is felt, and can produce pain by an attempt to keep the attention fixed on a point. To do this proceed as follows:

- + Look at a black letter, close the eyes and remember it.
- + Look at the letter again and again close the eyes and remember it.
- + Repeat until the memory is equal to the sight.
- + Now press the nail of one finger against the tip of another. If the letter is remembered perfectly, no pain will be felt.
- + With practice it may become possible to remember the letter with the eyes open.
- + Remember the letter imperfectly, with blurred edges and clouded openings, and again press the nail of one finger against the tip of another. In this case it will be found impossible to continue the pressure for more than a moment on account of the pain.
- + Try to remember one point of a letter continuously. It will be found impossible to do so, and if the effort is continued long enough pain will be produced.
- + Try to look continuously at one point of a letter or other object. If the effort is continued long enough, pain will be produced.

# E

+Look at, shift on the letter E.  
+Close the eyes, remember the E, shift on it in the imagination.  
+Open, look at, shift on the E.  
+Close the eyes and repeat: open, closed, open.  
+Practice until the memory of the E with eyes open and closed is equal, perfect, clear and the E is seen clear.

## PAIN: ITS CAUSE AND CURE

By W. H. BATES, M. D.

Pain is supposed to be a beneficent provision on the part of Nature for advising us of injurious processes going on in the body, but, like many of Nature's arrangements, it is a very clumsy one. Many of our most serious diseases are quite painless in their early stage (the only time when the warning of pain would be of any use), while a physiological process like childbirth is accompanied by such severe pain that the pangs of the woman in travail have become proverbial. **Pain also occurs with no local cause whatever, being purely a creation of the mind, and it has, besides a very destructive effect upon the body, not infrequently causing death and more often handicapping the organism in its attempts to recover from the condition that caused it.** Nature's protective mechanism is, in fact, a two-edged sword striking both ways, and its control is one of the most serious problems that the medical profession has to deal with.

There has been much discussion as to the nature of pain, and the mode by which it is produced, one school holding that there are special nerves for its transmission and another that it is merely the expression of a certain grade of irritation. Whatever may be said in favor of either of these points of view, it can be demonstrated that **pain occurs only when the mind is under a strain and is immediately relieved when the strain is relieved.** This strain may be due to a local cause, or it may occur without any local cause whatever.

That pain can be produced voluntarily by the mind has long been known. When I was a student at the College of Physicians and Surgeons, Dr. T. Gaillard Thomas used to tell us that pain could be produced in the little finger, or any other part of the body, simply by concentrating the mind upon it. Since then I have repeatedly demonstrated that pain can be produced by such a simple thing as imagining a letter or object imperfectly, or trying to look at a point for an appreciable length of time. I never knew these experiments to fail when patients could be induced to make them; but they are so uncomfortable that few are willing to do so. A physician under treatment for imperfect sight boasted that he had never had a headache or pain in his eyes in his life. I told him that I could easily show him how to produce such a pain, and that it would do him good to have one. After a week of talk he consented to make the experiment, and in a few minutes he had acquired a headache that was more interesting than pleasant. He did it by trying to look fixedly at a point. This effect was purely mental. It was not the physical strain of looking at a point that produced the pain, because there was no physical strain, the eye being incapable of looking at a point. It was the mental effort of trying to do what was impossible.

As pain can be produced by the mind without any local cause, so it can be prevented or relieved by the mind, no matter how great the local irritation may be. In other words pain is a mental interpretation of certain stimuli, and under certain circumstances such stimuli are not interpreted as pain. This, too, has long been known, there being cases on record in which individuals have possessed the power of preventing pain to an extraordinary extent. I may claim to have discovered, however, that everyone may become the possessor of this power.

It is only when the mind is in an abnormal condition that pain can be felt, or even imagined, and irritations of the nerves are followed by pain only when such irritations produce mental strain. If the mind is not disturbed by them, there is no pain, and therefore, by learning to avoid this disturbance pain can be prevented, or relieved.

As the mind is always at rest when the memory is perfect, the mental condition necessary for the prevention and relief of pain can be obtained by the use of the memory. One of the simplest things to remember is a small black spot or period, and under certain circumstances anyone may become able to remember such an object. This cannot be done, it is true, at the actual moment of suffering, but, fortunately, pain is never continuous. One can see, or hear, or smell, continuously; but one cannot feel pain continuously. There are always moments of freedom, and during these intermissions one can get control of the memory. In this way the **pain of glaucoma**, one of the most terrible conditions known to medical science, has been repeatedly relieved (see *Better Eyesight*, December 1920). Many cases of trigeminal neuralgia have been cured after various operations commonly resorted to for the relief of this condition had failed, and the pain of childbirth and of operations has been prevented.

Persons with perfect sight never have any difficulty in preventing pain by the aid of the memory. Persons whose sight is not normal have more difficulty, because imperfect sight is the result of mental strain, and it is sometimes very difficult to relieve this strain. With the help of a person who has normal sight and understands the use of the memory for this purpose, however, it can always be done.

## RELIEF OF TIC DOULOUREUX

By EVELYN M. THOMSON

I do not remember a time when I was able to see comfortably. At fifteen, following an attack of grippe, I began to have so much trouble with my eyes that I was taken out of school, and the late Dr. H. D. Noyes gave me my first glasses. From that time on I wore glasses constantly, with many changes ordered by many different specialists, until I came to Dr. Bates. Sometimes they helped me; but I never was able to do any near work without discomfort, and I could not play tennis because it hurt my eyes to follow the ball.

When I was eighteen a polyp in the right middle ear broke through the drum, and a great quantity of pus poured out. This was the beginning of a long series of treatment and operations, during which I suffered increasing pain on the right side of my head, and which left me with no bones in the middle ear and an opening in the drum. After the last operation I was ill for nine months, and for a much longer time there was weakness and loss of sensibility on the left side of the body.

In 1905 I had trouble with the antrum on the left side of the face, and in order to release the pus which had collected here, a wisdom tooth was extracted, the wound being kept open for three months. A second tooth was then extracted, and one by one all the teeth on the left side of the upper jaw were taken out. Then the dentist declined to extract any more, saying that it was only increasing the trouble, instead of relieving it.

From the beginning of this condition I had a continual pain in the left side of the face, and this developed into what is known as *tic douloureux*, a painful contraction of the facial muscles, which continued for fifteen years. Everything possible was resorted to for the relief of this trouble except drugs, which I refused to take, and nerve-cutting which I refused to submit to. Spinal treatment gave me more help than anything else.

From 1914 to 1918, in spite of the discomfort resulting from the use of my eyes at the near-point, I read aloud for many hours every day. At the end of this time my eyes went to pieces completely. All winter I went every week to a specialist for treatment, but



received no benefit. Then I went to another specialist. He gave me new glasses, but these seemed only to make the condition worse. I could not read without pain in my eyes and a contraction of the nerves and muscles on the left side of my face. At night the lid of the left eye became partially paralyzed, so that I had to force the eye open when I wakened and was afraid the time might come when I would not be able to keep it open. On the street the muscles on the left side of the face contracted all around the eye, across the bridge of the nose, and toward the temple. This I attributed to the increase of eyestrain by the wind and light.

On April 22 of last year I went to Dr. Bates in despair. My eyesight was getting worse from month to month, and the facial condition seemed also to be getting worse. In addition I suffered from noises in my left ear so loud and continuous that it seemed at times as if the top of my head would blow off.

Palming was the first thing Dr. Bates told me to do. At first I saw all sorts of lights. Then I saw grey, and at last I became sufficiently relaxed to see black. I found the use of the imagination and memory a great aid in palming. I visualized the out-of-doors and the things I had seen in my travels. This produced relaxation, and I forgot the pain and the noise in my ear. I also found it a help to be read to while palming. The universal swing relieved the tension which I had always experienced on the street.

For some months my eyes did not seem to respond to the treatment. The first intimation of gain was the natural opening of my left eye at night. **Next my right eye, which had been very numb and blurred, began to have a feeling of life. Later I experienced an increase of pain in the center of both eyes. Strange to say this encouraged me; for the new pain was quite different from the dull ache I had had before, and made me feel that life was returning to my eyes.**

(Healing Crisis: Normal occurrence during healing.)

One day, when the pulling of the facial muscles was very severe, Dr. Bates asked me to flash a little card which he held close to my nose. This was very unpleasant at first; but suddenly the muscles relaxed, the pain in my face and eyes ceased, and I saw things at the distance clearly. It was only a flash; but after that I seemed to understand better the goal toward which I was working. Since then I have often obtained relief in this way. These glimpses of paradise are what has sustained me through months of treatment which would otherwise have been unbearably monotonous.

My vision has improved slowly, but the progress has been a constant source of excitement to me. When I first saw the faces of my friends clearly I rejoiced, and I cannot describe the feeling of relief that came to me when the dishes on the table ceased to hurt me, as all near objects had previously done. The light and the color I now see are a revelation to me. I had been told that printer's ink was black, but until I went to Dr. Bates I never saw it so. Neither did I ever see anything like the white I see now. I have a delightful time reading the signs in the subway and enjoying their colors. Not only in color, but in form, things look different to me. Instead of being flat, as they once were, they seem to have a fourth dimension. [Natural Eyesight Improvement students experience a return to perfect 3-D vision.](#) [Eyeglasses impair 3-Dimensional vision.](#) Distant objects appear surprisingly near. Sitting in the balcony at a concert one afternoon, the orchestra seemed to be almost in my lap. In the dress circle at the opera I seemed to be almost on the stage. When I wore glasses the stage was always miles away. My vision is not normal yet; I cannot read print with comfort. But after such marvelous improvement I feel sure that this will soon come. As for the facial pain and contraction, they are practically cured. When the trouble returns, as it sometime does, I know how to relieve it.

I am very glad to have an opportunity to tell this story, and I wish I knew how to make it known to all who are suffering from the pain of defective eyesight, or of facial neuralgia, that these conditions can be cured by relaxation, and that the dreadful operations which are resorted to in the case of the neuralgia are unnecessary.

## STORIES FROM THE CLINIC

### 12: The Relief of Pain

By EMILY C. LIERMAN

In March, 1919, an Austrian woman, thirty-seven years of age, came to the clinic. She was suffering from myopia, with great pain in her eyes and head, and looked so sad that one could not imagine her smiling. At the age of two years she had become totally blind after a fever, and had remained so for a year and a half, during all of which time she suffered continual pain in her eyes. When her sight returned strong glasses were given to her, but they did not relieve her pain. Neither did the glasses given to her later by various physicians. Finally an optician, finding that the glasses he had given her did not help her, suggested that she should try Dr. Bates and our clinic.

At her first visit her pain was relieved by palming, and her vision improved from 5/70 to 5/40. She was so pleased that she smiled and kissed my hands. The pain had made her sick at her stomach most of the time, she said, so that she was often unable to retain her food, and no day was she ever free from it.

I told her to continue the palming at home, and to keep it up for an hour at a time whenever possible. For a while she got on very nicely. Her vision improved to 10/40, and whenever she felt the pain coming on she palmed, invariably obtaining relief.

Then came a day when I found her with tears in her eyes. She had had a sleepless night, she explained, and had suffered so intensely that her family were frightened. Her eyes felt as though sand was pouring out of them onto the pillow. I asked her if her eyes were still paining her, and she answered tearfully, "Yes".

I placed her comfortably on a stool, and while her eyes were covered I began to talk to her about her children. She soon forgot her pain in telling me what beautiful eyes her baby had, how thrilled the family had been when the first tooth appeared, and so on. When she uncovered her eyes the most remarkable change had come over her face. All traces of pain had disappeared, and she smiled.

One day after she had been coming to the clinic for a year or more she was arranging to send some money to Austria and trying to fill out the necessary papers. As she was about to write her mother's name everything before her became a blank, and she experienced an intense pain accompanied by a burning sensation in her eyes. She was so frightened that she wanted to cry, but suddenly she thought about the clinic and how her pain had been relieved by the palming. She covered her eyes with the palms of her hands for a little while, and then the pain became less and the questions on the blank began to clear up. When she tried to write, however, everything became a blank once more. Again she palmed, and this time her sister, who was with her, reminded her that she must palm for a longer time if she wanted to get results. She then palmed for fifteen minutes, her sister encouraging her as she did so. When she removed her hands from her eyes the print before her appeared perfectly distinct, she wrote the necessary answers without any difficulty, and had no more trouble with her eyes that day. She was extremely happy when she told me this. To think that she had been able to improve her sight and relieve her pain without assistance thrilled her.

When I last saw her, six months ago, her vision was 10/10 without glasses, and she had no pain.

## BACKACHE CURED BY CENTRAL FIXATION

By **BESSIE T. BROWN**

*The editor is much pleased to be able to publish Mrs. Brown's report of the simultaneous relief of her astigmatism and the backache from which she had suffered so long. It was from her he learned the value of central fixation in relieving pain in parts of the body other than the head and eyes, and he takes great pleasure in giving her credit for the discovery.*

It is about six, or perhaps seven, years ago that I first consulted Dr. Bates concerning my eyes. I had been wearing glasses to correct astigmatism for five years. During those years of "correction" my eyes seldom gave me a comfortable day. I spared them in every way, using them as little as possible. My sight was not noticeably impaired, but I will cite a few of the many discomforts from which I suffered.

A smarting sensation in the eyes was nearly always present; also a general lassitude and a dull ache in the back. The last mentioned was never attributed to eyestrain, but to many other causes, and was treated accordingly by a physician; but without results. I was obliged to retire early every night in order to forget my pains in sleep, only to wake in the morning with eyes which felt as though a cinder from every chimney in New York City had dropped into them. **This was because we can strain our eyes during our sleep as well as during waking hours.** To watch a stage or moving picture performance was torture; and when driving, or riding on railroad trains, I would keep my eyes closed, only taking occasional peeps at the passing landscape. I could not endure the glare of the sunlight on the beach or pavements, and artificial lights on the streets, in the shops or theatre, were an abomination.

My first glasses were prescribed by an optometrist, and I received no relief while wearing them. Friends advised me to consult an eye specialist of high standing in New York. I did so. He said after examination that he was not surprised that I had received no benefit from the glasses which I was wearing, and proceeded to fit me with what he considered to be the correct lenses. I was supremely happy for a few days, in the anticipation of enjoying perfect comfort as soon as I should become accustomed to the new lenses.

But alas! my happiness was short-lived. The glasses prescribed by the eminent physician gave no more satisfaction than those from the optometrist.

I returned to see the doctor after a few weeks, and complained that his glasses had not helped me. He made another examination and said that he could make a slight change in the lenses, but it would not be worthwhile to do so. He also said that my eyes were not working together properly, but this condition would improve with my general health. However my health did not improve under his treatment; I felt that I was doomed to a life of suffering, and tried to become reconciled to my fate.

Hope was revived a few months later when I heard of Dr. Bates and his cure of eyestrain without glasses. Dr. Bates took possession of my glasses upon my first visit to him, and I have not worn them since.

He told me to do, or attempt to do, the most amazing things. Looking at the sun was one treatment. I protested, saying that even the reflected sunlight was intolerable; but Dr. Bates insisted, and I found that I could look at a point near the sun with one eye, covering the other with my hand, then alternating. After practicing this for several days, I was able to look directly at the sun with both eyes wide open. The glare of sunlight on the ground ceased to worry me and became as delightful as the pale moonlight. When the sun failed to shine, or was not convenient, I practiced looking at a large incandescent electric light, and very soon the artificial lights troubled me no more than the stars which twinkle in the heavens at night; and this reminds me that Dr. Bates told me that the apparent **twinkle of the stars** is only in the eye of the beholder.

After a few weeks of treatment I forgot to spare my eyes, as had been my habit for years. I could read or sew until midnight if I wished, and began to go out evenings and enjoy life like a normal human being. As I write tonight, the clock is striking eleven; and my eyes are feeling fine and dandy, although I have been using them constantly all day sewing and embroidering.

My animation and efficiency have greatly increased. Friends have remarked that I am a new woman, and continue to congratulate me upon my youthful appearance. An acquaintance of mine whom I had not met since I stopped wearing glasses failed to recognize me a few days ago at the house of a mutual friend. "Why," she exclaimed, "the Mrs. Brown whom I used to know was an extremely pale and worn-looking creature." Through relaxation the expression of eyes and face have become greatly changed.

I had been under treatment with Dr. Bates about three months when suddenly one day I noticed that my old and constant companion the backache was no longer with me, and it has never returned.

At the present time when I feel the strain coming into my eyes I rest them by palming and remembering or recalling different familiar objects—the colors of my frocks, recalled one at a time, or the forms and shapes of pieces of china which are in constant use in my home, or the color of the eyes of members of the family. It seems marvelous to be able to go about in the shops for a good part of the day and then keep my eyes open and enjoy to the fullest extent a performance or social affair in the evening. Also what a delight to ride through the country and feast my eyes with comfort upon the beauty of the passing landscape!

## Blindness Number BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

March, 1921

### HOW TO OBTAIN PERCEPTION OF LIGHT IN BLINDNESS

Two things have always brought **perception of light to blind patients**. One is **palming**, and the other is the **swing**. The swing may take two forms:

**1. Let the patient stand with feet apart, and sway the body, including the head and eyes, from side to side, while shifting the weight from one foot to the other.**

**2. Let him move his hand from one side to the other in front of his face, all the time trying to imagine that he sees it moving. As soon as he becomes able to do this it can be demonstrated that he really does see the movement.**

**Simple as these measures are, they have always, either singly or together, brought relaxation and with it perception of light, in from fifteen minutes or less to half an hour.**

**In palming, the patient should remember that this does not bring relief unless mental relaxation is obtained, as evidenced by the disappearance of the white, grey and other colors which most blind people see at first with their eyes closed and covered.**

### BLINDNESS: ITS CAUSE AND CURE

By W. H. Bates, M. D.

As ordinarily used, the word *blindness* signifies a degree of defective sight which unfits the patient for any occupation requiring the use of the eyes. Scientifically it means a state in which there is no perception of light. Speaking of this condition in his *Cause and Prevention of Blindness* Fuchs tells us that except in extraordinarily rare cases it is incurable, and this is the accepted opinion of ophthalmology today

The facts that have come to me during thirty-five years of ophthalmological practice have convinced me that the above statement should be reversed, and made to read: "Except in extraordinarily rare cases blindness is curable." In fact, unless the eyeball has been removed from the head, I should be unwilling to set any limits whatever to the possibility of relieving this greatest of human ills, for I have never seen a case of injury or disease of the eye which was sufficient to prevent improvement of vision. In all cases of blindness, whatever their cause, a mental strain has been demonstrated, and when this strain has been relieved perception of light has always been obtained.

Even when the eyeball has been so shrunken that the patient scarcely seemed to have an eye, sight has been restored. In one such case the cornea of the left eye had shrunk to an eighth of an inch in diameter and only a suggestion of the sclera was visible, while the right eye was reduced to a quarter of its normal size and showed only a hazy cornea and a blurred piece of iris with no pupil. The patient was ten years old and the condition of her right eye was congenital (present at birth): that of the left was due to an inflammation which she suffered when she was a year old. From that time, she had had no perception of light; but in fifteen minutes she became able to see the furniture of the room indistinctly and to imagine that it was swinging. In spite of this remarkable demonstration of what could be accomplished by relaxation, her parents did not bring her again.

Atrophy of the optic nerve is one of a considerable number of diseases, like detachment of the retina, irido-cyclitis and absolute glaucoma, which have been placed beyond the pale of hope by the science of ophthalmology. Yet persons with atrophy of the optic nerve sometimes have normal vision, and persons blind from this cause sometimes recover spontaneously. At the New York Eye and Ear Infirmary thirty years ago, a patient was exhibited who had all the symptoms of atrophy of the optic nerve, but who nevertheless possessed perfect sight. The case was exhibited later at the Manhattan Eye and Ear Hospital, the New York Ophthalmological Society, and the Ophthalmological Section of the New York Academy of Medicine. Later I saw several similar cases; but when a colored woman came to my Clinic a few years ago with atrophy of the optic nerve, it did not occur to me that it would be possible to help her. Not knowing what to do, I asked her to sit down while I attended to some other patients, and meanwhile my assistant, Mrs. Lierman, who tells the rest of the story in a later article, got hold of her and made her see. Later many cases were relieved. A few obtained normal vision, but most of them did not have the courage to continue the treatment long enough for this purpose.

A few weeks ago a patient came to me **completely blind in both eyes from atrophy of the optic nerve**. Before he left the office he had become able, by the aid of the swing, to see the light with both eyes. He went away greatly encouraged, and promised to come again as soon as he returned from a neighboring city. Later he sent me a statement, signed by an oculist and witnessed by a notary public, to the effect that he was completely and incurably blind from primary optic atrophy. I have not seen him since.

The following remarkable story of a spontaneous cure was told me recently by a patient: A commercial traveler, a friend of the man who told me the story, was treated for two years in a Chicago Hospital for total blindness from atrophy of the optic nerve. Although the doctors told him that his case was quite hopeless, he refused to believe it. He talked much of a grey cloud that he had seen before his eyes at the time he became blind, and said that if he could only remember how it looked he was sure it would help him. One day he had a perfect mental picture of that grey cloud, and at once he found that he could see. He is now back in his old position, doing his usual amount of work, attending to his correspondence, and reading as well as he ever did. Doctors who have examined his eyes since say he still has atrophy of the optic nerve and ought still to be blind.

**Irido-cyclitis, a combined inflammation of the iris and ciliary body**, is a frequent cause of blindness. Often it results from an injury to the adjoining eye, and in that case is known as sympathetic ophthalmia. In severe cases it is believed to lead inevitably to blindness, which is, of course, thought to be incurable. Yet in all cases in which blindness has resulted from this disease I have seen perception of light, and even normal vision, restored.

One day a young girl came to my Clinic with one eye as soft as mush from irido-cyclitis (the other having been removed four years before). **The iris and pupil were covered by a white scar and she had no perception of light**. After **palming, swinging**

and **using her imagination** for about fifteen minutes, **the scar cleared up** sufficiently for me to see the iris and pupil indistinctly, and two visiting doctors also saw them, while the patient saw the light. Later she became able to see people on the street and to see the pavement and imagine that it was swinging. At that point she ceased coming to the Clinic.

A case of practical blindness from this cause was cured within a month by the use of the imagination. When the patient looked at the large letter at the top of the card at one foot and was told what it was, he was able to imagine that he saw it, and thus he became able to see it actually. Then he did the same thing at ten feet. Next he imagined that he saw the first letter of the second line at ten feet, and became able to recognize the second letter. The same method was used with all the other lines until he became able to imagine the first letter of the bottom line, and then go on and read the other letters.

When his eye was examined with the ophthalmoscope the vitreous was so opaque that one could not distinguish the optic nerve and retina. He said that the light bothered him, and prevented him from imagining any of the letters on the Snellen test card. With the retinoscope at six feet, however, he stated that the light did not bother him so much, and he was able to imagine, while it was being used, that he saw a letter on the bottom line perfectly. The refraction was then normal, and a clear red reflex (light reflected from the retina) was obtained, indicating that the vitreous was now quite clear. When he failed to imagine that he saw the letter, the reflex was much blurred, indicating **cloudiness of the vitreous**. These are facts. I cannot offer any explanation for them.

Of detachment of the retina Fuchs says, "It is generally possible in recent and not too excessive cases of separation of the retina to obtain an improvement of the sight by a partial attachment, and in especially favorable cases even to cause the **detachment to disappear completely**. Unfortunately it is only in the rarest cases that these good results are lasting. As a rule, after some time, the separation develops anew, and ultimately, in spite of all our therapeutic endeavors, becomes total ... In inveterate cases of total detachment it is better to abstain from any treatment." **Compare this statement with the results obtained by central fixation, as told in the following article. In many other such cases useful vision has been obtained.**

The incurability of blindness resulting from glaucoma is taken so completely for granted that Nettleship defines absolute glaucoma as "glaucoma that has gone on to permanent blindness." Yet in the December 1920 issue of *Better Eyesight*, and again in this issue, is reported a case in which light perception was restored in an eye stone blind with glaucoma after a few minutes of palming. This was witnessed by several visiting doctors. Later the patient became able to read the twenty line at ten feet with this eye. As nearly half of our blind population at the present time is believed to be over sixty years old, and a great part of the blindness of later life is attributed to glaucoma, the curability of this condition is a fact of immense importance.

Statistics indicate that in this country, at the present time, external injury is the most frequent cause of loss of vision between the ages of twenty and thirty-four. I believe that a great part of this blindness could be relieved, for, as I have already stated, I have never seen an eye so badly injured that its vision could not be improved. To cite only one of many similar cases, a patient injured in an automobile accident became suddenly and completely blind, either from hemorrhage into the orbit, or from injury to the optic nerve. By palming and the use of his imagination, he at once became able to count his fingers.

Perhaps the most remarkable cures of blindness are those in which the loss of vision is supposed to be due to general disease. These have frequently been relieved, partially or completely, without relief of the disease. Thirty years ago a man stone-blind with what I diagnosed to be albuminuric retinitis was led into my Clinic at the New York Eye and Ear Infirmary. This condition is so closely associated with disease of the kidneys that its existence is considered sufficient evidence of the existence of the latter. Yet the patient regained normal vision and held it up to the time of his death without any improvement in the condition of the kidneys. On the contrary the disease of these organs became worse, and when he died a few years later the physicians who performed the autopsy wondered how he had been able to live so long. The evidence seems to me complete that the blindness was not due to the kidney trouble but to strain.

Many diseases of the eye are attributed to syphilis. Yet in every case these conditions have been relieved by rest, and often the sight has become normal without any improvement in the syphilis.

In spite of the very prompt improvement which patients obtain in these cases, they often, as the cases mentioned in the foregoing pages show, fail to continue the treatment. The weight of public and professional opinion is too much for them, and they are practically compelled to take this course. Such dogmatism is both unwise and unscientific. The causes of disease are obscure and variable, and we do not know it all. It does not seem to me that a doctor is justified in telling a patient that he is incurable just because he has never seen such a case cured, or has forgotten, because it was contrary to rule, any case that he has seen. This may cause the patient to accept as inevitable a condition which might have been cured and may even prevent nature, because of the depressing effects of discouragement, from doing what the doctor has failed to do. Still less is it justifiable for the medical profession to assume, as it now seems to do, that we have learned all there is to be known about blindness. Such an attitude throttles research and actually exposes to the suspicion of being a quack any man who tries to help these unfortunates.

## RELIEF OF RETINAL DETACHMENT

By Clara E. Crandall

Twenty-five years ago Samuel D. was struck in the left eye by a nail thrown carelessly from a roof, and nineteen years later, while he was chopping wood, a stick flew up, hitting him in the face and injuring the same eye.

There were, apparently, no serious consequences from either of these accidents, but about a year after the second one the patient noted that his sight was getting dim. He consulted an oculist, thinking that he probably required glasses, and was told that he had iritis. He was given drops for this condition and had been using them for a month when, on May 12, 1916, while digging in the garden, he went suddenly and completely blind in his left eye. The cause proved to be a **detached retina**, and the oculist whom he consulted sent him to a hospital where he underwent a thorough examination. His teeth were X-rayed, and it was thought best to remove his tonsils. He was then kept for eight weeks motionless, flat upon his back.

At the end of this time it was found that the retina, as a result of the complete rest, had become partially reattached and the vision was, to some extent, improved. Hoping to improve it still further, the doctors operated upon the eye, but without success. Two weeks later a second operation was performed, after which the eye became totally blind again. The condition of the left eye was complicated by a traumatic cataract, and senile cataract now developed in the right. He was sent to another hospital in the autumn where he was again thoroughly examined, but the doctors decided that nothing more could be done for him.

And so, with one eye totally blind and cataract rapidly obscuring the sight of the other, Samuel went back to his work as a gardener, trying to resign himself to the dark future before him. From month to month he struggled on; but he found it increasingly



difficult to do his work, and felt that the time would soon come when he would have to give it up. He suffered greatly from the strain of trying to see and complained of a constant yellow glare in the blind eye, together with many other painful and unpleasant symptoms which, he said, interfered with the sight of his right eye also.

From a time several years antedating his sudden attack of blindness Samuel has been in the employ of my family. After he became blind I went to Dr. Bates to have some eye troubles of my own treated, and, hearing of the many remarkable cures that were effected by his method of treatment, it occurred to me that he might be able to do something for Samuel. It seemed to Samuel a forlorn hope, but as it was the only one, he allowed me to take him last May to Dr. Bates' Clinic in the Harlem Hospital.

At this time he was still without light perception in the left eye, and with the right was unable to make out the smaller letters on the test card when it was held a foot from his face, while even the largest letters appeared gray and blurred. Dr. Bates told him that the cataracts could be cured, and encouraged him to hope for improvement in the condition of the detached retina also. He told him to **leave off the dark glasses** he had been wearing, to **palm** as often and as long as possible, to drink **twelve glasses of water a day**, to **imagine and flash the letters on the Snellen test card**, and to **imagine everything, himself included, as swinging**.

Samuel followed these instructions conscientiously, and in a short time the strain and other distressing symptoms from which he had previously suffered were greatly relieved. The sight of the blind eye improved gradually. At the first visit he became able to distinguish light, and later he saw the shadowy image of a moving object, at first only when held close to the left side of his head, but afterward in all parts of his field of vision. The perception of light in the blind eye has grown steadily and the vision has so improved that now, at a distance of fourteen feet, he can see a moving object against a strong light, while at the near point he even thinks that he can sometimes catch a glimpse of the large letter on the Snellen test card. With the right eye he can read the smallest letters on the test card at the near point, and they appear black and distinct. At fourteen feet he can flash them.

Among those who have benefited by Dr. Bates' remarkable discoveries, there is no one who owes more to them than Samuel D.; for now, instead of having to look forward to blindness and utter dependence on others, he has been enabled to take up his life with renewed courage and interest, confident that if he faithfully continues the treatment he will eventually obtain good vision in both eyes.

## STORIES FROM THE CLINIC

### No. 13: The Relief of Blindness

By Emily C. Lierman

Clinic day is always a happy day for me. It is true one sees at the hospital a great deal of suffering, sorrow and poverty; but it is a pleasure to be able to relieve some of the suffering, and sometimes things happen which are very amusing.

Some time ago a blind man was led into the Clinic by a friend. This was a case which really ought to have been very sad, but it turned out, instead, to be very amusing. In spite of his affliction the patient seemed to be in a happy mood and very well-pleased with himself. He was neatly dressed and his shoes, though worn, were carefully shined, while over them he wore spats. His tie was a very bright red, and his hat was a light shade of tan. A cane, which his blindness compelled him to carry, completed a costume which I am sure he considered to be that of a real swell gentleman. When I approached him he said in a very gracious manner:

"Glad to see you, ma'am! Glad to see you, ma'am!"

And yet he could not see me, as I soon found out. I held my fingers before his eyes and asked him if he could see them. He answered that he could not. Further tests showed that he had no light perception whatever, and Dr. Bates said that his condition was due to atrophy of the optic nerve. I showed him how to palm, and after five minutes he pointed to an electric light in the ceiling and said:

"It looks light there."

I told him at once to palm again, and when he opened his eyes he saw the shadow of my fingers moving from side to side before his face. In a few moments, however, the blindness returned. Again I told him to palm, and while he was doing so I asked him if he could remember something black, or something else that he had seen before he became blind, such as a beautiful sunset, or white clouds. He thought a while, and then remembered that in the days when he had been a house-painter he had used black paint. I told him to remember the black paint while he was palming, and then I left him to attend to other patients. When I came back to him I held two of my fingers close to his face, and asked him if he could see them.

"Ma'am " he said, "I'm not at all sure, but I think I see two fingers."

I think the man must have been quite popular with the ladies, for he now remarked that one of his lady friends would be pleased if he could see her. He came quite regularly for a time, and each time I noted improvement in his vision. Sometimes this was not very marked, and then I knew that he had not been palming very much at home. He was greatly helped by the focusing of the sun's rays upon the white of his eyes with a sun glass. This had a very soothing effect.

He was soon able to dispense with his guide and, when leaving the Clinic, used to use his cane to obviate collisions with the benches, nurses and patients. One day as he was leaving the room Dr. Bates called my attention to him, and I noted that instead of tapping with his cane upon the floor he was carrying it on his arm. With head erect, he walked down the long corridor, opened the door and left the hospital, with apparently no more difficulty than a person with perfect sight. A little later he came with the cane. He became able at last to read the fifty line at five feet with both eyes, and then he stopped coming. Probably he thought he would be able to continue the treatment by himself.

In the October (1920) number of *Better Eyesight* I wrote about another case of blindness from atrophy of the optic nerve, the patient having no light perception. Unlike the preceding patient she was very much depressed by her condition, and begged me piteously to give her back the light of day. She had heard of our Clinic through some of the patients, and had confidence that Dr. Bates or myself would give her some relief. But I was very far from feeling this confidence. Sometimes I am a doubting Thomas. I always try, however, not to reveal this fact to the patients, but simply go ahead and do the best I can. After this woman had palmed for ten minutes or longer, all the time remembering black stove polish, she became able to see the 200 letter a foot in front of her eyes. Since my previous article was written she has become able to read the ten line at this distance. She is able to go out to work during the day, and to work for herself at night, and she says she sleeps better.

In the December (1920) number I told the story of a woman who had absolute glaucoma of the right eye. This meant that she was stone blind. She was also suffering terrible pain in this eye. I had to do a great deal of coaxing to get her to palm, but I was willing to give her more time than I do to most of the patients, because her age was seventy-nine. With the exception of one or two relapses she got on nicely, and the last time I saw her she had half-normal vision for distance in the once blind eye and normal vision in the other. She had learned how to keep her eyes at rest by palming and using her imagination for flowers and other

objects, and this relieved the strain which had been the cause of all the trouble.

We have had many cases of total blindness at the Clinic, most of them due to glaucoma and atrophy of the optic nerve, a few to detachment of the retina and irido-cyclitis, and all have gained at least perception of light, while many have been more materially benefited. But most of them did not come more than a few times. It is unfortunate that the blind, as a rule, consider their condition so hopeless that it is difficult to convince them that any treatment is worthwhile, even after they have received some benefit from it.

## **Presbyopia Number BETTER EYESIGHT**

**A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES**

**April, 1921**

### **METHODS THAT HAVE SUCCEEDED IN PRESBYOPIA**

The cure of presbyopia, as of any other error of refraction, is rest, and many presbyopic patients are able to obtain this rest simply by closing the eyes. They are kept closed until the patient feels relieved, which may be in a few minutes, half an hour, or longer. Then some fine print is regarded for a few seconds. By alternately resting the eyes and looking at fine print many patients quickly become able to read it at eighteen inches, and by continued practice they are able to reduce the distance until it can be read at six inches in a dim light. At first the letters are seen only in flashes. Then they are seen for a longer time, until finally they are seen continuously. When this method fails, palming may be tried, combined with the use of the memory, imagination and swing. Particularly good results have been obtained from the following procedure:

- + Close the eyes and remember the letter "o" in diamond type, with the open space as white as starch and the outline as black as possible.**
- + When the white center is at its maximum, imagine that the letter is moving and that all objects, no matter how large or small, are moving with it.**
- + Open the eyes and continue to imagine the universal swing.**
- + Alternate the imagination of the swing with the eyes open and closed.**
- + When the imagination is just as good with the eyes open as when they are closed, the cure will be complete.**

### **PRESBYOPIA: ITS CAUSE AND CURE**

**By W. H. BATES, M. D.**

PRESBYOPIA is the name given to the loss of power to use the eyes at the near point, without the aid of glasses, which usually occurs after the age of forty.

The textbooks teach that this change is a normal one: but it is a noteworthy fact that many other eye troubles often date from the time of its appearance, or develop a little later. Many cases of glaucoma start about this time, and so do many cases of cataract and inflammation of the interior of the eye. Patients with presbyopia are very likely to have conjunctivitis. They are also subject to congestion and hemorrhages of the interior of the eye. One patient developed a lot of muscular trouble and a marked degree of double vision at the time he became presbyopic, and suffered three nervous breakdowns in quick succession. He was operated on for the muscular condition and took prism exercises, but obtained very little relief. In another case a patient began to suffer, at the time she became unable to read without glasses, from a contraction of the muscles of the face, congestion of the conjunctiva and continual headaches. The strain was so great that she had to keep her eyes partly closed, and glasses did nothing to relieve her discomfort. Up to the time when her presbyopia appeared she had had none of these troubles.

The accepted explanation for the loss of near vision with advancing years is that it is due to the hardening of the lens, but it is quite impossible to reconcile the facts with this theory; for not only does presbyopia occur much below the age of forty and even in childhood, but it is often delayed beyond the age of fifty, and sometimes does not occur at all. There are also cases in which near vision is restored after having been lost. We are told that presbyopia comes early in the hypermetropic (farsighted) eye, and late in the myopic (nearsighted) eye; that premature hardening of the lens and weakness of the ciliary muscle (supposed to control the accommodation) may cause it to appear in youth; and that the swelling of the lens in incipient cataract may account for the restoration of near vision after it has been lost; but there are still many cases to which these explanations cannot be made to apply.

### **Man Cures Presbyopia**

**It is true that hypermetropia (farsight) does hasten and myopia (nearsight) prevent or postpone the advent of presbyopia, and as myopia may exist in only one eye without the patient's being aware of it, he may think that his vision is normal both for the near point and the distance.** There are cases, however, in which the vision has remained absolutely normal in both eyes long after the presbyopic age, and a considerable number of these cases have been brought to my attention. One of them, a man of sixty-five, examined in a moderate light indoors, was found to have a vision of 20/10. In other words he could see twice as far as the normal eye is expected to see. He also read diamond type at less than six inches, and at other distances, to more than eighteen inches. In reply to a query as to how he came to possess visual powers so unusual at his age or, indeed, at any age, he said that when he was about **forty** he began to experience difficulty, at times, in reading. He consulted an optician who advised glasses. He could not believe, however, that the glasses were necessary, because at times he could read perfectly without them. The matter interested him so much that he began to observe facts, a thing that people seldom do. He noted, first, that when he tried hard to see either at the near point or at the distance, his vision invariably became worse, and the harder he tried the worse it became. Evidently something was wrong with this method of using the eyes. Then he tried looking at things without effort, without trying to see them. He also tried resting his eyes by closing them for five minutes or longer, or by looking away from the page that he wished to read, or the distant object he wished to see. These practices always improved his sight, and

by keeping them up he not only regained normal vision but retained it for twenty-five years.

"Doctor," he said, in concluding his story, "when my eyes are at rest and comfortable, my vision is always good and I forget all about them. When they do not feel comfortable I never see so well, and then I always proceed to rest them until they feel all right again."

The fact is that **presbyopia is due to a strain**. It is a strain similar to the one that produces hypermetropia, but differs from it in the fact that it affects chiefly vision at the near-point. This can be demonstrated with the retinoscope. When a person with presbyopia tries to read, the retinoscope will show that he has hypermetropia, but when he looks at a distant object the retinoscope will show either that his eyes are normal, or that the hypermetropia is less. Simultaneous retinoscopy is difficult in the case of a reading patient, for not only is the pupil small, but in order to find the shadow it is necessary for the patient to look in one general direction all the time, and this is not easy. It is also difficult to hold a glass at one side of the eye for the measurement of the refraction in such a way that the observer can look through it while the patient does not. With a sufficient zeal for the truth, however, these difficulties can be overcome.

**The strain which produces presbyopia is accompanied by a strain, more or less pronounced, of all the other nerves of the body.** Hence, the many distressing symptoms from which presbyopic patients suffer. **Glasses**, by neutralizing the effect of the imperfect action of the muscles, may enable the patient to read, but they cannot relieve any of these strains. On the contrary, they usually make them worse, and it is a matter of common experience that the **vision declines rapidly after the patient begins to wear them**. When people put on glasses because they cannot read fine print, they often find that in a couple of weeks they cannot, without them, read the coarse print that was perfectly plain to them before. Occasionally the eye resists the artificial conditions imposed upon them by glasses to an astonishing degree, as in the case of a woman of seventy who had worn glasses for twenty years, in spite of the fact that they tired her eyes and blurred her vision, but was still able to read diamond type without them. This however is very unusual. As a rule, the eyes go from bad to worse, and, if the patient lives long enough, he is almost certain to develop some serious disease which ends so frequently in blindness that nearly half of our blind population at the present time is believed to be over sixty years old. Persons with presbyopia who are satisfied with the relief given to them by glasses should bear this fact in mind.

Presbyopia is cured just as any other error of refraction is cured, by rest. But there is a great difference in the way patients respond to this treatment. Some are cured very quickly, even in as short a time as fifteen minutes; others are very slow; but as a rule relief is obtained within a reasonable time.

One of my earliest cures of presbyopia was accomplished in less than fifteen minutes by the aid of the imagination. The patient had worn glasses for reading for ten years. When I showed him a specimen of diamond type and asked him to read it without glasses he said he knew the letters were black but they looked grey.

"If you know they are black and yet see them grey," I said, "you must imagine that they are grey. Suppose you imagine that they are black. Can you do that?"

"Yes," he said, "I can imagine that they are black," and immediately he proceeded to read them.

In another case a patient was cured simply by closing his eyes for half an hour. His wife was cured in the same way, and when I saw the couple six months later they had had no relapse. Both had worn reading glasses for more than five years.

### Old Gentleman Cures Presbyopia by Reading, Writing Fine Print

While it is sometimes very difficult to cure presbyopia it is, fortunately, very easy to prevent it. Oliver Wendell Holmes told us how to do it in *The Autocrat of the Breakfast Table*, and it is astonishing, not only that no attention whatever should have been paid to his advice, but that we should have been warned against the very course which was found so beneficial in the case he records.

"There is now living in New York State," he says, "an old gentleman who, perceiving his sight to fail, immediately took to exercising it on the finest print, and in this way fairly bullied Nature out of her foolish habit of taking liberties at the age of forty-five or thereabouts. And now this old gentleman performs the most extraordinary feats with his pen, **showing that his eyes must be a pair of microscopes**. I should be afraid to say how much he writes in the compass of a half-dime, whether the Psalms or the Gospels, or the Psalms and the Gospels, I won't be positive."

Persons whose sight is beginning to fail at the near point, or who are approaching the presbyopic age, should imitate the example of this remarkable old gentleman. Get a specimen of diamond type and read it every day in artificial light, bringing it closer and closer to the eye until it can be read at six inches or less. Or get a specimen of type reduced by photography until it is much smaller than diamond type, and do the same. You will thus escape, not only the necessity of wearing glasses for reading and near work, but all of those eye troubles which now so often darken the later years of life.

[Reading fine print with relaxation cures presbyopia - unclear close vision](#)



### HOW I WAS CURED OF PRESBYOPIA

By FRANCIS E. MCSWEENEY

*This patient was first seen on March 11, 1919. His right vision was 20/50 and his left vision 20/70 and, although he was fifty-one years old, he read diamond type at eight inches. He had not worn glasses for some months, and with the help of a cured patient had been able to improve his sight considerably. His last prescription for reading glasses was: right eye, convex 3.00 D. S.; left eye, convex 3.75 D. S. with convex 0.50 D. C. 180 degrees.*

I am a church organist, choir director and music teacher. Those familiar with the duties of my profession will understand what an important part good vision plays in its successful practice. I realized this and from the first, consulted the best oculists periodically in order to preserve and protect my eyesight. I was told upon reaching the "deadline" of forty-five that I had presbyopia and would henceforth be obliged to wear at least two pair of glasses, one for near and one for distant vision. I rebelled at this, but submitted for some years to the annoyance with as good grace as possible.

I knew that braces and crutches never cured weak limbs, but that exercise and use of the weak muscles, when the patient had

the necessary perseverance, had often made them strong and vigorous. I began to think that glasses were like the braces and crutches, and I expected some day a method of treatment would be found that would strengthen and build up the eyes instead of weakening them.

I was in this mood when Dr. Bates' treatment of imperfect sight without glasses was brought to my attention. My father and sister had received benefit from the treatment, and I believed that I could be benefited too.

When I first took off my glasses I could see nothing on the front page of the newspaper but the larger headlines. I could read down to the 30 line of the Snellen test card at 5 feet. My sister showed me how to "shift" from the top to the bottom of the letters on Dr. Bates' professional card. I read a column of the *Saturday Evening Post* that day by this method.

At first I tried to wear my glasses for close work, but after a few months I felt that this was retarding my cure and I left them off altogether. That was in January 1919. With the exception of a few Sundays at the beginning, I have done all my work without putting on my glasses even once.

It would be well for anyone who would follow my example to understand, however, that this result was not accomplished without many mistakes. I often misunderstood and lost valuable time doing things wrong. There were many discouragements, too. So many to tell me how foolish I was to try to do the impossible. I had the consolation, on the other hand, of knowing that my vision was improving all the time.

The exercises which I found most helpful were:

- +1. **Palming**—I think that nothing so relieves strain as this exercise does.
- +2. **Flashing**—This exercise helps particularly when one has been straining or using the eyes wrongly.
- +3. **Memory practice**—This has been my best exercise. One remembers a letter, picture, or other familiar object, at first with the eyes closed, then with the eyes open. If he can retain the memory of the object while looking in the direction of the test card, he will be able to read the letter easily.
- +4. **Imagination**—Imagining that the white part of a certain letter is whiter than the margin of the card. This has helped me greatly.

My present vision is: Distance (both eyes): 10/10, 15/15, some of 15/10, 20/20 and 30/30. Fine print (both eyes): best at 12 inches, some at 20 inches, can see a period at 20 inches.

I should advise anyone who contemplates taking up this treatment to first see Dr. Bates personally for diagnosis and to get right ideas in the beginning. By doing this, one would save much time and many missteps.

To those who cannot do this I should say that the first thing to do is to discard glasses altogether. Relax the mind and eyes by palming. Learn to know how the eyes feel when relaxed and when doing your accustomed tasks try to keep this feeling of relaxation (lack of effort) present at all times. Do not allow the eyes to become strained. Let objects that you wish to see come to you, do not try to go to them. You will fail sometimes. If you persist, however, your failures will be less and less frequent and, as your vision improves, which it surely will, you will gain confidence. The exercises which I refer to are described in Dr. Bates' book, which contains many valuable suggestions, besides interesting matter bearing on his experiments and achievements.

## STORIES FROM THE CLINIC

### 14: Three Cases of Presbyopia

By EMILY C. LIERMAN

As a rule, more children than adults come to the Clinic. They are sent to us by the schools, usually because they cannot see the blackboard. But during the war it was astonishing how many women came to us. Many of them were employed in factories where American flags were manufactured and could not see to do the work properly, although their sight at the distance seemed to be satisfactory. Some had trouble in threading their needles. Others complained that they saw double. One told me that she sometimes stitched her fingers to the blue field of the flag along with the stars. They all asked for glasses, of course, but were very glad to learn that they could be cured so that they could see without them.

Among these very interesting patients was a woman of about fifty who had great trouble in threading her needle, and who begged me to help her because she had her living to earn. Her distant vision was quickly improved by palming and flashing the letters on the Snellen test card. Then I suggested that she practice with fine print six inches from her eyes. Even though she did not see the letters, I told her it would help her to alternately rest her eyes by closing for a few minutes and then look at the small letters for a couple of seconds. She got immediate results from this, and was enthusiastic in her expressions of appreciation.

"Sure, ma'am, may the good angels bless you for that!" she exclaimed. "I think this very minute I would be threadin' a needle if I had one. Me old man and the young ones at home will think it fine to have meself threadin' a needle."

It seemed that members of her family had been called upon to thread her needles, and had found the task somewhat irksome.

The next Clinic day she came again and, although it was afternoon, greeted me vociferously with the Irish salutation:

"Top o' the mornin' to you!"

"Top o' the morning to yourself!" said I, and then suggested that she should not speak so loud, as I was afraid she would disturb the other patients.

I am not sure that she did any harm, however. The patients all smiled at her remark. It does me good to see these poor unfortunates smile a little, and I think it must do them good also.

She soon became able to thread her needle without any trouble, and she wanted everyone in the room to know it. The last time I saw her she said:

"Sure, ma'am, me eyes are very sharp now, for the minute I set eyes on me man when he comes home at night, I can tell by the twinkle in his eye whether he has had anything stronger than water or tea."



Shift top and bottom, left and right on the E. (Shift dot to dot). Blink.



Palm



FLASH

Flash a letter -  
+Shift on the E for a fraction of a second then  
+look away from it to another object or close the eyes, palm and remember the E, shift on it in the mind. Or just think any pleasant thoughts with the eyes closed.  
+Open, shift on the E fraction of a second,  
+Close, repeat...

+Use the memory, imagination:  
Remember, imagine the E is clear when the eyes are open and when closed.  
Practice on any objects, at any distance.



Another woman, forty-eight years old, told me that the first time she came to the Clinic she thought she had got into the wrong place. Half a dozen people had their eyes covered with the palms of their hands to rest them, and she thought it was a prayer meeting. It was she who sewed her fingers to the flag along with the stars.

"What I need is glasses," she said, "and that's what I am here for"; but I soon convinced her that the glasses were unnecessary.

By having her alternately close and open her eyes I improved her sight for the Snellen test card from 15/40 to 15/20. Then I gave her some fine print to read, but it was only a blur to her. I now told her to palm, and imagine that she was sewing stars to the flag. When she opened her eyes her sight was worse. The very thought of those stars increased her strain and made her vision worse. This convinced her that her trouble was due to strain, and that all she needed was to get rid of the strain. I now asked her to imagine more agreeable objects at the near point. She at once became able to read the fine print, and her sight for the distance also improved. After four visits to the Clinic her vision both for the distance and the near point had become almost normal. It was quite easy for her to thread a needle and to do her work without glasses.

A woman of seventy-four, who has been coming to the Clinic for some time, works every day in an orphanage where she mends the children's clothes and does other sewing. She complained that her glasses did not fit her and she could no longer see to sew with them. I gave her a small card with some fine print on the back.

"Do you mean to tell me," she asked, "that I will ever read that?"

"It is possible," I said.

Her smiling face was good to see as she tried to do as I instructed her. The print was larger on one side of the card than on the other, and I asked her to read the name printed in the larger letters. She could not do so at first. I told her to close her eyes, count ten, then open them and look at the card while she counted two, then repeat. In a few minutes she saw the name on the card and also the phone number, I then had her do the same thing with the diamond type on the reverse side, and after a while she became able to see some of the letters. At later visits she obtained further improvement, and after some months she had no difficulty in sewing the buttons on the children's clothes without her glasses, although as she said, there were a lot of them and they kept her busy. Once during the treatment I asked her to remember the daisy in the green field as she saw it in the country last summer.

"There weren't any daisies but me while I was there," she answered. "I was the only daisy."

### QUESTIONS AND ANSWERS

*All readers of this magazine are invited to send questions to the editor regarding any difficulties they may experience in using the various methods of treatment which it recommends. These will be answered as promptly as possible, in the magazine, if space permits, otherwise by mail. Kindly enclose a stamped, addressed envelope.*

Q - While I can see the letters on the Snellen test card distinctly with both eyes down to the 50-line, the right eye sees double below that point What is the reason? J. C. H.

A - While you see the letters down to the 50-line singly and well enough to recognize them, you do not see them perfectly. Otherwise you would see them perfectly below that point. The double vision of the right eye below that point is not due to its error of refraction, but to imagination. With both eyes closed, imagine the letters single. Then look at the test card for a moment. Repeat until the letters can be regarded continuously without doubling. Practice first with both eyes together, then with the right eye separately.

Q - I have conical cornea. Can it be cured or relieved without glasses or operation? A. R.

A - Yes One such case secured normal vision in six weeks by the aid of the methods presented in this magazine. Another case was cured in two weeks. Corneal cornea is simply an anterior staphyloma, or bulging of the front of the eyeball similar to the posterior staphyloma which so often occurs in myopia. Both are curable by the same methods.

## Imagination Number BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

May, 1921

### HOW TO IMPROVE THE SIGHT BY MEANS OF THE IMAGINATION

+ Remember the letter *o* in diamond type, with the eyes closed and covered. If you are able to do this, it will appear to have a short, slow swing, less than its own diameter.

+ Look at an unknown letter on the test card which you can see only as a gray spot, at ten feet or more, and imagine that it has a swing of not more than a quarter of an inch.

+ Imagine the top of the unknown letter to be straight, still maintaining the swing. If this is in accordance with the fact, the swing will be unchanged. If it is not the swing will become uneven, or longer, or will be lost.

+ If the swing is altered, try another guess. If you can't tell the difference between two guesses, it is because the swing is too long. Palm and remember the *o* with its short swing, and you may become able to shorten the swing of the larger letter.

+ In this way you can ascertain, without seeing the letter, whether its four sides are straight, curved, or open. You may then be able to imagine the whole letter. This is easiest with the eyes closed and covered. If the swing is modified, you will know that you have made a mistake. In that case repeat from the beginning.

+ When you get the right letter, imagine it alternately with the eyes closed and open, until you are able to imagine it as well when you look at it as when your eyes are closed and covered. In that case you will actually see the letter.



The size of the swing (oppositional movement) is less than the size of the object. No larger than the size of the eyes shift on the object and shorter than that is best. Example: Eyes shift left and right on the O - The perfect swing is less than the size of the O. Less than the width of the arrow.

### IMAGINATION ESSENTIAL TO SIGHT

By W. H. BATES, M. D.

IT is a well-known fact that vision is a process of mental interpretation. The picture which the mind sees is not the impression on the retina, but a mental interpretation of it. **To the mind, objects seen appear to be in an upright position, but the picture on the retina is upside down.** When the sight is normal the margins and openings of black letters on a white card appear whiter than the rest of the card, but this, of course, is not the fact, the whole background being of the same whiteness. **One may seem to see a whole letter all alike at one time, but, as a matter of fact, the eye is shifting rapidly from one part to another.** The letter may also seem to move although it is stationary.

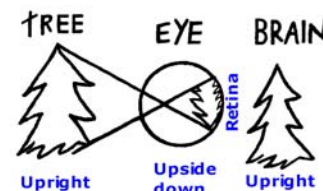
**When the vision is imperfect, the imagination is also imperfect. The mind, in short, adds imperfections to the imperfect retinal image.** A great part of the phenomena of imperfect sight is, therefore, imaginary and not in any way to be accounted for by the derangement of the visual apparatus. The color, size, form, position and number of objects regarded are altered, and non-existent objects may be seen. Some persons with imperfect sight literally see ghosts. A person in a dark cellar is often under such a strain that he thinks he sees sheeted figures, and one of my patients in broad daylight used to see little devils dancing on the tops of high buildings.

It is a great relief to patients to learn that these appearances are imaginary, thus helping them to bring the imagination under control. **And, as it is impossible to imagine perfectly without perfect relaxation, any improvement in the interpretation of the retinal images means an improvement in the conditions which have led to a distortion of those images; for relaxation, as all regular readers of this magazine know, is the cure for most eye troubles.** There is no more effective method of improving the sight, therefore, than by the aid of the imagination, and wonderful results have been obtained by this means. At times, imagination almost seems to take the place of sight, as in the case of a patient who gained a high degree of central fixation in spite of the fact that the macula (center of sight) had been destroyed, or in those cases in which patients become able to correctly imagine letters which are seen only as gray spots without knowing what they are.

**How patients manage to see best where they are looking without a macula** is hard to explain, but the imagination of letters which are not consciously seen is probably made possible by a certain degree of unconscious vision. When one looks at a letter on the Snellen test card which can be seen distinctly and tries to imagine the top straight or open when it is curved, or curved when it is straight open, it will be found impossible to do so and the vision will be lowered by the effort to a greater or lesser degree. In one case the mere suggestion to a patient that he should imagine the top of the big C straight caused the whole card to become blank. When one looks at a letter seen indistinctly without knowing what it is and tries to imagine it to be other than it is, one is usually able to do so, but not without strain, evidenced by the fact that the letter becomes more blurred, or by the impossibility of imagining that it has a slow, easy swing of not more than a quarter of an inch. This fact makes it possible to find out what the letter is without seeing it.

Imagining a letter, parts of letter correct and seeing oppositional movement of the letter = the letter is seen clear.

The patient begins by imagining each of the four sides of the letter (C) taken in turn to be straight, curved, or open, and observing the effect of each guess upon the swing. If the right side is straight, for instance, and she imagines it to be straight, the swing will be unchanged; but if she imagines it to be curved, the swing will be lengthened or lost, or will become less even and easy. If she is unable to tell the difference between two guesses it is because the swing is too long, and she is told to palm and remember a letter of diamond type, with its short swing, until she is able to shorten it. Having imagined each of the four sides of the letter correctly, she becomes able to **imagine the whole letter, first with the eyes closed and covered, and then with the eyes**



**open.**

When one knows what the four sides of a letter are, its identification, in some cases, is a simple process of reason. A letter which is straight on top and on the left side, and open on the two other sides, cannot be anything but an F. If, on the contrary, it is straight on the bottom and on the left side, and open on the other two, it must be an L. Such letters can be imagined with a lower degree of relaxation than the less simple ones, like a V, a Y, or a K. If the letter is not imagined correctly, the swing will be altered, and in that case the process should be repeated from the beginning.

Having imagined the letter correctly, the patient is told to imagine it first with the eyes closed and covered, and then with the eyes open and looking at the card, until he is able to imagine it as well when looking at the card as when palming. **In this way it finally becomes possible for him to imagine it so vividly when looking at the card that he actually sees it.**

With most patients this method of improving the sight produces results more quickly than any other. Others, for some unknown reason, do not succeed with it. Temporary improvement is often obtained in an incredibly short space of time, and by continued practice this temporary improvement becomes permanent.

The patient who describes her case in a later article looked at the Snellen test card at ten feet one day and did not see any of the letters, even as grey spots. By the method described above she became able in half an hour to read the whole card. A schoolgirl of ten could not see anything at ten feet below the large letter at the top of the card. She was told how to make out the letters by the aid of her imagination, and then left alone for half an hour. At the end of this time she had read the whole of an unfamiliar card. A child of about the same age whose left macula had been destroyed by **atrophy of the choroid** (middle coat of the eye) was able with the affected eye to see only the 200 letter on the test card, and that, only when she looked to one side of the card. She was treated by means of her imagination, and after a few months, during which time she came very irregularly, she obtained normal vision in both eyes. She is still under treatment.

A school girl of sixteen with such a high degree of myopic astigmatism that she could see only the large letter at ten feet became able in four or five visits, by the aid of her imagination, to read 20/20 temporarily, and at her last visit she read 20/15 temporarily. A college student twenty-five years old, with compound hypermetropic astigmatism (four diopters in each eye), could read only 20/100 with his right eye and 14/200 with his left, and had been compelled to stop his studies because of the pain and fatigue resulting from the use of his eyes at the near point. In four visits his vision was improved by the aid of his imagination to 20/30 and he became able to read diamond type at six inches without glasses and without discomfort.

These and many other cases of the same kind have demonstrated that imagination is necessary to normal sight.

## STORIES FROM THE CLINIC

### 15: Imagination Relieves Pain

By EMILY C. LIERMAN

A few weeks ago there came to the Clinic a very tired-looking mother, with her daughter, age twelve, who was suffering intense pain in her eyes and head. Both began to talk to me at once, and the mother told me that the child kept her awake at night with her moaning. She had taken her to another doctor in the hospital, and he, failing to relieve the pain, had sent her to Dr. Bates, thinking that her eyes might need attention. Dr. Bates examined the child, and without telling me what the trouble was, said:

"Here is a good case for you; cure her quick."

The poor child could scarcely open her eyes, and her forehead was a mass of wrinkles. I tested her sight, and at twelve feet she read the 50-line on the test card. While reading the card she said that her pain was not so bad. I told her to palm, and while her eyes were covered I asked her to imagine that she saw the blackboard at school and that she was writing the figure 7 upon it with white chalk. She could do this, she said, and then I asked her to remove her hands from her eyes and look at the black 7 on the test card. She saw it very distinctly, and I noticed that her eyes had opened and that the wrinkles in her forehead had disappeared. The mother noticed this too and said:

"See how wide open her eyes are!"

Evidently the pain had gone, for after a moment the little girl exclaimed in great excitement:

"Oh, that pain is coming back!"

I told her to close her eyes at once and palm again. Noticing how much she had been helped by her imagination, I told her to imagine the black figure blacker than she had seen it with her eyes open. She did this, and when she opened her eyes in a few minutes the pain had again disappeared and her vision had improved to 12/30. After telling her mother that the cause of all the child's trouble had been eyestrain, and that if she would palm and use her imagination she would be well in two weeks, I sent her home. Imagine my surprise when two days later she came to the clinic with her eyes wide open, grinning from ear to ear, and having a gay old time with a school friend whom she had brought with her. She told me that only once during the first evening after she came to the clinic had she suffered any return of the pain. Then she had closed her eyes and covered them with the palms of her hands and imagined first that she saw a figure 7 black on a white background, and then that she saw white roses, daisies with yellow centers and green fields. She went to sleep soon after and did not wake up until morning. She had had no pain at all since that night, and when I tested her sight with both eyes together and each eye separately, I found it normal. It goes without saying that I was very happy to have accomplished in two days what I expected to take two weeks. The patient was instructed to keep on practicing and to report at least once a week at the clinic, but she did not come again.

A boy named Harry, aged eleven years, now being treated at the Clinic came to us about two weeks ago with pain in both eyes. He had been sent to us from the public school for glasses. Reading made him nervous, he said, and he did not wish to read anything on the test card but the large letters. I had him stand fifteen feet from the card, and asked him to read the letters slowly and only to see one at a time. Noticing that he was extremely nervous I lowered my voice as much as possible and talked to him as I would to a child much younger. This seemed to have a soothing effect, for immediately he seemed less nervous and shy, and he was able to read the forty line with his left eye and the fifty with his right. I now showed him how to palm. This seemed to afford him much amusement, but he did it faithfully because he wanted to please me, not because he thought it would help his sight. When he opened his eyes he read the twenty line with the left eye, but the vision of the right had not improved and he complained that the pain in it was still as bad as ever.

I told him to palm again, and while his eyes were covered I asked him if he ever saw a large ship getting ready to sail. He said, yes, he had seen some of our warships on the Hudson River. I asked him how much he could imagine he saw on one of these

vessels. He became intensely interested and was no longer inclined to be restless.

"Why," he said, "I can imagine a rope ladder on the side of the ship and sailors walking on the deck, and I can imagine black smoke coming out of the smoke-stack. Before I had told him to, he uncovered his right eye and read all the letters on the forty line and some of those on the thirty line. He said that the pain had gone and that the letters looked blacker to him and the card whiter than before. He has come to the clinic regularly, and now reads 15/10—better than normal—with both eyes. He still complains about a little pain in the right eye, but when he palms and imagines that he is playing baseball or doing other pleasant things, his pain stops and he always leaves the clinic smiling.

## IMAGINATION IN RETINITIS PIGMENTOSA

By MARY BLAKE

*This patient came for examination on February 9, 1921, and for treatment on March 11. Her distant vision with glasses (concave 6.00 D.S., both eyes) was 20/40 in the right eye and 20/50 in the left, and her field had been reduced to ten degrees, so that she could see nothing above, below, or to one side of her line of vision. She was treated almost entirely by means of her imagination and has thus become able, temporarily, to read the bottom line of an unfamiliar card at ten feet. By the same means her field and color perception have at times become normal. When her imagination fails, her vision fails also. Sun-gazing (Sunning) and the focusing of the rays of the sun with a burning glass/sunglass upon the upper part of the sclera (white of the eye) proved very effective in overcoming her extreme sensitiveness to light.*

I began to wear glasses for shortsight when I was fifteen, and from that time I wore them constantly until I came to Dr. Bates five weeks ago. For the last two or three years I never took them off, except for close work, until I got into bed at night, and before I got out of bed in the morning I put them on again,

In spite of these precautions my sight became steadily worse, and for the last ten years I have spent my time and money going from one specialist to another both in this country and in Europe. Three of the most famous specialists in Switzerland told me that I had retinitis pigmentosa, a condition in which pigment is deposited in the retina, and which, I was told, always ended in complete blindness if the patient lived long enough. Nothing could be done to prevent this outcome, they said, but they advised me to wear dark glasses when I went out of doors on bright days, because by exposing my eyes to strong light I was spending my capital. For the last three years (up to five weeks ago) I did this, and for the last year, on very sunny days, I often wore dark glasses in the house also, because my eyes had become so sensitive to the light that I could sometimes find relief only by going into a darkened room. Even with dark glasses and drawn blinds, there was a kind of razzle-dazzle before my eyes which was so maddening that I almost longed for the blindness with which I had been threatened, so that I might be free from such distresses. When I looked out of a window onto a sunny street and then back into the room again, everything became perfectly black for a minute. For the last two years and a half I have not been able to go out alone in the city.

In this state of utter hopelessness, with my sight rapidly getting worse, I heard of Dr. Bates through a patient whom he was treating and, in spite of what I felt to be the incredulity of my friends, although they were considerate enough not to express it, I lost no time in consulting him. The unusualness of his methods, while it excited the suspicion of others, was a recommendation to me. I knew what the old methods accomplished, or rather what they did not accomplish, and I wanted something different. It seemed to me that Dr. Bates was the very man I had been looking for.

My friends have now been converted, but, in spite of the fact that I am able to report substantial improvement in my vision, I still meet with much skepticism in other quarters. A doctor to whom my progress was reported by a friend wrote to her that if my trouble were imaginary Dr. Bates might help me through hypnotism or mind cure, but that if there were anything really the matter with my eyes he could do nothing by his methods. Having a relative in New York who is an eye specialist, this doctor took the trouble to write to him and ask what he knew about Dr. Bates. The reply was that Dr. Bates was the laughing stock of all the oculists in New York. This report, when it was communicated to me, disturbed me not at all. It did not matter to me how much the other eye specialists laughed at Dr. Bates so long as he was helping me, as none of them had been able to do. Other doctors were more open-minded, but were not prepared to believe that such diseases as retinitis pigmentosa could be cured by this or any other method. One who had met some of Dr. Bates' cured patients and was inclined to believe in him, said, when told that I was being treated for this condition:

"Good gracious, he surely doesn't pretend to cure retinitis pigmentosa! That is an organic disease."

I said that he not only pretended to cure it, but had made substantial progress in my case. The doctor said:

"I think he'll help you, but I don't believe you are ever going to see without limitations."

The improvement in my vision since I have been under treatment has been indisputable. After two weeks the intangible suffering caused by light ([eyes sensitive to light](#)) left me, and it has never returned. I can go out in the brightest sunlight without glasses of any kind, and, although my eyes feel weak and I squint a little, there is no real distress. I can look out of a window onto a sunny street, and when I turn back again into the room there is no blindness. When I first took off my glasses I had to bend over close to my plate when I was eating in order to see what was on it. Now I sit in an almost normal position with such a slight bend that I don't think anyone would notice it. I also operate a typewriter while sitting in a normal position. For three years, it has been very difficult for me to read or sew, with or without glasses. Now I do both without glasses, and instead of the distress which these activities formerly caused me, I experience a delightful feeling of freedom. And not only can I read ordinary print, but I can read diamond type and photographic reductions. About a year ago I began to lose my color perception, and up to two weeks ago I was unable to distinguish the rug from the floor in the Doctor's office. Now I can see that the floor is red and the rug blue, tan and black. At the present writing I have just become able to observe that a couch cover in my apartment, which had always appeared blue to me, is green. I am still unable to see very much at the distance. But I am beginning to make out the features of the people around me and to read signs in the streets and street-cars, and when I look out of the windows on the Subway I see the people on the platforms. My field is still very limited, but I am conscious that it is slowly enlarging. The other day I pinned a piece of paper three inches from the test card, and was able to see it while looking at the card. After such improvement, in the brief period of five weeks, I do not feel inclined to credit the prediction of my medical friend that I am going to regain my sight only with limitations. I hope I am going to get normal vision.

Along with the improvement in my sight there has come also a remarkable improvement in my physical condition, the natural result of freedom from suffering. I used to be a very restless sleeper, and when I woke in the morning I was greatly fatigued. Now the bed is as smooth in the morning as if I had never stirred all night, and I am much more refreshed than I used to be, although not so much so as I hope to be later. Formerly I had to force myself to write a letter. Now it is a pleasure to do so, and I am clearing off all my correspondence. Previously I could not attend to my accounts. Now I have them all straightened out. If I get nothing more



from the treatment than this physical comfort and increased ability to do things, it will be worthwhile.

In early issues of *Better Eyesight*, Dr. Bates allowed open eyed sunning.

In later years/issues he advised only closed eyes sunning.

Combine/alternate sunning with palming to increase vision improvement and other benefits derived from these activities.

## QUESTIONS AND ANSWERS

*All readers of this magazine are invited to send questions to the editor regarding any difficulties they may experience in using the various methods of treatment which it recommends. These will be answered as promptly as possible, in the magazine, if space permits, otherwise by mail. Kindly enclose a stamped, addressed envelope.*

Q - I began to wear glasses for farsight when I was twenty-six. I began with convex 1.00 D. S. and now at forty-two I am wearing convex 2.50 D. S., or was until a few weeks ago when I decided to try the methods presented in this magazine. I can read and sew with ease in the daylight, but cannot read fine print even in a strong electric light for more than a few minutes without getting a dull ache at the back of my eyeballs. What I want to do is this:

1. Do you advise the use of the test card in my case, or is it only for children?
2. Would the swing help me, and if so will you explain it a little more clearly?
3. Is it best to go without the glasses as much as I can, or am I injuring my eyes by so doing?
4. Would it retard the cure to use the glasses just for evening reading?
5. How long will it take for my eyes to become young again, if that is possible? G. H.

A - 1. The test card is for everybody.

2. Yes, the swing would help you. The normal eye is constantly shifting, and thus an apparent movement of objects regarded is produced. By consciously imitating this unconscious shifting of the normal eye and realizing the apparent movement which it produces, imperfect sight is always improved.

3. You should discard your glasses permanently. They are never a benefit and always an injury to the eyes.

4. Yes.

5. It is entirely possible for your eyes to become young again, but it is impossible to guess how long this will take because it is impossible to tell how well or intelligently you will practice central fixation.

Q - Why is it that when I look at an electric light half a mile away it looks as if there were ten or a dozen rays of light going in all directions? R. R. T.

A - Because when you look at an object half a mile away you strain to see it, and under the influence of the strain you imagine rays of light going in all directions so vividly that you seem to see them. It is for the same reason that the stars twinkle. If you could look at the light, or at the stars, without effort, there would be no twinkling.

## Fundamentals of Treatment BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

June, 1921

### HOW TO DEMONSTRATE THE FUNDAMENTAL PRINCIPLE OF TREATMENT

The object of all the methods used in the treatment of imperfect sight without glasses is to secure rest or relaxation, of the mind first and then of the eyes. Rest always improves the vision. Effort always lowers it. Persons who wish to improve their vision should begin by demonstrating these facts.

**+ Close the eyes and keep them closed for fifteen minutes. Think of nothing particular, or think of something pleasant. When the eyes are opened, it will usually be found that the vision has improved temporarily. If it has not, it will be because, while the eyes were closed, the mind was not at rest.**

**+ One symptom of strain is a twitching of the eyelids which can be seen by an observer and felt by the patient with the fingers. This can usually be corrected if the period of rest is long enough.**

**+ Many persons fail to secure a temporary improvement of vision by closing their eyes because they do not keep them closed long enough. Children will seldom do this unless a grown person stands by and encourages them. Many adults also require supervision.**

**+ To demonstrate that strain lowers the vision, think of something disagreeable—some physical discomfort, or something seen imperfectly. When the eyes are opened, it will be found that the vision has been lowered. Also, stare at one part of a letter on the test card, or try to see the whole letter all alike at one time. This invariably lowers the vision and may cause the letter to disappear.**

## FUNDAMENTALS OF TREATMENT

By W. H. Bates, M. D.

ALL errors of refraction and many other eye troubles are cured by rest; but there are many ways of obtaining this rest, and all patients cannot do it in the same way. Sometimes a long succession of patients are helped by the same method, and then will come one who does not respond to it at all.

**+Closing the Eyes.**—The simplest way to rest the eyes is to close them for a longer or shorter period and think about something agreeable. This is always the first thing that I tell patients to do, and there are very few who are not benefited by it temporarily.

**+Palming.**—A still greater degree of rest can be obtained by closing and covering the eyes so as to exclude all the light. The mere exclusion of the impressions of sight is often sufficient to produce a large measure of relaxation. In other cases the strain is increased. As a rule, successful palming involves a knowledge of various other means of obtaining relaxation. The mere covering and closing of the eyes is useless unless at the same time mental rest is obtained. When a patient palms perfectly, he sees a field so black that it is impossible to remember, imagine, or see, anything blacker, and when able to do this he is cured. It should be borne in mind, however, that the patient's judgment of what is a perfect black is not to be depended upon.

**+Central Fixation.**—When the vision is normal the eye sees one part of everything it looks at best and every other part worse in proportion as it is removed from the point of maximum (central) vision. When the vision is imperfect it is invariably found that the eye is trying to see a considerable part of its field of vision equally well at one time. This is a great strain upon the eye and mind, as anyone whose sight is approximately normal can demonstrate by trying to see an appreciable area all alike at one time. At the near-point the attempt to see an area even a quarter of an inch in diameter in this way will produce discomfort and pain. Anything which rests the eye tends to restore the normal power of central fixation. It can also be regained by conscious practice, and this is sometimes the quickest and easiest way to improve the sight. When the patient becomes conscious that he sees one part of his field of vision better than the rest, it usually becomes possible for him to reduce the area seen best. If he looks from the bottom of the 200 letter to the top, for instance, and sees the part not directly regarded worse than the part fixed, he may become able to do the same with the next line of letters, and thus he may become able to go down the card until he can look from the top to the bottom of the letters on the bottom line and see the part not directly regarded worse. In that case he will be able to read the letters. On the principle that a burnt child dreads the fire, it is a great help to most patients to consciously increase the degree of their eccentric fixation. For when they have produced discomfort or pain by consciously trying to see a large letter, or a whole line of letters, all alike at one time, they unconsciously try to avoid the lower degree of eccentric fixation which has become habitual to them. Most patients, when they become able to reduce the area of their field of

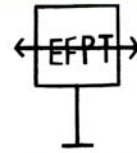
maximum vision, are conscious of a feeling of great relief in the eyes and head and even in the whole body. **Since small objects cannot be seen without central fixation, the reading of fine print, when it can be done, (with relaxation, without effort, no squinting, strain) is one of the best of visual exercises, and the dimmer the light in which it can be read and the closer to the eye it can be held the better.**

**(Practice reading fine print in the sunlight for healthy eyes.)**

**+Shifting and Swinging.**—The eye with normal vision never regards a point for more than a fraction of a second, but shifts rapidly from one part of its field to another, thus producing a slight apparent movement, or *swing*, of all objects regarded. The eye with imperfect sight always tries to hold its points of fixation, just as it tries to see with maximum vision a larger area than nature intended it to see. This habit can be corrected by consciously **imitating the unconscious shifting of the normal eye and realizing the swing produced by this movement.** At first a very long shift may be necessary, as from one end of a line of letters to another, in order to produce a swing; but sometimes even this is not sufficient. In such cases patients are asked to hold one hand before the face while moving the head and eyes rapidly from side to side, when they seldom fail to observe an apparent movement of the hand. Some patients are under such a strain, however, that it may be weeks before they are able to do this. After the apparent movement of the hand has been observed, patients **become able to realize the swing resulting from slighter movements of the eye until they are able to look from one side to another of a letter of diamond type and observe that it seems to move in a direction contrary to the movement of the eye.**

**A mental picture of a letter can be observed to swing precisely as can a letter on the test card and, as a rule, mental shifting and swinging are easier at first than visual.** The realization of the visual swing can, therefore, be cultivated by the aid of the mental swing. It is also an advantage to have the patient try to look continually at some letter, or part of a letter, and note that it quickly becomes blurred or disappears. When he thus demonstrates that staring lowers the vision he becomes

Shift long from one end of a line of letters to the other end to see the swing: The letters/eyechart move in the opposite direction the eyes/head shift/move to.



The Variable Swing



Place the finger in front of the face. Move the head left and right and see the finger/hand move in the opposite direction. **Oppositional Movement.**



E

Practice smaller eye movements: Look, shift to the left and right sides of the letter E and see it move/swing in the opposite direction. A smaller, short swing appears. Practice this on a fine print diamond type letter.

Shift on a letter, or any object in the mind and imagine seeing it swing in the opposite direction. Practice with the eyes open, closed open.

Shift side to side on a small o and see it appear to move contrary/opposite to the movement of the eyes. Practice with the eyes open and in the imagination with eyes closed; Remember the o perfect, dear. Shift on it and imagine/see in the mind the o move opposite the movement/shift of the eyes. Imagine the white opening of the o to be whiter, brighter than the outer area of the page. When the mind can imagine this, the memory is improved and the o can be remembered indefinitely and clear. Open the eyes and shift on the o, remember, imagine it moving and clear. Repeat. Practice on a fine print period. Improving the memory, imagination, 'mental pictures' relaxes the mind, eyes and brings clear vision.

Look at the black dot on the lower right side of the letter E. Shift on it. Blink. Notice that it appears darker, blacker, clearer than the other areas of the E. The dot is in the center of the visual field and other areas are in the peripheral field. The central field is dearest. Shift part to part, moving the center of the visual field on the E and see one small part at a time darkest black, clearest in the center of the visual field.



Flashing-Palm with eyes closed, then open the eyes and shift on a letter on the test card for a fraction of a second. Close the eyes before effort to see, strain and blur occur. Palm. Repeat.

Shift on small letters on a familiar, memorized eye chart daily.

better able to avoid it. **When visual or mental swinging is successful, everything one thinks of appears to have a slight swing.** This I have called the *universal swing*. Most patients get the universal swing very easily. Others have great difficulty. The latter class is hard to cure.

**+Memory.**—When the sight is normal the mind is always perfectly at rest, and when the memory is perfect the mind is also at rest. Therefore it is possible to improve the sight by the use of the memory. **Anything the patient finds is agreeable to remember is a rest to the mind,** but for purposes of practice a small black object, such as a period or a letter of diamond type, is usually most convenient. **The most favorable condition for the exercise of the memory is, usually, with the eyes closed and covered, but by practice it becomes possible to remember equally well with the eyes open.**

**When patients are able, with their eyes closed and covered, to remember perfectly a letter of diamond type, it appears, just as it would if they were looking at it with the bodily eyes, to have a slight movement, while the openings appear whiter than the rest of the background. If they are not able to remember it, they are told to shift consciously from one side of the letter to another and to consciously imagine the opening whiter than the rest of the background. When they do this, the letter usually appears to move in a direction contrary to that of the imagined movement of the eye, and they are able to remember it indefinitely. If, on the contrary, they try to fix the attention on one part of the letter, or to think of two or more parts at one time, it soon disappears, demonstrating that it is impossible to think of one point continuously, or to think of two or more points perfectly at one time, just as it is impossible to look at a point continuously, or to see two points perfectly at the same time. Persons with no visual memory are always under a great strain and often suffer from pain and fatigue with no apparent cause. As soon as they become able to form mental pictures, either with the eyes closed or open, their pain and fatigue are relieved.**

**+Imagination.**—Imagination is **closely allied to memory,** for we can imagine only as well as we remember, and in the treatment of imperfect sight the two can scarcely be separated. **Vision is largely a matter of imagination and memory.** And since both imagination and memory are impossible without perfect relaxation, the cultivation of these faculties not only improves the interpretation of the pictures on the retina but improves the pictures themselves. When you imagine that you see a letter on the test card, you actually do see it because it is impossible to relax and imagine the letter perfectly and, at the same time, strain and see it imperfectly. The following method of using the imagination has produced quick results in many cases: The patient is asked to look at the largest letter on the test card at the near point, and is usually able to observe that a small area, about a square inch, appears blacker than the rest, and that when the part of the letter seen worst is covered, part of the exposed area seems blacker than the remainder. When the part seen worst is again covered, the area at maximum blackness is still further reduced. When the part seen best has been reduced to about the size of a letter on the bottom line, the patient is asked to imagine that such a letter occupies this area and is blacker than the rest of the letter. Then he is asked to look at a letter on the bottom line and imagine that it is blacker than the largest letter. Many are able to do this and at once become able to see the letters on the bottom line.

**+Flashing.**—Since it is effort that spoils the sight, many persons with imperfect sight are able, after a period of rest, to **look at an object for a fraction of a second.** If the eyes are closed before the habit of strain reasserts itself, permanent relaxation is sometimes very quickly obtained. This practice I have called *flashing*, and many persons are helped by it who are unable to improve their sight by other means. The eyes are rested for a few minutes, by closing or palming, and then a letter on the test card, or a letter of diamond type, if the trouble is with near vision, is regarded for a fraction of a second. Then the eyes are immediately closed and the process repeated.

**+Reading Familiar Letters.**—The eye always strains to see unfamiliar objects, and is always relaxed to a greater or lesser degree by looking at familiar objects. Therefore, the reading every day of small familiar letters at the greatest distance at which they can be seen, is a rest to the eye and is sufficient to cure children under twelve who have not worn glasses as well as some older children and adults with minor defects of vision.

In the treatment of imperfect sight these fundamental principles are to a great extent interdependent. They cannot be separated as in the above article. It is impossible, for instance, to produce the illusion of a swing unless one possesses a certain degree of central fixation. That is, one must be able to shift from one point to another and see the point shifted from less distinctly than the one directly regarded. Successful palming is impossible without mental shifting and swinging and the use of the memory and imagination.

All these functions of the visual system work together, are integrated. Practicing, improving one, improves all.

Practice improving each one and all are greatly improved.

Relax, Blink, Breathe abdominally, Shift, Central Fixation, Memory and Imagination, Oppositional Movement (The Swing), Switching and Shifting on objects at close and far distances with both eyes together, one eye at a time, both eyes together again, shifting on familiar objects/eyechart letters, Flashing, Read Fine Print, Sunning, daily exposure to sunlight, Palming, Good Posture, exercise, Diet ...

## STORIES FROM THE CLINIC

### 16: Methods That Have Succeeded

By Emily C. Lierman

The patients who come to our clinic do wonderful things, especially the schoolchildren. We can give each one of them, as a rule, only about five minutes of our time, and yet they are able to carry out the instructions given to them at home, and to get results. This is a great tribute to their patience and intelligence.

Most of the children, and of the grown people as well, are helped by palming, and some wonderful cures have been obtained by this means alone. In my first story for this magazine I told about a little boy named Joey whose left eye had been so injured in an automobile accident that he had only light perception left. It was some time before I could get him to palm regularly, but as soon as he became willing to do it many times a day his sight began to improve rapidly, and he is now completely cured.

**There are some patients, however, who cannot or will not palm.** One of these was a little colored girl, with corkscrew curls, for all the world like Topsy. She had been sent to the clinic because she could not see the writing on the blackboard, and the school nurse told me later that she was very unruly and a great trial to her teacher. She was something of a trial to me too at first, for I could not get her to palm for a moment, and did not know what to do with her. Then I discovered that she had a wonderful memory

when she chose to use it, and I resolved to treat her by the aid of this faculty. I was able to improve her sight considerably, and the very next day her teacher noticed such a change in her behavior that on the next clinic day the school nurse came with her to see what I had done. I then asked her to remember, with closed eyes, a letter on the test card grey instead of black. She could not stand still a minute while she did so, and when she opened her eyes there was no improvement in her vision. Then I asked her to remember the blue beads she had around her neck. She did so for five minutes, standing perfectly still all the time, and when she opened her eyes she read an extra line on the test card. I had her do this again, and again she read an extra line. The nurse was thrilled by this demonstration of the fact that **perfect memory improves the sight and relieves nervousness.**

Recently a poor young man called at our magazine office and asked if Dr. Bates had written a book about the treatment of the eyes. When told that there was such a book, he bought it and also subscribed for the magazine. His sister was being treated at the clinic, he said, and he wished to take off his glasses as she had done. Later he came to the clinic, as he lives in the hospital district. I found that he could not read newspaper print without his glasses, while his distant vision was 12/70, both eyes. This was about six months ago. He now reads diamond type, and last week his sister asked Dr. Bates if he had finer print, as her brother found the diamond type so easy that he wanted something smaller. Dr. Bates gave her a page from a photographic reduction of the Bible, and he reads this also without any trouble. The methods he used were **swinging and flashing, together with palming.**

The influence of this cure has been extensive and is still going on. The patient loaned the book to a myopic youth in his office, and by means of palming he was able to improve his sight so that now he dispenses with glasses for long periods. An elderly man in the same office thought the palming a very absurd practice but, having borrowed the book, he started shifting and flashing at lunch time, just to pass the time. He now does much of his work without glasses.

A Jewish mother came to the clinic recently with her little girl of eight, and said the child must have glasses. The school nurse had said so. I replied that I was very sorry indeed, but that Dr. Bates did not fit glasses, and she would have to call some other day and see the doctor who did do so. She was about to leave the room when I suggested that I should test the child's sight. I felt sorry for the little girl, because she was very pretty, except for her eyes, which were partly closed most of the time.

"I don't like to wear glasses," she said. "Please help me so that I won't have to wear them."

The mother seemed bewildered at first, and then she said in a burst of confidence:

"You know, nurse, if der glasses was fer notthink, I should worry. But all der time money, money fer glasses, when all der time she breaks dem."

I told the poor mother not to worry, because her child could be cured so that she would not need glasses if she would do what I told her to do.

"Sure, sure," she replied. "Det's all right, lady. You fix her eyes, yes? Ven ve don't buy glasses ve got more money to buy someding for der stomach, yes?"

An Irish woman was standing by, and she just roared with laughter. I had to use some tact to keep peace in the room, and I thought it best to usher the Irish woman outside until I had treated the little girl, who turned out to be a very interesting patient. We have some bright children in our clinic, and I am proud of them; but this dear little girl beat them all. She did such a wonderful thing that Dr. Bates was thrilled. Jennie had never seen the test card before, and after palming was able to read only the thirty line at fifteen feet. Below this the card was a blank to her. I asked her to follow my finger while, with very rapid movement, I pointed to the large letter at the top and so on down to the ten line.

I now asked her to palm, and, pointing to the last letter on the ten line, which was an **F**, and quite small, I asked her if she could **remember some letter her teacher had written on the blackboard that day.** She replied:

"Yes, I can imagine I see the letter O, a white O."

"Keep your eyes closed," I said, "and imagine that the letter I am pointing at has a curved top. Can you still imagine the O?"

"No," she said: "I can't imagine anything now."

"Can you imagine it is open, or straight at the top?" I asked.

She became excited and said: "If I imagine it has a straight top, I can still remember the white O."

"Fine," I said. "Can you imagine it has a straight line at the bottom?"

"No," she said, "if I do that I lose the O. I can imagine it's open much better."

"Good," I said. "It is open. Now imagine it is open or curved to the left."

"I lose the O," she said, "if I imagine the left side open or curved. I think it's an F, nurse."

**And when she opened her eyes she saw it plainly. The fact was that, although she had been unable to see this letter consciously, she had unconsciously seen it for a fraction of a second and could not imagine it to be other than it was without a strain that caused her to lose control of her memory. And when she imagined it to be what it was she relaxed so that when she opened her eyes she was able to see it.**

In this example the letter F is seen clear when imagining a letter O. As long as the person is **not trying to imagine the F is a O**, the F is seen clear when imagining the letter O clear. (or any other 'easy to remember, imagine' object clear)

Imagining the object the eyes are looking at correct and clear causes the object to be seen clear.

If the eyes cannot see the object and the mind cannot imagine it correct; thinking of a different object and imagining, remembering it clear, shifting on it in the mind causes the mind, eyes to relax, vision to become clear and all objects in the visual field become clear. This occurs because the mind, eyes are relaxed when imagining, remembering a object that is easy, pleasant to remember, imagine. In this example that object is the letter O.

Let the mind daydream, think pleasant thoughts, remember, imagine a scene in the mind and let the mind's eyes move about on objects in the imagination. Let the physical eyes move 'on their own' as the mind moves from thought to thought, object to object in the imagination and notice the vision becomes clear.

A little later a school nurse brought us a child who was giving her teacher a lot of trouble because she could not remember anything, and it was thought glasses might help her. She was very nervous, frowned terribly and at twelve feet the letters on the bottom line of the test card were only black spots to her. As I could not get her to palm, I asked her to look at a letter on the bottom line and with closed eyes imagine it had a straight top. She could not do this and said she could imagine it curved better. Then she found she could imagine two other sides curved and one open, and when she opened her eyes she saw the letter, a C, distinctly, and had stopped frowning. By the same method she became able to read all the other letters on the bottom line, demonstrating that her imperfect memory had been due to eyestrain. **She had unconsciously seen the letters, but the eyestrain had suppressed the memory of them. With her eyes closed the strain was relaxed, and she became able to remember, or imagine, them.**



## MY METHODS WITH SCHOOL CHILDREN

By a Public School Nurse

*Editor's Note.—Better Eyesight considers itself fortunate to be able to publish this remarkable record of the improvement of the vision of school children by means of the methods which it advocates. The attitude of the educational authorities toward the beneficent work of this public-spirited nurse is noteworthy.*

On re-reading an article in the August 1920 issue of *Better Eyesight* I find that a nurse, after inquiry in regard to treatment of the eyes without glasses, and observations at Dr. Bates' Clinic, said she would treat the children at school in the same way. I started last fall, in a district school located in one of the suburbs of New York City, to do likewise, but, unfortunately, after having helped several children, I am advised by the school authorities to discontinue. However I shall give some idea of the work already accomplished.

In the examination for records of the children's eyesight, etc., I found several quite below normal—**some with one eye more than normal and the others far below**. In one case for instance, the left eye was 20/13 and the right 9/200. This child, Catherine, after having been shown how to practice, was able to help herself by cutting the letters from a newspaper and pinning them to the wall until she procured a test card. At the present time her sight is 12/50 in the right eye, a four-fold improvement. All this she has done by her own efforts and practice at home. I have helped her only once since the first examination in the latter part of March. Her mother has taken off her glasses, too, and does not suffer any more with burning of the eyes, as she did formerly. She is grateful, and much pleased with her success. **Left and right eyes vision uneven, one eye with less clear vision is often the main cause of blur. Practice shifting, central fixation, switching close and far on objects with both eyes, then one eye at a time, then both eyes together again for equally clear, balanced, perfect vision in the left and right eyes. When the less clear eye starts to improve, overall vision will improve quickly.**

Another child I brought to the clinic, and Dr. Bates saw him after I had helped to correct a **squint** in the left eye, which **remains straight unless he strains**. The correction occurred at the beginning of the school year. The child's sight has also improved, in spite of the fact that he practices less at home than any of the others and needs constant urging.

The children come to me just before the close of the morning session, sometimes for only fifteen minutes. They palm and do the swing, either the head alone or the entire body. Lately I've found that the swing was more successful than palming alone.

When examining the children in the classroom I found they could read the twenty line at twenty feet after starting at thirty or forty, if the strain was relieved in this way: I would point to a letter or number on the thirty or forty line and then return to the twenty line. Almost immediately they would read 20/20.

One boy I started at 20/20. For some reason he could not read a letter until he got to the top of the card. I then had him palm and read with each eye alternately. In a few moments he had read correctly every line to the very end—20/20.

All the children are greatly interested and pleased with their progress, and the parents fully approve. In every instance I have let the parents decide whether or not the children should be treated so that they would not need glasses. The children themselves say very emphatically that they will not wear glasses.

### QUESTIONS AND ANSWERS (None listed this month)

*All readers of this magazine are invited to send questions to the editor regarding any difficulties they may experience in using the various methods of treatment which it recommends. These will be answered as promptly as possible, in the magazine, if space permits, otherwise by mail. Kindly enclose a stamped, addressed envelope.*

## Stop Concentrating BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

July, 1921

### HOW NOT TO CONCENTRATE

To remember the letter o of diamond type continuously and without effort, proceed as follows:    o   o

+ **Imagine a little black spot on the right-hand side of the o blacker than the rest of the letter; then imagine a similar spot on the left-hand side.**

**Shift the attention from the right-hand period to the left, and observe that every time that you think of (shift to) the left < period the o appears to move to the right, > and every time you think of (shift to) the right > one it appears to move to the left <.**

**This motion, when the shifting is done properly, is very short, less than the width of the letter. Later you may become able to imagine the o without conscious shifting and swinging, but whenever the attention is directed to the matter these things will be noticed.**

+ **Now do the same with the o letter on the test card. If the shifting is normal, it will be noted that the letter can be regarded indefinitely, and that it appears to have a slight motion.**

**To demonstrate that the attempt to concentrate spoils the memory, or imagination, and the vision:**

+ **Try to think continuously of a period on one part of an imagined letter. The period and the whole letter will soon disappear. Or try to imagine two or more periods, or the whole letter, equally black and distinct at one time. This will be found to be even more difficult.**

+ **Do the same with a letter on the test card. The results will be the same.**



**Shift:** ← →  
**left and right,  
dot to dot on  
the o and see  
oppositional  
movement.**

## THE VICE OF CONCENTRATION

By W. H. BATES, M. D.

MOST patients who come to me for the cure of imperfect sight think that they have to "concentrate" in order to improve their vision. When told that they should see nothing but black when their eyes are closed and covered, they think that they can arrive at this state by "concentrating" on the black. When they look at a line of letters and see it imperfectly and all alike, they think it is because they cannot "concentrate." If they see better after closing their eyes or palming, they think it is because these things have helped them to "concentrate." It is very hard to get these ideas out of their heads, even though, after "concentrating for all they are worth," as they express it, they invariably find that their sight is worse instead of better.

By concentration they seem to mean the ability to do, see, or remember, one thing at a time, for as long a time as they want to, and to stop doing, seeing and remembering everything else; and they are quite convinced that this can be accomplished by effort. As these ideas are almost entirely erroneous, it is not strange that their sight should fail to improve under their influence.

It is physiologically impossible to see one thing at a time and exclude everything else from sight, because nature has given us a visual field of considerable range. It is true that we can see even a very small object continuously, but only if the attention shifts constantly from one part to another, because the eye is in constant motion, and any attempt to stop this motion lowers the vision and causes the object to blur or disappear. **When the vision is normal the movements of the eye are short, rhythmical and easy, and each successive point fixed is seen better than any other point.** In the eye with imperfect sight the movements are longer, irregular and accompanied by strain. The points fixed are not seen best, so that the object may be seen all alike at one time. In neither case is it possible to stop the motion; but the eye with imperfect sight tries unconsciously to do so and to look at each point for an appreciable length of time. This unconscious attempt to concentrate upon a point is an invariable accompaniment of imperfect sight, and is always produced by an effort to see. When, therefore, patients try to "concentrate" upon a letter, the eye attempts to stop shifting, and the vision is made worse. Even in the case of an eye with previously normal sight, such an effort will quickly cause the letters to blur or disappear.

Although the physiological reasons for it are not as plain, the mind is subject to the same law as the eye. It cannot think of one thing to the exclusion of all other things. Nor can it think continuously of an unchanging object without continuous shifting of the attention. The attempt to do these things is accompanied by a strain which is reflected in the eyes and always produces abnormal conditions there.

It is often hard to get patients to realize these facts, because the shifting of attention may be and usually is unconscious. At points where the vision is good, patients may shift normally and easily from one part of a letter to another without being aware of the fact and without noticing the swing produced by this motion. Therefore they often imagine that they can see it all alike at one time for an indefinite period. In the same way they think that they can remember or imagine a letter all alike at one time continuously. One patient looked at an F for the better part of an hour, seeing it all the time perfectly black and distinct and, as he thought, all alike and stationary.

He was directed to imagine with his eyes closed that a small, black spot on the upper corner of the ten-line F was the blackest part of the letter. Then he was told to remember a similar period on the bottom of the letter and to forget the top period. Next he was directed to shift between these two periods, remembering each one alternately as the blackest part of the letter. He did this easily and noted that every time he thought of the top period, the letter appeared to move downward, and every time he thought of the lower period, the letter appeared to move upward. When he tried to concentrate on one period, however, he immediately lost it and lost the whole letter with it. To imagine two or more periods, or the whole letter, equally black at one time was even more difficult. Having demonstrated with his eyes closed that it was impossible to think continuously of one point, or to think of two or more points equally well at the same time, but very easy to shift continuously from one point to another, he became able to realize that he could not see the letter on the test card perfectly and continuously when he saw it all alike at one time, and could not even see one point perfectly black continuously.

Most patients, when asked to remember or imagine a letter of diamond type, state that they can do it continuously and that they see it all alike at one time. When asked to concentrate on a point, or imagine one or more points equally well at one time however, they find it, as in the case just mentioned, impossible, while they have no difficulty in shifting continuously from one point to another. After having demonstrated these facts they find it impossible to remember a letter all alike at one time, and realize that when they seemed to do so they must have been unconsciously shifting and swinging.

It is strange that physiologists and psychologists have never published these facts. **The normal shifting of the eye is so short and easy that it is scarcely perceptible.** The apparent movement of objects regarded, produced by this motion, is also inconspicuous; yet it is sufficiently marked so that when patients are asked whether the letters they are looking at are moving or stationary they often answer that they are moving. When asked to stop the movement or imagine that the letters are stationary, they reply that they cannot, and that the attempt to do so causes discomfort or pain. One patient even noticed the phenomenon without any hint from me, and came back to me several months after I had cured her to ask for an explanation. The movement, which she noticed only when she looked at a letter continuously, not when she read a few of the letters more or less rapidly, did not trouble her she said; in fact, when she tried to stop it she felt uncomfortable and her vision was lowered; but having never heard of it, she was afraid it might indicate something wrong with her eyes.

**Stare at a dot (period) = it will be seen unclear - Shift on the dot point to point = it is seen clear**

Psychologists tell us that it is impossible to attend continuously to an unchanging stimulus. This is true, but some of the proofs adduced in support of it are open to criticism. James says that if you try to attend steadfastly to a dot on a piece of paper, or on the wall, "you will presently find that one or the other of two things has happened: either your field of vision has become blurred so that you now see nothing distinct at all, or else you have involuntarily ceased to look at the dot in question, and are looking at something else. But if you ask yourself successive questions about the dot—how big it is, how far, of what shape, what shade of color, etc.; in other words if you turn it over, if you think of it in various ways, and along with various kinds of associations—you can keep your mind on it for a comparatively long time." \*1

**How to see a small dot clear, easy.**

It is probably true that in most cases the person who looks at a dot under the conditions in question would find his vision blurring, or his attention shifting to something else, because he would make an effort to see it. He would stare at it, or "concentrate," upon it. But a person with normal, or nearly normal vision, who looks at such a dot easily and naturally, can regard it indefinitely, because his eyes unconsciously shift from one part of it to another. Other persons, if they shift consciously and realize the apparent motion thus produced, will often find it possible to hold their attention on the dot for a considerable time, but will not see it as distinctly as persons who shift unconsciously. As for asking one's self questions about the dot, I have often tried this experiment with patients,

but never found that it corrected the tendency to stare.

The idea that the attention can be forced is a very common one and is very bad for the eyes. It is greatly encouraged by popular writers, but is contrary to the teachings of more reliable psychologists who know that forced attention can only be momentary, and that it is a great strain upon the mind and the whole body. Ladd records that the subject of an experiment to determine reaction-time under concentrated attention often "though sitting quiet, sweats profusely."<sup>\*2</sup>

#### Incorrect Palming Example

I can parallel this from my own experience. A patient was left in a room and told to rest her eyes by closing and covering them until I came back; but another patient had unfortunately told her that she must "concentrate on the black." So when a series of colors began to intrude themselves in her field of vision she tried to ignore them. The more they were ignored the more insistent they became, and when I returned the patient was in convulsions. She had to be carried into another room, and only after resting for an hour or two was she able to go home in a taxicab. It was a month, during which time she was under the care of her family physician, before she was able to resume treatment.

Since attempts to force the mind are reflected in the eyes, the popular ideas of concentration must be responsible for a great deal of that strain which is the cause of imperfect sight.

## STORIES FROM THE CLINIC

### 17: Some Results of Concentration

By EMILY C. LIERMAN

Almost all the patients who come to us at the clinic, especially adults, think it necessary to concentrate in order to see better. They think concentration is part of our method of treatment, and until they learn better I cannot make any progress with them.

A young girl about eighteen or nineteen years old came one day recently, holding her glasses in her hand and anxiously waiting to be treated. She told me she had worn glasses for seven years, and that she had consulted several oculists and opticians without getting any relief from the pain in her eyes. With her glasses she read 15/20, and without them 15/50, both eyes. When she closed her eyes I noticed a twitching of her eyelids. She was told to open her eyes and look at a letter on the card, then to close them and remember the blackness of the letter, thinking first of the bottom and then of the top, alternately. When a few minutes later she removed her hands from her eyes she could not see the letter which she had seen before. I wondered why her sight did not improve, but I understood when she said:

"I did what you asked me to do. You told me to remember the letter O, and I held on to it and tried hard not to remember anything else. But now my pain is worse than before."

"You did not understand me," I said. "I did not ask you to hold on to the letter O. I asked you to remember the blackness of it, and see or imagine one part best at a time."

She tried it again, covering her eyes with her hands, and this time I said to her:

"Remember the letter O as you saw it, but first remember the top best. Now what happens to the bottom?"

"It fades from black to gray," she said.

"Now remember the bottom blacker than the top."

"The same thing happens to the top," she said. "It fades to gray color." And then she added: "Please let me keep doing this for a little while, it seems to take my pain away."

After five minutes or so I had to ask her to remove her hands from her eyes, as I could not spend any more time with her, and I wanted to know if I had helped her. As she looked at the card again she saw the O very plainly, and also read two more lines, the forty and the thirty. The twitching of her eyelids had ceased, and she was able to smile. This patient is still coming, and is now able to read most of the ten-line at fifteen feet. She is also able to read some of the letters in a paragraph of diamond type at eight inches from her eyes; but when I hold the type at six inches and ask her to fix her eyes on one corner of the card and stare at it, the whole surface becomes a blank and the pain in her head and eyes comes back.

One day a little mother, imported from Ireland, sure enough, came with her little boy of eleven, who was suffering terrible pain. Dr. Bates and I were not very busy at that moment, which was something quite unusual, and we both listened together to her story, the gist of which was:

"The school nurse sis me biy needs glasses. 'Tis truble he's havin' wid his eyes."

The boy all the while kept his eyes covered with a white cloth, and at first glance I thought he was crying because the part of his face that I was able to see was much flushed. Dr. Bates asked me to see what I could do for him, and his mother began to talk again.

"Oi haven't any time to be foolin' round here, ma'am," she informed me. "Oi got to get back to me washin.' It's glasses he needs, ma'am."

When she finally stopped for want of breath, I said:

"Now wouldn't it be fine and dandy to cure him so that he wouldn't need glasses?"

As I said this, down came the cloth from the boy's eyes. He was interested and returned my smile.

"Just you leave him to me and I will cure him," I said to his mother. "And never mind leaving your work for him again. He can come here by himself."

"Sure ma'am, is it dreamin' ye are, or is it a bit o' blarney yer given' me?" she inquired.

"No," I said, "it isn't dreaming or blarney. Be a good mother and just watch your boy and see what happens."

I tested the boy's sight with the Snellen test card and found that his vision was 12/40 with each eye. Then I gave him a stool and showed him how to palm. Some minutes afterwards I told him to remove his hands from his eyes and look at the card. He stared at it as if some wild animal were after him. I discovered that his mother was threatening him, talking to him in a low tone. Evidently she thought she would please me by forcing him to do what I wished. By this time I knew that the boy was afraid of his mother, and I quietly invited her to take a nice, comfortable seat outside the room. The boy informed me that his name was Joe, and as I smoothed his hair and gave him a few pats the most affectionate look came into his eyes. Then we got down to business again. I told him to palm and reminded him of a baseball.

"Imagine you are throwing the ball," I said. "Now imagine that you are catching it. Now look at the card."

He smiled when he saw the letters come out blacker and more distinct than before. The redness of his face, which at first I had thought was from fever, left him, and his eyes, which were Irish blue, were clear and wide open. He read the thirty-line at twelve feet and part of the twenty-line, which I thought was doing well for the first visit. Now it occurred to me to see what would happen if he concentrated, or stared. I told him to look at the first letter on the forty-line, a Z, and keep his mind fixed on it no matter what happened. As he did this he began to frown, his forehead became wrinkled and his face became red again.

"I don't like to do that, nurse," he said. "All the other letters disappear and my head hurts."

I told him to palm again and remember the letter Z, thinking first of the top, then of the bottom. When he looked at the card again he saw the letters clearly once more, and read all of the twenty-line at fifteen feet. When he arrived at the ten-line, however, the first letter bothered him. He twisted his head in all directions. He stared at the letter, and finally decided to palm again. After a few moments I asked him to open his eyes, and told him that there were three of the same letters on the card, but that they were scattered here and there on the different lines. He again started to read the card, and as he saw the first letter on the hundred-line, which was a D, he said:

"Now I know the first letter on the ten-line is a D."

Shifting his eyes from the hundred-line to the ten-line letter had helped him to see it.

His last visit was a very interesting one. At the beginning of the treatment I explained to him how important it was for him to practice palming at least half a dozen times a day, but he did not feel that he could spare the time, because he earns a little money running errands for his mother. At the next to the last visit I had a talk with him about this and said:

"If your eyes are cured you can earn more money during vacation time, but you cannot if they trouble you."

He promised to practice at home as many times as I wished him to, so I made *him* a promise. My rose garden in the country was in full bloom and I promised to bring him a bouquet the next Clinic day. Not having enough flowers for each patient, I wrapped Joe's bouquet in paper and asked Dr. Bates to carry it. Joe spied me first as we passed the long line of benches which were filled with poor people, all of them suffering from some eye trouble. His hair was combed, which was unusual, and he was spruced up generally. He was smiling, too, and his eyes were shining with great expectations. But when he saw that my hands were empty, the smile vanished, and a look of disappointment came into his eyes. I know what it means to be disappointed, so I told him at once that Dr. Bates was bringing the bouquet for him, and the sun shone for him once more. I was well repaid for those flowers, for that day Joe made wonderful progress.

He had to wait some time before I could treat him, and he never took his eyes from me. I could feel his gratitude, and my impulse was to take him in my arms and hug him tight; but I refrained, thinking he might resent the familiarity. He read the ten-line at fifteen feet, in less than a minute, and he told me that he did not suffer any more pain in his head. He also said that his studies seemed easier to him when he remembered not to stare or think too hard of one thing.

## QUESTIONS AND ANSWERS

*All readers of this magazine are invited to send questions to the editor regarding any difficulties they may experience in using the various methods of treatment which it recommends. These will be answered as promptly as possible, in the magazine, if space permits, otherwise by mail. Kindly enclose a stamped, addressed envelope.*

Q - After leaving off my glasses and practicing the methods advocated in your magazine for six months, I went to the oculist who gave me glasses eleven years ago to have my eyes re-examined. He said the astigmatism was exactly what it was eleven years ago, but that there had been some improvement in the near-sightedness. I am sending you the prescriptions, old and new. I apparently see better than when I took off my glasses, and there are times when I see letters measuring 3/32nds of an inch in height at a distance of ten feet. This lasts until I wink, ([blink](#)) when the letters become blurred and indistinguishable. I would like to ask the following questions:

1. Could there have been an improvement in the astigmatism without the oculist's observing it?
2. What is the percentage of improvement in each eye?
3. In your experience, when astigmatism has been cured, how does it go—all at once, or gradually?
4. Do you think I have made enough progress to warrant my continuing, or should I go back to glasses, which always gave me comfort, and leave perfect eyesight for those more easily cured? G. H. A.

A - 1. Yes. During the examination you may have been under a strain.

2. It is impossible to judge your improvement by comparing your glasses, because the refraction is continually changing.

3. It may go in either way.

4. Yes. Your trouble is so slight that I do not understand why it should take you so long to correct it.

Q - After being out in the bright sunlight everything looks intensely black to me indoors. Is this a natural consequence of the exposure of the eyes to bright light, or does the normal eye not experience it? L. K.

A - Many persons with imperfect sight, and also persons with ordinarily normal sight suffer in the way you describe after going indoors out of the bright sunlight, and the trouble can be relieved by any method which brings about a complete relief of strain.

Q - What is the quickest cure for inability to read without glasses on account of advancing years? J. L. C.

([Presbyopia cure](#))

A - Close the eyes and remember a small letter of the alphabet perfectly. Open the eyes, and at twelve inches look at the corner of a card showing a specimen of **diamond type fine print**, remembering the letter as well as you can. Close the eyes or palm, and remember the letter better. Alternately, remember it with the eyes open (and looking at the corner of the card) and closed, until the memory with the eyes open and closed is nearly equal. Then look between the lines and do the same thing. In this way some patients become able in half an hour to read the letters on the card. Others require days, weeks, or longer.

Q - Is it possible to become able to read without glasses after the extraction of cataract? A. C.

A - Yes. Accommodation is brought about by a lengthening of the eyeball through the action of a pair of muscles on the outside. If



the patient is able to look at a printed page without effort or strain, the eyeball will lengthen sufficiently to compensate for the loss of the lens.

### July, 1921

\*1- Talks to Teachers, 1915, p. 104.

\*2 - Elements of Physiological Psychology, 1900, p. 543.

## School Number BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

August, 1921

### CHILDREN MAY IMPROVE THEIR SIGHT BY CONSCIOUSLY DOING THE WRONG THING

Children often make a great effort to see the blackboard and other distant objects in school. It helps them to overcome this habit to have them demonstrate just what the strain to see does.

**+ Tell them to fix their attention on the smallest letter they can see from their seats, to stare at it, to concentrate on it, to partly close their eyelids—in short, to make as great an effort as possible to see it.**

**+The letter will blur or disappear altogether and the whole card may become blurred, while discomfort or pain in the eyes or head will be produced.**

**+Now direct them to rest their eyes by palming. The pain or discomfort will cease, the letter will come out again, and other letters that they could not see before may come out also.**

**+ Now teach the children to shift part to part on the letters and from letter to letter, and blink. The eyes are relaxed and letters clear.**

After a demonstration like this children are less likely to make an effort to see the blackboard, or anything else; but some children have to repeat the experiment many times before the subconscious inclination to strain is corrected.

### SIGHT-SAVING IN THE SCHOOL-ROOM

By EDITH F. GAVIN

It seemed so wonderful to me to be able to lay aside my glasses and have eye comfort after wearing them for twenty-two years with discomfort the greater part of the time! I could scarcely wait to get back home to talk to the other teachers about it and try to help a few of the children.

I began with Gertrude, who was so nearsighted that from a front seat she was unable to see very black figures one and one-half inches high printed on a white chart and hanging on the front board. Her vision on January 11, 1921, was 20/70 in both eyes, but by March 10th she had improved to 20/70 with the right eye and 20/30 with the left and could read the chart from the last seat in the row.

Matilda had complained of headaches since last September. Glasses were obtained last December, and after a two months' struggle to get used to them, she refused to wear them, saying that they made her head and eyes feel worse. I then told her how to palm and practice with the chart. She had no more headaches in school, and her mother said she didn't complain at home. Her vision also improved from 20/30 to 20/15.

I next took Walter in hand. His mother would not get glasses for him, although advised to do so by the school nurse and doctor. His vision February 18th was 20/200. Three weeks later his mother decided to get glasses for him, but his vision had improved to 20/20 in the right eye and 20/30 in the left.

Helen's teacher brought her to me, saying she was so nervous and read in such a halting manner that she felt sure that her glasses did not fit her. Her mother said that she might lay aside her glasses and Helen could hardly wait to begin. Shortly after, she was taken ill with scarlet fever and did not return, but her vision improved from 20/40 to 20/15, and her teacher said that her reading had improved noticeably.

Mollie, age six, was sent in to me February 18th. She tested 20/70 in the right eye and 20/50 in the left. Her vision in May was 20/30, right, and 20/20, left.

When Rae came to my room on May 15th, her vision was 20/70. Her father was very much opposed to her wearing glasses and readily gave permission for me to help her. She remained in the district only two weeks, but she had improved to 20/20 in the right eye and 20/30 in the left.

Bennie, mentally defective, required a great deal of patience, but he improved from 20/50 February 9th to 20/15 March 4th.

Leo, a fifth grade pupil, was sent to me February 20th by his teacher. She said he wouldn't wear his glasses and was a poor student. He tested 20/50 in the right eye and 20/30 in the left. By March 15th his vision was 20/30, right eye, and 20/15, left, and his teacher said that he showed a marked improvement in his scholarship.

The children needing help came to me fifteen minutes before the afternoon session began. If I was busy with one, the others would work quietly by themselves, seeming to take great pride in their improvement. The chart hangs on the front wall at all times. I taught the class how to palm and often different ones would come up early to practice. Several children with apparently normal vision told me that they were able to read two or three lines more at the end of the term. To my mind there is no limit to the good that might be accomplished if this method were in general use in the schools.

## MY EXPERIENCE IN TREATING MYOPIA

By IRENE KUNTZ

Having worn glasses constantly for seven years and then, after a week's treatment, returning to school without them, not only caused great excitement amongst my school friends, but began my experience in trying to benefit others. It was then that I really realized what a wonderful thing it was to have perfect sight and never again wear glasses.

My first patient was my chum Margaret, who roomed across the hall from me. She was now fifteen years old and had worn glasses ever since she was a small child. With her glasses off she could faintly see the large letter C. So I immediately taught her the correct way of palming. This not only interested her but my two roommates also, for the blacker they imagined a cat or a period, the better they could read in the dim light. After palming for at least ten minutes she looked up and was greatly surprised to see the large C much blacker and more distinct. Then I gave her a card with diamond type and taught her to swing the little black figure 1. This was something new for all three girls, and soon I found myself treating three patients instead of one. Swinging seemed rather difficult to them until they tried moving their heads from side to side, in this way getting a short, easy swing of a quarter of an inch or less. As our time was very limited at the dormitory I was able to work with Margaret for only a half hour, but in that short time she read three letters at a distance of fourteen feet.

This was a great new game for me, and when her first treatment was over she promised to come again the next evening, and a little earlier if possible.

The news of Margaret being able to read three letters on the Snellen test card spread through the dormitory very rapidly, and the next morning before school I had two other girls ask if they might join the class. I was indeed glad to have them and could hardly wait until evening to resume my fascinating work.

My two new patients were both fourteen years old and had worn glasses since the second grade. As my roommates were out visiting we were able to work for forty-five minutes in peace, and each became more anxious to beat the other, for with their glasses off they could read through the seventy line. While I taught them how to palm, Margaret was practicing at swinging the figure 1 and working at the first letter in the following line, but nothing seemed to give her as much rest and benefit as palming. So after helping her she would palm again while I took care of the other two girls. At the end of forty-five minutes we had made quite a little progress, Margaret having read through the seventy line by palming alone, and the other two girls through two letters in the fifty line.

Having succeeded in helping three of my girl friends, I next began to talk to some of my teachers who had worn glasses from ten to fifteen years. But teachers as a rule are very busy correcting papers, etc.; so not being able to treat them as well, I lent them Dr. Bates' book called *Perfect Sight Without Glasses*, and found to my great delight that it worked just as well, for it not only gave them a start but interested their friends also.

Thus I continued giving treatments, sometimes for only fifteen or twenty minutes an evening, but every little bit helped and each treatment brought me more patients, and gave me more joy and courage to continue.

After treating Margaret for a week, for she was my best patient and really made the most progress, she was able to read through the 50-line, and would have continued to improve more rapidly had she been able to go to school without her glasses.

My experience in treating myopia lasted only two weeks, for at the end of that time examinations began and my evenings were occupied with studies. Helping and treating others was not only very interesting work, but was also benefiting me in continuing my daily practice.

## STORIES FROM THE CLINIC

### 18: The School Children Again

By EMILY C. LIERMAN

We have so many interesting cases among the children sent to us from the schools to be fitted with glasses that one hardly knows where to begin when trying to tell about them, Little Agnes, eight years old, comes to my mind, not because she was more remarkable than a good many others, but because she came recently. Her mother came with her and told me that Agnes suffered from frequent headaches and that for the past year her teachers had been saying that she needed glasses, as she had great difficulty in seeing the blackboard. The mother had hesitated to take her to an oculist, however, as two of her children were already wearing glasses and she did not want to see them on a third.

I could easily see that Agnes was suffering, and when I tested her eyes with the Snellen test card I found that her vision was very poor. At fifteen feet she could not read more than the seventy line. This was so surprising in so young a child that I thought at first she did not know her letters; but when I tested her with pothooks she did no better. I now showed her how to palm, and in a few moments she read the bottom line. The mother was thrilled and said:

"My goodness! When I first entered this room my hope was gone. I could think of nothing but glasses for my child. When she first read the card and I saw how bad her eyes were, I was convinced that there was no escape for her. But now that I see her vision improved so quickly I have hope indeed."

I told the mother that I was thrilled myself, and added that she could help me to cure the child if she would.

"What I do for her here you can do for her at home." I said. "Encourage her to rest her eyes. Nature requires rest for the eyes, but your little girl, instead of closing her eyes when they are tired, strains to keep them open."

The mother promised to do all she could, and as she was leaving she said:

"God sent me here. I will send my two boys to be rid of their glasses also."

The next clinic day Agnes brought with her her brother Peter, who was wearing glasses for astigmatism and headaches. He was very attentive while I treated Agnes, who told me that she had not been having her usual headaches. Peter's vision I found to be 15/40, right eye, and 15/15, left eye. After palming only a few minutes his right eye improved to 15/15 and his left to 15/10. He was very happy when told that he did not need glasses any more, and that I could cure him during vacation. As children are cured very quickly when one helps the other at home, I expect that Agnes and Peter will soon be reading 20/10, which is twice what the normal

eye is expected to do.

Another recent patient was Mary, a colored girl, twelve years old. She complained of such violent headaches that she could no longer attend school and stayed in bed most of the time. The school nurse had advised glasses, and she had come to get them. Mary kept her head lowered much of the time, but when I was about to treat her she tried to open one eye and look at me. The effort was so great that her face became a mass of wrinkles. As the light seemed to distress her, I decided to give her the light treatment, that is, to focus the rays of the sun on the upper part of her eyeballs with a glass. I asked her to sit on a stool where the sun could shine on her eyes. To reassure her I asked a patient who had already had the treatment to let me repeat it on her, and when Mary saw her enjoy the light bath she readily submitted to it herself. Afterward her eyes opened wide and I was able to test her sight. Her vision was 20/50, both eyes, I showed her how to palm, and when, after ten minutes, she opened her eyes, her pain was gone and her vision perfect. I was quite proud to have accomplished so much in one treatment.

Two days later Mary came again, and with her came the school nurse and a friend, both eager to hear more of the miracle that had been worked on Mary. Could it be possible, the nurse asked, that the child had been cured as quickly as she said? I was surprised myself at the change in the patient's appearance. Her eyes were still wide open, and the constant grin on her face made her almost unrecognizable as the sad creature I had seen two days before. I told the nurse what had been done for the child and how she could help the other children in her school who had eye trouble. She came a few times more to watch our methods and told me that she was teaching all the children sent to her for examination of their eyes to palm. This always relieved them, to some extent, at once. The hard cases, however, she sent to us without delay.

A very remarkable case still under treatment is that of a girl with nystagmus, a condition in which the eyes vibrate from side to side. The child is now so much improved that ordinarily her eyes are normal, but when anything disturbs her the vibration returns. This always happens, she tells me, when the teacher asks her a question, and at the same time she loses her memory. But the teacher allows her to cover her eyes to rest them, and in a few minutes the vibration ceases and her memory improves. Before she came to the clinic she often became hysterical and was obliged to leave the classroom. Now she is never troubled in this way.

One of the most puzzling cases I ever had was sent by the school nurse for glasses. A patient who came from the same school told me that she was stupid, and she certainly appeared to be so. I asked her if she knew her letters, and in trying to reply she stuttered painfully. I tried to reassure her by speaking as gently as I could, but without avail. I could not get her to answer intelligently. I tried having her palm, but it did not help. I held the test card close to her eyes and asked her to point out certain letters as I named them, but only in a few cases did she do this correctly. Completely baffled I appealed to Dr. Bates. He asked the child to come to him and touch a button on his coat, and she did so. He asked her to touch another button, but she answered:

"I don't see them."

"Look down at your shoes," he said. "Do you see them?"

"No," she answered.

"Go over and put your finger on the doorknob," he said, and she immediately did so.

"It is a case of hysterical blindness," the Doctor said.

The child came for some time very regularly, and now reads 15/10 with both eyes. She has stopped stuttering and has lost her reputation for stupidity. She has become a sort of good Samaritan in her neighborhood, for every once in a while she brings with her some little companion to be cured of imperfect sight. She never has any doubts as to our capacity to do this, and so far we have never disappointed her. I hope she never brings anyone who is beyond our power to help, for I would be sorry to see that sublime faith which we have inspired in her shattered.

Shift, see oppositional movement on a small period for perfect shifting, central fixation and clear vision.

Two of our patients graduated in June, and after the final examinations they told me that they had been greatly helped in these tests by the memory of a swinging black period. One of them was told by the principal that if she failed to pass, it would not be because of her stupidity but because she refused to wear glasses. She gave him Dr. Bates' book, and after that, though he watched her closely, he did not say anything more about her eyes.

"I made up my mind to pass without the aid of glasses," she said, "and put one over on the principal, and you bet I never lost sight of my precious swinging period. The book has become a family treasure," she continued. "When one of us has a pain in head or eyes, out it comes. It is a natural thing to see mother palming after her work is done. She enjoys her evenings with us now because palming rests her and she does not get so sleepy."

The other graduate said: "I did not have to think of a black period when the subject was easy, but when I had to answer questions in the more difficult branches I certainly did find the period a lifesaver. I know I would have failed without it."

●  
**Memory of a swinging black period. Shift on the period and see it move, 'swing' in the opposite direction the eyes shift to. This relaxes the mind, body, eyes and improves the memory.**

**BETTER EYESIGHT IN NORTH BERGEN**

**BY M. F. HUSTED**

Superintendent Public Schools of North Bergen, N. J.

*"Better Eyesight" takes great pleasure in presenting to its readers this remarkable report of the results attained in the schools of North Bergen by the use of the Snellen test card. It is an extract from the fourteenth annual report of Superintendent Husted.*

Early in October, 1919, under the direction of our school nurse Miss Marion McNamara, a Snellen test of the eyes of all of our pupils was made. A novel health experiment was begun, a campaign for "Better Eyesight." In June a second test was made in order to verify the value of progress in this phase of health work. The June test of 1920 shows marvelous, practical, successful results. Only the skepticism of principals, teachers and pupils and lack of faithfulness in carrying out its conditions, prevented the wonderful results achieved from paralleling those of an Arabian Knight's story.

A Snellen test card was placed permanently in the room. The children were directed to read the smallest letters they could see from their seats at least once every day, with both eyes together and with each eye separately, the other being covered with the palm of the hand in such a way as to avoid pressure on the eyeball. Those whose vision was defective were encouraged to read it more frequently, and in fact needed no encouragement to do so after they found that the practice helped them to see the

blackboard, and stopped the headaches, or other discomfort, previously resulting from the use of their eyes.

In 1911 and 1912 the same system was introduced into some of the schools of New York City<sup>1</sup> with an attendance of about ten thousand children. Many of the teachers neglected to use the cards, being unable to believe that such a simple method and one so entirely at variance with previous teaching on the subject, could accomplish the desired results. Others kept the cards in a closet except when they were needed for the daily eye drill, lest the children should memorize them. Thus they not only put an unnecessary burden upon themselves, but did what they could to defeat the purpose of the system, which is to give the children daily exercise in distant vision with a familiar object as the point of fixation. A considerable number, however, use the system intelligently and persistently, and in less than a year were able to present results showing that of three thousand children with imperfect sight over one thousand had obtained normal vision by its means.

The following summary shows the remarkable results of the North Bergen experiment in the use of the Bates System. The first grades are omitted because of the difficulty in making accurate tests.

Schools	No. Tested	Grades II to VIII No. Below 20/20 Normal Standard	No. Absent 2nd Test	No. Below Im- proved	Per Cent Im- proved
Grant .....	72	36		30	83.3
Robert Fulton .....	359	112	11	76	75.2
Franklin .....	341	103	17	53	61.6
Lincoln .....	388	169	21	103	69.4
Hamilton .....	211	78	12	48	72.7
Jefferson .....	526	216	33	109	59.5
Washington .....	353	184	11	107	63.4
Horace Mann .....	335	96	5	66	72.5
McKinley .....	144	75	17	55	94.8
Totals .....	2729	1049	127	647	70.1

This is a remarkable demonstration of the priceless values of this method of treatment. That 647 or 70.1% of the 922 pupils below normal (20/20) should have been improved in eyesight is a truly marvelous showing. The record of improvement is suggestive of what a very faithful and systematic application of these health principles may accomplish.

Not only does this work place no additional burden upon the teachers, but, by improving the eyesight, health, disposition and mentality of their pupils, it surely lightens their labors.

### QUESTIONS AND ANSWERS

*All readers of this magazine are invited to send questions to the editor regarding any difficulties they may experience in using the various methods of treatment which it recommends. These will be answered as promptly as possible, in the magazine, if space permits, otherwise by mail. Kindly enclose a stamped, addressed envelope.*

Q—(1) Does working by artificial light affect the eyes? I work all day by electric light—am a bookkeeper, and suffer a great deal from my eyes. I have been fitted with glasses, but cannot wear them. I feel that my eyes, instead of getting better from wearing them, get weaker.

(2) When I go out in the street after working I cannot stand the glare of the sun, and must keep my eyes half-closed; otherwise I suffer a great deal of pain. Is it so because of my eyes being accustomed to the artificial light? It is not so on Sundays.

(3) Is it advisable to wear an eye-shade while working?—S. S.

A—(1) Working by artificial light should not injure the eyes. If it does, it is because you are straining them. The idea that the light is injurious may cause you to do this. If you think of it as quieting and beneficial, it may have the opposite effect. You are right in thinking that the glasses injure your eyes.

(2) The sun hurts your eyes when you go out on the street after working because you have been straining to see, not because you have been working by artificial light. Because you strain less on Sundays the sun does not hurt you.

(3) It is not advisable to wear an eye-shade while working.

Q—Can the blindness of squint be cured?—F. C. E.

A—Yes. It can be cured by the same methods that are employed to relieve strain in other cases of imperfect sight.

Q—Do you get as much benefit from gazing at the sun through a window as you would outdoors? I have read that it did no good to take a sunbath through glass.—E. C. H.

A—Yes. The strength of the sunlight is not appreciably modified by the glass.

Modern Scientists state that all glass, plastic, clear, tinted, colored blocks out part of the sun's healthy full spectrum light causing unhealthy, unbalanced, partial spectrum light to enter the eyes, brain, body resulting in lowered health, impaired function of body, brain, eyes and unclear vision. Full Spectrum transmitting glass may allow passage of more (but still imperfect) full spectrum light.

**August, 1921**

1 - Bates; Myopia Prevention by Teachers, N. Y. Med. Jour., Aug. 30, 1913



## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

September, 1921

### HOW TO IMPROVE THE SIGHT BY MEANS OF THE IMAGINATION: No. 2

**Imagine parts of a letter correct/clear to see a letter clear.**

In a recent issue directions were given for improving the vision by the aid of the imagination.

- + According to this method the patient ascertains what a letter is by imagining each of the four sides to be straight, curved, or open, and noting the effect of each guess upon the imagined swing of the letter.
- + Another method which has succeeded even better with many patients is to judge the correctness of the guess by observing its effect on the appearance of the letter:
- + Look at a letter which can be seen only as a gray spot, and imagine the top is straight. If the guess is right, the spot will probably become blacker; if it is wrong, the spot may become fainter or disappear.
- + If no difference is apparent, rest the eyes by looking away, closing, or palming, and try again.
- In many cases, when one side has been imagined correctly, the whole letter will come out.
- + If it does not, proceed to imagine the other sides as directed above.
- + If, when all four sides have been imagined correctly a letter does not come out, palm and repeat.

One can even bring out a letter that one cannot see at all in this way.

- + Look at a line of letters which cannot be seen, and imagine the top of the first letter to be straight. If the guess is correct, the line may become apparent, and by continued practice the letter may come out clearly enough to be distinguished.

### THE FRECKLE-FACED BOY

By W. H. BATES, M.D.

IN one of the public schools of New York, some years ago, was a boy about ten years old with a very unusual amount of freckles. He had one of those smiles which some care-free boys carry around with them all the time, in all places and under all conditions. His teacher was a very nervous person wearing glasses. Every time she spoke I was annoyed, not so much by what she said as by the disagreeable way in which she said it. As soon as I entered the room she began to find fault with me for introducing my method of curing and preventing imperfect sight in children into the school. Pointing sternly at the freckle-faced boy she said:

"That boy is very nearsighted. He holds his book too close to his eyes. He cannot read the writing on the blackboard. He is all the time looking at the Snellen test card instead of studying his lessons. He talks about it to the other children in the class and he encourages them to practice reading it. He tells them that he feels good when he reads it, makes his eyes feel better, and helps him to learn his lessons. He is impertinent because he persists brazenly in advising me, his teacher, to practice reading those fool letters which do not even spell a word and have no meaning whatever. I wish you would insist that he get glasses for his own eyes and make him stop taking glasses off the eyes of other children. Really, Doctor, it is too absurd for anything. That boy has actually persuaded the other children that they cure their headaches and improve their sight by reading that card. If it were not for the principal, I would have thrown it away long ago."

She said some other things, too, which were even more uncomplimentary. The children became restless. When she stopped for a breath I took the freckle-faced boy into a dark room and examined his eyes with the ophthalmoscope I found them perfect, with no trace of myopia or astigmatism. I asked him:

"How is it that the teacher says you cannot read the writing on the blackboard?"

He replied, still with his wonderful smile: "Because she is such a bum writer that nobody can read it; she acts often as if she couldn't read it herself."

"How is it," I continued, "that you hold the book so close to your face?"

He answered apologetically, "Because I get tired of the scenery."

"What do you mean by that?" I asked.

"Oh," he answered, "the teacher's face; I don't like it. She is always so cross; her face gives me a pain."

Then I took him back to the classroom and sent him to his seat. I asked the teacher if she could read the bottom line on the Snellen test card. She could not do so. Then I showed her an unfamiliar test card, which she saw even worse. She explained that her glasses needed to be changed. I asked the freckle-faced boy if he could read it.

"Yes," he said, and promptly did so.

The teacher exploded. It was impossible, she said, that he should have read the letters; he must have found out in some other way what they were. She pointed to the clock,

"What time is it?" she asked.

The boy answered her correctly. Then she held up a book with very large print, which the boy also read at five feet. She was finally convinced by these and other tests that the boy's sight was better than her own. When she was through I pointed to some very small letters which nobody could see at the distance at which the boy was sitting. He smiled, and said he could not see them.

"But," I said, "you are not trying, you are making no effort to see them."

At that the teacher unexpectedly struck the top of her desk with her ruler and we all jumped, with the exception of the freckle-faced boy, who had learned how to protect himself from such influences. With a rasping voice she cried:

"Why don't you do what the doctor tells you to do?"

In a short time my nerves returned to something like the normal, and I turned to the boy and asked:

"Why don't you try?"

He replied, still smiling: "No use tryin'."

With this as my text I talked for a few moments, and told the class that the boy was right and that your sight is never perfect

when you try to see. You only make yourself uncomfortable by the strain, and it never benefits you. I then proceeded to have the pupils demonstrate some facts I directed them to keep their attention fixed on the smallest letter they could see from their seats, to stare at it, to try to see it better, to concentrate, to partly close their eyelids—in short, to do everything they could to improve their sight. I noted that the teacher, who had previously walked to the back of the room, was listening to what I was saying. The children did as I suggested, and soon found that the effort made them very uncomfortable and lowered their vision. I now asked one pupil to tell me the smallest letter he could see. He answered:

"A letter O on the next to the bottom line."

"When you saw it did you see it easily?"

He answered: "Yes, without any trouble."

Then I said to him: "When you tried to see it, when you made trouble for your eyes by an effort, by a strain, what happened?"

He answered, "The letter disappeared and the whole card became blurred. I got a headache and I don't like it."

"Close your eyes," I said, "and rest them. Cover your eyes with the palms of your hands and shut out all the light. Now tell me who discovered America."

"Columbus," he replied, "in 1492."

"Can you spell Columbus?" I asked.

"Yes," he answered, "C-o-l-u-m-b-u-s."

All this time the teacher was standing with her eyes closed and covered with her hands.

"You spelled it correctly," I said. "How is your headache?"

"Gone," he replied, "and I feel good."

I noted that the teacher still had her eyes covered, and when the boy said his headache was relieved she nodded her head. I now directed the boy to take his hands down, open his eyes and tell me how much he could see.

"Gee" he exclaimed, "I see better. The letter O is all right, and I can see some of the letters on the bottom line."

With that he put both his hands in the pockets of his trousers, smiled at me, and turned around and grinned at the class. A little girl wearing glasses now timidly raised her hand, and when I told her to speak, said:

"Please, sir, I have an awful headache."

Her eyes looked very much strained. I told her to take off her glasses and put them on the desk, to look at the card and read what she could see. At this point, the teacher at the back of the room removed her hands from her face, took off her glasses and placed them on the desk in front of her. I asked the little girl what she could see:

"I can only see the largest letter at the top of the card."

She was told to close her eyes and cover them with the palms of her hands. The teacher did the same, and all the other children wearing glasses took them off, looked at the card, closed their eyes and covered them with the palms of their hands. Then I said to the little girl who had the awful headache.

"What is your first name?"

"Margaret," she answered.

"Can you spell it?" I asked, and she spelled it.

"What is your last name?"

She told me, and at my request she spelled it also. Then she smiled.

"How is your headache?"

"I haven't any," she answered.

"Take down your hands, open your eyes and kindly read the letters for me on the card."

She promptly read four lines of letters, and looked very happy when she did it. Meanwhile the teacher and the other pupils who had been wearing glasses had been doing the same, and when they looked at the card the second time they smiled, evidently pleased with what they saw. I was surprised to observe that even the teacher smiled and when, as I was about to leave the room, she came forward and threw her glasses into the waste-basket, I was quite shocked. Turning to me she said:

"Doctor, need I say anything?"

"You have said it all, thank you," I replied.

As I went out of the door I heard the class call out in a chorus:

"Thank you, thank you."

After this the Board of Education condemned my method as "unscientific and erroneous," and forbade the use of the Snellen test card in the schools, except for the usual purpose of testing the children's sight. Thus my pleasant visits to the classrooms came to an end. Some years later, however, I called on the teacher of the freckle-faced boy to ask about him. She met me smiling and without glasses, and I noted that the Snellen test card was still on the wall. In response to my inquiry as to why it should be there after the Board of Education had forbidden its use, she replied:

"The Board of Education has not the power to make me take that card down."

Then I asked about the freckle-faced boy.

"Graduated," she replied.

As he was below the age at which children usually graduate from the public schools, I expressed some surprise.

"Rapid advancement class," she said. "Got through my class in a hurry and took a lot of my other children with him to the rapid advancement class. Must be half through high school now. Bright boy."

I have written a book on *The Cure of Imperfect Sight by Treatment Without Glasses* which contains several hundred pages. The freckle-faced boy told in three words substantially what is contained in that book: "No use tryin'."

## OPTIMUMS AND PESSIMUMS

### A Possible Explanation

By M. E. GORE, M.D.

A LADY that I was treating could not see the letter R on the test card, the last letter of the fifty line. It seemed strange that she was able to see the other letters on the same line, but not the R. It occurred to me that perhaps the patient unconsciously saw this letter when she first looked at it, but on account of some unpleasant association which it produced in her mind, she made an effort to forget it, thus causing a lowering of vision. I determined to employ an association test to find out if possible what had caused her mental distress on looking at the letter. I asked her to think of the letter R and tell me the first thought that came into her mind. She answered:

"Red."

Now associated with red was her mother, as red had been her favorite color. Her mother had recently died, and thinking of her caused grief. I told the patient that I believed this was the cause of her lowered vision for that particular letter. To our astonishment she has since been able to see this letter without difficulty.

Another case which clearly illustrated the optimums and pessimums was a patient who was unable to see the figure 2 in a line of figures the same size and distance. On questioning her I found this number made her think of her two children which she had lost. On the other hand, she could see the letter F and V wherever they occurred. She said F made her think of her father whom she dearly loved, and V was the initial letter of his middle name.

These cases and several others of like nature have led me to the conclusion that the association of pleasant or unpleasant ideas with any of the letters is the cause of optimums and pessimums.

In most cases, by employing the association test and showing the patient the connection between the letter and the unpleasant thought, they have become able to see letters which had been pessimums.

No. 51 Main Street, Orange, N. J.

## STORIES FROM THE CLINIC

### 19: A Trio of Difficult Cases

By EMILY C. LIERMAN

Cornea Injury, Scar

MYOPIC and farsighted patients are numerous, and I always feel confident that I can in no time improve their sight; but I suffered a case of cold feet when Dr. Bates placed in my care a young woman of twenty-seven, who came to our Clinic some time ago with a **scar on her right eye almost in the center of sight**. All the doctor said to me was, "Help this patient, please," and it was my first experience with a case of that kind. I asked the girl how long the scar had been there and also what caused it. Being a southerner ducky, she spoke with a southern accent, and this is the way she answered me:

"When ah was twelve years old, mar granma was settin' ba de fireplace a-smokin' a pet pipe, an' as ah was removin' a boilin' kettle ob water ole Granny upsets de pipe ob hot ashes an done burned mah eye. Lordy, ma'am! Ah thought mah eye was burned from de socket. De doctor says ah would neber see again out ob dat eye."

I tested her sight, and with her left eye she read 14/40 while with her right eye she could barely see my fingers one foot away. I had not the slightest idea that I could improve the right eye at all. However, I told her to stand in a comfortable position and palm for a little while. In about ten minutes or so I told her to remove her hands, and I was pleased to see that her left eye had improved to 14/15, and that with her right eye she was able to distinguish the 200-line letter at fourteen feet. Dr. Bates was dumb struck with amazement. He said that, although he had seen **opacities of the cornea** resulting from constitutional disease clear up, he had never before, in his thirty-six years of experience, seen any improvement in an opacity resulting from an injury, even after years of treatment. That encouraged me so much that I told the patient to palm again, and before she left the clinic that day her right eye had improved to 14/50. She became hysterical when she found that she could see objects again with this eye. For a while she came quite regularly to the clinic and at her last visit her right eye improved to 20/50, while with the left she became able to read 20/10. Dr. Bates said it was a miracle. After that I never saw her again. I was sorry that she stayed away, because I was proud of what I had accomplished and wished to cure her completely.

A case of squint, which I think will interest our readers, was first seen on August 4, 1921. The patient had been wearing glasses for twelve years to correct the trouble, but without benefit. The first year her mother, who came with her, tried to console her by saying that perhaps in another year or so the squint would be cured; but instead it only got worse. Her playmates made unkind remarks about it, and when she found her sight was getting worse for reading she became utterly discouraged.

I tested her sight, and she read 12/40 with her left or better eye. When I asked her to read the card with her squinting eye she turned her head half way round to the left in trying to see. I at once showed her how to palm, and her mother and I were quite astonished when in a few minutes she opened her eyes and, with her head perfectly straight, read 12/40 with her right eye without a mistake. On August 6, two days later, she read 12/15 with each eye separately, with her right eye perfectly straight. She had followed my instructions to palm at least six times a day for as long a period as was comfortable for her. On August 9th she came to the Clinic smiling and expressed her gratitude for what had been done for her.

"I can now read a book for hours at a time," she said, "without headaches or discomfort. Just yesterday I visited another clinic where I had received treatment and asked the doctor who had treated me to let me show him what I could do. I showed him how I could palm, and then I read the test card for him with each eye separately. The doctor was thrilled, and said it seemed like a miracle, because he had told me that I could never again get along without glasses and to be sure and have them changed every year or so."

That day my patient read 12/10, both eyes, and I am sure that I can cure her if she will continue to come.

Another case of squint, a little colored boy five years old, the most unruly youngster who ever came for treatment, was cured in less than six months. When he tried to look straight ahead his right eye turned in so far that one could hardly see the cornea. His grandmother who came with him expressed very little hope, and assured me that I would have a hard time trying to manage him or

to help him. I asked him his name several times before he answered:

"I ain't got no name."

Later he said it was Francisco. I could see that he was straining and that he was extremely nervous. So I decided to be very patient with him, but for some time the only answers I could get from him were:

"I don't wanna" and "I won't."

All sorts of apologies came from his grandmother, but I assured her that I was not discouraged with him. I made up my mind to help the little chap and in some way relieve him of that awful tension and nervous strain. I said to him:

"If I had a bad eye and a good eye, I would not make my good eye do all the work. I would make the bad eye work hard so that I could see better."

This interested the child for some reason, and he asked:

"Have I got a bad eye?"

"Yes," I said, "and the reason it is bad is because it is lazy and you won't let it be good. All you can say when I try to tell you how to make it behave is, 'I don't wanna.' Nice boys with good eyes don't say that." Whereupon he shouted in a loud voice which startled the rest of the patients:

"Make my bad eye do some work; I want good eyes like you have."

I immediately showed him a test card with pothooks (E's) pointing in different directions. I covered his left eye with the palm of my hand, and asked him to show me how the E's were pointing as I held the card two feet away. At that distance he was able to see the 100-line letters. He could see straight ahead with the right eye only just long enough to see those letters; then his eye turned in again. At first I could not induce him to palm, so I told him to close his eyes as though he were sleeping. He was very obedient about doing this, and his grandmother stood by in astonishment while his eyes were closed. I praised him for closing them and resting them for me, and I said if he would do this lots and lots of times every day his right eye would become straight like the left and would not be bad any more. I then told him to cover his left eye with his hand and look at the card which I had fastened on the wall five feet away. This amused him very much and he acted as though he were in for a good time. I told him to look at the 200-line letter and then quickly close his eyes; then to look at the 100-line letters and close his eyes quickly again. He was able to see these letters as well at five feet as he did at two, and this encouraged me. When he opened his eyes a third time he showed me with his hand how the next line of letter E's pointed.

He came regularly for a few months, and was always very obedient. Each time he came he was able to keep his eye straight, not only while practicing with the card, but also while talking to me. His grandmother bought a Snellen test card, and assisted with the treatment very faithfully at home. Now, just six months since he first came, he is able to see the 10-line of letters at ten feet away with each eye, 10/10, and has learned the alphabet by heart. Dr. Bates became very much interested in the rapid progress of the case and congratulated me frequently on the good results I had obtained. He said it was very unusual for the blindness of squint to be cured in such a short time, and that most authorities would have said it was impossible.

## QUESTIONS AND ANSWERS

*All readers of this magazine are invited to send questions to the editor regarding any difficulties they may experience in using the various methods of treatment which it recommends. These will be answered as promptly as possible, in the magazine, if space permits, otherwise by mail. Kindly enclose a stamped, addressed envelope.*

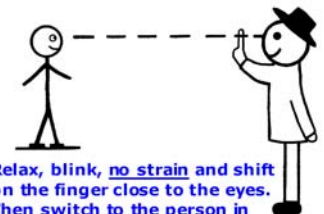
Q—(1) After closing my eyes tight and then opening them, I can read *Better Eyesight* at a distance of about two feet. The type stands out very black and clear. After about two or three minutes my old myopia comes back. What I want to know is whether this practice is good for the eyes and whether it will help me to see at a distance.

(2) Can you tell me what is a good thing to do to see people across the street clearly or in a meeting room at fairly close range? It is awkward not to be able to recognize people until one is close upon them.—A. H. C.

A—(1) Yes, but I would expect you to get better results if you closed your eyes easily and naturally, instead of closing them tight.

(2) The only way to overcome this difficulty completely is to get cured, but the practice you have described sometimes helps to bring out distant objects temporarily. Straining to see at the nearpoint may also improve your distant vision temporarily. **One myopic patient, when she wished to recognize people across the street, used to strain to see her finger held close before her eyes and then look at the person she wished to see.**

Shift on the finger, no strain for clear close and distant vision.



Relax, blink, **no strain** and shift on the finger close to the eyes. Then switch to the person in the distance and shift on him. **No effort to see clear. Repeat.** Shift on another object, return to the person, shift, blink, relax. Shift small part to small part on a object to see it clear.



## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

October, 1921

### HOW TO OBTAIN MENTAL PICTURES

#### Quick Distant Vision Improvement Activity

- + Look at a letter on the Snellen test card.
- + Remember its blackness.
- + Shift the attention from one part of this spot of black to another. It should appear to move in a direction contrary to the imagined movement.
- + If it does not, try to imagine it stationary. If you succeed in doing this it will blur, or disappear. Having demonstrated that it is impossible to imagine the spot stationary, it may become possible to imagine it moving.
- + Having become able to form a mental picture of a black spot with the eyes closed, try to do the same with the eyes open. Alternate until the mental vision with the eyes closed and open is the same.
- + Having become able to imagine a black spot try to imagine the letter *o* in diamond type with the center as white as snow. Do this alternately with eyes closed and open.
- + If you cannot hold the picture of a letter or period, commit to memory a number of letters on the test card and recite them to yourself while imagining that the card is moving.
- + If some other color or object is easier to imagine than a black spot it will serve the purpose equally well.
- + A few exceptional people may get better results with the eyes open than when they are closed.

### MENTAL PICTURES AN AID TO VISION

By W. H. BATES, M.D.

WHEN an object is seen perfectly it is possible to form a perfect mental picture of it; when it is seen imperfectly this cannot be done. Persons with ordinarily good vision are able to form a perfect mental picture of some letter of the alphabet especially a letter of diamond type, when looking at the Snellen test card, or at fine print; but persons with ordinarily imperfect vision can do this only under certain favorable conditions, as with their eyes closed, or when looking at a blank surface where there is nothing particular to see. They may also be able to do it when looking at objects at a distance at which their vision is fairly good, as in the case of near objects in myopia. Persons with ordinarily good vision, on the other hand, have moments when they see imperfectly, and at such times their mental pictures are imperfect.

These facts are of the greatest practical importance, because many persons easily learn how to form mental pictures, and when they become able to do so under all conditions their sight becomes perfect.

Mental vision is subject to precisely the same laws as visual perception. The mental picture must be seen or imagined by central fixation; that is, one part of it at a time must be seen best, and the attention must shift continually from one point to another. This shifting of attention produces a swing which is even more pronounced than the visual swing. (The swing, opposite movement of the object the eyes are shifting on in the mind, imagination with the eyes closed is more pronounced than when shifting on a real object with the eyes open.) Furthermore, the mind adds details that do not exist in the object remembered or imagined. If this object is a black letter on a white background, for instance, the white openings and margins will appear more intense than the reality.

It is not possible to retain a mental picture of a letter *o* of diamond type when one tries to think of one point continuously. The point may be remembered for a brief interval—a few seconds or part of a minute; then it is lost and with it the whole letter. One cannot, in short, "stare" at a point with the imagination any more than one can stare with the eye, and if one tries to do so the point disappears. If one tries to think continuously of two points of the letter, imagining them both to be equally black at the same time, the picture is lost more quickly. To think of four points or more, or to think of the whole letter perfectly black at the same time, is still more difficult.

Mental pictures cannot be retained for any length of time unless they appear to move. This movement may be so slight and easy that it is not observed until the attention is called to it, and even then it may not be realized. Some patients have told me that they could remember small letters of diamond type easily and continuously, and that they were not moving. Usually the patient can demonstrate the facts by trying to think of one part of the letter as stationary. In this case it immediately disappears. But the effort to keep the attention fixed on a point is so great that some patients cannot or will not make it. It is easier to let the attention shift naturally. In such cases I direct them to look at the letter *o* so close to their eyes, or so far away, that they are unable to see it clearly, and call their attention to the fact that now it seems to be stationary. Then I have them look at the letter at the distance at which they see it perfectly and ask them to imagine it stationary, as the letter at the preceding distance seemed to be. Usually they are able to do this, and to note that the letter blurs or disappears. After they become able to imagine that a letter which they see is stationary, they become able also to imagine that their mental picture of it is stationary, and to note that it cannot be held more than a moment under these conditions.

To imagine that other things seem to be moving helps some people to form and retain mental pictures. One patient, whose mental pictures were very poor, became able, when walking around the room and imagining things moving in the opposite direction, to imagine that a letter "o" was moving in the same direction as the furniture.

A mental picture need not be a complicated one. The perfect memory or imagination of even a small spot of color is sufficient to



Shift part to part on the apple, seeing one small part clearest at a time. (Central fixation combined with shifting). See the swing - The apple moves in the opposite direction the eyes shift to. Remember, imagine the apple is clear with perfect color. Practice with the eyes open and in the imagination with the eyes closed.

cure all errors of refraction—nearsight, farsight, and astigmatism—as well as many other abnormal conditions. But to form a perfect mental picture of a spot of color—say a black period—is not always easy. One may think one is imagining a black period perfectly, but when one compares one's mental picture with the reality, one usually finds that the former is several degrees paler than the latter. It is usually easier to form mental pictures with the eyes closed than with the eyes open, and by imagining a period, or other object, with the eyes closed and open alternately one can improve one's ability to imagine it under the latter condition. In a few exceptional cases, however, mental pictures are better and are more easily held with the eyes open than when they are closed.

When the sight is imperfect it is always easier to hold a mental picture when looking at nothing in particular than when looking at letters or other objects at distances at which they cannot be seen distinctly. To improve the ability to hold them under the latter conditions it is necessary, alternately, to imagine the object with the eyes closed, or looking away from the Snellen test card or printed page, and then to look back at the Snellen test card or reading matter.

Persons unable to imagine a period or letter may succeed with other objects. For example, one patient who could not imagine a white card with black letters on it which she had just seen in her hand was able, with her eyes closed, to imagine the color of her house, one part best, and the different objects—curtains, furniture, etc.—in the different rooms. She was able to see the lawn, the flower-bed, the numerous flowers, one part best, and to imagine the color of the eyes of her friends. After that she became able to imagine the white card with the black letters.

Persons who suffer from pain, fatigue, or other discomfort to their eyes, have great difficulty in forming mental pictures. Such persons, although they cannot remember a letter or other objects, are often able to remember the movement of a card held in the hand. If they cannot do this at first, they may become able to do it by alternately looking at the card and then closing their eyes and trying to recall the movement. When they become able to do this the pain stops and the sight becomes temporarily normal.

Most people are helped by learning how to fail. When they demonstrate that their sight is lowered by an imperfect mental picture, they become able to avoid such pictures. A patient with squint was cured when she learned to imagine double images. At first, with her eyes open, she could not imagine them more than two inches apart, Later, with her eyes open, she got them four feet apart, while, with her eyes closed, she could imagine one Snellen test card on one side of a bay five miles wide and another on the other. These images could be imagined either crossed or homonymous at will; that is, each eye sometimes seemed to see the image on its own side, and at other times the image seemed to be on the opposite side. When the images were homonymous the eyes turned in, and when they were crossed the eyes turned out, By means of this practice the patient gained such a degree of mental control that her eyes became almost continually straight, the slight occasional deviation not being noticeable.

## AN ARTIST'S EXPERIENCE WITH CENTRAL FIXATION

By FLORENCE CANE

*This patient consulted the editor on July 20, 1921, because her vision was getting worse, and she suffered from a constant feeling of strain and fatigue in her eyes. She had worn glasses since she was seven years old for hypermetropia, commonly called farsight, and was now wearing convex 4.00 D. S., a rather strong lens. Yet without her glasses she was able to read fine print imperfectly, and by the aid of her memory she became able at the first visit to read it at six inches. Her discomfort was relieved at the first visit, and her distant vision, which had been imperfect, though better than her near vision, also improved.*

I have made a few observations while improving my eyesight by the methods recommended by Dr. Bates, and many thoughts and questions regarding them have suggested themselves to me.

The first thing I remember observing on leaving the doctor's office after my first treatment was a new sense of movement and life. Never before had I seen such dear, bright color in the crowd. I walked toward the library on Fifth Avenue, and never had the sun shone so brightly, or the world looked so exciting. My heart beat faster. I felt a great elation, as if a new vision, a new power, had been given me.

The second thing I remembered was that I sat down the same evening with *The Cure of Imperfect Sight by Treatment Without Glasses*, determined to see what I could do without my glasses. I found that by shifting and palming I could read a sentence or two, later more, and after a while I could read a paragraph without stopping. I found shifting from a point above a word to one below it particularly helpful.

I went to bed at ten o'clock, but was so excited, after reading there until twelve that I could not sleep much. The magnitude of the truth thrilled me. The relation of sight, memory and imagination to body, mind and soul—the use of one faculty to strengthen another—seemed to be such a wonderful conception.

Soon I observed that looking upward seemed to improve my sight. I took to practicing on high objects out of doors. I shifted on points like two apples in a tree, or on the clouds. This helped me very much, and overcame my shrinking from light. I found that I had never walked with my eyes really open before. When I told Dr. Bates about it, he said it was the light that helped me, not the height of the objects I looked at.

I have had several experiences in the application of the principles of central fixation which seem interesting enough to communicate to the readers of BETTER EYESIGHT. The first occurred when I had mislaid something. I had looked everywhere for it in vain. I sat down and palmed and, quietly but suddenly, I saw in my mind where I had laid it. I got up and looked, and it was there.

I burned myself at a beach fire on a piece of wood that I picked up. It had been in the fire, but it was dark and I did not notice it. I burned my thumb quite badly-enough to raise a big blister. It was very painful, and I had no remedy at hand. I remember that I had read in Dr. Bates' book about central fixation in relation to pain, and I tried remembering the small *o*. After a few minutes the pain ceased until I could not tell which thumb I had burned. The same thing happened after a bee had stung me; and one night when I had a severe cold and could not sleep because of difficulty in breathing, I was greatly helped by seeing the period and making it swing. I fell asleep and continued seeing the period in my sleep.

In painting I have had the most interesting experiences of all. If I am working from the memory or imagination and it won't come the way I want, I try palming. The first time this happened. I was painting a lake with some birches at one side. I just couldn't remember how birches grew, and the trees wouldn't look right. So I closed my eyes and waited, and soon a vision came to me of myself walking in a young birch wood that I used to know; I saw how the branches grew, and felt the white glimmer of reflected light from the bark, and the tender young green of the fragile leaves, and I painted the birches with ease and joy. This use of palming may be of great value to artists, because the artist works from the image, and sometimes this image is lost. By straining and effort

he cannot regain it, but by palming he may.

I have also had interesting experiences in treating others, my first pupil being my little girl. She had a great fear of the water, so that she could not let herself go, and float face down. She has a cat of which she is very fond; so I suggested that she recall her cat washing itself when she tried to float. She did this and was able to float for twelve seconds.

Another case of interest was that of a woman who was in a nervous condition, overwrought and discouraged over her problems. I began teaching her how to improve her eyesight and at the first lesson she made such great progress that she was overcome with happiness. The magnitude of the thing she had done gave her a sense of control over herself, a new sense of power. She said, "If I can do this, why I can do anything." And it is true; she has pulled herself out of the overwrought state.

Among all the people with whom I have talked, or to whom I have tried to explain these ideas, I have met only one with a perfectly rigid mind. He was, as one would expect, a pure scientist of very high standing. He wouldn't even admit that his hand appeared to move when he swung his bead from side to side with his hand eight inches before his eyes. He said it merely made him dizzy. He knew the hand was in a fixed position, so it couldn't appear to him to move. This statement showed that he only used half his functions. He used his reason but refused to allow his senses to record how things appeared.

There is one thing Dr. Bates has said that I want to question. "We can see only what we imagine, and we cannot imagine something which we have not seen or experienced." As an example, he gives our inability to imagine a foreign alphabet. Well, if that statement is true, how do we get at a new truth? I think it is from the imagination. One can conceive of new forms in art, and I should judge that a scientist must conceive a possible truth in his imagination, and then set about testing it by experiment and observation. The marriage of the two—facts and imagination—creates new truth and widens man's consciousness. This Dr. Bates has done. But he has only called imagination good. I think it is infinite, and by penetrating deeper into its mystery we are penetrating into the source of man's growth.

## STORIES FROM THE CLINIC

### 20: St. Vitus' Dance and Myopia

By EMILY C. LIERMAN

HYMAN, age ten, came to the clinic not as a patient, but as his mother's escort. She was having her eyes treated, but her trouble was not half as bad as that of her son. His poor eyes stared painfully behind his thick glasses, and in order to see through them at all he made the most awful grimaces I ever saw. His head moved constantly in all directions, and later on I discovered that he had St. Vitus' Dance. He was an unusually bright boy, and was never satisfied unless he saw and knew everything that was going on in the Clinic. Whenever he was in the room he would stay as close to me as possible, listening eagerly to every word I said and watching every movement I made. One day I said to him:

"Look here, young man, I don't mind having you watch me, but I don't think the patients like you to stare at them so much. If you want to know how I cure people, why don't you get cured yourself so that you won't have to wear glasses?"

"My teacher says I must wear glasses because I cannot see the blackboard without them," he replied.

I explained to his mother that I was sure I could cure not only his eye trouble, but also the nervous twitching of his head. She did not seem to understand me, and I'm sure she doubted my ability to do anything at all for him. The boy himself seemed to be equally skeptical, but was, nevertheless, much interested. He was evidently curious to know what I would do for him, and quite willing to let me entertain him.

I tested his sight with his glasses on and found that he was able to read only 10/50, all the rest of the card being a blur. I then took the glasses off and noticed that he stared less without them. In addition his personal appearance was greatly improved, for the glasses had made him look hideous. I now told him to cover his eyes with the palms of his hands so as to exclude all the light, and to remember something perfectly. He seemed to think this was a game of hide and seek, and kept continually looking through his fingers. My patience was considerably tried, but I did not let him see this. Instead I told him that I was especially fond of little boys, and wished to help him. He squared his shoulders and made an effort to keep his head still, but failed. Finally I succeeded in making him understand that if he wanted to stop the twitching of his head, he must keep his hands over his eyes until I told him to take them down. He now became as serious as I was myself, and though I watched him while I was treating other cases, I did not once see him uncover his eyes, or peep through his fingers. No doubt the fifteen minutes that he spent in this way seemed like hours to him. When I was able to return to him, I said very gently:

"Now take your hands from your eyes and look at me."

He did so, and to my delight his head was perfectly still, I now told him a story—being careful to preserve the same gentle tone of voice—about a boy who lived in the country town where I live and who stole some delicious big apples from a farmer. He ate too many of the apples, and soon began to feel that there was something wrong with his stomach. Then the farmer caught him and punished him, so he suffered both inside and out, and came to the conclusion that stealing apples was not very much fun. I took as long as I could to tell this simple tale, for my object was to keep my patient from thinking of himself, or his eyes. He seemed to find it hugely amusing. His eyes beamed with fun while he listened to me, and his head never moved once.

"Now," I said, "do some more palming for me, and then we will read the card."

When he uncovered his eyes the second time, his vision had improved to 10/30. By this time his mother's indifference had vanished. She did not know how to show her gratitude for what I had done for her boy, but promised to see that he spent a sufficient amount of time palming every day. The next Clinic day she told me that the twitching of the head had become less frequent. She was instructed to watch the boy and have him palm at once whenever she noticed the twitching. This always relieved the trouble.

Hyman was anxious to be cured before vacation began, and was quite willing to do as he was told. He came to the clinic for two months, and at the last few visits there was no twitching, while his vision had improved to 12/10.

## LET YOUR EYES ALONE

By JAMES HOPPER

I PERFORM now and then an experiment which, I think, will interest the readers of BETTER EYESIGHT. It affords a striking proof of two of Dr. Bates' contentions: Number 1, that no defect of the eye is fixed, that the refraction of the eye is variable. Number 2, that the perfect refraction which means perfect sight is obtained through relaxation. Here is what I do, using first one eye, then the other:

I close the left eye, and then, taking the card with the *Seven Truths of Normal Sight* printed in diamond type, I place said card right up against the tip of my nose. (Parenthetically speaking, my nose is not flat, nor is it of great length. An average nose I'd call it.)

(Do not close the left eye. Use an eye patch and keep the eye not in use open under the patch. Closing one eye causes face/eye muscle tension, strain.)

I place the card right up against the tip of my nose, and, with my left eye closed, look at it with my right eye. My right eye is my bad one. It had only one half of normal sight when I first saw Dr. Bates.

Looking at the card, thus placed against my nose, I see at first nothing—or simply blurred lines.

Then consciously I relax my eye, I "let it go." I can do that only gradually. I let go and let go. The best way I have found to do this is to **keep my mind off the idea of reading the card, and to think of something else—a football game, a play—anything.**

I can feel my eye gradually relax. There is no mistaking the process. It is one of relaxation, of letting go. And there is degree after degree of letting go. Just when I think I have reached the limit of relaxation, I feel the eye let go another notch.

And then, suddenly—so suddenly it almost scares me—and clearly—so clearly it is almost weird, I see the diamond type and I read the Doctor's *Seven Truths!*

**Each letter is not only black and sharp and distinct, but it is almost gigantic—two or three times the size it was when seen at six inches. (Microscopic Vision)**

There is no doubt to me that my eye has passed from a state of not seeing the type to one of seeing the type. Hence that the refraction of my eye is variable.

And there is no doubt to me that the passing from the state of not seeing the type to the state of seeing the type is obtained through *relaxation* of the eye.

And the counter proof also exists. If, while I am seeing the type perfectly and big, I set my mind deliberately to reading it—it abruptly disappears.

Working consciously, I have done something with my eye which has made it an instrument that cannot see at that distance. Working consciously, I have tightened some muscles or other, so that the eye has now the wrong shape for seeing at that distance.

Moral: Let your eyes alone, and they do the right thing. Interfere with them, butt in with your conscious will and— presto—they do the wrong thing.



Clear Close Vision; Place a diamond type fine print card in front of the tip of the nose, at eye level and read it with the eye that has less clear vision). Other eye is covered with an eye patch and open under the patch. Relax the eye, mind, body more and more while letting the mind drift, thinking happy thoughts, something pleasant. Avoid thinking about reading the card. Then, practice with the other eye, then with both eyes, then repeat.

Trying, using effort to see=blur. Relax, no effort, forget about the eyes=clear vision

### QUESTIONS AND ANSWERS (Some months do not have Ques/Ans.)

All readers of this magazine are invited to send questions to the editor regarding any difficulties they may experience in using the various methods of treatment which it recommends. These will be answered as promptly as possible, in the magazine, if space permits, otherwise by mail. Kindly enclose a stamped, addressed envelope.

## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

November, 1921

### THE SENSE OF TOUCH AN AID TO VISION

Just as Montessori has found that impressions gained through the sense of touch are very useful in teaching children to read and write, persons with defective sight have found them useful in educating their memory and imagination.

One patient whose visual memory was very imperfect found that if she traced an imaginary black letter on the ball of her thumb with her forefinger, she could follow the imaginary lines with her mind as they were being formed and retain a picture of the letter better than when she gained the impression of it through the sense of sight.

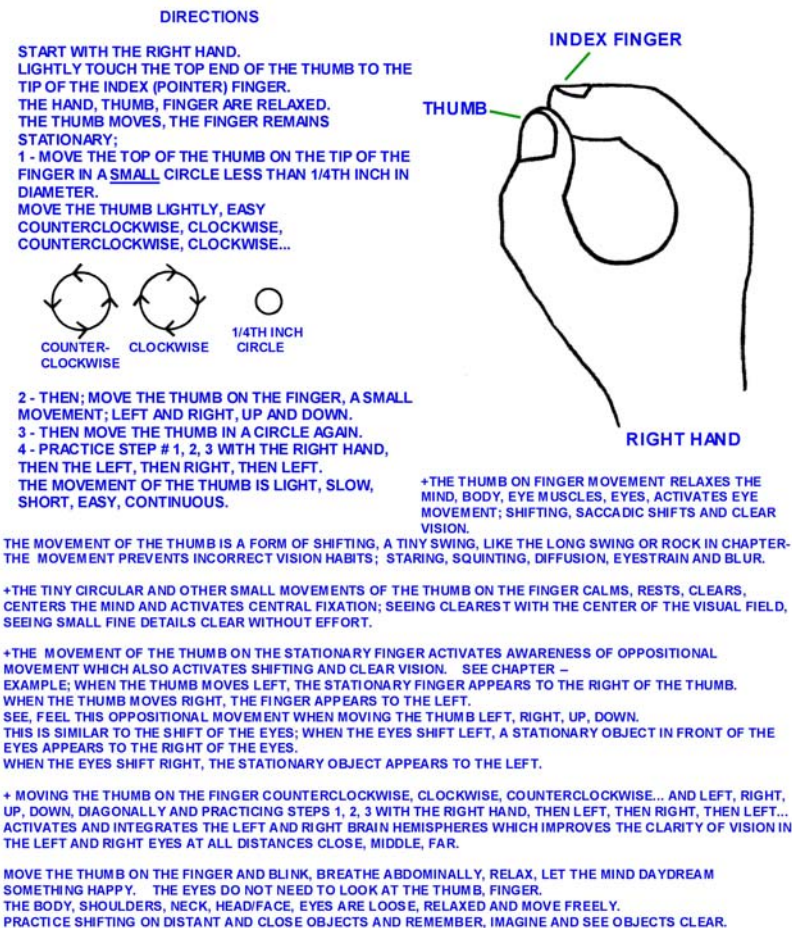
Another patient discovered that when he lost the swing he could get it again by **sliding his forefinger back and forth over the ball of his thumb.** When he moved his fingers it seemed as if his whole body were moving.

(This can also be done with thumb moving on the finger. See diagram. Counting even numbers when the thumb moves in one direction (Example—up) on the finger and odd numbers as the thumb moves in another direction (Example—down) also relaxes the mind.)



## Picture - Finger thumb movement

DR. BATES USED MANY DIFFERENT METHODS TO RELAX THE MIND AND EYES FOR CLEAR VISION. THE DIAGRAM BELOW SHOWS THE "THUMB ON FINGER MOVEMENT" TO RELAX THE MIND, BODY, EYES, ACTIVATE SHIFTING/ CORRECT VISION HABITS AND CLEAR VISION.



Both these expedients have the advantage of being inconspicuous, and can, therefore, be used anywhere. The vision was improved in both cases.

### THE FIRST VISIT

By W. H. BATES, M.D.

AT THE beginning of treatment, as well as later, it has been found to be a great benefit to have the patient demonstrate facts. It is better to avoid stating results expected, and instead let the patient discover the results for himself.

**Rest Improves the Vision.**—The first fact to be demonstrated is that rest improves the vision. The patient is told to close his eyes and rest them, forget about them, let his mind drift, remember pleasant things. After half an hour, more or less, he is told to open his eyes and read the distant test card as well as he can. If he finds that his vision has improved the next question is:

"What did you do that helped your sight?"

Obvious as the answer to this question seems to those familiar with the treatment of defective vision by relaxation some patients find extraordinary difficulty in replying to it, and one has to ask them a number of leading questions to get the proper answer, "Rest."

The amount of relief obtained from this procedure differs greatly in different cases. Some get none at all, and others very little. Others again may be cured at the first visit by this means alone. Why some people can close their eyes and rest them with so much benefit, while others fail, is not always evident; but one can often tell at the outset what the result will be. One case cured by this means rested comfortably for half an hour without any change whatever in his position. A case not benefited was very restless, moved around in his chair, got up, opened his eyes every few minutes, and was decidedly uncomfortable. For him there was no rest with his eyes closed, and his vision was not improved. Later a cure was obtained by other methods, but with much trouble.

**Palming.**—After having rested the eyes by closing, the patient is told to cover his eyes with the palms of his hand in such a way as to exclude all the light. Usually, not always, he is able to obtain more rest in this way than by mere closing. Those who succeed in relaxing completely see a perfect black, but this is rare, and the patient may consider himself fortunate if he is able to begin by seeing an approximate black.

**Staring.**—Having demonstrated that rest improves the vision the next step is to have the patient demonstrate that effort lowers it. The patient is directed to look continuously at a letter which he can see distinctly on the distant test card, and after a part of a minute the question is asked:

"Do you see better or worse?"

The answer is usually:

"I see worse, it makes my eyes pain."

He is then directed to stare at other objects instead of letters, to make an effort to see them, concentrate on them, and to note that lowering of the vision, with fatigue, discomfort, or pain, is produced. After he has demonstrated these facts he is told that persons with imperfect sight always attempt to hold their points of fixation too long, even when the lowering of vision is caused by an injury, or by a foreign body in the eye. In short, they stare, thus not only spoiling their eyesight but making themselves conspicuous and uncomfortable.

"You have your choice," I tell them. "Stare and have poor sight and other troubles. Avoid the stare and have normal vision."

Occasionally a patient thinks that staring does improve his vision. In this case I tell him to keep on staring and improve it still more. It does not take long for him to convince himself that the improvement that results from staring is only temporary, and is followed by a lowering of the vision.

Patients who have lowered their vision and produced pain and discomfort by staring are glad to relieve the strain by closing the eyes or palming. After they have alternately stared and rested for a while it would be hard for any one to convince them that anything is to be gained by effort when one wants to see, and they instinctively close their eyes in such a case instead of straining them.

**Shifting and Swinging.**—Having demonstrated that staring lowers the vision, a patient is easily able to demonstrate that if he wants to see an object distinctly he must shift constantly from one part of it to another; but often he does not easily realize the apparent motion produced by this shafting. In demonstrating the facts to a new patient I usually begin by having him walk around the room and note that the furniture seems to be moving in the opposite direction. Then I have him take one step forward and one back and note that the furniture seems to move backward and forward. Next I have him hold his hand six inches in front of his face, and move his head far to the right and far to the left, alternately, without looking at the hand. Almost invariably he is able to note a very pronounced movement of the hand. After this I have him hold a small card in his hand and note that it appears to move with the former. Having noticed the movement of the card in his hand, it is usually easy for him to look from one side of the test card on the wall to the other, and note that it appears to move in a direction contrary to the movement of the eye. After this the shortening of the swing until he becomes able to look from one side to the other of a letter of diamond type and imagine that it is moving is a mere question of practice.

**Memory and Imagination.**—The use of the memory or imagination is an important part of the cure of imperfect sight, since a perfect memory or imagination means perfect relaxation; but I do not begin by explaining this to a patient. Instead I say:

"Can you remember a small letter o?"

Some patients can do this at once; others cannot. Those who can usually think that they are remembering the letter all alike and stationary. In order to demonstrate that this is impossible they are asked to imagine a black period on one side of the o, to keep the attention fixed upon it, and to imagine that it is perfectly black and stationary. Generally the patient finds that he cannot do this. The period usually moves in spite of all his efforts to imagine that it is not doing so. If it does not, it becomes gray and finally disappears. Having demonstrated that you cannot remember the period continuously unless it is moving, it usually becomes possible for the patient to realize that his attention is shifting constantly from one part of the o to another, and to note an apparent movement in a direction opposite to the imagined movement of the eye.

One difficulty in getting patients to make this demonstration is that the effort of remembering an unchanging object, even for a few seconds, is so great that some people cannot or will not make it. It is easier to let the attention shift naturally.

"Some patients are unable to form any kind of a mental picture, and it may require much ingenuity and long practice to enable them to do it. Some become able to form mental pictures when they are able to imagine that the things they see are moving. Others are helped in remembering a black letter by imagining that it has a very white background, whiter than the card on which they saw it.

Mental pictures are formed first with the eyes closed, then with the eyes open, and as the ability to form them with the eyes open increases the vision increases.

In every way possible the fact is impressed upon the patient that he can be cured only by *rest*; that he must learn to let his eyes alone; that whatever he does to improve his sight must be wrong. For home practice three general plans are recommended:

- 1. Practice with the Snellen test card at ten, fifteen, or twenty feet, remembering the blackness of the letters, imagining their form and their swing, and imagining the white openings and margins to be whiter than the rest of the card.**
- 2. Reading fine print at the distance at which it is seen best, then gradually bringing it up to six inches or less and putting it off to a distance of two feet or further.**
- 3. Seeing things moving all day long from the time the eyes are opened in the morning until they are closed at night, and going to sleep finally with the imagination of the swing.**

## STORIES FROM THE CLINIC

### 21: More Cases of Squint

By EMILY C. LIERMAN

ONE day in the early part of September there came to our clinic a very neatly dressed woman of forty-five, with her daughter, aged eleven. One of the doctors from another section of the dispensary had told her of the wonderful cures wrought by Dr. Bates' methods, and convinced her that they would be effective in the case of her daughter, who was suffering from convergent squint of the left eye. I at once became more than usually interested in this case, not only because I did not want to disappoint the doctor who had sent it, or cause him to lose faith in our methods, but because Selma, the patient, was a dear little girl and made a strong appeal to my sympathies. I did not notice until her eyes became straight that Nature had intended her to be very pretty; but I saw her sweet smile, and her absolute faith in my ability to cure her, combined with her willingness to do as she was told, was very touching.

I tested her sight with the Snellen test card, and at ten feet she was able to read, with the right eye, only the forty line. With the left eye (the squinting one) she read only the 200 line. I showed her how to palm, and then I had a talk with the mother, who was wearing glasses, and had been wearing them, as she told me, for twenty-five years. I explained to her how hard it would be to cure her daughter if she continued to wear them.

"How can I possibly harm my little girl by wearing glasses?" she asked.

You are under a constant strain while you wear them," I answered, "and that affects your daughter's nerves."

"But I cannot sew, read, or do other things, without my glasses," she said: "so what shall I do?"

I told her to watch very closely while I was treating Selma and do just exactly what she did. She took off her glasses at once, and did not seem to doubt that she would be cured. For this I was very grateful, as mothers are not always willing to take off their glasses at their first visit, thinking, I suppose, that although I may be able to cure children, I cannot cure adults. I placed the mother where she could watch her daughter's eyes during the treatment and, as she saw them after five or ten minutes become temporarily straight, she expressed her gratitude in no uncertain terms. On leaving she invited me to her home, and every time she came after that the invitation was repeated. She bought a test card, too, for home practice, and Selma was very faithful about using it.

From that time up to the present writing mother and daughter have come regularly three days a week. Selma now reads the twenty line with her left eye at twelve feet, and with her right eye, at the same distance, she can read the ten line. Except when she becomes excited or over-anxious, her left eye is straight most of the time. The improvement in the mother's sight seems almost equally remarkable. She reads and sews without her glasses, the lines in her face caused by strain have disappeared, and she looks so much younger that she might easily be taken for her daughter's sister. We have all become fast friends and, although I shall be glad when Selma is completely cured, I will be sorry not to see her smiling face any more at the clinic.

At the beginning of the treatment Selma's mother could not be encouraged to discuss other treatment she had had; but when, one day recently, the child read the whole of the test card with both eyes straight, she began to talk.

"You don't know how grateful I am to you," she said. "It is not so long ago that I was told at another eye clinic that Selma would have to be operated on for squint. They told me that it would get worse if they didn't operate. I told them to give me time to think it over. I was a whole year thinking it over; but I could not make up my mind to the operation, as I had doubts about its curing her."

Doris, aged four, has convergent squint of the right eye, and came to us also during September. It was noticed when she was two years old that the right eye was turning in and, although glasses were immediately secured for her, they did no good. When I first saw her the vision of the squinting eye was only one-quarter normal (10/40), while that of the other eye was one-half normal (10/20). Now the sight of both eyes is slightly above normal (12/10).

Doris does not know the alphabet; so in treating her I have to use a card covered with letter E's arranged in different ways, and she tells me which way they are facing, left, right, up or down. I found it rather hard at first to get her to palm for any length of time; but one day the mother told me of a dear baby brother at home, and I told Doris to think of her brother when she closed and covered her eyes. This worked like a charm. When she thinks it time to open her eyes, usually about a minute, she calls out, "Open them?" If I answer, "No," she keeps them closed until I say, "Ready." During the first few treatments the right eye would not keep straight for more than half a minute, but now it stays straight all the time she is reading the chart, down to the ten line. After the treatment it turns in again, but not so badly as before, and if she is reminded to make it look straight she can do so very readily.

The child's mother has been a great help in the treatment, both at home and at the clinic, and I think she has got a great deal of good out of it for herself. She is a most unselfish parent, absolutely devoted to her children; but this devotion causes her to get excited and nervous, so that when she arrives at the clinic her eyes are staring almost out of her head. In a few moments she becomes relaxed, and her eyes begin to look natural.

Doris got on so nicely that her cousin Arthur, who also has a convergent squint, came for treatment. When I tested his sight I found that the vision of the squinting eye, the left one, was only 10/50, while that of the right eye was 10/20. He was a very bright boy, very obedient and lovable, and when he looked at the chart it was sad to see the left eye turn in until it was almost hidden. He made rapid progress, however, and his mother, who always comes with him, is very happy over the good results obtained in little over a month. At his first visit he was told, after reading a line of letters on the chart, to remember the last letter while he closed and covered his eyes. When he looked at the card again he was able to read another line. His vision now is almost normal, 12/15, and when he is reading the card his eyes are almost straight. His mother tells me that he gets on much better at school than he used to. He is eager to get well, and is very happy when clinic day comes so that he may have another treatment.

I am wondering which of the trio will be cured first, and when they are I will give most of the credit to the mothers, for it is their help and the treatment given at home that has counted most.

## QUESTION AND ANSWERS

*All readers of this magazine are invited to send questions to the editor regarding any difficulties they may experience in using the various methods of treatment which it recommends. These will be answered as promptly as possible, in the magazine, if space permits, otherwise by mail. Kindly enclose a stamped, addressed envelope.*

Q - (1) How long should one palm at a time, and how far should one be from the test card?

(2) I do not understand shifting and swinging well enough to practice this method. Will you please explain it to me just as you would to a new patient?

(3) I am not getting the results you say one should from the treatment. For instance, I tried palming last evening, and at the beginning I could see clearly only the first three lines on the test card. After two hours work I could see and read clearly all but the last line of letters at the bottom, but when I looked at the card this morning it was just the same as when I started palming. Now, how can I get the vision to stay? Must one continue to palm every day, and if so will the improvement in time become permanent? R. H.

A - (1) The length of time you should palm depends entirely upon the results you obtain from the practice. Some patients can palm for hours with benefit; others cannot keep it up for more than a few minutes. Your distance from the test card depends somewhat on the state of your vision and somewhat on your own convenience. At whatever distance you may be—7, 10, 15, or 20 feet—practice with a line of letters which you cannot see distinctly.

(2) See *The First Visit*, this issue.

(3) We think you are doing wonderfully well and congratulate you. If you continue the palming, the improvement will in time become permanent. If you will practice shifting and swinging when not practicing with the card it will help you (See *The Swinging Cure*, BETTER EYESIGHT, October, 1919).

Q - (1) I have discarded my glasses for street use, and am slowly getting used to seeing without them. However, when I go to the theatre or a movie I cannot discern the faces, expression, etc., of the actors without the aid of my glasses. When I look without them the whole proceeding is like one hazy mass before my eyes. What can I do about this?

(2) Kindly explain your terms "cupping and palming." Subscriber.

A - (1) All you can do is to go on improving your sight.

(2) By cupping is meant cupping the hand over the eye in such a way so as to exclude the light while avoiding pressure on the eyeball. Palming cannot be explained briefly. See BETTER EYESIGHT, January, 1920.

Q - (1) What is the best method to use when the patient has a dilated pupil?

(2) What special refractive condition causes white letters and dots to appear over the test card along with blurring of the letters and also without it? (3) Is the temporary use of the reading glass or lorgnette as detrimental to the eyes as regular glasses? C. C. J.

A - (1) Any method that produces relaxation will help. Palming is particularly effective.

(2) They may occur with any error of refraction.

(3) Yes.

Q - (1) In swinging the period should one follow it in its travel from side to side, seeing it clearly all the time.

(2) BETTER EYESIGHT advises sleeping on the back. Will you kindly give me explicit directions as to how to do this. T. J. O. J.

A - (1) Whether you see a period all the time you are swinging it depends upon the length of the swing. If the swing is very short, a mere pulsation, you will; if it is long, or too rapid, it will be blurred or lost altogether at times.

(2) In lying on your back the arms should be parallel with the body and the lower limbs completely extended. The height of the pillow is immaterial. The head may or may not be turned to one side. It is a good thing to go to sleep swinging or palming.

Q - (1) When I palm does it affect my eyes if I do mental work. I could palm more if it didn't matter what you were thinking about, because I could do part of my studying that way. In short, does mental work necessarily mean mental strain?

(2) Isn't there any way to cure my eyes that doesn't take so much time as palming? M. W.

A - (1) Mental work does not necessarily mean mental strain. If you can see black with your eyes closed and covered while thinking of your lessons, you are perfectly safe in doing so.

(2) The best thing for a busy person is to form a habit of constant shifting and to imagine that everything seen is moving. It is the habit of staring that spoils your sight. If you can correct this by constant shifting and the realization of the movement produced by the shift, you can get well without so much palming and you will also be able to do your school work better.

Q - I cannot yet read or write easily without my glasses. Can I harm my eyes by trying to do so? P. A. C.

A - You cannot harm your eyes by reading and writing without glasses if you stop often to rest them by closing or palming. Even if the use of the eyes without glasses produces pain and fatigue the injury is less than from the wearing of the glasses.

Q - How can I relieve fatigue and nervousness while listening to the sermon in church?

A - Try swinging your thumbs over or round each other, or back and forth, and then reversing. One patient gets relief from swinging her big toe inside her shoe.

Q - Can a tendency to sties be relieved by relaxation?

A. Yes.

Q - Is it injurious to expose a baby's eyes to the strong sunlight while sleeping? F. E.

A - The strong sunlight is very beneficiary to the eyes of babies, asleep or awake. It is injurious to shade their eyes from the sun.



## BETTER EYESIGHT

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December, 1921

### THINK RIGHT

"As a man thinketh in his heart so is he," is a saying which is invariably true when the sight is concerned. When a person remembers or imagines an object of sight perfectly the sight is perfect; when he remembers it imperfectly the sight is imperfect. The idea that to do anything well requires effort, ruins the sight of many children and adults; for every thought of effort in the mind produces an error of refraction in the eye. The idea that large objects are easier to see than small ones results in the failure to see small objects. The fear that light will hurt the eyes actually produces sensitiveness to light. To demonstrate the truth of these statements is a great benefit.

Remember a letter or other object perfectly, and note that the sight is improved and pain and fatigue relieved; remember the object imperfectly, and note that the vision is lowered, while pain and fatigue may be produced or increased.

Rest the eyes by closing or palming, and note that the vision is improved, and pain and discomfort relieved; stare at a letter, concentrate upon it, make an effort to see it, and note that it disappears, and that a feeling of discomfort or pain is produced.

Note that a small part of a large object is seen better than the rest of it.

Accustom the eyes to strong light; learn to look at the sun; note that the vision is not lowered but improved, and that the light causes less and less discomfort.

Remember your successes (things seen perfectly); forget your failures (things seen imperfectly); patients who do this are cured quickly.

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## THE CORRECTION OF IMPERFECT SIGHT WITHOUT GLASSES

By Dr. Etna Marion Jones

THE correction of imperfect sight by Central Fixation, as taught by Dr. Bates, first came under my observation one year ago this September while assisting for a month in the practice of my friends, Drs. H. S. and Jennie K. Beckler, of Staunton, Virginia. I was astonished at the results they were obtaining in eye cases and at once began to study the system under their supervision.

About the same time I received a letter from a sister of mine, a teacher in the Detroit Public Schools, who had worn glasses for twenty years for myopia and astigmatism. She stated in her letter that she had discarded her glasses and was taking the Central Fixation treatment from an osteopathic physician in Detroit who had been a student of Dr. Bates. The treatment was continued during the winter, my sister keeping right on with her school work and doing extra reading at night without suffering with headaches as she had previously done. On seeing her this summer I was agreeably surprised at the change in her appearance. The strained look about the eyes and face had given place to one of relaxation, the eyes were straight, and the nervous system had lost its tension and gained a poise formerly unknown. The retinoscope showed no errors of refraction in either eye.

Encouraged by this and other cases, I decided to prepare myself to specialize in this work. After studying the anatomy, pathology and physiology of the eye all last winter, and treating several patients as best I could with my limited knowledge of the system, I decided that what I now needed most was a course of personal instruction from Dr. Bates. I went to New York for this purpose a few months ago and spent a wonderful fortnight there. The course included work in Dr. Bates' clinic held three times a week in the Harlem Hospital. The hospital being in one of the colored sections of the city, many of the patients are negroes, and they are very appreciative, too; but both white and colored come in droves to be cured of all kinds of eye afflictions. Here I had a good opportunity to study eyes by means of the retinoscope and ophthalmoscope, and I observed the changes in the refraction and pathology as the treatment progressed. I can tell of only a few of the remarkable cases which I saw, for it would take days to tell about them all.

I was especially interested in a case of squint in a girl of fourteen, who had been attending the clinic about three months before I saw her. She had worn glasses since she was four years of age to correct the trouble, but had been growing gradually worse. When her sight was first tested she read 12/40 with her left or better eye. When asked to read the card with her squinting eye, she turned her head half way around to the left in trying to see it. Mrs. Lierman gave her one simple relaxing exercise to do and left her for a few minutes. At the next test she read 12/40 with the squinting eye without turning her head. Of course, that was temporary relief, as on straining again the squint would recur; but it showed what could be done by continuous treatment, and when I left New York the right eye was as straight as the left and did not change when the patient was excited or annoyed, or on reading or studying. She told me she could read or study for hours at a time without headaches or discomfort, while before coming to the clinic she could look at a book for only a few minutes at a time.

A negress, seventy-two years old, was responding wonderfully to treatment for cataract in the advanced stage. She had been in the clinic for two months. At first she could not distinguish the large C at the top of the test card. Before I left she could read 10/40 with both eyes.

A girl of twelve was suffering from retinitis pigmentosa, a condition generally pronounced incurable, in which spots of black pigment are deposited in the retina, parts of the retina destroyed and the nerve of sight diseased. On examination by the test card, the patient could read only the seventy line at five feet. Nystagmus was one of her worst symptoms, the eyes vibrating continually from side to side. She was extremely nervous, and very sensitive in regard to her condition, the slightest annoyance making her worse. At the first treatment, the nystagmus temporarily stopped, and she read the fifty line instead of the seventy at five feet. The last day I saw her at the clinic she could read the twenty line through at ten feet, and the nystagmus had entirely disappeared.

After seeing these things it would seem impossible for anyone to doubt that Dr. Bates' discoveries are bound, before long, to revolutionize the practice of ophthalmology. They offer hope to millions for whom formerly there was no hope, and I am glad to have a share in the wonderful work of making them available to the world of eye sufferers.

470 First Avenue, North, St. Petersburg, Fla.

## MENTAL CONTROL IN RELATION TO VISION

By W. H. BATES, M.D.

THE eye with perfect sight is always at rest. When it begins to strain the sight becomes imperfect. The eye with imperfect sight is always straining, and when it ceases to do so the sight becomes normal. These conditions of rest and unrest are reflections of the mind. In other words, they indicate the presence or absence of mental control.

When the mind is not under control the memory or imagination is impaired. Therefore one cannot at the moment of seeing something imperfectly form a perfect mental picture. A person with perfect sight can remember a color, a yellow flower, a red piece of cloth, a letter of small print, a black period, a white cloud in the sky, just as well with the eyes open and looking at the Snellen test card, or reading a printed page, as with his eyes closed. A person with imperfect sight either cannot do this at all, or can do it only under certain favorable conditions, as with his eyes closed, or when looking at objects at certain distances. A near-sighted person may retain his mental control and consequent ability to form mental pictures when reading fine print at six inches, but may lose both at five inches, or when looking at certain letters on the distant Snellen test card. Some patients have a good imagination and normal sight in the daytime, but lose both by artificial light. Others have normal vision and a good imagination only when the light is dim. One patient had imperfect sight (20/70) corrected by concave 6.00 D. S. in ordinary daylight, but when the light was dim her vision became normal (20/20) without glasses, and her mental pictures were just as good when her eyes were open as when they were closed. She became able, by means of sun-gazing, to remember, with her eyes open, a black period in the bright outdoor sunshine, when her vision, tested with the Snellen test card, became normal in ordinary daylight.

Many cases of imperfect sight have been cured simply by having the patient demonstrate these facts. One patient had vision of 20/200 without glasses. She was near-sighted and could read fine print at a near point without trouble. She was asked to look at a small letter o. The question was asked:

"Can you see the letter easily and continuously?"

"Yes," she answered.

She could also, with eyes closed, remember it without difficulty and imagine the white center much whiter than the white card on which it was printed. With some encouragement she became able to realize that she did not imagine the letter all alike; that she saw one part best, and that she did not imagine the same part best very long at a time; that her attention was constantly shifting; and that the small letter was moving slowly, easily, rhythmically, continuously, a very short distance from side to side, the movement being so inconspicuous that she would not have noted it if her attention had not been called to the fact. When she tried to keep her attention on one small part of the letter continuously for a few seconds, or part of a minute, she noted that this could not be done without effort, her mind tired, her eyes pained, although they were closed, and she lost the memory of the letter.

With her eyes open she then demonstrated that her sight was the same as her memory with her eyes closed. When she tried to keep her attention fixed on one part of the letter the movement from side to side stopped, she experienced a sense of effort, her head began to ache, the letter blurred, all parts of it looked alike, and soon it disappeared. She was reminded that when she saw the letter distinctly, or when she imagined it perfectly, she did it easily, without effort, without strain, without any trouble or hard work whatever; but that when she saw, or imagined it imperfectly, she made a great effort.

The letters on the distant Snellen test card appeared gray and blurred to her, and all parts of each letter looked alike. Even the large letter that she could distinguish was blurred, with a gray outline, and was not as black as the small letters of the fine print which she read so easily. Her attention was called to the great difference between the size of the letters on the Snellen test card and those of the fine print, and I suggested that if she saw the larger letters on the test card gray, while the smaller letters of the fine print looked black to her, it must be because she was imagining them to be gray. I also said that if she could imagine the white openings of the small letters to be whiter than they really were, she ought to be able to do the same thing with the larger white spaces of the larger letters. Thus she was led to realize that a large part of what she saw on both the large and the small card was imaginary, and that she ought to be able to use her imagination to improve her sight when looking at the large card, as she did when looking at the small one, instead of to spoil it, as she was then doing. Having demonstrated these facts she soon became able to retain her mental control when looking at distant objects, and was permanently cured.

One of the worst cases of pain and fatigue which I ever saw occurred in a young man who lived several thousand miles from New York, and came here as a last resort in the hope of being relieved of the misery he had endured as long as he could remember. The history of his treatment by numerous physicians, mostly ophthalmologists, would make an interesting story, but it is too long to be recounted here. On testing his sight I was surprised to find it good. He read the twenty line of the Snellen test card at twenty feet, and also read the finest print at various distances. At this time he had no pain. When the pain came on, however, his vision became imperfect, and as the pain was almost continuous, he said he suffered from imperfect sight most of the time. I asked him why he did not maintain his good sight continuously when he obtained so much relief from it. He replied that he was unable to do so.

He had lost his mental control to such an extent that even with his eyes closed he was unable to visualize his own signature, and when he attempted to do so and failed, the pain in his eyes and head became much worse. I had him look at a large letter on the Snellen test card and observe its white center, which he was able to see whiter than the rest of the card. I told him that the white center of the letter was not whiter than the rest of the card and that he only imagined it so. Then I asked him if he could imagine the white center as white as snow with the sun shining on it—a dazzling white. He answered:

"Yes, I can imagine it as white as the snow on the top of the mountains near my home."

I told him that he had formed a mental picture of the snow-capped mountain, by the aid of his memory or imagination, and that having done this with his eyes open, he ought to be able to visualize the mountain with his eyes closed. Much to my gratification he was able to do this for part of a minute, and to imagine not only the white snow on top of the mountain but also other parts of it as well. Then he demonstrated that he could imagine one part best of the snow-cap, but that when he tried to imagine it all at once the mental picture disappeared and his pain increased. To see one part at a time of the snow-cap was easy and his pain was relieved. To see all parts at the same time was impossible, and trying to do the impossible was a strain which produced pain. In other words to lose his mental picture of the mountain required an effort, a very great effort which tore the nerves of his eyes and head all to pieces.

With this demonstration as a beginning, he became able to form mental pictures of other objects. The most difficult thing of all was for him to imagine printed or written letters, but this was finally accomplished, and his mental control, and consequently his mental pictures, became normal. With his eyes closed he is now able to remember or imagine large or small letters as well as he can see them with his eyes open. His pain is entirely relieved and—what pleased him most—his vision has improved to 20/10, double the accepted standard of normality.

## STORIES FROM THE CLINIC

## 22: Christmas at the Clinic

By Emily C. Lierman



THROUGHOUT the civilized world Christmas is recognized as the children's day. To hosts of boys and girls it seems the most wonderful day in the year; but there are other little folks—all too many of them—who do not know its meaning, whom Santa Claus seems to have quite forgotten.

This fact was brought home to me very forcibly during my first Christmas at the clinic, seven years ago. A boy of seven came with his sister, a little girl of five, for treatment. Both the children were thinly clad and far from clean, and seemed to feel perfectly at home near a warm radiator. There was nothing wrong with the girl's eyes, but the boy had a severe inflammation of the eyelids, along with a squint of the right eye. I was not surprised to find later that this inflammation was caused by uncleanness. As I was about to treat him I asked him what he expected Santa Claus to give him. The time was two weeks before Christmas. He looked up and said:

"Oh, he aint never came to our house! I only sees him in the store windows."

"But you have a Christmas tree on Christmas eve, don't you?" I asked.

"Nope," said he, "we never had none."

I began to think I wanted to use my influence with Santa Claus on behalf of this neglected waif, but my present business was to treat him. No, I did not begin with palming this time. I washed his eyes and face with water, and judging by the color of the towel when the operation was over I should say that he had not been washed for six months or so. I now tested his sight, and with both eyes he read the ten line at fifteen feet. Then I covered his good eye, and with the squinting eye, the right, he read the seventy line (15/70). I now showed him how to palm, and while his eyes were covered I told him the story of the Babe of Bethlehem. This worked like a charm, and in less than ten minutes his right eye improved to 15/30. The little fellow promised to cover his eyes to rest them many times each day; and I promised that Santa Claus would surely have a present for him at Christmas.

The progress he made was astonishing. I learned later that his father was in jail for theft, and that he had to mother his little sister and baby brother while his sickly mother went out to work; yet he found time to practice, and before Christmas he had normal vision in both eyes, though the right eye turned in at times the least little bit. As for the inflammation, it had completely disappeared under the influence of the sun treatment.

The day before Christmas I bought a Christmas tree and filled a big basket with good things to eat and a little gift for each child in the family of my little patient, and in the evening I took them to his home. The poverty I found there wrung my heart, but I had the gratification of knowing that the children at least would have a happy Christmas. The sight of the Christmas tree filled them with rapture too great for speech, and the gratitude of the mother was pathetic.

Shortly afterward the boy's visits to the clinic ceased, and going to his home I found the scanty belongings of the family upon the sidewalk, all covered with freshly fallen snow. Next day I went again, and was told by the neighbors that the mother was in a hospital and that the children had been placed by a charitable society in an institution.

I never saw nor heard of my patient again, but he inspired me with the idea of trying to make my family at the clinic happy at Christmas time, and incidentally I found that Santa Claus was an invaluable assistant, taking the place of baseball at other seasons. Mothers often tell me that Jimmie or Johnnie will not behave long enough for me to treat him. Well, I listen, of course, and then I begin to talk baseball or Santa Claus, according to the season of the year, and I have known the most restless of small boys to sit on

a stool, or stand in a corner, for ten minutes without moving while I told of the night before Christmas, or related some incident of the baseball field. It is astonishing the interest a small boy takes in baseball. Nine times out of ten when I ask a boy to imagine something perfectly he will say:

"I can imagine a baseball very well."

I think if Babe Ruth knew how these infants admire him, he would provide seats for about a thousand of them at some of his games just for the sake of having a group of pre-eminently enthusiastic rooters on the bleachers. I think, too, that he wouldn't mind playing Santa Claus and providing baseballs for some of my patients. I am sure nothing would make them happier, even though baseballs are of very little use in a city that does not provide enough playgrounds for its children, and where the police will not let you play baseball in the streets.

However, this is a digression. Santa Claus, as I said, is a fair rival of baseball, and appeals to girls and boys alike. I begin in September to talk about the visit he makes to the clinic every year, and the result is magical.

Joseph, nine years old, was quite unmanageable at first, and could not be enticed to palm, nor even to stand still long enough for me to test him. I finally got tired of coaxing him, and told him to wait until others had been treated. His mother, a very nervous woman, wanted to thrash him, but the little fellow didn't seem to mind that a bit. He had been sent by the school nurse for glasses, and was so sensitive to light that he could only partly open his eyes. When I was able to get back to him I said:

"If you will read this card for me and do as I tell you, I will have you come here the day before Christmas when Santa Claus will give you something nice."

It worked splendidly. He read the card with both eyes together and each eye separately, getting most of the letters on the forty line at twelve feet. He palmed when I showed him how, and before he left his sight had improved to 12/20. After he had palmed for ten minutes or so his mother remarked on how wide open his eyes were. Joseph came quite regularly after that, and was so grateful for the gift Santa Claus brought him at Christmas that, even though he was cured in a few weeks, he continued to come just to say "Hello" to the Doctor and myself.

One day, shortly before Christmas, a little girl came for treatment. Her age I cannot exactly remember, but should imagine it was nine or ten years. Her wistful eyes looked up into mine, and I guessed that she was very poor and lonely. She told me that her

READ

**The Anatomy and Physiology of the Eye**  
By W. H. BATES, M.D.

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mother and father were both dead and that a kind neighbor who already had nine children was mothering her too. I knew just what I would like to have had Santa Claus give her, and tried to figure out just how much I could stretch my Christmas fund so that I could buy clothes and shoes for this little girl. It could not be done; but I doubt if these useful things would have made her as happy as the dolly and the necklace which I ultimately gave her, and which cost only a trifle. Like the children in the first story she was so overcome with joy that she could scarcely talk.

There was nothing seriously wrong with her eyes, but she was under a nervous strain which caused her sight to blur at times. I soon corrected this, and she was very happy when told that she didn't need glasses.

I must add that the adult patients are not forgotten at Christmas time. Each one gets a box of candy and an orange, and they all leave the clinic with a smile that won't come off; all of which, I am sure, is good for their eyes. My family seems to grow each year, but somehow I always find the money for the annual distribution of Christmas joy. A good many of the patients buy Snellen test cards to practice with at home, and all this money goes into the Christmas fund; then checks come from various sources—sometimes at the last moment. To all who have so generously helped me in this way I want to say:

"I thank you from the bottom of my heart, and wish you all a merry Christmas and a happy New Year."

## QUESTION AND ANSWERS

*Our readers are invited to send in questions regarding any difficulties they may experience in using the various methods of treatment which it recommends. These will be answered as promptly as possible, in the magazine, if space permits, otherwise by mail. Kindly enclose a stamped, addressed envelope.*

## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

January, 1922

STOP STARING

It can be demonstrated by tests with the retinoscope that all persons with imperfect sight stare, strain, or try to see. To demonstrate this fact:

**+ Look intently at one part of a large or small letter at the distance or near-point. In a few seconds, usually, fatigue and discomfort will be produced, and the letter will blur or disappear. If the effort is continued long enough, pain may be produced.**

**To break the habit of staring:**

**(1) Shift consciously from one part to another of all objects regarded, and imagine that these objects move in a direction contrary to the movement of the eye. Do this with letters on the test card, with letters of fine print, if they can be seen, and with other objects.**

**(2) Close the eyes frequently for a moment or longer. When the strain is considerable, keep the eyes closed for several minutes and open them for a fraction of a second—flashing. When the stare is sufficient to keep the vision down to 2/200 or less, palm for a longer or shorter time; then look at the card for a moment. Later mere closing of the eyes may afford sufficient rest.**

**(3) Imagine that the white openings and margins of letters are whiter than the rest of the background. Do this with eyes closed and open alternately. It is an interesting fact that this practice prevents staring and improves the vision rapidly.**

## BE COMFORTABLE

By W. H. BATES, M. D.

IT can be stated without fear of successful contradiction that persons with perfect sight are always comfortable, not only as to their eyes, but as to the rest of the body. As soon as they cease to be so, it can be demonstrated, by examination with the retinoscope, that their sight has ceased to be perfect. They become nearsighted, farsighted, or astigmatic. The art of learning to use the eyes properly, is, in short, the art of learning to be comfortable. Even the memory of comfort improves the sight, while the memory of discomfort lowers it. Persons with imperfect sight often say and think that they are perfectly comfortable; but invariably such persons experience a feeling of relief when they close their eyes, demonstrating that they were not perfectly comfortable before, but had merely formed a habit of ignoring that discomfort. Persons with perfect sight, on the other hand, can immediately produce discomfort by producing imperfect sight, or even by remembering or imagining it, and persons with imperfect sight can produce a degree of discomfort that cannot be ignored by making their sight worse.

Imperfect sight cannot, in other words, be produced without effort, and this effort tears the nerves of the whole body to pieces. The same is true of an imperfect memory and imagination. To demonstrate these facts is often the best way of improving the sight.

While persons with imperfect sight may feel no discomfort when looking at letters on the test card which they do not ordinarily distinguish, they cannot blur their vision for a letter they do distinguish without great effort and discomfort. In fact, the effort and discomfort are so great that many patients cannot be induced to make the experiment. When they can be prevailed upon to do so, however, they realize that they must be unconsciously straining whenever they look at anything with imperfect sight. It is often hard to convince patients of the existence of this unconscious strain, and nothing helps more in their treatment than to have them demonstrate the facts.



What is true of the vision is true of the memory and imagination. When a letter is remembered perfectly, with the outlines clear, and the opening as white as snow or starch; when the attention shifts easily from one part of the letter to another and it appears to move in a direction opposite to that in which the attention shifts; it is remembered easily. There is no sense of effort, or strain, and the individual is perfectly comfortable. When, on the other hand, a letter is remembered imperfectly, with the outline obscured by a gray cloud which is all the time changing, the mind tires so quickly that the memory of the letter is lost from time to time and has to be brought back by an effort. Discomfort is soon produced, and if the effort is continued long enough, severe pain may result. At the same time the retinoscope will show that an error of refraction has been produced, or if this condition previously existed, that its degree has increased.

It should be added, however, that if the strain is to remember a near object, myopia may be decreased, because a strain to see a near object always decreases myopia and the memory of near objects has the same effect. Similarly a strain to remember distant objects may decrease hypermetropia.

Staring is uncomfortable, and lowers the vision. Shifting and the realization of the apparent movement resulting from it are comfortable, and improve the vision. Let anyone try to stop the apparent movement of telegraph poles and other objects past a moving train, and discomfort, pain and carsickness result. In the same way any effort to stop the slighter movement of stationary objects produced by the normal shifting of the eyes, results in discomfort and pain, even though the individual may not previously have been conscious of the movement.

Some people are able to close their eyes and be comfortable. Such persons are easy to cure. In one case a man with presbyopia was completely relieved by keeping his eyes closed for half an hour; and the cure was permanent. Later his wife was cured by the same means. Other people cannot rest with their eyes shut, and are very difficult to cure. It is the same way with palming. Some persons, when they close and cover their eyes so as to exclude all the light, at once relax and are comfortable, and such persons are easily cured. Others strain more than ever, and are very difficult to cure.

Perfect sight, perfect memory and perfect imagination cannot, in short, coexist with the consciousness of any abnormal symptom, and all such symptoms are relieved when the sight becomes perfect, or when one is able to remember or imagine something seen perfectly.\*1

### **MY EXPERIENCE WITH CENTRAL FIXATION**

**By Dr. Doris J. Bowlby**

THE correction of imperfect sight without the use of glasses, as taught by Dr. Bates, first came under my observation on January 1 of this year when Dr. Etha Marion Jones, of St. Petersburg, Fla., called my attention to the method. It appealed to me as being both simple and rational, and I began at once to study and later to practice it. Since that time I have taken glasses off about fifty patients, varying in age from ten to eighty years. Among them have been cases of squint, glaucoma, iritis, retinitis, double progressive myopia and muscae volitantes (floating specks). Many had worn glasses for years. Yet I had great success with all of them. The following are specimens of other equally interesting cases that might be cited:

Frank, aged ten, came to my office on September 1, 1921, for examination. He had been wearing glasses since he was four years old for what was supposed to be congenital myopia, and was then wearing the following:

Right eye, concave 15.75 D. S., combined with concave 4.00 D. C., axis 15;  
left eye, concave 15.75 D. S., combined with concave 4.00 D. C., axis 165.

With his left eye he could see only the 200 letter at one foot (1/200), and with his right he had only light perception. His parents hesitated about putting him in my care, as it seemed incredible that he could ever be cured, but were finally persuaded to snatch at what must have appeared to them a forlorn hope. The boy himself was unwilling to discard his glasses at first; but after the second treatment, when the vision of the left eye improved to 3/30 and that of the right to 3/40, he hesitatingly consented to go home without their aid. After his third treatment he felt safe in going anywhere without them. As he lives twenty-five miles from my office, I could see him only twice a week, but after every treatment the improvement was so marked that now, after two months, his right vision is as good as his left, both being 11/30 for the Snellen test card, while he reads diamond type at six inches and the larger type of his school books at eight inches. I feel sure that he will soon be reading 20/20. He looks and acts like a different boy, and is, naturally, a very happy one. The case has attracted much attention in the village where he lives.

On September 9, a young girl of eighteen came to me because of the intense pain which she was suffering in her eyes and head. She had not been able to go to school, or use her eyes in any way, for over a year, and during this time had been to three specialists. Her lenses had been changed a number of times, she had dark glasses to wear whenever she went into the light, and for eight months she had spent most of her time in dark rooms. Her sight had been perfect, so far as she knew, until she had had measles four years previously. During this illness she had read and studied, and afterward her eyes were red and weak. Two years ago she noticed that she could not see writing on the blackboard, and in a few days an eruption appeared on the eyelids and side of the face. Later she had an infected sinus, and also infected tonsils, tonsillectomy and an operation upon the nose having been performed eighteen months previously. No doubt the foci of infection which had existed at least a year had something to do with her trouble. When she came to me she was suffering from conjunctival congestion, with exudation of purulent material, and there was some hardening of the eyeballs. Her left vision was 7/30 and her right vision 7/50, and she was wearing:

Right eye, convex 1.00 D. S., combined with convex 1.00 D. C., axis 100;  
left eye, convex 1.00 D. S., combined with convex 1.25 D. C., axis 80.

The patient came for treatment every day and has been very faithful in her palming and other exercises. After the third treatment all pain left her and she left her glasses with me. By October 1 she was able to return to school. She now reads the lowest line of the test card at twenty feet (20/10), and reads diamond type at ten inches. The retinoscope shows no error of refraction in either eye, and the strained look about her eyes and in her face has given way to one of relaxation.

135 Jefferson Street, Brookville, Pa.

**STORIES FROM THE CLINIC**  
**23: Congenital Blindness Relieved**

130

By **EMILY C. LIERMAN**

*It is a pleasure to be able to publish the following report of the relief of congenital blindness involving not only cataract but disease of the retina. According to the accepted teachings of ophthalmology there would have been no relief for this child, and he would have been condemned to a life of blindness, a burden to himself, his family and the state.*

ONE day about a year ago there came to our clinic a little boy of three bearing the picturesque name of Jocky. A man and woman on the last lap of life's journey accompanied him, and I learned later they were his grandparents, his father and mother having died of influenza when he was a baby. As they held the child's hands and waited very patiently for Dr. Bates to speak to them, they both looked very sad indeed.

After the Doctor had examined the boy's eyes, he called to me and asked me to watch very carefully to see if the little fellow would follow his hand as he passed it from side to side very close to the eyes. Poor Jocky paid no attention whatever to the proceedings, for he did not see the hand at all. He could not see anything. He was blind, and had been so from birth. Breathlessly the grandmother exclaimed:

"Isn't there no hope at all, Doctor, please? Oh, say there is!"

Poor woman! There seemed very little room for hope. The child's pupils were filled with a white mass plainly visible to the naked eye, and Dr. Bates said that there must have occurred before birth an inflammation of the iris and the interior coats of the eyeball. This had not only caused the formation of the cataracts, but had destroyed the sensitiveness of the retina, so that the removal of the cataracts would have done no good. The Doctor did not promise anything, but carefully explained to the dear old people how necessary it was for Jocky to rest his eyes, and I then showed the grandmother how he could do this.

It was not easy for Jocky to rest. Every nerve in his body seemed to be straining. But with infinite patience his grandmother taught him to palm and encouraged him to make a game of it.

"Where is Jocky now?" she would ask.

Then he would cover his closed eyes with his little chubby hands, shut out all the light, and say: "Jocky gone away."

Jocky enjoyed playing this game, and the two would keep it up for hours. Even by himself, when he became tired of his other games he would cover his closed eyes with the palms of his hands and go somewhere else in his imagination. When he took his hands down he could always see better, and this naturally encouraged him to continue the game. He also enjoyed joining hands with his grandmother, or grandfather, and swinging, and the practice helped his sight very much. He did not know his letters at first, but the grandmother soon taught him, with the help of the test card.

After a few months of this treatment he had made the most astonishing progress. The area occupied by the cataracts grew smaller and smaller, until one pupil was half clear and the other partially so. Jocky began to go out by himself and to play with other children. At the clinic, after he had palmed awhile, his grandmother would ask him to go and find the good nurse who had been so kind to him when he first came, and he would go straight to her. Then she would ask him to find Dr. Bates, and he would put his arms about the Doctor's knees and hug him affectionately. He would also go to a little girl patient, suffering from crossed eyes, and the two had great fun swinging together.

Then one day the grandparents were told that Jocky could not come to the clinic anymore, because he did not live in the district of the Harlem Hospital. We did not see or hear from him after that, and I can only hope that the grandmother kept on with the treatment and continued to get result, from it.

No patient who ever came to the clinic was more missed than Jocky when his visits ceased. As he lived quite a long way off, he did not come three days a week, like the other kiddies, but when he did come he was like a ray of sunshine. His cunning ways endeared him to everybody, while his wonderful progress inspired confidence in the treatment and encouraged young and old to practice more industriously. He understood what we were trying to do for him, and tried to help us all he could. Whenever he saw Dr. Bates coming towards him he would put his hands over his closed eyes, and say over and over again:

"Jocky gone away, Doctor. See! Jocky gone away."

**AFTER THIRTY YEARS**

By **William Murphy**

*This very interesting article furnishes a striking illustration of the fundamental principle of the cure of imperfect sight by treatment without glasses. All the methods used for this purpose are simply different ways of obtaining rest, and although most persons cannot obtain sufficient rest to effect a cure merely by closing their eyes, there is a minority of patients who require nothing more. The writer is mistaken in thinking that his imperfect sight was caused by excessive reading in youth. He could not have done all this reading unless he had done it without strain. And even reading under a strain would not have made him myopic. It is more likely that his trouble started with straining to see the blackboard or other distant objects in school, for it is straining to see distant objects that causes myopia.*

I WAS born in Ireland forty years ago, and my eyes began to fail when I was about nine or ten years old. I never knew why, but since reading *Better Eyesight* and *The Cure of Imperfect Sight by Treatment Without Glasses* I think I have found the reason.

I was very far from being a sissy when I was a boy. If you had asked any of the gang, they would have told you that I was a "regular feller"; and if they had told you anything else they would have heard about it, because I was the leader of the gang. Nevertheless I was an inveterate reader. I would eagerly devour every scrap of reading matter that came into my hands, and many a night I have curled up in bed all night long, reading about the hair-breadth escapes and other thrilling adventures of Buffalo Bill and Nick Carter and all the other wonderful heroes so dear to the heart of a red-blooded boy. On such nights I might get one, or, maybe, two hours sleep. I would then get up and go to school. I now believe that all that reading was a very great strain on my eyes, and, not having learned how to rest them, they remained under this strain for more than thirty years.

My vision grew steadily worse, but I never could bring myself to wear glasses. Several times I have been tempted to do so, but always when it came to the point I balked. One day when I was about fourteen years old, in my search for something to read, I happened upon a publication entitled *Physical Culture Magazine*. Of course I read it. It was only a pamphlet of ten or twelve pages,

but it made a very strong impression upon me. Ever since then I have been a firm believer in natural methods of curing disease, and I fully, expected that some day I would find a natural method that would cure my eyes. Wearing glasses was not curing them, and I simply could not get myself to put them on. Perhaps I missed something by this stubborn attitude. Perhaps there was something on the other side of the street that I did not see, but now I am sure that I gained more than I lost. If I had added the strain of glasses to my other strains, there is no knowing how much worse my eyes would have become.

Now, after waiting nearly thirty years, my long cherished hopes have been realized. I have found a way to cure my eyes by natural methods. On November 28 of last year I began the practice of Central Fixation, and the results have been wonderful. On that date I could read, with my left eye, only the fifty line at six feet. With my right eye, at three feet, I could barely see the great big letter at the top of the card. Eight days later my left eye had improved to 6/10 and my right eye to 6/50, and with the right eye alone, the eye that was almost blind, I read newspaper type at twelve inches.

All this I accomplished simply by closing my eyes and resting them for fifteen minutes at a time, and then looking at the card. I didn't imagine dots or swings or anything else. I just rested my eyes and looked at the card, keeping it up for about two hours.

Now I am trying something else. I noticed that whenever I attended a movie show my eyes felt fine afterward. So I decided to go to a movie every day, and this is how I work it: The first day I sat up in the very first seat, close to the screen; now I am moving back a seat each day (I always go to the same playhouse). I am very careful not to strain and always close my eyes and rest them when they feel the least bit tired. In fact, this resting of my eyes is becoming quite a habit with me. The results so far have been splendid.

My greatest trouble is double vision. I have it in both eyes; but it is going away gradually, and doesn't bother me except when I look at the test card.

### QUESTIONS AND ANSWERS

*All readers of this magazine are invited to send in questions regarding any difficulties they may experience in using the various methods of treatment which it recommends. These will be answered as promptly as possible, in the magazine, if space permits, otherwise by mail. Kindly enclose a stamped, addressed envelope.*

Q - (1) Should a house be brightly lighted by a direct electric light or a reflected white light?

(2) In many homes colored shades are used on the lights. Does that impair the sight? C. I. I.

A - (1) The more brightly the house is lighted the better for the sight.

(2) Yes.

Q -. (1) Is it advisable to use specimens of diamond type other than the *Seven Truths of Normal Sight*? Would it be well to get a *New Testament* in diamond type?

(2) I have thus far found the flashing method the most helpful. However, after closing the eyes, I have difficulty in opening them. The lids seem to stick together, as it were. What is the cause of such stickiness and the remedy?

(3) I was trying to read the *Seven Truths* lately by the flashing method, and for about twenty minutes obtained very little results. Then, of a sudden, upon closing my eyes, I saw the blackest object I have ever seen with closed eyes. I was startled, it seemed so real, and on opening my eyes I was surprised to find that I could read practically all of the *Seven Truths* clearly, at thirteen inches, without closing my eyes. I think the black object was probably the black rubber key of the electric socket in the fixture which I had unconsciously looked at from time to time during the exercise. I have not been able to do just this since. What is the probable reason for my failure?

(4) I find I see any reading matter more clearly in a bright light—sunlight or electric light—than in a dim or less bright light. Why is this?

(5) Today in trying to read the *Seven Truths* I found that I could do it at six or seven inches with few alternate closings of the eyes and flashes; but I found in accomplishing this I was partially closing my eyelids, so that I must have looked much like the Patagonians in Fig. I in Dr. Bates' book, said to be probably myopic when the picture was taken. I found that I could not keep my eyes thus partly closed without some strain, but I could not see the print clearly when they were wide open. Often the print would look quite blurred when I first looked at it, but it cleared perceptibly and became quite black as I continued to look. I also found myself reading today twenty pages of fairly small print at about eight or nine inches in much the same way. W. C. C.

A - (1) Yes, if you wish to. The *Testament* would be a good thing to have.

(2) Difficulty in closing or opening the eyes is a common symptom of strain, and may be relieved by any method that relieves strain.

(3) Such intervals of relaxation are a very common phenomenon. They will come more frequently and last longer if you continue to practice.

(4) In a bright light the contrast between black letters and their white background is more marked than in a dim light. Persons differ greatly, however, in the amount of light they require for maximum vision. Some people see better in a dim light, because they think that condition a favorable one.

(5) It is a bad one. [Squinting is a destructive habit that causes, increases eye muscle tension, eyestrain, blur.](#)

**January, 1922**

\*1 - Bates: The Relief of Pain by the Aid of the Memory, N. Y. Med. Jour., May 24, 1919.

**February, 1922****Test Your Imagination!**

***WITH the eyes closed remember some letter, as, for example, a small letter o. Imagine the white center to be white as snow with the sun shining on it. Now open the eyes, look at the Snellen Test Card and imagine the white snow as well as you can for a few moments only; without noting so much the clearness of the letters on the card as your ability to imagine the snow white center, alternating as before with the Snellen Card.***

***Another method: With the eyes closed, remember and imagine as well as you can the first letter, which should be known, on each line of the Snellen Test Card, beginning with the larger letters. Then open your eyes and imagine the same letter for a few moments only, alternating until the known letter is imagined sufficiently well that the second letter is seen without any effort on your part.***

***Third method: With the eyes closed remember or imagine a small black period for part of a minute or longer. Then with the eyes open, looking at no object in particular and without trying to see, imagine in your mind the black period. Should you believe that your vision is improved, dodge it, look somewhere else. This you can practice at all times, in all places, at your work as well as when sitting quietly in your room practicing with the Snellen Test Card. When the period is imagined perfectly with the eyes open, one cannot dodge perfect sight, which comes without any effort whatsoever.***

### **SIXTEEN SCHOOL GIRLS**

**By EMILY C. LIERMAN**

THROUGHOUT the summer of 1921 our morning and afternoon offices were filled with school children, boys and girls, waiting for treatment of their eyes. They came from the Northern, Southern and Western parts of the United States. Watching them waiting patiently for their turn to see the Doctor who would take their glasses from their eyes and cure them, one could read the happy thoughts expressed in their faces. Mothers and guardians were with them to reassure them if they became impatient or the least doubtful while waiting.

To the clinic of the same good and great Doctor in one of New York City's large hospitals, throughout the whole year, there comes a steady stream of school children, just as eager to be cured without glasses. Not always does the boy or girl have a guardian or mother to give reassurance as the different ones are waiting to be treated. Sometimes they come alone and at other times they come in pairs or with three or four other children. At the office the Doctor sees the patient for one-half hour or so, but each child at the clinic can have only five minutes or just a little longer, for the time is short on clinic days.

I am anxious to tell about fifteen school girls, all from one class of Public School No. 90. Their ages range from nine to fourteen years. On January 5th they first appeared. That day Dr. Bates and I had to plead for admission.

### **ENTER, THE FIRST FIFTEEN**

There were about thirty adults, besides these school girls, also waiting for treatment and all of them made a rush for us when we arrived. I found that the teacher of the girls, who is very near-sighted, was at the present time being treated by Dr. Bates at his office. The progress she was making inspired her to send those of her class who were wearing glasses to the clinic. All hands went up at once when I asked who came first.

I could see from the start that I would have my hands full. All of them had a strained expression and, because of their actions and their manner, my heart went out not just to them but to that poor near-sighted teacher!

Three out of the fifteen girls have squint and two of the three are sisters. These sisters, Helen, age 10, and Agnes, age 12, both have squint of the left eye. Helen had 14/20 with both eyes, glasses on. Glasses off, she read 14/40. After palming and resting her eyes her right eye improved to 14/20, and the squinting left eye improved to 14/30 without glasses. On January 17th she read 14/15 with each eye separately. Agnes, whose squint is worse than Helen's, had 14/70 in the left eye on January 5th, and on January 17th improved to 14/20. The right eye improved from 14/40 to 14/15 from January 5th to January 17th.

Frieda, who also has squint of the left eye, improved from 14/40 to 14/15 in the same length of time. Her right eye has normal sight.

All the rest of the fifteen, I discovered, were near-sighted.

### **MARY AND MURIEL**

The youngest and best behaved is nine years old. Her name is Mary. She suffered terrible pain in her eyes and head the first day she came, but after she had closed her eyes and rested them for a short time the pain went away and her sight improved from 14/40 to 14/20. The strange thing about Mary is that she did not practice at home resting her eyes as she was told to do, but nevertheless her pain never came back even though her sight did not improve any more than it had on the first day.

Muriel and another Mary had progressive myopia. Muriel become so frightened the first day she came that she ran out of the clinic as fast as she could. She feared that the Doctor would apply drops or make her suffer in some way. Next day at school Mary told her what she had missed by running away and now, after three visits to the clinic, Muriel is running a race with Mary and I believe she has a fair chance of being cured first.

Muriel's sight improved from 14/70 to 14/20. Palming, resting her eyes, did this for her. She practices faithfully at home. Mary's vision was 14/15 with glasses. Without them, 14/50. Now she has sight as good, without her glasses as she did with them before. January 17th her vision was 14/15. She also practices faithfully, and her father has also become interested and helps Mary at home



with her chart. The remainder of the fifteen all had about the same degree of myopia and all are eager to be cured. It is encouraging to see them improve after they have rested their eyes for just a few minutes.

*This is the twenty-fourth of the series of Stories From the Clinic. Can any mission of helpfulness be greater than that of Mrs. Lierman's to these children of New York's crowded schools? We think not— nor do the other children of the world await any greater blessing than that which she has been fortunate enough to give to these.*

### **IS IT A CRIME TO HELP THESE CHILDREN?**

As I finished with these cases Doctor called my attention to a girl from the same school who has opacity of the cornea of the left eye. She had had this trouble since she was one year old. Her age now is twelve. She had no perception of light at all in that eye when she came. On her second visit to the clinic she could see light in that eye for the first time. Now she is beginning to see the letters on the test card.

Is it a crime to help the sight of these poor children? Should they be forced to keep wearing their glasses to benefit the man who sells eyeglasses? I am willing and want to devote the rest of my life to this wonderful work, but we need help. Mothers of the children are helping, they are our assistants only in the home. Teachers who are wearing glasses and who are being cured without them are also helping, but the prejudice of some of the authorities, based on ignorance of the truth, is a stumbling block. If they would only investigate the facts we would all be better satisfied.

The second visit of these children to the clinic is one to be remembered. On January 7th Doctor and I arrived a little late. We were greeted by a very much excited nurse. I knew something terrible had happened because this particular nurse has the best disposition of any nurse I have ever known. She is the most faithful, self-sacrificing person I know and I wonder, as does Dr. Bates, why some wonderful Doctor in need of a nurse and assistant has not taken her for his private practice. She is very intelligent and speaks several languages. How my heart did ache to hear her say that never in all her life had she come in contact with such bad girls. One of them invaded a doctor's room and placed herself in the operating chair. A team of horses could not move her. Others yelled so loud that the doctors could not hear themselves talk. Well, I cannot explain in writing just how I felt. I treated each one, with tears in my eyes and a lump in my throat. I had planned to share between them some test cards to practice with at home, but I sent them home without them that day.

### **AS ARE THE EYES, SO IS THE GIRL**

But now since I have distributed them, my girls have faithfully practiced and improved not only their eyes but in other ways. I have promised them a day in the country this spring if they continue to behave, and also a house party with lots of goodies to eat. Winter storms have changed to summer breezes and they are working with a determination for better sight without glasses.

On January 14th they informed me that the school doctor said they must put on their glasses again, regardless of the fact that the sight of all of them has improved. The mothers feel quite differently about it, however, and they say that their children will not put on their glasses again no matter what the school nurse or doctor says. Since then my girls are all my willing assistants and are more determined than ever to be cured.

I will be pleased to report from time to time the progress we are making.

### **READING WITHOUT GLASSES**

**By W. H. Bates, M. D.**

#### **Dr. Bates Cures His Eyesight – Discovers Principles, Methods of Natural Eyesight Improvement**

A PATIENT asked me how I discovered so many truths about eyesight. It may emphasize the facts and their value, if I relate the events connected with the discovery of these truths.

P. T. Barnum, many years ago, wrote an essay on "How to Make Money." In the opening sentence he stated that he felt that he was able to write an essay on how to make money because he had made money. Perhaps, similarly, as I have established medical truths I am encouraged to write how it was done.

About ten years ago I was talking to a friend of mine who showed me a letter which he desired me to read. At that time I was wearing glasses, but only for reading and on account of my age, not then knowing any means of doing without them for that purpose. My glasses were mislaid and it took me some time to find them while my friend impatiently waited. Being a friend, of course, he had the license to say things to me in a way he would not to his worst enemy.

Among other disagreeable things he said, and the tone was very emphatic, sarcastic, disagreeable, insulting: "You claim to cure people without glasses; why don't you cure yourself?" I shall never forget those words. They stimulated me to do something. I tried by all manner of means, by concentration, strain, effort, hard work, to enable myself to, become able to read the newspaper at the near-point.

After a few weeks, a few months, it dawned on me that all my efforts were useless. Previously, it had been my custom when I could not do a certain thing myself to look around and find somebody to help me, and so in the present instance I went looking for help. My old friends, the eye doctors, laughed at me and told me that I was crazy to think of the possibility of such a thing. They repeated to me the old established theories that accommodation is produced by change in the curvature of the crystalline lens. In youth, the lens readily changes its form or its ability to focus. With advancing age the lens, like the bones, the cartilages, becomes hard, loses its elasticity or its ability to change its shape and the eye no longer can change its focus from distant to near objects.

## Hypnosis, Electricity, Neurology—and Back to Dr. Bates!

I consulted specialists of hypnotism, electricity experts, neurologists of all kinds and many others. One I called on, a physician who was an authority in psycho-analysis, was kind enough to listen to my problem. With as few words as possible I explained to him the simple method by which we diagnose near-sightedness with the retinoscope. As I looked off at the distance, he examined my eyes, and said that they were normal, but when I made an effort to see at the distance he said that my eyes were focused for the reading distance, near-sighted. Then when I looked at fine print at the reading distance and tried to read it he said that my eyes were focused for a distance of twenty feet or further, and the harder I tried to read the further away did I push my focus. **He was convinced of the facts, namely: a strain to see at the distance produced near-sightedness, while a strain to see near produced a far-sighted eye.**

+When strain occurred when looking at a specific distance, the eye would focus/set itself for the opposite distance causing the distance the eyes are looking at to be unclear. The shape of the eye would be incorrect.

+When strain is avoided and relaxation is present the eye focuses/sets itself for the correct distance, the distance the eye is looking at and vision is clear. The shape of the eye is correct.

Then I told him what I desired: "Will you kindly suggest to me a line of investigation by which I can become able to focus my eyes for reading just as well when I am looking at the near-point where I desire to see, as I am able to do when I strain to see distant objects?" He answered, "Come back in a month." At the end of three months I returned for his opinion. He said to me: "After consulting with a number of neurologists, ophthalmologists and others it is my opinion that there is only one man that can solve your problem." I eagerly asked, "Who is he?" He answered, "Dr. Bates."

And so I had to go on with my work without his help.

*That great truths are always simple truths, and that simplicity and humor frequently are akin, have been remarked before. But how often has one the experience of finding an appreciative and discriminating sense of humor—such as Dr. Bates'—in a scientist's reports of his experiments and discoveries?*

### Stumbling on the Truth

The man who finally helped me to succeed or the only man who would do anything to encourage me was an Episcopal minister living in Brooklyn. After my evening office hours I had to travel for about two hours to reach his residence. With the aid of the retinoscope, while I was making all kinds of efforts to focus my eyes at the near-point, he would tell me how I was succeeding. After some weeks or months I had made no progress.

But one night I was looking at a picture on the wall which had black spots in different parts of it. They were conspicuously black. While observing them my mind imagined they were dark caves and that there were people moving around in them. My friend told me my eyes were now focused at the near-point. When I tried to read he said my eyes were focused for the distance. Lying on the table in front of me was a magazine with an illustrated advertisement with black spots which were intensely black. I imagined they were openings of caves with people moving around in them. My friend told me that my eyes were focused for the near-point; and, when I glanced at some reading matter, I was able to read it. Then I looked at a newspaper and while doing so remembered a perfect black of my imaginary caves and was gratified to find that I was able to read perfectly.

*(The word perfectly was originally printed as 'imperfectly', which is now considered a misprint. Or, Dr. Bates may have meant that previously he could not read/see the newspaper and now he can read/see it, although imperfectly, this is an improvement.)*

We discussed the matter to find what brought about the benefit. Was it a strain or what was it? I tried again to remember the black caves while looking at the newspaper and my memory failed. I could not read the newspaper at all. He asked: "Do you remember the black caves?" I answered, "No, I don't seem to be able to remember the black caves." "Well," he said, "close your eyes and remember the black caves," and when I opened my eyes I was, able to read—for a few moments. When I tried to remember, the black caves again I failed.

The harder I tried the less I succeeded and we were puzzled. We discussed the matter and talked of a number of things, and all of a sudden without an effort on my part I remembered the black caves and, sure enough, it helped me to read. We talked some more.

**Why did I fail in remember the black caves when I tried so hard? Why did I remember the black caves when I did not try or while I was thinking of other things? Here was a problem. We were both very much interested and finally it dawned on me that I could only remember these black caves when I did not strain or make an effort.**

I had discovered a truth: **a perfect memory is obtained without effort and in no other way. Also, when the memory or imagination are perfect sight is perfect.**

Relaxation. No effort to see clear, remember, imagine easily without effort = clear vision

### THERE SHOULD BE A BETTER EYESIGHT LEAGUE!

By ROBERTS EVERETT

I RECENTLY had the illuminating experience of an hour's intimate talk with Dr. Bates in his laboratory. It was my fortunate privilege to learn at first hand of the wonderful discoveries of Dr. Bates, his incalculable service to the poor of vision and the triumphant persistence of his methods in the face of indifference and opposition.

There was a double interest in my attention to Dr. Bates as he talked to me. There was the personal interest of my memory of a time when I had worn glasses—had *had to* wear glasses, I had been told—and of a time when, tired of much experimenting, of this lens replacing that one and this treatment following another, I had simply and determinedly discarded glasses and their ills. And successfully had done so.

But there was another interest as I listened. I realized that I was in the presence of a man and of a work that meant a definite blessing to the world. Dr. Bates, like scientists of earlier and less enlightened eras, was the discoverer and the missionary of healing methods that mankind needs. His truths of physical vision should be, by right, the property of every class and every people—as

much a part of civilization's common property as the knowledge that the world is round or that mosquitoes spread disease.

And as I listened to the simple, yet for so long unaccepted, fundamentals of his discoveries and methods, it was this second, broader interest that became the overwhelming one. I felt that it became the duty of those who know of his discoveries or have been benefited by them *to spread the knowledge of them everywhere.*

## **The Idea of a League**

So as I listened there came the idea—I believe it is a practicable idea—of a disinterested organization to carry this good word of improved vision to all who should be told of it: to the American public. An organization disinterested in all except its purpose to promulgate a healing truth, an alleviatory knowledge for the lack of which the suffering of the world today is enormously augmented and its darkness, of the spirit and of the light of days so terribly increased.

As I learned more and more of the methods and the cures of Dr. Bates and of the needlessness of glasses this idea became stronger and more clarified. It has been my opportunity to see certain organizations, disinterested in the larger sense but directly and enthusiastically interested in some one philanthropic or industrial truth, carry on works of education that have benefited the country or important groups or territories of it. And surely no "cause" could be more worthy of advancement, no information more worthy of promulgation, than that which will bring perfect vision and renewed faith to thousands, children and mature men and women alike.

Since that illuminating hour in Dr. Bates' laboratory I have thought much of the necessity of spreading the knowledge of the possibility of the prevention and cure of imperfect sight without the use of glasses. To those who have been benefited by the discoverer of this possibility it is a *duty* to so spread this knowledge, one way in which they owe it to themselves to make their lives count in the betterment of others.

So I propose to all the readers of this magazine that this work definitely be started. The sightless, the maimed of vision, those denied of Nature's freely-offered share of light and color, ask it of them with an unescapable appeal!

## **How the League Can Be Formed**

I propose the organization of an active Better Eyesight League, devoted to the promulgation of the knowledge that the prevention and the cure of imperfect eyesight without glasses is a scientific possibility and that the man and the demonstrated methods for its achievement are at the disposal of mankind.

I propose that this Better Eyesight League be organized by readers of this magazine, by those who have been benefited by the methods of Dr. Bates, and that it be formed immediately, by those who first respond to this suggestion and are the nearest in time and distance to New York.

I propose that its membership be open to all those, beyond the readers of this magazine and those who have been helped by Dr. Bates, whose pleasure and zeal it is to help their fellow men and lessen suffering.

I propose that this Better Eyesight League be formed not with the aid of Dr. Bates, if that should not be offered; but without that aid if necessary, to give the knowledge of his many cures, as well as of great discoveries, to the world. He has already within his means and to a consequently limited public told these same results and laid his knowledge of the possibilities of better eyesight open to the eyes of others. I propose that the Better Eyesight League convey this knowledge to tens and hundreds and thousands as compared to every one that Dr. Bates has reached.

## **Each Reader Can Become an Organizer**

To this end I suggest that every reader of this magazine the day his eye discovers this proposal write in his name and his approval of a Better Eyesight League to the office of the magazine. The envelope in the corner can be marked with the initials "B. E. L." to make sure it is read immediately. It is not necessary that Dr. Bates should ever see the letters or the names, unless that is desired. When all the letters are received there will be some means found, and word of it communicated to each name received, effectively and expeditiously to organize the League.

*There should be a few weeks from now an actually functioning Better Eyesight League! Who will be first to start its organization?*

## **QUESTIONS and ANSWERS**

Q - Do the rays from the Snellen Card at 20 feet enter the normal eye approximately parallel?

A - Yes.

Q - I am not absolutely clear in my mind about the use of the word relaxation.

"The eye possesses perfect vision only when it is absolutely at rest." Page 107, "Perfect Sight Without Glasses."

"Near, vision although accompanied by muscular action." Page 101.

A - Read further.

Q - What is the function of the ciliary muscles?

A - I do not know.

Q - How do you account for this muscle and the changes in the curvature in the lens which never occur? (I have lost the page reference where you cited cases of a flattening or increase in convexity of the lens.)

A - I do not account for the presence of the ciliary muscle and never stated the lens changed its curvature.

[The ciliary muscle = two muscles in the ciliary body.](#)

The ciliary muscle suspends the lens in place and moves Aqueous Humor into the posterior chamber of the eye. The old theory of accommodation states that the ciliary muscle changes the shape of the lens to produce accommodation, clear close vision. Other doctors state it may slightly move the lens forward and backward as in a camera or may change the shape, position of the lens for other purposes; function with light, work with the iris muscle...

**Doctors are needed all over the world to cure people without glasses.**

## **BETTER EYESIGHT**

**A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES**

**March, 1922**

**SEE THINGS MOVING**

WHEN riding in a railroad train, traveling rapidly, a passenger looking out a window can imagine more or less vividly that stationary objects, trees, houses, telegraph poles, are moving past in the opposite direction. If one walks along the street, objects to either side appear to be moving. When the eyes move from side to side a long distance with or without the movement of the head or body it is possible to imagine objects not directly regarded to be moving. To see things moving avoid looking directly at them while moving the eyes.

**The Long Swing:** No matter how great the mental or other strain may be, one can, by moving the eyes a long distance from side to side with the movement of the head and body in the same direction, imagine things moving opposite over a wide area. The eyes or mind are benefited.

**The Short Swing:** To imagine things are moving a quarter of an inch or less, gradually shorten the long swing and decrease the speed to a rate of a second or less for each swing. Another method is to remember a small letter perfectly with the eyes closed and noting the short swing. Alternate with the eyes open and closed.

**The Universal Swing:** Demonstrate that when one imagines or sees one letter on a card at a distance or at a near point that the card moves with the letter and that every other letter or object seen or imagined in turn also swings. This is the universal swing. Practice it all the time because the ability to see or to do other things is benefited.

Practice the imagination of the swing constantly. If one imagines things are stationary, the vision is always imperfect, and effort is required and one does not feel comfortable. To stare and strain takes time. To let things move is easier. One should plan to practice the swing observed by the eye with normal vision: as short at least as the width of the letter at twenty feet or six inches, as slow as a second to each movement and all done easily, rhythmically, continuously.

## **READY FOR THE BETTER EYESIGHT LEAGUE!**

**By ROBERTS EVERETT**

*The cause of better eyesight is soon to come into its own through a new medium. Every reader of this article has an opportunity to become a Founder of the Better Eyesight League.*

THE Better Eyesight League is to become a reality. So assured is its formation and functioning, that this article is an official call for an organization meeting—in New York City, at four o'clock in the afternoon of Wednesday, March 8th, The organization meeting will be held in Room 504, 300 Madison Avenue, at the corner of 41st Street.

Last month's BETTER EYESIGHT carried a proposal for the forming of this League, its working called for by "the sightless, the maimed of vision, those denied of Nature's freely-offered share of light and color, with an unescapable appeal!"

As a result of that one article, sufficient enthusiastic support has been vouchsafed to make possible this call for an immediate organization meeting—to form a Better Eyesight League "to relieve the sufferings and discomforts of those afflicted with imperfect eyesight, to disseminate knowledge of the scientific cure and prevention of imperfect eyesight without the use of glasses, and to promote further research and investigation into the causes for imperfect eyesight and its improvement without the use of artificial lenses."

## **Some Letters of Approval**

The February BETTER EYESIGHT barely had time to reach its numerous subscribers before the letters of approval of the proposal for a League began to be received. They came from New York and Missouri, from Virginia and Massachusetts, and from many other places, too. Without exception, their writers hailed the opportunity to enlist in a coordinated humanitarian movement to help alleviate a large share of the physical sufferings and discomforts of the world and to promote a general knowledge of the scientific discoveries and cures of Dr. Bates.

Says one letter from Cleveland, Ohio: "I heartily approve of any idea to band together the people who are interested in better eyesight. To assist in getting the truths that Dr. Bates has discovered to the attention of the thousands suffering from poor eyesight it is time that we who have been benefited take a stand that will make the public recognize the possibilities of these truths."



Reads another letter—this one from Kansas City: "I wish to be a member and shall do all that I can to help such a wonderful cause."

Here is an extract from another letter, this one from New York City: "I think it would be a splendid idea to start a Better Eyesight League and will be glad if you will add my name to your list of those interested."

"My best wishes for your success. You may propose me as a member of the Better Eyesight League," writes a practicing physician from another city.

Here is still another letter, and this one, perhaps, best of all expresses the spirit animating these numerous messages of support, as if it were the world of one in the light who wishes to reach out and help those still in darkness:

"I am highly interested in your great proposition concerning a Better Eyesight League. I feel indebted to Dr. Bates who improved not only my eyesight but also my nervous condition; so I naturally wish *to do my little bit to bring the life and health message to all others who are in need of it.*"

## **Pioneers in a Great Cause**

A number of the writers of these letters will be present at the organization meeting in New York. At that meeting the constitution and by-laws of the League will be determined upon and adopted. Officers will be elected, disinterested men and women fired with the same zeal to promote the cause of better eyesight that is expressed in the letters quoted here. Arrangements will be made to insure publicity for the efforts of the League, so that its message of enlightenment may reach the greatest number from the start.

If you who now read this official call for an organization meeting are too far away from New York to be present, at least send in your request for enrollment before March 8th, so that the honor of a Founder may be yours in spite of inability actually to be there; Eight days remain to thus enroll yourself in this great work.

To all the other readers of the magazine—those who live within easy distance of New York—may I, as the original proposer of the Better Eyesight League now say this final word? "Be present at the meeting on March 8th, even though your being there may mean a sacrifice of personal convenience, for the Better Eyesight League, once formed, can surely add itself to the roster of the world's organizations that are benefiting without gain this generation of mankind!"

### **THE TRUTH ABOUT FATIGUE**

**By W. H. BATES, M.D.**

*This is a true explanation of fatigue. The mystery of fatigue has been one almost equal in the mind of man for ages with the mystery of death. Dr. Bates explains not merely why there is fatigue, but the lack of necessity for it!*

ABOUT fifteen years ago I was ambitious to learn how to run long distances. At that time I was, it seemed to me, the poorest runner ever invented. I could not run a mile or even a quarter of a mile. To run a block brought on palpitation of the heart and the loss of breath and fatigue was sickening. One of my dear friends told me it was impossible, that I was too old to attempt it, that it would be disastrous and that if I continued in my foolishness I would drop dead suddenly, without warning. Instead of his discouraging me, I felt an increased incentive to get busy. If I succeeded I could enjoy a conversation with my friend; but, if I failed, dropped dead, the conversation would be necessarily omitted.

At that time I belonged to a gymnasium which had a running track. The physical director promised to find out my faults. He had me run a lap and watched me closely. When I finally arrived at the starting point, all tired out, gasping for breath, he said: "Doctor, you will pardon me, I hope, when I tell you that you did not breathe naturally, but held your breath the whole distance." This knowledge was a great help; but, the strain I was under when running interfered with my breathing and was a more important factor in the cause of "fatigue" than the lack of air.

A few years ago some observations on the pulse, the heart, the breathing before and after a race of about twenty-six miles were published. It was an interesting fact that those who finished close behind the winner had no symptoms of fatigue, loss of breath or weakened action of the heart, while the winner was in better condition at the close of the race than at the beginning. Why? Answer: At the beginning his mind was excited; and, strange to say, because he was confident of winning this great race as he knew that he could run better than any of the men who were entered. And when he had won his mind calmed down and the action of his heart improved in consequence.

Much has been written on the cause of fatigue. A prominent physiologist who had for many years studied the numerous theories, made the statement not long ago: "We do not know now any more about fatigue than we did many years ago."

## **Running Oneself Into the Ground**

I determined to obtain more facts. In one race I ran about eight miles and I made all the effort possible, planning to keep running until I dropped. The experience was valuable. Before I fell I lost all sense of effort, my sight failed, the ground appeared to be rising in front of me, I lost all perception of light, everything was midnight black. I had literally, actually, run myself into the ground. In a few minutes I was conscious. In spite of my protests they carried me away in an automobile.

In another experiment I entered a race of twelve miles. Just as soon as my sight failed I stopped running and walked until my vision was again normal, when I would again run some more. By alternating the walking and running I was able to finish with a sprint. A policeman invited me to sit down. Before I knew it they had me in an ambulance, galloping to the hospital, with me protesting all the way. I have run in many races since, finished in good condition and have escaped the kind attentions of the police and the ambulance service.

I now know the cause of fatigue; I know the remedy. I have cured myself. I have cured others while they in turn have relieved their friends. I can produce excessive fatigue in persons lying quietly in bed without any muscular exertion whatever. The facts are so simple they can be demonstrated by children or by adults who do not wear glasses; but, the most learned eye doctors or the great scientists of the world wearing glasses cannot understand.

## A Demonstration With a Period

If possible, with the eyes closed, remember a small letter o with a white center as white as the whitest snow. Then imagine a small black period on the right edge of the o. Keep the attention on it, or try to see the period continuously for several seconds or for part of a minute. Note that in a few seconds it becomes more and more difficult to hold the period or a small part of the o stationary, the mind becomes tired, the attention wanders, the period disappears and reappears, at times the o is forgotten, and one demonstrates that it is impossible to keep the attention fixed on a point continuously or to remember or imagine the letter o with one part stationary. Or that it is impossible to *concentrate* on a point, and that trying to do so or trying to do the impossible is a strain which modifies or destroys the memory or imagination, causes discomfort and fatigue. The fatigue produced can be relieved by shifting from one part of the letter to another, when the memory or imagination of the letter again become normal and continuous.

Or, another demonstration: look directly at a small letter which can be seen. Keep on trying to keep the attention fixed on the letter continuously. In a short time, a few seconds, the eyes begin to tire and if the effort is made strong enough, the vision becomes imperfect, and with other disagreeable symptoms much fatigue will be experienced.

Or, still another demonstration: regard a page of fine print at a distance where it is read easily and note the restful feeling, Then hold the page further off or at a near point where the letters are very much blurred. Make as strong an effort as possible to read the letters seen imperfectly. If the effort is strong enough one feels much fatigue. In this way one demonstrates that fatigue can be produced by eye strain.

So many people complain that they do not have time to practice and that they have fatigue. They are less inclined to practice central fixation, the universal swing, the memory of perfect sight and other things which relieve or prevent fatigue. It should be emphasized that one has just as much time to do right as he has to do wrong and it certainly is the wrong thing to go around most of the time suffering from fatigue.



+Stare, fix the eyes immobile on the dot on the right edge of the o = strain, tension blur.  
+Shift part to part on the o = relaxation, clear vision and the sight, memory, imagination of the letter is perfect.

## Prevention, Not Relief, for Fatigue

Theories are always wrong. As a working hypothesis the value of simply *relieving* fatigue is questionable.

I have a vision of the school children of this country able to do their work without discomfort or fatigue. The profession of teaching in the public schools requires much hard work and the teachers are quite properly objects of sympathy. This is all wrong because it can all be corrected. It is possible for people to do the hardest kind of work from early in the morning till late at night without any evidence of fatigue whatever. It is a puzzle for some people to explain how or why so many people are very much fatigued when they first wake up in the morning. Many society people hunt for rest and recreation. They sit in a chair and try to do nothing and wonder why they get so terribly fatigued.

I have repeatedly published that the only time the eye is at rest is when one has or imagines perfect sight. The normal eye when it is at rest is all the time moving. Fatigue is relieved by a universal swing and the relief is instantaneous, demonstrating quite decidedly that **fatigue is a mental symptom**. I could go on and write much more but after all the matter may be summed up very briefly:

- (1) **Fatigue is always associated with the imagination of imperfect sight.**
- (2) **Rest or relaxation is always associated with perfect sight or the imagination of perfect sight.**

### WHAT PALMING DID FOR A BLIND MAN

(Pop, The Blind Barber)

By EMILY C. LIERMAN



I HOPE and trust that our readers will forgive me for not waiting until my dear old patient could see a little better, or until I was able to accomplish a little more for him, but in this particular case I feel very much like a child, eager to tell of the most thrilling thing that ever happened in my life.

A few months ago, some time in November, this dear old man came to our clinic, led by another man much younger. They had been told by the clerk that he could not receive treatment there because he did not live in the district. However, the nurse in charge, who is dearly loved by all the patients, did not send him away, but asked him to wait until Dr. Bates had finished with his patients and see what could be done. After our patients had been attended to, Dr. Bates had a talk with the old gentleman.

The doctor examined him and found that he had all sorts of trouble with the nerves and muscles of his eyes. Dr. Bates then called me and asked me to look at the patient's eyes and also asked me what we could do for him. There he was, absolutely with no sight whatever, but with a smile that went straight to my heart.

## A Faith That Will Not Be Denied

Before I go any further I would like all who read to know that if it had been at all possible, Dr. Bates would not have hesitated for one moment, but would have offered to treat the man himself. But it could not possibly be done because Dr. Bates labors daily, Sundays included, at the rate of sixteen hours a day. These poor people, when they hear of Dr. Bates., come from all over the United States, and we do the best, the doctor included, of course, we can for them.

As the old man held his head up toward our faces waiting to hear us say that he would be able to see again, I made up my mind to make time myself to treat him at our laboratory. Every moment of my time is taken up with our work but there was my lunch hour before clinic on each Saturday that I could devote to his case. I had not the slightest idea that I could ever give him even perception of light or that I would have the intelligence to ever help him see like other people. One could see no iris whatever or pupil in either eye. Each eye had a thick, solid-looking white mass where the iris and pupil should be. But that day we arranged that he should come to see me each Saturday, and that I was to treat him for one hour. I made no promises to him, but said only that I

would do all I could for him if he would do his part and carry out the treatment at home.

His age is seventy-four years, I learned, and he is an inmate of the home for the blind in Brooklyn. He said that he was first stricken with blindness in the left eye in the year 1889, and the trouble was neuralgia. In 1898 he was stricken with blindness in the right eye after suffering with chills and fever. During the year of 1898 he could see slightly with the left eye, and until 1920, when his sight gave out completely. He had been treated by noted eye specialists without success.

The first week in December he came to our laboratory, and without thinking, he said, "I am very happy to see you," and I answered very promptly, "And I am happy to see you, also." I found that he was under a terrible tension. The muscles of his arms, especially at the elbows, were so tense that I made up my mind that he would go through some sort of calisthenics with me before we started with the treatment.

### **Calisthenics at Seventy-four**

I called him "Pop" right from the start, and he seemed to like it. Well, you should have seen the poor old fellow throw his hands over his head and try to touch the floor without bending his knees. Of course, he only got half way. Nevertheless, it was a good start. We were very serious in our exercises and to make it appear doubly so to him I went through the exercises with him, guiding him as best I could. I taught him how to palm and to swing his body from side to side as I stood before him, holding his hands, reminding him always to loosen up at the elbows. I told him that anyone could see that he was blind because he stared so much and never seemed to close his eyes, which made his condition worse. So the next thing I taught him was to open and close his eyes often, which we call blinking.

The hour was over and the next time I saw him he was a very happy man. "I have so much to tell you," he said. "The other day, as I went to the washroom I did not feel for the wash basin, but I saw it and I walked over to it. But in my happiness and excitement my vision left me. Why was that, please?" I answered, "You began to strain in your excitement and caused your blindness to return." I encouraged him by saying, "Don't worry, you will be able to see more next time when you are not straining!"

Then, to my surprise, I learned that this dear old fellow has been shaving men's faces by the sense of touch. Before he became blind he was an expert barber. He loves to repeat again and again how he shaved ex-President Taft and other notable men.

Next time he came he was even more interesting. He could not wait to tell me how young he feels now and how he loves to exercise. He gave me a demonstration of how he could touch the floor with his finger-tips without bending his knees, and he did it quite successfully. I was just in the act of praising him for the ability to do such a wonderful trick for a man seventy-four years young, when all of a sudden there was an accident ... a button went flying to the opposite side of the room!

It broke off from the back of his trousers as he touched the floor with his finger-tips, and poor old "Pop" was more embarrassed than I was.

### **But the Treatment Goes On**

However, we soon remedied the trouble and started in with our treatment. As he had no perception of light in the beginning I was quite thrilled when he pointed to both windows of our room and showed me just where the curtains were fastened. I placed him in another part of the room and I was thrilled again when he pointed with his fingers to a sunbeam shining on the rug. With this progress to encourage me, I now am striving with him to give him his greatest desire—his real eyesight. I cannot understand as yet just how he does see, but I do notice that the white mass in front of the iris is not quite as thick as formerly. The last time I saw him he told me that while he was shaving a man he suddenly saw the man's face and that he also saw another man walking past him who had entered the room quietly. He also told me that the matron of the home had entered his room and as she passed out, he asked the maid if the matron had on a blueish-gray gown, and the maid, knowing that he was blind, was surprised, as she answered, "Yes, it is a blueish-gray color, your sight must be coming back."

What my poor old "Pop" says now that he is most anxious about is that he may have the pleasure of seeing my face some day. There is a great deal of refinement about my dear old "Pop" and I am always anxious for the hour on Saturday to come to be with him and help him. But, of course, I merely tell him that he must not hope too seriously to see my face for it might make him blind again!

Perhaps some day I will report some further progress made in restoring of this dear old man's eyesight.

### **NEWS NOTES OF BETTER EYESIGHT**

*Leslie's Weekly* of January 21st, carried an article by Herewood Carrington, Ph.D., describing the methods and possibilities of the prevention and cure of imperfect eyesight without glasses. The article was written from information supplied practically entirely by Dr. Bates, and scores of thousands of persons read it.

One evening last month, members of the Discussion Club of Grantwood, New Jersey, gathered at the home of Mrs. Emma Hodkinson, listened with great interest for two hours to an exposition of Dr. Bates' methods and an account of some of his cures and experiments by Dr. Bates himself. A number of Mrs. Hodkinson's guests were former patients of Dr. Bates. At the conclusion of his talk, Mrs. H. Kellett Chambers proposed the formation in the future of a local branch of the proposed Better Eyesight League.

Miss Martha Smith, who is a registered nurse in Philadelphia, is a devoted servant to the cause of better eyesight. She recently wrote to the proposed Better Eyesight League: "My interest in better eyesight has led me on to the extent of having four lending copies of Dr. Bates' book, 'Cure of Imperfect Sight Without Glasses,' busy all the time, and just before the February BETTER EYESIGHT came I had arranged to send two copies to China. One of our nurses takes one to the North of China, and the other goes to the South portion of China. Am I eligible for membership?"

**Doctors are needed all over the world to cure people without glasses.**

## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

April, 1922

### IMPROVE YOUR SIGHT

ALL day long use your eyes right. You have just as much time to use your eyes right as you have to use them wrong. It is easier and more comfortable to have perfect sight than to have imperfect sight.

**+Practice the long swing. Notice that when your eyes move the great distance rapidly, objects in front of you move in the opposite direction so rapidly that you do not see them clearly. Do not try to see them because that stops the apparent movement.**

**+Rest your eyes continually by blinking, which means to open and close them so rapidly that one appears to see things continuously. Whenever convenient close your eyes for a few minutes and rest them. Cover them with one or both hands to shut out the light and obtain a greater rest.**

**+When the mind is awake it is thinking of many things. One can remember things perfectly or imagine things perfectly, which is a rest to the eyes, mind and the body generally. The memory of imperfect sight should be avoided because it is a strain and lowers the vision.**

**+Read the Snellen Test Card at 20 feet with each eye, separately, twice daily or oftener. Imagine white spaces in letters whiter than the rest of the card. Do this alternately with the eyes closed and opened. Plan to imagine the white spaces in letters just as white, in looking at the Snellen test card, as can be accomplished with the eyes closed.**

**+Remember one letter of the alphabet, or a part of one letter, or a period, continuously and perfectly.**

Shift part to part on the letter, or period, then shift to a new letter, then another... Avoid staying on one part, one letter too long. Shift continually, easy, relaxed, flowing to a new part or new letter. Do this with the eyes open, then in the imagination with the eyes closed, then with eyes open again. The normal eye shifts quickly, easy. The student does not need to practice quick shifting. Practice at a comfortable pace and the brain/eyes will activate quicker (saccadic) shifts automatically, a subconscious function, just as the heart beats on its own.

This movement, shifting prevents staring, strain, blur.

The eye does this normally, without effort, without the person thinking about it.

We practice shifting to get the eyes back to normal movement, then, let the eyes alone and the brain, eyes activate this movement completely natural, automatically.

# Better Eyesight

A Monthly Magazine  
Devoted to the Prevention  
and Cure of Imperfect  
Sight without Glasses

Published by the CENTRAL FIXATION COMPANY, 300 Madison Ave., New York, as the official organ of the Better Eyesight League, a national organization to relieve the sufferings and discomfort of those afflicted with imperfect eyesight, to disseminate the knowledge of the scientific cure and prevention of imperfect sight without the use of glasses, and to promote further research and investigation into the causes for imperfect eyesight and its improvement without the use of artificial lenses.

W. H. BATES, M. D., Editor

VOL. VI.

APRIL, 1922

No. 4

## THE LEAGUE IS FORMED

*Less than six weeks after its first proposal the Better Eyesight League had begun to function. It is to regular readers of the magazine that the League extends its first urgent invitation to membership.*

**T**HE Better Eyesight League was formally organized March 8th.



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THE Better Eyesight League was formally organized March 8th.

Some thirty former and present patients of Dr. Bates gathered in his laboratory office that day and enthusiastically adopted a constitution and by-laws bringing into existence a permanent body for the promotion of better eyesight everywhere.

Not merely was the League definitely formed, but the spirit of devotion and eagerness which called it into being and which is destined to give constant motive power was crystalized into unmistakable expression. The League is not merely a paper organization—it is a living, active and determined thing.

The thirty persons actually present at the formation of the League represented three times their own number. Letters and telegrams were received before the meeting from about one hundred men and women in all parts of the country, asking for enrollment as charter members of the League. Most of these letters and telegrams conveyed the same spirit, in addition to the mere formal request for enrollment, that characterized the organization meeting as almost an evangelical gathering—for it was made clear there, that there can truly be an evangelism of better eyesight.

The constitution adopted provides for a Board of Directors of nine, from which the President, Vice President, Secretary and Treasurer are chosen, and for an Executive Committee of five, comprising these four officers and one additional member of the Board of Directors appointed by the President.

## The League's First Officers

The charter members present elected Miss Rose O'Neil, the celebrated illustrator, as the first President of the League. Roberts Everett was elected Secretary, and Mrs. E. C. Lierman, Treasurer.

The Directors chosen included, besides the officers, Mr. James Hopper and Mrs. Mable Potter Daggett, both very well known magazine writers, Miss Portia Creed, Dr. C. P. Bennett and Ross Varney.

It was unanimously voted that BETTER EYESIGHT be made the official organ of the League and this designation was accepted by the magazine. In return for this monthly representation of the League it was voted that \$2.00 of each member's dues received by the League be transmitted to the publishers of the magazine, to cover an annual subscription for that member. The dues of the League were fixed at \$3.00 a year for each member.

The constitution provides for monthly meetings. The next of these will be held in Room 504, 300 Madison Avenue, New York City, at 41st Street, at 4 o'clock in the afternoon, April 12th.

The founders of the Better Eyesight League are almost without exception readers of BETTER EYESIGHT. To those readers of the magazine who have not enrolled themselves as charter members, the League extends its first and most particular invitation to membership. As the new "masthead" of the magazine proclaims, it is now the monthly representative of an organization devoted to the advancement of that knowledge which has so benefited the great majority of the readers of BETTER EYESIGHT—the knowledge of the possibility and the methods of the prevention and cure of defective vision without glasses.

The League has already announced in a letter to its membership that "as a true missionary of better eyesight the League will soon begin a campaign of education among the school children, physicians and general public, in which you, as an active member, can greatly help." Every reader of BETTER EYESIGHT should be aligned in this great missionary work which the League is undertaking.

Won't you, if you are not already enrolled, send in your name today as a member of the Better Eyesight League?

## HOW WE SEE

By W. H. Bates, M. D.

*In this, and its companion article, "The Illusions of Perfect Sight," Dr. Bates recounts the mysterious part that **imagination** plays in vision. For this, as well as for the physiological facts recited, no one interested in the bases of a perfect sight should fail to read these pages.*

THE theories which have been advanced by numerous writers to explain how the eye sees have all been proved to be imperfect or wrong. **Mathematically** and according to all the laws of **Optics**, since every object seen is focused on the retina, upside down, we ought to see things upside down. Why not? If the head is tipped to one side or at various angles objects seen are still in their proper place as before. You can stand on your head and see things right side up. According to all the laws, I believe when we see things right side up we are trifling with the, exact science of optics.

It tired me exceedingly to read some of the numerous explanations offered of how we see, and they seemed all wrong. When someone found in the retina a fluid which surrounded some of the cells it was described as **Visual Purple**. The assumption was made that a chemical change took place in the visual purple which altered its chemical composition and produced an effect on the cells of the retina. In this way the nerve of sight was stimulated or irritated and the message carried to the brain. There has been a considerable amount of argument about this visual purple and it is difficult to find two of the authorities who agree on the action of the visual purple.

The eyeball has been compared to a photographic camera. When one takes a picture of an object at a near point the bellows is lengthened or a stronger lens is used, but, when the camera is focused to take pictures of distant objects the bellows is shortened or a weaker lens is used. Helmholtz, a great student of the eye, a scientist of world-wide fame, during his studies of the eye jokingly said that the human eye is made very imperfectly and that he believed he could make a better one by artificial means.

## Physical Structure of the Eye

The eye is about one inch in diameter. It has a coat in front called the cornea, which is a part of the outside coat called the sclera. Behind the front part of the eye is a cavity containing a fluid resembling water in its density. The colored part of the eye, called the iris, is a thin vertical curtain lying at the bottom of this front cavity. In the center of the iris is an opening called the pupil which appears an intense black. The size of the pupil varies, in different conditions. Back of the iris is a firm gelatinous body called the lens. Back of the lens is a larger cavity filled with a dense fluid, and then comes the retina which is connected to the brain by the nerve fibers of the optic nerve.

In order to see it is important or necessary that the eye should be focused properly for objects at different distances. This change in the focus has been ascribed at times either to the action of the cornea or lens. **Arlt advanced the theory that the change in the focus of the eye was brought about by a change in its length, as occurs with the ordinary photographic camera.** Arlt, later, apologized for his theory, because V. Graefe and public opinion were too strong for him.

**I have proved that Arlt was mainly right** while V. Graefe was all wrong in this matter. The eye with perfect sight sees many illusions. The eye with imperfect sight sees more and different illusions. I have published a list of the illusions of perfect and imperfect sight. One cannot explain these illusions by mathematics, by chemistry or by the anatomy or structure of the eye. A blind man will tell you, if you let him, a long list of the marvels of color, forms, and objects which he often sees. I cannot escape these details, I must listen. Other doctors do not have to, but I must listen in order to keep up the hope of the patient. Hope is quite essential when you start out to cure a patient with imperfect sight. The very illusions that blind people have are a benefit in the treatment. To discourage their imagination is a crime, I now firmly believe. Why? Because the imagination when properly controlled cures blindness.

## The Potency of the Imagination

Too often people look on imagination too lightly, too carelessly. They do not realize the importance of the imagination when it can be used beneficially or harmfully. One reads stories of people who have been killed by the force of their imagination, by practical jokers who made them believe that they were bleeding to death with some warm water flowing down their neck, dripping into a pail. People lying in bed not expecting to recover, have at times accomplished what seemed to be impossible, and with the help of their imagination recovered completely. These facts should be investigated, studied, realized, because we can explain all the phenomena of how we see by the imagination. All the illusions of perfect sight, all the illusions of imperfect sight are imagined and not seen.

The imagination may do good or it may do harm. The imagination of perfect sight is capable of curing all errors of refraction and all diseases of the eyes. **A person with a cataract who is able to imagine perfect sight with his eyes closed or with his eyes open will recover and the cataract will disappear.** How, where or why I do not know. All that has been written in all the books on physiological optics on how we see is full of error because so much of it is a guess or a theory. By realizing that what we see is only what we imagine is a great help in our treatment of the various diseases of the eyes, and the more thoroughly we realize the importance of the imagination the better become our results.

## The Illusions of Perfect Sight

How do we see things perfectly?

"When the eye with normal vision regards a letter on the Snellen Test Card at twenty feet it sees the point regarded best and all other points not so well. It can see the first letter of a line blacker than the second or other letters on the same line, because of central fixation, the ability to see best where the eye is looking.

Yet this is an illusion, because all the letters of the Snellen Test Card are printed equally black, equally clear. The photographic camera will take a picture of the whole card with all the letters equally black.

With normal vision it can be demonstrated that the eye sees the white part of letters or the background in the neighborhood of the letters whiter than the margin of the card or whiter than it really is. This is an illusion.

We do not see illusions; we only imagine them. If we can realize that the imagination is the principal factor of how we see and prove it to the patients the results from treatment of imperfect sight become very satisfactory.

## OPERATIONS AT THE CLINIC

By Emily C. Lierman

SO many of our office patients have asked me if Dr. Bates approves of operations on the eye or if he ever does operate for cataract or other conditions. Others wish to know if there is a little Christian Science or something else mixed with our method of treatment. As I do not understand or know anything about these other things, I would like our readers to know at least that Dr. Bates always does operate on the eye when it is absolute necessary. I have been assisting Dr. Bates for almost eight years and during that time I have helped him when he operated either at his office or at the clinic. These operations have been done without pain or discomfort to the patient.

My memory goes back to four years ago when there came to the clinic a dear old Italian woman, eighty-three years of age, accompanied by her daughter who was just about to become a mother. The daughter had already made arrangements with the hospital upstairs and the newcomer was expected most any day. The daughter was very anxious that her mother should not suffer while she herself was away from home, so she appealed to Dr. Bates and to me that her mother might be operated on, and asked Dr. Bates to please do the operation himself.

Of course such things can be taken out of our hands entirely if we send the patient into the hospital. But if it is at all possible to send the patient home immediately after the operation. Dr. Bates in his gentle way always asks me if I would mind staying just a

few minutes longer so that he can do the operation himself and so take away the fear and dread that some of these poor patients have of a strange doctor.

## **Smiles as for a Party**

This dear old woman, who had the kindest face and sweetest expression of any old woman I have known, smiled as though we were arranging a party for her. She did not seem to mind in the least as we placed her on the operating table. Most patients sigh and show traces of fear, which is natural for I dread operations myself, and I know how it feels, but she looked at me with kindly eyes and smiled and you can be sure I returned that smile in full measure. She in turn looked at her daughter who stood on the opposite side of her and as she smiled at me again she said something in Italian which of course I did not understand. Her daughter very promptly translated to me what her mother said. As I can remember, these were the words: "She say, 'You nica da lady, you bigga da heart. She lovva you, she no afraid.'" I pressed the mother's hand gently and would also like to state that I kissed her.

Now I would like to say that the operation was necessary for the lower eyelid of her left eye was inflamed and swollen from an abscess of the left tear duct. For a long time she had been coming faithfully to the clinic, but her condition gradually became worse so that there was nothing else to do but to relieve her by an operation.

She had the same smile and the same loving words for Dr. Bates when he began to operate. Not once did I hear her moan. When she wished to be reassured, all she did was to press my hand. Such courage is indeed wonderful. The operation was accomplished without pain under cocaine anesthesia. Two days later she again came to the clinic with her grandchild, a girl about ten years of age.

She stood among the patients waiting for attention and when I came to her to ask her how she felt, she told her grandchild to tell me that she had slept peacefully the night after the operation, better than she had for a long time. The grandchild informed me that upstairs was a new baby brother and that mother was doing fine and that grandma wanted me to know that she had placed a candle in church which was blessed for Dr. Bates and me in appreciation of what we had done for her. Grandma soon got well and that was the last we saw of her.

Another day a young woman who was troubled with chalazion tumors was also operated on at the clinic. I believe if this poor woman owned the whole of Panama we might have had it, but we would have had to go after it. So many different things were never promised to us by one single patient. I cannot say that she behaved as well during the operation as did the dear old Italian woman, but any way we had a lively time of it while the operation was going on. She suffered no pain but she talked a blue streak. She informed us that her husband was employed on a ship that made regular trips back and forth to Panama and that we were going to receive the most wonderful fruits that we had ever tasted in our lives. Then she asked me if Doctor wore Panama hats during the summer, but Dr. Bates got ahead of me and promptly answered himself, "Sure," said he, "never in my life could I afford a Panama hat." "Well," said she, "kindly tell me your head size and I will see that you will wear one." Then she asked me if I would like to have one also. "Of course." We were finally told that within two weeks or so we would be presented with our Panama hats.

The time of this operation was two years ago and we are still waiting for our Panama hats. But I really feel that this poor woman had all the best of intentions and I hope that her husband is still making his regular trips to Panama.

Recently a young man entered the clinic with a small baby in his arms. Anxiety and worry showed in his face and he looked as if he had not slept for a week. As the baby was crying continuously Dr. Bates immediately stopped his work with other patients to attend to the little one. This young father told the Doctor with tears in his eyes that for five days and nights the baby never stopped crying and that its mother had taken the child to another clinic where the doctor told her that the child had a cold in his eye and that drops applied in the eye would soon cure the baby. As Dr. Bates placed the baby on his lap the father asked, "Please Doctor, don't tell me that the baby has a terrible disease of his eye and that he might lose it; please tell me you can help him." I held the baby's head firmly in my hands and as the doctor carefully examined the eye he found a foreign body, perhaps a piece of steel, firmly embedded in the cornea. In less than five minutes it was out and the baby stopped crying. The baby was placed in his father's arms again and the father was told the baby was alright.

As he passed out the door he turned and said, "Thank you, Doctor, from the bottom of my heart." Dr. Bates turned to me and said, "Did you hear that? That 'Thank you' came from the man's heart and it is worth a great deal to me because he meant it."

## **TO A PATIENT**

**By L. M. Stanton, M. D.**

*These words of instruction and encouragement have a message not only for a single patient of Dr. Stanton's, but for everyone who seeks the better vision that true knowledge gives.*

THE eyes are almost a part of the brain, and vision is more closely connected with the mind than is any one of the other special senses. Anything that affects the mind, therefore, is almost certainly reflected in the eyes and if the mind is disturbed vision is impaired.

Importance of mental control cannot be overestimated. Perhaps this state of the mind at rest is better expressed by the word composure or equanimity than by control, as the latter somewhat suggests effort. If we could but catch those fleeting moments of clear vision, so exasperating because so elusive, and trace them to their origin I think in every case it would be found that a state of mental composure would account for them.

An unperturbed mind undoubtedly makes for clarity of physical as well as of mental vision. This is no "far-off divine event" but an effect which happens immediately and which one can demonstrate many times a day.

When you look at an object you will see it better if you don't try to see it than you will if you try to see it. The maxim, "If at first you don't succeed try, try, try again" is never true in the sense that "try" means effort, and the futility of effort is never more convincingly shown than in our attempt to see by straining to see. If we would "venture," instead of "try," we would succeed not only eventually but often "at first."

You need not trouble about your blood pressure, but take your nerve pressure as often as you can. You can gauge your mental tension by your muscular tension, and if your muscles are taut—your arms rigid, your hands clenched—you are mentally straining. And there are no muscles that respond more quickly to our thought than do the ocular muscles. A patient was requested to close her

eyes. She literally banged them shut, and if she had been asked to perform the most difficult task her face could not have expressed greater strain. By our multifarious environment we are being continually bombarded, and though we must ever be ready for action, unless this action springs from self-possession it is pretty sure to miss fire.

Can you perfectly recall the individual letters of the diamond type card? This is very good practice for the memory and imagination. I could not remember a small letter *t* but resolved to experiment without looking at the card. Many *t*'s were at first discarded for I knew they were imperfect and not like the *t* of the card. I knew that a *t* was a long letter but whether it extended above or below the short letters of the line I could not tell. I was not sure where it was crossed in relation to the other letters in the word in which I imagined it. So poor were my mental pictures that I confounded the *t* with an *f*. This, however, was a step forward, as an inverted *f* closely resembles a letter *t*. I continued to experiment, knowing that if I imagined the truth I would see the letter as perfectly as when looking at it on the card. Then, suddenly, there it was, shapely and black. I still remember it clearly for "the little one does learn is unforgettable, impressed upon the mind in a different way than mere learning."

When you palm do you see a perfect black? I look out into the blackness of the darkest night and then imagine it still blacker.

Experience is only suggestive. As you are different from anyone else so are your eyes like no others. Do your own experimenting, and prize your own successes above all things.

**Monthly Meeting  
BETTER EYESIGHT LEAGUE  
4:00 P. M., APRIL 12th  
Room 405  
300 MADISON AVENUE NEW YORK CITY**

**Doctors are needed all over the world to cure people without glasses**

**BETTER EYESIGHT**

**A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES**

**May, 1922**

**RELAXATION FROM FINE PRINT**

**+ A BUSINESS card, 3" x 2" with fine print on one side is held in front of the eyes as near as possible, the upper part in contact with the eyebrows, the lower part resting lightly on the nose.**

**+ The patient looks directly at the fine print without trying to see. Being so close to the eyes most people realize that it is impossible to read the fine print and do not try, in this way they obtain a measure of relaxation which is sufficient to benefit the sight very much.**

**+ The patient moves the card from side to side a short distance slowly and sees the card moving provided the movement is not too short or too slow. The shorter the movement and the slower it is, the better.**

**+ Some patients, although the card is held very close, note that the white spaces between the lines become whiter and the black letters become blacker and clearer. In some cases one or more words of the fine print will be seen in flashes or even continuously as long as no effort is made to see or to read the fine print.**

**+ This movement of the card should be kept up to obtain the best results, for many hours every day. The hand which holds the card may soon become fatigued; one may then use the hands alternately. Some patients vary this by holding the card with both hands at the same time.**

*(This does not need to be done for many hours a day. Just a few minutes is beneficial.)*

**The amount of light is not important.**



**Fine print card placed in front of the eyes, lower part rests on nose, upper part on eyebrows. Look at the card without trying to see. Relax. Move the card side to side, slowly, a short distance. The print becomes clear when the eyes, mind relax. Microscopic vision.**

**SOME COLORED PATIENTS AT THE CLINIC**

**By Emily C. Lierman**

**(Colored = Modern = Black, African American)**

*One of slavery's obscure brutalities sent a pitiable patient more than half a century later to the great metropolitan clinic where the new science of the eye is relieving scores each week. Read this little document of human pain, and human helpfulness, and realize the wealth of fine accomplishment that the ministrations of those devoted to the cause of better eyesight have before them.*

FREQUENTLY colored people have difficulty in remembering their ages, especially when they are middle aged or older. But just now we have a colored woman who does not know where she was born. The nurse was making a record of her age, name and address and then asked her where she was born.

"Ah dun know where ah was horn. How should ah know? It am so long ago—anyway it was a very hot place, dats what ah knows."

Her eyes do not trouble her for reading for she does not know how to read. But she complains that her eyes burn like fire and that she cannot see at a distance. Palming helps her. and the sun treatment relieves the burning of her eyes instantly.

An old fashioned mammy negro, age 72. who has been coming to us for about one year is being treated for cataract in both her eyes. When she first came she was fully convinced that we could help her so that she would not need an operation. She was employed by a former patient who was cured by Dr. Bates. At first she could just make out the seventy-line at ten feet with each eye. The first treatment improved her vision to 10/40. She was told to do a great deal of palming and swinging every day and now she reads 12/20.

Incidentally I can prove that eye strain caused her cataracts, for one day she was sufficiently relaxed to read some of the letters on the bottom line of the card, 12/10, temporarily.

### Sadness Brings Its Strain

And another day she came and I knew she was in trouble of some kind. I love to talk to her because she is so clean and neatly dressed, although very poor. Her manner is so apologetic and she is extremely grateful for the benefit she receives. This day, however, I noticed her eyes were swollen from weeping. She was eager to please me and started to read the card without success. She turned toward me and said. "Mam, I cannot read. The card is all blurred, I cannot see one letter clearly." Then she began to cry softly and told me her trouble.

"Many nights I have not slept," she said, "because my son was sent to prison. He is not bad but he did get into mischief."

She loves her boy very much but she did not tell me the nature of his trouble. But, oh, how she strained and suffered for him! I wish I could have told her boy all about it. I think he would have been sorry. I comforted her while she palmed and reminded her that everything might be so much worse. I observed that she was under a terrible tension all the while she palmed, but after awhile as she became more calm, I saw her relax. As she again removed her hands from her eyes to read the card, she exclaimed with relief:

"My, how the letters clear up! What did you do to me? I feel so much better now."

I told her that she did it all herself. The poor woman had strained so much that it made her cataracts worse.

My mind was greatly relieved because her vision had cleared up. She comes with a smile now almost every clinic day and she is eager to read 10/10 with each eye permanently and I am striving to help her do it.

Another old mammy who remembers the Civil War very well but does not know when she was born, also suffered from cataract in both eyes. Her condition was so bad in the beginning that she could not see anything on the test card at three feet. When she was instructed to palm she looked around the room observing several patients who were also palming and then remarked:

"Good lor, mam, dis here room looks like a prayer meetin' and bealeb me ahs ready to join in too."

She had the saddest looking pair of eyes I ever saw in a negro and even as she smiled she looked sad. I found out after we got acquainted with each other, the real reason for her look of sadness. The story she told me was almost unbelievable but I will tell the readers just what she told me.

First I would like to say that her vision improved at the first visit so that she read 12/200 and in flashes read 12/100. This amused as well as pleased her, and she would have it that palming alone did not improve her vision but that I must have done something mysterious to her while she had her eyes closed which caused this wonderful miracle. No amount of explaining to her that day would make her understand that the **eyestrain which caused the cataract was lessened by palming**. Every clinic day she was there and her vision at the present time is 12/30. She has been coming to us about one year. Now for her story.

### A Tragedy of the Past

"You know mam, a long time ago ah had a master an he was good and kind. Den came a new master an he was bad to de help. Dey was twenty of us in help and we did work on de plantation. After awhile ah was sick an was becomin' weary 'cause a li'l stranger was on de way. De sun was hot in de fields, mam, an' mah back was ackin' powerful bad. De old master would sure hab sent me to bed but de new one he jes tells me to get a move on. One day when all felt so bad an hungry dat ah falls down on mah knees. Ah jes couldn't get up. De master beat me wid a lash right before de oder niggers to teach dem a lesson an said ah was only lazy. When mah little boy was born he did hab de stripes oh de lash on his hack de same as was on mah own back. One night ah ran away with mah baby and dis was jes before de niggers were freed by Lincoln."

She looks very old and I should judge, as does Dr. Bates, that she is about eighty years of age. It is remarkable what a good memory she has. I have asked her several questions on different days to confuse her or to test her but she has always been correct in her answers.

The strain of squint, especially in children, has a great deal to do with their disobedience. I feel quite sure of that because I know of several clinic patients who, after they were cured, became manageable and less nervous. The change was so great in their conduct both in school and in their homes, that mothers and teachers would come and tell me about it.

Some time ago in one of our back numbers of Better Eyesight I wrote about a little colored boy named Frisco who suffered from squint in one eye. His poor mother could not live with him, he was so bad. His brothers and sisters continually punished him for the terrible tricks he played on them all. He was finally taken care of by his grandmother who did the very best she knew for his welfare.

She heard of Dr. Bates and our clinic so she came with him, for treatment. Before I had a chance to speak to him, his grandmother told me that she was afraid he was hopeless and that I might not be able to do anything with him for he was never still a minute.

She was anxious to have his eye straightened even though he was a naughty boy. I spoke to him and the only answer he gave me was "I don't want to! I won't!" I ignored his remarks and just said, "All right, you don't need to."

### Strain and Behavior

His grandmother frowned and said she was so sorry he was a bad boy. I paid no attention to him for some time and fortunately there was a little girl in the room being treated for squint so I let him watch the little girl and me. For his benefit I said to the little girl. "You don't want a bad eye, do you? You want two good eyes, don't you? Your good eye is doing all the work; just make your



bad eye do some of the work and you will soon have two good eyes instead of one."

When I was ready to treat Frisco he asked with his head and shoulders straight. "Have I got a bad eye? Won't you show me how to make the bad eye do some work?"

"Why of course I will show you," I told him. As I explained in the article I wrote about him, he became a very willing patient then and with his dear grandmother's help at home, Frisco was absolutely cured in six months.

Several months after he was cured I noticed one clinic day a colored woman standing in line smiling pleasantly and when I asked what her trouble was she answered, "Nothing at all, nurse, I just came to tell you that Frisco has returned home to his mother. He is the best behaved of all his family and he receives the highest marks from his school teacher for his studies. He shows no more symptoms of nervousness and plays no more tricks."

This squint case was so bad that one could see only the white of the left eye. Palming, swinging and alternately opening and closing his eyes many times every day, cured this boy.

## THE OPTICAL SWING

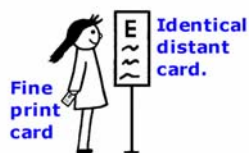
By W. H. Bates, M. D.

*For thousands of years mankind, both lay and professional, has overlooked a seemingly minute but vitally important phenomenon of the human system—the eye's normal inability to see a stationary object. Of the result in the science of the eye of the final observation of this vital matter, Dr. Bates tells in part in this article.*

IN this magazine, and in other publications, I have quite frequently written about the swing. The matter is so important that I feel that it should be described and recommended more frequently. The benefits which come from the optical swing are far-reaching and of greater importance, I find at the present time, than I realized even six months or a year ago.

When a person of normal sight regards one letter of the Snellen test card with normal vision, the letter appears to move about a quarter of an inch or less from side to side, continuously and slowly, a little more rapidly than a movement each second. This is what I call the optical swing.

For many thousands of years people of normal sight have regarded small and large objects which were stationary and imagined that they saw them stationary. It can be demonstrated that when the normal eye imagines a letter, or a part of a letter, stationary, that the letter becomes very soon imperfect. Furthermore, the letter has a jerky movement, irregular, and variable, demonstrating that it is impossible by any kind of an effort to keep or imagine a letter stationary for any length of time.



For Clear Distant Vision

+Shift on a fine print letter on a close card and imagine, see that it has a slow, short, easy swing, movement. Practice for a minute or less, 5-20 seconds. Avoid staring. Blink and keep the eyes moving on the letter.

+Then, look at the same letter on an identical distant card for less than a fraction of a second.

As vision improves the eyes can look at a letter for a second or longer without experiencing blur.

+ Repeat looking at the letters on the close and distant cards. Practice on one letter at a time.

+Practice with the distant card farther away as vision improves.

+Practice with both eyes together, one eye at a time, then both eyes again.

+Reverse the process to improve close vision, looking at the close letter for the shortest time.

## Literal Concentration Impossible

With the eyes closed most persons can remember or imagine a letter O with a white center, as white as they like—as white as snow. They can imagine a little black period on one edge of the O and keep their attention fixed on the black period for a few seconds, or part of a minute. Sooner or later, however, they note that the period moves and defies all efforts to keep it stationary; and that every once in a while the period is lost altogether. The imagination of the period fails from the strain. Most patients also note that they lose the O and have to bring it back again. To concentrate on one point of the letter O is impossible for any length of time.

The dictionary defines "Concentration" as an effort to see one thing only, or to do one thing only. I have never met any person who was able to concentrate on a point for any length of time. Concentration is impossible. Trying to do the impossible is a strain; which is the main cause of imperfect sight. For we find that all persons with imperfect sight try to concentrate—try to imagine things stationary. It is much easier and better to let the eyes shift from one point to another than to remember or imagine imperfect sight. To stare, strain or try to concentrate is an effort which is followed by not only imperfect sight, but symptoms of discomfort, pain and fatigue.

When one can imagine the letter O of fine print moving from side to side, it is possible to imagine that the card on which the O is printed is also moving from side to side, with the same speed and in the same direction; the hand which holds the card moves; the card and everything on it, including the letter O. When the card moves and the letter O moves, one can imagine the hand moves, the wrist, the arm, the whole body, in short, moving with the O. If we imagine the O printed on the arm of the chair, when the O moves the chair moves. When the chair moves the floor moves; when the floor moves one can imagine the whole room and the objects in the room in turn to be swinging. All objects seen, remembered or imagined move with the letter O.



**Eyes closed: Remember, imagine a letter O with a pure white center and a little black period on the edge. Keep the attention on the period without shifting/moving the eyes. Note that strain will occur and the mental image of the period will be lost.**

**The period and eyes will eventually move, which is normal. Shifting, eye movement when the eyes are closed or open keeps the mind, eyes relaxed, and the mental and visual image of a object clear.**

## The Universal Swing

This I call the universal swing, for one letter, or one object, cannot move without the imagination of all other objects moving at the same time. When the universal swing is imagined and one object is consciously imagined to be stationary, the universal swing stops, because it is impossible to imagine one object moving and other objects stationary when they are all connected.

A great many people have told me that they could imagine the letters on the Snellen test card to be moving and the card stationary. To do this requires a strain and, when we analyze the facts, to imagine letters moving and the card stationary, it is necessary to separate the letters from the card. There are an infinite number of ways of doing it wrong, or of imagining the swing under a strain. To imagine a letter suspended and swinging, one part more than another, requires an effort or strain. Some patients have a great facility for doing things wrong, and sometimes my ingenuity is taxed to the utmost to get them back to the right way. Some cases have required many days, weeks, of conversation, before they became able to practice the optical swing in the normal or proper way. It is well to repeatedly call the attention of such people to the fact that the optical swing is an evidence of relaxation, a phenomenon which is always present in normal sight, and that in all cases of imperfect sight the normal optical swing is modified or lost.

All parts of a object, all objects: the [entire visual field](#) moves in the opposite direction the eyes, head move to.

## The Swing and Memory

Over and over again I have taught people to demonstrate that, when they had a perfect memory of some letter or other object, they could not retain the perfect memory if they tried to imagine things stationary. Patients who were near-sighted, myopic, who were able to read fine print at a near point with good vision, were able to demonstrate that trying to imagine letters stationary made their vision at a near point very poor. By suggesting to them the possibility of imagining the swing at a distance or, when regarding the Snellen test card as well as they could imagine the optical swing of letters at the near point, much benefit usually followed.

About a year ago a patient was brought to me, a young girl aged ten years, with considerable compound myopic—or short-sighted—astigmatism. She was unable to see the large letter on the Snellen test card more than three or four feet away with either eye. This child read fine print with normal vision. She demonstrated that she could not imagine small letters stationary and see them perfectly. When she imagined a letter was moving from side to side, not any wider than the width of the letter, her vision was continuously good, or improved. With her eyes closed the memory of the letter with its swing was not quite as good as when she regarded the letter. When she looked at the Snellen test card at fifteen feet, her memory of the letter with its optical swing was gone.

**I had her practice for a while looking at the small letters with fine print at a near point, imagining one at a time with a slow, short, easy swing, and then looking at the Snellen test card for a moment only—less than a fraction of a second. This practice was followed at once by improvement and she was directed to continue the practice at her home; first to regard the same letter of fine print at the near point and imagine it moving, and to do this for a minute or longer and then look at the Snellen test card for not longer than one second.**

**After three days the child came in and read the whole card with normal sight with each eye. I was very much surprised and I said to the mother. How did this happen?"**

## Practice Brings Cure

"Oh," she said, "the child is practicing it all the time; she is practicing it at her meals, is practicing it all day long, even when she is in bed; the first thing in the morning, as soon as she opens her eyes, she gets busy."

The optical swing was a cure; not only were her eyes cured, but the mother told me that a great many functional derangements were also relieved. The mother became interested in the cure of her child and asked for treatment of her own eyes for hypermetropia, astigmatism and presbyopia. She was as enthusiastic as the child and was cured in two visits. She became my friend.

## NOTES OF THE LEAGUE

THE first regular monthly meeting of the Better Eyesight League was held the afternoon of April 12th at 300 Madison Avenue, New York City. Mr. Ross Varney presided in the unavoidable absence of the presiding officer.

The Secretary's report showed that the names of 500 prospective members had been sent into the League by charter members since the organization meeting held March 8th. Dues received, according to the Treasurer's report amounted to \$147.

The meeting was thrown open to suggestions regarding lines of immediate activity for the League. Many phases of activity were discussed, among them work to preserve the sight of factory and shop workers, educational work for school children, educational work among college students and among teachers, and the preparation of educational and expository publicity matter.

The members present agreed to use such educational literature in their own correspondence; and measures for acquainting prospective members of the League with its purposes and with the whole subject of the new ophthalmology were discussed in detail.

The enthusiasm and interest in the work of the League that has become manifest was strikingly shown in the volunteering of a number of those present to address noon hour meetings at factories, explaining to factory workers the menace to the eyes of too close industrial application unless the new scientific measures of prevention are understood and practiced.

A number of other suggestions, all apropos and practical, were made and discussed. It was eventually moved and seconded that Mrs. Mable Potter Daggett, a Director of the League, be authorized to draw up an outline of a publicity leaflet to be printed by the League and furnished to all its members for use in correspondence.

All the suggestions offered and discussed were referred by the meeting to the Board of Directors, and it was further voted that the Directors should work out and present to the second monthly meeting of the League a complete plan of operation to cover activities throughout the remainder of 1922.

THE second monthly meeting of the League will be held in Room 504, 300 Madison Avenue, New York City, at 4 P. M., May 10th. Every member, it is desired, will be there and will bring a prospective member also.

The directors will present there their plan of operation for the balance of 1922. The Secretary will report the progress made in obtaining new members.

Every effort will be made to have this second meeting mark a new record of enthusiasm and practical application to the great cause of better eyesight.

### QUESTIONS AND ANSWERS

Q - "When the sight is perfect the memory is also perfect because the mind is perfectly relaxed." "Better Eyesight," November 1919, page 2. I know of a Professor of Chemistry who has remarkably fine eyes and who cannot remember the roads to drive his car home from Boston to Malden.

A - He does not see the roads perfectly.

Q - Do idiots and patients having aphasia never have perfect eyesight?

A. Some do.

Q - Am I right in thinking that you consider the reverse of this true?

A - Yes, with exceptions

### Second Monthly Meeting

### BETTER EYESIGHT LEAGUE

4:00 P. M., MAY 10th

Room 405

300 MADISON AVENUE NEW YORK CITY

**Doctors are needed all over the world to cure people without glasses.**

### BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

June, 1922

### DISCARD GLASSES

EASY to say, something else to do. But it is a fact that no one can be cured without glasses and wear glasses at the same time.

This is a fact that one should keep in mind. It may help to give one backbone sufficient to do the right thing. I know how difficult it is from personal experience. I suppose I have as much originality, if not more, than the average person. It required a year before I was convinced that my eyes could not be cured unless I stopped wearing glasses. I could not wear them even for emergencies without suffering a relapse.

Patients who are really anxious to be cured can discard glasses and obtain benefit almost from the start. Wearing of glasses becomes a fixed habit. The idea of going without them is a shock. The honest determination to do all that is possible to be done for a cure, makes it easy or easier to discard glasses at once. Patients tell me that after they have discarded their glasses for a few days they do not feel as uncomfortable as they expected.

### **Do not use opera glasses. Do not use a magnifying glass for any purpose.**

It is very natural that one should hesitate to discard glasses after he has worn them for many years and obtained what seems considerable benefit. It may help to read what I have published about glasses. Most of the discomforts of the eyes are largely functional or nervous and not due to any real or organic trouble with the eyes. All the symptoms of discomfort are accompanied by a strain which produces a wrong focus of the eyes called myopia, hypermetropia, astigmatism or presbyopia. Glasses may correct the wrong focus produced by the strain, but they do not always, because the eyes are not always strained to fit glasses accurately. While wearing glasses in order to see, one has to strain or, by an effort, squeeze the eye ball out of shape and it is impossible therefore, to obtain relaxation and see with glasses.

If one can understand what I have just stated one can realize the necessity of discarding glasses in order to obtain a cure. I feel that the facts should be emphasized and the patient made to understand the necessity of discarding glasses. This makes it easier for the patient to do without glasses.

Do not argue with yourself about the matter. When you go to a doctor you expect to take his medicine even though you may not know what it is or how it is going to act. When patients come to me for relief I say, "Discard your glasses and you can be cured."

If they are wise they do as I say without any talk.

*What the League has already done—what you can help it do besides.*

THE time of meeting of the next meeting of Better Eyesight League is being changed to evening, to permit a greater attendance. The third monthly meeting will be held in Room 504, 300 Madison Avenue, New York City, at 8 P. M., Tuesday, June 13th.

It takes any organization a short while to become effective in action. The League has proved itself no exception, but it can truly be said that its period of gesturing is over and its day of actual accomplishment already begun. And this with the League only three months old.

Up to the present the most effective work of the League has been done between its monthly meetings, through the mails. In a small, but an ambitious way the League has already begun its work of education of the public.

Its membership has increased slightly, due to this activity.

A number of persons previously without the knowledge of the new science of the eye have become definitely interested in it as a result of the League.

Some 500 persons, both adults and children, in need of better vision, have been acquainted with the existence of the League and with the availability of the new methods for obtaining and retaining better vision.

Convincingly worded, attractively printed and attention-commanding correspondence cards have been supplied to members of the League for use in their personal correspondence, telling in less than five hundred words the great fact of the development of the new ophthalmology. This correspondence card, "About Your Eyes," is from the pen of Mrs. Mable Potter Daggett, a noted magazine contributor.

The preparation of educational literature to go to school teachers throughout the country and to mill and factory superintendents in industries where vocational eye strain is common is under way.

A list of possible speakers for the League is being made up.

At the last meeting, in accordance with the constitution, Mr. Ross Varney was chosen to be President of the League for the balance of its first year, Miss Rose O'Neil, previously elected, having found it impossible to devote the necessary time. Mr. Varney is both enthusiastic and competent, and is giving to the League a high type of unselfish executive force.

Similarly, the previously elected Vice President having found it impossible to serve properly, the League at the last meeting elected Miss Portia Creed Vice President for the remainder of this first year. Miss Creed's ability and zeal are outstanding.

The meetings of the League may be compared to an exclamation point at the end of a paragraph of action. They are the periodical accent of emphasis to the continuously carried-on work of the League. The stronger each exclamation point of interest and enthusiasm, the more emphatic becomes the steady routine work of the succeeding month.

It is in many ways a notable intellectual group that is comprised in the League membership, it is a very forceful group, to be a part of which is a distinction. Already this group is growing. It is going to widen more and more.

Every reader of the magazine should come and find out for himself the spirit of the League and the work it has under way, by attending the next monthly meeting June 13th.

### SOME ANIMALS' EYES

*The experimental detail into which Dr. Bates has gone in his development of the new science of ophthalmology is realized by few persons, although readers of his book, "The Cure of Imperfect Sight by Treatment Without Glasses," have some appreciation of this. This article tells some of the incidents and discoveries of his long series of experiments, some significant to science, some humorous as well.*

### Turtles

THE turtle has an unusual power of changing the focus of the eye. A physician who taught in a medical college told me that every year he would remove the eye of a turtle and demonstrate that stimulating the ciliary muscle with electricity produced accommodation by altering the front surface of the lens. He had been doing this for many years.

He was a good-natured person and I asked him if he would demonstrate the facts to me, which he kindly consented to do. After removing the eye of a turtle he fastened it on a piece of cork with the help of several pins. He then told me to note that when he stimulated the eye with electricity I could see the lens change its form, with the aid of a magnifying glass. I followed his instructions carefully and told him that I did not see the lens move but I did see a considerable agitation of the iris. With the aid of the retinoscope I found that with a strong stimulation of the eye by electricity there was no change in the focus. The doctor was able to demonstrate the same thing with my retinoscope.

During all these years the commotion produced in the iris was wrongly supposed to be associated with a change in the shape of the front part of the lens. In the other eye, having demonstrated by simultaneous retinoscopy that the lens of the turtle did not produce a change in the focus of the turtle's eye I proceeded to demonstrate that the oblique muscle was a necessary factor in accommodation. I exposed the superior oblique muscle, which is of considerable size in the eye of the turtle. When this muscle was stimulated with electricity the doctor and I both demonstrated with the aid of the retinoscope that the eye was accommodated to a high degree.

I then cut the superior oblique muscle, when I was able to demonstrate with the retinoscope that electric stimulation of the eyeball produced no change in the focusing power of the eye. The doctor agreed with me.

Then I sewed the divided ends of the oblique muscle together again. Now the electric stimulation produced the same change in the focus as in the beginning. The eye was accommodated for the near point.

The doctor confirmed my observation. He said before he left that he was convinced that when it came to turtles Helmholtz was wrong and that all these years he had been teaching an error and would in the future omit the experiment on the eyes of turtles.

## Bears

One night about ten o'clock I was testing the eyes of animals in Central Park. The watchman had kindly loaned me a lantern for my use. This lantern I placed on a stone coping which surrounded a den of bears. When possible I flashed the light from the retinoscope into their eyes and found that they were normal. When I was about to leave I started to pick up the lantern and suddenly out of the dark a bear sprang forward against the rail, poked his paw between the bars and tried to grab the light. I was so startled I jumped back in great fright. The bear seemed interested and amused, he opened his mouth and if ever a bear laughed silently he did. I am sure there was nothing wrong with his sight.

## Monkeys

After examining a number of monkeys I found by simultaneous retinoscopy, some who were myopic. Usually when I examined the eyes of tigers, leopards or lions I was careful to do so at a respectful distance, but the monkeys seemed so very playful and good-natured that it did not seem necessary for me to take any precautions. While I was trying, with the help of the keeper, to get a view of the eyes of an old lady sitting up on a roost, a monkey in the adjoining cage grabbed me by the hair and produced a lot of joy among his fellows at my expense. It was so unexpected and the pull so strong that I do not believe I shall ever forget the experience, although I was more frightened than hurt. The keeper laughed louder than a lion's roar.

## Wolves

A great many wolves were examined by simultaneous retinoscopy and in all cases their eyes were found to be unusually good. One night a policeman stopped me and asked in a very disagreeable tone of voice what I was doing among the animals. I explained to him that I was very much interested in finding a method of preventing myopia in school children and that facts obtained from studying the eyes of animals were a great help. Well, he softened right away, and was kind enough to hold the lantern for me while I made further observations.

## Leopards

It seems a safe procedure to stand in front of a cage ten or twenty feet away and flash the light of a lantern into the eyes of some wild animal, but in one case a tragedy seemed imminent. The keeper was helping me all he knew how by coaxing the animals into a position that was favorable for me to examine their eyes. He went into a cage where he thought no animal was present, in order to reach another cage that contained some leopards. Suddenly there came out from a shadow into the light another leopard, and the speed with which that keeper got out of that cage was wonderful. And he was none too soon, because the door slammed shut against the very teeth of the animal. I was able to examine the eyes of this leopard while he was annoyed and found his eyes were normal.

## Other Animals, and Fish

None of the members of the cat tribe which I have examined with the retinoscope was near sighted. One of the lions had a cataract. A hippopotamus also had a cataract. Old Jewel, an elephant I examined, was near sighted. The distance of the eyes of the elephant from the ground may be six feet or more, and I am quite sure that this elephant did not become near-sighted from straining to see near objects. I found some buffaloes near-sighted and some other animals, also. No birds were found near-sighted. At the New York Aquarium I examined many thousands of eyes of fish and found none near sighted. The ability of fish to focus their eyes for a very near point is wonderful. The muscles found in the eyeballs of fish are very large. Electrical stimulation produces a high degree of accommodation or focusing at the near point, except in the eyes of the shark family. These fish have no superior oblique muscle; but, when I placed a suture of strong silk thread in the place occupied by the oblique muscles in other fish, electrical stimulation produced accommodation in the eyes of all the shark family.

It is interesting to report that the cat family does not focus its eyes to see near-by. Electrical stimulation always, in my experiments, has produced near focus in the cat family, but only after a silk thread was inserted in the place usually occupied by the superior oblique muscle.

## THE PARTY

By Emily C. Lierman

*If there is any pleasure keener than that of giving pleasure and comfort to a child the great teachers and philosophers of history as well as the ordinary man and woman has never found it out. It is the great privilege of Mrs. Lierman not only to be constantly advancing the knowledge of the new science of the eye, but at the same time to be giving weekly service and comfort to many of God's children.*

IN the February number of Better Eyesight I wrote about sixteen school children who were sent to us for treatment of their eyes. Children with imperfect sight are usually sent from the schools to us to be fitted for glasses. But all of these girls wore glasses, with the exception of two. The teacher of these children wore glasses, and they were surprised when she appeared one day without them. They all wondered how she could possibly see for she had a very high degree of near-sightedness.

In my article I wrote about the children's misbehavior and the trouble we had with them at the clinic. As they acted like wild Indians I became more determined to cure them and began to plan very quickly in my mind just what I would like to do for them if they would only behave in the clinic room and allow me to benefit their eyes. So a house party was promised to all whose sight improved to 20/20.

Little did I think that day in February that so many of them would obtain perfect sight so soon. But Saturday, April 22nd, the party



was held at our afternoon downtown offices in New York City,

When school children discover that they can be cured without glasses we have very little trouble treating them because they are always anxious to be cured, with a few exceptions, of course. The exceptions are generally colored children who would feel much more dressed up with eyeglasses on. Their elders, especially fathers, are seen standing about on the street corners in the vicinity of the Harlem Hospital, where Dr. Bates' busy clinic is. They are very much dressed up in flashy clothes, with near diamond studs and shiny patent leather shoes. They delight in wearing eyeglasses with attractive rims of gold or tortoise shell.

I remember about six years ago as Dr. Bates and I passed by some of these people on the street near the hospital, he remarked, "I wish I had some of the dignity of these colored people; I wonder where they get all the money to dress so well."

Sometimes they come to us to have their eyeglasses readjusted and the doctor finds that their glasses are practically window pane glass. So it is no wonder that their children crave eyeglasses to be attractive also. It does not take a very long time, however, to discourage a colored boy about wearing glasses. I just start talking about baseball and other games where eyeglasses would be troublesome and that is all that is necessary. In a very short time he has normal sight if he practices the method faithfully.

### The Frolic of the Thirteen

We spent an hour at the clinic before the party and when we arrived a surprise was awaiting us. Thirteen kiddies were all arrayed in their Sunday best and two of them presented us with bouquets of roses and carnations. They came from grateful mothers and I am certain that it meant a great sacrifice to them. The coming event must have had a good effect upon their sight for twelve of them read 20/20 with each eye separately on strange cards.

Three of the sixteen were not there. One of them stayed away because she had put her glasses on again. Her teacher informed me that she did not do so well in her studies nor with her reading on the blackboard after she had put her glasses on again. I was sorry about this because when the girl took off her glasses she was immediately benefited by the treatment and soon obtained normal sight. She became more accurate in all her studies. It was a comfort to her to see better at the distance without her glasses than she ever saw with them. I was told that previously while wearing her glasses she read figures incorrectly and usually made serious mistakes. The school nurse had visited her mother and threatened to make trouble for her if the glasses were not put on the child again. This particular girl was one of the most nervous and unruly of any girl patient I ever had. She worried her school teacher because she found it hard to be truthful. During her treatment Dr. Bates and I noticed that as her vision improved, she became less nervous and her teacher said there was a marked improvement in her conduct in school. She is coming back again for treatment as her father refuses to keep glasses on her.

After clinic was over, two taxicabs drove the kiddies with the doctor and myself through the East Drive of Central Park. The flowers were budding here and there and it was like a moving picture show to watch the kiddies. One of them asked me if skunk cabbage grew in the park and who feeds the squirrels in the winter time. One of my little charges has never been to the country. The party was a decided success.

Right in the midst of our fun, though, two persons called for an interview with Dr. Bates. There he was, a boy all over again, playing parlor games and laughing heartily with the kiddies as though he had not a care in the world. I allowed the visitors who came such a long distance to see him, to have only five minutes of his time, otherwise it would have been a great disappointment to him to be denied the company of the kiddies. A game of forfeits was played and when Dr. Bates was called upon to forfeit something he gave his retinoscope. It was held over the head of the kneeling child, who was the arbiter of the fate of the owner.

"What should the owner do to redeem it?" was asked, and the answer was: "The owner must go to the next room and read the Snellen Test Card from top to bottom without a mistake." The doctor promptly did this, while two of the children went with him to see that it was read correctly.

I could go on telling more of the funny things that happened on that wonderful occasion, but there would not be space enough, but I would like to add that the children said as they filed out of the room: "Thank you for the party, but thank you most of all, Dr. Bates, for joining us in the fun."

I would like to say also that I have discovered that Dr. Bates is very fond of ice-cream. I can prove it because he did not refuse the third helping.

### QUESTIONS AND ANSWERS

Q - When the memory is perfect the sight is also perfect? An eminent musician in Boston has a phenomenal memory for music but is so near-sighted that without glasses he could not see to find his way.

A - He sees music perfectly.

Q - You have said that imagining sensations of feeling, tasting, smelling, etc., are as effective as seeing in perfecting the eyesight. I know of a Professor of Psychology who is an expert in the field of smell. She has a remarkable ability to imagine odors, as I have heard her testify many times. She is so near-sighted that she has to have an attendant when she walks. I don't remember any definite statement as to her visual memory except that I remember her remarking that when she heard a name she always by some power of association saw distinctly some color. Her memory in other respects also seems far above the average. How would you account for her near-sightedness?

A - Strain to see.

Q - "The cause of this loss of function in the center of sight is mental strain and as all abnormal conditions of the eyes, organic as well as functional, are accompanied by mental strain, all such conditions must necessarily be accompanied by loss of central fixation."—"Better Eyesight," page 8, July, 1919. Why is this necessarily true if as you say on pages 8 and 9 of the same magazine different strain produces eccentric fixation from that strain which produces, for example, myopia.

A - Imperfect sight is always accompanied by loss of central fixation.

Q - In visualizing a black period what background should one see?

A - Not important.

Q - How would you explain by your theory this experience? A friend of mine who has far-sighted astigmatism for which she is wearing glasses, when working under pressure and with considerable nervous strain has no trouble with her eyes, but upon

completely relaxing during a vacation period is troubled with smarting and aching of the eyes.  
A - Strain, not relaxed.

Q - "It is true that every motion of the eye produces an error of refraction but when the movement is short this is very slight and usually the shifts are so rapid that the error does not last long enough to be detected by the retinoscope, its existence being demonstrable only by reducing the rapidity of the movement to less than four or five a second. *The period during which the eye is at rest is much longer than that during which an error of refraction is produced.*"—"Better Eyesight," December, 1919, page 1. I do not understand the italicized statement. You have said that the normal eye is continually shifting. If every motion of the eye or the object of vision ("Perfect Sight Without Glasses"), page 107), produces an error of refraction how advise reading in a moving vehicle, or attending a moving picture show?

A - Moving pictures do not move when seen. Reading in a moving vehicle is common as the page may be stationary with the eye.

Vision remains clear because: when watching the movie, the characters, scenery are constantly moving, changing and this keeps the eyes moving, shifting often.

It is only when the eyes move very slow, infrequently or stop moving (staring) that the temporary blur produced by eye movement is seen.

When the eyes move easily, frequently, blur is not seen, vision remains clear.

This same fact occurs when reading a book in a moving car, train; the book moves about and if the eyes stay relaxed and move with the book, without trying to lock the eyes onto it: shifting, eye movement occurs and the neck, body move, stay relaxed. This keeps the vision clear.

**Third Monthly Meeting  
BETTER EYESIGHT LEAGUE  
8:00 P. M., JUNE 13th  
Room 405  
300 MADISON AVENUE NEW YORK CITY**

**Doctors are needed all over the world to cure people without glasses.**

**BETTER EYESIGHT**

**A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES**

**July, 1922**

**"PAGE TWO"**

ON page two of this magazine are printed each month specific directions for improving the sight in various ways. Too many subscribers read the magazine once and then mislay it. We feel that at least page two should be kept for reference.

When the eyes are neglected the vision may fail. It is so easy to forget how to palm successfully. The long swing always helps but it has to be done right. One may under adverse conditions suffer a tension so great that the ability to remember or imagine perfectly is modified or lost and relaxation is not obtained. The long swing is always available and always brings sufficient relief to practice the short swing, central fixation, the perfect memory and imagination with perfect relief.

*Be sure and review page two frequently: not only for your special benefit but also for the benefit of individuals you desire to help!*

Persons with imperfect sight often have difficulty in obtaining relaxation by the various methods described in the book and in this magazine. It should be emphasized that persons with good vision are better able to help others than people who have imperfect sight or wear glasses. If you are trying to cure yourself avoid people who wear glasses or do not see well. Those individuals are always under a strain and the strain is manifested in their face, in their voices, in their walk, the way they sit, in short in everything that they do.

Strain is contagious. Teachers in Public Schools who wear glasses are a menace to their pupils' sight. Parents who wear glasses or who have imperfect sight lower the vision of their children. It is always well when treating children or adults to keep them away from people with imperfect sight.

**THE STORY OF VIOLET**

**BY W. H. BATES, M, D.**

*Just what, in simple words, is Central Fixation? If you will read this story of a ten-year-old girl who discovered it for herself you will know, not in terms of theory or in scientific phrases, but in practical simplicity.*

SOME years ago a young girl, aged 10, was brought to me for the cure of imperfect sight and squint. She was wearing quite strong glasses for relief.

The right or squinting eye, even with her strong glasses, had very poor vision. The best she could see with this eye with or without glasses was counting fingers at about three feet. Looking straight ahead of her with this squinting eye, with the other eye covered, everything was visible and, she said, perfectly dark, and what she did see at any time with this eye was off to one side. She was unable to read with this eye with or without her glasses.

With her left eye her vision was improved by glasses so that she had about one-quarter of normal vision and could read large print with more or less difficulty for short periods of time. She usually had a headache every day and at times great pain in one or

both eyes.

Reading or studying her lessons was a punishment. Unlike other children she had no pleasure in reading story books. The trouble with her eyes interfered with her play. She spent most of her time sitting alone with no desire to talk and kept her eyes closed a good deal of the time. Without her glasses she could not read at all ordinary print.

The case to me was very interesting because of the results obtained in a short time, three weeks. When the mother asked me how long it would take, I believed and told her that if the girl got any improvement in three months she would be very fortunate. In fact she was practically cured in a week but I was so fearful of a relapse I had her come a few weeks longer to be sure she retained what she had gained.

## Glasses Off

The first thing I had her do was to discard her glasses altogether. With both eyes open her vision was 10/200. When she was able to see the large letter on the card clearly or well enough to tell what the letter was, I asked her if she saw it all alike. She said "No." She told me that she noticed that when she looked at the top of the letter she saw it best and the bottom worse. When she looked at the bottom of the letter she saw the bottom of the letter best and the top worse.

"But," I said, "The top is just as black as the bottom and one side is just as black as the other side. The letter is perfectly black in all parts."

"Yes," she said, "but I do not see it that way."

I told her to try it that way. She said at once the letter blurred so that she could not tell it. When I brought the letter up close, at three feet away she saw it more distinctly than at ten feet.

"Now," I said to her, "when you try to see the letter all alike what happens?"

She answered, "It blurs and if I try hard enough I cannot even tell what the letter is."

I said to her, "You know the letter is perfectly black and when you see one part best you are seeing something that is not so, aren't you?"

"Yes," she answered.

"Now when you see something that is not so you do not really see it—you only imagine it, don't you?"

She answered, "I do not see one part best, I only imagine it."

Then I pointed to the second line, first letter, "Can you imagine the top of this letter is blacker than the bottom? Make believe it is," I told her.

"Oh," she said, "I can make believe it is, I can imagine the top best."

"Can you imagine the bottom best if you want to?"

"Yes I can imagine the bottom best and the top worse."

"What letter is it?" she answered: "A letter R."

"Is the letter R as black as the big C?"

"No," she answered, "it is quite gray and all blurred on the edges."

"You know it isn't gray don't you?"

"Yes, I know it isn't gray but that is the way I see it."

"Isn't that an illusion? When you see gray you are seeing something that isn't true, aren't you?"

"Yes, when I see it gray I am seeing something that isn't true."

"Now suppose you make believe that the letter R is just as black as the big C, which it really is. Can you do that?"

"I can make believe it is, I can imagine it is, but I have to imagine one part at a time."

"All right," I said, "I can forgive you for that. Keep on imagining one part is blacker than the rest," and then she screamed with delight.

"Oh goody, the whole card is getting better and I can see a thousand times more than I could before."

## Better Vision Quickly

In her eagerness to prove that her sight was better, almost breathlessly, she read several lines.

I said to her, "Why do you stop?"

She answered, "They all turn gray."

"Oh," I said, "Nonsense, they didn't all turn gray. You only made believe they did. Suppose you make believe they are black all the time, not some times gray, and other times black, because they are not. You know those letters are continuously black."

"Yes I know it but I do not always imagine or make believe they are."

"Can you make believe they are?"

"Oh, yes I can and can read more of them," and this she did and apologized, saying that she could not read them or imagine them perfectly black unless she made believe she saw a part of the letter best.

I was very much impressed with the fact that this child had discovered for herself what I call Central Fixation or the ability to see a part of a letter better than the rest of it. She found, without any suggestion on my part, that she could not read any of the letters with maximum vision unless she did see one part best. When she came to the smaller letters she hesitated and failed to see them.

"What is the trouble?" I asked.

"Oh," she said, "They are so small it seems as though I ought at least to see a small letter all alike and tell what it is."

Then I called her attention to the fact that she could not tell any of those small letters when she tried to imagine the letters all alike. I brought the card closer and encouraged her to imagine one part best of the smaller letters. At a nearer point than ten feet she was able to imagine even the letters on the bottom line, one part best, and distinguish them. She was able to demonstrate that when she saw the small letters all alike that her sight was not so good. When she looked at the card at ten feet she became able, by alternating with looking at the card nearer, to see the small

Shift on and see one small part at a time of a fine diamond print letter clearest, darkest black. Do the same on a small fine print period.

E .

Reads fine diamond and microscopic print clear, both eyes and one eye at a time with shifting and central fixation close to the eyes, touching the eyelashes.



## Real Practice

She practiced with the card at home and did what very few of my patients are able to do, she improved her sight practicing by herself. In a few days her vision with both eyes together became normal. Then I had her cover the good eye, the left, and practice in the same way with the squinting eye, which had such very poor sight. With her eyes closed she could imagine one part best of a large letter at ten feet continuously. By flashing the large letter with the squinting eye, alternately, her ability to see one part best improved, at first in flashes and later more continuously.

When she was at home her mother said the child was spending all her time with the card. She shortened the time of her meals in order to be busy with the Snellen Test Card for a longer time. She even brought the card to the table and practiced with it while she was eating. It was difficult to induce her to go to sleep because she wanted to practice more. She was up in the morning soon after daylight and practiced with her card while she was dressing. She very soon had her reward, for in less than a week's time she had normal vision with each eye and the squint disappeared never to return.

It was very interesting how she improved her ability to read fine print at the near point. When I asked her, "Do you see those small letters of the diamond type one part best?" she answered "Yes."

"Do you see the period of the diamond type one part best?"

"Yes, but when I get started I can read it so fast that I do not have time to notice that I am seeing the letters one part best."

## Higher Mental Efficiency

This child accomplished what I have never seen anybody else do. **She could read the diamond type with each eye by central fixation so close to her eyes that the page touched her eye lashes.** She could read signs further off than any person I ever knew.

With the wonderful improvement in her sight came an increased mental efficiency. Her memory was unusual. She could read perfectly a page of history and because she saw it perfectly she was able to remember it perfectly. As a consequence her scholarship became very good indeed. Formerly she was at the foot of her class, afterwards she was at the head. She astonished her teacher with the quickness of her perceptions, her ability to understand. Formerly when her sight was poor she was a very unhappy, depressed person, later she was full of life and action and seemed to enjoy life to the utmost.

One day she met one of my patients on the street. "How are you getting along?" she asked. The patient answered gloomily, "Not as well as I would like. How are you?"

"Oh, I am all right. I am cured and I am very glad and happy over it. How much do you practice and how often do you go to see Doctor?"

"Oh, I practice once in a while, half an hour or so a day when I think of it and I call on the Doctor about once a week."

Then Violet exclaimed, "Oh how foolish, that isn't the way I did it. I wanted to get well and I wanted to get well quick and I did just exactly what the Doctor told me to do and the more I practiced the more I improved. I found it was a good thing to do what he said, so I did it. When he told me to remember a period all day long I did it. He told me to do a whole lot of other things and some of them seemed hard, difficult, but when I found I could do them they seemed easier to do and I am glad of it."

When the patient told me of the meeting with Violet he asked me why she improved so much more than he had improved.

I asked him, "Did you follow my instructions as enthusiastically as Violet did? Was there any reason, any real reason why you could not do it?"

"No," he answered, "There was no reason why I should not have practiced as faithfully as Violet but my eyes are so bad that it is difficult for me to do the right thing although you repeatedly had me demonstrate that to do the wrong thing was a strain, an effort and required hard work and made me uncomfortable. When I did the right thing it was easier and I felt more comfortable."

This patient after his meeting and talk with Violet came to the office more frequently, practiced more continuously and made surprising progress. In a few weeks he went back to his former state of mind, and did not do so well. I have always thought if he could have had Violet with him most of the time or could have seen her daily he would have done much better. Most of my patients always do better when they have someone with perfect sight to encourage them by their example or advice.

## Better Eyesight

NO one interested in children should fail to read The Story of Violet in this issue. The facts of child vision in America today are startling. In the New York City public schools the percentage of children with imperfect vision, and wearing glasses, is very high. It is customary in many schools for the teachers to send any child with imperfect sight promptly to a doctor to be fitted with glasses. Most such cases are of recent development and can readily be cured by the new ophthalmology.

The Better Eyesight League, concerned with this state of affairs not only in New York but throughout the country, will devote its next meeting to its discussion.

The League is essentially an educational medium. It is an agency for the possible dissemination to thousands of parents and teachers of the wonderful information that can bring normal sight to tens of thousands of little sufferers.

Come to the meeting of the League, Tuesday, July 11, Room 504, 300 Madison Avenue, at 8 P. M. And bring with you as many parents and teachers as you can. They will thank you for the opportunity of learning, for the children in their care, what many teachers and parents before them have gratefully learned of the possibilities of normal sight.

### THE MEANING OF A LEAGUER

By ROSS VARNEY

*President, Better Eyesight League*

IT is not a mere empty gesture to become a member of the Better Eyesight League. Those who attended its last meeting, in June, need no reminder of this; it was in the very air that night that the mission of the League is something finer than mere words, and its fulfillment to be realized by the endeavors and enthusiasm of each individual member.

The Secretary's report of work actually begun in relation to persons known to have imperfect sight, to physicians, teachers and industrial plant managers and welfare workers gave a new idea of the scope of our activities to many of those present. So, too, was Dr. Bates' incisive, well-considered message concerning general medical practitioners and the new ophthalmology, and the many-angled discussion that followed, instructive to every person there as to actual conditions and methods to pursue in bettering them.

But if this last successful meeting and the other successful ones preceding it have made one fact predominant, it is that the *cause of better eyesight rests in our individual hands*. We the members of the League, have assumed the work of propagating this tremendous, this health-and-vision-revolutionizing information. Every discussion of ways and means that has arisen has ended finally in dependence on the individual—on the League as the united medium of expression *but on the single member as the strength and motive spirit of the League*.

The League is concerning itself today with the problem—a most serious problem—of child vision. No worthier cause could occupy the thought and time of any person. It is a problem that can lie solved by education only—by education directed by the League and made effective largely through the individual efforts of the members of the League.

To bring about the beginning of an effective educational campaign in this one field alone will make the League a place in the history of national and social betterment. *And it comes down at first again to individual efforts in the League*. A pioneer group of teachers already is bringing blessings to many pupils by the use of the new science. More teachers to begin to do this in the public schools are needed now. With every new teacher thus put at work the education of a further two becomes more easy. A single teacher, interested by a Leaguer now, will *mean a dozen this time next year*.

Let every member realize that the League depends upon that member—now, in this matter of school education—and in every other work that may be undertaken.

### HOW CHILDREN HAVE HELPED THEIR PARENTS

By EMILY C. LIERMAN

*"A little child shall lead them," is sometimes true in matters of health as well as things spiritual. More than one suffering mother has found relief through the guidance of a child, acquainted at the clinic with the new methods of obtaining normal vision.*

ONE day a little girl ten years of age came for treatment of her eyes. She was alone and explained that her mother was unable to come. Her name was Mary.

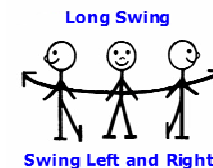
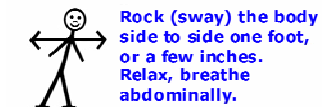
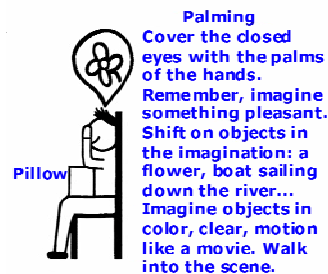
She complained that she had headaches, and the pain in her eyes was so bad that at times she was put to bed for a few days. Her mother told her she was to ask for glasses. The doctor in school ordered her to get them.

At first I found it hard to make her smile. Her head and eyes pained her so much that she found it hard to look pleasant. Then, too, she did not want glasses. They frightened her, she said.

I placed her in a comfortable position and showed her how to palm. (See palming picture, directions on right and last pages this book.) After I had treated several patients, I asked Mary to remove her hands from her eyes and, to look up at me. She did so and smiled. That was encouraging. Adults, especially some women I know, imagine that there is something wrong when one smiles. Mary smiled because the palming cured her pain.

Her sight was tested and I found her vision was normal. While she was standing I taught her how to swing her body from side to side, first on one foot, then on the other. I did the swinging motion with her to be sure she was doing it right. At first she complained of dizziness which showed that she was making an effort or trying too hard. When I told her to take it easy and swing more gracefully, the dizziness left her and she became more relaxed and enjoyed it.

"I could keep this up all day," she said. "I like it because all my pain is gone." She was instructed to keep up the palming and swinging at home and to come again the next clinic day.



### The Mother Next

When Mary came again her mother was with her. The mother was anxious to know what there was about palming and swinging that could cure eye strain. Was it a faith cure or did we perform a miracle? She said that Mary had suffered for a long time with pain in her eyes which prevented her from attending school regularly. But for the last few days Mary, after school, had played with the children in the street instead of going to bed. She had studied her home work without being told to, after palming her eyes for ten minutes or longer.

The mother was also anxious for me to know what palming had done for her. "At first my husband and I thought Mary was joking," she said. "We did not think that such a simple thing as covering the eyes with the palms of the hands could relieve pain.



Ever since my children were born I have suffered with backache and my eyes have been troubling me. Mary suggested that I should try the palming also. **My eyes were rested and my backache left me.** Now, won't you please tell me about the swing, too?"

I went through the motions with her until she was able to do it. The last time I saw her she told me she was not half so cross with her babies since she learned how to swing her body and see things moving. Palming helped her to read evenings to her husband. Mary does not complain of pain any more, she said. She is more willing to help her mother about the house and never retires until bed time. Relief from strain, relaxation through palming and swinging the body from side to side, cured this tired mother and Mary.

### Anna's Mother

Anna, a very bright girl of twelve years, born of Jewish parents, unconsciously helped her mother at a very critical time, when most expectant mothers worry and suffer, most of them silently and uncomplainingly. Anna was very near sighted and had to have treatment for a long time before her sight improved at all. Her vision a few months ago was 10/70 in both eyes. Now she reads 15/15. Anna obtained a test card to practice with at home. This interested her mother so that she herself practiced palming.

One day the mother came to the clinic with a tiny bundle to her arms. With a smiling face she asked me to please look at her baby boy. So proud she was as she held out her arms for me to see. "I want to tell you," she said, "that palming helped me so much just before my baby was born. I thought of you and Dr. Bates at the time, and it helped me to relax. I am so glad my daughter came to you." This made me very happy because the mother tried the palming of her own accord. Her daughter received benefit, why shouldn't she? A great deal of credit is due her because her own good judgment was all that was necessary. Dr. Bates has records of patients who were benefited greatly in this way. **Some women have told him that palming and imagination of the swing, gave them great relief and freedom from pain during childbirth.**

# Better Eyesight

A Monthly Magazine  
Devoted to the Prevention  
and Cure of Imperfect  
Sight without Glasses

Vol. VII AUGUST, 1922 No. 2

## Special School Number

### College Men Fitted for Army

By W. H. BATES, M. D.

### Many School Children are Helped at the Clinic

By EMILY C. LEBMAN

### Editorials

### Work of League Producing Results

By ROSS VARNNEY

Published by the Central Fixation Company, 300 Madison Avenue, New York  
as the official organ of the

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Published by the Central Fixation Company, 300 Madison Ave., New York, as the official organ of the BETTER EYESIGHT LEAGUE, a national organization to relieve the sufferings and discomfort of those afflicted with imperfect eyesight, to disseminate the knowledge of the scientific cure and prevention of imperfect sight without the use of glasses, and to promote further research and investigation into the causes for imperfect eyesight and its improvement without the use of artificial lenses.

W. H. BATES, M. D., Editor

VOL. VII. AUGUST, 1922 No. 2

## COLLEGE MEN FITTED FOR ARMY

By W. H. BATES, M. D.

*Nothing could have emphasized the high percentage of poor vision among students as did the war. Great numbers of young men, otherwise physically perfect, were turned down when they tried to enlist because of defective vision. Dr. Bates was able to help many of these men to pass the army tests with perfect sight.*

**D**URING the war a great many young men came to me for relief of their imperfect eyesight. They had failed to pass the eye test examination at the recruiting station.

## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

August, 1922

Special School Number

SCHOOL CHILDREN'S EYES

THE cure and prevention of imperfect sight in school children is very simple.

A Snellen Test Card should be placed in the class room where all children can see it from their seats. They should read the card at least once daily with each eye separately, covering the other eye with the palms of the hands, in such a way as to avoid pressing on the eyeball. (Or a eye patch can be used on the eye not in use. Eye is open under the patch) The time required is less than a minute for both eyes. The card measures the amount of their vision. They will find from time to time that their eyesight varies. Some children are very much disturbed when they cannot see so well on account of the light being dim on a dark or rainy day and although they usually learn the letters by heart they do not always remember or see them. It is well to encourage the children to commit the letters to memory because it is a great help for them to see them. When a child can read the Snellen Test Card with each eye with perfect sight, even although they do know what the letters are, it has been found by numerous observations that their eyes are also normal and not nearsighted, farsighted nor do they have astigmatism. Many children find that when they have difficulty in reading the writing on the blackboard that they obtain material help after glancing at the Snellen Test Card and reading it with perfect sight. Familiar, memorized objects relax the mind, eyes, improve the memory and clarity of vision.

When the eye is at rest, perfect rest, it always has perfect sight. A great many teachers and others condemn the method unwisely because they say that the children learn, and because they know what the letters are, they recite them without actually seeing them. With my instrument I have observed many thousands of school children reading the Snellen Test Card apparently with perfect sight, the test card that they had committed to memory, and in all cases never did I find anything wrong with their eyes.

About ten years ago I challenged a Doctor, a member of the Board of Education, to prove that the children deceive themselves or others by saying that they see letters when they don't. To me it is very interesting that the most wicked child in school no matter how he may lie about other things with great facility and gets by with it, was never caught lying about his eyesight. I believe that every family should have a Snellen Test Card in the home and the children encouraged to practice reading it for a few minutes or longer a number of times every day. Some children are fond of contests and quite often a child who can demonstrate that his vision was the best of any pupil in the class had a feeling of pride and satisfaction which every one in sporting events can understand.

### COLLEGE MEN FITTED FOR ARMY

By W. H. Bates, M. D.

(Military Story)

*Nothing could have emphasized the high percentage of poor vision among students as did the war. Great numbers of young men, otherwise physically perfect, were turned down when they tried to enlist because of defective vision. Dr. Bates was able to help many of these men to pass the army tests with perfect sight.*

DURING the war a great many young men came to me for relief of their imperfect eyesight. They had failed to pass the eye test examination at the recruiting station.

At one time, if a man failed to enlist on account of his eyesight, he was drafted and had to serve in some branch of the service which did not require good vision.

Paul had just graduated from the high school, when the war broke out, and found that he could not enlist because his sight was too poor. He had about 1/3 of the normal vision. He said to me, "I consider it a disgrace to fail to pass the examination for my eyes, I want to enlist in some crack regiment, I don't want to be drafted."

He was very ambitious to join the Marine Corps. He laid his heart open to me, and he was very much discouraged, very sore, and willing to do anything and everything within his power to have his eyes cured without glasses. He certainly had a strong incentive to get well. He would come to the office early in the morning, half past seven or eight, practice all the forenoon, take an hour off for his lunch, return and continue doing things to help his eyesight until nine or ten o'clock at night. He certainly was very earnest about it, and he attained a very unusual improvement in his sight in a short time, and was very happy over it, and he said to me, "now I've almost got perfect sight and can go back home and try to enlist," and he said, "do you suppose they will take me; do you think that I am able now to pass the examination?" I said to him, "you are not entirely cured, and I doubt that you will improve when practicing by yourself." Still he was eager to enlist, went back home, applied for enlistment, and failed, because his vision was still too imperfect.

At once he came back and said "I am going to stick it out this time, until you tell me that I am cured." And, he certainly did. In a few weeks time he became able to read 20/20 with each eye on a strange card as well as on a familiar one. I said to him "now you palm just as much as you possibly can the day before the test, and at other times during the day before you are examined, and that will make it possible for you to retain all that you have gained, and pass the test of good vision successfully."

## Paul Gets Into the Marines

He went to his home, and afterward wrote me that he did just what I told him to and read 20/20 with each eye without any difficulty. I did not hear from him again for a year or more. He wrote me a long letter about his affairs. The following are some extracts:

"I went down to Paris Island, the Marine Training Camp, and underwent a very rigid physical examination, passing the eye test without any difficulty, 20/20. After eight weeks of severe training in the hottest part of the year, I went on the rifle range, where I made a score of 251 out of a possible 300 points. I was the second highest qualified man in my company, and was awarded a sharpshooter's medal."

His first stop in France was at Brest: he says "I had not been in Brest very long, when the call came for fifty men from each company who had high rifle range records to go at once to Chantilly for quick preparation, to enter the lines as machine gunners. It looked like action in two or three weeks, and we all worked hard, and one fine day the Armistice was signed, and it was all off. All interest in the work and drill ceased from that day."

A young man from Texas came to me about his eyes, which were so poor, that I could not understand how he ever passed the examination. "How old are you?" I asked him. Officially I am twenty-three years old, chronologically I am nineteen. You know, Doctor, you can't enter the ranks and become an officer unless you are twenty-one years old. Can't you do something for my eyesight?"

I was able to improve his sight in a very short time, so that he obtained 20/20 in each eye, which became permanent. What was interesting in his case was, that he went all through the war with imperfect sight, and after the war was over, he came to me to be cured. This young man said nothing about his adventures, never mentioned the war, but his father told me of one incident where a Texas regiment charged the German trenches and that his son began to cry like a child because a friend of his got to the trenches first and while he was in tears and shooting away, he saw a German poke a gun at his arm and take the sleeve off clean, without doing him any injury, and this German soldier was killed by the man who got to the trenches first.

## The Twins Qualify for Service

At one time there came to the office two young men of twenty-one, twins, who were quite near-sighted, and who complained that they could not pass the medical examination in order to enlist. Their father, a wealthy manufacturer, came with them and enlivened the occasion by loud applause whenever one of the boys by palming, swinging, memory or imagination improved his sight decidedly. We had a rollicking time whenever the father was present, and I am quite sure, that his outbursts were more helpful than injurious. The twins had a great respect for him, as they should.

One of the boys read the whole card down to next to the bottom line and then stopped. "Keep going," shouted the father, those small letters won't do you any harm; there isn't as much to see as of the big letters," and much to my surprise the boy did read the bottom line, which meant temporary normal vision.

I really missed the old man when he ceased to visit with the boys. They came to me for several weeks after their father had returned home. They both were able to pass the examination and enter the service, for which they were grateful.

I had a college boy, whose name is Henry, come to me some years before the war started. By persistent treatment his imperfect sight was cured, and when the war broke out, he wrote me a very nice letter, saying that he had passed the examination and was now in active service.

I did not hear from him for some years, when one day my attention was called to an article in a magazine, in which my method was attacked and criticized for curing imperfect sight without glasses. Henry published a letter in the same magazine in which he defended my method and said it was all true that I cured people with imperfect sight by treatment without glasses.

## Henry's Cure Was Permanent

One day he called on me, and I asked him, "how are you getting along?" "All right." "Can you read the bottom line on the familiar card?" "Oh, yes," he answered. Then I showed him a card that he had never seen before. All the letters were strange to him. "Can you read that?" I asked him. "I can," and he proceeded to read the whole card, standing as far away from it as he could get, with a vision of 18/10. I asked him if he ever had any relapses, and he answered, "no." "What do you do?" "Shift" he replied. **It was his constant shifting of his eyes to avoid staring and the strain that prevented him from having imperfect eyesight.**

The normal eye is all the time shifting, but it is done so easily, so readily, that most people do not notice that they do it.

A young man came to me from Princeton University and said that he had been told that I cured people without glasses. He thought that glasses were a great discomfort to him; that he had just as much pain, headache and imperfect sight wearing his glasses, as he had without them and he was very anxious to be cured.

I did not think he had very much money, but he paid my fee for the first examination, and told me he would call again when he had the money. He did call again about six months later, and I said to him, "how are you?" "All right" "You must have done what I told you to do, and you must have done it thoroughly and well." "Yes, I did," he said. "You do not need any more treatment; as far as I know you are cured."

## Pilot

The Major was a college man, and they said he was the greatest devil that ever piloted a flying machine. His friends said that he did not know what fear was, but when he came to me, he says: "Doctor, I am worried. There are times when I am driving my machine, when my vision temporarily fails, and I can't see the compass. When I am flying high among the clouds, it is difficult for me to know whether I am flying right side up or upside down. I have heard that most deaths which occur to men who pilot flying machines are due to a temporary loss of sight. Is there anything that you can do to help me?"

What I told him to do must have been of some benefit, because he never had any more attacks of blindness, and as long as he was in the Aviation Corps, he never had any serious accidents.

**I told him to take a small letter, about one-quarter of an inch in diameter, and paste it on the front part of his machine, in a position where he could see it all the time. Knowing what the letter was, it was very easy for him, with his wonderful vision to see that letter perfectly, and when he did, he saw everything else perfectly, because one cannot remember, imagine or see one thing perfectly, without remembering, imagining or seeing everything else perfectly.**

### **MANY SCHOOL CHILDREN ARE HELPED AT THE CLINIC**

**By Emily C. Lierman**

*"A stitch in time saves nine," says an old proverb. Similarly there is no time when defective eyesight can be cured as easily and effectively as in childhood. Hundreds of pupils from the New York public schools have had their sight restored at Dr. Bates' clinic. Children with normal vision are always brighter mentally.*

EVERY year toward the end of June our Clinic is a very busy place. Our room is usually filled with happy kiddies because it is promotion time. Some of them however are not fortunate enough to be promoted and I did not notice until a few years ago that the unfortunate kiddies always suffered more with their eyes than the ones who were promoted to a higher class. During the winter months, school children come flocking in from the district schools, all sent to us to be fitted for glasses. Since last December I have had but two cases that were not cured. This happened because in both cases the school nurse visited both mothers and threatened all sorts of things if the children did not put on their glasses again. These girls give unnecessary trouble to their teachers in school and it is all due to eyestrain. What a blessing it would be if our district nurses were given the privilege of learning how to benefit patients by our method of treatment. As they go about from home to home doing their wonderful work they could benefit mothers as well as the school children.

A middle aged woman of the clinic who was cured of eyestrain and who is mothering two little orphans, brought one of them named Ruth to us for an examination of her eyes. Ruth is a beautiful child and smiles all the time even though she is a cripple. She has large wistful eyes but acquired a bad habit of staring which caused a constant headache. Ruth soon learned to rest her eyes by just closing them often. She was taught how to blink often which is just what the normal eye does all the time. Ruth first entered school January, 1922, and at the end of six months was promoted to 2A and 2B, advance class. Fifteen out of forty-eight children were promoted. One of the fifteen was a boy named Jerry. I remarked to Ruth that Jerry must have been very proud to be the only boy bright enough to pass. "Why no," said Ruth, "Jerry was as mad as hops because the other boys were so stupid." Jerry undoubtedly did not cherish the fact that he was the only boy among fourteen girls.

### **Bertha Was Soon Made Happy**

Bertha, age 13, was also interesting. She came to us for the first time on June 24, 1922. I asked her how she had heard of our treatment and this is what she said:

"There are so many of my school mates and friends who were cured by you and Dr. Bates and so I want to be cured too. I have worn glasses for ten years and now my sight is getting worse." Bertha did not need any encouragement such as most patients do. She said she knew we could cure her and would never wear her glasses again. Her trouble was divergent squint, that is, her right eye turned out. The sight in that eye was so bad that she could only see the largest letter of the test card, which is the 200 line letter at 20 feet. With her left eye she could only read the next line which is the 100 line letters. From the first visit Bertha's sight improved so much that on July 11, which was not a full month, she now has 20/20 in both eyes. Her squint is cured but when I hold my finger close to her eyes her right eye tires and turns out the least bit. She will continue to practice the treatment so that she might be cured before school opens in the fall.

Jennie, age 10 years, will always be remembered by Dr. Bates and me. She is the most intelligent kiddie of her age I ever saw. She has the most to say of any kiddie I know and the joke of it is that she says something when she talks. Most talkers do not impress you, they rather tire you; but not Jennie. Her left eye had caused her a great deal of suffering and pain for a long time, so she was ready to do anything to be cured. Her vision at the beginning was 10/200 in the left eye and 10/10 in the right. Now she has temporary normal vision in both eyes. While I was ill and could not attend Clinic for a few months, Jennie came in very handy. She was so small she had to stand on a stool to reach the letters on the test card with her finger tips. Dr. Bates would ask her to point to the different letters he wanted other patients to see which was a great help to patient and Doctor.

### **Jennie Turns Doctor**

One day a boy sixteen years of age appeared for an examination. He was disagreeable and sneered because he wanted to be anywhere but the Clinic. As the room was crowded with patients Jennie took it upon herself to help along. She singled out this fellow and with a voice of authority said; "Now don't be afraid little boy the letters won't hurt you."

"Tell me how much you can see." At this remark the boy laughed as loud as he could and took it all as a joke. She finally convinced him that she was serious and before he left the Clinic he had normal sight. This boy had myopia and the vision in both eyes was 15/70 and when he left the room his vision had improved to 15/10 that day. He came a few times after that but he had no more trouble in retaining normal sight. Another day Jennie demonstrated her intelligence by treating a doctor who had come from the West to learn about the treatment. Of course she did not know she was talking to a Doctor for if she had, I fear Jennie would have lost her wonderful nerve. The doctor stood where he could observe best the patient being treated. Jennie approached him gently saying: "Now how do your eyes trouble you." One can imagine the doctor smiling at the little girl desiring to do so much for a big man. Without returning the smile she walked to her stool, chin up in the air as though she were a princess and as she pointed to a letter, asked the doctor if he could see it. The patients roared with laughter but that did not trouble Jennie in the least. The doctor

patient said "no" he could not see the letter she was pointing at, which was the 70 line. The doctor stood 15 feet away, so he had imperfect sight. She told him to palm which he did, in jest at first, but when he saw that the little girl was really trying to help him, he did as she told him. The result was, that the doctor's vision improved to 15/15 just because Jennie taught him how to rest his eyes by palming and alternately closing and opening his eyes. I want to add that Jennie is a very poor girl but is well cared for by a loving mother.

## **Better Eyesight**

THE next meeting of the Better Eyesight League will be held Tuesday, August 8. Room 504, 300 Madison Ave., at 8 P. M. Be sure to come. There will be some interesting discussions.

One great influence for good which the League can perform is to spread news of the cure of imperfect sight without glasses among school principals and teachers.

Nothing is more pitiful than to see a little child peering out from behind heavy lensed glasses. A child with bad eyesight is slow to learn and is often nervous and unruly in school. He is hampered in his play and throughout life.

Members of the league should never lose an opportunity when talking to teachers to tell about Dr. Bates' wonderful work in the public schools.

Are you sending your friends the little folder "About Your Eyes" when you write them? This interesting little folder may be the means of helping many others to secure better sight! If you do not have a supply of these correspondence inserts write to the Better Eyesight League, 300 Madison Avenue, New York, and as many as you can use will be sent to you.

### **WORK OF LEAGUE PRODUCING RESULTS**

**BY ROSS VARNEY, *President***

IN RESPONSE to the series of questions sent out to members of the league and others many good suggestions and many offers of active support have been received.

One doctor writes from a little town in Texas, "Send me your literature and write out a lecture emphasizing the strong points in Dr. Bates' methods. I will be glad to deliver the message to the people here."

Other equally enthusiastic offers have been received. The work of the league is going on steadily. Each month letters and printed matter are being sent out which are producing results by interesting more people in the work.

Due to the fact that many members of the league were away for vacations the attendance at the July meeting was small but those who were present heard a most inspiring talk by Dr. Bates in which he outlined the fine results accomplished under great difficulties in the public schools in different parts of the country.

### **QUESTIONS AND ANSWERS**

Q - If one's arms become tired while palming, will a black silk handkerchief covering the eyes produce the same amount of relaxation one gets from palming?

A - No. Palming is the best method for relaxation and improvement in vision. When tired of palming, the hands can be removed and the eyes kept closed until one feels relaxed.

Q - Will it still be necessary to continue practicing the methods of swinging and shifting after my eyes are cured?

A. No. When you are cured of eyestrain you will not be conscious of your eyes. However, if you strain then, you will know what to do to relieve the strain,

Q - Can squint be cured by treatment without glasses after an operation proved unsuccessful? Does age make any difference?

A - Yes, even when it is over corrected, done too much damage. No, age does not make any difference.

## **BETTER EYESIGHT**

**A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES**

**September, 1922**

### **COMPARISONS**

IN practicing with the Snellen Test Card, when the vision is imperfect, the blackness of the letters is modified and the white spaces inside the letters are also modified. By comparing the blackness of the large letters with the blackness of the smaller ones it can be demonstrated that the larger letters are imperfectly seen. They really have more of a blur than do the smaller letters which cannot be distinguished.

When one notes the whiteness in the center of a large letter, seen indistinctly, it is usually possible to compare the whiteness seen with the remembered whiteness of something else. By alternately comparing the whiteness in the center of a letter with the memory of a better white, as the snow on the top of a mountain, the whiteness of the letter usually improves. In the same way, comparing the shade of black of a letter with the memory of a darker shade of black of some other object may be also a benefit to the black.

Most persons with myopia are able to read fine print at a near point quite perfectly. They see the blackness and whiteness of the letters much better than they are able to see the blackness of the larger letters on the Snellen Test Card at 15 or 20 feet. Alternately reading the fine print and regarding the Snellen Test Card, comparing the black and white of the small letters with the black and white of the large letters, is often times very beneficial. Some cases of myopia have been cured very promptly by this method.



All persons with imperfect sight for reading are benefited by comparing the whiteness of the spaces between the lines with the memory of objects which are whiter. Many persons can remember white snow with the eyes closed whiter than the spaces between the lines. By alternately closing the eyes for a minute or longer, remembering white snow, white starch, white paint, white cloud in the sky with the sun shining on it, and flashing the white spaces without trying to read, many persons have materially improved their sight and been cured.

### AN EDUCATOR OFFERS PROOF

*Received too late for publication in the special August School number of Better Eyesight is the following report by Professor Husted, Superintendent of Schools of North Bergen, N. J., of the astounding results in the improvement of children's vision achieved through the use of Dr. Bates' methods. The report, made independently by Professor Husted to the school commissioners of his locality, is definite, irrefutable proof, from an unquestionably neutral observer, of the efficacy of those methods.*

IN the schools of North Bergen, New Jersey, are some six thousand children. They are, besides being children of a typical near-metropolitan community and a part of the coming generation of our citizens, men and women, a representative living laboratory of childhood. And in that laboratory has been performed a practical test by Professor Husted, Superintendent of Schools, the results of which are stated by him in the subjoined extract from a regular report to his school commissioners.

They are of vital significance.

Professor Husted's report says:

### High Spot Normal Eye Health Crusade a Successful Three Years' Experiment

Early in October, 1919, under the direction of our school nurse Miss Marion McNamara, a Snellen Test of the eyes of all of our pupils was made. A novel health experiment was begun, a campaign for "Better Eyesight." In June a second test was made in order to verify the value of progress in this phase of health work. The June test of 1920 shows marvelous, practical, successful results. Only the skepticism of principals, teachers and pupils and lack of faithfulness in carrying out its conditions, prevented the wonderful results achieved from paralleling those of an Arabian Knight's story.

### Eye Strain

Swift says: "Eyestrain is so frequently the cause of headaches that the more intelligent physicians now make this the starting point in their diagnosis. It may produce loss of ambition, disinclination to study and apparent dullness. It may even develop predisposition to epilepsy and insanity. The apparently organic diseases which may be caused by uncorrected ocular defects seem to cover the entire field of pathology.

Eyestrain sometimes reacts upon the moral nature and may even result in a permanently perverted disposition. Children who can focus their eyes for near objects only by constant and severe effort, cannot be expected to enjoy studying."

### Myopia and Other Errors of Refraction

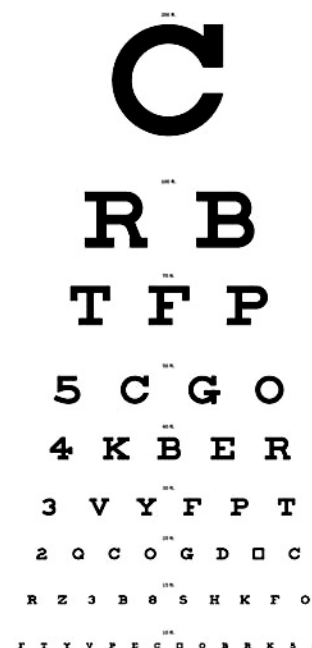
Bates says: "You cannot see anything with perfect sight unless you have seen it before. When the eye looks at an unfamiliar object it always strains more or less to see that object, and an error of refraction is always produced. When children look at unfamiliar writing, or figures, on the blackboard, distant maps, diagrams, or pictures, the retinoscope always shows that they are myopic, though their vision may be under other circumstances absolutely normal. The same thing happens when adults look at unfamiliar distant objects. When the eye regards a familiar object, however, the effect is quite otherwise. Not only can it be regarded without strain, but THE STRAIN OF LOOKING LATER AT UNFAMILIAR OBJECTS IS LESSENERD.

This fact furnishes us with the means of overcoming the mental strain to which children are subjected by the modern educational system. It is impossible to see anything perfectly when the mind is under a strain, and if the children become able to relax when looking at familiar objects, they become able, sometimes in an incredibly brief space of time, to maintain their relaxation when looking at unfamiliar objects."

Bates: The Prevention of Myopia in School Children, N. Y. Medical Journal, July 29, 1911.

A Snellen test card was placed permanently in the room. The children were directed to read the smallest letters they could see from their seats at least once every day, with both eyes together and with each eye separately, the other being covered with the palm of the hand in such a way as to avoid pressure on the eyeball. Those whose vision was defective were encouraged to read it more frequently, and in fact needed no encouragement to do so after they found that the practice helped them to see the blackboard, and stopped the headaches, or other discomfort, previously resulting from the use of their eyes.

In 1911 and 1912 the same system was introduced into some of the schools of New York City, with an attendance of about 10,000 pupils. Many of the teachers neglected to use the cards, being unable to believe that such a simple method and one so entirely at variance with previous teaching on the subject, could accomplish the desired results. Others kept the cards in a closet except when they were needed for the daily eye drill, lest the children should memorize them. Thus they not only put an unnecessary burden upon themselves, but did what they could to defeat the purpose of the system, which is to give the children daily, exercise in distant vision with a familiar object as the point of



Shift on small letters on a familiar (letters memorized) eye chart daily.

Practice with both eyes and one eye at a time using the eyepatch. This relaxes the mind, eyes and keeps the vision clear.

fixation. A considerable number, however, use the system intelligently and persistently, and in less than a year were able to present results showing that of three thousand children with imperfect sight over one thousand had obtained normal vision by its means."—Bates, Myopia Prevention by Teachers, N. Y. Med. Jour., Aug. 30, 1913.

The following summary shows the remarkable results of the North Bergen experiment in the use of the Bates System. The first grades are omitted because of the difficulty in making accurate tests.

### Grades II. to VIII.

Schools	No. Tested			No. Absent 2nd Test		
	1920	1921	1922	1920	1921	1922
Grant .....	72	100	133	0	4	19
Robert Fulton .....	359	498	672	31	4	122
Franklin .....	341	339	418	17	3	54
Lincoln .....	388	585	873	21	21	135
Hamilton .....	211	223	204	12	1	8
Jefferson .....	526	542	609	33	16	41
Washington .....	353	543	538	11	15	67
Horace Mann .....	333	319	446	5	19	45
McKinley .....	144	157	312	17	5	36
<b>Totals .....</b>	<b>2729</b>	<b>3308</b>	<b>4205</b>	<b>127</b>	<b>88</b>	<b>527</b>

Schools	No. Below 20/20 Normal Standard			No. Below Improved			% Improved		
	1920	1921	1922	1920	1921	1922	1920	1921	1922
Grant .....	36	31	31	30	16	19	83.3	51.6	61.3
Robert Fulton .....	112	127	152	76	84	56	75.2	66.1	36.8
Franklin .....	103	102	100	53	53	53	61.6	51.8	53.0
Lincoln .....	169	131	162	103	90	71	69.4	68.6	43.8
Hamilton .....	78	60	42	48	40	22	72.7	66.6	52.4
Jefferson .....	216	181	147	109	117	86	59.5	64.6	58.5
Washington .....	184	134	136	107	84	80	63.4	62.6	58.8
Horace Mann .....	96	70	100	66	42	61	72.5	60.0	61.0
McKinley .....	75	38	91	55	21	52	94.8	53.2	57.1
<b>Totals .....</b>	<b>1049</b>	<b>874</b>	<b>961</b>	<b>647</b>	<b>547</b>	<b>500</b>	<b>70.1</b>	<b>62.5</b>	<b>52.0</b>

This is a remarkable demonstration of the priceless values of this method of treatment. That 647 or 70.1% of the 922 pupils below normal (20/20) should have been improved in eyesight in 1920, that 547 or 62.5% should have been improved in 1921, and that 500 or 52% should have been improved in 1922, is surely a marvelous showing. The record of improvement is suggestive of what a very faithful and systematic application of these health principles may accomplish. In 1920 there were 1,049 or 38% pupils out of 2,729 tested that were below 20/20 or normal standard, while in 1921 but 874 pupils or 26% out of 3,308 were found below normal, and in 1922 only 961 pupils or 23% were below standard. This cumulative improvement is credited to our health work of 1920 and 1921. This reduction from 38% to 26%, and then 23% must be due to those pupils who are benefited and remain in the North Bergen system. We have enrolled 389 new pupils from other systems this year. As the percentage of pupils below standard becomes less, (38%, 26%, 23%) the percentages of improvement has become less (70.1, 62.5, 52). This suggests that many cases remaining in our schools are less amendable to treatment and should, therefore, receive persistent and systematic attention.

Not only does this work place no additional burden upon the teachers, but, by improving the eyesight, health, disposition and mentality of their pupils, it surely lightens their labors.

### Regular Monthly Meeting

At eight o'clock, at 300 Madison Avenue, New York City, the September meeting will be held, the evening of September 12.

Lack of space prevents, of course, the verbatim reporting of the various meetings but every one who can should surely be one of the gathering at each meeting of the League.

### THREE THINGS WHICH WILL PRODUCE BETTER EYESIGHT

By Dr. W. H. Bates

*In this article Dr. Bates offers some remarkably helpful suggestions for those who are trying to improve their sight without the use of glasses. Every reader should study the ideas offered here very carefully.*

THERE are three things which are important or necessary for the patient to practice while under treatment. The most important of all is to see things moving, or rather to be conscious that stationary objects are moving, in the opposite direction to the movement of the eyes. ([Oppositional Movement, 'The Swing'](#)) Unless this is done continuously one is apt to imagine stationary objects are stationary which is very injurious to the eyes. When riding in a railroad train one can imagine the telegraph poles, trees, hills, the houses and the scenery moving in the opposite direction. When one drives an automobile it is important to watch the road straight ahead, and while the car is going forward the road appears to come toward the driver and he is very apt to pay little or no attention to the movement. He does not try to imagine the road is stationary, as he knows by experience that it is impossible, and the effort makes him uncomfortable. However, the passenger in the car is interested in the scenery off to one side, and in order to see things more clearly they make an effort to imagine things are stationary. For this reason alone some people suffer from headaches, nausea

or other disagreeable symptoms when riding in a motor car. They complain that moving objects make them uncomfortable. It can always be demonstrated that it is not seeing things move which is uncomfortable but rather it is trying to stop the movement which causes the discomfort. Objects that are apparently moving rapidly are not seen clearly or perfectly. They are seen better when the car is not moving. One of the first things I have my patients demonstrate is that it is impossible to keep the attention fixed on a point and imagine it stationary for any length of time, and that the effort to do so is disagreeable and lowers the memory and imagination and sight.

Many people can remember a small letter **o** and imagine the white center as white as snow, or a white cloud in the sky, or very white starch. They can also imagine a little black period on the right edge of the **o** and imagine it perfectly black for a few seconds or longer, but the longer one tries to remember or imagine the more difficult it becomes. The eyes and the mind become tired and the period is forgotten and the letter **q** is seen for a short time, when trying to imagine the period and the **o** stationary. It is impossible to concentrate on one point continuously. The dictionary says that concentration is an effort to keep the attention fixed on a point only and not to see anything else. To concentrate on a period on the right edge of the **o** continuously is impossible, and trying to do so is a great strain. All persons with imperfect sight consciously or unconsciously are trying constantly to do the impossible, to concentrate.



**Shift part to part, left and right, top and bottom, any direction on the **o** and see it swing - oppositional movement.**

Shift easy, continually from one small part of the **o** to another: left and right, top and bottom, diagonally...

Trace around the **o** on the black ink counterclockwise, clockwise. Blink. The eyes remain relaxed and the **o** clear.

## Stationary Objects Should Seem to Move

To see things moving all the time or rather to imagine the illusion that all stationary objects are moving opposite to the movement of the eyes is a great help in curing imperfect sight. It is well for the patient to have someone to remind them at frequent intervals of the movement of stationary objects. Many persons, when they are talking to you, feel it the proper thing to keep their eyes fixed continuously on your face, that is to say, to stare at you. Instead of moving their eyes from one eye to the other or from one side of the nose, to the other they stare at one eye continuously which lowers the vision and may cause headaches or some other discomfort. It is well to get into the habit of imagining the faces of the people are moving from side to side. To do this the patient requires constant supervision. In many cases when one becomes able to imagine things all day long, moving with a slow, short, easy movement from side to side, the vision becomes normal. If any other treatment, like palming or flashing or use of the memory or imagination helps the sight, the patient's ability to see things moving all day long is also benefited.

Objects moving = eyes are moving, shifting. Experience the illusion of oppositional movement, the swing: Shift on the letter **o**: left and right, top and bottom... and see the **o** move, 'swing' in the opposite direction the eyes shift to. The **o** is a stationary object. The shift of the eyes causes the **o** to appear to move. This swinging movement is very restful, relaxing to the mind, eyes and brings clear vision.

## Snellen Card and Fine Print

A card with letters printed on it can be used in such a way as to obtain perfect relaxation with consequent perfect sight. The Snellen Test Card has letters of different sizes arranged in such a way that one can measure the amount of vision of the patient, more or less perfectly. The Snellen Test Card, when placed in a school room and read every day, with each eye separately, by the pupils, always improves the sight, provided the children do not wear glasses. Most children under twelve years of age are cured in a very short time, a few weeks, or even less, but if they wear glasses they cannot be cured unless they stop wearing them. In families where the parents have poor eyesight and wear glasses it often happens that the children sooner or later appear to need glasses also. However, if they read the Snellen Test Card every day, at 20 feet, with each eye, imperfect sight is always prevented.

Children who are older than twelve and all children who have worn glasses require a much longer time to obtain benefit from the use of the Snellen Test Card. Some of these cases may require three months, six months, or even longer. When one studies the facts it seems remarkable the amount of damage that can be done to the eyes of children from wearing glasses. Only persons who are graduates of medicine should be permitted to prescribe glasses. In some cases it is well to require a knowledge of the eye and its numerous diseases. Patients come to me wearing glasses which do not improve the sight, rather lower it, who have disease of the optic nerve, or disease of the retina of very serious nature. I have seen patients, condemned to cataract, wearing glasses which did not improve their eyesight. Patients with glaucoma, a very treacherous disease, I have observed wearing glasses that they obtained from some optician or from some ignorant so-called eye-specialist.

## Glasses Keep up the Eye Strain

It is a mistake to believe that even though the glasses do no good they cannot do harm. Glasses keep up the strain. A person wearing glasses for myopia has to strain all the time in order to make the eyeball elongated sufficiently to fit the glasses. It can be very readily demonstrated, as I have frequently published, that under favorable conditions all persons with myopia are temporarily normal. When they try to see they strain in such a way that the eyeball becomes nearsighted. Some days they strain more than other days, and many people tell me that they notice that, with their glasses on, their vision was extremely variable. The same is true with other errors of refraction. Reading the Snellen Test Card twice a day or oftener, after glasses are discarded, is a great help in improving the sight. If one can memorize the letters of the Snellen Test Card and imagine that they can see the smallest letters on the card at 15 ft. or 20 ft., it can be demonstrated that their eyes are normal. I believe this is a discovery worth emphasizing. Always, when a patient imagines he sees or reads the letters on the Snellen Test Card with perfect sight the retinoscope

demonstrates that the eye is normal and he is able to read the card with normal vision. I have no exceptions. One patient who had 40 diopters in myopia, when looking at a blank wall and not trying to see the retinoscope flashing the reflection of a light on to the center of sight, demonstrated that the eye was normal for longer or shorter periods; that when the patient regards the Snellen Test Card, 40 diopters of Myopia can be demonstrated.

While reading the Snellen Test Card gives great benefit to many people it should be realized or known that there are some cases who can be cured better without reading the Snellen Test Card. For some persons the Snellen Test Card is a PESSIMUM and the vision is lowered whenever some people regard it. I have seen a great many persons with normal sight when they regarded any ordinary objects, people's faces, houses, trees, flowers, who became highly myopic with considerable astigmatism whenever they look at the Snellen Test Card. One such person I cured was a champion rifle shot. When he looked at a bull's eye his vision was unusually good but when he looked at the Snellen Test Card he had compound hypermetropic astigmatism with a vision of one-quarter of the normal. Glasses in such a case would have been a crime.

Glasses are often prescribed for normal eyes, with normal clear vision that experience [temporary](#) less clear vision during a eye exam in the Doctor's office due to nervousness or pressure to hurry, uncomfortable, inaccurate test conditions, equipment.

The eyeglasses maintain and increase the temporary unclear vision.

If eyeglasses were avoided, the temporary blur would have naturally reversed back to normal clarity after the eye exam.

Many people develop vision impairment after receiving an unnecessary eyeglass prescription.

## Palming

One of the three things which patients are recommended to practice for the cure of their imperfect sight is to palm at least six times daily for five minutes or longer each time. Some persons with very poor eyesight who were anxious to recover as soon as possible have palmed nine hours daily with wonderful benefit. Palming for such long periods of time requires supervision because palming, like many other things, while it is, when done properly, a great benefit, can be used wrong. Instead of the vision improving many people have lowered their vision by palming. Instead of resting their eyes they would strain and would imagine all kinds of colors. Resting the eyes by closing and covering them with the palms of the hands improves the sight of most people. Some persons have obtained a cure by palming only. When the vision is not improved by palming do not practice it until one can learn how to palm properly. Palming has cured so many people that I always recommend it very highly to all my patients.

### THE SUN TREATMENT CURED THIS COLORED GIRL

By EMILY C. LIERMAN

NOT long ago a colored girl, aged 17, came to have her eyes fitted for glasses. As she stood among others waiting for treatment, I watched her as she tried in vain to keep her eyes open. She made all sorts of grimaces and her mouth was distorted as she kept trying to see things about her. One of our office patients who came to see how the work was accomplished at the Clinic was standing beside me and as she observed this colored girl, remarked: "Isn't she disagreeable looking? Do you suppose she will let you cure her without glasses?" My visitor was surprised when I answered. "She is in pain and cannot possibly look natural." I was eager to treat this girl because I felt that it was possible to relieve her suffering. She did not return my smile and I forgave her. I could not induce her to even glance at the test card because she said the light caused so much pain in her head and eyes. Palming seemed to relieve her so that she could open her eyes more with less pain, so she was instructed to rest her eyes, by palming often during the day. Two days later she appeared again and said that palming did not always help her. I decided to try the sun treatment and see if that would help. I placed her on a stool at a window where the sun shone in and told her to look down as far as possible to be sure she would not look up at the sun during the treatment. I raised her upper lid and with our sun glass I flashed the strong rays of the sun on the sclera. This only required a part of a minute and the effect was instantaneous. First thing she did was to look up at the sun and then at me. What a change came over her face. For the first time she smiled and showed her pearly white teeth. All she said was, "Pain is all gone Mam." She returned again on a sunshiny day for more sun treatment but she no longer complained of pain. The first treatment had cured her. On this same day we had another patient whom I know will interest our readers.

### Eye Trouble Often Due Merely to Foreign Substances

A woman who could not speak a word of English tried very hard to tell of her suffering. Her son, aged 14, was with her and he repeated to me in English what she told him in Greek. Twice she had the muscles of her left eye cut in order to relieve her pain. She was discouraged the boy said, because two operations had done her no good. I examined her eye very carefully and when I turned her upper eyelid inside out, I discovered two small eyelashes growing in. This had caused all her suffering because every time she closed her eye the end of these eyelashes rubbed the cornea of her eye. Under the supervision of Dr. Bates I promptly removed the two lashes with a pair of tweezers and immediately her trouble was over. I cannot describe my pleasure and happiness when our patients show their gratitude after their sufferings are relieved. My heart overflows with thankfulness because I am able to help.

Dr. Bates told me that day about a patient who came to him who had been treated medically by other doctors for syphilis. When he did not respond to the treatment the medicine was changed and then they gave him treatment for rheumatism. The pain still continued so he called on Dr. Bates. Dr. Bates examined his eyes and found a foreign body, a cinder lodged in his cornea. This was removed and, for the first time in weeks, the poor man was relieved entirely of pain. I could go on describing such cases but I must leave room for something perhaps more important to our readers.

## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

October, 1922

PRACTICING

A GREAT many people have asked, "How much time should one devote to practicing the methods of central fixation in order to be cured of imperfect sight without glasses?"

The answer is—ALL THE TIME.

**+One should secure relaxation or rest until one is perfectly comfortable and continue feeling comfortable as long as one is awake.**

**+The feeling of relaxation or comfort can be obtained with the memory of perfect sight. Even if one cannot remember perfect sight one can imagine it. All black objects should be imagined perfectly black. All white objects observed should be imagined perfectly white. All letters observed should be imagined perfectly and everything that is seen should be imagined perfectly.**

**+To imagine anything imperfectly requires a strain, an effort, which is difficult. Choose the easy way. Imagine things perfectly.**

**+If you try to imagine an object as stationary you will strain and your sight become impaired. All day long the eyes are moving from one point to another. Imagine that objects are moving opposite to the movement of the eyes. If one does not notice this one is very apt to strain and imagine things stationary.**

**+One can practice properly for ten minutes and be comfortable. That does not mean that all the rest of the day one can strain and tear one's eyes all to pieces without paying the penalty for breaking the law. If you are under treatment for imperfect sight be sure to keep in mind all day long from the time you wake up in the morning until you go to bed at night the feeling of comfort, of rest, of relaxation, incessantly. It is a great deal better to do that than to feel under a strain and be uncomfortable all day long.**

### THE MINISTER

By W. H. Bates, M. D.

#### 65 Year of Age Man – Clearer than 20/20 Close and Distant Vision

*The case of this minister is interesting because he found out by himself that rest is a cure or prevention for eye troubles. He reached the same truth, partly by accident, that has been demonstrated scientifically by my experiments, research and successful practice.*

HIS daughter came to me for treatment of imperfect sight from myopia. After she was cured she told me that she had two brothers who also wore glasses, but that her father, a minister, 65 years old, had perfect sight in each eye, for distance and for reading and had never worn glasses. I was very much interested in the father. At my request he came to the office for an interview.

His vision in average sunlight was 20/10 with each eye. An ophthalmoscopic examination revealed a normal eye with no evidence of any disease whatsoever. He read diamond type at six inches or less and as far off as he could reach, about twenty-four inches or further. I told him that his eyes were unusually good not only for the near point but also for the distance. I asked him to tell me how he had escaped glasses for reading.

"Well Doctor, when I was about 45 years old," he informed me, "I had some trouble with my eyes after a period of hard work. As my eyes are very necessary to me in my work, I felt that I could not afford to neglect them and once consulted a well known eye-specialist. When I told him my age he was very much concerned and said that I should have had reading glasses sooner in order to prevent all strain and injury to my eyes. He gave me a prescription for glasses and insisted that I use them whenever I did any reading.

### Professional vs. Common Sense

"He talked to me at great length and explained how the focus of the eye is changed from a far point to a near one by an alteration in the shape of the focusing lens of the eye, and that with advancing years the lens became harder as the bones becomes harder, with increased difficulty of the lens muscle to alter its shape. On account of this fact one must wear glasses to prevent strain and injury to the eye, he said.

"I obtained the glasses but did not have occasion to use them right away and found that after a few days of rest my eyes became as comfortable as they were before I consulted the specialist. I did some reading without the glasses and without discomfort. By resting my eyes frequently I became able to read for longer and longer periods of time. And so I let matters drift and I have never felt the necessity of glasses all these years. I must admit that I am very careful not to strain them and only read when they feel comfortable.

"Closing my eyes rests them and this I do quite often and I have become so expert that I can rest them by closing them for only a few seconds at a time. Momentary closure of the eyelids for a fraction of a second is beneficial to me."

I was delighted to hear him talk and told him that he had discovered and demonstrated that my methods for treating imperfect sight are correct. When I asked him to look at one letter on the bottom line, 20/10, and asked him if he could see it continuously, he



said he could. Then I asked him if he could imagine it moving from side to side, a very short, slow, easy movement. It was on the tip of his tongue to say something and then he said with an air of surprise:

"Why, I verily believe I do imagine it is moving, but the movement is so slow and so short and so easy that I would not have imagined it if you had not called my attention to it."

Then I said to him:

"Can you stop the movement?"

He looked away.

I said to him: "Why did you look away?"

He answered: "Because when I tried to stop the movement it gave me a pain and I lost the letter and the whole card became blurred."

He was ready to believe me when I told him that he could demonstrate that it is impossible to imagine a letter stationary and that it could be readily demonstrated that one could only remember, imagine, or see a letter which is moving.

## Effect of Painful Memories

He also demonstrated that when he saw a letter, he saw always one part best and that his eyes were continually shifting from one part of a letter to another. If he tried to see the whole letter perfectly at the same time, he felt a strain and his vision became imperfect. He was one of the very few patients who was able to demonstrate that he could not see perfectly when looking straight at a letter, and that his sight was best when he looked a very short distance to each side of a letter. Staring always lowered his vision and produced pain.

He could remember a letter *O* with a white center perfectly white with a slow, short, easy swing and remember it continuously. He could remember a number of letters, which were perfect, but if he remembered or imagined a pain, his memory became quite imperfect. The memory of fatigue, the memory of a cough, a cold, rheumatism or any other disease or the symptom of any other disease, always impaired his memory and he could not remember a letter perfectly.

I told him that a perfect memory of white, black, red, green or any other color, prevented pain and he believed me. I suggested to him that being a minister he would have abundant opportunities of helping people who were sick in mind or body, that all he had to do was to teach them what he already knew about the sight and he would do them a great deal of good spiritually as well as mentally.

We had a very delightful hour together and I was sorry to see him go. Before he went, I asked him, "How is it that you did not do something for your daughter and your two sons instead of recommending them to me?"

He answered, "Doctor, I am not a physician; while my treatment was a benefit to me, I do not feel that the same treatment would be a benefit to other people. Of course I could not see any harm in it but at the same time I was timid about assuming the responsibility of practicing medicine on my family."

## STORIES FROM THE CLINIC

By Emily C. Lierman

*Two more colorful bits of human interest, from the pen of Mrs. Lierman. Dr. Bates' regular clinics in the Harlem hospital are attended by many incidents replete with blended humor and pathos, and Mrs. Lierman is a skilful narrator of them, indeed.*

A YOUNG man came to the clinic recently suffering terrible pain in his eyes and head. He complained that he could not stand the light. He told Dr. Bates that he had been to other clinics where they told him he had iritis. Getting no relief from eye drops which were given him by others, he came to us to see if we could help him.

Dr. Bates examined his eyes and said that the other doctors were right. He did have iritis. I did not know what the discussion was between this young man and Dr. Bates so while Doctor was busy with other patients, I started to treat this case of iritis without realizing that the eye was diseased. I noticed however that the eyes were inflamed.

As I do not always ask the patient what the trouble is, on account of the short time we have to treat each patient, I go right ahead and test their sight and then work as earnestly as I know how with my patient until I have relieved the pain and improved the sight. I placed the young man fifteen feet from the test card and asked him to read as much as he was able. He complained that the electric light near the test card caused a severe pain in his eyes.

So I placed him in the sun and with my sun glass, I flashed the strong rays of the sun on the white part of his eyes after I had raised his upper eyelid and had him look down. Then I again placed him fifteen feet from the test card and this time he began to read the letters without complaining about the light until he finished reading the 40 line, when he again said the pain had returned.

I taught him how to palm and left him for a half an hour. When I returned to him I was much surprised to find that the redness of his inflamed eyes had disappeared. His vision also improved to 15/10 with each eye separate. All this time Dr. Bates was busy with other patients and was paying no attention to the young man or me. I was very happy when doctor told me what I had accomplished.

He said: "Did you know this man had iritis?"

I said: "No."

Then the Doctor proceeded to tell me what was the usual experience with the treatment of iritis, that these cases required usually three or more days before the pain in the eyes and head was relieved.

In most cases it might require two weeks of treatment before the sight could become anything near normal. Always eyedrops were prescribed to be used frequently during the day, sometimes at night and in all cases general treatment was prescribed and this treatment was usually continued in most cases for several years. To relieve a case of iritis in the short time of one hour was very wonderful and this without local treatment and without internal medicines.

"I have never in my life seen a case of iritis so bad obtain perfect sight so quickly and acquire such wonderful relief in the condition of the eye," the Doctor said.

## A Colored Mammy

A good natured old mammy came to us one day, walking very slowly with the aid of a cane. She was all dressed up with a faded red rose in her hat, which was gray with age. Her white apron was starched so stiff that it rustled every time she moved. When I asked her what her name was she answered, "Mah name is Annabelle Washington Lee."

I am still wondering if George Washington and General Lee attended her christening. Poor Mammy had squint in her left eye and I could see that she was in pain. I asked what her age was and she answered: "Now Ah don know, mam just zackly, but mebbly Ah is fifty and mebbly Ah is sebenty. But Ah do know Ah's cross eyed and mah head hab sech pain Ah can't sleep nohow."

Dr. Bates examined her eyes and told me that she had a hemorrhage of the brain and suggested that resting her eyes would be the best treatment for her. Mammy had a strong desire to talk and before I could tell her that we had so little time to talk she said: "You know, mam, Ah sees you twice. Yes'm Ah sees de letters twice. Funny, but you hab two heads."

Then mammy laughed. She sat quietly with both hands covering her eyes for quite a while and I began to praise her to other patients who were not so willing to palm more than a minute or two, when all of a sudden mammy's hands dropped to her lap and we found her fast asleep. The joke was on me all right. Mammy practiced palming faithfully at home, however, and the third time she came to the clinic Dr. Bates examined her eyes again and said that the hemorrhage must have been cured by palming or keeping her eyes closed a great deal for the retina was all clear and there seemed to be no more trouble.

Mammy's eyes are now both straight and she does not complain about seeing double anymore. The last time I saw her she said: "Mam, de world is bery different since mah eyes is better and Ah wants to smile all de time."

Mammy will do anything for me but read the card. I really believe her when she says, "Ah is plum lazy an Ah jes don' care 'bout readin'. Ah gets along bery well widout it."

The best she was able to do for me with the test card was 12/20 with each eye while, in the beginning, her squinting eye was 12/70 and the other eye was 12/40.

## Better Eyesight

THE Better Eyesight League should become a more active agency in the introduction of Dr. Bates' methods among school children.

The greatest benefits from the new ophthalmology can be conferred upon the world through its children. This is true because children's eyes are more immediately responsive to proper corrective efforts, and because through the children of today a greater part of the next generation can be reached than can ever be reached of the present generation, no matter how widely the new science may be known among it.

If you who read this, as a member of the League were to call upon the principal of the nearest school tomorrow or next week, and talk with them about Dr. Bates' methods and what they have accomplished and can accomplish, it is highly probable that that principal would install the Snellen test cards and introduce the new methods in the class rooms under his direction. That would mean a true science of the eye brought home to additional hundreds of children.

Won't you make such a call on the nearest school principal before the next meeting of the League?

Is it not a fact of more than merely medical significance that patients sometimes experience the first comfort of relaxed and perfect vision, under Dr. Bates' treatment, through the magic of their picturing in the imagination—and with an unconscious smile upon their lips—the blue eyes of a baby, a thousand miles away, or the smile of an absent wife?

The October Meeting of the Better Eyesight League will be held at 300 Madison Avenue, New York City, at the corner of 41st Street, at 8 P. M. October 10th.

## "THE CURE OF IMPERFECT EYESIGHT" REVIEWED

*The Journal of the Allied Medical Associations has recently published a page review by W. Wallace Fritz, M. D., of "The Cure of Imperfect Eyesight Without Glasses," Dr. Bates' treatise on the new science of ophthalmology. This review from an important scientific and professional publication is reprinted here.*

THAT all imperfect sight is caused by strain, that the removal of the strain causes a return to normal vision and that all human beings should have perfect sight without the use of glasses are points maintained by Dr. W. H. Bates in his book, "The Cure of Imperfect Sight by Treatment Without Glasses."

Dr. Bates' statements to this effect are backed by a series of conclusive experiments which have extended over a period of more than twenty years. Four years of this time were spent in re-performing the experiments of Helmholtz, the great German ophthalmologist whose work has been accepted as the basis of all eye knowledge for years.

In this experimental work Dr. Bates proves with seeming conclusiveness that the lens of the eye is not a factor in accommodation. He shows that myopia and hypermetropia—nearsightedness and farsightedness—can be produced just as readily in eyes from which the lens has been removed as they can in eyes having a lens. On the other hand, he demonstrates through another series of experiments that accommodation depends wholly upon the exterior muscles of the eyeball.

## Revolutionizes Ophthalmology

So widely do the facts presented by Dr. Bates vary from the theories which have been so long accepted as authentic as to make this work perhaps the most revolutionary statement on ophthalmology published in the last fifty years.

In presenting the experiments upon which all his conclusions are based Dr. Bates has treated his subject with a scientific thoroughness which will command the interest and respect of every physician and which perhaps only the trained eye specialist will completely comprehend. There are illuminating and detailed chapters, for instance, on "Simultaneous Retinoscopy," "The Truth About Accommodation as Demonstrated by Experiments On the Eye Muscles of Fish, Cats, Dogs, Rabbits and Other Animals," "The Variability of the Refraction of the Eye," "The Illusions of Imperfect and Normal Sight," "Presbyopia: Its Causes and Cure," "Squint

and Amblyopia: Their Causes and Their Cure." etc., etc.

But in the description of the results obtained and of the methods of correcting imperfect sight, and in the report of actual cures effected Dr. Bates has employed a style which will both interest and instruct the lay reader as well as the physician and eye expert. It would be impossible to quote at length all of the interesting incidents and facts, and the logical deductions from many of them, with which, together with some sixty illustrations, the three hundred pages of the book are replete.

### **Strain is Responsible**

Muscular strain is the root of all imperfect sight, says Dr. Bates, and this muscular strain is in itself caused largely by mental strain. Only through complete relaxation and a complete resting of the mind can perfect vision be obtained. The efficiency of the optic nerves, as well as of all the sensory nerves, is impaired when made the subject of effort.

Central Fixation, the ability to see one part of everything looked at best, is the mode of the normal eye. The loss of this ability produces eccentric fixation, a condition of every abnormal eye which causes much discomfort and often pain.

Memory and imagination are two important factors in the production of perfect eyesight. An interesting corollary of the deductions of Dr. Bates is that it is logical to account for the keenness of practical memory of the primitive man by his exceptional keenness of vision.

Upon first reading some of Dr. Bates' statements as to what can be accomplished, it may seem to the superficially minded that surely too much is being claimed. Truly the accepted canons of ophthalmology are flouted. The story of cure after cure said to be impossible is told. But it is in this very respect that Dr. Bates' accomplishments are accounted for, since the fundamentals of his treatments and discoveries are different fundamentals than those of Helmholtz and the host of ophthalmologists of the present school.

Cures of cataract, by treatment, are recorded, for instance. Revolutionary results in the treatment of squint and amblyopia and of presbyopia are cited. Myopia cures are listed. Chapter after chapter of the book make up a fascinating, engagingly yet scientifically told account of cure after cure of what, according to prevailing standards, was hopelessly defective and inherently incurable eyesight.

### **Milestone in Bibliography**

An important section of the book is devoted to the prevention of myopia in schools and to home treatment for children and adults. Explicit directions for the home cure or home relief of defective vision are given.

The book is a surprisingly comprehensive, lucid, coherent and fascinating resume of a new ophthalmology which does not recognize the need of artificial lenses, founded on the experiments of Ault rather than of Helmholtz, and carried further by modern methods and equipment and by personal devotion of years—plus an equally fascinating and overwhelmingly conclusive record of the accomplishments, in actual cures of defective vision, of this new science of the eye. It is undoubtedly a milestone, and a milestone marking an abrupt and complete turn, in the scientific bibliography of the eyes. The book is published by the Central Fixation Company, 300 Madison Avenue, New York City, and sells for \$5.00.

### **QUESTIONS AND ANSWERS**

Q - Is reading too great a strain for the eyes?

A- No. Reading is good for the eyes.

Q - Is it an injury to read in dim light?

A - No. It is a benefit to the eyes.

Q - Is it a strain to the eyes to read while riding on a train?

A - No. If there is no discomfort. It is a good thing to look out of the window and see the scenery moving opposite, then continue to read.

Q - How can one look at the sun without injury?

A - While looking toward the sun it is best to blink the eyes and to look to the right and to the left of the sun. This will help you to look directly at the sun without discomfort or pain. One cannot look directly at the sun without normal vision.

Q - What causes and cures abnormal watering of the eye?

A - Strain produces watering of the eye. Relaxation obtained by palming and swinging will cure this trouble.

Q - How can one, without glasses, accustom himself to reading by electric light?

A - The sun treatment, as it is explained in an article written by Emily C. Lierman in "Stories from the Clinic," September, 1922 number, is beneficial to anyone troubled by strong light of any kind. Whether it is a natural sun light or electric light, it does not matter. The sun treatment can only be applied by an expert.

## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

November, 1922

### THE VARIABLE SWING (Oppositional Movement) (Conical Cornea Cured)

Treatment for conical cornea and unclear vision.

RECENTLY I have been impressed very much by the value of the variable swing. **By the variable swing is meant the ability to imagine a near object with a longer swing than one more distant.**

Example: To move the eyes, head, body left and right and imagine and see **oppositional movement**: close objects appear to move 'swing by' in the opposite direction to the movement of the eyes, head, body while distant objects, beyond the close object appear to move with the eyes, head, body in the same direction. The close and distant objects also appear to move against each other in opposite directions. The close object shows the most movement. The distant object shows the least movement as long as the eyes do not lock onto any objects, at any distance while swinging side to side. This can be seen when doing the Sway or Long Swing, in front of two eyecharts or any stationary objects at close and far distances. A variety of examples for experiencing the variable swing are provided in Better Eyesight Magazines.

For example, a patient came to me with conical cornea, which is usually considered incurable. I placed a chair five feet away from her eyes, clearly on a line with the Snellen test card located 15 feet distant. When she looked at the Snellen test card and imagined the letters moving an inch or less (**shifting on the letters**) she could imagine the chair that she was not looking at moving quite a distance. As is well known the shorter the swing the better the sight. Some persons with unusually good vision have a swing so short that they do not readily recognize it. This patient was able to imagine the chair moving an inch or less and the card on the wall moving a shorter distance. She became able to imagine the chair moving a quarter of an inch and the movement of the Snellen test card at 15 feet was so short that she could not notice it. In the beginning her vision with glasses was poor and without glasses was double, and even the larger letters on the Snellen test card were very much blurred. Now, when she imagined the chair moving a quarter of an inch and the Snellen test card moving so short a distance that she could not recognize it, the **conical cornea disappeared from both eyes and her vision became normal**. To me it was one of the most remarkable things I have seen in years. I know of no other treatment that has ever brought about so great a benefit in so bad a case.

The variable swing is something that most people can learn how to practice at their first visit. Some people can do it better than others. The improvement depends directly upon their skill in practicing the variable swing.

C  
R B 15 FT.

5 Ft.



When looking at, shifting on the letters on the distant eyechart the chair and chart appear to move 'swing', in the opposite direction the eyes move to. The chair shows the most movement, more than the distant chart.

Practice relaxation and shorter shifting on small letters on the chart and see a shorter swing.

Rock the body left and right in front of the chair, chart and see the chair appear to move opposite the movement of the eyes/body and the chart appear to move with the eyes/body in the same direction.

### MARIAN

By W. H. Bates, M.D.

THIS case is reported because the child on account of her enthusiasm obtained normal vision in a short time—about a week.

The patient was ten years and six months old. She was wearing glasses constantly, concave 2.25 D. S. combined with convex 4.00 D. C. 90 deg. in each eye. Even with her glasses her sight was imperfect for distance. At the near point she read diamond type at six inches the closest distance from her eyes while she could only see it two inches further off, at eight inches without her glasses. This inability to read over a greater distance was a hindrance to comfortable reading and her eyes tired. She was taught to rest her eyes by closing them and covering them with the palms of her hands (palming). With her eyes closed and covered she was told to think of other things than her eyesight, to remember things that were pleasant for her to remember, and she learned to do this so well that she told me that everything was dark, perfectly black all the time.

I asked her to remember a letter O of diamond type with a white center as white as snow. "Can you imagine it moving from side to side?" I asked her. She said, "Yes, as short a movement as the width of the letter." "Can you remember that moving letter all the time?" "Yes," she answered. Then I had her remember a little black period on the edge of the O and asked her to keep her attention on that period all the time. She volunteered the information that she had lost the period and could not remember the O; that when she tried to imagine a part of the O or the whole of it stationary her memory failed. She was able to demonstrate that it was impossible for her to concentrate on the little black period that she imagined on the right edge of the O during any length of time. She said it was easier for her to alternately imagine the little black period on the left side of the O, then the right side of the O, and when she did that she could imagine the O was moving, and could remember or imagine it all the time that she kept up this continuous swing. I had her read the Snellen test card as well as she could, which was about half of normal vision. At the time I was impressed with the fact that she had unusually good vision for one who had been wearing such strong glasses for myopia and astigmatism.

She complained that the smaller letters looked gray. I asked her if she could imagine the large letters moving; she said, "The letters that I can see are moving about a quarter of an inch from side to side, but the letters that I do not see appear to be stationary. She also volunteered the information that when she looked at the letters that she could see her eyes were comfortable, but when she looked at the stationary letters that she could not see, she felt a strain—an effort—which made her uncomfortable. I called her attention to the fact that the small letters were just as black as the large letters and, as she was not color blind, she should see them both equally black. If she saw the small letters gray her imagination of the color was imperfect. Then I had her close her eyes and remember or imagine a small letter of diamond type perfectly. I asked her if she could do it easily and she replied, "Yes." "Now, can you remember the same letter imperfectly, all blurred, gray," I asked her. She said, "Yes, but I have to make an effort and I notice that I do not remember it all the time; it gets away from me; it is easier for me to remember it perfectly." "Well," I said, "that being true, why do you go to so much trouble; why do you make such an effort; why do you make

yourself so uncomfortable; why do you make it so hard to see those smaller letters imperfectly?" That seemed to her rather startling that she had to strain and make an effort to have imperfect sight and that when she remembered or saw the letters perfectly she did it easily, without any effort, without any strain. Her sight was very much improved by resting her eyes and by imagining the letters moving and by alternately closing her eyes and remembering the letters blacker than she saw them.

It was very interesting to see how much her vision improved at the first visit. She demonstrated central fixation without much trouble. When she regarded the upper right-hand corner of the large letter on the Snellen test card she could imagine that she saw it best. If she shifted to the bottom she could see the bottom best and the top worst and could demonstrate by practicing central fixation her vision was imperfect. She said it seemed to her as though the sun came out from behind a cloud and made everything clearer when she practiced central fixation. I called her attention to the white center of a large letter O and had her look at it about a foot from her eyes. She said that the white center looked whiter to her than the rest of the card. Then I covered over the black part of the letter with a white card with an opening that showed the center. When the black part of the letter was covered over, the center looked, she said, the same shade of white as the margin of the card. When the whole letter was exposed the center looked much whiter than the rest of the card. I said to her, "You do not see the white center of that letter O whiter than the margin. It is an illusion that you imagine," and after a little talk she soon became convinced that it was true that she did not see the white center whiter than the margin; she only thought, imagined, it so. It was a great help to her in imagining or seeing smaller letters. As she said she could not see the white center of the letter O on the lower lines of the small letters, but she could imagine she did, and when she succeeded her vision was perfect not only for the letter regarded but she was able to distinguish other letters.

For several days she practiced the methods which helped her on the first day, and her vision rapidly improved. In fact, she obtained a flash of normal sight on the second day of her treatment. Later these flashes became more frequent, more continuous, until she was able to read with normal sight more continuously. I tested her with a strange card from time to time and was pleased with the results. Her memory and imagination were very unusual. When I pointed to a small letter that she could not distinguish and asked her to imagine one side straight, she said that she could imagine it straight but she could not see it. She could also imagine it curved without being conscious of seeing the letter. Then I said to her, "Which can you do best?" Invariably if it were a round letter she would imagine the left side curved better than she could imagine it straight or open. She could imagine the top, the bottom and the right side curved and knowing what the four different sides were she became able to state what the letter was. In those cases in which all four sides are the same but the letters different, like the letter B, for example and the letter D, both the left side straight, top straight, bottom straight and the right side curved, she could imagine the letter correctly. If it were B she could imagine it better than D. If the letter were D she could imagine it better than B, or any other letter.

I recall numerous occasions when she would read a line of letters quite rapidly and miscall one or more letters of the line, and I said to her, "You miscalled two of those letters; which were they?" and she would tell me. "How do you know," I asked her. She answered, "Because I know I miscalled those letters because I did not see them as black or as clear as the letters I read correctly. The miscalled letters were not so black and furthermore they did not have a short, slow and as easy a swing as the letters that I saw correctly."

One day she came to the office and told me that she woke up in the morning with a severe cold in her nose and after she had palmed, as she usually did before she got out of bed, the cold left her, and when she got up and dressed it was all gone.

I have seen similar cases in which palming for half an hour had relieved acute cold of the eyes, nose, throat or lungs.

On another occasion she said that she was restless and could not sleep and she said to me, "I could not sleep so I thought I might as well spend the time in palming and the next thing I knew it was morning. Palming enabled me to go to sleep very quickly."

When it came to memory I asked her what was the best thing that she could remember and the most perfectly, and she said, "A white dress with polka dots," and sure enough when she looked at the Snellen test card and remembered that white dress with polka dots her vision became very much improved.

After she had been treated for three days I said to her mother, who was wearing glasses, "Are you willing to do all that you can to help the eyes of your child?" She answered, "Certainly." "Well," I said, "I am going to ask you to do something that may be very difficult for you to do." "Oh," she said, "I don't care what it is, I will do anything." She was wearing glasses at the time, one pair to see at a distance (which she wore constantly) and another pair which she used for reading. "Do you know that the strain that you are under is contagious; that when you wear glasses it requires a strain on your part to squeeze your eyes all out of shape to see with the glasses." She said she had never heard of such a thing before. "Anything you want me to do I will do it," she said. I said, "Take off your glasses and never put them on again." She did this without any argument. I said, "Now practice the same thing that your daughter is practicing and you will get better. She started in right at once and I told the daughter to palm and she palmed, and when I told the daughter to imagine the swing she did the same thing. Her child improved her sight by the different methods she practiced and the mother tried to keep up with the daughter. It was very interesting to watch them. The girl would say, "I saw it first," and the mother would say, "Well, next time I will see it first"

During the week they were here each one was trying to out-do the other. The mother was cured in about the same time as the daughter. Her vision without glasses became normal and she became able to read without glasses and to read with a great deal more comfort than she ever had when she wore glasses. I am quite sure that the cure of the mother's eyes was of great benefit to the sight of her daughter.

The interesting feature of the treatment of this young girl was that her progress was continuous and she had no relapse. It was remarkable that **she obtained normal sight and was able to maintain it after so short a treatment as one week.** It was still more interesting to find the mother cured in as short time as was the daughter. They had to leave town and were quite willing to practice with the Snellen test card as long as I said it was necessary. I heard from them occasionally and then they stopped writing. One day, about a year later, I was pleased to have a visit from the mother who stopped in my office to tell me that both she and her daughter had continued to have normal sight without glasses and that they had done nothing whatever the last six months to improve their sight by way of practicing. The Snellen test card was lost and they had not taken the trouble to find it. Both of them did not know that they had eyes. Both of them read many hours a day; both of them read by artificial light; both of them used their eyes for reading while riding on railroad trains and as far as they could tell and their friends could judge, both of them had eyes as good as any one could wish. I believe the good results obtained were entirely due to the enthusiasm of them both. I wish all my patients could be cured as quickly.



## STORIES FROM THE CLINIC

### THREE CASES

By Emily C. Lierman

IMPERFECT sight is contagious. Perfect sight is also contagious. When I am treating a patient who is suffering from eye strain I must swing or palm occasionally just the same as the patient does, otherwise I begin to strain unconsciously, which makes it difficult for me to benefit the patient. Not always does the patient affect me in this way because all patients are not alike. When patients are agreeable and do what I tell them to do I can improve their sight much quicker. This thrills the patient as well as it does me. The patient becomes more and more relaxed and so do I. In the clinic where so many poor souls come for relief, not knowing what can be done for them, we find many trying cases very hard to handle. Not long ago a friend asked me what I meant by imperfect sight being contagious. I invited her to the clinic to observe the cases as they were being treated.

+Among other patients was an old-fashioned woman about 60 years of age who had progressive myopia. She was so near-sighted that even with her glasses on she bumped into everything in the room as she walked. Her vision with glasses on was 5/200. With them off she could not see me or the test card at 5 feet, I removed her glasses and she complained of being dizzy so I taught her how to palm. I asked her to remember her name while she had her eyes covered and she said she couldn't. I asked her if she could remember her hat or her dress and she said, "Yes, but only for a second." After that she said there were colored lights and objects which appeared to be floating spots before her eyes. I told her to remove her hands from her eyes and to look at the large letter on the top of the test card which I held six inches from her eyes. She saw it but it was blurred. I told her to open and close her eyes alternately and look at the large letter again. This time she saw the letter clearly. Then I pointed to the 100 line letter below and she could not see anything. Instead of looking directly where I was pointing she looked to one side, about eight inches or so. The poor thing was willing enough to do as she was told but she had been doing the wrong thing for so long that it was hard for me to make her do the right thing. My friend who was sitting quite near whispered in my ear, "Now, I know what you mean by imperfect sight being contagious; I feel nervous and strained watching this case. How do you stand it, anyway?" My friend has perfect sight but just to prove that I was right I looked at her with the retinoscope and found that she was near-sighted. I proved this to her by testing her sight with the test card. This frightened her but after she had palmed her eyes for a few minutes she was relieved of her eye strain and her vision became normal. She proved this herself by reading 15/10 with the test card. The near-sighted woman has been to see us regularly and on her sixth visit to the clinic she reads the test card 15/200 with each eye and she can also read some words of very fine print (diamond type), six inches from her eyes by moving the card slowly from side to side and alternately closing and opening her eyes.

+A young German woman came to me not long ago, eager to ask questions. She was imported from Germany only one year ago so her English was anything but perfect. She has had tear duct trouble for some time and she wanted very much to know if Dr. Bates could cure her without an operation. Now this was the conversation between us:

"Mrs. Lierman: What you call dat enyhow? My eyes is running all der time. Der vorter runs on der face insteat of inside. Pebles always say to me, 'What you cry for all der time?' Maybe sometime ven I cry I wouldn't haf no vorter left. Tree times in Germany I was by der doctor and he say uperation. I say no. Vat you call dat enyvay? I go by anoder doctor and he did vun operation vot is no good. He hurt me someding awful but der vorter is running yet."

I told her that she had trouble with her tear duct and that Dr. Bates could easily cure her by palming and swinging. When the strain was relieved the tear duct trouble would cease. She was told to call for other treatment if the palming and swinging did not help her. Evidently palming and swinging has helped her for we have not seen her since.

+A few days ago a big negro, six feet tall, came into the room very quietly and sat in a corner with his head down. One could see that he was trying to hide the right side of his face. When I came close to him I found that he had a very good reason for doing so. There was a big cut over the eyebrow which had been stitched up by one of the house surgeons the night before. Perhaps some of our readers do not like to have me write about these things but we do have to meet all kinds of people and all kinds of cases and we must not be afraid. I knew that this huge bulk of dark humanity had been in a fight, so I was very cautious as I approached him. There was a great deal of kindness shining out of his good eye as he looked at me. I said, "Poor fellow, how did this happen, anyway?" In a kindly but very unsteady voice he answered, "Well, mam, Ah was in a fight. You see Ah had too much hooch." He really did not need to tell me he had been drinking; I could smell it. So could everybody else in the room. I would never have had the nerve to approach him anywhere else but the clinic, for he would have scared me most to death if I chanced to meet him in the street. Dr. Bates looked at his bad eye, or I should say where the eye ought to be, and after the man had palmed his eyes for a little while the eyelid opened. He was a very happy individual when he learned that his sight was not destroyed. As the man left the room I tried to say something encouraging to him and his answer was this: "Now, mam, done you worry 'bout me; you oughter see de other feller; he's in de hospital; yes, mam."

### THE BETTER EYESIGHT LEAGUE

THE Better Eyesight League was organized for the purpose of benefiting the vision of its members. Each one was supposed to practice improving their vision every day without glasses. After their vision became normal it was expected of them that they would help one or more persons every day.

It is a well-known fact to educators that the teacher usually learns more than the pupil. The members of the Better Eyesight League are expected to do all they can for the prevention of imperfect sight.

A large field is the schools. Imperfect sight in school children is very great. The number is not becoming less, rather it is growing. The only thing that organized medicine can recommend is glasses and glasses for school children are very objectionable, just as they are objectionable to older people.

Every teacher who has practiced our method for the prevention of imperfect sight in school children has evidence that the method always improves the sight of school children, but more than that, it improves their mental efficiency. Children should practice my method for the benefit of their eyesight. Not only do they see better, but their memory, their imagination, their judgment are improved. It has benefited many children who were in the habit of staying out of school. It has done much for children who were mischievous or hard to control. Many stories can be told of how individuals have been relieved of headaches and pain and dislike for

school by practicing with the Snellen test card or by following out the directions given in the August number of each year of BETTER EYESIGHT. Every family with children, every family without children, should have a Snellen test card and practice reading it for the benefit and cure of imperfect sight. All persons over 40 years of age have trouble with their eyes and usually require glasses for reading. (This is a old theory. It is now proven that persons over 40 do not necessarily have trouble with their eyes. If close or distant vision becomes unclear, it can easily be cured by Bates method.) The use of the Snellen test card is a cure for adults as well as children. Of course the more chronic cases and the older the patient, other things being equal, the more time is required; but I have never seen a case yet but that the use of the Snellen test card has been of benefit. One should expect to practice reading the Snellen test card for weeks, months and years, whether sight is good or bad. If the sight is good the use of the Snellen test card would improve it even more and benefit the general nervous system to a very large extent, and it acts as a preventative of imperfect sight in middle life or older. It does not take much time and the benefits that are obtained from it are so great that I cannot urge too strongly all persons in all walks of life, young and old, to read the Snellen test card once a day.

I sincerely hope that the members of the League will keep this in mind and be guided accordingly.

The November meeting of the Better Eyesight League will be held at 300 Madison Avenue, New York City, corner 41st Street, at 8 p. m., November 14th. 1922.

### QUESTIONS AND ANSWERS

Q - If I improve the vision of the poor eye will there not be a confusion of images?

A - Not necessarily.

Q - Is it possible to cure a three year old child of squint without an operation?

A - Yes. I have had many such cases that were cured by my method of treatment.

## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

December, 1922

THE EASY SHIFT

SOME time ago a man came to me for treatment of his eyes. Without glasses his vision was about one-half of the normal. This patient could not palm without suffering an agony of pain and depression. He had pain in different parts of his body as well as in his eyes and the pain was usually very severe. The long swing, the short swing tired him exceedingly and made his sight worse. I asked him to tell me what there was that he could remember which caused him no discomfort.

He said, "Everything that I see disturbs me if I make an effort." "I try very hard not to make an effort, but the harder I try the worse do I feel."

When he could not practice palming, swinging or memory successfully I suggested to him that he look from one side of the room to the other, paying no attention to what he saw, but to remember as well as he could a room in his home. For two hours he practiced this and was able to move his eyes from one side of the room to the other without paying any attention to the things that were moving or to the things he saw. This was a rest to him, and when his vision was tested, much to my surprise, he read the Snellen Test Card with normal vision at twenty feet. I handed him some diamond type, which he read without difficulty and without his glasses.

Since that time I have had other patients who were unable to remember or imagine things without straining and they usually obtained marked benefit by practicing the EASY SHIFT.

No one can obtain perfect sight without constantly shifting, easily, without effort. THE EASY SHIFT is easy because it is done without trying to remember, to imagine or to see. As soon as one makes an effort the shift becomes difficult and no benefit is obtained.

### SOME CRITICISMS FROM A PATIENT

By W. H. Bates, M.D.

MANY of my patients who were benefited by my treatment have been kind enough to speak well of my methods.

Recently I treated an elderly lady who was suffering from cataract with a considerable amount of nearsightedness. The cataract was sufficiently opaque to impair her distant vision very much, but strange to say, it did not apparently interfere at all with her ability to read fine print at a near point. She was treated twice with only temporary benefit, bought my book and returned home with instructions to write to me once a week for advice. In her first letter she said:

"Relaxation is not easy if one is part of a strenuous program of living." "Here are some of the items of yesterday's hours." "Before breakfast, I learned of the death by suicide of an acquaintance, and of the possible loss of an item of income which has been mine for years." The mail brought me two letters, one a bill for some work done for me, just one-third larger than I supposed it would be, and a request from a society in which I am interested that I would write a delicate and difficult letter." "Briefly, I decided to shed all responsibility about these things."

"What can be meant by page 127 in your book in which you say, 'It is impossible to remember even such a simple thing as a period, perfectly black and stationary for more than a fraction of a second?' And on page 138, 'A patient . . . could remember a period twenty seconds.' And on page 140, 'Most persons become able to remember black for an indefinite length of time?'"

Answer—By referring to page 127 of my book my correspondent has quoted a very small part of what was said about the period. I believe that with the help of someone who has perfect sight the matter can be made clearer to her. Again, I suggest that the patient read more of what was said, especially the connection between vision and the memory of a period.

"On page 140, 'Most persons become able to remember black for an indefinite length of time.'"

Answer—How this is accomplished is described at some length in the book.

Question—"May Central Fixation be illustrated by the following fact?" "When one reads a book, she does not read it word for word, but takes sentences, paragraphs, even pages at a glance." "If there appears a word in another print, or an unfamiliar word, or a misspelled word, that word leaps out, and the rest of the text is ignored for a minute." "Is not this simple and common?" "Central Fixation seems to mean to me that when I regard any detail intently, the remainder of the object is disregarded?"

Answer—The previous paragraph is full of errors. It is impossible to read a whole word, a whole sentence, a paragraph or a page at a glance. It can be demonstrated that with perfect sight one sees one part of a letter best at a time. It is all done with incredible rapidity when one reads a page of three hundred words in a few seconds. It is not simple and it never occurs for the reader to pick unfamiliar or misspelled words without seeing each part of every letter at a time best. The definition of Central Fixation is in the book and the patient has stated it wrong.

"I am trying to supplement your method by all the cure-alls I know; deep breathing, sun baths, new thought, Coue's rosary, Fellow's hypophosphites."

Answer—Imperfect sight is not cured by sun baths, deep breathing, new thought, Cone's rosary or by Fellow's hypophosphites. However, each of these methods may benefit the general health or relieve other troubles, they are of no benefit to the sight, with the exception of sun baths.

"I find that I can do the imaginary stunts better than the real ones; for instance, on page 168, exercise 4, I can swing the letters better with my eyes closed or when looking at a blank wall than I can when looking at the test card. I am reminded that when I was a little girl and played with my little dishes, I could get on better with nothing in my little pitcher than I could with water to be called milk. I could imagine milk in the pitcher when I accepted the task of imagining, but when I knew it was water I would not call it milk. I know the letters do not move and I feel foolish when I allow the illusion. The most that I have gained so far is the knowledge that the eye is passive and that nothing is gained by trying to see."

Comment—This last paragraph is very encouraging. Most people can do the imaginary stunts better with the eyes closed than with the eyes open. Looking at a blank wall does not disturb the memory so much as when looking at the Snellen Test Card. To be able to remember a black period, a piece of white starch or white snow when looking at the Snellen Test Card with the eyes closed is a cure. It is all right to imagine the letters are moving because this is a physiological fact when the sight is normal because it prevents staring or trying to concentrate. The dictionary defines concentration as an effort to keep the mind focused on a point. It is unfortunate that concentration is taught or recommended so universally because it is impossible to concentrate with the mind or with the eye and the effort to do so is always associated with imperfect sight caused by nearsightedness, astigmatism, cataract, glaucoma, disease of the optic nerve, retina or choroid.

"The remarkable instances of healing in Dr. Bates' book is encouraging to anybody." "But what about those who found no help?"

Answer—It is a fact that when one practices closing the eyes or palming and it is done right the vision is always temporarily improved. Too many people close their eyes without resting them or practice palming with a strain which lowers the vision instead of helping it. One can practice the long swing and produce dizziness, pain and imperfect sight by straining to see things that are moving.

#### Elevator ride

One patient came to me complaining that never in her life had she been able to ride in an elevator without becoming very ill. Her vision for distance was normal and she was able to read fine print without trouble. I at once took a ride with her in the house elevator and told her to look at a bell which was stationary in the elevator and to pay no attention to the floors which appeared to be moving opposite to the movement of the elevator. We rode up and down and had a good time because when she did not strain to see the moving floors she was just as comfortable and happy as she was when she did not ride in the elevator.

The people who found no help were always people who fought me for all they were worth. I remember a physician who came to me for nine months, every day, and devoted from one to two hours trying to prove that I was wrong. Finally after numerous remonstrances I suggested to him that it did not do him any good for me to lick him every time he called, if he desired to be cured. I advised him to try and prove that I was right. In a very short time he was cured.

The people who find no help are the people who do the wrong thing against my advice.

### CHRISTMAS AT THE CLINIC

By Emily C. Lierman



THE spirit of Christmas already prevails at our Clinic. For eight years I have watched the happy faces of boys and girls and the smile of pleasure on the faces of tired mothers with sick babies in their arms as every one of them received their share of candies and oranges and toys of every description.

My friends gave so generously last year which made it possible for our room to look very much like fairy land. One medicine cabinet was just covered with very pretty but inexpensive dolls and tables were filled with toys and music horns such as every little boy enjoys. Cornucopias filled with good chocolates and bon-bons were hung on the curtains and screens about the room. I am proud to say that Dr. Bates himself helped to decorate the room and even though he was very busy he found time to hand each of his patients a gift and to wish them a Merry Christmas.

Before the patients arrived, the doctors and nurses from other parts of the Clinic came to our room and there were shouts of joy and surprise from all. One of our big, good-natured doctors asked me if he might carry one of the dollies to another section of the Clinic, where other doctors were at work. He forgot that he was grown up. He was a boy again. I shall never forget how he admired that doll. He held it as though it were a baby and said, "You are fortunate to have such generous friends." "I have poor boys and girls who visit me but they are not so lucky."

Bridget, the Dispensary scrub woman, who had heard some weeks before that our patients were to have a treat again, decided, all of a sudden, that her eyes needed treatment. Just to please her we prescribed some harmless eye-drops to apply, for there was really nothing the matter with her eyes. She is big, fat and good natured and walks around as though she owned the place. Bridget, however, wanted to be our patient at least until Christmas time, so we allowed her to fool us.

A colored woman brought her little girl that day to be treated for an infection of her eyes and was waiting to be attended to. Instead of being pleased at all the pretty toys she saw she looked very sad and downhearted. After Doctor had treated the little girl he sent her to me for a dollie. The mother hurried to me and begged me not to give her one, because she had two younger children

at home who would not have any Christmas on account of their poverty. The little girl was taken care of by me while the mother was sent home post haste, to bring the little brother and sister. When the mother returned with her brood she had tears in her eyes when a doll was given to each of her girls and a mouth-organ to the little boy. Mother's arms were filled with oranges and candy and then there were no more tears. This little family was always well provided for while the husband and father was living, but he was killed while at work and the mother being in ill health found it very hard to keep her family together. I had to convince this mother that she was not accepting charity, but to feel that real friends were just sharing their gifts with us at the Clinic. I am proud of my big family there. I love them all and they love Doctor and me.

We have a very queer case, a girl aged twelve years, at the Clinic just now. For the last two years she has been coming to us off and on. She usually turns up near Christmas time. At a glance one would say she was stupid but I know she is not. Just a case of neglect. She has no parents, and if you ask her about them she will tell you she never had any. Neighbors fed her or I should say underfed her and she never knew from one day to the next just where she would sleep. Sometimes her clothes are clean and sometimes torn and ragged. Her name is Elsie and is a colored child, black as the ace of spades. As she was thrown about here and there it was impossible to keep her at school regularly.

Her vision is near normal at very rare intervals, but if I say very quickly to her, "read the card," she stares and it is pitiable to see how distorted her mouth becomes and she says she cannot see. I do not intentionally frighten her, I forget because of the many cases we have to handle in a very short time. If I speak softly and gently and point to a large letter which she remembers easily with eyes closed, she can read every letter, 12/15, perfectly after palming a few minutes. I asked Elsie if she wished a doll at Christmas time and she replied, "No, I'm too big for a doll." So Elsie will receive either a book or a necklace of some kind. I want to say more about the different cases but as the space is limited, I will stop and again and again wish all my friends a Merry Christmas and a very Happy New Year.

### A PERSONAL EXPERIENCE

By James D. Dillon, Swansea, Arizona

AT the age of six years I had a bad case of granulated eyelids, which was finally overcome by treatment, but left my eyes weak and very sensitive. From that time until I began treating my eyes according to the methods of Dr. Bates—I am now thirty-six years of age—I suffered much discomfort from strain and the glare of daylight. School was more or less a burden to me because of the pain caused by reading.

I have had many prescriptions for glasses at various times but have never received real relief from them. Often I would rebel and fail to wear my glasses, always finding rest and comparative relief when doing so.

Two years ago I was fitted with the most perfect lenses I have ever had, but even these failed to relieve strain and I continued to suffer from the glare of the light. I did not suffer often from headaches but from continual smarting and irritation of the eyes, and from nervous symptoms and bad temper.

In February, 1922, I began to treat myself by Dr. Bates' methods. At that time I was doing hard work with figures. In spite of misgivings at leaving off my glasses, and though I was hard pressed to persevere some days when the struggle, seemed worse, I did persevere and have succeeded.

#### List of treatments

**+The first thing in the morning and the last thing at night, and often during the day, I would read the Snellen Test card at various distances with each eye alternately, and then with both eyes together, until I could finally read the letters clear, black and distinct.**

**+I would practice looking at a pencil point held close to the nose until it became as easy to look cross-eyed as to look straight ahead.**

**+I would practice accommodation exercises by looking at near objects, then at distant objects, alternately.**

**+Palming always was a great help.**

**+ Regarding very small black objects and then remembering them perfectly also helped greatly.**

**+In every way I sought to break myself of the habit of straining to see and instead to see without effort. In proportion as seeing became effortless and all fear of light vanished the vision became more perfect.**

**+ I also found that gazing at the setting sun had a very tonic effect upon my eyes.**

In 1920, the glare of the intense sunlight gave me much misery far into the night. Now I not only receive no harm from the light but enjoy it. In fact, I never notice the glare now; it does not disturb me. I have used many more of the exercises and ideas of Dr. Bates, as described in his book, and have much more yet to learn. I find that I greatly enjoy this method of improving my vision still more. Although I can read the ten lines of letters on the card at thirty feet easily I wish to do better. Diamond type I read easily at four inches from my eyes. I have now practically perfect vision and have overcome all the irritation and the nervousness caused by eye strain. During this summer, though extremely hot and trying in this desert country, I have felt better and fuller of life and vim than ever before. I know that this is due to the relief from eye strain, which had been a great drain on my vitality.

Needless to say, I am exceedingly grateful for this relief and wish to thank the author of the book a thousand times for his great work, which has made it possible for those who suffer from eye strain to obtain real and permanent relief even though they cannot reach him personally for treatment.

I shall be very happy to receive any letters from persons who desire further information, and will be pleased to help them all I can and to cheer them along with all my heart.

## THE BETTER EYESIGHT LEAGUE

AT the last meeting of the League held at 300 Madison Avenue on Tuesday, November 14th, there were fifteen persons present.

This was a small attendance for a membership of more than one hundred.

We were pleased to hear from Dr. Brown of Orange, N. J., that a branch had been organized by the friends of Miss Shepard and that their next meeting will be held at 50 Main Street, Tuesday, December 5th, at 8 P. M. Dr. Bates is expected to deliver an address while others from neighboring cities will be there to discuss matters. We believe all persons interested in Better Eyesight are invited. The question was asked about the amount of money which each branch should send to the central organization. This matter could not be handled until delegates from the various organizations at some specified meeting met and considered it. The League has not been in existence long enough to make rules and regulations for each branch. It is very desirable that branches of the League be organized all over the United States and elsewhere to help all persons suffering from imperfect sight and more especially to prevent school children from acquiring imperfect sight and glasses. The publishers of the magazine, BETTER EYESIGHT, call attention to the August number in every year which describes the method of prevention and cure.

One member told how she helped an old blind woman by teaching her how to rest her eyes by "PALMING." The patient reported that with its aid she had become able to take a walk unattended and visit a friend. When she became confused the patient would stop and palm for a few minutes when her sight would at once improve for a time. The palming helped her to make the crossings successfully, to find her way and to avoid pedestrians.

There was some discussion about **eye strain during sleep**. Many people suffer very much from headache, imperfect sight on first rising in the morning and the symptoms may continue for several hours.

A gentleman present related his experience. He obtained much benefit by rising at 4 a. m. with the aid of an alarm clock, when he would practice the "LONG SWING" until relieved. He would then retire, sleep the rest of the night and on rising find the eye strain much less or absent altogether.

A new member started to ask questions such as: "How long does it take?" "What is the cause of imperfect sight?" "Can cataract be cured without an operation?" It is not necessary to publish the discussion of these and other questions because the answers have been repeatedly published; but, those who did the talking and those who listened, learned more than they knew before.

The next meeting of the Better Eyesight League will be held at 300 Madison Avenue, New York City, corner 41st Street, at 8 p. m., December 12, 1922.

## QUESTIONS AND ANSWERS

Q - Has Dr. Bates' method anything to do with concentration?

A—No, to concentrate is to make an effort. Dr. Bates' method is rest and relaxation which cannot be obtained by concentration.

Q - Is auto-suggestion a benefit to the eye?

A—Dr. Bates has tried it and found that it is not beneficial as it does not relieve the strain.

Q - Can hemorrhage of the retina be cured by Dr. Bates' method of treatment?

A—Dr. Bates has cured many such cases.

Q - Can one be cured of near-sightedness without being examined personally by Dr. Bates?

A—Yes, we have received letters from people who have cured themselves by reading Dr. Bates' book PERFECT SIGHT WITHOUT GLASSES.

Q - Can a patient while under treatment with Dr. Bates carry on his daily work just the same?

A—Yes, most patients continue their work just the same without the use of their glasses even though they find it difficult at the start.

Q - Can the vision be improved without glasses after the lens has been removed for cataract?

A. Yes.

Q - Does Dr. Bates approve of dark glasses to protect the eye from the glare of the sun at the sea shore?

A - No. Dark glasses are injurious to the eyes. The strong light of the sun is beneficial to the eyes, although it may be temporarily painful and blinding.

Q - When the pupils become dilated is that an indication of eyestrain.

A - No. A great many people who have dilated pupils have no trouble at all with their eyes.

Q - What causes styes (*sties*)?

A - Infection, which is always associated with eyestrain.

*A young girl experienced painful sties. She was poor and could not go to a doctor. She noticed that when a eyelash hair root, skin in that area itched, it would form a sty. She began the habit of pulling out eyelashes that itched and never again had sties. Possible infection starts in the eyelash root, skin pore*

Q - What causes night blindness?

A - It is caused by a form of eyestrain which is different from the eyestrain which causes imperfect sight with other symptoms.

Q - Can imperfect sight in school children be cured or prevented without supervision?

A - No. It is necessary for someone, who does not have to be a physician, to inspect the work once a year or oftener.



## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

January, 1923

### BREATHING

MANY patients with imperfect sight are benefited by breathing. One of the best methods is to separate the teeth while keeping the lips closed, breathe deeply as though one were yawning. When done properly one can feel the air cold as it passes through the nose and down the throat. This method of breathing secures a great amount of relaxation of the nose, throat, the body generally including the eyes and ears.

A man aged sixty-five, had imperfect sight for distance and was unable to read fine print without the aid of strong glasses. After practicing deep breathing in the manner described he became able at once to, read diamond type quite perfectly, as close as six inches from the eyes. The benefit was temporary but by repetition the improvement became more permanent.

At one time I experimented with a number of patients, first having them hold their breath and test their vision, which was usually lower when they did not breathe. They became able to demonstrate that holding their breath was a strain and caused imperfect sight, double vision, dizziness and fatigue, while the deep breathing at once gave them relief.

There is a wrong way of breathing in which when the air is drawn into the lungs the nostrils contract. This is quite conspicuous among many cases of tuberculosis.

Some teachers of physical culture in their classes while encouraging deep breathing close their nostrils when drawing in a long breath. This is wrong because it produces a strain and imperfect sight. By consciously doing the wrong thing, breathing with a strain one becomes better able to practice the right way and obtain relaxation and better sight.

The habit of practicing frequently deep breathing one obtains a more permanent relaxation of the eyes with more constant good vision.

[Abdominal, diaphragmatic breathing, yawning is taught by modern Natural Eyesight Improvement teachers.](#)

### ASTIGMATISM

[\(&Cornea scars\)](#)

By W. H. Bates, M.D.

IN astigmatism the curvature of the eyeball in one principal meridian is greater than in the one at right angles to it. The eyeball is lop-sided. In such an eye, rays of light, are not focused. It differs from the near-sighted eye in which parallel rays of light are focused in front of the retina. In the far-sighted eye, Hypermetropia, parallel rays of light are focused behind the retina.

Occurrence: Astigmatism is very common and may be near-sighted astigmatism, far-sighted astigmatism or it may be combined with either near-sightedness or far-sightedness. Again the astigmatic eye may be far-sightedness in one principal meridian and near-sighted in the other. This is called mixed astigmatism. Regular astigmatism can be corrected by the use of proper glasses. Irregular astigmatism due to a malformation of the front part of the eyeball, the cornea, the lens or to the eyeball itself cannot be corrected by glasses.

In the normal eye astigmatism can always be produced by some kind of a strain. One kind of strain will produce one form of astigmatism while another form will produce a different form. We have an instrument which measures the curvature of the front part of the eye called the Ophthalmometer. With this instrument we can detect and usually measure astigmatism produced by some change in the shape of the cornea. We can observe with it the production of corneal astigmatism of varying degrees when the subject strains either unconsciously or consciously. The amount of astigmatism that can be produced by different individuals is variable. I have seen people who could consciously produce astigmatism of 3D. By practice one can acquire the ability to consciously produce astigmatism of the cornea at different axes. This fact may explain why glasses which correct astigmatism at one time do not correct it at another time.

Many cases of normal eyes have been observed which later acquired astigmatism. In many instances patients later returned wearing glasses for the correction of astigmatism and complained that the glasses no longer suited them and when the eyes were tested no astigmatism could be found. It can be demonstrated that astigmatism may be acquired and that it may spontaneously disappear. What has been said of astigmatism caused by the malformation of the cornea is also true of the astigmatism caused by malformation of the lens or the eyeball. **Many cases have been observed in which irregular astigmatism following scars on the cornea have become less or have disappeared.**

Many authorities believe that most cases of astigmatism are congenital or that people are born with astigmatism. Others believe that it is usually acquired. I do not know which is correct but I do know that whether acquired or not it can always be benefited or cured by treatment. As this always happens in my experience I believe that astigmatism is always acquired.

After the cornea or front part of the eye becomes affected with an ulcer and the ulcer heals it leaves a scar. The irregular contraction of this scar results in a malformation of various parts of the cornea. Even when the center of the cornea is clear the contraction of scar tissue at some distance away from it changes the shape of the central part of the cornea in a very irregular way. These cases of corneal opacity are usually benefited or cured by various methods employed to obtain relaxation. In general I believe that the long swing always helps and that practice of the short swing of the normal eye is usually followed by a permanent cure. Some cases of corneal astigmatism of considerable degree, 5D or more have been cured by practice of the swing.

In the November issue of BETTER EYESIGHT, page two, is described the VARIABLE SWING. One very remarkable case of corneal astigmatism and conical cornea with irregular astigmatism of more than 5D was benefited by the swing described in one visit and sufficiently for the patient to obtain temporary normal vision without glasses when at the beginning glasses did not succeed in obtaining normal sight. The variable swing has been a great help to many patients.

[Sinus congestion and neck muscle tension can cause astigmatism: vertical, parallel, criss-cross pattern lines on a sidewalk... moves, looks abnormal, causes dizziness. Use a warm steam humidifier with pure filtered water. Use a nasal pot to rinse the sinuses with warm water and pure organic salt. Local honey acts as a natural immunity against pollen. Honey is made from the bee pollen collected from the flowers, grass...in the environment that the person is allergic too.](#)

### Thumb, Finger Movement Swing

Recently a patient thirty years of age, suffering from **squint, near-sightedness, astigmatism** in one eye of minus 5D with myopia and astigmatism in the other, obtained temporary normal vision with the aid of the **short swing** which was regulated by the **feeling of the thumb and finger rubbing against each other, a short distance, a quarter of an inch, from side to side**. The patient obtained better vision when **the body was imagined to move opposite to the direction of the moving thumb** and less benefit when she imagined the body moving in the same direction as the thumb. In less than an hour she obtained normal vision for a short time. The squint became much less and at times both eyes were straight. I expect this case will obtain a permanent cure in a very short time. However, patients with a considerable amount of corneal astigmatism usually require weeks and months before they obtain a cure.

Astigmatism accompanied with a malformation of the lens is not common. Thirty years ago I treated a young girl for progressive near-sightedness. Her vision with glasses, which were very strong, concave 17D combined with concave 6D.C., was only 20/100. With the Ophthalmometer she had no corneal astigmatism. I removed the lens from one eye when the vision became normal, 20/20, without glasses. The case was exhibited at the Ophthalmological Section of the New York Academy of Medicine and many of the men present afterwards practiced this method of benefiting the imperfect sight of very bad cases of near-sightedness. I believe I was the first one in New York to do this operation as none of the members present recalled that anybody else had performed the same operation or published it. Many surgeons are still doing this operation for the benefit of these cases. I never did it again because my patient was not permanently benefited; the myopia or near-sightedness returned. The other eye also had 6 diopters of astigmatism with the cornea normal. For a time relaxation methods improved this eye with the astigmatism of the lens but before she had obtained a cure she stopped treatment. I have seen other cases of astigmatism accompanied by a malformation of the lens and usually a temporary improvement in the vision can be obtained. Some of these cases have been cured. Many cataract patients have an irregular astigmatism produced by the malformation of the lens. After the cataract is cured the astigmatism disappears.

The treatment of **astigmatism** in my hands has been very encouraging. It is so easily produced that it seems to be just as easily relieved. It is so very common that one should realize the facts and study these cases to obtain prevention and cure. School children acquire astigmatism very frequently and it can always be prevented by methods described in the **August issue of each year of BETTER EYESIGHT**. I am quite sure that the fact that treatment always improves or cures acquired astigmatism in school children, that it more readily prevents it.

I cannot refrain from again repeating what I have said so often before that the people of this country must wake up and look after the eyesight of the coming generation, and, on account of the enormous number of children affected with astigmatism some radical steps should be taken for the benefit of the eyes of school children suffering from astigmatism.

### STORIES FROM THE CLINIC

#### STARING IS BAD

By Emily C. Lierman

STARING is one of the greatest evils I believe. School children at the Clinic demonstrate it. I never make any progress in the cure of their eyes if I do not begin the treatment first, to prevent staring.

A little Jewish girl has been coming to us for a year. On her first visit, she told us that the school nurse insisted that her eyes should be examined for glasses. Her mother who was with her, begged me not to put glasses on the child as she had a great dislike for them and she also believed that glasses could not possibly cure her. I was glad that I did not have to spend time convincing the mother that her little girl would not need glasses.

I tested her sight with the test card and she had 20/70 with the right and 20/100 with the left. The girl stared all the while she read the letters and I drew her mother's attention to this fact. I had instructed the child to look away in another direction after she had read one or two letters of a line; she then improved her sight with both eyes, to 20/50. Her mother was a great help to me, by watching very carefully when the child practiced at home. No matter what the child was doing or whenever she read a book or while studying her lessons, the mother told her not to stare. The directions for treatment at home and in school were:—When she was asked to read something on the blackboard, she was not to look at the whole of a word or a sentence at once, but to look at the first letter of a word and blink her eyes, then the word would clear up and she could see the whole word without staring to see it. Then, in order to read a sentence without staring, she was to look at the first letter of the first word and then look at the last letter of the last word of the sentence; but to close her eyes frequently while doing this. How proud I was when last June she was promoted into a higher class without the aid of glasses.

I know, that to the mind of our readers of BETTER EYESIGHT comes this thought and question. Why is she not cured by this time? It is one year now since she first came for treatment. This is my answer: The girl had normal vision with both eyes, at the end of six months. Then vacation time came. Instead of our faithful patient continuing with her treatment until she could retain her normal vision, she stayed away from the Clinic and also punished her eyes in every way possible during the summer months, by straining at whatever she was doing. For the last two months, she has worked with her school studies with apparently no trouble whatever, and I glory in the fact that she was never tempted to put on glasses, which I know so many of Dr. Bates' patients do, when they get discouraged and fail to get along with the treatment, without the personal instructions of the Doctor.

She was so grateful for what we accomplished, that her school teacher who had a very high degree of myopia was encouraged through her to become a patient of Dr. Bates and is now enjoying good sight. The wonderful needle work which was done by this teacher, who by the way has become a very dear friend of mine, is most beautiful.

One of the ambulance drivers connected with the Harlem Hospital, called on us not long ago. He was wearing very heavy glasses and his eyes, as they tried very hard to see, looked about the size of pinheads through his glasses. He had heard of Dr. Bates and his treatment and was eager to obtain some relief from eyestrain. Oculists told him that nothing more could possibly be done for him. His sight was gradually failing and he feared that he would soon lose his position. Dr. Bates examined his eyes and told him that he had progressive myopia, but that he could be cured if he would take the trouble.

Our room never was so crowded with patients and he had to wait some time before receiving any attention. However, while I was busy with a little boy, who enjoyed palming because it improved his sight so quickly, the ambulance driver got busy, too. Shifting and swinging also helped my little boy and he found that it was a great relief to try the different methods which helped him to relax. This interested the man very much, as the smile on his face indicated. I was very anxious to help him too and was glad when the

opportunity came. He stood directly behind my little boy patient and did as well as he possibly could, just what my little patient was doing. When he first came into the room his vision was 10/200 without glasses. Before I had a chance to treat him, he had improved his sight to 10/70 all by himself. He listened while I continually repeated to the boy, not to stare. When I told the boy not to look longer than a second at one letter, because if he did his sight would blur, the man followed my directions carefully, with the result that his sight improved. When I began to treat this man, he told me that he never knew he stared. He found out that when he did not close his eyes often, as the normal eye does, then his vision blurred and he could not see any letter at all on the test card. I improved his sight that day to 10/40. He has not visited us again so far, but he sent in a good report, telling us that he is making steady progress, improving his sight all the time.

If patients could only remember not to stare at any time, they could easily overcome their eye troubles.

Daydreaming, thinking of something pleasant relaxes the mind, eyes and brings clear vision. When daydreaming, let the minds eyes move, shift on the objects in the imagination and let the physical eyes also move. Notice that the physical eyes shift automatically when the mental visual attention shifts on objects in the imagination. Blink. Imagine objects, people, the scenery in motion like a real life movie in the mind: clear, in color, action. This prevents staring. This can be done with the eyes open and closed. Worrying, thinking unhappy thoughts leads to tense breathing, body and eye muscle tension, immobility, staring, strain and unclear vision. Happy thoughts, emotions produce relaxation and clear vision.

### **A RELIEF FROM WHOOPING-COUGH**

**BY L. L. BIDDLE, 2ND.**

MY sister's children came down with the whooping-cough a little over two weeks ago. She, of course, called in for a regular physician, who said as they usually do, that it looked to him like whooping-cough and that she might as well make up her mind that they would have it for about nine weeks. I think he described it as taking three weeks to fully develop, three weeks at its most severe state and remaining three weeks to get over it. He prescribed two medicines, one of which was to give them relief when they coughed too much.

As he prophesied they continued to get worse, and the last two nights they scarcely slept at all. The youngest one, who is four, seemed to have the worst affects. He would cough for about a minute and then seem to choke or gag until finally yesterday, he spit up some blood. My sister and I got worried, however, as the medicine which the doctor prescribed to relieve the cough whenever it was at its worst, seemed to give him little relief.

Therefore, I asked Dr. Bates whether he could suggest a more satisfactory means of helping the children. He said, in his usual assuring way, "A little child about three and a half years old came to me with whooping-cough. I showed him how to palm; and every time he felt a cough coming on he would put his hands over his eyes, and by doing so lost his desire to cough."

This morning, I went into the nursery and, as usual, found them intermittently going into these terrible fits of coughing, so I explained to them, as best I could, how to palm. I first took the older boy, who is seven, and told him to put the palms of his hands over his eyes, making sure that he did not push the eyeballs. Then I asked him if he could imagine anything blacker and he said, "No, it is as black as anything I ever saw."

I said, "As soon as you think you are going to cough put your hands over your eyes the same way again and imagine it is as dark as possible." He soon exclaimed, "I feel like coughing now." So I told him to put his hands up quickly and imagine everything was pitch black. He did so and did not cough as badly as usual. This was very encouraging, so I said: "See, that has helped you." So the next time you have the slightest idea that you want to cough, put your hands over your eyes the same way and imagine everything black." He did this and it worked magic for he did not cough at all.

The little fellow, who as I said before, is only four, had been watching very intently and as usual was trying to copy his brother, so I had little difficulty in showing him how to palm with the same results.

I came back that afternoon and found the nurse in a very relieved state of mind so I asked her if she had any good news. She told me that it had worked like a charm and instead of their coughing and finally practically choking, as usual, every time either one of them felt like coughing he would put up his hands, remember something very black and prevent coughing. Moreover, the younger one became so expert that several times when he would forget to palm, the older boy would yell at him, "See black Tony, see black," and the little fellow would quickly put his hands over his eyes and the cough would stop almost instantaneously.

### **MINUTES OF THE BETTER EYESIGHT LEAGUE MEETING ON DECEMBER 12th**

THE meeting on Tuesday, December 12th, was opened by the President, Mr. Varney, and in the absence of Mr. Everett, Miss Meder acted as Secretary. Mr. Varney called the meeting exactly at eight o'clock, and told the members that it would be closed punctually at nine, so no time was lost.

A Branch League was started in East Orange, N. J., Dr. Bates attended, and gave a talk about his work, to the assembly. We were all eager to hear his experience there, and asked him to tell us.

When he arrived, Dr. Bates said that the feature that most surprised him, was that such a large audience came just to hear *him* speak. He admitted that he had seen larger crowds at movies, or theatres, but never such a collection of human beings who were perfectly willing to sit quietly, while he did the talking.

The second thing that impressed him was the attentiveness, and quietness that prevailed while he was describing his various discoveries, and method of treating imperfect vision without glasses. He spoke for a little more than two hours, and was interrupted several times while the chairs were pushed closer together, and more set up in the rear. He was asked to speak louder, because the two adjoining rooms were filled with people, and they were hard-pressed to hear distinctly.

At the end of two hours, when the meeting broke up, Dr. Bates was surrounded by individuals who wished him to elaborate on some of his remarks, and demonstrate others. In this manner another hour was consumed.

All in all, Dr. Bates was delighted with his reception, and the success of the meeting. He remarked that such a robust child would quickly out-grow the parent organization, and that we members will have to get in step in this march, quit marking time, out-strip, or at least keep abreast of this East Orange Branch.

An open discussion followed Dr. Bates' story, in which Mr. Varney described how he helped a friend of his. He began by asking that we, as members, should pass along our magazines and books to those who have not heard of Dr. Bates' method. He, Mr. Varney, said that an engineer friend of his had worn glasses for a number of years, and each year they had to be made stronger. This not only necessitated great trouble, but they did not improve the sight. Mr. Varney gave him his copy of "PERFECT SIGHT WITHOUT GLASSES" and explained it to his friend. The last report he had from him, was that he removed his glasses (that was three months ago), and he can now do his close work without the pain and fatigue that he had while using them.

These little personal experiences pleased Dr. Bates very much, and while we were still discussing Mr. Varney's story, one lady, whose name I do not know, spoke to us in such a sincere enthusiastic way, that we could not help but catch her enthusiasm. The gist of her speech was that we all should strive with all our might to remove from the eyes of our friends, relatives, and acquaintances, the crutches that do not support, but hamper and in most cases, destroy, good sight.

The thought that rankled her heart most was that now DOLLS are being exhibited that have miniature glasses. A woman will stroll along with a little girl, also wearing glasses, and will exclaim with ecstasies, that it is the cutest thing she has seen in a blue moon, and she is going to get *her* little daughter just such a pair of tortoise-shelled glasses. Our speaker has discovered the fact that people are under the illusion that glasses add to one's dignity, and also look studious. This feeling is one that has to be overcome by common sense, and the application of Dr. Bates' treatment.

One of the new-comers among the members leaned forward and seemed intensely interested in all that went on. She spoke up and said that she was a teacher in Erasmus Hall High School and read the book "PERFECT SIGHT WITHOUT GLASSES," and from it was able to lay aside her glasses, and become able to use her eyes more comfortably. Recently, she corrected more than 100 examination papers, and each time she corrected five, she palmed for a few minutes, and was benefited. After hearing the various comments from our members, she asked Dr. Bates how she could go about having the system installed in her classes. She was sure that it would promote efficiency along with better eyesight. She also gave us an idea which we will discuss more fully at the January meeting. She asked why couldn't we have a mass meeting such as that of East Orange. She alone would bring all her school teacher friends, numbering from twenty to twenty-five. This excellent suggestion was very encouraging. We hope that in January we can get together and think of a way to spread this doctrine of BETTER EYESIGHT in a way that will take in everybody who is the least bit interested in their own sight, and the sight of those who are troubled by imperfect vision.

What really was the keynote of the meeting, though, was preserving the sight of school children. They are the innocent victims of their parents' ignorance. If we can reach them, through the school authorities, it will eventually come to the notice of their parents, and in this manner it will become known, and be helpful to the present and future generation. With these plans in our mind for the subject of our next meeting, Mr. Varney called the meeting to order, and we adjourned. The next meeting, which we are going to make exceptionally interesting, will be held here on January 9th, at 8 P. M.

## **BETTER EYESIGHT**

**A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES**

**February, 1923**

### **THE OPTIMUM SWING**

THE optimum swing is the swing which gives the best results under different conditions.

Most readers of this magazine and the book know about the swing. The swing may be spontaneous, that is to say when one remembers a letter perfectly or sees a letter perfectly and continuously without any volition on the part of the patient he is able to imagine that it is a slow, short, easy swing. The speed is about as fast as one would count orally. The width of the swing is not more than the width of the letter, and it is remembered or imagined as easily as it is possible to imagine anything without any effort whatsoever. The normal swing of normal sight brings the greatest amount of relaxation and should be imagined when one is able to succeed when it becomes the optimum swing under favorable conditions. Nearsighted persons have this normal optimum swing usually at the near point when the vision is perfect. At the distance where the vision is imperfect the optimum swing is something else. It is not spontaneous but has to be produced by a conscious movement of the eyes and head from side to side and is usually wider than the width of the letter, faster than the normal swing, and not so easily produced.

[Shift left and right on the letter and see the letter move, swing in the opposite direction the eyes shift/move to - The Swing.](#)

When one has a headache or a pain in the eyes or in any part of the body the optimum swing is always wider and more difficult to imagine than when one has less strain of the eyes. Under unfavorable conditions the long swing is the optimum swing, but under favorable conditions when the sight is good, the normal swing of the normal eye with normal sight is the optimum swing. The long swing brings a measure of relief when done right and makes it possible to shorten it down to the normal swing of the normal eye.

## **Eye Strain When Sleeping**

**By W. H. BATES, M. D.**

MANY persons strain their eyes when sleeping. When they awake in the morning, they feel pain in their eyes with imperfect sight and often with severe headache. They may feel all tired out, not refreshed or rested by a sleep of eight hours or longer. In some cases the sleep may not have been disturbed by dreams. Dreams are not always remembered for any great length of time. There are people who can recall dreams in their early childhood twenty, thirty, forty years ago, but their recent dreams cannot be remembered longer than a few minutes or a few hours after awakening. To keep accurate records of dreams requires that they be recorded as soon as possible. Pleasant dreams do not always mean relaxation, but dreams of snakes, nightmares, fighting, crimes and horrible experiences of all sorts are usually followed by imperfect sight caused by eye strain.

Some of my patients with a severe trouble of the eyes have told me some very awful dreams. During sleep the ticking of a clock or the outside noises in the street may be the starting point of a very exciting, disagreeable or uncomfortable dream which is due to strain.

I am tempted to relate my personal experiences in dreams. Recently I awakened in the morning with a feeling that I had been

dreaming. I got into a fight with a drunken man and had socked the bedpost with my fist with disastrous results to the skin of my knuckles. Afterwards I noticed that the white tiled floor instead of being white the blocks were alternately pink and blue and this illusion continued for a half hour when it gradually disappeared. On another occasion, I awakened after a dreamless sleep and noticed that the ceiling was covered with a very white cloud similar to a veil. This illusion disappeared in five or ten minutes.

Many patients ask: "Why do I have so much pain, discomfort, imperfect sight in the morning after a good sleep?"

My answer is: "Because you strain your eyes and all the nerves of your body when you are asleep."

But for me to explain the facts further is something I cannot do. All I know is the fact that it is so. New born babies, half an hour after birth and later, by simultaneous retinoscopy produce a deformation of the eyeball, nearsightedness (myopia), farsightedness (hypermetropia), astigmatism of variable degree, at short intervals of a few hours. At one time, myopia will be found of the same amount in each eye; or one eye may be normal while the other eye may be myopic. At the second examination, both eyes may be normal, hypermetropic, or with any form of astigmatism. The child may produce any combination of errors of refraction by eye strain when asleep which may persist for a longer or shorter period when awake. At times the eyes become normal when the child is awake. Squint or strabismus in its various forms always occurs and is also variable. The use of strong atropine, 3 ½ per cent., instilled into both eyes does not prevent the manifestations of eye strain in new born children when asleep.

In adults, simultaneous retinoscopy demonstrates the production of near-sightedness and other deformations of the eyeball by eye strain during sleep but which usually become less or disappear and the eyes resume their normal shape in a few hours after awakening. Just as in babies atropine does not prevent, during sleep, the results of eye strain.

Hypnotism, ether, chloroform and nitrous oxide gas are all accompanied by well marked eye strain during sleep produced by these agents.

Eye strain during sleep may produce in the normal eye severe pain with hardness of the eyeball simulating the increased tension of an attack of glaucoma. In all diseases of the eyes, inflammations of the eyelids, cornea, iris, lens (cataract) retina and optic nerve eye strain during sleep increases the severity of the symptoms with a corresponding loss of vision, temporary or more permanent. Detachment of the retina has been aggravated or produced by eye strain during sleep.

The results of eye strain during sleep are so disastrous that I believe proper treatment is essential. Some patients have been benefited by "**Palming**" for half an hour or longer before dropping of to sleep. "**Go to sleep while palming. Palm if you wake up during the night. Practice the long or short 'Swing' before retiring,**" I advise.

Some people seem to sleep longer than is necessary and the eye strain may appear increased. Some observations made of a four hour period of sleep during the night with or without a nap in the day time seemed to show less eye strain.

Posture during sleep has been studied. Lying on the face has generally been accompanied by an increase of eye strain. Sleeping on the back with the arms and limbs extended with slight flexion is undoubtedly better than sleeping on the right or left side. A cramped posture is always wrong. The patient is not always conscious of his posture when asleep. In a number of cases observed by friends of the patient, one or both arms were held behind the head while asleep and strenuously denied by the patient when awake.

**The correction of this and other strained positions of the arms and limbs has been followed by decided benefit to the vision.**

Eye strain during sleep produces or increases the symptoms of strain in various parts of the body.

Some months ago I suffered from an attack of the grippe and had a very strong cough without expectoration. This cough was spasmodic and did not bother me very much during the day and when it did it was very easy for me to obtain sufficient relaxation to control it. But at night it was terrible, it would wake me up a few hours after I had retired and the coughing would be so severe and continuous that it was impossible for me to obtain relaxation of the eye strain while the room was dark. I was compelled to get out of bed and light the light in order to practice the long swing which gave me relief in an incredibly short time, a few minutes or less. I would then go back to bed and sleep for a few hours or the rest of the night without being disturbed by the cough. It was interesting to me that the relief of the eye strain was also a benefit to the bronchial or other lung tension.

For some years I had been afflicted with a chronic tuberculosis of the right elbow joint which at times caused great pain. When I became able to relax the eye strain, to remember or imagine perfect sight, the pain in the elbow disappeared. One evening I retired as usual and slept very comfortably until one o'clock when I was awakened with an intense pain in the elbow. The pain was so severe that I lost all control of my mind and became practically insane. I was unable to remember even my own name or any of the letters on the Snellen Test Card which I read every day. The doctor who was summoned gave me a hyperdermic with morphine every little while but without any appreciable relief. I kept saying, "Somebody help me to remember black," but my attendants sat around the room saying nothing and all they seemed able to do was to watch me suffer and give me morphine. This continued for four hours. During all this time I instinctively was trying to remember or imagine something that I had seen before. All of a sudden I remembered a large black C and the pain let up. In a few minutes I became able to remember all the letters on the Snellen Test Card and fell asleep. I woke up an hour later, six o'clock, apparently perfectly well without any sign of pain or soreness in the elbow. I dressed without any trouble, went downtown to the office and did a day's work without any return of the eye strain or pain in the elbow.

## Stories From the Clinic

By EMILY C. LIERMAN

### UNUSUAL CASES

NOT long ago a little colored girl, eleven years old, came to us for treatment. The school nurse was puzzled about the condition of the child's eyes and feared that the little one would be hopelessly blind within a very short time.

After Dr. Bates had examined her he said her trouble was Interstitial Keratitis caused by syphilis. Such cases do not recover usually without atropine locally.

At first, I could not do anything with her. She would not look at the test card when I asked her to, neither would she look at me. I was not annoyed at her for this because I knew that the poor child was suffering. I tried speaking softly and kindly to her and it worked like a charm. She obeyed when I told her to keep her eyes closed for a little while. Closing her eyes and resting them helped. Her eyes were a little more clear after resting them and she read 10/70 with both eyes. I told her to again close her eyes to prevent



staring, and while her eyes were closed, to remember the last letter she had read on the card. The last letter of the 70 line on the Clinic test card is an E and when she tried to remember the whole of the letter she said her eyes began to pain her. So I told her to remember one part of the E at a time. This she liked to do because it was easier than to remember all of the letter at one time. I stood close to the test card pointing to the letter below the E and when I told her to open her eyes again she saw the letter right off. This was the 50 line. I was sorry that I had to send her home at that moment. I wished to treat her for at least a half hour longer but others were waiting and I had so little time. She was advised to practice palming and resting her eyes regularly six times a day and to return in two days for further treatment. Her first visit began two weeks before Christmas, so each time she was treated I mentioned the possibilities of a gift for her if she would do her best, in practicing at home and doing what she could do for me at the clinic. She is progressing very rapidly much to the surprise of Dr. Bates. He informed me that her case was so bad that he did not expect much improvement for a month or more. At the present time she reads 15/30 and her eyes look much clearer. I notice, also, that she no longer keeps her head down and she does not complain that the strong light hurts her eyes, as they did before her treatments began. It is not at all easy to treat this poor little girl, because she sulks and I spend at least five minutes sometimes trying to encourage her and to make her understand, that working with her eyes, while it is hard work, it is surely worth the trouble.

One day a doctor, who was a stranger both to me and to Dr. Bates, came to our room and careful watched us, as we encouraged and benefited each case. The only remark he made to me was "Why don't you fit them with glasses and be done with it. You can get rid of these poor individuals so much quicker. They don't pay anything, so why waste your time." I was so upset when he said this, that I lost my temper. I confess that I have a very bad one, although it isn't anything to boast about. Dr. Bates rescued the Doctor and very kindly ushered him out of the room.

I am anxious to tell about a mother who came a few days ago with her two children. Dr. Bates told her to wait for me and when I was ready, I would test the children's eyes. The mother kept looking at me, smiling all the while. She asked; "Don't you remember me? Don't you remember my little girl? I brought her to you and Dr. Bates six years ago. She had alternate squint when she was three years old and Dr. Bates cured her without an operation." Hundreds of cases have been treated and cured in that time, and this dear little girl has grown from a wee tot of three years to a big girl of nine. The mother waited patiently for me to say yes. I tried my very best to remember, for my memory is usually good, but I failed this time. Before I knew it I answered, "Yes, surely I remember." How grateful this mother was because I did not forget her dear little girl and how sorry I was because I told a fib. She just knew that I would not forget, so I could not convince her that I did. If Dr. Bates had had his retinoscope handy, he would have found that I was near-sighted. When one tells an untruth, the retinoscope always reveals the fact. The subject usually becomes near-sighted at that time. The children were sent home from school because they could not see the letters on the blackboard. The mother thought of Dr. Bates immediately so she brought her boy and girl to be treated without glasses. The trouble in both cases was eyestrain and the girl's vision improved from 15/50 to 15/15 with each eye separately by palming or just closing her eyes often to rest them. Her eyes are perfectly straight and the mother boasted about how she was cured. Dr. Bates had prescribed atropine drops to be applied every day and then to have the little girl look at distant objects as well as near objects, such as tall trees and flowers and other things. The mother would go to the park every day and have the child practice these things with each eye separately. The little boy was difficult to handle at first because he did not wish to be bothered. A perfectly normal boy would rather play ball or play a game than to sit still and fuss with his eyes. I could not win him over until I pretended to box with him. He was ready to be a prizefighter anytime he said. He very soon got tired of the game and willingly read the test card. After the test, his vision was 15/50 and after he had rested his eyes by palming his sight improved to 15/20 with the right eye and 15/30 with the left. If they obey their mother and practice at home every day, I feel sure that my two little patients will soon have normal sight.

## **Minutes of the Better Eyesight League**

**By EMILY A. MEDER**

We had a most interesting and exciting meeting in January. All formality is thrown aside, when we meet, and there is a general discussion. So was the case at the January gathering. In these discussions various things relative to the League are threshed out, and the members tell what they have done during the month to promote better eyesight.

Miss Shepard cited an experience with a friend of hers. She took this friend in hand herself, and from what she knows of Dr. Bates' treatment, being a patient herself, she proceeded to treat her friend. After removing her glasses, she could only read 10/40. She was given explicit instructions to practice palming for twenty minutes each day, and at the end of a month, she could read the whole card. The pain in back of her eyes had disappeared entirely.

Miss Shepard is one of the most energetic of our members. She does not stop at helping her friends, but tells about Dr. Bates to all her acquaintances. She introduced the method into one of the Public Schools in Orange. She will go in February to test the children's eyes, and we hope to have an interesting report in February.

Dr. Ingham, who also practices by Dr. Bates' method, is going back to Oregon. She will have access to the orphanage, and expects to start the system there free of charge. Dr. Ingham is a true member of the League. She not only gives her time, but her valuable experience in curing defective eyesight. She is most enthusiastic and we hope to hear very favorable results of her work in Oregon, and that a BETTER EYESIGHT LEAGUE is established there.

Dr. Bates spoke for a while telling of his lectures during the past month, and the ones scheduled for the future. We attended his lecture at Erasmus Hall High School on Thursday evening, January 11th, and were delighted at the number of people who came to hear his message. The library was full, and people were standing in the hall trying to catch what he was saying. The teachers showed great interest, and after the meeting, they asked further information from some members of the League. Their interest in Dr. Bates' work was very gratifying, as they have right at hand the ones who need his help most.

One of the members of the League at the BETTER EYESIGHT meeting at Madison Avenue, talked for about twenty minutes on the advisability of having a definite program mapped out for the members. That is, she would like to start a campaign, and stick to it. If it were to be a school campaign, have each member select a school and get to work. If it were to lecture, then appoint a speaker. Her views did not meet with much enthusiasm, for, according to the reports that the members brought in during the meeting, each one has to go about his work in his own way.

The meeting was closed with a hearty resolution by all to work diligently, and show that not numbers but results count.

The next meeting will be held at 300 Madison Avenue, Tuesday, February 13th, at 8 P. M. Bring your friends.

## Meeting at East Orange, N. J.

By MINNIE E. MARVIN

A MEETING of the Better Eyesight League of the Oranges was held in the Library at East Orange, N. J., Friday evening, January 5th, at which there was an enthusiastic gathering of about two hundred. Mrs. E. C. Lierman, Dr. Bates' assistant, was the speaker.

Dr. Gore, one of the sponsors of the League out here, introduced Mrs. Lierman. She had already endeared herself to the greater part of the audience through her "STORIES FROM THE CLINIC." Although she has come in contact with thousands through the BETTER EYESIGHT MAGAZINE, the fact that she had to speak personally to this large assemblage almost awed her, but when Mrs. Lierman started to talk about her work, her personal feelings disappeared, and she carried the lecture off with honors.

The evening was a very enjoyable one to all, and much amusement was afforded by Mrs. Lierman's little stories of humorous events and happenings at the Harlem Hospital, where she and Dr. Bates are conducting their clinic. It isn't all joy and happiness, however. There is a great deal of sorrow and pathos, too, as in the case of the old lady, seventy-six years of age, having no living relatives, who is afflicted with cataracts. Then there is the old lady, seventy-nine years of age, who has absolute glaucoma, and the blind girl, who was born with cataracts in both eyes, and is now beginning to actually see. There are hundreds of other cases similar to these, but Mrs. Lierman cited a few of the most interesting. She has the faculty of taking these poor afflicted patients right into her heart, and showing her love for them, while they in turn, reciprocate, by loving her and trusting her implicitly. The result is that her instructions are followed faithfully, and the patient gradually regains his or her sight.

### BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

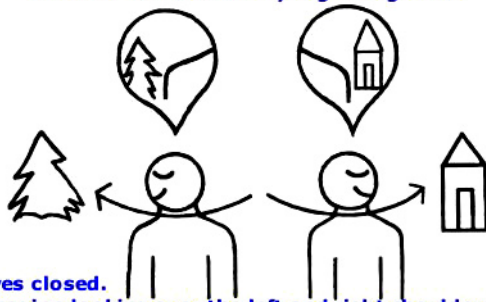
March, 1923

#### THE MEMORY SWING

THE memory swing relieves strain and tension as well as does the long or the short swing which has been described at various times. It is done with the **eyes closed while one imagines looking over first the right shoulder then over the left shoulder when the eyeballs may be seen through the closed eyelids to move from side to side.** When done properly it is just as efficient as the swing which is practiced with the eyes open whether short or long.

The head can move left and right, to the left and right shoulders with the closed eyes. Do this relaxed, easy and the neck, head and eyes will greatly relax.

From Dr. Bates Better Eyesight Magazine.

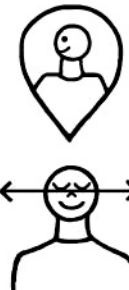


**Eyes closed.**  
Imagine looking over the left and right shoulders.  
First do this without moving the head.

Then, imagine looking left and right and move the head with the eyes. Move relaxed, easy - look left, then right, left, right... no hurry.

Notice the eyes move under the closed eyelids when imagining looking left and right.

The brain, memory, imagination, left and right hemispheres... control eye movement.  
This activity relaxes the eyes, eye muscles, brain, head, neck, activates easy eye movement/shifting and activates, integrates the left and right brain hemispheres.



**Eyes closed -** Imagine looking over the left and right shoulders. Move the head and eyes together, relaxed, easy, back and forth, left and right.

Imagine the eyes see objects on the side of the body they move/look to clear, in color.

Let the shoulders relax, drop down. Eyes, head, neck, shoulders relaxed.

The memory swing can be shortened by remembering the swing of a small letter, a quarter of an inch or less when the eyes are closed. The memory swing has given relief in many cases of imperfect sight from myopia, astigmatism and inflammations of the outside of the eyeball as well as inflammations of the inside of the eyeball. One advantage is the fact that it can be done without attracting the attention or making one more or less conspicuous to others. **It is much easier than the swing practiced with the eyes open and secures a greater amount of relaxation or rest than any other swing.** It may be done wrong just as any swing may be done wrong. When done right one does not imagine things are moving necessarily. **All that is important is to move the eyes from side to side as far as possible or as far as one can move them when the eyes are open.**

(Comfortably, easy. No force.)

## Rest

By W. H. BATES, M. D.

THE normal eye when it has normal sight is at REST. When the normal eye has imperfect sight it is not at rest. When the diseased eye is at rest it has normal sight. When the diseased eye is not at rest the sight is imperfect. There are no exceptions to these statements. In the treatment of imperfect sight without glasses it is very important that we should understand as clearly as possible what is meant by REST. The normal eye is at REST when the sight is normal or when the individual remembers or imagines normal sight. All persons with high degrees of nearsightedness have moments when the eye is normal and when the vision is normal but these moments are so short that there is not time enough to be always conscious of the normal vision.

I have a patient with myopia of 40 D measured with the retinoscope. When the patient looks at a blank wall where there is nothing much to see and does not try to see, the retinoscope demonstrates moments of longer or shorter duration when the eye is normal but just as soon as the patient plans to read the Snellen test card or to see ordinary objects the retinoscope always demonstrates this high degree of myopia.

It can always be demonstrated that when the normal eye looks intently at one point the vision always becomes imperfect. The normal eye, with normal sight does not stare and to avoid the stare is continuously moving. When it moves from side to side the letter regarded appears to move in the opposite directions but usually the movement is so short, so slow, so easy that most people do not notice it.

The shift of the eyes causes the opposite movement of the object: Because the eyes can shift very fast, very short, tiny shifts causing the opposite movement to be very fast, tiny; the movement is not always noticed. Even oppositional movement from long eye shifts may not be noticed when the eye is relaxed, moving, blinking normally. It can be seen if the person looks for it.

The eye with imperfect sight does not usually see things moving because it is usually staring. The eye with imperfect sight can be benefited by practicing seeing things moving. This can be done properly, successfully or it can be done wrong, without benefit. When done properly the eye is at rest, when done improperly the eye is under a strain and this strain can usually be felt by the patient when his attention is called to it. It is a great help to the cure of imperfect sight to have the patient demonstrate what is wrong. When you know what is the matter with you that makes it possible to bring about relief. In my book I describe many methods for the improvement of the vision. None of them are a benefit unless the patient by practicing them obtains rest. One can practice the swing and make the sight worse; one can close the eyes and strain them terribly. Many people are unable to rest their eyes by palming, - the more they palm the more they strain. It is a very difficult matter to convince some people that to have a strain is a bad thing, that perfect sight can only come when the eye is at rest. Perfect sight comes to the eye when nothing is done; therefore when you do anything you are always doing something wrong. Perfect sight is passive. We do not see, things are seen and when things are seen with maximum vision no effort whatever is made. The eye is constantly at REST. No work is being done and the longer one uses the eye with perfect sight the more continuously is the eye at REST. Not only is the eye at REST but every nerve of the body is at REST. The body is at REST. With constant use of the eyes with perfect sight no work is done, no fatigue is felt and one feels perfectly comfortable because the eyes are perfectly at REST.

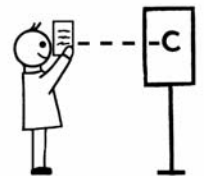
The eye when it is at rest is very sensitive. It does not require much of an effort to destroy to a greater or less degree the feeling of perfect REST. If the mind remembers things perfectly the eye is at rest. When the mind remembers or imagines things imperfectly the sight is disturbed because the eye is not at REST with the memory of imperfect sight. With the eye at REST the imagination of things seen or remembered is perfect but when the imagination of things seen or remembered is imperfect the eye is not at REST and the sight is imperfect.

It should be emphasized that when one practices any method in which the vision is improved that it is necessary that rest be secured to the eye and mind or else the vision is not improved. Nearsighted patients who have good vision at the near point can improve their sight for the distance very frequently by alternately reading the fine print with perfect sight close to their eyes and regard the letters on the distant Snellen test card in flashes. Reading fine print with normal sight is a rest and if one can flash the distant card without effort or strain the vision is improved as rest is maintained. However, it is possible to fail when practicing this method by doing something which prevents rest of the eyes. It is an interesting fact that when the eye is at rest one can flash letters on the Snellen test card for a short fraction of a second without interfering with the rest or relaxation of the eye.

I shall never forget the experiences that I have had with a few patients whose sight was imperfect for the distance and who were unable to read a newspaper. They were unusual in this respect that they were cured very promptly of their imperfect sight by closing their eyes and resting for a half an hour. Their vision was normal as soon as they opened their eyes and looked at the Snellen test card; they were able to read diamond type without difficulty from six to eighteen inches; the benefit was permanent. They did what very few people accomplish: they were able to obtain perfect rest by just closing their eyes.



+ Eyes closed. Imagine shifting left and right, top and bottom.... on a small letter o and  
+ see the o move in the opposite direction as the eyes shift on it and  
+ feel the closed eyes produce small movements.



Distant vision improvement. Read fine print close to the eyes with clear vision to rest the eyes. Then: 'Flash' the distant card, shift on a letter for 'fraction of a second'. Read the fine print again and repeat. Use identical, familiar small close and large distant charts.

## Stories From the Clinic

By EMILY C. LIERMAN

### PROGRESSIVE MYOPIA

BEFORE I begin my story, I wish to apologize for making so many explanations throughout the article. I thought it best to do so for the benefit of those who may have the same difficulty that this poor girl had.

A girl, 23 years of age, came to us in a very pitiable state. Her trouble was progressive myopia and one of the worst cases I have ever seen. The glasses she wore were so thick that her eyes seemed like very small miniature eyes when looking at her. Our book, PERFECT SIGHT WITHOUT GLASSES, has become quite popular in Philadelphia, Pa., where her home is and it was through a friend who has the book, that she heard of Dr. Bates. She is her mother's only support which made it very hard for her to leave a good position as typist and come to our big city to see Dr. Bates, whom she was sure could cure her eyes when others had failed. Being

poor, she could not afford to come to his office for treatment, so she came to the Clinic. The clerk at the desk informed her that she could not have treatment there because she did not live in the district of the hospital. She was admitted that day, however, for just one treatment and to have the privilege of an examination by Dr. Bates. After Doctor had examined her eyes he asked me privately what on earth could be done with her in order that we could treat her there. When a severe case like this comes to us I long for a Bates Institute or something like that. My friends, some of whom were cured by Dr. Bates have been very liberal in their support financially but so far there is not enough funds to start an institution. I asked the girl if she could establish a residence near the Clinic so that we could treat her. She said she would try. Dr. Bates then examined her eyes and said her only trouble was progressive myopia. With her glasses off she could not count my fingers at two feet from her eyes. She could see the two hundred line letter, the largest letter on the test card at the same distance but no further. I improved her vision that day to 3-100 which was double what she had before. Her case required more time than I could give her, so she was instructed to palm her eyes for long intervals all through the day in her room and also in the evening and to come again just as soon as she could. She was told never to wear her glasses again. What a shock this was to her. How could she possibly get through the streets without them, she said. I told her I could not undertake the task of trying to improve her vision unless she did so. How well I knew the hardships she would go through and I was so sorry, but I had to be firm to succeed. As she left the room I could see how helpless she was; but before she reached the end of the corridor, on went her glasses again. She had lost her courage but I did not lose faith in her. Any girl who would leave her mother, home and position to have her eyes cured would not give up altogether, even though she was tempted to put on her glasses again. Two days later she returned and displayed her admittance card, showing that she was living in that district. She was anxious for me to know that she obtained a position as an attendant where she also had a home. Then, she also wished me to know that her glasses were broken. This was the best thing that could have happened because I knew she would try all the more to be cured.

I placed the test card three feet from her eyes and all she could see was the 200 line letter. The short swing and blinking helped her and in ten minutes her vision improved to 3-100, the same as on her first visit. She comes every Clinic day and is always there ahead of time. Her progress was slow but sure and her face which looked all the world like a stone image with slits for eyes, has now a natural appearance. She now reads 4-10 with both eyes and I am working diligently with her so that she can go back to her position and to an anxious loving mother.

She is now enjoying the movies for the first time in her life. Her sight was failing her with glasses on so she never attempted to indulge in such luxuries. She has now been under treatment two months, which seems a long time to her. She is happy because she can go along the streets and other places without fear of an accident. At a recent visit she flashed letters on the 10 line of the test card at 10 feet.

A short time ago she asked me if I go to church. The question was so unexpected. I told her I did go to church and that I was proud of the fact. I consider the Clinic my church also. Hundreds of poor souls enter our room there, just craving for a kind word or two. The Jews stand alongside of the colored folks, the Germans with the Irish. We also meet the Spanish and Italians in small numbers. Some are Catholic, others are Protestant and many other kinds of religions, but the one God is worshipped by them all. A kind word and a smile is necessary for us all and so we give it to them in abundance. The Jewish girl apologized for asking me that question. She had noticed that the kindly feeling which existed in most churches also prevailed in our Clinic.

## A New Outlook

By MILDRED SHEPARD

IF ONLY I had known of Dr. Bates' work while I was still in school! If only I had known how to use my eyes better without glasses than with them; how to go to sleep on my back, swinging the little black "F" on my thumb nail; how to read fine print so that it would be a rest and not a strain; and how to enjoy life generally.

Looking back over the last eight or nine years, I find the remembrance of a headache, long continued days and weeks. All this time I was wearing glasses and receiving treatment from the best oculists I knew, but with no help to the headaches or to my sight, which became worse and worse. There seemed to be no cause for the headaches, and no relief except for part of a day following several consecutive nights of from ten to twelve hours' sleep. Shopping or trips to town were concluded by the always to-be-expected extra heavy headache.

But now everything is different. One year ago last September Doctor Bates told me to take off the glasses that I had worn for fifteen years. It was hard for the first month or two,—dreadfully hard. But the glasses were never put on again. Instead, I have been **palming** and **swinging** and **shifting** and **flashing** and **imagining** and **remembering** until now I have learned, in part, how to get better use of my eyes without glasses than I could with them. Now I am looking forward, and in fact, have begun to restfully read all those books that were put aside as being a "strain on my eyes," before I knew how,

Little by little the old "wozie feeling" in my head melted away, and now a headache is a rare thing. A few hours of restful sleep now take the place of the long hours required before I knew how to go off to sleep on my back, swinging the little black "F" on my thumb nail—a trick which I wouldn't part with. My sight has improved from 10-70 to 10-15, while I see 10-10 temporarily, which means that I will be able to keep it (normal sight) before long, I hope.

That is my one great ambition now, to be "plumb cured," so that I may go on helping other people to cure themselves. One of my friends cured herself with my help, and several, others are on the way.

I say, "If only I had known of Doctor Bates and his work while I was still in school"; I might better say, "How glad I am that I know about them now!"

MILDRED SHEPARD.

## Crumbs for Bores

By James Hopper

MY trouble is eye strain. When I first went to Doctor Bates he told me that eye strain came nearly always of mind strain. I did not believe him. The theory seemed mystic to me, and displeasing to one asking for very tangible, physical causes.

A short time later, though, I discovered that the Doctor was right. I discovered this in a way which some will find amusing and others tragic.

In those days, every afternoon I took a walk up Fifth Avenue; and walking Fifth Avenue would practice some of the doctor's diabolisms—such as swinging the signs and conjuring black points, I soon found that, on some days these queer exercises worked perfectly—and that on other days, they wouldn't. There were days when to the exercises my eyes relaxed deliciously and lost all strain, and then I walked on air. But there were days when, to the best of my efforts the eye strain remained stubborn.

After a long search I finally found the reason for these discrepancies.

I discovered that the days when my eye strain was stubborn and refused to yield were exactly the same days on which, in the morning mail, I had found several big bills. And the days when the swing and the black dot so easily got the best of the eye strain were the days when, in the mail, no bills whatsoever had come.

I have not as yet discovered any absolute remedy for this state of affairs. But I will now go on to another example of mind strain causing eye strain; one which is more pleasing in that I have in this case discovered an efficient and simple remedy, which I can recommend to all.

At the same period of my life when I walked every afternoon up Fifth Avenue, I dined every night in a certain restaurant, in Greenwich Village. This restaurant had no small individual tables, but only long tables. So you sat with friends, or acquaintances, or with people who were neither.

I soon found that, dining at this restaurant, some nights my eyes were altogether relaxed and free from strain while on other nights, they strained badly, in spite of all I could do. For some time I thought this was a matter of the lights.

But long and close observation finally convinced me that the lighting had nothing to do with it. And finally I discovered the real reason.

It was this. When I sat with people whom I liked, and who amused me—who listened to my stories and laughed at them and did not tell too many of their own—my eyes remained nicely relaxed; I had no strain. But when I sat with bores—with people who insisted in doing all the talking and never giving me a chance,—then my eyes began to strain and continued to strain.

But I found a remedy. It's crumbs.

Almost at any table where you eat, if you will look close enough you will find on the cloth—or the linoleum—a crumb. It may be a small one—but the smaller the better.

I find such a crumb. I look at the right of it and see it better than the other side; I look at the left side of it and see it better than the right side. I practice on the crumb central fixation. I get it a-swinging—a short, slow swing. And feel my eyes relax, the strain leaving as if by magic.

Meanwhile the bores talk on; I let them talk. I sit there happy and at ease; I seem to be listening profoundly; they are tickled to death with themselves. But I am not listening; I am swinging my crumb. Swinging it, swinging it, and feeling my eyes, my whole being, deliciously distend.

I use this now not only at that restaurant but everywhere I go. And I go to many places now, for I have become extremely popular as a dinner guest. I am such a good listener, you see. I listen so quietly, with such profound and flattering attention.

Well, I don't. I swing crumbs.

## Minutes of The Better Eyesight League

Minnie E. Marvin

OUR meetings of the Better Eyesight League become more instructive and interesting every month. There was a gathering of about 50 members on Tuesday evening, February 13, and I know it was a very enjoyable evening to all.

The meeting was called to order by Miss Hurty who acted as Chairman in the absence of Mr. Varney.

Some of those present came to learn about the work Dr. Bates is doing. Others came bursting with enthusiasm to make known some of the wonderful things that had been done for friends under their supervision during the past month.

One lady present told of having cured a family of five, mother, father and three children, who had worn glasses for years. It is a peculiar fact that, this lady, able to help so many, as she has done, is still unable to leave off her own glasses. Dr. Bates analyzed her condition and found that though she was *preaching* Central Fixation she was not *practicing* it. This was the secret of her failure in her own case. She was not able to "visualize." Dr. Bates told her how to improve her memory, and we know that she is going to give us a favorable report of herself at the next meeting, as she did of her friends this time.

Another interesting topic was the case of a gentleman teacher in Erasmus Hall High School, Brooklyn. He told of having an "Undergraded" class, of thirty-three boys and girls. These children are "sub-normal," and of course, defective sight always follows in the wake of ill-health, etc. This gentleman has cured himself and is very interested in trying to help his class. We shall be pleased to hear of his progress at our next meeting in March.

One of the "boosters" of the Better Eyesight League is a lady of about 70 years old. She has worn glasses for a great many years, and through following Doctor Bates' book, "Perfect Sight Without Glasses," is now able to read the diamond type cards at about eight inches. She has done good work in introducing the method among her friends, and reported that they are getting fine results.

If all of our League Members would pledge themselves to talk to at least one person with defective sight a week, they would have some *real* business to report at the next meeting. You all know what a relief *you* found in being able to dispense with glasses, don't you realize how much good you will accomplish by making this relief known to them? Every day we hear some one say, "Oh! If only I had learned of this work before I became such a slave to glasses!" There are millions waiting to be told the same thing you were. We are doing our share, we trust you will all do yours.



## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

April, 1923

### WATCH YOUR STEP

WHEN you know what is the matter with you it is possible for you to correct it and bring about a cure. If you do not know what is wrong with you the cure of your imperfect sight is delayed. Some persons have been cured quickly when they were able to demonstrate that to see imperfectly required a tremendous effort, an effort which was very difficult. Some persons are cured in one visit and they readily demonstrate that imperfect sight or failure to see is difficult. Others require weeks and months to demonstrate the facts. Perfect sight is quick, comes easy and without any effort whatever. Imperfect sight is slow, difficult. One cannot consciously make the sight worse as readily as it can be done unconsciously. There is no danger in demonstrating the facts.

Look at a small letter on the Snellen test card which can be seen clearly at ten or twenty feet, a letter O for example. When the letter is seen quite perfectly it is usually seen without any apparent effort. However, by looking intently, staring at it and making an effort to improve it the letter blurs. It can always be demonstrated that the effort to see very soon blurs the letter. Now close the eyes and rest them for a part of a minute or longer and then glance at the letter again. It will usually be as clear as it was before. Again by straining, making an effort, the letter becomes blurred. One can readily demonstrate that to make the sight worse requires an effort, a strain.

Many obstinate cases have obtained a permanent cure only after learning how to make the sight worse consciously. In my book are published Seven Truths of Normal Sight. Prove the facts by demonstrating that the sight becomes imperfect when one or all of them is made imperfect by a strain.

## An Opportunity for Teachers

By W. H. BATES, M. D.

THE future of this country is in the hands of the children. The children are in the hands of the teachers. Parents spend relatively very little or no time with their children while the teachers supervise the lives of the children for at least six hours a day. The duties of teachers have been increased very much in recent years. There was a time when the child got all the possible education from the home but now some children do not even get enough to eat at home and the teachers have supplied food, heat, warm clothing, fresh air, exercise and games. We ought to be very grateful to the teachers because they not only supply the necessities but also the pleasures which children need. A certain amount of physiology, a certain amount of morality and religion is important, and the child obtains it from the teacher in these days of enlightenment, much more than the child obtained them in the days of our fathers. I do not believe that most people realize the value of the teachers' services. It is a pity that their salaries are so low.

It is interesting to note that teachers do a great deal more for children than they are expected to do by the Board of Education or the Board of Health. The intelligence of the teachers regulates even the average adult and no matter what the ignorant people of the Board of Education or the Board of Health may insist upon, the teachers open the windows and give the child fresh air and many other things. So valuable are the teachers to the children, so valuable are they in many ways that one cannot lay down laws and rules for the teachers to follow. Quite often they will break a law when in their judgment the law is bad and you take notice the teacher is not expelled.

All the rules for the teachers to follow made by the physicians and other people, are followed when in the teacher's judgment it is best to obey these rules and I like to realize that teachers have the backbone to stand up for the right things as they see them, and to give help no matter what other people may say.

I am interested in the eyes of the school children. It seems to me a crime that young children should have to wear glasses; even children before they enter school, nursing babies, have occasionally been compelled to wear glasses. There was a time when I prided myself on my ability to prescribe glasses, even taught other doctors how to do it but I never fitted young children with glasses because it was very rare to find children under six years of age who could be manifestly benefited by wearing glasses. One teacher told me that the Board of Health of the City of New York not so very long ago sent a doctor to examine the eyes of her pupils. He prescribed glasses for every one of these children and even insisted that she should wear glasses. I told the teacher what to do and she very promptly became able to use her eyes without glasses and without any discomfort whatever. As one child after another lost their glasses the teacher told each child who was not wearing his glasses what to do to improve his sight and finally every child in her class obtained perfect sight without glasses after they stopped wearing them. Furthermore the scholarship of her pupils improved immensely. By practicing Central Fixation her children had no more headaches when they looked at the blackboard or when they read their books. Surely what that teacher did was not a crime and what she did other teachers can do all over the United States. The number of children wearing glasses is steadily increasing. I have many school children brought to me wearing glasses, to be cured of their symptoms without them and I find that in a very large percentage of these cases the glasses prescribed were very weak and entirely unnecessary. By a little rest, palming and swinging, the vision became normal and the eyes perfectly comfortable without glasses. Here is a great opportunity for all the teachers in the public and private schools to come forward and do the common-sense thing for their pupils. Of the hundred and ten million people in the United States when we average five children to a family, the number of children is approximately eighty million. Of course these figures are not at all accurate but even though there were only one million school children in the United States it would be worth while to preserve their eyesight. The majority of people are poor, they cannot afford to pay for eye glasses or to pay the doctor for his examination. The teachers have aided materially in supplying glasses to their pupils because they thought the glasses were necessary. Every teacher cured of imperfect sight by reading my book or practicing my treatment is able to cure every one of her pupils. There may be some exceptions to this but I have found out that so long as the child is able to see to come to school, the child can be benefited by the teacher. From time to time I have published articles on the prevention of imperfect sight in school children. From time to time I have cured teachers so that their sight became normal without glasses. Always I have urged them to do something for their pupils and many of them have, but there are a certain proportion of teachers who lack the courage of their convictions and neglect to do what they are able to do. I wish I could say

something that would encourage such teachers to go ahead and benefit their pupils. They cannot do any harm to a child suffering from headaches; the child can be relieved of a headache by closing the eyes and palming. No eye specialist, no person of average intelligence would object to a child resting his eyes. Taking a rest from his studies is not a crime and most teachers have the judgment which is accurate, and can tell better than anybody else how much rest a child ought to have. Teachers can help individually whereas the general law, where it may be all right for certain people and the majority, is not always proper for individuals. Every day school children come to my office and I tell them to take off their glasses. When the children are allowed to practice my treatment they get well without glasses. I think that is much better than to condemn them to the use of glasses for the rest of their lives. My discoveries in physiological optics have demonstrated that all children wearing glasses can be cured without them.

## Stories From the Clinic

By EMILY C. LIERMAN

### CRIMINALS

SOME years ago I was asked to go to Ossining ([Sing-Sing Prison](#)) to assist in examining the eyes of some of the prisoners. I firmly believe that if the prisoners had had no eyestrain their minds would not have turned to crime.

A foreigner who was imprisoned for arson told me in a few words how sorry he was that he set a building on fire for five dollars. He could not get work he said because he had bad sight and as a new baby was coming into his home where there were already three, he was desperate and so he did as he was bidden for a nominal sum of five dollars. Here was a foreigner who could hardly speak English who was willing to do most anything for his wife for a wonderful new five dollar bill. Four years had already been spent in prison and through the kindness of Warden Osborne, who was at that time doing such wonderful work inside the prison, he was allowed to live in a cell where there was a little bit of sunshine now and then. From being in a dark cell before Osborne came, for one whole year, the sight of his right eye was practically destroyed.



There were so many patients in the room, sent there to be examined by Dr. Bates that we had very little time to devote to each one individually, but I arranged a test card on a desk and placed him about five feet away from it and in just a few moments time I improved the sight of his good eye from 5-200 to 5-50. He was so overjoyed that he fell on his knees before me and held my two wrists very tightly, pleading with me to help him out of prison if that was possible, for he was eager to go to the new baby who arrived after his sentence. Some people might say, "Oh, yes, he told you a hard luck story," but I can understand all about it or at least enough to convince me that if conditions had been better for him when he came to this country perhaps he might never have been there.

So many times I have found that patients who come to us at the clinic are wearing the wrong glasses for their eyes. It is not always eyestrain which causes trouble for some patients but the mistake of the optician who commits a terrible error.

I would like to tell about a recent case, a girl, eleven years of age, who had myopia with glasses on and almost normal vision without them. As I do not test the strength of eye glasses of the cases which come to me, I was not at all sure whether the child was wearing them for fun or not. The first question that came to my mind was, was she wearing her mother's glasses or someone else's, just because she enjoyed wearing glasses, so I asked Dr. Bates to test them and find out whether the child was telling the truth or not. At 15 feet I asked the child to read the test card and with glasses on she read 15-100. I took off her glasses and she just stared at the card and that was all. I told her to do the usual thing, just close her eyes to rest them for a moment or so. When she opened her eyes again and looked at the card she read without a stop from the 200 line letter down to the last letter of the 20 line. She looked at me in great surprise and smiled. The discovery that she made seemed to give her a thrill. I asked her then who fitted her for glasses. She said that the school nurse had called to see her mother and complained that the child could not see the blackboard nor could she read the test card when her eyes were examined in school, so her mother immediately took her to an optician to be fitted for glasses. She said that the optician had charged her mother \$4.50 for glasses and for the examination of her eyes. To my mind this was not only an error but a crime.

Sometimes as I go along the streets or ride in a car early in the morning to my work, I watch a policeman as he walks along his beat looking in at each store window because they are told to do so to protect the storekeeper. I wish there were policemen who understood the fitting of glasses who could invade the stores of opticians such as this one who fitted this child with the wrong glasses, and bring them to justice.

This little girl of whom I started to write is not the criminal kind. She is a wholesome kiddie, just full of life, and when I told her that it was a great mistake for her to wear those glasses she promptly put them away in the case and begged me to help her some more. I gave her perfect sight that day and she has not been to me since. Her little friend who brought her the day she came told me that Belle was not wearing glasses any more but sat in the back seat of her class room showing off to her teacher for all she was worth reading the blackboard better than she ever did in her life. She also told me that Belle informed the teacher about our clinic and showed the teacher how to palm. She is what I call a good league member for she is surely spreading the work in the classroom and can do more than I can because she is right there.

## Dr. Bates' Lecture

By L. L. BIDDLE, 2ND.

**This is the true story of how Dr. Bates discovered Natural Eyesight Improvement, cured his patients eyes, vision naturally without eyeglasses, surgery, drugs in the hospitals, colleges he worked at. Dr. Bates was opposed by other eye surgeons. The surgeons expelled Dr. Bates when they discovered he was curing his/their patients and other doctors with natural treatments and proved that the Bates Method is fact.**

FOR the benefit of those who were unable to attend Dr. Bates' Lecture, before the New York Association of Osteopaths, at the Waldorf Astoria on Saturday Evening, February 17th, I decided to take down a few notes which I will now try to compile.

The chairman introduced Doctor Bates by stating that the Osteopaths take away the crutches and Doctor Bates takes away the glasses. After arising to the platform he did not start right in his subject but first rather humorously referred to a previous speaker who had been advising the doctors how to invest their money. I forget his exact words, but the substance of it was that he was impressed by the apparent prosperity of this assemblage. For at all the medical meetings he had ever attended, the doctors had never found it necessary to be advised how to invest their surplus capital. This seemed to strike their sense of humor and put everyone at his ease.

He then commenced by telling how he made his first discoveries and cited the opposition he had to buck against. He stated that his attitude of mind, ever since he was a little boy, was to find out all the facts possible about a subject and then work on these as a basis rather than on a guess or theory. When he commenced practicing medicine in 1885, one of the first patients who came to him had a slight degree of myopia or nearsightedness. Upon examining his eyes with the ophthalmoscope, he found that the patient was not nearsighted all of the time. When the patient was looking at a blank wall and not trying to see anything, his eyes were for short periods, normal. He persuaded this patient to go without his glasses, and his eyes finally reached a point where they stayed normal all the time.

Doctor Bates said that he then started boasting around the hospital about this cure. However, it got so on the house-surgeon's nerves that he brought up a ward patient who was nearsighted, and with him Doctor Bates managed to have equal success. Much to his surprise, instead of the rest of the doctors praising him, and trying to find out how he accomplished these heretofore impossible cures, Dr. Bates suddenly became very unpopular with the rest of the staff. These successes nevertheless spurred him on in his experiments at the New York Aquarium and at the laboratory of the Columbia College for Physicians and Surgeons, and as a result he discovered that the accommodation of the eye is not brought about by a change in the shape of the lens, but by the lengthening and shortening of the eyeball itself, as the bellows of a camera.

When he explained and illustrated this to his doctor friends, it disturbed them greatly. The surgeon who had charge of the laboratory came to him and said: "Do you know that you have proven that Helmholtz is wrong and furthermore if you wish to be accepted by scientific men you will have to show how or why he blundered?" This was quite a proposition, but Dr. Bates continued his experiments and for two years tried to prove that Helmholtz was *right*, but failed, and finally discovered how Helmholtz blundered; which Doctor Bates has illustrated in his book. As a reward for this, he was *expelled* from the University.

This was quite a handicap, but he obtained a small laboratory for himself and continued in his work. He told us of a specific case: A woman wearing very strong glasses brought her daughter to him, because the little girl's eyes were getting so bad that she could not continue at school. When the woman, in her usual cross manner, told her daughter to take off her glasses and read the test card, she was only able to read the top letter. Doctor Bates then very kindly asked the child to close her eyes and rest them. After a little while he asked her to open her eyes, and tell what she could see. Much to their surprise the little girl read the whole card. Her mother was very happy and said that she would see that her daughter would practice every day with the test card as Doctor Bates prescribed. In a few days, however, they returned very discouraged and the mother said that her child was only able to read the top letter on the test card. Doctor Bates said that he asked her who had tested the girl's sight, and the woman admitted that it was she. He remonstrated with her, and reminded her that he especially asked her to stay out of the room when her daughter was practicing, and to have someone with normal sight test her. He then took his little patient as before and speaking to her kindly had her rest her eyes, and she again read the whole card.

Doctor Bates stated that he cited this example to show **how the strain which this woman was under from wearing very strong glasses, was contagious, and harmed her daughter's sight. Moreover, he said that it showed how the child's state of mind directly affected her ability to see. For when she was spoken to kindly and her mind was relaxed, her eyes were rested and she read the whole card. He explained that when one's mind was under a strain one unconsciously tightened the muscles which encircle the eyeball, and consequently squeeze it out of shape and out of focus. But when the mind is at rest these muscles are relaxed and the eyeball is allowed to assume its proper shape and focus. He furthermore stated that all diseases of the eye can be cured by similar relaxation, which can be obtained by methods Dr. Bates has developed. He said that all children under 12 years of age not wearing glasses can obtain perfect sight by reading the Snellen Test Card once a day, first with one eye and then with the other.**

He once more reiterated his old challenge which he first gave before the New York Medical Association ten years ago, declaring that if anyone can prove one of his statements wrong, then all are wrong, He also stated that he has not found a case so bad or so blind that he could not benefit, and that he has not yet met his Waterloo.

He then returned to his seat, but was so applauded and urged to continue that he finally stated that if anyone wished to remain and ask further questions, he would be glad to answer them. This they all did, and fired questions at him until it became so late that in order to make his train, he was forced to break away.

## Parents' and Teacher's Page

By EMILY MEDER

WE ARE adding this new feature to the magazine for the benefit of those who are vitally interested in the preservation of school-children's eyesight.

Parents are directly responsible for the welfare of these future citizens but we find that this is lightly shifted to the shoulders of the teachers who only see the pupils one-fifth of the time that the parents do. When this great truth is brought home: THAT ALL DEFECTS OF THE EYE ARE CURABLE; THAT ALL DISEASES OF THE EYE ARE FUNCTIONAL, THEREFORE CURABLE, then we can reach the parents who are criminally placing glasses upon their children. When told in Doctor Bates' own words, it is all so logical and easy, but the difficult part of it is to convince mothers that they are doing the wrong thing. The writer of this article has grown very fond of a little neighbor in the apartment next door. The little girl is four years old and has a very bad case of crossed eyes which is greatly exaggerated by a pair of tortoiseshell glasses. Her mother is constantly admonishing her not to run and jump with Buddy, her little brother, for fear that she might injure the precious goggles. I spoke to the mother about Dr. Bates' methods and that I knew the child could be cured: but when I suggested that she remove the glasses, the idea was met with a shudder. This woman, although having the best interest of her little daughter at heart, was doing the worst possible thing for her. She could not overcome the old set ways of doing things. She accepted as true the theories that are retarding progress and obscuring the light of newer things. We pity the Chinese for their lack of interest in the new world and the thousands of discoveries and inventions which would advance them hundreds of years, but even in our own twentieth century we find cases of this "bowing to old customs."

When Dr. Bates realized the value of his discoveries, he immediately took steps to have this method placed at the disposal of school officials; however, because he could not afford to *pay* the price to these officials for the privilege of giving away his life work and because many obstacles were placed in his path to discourage him from removing glasses from the universe, this great work was retarded and the money and work expended, while great in itself, was only "a drop in the bucket."

The teachers and nurses of schools, however, who do not have to be financially reimbursed are doing good work. They place a test card in the class room and have the pupils read this once every day. A record is taken of each child when he first begins and this is compared with the record taken two weeks later. The teachers are always amazed at the results.

I have in front of me a letter written to Dr. Bates from a nurse who installed this system in her school. Among other reports, is this one of great interest. She said, "the children come to me just before the close of the morning session. They palm and do the swing either with the head alone or with the entire body. Later I found that the swing was more successful than the palming, as the latter was irksome to the child." Another extract reads, "I helped correct squint in a child and his eyes remain straight unless he strains. His sight has also improved in spite of the fact that he practices less at home than any of the others, and needs constant urging."

This letter speaks for itself. These are the worthwhile things and anyone who reads this page, can improve the eyesight of a child with defective vision. We shall be glad to answer all questions through the magazine and give directions. Don't let your boy or girl grow up with imperfect sight. The eyes are truly the windows of the soul and if these are not normal, the whole physical outlook is altered.

If you are a teacher, look at your little charges and see if they need help. It is so easy, and means so much. If you are a mother, you will probably know now, why your child does not romp with the others.

DEFECTIVE VISION COVERS A MULTITUDE OF AILMENTS.

## Minutes of The Better Eyesight League

AT LAST drastic action was taken at the last BETTER EYESIGHT meeting. One by one the officers dropped out, and the members themselves seemed to lack interest or ambition or that intangible something which brings results. In lieu of the regular officers, we had to enlist the services of various members who were kind enough to officiate. Miss Hurty had acted in this capacity for the past three meetings, and we were exceedingly glad to have one so capable.

We noticed a greater part of those present were strangers, and people who had inquired about Doctor Bates' work, and had been advised to attend one meeting, and get some idea about his method, and how others are being helped. We were very glad indeed to see these new faces, and to have them hear the wonderful reports some of our members made. Among the most important of these reports, was that given by Doctor Watters. He is practicing Doctor Bates' method, and is keenly interested in the sight of school children. There is a sub-normal school in Orange, N. J., with an attendance of about forty children. Out of the forty which he examined, *five* had *normal* vision. He installed the method by explaining Dr. Bates method to the teachers, and placing in the class room a Snellen Test Card. We shall be very interested to know at the next meeting, what progress has been made.

There is so much work to be done among the children, and we wish every one who reads this magazine, to have the pleasure of saying that they helped cure a child of imperfect vision. The field is so large, and the workers so few.

There were a great many who told how they improved their own vision, and how elated they were, but there were none who told if they benefited others.

Miss Meder, who represented the Central Fixation Publishing Co., said that she desired to have a clear understanding about just what the Better Eyesight League meant, and how the Central Fixation Publishing Co. was affiliated with it. The Company is taking charge of Dr. Bates' publications, and in addition to this, selling optical instruments to other doctors. These, together with the advertising of the book and the regular routine of the office work, was all that the present office force could possibly handle. However, all the work of the Better Eyesight League was thrust upon the manager's shoulders, and this necessitated hiring extra help to apprise the members of the meeting date, get the reports in order, order camp chairs, etc. Also the Better Eyesight League does not pay for itself, and this extra expense was assumed by the Publishers of Doctor Bates' book.

When this was all explained to the assemblage a few of the members were greatly impressed at the enormity of their misdeeds. It had never been expected that the Central Fixation Publishing Company assume any responsibility of the Better Eyesight League. Mrs. Daggett took the floor and her energetic style of speaking was good to hear. She aroused interest in those who were new, and woke up the lagging ones who are members. She appointed a reorganization committee, including Miss Hurty, Miss Reicher, Mr. Biddle, and herself. When they get together and talk things over, we are more hopeful of a brighter outlook. If the members could only

realize the bigness, the importance of this work, we are sure that there would be a better attendance, and a more enthusiastic one. Those who attend the meetings are enthusiastic, but there are not enough of them. Everybody come. The fact that Doctor Bates is willing to answer all questions, ought to be an inducement in itself. If you have the book, and are doubtful about any one thing, he is glad to help you. You know what Dr. Bates is doing. Help him. Most of all help the children. REMOVE THE GLASSES.

The April meeting will be held as usual on the second Tuesday of the month, which falls on the 10th.

## **The Question Mark**

**By M. E. MARVIN**

For the benefit of those who are undertaking the cure of imperfect sight by following Doctor Bates' book we are adding a new feature to our Magazine and calling it the "Question Mark."

Questions in regard to the treatment are bound to arise from time to time, and these, we shall be pleased to answer either by mail or through this column, according to the request. If personal answers are to be made kindly enclose stamped addressed envelope.

Q - WHAT IS CENTRAL FIXATION?—S. P.

A—Seeing best where you are looking; that is, an object, for instance, a chair, look at the arm or the leg. The object is brought out clearer. Trying to take in the whole chair at once, strains the eyes, and the object becomes blurred.

Q - HOW LONG DOES DR. BATES' TREATMENT TAKE?—L. M.

A—This depends on the seriousness and nature of your defect. The average case takes three weeks. Some are cured in less time and some take longer.

Q - SHALL I HAVE TO LEAVE OFF MY GLASSES WHILE PRACTICING THE TREATMENT?

A—Emphatically yes. No permanent benefit noticed while glasses are worn.

Q - Are cataracts curable without operation?—A.W.M.

A—Yes.

## **BETTER EYESIGHT**

**A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES**

**May, 1923**

### **Teach Others**

MANY teachers have told me that when they taught Arithmetic the one who learned the most was always the teacher. Some ministers have made the remark that the one who profited mostly by the sermon was the man who delivered it.

For many years my patients who have been benefited by treatment without glasses have to a greater or less extent enjoyed the pleasure of helping others. When you think that you understand how to practice the swing with benefit try to teach somebody else how to do it. If you find palming is beneficial find how many of your friends who are also benefited by palming. But when you meet someone who is not benefited by what you tell them to do, you have at this time an opportunity of helping not only your friend but your own eyes as well. It seems a simple matter for you to close your eyes, rest them for a half hour or so and find that your sight is improved by the rest. However, there are some people who are not benefited appreciably by closing their eyes and resting them. One cause of failure is the memory of imperfect sight. Many patients failed to improve because with their eyes closed they think too much of their failure to see. Patients who have improved materially usually can demonstrate that the memory of perfect sight is restful, while the memory of imperfect sight is a strain. If you have a near-sighted friend who can read ordinary print without difficulty at the near point and without glasses, you can spend an hour or two of activity in showing your friend how to demonstrate while regarding fine print that it is impossible to try to concentrate on a point without sooner, or later making the sight worse, that it is impossible to remember, imagine or see stationary letters, that it is impossible to maintain normal vision with the eyes kept continuously open without blinking.

## **The Story of Barbour**

**By W. H. BATES, M.D.**

BARBOUR had the best imagination of anybody I ever knew in my life. I believe this is some praise because every day for many years I am teaching patients how to imagine perfectly and while doing so testing their imagination. There may be schools where the imagination is taught but I do not know where to find them and would be pleased to have someone tell me of others who teach memory and imagination. Of course I have read many books which claim to teach people how to remember better, and since memory is very important in obtaining perfect sight I have been very much interested in these books and have read them very carefully to learn what they might contain. Unfortunately I have never been able to learn anything from these books, which was better than my methods.

It might interest my readers to know that some of my patients are teachers of mental science in various schools and colleges. I never found one who had a correct conception of memory and imagination. Many of them had no mental pictures at all. In fact one very prominent professor of mental science, a dean in his department in one of our well-known Universities could not imagine a mental picture of his own signature or imagine a mental picture of a person's face, a mental picture of a flower or any other object. Before I could help his sight I had to teach him how to remember and how to imagine and so when I say that Barbour had a



wonderful imagination I feel that it means something.

She was eleven years old and was suffering from **alternating convergent squint**. She had normal vision and was wearing glasses for compound **hypermetropic astigmatism** which made her sight worse. When she regarded a small letter on the ten line at twenty feet she said that she could see it when she knew what it was and this was true because when she said that she saw a letter that she knew perfectly she was able to see other letters that she did not know. When there were two letters close together, both unknown and neither distinct she could see both of them when she imagined she saw one after knowing what it was.

She was treated in various ways with temporary benefit for some weeks. She readily demonstrated that resting her eyes, palming and swinging was a benefit. When she regarded a small letter at a near point, about six inches, she could see the white center of the letter O very white and imagine it whiter than it really was, whiter than the rest of the card. She could imagine it moving from side to side not any more than its own width, but when she tried to imagine it was stationary her vision became worse and the letter O was not distinct. When she closed her eyes she would remember the letter O and imagine the white center as white as when she looked at the O with her eyes open. By practice she became able to demonstrate that with her eyes closed she could remember a letter O with its short swing and its very white center perfectly when she imagined one side of an unknown letter correctly. If the unknown letter was a B and she imagined the left hand side to be straight, her memory of the O was perfect. If she imagined the left side was curved or open her memory of the letter O was modified and sufficiently so for her to tell the difference. In the same way she was able to imagine the top was straight, the bottom was straight and the right side was a curve. This description was also that of a letter D. When she imagined incorrectly that the letter was a D her memory of the letter O at the same time was modified. When she imagined the truth that the letter was a B her memory of the letter O still remained perfect. In other words when she imagined the truth of either side of an unknown letter that she had previously regarded without seeing consciously, the letter O remained perfect in her memory. But when she imagined an error, one or more sides of the letter incorrectly she did not remember the letter O so well.

One day I held a page of diamond type, which she had never seen before, ten feet away from her eyes and directed her to look at the top, the middle, the bottom for about a half a minute. She was unable to see consciously a single letter on the page. With the retinoscope she was myopic when she tried to see the fine print but not myopic all the time. By simultaneous retinoscopy her eyes were normal for fractions of a second or longer. I told her mother that the distance was too great for her to read the fine print with her conscious mind but that she saw every letter on the card perfectly with her subconscious mind; and because she saw each letter perfectly she was able, when she closed her eyes, to remember correctly where each letter was located. I asked her to tell me with the help of her imagination the first letter of the fourth word on the tenth line. This she did correctly in the same way as was just described. Then she imagined correctly the second letter of the fifth word on the fourteenth line, a small letter C which was similar to a capital letter C. She was able to imagine many other letters correctly after she was told where they were located. Some letters, an X for example, have all four sides open, and yet in some way she became able to imagine these letters correctly better than incorrectly. The next step, made largely by her own volition, was to imagine correctly the small letters as she already had imagined capital letters. Every day her mother or I co-operated with her in imagining with her conscious mind letters which she only saw unconsciously with her subconscious mind. Her improvement proceeded rapidly until she imagined she saw one letter of a word so perfectly with so perfect a mental relaxation that she imagined she saw the whole word and many words following, one or more lines of letters as quickly as she could at times read them when looking at them at a near point.

The alternating squint disappeared, at first temporarily for a few hours, a few days or longer. She returned home and continued the daily practice of her imagination of letters seen by her subconscious mind. In one of her letters she wrote that after daily practice for forty-four days there was no return of the squint.

**Her vision and squint were very much benefited by reading books printed in very fine type. The smaller the print the greater the relaxation of her eyes, and the more was her squint benefited.** She became very much interested in reading fine print, and was very anxious to obtain print as small as possible. So I sent her a copy of the photographic reduction of the Bible, in which the print is very small indeed. **(Reading Fine Print Cures Blur, Astigmatism and Strabismus.)**

The following letter was received:

"Dear Doctor Bates:

Thank you very much for the little Bible. It is the cutest thing I have ever seen. My eyes have been straight forty-four days in succession, and I'm as proud as a peacock.

We only have three Christmas presents wrapped up. I hope you have a merry, merry, merry, Christmas, and a Happy, Happy, Happy New Year.

Love,

Barbour.

## Stories from the Clinic

By EMILY C. LIERMAN

### A CASE OF DIVERGENT SQUINT

ONE day a young colored woman came to us with her little boy age nine years. Every time she looked at him it was plainly a look of disgust. The boy had the most wistful face I ever saw. He kept looking up into his mother's face and his expression was that of a deaf and dumb person. One of his eyes seemed to be looking a way off to the opposite side of the room while the other eye was looking straight at her. When his other eye turned to look at her the former would turn out in the opposite direction away from her. He had alternate divergent squint. My heart went out to James as his mother related to me the fact that her other three children had normal sight while James looked so horrible with his crooked eyes. A chill went through me when I heard her say, "I wish he had never been born." Then with more disgust in the sound of her voice she said, "I can't help it, but I hate him."

Can anyone imagine a mother disliking her own child so much? All because his eyes were crooked. Complaints came to her from the school he attended. His teacher complained that he was stupid. All this time the little fellow looked up at his mother without moving an eyelid apparently. Her question was, "What can be done with him or for him? Can you give him glasses or operate to cure his eyes?" I told the mother that glasses would never cure his squint and neither would an operation. I asked her to watch carefully and see what James was about to do for me. First, I held him very close to me and patted his woolly head. He pressed a little closer for more. He liked the beginning of his treatment. I asked him to say the alphabet for me, but he said he could not remember all of

the letters. He stood ten feet from the test card. I asked him to read, starting with the largest letter at the top. He read a few letters correctly but I soon found out that he did not know many letters of the alphabet. His mother remarked then that the teacher in school thought his mind was affected because of his eyes and that there was little hope of curing him. I had my doubts about the teacher saying such a thing but I did not say so to the mother. What a pity it was to have the dear little fellow hear all this. He looked so worried and restless. Perhaps he wanted to run away somewhere because his eyes caused others so much trouble. I taught him to **palm**, telling him to **remember a small Bible class pin I was wearing on my dress**. In a few minutes I tested his sight with the E card, which is used always in cases where children do not know their letters. At ten feet he saw the fifty line. Again I told him to palm, and asked his mother not to speak to him while he was resting his eyes. In the meantime I attended to other patients. After a few moments I glanced at him and saw two big tears rolling down each cheek. He was weeping silently. His mother was just about ready to find fault with him, but I intervened and walked her gently out of the room to a bench outside the door. I whispered to James that I loved him a whole lot and if he would learn to read his letters at home and could read half of the test card correctly the next time he came, I would give him a nickel. I saw him smile, and when I was able to treat him again I found that his sight had improved to the forty line of the E card. I have been wondering ever since whether it was the Bible class pin on my dress which he was asked to remember or was it a clear vision he had of that nickel I had promised him that improved his sight for the forty line of letters. Two days later James appeared again with his mother and both were smiling. He could hardly wait to tell me that he knew his letters perfectly. His big brother taught him at home, he said, and he hoped I would be pleased as his teacher was, when he read all his letters on the blackboard for her that day.

It was amusing to see James looking toward my purse which was hanging on the wall in the Clinic room. He was thinking of that nickel I promised him. I produced a strange test card which he had not seen. When he began to read the card I placed him fifteen feet away, which was five feet further than the first day. He was so excited that his squint became worse and he could not read. Dr. Bates said his trouble was mostly nervousness. I told him to palm again and reminded him of the letter E with its straight line at the top and to the left, with an opening to the right. Then he became able to see the letters after a few moments' rest. I called Dr. Bates' attention to the sudden improvement in his eyes as he read one line after another until he reached the thirty line, when suddenly his eyes turned out again, but after he had rested his eyes again they became straight. I gave him the promised nickel that day, which made him very happy.

James was able to keep his eyes straight most of the time after he had been coming to the Clinic for a month. The attitude of his mother toward him was decidedly better and she promised to help him with the treatment of his eyes at home. I do not know whether James was entirely cured or not because our work at the Harlem Hospital Clinic has since been discontinued.

## **Teachers Question Dr. Bates**

*By* **KATHLEEN E. HURTY**

AS an interesting sequel to the January lecture given by Dr. Bates at Erasmus Hall High School in Brooklyn, there followed a most profitable evening at 300 Madison Avenue, New York City. The January talk was to many such a revelation that some of the teachers were eager for a chance to know more of this remarkable discovery. On April 6th an opportunity was afforded to ply Dr. Bates with questions. About twenty-five teachers from the high schools and a few other friends were present. Practically everyone there had read "The Cure of Imperfect Sight Without Glasses" and no one needed to be convinced of the soundness of the principles involved. Therefore the discussions were largely details of technique, centering mostly about methods with children and particularly in the class-room.

Specifically, Dr. Bates recommended the following procedure:

**1.** That each teacher hang a Snellen Test Card on the class-room wall. Daily both teacher and pupils should read the smallest letters that can be seen without straining, using each eye separately. He stated that if this course be pursued faithfully over a period of time all eyes would be helped—sight improved and strain prevented.

**2.** That teachers do as much as possible to re-educate their pupils in the proper use of their eyes. Incorrect habits must be replaced by new correct ones, namely, pupils should be taught that any effort to see produces strain and injures the eyes. They must be taught never to look fixedly at the black-board, teacher's face, or any object. Nor should they ever keep their eyes open for any length of time. The normal eye is always shifting and blinking. Therefore to counteract strain in a child who stares fixedly, simple exercises, such as blinking continuously for a few minutes and swinging should be taught.

**3.** That children should be informed that if their eyes ache or their sight is blurred, palming is an easy means to get rest and relief.

The final impression left in the minds of those present was that teachers can do a really big work by improving sight and preventing eyestrain so that their children need never have glasses prescribed.

After the conference many stayed to ask further questions of Dr. Bates and to receive help with their own personal problems and difficulties. Some of the teachers were able to testify that they had derived immense benefit from the method. Several stated that they had already abandoned their glasses, with resulting improvement in their eyes.

As an outcome of the meeting ten new members joined the Better Eyesight League.

## **SPECIAL SPEAKER FOR MAY MEETING**

Readers of the BETTER EYESIGHT MAGAZINE will be interested to learn that Mr. Husted, Superintendent of the Public Schools of North Bergen, New Jersey, will address the League at the May Meeting.

As most of our readers know, Mr. Husted installed Doctor Bates' method in his schools, and we feel sure that his report will be most interesting, and of especial importance to teachers and parents.

## How My Eyestrain was Relieved

By CHARLOTTE ROBERTSON

I HAVE had such wonderful relief by following Dr. Bates' method of treating imperfect sight and eye-strain that I should like to tell of my experience. It may be the means of giving courage to those who suffered as I did, but who hesitate to leave off their glasses. I had worn glasses but my eyes were not benefited. In fact they became worse. I went to Dr. Bates and am pleased to give some of the "exercises" advised by him which I have found very beneficial.

**1. The Snellen test card** I read upon arising in the morning, at noon and again in the evening, first with two eyes together and later with each eye separately.

**2. Palming** six times a day or more for a few minutes to half an hour, decreasing the length of time as my eyes improved.

**3.** I have practiced reading a little **fine print daily**, also some pages from Dr. Bates' book, "Perfect Sight Without Glasses," which I have always found encouraging.



**Central Fixation**  
Shift left and right (dot to dot) on a small o and see it swing opposite the movement of the eyes. See on e side (dot) of the o best, clearest at a time in the center of the visual field. Shift on the dot to see it clear. Blink.

**At night on retiring** I have used the **swing** together with **central fixation** on the small O, and by so doing have lost the wretched strain which I have been conscious of for months, always on awakening in the morning. This exercise consists of swinging the O to the left and seeing the right side best, to the right and seeing the left side best. Also swinging the black period with the O to the left, seeing the period on the right side of the O best, and to the right, seeing the period on the left side of the O best. First by the practice of this exercise, also with a soothing swinging motion as that of drifting in a boat in a comparatively quiet sea, I obtained relaxation when falling to sleep. My morning eye strain had completely disappeared and in its place I awake feeling rested, refreshed and ready for the day's work.

## Parents' and Teachers' Page

By EMILY C. A. MEDER

IT is becoming more and more gratifying to us to note the increased activity among school officials, school teachers, and last but in no wise least, among parents, in the promotion of better eyesight in children. The slogan adopted seems to be "an ounce of prevention is worth a pound of glasses."

We are all grasping every opportunity to first, prevent defective vision, and second, to remove glasses from children who already have them.

An incident worth citing occurred in the Central Fixation office recently. A mother came to purchase a Snellen Chart, and with her was a little girl about three. The youngster had a very bad case of squint and wore glasses that almost obscured the little face. We naturally surmised that the card was for the child, but learned that the mother wished it for herself. She told us she had myopia. She never dreamed that the child's eyes could be cured without operation, and was certainly elated when Mrs. Lierman showed her how to treat the little one. Naturally the child was too young to read the chart, so Mrs. Lierman showed her the game of seeing things swing, with the result that at times the child's eyes were perfectly straight.

We are anxiously awaiting the next report from the mother, who was eager to go home and try treating the little girl herself.

A teacher from East Orange has upset all school tradition by having her pupils shift and blink while she is talking to them. She, like others, was under the impression that if her pupils stared at her and did not move, this was indicative of alertness and intentness. However, upon learning of Dr. Bates' method, she has changed the old regime, and she has since informed us that she is more at ease with her class when they are relaxed.

Coinciding with this report is that received from a lady who taught her daughter, who is now ten, to look directly into the eyes of the one speaking to her. The child followed these instructions implicitly, with the result that the little girl strained her eyes so out of focus that her glasses had to be changed every few months. In desperation the mother brought her to Dr. Bates, who immediately changed the stare into a blink. They returned home within a few weeks, minus her glasses and plus perfect vision. This was mostly due to correcting the stare.

If mothers are at a loss to know where to start, let them watch the children for a short period. They will be surprised to note the prevalence among children of staring. If this is corrected, it is a good step forward.

## THE LEAGUE'S NEW HOME!

Those who attended the April meeting of the Better Eyesight League were treated to a novel sensation so far as the League is concerned. The meeting was almost entirely business, as the report by Mrs. Rusk indicates. New Officers were elected and a new program mapped out.

Nothing definite as to the arrangement of the program for the following meetings has been decided, but we know that the officers are going to make these meetings as interesting and instructive as is in their power. One of the new features installed by the committee is to have an interesting speaker at each meeting. We feel sure now, with the League in such capable hands, the work of Dr. Bates will be spread and the fact that *eye troubles are curable* will be made known to thousands.

Dr. Bates is going to give a lecture or talk before some Osteopath students on Monday, May 7th, at 312 West 72nd Street. As this is to be an open discussion, all are invited, and we hope our readers will take advantage of this good opportunity to hear Dr. Bates speak.

The Better Eyesight League will hold its next meeting on Tuesday, May 15th, and according to all indications it will be held in our new office, at 383 Madison Avenue, corner of 46th Street.

## **Minutes of The Better Eyesight League**

*By F. B. Rusk, Recording Secretary*

THE annual business meeting of the Better Eyesight League was held on April 10th, with Miss Hurty in the chair. The chief business of the meeting was hearing the report of the executive committee, the adoption of amendments to the Constitution, and the election of officers for the ensuing year. Mrs. Mabel Potter Daggett, as Chairman of the Executive Committee, suggested the following ways of increasing the funds of the League, enlarging its membership, and widening its influence:

1. Sending printed postal card notices of meetings to all members.
2. Providing membership application blanks for those who express their intention of becoming members of the League.
3. Providing a guest book for non-members who attend meetings of the League.
4. Providing a "Thank Offering Box" for contributions for those who have been cured without private treatment by reading the literature and attending the meetings.

The following amendments to the Constitution were passed:

1. The dues for the League shall include subscription to the Magazine, "Better Eyesight," and shall be three dollars for the fiscal year, except that if there are two or more members of the League in one family, the succeeding members shall pay one dollar and not receive the Magazine.
2. The Annual Business Meeting of the League shall be held the second Tuesday in January.
3. There shall be two secretaries instead of one: Recording secretary, whose duty it shall be to write an interesting account of the meeting and prepare a copy for the Magazine once a month, also to announce in the Magazine a speaker for the next meeting; a corresponding; secretary, whose duty it shall be to send out notices of the meetings and to attend to all the correspondence of the League.
4. The President shall appoint a promotion committee whose duty it shall be to solicit new members at every meeting and promote the sale of literature.
5. The President shall appoint a program committee whose duty it shall be to arrange a definite program, including a speaker for each meeting of the League, and to arrange for meetings in schools, churches, offices and private homes.

The following officers were duly nominated and elected:

President—Mr. H. J. Douds.  
 Vice-President—Miss Kathleen E. Hurty.  
 Recording Secretary—Mrs., F. B. Rusk.  
 Treasurer—Mrs. William H. Marsdon.  
 Corresponding Secretary—Dr. L. M. Stanton.

The meeting was then opened for discussion. One of Dr. Bates' patients reported a gradual but steady lessening of eyestrain by palming several times a day and swinging the O. Another member told of the cure of a sty by palming, and Dr. Bates added other interesting cases where serious infections had been reduced by palming.

Among the most important points brought out by Dr. Bates in response to questions were the following:

Squint has never been permanently cured by operation. The only permanent cure is through relaxation of the eyes. An ingenious way of treating a young child afflicted with squint is to let him practice the fox-trot, calling his attention to the fact that the objects in the room seem to move in a direction opposite to that in which he is dancing.

### **GERMANY PAVES THE WAY FOR PERFECT SIGHT IN NEXT GENERATION**

*By M. E. MARVIN*

IN every mail we have evidences of the way Dr. Bates' work is being spread all over the world. We have not only "book patients" and magazine subscribers in Europe, Asia, Africa, etc., but doctors treating imperfect sight according to Dr. Bates' method. These doctors are not among those who have studied under Dr. Bates but who have analyzed the book and with the aid of the many reprints which have appeared in the various medical journals are enabled to carry on the good work. Apropos of the above we have a very interesting piece of news for our readers.

About a week ago a reporter from the Universal Service Staff called at our office to learn about Dr. Bates' work. She said that Norman Hapgood, Editor of Hearst International, who is in Europe now for the purpose of getting inside information on the political and economic situations, had cabled the Universal Service of an interesting discovery which he made incidentally. This was, that while visiting the schools and soup kitchens in Germany he saw altogether only *one* child wearing glasses. Upon asking the reason of this he was told that the authorities are taking glasses off children all through Germany and that they were acting in this under pressure of the oculists. Mr. Hapgood was also told that this method originated in America. The reporter for the Universal News traced the origin to Dr. Bates, hence her request for further details.

Do you realize what this means? Germany, the very source from which the old theories governing our ophthalmologists originated, has at last accepted the only method of curing imperfect sight. Norman Hapgood says, "While fully accepted in Germany it is spreading slowly in America where in time it is bound to be recognized and to be universally practiced."

Why isn't the discoverer so honored by his own country?

## The Question Mark

Salt Lake City, Utah.

Q—Am forty-nine years of age and have had to wear glasses for five years, due to gradual weakening of the eyes. Is this curable? S. J.

A—Old age sight is curable, and you can discard your glasses by following the methods as outlined in the book, "Perfect Sight Without Glasses."

Chicago, Ill.

Q—My father, eighty-three years old, has cataracts on both eyes. Can you help him? E. C. V.

A—Without personal supervision, cataracts are very hard to cure. Would advise his coming to New York. I can cure him. In the meantime, read the chapters on Cataract in my book and he will get a great deal of relief.

New York City.

Q—Why are books for small children printed in large type? P. E. S.

A—Because Boards of Education have not yet learned that it is a strain for anyone to look at big print and a relaxation to read fine print.

San Francisco, Cal.

Q—I cannot gaze into the sun without discomfort. Do I do it incorrectly? K. Johnson.

A—Read Chapter XVII in the book. **Do not gaze into the sun but at each side of it alternately. In this way you not only swing it, but allow the rays to shine on the eyes. This is a great benefit.**

**Movement, shifting of the eyes, moving the head side to side prevents overexposure, concentration of sunlight on one area, and gets the sunlight moving upon and activating all areas of the eyes, cornea, lens, retina.**

**If the sunlight is too strong, practice under a tree and let the sun shine through the branches.**

New York City.

Q—Am practicing the methods in your book to cure myopia and astigmatism. Sometimes, for short periods, I see perfectly, then things fade away. Can you explain this? M. E. S.

A—This is what we call getting flashes of perfect sight. With continued practice these flashes will come more frequently and eventually will become permanent. Then you are cured.

## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

June, 1923

### Try Dancing (Squint)

THERE has been repeatedly published in this magazine and in my book that the imagination of stationary objects to be moving is a rest and relaxation and a benefit to the sight. Young children, when one or both eyes turn in or out, are benefited by having them swing from side to side with a regular rhythmical motion. This motion prevents the stare and the strain and improves the appearance of the eyes. It helps the sight of most children to play puss-in-the-corner or to play hide-and-seek. Children become very much excited and laugh and carry on and have a good time and it certainly is a benefit to their sight. It seems to me that these children would be benefited by going to dancing school. Many of my patients practice the long swing in the office and give strangers the impression that they are practicing steps of a dance. One patient with imperfect sight from detachment of the retina recently told me over the telephone that he went to a dance the night before and although he lost considerable sleep his sight was very much improved on the following morning.

**Dancing** is certainly a great help to keep things moving or to imagine stationary objects are moving, and is always recommended. Some people have told me that the memory of the music, the constant rhythmic motion and the relaxation have improved the vision.

## Common Sense

By W. H. BATES, M.D.

MANY people have asked me what I call my treatment. The question was a very embarrassing one because I really have no name to give it unless I can say that my methods are the methods employed by the normal eye. When a person has normal sight the eye is at rest, and when the eye is at rest, strange to say, it is always moving to avoid the stare. When the eye moves it is possible to imagine stationary objects are also moving. When the normal eye stares at one point of a letter or at all parts of a letter the vision always becomes imperfect. Persons with imperfect sight are always staring. Under favorable conditions all persons with near-sightedness do not stare, do not try to see, and the near-sightedness disappears for a longer or shorter time; no exceptions have been observed. In other parts of this magazine I have mentioned this fact and recorded that even patients with 40 D have moments when they are not nearsighted when they do not try to see.

The fundamental truth which should be demonstrated by all persons who desire to be cured of imperfect sight is the fact that the



memory of perfect sight can only be accomplished easily and without effort. Furthermore, the memory of imperfect sight is difficult and requires time and is never continuous. Another truth of practical importance is that one cannot remember perfectly and imperfectly at the same time. What is true of the memory is also true of the imagination and of the vision.

### Palming

I am in the habit of testing the vision of persons with imperfect sight at fifteen or twenty feet. **Then I Have them close their eyes, rest them, and if possible forget that they have eyes by remembering other things which are of interest to them.** When done properly, and most people if not all are able to do it properly, the vision is always temporarily improved. I spoke to one of my patients after this had happened and asked the question: "What did you do to improve your sight?"

The patient answered, "I do not know."

This seemed to me a remarkable answer. I asked a second question: "What did I tell you to do?"

The patient answered, "You told me to close my eyes and rest them."

"What helped you then to see better?"

"I do not know," answered the patient.

Then I had to start in and talk and explain and tell the patient that it was the rest that helped the patient and not any efforts that were made. It is a matter of common sense. Most people would realize that if they rested their eyes and their sight got better that the rest must have had something to do with it; and, strange as it may appear, I have seen very few people who could realize or understand this truth.

So many people ask me how my patients are benefited. Is it Christian Science, is it auto-suggestion, is it hypnotism, psychoanalysis, psychology, or has it to do in any way with mental science? The only answer that seems to me to approach the truth is "common sense." Now when I come to review my cases and try to fit common sense to the results obtained I get all mixed up. Most people have common sense, which is ordinary intelligence or the ability to do things in a reasonable, proper way. People who are highly educated, college graduates, professional men, teachers and college professors, would be expected to have a greater amount of common sense than ordinary persons, but I am sorry to say they do not. I have very little respect for mental science because of the numerous assumptions, theories, that are advanced. A theory is always something which makes me uncomfortable. I have never been able to make any progress with a working hypothesis. All my facts which were of benefit to me have no connection whatsoever with mental philosophy. I wish to confess that it gives me a great deal of unholy delight to prove, demonstrate, that all the theories of physiology are wrong. This is not a popular statement to make, but I do not cure my patients by being popular. The sweetest morsel on the tip of my tongue is to say, what somebody else has said before, that logic is an ingenious method of concealing the truth.

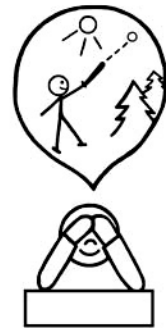
When a problem comes to me which is very difficult for me to solve, instead of starting out with a working hypothesis it is my custom to accumulate as many facts as I possibly can, to analyze these facts in various ways and by every method known to science to try to discover whether my facts are true or not; and, believe me, that is not always an easy thing to do. Someone said to me that it was impossible to scientifically prove that my method for the prevention of myopia in school children ever actually did prevent myopia or near-sightedness; in other words, that it was impossible to prove a negative proposition, or that the children did not or were not prevented from acquiring imperfect sight. It has always given me great pleasure to make the statement that every child with normal eyes who has not worn glasses, who is under twelve years of age, can improve their sight by reading the Snellen test card first with one eye and then with the other, every day. It is a benefit if the pupil learns the letters on the test chart by heart. They all improve; when I say all, I mean all, there are no exceptions. I challenged the ophthalmologists of this country to bring forward one exception to any of my statements. One exception would prove that the statement is not a truth but at best only a working hypothesis. What is it that improves the sight of these school children? I have already stated that when the sight is normal the eyes are at rest. **When the child reads a familiar card with normal sight the eyes are at rest. Common sense, just ordinary common sense, would conclude from this fact that the vision was improved by rest.** Some teachers improve the sight of their children by having them close their eyes for a few minutes or less, frequently during the school session. They told me it always improves the sight when tested either with a familiar card or when tested with an unfamiliar card. When a child cannot read the blackboard his sight is usually improved by closing the eyes and resting them for part of a minute or longer.

The cure of imperfect sight without glasses is not a matter which is complicated, which can only be explained by the abstruse incomprehensible theories of the professors of mental science. The truth is that all can be explained by common sense.

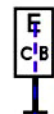
One day I was testing the sight of some school children. The teacher was interested in one boy. In order to illustrate to the teacher and to the children the bad effects of staring I asked the boy to stare at the letter F on the bottom line of the Snellen test card at twenty feet. This card had been permanently fastened to the wall where all the children could see it from their seats and it had been in place for some months. When I asked him to do this he sullenly said to me: "Not for me, I tried it once and it gave me a headache and spoilt my sight. I am too wise to do it again."

The boy's common sense enabled him to realize that staring was a bad thing. I told the class that if they would all profit by his experience that they would never acquire imperfect sight and need glasses.

**Palming**  
Imagining something that is fun, interesting, pleasant relaxes the mind, eyes, improves the clarity of vision. The boy gains relaxation, clear vision by imagining playing baseball, his favorite subject. He sees the imaginary objects clear, in color and in motion like a movie in the mind: Sees and feels the bat hit the ball and the ball fly into the field, wind blowing the grass, trees... voices of friends. Sees, feels the sun shining.



Read the eyechart with both eyes and one eye at a time for equally clear, balanced, perfect vision in the left and right eyes. Patch the eye not in use.



Shift on letters on the eyechart after palming has relaxed the mind, eyes and improved the vision.

## Stories from the Clinic

By EMILY C. LIERMAN

### PALMING

ONE day an Italian mother brought her little son, Joey, nine years of age, to the clinic to be fitted for glasses. His teacher in school thought he needed them. After Dr. Bates had examined his eyes with the retinoscope, I tested his sight with the test card and then I told the mother he could be cured without glasses. This interested her greatly. She had wonderful sight herself, for she could read the smallest letters on the card at more than fifteen feet. I gave her doctor's diamond type card, which she read with perfect ease at four inches and also at twelve inches from her eyes. She told me her age was thirty-eight and that she was the mother of ten children. With a great deal of pride, she said that they were all born in this country, and that they were all alive too. Here was a real mother, proud of her big family. I liked to hear her talk, so encouraged her to do so. Like many of her race and sex, she had beautiful teeth and smooth olive skin. Although she was poor, her clothes were neat and clean, and Joey was just as neatly dressed as she was. She looked at him smilingly and said: "Think of it, Joey, you don't have to wear glasses." Before this little talk Joey seemed scared to death, or as though something terrible was going to happen to him, but when his mother began to show confidence in me, he smiled and looked happy, as all normal boys do. Both watched me very closely as I explained the method of palming to them. Dr. Bates found no organic trouble with Joey's eyes, but just near-sightedness. At fifteen feet he read the fifty line before palming. After palming ten minutes, Joey obtained normal sight that day. When he read the card with each eye separately his left eye seemed to be the better of the two, because he made a few mistakes in reading the ten line letters with his right eye. He was encouraged to palm again for a few minutes, and then he became able to read 15/10 just as well with his right eye as he could with the left. His mother stood where she could see all this, and beamed with happiness as she saw her little boy's sight improve. I started to explain to her the necessity of Joey resting his eyes as soon as he awakened in the morning, because he might have strained during sleep. Also to rest his eyes again at noon, after school and before bedtime. She listened very attentively and then she said: "Maybe you think you tell me something new, but I don't think so. All the time when I nurse my babies, I put up my one hand to my eyes as I close them, and I keep quiet while my baby is nursing. Then my baby goes to sleep quicker and easier and I am rested too." I asked her with a great deal of surprise who taught her to do this, and she answered, "Why, nobody did. I found that out myself." She was thankful, however, that Joey did not need glasses, and promised to help him every day until his eyestrain was entirely relieved.

She returned a week later with a good report of her boy. The test card I gave him for home treatment was appreciated by the whole family. Joey's mother tested the sight of all her children and found two of her little girls also had eyestrain. She taught them to palm and cured them herself. Here was a busy mother, with ten American citizens to help support and educate, and yet found time to teach them how to obtain normal sight. Surely they are worthy members of our Better Eyesight League. I saw Joey and his mother but twice, but Joey had suffered no relapse, nor has there been any complaint regarding his eyes from the school he attends.

The last time I saw Joey he was anxious for me to know that his father, who has no trouble with his eyes at all, came home from his work one evening and thought the family were all playing peek-a-boo with him. The mother had them all busy palming, which was a strange sight to him.

Most people, like myself, have not the time to palm daily. However, if I suffer from eyestrain, which sometimes happens after a strenuous day, I find the memory of palming is all that I need to obtain relaxation. The memory swing, which Dr. Bates explained so tactfully in one of our Better Eyesight magazines, has helped a great many patients. So it is with the **memory of palming**, or, in other words, **remember how relaxed you were and how free from strain you were the last time you were able to palm successfully, and this will help you through the day while at work, or at the theatre, or any place where it is impossible to place the palms of your hands over your eyes.**

## June Meeting of the League

The newly appointed program committee, with Miss Reicher as its chairman, is most successful in securing interesting and instructive speakers for the League meetings. The committee has the privilege of announcing Dr. Cornelia J. Browne, President of the Better Eyesight League of the Oranges, as the speaker at the meeting on Tuesday, June 12. Dr. Browne is well known not only as a physician but as a speaker of unusual force and charm.

Those who did not have the good fortune to hear the convincing talk of Superintendent Husted, of North Bergen, at the May meeting, will be interested in the brief summary which appears in the minutes of the League.

## A "Book Patient's" Experience (Astigmatism)

AS a result of reading Dr. Bates' book, PERFECT SIGHT WITHOUT GLASSES, I was enabled to discard my glasses, which I had been wearing for twenty-one years. I first heard of Dr. Bates and his book through my old partner, a doctor who had seen him personally, and was able to tell me the details of the Bates' method. This doctor gave me a copy of Dr. Bates' book in March of last year, and after reading it carefully I decided to lay aside my glasses. At that time I had so much **astigmatism** in my right eye that anything at which I looked appeared **double or blurred**. For the first five days after laying aside my glasses I had considerable pain in the muscles in my right eye, but I paid little or no attention to these pains, as I knew they were due to accommodation efforts of the extrinsic muscles of the eye-ball.

(Outer, and inner eye muscles returning to correct function; normal relaxation, contracting, un-contracting, coordination and allowing the eye, cornea, lens, retina to return to normal shape. Tension on optic and other nerves, blood vessels releasing.)

I relaxed as much as possible during this time, used the palming quite frequently and got as much sleep as I could. By the end of three or four weeks I began to **pay no attention at all to my eyes, except to shift whenever I found that my vision was not as clear as usual.**

Before using these simple methods as advocated by Dr. Bates I would have a headache in a few moments' time, due to eye strain, if I read without my glasses.

I did more reading last summer in three months' time than I had done before in a year, and in spite of, or perhaps because of it, my eyesight is better than it has been since I was a boy. I found that if my eyes became fatigued I could easily rest them by reading finer print, and as my work consisted of reading many of the technical journals I found that I could do this with benefit, as most of the technical literature is in fine print.

I take great pleasure in recommending Dr. Bates' book and his method to my friends and patients, and everyone else who is interested in having perfect sight.

Very truly yours,

WM. JAY DANA, B. Sc, D.C.,  
North Carolina State College of Agriculture and Engineering, Raleigh, N. C.

## **"A Chain Is Only As Strong As Its Weakest Link"**

**M. E. Marvin**

IN the lecture given last Monday evening before a body of chiropractic students and others numbering 200 or more, Dr. Bates demonstrated this fact very clearly in explaining his method. For the benefit of those living out of town who are unable to take advantage of these instructive talks, we will try to cover the important points discussed.

To begin with, Dr. Bates was in his finest oratorical form. His little anecdotes were genuinely appreciated, and it must be said here that in these he was not always the "hero."

It is always interesting to the new followers of Dr. Bates to learn how he came to discover the method that is revolutionizing the study of the science of the eye. This he told in his quiet, modest, matter-of-fact way, until those who knew him were almost tempted to cry out to the audience, "Let us tell you how Dr. Bates came to discover the facts he produces, and let us tell you how this scientist has been discouraged, handicapped, yes, and humiliated. Why? Because he thought for himself, and would not accept the theories that were presented to him." Our feelings notwithstanding, we did not say the things in our minds, and we venture to say, nevertheless, that everyone in the audience, be they doctor or layman, was now eager to learn more.

Dr. Bates then cited some of the *theories* under which the eye specialists are working today, and then, in opposition, offered his *facts*, which defy contradiction.

The first theory was that presented by Helmholtz, who was one of the greatest authorities on the physiology of the eye. He says that the eye changes its focus for near and distant vision by altering the curvature of the lens. Dr. Bates has shattered this theory by demonstrating on many pairs of eyes that the lens is *not* a factor in accommodation. In substantiation of the above, he told of an interesting experiment upon the eyes of a rabbit. The lens of the right eye was *removed* each eye having been tested previously with the retinoscope, and found to be *normal*. The wound was allowed to heal, and for a period of two years after electrical stimulation always produced accommodation in the lensless eye precisely to the same extent as the eye having the lens. At a meeting of ophthalmologists of the American Medical Association, held in Atlantic City, Dr. Bates exhibited the subject in the ante-room, and to eye specialists from all over the world. Each one of them admitted that Dr. Bates was right but in their subsequent articles never mentioned the fact.

Don't you see that there are exceptions to their old theories? This makes nothing more than a working hypothesis of the Orthodox Ophthalmology. Dr. Bates admits NO exceptions. Not a single one. As he says so often, "If one exception to any statements that I have made in my lectures or in my book can be produced I will acknowledge my whole method to be wrong."

Secondly, was the theory concerning presbyopia, commonly known as old-age sight. For centuries we have been led to believe that when one reaches the age of 45 or thereabouts, one was to expect an organic change to take place in the shape of the lens, which lessened the power of vision. This theory, too, was annihilated. Dr. Bates has proven that presbyopia is merely a functional derangement in the action of the extrinsic muscles and has cured thousands of this defect, including himself. In various experiments he has proven that age is positively no barrier to one wishing to attain perfect sight. He related the cases of the **old gentleman, passed 106 years of age, and the old colored "mammy" who lost track of her age after the 90th year. Both these were cured of old-age sight, together with other errors of refraction.**

## **Parents' and Teachers' Page**

**By EMILY A. MEDER**

ONE of the teachers who was attending a lecture at which Dr. Bates was expounding his treatment, explained that she was intensely interested in his method, and would love to be the medium through which the children in her classes could attain better eyesight. She said, however, that inasmuch as she had no technical knowledge of the work, she was rather timid about attempting the method by herself, and that there was a possibility of her doing more harm than good.

For the benefit of those who are in a similar position, we want to say that no technical knowledge is necessary. If one realizes the harm done by glasses, and if one is desirous of helping those wearing them, then the good one can accomplish is unlimited.

The following instructions may be carried out either in the home or in the classroom, and while the form used is particularly applicable to teachers with large classes, it may be used in the home on a smaller scale. The installation of this method requires a little more time than is necessary for its continuation. The first step is to make a list of the children's names, together with their age and the date of the first examination. This requires about two minutes for each child. Place the Snellen test card on the wall, and have each one read as far as she can, first with one eye, and then with the other. The lines on the card are numbered. Place the child at a distance of ten feet, and if she can only see the top line which is a big C and line number 200, then her vision for that eye is 10/200. Her record will read as follows—

for that eye is 10/200. Her record will read as follows—

June 1st, 1923	Age	Right Eye	Left Eye
Mary Anderson	12	10/200	10/100
Date of subsequent examinations			

The above report indicates that Mary's sight is very defective. The line numbered 200 should be read at 200 feet by the normal eye. Here is a point to remember: when the denominator is greater than the numerator the vision is defective.

It is not necessary to keep a daily record, but a general examination should be made every month, and the improvement noted. The results will be astonishing. We have seen cases where the card was read every day in unison by the class, and was the means of raising the average 87%.

Many people question Doctor Bates as to how it is possible for the test card to make such radical improvements in children's eyesight, and he always replies that he is not certain which of the exercises are most beneficial, but seeing those black letters every day, and shifting the eyes from one letter to another, breaks the stare, and tends towards complete relaxation, which is the keynote of the treatment. Concentration is the antithesis of relaxation, and if you are not relaxed, you strain. No good can be accomplished when one strains.

Another point often brought up is that a child may memorize the card. Doctor Bates says that in all the thousands of school children he has examined, many of whom have had the Snellen test card in their possession until the letters were bound to be memorized, he has never seen a case where a child would say that she could see the letter when she could not. You will find that the children are more interested in this than you would be lead to believe. We do not believe children wearing glasses should be included in this, because it is understood that they are under the care of a physician, and since no permanent benefit can be obtained when glasses are worn, we do not think it advisable to include them.

Further information anent (about, concerning) the prevention of imperfect sight in children may be had by writing this office, and enclosing a stamped envelope. We hope to receive many reports from teachers and parents.

REMEMBER: AN OUNCE OF PREVENTION IS WORTH A POUND OF GLASSES.

## Minutes of the May Meeting of the Better Eyesight League

*By F. B. RUSK, Recording Secretary*

THE large room of the new headquarters of the Central Fixation Publishing Company was crowded to its utmost capacity at the May meeting of the Better Eyesight League.

Mr. M. F. Husted, Superintendent of Public Schools of North Bergen, New Jersey, was the speaker of the evening. Mr. Husted explained, with the aid of charts, the experiment he has been conducting during the past three years.

In the fall of 1919 a Snellen test of the eyes of all pupils in the North Bergen Schools was made. A Snellen test card was then placed in every class room. Those children whose vision was defective were encouraged to read the card more frequently. In June, 1920, a second examination was made in order to test the value of the methods used. The same experiment has been repeated each year since with amazing results.

After hearing of the remarkable benefits which accrue to children who practice central fixation, a visitor asked if there was any hope for the old folks. One of the audience volunteered that he was acquainted with a lady who had had a **complete cure after wearing glasses for fifty-six years**. As a result of her experience he had traveled 2,000 miles to see Dr. Bates (and attend the May meeting of the Better Eyesight League)!

In reply to the question as to whether astigmatism was curable, Dr. Bates said that if there was any one kind of astigmatism which was worse than the others, it was conical cornea—a condition with which he always had marked success.

Respectfully submitted,  
F. B. RUSK, Secretary.

## Eyes But They See Not

*By EMILY A. MEDER*

THE ostrich is known to be the swiftest of birds, and can outdistance the fastest horse with ease. Yet when he is attacked unexpectedly, or run into a cul-de-sac, he foolishly hides his head in the sand. He DOESN'T WISH TO SEE. Naturally his fate overtakes him, and he is doomed. His wonderful body, made especially for swift and long-distance running, his exceptional endurance, are assets which avail him nothing when he "sticks his head in the sand and will not see." I have come in contact with people who have many desirable assets but when a thing looks a little "strange" they become dogmatic and refuse to learn. They literally stick their tails in the air and their heads in the sand. The same thing happens to them that happens to the ostrich. Their doom overtakes them. THEY WEAR GLASSES. As evidence of these "mental errors of refraction" I will tell of two instances which I noticed particularly.

In a popular magazine there appears an article each month by a very noted writer who gives Beauty Hints to women over forty years of age. She gives very minute directions of the care of the hair, skin, teeth and figure generally, and I admit I was very surprised to see an item about the eyes. This, unfortunately, is a part of the physiognomy that is usually neglected by these Beauty Doctors. She explained that from her observations, many people received excellent relaxation by closing the eyes and forgetting that they possessed them, excluding all the light by putting the palms of the hands over the eyes very lightly, and thinking of black

objects which tends to rest them more quickly. This interested me because this is part of Dr. Bates' own method. When I read on a little further, I was disagreeably astonished to read something like this—"that she had heard of a new body of oculists who say that they can cure eyes without glasses. This she says is impossible, because when a woman reaches the age of forty, she simply has to fortify her eyes with glasses, as this has been done for centuries, and it does not seem possible that man has it in his power to cure the defects at this age."

This is a typical case of the ostrich again. Why doesn't this writer make herself more popular by believing this could be done, and by reading the book with an open mind. She is in a position to help thousands suffering with eye ills, and her scope is unlimited.

One more case of "mental blindness."

At a dinner given at the Hotel Astor under the auspices of the Society of Arts and Sciences, Dr. Bates was asked to speak, along with five or six other doctors, all specialists in their respective branches. Senator-elect Royal S. Copeland was Toastmaster, and a very good one he made. Everyone knows the far-reaching results of Dr. Copeland's administration when he was Commissioner of Health of the City of New York. The many improvements he made while holding that position are a credit to him. But even Dr. Copeland has a vulnerable spot that might be pierced.

Doctor Bates was the first to speak, and as he knew many others would talk after him, he limited his remarks to about ten minutes. He gave a brief synopsis of his method of treating imperfect sight, and ended by telling the audience that Germany had adopted his method, and was using it in all the schools. At the conclusion of his discourse and before the next speaker had been introduced, Senator Copeland thanked the Doctor for his remarks, and said that he was sorry that Dr. Bates did not have more time to explain his treatment, but he had worn glasses so long, and besides now being a United States Senator, he was a hard man to convince.

We have no wish to "convince" anybody. If they read the book and assimilate the facts, they will convince themselves. PEOPLE WEAR GLASSES FROM HABIT, NOT BECAUSE THEY NEED THEM.

## The Question Mark

Denver, Col.

QUESTION—If one's arms become tired while palming will a black silk handkerchief covering the eyes, produce the same amount of relaxation one gets from palming? "R. E. F."

ANSWER—No. Palming is the best method for relaxation and improvement in vision. When tired of palming, the hands can be removed and the eyes kept closed until one feels relaxed.

Brooklyn, N. Y.

QUESTION—Will it still be necessary to continue practicing the method of swinging and shifting after my eyes are cured? "W. B. D."

ANSWER—No. When you are cured of eyestrain you will not be conscious of your eyes. However, if you strain them you will know what to do to relieve the strain.

East Orange, N. J.

QUESTION—Can squint be cured by treatment without glasses after an operation proved unsuccessful? Does age make any difference? G. A. B.

ANSWER—Yes. No, age does not make any difference.

Cleveland, Ohio.

QUESTION—Can the vision be improved without glasses after the lens has been removed for cataract? L. G.

ANSWER—Yes.

St. Petersburg, Fla.

QUESTION—Does Dr. Bates approve of dark glasses to protect the eyes from the glare of the sun at the sea shore?

ANSWER—No. Dark glasses are injurious to the eyes. The strong light of the sun is beneficial to the eyes, although it may be temporarily painful and blinding.



## Use Your Eyes Not Your Glasses

No home should be without this book, **THE CURE OF IMPERFECT SIGHT WITHOUT GLASSES**, by W. H. Bates, M.D.

What would you take for your eyesight? Can you estimate its value?

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## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

July, 1923

### The Short Swing

MANY people with normal sight can demonstrate the short swing readily. They can demonstrate that with normal vision each small letter regarded moves from side to side about a quarter of an inch or less. By an effort they can stop this short swing, and when they are able to demonstrate that, the vision becomes imperfect almost immediately. Practicing the long swing brings a measure of relaxation and makes it possible for those with imperfect sight to see things moving with a shorter swing. It is a good thing to have the help of someone who can practice the short swing successfully. Ask some friend who has perfect sight without glasses, in each eye to practice the variable swing as just described, which is a help to those with imperfect sight who have difficulty in demonstrating the short swing.

Nearsighted patients usually can demonstrate that when the vision is perfect, the diamond type at the reading distance, one letter regarded is seen continuously with a slow, short, easy swing not wider than the diameter of the letter. By staring the swing stops and the vision becomes imperfect. It is more difficult for a nearsighted person to stop the swing of the fine print, letter o, than it is to let it swing. When the sight is very imperfect, it is impossible to obtain the short swing. Many people have difficulty in maintaining mental pictures of any letter or any object. They cannot demonstrate the short swing with their eyes closed until they become able to imagine mental pictures.

## Henry

By W. H. BATES, M.D.

HENRY first visited me in New York about five years ago. At that time he was attending school in Connecticut. The boy was naturally of a friendly disposition. He had many friends, I do not know that he had any enemies. He always treated me with the greatest respect. I became very fond of him, and I believe he was equally fond of me. He had one virtue, which is not always found in New England or elsewhere; he asked no questions and required no explanations of anything that I might ask him to do. With him it was largely a business to be cured without glasses, and he left the solution of it entirely to me.

At his first visit his vision was less than one-half of the normal. He was wearing concave 1.50 DS, combined with concave 0.25 DC 180 deg. I told him that he was curable and demonstrated the fact by curing him temporarily, **improving his sight to 15/10 with the aid of palming, shifting and swinging.** He demonstrated that **staring at one letter very soon lowered his vision, and that by shifting from one letter to another his vision improved.** I asked him if he felt any different when his sight was good and when it was imperfect. He answered, "I know by the feeling in my mind, not my eyes, when I am straining and making my sight poor." This was an interesting statement and is remarkable in this way that he was the first patient I ever had who could realize that his myopia was due to a mental strain primarily. The mental strain produced the eye strain. I asked him if he could **remember mental pictures.** He said that he could at times with benefit to his sight, but for some reason or other his memory was poor when he had imperfect sight. He demonstrated that when he remembered some letter of some object perfectly he did it quickly, easily and without any effort; but when he strained and tried hard to remember any mental picture he always failed. Furthermore, when he did remember the mental picture he always lost it when he strained or made any effort to remember it better. I spent a good deal of time with him all through his treatment in "Rubbing it in," as I called it. First he demonstrated that his vision was improved and became temporarily normal by resting, by not doing anything. Then, to see imperfectly," he had to strain, to work hard, and go to a lot of trouble. He was a very thoughtful person with a good deal of common sense and became able to profit from his experience.

To me his problem was not learning how to do things with his eyes, but to find out in some way how he could avoid doing anything. He repeatedly demonstrated that when his sight was normal he did not do anything, that anything he did was always wrong or always lowered his vision. He was very fond of shifting because by continually moving his eyes from one point to another, alternately closing his eyes frequently, required the ability to avoid the strain at first occasionally, later more frequently, until he became able to finally avoid the strain continuously. Many of my patients are cured by practicing one of the truths of normal sight, and he was one of them. **The normal eye does not stare as long as it has normal sight; it is continually shifting to avoid the stare.** He learned how to do this for a while, and then his mind would wander, and before he knew it he was staring and producing imperfect sight. He knew the proper thing to do and knew how to do it, but he often failed and lost his mental control. I said to him one time, "You have a bad habit of straining, you would be better off if you didn't have that habit." **One way of getting rid of a bad habit is to acquire a beneficial habit. When you strain it makes you uncomfortable. When you shift and avoid the strain you are comfortable.** (Shifting - Correct Vision habit) Surely you should not hesitate to make the right choice. Keep shifting, enjoy yourself and be comfortable. Keep that in your mind a good deal of the time and as long as you are perfectly comfortable you know that you are not straining because the straining always makes you uncomfortable. As long as things are going all right and you are doing the right thing, then you do not need to ask yourself questions about shifting and palming and swinging, you are doing these things when you are perfectly comfortable.

Shifting part to part on a object and object to object produces relaxation and clear vision. **When the eyes can shift small point to small point the vision becomes fine tuned, detailed, very clear.** The eyes shift from part to part, object to object but the fovea centralis, exact center of the visual field is shifting tiny point to tiny point producing clearer than 20/20 vision in the center of the visual field.

Here was a boy who, like many boys, had his faults, but somehow or other they were not conspicuous. All his friends spoke well of him, and he had many. His best friend, the one who knew him the longest, was his father. Unfortunately his father was a very busy man, who believed that he was doing the right thing by attending to his work and looking after his business affairs. Someone has said that the principal business of the world is children. If it were not for the children, no country would have a future. I believe this is a true statement and I believe it to the extent that I feel that the principal duty of every man, of every woman, is the business of looking after the children. Of what use is it to accumulate many dollars when your child goes around half blind wearing glasses? He is uncomfortable and not happy because of those glasses. I shall always criticize Henry's father. I do not believe I can criticize him too severely because he did not realize, and I could not make him realize, that for the best interests of his son that he should cure his own eyes for the benefit it would be to Henry. There wasn't very much the matter with his eyes, he could see perfectly at the distance without glasses, he only wore them occasionally when he had to read. Henry could have cured him of that. The father wearing glasses disturbed the mind of the son, and I have found during all these years that one of the greatest difficulties in curing children is to counteract the evil influence of the parents wearing glasses. Nearsightedness is contagious. Children are great imitators, and they consciously or unconsciously imitate the habits of their parents, even to the smallest detail. I have talked until I was all talked out trying to explain this fact to the parents of children who were wearing glasses. I have tested the sight of many thousands of children in public schools, and was very much impressed to find that in those classes presided over by teachers wearing glasses the percentage of imperfect sight in the pupils was very much increased, while in those classes where teachers did not wear glasses imperfect sight was less frequent.

Now, Henry was an easy case to cure, as I said in the beginning; he obtained temporary perfect sight at the first visit. But why

Palm to relax the mind, eyes. Imagine a mental picture of a letter (or any object) perfectly clear. Shift on it point to point. See the letter move 'swing'.



Shift part to part (point to point) on a object to see it clear, relaxed eyes. Alternate palming and shifting on letters on a eyechart or any object.



Shift on a object and it 'swing' in the opposite direction- Oppositional Movement.

Eyechart



+ Shift part to part when looking at a letter.  
+ Shift from one letter to another.  
Staring, no eye movement = strain, blur.  
Shifting, eye movement = relaxation, clear vision.

didn't he hold it; why did he have so much trouble in obtaining permanent benefit? The answer is that his father was at fault.

Henry enlisted and passed the eye tests without any difficulty. After the war was over Henry called to see me. Of course, my first question was, "How is your sight?" His laconic answer was, "Good."

As he had not been to see me in a long time, some years, I was more or less doubtful about his vision and tested him with a card that he had never seen before. I remember how he stood backed up against the opposite wall in order to get as far away as possible, and the speed with which he read the whole card with normal sight.

"How did you do it?" I asked.

He replied: "Shifting."

Some years later my attention was called to an article in a popular magazine which attacked my method of curing imperfect sight by treatment without glasses. In the next issue of the magazine appeared an article defending me, and signed with the initials of my dear friend, Henry.

## Stories from the Clinic

By EMILY C. LIERMAN

SARAH

A FEW years ago there came to our clinic at the Harlem Hospital a curly-headed girl named Sarah, aged twelve years. As she stood among patients who were waiting for treatment, I noticed how pretty she was. She was standing sideways with her right side toward me, and as I did not see her enter the room, I received a shock when I discovered that the left side of her face was distorted. I pretended not to notice anything wrong with her, because she seemed very sensitive. However, her left eye appeared ready to pop out of its socket any moment, and both upper and lower eyelids were terribly inflamed. Dr. Bates explained the history of her case, and also the cause of her affliction, and then left her entirely in my care. She told me that at the age of four she became ill with cerebrospinal meningitis, and all of the left side of her body became paralyzed. Until she came to us she had been receiving treatment from nerve specialists, both in England, where she was born, and also in New York. Electric treatments were given without success. Money was not spared and all of her family sacrificed every penny for Sarah's medical treatment to bring about a cure. When one doctor failed, another was recommended by their friends. Finally, the family bank account dwindled to scarcely nothing, and Sarah stopped treatment, believing that she could never be cured. Later, as I learned to know her better, I noticed that she was ever conscious of her trouble and would always turn the good side of her face toward me. There was one good thing about Sarah, she was never downhearted, or she never revealed it to me, if she was. She was a good scholar at school, and graduated at the age of 14 from the public school.

I tested her sight and she had normal vision, 10/10, in her right eye, and 10/50 with the left. I placed her in a comfortable position and showed her how to palm and told her not to remove her hands from her eyes while I was testing the sight of other patients. After a few moments I noticed while Sarah had her eyes covered that her face became terribly red and I wondered if she were comfortable or not. I spoke to her and she complained that **she did not like to palm, that it made her nervous**. I thought that she was not doing it right and explained to her again how easy it was to cover her eyes with the palms of her hands to obtain the relaxation which was necessary to improve the vision of her left eye. She very faithfully tried again but I noticed that she was getting more uncomfortable all the time. **Her vision did not improve at all by the method of palming so I tried her with the long swing which proved successful**. I thought in time that Sarah would feel friendly toward the method of palming and that she would improve faster in that way but I was mistaken.

[\(Each patient is different. Try a different method if one method does not produce results.\)](#)

For two years Sarah came to us at the clinic quite regularly and in all that time I could not induce her to palm. She complained that it made her nervous. This was my first experience in all the years that I have been assisting Dr. Bates in that the patient could not be made comfortable by palming. The long swing was very helpful to her, holding her left forefinger in front of her or to the left side of her face, about six inches from her eyes and then slowly moving her head from shoulder to shoulder, blinking all the while she was doing this. At the first visit the vision of her left eye had improved to 10/30. Sarah was encouraged to do this long swing as many times during the day as it was possible for her to do it and she was reminded to blink her eyes very often, which she was not able to do at all with her left eye at the first visit. The upper lid of her left eye seemed stationary and she could not close this eye in sleep which gave her a strange appearance. As I never had a case like hers before, I was deeply interested and studied hard to find every possible way to help her. She was a dear bright little girl and was so willing to do everything that we wished her to do, to help in the cure of her eye. I asked Dr. Bates for permission to try helping her improve the condition of her left cheek and mouth, as well as her eye as I thought that our method of relaxation might possibly do something for her face. Doctor smiled his usual smile and said, "Well you might try,"

On her second visit to the clinic her left vision had improved to 10/15 which was most encouraging to me. She told me that she had tried to palm at home just to please me, but every time she tried this it bothered her, but the long swing helped a lot. As time went on I told her to shorten the swing and move her head slowly from side to side, seeing things move opposite from the way her head was moving and this also gave her a great deal of benefit. Before she had been coming to us a month I noticed that the upper lid of her left eye was beginning to move and the inflammation which caused Sarah so much discomfort had almost entirely disappeared. Her vision stayed about the same, left 10/15, right 10/10. Always when she came, we went through the usual treatment of seeing things move opposite as she held her left forefinger to the left side or in front of her face. I sat before her, doing the treatment with her to encourage her to keep it up. During a period of eight weeks of this treatment her facial expression began to change for the better. It was more noticeable when she smiled. When I first saw her smile I noticed that her mouth would turn way over to the right side of her face.

(To be continued)

Owing to the unusual nature of this case, and of the remarkable results obtained, Mrs. Lierman is going to tell of it in detail, therefore it will be continued in the August number.

The following poem was taken from a current magazine, but its discrepancies were so apparent that I could not pass it unchallenged.

E. A. M.

### MY EYEGLASSES

Little helpmates yoked together,  
Twin-born servants of mine.  
How your presence helps and cheers me.  
You barriers of time.

Many days have laboring men  
In mines across the sea  
Spent searching for the components  
To solve your mystery.

Glistening eyes and dainty rims,  
Exquisite mountings, too,  
What dreary days of solitude  
Had I not met with you.

Sometimes I lay you out of place,  
A place I cannot see,  
And then it seems part of myself  
Has gone away from me.

And then I pause to wonder how  
You ever could be here,  
What genius burned the midnight oil  
To make your portals clear.

I have no means to show the depth  
Of my gratitude to you.  
My eyes will flood with burning tears  
When your services are thru.

I herewith seal this solemn vow  
That henceforth you will be  
Kept clean from dust and fingerprints  
While you are serving me.

### My Eyeglasses

By EMILY A. MEDER

THE sentimental poem given above evidently required a good deal of forethought and concentrated effort to devise. We wonder, however, if this anonymous genius had spent the time taken to create this gem, by reading Dr. Bates' book, and practicing the method as outlined by him, whether he would not have written a masterpiece. He would have discarded his "twin-born servants," attained better eyesight, and we know, would have been benefited physically.

With apologies to the author, I am going to dissect this "child of his brain" to see what it is made of. As the surgeons say, this might be painful and uncomfortable, but it is for the patient's eventual good.

Like a great majority of people this man believes that glasses have to be put on when one has attained a certain set age. I suppose that we must be grateful that theorists have not ordained that we place splints on our arms and legs to prevent old age attacking them prematurely. However, as all know, who have read Dr. Bates' book, and who have been treated by him, the eyes are no more delicate than any other part of the anatomy. When we read the sentence, "You barriers of time," it seems as ludicrous to us as the opinion people held in the olden days when they ridiculed Columbus for thinking the earth round. We might fittingly change that sentence to read "You hasteners of time."

The author continues to relate the labor men were put to, "to make these portals clear." We admit that a great deal of time was spent to make the glasses ornate. But this did not in any material way add to their usefulness and value. We know that when people purchase glasses they spend a good deal of time making sure that they look well in them. There is always a heated and lengthy debate as to whether tortoise shell or gold is more studious looking, or whether rimless glasses add to one's dignity. Men may have exhausted their energy in "mines across the sea," and I have a mental picture of them using their life forces to attain—nothing. It makes me think of the squirrel on a revolving wheel. The faster he works, the more energy he uses, and he is eventually exhausted, getting nowhere. The trouble with the old oculists is that they were started on the wrong track, and stayed there, without looking for an avenue of escape. Like the labyrinth in mythology, they walked and walked and went back and forward, in a ceaseless round, with no one to show them the one way out. To follow the metaphor you may remember the story of the cruel giant who put all the fair young maidens in the labyrinth and left them to die. But one maiden obtained a ball of twine and fastened it to the entrance of the cavern. As she was lead deeper and deeper into the intricate passages, she let out the cord. Upon being left alone, she called all the unfortunate prisoners to her, and they followed the right path back, as indicated by the ball of twine. This story always occurs to me when I think of Dr. Bates' work. As all the others are lost in a maze of theories, his wonderful truth is the string of hope to cling to when escaping the awful giant—bad sight and glasses.

## An Encouraging Letter

By ELIZABETH MCKOY

[EDITOR'S NOTE]—Miss McKay has given us permission to use her letter for our magazine, we feel sure that this will prove of interest and will encourage our readers to impart their information to others.

I WISH to tell of the results of Dr. Bates' methods of treatment on my eyes. Many times I have wished to tell of these results, but not wishing to trouble him have so far refrained.

I saw Dr. Bates first in October, 1921, and since the first visit have not worn glasses. He and Mrs. Lierman taught me to palm and to swing things and told me of ways to help school children. My eyes improve steadily though one of them is most of the time far from perfect as yet. I study the book and gain something from the magazine each month. As a member of the Better Eyesight League I have found that I help my own eyes most when helping others.

My brother has learned that palming and swinging will help his headaches. He came to me one day asking for some medicine for his head; I had nothing, but offered to help him. He declared he had only five minutes. I showed him how to palm and while he did it I sat beside him asking him to think of the different black objects I mentioned. I described shapes and parts of a number of familiar black objects, and he must have done his part well for at the end of the five minutes the headache was all gone much to his surprise! He has been sending his friends to me ever since. My mother's eyes are changing, second sight they call it, she palms when her eyes bother her and after palming finds she can read without her glasses.

In my home in North Carolina the past winter I have interested and helped many people. One woman who was a comparative stranger at first, I told of Dr. Bates simply because I was disturbed by her harassed look and the intense strain apparent in the eyes behind her glasses. She was willing to take off her glasses and also her daughter's glasses. She read my book, subscribed for the magazine, and followed my instructions with much benefit. No one who asks for help fails to be interested in all I can tell them and more than half are willing to take off their glasses just on my say so. Of course those who know me well realize that whereas I was dependent on my glasses for seventeen years now I see as well or better without them. I still have difficulties, but am improving. The study becomes more and more interesting.

I am tempted to tell of some of my experiments which have especially interested me. My sight is excellent for nearby things, but I have astigmatism and cannot see so clearly in the distance. It took me months to find out for myself that I could see distant things best when I did not try to. After a good deal of practice each day I can make myself see the last line of the Snellen Test Card at ten feet with the bad eye. I do it best when I think of something entirely foreign to the subject or when I let people about me claim my attention as I look toward the test card. My little nephew often gets between me and the card and I find it a help instead of a hindrance when I take it calmly. Also, when I can bring up vividly to my memory attitudes and expressions of certain children or picture certain flowers in my garden, the small letters on the card will rush out at me black and distinct.

All winter in Church I had time to practice a great deal. There were letters on a stained glass window above the altar. For months I could not make them out. Finally I discovered that the more closely I followed the thread of the sermon the more distinct the letters seemed, and one day as the minister was describing a scene which I could imagine vividly the letters were suddenly readable. They were gone again almost as soon; but I was able to bring them back. For this purpose one trick which succeeded admirably was to imagine that I could remove the flame-colored wings from the angel in the resurrection picture of the window and place them on the shoulders of the white-robed minister, return them to the angel and take them again and again. As soon as I could do it well, I could read the lettering. Another trick was to pick up with my eyes one of the brass vases on the altar and place it on the pulpit. There it would stand and at times be almost knocked off by the gestures of the speaker or momentarily be occupying the same position as his hand. As I look back on my childhood I remember that children are always imagining absurdities of this sort.

I practice on the streets and when no other letters are near use moving automobile numbers for test cards. I found they generally passed too quickly for me to read. Then I discovered that I could take a glance, close my eyes quickly, then read unhurriedly with eyes shut and still have time to open my eyes and verify the numbers before they were out of sight. This pleased me as much as anything I had learned.

With children I have found that palming helped most when I read aloud to them. They all liked the swing and caught quickly on to it and also to my idea of seeing the letter best with a stolen glance.

I have enjoyed telling of Dr. Bates as much as I have enjoyed anything all winter. I have never once wished to put my glasses on again after the first visit, though for days I had many difficulties especially on the street. Now I do not miss the glasses at all except for quite a distance and at the theatre. One most welcome result of the treatment is in connection with the severe headaches which I have always had. Always when these occurred the pain in the eyes was acute. For the past year without glasses this eye pain has not been intense when the sick headaches came—thanks to Dr. Bates.

I do send him my sincere thanks for the results of his work with me. His book and the magazine have been of much value to me and to my friends. I have felt that the best way for me to show my appreciation was to tell of his work to as many as I saw that needed his help.

Sincerely yours,  
ELIZABETH MCKOY,  
10 Highland Terrace, Winchester, Mass.

## An Enjoyable Vacation

By M. E. MARVIN

VACATION-TIME is with us again in all its glory, and most everyone is looking forward to some change in environment during the next few months. Some are pouring over "Blue Books" mapping out their trail for their auto-camping trip. Others are concerned about the mode of bathing-suit being used at the seashore this summer, while the rest are intent on the more dignified pastime of replenishing their wardrobes that they may more appropriately enjoy the splendors of the mountains.

Whether in the woods, at the seashore or in the mountains, we want to say to our friends and subscribers again, "Do not be



tempted to wear "sun glasses." Of course most of you who are familiar with Dr. Bates' book, know the reason of this. He has proven again and again that the sun is very beneficial to the eye. Sometimes one experiences temporary discomfort, but this is not harmful, and when one learns to "swing the sun" properly as advised by Dr. Bates, it always proves a relaxation. Anyone wanting further information on this subject is invited to write us at this office.

This is the time of year, when those wearing glasses, who have not had the good fortune to learn of Dr. Bates' method, find themselves more uncomfortable than ever. Eye glasses are a handicap in every sport or pleasure in which one wishes to indulge, and it is for those who know how they can be dispensed with, to spread Dr. Bates' message. You will meet all cases of defective vision this, summer, and when an opportunity presents itself, prove yourself a true friend, and tell those who will listen, just how the glasses can be left off, and with a few moments spent in palming and swinging, the benefits will be readily manifested.

Last Fall, we received quite a few testimonials from those who had learned of this work on their vacation and with the aid of the book were enabled to discard their glasses. We were also deluged with, inquiries which were the result of these "vacation chats."

You will find that nine out of every ten people wearing glasses are only too pleased to learn how their eyes can be cured without them. They know that glasses do not eliminate the defects. They know that while in some cases temporary relief is afforded by the strong magnifying lenses, it stands to reason the eye is not functioning naturally, since it is straining itself all out of shape to conform to the shape and strength of the glass lens.

While we are anxious for you to help as many people as possible it is also our wish that all our friends continue to practice and help themselves during vacation. The following instance may prove of interest. A lady telephoned to Dr. Bates this week, asking him what she should do in regard to her son who is Dr. Bates' patient. They are going to travel through the state on a week's motor tour, and she was wondering if her son should palm while riding. Dr. Bates said that riding is extremely beneficial. The scenery, the road signs, and houses all seem to move, and this demonstrates the fact that the normal eye should never be stationary, but should continually see things moving. The boy while enjoying his trip, can also practice swinging various objects. If he strains while traveling he can close his eyes and imagine the trees, the road, etc. This is equivalent to palming, and the mental relaxation is immediately apparent.

To get back to the main point at issue. When one meets a friend anxious to learn how to get rid of glasses, and all the attending discomforts, tell him all you know. We are very busy in our new office, but we shall be glad to give all the information at our command, and to explain any parts of the book that may appear ambiguous.

We are looking forward to encouraging reports from all our friends at the end of vacation-time. Take your book "Perfect Sight Without Glasses" and your Snellen chart with you and you will find that your vacation is a happier one in a great many ways.

## **Announcements**

### **Meeting of the Better Eyesight League**

DUE to the fact that our magazine goes to the press a week earlier than heretofore, we are unable to publish the minutes of the BETTER EYESIGHT LEAGUE for the month of June. These will appear in the following issue of the magazine.

We hope that everyone will be able to attend the next meeting of the League, which will be the second Tuesday of July, at 383 Madison Avenue.

### **Microscopic Print**

WE are very glad to announce that, owing to the large demand for samples of diamond type and microscopic print, we have at press a little folder containing chapters of the Bible, etc., printed in this type. We know that this announcement will meet a great need, and we shall be glad to add your name to our list to receive this upon its publication.

The price has not yet been determined, but it is extremely nominal. We shall be pleased to give, on request, further information relative to the benefits of fine print.

IF any of our subscribers have friends to whom they would like to make known Dr. Bates' work, we would be pleased to have you send us their names and addresses, so that we may place them on our regular mailing list. This will insure their getting our literature from time to time and if they make a special request, we will send a sample copy of our magazine.

### **The Question Mark**

Q—Why is it a rest to read fine print. I should think it would be more of a strain? M. F. S.

A—Fine print is a relaxation, large print a menace. Send for the December, 1919, number which explains this in detail.

Q—My son is taking treatment for squint. While on auto trips is it necessary for him to palm continually? A. O. R.

A—No. The finest thing he can do is to see things moving. He can do this to great advantage in a car. If his eyes burn or seem tired, he can then palm occasionally. Chicago, Ill.

Q—I am 75 years of age. Do you mean to say that you can make me see with normal vision? G. W. M.

A—We most certainly do. Old age sight is not incurable. San Francisco, Cal.

Q—I still cannot visualize "black." What else can I use as a substitute? W. H. H.

A—Don't try to see anything. If it is an effort to visualize black, think of something that is pleasant, for instance, a field of daisies, a sun-set, etc. The result will be just as beneficial.

Q—Must the body be at rest before the eyes can be cured?

A—When the eyes are relaxed, the whole body is relaxed.

## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

August, 1923

### The Snellen Test Card

THE Snellen Test Card is used for testing the eyesight. It is usually placed about 20 feet away from the patient. He covers each eye alternately, and reads the card as well as he can. Each line of letters is numbered with a figure which indicates the distance that it should be read with the normal eye. When the vision is recorded it is written in the form of a fraction. The numerator being the distance of the patient from the card, and the denominator denoting the line read. For example:—If a patient at 10 feet can only read the line marked 100 the vision is written 10/100 or 1/10. If the patient at 20 feet can read the line marked 10 the vision is recorded as 20/10 which means that the sight is double that of the average eye. Reading the Snellen Test Card daily helps the sight. Children in a public school with normal eyes under 12 years of age, who have never worn glasses were improved immediately by practicing with the Snellen Test Card. Children with imperfect sight also improved, and with the help of someone with perfect sight in time the vision becomes normal without glasses. School children oftentimes are very much interested in their eyesight and what can be accomplished with the help of the Snellen Test Card. They have contests among themselves to see who can read the card best in a bright light, or on a rainy day when the light is dim. Many of them find out for themselves that straining, makes the sight worse, while palming and swinging improve their vision. Many of them become able to use the Snellen Test Card in such a way as to relieve or prevent nervousness and headaches. Many boards of education hesitate to be responsible for any benefit that may be derived from the Snellen cards in the schools.

### Hypermetropia in School Children

By W. H. BATES, M.D.

HYPERMETROPIA or far-sightedness is more frequent in school children than is myopia. The statistics average in the lower grades about ten percent myopia and eighty percent or more of hypermetropia. In higher grades the percentage of myopia is increased while that of hypermetropia is decreased.

It has been generally believed for more than one hundred years that while myopia is usually acquired by school children, hypermetropia is always present at birth. Many physicians who study the eyes of school children have had more interest in hygienic methods of myopia prevention and have recommended better schools, prescribed the early use of glasses and other measures to lessen the number of children who become nearsighted after they were at school. The prevention of hypermetropia was ignored and I have never seen any article devoted to the prevention of hypermetropia in school children. In the first place it is very difficult to prove or to demonstrate the amount of hypermetropia in young children with any degree of accuracy. I spent many weary hours many years ago when I prescribed glasses, trying to measure hypermetropia with the eye under the influence of eye drops. Twenty years ago I first introduced my method for the prevention of imperfect sight in children and kept records of the vision of the children from year to year, for eight years, in one school of about two thousand pupils. In New York City I have acquired a much larger experience. The symptoms of hypermetropia were more uncomfortable and interfered much more with the mental efficiency of the children than did myopia. Most children with myopia were able to read with comfort and their imperfect sight for distance is only inconvenient at certain times, but children with hypermetropia not only have difficulty in seeing near but they also have trouble in seeing objects at a distance. Some hypermetropes have just as poor sight as children who have only myopia. Hypermetropia not only impairs the vision more than does myopia but it is associated often with a great many more uncomfortable symptoms, pain, headache, fatigue. In short, hypermetropia interferes seriously with the school work much more than does myopia. A great many children leave school because they cannot stand the discomfort of their eyes suffering from hypermetropia and those who continue their school work suffer in many ways. They are unable to read without pain and fatigue and the memory is impaired, they fall behind in their classes and their school life is a burden. Surely it is more important to study the problems of hypermetropia than those of myopia.

The condition of the eyes at birth has been a matter of discussion for many years. Some of the early statistics recorded considerable myopia, 90%, others found no myopia and the eyes were apparently normal. It is difficult to draw correct conclusions from most statistics.

For some years I made it a habit to test the eyes of new born children a half hour after birth and to examine the eyes again at regular intervals. Some children's eyes were examined every hour with the aid of the retinoscope and the eyes under the influence of eye drops. The characteristic of them was the variability in the amount of hypermetropia. At certain hours the eyes would be apparently normal, a half hour later they would be hypermetropic in one or both eyes, at a later period, mixed astigmatism in one eye, and the other eye normal or hypermetropic. At a still later period both eyes normal. A week later both eyes might be normal or both eyes might have hypermetropia in the morning and be normal in the afternoon. Usually six months or a year later the eyes became more continuously normal. At four years of age, six years of age, just before they began school, the eyes of the children were usually normal. After being in school for a year or more hypermetropia began to be manifest and increased with each succeeding year. Myopia did not appear to any great extent before the age of ten or twelve and increased while the hypermetropia appeared to diminish. I have seen some children ten years of age with normal eyes, at eleven years with hypermetropia, at twelve years of age myopia, at thirteen hypermetropia, at fourteen the eyes apparently normal. This variability of the eyes of young children is a matter that should be considered very seriously. Those children who practiced with the Snellen Test Card every day with the help of the teachers, improved. The myopia disappeared, the astigmatism disappeared, the hypermetropia disappeared and the eyes became normal. Coincident with the improvement in the sight, teachers informed me that there was a wonderful gain in the efficiency of the children. There are teachers in the city of New York still using my method for the prevention of imperfect sight in children who have obtained so much benefit from its use that they are continuing to practice it although they were ordered by the Board of Education more than ten years ago to stop using my method.

It is a great temptation to put glasses on children for the correction of hypermetropia. The glasses for the correction of hypermetropia are magnifying glasses and their effect is to enlarge the fine print of school books to such a degree as to make it

much easier for the children to read. Children who are under a strain and have imperfect sight find their vision or their ability to read improved very much by glasses, much more so than the children who wear glasses for nearsightedness. There have been many plausible theories which have encouraged eye physicians to prescribe glasses for many children who do not manifest a very high degree of hypermetropia. It is possible to put glasses on children who have normal sight and by compelling them to wear the glasses continuously they develop hypermetropia and become able to see with the glasses. In fact there are very few people with normal sight but who can,—by wearing glasses continuously, become able to see at the distance with glasses for the correction of hypermetropia, when they do not have it. Just as there are children who can wear nearsighted glasses and see with them although their vision may be perfectly good without the glasses.

If a child has headaches and many children do have headaches from nervousness, from stomach trouble, conditions which often disappear by simple treatment and rest, I believe it is much better to have the children rest their eyes when they are in this condition, for a few days or a week or two because many recover without the need of glasses. Very few eye specialists realize the facts, and, without even considering the possibilities that the headaches might come from something else than the eyes, have prescribed glasses whether the children needed them or not. I do not believe that any children with normal eyes, under twelve years of age, ever recover or are benefited to any great extent by their use. It seems to me very much like a crime to compel children to wear glasses when their sight for distance and for near is perfectly good without them. The oculists will tell you all about latent hypermetropia, which means in the mind of the physician, that the child is really in need of glasses although the sight is normal. They believe that the child really has hypermetropia which is concealed or corrected by a strain of a muscle inside the eyeball and that it is the strain of this muscle to correct the hypermetropia which causes the headaches, or the nervousness, or the stomach troubles or any other disease of the body generally. Some have gone to an extreme and claim that epilepsy, St. Vitus Dance, deafness, diseases of the chest, diseases of the liver and many other diseases are caused by a strain of a muscle inside of the eyeball. This theory is wrong and the published evidence is conclusive that no muscle inside the eyeball is a factor in the focusing power of the eye.

Low degrees of farsightedness are readily curable, but in a great many cases which have 4, 7, or more degrees of error, the cure is for most people, or to most eye-specialists, very incredible. One of my patients had 7 D.S. She could hardly see the large letter on the Snellen Test Card without her glasses. To read was impossible. After a few treatments her vision became normal at 20 feet, and she read diamond type perfectly at less than 10 inches. She wrote me a letter recently as follows: "My eyes are behaving wonderfully well. At one time it was impossible for me to read even with my glasses in a moving train. To-day I read three columns of the newspaper without any trouble." Her letters are very legible and written without glasses.

### **Fine Print Pamphlet**

THE announcement in our July issue regarding the little pamphlet of microscopic print which we were about to bring forth was certainly received enthusiastically. The requests have come in so numerously that the initial order is almost exhausted. The benefits derived from this little booklet cannot be compared to the cost, which we have fixed at twenty-five cents per copy.

Place your order now, and learn how to read the smallest printing matter in the world.

### **Stories from the Clinic**

**By EMILY C. LIERMAN**

**SARAH**

*(Continued from July number)*

SARAH seldom missed a clinic day and she was very faithful in her treatment at home. Within a year's time she became able to smile with her mouth almost straight. I decided to try out a few ideas of my own, and suggested to her that a mirror might be of benefit in helping her to speak and smile, with her mouth straight all the time. As Sarah did not like palming, I had difficulty in getting her to imagine things perfectly with her eyes closed. She had no mental pictures. Below I describe how she obtained them. The mirror would help her to watch her mouth while she was talking or studying her lessons. I told her to go into a room by herself and practice for at least an hour every day. She was to study her lessons and recite poetry out loud, while looking at herself in the mirror, and to see how straight she could keep her mouth during this performance. I told her to remember, while at school, how she appeared while looking in the mirror reciting her lessons. I was amazed at the result, and so were Sarah's friends, as well as herself. This is the way she obtained the imagination of mental pictures. I always asked her to repeat the alphabet very slowly each clinic day. After a while she became able to pronounce each letter of the alphabet with her mouth perfectly straight. She could never do this correctly unless she blinked her eyes for each letter. This may sound silly to the reader, but when Sarah did not blink, before repeating a letter after me, she stared, and not only did she say the letter with her mouth crooked, but her left eye would bulge almost out of its socket. After Sarah noticed this wonderful improvement, she very often had a surprise for me when she came. One day we were late for the clinic, but there was Sarah, sitting patiently with the rest, eager to tell me of some wonderful thing she was able to do. When her turn came, she whispered in my ear, "What do you think I can do now? I can wiggle my left ear." It sounded so funny that I wanted to laugh, but Sarah was so serious about it that I dared not. Strange to say, when I asked her to do it for me, before she did the swing, without first closing and opening her eyes, she was unable to move her ear. But when she started to move her head slowly from left to right and began to blink her eyes, she wiggled her left ear, which greatly amused the kiddies awaiting treatment. Two years had passed and Sarah still had hopes that we could cure her, and her mother and father were very grateful because of her improved condition.

She came one day with a sty on the upper lid of the left eye. When I remarked it, she said she had been troubled with sties for many years, and at times they were very painful. I spoke to Dr. Bates about it, and he prescribed eye drops and salve, which gave her some relief, but the sties appeared again from time to time. At my suggestion, Sarah acquired the habit of closing her eyes

frequently most of the time, day or night, while she was awake. She was permanently relieved. She believed, as I do, that rest and relaxation helped in getting rid of the sties altogether.

At school one day she passed one of her former teachers in the corridor. This teacher had not seen Sarah for a year or more. She stopped and asked if she were not a sister to Sarah. "Why, no," she answered, "I am Sarah." The teacher looked at her in astonishment and said, "I did not know you, dear; your smile is so different, and your left eye looks so much better." Sarah told her about Dr. Bates, and his method of curing people without glasses. This teacher had progressive myopia for many years, and suffered greatly with her eyes. What Sarah told her did not convince her at the time, that she might also be cured, but about six months later sixteen girls from her class room came to us at the clinic for eye treatment. When she saw that their glasses had been removed from their eyes, and that they had improved faster in their studies, she called to see Dr. Bates at his office. In less than a year's time she herself was able to see without glasses. Every clinic day Sarah repeated the letters of the alphabet faithfully, until she could say them with her mouth perfectly straight. Then one day she had another surprise for me. Something she had never been able to do in all her life. She learned to whistle with her mouth straight. What a wonderful stunt that was for Sarah. This she could not do unless she first practiced the swing. Rest or relaxation always relieves tension of the body as well as the eyes. I wish to emphasize the value of rest and relaxation obtained by the swing and by blinking in curing all diseases of the eye, no matter what the cause may be.

My experience in the treatment demonstrated that many popular theories of the cause of paralysis of the motor nerves are wrong. For example, it is generally believed that when a motor nerve ceases to function properly, the recovery cannot take place until some disease or permanent organic condition is relieved. Sarah became able to close her eye quickly almost completely, after practicing the swing, which could not have occurred if the paralysis of the nerves was of a permanent nature. I am aware that cerebro-spinal meningitis is caused by a germ, which is an important factor in the destruction of the nerves which control the muscles of the eye and face. I do not think that anybody will maintain that the swing had anything to do, directly or indirectly, with the germs of the disease, or with the results of the inflammation caused by the germs. My experience with the treatment of other cases of paralysis of the muscles of the eyes, caused by infection, confirms my belief that the paralysis is not due so much to local changes in the nerves as it is to mental causes. Sarah was pronounced incurable by many prominent, capable nerve specialists. I believe that one reason why local treatment did not help her was because she had no trouble with the nerves sufficient to produce the paralysis. The only treatment which helped her was mental relaxation obtained by the swing. It was the strain of her mind which produced all the symptoms of paralysis. She had no more trouble when her mind was at rest.

## **What the Silver Jubilee Omitted**

**By EMILY A. MEDER**

CIVIC interest was thoroughly aroused at the recent exhibition at New York's Twenty-fifth Anniversary. What old, half-forgotten memories surged through my mind as I looked once more at the obsolete horse-drawn street cars. While gazing at these, they seemed to fade away before my sight (complete relaxation, not eccentric fixation), and I recalled the trips I used to take in these cars in the past. With a stiffly starched frock, and, if I were extra stylish, a little hand kerchief tucked in at the waist, I trudged beside my Dad en route to the street car. Upon boarding this we sat peacefully for an hour and a half, before we reached our destination, the Aquarium. One hour there looking at the wonders of the sea, and another two hours to get home. Practically the whole afternoon consumed for what can now be accomplished in about two hours. No wonder we swelled with pride while looking at the evolution of the various vehicles, instruments, machinery, and public conveniences. I only had one regret. Great effort, both physical and mental, was manifested in the production of such superior tools with which the humans work, but the same detailed thought was not given to devise ways for us to obtain the utmost efficiency from the greatest tool of all—our body. I readily admit that great strides forward have been made in medicine, surgery, dentistry, and industrial appliances, but we are, in one respect, just where we started one hundred and fifty years ago. PEOPLE STILL WEAR GLASSES. The Jubilee could have produced no greater thrill for me if there had been a separate showcase with a pair of glasses carefully protected, and marked, like the dodo, EXTINCT.

There is an expression used greatly of late, which, by the way, should be discarded with glasses, and that is, "Better late than never." People who apply this maxim to their daily lives are usually "fired" from their positions or are the onlookers of life, and at the tail end at that. However, to go on, Dr. Bates' work is becoming better known than ever before, and the papers are wildly clamoring for interviews, until it seems as though the public were trying to make up for lost time. We can truthfully say that it is better to come late than not at all, but looking at this from another angle, just think of all the people who could have evaded untold misery, and even agony, if they had known of this work before.

One lady reporter had heard of Dr. Bates' cure of imperfect sight without glasses, and came for an interview about a week ago. Dr. Bates saw that she had imperfect sight, and in order to determine the trouble he applied the retinoscope, which tells at a glance the condition of the patient's eyes. The young lady was intensely interested in this instrument as Dr. Bates explained its use to her. He also told her of one of his discoveries regarding this. Telling lies is bad for the eyes. If a patient lies, the retinoscope will indicate that the shape of the eyeball has been sufficiently altered to make the focus imperfect. Defective vision is caused by strain, and to lie requires an effort or strain. Practice, of course, makes perfect, but even those accomplished in the art of "fine fabricating" have to make more of an effort than they do when telling the truth. The mental effort, therefore, produces a slight strain, which is immediately discovered by the retinoscope.

This piece of news evidently interested the reporter more than the other discoveries made by Dr. Bates, as she wrote an article dealing with the retinoscope alone. Since that time reporters have been writing about this, claiming that Dr. Bates has found a better "truth detector" than scopolamin. We know this to be true, because exceptions have been found in the use of scopolamin, whereas the retinoscope reflects the natural change in the eyeball, and this is infallible.

One of the reporters from a large city paper asked innumerable questions relative to the discovery and use of the lie-exposing qualities of the retinoscope. When these were answered to his satisfaction, I asked him why he was dwelling so much on the novel and sensational properties of this instrument, rather than the prevention and cure of imperfect sight. He answered in a way that rather dampened my good opinion of the sagacity and intelligence of the average newspaper reader. "The public is always on the lookout for something novel that will insure a thrill. Something that they can take in at a glance, which doesn't need to tax their thinking capacity. The retinoscope will supply them with a topic of conversation for a time, and they can make witty quips, about installing one in the home, to find out the true relation of the family budget to the dressmaker's bills." I suppose this is true, but

wouldn't the public be doubly thrilled and excited if it were to be made plain to them that glasses are wrong, that they can dispense with them, and last, but not least, can cure themselves?

I hope that we all may be able to visit the next anniversary of New York City and note some of the great improvements made in the human physique, among and foremost of these being the prevalence of perfect sight, and absence of glasses from all. This is coming gradually to be sure, but inevitably.

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FROM time to time we receive letters containing various questions that are supposed to be answered in the subsequent issue of the magazine. Some of our correspondents, however, do not sign their names or addresses. We wish to say here, that while we are very glad to give personal attention to every letter, we will not do so if the letter is unsigned. We think it is only common courtesy for the writer to let us know with whom we are dealing.

## **A Game to Cure Stage Fright**

**By FLORIAN A. SHEPARD**

"MARIAN is going to clap part of this piece for us before she plays it on the piano," I said to our friends at the June Recital. She wanted to do this because she loves to "clap" any music, and she knew she would play all the better for it.

She knew the piece perfectly, so for the sake of the audience I asked, "What time is this piece written in?" A terrified look came into her eyes, and she stared blankly. At any other time she would have answered readily and delightedly. Here was the time for our "game."

"Shut your eyes, dear," I suggested. "Can you see a picture of the piano keys?" A smile spread over her face and she nodded happily. "Now, can you see a picture of the printed music? Do you see the measure full of chords—one for each beat?" She saw them, counted them, and told us what kind of notes they were; then she remembered the time-sign.

After that everything went happily and smoothly. The memory of perfect sight had helped her to forget her fear and relax while she did her part. It has helped Marian (and other pupils) many times in her lessons when she was disturbed over some mistake or supposed difficulty. If she repeatedly makes the same mistake from a wrong habit formed at home, and fails to correct it when she tries, I get her to close her eyes and see a "picture" of the right finger on the right note at the right time. When she opens her eyes, she usually plays the passage correctly. The memory of perfect sight helps her to relax mentally and physically, and so she gets a fresh start.

I have always asked "leading questions" when a child seemed rattled; but by helping him with "mental pictures," I have demonstrated that a pupil can think and act more naturally and efficiently. This game quiets him when he is excited or hurried, and rests him from strain.

## **Announcements**

WITHIN the past few months we have received innumerable inquiries regarding the use of the burning glass. It is well known that the sun strengthens the eyes, and with the aid of the burning glass the direct rays of the sun are focused on the sclera.

Have you ever noticed that upon emerging from a dark room into a strongly lighted one, or from the dark movies into the sunlight, that you are temporarily blinded? This should not be. The normal eye accommodates to the varying conditions, and if it fails to do so the vision is defective. The burning glass accustoms the patient to the strong sunlight, and strengthens the eye.

We have on sale a burning glass which is a magnifying glass of the desired strength, bound with a german-silver rim, especially constructed for this particular purpose. Price \$5.00

## **Important**

The attention of our readers is called to the forthcoming September issue of Hearst's International Magazine, which contains an article by W. H. Bates, M.D., entitled, THROW AWAY YOUR GLASSES.

## **August Meeting**

The next meeting of the Better Eyesight League will be held as usual on the second Tuesday of the month, August 14th, and we hope all our members who can conveniently do so will attend with their friends. Our new quarters are so pleasant and cool that we know the evening will be an enjoyable one in many ways.

## **Minutes of the Better Eyesight League June Meeting**

NOTWITHSTANDING the fact that the New York City Silver Jubilee was at its height only one block away, and that the evening was one more conducive to a nice cool "bus" or boat ride, the meeting-room of the Central Fixation Publishing Company was filled to capacity long before the meeting was called to order.

Miss Hurty, in her very capable and business-like manner, presided, and after discussing some "old business" which has been a source of confusion to a few of the members, introduced Dr. Cornelia Brown, of East Orange, who was scheduled to be the principal speaker of the evening.

Dr. Brown is certainly a strong enthusiast for Dr. Bates' method of curing imperfect sight by treatment without glasses, and she



knows whereof she speaks, for not only has she cured her own eyes, after wearing glasses for twenty years, but she has had great success in treating her patients. A year ago she started a Better Eyesight League in East Orange, and it is growing not only in size, but in popularity, ever since. She told of many experiences, and the results have been such that no one hearing her would have the slightest misgiving about their own particular case, be it ever so serious. Dr. Brown emphasized the fact that what impressed her most was the naturalness, the simplicity of this treatment. When one has imperfect sight, one has to go to a great deal of trouble to keep it imperfect. One strains, and stares continually, which is not the normal thing to do. The normal eye is forever moving, and constantly sees things move, not by making an effort, but by doing the most natural thing in the world—*relaxing*.

Miss Reicher brought a man who is totally blind, having atrophy of the optic nerve. He is undertaking the treatment, and we will tell of his results in a later issue.

Dr. Bates then spoke of the benefits of the sun. He mentioned the case of a young lady who went to an eye-hospital for treatment, where she was kept in a dark room for two years. At the end of that time her condition was decidedly worse and in due time she came to him. Dr. Bates *cured her by the sun treatment*. He quickly trained her eyes to become accustomed to the sunlight until she could look at the sun, swinging it from side to side without discomfort. She finally obtained normal vision in both eyes.

In a New York paper, under to-day's date, there is an article which brings home stronger than ever the fact that the eyes need the sunlight. It seems that a little child of about three years, born with a twisted leg, and considered somewhat of an "ugly duckling" to her inhuman parents, was isolated in a dark hole in the cellar of their home. By accident, a plumber, who was called to make some repairs, unknown to the parents, discovered the unfortunate child, and immediately reported the state of affairs to the local police. The child was taken to the hospital, and all efforts to cure her are of no avail. **She was totally blind, due to lack of sunlight**, and incurably insane.

Another instance cited by Dr. Brown, which substantiates Dr. Bates' statement regarding the benefits of strong light, was her experience with the ultra violet ray. Dr. Brown uses this in her laboratory for various treatments, and she said upon purchasing this, she received explicit directions *not to look into the light* without a shade of some sort. One morning, however, in her haste, she accidentally gazed into the light, and temporary blindness resulted. Knowing that the sun will cause the same discomfort if one is unaccustomed to it, she decided that if Dr. Bates' method was right, this strong light would help rather than harm the eyes. She therefore made a practice of looking into the glare at regular intervals, prolonging the period a few moments each time. She is now able to look squarely into this without the least discomfort, and she says that she knows her eyes have been strengthened as a result.

## The Question Mark

Dayton, Ohio.

Q—Which is more beneficial, the short or the long swing? L. P.

A—The short swing, if you can maintain it.

Boulder, Col.

Q—I find that when I imagine a period, and try to hold it, it causes discomfort. Why is this? A. S.

A—You are straining. Never try to hold anything. Imagine the period moving from left to right. This overcomes strain.

New York City.

Q—I have great difficulty in seeing things move. W. M. M.

A—This is the cause of your defective vision. The normal eye sees things moving continually. Read the chapter on imagination.

Brooklyn, N. Y.

Q—Are the movies harmful? T. E. B.

A—No. Quite the contrary. Send for the magazine on this subject.

East Orange, N. J.

Q—Can the layman use the burning glass. J. S. P.

A—Yes. A great many of our readers use this with remarkable success. Directions are mailed with each glass.

## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

September, 1923

### Aids to Swinging

IT IS possible for most people to do a very simple thing—to **move the finger nail of the thumb from side to side against the finger nail of one finger**. This may be done when the patient is in bed or when up and walking around, in the house, in the street or in the presence of other people, and all without attracting attention. With the aid of the movement of the thumb nail which can be felt and its speed regulated one can at the same time regulate the speed of the short swing. The length of the swing can also be regulated because it can be demonstrated that when the body moves a quarter of an inch from side to side that one can move the thumb from side to side. If the long swing is too rapid it can be slowed down with the aid of the thumb nail; when it is too long it can be shortened. At times the short swing may become irregular and then it can be controlled by the movement of the thumb nail. It is very interesting to demonstrate how the short swing is always similar to the movements of the fingernail. One great advantage connected with the short swing is that after a period of time of longer or shorter duration, the swing may stop or it may lengthen. It has been found that the movement of the thumb maintains the short swing of the body, the short swing of the letters or the short swing of any objects which may be seen, remembered or imagined. A letter O with a white center can only be remembered

continuously with the eyes closed when it has a slow, short, continuous, regular swing and all without any effort or strain. The imagination may fail at times but the movement of the thumb can be maintained for an indefinite period after a little practice. One can more readily control the movement of the thumb instead of the eye.

## **Dodge It**

**By W. H. BATES, M.D.**

WHENEVER your sight improves shift quickly to something else. Dodge your improved vision. Whenever you see things imperfectly shift your eyes quickly to something else. Dodge your imperfect sight. To stare always lowers the vision. Do not stare. Dodge it: It is interesting to demonstrate the great fact that perfect sight comes so quickly that you cannot avoid seeing things perfectly. The long swing is a great benefit as long as you dodge the improvement in your sight. The short swing requires more relaxation, and to dodge the improvement in your vision is more difficult. Practice the swing which gives you the best vision, or the vision that you are able to dodge. The eye should always be sufficiently relaxed so that you will be able to dodge. One patient was wearing very strong glasses concave 15 D. S. with which he obtained vision of only 20/70. Without his glasses he was able to remember a letter or a period perfectly as long as he did not try to see anything. With the retinoscope it was demonstrated that when his memory was perfect his eyes were normal, he had no nearsightedness. As soon as he tested his sight he lost his memory, the myopia or nearsightedness returned, and his vision became very imperfect. By practicing most of the time out of doors, or in the house on ordinary objects he became able to dodge any improvement in his sight, but not enough in the beginning, or not quickly enough to avoid the fact that his vision in a moment became worse. He was unable to do much with the Snellen Test Card at first, and the temptation to stare and not dodge prevented him from shifting from one object to another, quickly enough to retain his perfect memory. He finally became able to dodge any improvement in his sight before his memory failed. At the end of a week he reported one day when he came in to see me that he was cured. I tested his ability to dodge any improvement in his sight and found it as good as that of the normal eye. He could not only dodge the improvement in his sight for ordinary objects, but had at last become able to do it when he looked at the Snellen Test Card.

I asked him, "Can you look at the bottom line at twenty feet for so short a time that you do not lose your perfect memory?"

"Yes," he answered.

"Can you read any letters on the bottom line?"

"I cannot help but read them."

Another patient whose vision had been equally as poor and who had nearsightedness as well was very much benefited by the memory of a short swing of her body, about one-quarter of an inch. She could maintain this swing continuously with her eyes closed, and almost as continuously when she would look at a blank wall where there was nothing to see. When she regarded the bottom edge of the card with a perfect memory of a short body swing, the letters became perfectly black but she could not at first shift her eyes, or dodge the improvement in her sight quick enough to maintain the memory of the body swing. By practicing at all times and in all places, in the house or on the street, her ability to dodge became better. It was such a shock to her to read the bottom line at six feet without glasses, that she became panicky, and lost her mental control, failed to dodge, and lost her improved vision. Perfect dodging of improved vision can only be done perfectly by the normal eye. The normal eye does not have normal sight continuously unless it shifts or dodges what it sees at frequent intervals. ([Dodging – to avoid staring by shifting the eyes to a new point.](#))

When dodging or shifting the shorter the shift the better provided one sees best where he is looking and sees worse all parts not regarded. One may shift to the right of the letter when the letter is to the left of the point regarded and then shift to the left of the letter when the letter is to the right of the point regarded. Every time the eyes move to the right the letter moves to the left, every time the eyes move to the left the letter moves to the right and by doing this a few times most people become able to imagine that when the eyes move the letter appears to move in the opposite direction. This is called the Swing and when one is able to imagine a letter moving or swinging from side to side the letter is not regarded directly, the stare is prevented by the shifting or dodging and the vision is improved. When one regards a small letter of the Snellen Test Card at a distance where it can be seen perfectly and continuously, most people can demonstrate that they do not see the right hand side best all the time or the left hand best all the time, but that they are shifting from one part of the letter to another, and this may all be done unconsciously. If one, however, stares at one part of the letter continuously the vision soon becomes blurred. It is necessary to keep dodging from one part of the letter to another. Every time the eyes move one can imagine the letter moves in the opposite direction. Staring at some point of the letter continuously always blurs the sight.

[Letter moves in the opposite direction = The swing, oppositional movement.](#)

## **CENTRAL FIXATION**

When the eye sees best where it is looking it is called Central Fixation. Of course when one sees one point best it must see all other parts worse. It is a great help in accomplishing Central Fixation to ignore or dodge all other objects or letters ([objects/letters the eyes are not looking directly at, that are in the peripheral field](#)). To see worse may require in a way greater rest of the mind because in Central Fixation a great many more things are seen worse and only one thing is seen best. It must be borne in mind that dodging may be done right or it may be done wrong like many other methods of improving the sight. Dodging is done properly when things are ignored. We do not think so much of the objects seen worse ([in peripheral field](#)) as we do of the one object which is seen best ([in the central field](#)). It is impossible to have perfect sight without Central Fixation. Central Fixation is demonstrated to be a passive condition of the mind and is always accomplished without effort. It is necessary then to dodge the objects not regarded.

## BLINKING

It is a rest to the eyes to close them and keep them closed for a few minutes or a half hour or longer. When the eyes are open the vision is usually improved for a moment or longer. The normal eye can look at a small letter of the Snellen Test Card and see it continuously but when it does so the letter is always moving and the eyes are not kept open all the time. Closing the eyes effectually dodges perfect or imperfect sight. Usually unconsciously the normal eye closes and opens quite frequently and at irregular intervals and for very short spaces of time. Most people can demonstrate that when they regard a letter that they are able to see quite clearly it is possible for them to consciously close their eyes and open them quick enough and see the letter continuously. This is called Blinking and it is only another name for dodging. Dodging what? Dodging the tendency to look steadily at things all the time. All the methods which have been recommended for the improvement of the vision, central fixation, palming, swinging, blinking can all be grouped under the one word—dodging.

One of the characters in "Oliver Twist," by Charles Dickens, was called the "Artful Dodger." Persons with good sight may not be artful but they certainly are good dodgers.

## Stories from the Clinic

By **EMILY C. LIERMAN**

### CURED IN ONE VISIT

A COLORED mammy came to our clinic complaining of great pain in the back of her eyes. She had visited a doctor before she heard of Dr. Bates, and was told that her eye trouble came from indigestion and eating wrong food. After trying a diet for six months which was prescribed for her, with the result that the pain in her eyes still continued, she came to us with very little hope of being cured. After I had taken her record, name, and age which she said was 32, address and where she was born, I asked her if she had ever worn glasses.

"No mam," said she, "And you can never make me wear them. I hate them, I do."

She went off on a blue streak relating her family history.

"You know, mam, my mother had only one bad habit until she died, and thank the Lord it wasn't wearing glasses. She lived a good simple life, but my, how she did love her corn-cob pipe. But she never committed the sin of wearing glasses."

Well, this was a new one on me. I have been treating many colored patients for eye strain since my work began with Dr. Bates, but this was the first one who thought that wearing glasses was committing a sin. Most of her kind think it adds to their appearance to wear glasses and many times Doctor was asked to prescribe plain window glass so that they could wear glasses.

I tested mammy's sight with the test card which was 10/30 with each eye. I moved the card only one foot further away and this caused such a strain that she could only see the 40 line. Then I told her to palm and asked her to describe one of the letters she saw on the card. As she did not answer me right off I thought she had not heard me so I repeated it. She answered, "Do you know mam, for a minute I couldn't remember a single letter." I explained to her that such was often the case, imperfect sight, imperfect memory. I pointed to the letter E and asked her to close her eyes and describe it. This she did by saying it had a straight line at the top, also to the left and bottom and that the right side was open. Before mammy opened her eyes I moved the card still further away, which was now fifteen feet to be exact. Mammy had been palming about five minutes, still remembering the letter E of the forty line of letters. I stood beside the card with my finger pointing to the first letter next to the bottom line, called the fifteen line. Then I said, "Before you open your eyes please remember that you must not try too hard to see the letter I am pointing at. If you do not see the letter immediately, do not worry about your failure to do so but close your eyes again and remember your E for a few minutes." Mammy opened her eyes and said the letter I was pointing at was an R, which was correct. We were both very happy at the result but I made her close her eyes again and remember the R better than she saw it. In less than five minutes she stopped palming and read all of the fifteen line correctly. I produced another card which she had not seen, and she was able to read the same line of letters as well. This meant that she had normal vision. Mammy thought she was all cured but I had my doubts as to her being able to read fine print. When I held one of Doctor's diamond type cards six inches from her eyes, one would have thought that I had intended to strike her, for she drew back her head suddenly as the little card came in view. She shook her head sadly and said, "I shall never be able to read that fine print for you. That is too much to ask."

I answered, smiling at her, "No, you don't need to read it for me, read it for yourself."

She said she was willing if I would show her how to do it. I told her to move the little card slowly from side to side flashing the white spaces between the lines of letters without trying to read. She kept this up for ten minutes or a little longer and then she screamed as the letters began to clear up and before Mammy left the Clinic she read the seven truths of normal sight.

## Cataract Cure

By **HERBERT PARRISH**

*Rector of Christ Church, New Brunswick, N. J.*

AN aged member of my congregation, nearly eighty, who had been accustomed to read the Bible every day of her life, and who could also read the newspaper and thread needles and sew, suddenly lost her sight early in February. She became increasingly blind and by the end of March was unable to do any reading whatever or to sew. Since there was little else that she could do, life seemed to have gone out for her, into darkness, and she was greatly distressed.

In April her daughter took her to one of the best eye specialists in this vicinity who made an examination of her eyes, said that nothing could be done at that time, charged her five dollars for the examination, and handed the daughter a slip of paper as she left the office. The daughter supposed that the paper was a receipt for the five dollars, but on reaching home and opening the paper she found that it contained a single word, "Cataract." The Doctor evidently hesitated to distress the old lady by telling her directly what was the matter. She had gone blind from cataracts.

Shortly after I visited the old lady at her home in order to administer the Sacrament. After the service I told her about the methods Dr. Bates used to cure cataract and I suggested that she should try palming her eyes three times a day and swinging. This she did very faithfully and before the end of the month she became able to read the larger print of the newspapers. Gradually she regained her sight and in the course of a month or two was able to resume her practice of reading the Bible daily and the ordinary print of the newspaper. She also was able again to thread needles and to sew.

She continues the palming and swinging. Her eyes have cleared up and are bright.

## **What is the Monetary Value of Your Eyes**

**By MINNIE E, MARVIN**

DID you ever stop to think of just what cash value you would place upon your eyes? Would you take a thousand or a hundred thousand dollars for your sight? To the average person this is a great deal of money. One feels that with a hundred thousand dollars one could satisfy most any ambition, be absolutely independent; but *would* you, without your sight?

To the artist, this money would mean a finished education among the old masters of Europe; to the physician it would mean the power enabling him to experiment along the particular lines of his endeavor for the benefit of mankind, and to the mother it would mean luxuries for her babies. But, after all, without sight these things are negligible. The greatest joy comes to the artist in beholding his finished product, and noting the glances of admiration cast upon it by an appreciative throng. The physician is rewarded by the idolatrous and grateful smiles of his patient, whom he has grasped from death's door; and is there anything more wonderful to a mother than to notice the new little charms manifested each day by her young offspring?

No, truly, there is no greater gift than sight; still some thoughtless people hold it lightly. They abuse their eyes in every conceivable way, and then, to cap the climax, cover them with a pair of glasses, and expect them to get well. A great many people spend more time hunting bargains in eyeglasses, and in getting the kind of rims adapted to their particular style of beauty, than it would take to cure their eyes by following the method outlined along the lines of common sense.

In Dr. Bates' book, *Perfect Sight Without Glasses*, is the material explained in a simple, natural way whereby every person having any form of defective vision can positively cure himself. All that is needed is a little backbone. Leave off the glasses. Allow your eyes to function naturally and see how they enjoy it. A baseball pitcher wouldn't think of binding up his pitching arm with splints weeks before a game is scheduled, would he? No, indeed; the results would certainly be disastrous to him. Neither would a marathon runner neglect his daily sprints that keep him in trim. The same principle applies to the eyes. When glasses are resorted to, the natural functioning powers of the eyes are curtailed, and as a matter of course become gradually weakened.

There has been a great deal of talk recently about some sort of organization which calls itself the Eyesight Conservation League. This League has been distributing pamphlets and circulars *anonymously* throughout the schools, byways and highways of the United States. The object of this League is to *prescribe glasses*. The reports of their representatives, submitted to headquarters at regular intervals, are merely records of the number of glasses prescribed. No mention is made of the number of children benefited.

According to their ideas, their object has been accomplished when the glasses are placed on the children, when as a matter of fact we all know that the sight will never become normal just so long as the glasses are worn. How often do you hear a person say, "Oh, my eyes are perfectly normal. Now, you see, I wore glasses for such and such a time, and the defect has been entirely cured." Have you ever heard it? I never have, and I doubt if anyone else has. Glasses *never* have cured defective vision.

We hope all our Better Eyesight League members and friends who know of Dr. Bates' method of curing defective sight will do all they can to put a stop to this sort of propaganda for "sight conservation." It *conserves* it, true enough; *preserves* it, might be the better word—preserves it in such a way that the normal vision is never manifested, so long as the glasses are worn.

## **A Talk to the League**

**By ANTOINETTE A. SAUNDERS**

*The following is an extract taken from a talk given by Miss Saunders before the members of the Better Eyesight League at the July Meeting, and deserves special mention.*

PLAIN common sense and statistics tell us that glasses have not, cannot, and never will cure errors of refraction; if they could people would wear them for a short while only, and discard them when cured. Have you ever seen a person doing so? We all know that generally the strength of the artificial lenses must be steadily increased, and in many cases it leads to cataract and blindness—and there are still people who believe that they are saving their eyesight by wearing glasses. When, oh when, will they wake up?

I dare say that errors of refraction is an imaginary disease. Dr. Bates can tell you how many patients fitted with plain glasses and even with wrong lenses, are coming to his office daily. How can they see through these ill-fitted lenses?—autosuggestion. Most of these people claim that glasses are a great comfort and they say they cannot see without them—but sometimes we catch them forgetting themselves, their eyes and glasses, and find they can read with perfect vision, an interesting article in the paper or a lettre d'amour just received, until they remember their glasses, and presto the perfect vision is gone. Where has it gone to? You see this is the result of autosuggestion when used in a negative way.

I have suffered long enough to know what I am talking about. From birth up I was troubled with catarrh. My eyes were frequently bloodshot, the lids swollen, inflamed and sore from a discharge. There also was a film over my eyes so that I saw everything as through a cloud. I had worn glasses for twenty-eight years. Some I lost, others I gave away to very poor people believing, at that time, that I saved somebody's eyesight. All of them were fitted by the best eye specialists here and abroad. They told me that it must be entirely my fault if I could not see with them as they were fitted most accurately and I should try to get used to them. Well, I tried hard for 28 years, but day by day in every way I got worse and worse. I was afraid to cross a street because I ran right into moving vehicles: I fell not only up and downstairs, but also over imaginary objects and was the joke of the day for my friends and acquaintances. One day I crossed Fifth Avenue at 24th Street and ran into a rope which hit me on the nose and broke the left lens. When I looked around to find out the cause of the trouble *I saw the rope with my naked eye, but could not see it with my right eye,*

*which was still covered with the lens.* Then I woke up. I refused to wear glasses on the street, although the doctor warned me, prophesying that I surely would meet with a terrible accident. But after all the experience I had had with my collection of glasses I took the responsibility on my own shoulders and stopped wearing them on the street. At work I had to use them until I met Dr. Bates, who not only improved my vision rapidly, but also cured in a couple of minutes a very severe headache of many years standing.

Today I can read fine print and some of the photographic reproduction print by good daylight. I consider myself cured—at least from the habit of wearing glasses.

I also wish to mention that my health in general has improved immensely at the same time. I have no nervous breakdowns any more. I forget what fatigue is although I am working strenuously from early morning till midnight and longer. The rheumatism which accompanied me for 35 years has vanished completely. I must admit this has one drawback, namely—I lost the ability of forecasting the weather.

In conclusion I will try to answer two questions which I know are on your mind. First:—How did I improve my sight?—simply by following Dr. Bates' personal instructions and also practicing the various exercises outlined in his book. The long swing was most helpful to me.

Second:—How did I overcome the difficulties of working without glasses before my vision was improved?—I watched myself carefully, found out the particular way I used to strain and avoided that particular way of staring and straining. I tried to relax as well as I could and to stay relaxed during work. I gave full attention to my work and forgot my eyes. I do not ask you to kid yourselves by repeating a certain number of times, "I can see, I can see," and actually fail to see; but it is a fact whenever I thought I could see and was sure about it, I always did so without a single exception and whenever I was uncertain and thought "maybe I can see and maybe I cannot see," sure enough I could not see a single letter of any size and at any distance. So I advise you to **think, expect, remember and imagine perfect vision** and you shall have it at that very moment you need it. We all know that our physical body is not made of one big piece of something. It consists of many trillions of tiny little cells, each tiny little cell has its own tiny little brain, it knows its work and is only too willing to perform its duty if we do not interfere with it. To illustrate this statement I will tell you about an experiment which was made in one of our many laboratories.

A scientist took one single eye-cell of a chick's embryo and transplanted it to the back of the neck. The chick was hatched out with three perfect eyes. Two in its normal place and the third on the back of its neck. Now, if a chick's eye-cell knows enough and has the power to multiply so rapidly to make up for lost time and to build up a perfect eye, although out of its normal place, then I should think we need not worry about our eyes and how they can see without glasses. The human eye must be at least just as intelligent as a chick's eye, and if so then give your eyes a chance. Have faith and confidence in yourself and in your eyes.

## Announcements

### STORIES FROM THE CLINIC

ALTHOUGH the Clinic at the Harlem Hospital has been discontinued, the records of all the interesting and peculiar cases have been kept.

Doctor Bates and Mrs. Lierman visited the Clinic three days a week, the patients averaging fifty or more a day. Mrs. Lierman was always able to reach the human side of these patients, some of them in agony with various diseases of the eye, some blind with Cataract, and others terribly uncomfortable with minor defects. A brief synopsis of all these cases was kept, and we have pleasure in announcing that each issue of the Magazine will contain one of Mrs. Lierman's Stories for some time to come, selected from an unlimited amount of material.

### BETTER EYESIGHT LEAGUE

READ the Minutes of the July Meeting of the League, and be sorry if you did not attend! So many different questions arise, are discussed and settled, and so many points in doubt, cleared up, that it is certainly to the members' advantage to attend. It's worth while!

The Second Tuesday falls on the 11th, and we would like to see everybody at the September Meeting. There will be a Grand Reunion of all the vacationists at 383 Madison Avenue 8 o'clock

### BOUND VOLUMES

WE are taking orders for the Bound Copies of the Magazine, which is now at press. The volume contains every number from July, 1922, to June, 1923. It is attractively bound in limp leather, similar to that of the book, and is excellent for reference when used in conjunction with PERFECT SIGHT WITHOUT GLASSES. Send for yours—Price \$4.25.

## Minutes of the Better Eyesight League

THE speaker scheduled for the evening was Mrs. Gordon, a patient of Doctor Ruiz Arnau. Being troubled with Presbyopia, and severe headaches, Dr. Arnau came to Dr. Bates for relief. Upon being cured, he took the course of treatment under Dr. Bates and is practicing this method with great success. The following reports of some of his patients were received with interest:

Mrs. Gordon could do nothing without her glasses, which she wore for three years. However, as they failed to improve either her vision or her sick headaches, she visited Dr. Arnau, whom, she heard, was using Dr. Bates' method. At the end of three weeks she



was amazed to discover that she could not only leave off her glasses without the least discomfort, but her headaches had disappeared. She can now sew, read, thread needles and continue her work of teaching with ease. Mrs. Gordon explained that if she was cured in three weeks, children ought to make rapid progress and be cured permanently in less time.

The other patients who cited their experience with Dr. Bates' method, under Dr. Arnau, were two little girls, and a boy. The first child to speak said she had a very trying time with the doctor at school. He prescribed glasses for her, but when her parents saw she was no better they took her to Doctor Arnau. He immediately removed her glasses, and had her palm for a short time in his office. When he re-examined her eyes, he saw immediate improvement. The parents were greatly gratified, and sent her back to school without her glasses. However, the teacher was greatly perturbed at this breach of ancient custom, and requested the child to either resume the glasses or remain away from school entirely. The little one went home, and continued the treatment under Dr. Arnau for one week. At the end of that time she was pronounced cured by him, and returned to school *without her glasses*. She was again sent to the school doctor and examined. When he saw that she could read to the bottom line without discomfort, he told her to go back to her class, and the subject was dropped.

The next little girl was troubled with Myopia. While she could read with an effort, she could not see the little words, such as it, an, etc. Dr. Arnau taught her how to think, see and remember black, by flashing the white spaces, and remembering the little period, she was able to imagine the little words, until they cleared up, and she could actually see them. In a few weeks' time she could read without an effort, and if she did revert to the unconscious strain, she received immediate relief and relaxation by remembering the black period.

The young man of twelve was next to tell of his experience. He explained that the swing helped him, and he demonstrated the various swings, shifts, including the movement of the eyes from left to right to make the objects swing in a slow, easy motion.

Another member gave a brief history of her case, and concluded by saying she receives the greatest benefit from reading the test card every night, before retiring. She has it always in her room, and takes it with her on her vacation.

It is a curious feature of the preceding reports that each speaker claimed a different exercise helped him. The memory of black helps some most, others like the palming, and still others become nervous when palming, and like the different swings. By trying each one, and noting the results obtained, the most beneficial can be adapted to each individual case.

### The Question Mark

Newark, N. J.

Q—Please state in detail why fine print is a benefit. L. G.

A—Send for detailed explanation. It requires more of an effort to accommodate the eye to large type than to small.

Wilmington, Del.

Q—Is it really possible to cure oneself by reading the book, PERFECT SIGHT WITHOUT GLASSES? ANNA S.T.

A—Yes. Follow the instructions as outlined.

New York City.

Q—Have had good results with Dr. Bates' book, but as yet cannot leave off my glasses with comfort. May I resume them when I do close work? MRS. CLARKE.

A—No medicine is easy. Put up with the discomfort. Learn how to diminish and abolish this day by day. Leave off your glasses.

East Orange, N. J.

Q—My husband has a fully developed Cataract. Can this be removed by Dr. Bates' method without operation? MARY S.

A—Yes.

Albany,

N. Y.

Q—If fine type is beneficial, why do they print Children's school books in large type? JOHN H.—Teacher.

A—For the same reason that people wear glasses—Ignorance of the proper way.

Stamford, Conn.

Q—Trying to make things move gives me a headache. Palming gives me more relief. Why? EAS.

A—Making an effort to do a thing won't help you. When you are walking the street, the street should go in the opposite direction without effort on your part. Some people get more relief from palming, while swinging helps others best.

**Use Your Eyes  
Not Your Glasses**

No home should be without this book, **THE CURE OF IMPERFECT SIGHT WITHOUT GLASSES**, by W. H. Bates, M.D.

What would you take for your eyesight? Can you estimate its value?

Learn to use your eyes properly so that the defects can be remedied: not temporarily but *permanently*.

In this book all diseases of the eye are covered, and by leaving your glasses *off* and practicing the methods a few minutes a day as outlined by Dr. Bates, the results will be astonishing.

Surely your eyes are worth this much.

To avoid delay, we are sending these books C.O.D. on approval for five days. If it is not all we say it is, you have the privilege of returning it and upon its receipt in this office our check in refund will be sent immediately.

PRICE \$5.00

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## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

October, 1923

### Multiple Vision

PERSONS with imperfect sight when they regard one letter of the Snellen Test Card or one letter of fine print instead of seeing just one letter they may see two, three, six or more letters. Sometimes these letters are arranged side by side, sometimes in a vertical line one above the other and in other cases they may be arranged oblique by any angle. Multiple vision can be produced at will by an effort. It can always be corrected by relaxation. One of the best methods is to close the eyes and cover them in such a way as to exclude the light. Do this for five minutes or a half hour or long enough to obtain normal sight. The double vision is then corrected. Practice of the long swing is a great help. When the long swing is done properly the multiple images are always lessened. Do not forget that you can do the long swing in the wrong way and increase the multiple images. **One great advantage of the long swing is that it helps you to obtain a slow, short, continuous swing of normal sight. When the vision is normal the letters appear to move from side to side or in some other direction a distance of about a quarter of an inch. The speed is about equal to the time of the moving feet of soldiers on the march.**

(Since the swing is produced by the movement of the eyes and the eyes can produce very fast, frequent and tiny or larger eye movements – the swing can also be faster, more frequent and smaller, larger but its basic appearance is as described above.

The most important part of the short swing is that it should be maintained easily. Any effort or strain modifies or stops the short swing. Then the eyes begin to stare and the multiple images return. It is a great benefit to learn how to produce multiple images at will because this requires much effort or strain, and is decidedly more difficult than normal single vision which can only be obtained easily without effort.



The speed of the swing is about equal to the time of the moving feet of soldiers on the march.

### Failures

By W. H. BATES, M.D.

MOST people with imperfect sight when they look at the Snellen Test Card at twenty feet believe that they see imperfectly without any effort or strain. Some people feel that to have perfect sight requires something of an effort. It is interesting to demonstrate that these two beliefs are very far from the truth. As a matter of fact it requires an effort to fail to see and it requires no effort to have normal sight.

In every case of imperfect sight whether due to nearsightedness or to an injury it can always be demonstrated that the nerves of the whole body are under a strain and in every case of perfect vision it can be demonstrated that no effort whatever is made.

1—Remember if you are able, a small letter O (o) perfectly black with a white center, imagined to be as white as snow. When you succeed you will note that it comes easy, quickly and without any manifest effort on your part. You can choose to remember a letter O and you have it. This letter O, if it is perfect, you can always demonstrate or imagine, to be moving and the movement may be so slow, so short, so easy, that you would not have imagined it without having your attention called to the letter. One can remember one perfect letter O or two letter O's, as in the word "good" and at the same time remember or imagine the whole page of letters to be perfectly black, clear and distinct although one is only able to see them best one at a time. Above all it can always be demonstrated that the memory of perfect sight, the imagination and ability to see things perfectly can only come easily, quickly and without effort. Remember a letter O again with a white center as white as snow and imagine on the right edge of it a little black period. Try and keep your attention fixed on that little black period. Try and remember it the blackest part of the O, try and imagine it stationary when not only is the period stationary but also the whole letter O. One can hold this period black for a few seconds or a part of a minute, but, after a short time it becomes monotonous or disagreeable or requires a strain and the period is lost and the O is lost momentarily although you can get it back again. You can demonstrate quite readily that it is impossible to retain in your mind a period or a letter O by trying to imagine it stationary; or by trying to get your attention fixed on one point, or by staring at one point or two points or more points on the letter O; and trying to see them all at once and stationary is trying to do the impossible. You are straining and the result of the strain is that the memory, imagination and vision fail.

We have two classes of patients. One who gets well quickly in a day or at one visit. We have a second class that take their own time about getting well. They are usually under treatment for weeks and months before they recover, if they ever do. Why should some people get well so much quicker than others? One succeeds, the other fails. The facts are that the patient cured in one treatment does at once what he is told to do. He does not think or argue about what he is told to do, at least he does not try to explain why he is asked to do certain things, but simply goes ahead and does it and soon obtains perfect sight. It is something like the belligerent Irishman who did not know the meaning of the word "convinced," who publicly announced in a loud voice that he was willing to be convinced, but he would like to see the man who could do it. A great many patients are like the Irishman, They are willing to be convinced but they have their club. The club has engraved on it effort, strain, hard work.

When you have imperfect sight and look at the first letter of a line of letters on the Snellen Test Card which you cannot read you can always note that you do not see the first letter or any other letter better than the rest. Usually the whole line looks pretty much the same shade of gray. Why is it? Because you are trying to see the whole line at once. You may not know it but most people can unconsciously demonstrate that they are trying to see the whole line at once. If you hold the card up close where you can readily read the same line you will notice, or you can get somebody with good eyesight to show you, that when you distinguish a letter you

+Remember a small letter o with a pure white center, shift on it part to part and imagine it moving: slow, short and easy.  
 +Imagine a black period on the right side and stare at it in the mind, eyes immobile and imagine the period and o are stationary. Notice strain, tension is felt and the o fades and disappears.  
 The same thing happens when the physical eyes stare at a object; the object blurs.  
 +Now - shift part to part on the o in the mind and imagine it moving. Notice relaxation and the mental image of the o is easy to maintain. When the eyes are open - shift on the o, let it move and it is seen clear. Blink.



do not see any of the other letters so well. To see one letter at a time is much easier than to see a whole line of letters, in fact to see a number of letters all perfectly at the same time is impossible and trying to do it is a strain. One can lift a lead pencil without any apparent effort. To lift a five pound weight requires something of an effort, but to lift ten tons of coal with one hand is impossible, and trying to do the impossible, trying to lift the ten tons of coal with one hand is an effort, a strain, and so it is with the eyesight. You can succeed oftentimes when you look at the Snellen Test Card without any effort to see one letter best at a time, but if you try to do the impossible, try to see the whole line of letters at once you will always fail, because you will have to make an effort. It is not an easy thing at all to fail, it is difficult, you have to try, or you make an effort to do the impossible in order to fail.

This can be demonstrated by nearsighted people who can read fine print close to their eyes. When you see a line of letters you can see one letter better than all the other letters or you can even see part of one letter best while the rest of the letter is not good. Even persons with very good sight for the fine print close to the eyes can demonstrate that to make their sight worse or to see worse is not an easy thing to do. It requires a great effort. To prove that imperfect sight is more difficult and requires hard work, a great deal of trouble, and much effort, is a great benefit.

If you close your eyes and remember a letter or word easily, perfectly, continuously, you will find that to spoil the memory or your imagination is a difficult thing to do. Some people cannot read fine print readily, but they can read the Snellen Test Card at twenty feet with normal vision. To be able to look at the large letters on the card and to strain your eyes sufficiently to blot out the large letters is not an easy thing to do. It is difficult to remember, imagine or see imperfectly, to fail.

There are many patients who are convinced that they can remember or imagine with their eyes closed and oftentimes with their eyes open, letters of the Snellen Test Card perfectly black. Many of them can do it all right with their eyes closed, but fail to do it with their eyes open. When they are cured they become able to remember just as easily with their eyes open as they can with their eyes closed. This has suggested a method of treatment which has been highly successful. Many patients ask how long it will take to be cured. **The answer is when you can remember or imagine as well with your eyes open as you are able to with your eyes closed. Memory and imagination.**

## The Story of Lillian

By EMILY C. LIERMAN

AT one time my work was confined to the Harlem Hospital. After awhile it was extended to other places at other times. Occasionally when I visited a department store to make a purchase, the girl who waited on me might be suffering from the results of eyestrain, pains in the eyes or with headaches. It always gave me great pleasure to give them immediate relief with the aid of palming, swinging or in some other way. I could write many stories about the help I gave these girls and their gratitude was something worth-while. I live in the suburbs and commute. The trainmen know me very well and always come to me to remove a cinder from their eyes or to help them when their sight is poor, or when they are suffering in any way with their eyes. Every day during the Fall, Winter and Spring I meet a cheerful group of girls at our station, who attend high school in another town. Some of them I have known since they were babies, and while I am in their company on the train, I forget sometimes that I am grown up and join them in their fun. Several of these girls wear glasses and I offered to cure them any time they were willing to discard their glasses. We said no more about the subject until one day just before school closed for the summer, one of the girls, named Lillian, age 16, who had a higher degree of myopia than any of the rest, appealed to me to help her get rid of her glasses. I insisted that she consult her parents first and if they were willing, and would also help me with her case, I would try my best to cure her before school opened again in the fall. Lillian was very much excited about it all, and begged the other girls to discard their glasses also. One girl said her mother feared that such a wonderful thing couldn't be done. Another girl thought she would wait awhile. I still feel in my heart that they did not believe in me. However, the day after school closed, Lillian called at my home with her sister, Rose, age 13. She had a decided squint of her left eye. Lillian had not spoken of Rose or that she had a sister with squint. She was afraid of imposing upon me and for that reason did not mention that her sister also had trouble with her eyes. But when Lillian came to me, Rose made up her mind that she would be cured also and so she came along with her.

I fastened a test card to an oak tree outside of our house and placed my patients ten feet from the card. I started Lillian first because I wanted, above all else, to cure her as I had planned. With glasses on she read 10/15 and with glasses off 10/70. I taught her to palm and remember something perfectly while her eyes were closed, such as a white cloud, sunset or a little flower of some kind. She did this for a few minutes and then without a stop or making a single mistake her vision improved to 10/40, both eyes. Then I tested each eye separately. Her vision fortunately was the same in each eye, which made it easy to proceed with the treatment. By closing her eyes and remembering the last letter she was able to see on the card she became able to read another line, 10/30. When she made the slightest effort to read the smaller letters on the card the letters would disappear. I explained to her, that when she stared, she made her sight worse and that was her main trouble. I told her to keep her eyes fixed on one letter without blinking her eyes and see what happened. Immediately she began to frown, her eyelids became inflamed and she complained that her eyes hurt her. She said: "Now I know why I have headaches and pain in my eyes."

On her second visit her vision improved to 10/20 after I had taught her the long swing, moving her head slowly from side to side from left to right, looking over one shoulder and then the other. She had to be reminded, as all patients do, to stop staring and to blink her eyes often, just as the normal eye does. All through the summer, Lillian practiced faithfully getting a great deal of encouragement from her sister Rose and her loving mother and father. She came to me for treatment about once a week and a few weeks before school opened we began treatment indoors with electric light instead of

Palm, then: read the eyechart. Shift on letters with both eyes and one eye at a time.



Close the eyes, palm and remember something perfectly - cloud, flower...



Palm and remember, shift on, see clear in the mind the last letter seen on the chart. Then open the eyes and read the chart with clear vision.



Test one eye at a time. Shift on letters, look away, return to the letters... Relax, blink. Central Fixation.

outdoors in the sunlight. I did this purposely because I knew that the light in school was not as bright as outdoors. Lillian became very nervous and frightened when she first read the test card by electric light. All she could see, was the large C called the 200 line letter, at ten feet. Palming for a few moments helped her to relax enough to read several lines, then with the aid of the swing, and looking at one letter and then shifting her eyes somewhere else and looking back again at the next letter, helped her to read 10/15. At each visit she improved and now reads 10/10 all the time. Before she began treatment, she had to hold a book while reading, at three inches from her eyes. This was with glasses on. Since she was seven years old she had worn glasses constantly and in all that time she suffered with headaches every day. She told me that from the day I removed her glasses and started the treatment she had not had a headache or pain in her eyes. She is so grateful that I am almost swallowed up with caresses. Some friends whom she had not seen for a year, called to see her folks and to enjoy a day on their farm. Lillian had worn glasses for so many years that she was not at all surprised when her friends did not know her. She stood in the doorway ready to greet them, but they thought she was a stranger. Her whole facial expression had changed. The eyelids which were swollen from eyestrain were natural looking and her large brown eyes were quite different from the tiny marble looking eyes that tried to see through the horrible thick glasses she had worn previously. When her friends finally recognized her they had to hear all about the treatment and cure.

If Lillian had not been so faithful with the treatment I could not have made such rapid progress. There were many days during the summer when she became discouraged and worried for fear she would have to put on her glasses again. Her mother was a great help to me in many ways. She was very careful to hide Lillian's glasses so that she could not possibly wear them again even if she wanted to.

Well the first day of school came along and of course I was a bit anxious. I met her with the usual group of girls on the train and as she passed me by she pressed my hand and said, "Wish me luck." I asked her to telephone me that evening, which she did. This is what she said:

"When my teachers saw me they were surprised at the great change in my appearance, so I told them all about it and all you did for me. But when I asked to be placed in the last row of seats in each classroom, they were amazed! You see I always had to sit in a front seat near the blackboard," she said, "when I wore my glasses. I was able to read every word on the blackboard in each class room, from the last row of seats where I was sitting. I also read from my readers at eight inches from my eyes without any discomfort whatever."

I praised Lillian and said that I was glad for her. I am more than happy to have given her my time evenings when I needed rest most of all after a day of hard but joyable work.

The interesting history of Rose, Lillian's sister, will appear in the November issue.

## **New Uses for Relaxation**

**By BESSIE VREDENBURGH**

I HEARD a woman say once that she had followed a certain cult for seventeen years, thoroughly believing in it, but that she had never really put it to the test. This explained what had often been a mystery to me, why certain beliefs and cults could flourish and apparently satisfy so many people, because they were seldom tested.

Not so with the discoveries and teachings of Dr. Bates. They must prove of definite and distinct service, else, they must be discarded, for they make no other appeal than just their own merit. There is no dust thrown in the eyes of the devotees—patients.

This fact was most forcefully brought home to me this summer. I had been greatly benefited by Dr. Bates' treatment in several ways. My eyes responded immediately in that they are now almost cured, but I want to tell of another way in which I was helped, really rescued from the slough of despond and failure. I have suffered many years from a sensitive, irritable skin. Heretofore, this would come in spells and then leave me free again for a little while. I say free, I mean comparatively speaking, for I always was troubled with it more or less. Either the sun was too hot and it became inflamed, or it was too cold and it got chapped and so inflamed, or the wind irritated it or warm clothing; most anything, in fact could cause me trouble.

Of late years it came to stay longer each time so that the periods of so-called freedom became less and less. I tried everything I could hear of to do. Doctors seemed to prefer to let me worry along by myself rather than attempt to cure me beyond suggesting certain diets, etc. I tried mental healing of various kinds also.

To make a very long story short, when I began practicing Dr. Bates' methods for improving my vision I found it rested and relaxed my nerves and also my skin.

I was so much better that I determined to take a little trip that I had wanted to take for some time, but I happened on a terribly hot wave!

My first stop was at St. Louis, and I thought I had never been in a hotter place in my life. The irritation of my skin became intense and my arms, hands, face and neck were red and swollen.

I had a wait of two and a half hours at St. Louis before taking the sleeper on for a point further west. The station was full of hot perspiring people, of all ages and races. I was covered with train dust and perspiration and just about crazy. I realized that I had to get better or go back home, as I couldn't go on like that. I determined to get the short swing more completely than I had ever been able to get it and give it a thorough trial.

I left the hot sultry station and went out into the equally hot and blistering streets, but I had more freedom outside. There I walked for two hours, slowly round and round, trying to maintain the swing. I thought I never could do it. I was under such a strain it seemed utterly impossible to relax. Then when I got a bit of relaxation it seemed as if I couldn't maintain it long enough to get much benefit. But more and more I got it until I felt a great peace and relief. When I finally got on my train for the next step of my journey, I was feeling quite comfortable for the first time in many hours. I was a long way from being entirely cured, but I was better, so that I could continue to get better and have one of the most delightful vacations I have ever had. I stood with equanimity a daily temperature of 110 degrees in the shade. I was out in the open fields, and so in the sun most of the time and did nothing to ease myself from what a person with a normal skin would do. I believe that I could have a normal skin at all times if I would continuously do as Dr. Bates suggested to me; but I forget it so often, and sometimes it seems easier to just let myself get nervous and my skin irritated than it is to try to relax. But it isn't easier in the end, and I envy people who have stronger wills than I have. For all the most wonderful methods in the world won't help those who fail to put them into practice.

## Minutes of the Better Eyesight League August Meeting

THE meeting of the Better Eyesight League was very successful, although it came in the middle of the vacation season. The large Central Fixation office was filled to capacity.

The regular officers were still on their vacations, and Miss Saunders informally opened the meeting. Many questions were asked of Dr. Bates, the most important of which are answered on the question and answer page of this magazine.

Miss Gertrude Berdine was the speaker selected for the meeting. She told in a very interesting manner how she wore glasses for ten years, and was able to discard them by practicing Dr. Bates' method under Dr. Arnau. She accomplished reading her music in two weeks' time after leaving off her glasses. She was bothered with headaches and said the swing and sun helped her. She very rarely has a headache now.

Dr. Cornelia Browne of East Orange spoke of the recent post office investigation, and explained to the meeting how every member could help by stating in a letter to Mr. Keene, the benefits received from Dr. Bates' method. She said that this was the opportunity for the members to get together and turn the investigation into a boomerang.

Many of those present at the last few meetings were not regular members of the Better Eyesight League, but just came to find out more about Dr. Bates' method of treating imperfect sight. The regular members have probably told these new friends about the work, and invited them to come, but we want all the old members to attend the meetings and be kept up on the latest developments. Now that vacation time is over, we hope to continue with the good work, and have all the old members attend regularly.

### The Post Office Incident

[EDITOR'S NOTE]—About two months ago the Post Office noticed that we were sending an increasing number of books through the mails. They did their duty and investigated the facts by writing to a number of purchasers of the book. The following is a partial list of letters written to the postmaster, duplicates of which were submitted to us, and are printed at this time for the encouragement of those who desire good vision without glasses. We are grateful to the writers of all letters sent to the Post Office.

"I WAS wearing spectacles for twenty-seven years. A friend of mine made me acquainted with the discovery of Dr. Bates. I bought the book, read it very carefully, and began the exercises and cured myself by following closely the directions stated in the book without consulting Dr. Bates; therefore, from the very day that I began the exercises prescribed in the book I discarded my spectacles and I never had the need of them any more. My eyes by the continual use of the spectacles had acquired a lifeless expression. They now look bright and have acquired their natural expression of my young days. I read, write and use them with remarkable comfort for anything that I must do. I recommended the same book to a friend of mine in Nassau, N. Y. Her children and husband, an architect by profession, were wearing spectacles, and they also cured themselves only with the knowledge of the book, and the application of the exercises, in a remarkably short time.

"I am living at ——— for more than fifteen years and therefore my testimonial can be O.Kd. by many persons and acquaintances. I consider a blessing for the future generation the marvelous discovery of Dr. Bates, and personally I will do all that is in my power to impress on my friends the scientific and accurate importance of such valuable work done with altruistic and humanitarian spirit by Dr. Bates.

"If anyone fails to have results it is only because they do not work it out accurately, continuously and conscientiously. The blame, therefore, is in their nature and not in the value of the theory. I hope my testimonial will help the future and present generation to get the just attitude and give support and value to such a remarkable discovery."

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"I HAVE been interested in Dr. Bates' method of treatment for the eyes, for several years, and have known Dr. Bates personally for one year.

"From the results obtained by my patients through the use of his book and methods, I am convinced that he is right in his conclusions, and I have always found him thoroughly honest and reliable in his business methods and also in the sale and delivery of his books."

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"I HAVE enjoyed considerable mental comfort and, I believe, considerable practical benefit from the work in following the instructions. The "palming" process and the mental suggestions connected with it have been followed with pleasure and profit. Dr. Bates' observation with regard to cataracts in some recorded instances having passed away was very encouraging. Believing to the fullest extent in the doctrine that what comes of its own volition should seemingly disappear either similarly or with care, I have been extracting considerable relief from the belief which amounts to a conviction.

"As I have been nearly forty-seven years a practicing attorney you can rest assured that I am neither an infant nor a neophyte, but like the man from Missouri I must be shown and convinced. Dr. Bates has presented certain lines of thought worthy at least of investigation and consideration. I can well understand how efforts may be made to thwart him but with me if his position is untenable it will soon be discovered and so proven. At the present time I can only speak in the most encouraging manner of the work and of his suggestions."

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"IN reference to enclosed letter, I did write for 'Perfect Sight Without Glasses' and sent it on to my wife, as I thought it might interest her. I have not taken the treatment, but intend to do so the next time I take a vacation from business.

"My wife wore glasses for 29 years. Dr. Bates told her to take them off and since that time, over a year ago, she has not worn them, and can see better and longer than when she wore glasses. She is free from headaches she experienced when she wore glasses.

"I believe that Dr. Bates is sincere and that he is working on really scientific lines. I believe that he has been persecuted by narrow-minded physicians who resent any change in the fundamentals of their science. I was as skeptical as could be of Dr. Bates and investigated thoroughly before I allowed my wife to take the treatment, and I am now thoroughly convinced that his method is the correct one in the majority of cases.

"I should be very glad to be of any further assistance in protecting Dr. Bates or the Central Fixation Publishing Company, which, I understand, is his organization, from any interference by the Government.

"Please understand that I have no connection or interest in the Central Fixation Publishing Company. My only motive is that of gratitude because Dr. Bates did so much for my wife and made it possible for my little daughter to do without glasses."

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"I HAVE heard the optometrists and the oculists "knocking" the system and have asked each one of the known knockers if they had tried the system. Each said "No." They are the ones who are jealous.

"I have known of very many who have been benefited beyond casual belief by Dr. Bates' system. Of course it is radical. All reforms seem radical till once adopted by the majority. As a rule the discoverer of anything good in the healing "art" has to be dead for about fifty years before he is given due credit for his work."

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"I WAS treated for an acute condition of the left eye in the spring of 1922. I was suffering acute pain from the least ray of light, could not bandage my eye closely enough to walk on the street without agony because light would get in, had to ride in a closed taxi cab. Dr. Bates examined my eyes for over an hour, then prescribed immediate exercises which I took in the office, remaining another forty-five minutes to do it. My eye which had been in this inflamed painfully acute condition for five days, was relieved after fifteen minutes. I could see in twenty minutes without great pain, in forty-five minutes I could bear to look at light. I continued the exercises at home by his prescription and my eyes were normal in three or four days' time."

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"THROUGH your 'Perfect Sight Without Glasses' I not only could throw mine away almost at once after I began to read your book last Thanksgiving, but the effects of your splendid relaxation system on my high-strung nerves is beyond words."

## Announcement

The November issue will contain the minutes of the September and October meetings, and from then on the minutes will appear in the following month's issue.

The League will meet on the 9th of October, 383 Madison Avenue, 8 o'clock.

## The Question Mark

### Questions and Answers taken from The Better Eyesight League Meeting

Q—Can anything be done for **night blindness**?

A—It can be cured by **sun gazing**.

Q—What can be done for a man, blind for fifteen years who cannot tell light from darkness?

A—Same treatment as is used for myopia and other defects.

Q—How can we see things moving without making an effort ?

A—Things only move when one is relaxed. An effort always stops things from moving.

Q—Why do "movies" hurt my eyes when they should benefit them?

A—Unconscious strain. Do not stare at the picture, but allow the eyes to roam over the whole picture, seeing one part best. Also keep things swinging.

Q—Why do some people see better by partly closing their eyes?

A—People with poor sight can see better by partly closing their eyes, but when they have perfect sight, squinting makes it worse. This is a good test for the vision of ordinary objects.

Q—When does the long swing fail to produce relaxation?

A—When one stares at objects moving.

## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

November, 1923

### The Book Perfect Sight Without Glasses

A GREAT many people have testified that they were cured by the help that they obtained from the book. A large number I believe have failed to be cured with its help although most people have been able to get some benefit from it.

On the first page is described the Fundamental Principle. This should interest most people because if you can follow the directions recommended you will most certainly be cured of imperfect sight from various causes. If you have a serious injury to the eye which destroys some of its essential parts you will find it impossible to carry out the directions. At the bottom of the page is printed: "If you fail ask some one with perfect sight to help you."

It is an interesting fact that only people with perfect sight without glasses can demonstrate the Fundamental Principle. You will read that with your eyes closed you should rest them, which is not possible if you remember things imperfectly. The book recommends that you remember some color that you can remember perfectly because it has been demonstrated that the normal eye is always at rest when it has normal sight. A perfect memory means perfect rest. Should you have perfect rest you have perfect sight. Most people can demonstrate that they can remember some letter or other object or some color better with their eyes closed than with their eyes open. By practice some people become able to remember, imagine and see mental pictures as well with their eyes open as they can with their eyes closed. Then they are cured.

### The Treatment of Myopia

By W. H. BATES, M.D.

MYOPIA or nearsightedness is usually acquired by school children and others at about the age of twelve, a period when the nervous system is naturally undergoing a change.

One can demonstrate that when the normal eye stares at one part of a letter of the Snellen Test Card continuously at twenty feet that it is a difficult thing to do; the eye tends to wander; and, to keep the eye fixed on one point requires an effort, a strain which lowers the vision and produces a temporary myopia. In all cases of myopia a stare or strain or effort to see at the distance can be demonstrated. When the vision is normal, as it may be for diamond type at six inches or further, one reads easily, readily, rapidly, without any effort or strain whatever. It can always be demonstrated that the white spaces between the lines, between the words or letters are whiter than the margin of the card. By covering over the black letters the white spaces between the lines are seen to have the same whiteness as the rest of the card or when one sees the white spaces between the lines whiter than the margin of the card one sees an illusion. An illusion is never seen, it is always imagined. We call the white spaces between the lines when whiter than they really are, Halos, which are really never seen but only imagined. The imagination of the Halos, however, may be so vivid that it is difficult for many people to realize the facts. It is most important that the patient should understand that the Halos are never seen, they are always imagined.

A great many cases of myopia have been cured by demonstrating this fact. All that was necessary to bring about a cure was to encourage the patient to imagine the Halos which is more easily done than to see the letters. [Halo's = The white glow.](#)

Patients who are nearsighted, when they regard the letters of the Snellen Test Card, see the black letters a shade of gray. When their attention is called to this fact they realize that they are imagining an illusion which lowers the vision and favors the increase of myopia. In some rare instances these facts have been understood by a few patients, who said to themselves: "I do not see these gray letters, I only imagine them gray. As a matter of fact it is easier for me to imagine the letters black than it is to imagine them gray." Then they went ahead and did it and were soon cured.

### NO GLASSES

A person who has been wearing glasses to improve the sight of myopia and has worn these glasses for a number of years is quite dependent upon them. When the glasses are removed, the vision is much less than normal and it is a curious fact that the vision without glasses does not depend directly upon the amount of myopia. A person with two diopters of myopia may have just as poor vision without glasses as one who has six or more. When a myopic patient lays aside the glasses entirely for two weeks, when the vision is again tested it is often much improved. The facts demonstrate that wearing glasses always lowers the visual acuity much below what it is when the glasses are not worn at all. It is a matter of common knowledge that when the glasses are first worn that the patient does not always obtain a maximum amount of relief. Some eye doctors when asked to explain matters sometimes tell their patients that their eyes have to become adjusted to the glasses. It is not always easy to explain things satisfactorily, especially when some fault-finding patients complain that what they wanted was glasses to help their eyes and that they hardly expected to be called upon to adjust their eyes to fit the glasses.

When any progress is made in improving the vision of myopia, the wearing of glasses, even for emergencies, usually causes a relapse with loss of all the benefit gained by treatment. The use of opera glasses should be forbidden.

[Avoid magnifying glasses for looking close or distant.](#)

## PALMING

One of the best methods of improving the sight of myopia is to cover the closed eyelids with one or both hands in such a way as to avoid pressure on the eyeballs. This is called palming. The patient is directed to rest his eyes and to forget them as much as possible by thinking of other things. When properly done the patient sees nothing but darkness or black. It is a failure when one sees red, blue, green, white or any other color. In such cases palming does not succeed in helping the sight. There are many cases in which palming may lower the vision and so one must keep in mind the fact that it can be done right or it can be done wrong. The length of time necessary to palm to obtain maximum results varies with individuals. Most persons can obtain improvement in fifteen minutes while others require a longer time, a half hour, an hour or even two or more hours of continuous palming to obtain any benefit. With improvement in the vision it usually follows that a shorter period of palming may obtain maximum results. The environment of the patient is an important factor to consider. When a patient is palming it is well to avoid all conversation or the presence of a quantity of people. Some patients like to be read to or they enjoy conversation with their friends. These cases seldom obtain any material benefit to their sight from palming. The improved vision obtained by palming is seldom perfect. Other measures usually have to be employed to insure a lasting benefit.

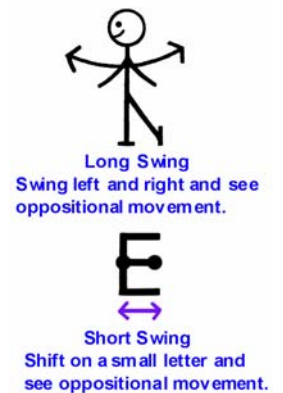


## BLINKING

The normal eye when it has normal sight, blinks quite frequently. By blinking is meant closing the eyelids and opening them so quickly that neither the patient nor his observers notice the fact. The moving pictures have shown that in some cases the eyes were closed and opened five times in one second. This is done unconsciously and is rather more than I can do consciously. Blinking is necessary in order to maintain normal vision continuously, because if one consciously prevents blinking the vision for distance or the ability to read fine print are modified. It is interesting to me how blinking, which is so necessary for good vision, has been so universally ignored by the writers of books on diseases of the eyes. Blinking is a rest, it prevents fatigue, and very important, it improves the sight in myopia, and helps to maintain good vision more continuously.

## SWINGING

It has been my custom after a nearsighted patient has palmed for half an hour or longer, to have the patient stand with the feet about twelve inches apart and sway the body from side to side, looking alternately at each side of the room without paying any particular attention to objects in front of him. By a little practice, patients become able to imagine all distant objects not regarded, to be moving from side to side in the opposite direction to the movement of the eyes. When the eyes move a foot or more from one side of a letter to the other side, the letter appears to move in the opposite direction, very nearly to the same extent. This movement of the letter or object is an illusion; and being an illusion, it is not seen but only imagined. A swing of an inch or more might be called the long swing, while a swing of a lesser degree might be called the short swing. When the long swing is practiced properly simultaneous retinoscopy indicates that the eyes are normal. When the short swing is practiced properly a greater improvement in vision usually follows, but the short swing stops from slight causes and the vision is then lowered. The short swing and long swing remembered with the eyes closed and remembered just as well with the eyes open, is a cure of myopia in many cases.



## MEMORY

With the eyes closed, one may remember a small black period equally well as with the eyes open, while regarding the Snellen Test Card. When the period can be remembered perfectly at all times and in all places, the myopia is permanently cured.

Some people have difficulty in remembering a black period. They can, however, remember white, red, yellow, or some other color as well when regarding the Snellen Test Card or other objects with their eyes open, as they can with their eyes closed. After treating a girl aged fourteen suffering from a high degree of myopia, concave 15, she unexpectedly became able to remember white very well indeed. One day she announced that she was cured, after nine months of treatment. I tested her vision and found it normal for a familiar card. I then tried her with an unfamiliar card which she also read with normal sight. I asked her the question, "Explain the facts." She answered with one word: "Starch," meaning that the memory of the whiteness of starch with her eyes open as well as she could remember it with her eyes closed, had brought about a cure.

The memory of black and the memory of white seem to be more popular with patients than the memory of other colors.

## IMAGINATION

The imagination has accomplished more in the cure of myopia than some other methods. Many people can imagine they see with their eyes open a known letter while looking at a blank wall as well as they can with their eyes closed; but when they regard the Snellen Test Card their ability to imagine that they see a known letter when regarding it, is not so good. Alternately imagining the known letter with the eyes open and accomplishing it better with the eyes closed, has been followed by a great benefit. I have never seen patients with considerable myopia imagine an end letter of each line of the Snellen Test Card with a little practice as well with their eyes open as with their eyes closed. Beginning with the large letters and gradually working down to the smallest letters they obtain normal vision entirely with the help of their imagination.

## PREVENTION

The prevention of myopia in school children is very desirable. I recommend my published method because it always improves the vision of school children which means that automatically myopia is prevented.

The Snellen Test Card should be placed on the wall of the class room where all the children can see it from their seats. Once a day the chart should be read as well as possible with each eye, by the children from their seats. Every family interested in the good sight of their children should possess a Snellen Test Card to be read by each child at least once daily. Many adults acquire myopia. As a matter of safety and a benefit to the eyes the adults should read the card at twenty feet with each eye. They usually obtain not only benefit to the eyes but also an increased mental and physical efficiency. Some teachers have told me that palming for a few minutes occasionally during the day is followed by relaxation of the children's nerves which is of great capital value in preserving the health of the children. Each teacher should use the Snellen Test Card in her class room more or less frequently every day.

## Stories from the Clinic

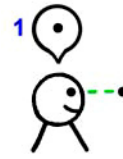
### 45: THE STORY OF ROSE

By EMILY C. LIERMAN

ROSE, aged 13, is the sister of Lillian whose case was reported in the October issue of Better Eyesight. While I was treating Lillian, Rose was present and listened attentively to everything that was said. Rose had **convergent squint** of the left eye and when she became excited or tried to see at the distance, her left eye would turn in so that only the sclera or white part of her left eye was visible. At the age of three, it was noticed that her left eye turned in, and when she was four years old, glasses were prescribed for her. I tested her sight with the test card and with both eyes she read 10/100. Then I told her to palm her eyes and to remember the last letter she saw on the test card. She kept her eyes closed for at least a half hour and when she again read the card her vision had improved to 10/20. Then I tested each eye separately. She read 10/20 with the right eye; and 10/40 with the left.

I thought the improvement in the vision of her eyes was wonderful and Rose was delighted with the results of her first treatment. Her sister Lillian was thrilled as she saw that left eye straighten as the vision improved. She came to me with Lillian once every week for treatment and carried out to the letter, everything I told her to do at home.

She was directed to wear a cloth patch over her good eye all day long and to do her usual duties for her mother as well as she could, with her squint eye. What a faithful child she was, and how she did hate that patch. I asked her every time she came how she



1 - Look at, shift on a period on the eye chart and imagine it dark black and clear.

2 - Close the eyes and remember, imagine the clear, dark black period and shift on it in the mind.

3 - Eyes open - Shift on the period on the eyechart and keep the clear mental picture of the period in the mind.

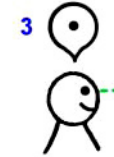
Next, practice this while looking at letters on the eyechart:

1 - Eyes open - Read letters on the eyechart while remembering, shifting on a small, clear, dark black period in the mind, imagination.

Let the physical eyes shift on their own, moving on the letters on the chart.

2 - Eyes closed - Remember, imagine and shift on the small clear, dark black period in the mind.

3 - Eyes open - Continue to remember, shift on the period and let the eyes shift automatically, easy, without effort on the letters on the chart. Notice clear vision. Repeat.



4 - Practice on other objects: Forget about the eyes and shift on the period in the imagination and let the eyes shift on objects automatically, on their own and the vision will become clear.

Vision becomes clear when daydreaming about relaxing, pleasant, interesting things, objects, shifting on objects in the daydream/mind as the physical eyes shift on objects in the visual field without conscious direction.

If the eyes do not shift, if they stare, blur will occur.



+ Look at, shift on a letter E on the eyechart and imagine it is seen clear by the eyes and keep a clear mental picture of the E in the mind.

+ Then shift on/imagine the E in the mind when looking at the wall or sky...

+ Then shift on, imagine the E in the mind with the eyes closed.

+ Next, open the eyes, continue to imagine the E clear while shifting on the E on the chart. Repeat.

When the mind can keep a mental picture of the clear E when looking at the chart with the eyes open and imagine it when the eyes are closed, vision is clear.

got along with it. "Well, Mrs. Lierman," she said, "I don't like that black patch at all. I want to take it off many times every day. I don't like to have my good eye covered, but I know I must wear it if I want to be cured; and I do want to, so I just think of you and how much better my eye looks and then I don't mind a bit."

On her second visit her left eye improved to 10/20 and her right eye became normal, 10/10. Never did I have a more enthusiastic patient. On her third visit she gave me a package sent by her mother, who tried in her kind way to show her gratitude to me. The package contained delicious homemade sweet butter, my favorite dish. Rose continued her visits and in two months her sight became normal, and her eyes were perfectly straight continuously. She practiced faithfully and the result was that, one week before school started, she was able to remove the patch permanently, without any return of the squint.

Her first day at school was very exciting to her. She said her teacher did not recognize her, but when she smiled the teacher could not mistake her then. When Rose smiles you cannot help but know and love her. Her Aunt says a miracle was performed.

She had no trouble in reading the blackboard from the last seat of her classroom, where she asked to be placed, and she sees the book type much clearer than she ever did. Rose had been going to school for a week or so, when her teacher noticed that a pupil, aged 12, could not read the blackboard from the front seat where she was sitting. The teacher told her to have her eyes examined by an eye doctor and to be fitted for glasses. Rose heard the conversation and promptly met her school mate at the school door. Rose told her how she had been cured without glasses and that she would be willing to show her how to be cured also. The next day at recess instead of joining the class out-doors for exercise, Rose and her school mate went back to the class room and with the aid of a Snellen Test Card, which Rose had taken with her that day to school, she improved the sight of the little girl from 12/70 to 12/15, by palming, blinking and swinging. Every day the two little girls worked faithfully with great success and after less than a week, both children occupied rear seats in the back part of the room where they were able to read the writing on the blackboard without difficulty.

## **Seeing Without Glasses**

**By CAROLINE GUIGNARD**

THERE are doubtless many men and women who have worn glasses for twelve or fifteen years, suffering annoyance and discomfort through imperfection of the substitute for normal eyesight, who feel that it would be discouraging to become personally interested in a method employed for the improvement of the eyesight of those who have used glasses a short time only or not at all. As I was one of these, but am not one of them now, I feel that I must say a word which may cause someone to read the book, "PERFECT SIGHT WITHOUT GLASSES," who might not otherwise do so.

After reading the book, I put aside my distance glasses and began palming. At the end of three days I could look at an unshaded lamp without pain, and at my fingers at a distance of six inches without pain or nausea, although I saw them very badly. I could see the hands of a watch and approximate the time without glasses. I then put away all glasses, including those I wore all the time for distance; those for reading, bi-focals; for painting, and the hand glass.

I think that I began reading a little at the end of three months familiar things in clear type, "Alice Through the Looking-Glass," "Æsop's Fables" and Kipling's verse, palming before each paragraph or often with each one.

Now at the end of eight months I read anything within reason in a good light, even a little diamond type, two or three chapters at a time of a Bible in pearl, which would be pleasanter if it were not yellowed with age. I can thread a fine needle with 150 thread in a good light. Instead of paining me my eyes feel better after using them.

For a time I think it is necessary to carry around with one the improvement of one's eyesight as an inveterate knitter carries her knitting, and a little of it always could only be a pleasure, to remind one of one's good fortune.

I palm six half-hours or longer daily. I did not at first discover that a half hour of palming the last thing at night left the vision clear the following morning.

The gesture with eyes closed of looking over one shoulder as far as possible, then over the other shoulder as far as possible, can be done for an instant or longer at almost any time.

I find a watch very useful. The one I am using has a white face one inch in diameter and the hands and figures are black. The diameter of the circle of the second hand is three-sixteenths of an inch. I glanced at the watch a great many times through the day and night as well as whenever I was awake. Almost immediately I could see which was the hour and which the minute hand and gradually began to read the figures, which slowly changed from gray to black. Now I read clearly the figures within the circle of the second hand.

Dealing cards rapidly and arranging the hands without trying to see the different cards helped me. Also reading at a glance the black and white numbers on automobiles and the black and white sign boards of filling stations and wholesale districts.

Recently I was ten days in an automobile seeing the mountains of North Carolina. Not having the "Snellen Test Card" with me, I found that reading it in my imagination at night, persisting until the figures became quite black and the card white, relaxed my eyes, as also did the swinging of the small o and period, recommended by Charlotte Robinson in the May magazine. After ten days of rapidly moving trees by the roadside my eyes were improved.

My eyes are not yet perfect, but they are infinitely more satisfactory than they were with glasses.



## A Doctor's Story

By H. W. WOODWARD, M.D.

ABOUT two years ago I visited New York for the purpose of investigating the claims made by Dr. Bates relative to the cure of refractive errors and the restoration of diseased eyes without the use of glasses.

I visited his clinic at Harlem Hospital. Here I found most unusual methods practiced by the doctor and Mrs. Lierman in the treatment of disorders of the eye. I was surprised at the cheerfulness of the patients, particularly the children.

The doctor invited me to call at his office. I did so, and again I found his methods so different from the usual oculist that I was interested at once in finding out how he did his work. The first thing that impressed me was seeing so many patients working in his waiting room. They seemed to be engaged steadfastly regarding the letters of test cards placed upon the wall.

After I had seen the doctor treat several patients he turned to me and inquired about the condition of my own eyes. I replied that I had reached the age where most people require glasses for reading, but was just beginning to be annoyed by a blurring of vision when I consulted a telephone directory in a dimly lighted room. I knew that this symptom means in the almost universal experience of mankind, glasses, and more glasses, until one becomes dependent upon them. While I was contemplating this prospect, Dr. Bates explained to me that he had been through this experience, having had to wear quite strong lens for reading and that he had cured himself.

He handed me one of his professional cards. On the back of this card was printed in small diamond type seven paragraphs stating seven fundamentals of perfect sight. He requested me to hold this card about six inches from my eyes, then close my eyes and form in my imagination or memory a small letter "o" and to see it in my mind, very black with a white center. After doing this for a few seconds I was to open my eyes and look at the letters on the card. I did this, and to my surprise upon opening my eyes, the letters were jet black and remarkably distinct; but for only a moment did this clear vision last. The letters soon faded away into a blur.

This experience of getting a flash of clear vision, though evanescent in character, was encouraging to me, because it suggested the possibility of conquering this tendency to blurring. In other words, if I could learn to sustain this primary normal position that my eyes relaxed into just before opening them, I would certainly achieve perfect vision. Dr. Bates instructed me to practice what I had just done twice a day. I did as he advised. At first I could not hold this flash of clear vision more than a second or two. It was too subtle. I could not get a hold on it. I continued, however, practicing night and morning for several weeks with but slight improvement. At last, however, I became able to sustain the clear vision for about thirty seconds; but if I would wink (*blink*) my eyes while seeing clearly, my vision would fade into a blur. In time my patience was rewarded by more improvement, for now I am often able to read the whole card without a blur. [Continued shifting and blinking results in vision remaining clear for a longer time and eventually clear vision is permanent.](#)

Dr. Bates deserves much credit for the pioneer work which he is doing and for the way he keeps on doing it in spite of the hostile criticism continually directed toward him. To know him is a privilege and I am thankful to have had this experience.



Place the fine print card 6 inches from the eyes. Close the eyes and remember, imagine a small letter o dark black with a white center and shift on the o for a few seconds. Next: Open the eyes and look at the fine print and see a flash of clear vision.



Shift on the letter C on the fine print card and imagine it dark black, with a pure white center and clear. Do this with eyes open, then in the imagination with eyes closed, then eyes open again. Practice on smaller fine print letters.

## Minutes of the Better Eyesight League

### SEPTEMBER MEETING

ON the evening of the eleventh Dr. J. M. Watters, an eye, ear, nose and throat specialist from Newark, addressed the meeting. It was an extremely impressive talk, for Dr. Watters brought with him a long and interesting list of cases for whom he had effected cures by Dr. Bates' method. He stated that when he first started this work the results actually astonished him. Eyes responded to the new treatment better than he had anticipated or dared to hope.

The histories included both old and young, men and women, with apparently all the different kinds of eye maladies.

**Myopia, hypermetropia, astigmatism, presbyopia and glaucoma all yielded to the eye exercises. A gentleman of 74 with cataract in both eyes, a young man who was hit in the eye with a golf ball who developed a detached retina, a patient with ruptured iris—these likewise were cured by learning and practicing the method.**

Dr. Watters said that he believes best results are obtained if people practice when they feel like it. If they can enjoy it and if the exercises produce no feeling of nervousness, then the work is progressing along the right lines. There is no way of hurrying a cure and a patient must be willing to accept gradual improvement if it seems to come that way.

Dr. Bates himself gave a most valuable demonstration of the long swing. He recommended it as a help in other troubles besides eye ailments, since if done properly it produces relaxation and lack of tension throughout the whole body.

Dr. Watters announced his eye clinic at 2 Lombardy Street, Newark, on Monday and Friday evenings from 7 to 8. He invited the members of the League to send anyone in need of help.

### OCTOBER MEETING

PERHAPS no speaker has brought greater encouragement to those endeavoring to gain better eyesight than Miss Florian Shepard, of Orange, N. J. who spoke to our League on October ninth. The special significance of her cure lies in the fact that it has been one of the unusually slow ones. Miss Shepard told the history of her case and related the gradual steps in her progress. At first nothing seemed to work. Palming, swinging, everything produced strain instead of relaxation. It was only by long perseverance that she was able to arrive at any real success. Again and again Miss Shepard spoke of the marvelous patience and understanding with which Dr. Bates helped her find a way out of all her difficulties. Her testimony proves that Dr. Bates can succeed not only with easy cases but also with hard and unresponsive ones.

Miss Shepard spoke of the trick of timing the swing with the thumb and finger, and Dr. Bates later discussed this point. Attention

was called to the fact that the September magazine had an article on the subject.

At Dr. Bates' request Miss Mildred Shepard gave a short account of her cure. The most interesting part of all was perhaps the fact that since her eyes have become normal she is much less tense and consequently less nervous in all phases of her life. She spoke of herself as having become "happy-go-lucky."

### **LEAGUE BUSINESS**

Miss May Secor, of 521 West 122nd Street, has been elected corresponding secretary.

The League has voted to amend the constitution to make the dues \$1 a year instead of \$3. The subscription to the magazine will not be included. Anyone wishing to join the League now will have paid up to January, 1925.

### **Of Special Interest**

#### ***Throw Away Your Glasses***

DOCTOR BATES' article in the September issue of Hearst's International Magazine awakened more interest in his method of treatment than any previous writings. Hundreds of letters were relayed from Norman Hapgood, Editor, to Dr. Bates and contained congratulations, inquiries and appointments for treatment. A special notice of this article was placed in the New York Times by the editor of Hearst's.

In view of this fact we have had reprints made of the article and will fill orders immediately upon receipt.

The title is THROW AWAY YOUR GLASSES, and it explains how this can be accomplished. Everyone interested in curing their own sight will be enlightened on many points by reading this reprint.

Don't wait until the initial supply is exhausted before placing your order. Price 35c.

#### ***Are You Nearsighted—Farsighted—Astigmatic? Have You Cataract—Glaucoma?***

Then send for the number of the BETTER EYESIGHT MAGAZINE which deals with each of these defects individually. Dr. Bates explains the cause of each and how it can be cured by his treatment. These instructions can be followed by the layman.

ALL BACK NUMBERS 30c.

#### ***Bound Better Eyesight July, 1922—June, 1923—Price \$4.25***

Bound in leather the same color as the book, and both together make an attractive set. This volume contains many helpful suggestions and instructions for the use of the various swings, shifting and palming. Progressive myopia, astigmatism and other defects are treated and their cause and cure explained. The cure of eye defects in children is described in various parts of the book.

### **The Question Mark QUESTIONS AND ANSWERS**

Q—What is the cause of cataract?

A—Eyestrain is the cause of cataract, but some times cataract is produced from an injury such as a blow of some kind.

Q—Is a hemorrhage on the outside of the eyeball fatal?

A—Rarely.

Q—Can insomnia be cured by the method of palming ?

A—Yes.

Q—Can a patient while under treatment wear eye glasses?

A—No, this prevents a cure.

Q—Can I overdo the swing?

A—No, not if it is done in the right way.

Q—Does sunlight injure the eyes of children?

A—No.

Q—Does wearing dark glasses injure the eyes?

A—Yes.

## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

December, 1923

### One Thing

BY **CENTRAL FIXATION** is meant the ability to see one letter or one object regarded in such a way that all other letters or objects are seen worse. Some people have been cured by practicing Central Fixation only, devoting little time to other methods of cure.

### SWINGING

When the normal eye has normal sight the small letters of the Snellen Test Card are imagined to be moving from side to side, slow, continuously, not more than the width of the letter. Persons with imperfect sight have become able to imagine this illusion by alternately remembering or imagining the small letter moving from side to side continuously. With their eyes open they may be able to do it for a moment or flash it, at first occasionally, and later more continuously, until they are cured.

**IMAGINATION** is very efficient in improving the vision. Some persons have told me that when they knew what a letter was they could imagine they saw it. By closing their eyes they usually became able to imagine a known letter better than with their eyes open. By alternately imagining a known letter with the eyes open and with the eyes closed, the imagination of the letter often improves to normal when the letter was regarded. The patient who is able to do this is also able to demonstrate that when the imagination is improved for one known letter the vision for unknown letters is also improved. By imagining the first letter of a line perfectly the patient can tell the second letter and other letters which are not known. The imagination cure is curative when other methods of treatment have failed.

### The Cadet

By **W. H. BATES, M.D.**

(Military Story)

WEST POINT is full of memories. Whenever we think of the military school at West Point most of us have a feeling of reverence. The students there are the pick of the young men of this country. They come from prominent families throughout the United States. Their scholarship is of the best. They excel not only in the arts of war, but are prominent in other things as well. When a young man graduates from West Point he is not only an expert in military drill, but he is also trained in the arts of diplomacy, in social life and knows not only how to deal with his enemies, but is also an expert at an afternoon tea.

It is very important, very necessary that a soldier should have good eyesight. He cannot very well handle his opponents properly in a fight unless he can see them. Although the men at West Point are selected for their physical and mental efficiency, they are liable to acquire nearsightedness, apparently just as much as other young men. I believe that such cases should be treated before glasses are prescribed.

Mr. L., aged 20, had normal sight before he entered West Point. After three years his vision began to fail. An oculist prescribed glasses. For a time the glasses gave him normal vision, but after a few months they were increased in strength. The patient did not like to wear glasses. He felt depressed over the fact that his sight was imperfect. Against his physicians' orders he laid aside his glasses most of the time and only used them for emergencies. Someone told him that it was possible for him to be cured without glasses. Full of hope he wrote to me, and asked me what I could do for him. In his letter he wrote:

"My trouble is myopia, brought on, I presume, by the great amount of study I had to do."

I have frequently published that straining the eyes to see at the near point always lessens myopia; it does not cause it. Straining to see at the distance always produces myopia in the normal eye and increases it in the myopic eye.

All persons with imperfect sight are able to demonstrate that they are staring. The normal eye when it has normal sight, does not stare. It is a truth, that imperfect sight is always accompanied by a stare. It is a truth because there are no exceptions. When the stare can be corrected the vision always improves.

Mr. L. called Oct. 14, 1923. His vision without glasses was less than 20/40. By palming and practicing the swing, his vision in a half hour became normal in each eye. He was able to demonstrate that when he remembered a white cloud in the sky, dazzling white with the sun shining on it and moving slowly, blown by the wind, that he could imagine one letter of the alphabet perfectly. For example he could remember or imagine he saw, with his eyes closed, a letter O with a white center, as white as the whitest cloud he had ever seen, but it was always moving. He could remember this and other letters perfectly black. With his eyes closed he could imagine that he put a small black period with the aid of an imaginary pen, on the right edge of the O. At my suggestion he placed another period on the left edge of the O. When he looked to the right of the O, the O was to the left of where he was looking. When he looked to the left of the O, the O was to the right of where he was looking. Every time his eyes moved to the right, the O moved to the left in his imagination. Every time his eyes moved to the left, the O moved to the right. With his eyes closed, imagining that he was looking alternately to the right and to the left, he could imagine the O was moving a short distance from side to side, not more than its own diameter. This he did easily, regularly and continuously.

He was asked to remember an imperfect O, one which had no white center, a gray letter covered by a cloud which made it so obscure that it might be anything. He found this required a great effort, an effort which was tiresome. Every once in a while he lost the memory of the imperfect O. He demonstrated that the memory, or the imagination of the imperfect O was difficult, very difficult, while the memory of the perfect O was quite easy.

He was a good patient. Possibly it was the training that he had received in school which gave him the wonderful ability to do just exactly what he was told, easily, quickly and without any difficulty whatever. It certainly was a great pleasure to me to observe that



Eye closed. Remember, imagine a letter O with a pure, bright white center. Imagine a black dot on the left and right sides of the O. Shift back and forth, left and right on the dots and see the O move a short distance, left and right (no longer than its width) opposite the direction the eyes shift to.

he obtained his improved vision so easily. Nine-tenths of my patients have never been so obedient. Some people talk about soldiers and speak more or less lightly of their discipline. I say lightly, because my conception of discipline was materially modified after my experience with this patient. He gave me a demonstration of discipline which I had not previously read in any book.

At one time I taught some of the simpler arts of military drill as an officer in a militia student company. At that time my conception of discipline was a popular one. I can recall how it annoyed me to have my soldiers do a lot of other things besides what they were ordered to do. This interfered very much with their ability to drill properly. In my private practice, when trying to benefit my patients I have been exceedingly annoyed by the arguments, questions and opinions indulged in by my patients, when I was trying to secure perfect rest or relaxation of their minds.

## Stories from the Clinic

### 46: Our Last Christmas at the Harlem Hospital

By EMILY C. LIERMAN



AS Christmas draws near, I keep wondering if my beloved kiddies, of the Harlem Hospital Clinic, will be taken care of this year, or whether they will be neglected. I am going to miss them so much. We expect to have a tree at our new clinic this year, distribute gifts to our Clinic patients and extend our good cheer as far as it will reach; but my heart goes out to the dear ones we had to leave behind, in that other clinic.

It is about them that I want to write, and try to give our readers a mental picture of our last Christmas with them.

First, I would like to tell of one little fellow, named Patrick, whose age was ten years. He had been coming to us for eight weeks or so before Christmas. His trouble was nearsightedness, and he had great difficulty in seeing the blackboard in school. His teacher had sent him for glasses and offered to pay for them herself. This was explained to me in a note which Patrick had with him. He was such a dear little fellow, and one of the best behaved boys in her class, she said. His family was very poor, but good people, so she wanted to pay for those glasses.

On his first visit, Doctor Bates examined his eyes, and then I started to treat him with the Test Card. His vision was 15/100 with both eyes, and also with each eye separately. He did not like to palm, but he kept his eyes closed as he was told, for over half an hour. His vision improved the first day to 15/20, which was very unusual. I told him to rest his eyes by closing them often every day.

The second week in December, just eight weeks since his first visit, he read 15/10 on the test card.

When he was told the day he would receive his Christmas gift and candies, he begged for permission to bring his baby sister and three brothers also. He did not mean to beg. I believe it was an unselfish thought on his part. He could not very well accept a gift when his sister and brothers had none. He was invited to bring his family to the Christmas party, and when I saw him that day he was radiant with smiles.

Our room surely looked as though Santa Claus had left his pack there. Three dozen dolls were arranged in one corner of the room, waiting with their arms outstretched for the little girls. An operating table came in very handy and was loaded with games and toys for our boys. Large Florida oranges, enough for every one, both young and old, filled another corner of the room. Cornucopias, decorated with tinsel, and filled with candies, were hung all about, and was a pretty sight to see. Doctor Bates himself arranged them on the windows and screens, and wherever they possibly could hang. He was very much excited about it all, and it was a great joy to see his face light up with smiles as the children and adults entered the room. He watched the faces of the little children, and his heart was filled with joy, because his clinic family was so happy.

For several years it had been our pleasure to greet Dr. Neuer, in our room at the Christmas party. It was his delight to take one of the dollies and go from room to room, displaying that doll with all the joy of giving. Children suffering with tuberculosis, of whom many were cured by him, were never forgotten at Christmas time. When his eyes began to trouble him he came to Doctor Bates, and was cured without glasses. He did not mind in the least standing with the rest of our clinic patients, and when Dr. Bates invited him to his office, he said the dispensary was good enough for him. Shortly after our last Christmas party he was taken seriously ill with pneumonia, and died. He was loved so much by the poor of the clinic, that we know they will miss him, as our family will miss us.

## Discarding Glasses at 60

By DR. ADOLPH SELIGE

ABOUT a year ago a friend of mine wanted to know what I could do for one of his employees, an old colored man, **72 years of age, who had gone nearly stone blind, and was unable to work.**

I had the book and magazines of Dr. Bates, and was overjoyed to put his theories to a good test, and so I told them to send the old man over.

I am happy to say that old "uncle" went back to work after the most strenuous treatment he ever had gone through in his life, and which he would never had done, if it hadn't been for his niece, a colored woman of fair intelligence, and so trained that she knew how to carry out orders. She made the old man walk the "chalk line," in regards to all the rules and regulations I laid down in regards to palming and reading the test card, and all the other stunts.

But, as I am a Naturopath, and believe that diet plays a most important role in creating causes of abnormal physical conditions of all kinds, he had to live on a very strict diet too, but I had the satisfaction to see some very noticeable improvement after a few days, and was able to send him back to his employer ready to work, in less than a month's time.

I had been a victim of "Glass-o-Phobia," for something like 25 years, possibly more, for the beginning has escaped my memory entirely. My glasses were such a nuisance, my eyes smarted and pained and became sore in spite of them, and every once in a while I had to have my eyes refitted.

I was delighted with the new ray of light that filtered into the thick fog, permeating my brain in the region which is supposed to contain "good common sense in regards to eyesight," and I began to see more clearly, after I had studied the book of Dr. Bates.

I resolved to apply this new knowledge to myself, and hoped to be able to get such fine success with the old negro uncle. There was an obstacle however, I was a busy man, and when I was not busy with my patients, I was either reading or writing, or using my

eyes in some strenuous way, and of course, I could not possibly afford the time to put my glasses away and forego the pleasure of continuing the studies I was so interested in. So I kept on postponing the event and I promised myself to do it at the very first opportunity, until one Saturday night I found myself minus glasses, had forgotten to bring them, and instead of going back to the office, I just took the bull by the horn and decided to start "right now."

I sat and palmed and did the swing, and imagined and did all sorts of stunts and continued to do so on Sunday, nearly all day.

On Monday I just refused to be tempted to use my glasses, and put them on only in cases of the extremist emergency, such as when I had to sign my name to a letter, or when making an "Eye Diagnosis," which required effort more than a magnifying glass alone could afford me.

It was a torture for me to spend my leisure time between treatments, and my evenings and Sundays, without being able to pursue my studies, but I had resolved to stick it out and I did.

I found after a little while, that my sight began to get clearer, and sharper, and I did not miss my glasses so very much. I had carried them with me for emergency purposes, but used them only in very rare cases, finally I laid them away for good, when I went away on a four weeks' vacation.

During this time I took several Post Graduate Courses, made a lot of notes, and wrote under all sorts of conditions, and finally, got where I did not miss them at all.

I returned to my desk three weeks ago, and have not even looked for my glasses, and don't ever expect to.

It is now about three months since I began, I can read the smallest type of ill-printed newspapers at night, when I have a good light to see by, but have no difficulty at all during the day time.

I can feel my sight getting better and clearer right along, and feel that eventually my eyes will see without glasses better than they ever did see with glasses on, even though I am nearing my 60th birthday.

One of the reasons why I have not many cures of eye troubles to my credit is, because people are too comfortable, and do not care to make any effort to regain their normal sight—they would rather wear glasses, because it is less of a personal sacrifice.

As I mentioned before, I am a Naturopath, and believe in the unity of disease and the unity of treatment. I should like to go into this a little deeper, as it is fundamental to health and also applies to cases of abnormal eyesight, but lack of space forbids.

I may say however, that I believe quicker and more permanent results can be secured for relieving eyestrain, and its results, when the entire body gets on a normal basis, in fact I have often found my patients to experience quite a relief for their eyes, even though I was not giving their eyes any special attention, but had merely worked towards a general adjustment of their entire physical and mental being, through diet, rest, exercise, neuropathic and other treatments, and a better mental attitude.

## **Minutes of the Better Eyesight League**

It is our desire to publish the minutes of the Better Eyesight League in each issue of the Magazine. With this thought in mind we printed the September and October minutes in the November issue. We would also like to place the November report in the December Magazine, but, owing to the League meeting late, we are unable to withhold the manuscript from the press until that time.

The December meeting will be held on December 11th, at 383 Madison Avenue, at eight P.M.

### **The League of Orange, N. J.**

AT the opening Fall meeting of the Better Eyesight League of the Oranges, held October 3, 1923, it was voted to hold open monthly meetings through the coming season, and the day decided on was the first Thursday of each month. At the suggestion of the President it was decided to hold clinics twice a week, so as to relieve the eye troubles of everyone possible. Dr. Browne kindly offered the use of her office on Wednesday and Saturday afternoons, and all were invited to come and help.

The Homemakers' Association also invited everyone to a meeting on the eighth, at which Mrs. Lierman was to demonstrate with children, how teachers and parents could prevent and cure eye troubles of children. Dr. Gore then suggested that the league be not only a "Better Eyesight League," but a "Better Health League of the Oranges," and cooperate with other organizations by inviting them to our meetings and having interesting speakers. He suggested several who would give talks, if invited. So the first step toward a sort of federation was a plan that most of our meetings this year, give attention to eyes the first part and then to other organs or general health, for the rest of the time, and also a motion that for the November meeting we have Dr. Philip Rice give a talk on "Normal Unfolding or Growing into Health," and invite federation members. There was a rising vote of appreciation, of the work done by Dr. Gore, and the Secretary was instructed to send him a testimonial letter. Several informal talks were given by members, who told how wonderfully their eyes had improved during the Summer, and the enthusiasm of each was very marked. The meeting closed with a social hour and refreshments. There were thirty-five present.

LEULA BURTON,  
Recording Secretary.

## **The Passing of My Glasses**

**By MILDRED SHEPARD**

[EDITOR'S NOTE]—It was at my earnest solicitation that Miss Shepard consented, after some time, to write a brief account of the mock ceremonies which took place when she formally discarded her glasses.

A SMALL, but impressive ceremony, was held a short time ago, along the shore of a certain lake in Massachusetts. The occasion was the internment or "Near" and "Far," the two pairs of spectacles once worn by one, now through with all glasses forever. This happy figure, posing in black robes, as the bereaved, was preceded in solemn procession by similarly black-gowned attendants. Four pall bearers bore the coffin, upon which rested the remains of "Near" and "Far," now passed all use in this life—God rest their tortoise shells. Sad, slow strains of the Funeral March, painfully drawn from a tissue-paper covered comb, mingled with those of "Mr.



Gallagher and Mr. Sheehan."

With measured strides the little company moved along the lake shore, to the famous memorial boat-landing. There were gathered the chief mourners and friends, attracted thither from the turmoil of final examinations and arriving families, not so much out of sympathy for the bereaved, we fear, as by the promise of a funeral feast of ice-cream cones.

Already the Dumb-Boatman could be seen gliding toward the stone steps. Upon his arrival the coffin was lowered upon the pillows carefully, and in great determination the bereaved climbed into the gondola and dropped upon her knees. With bated breath, the onlookers waited while the tongue-tied man swung the boat out into deep water. A great, glad smile spread over the face of the Bereaved, as she laid to rest "Near" and "Far," her two steady, but now unnecessary companions of fifteen years. Closing words were pronounced by the Dumb Boatman.

## **"Unseeing Eyes"**

**By EMILY A. MEDER**

WE mortals have been heaped with blessings by the Divine power, and, as wonderful and great as some of them are, the act of seeing is most wonderful. Sight is like a great river, with hundreds of small tributaries, and streams branching from it. One of the streams runs to the mind, another to the heart, and so on. We see something new and interesting, and immediately our mind registers this fact, and causes us to speculate, surmise, and investigate. Then, if it might be a sad sight, the heart is instantly awake. There is no doubt, however, that while the sight is the greatest of God's gifts, it is also the most abused.

When one is interested in seeing glasses removed, and perfect sight prevailing everywhere, incidents relative to the subject are more readily noted. Just as a person going to buy a new hat, glances at all the head-gear which comes to view. The same can be said of shoes, and other articles of apparel. We are at that time, more interested in that article, therefore more note is taken of it. This puts me in mind of a story my teacher used to tell us.

A professor desired to impress upon his young charges the value of observation, regardless of the fact that at that particular time they were not interested in the subject. He sent one half of his class looking for a certain herb, and the other half for a particular specimen of stone. When the first half returned they had gathered quite a bunch of the desired herb, and the second half had some of the quartz, for which they were sent. The professor asked some of the members of his "herb class," if they had noticed any of the quartz while looking for the herb. They replied that they saw none at all. The same answer was given by the second half of the class, when requested if they had seen any of the herbs. If the whole class had been sent for the stone and herbs together, they would probably have had good success, but not being sent for it, they did not look for it or notice it.

This brings me back to the fact that being intensely interested in people with imperfect sight, who wear glasses, many unusual, and in some cases, humorous incidents are seen. One that was comical, if it had not been almost tragic, happened at Forty-Second street and Fifth avenue, just a few days back. A party of motorists was going west, but as the car neared Fifth avenue, the lights on the signal tower changed. The driver stopped, and screwed his face into a knot to try to see the colors. I immediately saw that the man was straining dreadfully, especially as he thought he was holding traffic up, not being able to see the signals. He moved his car nearer and nearer the curb to get a better look, until he was almost on top of the light. When he finally arrived at a point of vantage, where everything was visible to him, he discovered that the lights were yellow. He should have stayed where he was, as traffic was going north and south. In addition to extricating himself with difficulty, he was given a forceful opinion of himself by the angry traffic policeman.

Forty-second street also abounds in large optical stores. The pictures displayed in them are truly wonderful works of art. Some of them afford me great amusement, although they are worthy to be placed in an art gallery to be reviewed by the admiring public. How the artist must hate to spoil these by placing glasses on everyone of them. The most recent was a beautiful girl playing tennis. She had rosy cheeks, and a happy restful expression. In the first place, no one has that look of relaxation and happiness while wearing glasses. Secondly it must have been a dreadful strain to look happy, and balance them while running after the ball. Somewhat like a juggler balancing a feather on his nose!

Has it ever occurred to you that children are always in danger of being run over, by cars driven by people with defective vision? Just take note of the questions the traffic policeman fires at a careless chauffeur, and draw your own conclusions. When they have been remonstrated with for doing something wrong, the officer doesn't ask for a sample of his driving ability. The first order is "Can't you see where you're going? Are you blind?" Another question might be, "Do you see those signals? Why did you go ahead?" While the driver looks sheepish, he is politely told, "better have your eyes examined."

The following incident is a peculiar one, and rather embarrassing to the young lady concerned. She is the office assistant of an optometrist, and helps him fit glasses, and take care of his patients. One of our circulars advertising Perfect Sight Without Glasses was sent to this doctor, who immediately threw it in the waste paper basket. The girl, having heard of Doctor Bates' work before, retrieved it, and sent for the book.

A few weeks later, the young lady wrote me, advising us that she not only discarded her glasses, but her eyes are feeling better than ever. Her enthusiasm, however, placed her in a difficult position. While the doctor was away for a few days' vacation, she was left in charge of the office. A middle aged woman came in, and wanted her glasses repaired. She said her eyes pained her terribly, and the glasses were absolutely necessary. The girl explained that the optometrist was out of town and would not return for a few days. The lady went away, but returned the next day, asking for the name of another doctor who could relieve her of her headaches. She was in a great deal of misery. Our enthusiast felt sorry for her, and showed her how to palm, swing, and remember black. Now this is the trouble—the doctor mended the glasses, but the lady never came back for them.

## The Use of the Burning Glass (Sun-glass)

By W. H. BATES, M.D.

**THE normal eye needs light in order to maintain normal health and normal sight. People who do not see the sun always have eye trouble. Miners working in the dark all day long, and never seeing the sun, all have trouble with their eyes. Children living in dark tenement houses acquire a great sensitiveness to the light, and spend most of their time holding a cloth up to their eyes, or they bury their heads in a pillow, shutting out all light. They acquire many kinds of inflammation of the eyelids, and of the eyeball.**

The burning glass has a very wonderful effect on some of these cases. I remember one man who had not been able to do any work because of the sensitiveness of his eyes to the light. He was very promptly cured by a few minutes exposure of the eyeball to the strong light of the burning glass.

In using the burning glass, it is well to prepare the eyes of the patient by having him sit in the sun with his eyes closed. Enough light shines through the eyelid to cause some people a great deal of discomfort at first, but after a few hours' exposure in this way, they become able to gradually open their eyes to some extent without squeezing the lids. When this stage is reached, one can focus with the burning glass, the light on the outside of the eyeballs, which at first is very disagreeable! When the patient becomes able to open the eyes, he is directed to look as far down as possible, and this can be done in such a way that **the pupil is protected by the lower lid**. It is not well to use the burning glass when the patient squeezes the eyelids shut. As long as the light is focused on the white of the eye, and is done quickly, all heat is avoided. The length of time devoted to focusing the light on the white part of the eye, is never longer than a few seconds, moving the light from side to side, up and down, or in various directions.

To be used by Experienced Bates Method Ophthalmologists only if all other methods do not work.

Plain Sunning without the sunglass is equally beneficial and completely natural.

### Announcements

#### REMOVAL NOTICE

DOCTOR BATES has removed his office to 383 Madison Avenue.

The hours are from 9 to 6 by appointment.

#### BETTER EYESIGHT LEAGUE

The program committee is anxious for suggestions regarding meetings. If anyone has a helpful idea, please communicate with the chairman of the program committee, Miss Lillian Reicher, 108 West 115th Street.

#### CHANGE OF ADDRESS

It will help us considerably, and insure the prompt delivery of the Magazine, if our subscribers will inform us of their change of address.

If for any reason the Magazine is returned to us, we will not ship it again, until we are notified of its non-delivery, and receive correct address from the subscriber.

#### REPRINTS

Among the reprints that appeared in medical journals from time to time, are the following, which are very instructive:

##### SHIFTING

##### THE CAUSE OF MYOPIA

##### MYOPIA PREVENTION BY TEACHERS

##### PREVENTION OF MYOPIA IN SCHOOL CHILDREN

### The Question Mark QUESTIONS AND ANSWERS

Q—Can people over fifty be cured without glasses?

A—Yes.

Q—Is the treatment good for nervousness?

A—Yes. As a general rule the long swing is the most efficient.

Q—Is Central Choroiditis curable and does it require much treatment?

A—Yes, Choroiditis is curable and requires a great deal of treatment in some cases.

Q—Is conical cornea curable?

A—Yes, the variable swing has been a great benefit. This is described in "Better Eyesight," November, 1922.

Q—Why do I squint when I am out in the sun?

A—You are not accustomed to the strong light. Read chapter on sun-gazing.

Q—Why do my eyes water?

A—Strain.

## BETTER EYESIGHT

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

January, 1924

### Questions

ASKING questions is all too common with patients who have imperfect sight. There are important or necessary questions which the patient should know in order to bring about a cure. The cause of the imperfect sight should be emphasized. In all cases of imperfect sight a strain, an effort, a stare or concentration can be demonstrated. To see imperfectly requires a great deal of trouble. Even the imperfect memory or the memory or imagination of an imperfect letter is an effort. It is so great a strain that the memory or imagination fail if you keep it in mind for any length of time. Perfect sight can only be obtained without an effort, without a strain. It is impossible to remember or imagine things perfectly by an effort.

One may divide questions into (1)—Proper questions; (2)—Improper or useless questions.

It is a waste of time, an injury to the patient, for him to describe the infinite manifestations of imperfect sight. To know its history minutely and its variations require an effort on the part of the patient to describe these things. And this effort increases the imperfect sight. It is absolutely of no help whatever in formulating methods for its cure. Avoid asking questions about the symptoms of imperfect sight or anything connected with imperfect sight. Any question connected with perfect sight may be a good thing for the patient to know. One may ask questions as follows:

How long must one practice a perfect memory, a perfect imagination or study the latest manifestation of perfect sight?

The answer to this question is a benefit to the patient.

## The Optical Swing

By W. H. BATES, M. D.

MOST people when they look at stationary objects believe that they see such objects stationary; but if they observe the facts more closely, they find that when the normal eye regards a small letter of the Snellen Test Card with normal sight, the letter does not appear to be stationary, but seems to move from side to side, a distance about the width of the letter. This is called the *optical swing*.

This is caused by the movement, shift of the eyes from point to point (part to part) on the letter.

During the late war, a soldier, who was rated as a sharpshooter, told me that when he regarded the bull's eye of a target five hundred yards away or further, that he had difficulty in aiming his gun properly because the bull's eye seemed to move from side to side a very short distance. Both he and others who had observed it did not discuss the matter with any great interest.

The movement of a letter or other object from side to side in the optical swing is so short, so slow, that most persons with normal eyes have never noticed it. There is no reference to the optical swing in any publication which I have seen. It is a truth that in all cases of normal sight the optical swing can be demonstrated. In all cases of imperfect sight the optical swing is modified; it may be lengthened, it may become too rapid and irregular. The swing is a necessary part of perfect sight. The importance of it has not been realized. With the short optical swing the vision is good while the mental efficiency and the efficiency of the nerves and muscles is enormously increased.

**THE SHORT SWING:** When the swing is short, no more than the width of the letter, the vision is normal; when the vision is normal, the swing is short. One cannot have normal vision of a letter, a normal memory or a normal imagination, without demonstrating the presence of a short optical swing.

It can be demonstrated that it is impossible to remember or imagine with the eyes closed a letter, a color or any object without the optical swing. When the swing is stopped an effort or strain is necessary, which may be conscious or unconscious, and the memory or imagination becomes imperfect. Normal vision is not maintained continuously without the short optical swing. **It is not necessary, however, for one to be conscious of the swing in order to demonstrate normal vision.**

(Practicing seeing it improves the clarity of vision.)

Methods of treatment which restore the optical swing are a benefit to imperfect sight. When the short swing can be demonstrated, the vision, the memory and the imagination are normal. One cannot imagine the short swing and imperfect sight at the same time. One cannot remember or imagine pain, fatigue or any symptom of disease and the short swing at the same time. For example, the

#### Oppositional Movement

Shift part to part on a letter and see it move 'swing' in the opposite direction. The movement is no longer than the size of the letter (size of the eyes shift on the letter) when the vision is normal. Practice on large, small and fine print letters at close and far distances.

e  
E  
B

Experience strain, blur.

1 - Stare at the dot on the middle of the E. Eyes immobile, not shifting, not blinking. The E does not move. Strain, tension in the mind, eyes, head, neck... occurs. Memory, imagination is lowered, the E becomes unclear.

Experience relaxation, clear vision;  
2 - Shift point to point on the E and experience relaxation, perfect memory and imagination of the letter and clear vision.

The normal eye with clear vision shifts part to part (point to point; central fixation combined with shifting) on a object resulting in a movement 'swing' of the object.

symptoms of acute indigestion have disappeared when the patient imagined the short swing of a letter or some other object. In some cases, hay fever symptoms have disappeared quickly and permanently, through the use of the short swing. Bronchial troubles, the cough associated with influenza and whooping cough, have disappeared quickly when the short swing was imagined quickly.

**THE UNIVERSAL SWING:** When you hold the Snellen Test Card in your hand, you can imagine a small letter "o" printed on the card to have a slow, short, easy, continuous, regular swing. Of course, when the "o" swings, the card to which it is fastened also swings; when the hand holding the card swings, the card swings and the letter "o" swings. When the letter "o" swings the card swings, the hand swings, the wrist, the forearm, the elbow, are all swinging with the "o". If the elbow rests on the arm of the chair, when the chair moves the elbow moves; when the elbow moves, the card moves. One can demonstrate that a letter "o" pasted on the Brooklyn Bridge moves when the bridge moves, and when the "o" moves the bridge moves. One may think of many objects, one at a time, each one in turn moving with the moving "o". This is called the *universal swing*.

**This movement is caused by the movement, shift of the eyes. Moving the head/face, body with the eyes improves appearance of the movement.**

The universal swing has been a wonderful benefit in improving many cases of imperfect sight, in the relief of pain, fatigue and other symptoms of disease. It can be demonstrated that when one has the universal swing the sight is perfect. If the universal swing becomes modified, the sight is imperfect. There are no exceptions. This fact has suggested successful treatment for myopia, cataract, and other causes of imperfect sight.

It is well to remember that some people have difficulty in imagining the universal swing. They are very apt to separate the letter "o" from the card and imagine that either the card or the letter moves; and it is difficult for them to imagine the letter and the card fastened together and one unable to move without the other moving. Of course one can imagine the hand moving and the arm stationary, but when the hand and the arm are in a vise or fastened very closely together without any hinges, it is difficult or impossible to imagine the hand is moving without the arm moving as well. Persons who have difficulty in imagining the universal swing should consult others who can demonstrate it, explain it and help them to accomplish it. **The entire visual field moves 'swings' in the opposite direction the eyes move, shift to.**

I generally suggest to my patients that they practice the universal swing twice daily, morning and night; or better still, practice it at all times, in all places, no matter where they are or what they may be doing.

**THE MEMORY SWING:** With the eyes closed you can feel your eyes move under your fingers when lightly touching the eyelids. If you imagine that you are looking over your right shoulder, you can feel the eyeballs move to the right, and a long distance to the right. When you imagine that you are looking over your left shoulder, you can feel your eyeballs moving to the left, and far to the left. One can shorten the movement of the eyeballs by looking a shorter distance to the right, alternately looking to the left. With a little practice one can feel or imagine one feels, the eyeballs are moving the shortest possible distance from side to side. The eyeballs can be seen to move under the closed eyelids. The memory swing is a good thing to practice under conditions which would not be so convenient for the other kinds of swings. One can practice the memory swing in a dark room, on a dark night, in a dark cellar, in bed, and obtain a mental relaxation or an optical relaxation or a relaxation of the nerves which is worth while.

Imagine shifting left and right, top and bottom on a tiny fine print letter and feel the eyes move.

Imagine seeing the swing; the letter appears to move in the opposite direction the eyes shift to. Produces very clear vision.



Shift left and right, top and bottom on a letter O and see it swing in the opposite direction. Practice on a fine print o.



**Universal Swing**  
Shift on a letter on the eyechart and see it move, swing. Notice that the chart and any objects connected with the chart: other letters, the stand the chart is placed upon... also moves with the letter.



#### **Variable Swing**

**Treatment for Conical Cornea, Blur...**  
Hold the finger to the side of the face/ eyes and move the head side to side while looking at the Snellen Eyechart. Notice the finger appears to move side to side 1+ inches while the chart moves a shorter distance or shows no movement. Shorten the movement of the head and notice the swing of the finger and chart become shorter, the chart showing less, and no movement. The chart may appear to move in the same direction the eyes, head move to; opposite the movement of the finger - Double Oppositional Movement. This can also be practiced with the finger in front of the face/ nose at eye level.

**For the 2nd half of this book; Better Eyesight Magazine Illustrated With 500 Pictures; the Entire Magazine Collection and the Original Antique Print version, all months, years; 132 Issues, July, 1919 to June, 1930; contact [mclearsight@aol.com](mailto:mclearsight@aol.com), [www.clearsight.info](http://www.clearsight.info) Buy any one book; Paperback, Kindle, PDF and get all these books and others in 17 PDF Color, Printable E-books.**

# Better Eyesight Magazine

Original Antique Magazine Pages

July, 1919 to June, 1930 - 132 Monthly Issues

By Ophthalmologist William Horatio Bates M.D.,  
Eye, Ear, Nose & Throat

Stories From The Clinic by  
Emily C. A. Lierman, Bates Included

## Better Eyesight

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION  
AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

Vol. I JULY, 1919 No. 1

Foreword

Fundamental Facts

Central Fixation

A Teacher's Experiences

Army Officer Cures Himself

\$2.00 per year 20 cents per copy  
Published by the CENTRAL FIXATION PUBLISHING COMPANY  
39-45 EAST 42nd STREET NEW YORK, N. Y.

### Fine Print a Benefit to the Eye

#### Seven Truths of Normal Sight

- 1-Normal Sight can always be demonstrated in the normal eye, but not under abnormal conditions.
  - 2-Optical Fixation: The letter or part of the letter regarded is always seen first.
  - 3-Definition: The point regarded changes rapidly and continuously.
  - 4-Direction: When the patient is able, the letters appear to move horizontally, or in other directions, with a pendulum-like motion.
  - 5-Memory is perfect. The order and background of the letters, or any or all parts upon, are remembered perfectly, (independently of conditions).
  - 6-Definition is good. The eye can see the white part of letters above, below, on the side, or from all directions.
  - 7-Read or relaxation of the eye and mind is perfect and can always be demonstrated.
- When one of these seven fundamentals is perfect, all are perfect.

It is impossible to read fine print without relaxing. Therefore the reading of such print, contrary to what is generally believed, is a great benefit to the eyes. Persons who can read perfectly fine print, like the above specimen, are relieved of pain and fatigue while they are doing it, and this relief is often permanent. Persons who cannot read it are benefited by observing its blackness, and remembering it with the eyes open and closed alternately. By bringing the print so near to the eyes that it cannot be read pain is sometimes relieved instantly, because when the patient realizes that there is no possibility of reading it the eyes do not try to do so. In myopia, however, it is sometimes a benefit to strain to read fine print. Persons who can read fine print perfectly imagine that they see between the lines streaks of white whiter than the margin of the page, and persons who cannot read it also see these streaks, but not so well. When the patient becomes able to increase the vividness of these appearances [see *Halos*, February number] the sight always improves.



Dr. William H. Bates  
Ophthalmologist - M.D.  
Eye, Ear, Nose & Throat.  
Discovered the Principles  
of Eye Function-Natural  
Eyesight Improvement.

## Natural Eyesight Improvement The Bates Method

This Book Contains a Photo Copy of the Original Printed Pages of Ophthalmologist William H. Bates Better Eyesight Magazine. Every Year, Month, Page from July, 1919 to June, 1930. Unedited. True History! An Antique Collection, The Origin of Natural Eyesight Improvement. Treatments, Activities from the Eye Doctor that discovered and practiced this effective technique of Natural, Normal Eye Function.

Book consists of his Original Treatments and a 2nd additional Better Eyesight Magazine Book Illustrated with 500 Pictures, containing the Original and Modern Versions of Older Treatments & New Treatments. Read the Original and New 2nd Book to learn which treatments have been improved or changed, how to practice the activities, treatments correct.

Pictures with directions are placed in the 2nd book to help the reader quickly understand each activity Dr. Bates describes. Learn and apply Natural Eyesight Improvement, obtain clear vision easy and fast. Safe, Natural Treatments for Clear Close, and Distant Vision, Astigmatism, Cataract, Glaucoma and other Eye Conditions.

12 Natural Eyesight Improvement E-Books,  
Eyecharts, Videos & Audio Training included.

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William H. Bates M.D.

Central Fixation Publishing Company  
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# Better Eyesight

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*A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION  
AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES*

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Vol. I

JULY, 1919

No. 1

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OF  
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OF CALIFORNIA

Foreword

Fundamental Facts

Central Fixation

A Teacher's Experiences

Army Officer Cures Himself

GIVEN WITH LOVE TO THE  
OPTOMETRY LIBRARY

BY

MONROE J. HIRSCH, O.D., Ph.D.

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# BETTER EYESIGHT

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Editor—W. H. BATES, M.D.

Publisher—CENTRAL FIXATION PUBLISHING CO.

Vol. I

JULY, 1919

No. 1

## FOREWORD.

WHEN the United States entered the European war recruits for general military service were required to have a visual acuity of 20/40 in one eye and 20/100 in the other.<sup>1</sup> This very low standard, although it is a matter of common knowledge that it was interpreted with great liberality, proved to be the greatest physical obstacle to the raising of an army. Under it 21.68 per cent. of the registrants were rejected, 13 per cent. more than for any other single cause.<sup>2</sup>

Later the standard was lowered<sup>3</sup> so that men might be "unconditionally accepted for general military service" with a vision of 20/100 in each eye without glasses, provided one eye was correctible to 20/40. For special or limited service they might be accepted with only 20/200 in each eye without glasses, provided one was correctible to 20/40. At the same time a great many defects other than errors of refraction were admitted in both classes, such as squint not interfering with vision, slight nystagmus, and color blindness. Even total blindness in one eye was not a cause for rejection in the limited service class, provided it was not due to progressive or organic change, and the vision of the other eye was normal. Under this incredible standard eye defects still remained one of three leading causes of rejection.

<sup>1</sup>Havard: Manual of Military Hygiene for the Military services of the United States, third revised edition 1917, p. 195.

<sup>2</sup>Report of the Provost Marshal General to the Secretary of War on the First Draft under the Selective Service Act, 1917.

<sup>3</sup>Standards of Physical Examination for the Use of Local Boards, District Boards and Medical Advisory Boards under the Selective Service Act, Form 75, issued through office of the Provost Marshal General.

Do you read imperfectly? Can you observe then that when you look at the first word, or the first letter, of a sentence you do not see best where you are looking; that you see other words, or other letters, just as well as or better than the ones you are looking at? Do you observe also that the harder you try to see the worse you see?

Now close your eyes and rest them, remembering some color, like black or white, that you can remember perfectly. Keep them closed until they feel rested, or until the feeling of strain has been completely relieved. Now open them and look at the first word or letter of a sentence for a fraction of a second. If you have been able to relax, partially or completely, you will have a flash of improved or clear vision, and the area seen best will be smaller.

After opening the eyes for this fraction of a second, close them again quickly, still remembering the color, and keep them closed until they again feel rested. Then again open them for a fraction of a second. Continue this alternate resting of the eyes and flashing of the letters for a time, and you may soon find that you can keep your eyes open longer than a fraction of a second without losing the improved vision.

If your trouble is with distant instead of near vision, use the same method with distant letters.

In this way you can demonstrate for yourself the fundamental principles of the cure of imperfect sight by treatment without glasses.

If you fail, ask someone with perfect sight to help you.

W. H. Bates  
Oct. 28, 1924

Over ten per cent. (10.65) of the registrants were disqualified by them, while defects of the bones and joints and of the heart and blood-vessels ran respectively one and one and a half per cent. higher.<sup>1</sup>

Most of the revelations about the physical condition of the American people which resulted from the operation of the draft law had been anticipated by persons who had been giving their attention to such matters—and whose warnings had long fallen upon deaf ears—but it is doubtful if anyone had formed an adequate conception of the truth regarding the condition of the nation's eyesight. That it should be impossible to raise an army with even half normal vision in one eye, and that one man in every ten rejected for military service should have been unable, even by the aid of glasses, to attain this standard, is a situation so appalling that words fail to characterize it, so incredible that only the most unimpeachable evidence could compel belief in it. Under these circumstances it seems to me the plain duty of anyone who has found any means of controlling the evil in question to give the facts the widest possible publicity.

Most writers on ophthalmology today appear to believe that defective eyesight is part of the price we must pay for civilization. The human eye, they say, was not designed for the uses to which it is now put. Eons before there were any schools, or printing presses, electric lights, or moving pictures, its evolution was complete. In those days it served the needs of the human animal perfectly, but it is not to be expected, we are told, that it should respond without injury to the new demands. By care it is thought that this injury may be minimized, but to eliminate it wholly is considered to be too much to hope for. Such is the depressing conclusion to which the monumental labors of a hundred years and more have led us.

I have no hesitation in stating that this conclusion is unqualifiedly wrong. Nature did not blunder when she made the human eye, but has given us in this intricate and wonderful mechanism, upon which so much of the usefulness as well as the pleasure of life depends, an organ as fully equal to the needs of civilization as to those of the stone age. After thirty-three years of clinical and experi-

mental work, I have demonstrated to my own satisfaction and that of others that the eye is capable of meeting the utmost demands of civilization; that the errors of refraction which have so long dogged the footsteps of progress, and which have made the raising of an army during the recent war so difficult, are both preventable and curable; and that many other forms of imperfect sight, long held to be incurable, may be either improved or completely relieved.

All these discoveries have been published in the medical press, but while their reliability has never been publicly disputed, the medical profession has so far failed to make use of them. Meantime the sight of our children is being destroyed daily in the schools, and our young men and women are entering life with a defect which, if uncorrected, must be a source of continual misery and expense to them, sometimes ending in blindness or economic ruin. Admitting for the sake of argument that I may be wrong in my conclusion that these things are unnecessary, it is time I was proven to be wrong. I should not be allowed to play on the forlorn hope of a suffering world. If I am right, as I know I am, a suffering world should no longer be deprived of the benefit of my discoveries.

To give publicity to these discoveries and arouse discussion regarding them is one of the objects for which this magazine has been started. At the same time its pages are open to everyone who has any light to throw upon the problem. It has too long been the custom of ophthalmologists to disregard every fact at variance with the accepted theories. Such facts, when observed, have usually not been published, and when published they have either been ignored or explained away in some more or less plausible manner. The management of this magazine wishes to make it a medium for the publication of such facts, which, it may safely be asserted, are known to every ophthalmologist of any experience, and which, if they had received proper consideration, would long ago have led us out of the blind alley in which we are now languishing.

While I think it may be truthfully said that many of my methods are new and original, other physicians, both in this country and in Europe, have cured themselves and others by treatment without glasses. Lay persons have done the same.

<sup>1</sup>Second Report of the Provost Marshal General to the Secretary of War on the Operations of the Selective Service System to December 20, 1918.

In *The Autocrat of the Breakfast Table*, Oliver Wendell Holmes published a very remarkable case of the cure of presbyopia.

"There is now living in New York State," he says, "an old gentleman who, perceiving his sight to fail, immediately took to exercising it on the finest print, and in this way fairly bullied Nature out of her foolish habit of taking liberties at five-and-forty, or thereabouts. And now this old gentleman performs the most extraordinary feats with his pen, showing that his eyes must be a pair of microscopes. I should be afraid to say how much he writes in the compass of a half-dime, whether the Psalms or the Gospels, or the Psalms and the Gospels, I won't be positive."<sup>1</sup>

An officer in the American Expeditionary Forces, whose letter is published elsewhere, wrote to me about a year ago that he has cured himself of presbyopia, and after half a lifetime of misery was entirely free from eye discomfort. There must be many more of these cases, and we want to hear of them.

### FUNDAMENTAL FACTS.

For about seventy years it has been believed that the eye accommodates for vision at different distances by changing the curvature of the lens, and this theory has given birth to another, namely, that errors of refraction are due to a permanent organic change in the shape of the eyeball. On these two ideas the whole system of treating errors of refraction is based at the present time.

My experiments and clinical observations have demonstrated that both these theories are wrong.<sup>2</sup> They have shown:

- (1) That the lens is not a factor in accommodation;
- (2) That the change of focus necessary for vision at different distances is brought about by the action of the superior and inferior obliques, which, by their contraction and relaxation, change the length of the eyeball as the length of the camera is changed by the shortening and lengthening of the bellows;
- (3) That errors of refraction are due to the abnormal action of these muscles and of the recti, the obliques being responsible for myopia and the recti for hypermetropia, while both may combine in the production of astigmatism;
- (4) That this abnormal action of the muscles on the outside of the eyeball is always due to mental strain of some kind.

<sup>1</sup>Everyman's Library, 1908, pp. 166 and 167.

<sup>2</sup>Bates: *The Cure of Defective Eyesight by Treatment Without Glasses*, N. Y. Med. Jour., May 8, 1915. *A Study of Images Reflected from the Cornea, Iris, Lens and Sclera*. N. Y. Med. Jour., May 18, 1918.

This being the case it follows that all errors of refraction can be cured by relaxation. All methods of treatment, therefore, are simply different ways of obtaining relaxation. And because it is impossible to relax the eye muscles without relaxing the mind—and the relaxation of the mind means the relaxation of the whole body—it also follows that improvement in the eyesight is always accompanied by an improvement in health and mental efficiency.

The fact that all errors of refraction are functional can often be demonstrated within five minutes. When a person with myopia, hypermetropia, or astigmatism, looks at a blank wall without trying to see, the retinoscope, with a plane mirror, at six feet, indicates, in flashes or more continuously no error of refraction. The conditions should be favorable for relaxation and the doctor should be as much at his ease as the patient.

It can also be demonstrated with the retinoscope that persons with normal sight do not have it all the time.<sup>1</sup> When the vision of such persons becomes imperfect at the distance it will be found that myopic refraction has been produced;<sup>2</sup> when it becomes imperfect at the near point it will be found that hypermetropia has been produced.

### CENTRAL FIXATION.

An invariable symptom of all abnormal conditions of the eyes, whether functional or organic, is the loss of central fixation. When a person with perfect vision looks at a letter on the Snellen test card he can always observe that all the other letters in his field of vision are seen less distinctly. He can also observe that when he looks at the bottom of even the smallest letter on the card, the top appears less black and less distinct than the part directly regarded, while the same is true of a letter of diamond type, or of the smallest letters that are printed. When a person with imperfect sight looks at the card he can usually observe that when he can read a line of letters he is able to look at one letter of a line and see it better than the others, but the letters of a line he cannot read may look all alike,

<sup>1</sup>Bates: *The Imperfect Sight of the Normal Eye*. N. Y. Med. Jour., Sept. 8, 1917.

<sup>2</sup>*Idem*: *The Cause of Myopia*. N. Y. Med. Jour., March 16, 1912.

or those not directly regarded may even be seen better than the one fixed.

These conditions are due to the fact that when the sight is normal the sensitiveness of the fovea is normal, but when the sight is imperfect, from whatever cause, the sensitiveness of the fovea is lowered, so that the eye sees equally well, or even better, with other parts of the retina. Contrary to what is generally believed, the part seen best when the sight is normal is extremely small. The text-books say that at twenty feet an area having a diameter of a quarter of an inch can be seen with maximum vision, but anyone who tries at this distance to see every part of one of the small letters of the Snellen test card—the diameter of which is about a quarter of an inch—equally well at one time will immediately become myopic. The fact is that the nearer the point of maximum vision approaches a mathematical point, which has no area, the better the sight.

The cause of this loss of function in the center of sight is mental strain; and as all abnormal conditions of the eyes, organic as well as functional, are accompanied by mental strain, all such conditions must necessarily be accompanied by loss of central fixation. When the mind is under a strain the eye usually goes more or less blind. The center of sight goes blind first, partially or completely, according to the degree of the strain, and if the strain is great enough the whole or the greater part of the retina may be involved. When the vision of the center of sight has been suppressed, partially or completely, the patient can no longer see the point which he is looking at best, but sees objects not regarded directly as well, or better, because the sensitiveness of the retina has now become approximately equal in every part, or is even better in the outer part than in the center. Therefore in all cases of defective vision the patient is unable to see best where he is looking.

This condition is sometimes so extreme that the patient may look as far away from an object as it is possible to see it and yet see it just as well as when looking directly at it. In one case it had gone so far that the patient could see only with the edge of the retina on the nasal side. In other words, she could not see her fingers in front of her face, but could see them if she held them at the outer side of her eye. She had no error of refraction, showing that while every error of refraction is accompanied by eccentric fixa-

tion, the strain which causes the one condition is different from that which produces the other. The patient had been examined by specialists in this country and Europe, who attributed her blindness to disease of the optic nerve, or brain; but the fact that vision was restored by relaxation demonstrated that the condition had been due simply to mental strain.

Eccentric fixation, even in its lesser degrees, is so unnatural that great discomfort, or even pain, can be produced in a few seconds by trying to see every part of an area three or four inches in extent at twenty feet, or even less, or an area of an inch or less at the near point, equally well at one time, while at the same time the retinoscope will demonstrate that an error of refraction has been produced. This strain, when it is habitual, leads to all sorts of abnormal conditions and is, in fact, at the bottom of most eye troubles, both functional and organic. The discomfort and pain may be absent, however, in the chronic condition, and it is an encouraging symptom when the patient begins to experience them.

When the eye possesses central fixation it not only possesses perfect sight, but it is perfectly at rest and can be used indefinitely without fatigue. It is open and quiet; no nervous movements are observable; and when it regards a point at the distance the visual axes are parallel. In other words, there are no muscular insufficiencies. This fact is not generally known. The text-books state that muscular insufficiencies occur in eyes having normal sight, but I have never seen such a case. The muscles of the face and of the whole body are also at rest, and when the condition is habitual there are no wrinkles or dark circles around the eyes.

In most cases of eccentric fixation, on the contrary, the eye quickly tires, and its appearance, with that of the face, is expressive of effort or strain. The ophthalmoscope reveals that the eyeball moves at irregular intervals, from side to side, vertically or in other directions. These movements are often so extensive as to be manifest by ordinary inspection, and are sometimes sufficiently marked to resemble nystagmus. Nervous movements of the eyelids may also be noted, either by ordinary inspection, or by lightly touching the lid of one eye while the other regards an object either at the near point or the distance. The visual axes are never parallel, and the deviation from the normal



may become so marked as to constitute the condition of squint. Redness of the conjunctiva and of the margins of the lids, wrinkles around the eyes, dark circles beneath them and tearing are other symptoms of eccentric fixation.

Eccentric fixation is a symptom of strain, and is relieved by any method that relieves strain; but in some cases the patient is cured just as soon as he is able to demonstrate the facts of central fixation. When he comes to realize, through actual demonstration of the fact, that he does not see best where he is looking, and that when he looks a sufficient distance away from a point he can see it worse than when he looks directly at it, he becomes able, in some way, to reduce the distance to which he has to look in order to see worse, until he can look directly at the top of a small letter and see the bottom worse, or look at the bottom and see the top worse. The smaller the letter regarded in this way, or the shorter the distance the patient has to look away from a letter in order to see the opposite part indistinctly, the greater the relaxation and the better the sight. When it becomes possible to look at the bottom of a letter and see the top worse, or to look at the top and see the bottom worse, it becomes possible to see the letter perfectly black and distinct. At first such vision may come only in flashes. The letter will come out distinctly for a moment and then disappear. But gradually, if the practice is continued, central fixation will become habitual.

Most patients can readily look at the bottom of the big C and see the top worse; but in some cases it is not only impossible for them to do this, but impossible for them to let go of the large letters at any distance at which they can be seen. In these extreme cases it sometimes requires considerable ingenuity, first to demonstrate to the patient that he does not see best where he is looking, and then to help him to see an object worse when he looks away from it than when he looks directly at it. The use of a strong light as one of the points of fixation, or of two lights five or ten feet apart, has been found helpful, the patient when he looks away from the light being able to see it less bright more readily than he can see a black letter worse when he looks away from it. It then becomes easier for him to see the letter worse when he looks away from it. This method was successful in the following case:

A patient with vision of  $3/200$ , when she looked at a

point a few feet away from the big C, said she saw the letter better than when she looked directly at it. Her attention was called to the fact that her eyes soon became tired and that her vision soon failed when she saw things in this way. Then she was directed to look at a bright object about three feet away from the card, and this attracted her attention to such an extent that she became able to see the large letter on the test card worse, after which she was able to look back at it and see it better. It was demonstrated to her that she could do one of two things: look away and see the letter better than she did before, or look away and see it worse. She then became able to see it worse all the time when she looked three feet away from it. Next she became able to shorten the distance successively to two feet, one foot and six inches, with a constant improvement in vision; and finally she became able to look at the bottom of the letter and see the top worse, or look at the top and see the bottom worse. With practice she became able to look at the smaller letters in the same way, and finally she became able to read the ten line at twenty feet. By the same method also she became able to read diamond type, first at twelve inches and then at three inches. By these simple measures alone she became able, in short, to see best where she was looking, and her cure was complete.

The highest degrees of eccentric fixation occur in the high degrees of myopia, and in these cases, since the sight is best at the near point, the patient is benefited by practicing seeing worse at this point. The distance can then be gradually extended until it becomes possible to do the same thing at twenty feet. One patient with a high degree of myopia said that the farther she looked away from an electric light the better she saw it, but by alternately looking at the light at the near point and looking away from it she became able, in a short time, to see it brighter when she looked directly at it than when she looked away from it. Later she became able to do the same thing at twenty feet, and then she experienced a wonderful feeling of relief. No words, she said, could adequately describe it. Every nerve seemed to be relaxed, and a feeling of comfort and rest permeated her whole body. Afterward her progress was rapid. She soon became able to look at one part of the smallest letters on the card and see the rest

worse, and then she became able to read the letters at twenty feet.

On the principle that a burnt child dreads the fire, some patients are benefited by consciously making their sight worse. When they learn, by actual demonstration of the facts, just how their visual defects are produced, they unconsciously avoid the unconscious strain which causes them. When the degree of eccentric fixation is not too extreme to be increased, therefore, it is a benefit to patients to teach them how to increase it. When a patient has consciously lowered his vision and produced discomfort and even pain by trying to see the big C, or a whole line of letters, equally well at one time, he becomes better able to correct the unconscious effort of the eye to see all parts of a smaller area equally well at one time.

In learning to see best where he is looking it is usually best for the patient to think of the point not directly regarded as being seen less distinctly than the point he is looking at, instead of thinking of the point fixed as being seen best, as the latter practice has a tendency, in most cases, to intensify the strain under which the eye is already laboring. One part of an object is seen best only when the mind is content to see the greater part of it indistinctly, and as the degree of relaxation increases the area of the part seen worse increases until that seen best becomes merely a point.

The limits of vision depend upon the degree of central fixation. A person may be able to read a sign half a mile away when he sees the letters all alike, but when taught to see one letter best he will be able to read smaller letters that he didn't know were there. The remarkable vision of savages, who can see with the naked eye objects for which most civilized persons require a telescope, is a matter of central fixation. Some people can see the rings of Saturn, or the moons of Jupiter, with the naked eye. It is not because of any superiority in the structure of their eyes, but because they have attained a higher degree of central fixation than most civilized persons do.

Not only do all errors of refraction and all functional disturbances of the eye disappear when it sees by central fixation, but many organic conditions are relieved or cured. I am unable to set any limits to its possibilities. I would not have ventured to predict that glaucoma, incipient cata-

ract and syphilitic iritis could be cured by central fixation; but it is a fact that these conditions have disappeared when central fixation was attained. Relief was often obtained in a few minutes, and sometimes this relief was permanent. Usually, however, a permanent cure required more prolonged treatment. Inflammatory conditions of all kinds, including inflammation of the cornea, iris, conjunctiva, the various coats of the eyeball and even the optic nerve itself, have been benefited by central fixation after other methods had failed. Infections, as well as diseases caused by protein poisoning and the poisons of typhoid fever, influenza, syphilis and gonorrhœa, have also been benefited by it. Even with a foreign body in the eye there is no redness and no pain so long as central fixation is retained.

Since central fixation is impossible without mental control, central fixation of the eye means central fixation of the mind. It means, therefore, health in all parts of the body, for all the operations of the physical mechanism depend upon the mind. Not only the sight, but all the other senses—touch, taste, hearing and smell—are benefited by central fixation. All the vital processes—digestion, assimilation, elimination, etc.—are improved by it. The symptoms of functional and organic diseases are relieved. The efficiency of the mind is enormously increased. The benefits of central fixation already observed are, in short, so great that the subject merits further investigation.

## A TEACHER'S EXPERIENCES.

A teacher forty years of age was first treated on March 28, 1919. She was wearing the following glasses: O. D. convex 0.75 D. S. with convex 4.00 D. C., 105 deg.; O. S. convex 0.75 D. S. with convex 3.50 D. C., 105 deg. On June 9, 1919, she wrote:

I will tell you about my eyes, but first let me tell you other things. You were the first to unfold your theories to me, and I found them good immediately—that is, I was favorably impressed from the start. I did not take up the cure because other people recommended it, but because I was convinced: first, that you believed in your discovery yourself; second, that your theory of the cause of eye trouble was true. I don't know how I knew these two things, but I did. After a little conversation with you, you and your discovery both seemed to me to bear the ear-marks of the genuine article. As to the success of the method with myself I had a little doubt. You might cure others, but you might not be

able to cure me. However, I took the plunge, and it has made a great change in me and my life.

To begin with, I enjoy my sight. I love to look at things, to examine them in a leisurely, thorough way, much as a child examines things. I never realized it at the time, but it was irksome for me to look at things when I was wearing glasses, and I did as little of it as possible. The other day, going down on the Sandy Hook boat, I enjoyed a most wonderful sky without that hateful barrier of misted glasses, and I am positive I distinguished delicate shades of color that I never would have been able to see, even with clear glasses. Things seem to me now to have more form, more reality than when I wore glasses. Looking into the mirror you see a solid representation on a flat surface, and the flat glass can't show you anything really solid. My eye-glasses, of course, never gave me this impression, but one curiously like it. I can see so clearly without them that it is like looking around corners without changing the position. I feel that I can almost do it.

I very seldom have occasion to palm.<sup>1</sup> Once in a great while I feel the necessity of it. The same with remembering a period.<sup>2</sup> Nothing else is ever necessary. I seldom think of my eyes, but at times it is borne in upon me how much I do use and enjoy using them.

My nerves are much better. I am more equable, have more poise, am less shy. I never used to show that I was shy, or lacked confidence. I used to go ahead and do what was required, if not without hesitation, but it was hard. Now I find it easy. Glasses, or poor sight rather, made me self-conscious. It certainly is a great defect, and one people are sensitive to without realizing it. I mean the poor sight and the necessity for wearing glasses. I put on a pair of glasses the other day just for an experiment, and I found that they magnified things. My skin looked as if under a magnifying glass. Things seemed too near. The articles on my chiffonier looked so close I felt like pushing them away from me. The glasses I especially wanted to push away. They brought irritation at once. I took them off and felt peaceful. Things looked normal.

I see better in the street than I ever did with glasses. I can see what people look like across the street, can distinguish their features, etc., a thing I could not do with glasses, or before I wore them. I can see better across the river and further into people's houses across the street. Not that I indulge, but I noticed an increase of power while looking out of the window in school.

Speaking of school, I corrected an immense pile of examination papers the other day, five hours at a stretch, with an occasional look off the paper and an occasional turn about the room. I felt absolutely no discomfort after it. Two weeks previous to this feat I handled two hundred designs over and over again, looking at each one dozens and dozens of times to note changes and improvement in line and color. Occasionally, while this work was going on, I had to palm in the mornings on rising.

<sup>1</sup>By palming is meant the covering of the closed eyes with the palms of the hands in such a way as to exclude all the light, while remembering some color, usually black.

<sup>2</sup>Bates: *Memory as an Aid to Vision*. N. Y. Med. Jour., May 24, 1919.

I use my eyes with as much success writing, though once in a while after a lot of steady writing they are a little bit tired. I can read at night without having to get close to a light. I mention this because last summer I had to sit immediately under the light, or I could not see.

From the beginning of the treatment I could use my eyes pretty well, but they used to tire. I remember making a large Liberty Loan poster two weeks after I took off my glasses, and I was amazed to find I could make the whole layout almost perfectly without a ruler, just as well as with my glasses. When I came to true it up with the ruler I found only the last row of letters a bit out of line at the very end. I couldn't have done better with glasses. However this wasn't fine work. About the same time I sewed a hem at night in a black dress, using a fine needle. I suffered a little for this, but not much. I used to practice my exercises at that time and palm faithfully. Now I don't have to practice, or palm; I feel no discomfort, and I am absolutely unsparing in my use of my eyes. I do everything I want to with them. I shirk nothing, pass up no opportunity of using them. From the first I did all my school work, read every notice, wrote all that was necessary, neglected nothing. Everything I was called upon to do I attempted. For instance, I had to read President Wilson's "Fourteen Points" in the assembly room without notice in a poor light—unusual wording, too,—and I read it unhesitatingly. I have yet to fail to make good.

Now to sum up the school end of it, I used to get headaches at the end of the month from adding columns of figures necessary to reports, etc. Now I do not get them. I used to get flustered when people came into my room. Now I do not; I welcome them. It is a pleasant change to feel this way. And—I suppose this is most important really, though I think of it last—I teach better. I know how to get at the mind and how to make the children see things in perspective. I gave a lesson on the horizontal cylinder recently, which, you know, is not a thrillingly interesting subject, and it was a remarkable lesson in its results and in the grip it got on every girl in the room, stupid and bright. What you have taught me makes me use the memory and imagination more, especially the latter, in teaching.

Now, to sum up the effect of being cured upon my own mind. I am more direct, more definite, less diffused, less vague. In short, I am conscious of being better centered. It is central fixation of the mind. I saw this in your latest paper, but I realized it long ago and knew what to call it.

## ARMY OFFICER CURES HIMSELF.

An engineer, fifty-one years of age, had worn glasses since 1896, first for astigmatism, getting stronger ones every couple of years, and then for astigmatism and presbyopia. At one time he asked his oculist and several opticians if the eyes could not be strengthened by exercises, so as to

make glasses unnecessary, but they said: "No. Once started on glasses you must keep to them." When the war broke out he was very nearly disqualified for service in the Expeditionary Forces by his eyes, but managed to pass the required tests, after which he was ordered abroad as an officer in the Gas Service. While there he saw in the *Literary Digest* of May 2, 1918, a reference to my method of curing defective eyesight without glasses, and on May 11 he wrote to me in part as follows:

At the front I found glasses a horrible nuisance, and they could not be worn with gas masks. After I had been about six months abroad I asked an officer of the Medical Corps about going without glasses. He said I was right in my ideas and told me to try it. The first week was awful, but I persisted and only wore glasses for reading and writing. I stopped smoking at the same time to make it easier on my nerves.

I brought to France two pairs of bow spectacles and two extra lenses for repairs. I have just removed the extra piece for near vision from these extra lenses and had them mounted as pince-nez, with shur-on mounts, to use for reading and writing, so that the only glasses I now use are for astigmatism, the age lens being off. Three months ago I could not read ordinary head-line type in newspapers without glasses. Today, with a good light, I can read ordinary book type (18 point), held at a distance of eighteen inches from my eyes. Since the first week in February, when I discarded my glasses, I have had no headaches, stomach trouble, or dizziness, and am in good health generally. My eyes are coming back, and I believe it is due to sticking it out. I ride considerably in automobiles and trams, and somehow the idea has crept into my mind that after every trip my eyes are stronger. This, I think, is due to the rapid changing of focus in viewing scenery going by so fast.

Other men have tried this plan on my advice, but gave it up after two or three days. Yet, from what they say, I believe they were not so uncomfortable as I was for a week or ten days.

I believe most people wear glasses because they "coddle" their eyes.

SCHOOL NUMBER

# Better Eyesight

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A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION  
AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

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Vol. I

AUGUST, 1919

No. 2

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How to Use the Snellen Test Card

A House Built on Sand

The Prevention of Myopia

Methods That Failed and

A Method That Succeeded

The Story of Emily

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# How to Use the Snellen Test Card

FOR THE

## Prevention and Cure of Imperfect Sight in Children

The Snellen Test Card is placed permanently upon the wall of the classroom, and every day the children silently read the smallest letters they can see from their seats with each eye separately, the other being covered with the palm of the hand in such a way as to avoid pressure on the eyeball. This takes no appreciable amount of time, and is sufficient to improve the sight of all children in one week and to cure all errors of refraction after some months, a year, or longer.

Children with markedly defective vision should be encouraged to read the card more frequently.

Records may be kept as follows:

John Smith, 10, Sept. 15, 1918.

R. V. (vision of the right eye) 20/40.

L. V. (vision of the left eye) 20/20.

John Smith, 11, Jan. 1, 1919.

R. V. 20/30.

L. V. 20/15.

The numerator of the fraction indicates the distance of the test card from the pupil; the denominator denotes the line read, as designated by the figures printed above the middle of each line of the Snellen Test Card.

A certain amount of supervision is absolutely necessary. At least once a year some one who understands the method should visit each classroom for the purpose of answering questions, encouraging the teachers to continue the use of the method, and making a report to the proper authorities.

It is not necessary that either the inspector, the teachers, or the children, should understand anything about the physiology of the eye.

# BETTER EYESIGHT

A MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

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## A HOUSE BUILT ON SAND

That the results of the present method of treating defects of vision are far from satisfactory is something which no one would attempt to deny. It is well known that many patients wander from one specialist to another, seeking vainly for relief, while others give up in despair and either bear their visual ills as best they may without assistance, or else resort to Christian Science, mental science, osteopathy, physical culture, or some of the other healing cults to which the incompetence of orthodox medicine has given birth. The specialists themselves, having daily to handle each other's failures, are scarcely better satisfied. Privately they criticize each other with great asperity and freedom, and publicly they indulge in much speculation as to the underlying causes of this deplorable state of affairs.

At the recent meeting of the Ophthalmological Section of the American Medical Association, Dr. E. J. Gardiner, of Chicago, in a paper on *The Present Status of Refraction Work*,<sup>1</sup> finds that ignorance is responsible for the largest quota of failure to get satisfactory results from what he calls the "rich heritage" of ophthalmic science, but that a considerable percentage must be attributed to other causes. Among these causes he enumerates a too great dependence on measuring devices, the delegation of refraction work to assistants, and the tendency to eliminate cycloplegics, in

<sup>1</sup> For reports of all the papers quoted, see Jour. Am. Med. Assn, June 21, 1919.



deference to the prejudices of patients who have a natural objection to being incapacitated by "drops."

On the same occasion, Dr. Samuel Theobald, of Johns Hopkins University, noted a tendency to "minimize the importance of muscular anomalies" as an important cause of many failures to give relief to eye patients. Among cases that have come into his hands after glasses had been prescribed by other ophthalmologists he has often found that "though great pains had been taken to correct even minor faults of refraction, grave muscular errors had been entirely overlooked." From this fact and from the small number of latent muscular defects noted in the hospital reports which he has examined, the conclusion seems to him inevitable that such faults are in large measure ignored.

Dr. Walter Pyle, of Philadelphia, laid stress on "necessary but often neglected refinements in examination of ocular refraction." "Long practice, infinite care and attention to finer details," he said, "are imperative requisites, since a slight fault in the correction of a refractive error aggravates rather than relieves the accompanying asthenopic symptoms." This care, he says, must be exercised not only by the oculist but by the optician, and to the end that the latter may be inspired to do his part, he suggests that the oculist provide himself with the means for keeping tabs on him in the form of a mechanical lens measure, axis finder and centering machine.

Dr. Charles Emerson, of the Indiana University School of Medicine, suggested a closer co-operation between the ophthalmologist and the physician, as there were many patients who could not be helped by the ophthalmologist alone.

The fitting of glasses by opticians is usually condemned without qualification, but in the discussion which followed these papers, Dr. Dunbar Roy, of Atlanta, said that the optician, just because he does not use cycloplegics, frequently fits patients with comfortable glasses where the ophthalmologist has failed. When a patient needs glasses, said Dr. Roy, he needs them when his eyes are in their natural or normal condition and not when the muscle of accommodation is partially paralyzed. Even the heavy frames used in the adjustment of trial lenses were not forgotten in the search for possible causes of failure, Dr. Roy

believing that the patient is often so annoyed by these contrivances that he does not know which is causing him the most discomfort, the frames or the glasses.

Nowhere in the whole discussion was there any suggestion that this great mass of acknowledged failure could possibly be due to any defect in fundamental principles. These are a "rich heritage," the usefulness of which is not to be questioned. If they do not produce satisfactory results, it must be due to their faulty application, and it is taken for granted that there are a select few who understand and are willing to take the trouble to use them properly.

The simple fact, however, is that the fitting of glasses can never be satisfactory. The refraction of the eye is continually changing.<sup>1</sup> Myopia, hypermetropia and astigmatism come and go, diminish and increase, and the same adjustment of glasses cannot suit the affected eyes at all times. One may be able, in many cases, to make the patient comfortable, to improve his sight, or to relieve nervous symptoms; but there will always be a considerable number of persons who get little or no help from glasses, while practically everyone who wears them is more or less dissatisfied. The optician may succeed in making what is considered to be a satisfactory adjustment, and the most eminent ophthalmologist may fail. I personally know of one specialist, a man of international reputation, who fitted a patient sixty times with glasses without affording him the slightest relief.

And even when the glasses do what is expected of them they do very little. Considering the nature of the superstructure built on the foundation of Donders, and the excellent work being done by leading men, Dr. Gardiner thinks the present status of refraction work might be deemed eminently satisfactory if it were not for the great amount of bad and careless work being done; but I do not consider it satisfactory when all we can do for people with imperfect sight is to give them eye crutches that do not even check the progress of the trouble, when the only help we can offer to the millions of myopic and hypermetropic and

<sup>1</sup> Bates: The Imperfect Sight of the Normal Eye, N. Y. Med. Jour., Sept. 8, 1917.

astigmatic and squinting children in our schools is to put spectacles on them. If this is the best that ophthalmology can do after building for three-quarters of a century upon the foundation of Donders, is it not time that we began to examine that foundation of which Dr. Gardiner boasts that "not one stone has been removed"? Instead of seeking the cause of our failure to accomplish even the little we claim to be able to do in the ignorance and carelessness of the average practitioner, great as that ignorance and carelessness often are; in the neglect of cycloplegics and the refinements of lens adjustment; in the failure to detect latent muscular anomalies; in the absence of co-operation between specialist and general practitioner: would it not be wiser to examine the foundation of our superstructure and see whether it is of stone or of sand?

## THE PREVENTION OF MYOPIA

### Methods That Failed

The publication in 1867 by Professor Hermann Cohn of Breslau of a study of the eyes of ten thousand school children first called general attention to the fact that while myopia is seldom found in the pre-school age, the defect increases steadily both in percentage of cases and in degree during the educational period. Professor Cohn's investigations were repeated in all the advanced countries, and his observations, with some difference in percentages, were everywhere confirmed. The conditions were unanimously attributed to the excessive use of the eyes for near work, and as it was impossible to abandon the educational system, attempts were made to minimize the supposed evil effects of the reading, writing and other near work which it demanded. Careful and detailed rules were laid down by various authorities as to the size of type to be used in school books, the length of the lines, their distance apart, the distance at which the book should be held, the amount and arrangement of the light, the construction of the desks, the length of time the eyes might be used without a change of focus, etc. Face rests were even devised to hold the eyes at the prescribed distance from the desk and to prevent stooping, which was supposed to cause congestion of the

eyeball and thus to encourage elongation. The Germans, with characteristic thoroughness, actually used these instruments of torture, Cohn never allowing his children to write without one, "even at the best possible desk."<sup>1</sup>

The results of these preventive measures were disappointing. Some observers reported a slight decrease in the percentage of myopia in schools in which the prescribed reforms had been made; but on the whole, as Risley has observed in his discussion of the subject in Norris and Oliver's *System of Diseases of the Eye*, "the injurious effects of the educational process were not noticeably arrested."

"It is a significant, though discouraging fact," he continues, "that the increase, as found by Cohn, both in the percentage and in the degree of myopia, had taken place in those schools where he had especially exerted himself to secure the introduction of hygienic reforms, and the same is true of the observations of Just, who had examined the eyes of twelve hundred and twenty-nine of the pupils of the two High Schools of Zittau, in both of which the hygienic conditions were all that could be desired. He found, nevertheless, that the excellent arrangements had not in any degree lessened the percentage of increase in myopia. It became necessary, therefore, to look beyond faulty hygienic environments for the cause of the pathological states represented by myopia."<sup>2</sup>

With the passage of time further evidence to the same effect has steadily accumulated. In an investigation in London, for instance, in which the schools were carefully selected to reveal any difference that might arise from the various influences, hygienic, social and racial, to which the children were subjected, the proportion of myopia in the best lighted and ventilated school of the group was actually found to be higher than in the one where these conditions were worst.<sup>3</sup> It has also been found that there is just as much myopia in schools where little near work is done as in those in which the demands upon the accommodative power of the eye are greater, while in any case it is only a minority of the children in any school who become myopic, although all may be exposed to practically the same eye conditions. Dr. Adolf Steiger, in his recent book on *Spherical Refraction*, bears witness, after a comprehensive

<sup>1</sup> The Hygiene of the Eye in Schools, English translation, edited by Turnbull, p. 127.

<sup>2</sup> System of Diseases of the Eye, 1897, Vol. II, p. 361.

<sup>3</sup> Brit. Med. Jour., June 18, 1898.

survey of the whole question, to the "absolutely negative results of school hygiene,"<sup>1</sup> and Dr. Sidler-Huguenin reports<sup>2</sup> that in the thousands of cases that have come under his care he has observed no appreciable benefit from any method of treatment at his command.

Facts of this sort have led to a modification of the myopia theory, but have produced no change in methods of myopia prevention. An hereditary tendency toward the development of the defect is now assumed by most authorities; but although no one has ever been able to offer even a plausible explanation for its supposed injuriousness, and though its restriction has been proven over and over again to be useless, near work is still generally held to be a contributing cause and ophthalmologists still go on in the same old way, trying to limit the use of the eyes at the near-point and encourage vision at the distance. It is incomprehensible that men calling themselves scientific, and having had at least a scientific training, can be so foolish. One might excuse a layman for such irrational conduct, but how men of scientific repute who are supposed to write authoritative textbooks can go on year after year copying each other's mistakes and ignoring all facts which are in conflict with them is a thing which reasonable people can hardly be expected to understand.

In 1912,<sup>3</sup> and a good many times since, I published the observation that myopia is always lessened when the subject strains to see at the near point, and always produced in the normal eye when the subject strains to see at the distance. These observations are of the greatest practical importance, for if they are correct, they prove our present methods of preventing myopia to be a monumental blunder. Yet no one, so far as I have heard, has taken the trouble to test their accuracy. I challenged the medical profession to produce a single exception to the statements I made in the 1912 publication, and that challenge has stood for seven years, although every member of the Ophthalmological Section of the American Medical Asso-

<sup>1</sup> Die Entstehung der sphärischen Refraktionen des menschlichen Auges, Berlin, 1913, p. 540.

<sup>2</sup> Archiv f. Augenhlk., Vol. LXXIX, 1915, translated in Archives of Ophthalmology, Vol. XLV, No. 6, November, 1916.

<sup>3</sup> Bates: The Cause of Myopia, N. Y. Med. Jour., March 16, 1912.

ciation must have had an opportunity to see it, and anyone who knows how to use a retinoscope could have made the necessary tests in a few minutes. If any did this, they failed to publish the results of their observations, and are, therefore, responsible for the effects of their silence. If they found that I was right and neglected to say so, they are responsible for the fact that the benefits that must ultimately result from this discovery have been delayed. If they found that I was wrong, they are responsible for any harm that may have resulted from their indifference.

## THE PREVENTION AND CURE OF MYOPIA AND OTHER ERRORS OF REFRACTION

### A Method That Succeeded

You cannot see anything with perfect sight unless you have seen it before. When the eye looks at an unfamiliar object it always strains more or less to see that object, and an error of refraction is always produced. When children look at unfamiliar writing, or figures, on the blackboard, distant maps, diagrams, or pictures, the retinoscope always shows that they are myopic, though their vision may be under other circumstances absolutely normal. The same thing happens when adults look at unfamiliar distant objects. When the eye regards a familiar object, however, the affect is quite otherwise. Not only can it be regarded without strain, but the strain of looking later at unfamiliar objects is lessened.

This fact furnishes us with a means of overcoming the mental strain to which children are subjected by the modern educational system. It is impossible to see anything perfectly when the mind is under a strain, and if children become able to relax when looking at familiar objects, they become able, sometimes in an incredibly brief space of time, to maintain their relaxation when looking at unfamiliar objects.

I discovered this fact while examining the eyes of 1,500 school children at Grand Forks, N. D., in 1903.<sup>1</sup> In many

<sup>1</sup> Bates: The Prevention of Myopia in School Children, N. Y. Med. Jour., July 29, 1911.

cases children who could not read all of the letters on the Snellen test card at the first test read them at the second or third test. After a class had been examined the children who had failed would sometimes ask for a second test, and then it often happened that they would read the whole card with perfect vision. So frequent were these occurrences that there was no escaping the conclusion that in some way the vision was improved by reading the Snellen test card. In one class I found a boy who at first appeared to be very myopic, but who, after a little encouragement, read all the letters on the test card. The teacher asked me about this boy's vision, because she had found him to be very "near-sighted." When I said that his vision was normal she was incredulous, and suggested that he might have learned the letters by heart, or been prompted by another pupil. He was unable to read the writing or figures on the blackboard, she said, or to see the maps, charts, and diagrams on the walls, and did not recognize people across the street. She asked me to test his sight again, which I did, very carefully, under her supervision, the sources of error which she had suggested being eliminated. Again the boy read all the letters on the card. Then the teacher tested his sight. She wrote some words and figures on the blackboard and asked him to read them. He did so correctly. Then she wrote additional words and figures, which he read equally well. Finally she asked him to tell the hour by the clock twenty-five feet distant, which he did correctly. It was a dramatic situation, both the teacher and the children being intensely interested. Three other cases in the class were similar, their vision, which had previously been very defective for distant objects, becoming normal in the few moments devoted to testing their eyes. It is not surprising that after such a demonstration the teacher asked to have a Snellen test card placed permanently in the room. The children were directed to read the smallest letters they could see from their seats at least once every day, with both eyes together and with each eye separately, the other being covered with the palm of the hand in such a way as to avoid pressure on the eyeball. Those whose vision was defective were encouraged to read it more frequently, and in fact needed no encouragement to do so after they found that the practice helped them to see the blackboard, and

stopped the headaches, or other discomfort, previously resulting from the use of their eyes.

In another class of forty children, between six and eight, thirty of the pupils gained normal vision while their eyes were being tested. The remainder were cured later under the supervision of the teacher by exercises in distant vision with the Snellen card. This teacher had noted every year for fifteen years that at the opening of the school in the fall all the children could see the writing on the blackboard from their seats, but before school closed the following spring all of them without exception complained that they could not see it at a distance of more than ten feet. After learning of the benefits to be derived from the daily practice of distant vision with familiar objects as the points of fixation, this teacher kept a Snellen test card continually in her classroom and directed the children to read it every day. The result was that for eight years no more of the children under her care acquired defective eyesight.

This teacher had attributed the invariable deterioration in the eyesight of her charges during the school year to the fact that her classroom was in the basement and the light poor. But teachers with well-lighted classrooms had the same experience, and after the Snellen test card was introduced into both the well-lighted and the poorly lighted rooms, and the children read it every day, the deterioration of their eyesight not only ceased, but the vision of all improved. Vision which had been below normal improved, in most cases, to normal, while children who already had normal sight, usually reckoned at 20/20, became able to read 20/15 or 20/10. And not only was myopia cured, but the vision for near objects was improved.

At the request of the superintendent of the schools of Grand Forks, Mr. J. Nelson Kelly, the system was introduced into all the schools of the city and was used continuously for eight years, during which time it reduced myopia among the children, which I found at the beginning to be about six per cent, to less than one per cent.

In 1911 and 1912 the same system was introduced into some of the schools of New York City<sup>1</sup> with an attendance of about ten thousand children. Many of the teachers neglected to use the cards, being unable to believe that such

<sup>1</sup> Bates: Myopia Prevention by Teachers, N. Y. Med. Jour., Aug. 30, 1913.

a simple method, and one so entirely at variance with previous teaching on the subject, could accomplish the desired results. Others kept the cards in a closet except when they were needed for the daily eye drill, lest the children should memorize them. Thus they not only put an unnecessary burden upon themselves, but did what they could to defeat the purpose of the system, which is to give the children daily exercise in distant vision with a familiar object as the point of fixation. A considerable number, however, used the system intelligently and persistently, and in less than a year were able to present reports shown that of three thousand children with imperfect sight over one thousand had obtained normal vision by its means. Some of these children, as in the case of the children of Grand Forks, were cured in a few minutes. Many of the teachers were also cured, some of them very quickly. In some cases the results of the system were so astonishing as to be scarcely credible.

In a class of mental defectives, where the teacher had kept records of the eyesight of the children for several years, it had been invariably found that their vision grew steadily worse as the term advanced. As soon as the Snellen test card had been introduced, however, they began to improve. Then came a doctor from the Board of Health who tested the eyes of the children and put glasses on all of them, even those whose sight was fairly good. The use of the card was then discontinued, as the teacher did not consider it proper to interfere while the children were wearing glasses prescribed by a physician. Very soon, however, the children began to lose, break, or discard, their glasses. Some said that the spectacles gave them headaches, or that they felt better without them. In the course of a month or so most of the aids to vision which the Board of Health had supplied had disappeared. The teacher then felt herself at liberty to resume the use of the Snellen test card. Its benefits were immediate. The eyesight and the mentality of the children improved simultaneously, and soon they were all drafted into the regular classes, because it was found that they were making the same progress in their studies as the other children were.

Another teacher reported an equally interesting experience. She had a class of children who did not fit into

the other grades. Many of them were backward in their studies. Some were persistent truants. All of them had defective eyesight. A Snellen test card was hung in the classroom where all the children could see it, and the teacher carried out my instructions literally. At the end of six months all but two had been cured and these had improved very much, while the worst incorrigible and the worst truant had become good students. The incorrigible, who had previously refused to study, because, he said, it gave him a headache to look at a book, or at the blackboard, found out that the test card, in some way, did him a lot of good; and although the teacher had asked him to read it but once a day, he read it whenever he felt uncomfortable. The result was that in a few weeks his vision had become normal and his objection to study had disappeared. The truant had been in the habit of remaining away from school two or three days every week, and neither his parents nor the truant officer had been able to do anything about it. To the great surprise of his teacher he never missed a day after having begun to read the Snellen test card. When she asked for an explanation he told her that what had driven him away from school was the pain that came in his eyes whenever he tried to study, or to read the writing on the blackboard. After reading the Snellen test card, he said, his eyes and head were rested and he was able to read without any discomfort.

To remove any doubts that might arise as to the cause of the improvement noted in the eyesight of the children comparative tests were made with and without cards. In one case six pupils with defective sight were examined daily for one week without the use of the test card. No improvement took place. The card was then restored to its place and the group was instructed to read it every day. At the end of a week all had improved and five were cured. In the case of another group of defectives the results were similar. During the week that the card was not used no improvement was noted, but after a week of exercises in distant vision with the card all showed marked improvement, and at the end of a month all were cured. In order that there might be no question as to the reliability of the records of the teachers some of the principals asked the Board of Health to send an inspector to test the vision of



the pupils, and whenever this was done the records were found to be correct.

One day I visited the city of Rochester, and while there I called on the Superintendent of Public Schools and told him about my method of preventing myopia. He was very much interested and invited me to introduce it in one of his schools. I did so, and at the end of three months a report was sent to me showing that the vision of all the children had improved, while quite a number of them had obtained perfect sight in both eyes.

The method has been used in a number of other cities and always with the same result. The vision of all the children improved, and many of them obtained perfect sight in the course of a few minutes, days, weeks or months.

It is difficult to prove a negative proposition, but since this system improved the vision of all the children who used it, it follows that none could have grown worse. It is therefore obvious that it must have prevented myopia. This cannot be said of any method of preventing myopia in schools which had previously been tried. All other methods are based on the idea that it is the excessive use of the eyes for near work that causes myopia, and all of them have admittedly failed.

It is also obvious that the method must have prevented other errors of refraction, a problem which previously had not even been seriously considered, because hypermetropia is supposed to be congenital, and astigmatism was until recently supposed also to be congenital in the great majority of cases. Anyone who knows how to use a retinoscope may, however, demonstrate in a few minutes that both of these conditions are acquired; for no matter how astigmatic or hypermetropic an eye may be, its vision always becomes normal when it looks at a blank surface without trying to see. It may also be demonstrated that when children are learning to read, write, draw, sew, or to do anything else that necessitates their looking at unfamiliar objects at the near-point, hypermetropia, or hypermetropic astigmatism, is always produced. The same is true of adults. These facts have not been reported before, so far as I am aware, and they strongly suggest that children need, first of all, eye education. They must be able to look at strange letters or objects at the near-point without strain

before they can make much progress in their studies, and in every case in which the method has been tried it has proven that this end is attained by daily exercise in distant vision with the Snellen test card. When their distant vision has been improved by this means children invariably become able to use their eyes without strain at the near-point.

The method succeeded best when the teacher did not wear glasses. In fact, the effect upon the children of a teacher who wears glasses is so detrimental that no such person should be allowed to be a teacher, and since errors of refraction are curable, such a ruling would work no hardship on anyone. Not only do children imitate the visual habits of a teacher who wears glasses, but the nervous strain of which the defective sight is an expression produces in them a similar condition. In classes of the same grade, with the same lighting, the sight of children whose teachers did not wear glasses has always been found to be better than the sight of children whose teachers did wear them. In one case I tested the sight of children whose teacher wore glasses and found it very imperfect. The teacher went out of the room on an errand, and after she had gone I tested them again. The results were very much better. When the teacher returned she asked about the sight of a particular boy, a very nervous child, and as I was proceeding to test him she stood before him and said, "Now, when the doctor tells you to read the card, do it." The boy couldn't see anything. Then she went behind him, and the effect was the same as if she had left the room. The boy read the whole card.

Still better results would be obtained if we could reorganize the educational system on a rational basis. Then we might expect a general return of that primitive acuity of vision which we marvel at so greatly when we read about it in the memoirs of travellers. But even under existing conditions it has been proven beyond the shadow of a doubt that errors of refraction are no necessary part of the price we must pay for education.

There are at least ten million children in the schools of the United States who have defective sight. This condition prevents them from taking full advantage of the educational opportunities which the State provides. It undermines their

health and wastes the taxpayers' money. If allowed to continue, it will be an expense and a handicap to them throughout their lives. In many cases it will be a source of continual misery and suffering. And yet practically all of these cases could be cured and the development of new ones prevented by the daily reading of the Snellen test card.

Why should our children be compelled to suffer and wear glasses for want of this simple measure of relief? It costs practically nothing. In fact, it would not be necessary, in some cases, as in the schools of New York City, even to purchase the Snellen test cards, as they are already being used to test the eyes of the children. Not only does it place practically no additional burden upon the teachers, but, by improving the eyesight, health, disposition and mentality of their pupils, it greatly lightens their labors. No one would venture to suggest, further, that it could possibly do any harm. Why, then, should there be any delay about introducing it into the schools? If there is still thought to be need for further investigation and discussion, we can investigate and discuss just as well after the children get the cards as before, and by adopting that course we will not run the risk of needlessly condemning another generation to that curse which heretofore has always dogged the footsteps of civilization, namely, defective eyesight. I appeal to all who read these lines to use whatever influence they possess toward the attainment of this end.

### THE STORY OF EMILY

The efficacy of the method of treating imperfect sight without glasses has been demonstrated in thousands of cases, not only in my own practice but in that of many persons of whom I may not even have heard; for almost all patients when they are cured proceed to cure others. At a social gathering one evening a lady told me that she had met a number of my patients; but when she mentioned their names, I found that I did not remember any of them, and said so.

"That is because you cured them by proxy," she said. "You didn't directly cure Mrs. Jones or Mrs. Brown, but you cured Mrs. Smith and Mrs. Smith cured the other ladies. You didn't treat Mr. and Mrs. Simpkins, or Mr.

Simpkins' mother and brother, but you may remember that you cured Mr. Simpkins' boy of a squint, and he cured the rest of the family."

In schools where the Snellen test card was used to prevent and cure imperfect sight, the children, after they were cured themselves, often took to the practice of ophthalmology with the greatest enthusiasm and success, curing their fellow students, their parents and their friends. They made a kind of game of the treatment, and the progress of each school case was watched with the most intense interest by all the children. On a bright day, when the patients saw well, there was great rejoicing, and on a dark day there was corresponding depression. One girl cured twenty-six children in six months; another cured twelve in three months; a third developed quite a varied ophthalmological practice and did things of which older and more experienced practitioners might well have been proud. Going to the school which she attended one day, I asked this girl about her sight, which had been very imperfect. She replied that it was now very good, and that her headaches were quite gone. I tested her sight and found it normal. Then another child whose sight had also been very poor spoke up.

"I can see all right too," she said. "Emily"—indicating girl No. 1—"cured me."

"Indeed!" I replied. "How did she do that?"

The second girl explained that Emily had had her read the card, which she could not see at all from the back of the room, at a distance of a few feet. The next day she had moved it a little further way, and so on, until the patient was able to read it from the back of the room, just as the other children did. Emily now told her to cover the right eye and read the card with her left, and both girls were considerably upset to find that the uncovered eye was apparently blind. The school doctor was consulted and said that nothing could be done. The eye had been blind from birth and no treatment would do any good.

Nothing daunted, however, Emily undertook the treatment. She told the patient to cover her good eye and go up close to the card, and at a distance of a foot or less it was found that she could read even the small letters. The little practitioner then proceeded confidently as with the other eye, and after many months of practice the patient

became the happy possessor of normal vision in both eyes. The case had, in fact, been simply one of high myopia, and the school doctor, not being a specialist, had not detected the difference between this condition and blindness.

In the same classroom, there had been a little girl with congenital cataract, but on the occasion of my visit the defect had disappeared. This, too, it appeared, was Emily's doing. The school doctor had said that there was no help for this eye except through operation, and as the sight of the other eye was pretty good, he fortunately did not think it necessary to urge such a course. Emily accordingly took the matter in hand. She had the patient stand close to the card, and at that distance it was found that she could not see even the big C. Emily now held the card between the patient and the light and moved it back and forth. At a distance of three or four feet this movement could be observed indistinctly by the patient. The card was then moved farther away, until the patient became able to see it move at ten feet and to see some of the larger letters indistinctly at a less distance. Finally, after six months, she became able to read the card with the bad eye as well as with the good one. After testing her sight and finding it normal in both eyes, I said to Emily:

"You are a splendid doctor. You beat them all. Have you done anything else?"

The child blushed, and turning to another of her classmates, said:

"Mamie, come here."

Mamie stepped forward and I looked at her eyes. There appeared to be nothing wrong with them.

"I cured her," said Emily.

"What of?" I inquired.

"Cross eyes," replied Emily.

"How," I asked, with growing astonishment.

Emily described a procedure very similar to that adopted in the other cases. Finding that the sight of the crossed eye was very poor, so much so, indeed, that poor Mamie could see practically nothing with it, the obvious course of action seemed to her to be the restoration of its sight; and, never having read any medical literature she did not know that this was impossible. So she went to it. She had Mamie cover her good eye and practice the bad one at home and

at school, until at last the sight became normal and the eye straight. The school doctor had wanted to have the eye operated upon, I was told, but fortunately Mamie was "scared" and would not consent. And here she was with two perfectly good, straight eyes.

"Anything else?" I inquired, when Mamie's case had been disposed of. Emily blushed again, and said:

"Here's Rose. Her eyes used to hurt her all the time, and she couldn't see anything on the blackboard. Her headaches used to be so bad that she had to stay away from school every once in a while. The doctor gave her glasses; but they didn't help her, and she wouldn't wear them. When you told us the card would help our eyes I got busy with her. I had her read the card close up, and then I moved it farther away, and now she can see all right, and her head doesn't ache any more. She comes to school every day, and we all thank you very much."

This was a case of compound hypermetropic astigmatism.

Such stories might be multiplied indefinitely. Emily's astonishing record cannot, it is true, be duplicated, but lesser cures by cured patients have been very numerous and serve to show that the benefits of the method of preventing and curing defects of vision in the schools which is presented in this number of BETTER EYESIGHT would be far-reaching. Not only errors of refraction would be cured, but many more serious defects; and not only the children would be helped, but their families and friends also.

# THE CURE OF IMPERFECT SIGHT

By Treatment Without Glasses

By *W. H. BATES, M.D., New York*

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METHODS OF TREATMENT whereby such **cures have been effected in thousands of cases.** These methods will enable not only physicians, but parents, teachers, and others who themselves possess normal vision to cure all children under twelve years of age who have never worn glasses, and many children and adults who have. Many persons with minor defects of vision are able to cure themselves.

Thoroughly scientific, the book is at the same time written in language which any intelligent layman can understand. It is profusely illustrated with original photographs and drawings, and will be published shortly at \$3, post-paid. Orders may be placed now with the

Central Fixation Publishing Company,  
39-45 East 42nd Street, New York.

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# Better Eyesight

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

Vol. I

SEPTEMBER, 1919

No. 3

The Flashing Cure

Vision and Education

The Doctor's Story

Lying a Cause of Myopia

Cured in Fifteen Minutes

\$2.00 per year

20 cents per copy

Published by the CENTRAL FIXATION PUBLISHING COMPANY  
39-45 EAST 42nd STREET  
NEW YORK, N. Y.

## THE FLASHING CURE

Do you read imperfectly? Can you observe then that when you look at the first word, or the first letter, of a sentence you do not see best where you are looking; that you see other words, or other letters, just as well as or better than the ones you are looking at? Do you observe also that the harder you try to see the worse you see?

Now close your eyes and rest them, remembering some color, like black or white, that you can remember perfectly. Keep them closed until they feel rested, or until the feeling of strain has been completely relieved. Now open them and look at the first word or letter of a sentence for a fraction of a second. If you have been able to relax, partially or completely, you will have a flash of improved or clear vision, and the area seen best will be smaller.

After opening the eyes for this fraction of a second, close them again quickly, still remembering the color, and keep them closed until they again feel rested. Then again open them for a fraction of a second. Continue this alternate resting of the eyes and flashing of the letters for a time, and you may soon find that you can keep your eyes open longer than a fraction of a second without losing the improved vision.

If your trouble is with distant instead of near vision, use the same method with distant letters.

In this way you can demonstrate for yourself the fundamental principles of the cure of imperfect sight by treatment without glasses.

If you fail, ask someone with perfect sight to help you.

# BETTER EYESIGHT

A MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF  
IMPERFECT SIGHT WITHOUT GLASSES

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Editor—W. H. BATES, M.D.

Publisher—CENTRAL FIXATION PUBLISHING CO.

Vol. 1

SEPTEMBER, 1919

No. 3

## VISION AND EDUCATION

Poor sight is admitted to be one of the most fruitful causes of retardation in the schools. It is estimated<sup>1</sup> that it may reasonably be held responsible for a quarter of the habitually "left-backs," and it is commonly assumed that all this might be prevented by suitable glasses.

There is much more involved in defective vision, however, than mere inability to see the blackboard, or to use the eyes without pain or discomfort. Defective vision is the result of an abnormal condition of the mind, and when the mind is in an abnormal condition it is obvious that none of the processes of education can be conducted with advantage. By putting glasses upon a child we may, in some cases, neutralize the effect of this condition upon the eyes and by making the patient more comfortable may improve his mental faculties to some extent, but we do not alter fundamentally the condition of the mind and by confirming it in a bad habit we may make it worse.

It can easily be demonstrated that among the faculties of the mind which are impaired when the vision is impaired is the memory; and as a large part of the educational process consists of storing the mind with facts, and all the

<sup>1</sup> School Health News, published by the Department of Health of New York City, February, 1919.



other mental processes depend upon one's knowledge of facts, it is easy to see how little is accomplished by merely putting glasses on a child that has "trouble with its eyes." The extraordinary memory of primitive people has been attributed to the fact that owing to the absence of any convenient means of making written records they had to depend upon their memories, which were strengthened accordingly; but in view of the known facts about the relation of memory to eyesight it is more reasonable to suppose that the retentive memory of primitive man was due to the same cause as his keen vision, namely, a mind at rest.

The primitive memory as well as primitive keenness of vision have been found among civilized people, and if the necessary tests had been made it would doubtless have been found that they always occur together, as they did in a case which recently came under my observation. The subject was a child of ten with such marvelous eyesight that she could see the moons of Jupiter with the naked eye, a fact which was demonstrated by her drawing a diagram of these satellites which exactly corresponded to the diagrams made by persons who had used a telescope. Her memory was equally remarkable. She could recite the whole content of a book after reading it, as Lord Macaulay is said to have done, and she learned more Latin in a few days without a teacher than her sister who had six diopters of myopia had been able to do in several years. She remembered five years afterward what she ate at a restaurant, she recalled the name of the waiter, the number of the building and the street in which it stood. She also remembered what she wore on this occasion and what every one else in the party wore. The same was true of every other event which had awakened her interest in any way, and it was a favorite amusement in her family to ask her what the menu had been and what people had worn on particular occasions.

When the sight of two persons is different it has been found that their memories differ in exactly the same degree. Two sisters, one of whom had only ordinary good vision, indicated by the formula 20/20, while the other had 20/10, found that the time it took them to learn eight verses of a poem varied in almost exactly the same ratio as their sight. The one whose vision was 20/10 learned eight verses of the poem in fifteen minutes, while the one whose vision was only 20/20 required thirty-one minutes to do the same thing. After palming the one with ordinary vision learned eight more verses in twenty-one minutes, while the one with 20/10 was only able to reduce her time by two minutes, a variation clearly within the limits of error. In other words, the mind of the latter being already in a normal or nearly normal condition, she could not improve it appreciably by palming; while the former whose mind was under a strain was able to gain relaxation, and hence improve her memory, by this means.

When the two eyes of the same person are different a corresponding difference in the memory has been noted according to whether both eyes were open, or the better eye closed. A patient with normal vision in the right eye and half-normal vision in the left when looking at the Snellen test card with both eyes open could remember a period for twenty seconds continuously, but could remember it only ten seconds when the better eye was closed. A patient with half-normal vision in the right eye and one-quarter normal in the left could remember a period for twelve seconds with both eyes open and only six seconds with better eye closed. A third patient with normal sight in the right eye and vision of one-tenth in the left could remember a period twelve seconds with both eyes open and only two seconds when the better eye was closed. In other words if the right eye is better than the left the memory is better when the right eye is open than when only the left eye is open.

Under the present educational system there is a constant effort to compel the children to remember. These efforts always fail. They spoil both the memory and the sight. The memory cannot be forced any more than the vision can be forced. We remember without effort, just as we see without effort, and the harder we try to remember or see the less we are able to do so.

The sort of things we remember are the things that interest us, and the reason children have difficulty in learning their lessons is because they are bored by them. For the same reason, among others, their eyesight becomes impaired; boredom being a condition of mental strain in which it is impossible for the eye to function normally.

Some of the various kinds of compulsion now employed in the educational process may have the effect of awakening interest. Betty Smith's interest in winning a prize, for instance, or in merely getting ahead of Johnny Jones, may have the effect of rousing her interest in lessons that have hitherto bored her, and this interest may develop into a genuine interest in the acquisition of knowledge; but this cannot be said of the various fear incentives still so largely employed by teachers. These, on the contrary, have the effect, usually, of completely paralyzing minds already benumbed by lack of interest, and the effect upon the vision is equally disastrous.

The fundamental reason, both for poor memory and poor eyesight in school children, in short, is our irrational and unnatural educational system. Montessori has taught us that it is only when children are interested that they can learn. It is equally true that it is only when they are interested that they can see. This fact was strikingly illustrated in the case of one of the two pairs of sisters mentioned above. Phebe, of the keen eyes, who could recite whole books if she happened to be interested in them, disliked mathematics and anatomy extremely, and not only could not learn

them but became myopic when they were presented to her mind. She could read letters a quarter of an inch high at twenty feet in a poor light, but when asked to read figures one to two inches high in a good light at ten feet she miscalled half of them. When asked to tell how much 2 and 3 made, she said "4," before finally deciding on "5"; and all the time she was occupied with this disagreeable subject the retinoscope showed that she was myopic. When I asked her to look into my eye with the ophthalmoscope she could see nothing, although a much lower degree of visual acuity is required to note the details of the interior of the eye than to see the moons of Jupiter.

Short-sighted Isabel, on the contrary, had a passion for mathematics and anatomy, and excelled in those subjects. She learned to use the ophthalmoscope as easily as Phebe had learned Latin. Almost immediately she saw the optic nerve, and noted that the center was whiter than the periphery. She saw the light-colored lines, the arteries; and the darker ones, the veins; and she saw the light streaks on the blood-vessels. Some specialists never become able to do this, and no one could do it without normal vision. Isabel's vision, therefore, must have been temporarily normal when she did it. Her vision for figures, although not normal, was better than for letters.

In both these cases the ability to learn and the ability to see went hand in hand with interest. Phebe could read a photographic reduction of the Bible and recite what she had read verbatim, she could see the moons of Jupiter and draw a diagram of them afterwards, because she was interested in these things; but she could not see the interior of the eye, nor see figures even half as well as she saw letters, because these things bored her. When, however, it was suggested to her that it would be a good joke to surprise her teachers, who were always reproaching her for her backwardness in mathematics, by taking a high mark

in a coming examination, her interest in the subject awakened and she contrived to learn enough to get seventy-eight per cent. In Isabel's case letters were antagonistic. She was not interested in most of the subjects with which they dealt and, therefore, she was backward in those subjects and had become habitually myopic. But when asked to look at objects which aroused an intense interest her vision became normal.

When one is not interested, in short, one's mind is not under control, and without mental control one can neither learn nor see. Not only the memory but all other mental faculties are improved when the eyesight becomes normal. It is a common experience with patients cured of defective sight to find that their ability to do their work has improved.

The teacher whose letter was quoted in the first issue of **BETTER EYESIGHT** testified that after gaining perfect eyesight she "knew better how to get at the minds of the pupils," was "more direct, more definite, less diffused, less vague," possessed, in fact, "central fixation of the mind." In another letter she said, "The better my eyesight becomes the greater is my ambition. On the days when my sight is best I have the greatest anxiety to do things."

Another teacher reports that one of her pupils used to sit doing nothing all day long and apparently was not interested in anything. After the test card was introduced into the classroom and his sight improved, he became anxious to learn, and speedily developed into one of the best students in the class. In other words his eyes and his mind became normal together.

A bookkeeper nearly seventy years of age who had worn glasses for forty years found after he had gained perfect sight without glasses that he could work more rapidly and accurately and with less fatigue than ever in his life before. During busy seasons, or when short of help, he has worked for some weeks at a time from 7 a. m. until 11 p. m.,

and he reports that he felt less tired at night after he was through than he did in the morning when he started. Previously, although he had done more work than any other man in the office, it always tired him very much. He also noticed an improvement in his temper. Having been so long in the office and knowing so much more about the business than his fellow employees, he was frequently appealed to for advice. These interruptions, before his sight became normal, were very annoying to him and often caused him to lose his temper. Afterward, however, they caused him no irritation whatever. In the case of another patient whose story is given elsewhere symptoms of insanity were relieved when the vision became normal.

From all these facts it will be seen that the problems of vision are far more intimately associated with the problems of education than we had supposed, and that they can by no means be solved by putting concave, or convex, or astigmatic lenses before the eyes of the children.

## THE DOCTOR'S STORY

One of the most striking cases of the relation of mind to vision that ever came to my attention was that of a physician whose mental troubles, at one time so serious that they suggested to him the idea that he might be going insane, were completely relieved when his sight became normal. He had been seen by many eye and nerve specialists before he came to me and consulted me at last, not because he had any faith in my methods, but because nothing else seemed to be left for him to do. He brought with him quite a collection of glasses prescribed by different men, no two of them being alike. He had worn glasses, he told me, for many months at a time without benefit, and then he had left them off and had been apparently no worse. Outdoor life had also failed to help him. On the

advice of some prominent neurologists he had even given up his practice for a couple of years to spend the time upon a ranch, but the vacation had done him no good.

I examined his eyes and found no organic defects and no error of refraction. Yet his vision with each eye was only three-fourths of the normal, and he suffered from double vision and all sorts of unpleasant symptoms. He used to see people standing on their heads, and little devils dancing on the tops of the high buildings. He also had other illusions too numerous to mention in a short paper. At night his sight was so bad that he had difficulty in finding his way about, and when walking along a country road he believed that he saw better when he turned his eyes far to one side and viewed the road with the side of the retina instead of with the center. At variable intervals, without warning and without loss of consciousness, he had attacks of blindness. These caused him great uneasiness, for he was a surgeon with a large and lucrative practice, and he feared that he might have an attack while operating.

His memory was very poor. He could not remember the color of the eyes of any member of his family, although he had seen them all daily for years. Neither could he recall the color of his house, the number of rooms on the different floors, or other details. The faces and names of patients and friends he recalled with difficulty, or not at all.

His treatment proved to be very difficult, chiefly because he had an infinite number of erroneous ideas about physiological optics in general and his own case in particular, and insisted that all these should be discussed; while these discussions were going on he received no benefit. Every day for hours at a time over a long period he talked and argued. Never have I met a person whose logic was so wonderful, so apparently unanswerable, and yet so utterly wrong.

His eccentric fixation was of such high degree that when he looked at a point forty-five degrees to one side of the big C on the Snellen test card, he saw the letter just as black as when he looked directly at it. The strain to do this was terrific, and produced much astigmatism; but the patient was unconscious of it, and could not be convinced that there was anything abnormal in the symptom. If he saw the letter at all, he argued, he must see it as black as it really was, because he was not color-blind. Finally he became able to look away from one of the smaller letters on the card and see it worse than when he looked directly at it. It took eight or nine months to accomplish this, but when it had been done the patient said that it seemed as if a great burden had been lifted from his mind. He experienced a wonderful feeling of rest and relaxation throughout his whole body.

When asked to remember black with his eyes closed and covered he said he could not do so, and he saw every color but the black which one ought normally to see when the optic nerve is not subject to the stimulus of light. He had, however, been an enthusiastic football player at college, and he found at last that he could remember a black football. I asked him to imagine that this football had been thrown into the sea and that it was being carried outward by the tide, becoming constantly smaller but no less black. This he was able to do, and the strain floated with the football, until, by the time the latter had been reduced to the size of a period in a newspaper, it was entirely gone. The relief continued as long as he remembered the black spot, but as he could not remember it all the time, I suggested another method of gaining permanent relief. This was to make his sight voluntarily worse, a plan against which he protested with considerable emphasis.

"Good heavens!" he said, "Is not my sight bad enough without making it worse."

After a week of argument, however, he consented to try the method, and the result was extremely satisfactory. After he had learned to see two or more lights where there was only one, by straining to see a point above the light while still trying to see the light as well as when looking directly at it, he became able to avoid the unconscious strain that had produced his double and multiple vision and was not troubled by these superfluous images any more. In a similar manner other illusions were prevented.

One of the last illusions to disappear was his belief that an effort was required to remember black. His logic on this point was overwhelming, but after many demonstrations he was convinced that no effort was required to let go, and when he realized this, both his vision and his mental condition immediately improved.

He finally became able to read 20/10 or more, and although more than fifty-five years of age, he also read diamond type at from six to twenty-four inches. His night blindness was relieved, his attacks of day blindness ceased, and he told me the color of the eyes of his wife and children. One day he said to me:

"Doctor, I thank you for what you have done for my sight; but no words can express the gratitude I feel for what you have done for my mind."

Some years later he called with his heart full of gratitude, because there had been no relapse.

### LYING A CAUSE OF MYOPIA

I may claim to have discovered the fact that telling lies is bad for the eyes. Whatever bearing this circumstance may have upon the universality of defects of vision, it can easily be demonstrated that it is impossible to say what is not true, even with no intent to deceive, or even to imagine a falsehood, without producing an error of refraction.

If a patient can read all the small letters on the bottom line of the test card, and either deliberately or carelessly miscalls any of them, the retinoscope will indicate an error of refraction. In numerous cases patients have been asked to state their ages incorrectly, or to try to imagine that they were a year older, or a year younger, than they actually were, and in every case when they did this the retinoscope indicated an error of refraction. A patient twenty-five years old had no error of refraction when he looked at a blank wall without trying to see; but if he said he was twenty-six, or if someone else said he was twenty-six, or if he tried to imagine that he was twenty-six, he became myopic. The same thing happened when he stated or tried to imagine that he was twenty-four. When he stated or remembered the truth his vision was normal, but when he stated or imagined an error he had an error of refraction.

Two little girl patients arrived one after the other one day, and the first accused the second of having stopped at Huyler's for an ice-cream soda, which she had been instructed not to do, being somewhat too much addicted to sweets. The second denied the charge, and the first, who had used the retinoscope and knew what it did to people who told lies, said:

"Do take the retinoscope and find out."

"I followed the suggestion, and having thrown the light into the second child's eyes, I asked:

"Did you go to Huyler's?"

"Yes," was the response, and the retinoscope indicated no error of refraction.

"Did you have an ice-cream soda?"

"No," said the child; but the tell-tale shadow moved in a direction opposite to that of the mirror, showing that she had become myopic and was not telling the truth.

The child blushed when I told her this and acknowledged that the retinoscope was right, for she had heard of the



ways of the uncanny instrument before and did not know what else it might do to her if she said anything more that was not true.

The fact is that it requires an effort to state what is not true, and this effort always results in a deviation from the normal in the refraction of the eye. So sensitive is the test that if the subject, whether his vision is ordinarily normal or not, pronounces the initials of his name correctly while looking at a blank surface without trying to see, there will be no error of refraction; but if he miscalls one initial, even without any consciousness of effort, and with full knowledge that he is deceiving no one, myopia will be produced.

### CURED IN FIFTEEN MINUTES

Patients often ask how long it takes to be cured. The answer is that it takes only as long as it takes to relax. If this can be done in five minutes, the patient is cured in five minutes, no matter how great the degree of his error of refraction, or how long its duration. All persons with errors of refraction are able to relax in a few seconds under certain conditions, but to gain permanent relaxation usually requires considerable time. Some persons, however, are able to get it very quickly. These quick cures are very rare, except in the case of children under twelve; but they do occur, and I believe the time is coming when it will be possible to cure everyone quickly. It is only a question of accumulating more facts and presenting them in such a way that the patient can grasp them quickly.

A very remarkable case of a quick cure was that of a man of fifty-five who had worn glasses for thirty years for distant vision and ten years for reading, and whose distant vision at the time he consulted me was 20/200.

When he looked at the Snellen test card the letters appeared grey to him instead of black. He was told that they

were black, and the fact was demonstrated by bringing the card close to him. His attention was also called to the fact that the small letters were just as black as the large ones. He was then directed to close and cover his eyes with the palms of his hands, shutting out all the light. When he did this he saw a perfect black, indicating that he had secured perfect relaxation and that the optic nerve and visual centers of the brain were not disturbed. While his eyes were still closed he was asked:

"Do you think that you can remember with your eyes open the perfect black that you now see?"

"Yes," he answered, "I know I can."

When he opened his eyes, however, his memory of the black was imperfect, and though able to read the large letters, he could not read the small ones. A second time he was told to close and cover his eyes, and again he saw a perfect black. When he opened them he was able to retain complete control of his memory, and so was able to read the whole card. This was ten minutes after he entered the office.

Diamond type was now given him to read, but the letters looked grey to him, and he could not distinguish them. Neither could he remember black when he was looking at them, because in order to see them grey he had to strain, and in order to remember black he would have had to relax, and he could not do both at the same time. He was told that the letters were perfectly black, and when he looked away from them he was able to remember them black. When he looked back he still remembered them black, and was able to read them with normal vision at twelve inches. This took five minutes, making the whole time in the office fifteen minutes. The cure was permanent, the patient not only retaining what he had gained, but continuing to improve his sight, by daily reading of fine print and the Snellen test card, till it became almost telescopic.

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No. 4

The Swinging Cure

Simultaneous Retinoscopy

Floating Specks

Correspondence Treatment

\$2.00 per year

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## THE SWINGING CURE

If you see a letter perfectly, you may note that it appears to pulsate, or move slightly in various directions. If your sight is imperfect, the letter will appear to be stationary. The apparent movement is caused by the unconscious shifting of the eye. The lack of movement is due to the fact that the eye stares, or looks too long at one point. This is an invariable symptom of imperfect sight, and may often be relieved by the following method:

Close your eyes and cover them with the palms of the hands so as to exclude all the light, and shift mentally from one side of a black letter to the other. As you do this, the mental picture of the letter will appear to move back and forth in a direction contrary to the imagined movement of the eye. Just so long as you imagine that the letter is moving, or swinging, you will find that you are able to remember it, and the shorter and more regular the swing, the blacker and more distinct the letter will appear. If you are able to imagine the letter stationary, which may be difficult, you will find that your memory of it will be much less perfect.

Now open your eyes and look first at one side and then at the other of the real letter. If it appears to move in a direction opposite to the movement of the eye, you will find that your vision has improved. If you can imagine the swing of the letter as well with your eyes open as with your eyes closed, as short, as regular and as continuous, your vision will be normal.

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## SIMULTANEOUS RETINOSCOPY

Much of my information about the eye has been obtained by means of simultaneous retinoscopy.

The retinoscope is an instrument used to measure the refraction of the eye. It throws a beam of light into the pupil by reflection from a mirror, the light being either outside the instrument—above and behind the subject—or arranged within it by means of an electric battery. On looking through the sight-hole one sees a larger or smaller part of the pupil filled with light, which in normal human eyes is a reddish yellow, because this is the color of the retina, but which is green in a cat's eye, and might be white if the retina were diseased. Unless the eye is exactly focussed at the point from which it is being observed, one sees also a dark shadow at the edge of the pupil, and it is the behavior of this shadow when the mirror is moved in various directions which reveals the refractive condition of the eye. If the instrument is used at a distance of six feet or more, and the shadow moves in a direction opposite to the movement of the mirror, the eye is myopic. If it moves in the same direction as the mirror, the eye is either hypermetropic or normal; but in the case of hypermetropia

the movement is more pronounced than in that of normality, and an expert can usually tell the difference between the two states merely by the nature of the movement. In astigmatism the movement is different in different meridians. To determine the degree of the error, or to distinguish accurately between hypermetropia and normality, or between the different kinds of astigmatism, it is usually necessary to place a glass before the eye of the subject.

This exceedingly useful instrument has possibilities which have not been generally realized by the medical profession. It is commonly employed only under certain artificial conditions in a dark room; but it is possible to use it under all sorts of normal and abnormal conditions on the eyes both of human beings and of the lower animals. I have used it in the daytime and at night; when the subjects were comfortable and when they were excited; when they were trying to see and when they were not; when they were lying and when they were telling the truth. I have also used it, under varying conditions, on the eyes of many cats, dogs, rabbits, birds, turtles, reptiles and fish.

Most ophthalmologists depend upon the Snellen test card, supplemented by trial lenses, to determine whether the vision is normal or not, and to determine the degree of any abnormality that may exist. This is a slow, awkward and unreliable method of testing the vision, and absolutely unavailable for the study of the refraction of the lower animals and that of human beings under the conditions of life. The test card can be used only under certain favorable conditions, but the retinoscope can be used anywhere. It is a little easier to use it in a dim light than in a bright one, but it may be used in any light, even with the strong light of the sun shining directly into the eye. It is available whether the subject is at rest or in motion, asleep or awake, or

even under ether or chloroform. It is also available when the observer is in motion. It has been used successfully when the eyelids were partly closed, shutting off part of the area of the pupil; when the pupil was dilated; also when it was contracted to a pin-point; when the subject was reading fine print at six inches, or at a greater distance; and when the eye was oscillating from side to side, from above downward, or in other directions.

It takes a considerable time, varying from minutes to hours, to measure the refraction with the Snellen test card and trial lenses. With the retinoscope, however, the refraction can be determined in a fraction of a second. With the Snellen test card and trial lenses it would be impossible to get any information about the refraction of a baseball player at the moment he swings for the ball, at the moment he strikes it, and at the moment after he strikes it. With the retinoscope, however, it is quite easy to determine whether his vision is normal, or whether he is myopic, hypermetropic, or astigmatic, when he does these things; and if any errors of refraction are noted, one can guess their degree pretty accurately by the rapidity of the movement of the shadow.

With the Snellen test card and trial lenses conclusions must be drawn from the patient's statements as to what he sees; but the patient often becomes so worried and confused during the examination that he does not know what he sees, or whether different glasses make his sight better, or worse; and, moreover, visual acuity is not reliable evidence of the state of the refraction. One patient with two diopters of myopia may see twice as much as another with the same error of refraction. The evidence of the test card is, in fact, entirely subjective; that of the retinoscope is entirely objective, depending in no way upon the statements of the patient.

By means of simultaneous retinoscopy it has been demonstrated that the refraction of the eye is never constant; that all persons with errors of refraction have, at frequent intervals during the day and night, moments of normal vision when their myopia, hypermetropia, or astigmatism, disappears completely; and that all persons, no matter how good their sight may ordinarily be, have moments of imperfect sight when they become myopic, hypermetropic, or astigmatic. It has also been demonstrated that when the eye makes an effort to see, an error of refraction is always produced, and that when it looks at objects without effort, all errors of refraction disappear, no matter how great their degree, or how long their duration. It has been further demonstrated that when the eye strains to see distant objects myopia is always produced in one or all meridians, and when it strains to see near objects hypermetropia is always produced in one or all meridians.

The examination of the eyes of persons while asleep, or under the influence of ether or chloroform, has shown that the eye is rarely at rest during sleep, or while the subject is unconscious from any cause. Persons whose sight was normal while awake were found to have myopia, hypermetropia and astigmatism when asleep, and if these errors were present when they were awake, they were increased during sleep. This explains why so many people are unable to see as well in the morning as at other times, and why people waken with headaches and pain in the eyes. Under ether or chloroform, errors of refraction are also produced or increased, and when people are sleepy they have invariably been found to have errors of refraction.

Under conditions of mental or physical discomfort, such as pain, cough, fever, discomfort from heat or cold, depression, anger, or anxiety, errors of refraction are always produced in the normal eye, or increased in

the eye in which they already exist. In a dim light, in a fog, or in the rain, the retinoscope may indicate no error of refraction in eyes which ordinarily have normal sight; but a pilot on a ship on a rainy night usually has an error of refraction, because he is straining to see, and it is rare to find persons in positions of responsibility under unfavorable conditions with normal vision.

In order to obtain reliable results with the retinoscope it must be used at a distance of six feet or more from the subject. When used at a distance of three feet or less, as it commonly is, the subject becomes nervous and unconsciously strains, thus altering his refraction.

## FLOATING SPECKS

A very common phenomenon of imperfect sight is the one known to medical science as *muscae volitantes*, or *flying flies*. These floating specks are usually dark, or black; but sometimes appear like white bubbles, and in rare cases may assume all the colors of the rainbow. They move somewhat rapidly, usually in curving lines, before the eyes, and always appear to be just beyond the point of fixation. If one tries to look at them directly, they seem to move a little farther away. Hence their name of *flying flies*.

The literature of the subject is full of speculations as to the origin of these appearances. Some have attributed them to the presence of floating specks—dead cells or the debris of cells—in the vitreous humor, the transparent substance that fills four-fifths of the eyeball behind the crystalline lens. Similar specks on the surface of the cornea have also been held responsible for them. It has even been surmised that they might be caused by the passage of tears over the cornea. They are so common in myopia that they have been supposed



to be one of the symptoms of this condition, although they occur also with other errors of refraction, as well as in eyes otherwise normal. They have been attributed to disturbances of the circulation, the digestion and the kidneys, and because so many insane people have them, have been thought to be an evidence of incipient insanity. The patent-medicine business has thrived upon them, and it would be difficult to estimate the amount of mental torture they have caused, as the following cases illustrate.

A clergyman who was much annoyed by the continual appearance of floating specks before his eyes was told by his eye specialist that they were a symptom of kidney disease, and that in many cases of kidney trouble, disease of the retina might be an early symptom. So at regular intervals he went to the specialist to have his eyes examined, and when at length the latter died, he looked around immediately for some one else to make the periodical examination. His family physician directed him to me. I was by no means so well known as his previous ophthalmological adviser, but it happened that I had taught the family physician how to use the ophthalmoscope after others had failed to do so. He thought, therefore, that I must know a lot about the use of the instrument, and what the clergyman particularly wanted was some one capable of making a thorough examination of the interior of his eyes, and detecting at once any signs of kidney disease that might make their appearance. So he came to me, and at least four times a year for ten years he continued to come.

Each time I made a very careful examination of his eyes, taking as much time over it as possible, so that he would believe that it was careful; and each time he went away happy because I could find nothing wrong. Once when I was out of town he got a cinder in his eye and went to another oculist to get it out. When I

came back late at night I found him sitting on my doorstep, on the chance that I might return. His story was a pitiable one. The strange doctor had examined his eyes with the ophthalmoscope, and had suggested the possibility of glaucoma, describing the disease as a very treacherous one which might cause him to go suddenly blind and would be agonizingly painful. He emphasized what the patient had previously been told about the danger of kidney disease, suggested that the liver and heart might also be involved, and advised him to have all of these organs carefully examined. I made another examination of his eyes in general and their tension in particular; I had him feel his eyeballs and compare them with my own, so that he might see for himself that they were not becoming hard as a stone; and finally I succeeded in reassuring him. I have no doubt, however, that he went at once to his family physician for an examination of his internal organs.

A man returning from Europe was looking at some white clouds one day when floating specks appeared before his eyes. He consulted the ship's doctor, who told him that the symptom was very serious, and might be the forerunner of blindness. It might also indicate incipient insanity, as well as other nervous or organic diseases. He advised him to consult his family physician and an eye specialist as soon as he landed, which he did. This was twenty-five years ago, but I shall never forget the terrible state of nervousness and terror into which the patient had worked himself by the time he came to me. It was even worse than that of the clergyman, who was always ready to admit that his fears were unreasonable. I examined his eyes very carefully, and found them absolutely normal. The vision was perfect both for the near-point and the distance. The color perception, the fields and the tension were normal; and under a strong magnifying glass I could find no

opacities in the vitreous. In short, there were absolutely no symptoms of any disease. I told the patient there was nothing wrong with his eyes, and I also showed him an advertisement of a quack medicine in a newspaper which gave a great deal of space to describing the dreadful things likely to follow the appearance of floating specks before the eyes, unless you began betimes to take the medicine in question at one dollar a bottle. I pointed out that the advertisement, which was appearing in all the big newspapers of the city every day, and probably in other cities, must have cost a lot of money, and must, therefore, be bringing in a lot of money. Evidently there must be a great many people suffering from this symptom, and if it were as serious as was generally believed, there would be a great many more blind and insane people in the community than there were. The patient went away somewhat comforted, but at eleven o'clock—his first visit had been at nine—he was back again. He still saw the floating specks, and was still worried about them. I examined his eyes again as carefully as before, and again was able to assure him that there was nothing wrong with them. In the afternoon I was not in my office, but I was told that he was there at three and at five. At seven he came again, bringing with him his family physician, an old friend of mine. I said to the latter:

“Please make this patient stay at home. I have to charge him for his visits, because he is taking up so much of my time; but it is a shame to take his money when there is nothing wrong with him.”

What my friend said to him I don't know, but he did not come back again.

I did not know as much about *muscae volitantes* then as I know now, or I might have saved both of these patients a great deal of uneasiness. I could tell them that their eyes were normal, but I did not know how

to relieve them of the symptom, which is simply an illusion resulting from mental strain. The specks are associated to a considerable extent with markedly imperfect eyesight, because persons whose eyesight is imperfect always strain to see; but persons whose eyesight is ordinarily normal may see them at times, because no eye has normal sight all the time. Most people can see *muscae volitantes* when they look at the sun, or any uniformly bright surface, like a sheet of white paper upon which the sun is shining. This is because most people strain when they look at surfaces of this kind. The specks are never seen, in short, except when the eyes and mind are under a strain, and they always disappear when the strain is relieved. If one can remember a small letter on the Snellen test card by central fixation, the specks will immediately disappear, or cease to move; but if one tries to remember two or more letters equally well at one time, they will reappear and move.

Usually the strain that causes *muscae volitantes* is very easily relieved.

## CORRESPONDENCE TREATMENT

Correspondence treatment is usually regarded as quackery, and it would be manifestly impossible to treat many diseases in this way. Pneumonia and typhoid, for instance, could not possibly be treated by correspondence, even if the physician had a sure cure for these conditions and the mails were not too slow for the purpose. In the case of most diseases, in fact, there are serious objections to correspondence treatment.

But myopia, hypermetropia and astigmatism are functional conditions, not organic, as the text-books teach, and as I believed myself until I learned better. Their treatment by correspondence, therefore, has not

the drawbacks that exist in the case of most physical derangements. One cannot, it is true, fit glasses by correspondence as well as when the patient is in the office, but even this can be done, as the following case illustrates.

An old colored woman in the wilds of Honduras, far removed from any physician or optician, was unable to read her Bible, and her son, a waiter in New York, asked me if I could not do something for her. The suggestion gave me a distinct shock which I will remember as long as I live. I had never dreamed of the possibility of prescribing glasses for anyone I had not seen, and I had, besides, some very disquieting recollections of colored women whom I had tried to fit with glasses at my clinic. If I had so much difficulty in prescribing the proper glasses under favorable conditions, how could I be expected to fit a patient whom I could not even see? The waiter was deferentially persistent, however. He had more faith in my genius than I had, and as his mother was nearing the end of her life, he was very anxious to gratify her last wishes. So, like the unjust judge of the parable, I yielded at last to his importunity, and wrote a prescription for convex 3.00 D. S. The young man ordered the glasses and mailed them to his mother, and by return mail came a very grateful letter stating that they were perfectly satisfactory.

A little later the patient wrote that she couldn't see objects at the distance that were perfectly plain to other people, and asked if some glasses couldn't be sent that would make her see at the distance as well as she did at the near-point. This seemed a more difficult proposition than the first one; but again the son was persistent, and I myself could not get the old lady out of my mind. So again I decided to do what I could. The waiter had told me that his mother had read her Bible long after the age of forty. Therefore I knew she could not have much

hypermetropia, and was probably slightly myopic. I knew also that she could not have much astigmatism, for in that case her sight would always have been noticeably imperfect. Accordingly I told her son to ask her to measure very accurately the distance between her eyes and the point at which she could read her Bible best with her glasses, and to send me the figures. In due time I received, not figures, but a piece of string about a quarter of an inch in diameter and exactly ten inches long. If the patient's vision had been normal for the distance, I knew that she would have been able to read her Bible best with her glasses at thirteen inches. The string showed that at ten inches she had a refraction of four diopters. Subtracting from this the three diopters of her reading glasses, I got one diopter of myopia. I accordingly wrote a prescription for concave 1.00 D. S., and the glasses were ordered and mailed to Honduras. The acknowledgment was even more grateful than in the case of the first pair. The patient said that for the first time in her life she was able to read signs and see other objects at a distance as well as other people did, and that the whole world looked entirely different to her.

Would anyone venture to say that it was unethical for me to try to help this patient? Would it have been better to leave her in her isolation without even the consolation of Bible reading? I do not think so. What I did for her required only an ordinary knowledge of physiological optics, and if I had failed, I could not have done her much harm.

In the case of the treatment of imperfect sight without glasses there can be even less objection to the correspondence method. It is true that in most cases progress is more rapid and the results more certain when the patient can be seen personally; but often this is impossible, and I see no reason why patients who can-

not have the benefit of personal treatment should be denied such aid as can be given them by correspondence. I have been treating patients in this way for years, and often with extraordinary success.

Some years ago an English gentleman wrote to me that his glasses were very unsatisfactory. They not only did not give him good sight, but they increased instead of lessening his discomfort. He asked if I could help him, and since relaxation always relieves discomfort and improves the vision, I did not believe that I was doing him an injury in telling him how to rest his eyes. He followed my directions with such good results that in a short time he obtained perfect sight for both the distance and the near-point without glasses, and was completely relieved of his pain. Five years later he wrote me that he had qualified as a sharpshooter in the army. Did I do wrong in treating him by correspondence? I do not think so.

After the United States entered the European war, an officer wrote to me from the deserts of Arizona that the use of his eyes at the near-point caused him great discomfort, which glasses did not relieve, and that the strain had produced granulation of the lids. As it was impossible for him to come to New York, I undertook to treat him by correspondence. He improved very rapidly. The inflammation of the lids was relieved almost immediately, and in about four months he wrote me that he had read one of my own reprints—by no means a short one—in a dim light, with no bad after effects; that the glare of the Arizona sun, with the Government thermometer registering 114, did not annoy him, and that he could read the ten line on the test card at fifteen feet almost perfectly, while even at twenty feet he was able to make out most of the letters.

A third case was that of a forester in the employ of the U. S. Government. He had myopic astigmatism, and

suffered extreme discomfort, which was not relieved either by glasses or by long summers in the mountains, where he used his eyes but little for close work. He was unable to come to New York for treatment, and although I told him that correspondence treatment was somewhat uncertain, he said he was willing to risk it. It took three days for his letters to reach me and another three for my reply to reach him, and as letters were not always written promptly on either side, he often did not hear from me more than once in three weeks. Progress under these conditions was necessarily slow; but his discomfort was relieved very quickly, and in about ten months his sight had improved from 20/50 to 20/20.

In almost every case the treatment of cases coming from a distance is continued by correspondence after they return to their homes; and although the patients do not get on so well as when they are coming to the office, they usually continue to make progress till they are cured.

At the same time it is often very difficult to make patients understand what they should do when one has to communicate with them entirely by writing, and probably all would get on better if they could have some personal treatment. At the present time the number of doctors in different parts of the United States who understand the treatment of imperfect sight without glasses is altogether too few, and my efforts to interest them in the matter have not been very successful. I would consider it a privilege to treat medical men without a fee, and when cured they will be able to assist me in the treatment of patients in their various localities.

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# Better Eyesight

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

Vol. I

NOVEMBER, 1919

No. 5

The Memory Cure

Reason and Authority

The Effect of Light Upon the Eyes

Two Points of View

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## THE MEMORY CURE

When the sight is perfect, the memory is also perfect, because the mind is perfectly relaxed. Therefore the sight may be improved by any method that improves the memory. The easiest thing to remember is a small black spot of no particular size and form; but when the sight is imperfect it will be found impossible to remember it with the eyes open and looking at letters, or other objects with definite outlines. It may, however, be remembered for a few seconds or longer, when the eyes are closed and covered, or when looking at a blank surface where there is nothing particular to see. By cultivating the memory under these favorable conditions, it gradually becomes possible to retain it under unfavorable ones, that is, when the eyes are open and the mind conscious of the impressions of sight. By alternately remembering the period with the eyes closed and covered and then looking at the Snellen test card, or other letters or objects; or by remembering it when looking away from the card where there is nothing particular to see, and then looking back; the patient becomes able, in a longer or shorter time, to retain the memory when looking at the card, and thus becomes able to read the letters with normal vision. Many children have been cured very quickly by this method. Adults who have worn glasses have greater difficulty. Even under favorable conditions, the period cannot be remembered for more than a few seconds, unless one shifts from one part of it to another. One can also shift from one period, or other small black object, to another.

# BETTER EYESIGHT

A MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

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## REASON AND AUTHORITY

Some one—perhaps it was Bacon—has said: "You cannot by reasoning correct a man of ill opinion which by reasoning, he never acquired." He might have gone a step farther and stated that neither by reasoning, nor by actual demonstration of the facts, can you convince some people that an opinion which they have accepted on authority is wrong.

A man whose name I do not care to mention, a professor of ophthalmology, and a writer of books well known in this country and in Europe, saw me perform an experiment upon the eye of a rabbit which, according to others who had witnessed it, demonstrated beyond any possibility of error that the lens is not a factor in accommodation. At each step of the operation he testified to the facts; yet at the conclusion he preferred to discredit the evidence of his senses rather than accept the only conclusion that these facts admitted.

First he examined the eye of the animal to be experimented upon with the retinoscope and found it normal, and the fact was written down. Then the eye was stimulated with electricity, and he testified that it accommodated. This was also written down. I now divided the superior oblique muscle, and the eye was again stimulated with electricity.

The doctor observed the eye with the retinoscope when this was being done and said, "You failed to produce accommodation." This fact, too, was written down. The doctor now used the electrode himself, but again failed to observe accommodation, and these facts were written down. I now sewed the cut ends of the muscle together, and once more stimulated the eye with electricity. The doctor said, "Now you have succeeded in producing accommodation," and this was written down. I now asked:

"Do you think that superior oblique had anything to do with producing accommodation?"

"Certainly not," he replied.

"Why?" I asked.

"Well," he said, "I have only the testimony of the retinoscope. I am getting on in years, and I don't feel that confidence in my ability to use the retinoscope that I once had. I would rather you wouldn't quote me on this."

While the operation was in progress, however, he gave no indication whatever of doubting his ability to use the retinoscope. He was very positive, in fact, that I had failed to produce accommodation after the cutting of the oblique muscle, and his tone suggested that he considered the failure ignominious. It was only after he found himself in a logical trap, with no way out except by discrediting his own observations, that he appeared to have any doubts as to their value.

Patients whom I have cured of various errors of refraction have frequently returned to specialists who had prescribed glasses for them, and, by reading fine print and the Snellen test card with normal vision, have demonstrated the fact that they were cured, without in any way shaking the faith of these practitioners in the doctrine that such cures are impossible. A girl of sixteen who had progressive myopia of such high degree that she was not allowed to read, and was unable to go about on the streets without a guide,

was assured by the specialist whom her family consulted that her condition was quite hopeless, and that it was likely to progress until it ended in blindness. She was cured in a very short time by means of the methods advocated in this magazine, becoming able to discard her glasses and resume all the ordinary activities of life. She then returned to the specialist who had condemned her to blindness to tell him the good news; but, while he was unable to deny the fact that her vision was normal without glasses, he said it was impossible that she would have been cured of myopia, because myopia was incurable. How he reconciled this statement with his former patient's condition he was unable to make clear to her.

A lady with compound myopic astigmatism<sup>1</sup> suffered from almost constant headaches which were very much worse when she took her glasses off. Every week, no matter what she did, she was so prostrated by eyestrain that she had to spend a few days in bed; and if she went to a theatre, or to a social function, she had to stay there longer. She was told to take off her glasses and go to the movies; to look first at the corner of the screen, then off to the dark, then back to the screen a little nearer to the center, and so forth. She did so, and soon became able to look directly at the pictures without discomfort. After that nothing troubled her. One day she called on her former ophthalmological adviser, in the company of a friend who wanted to have her glasses changed, and told him of her cure. The facts seemed to make no impression on him whatever. He only laughed and said, "I guess Dr. Bates is more popular with you than I am."

In some cases patients themselves, after they are cured, allow themselves to be convinced that it was impossible that such a thing could have happened, and go back to their

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<sup>1</sup> A condition in which the eye is shortsighted in all meridians, but more so in one than in the others.

glasses. A clergyman and writer, aged forty-seven, who had worn glasses for years for distance and reading, had what I should have considered the good fortune to be very quickly cured. By the aid of his imagination he was able to relax in less than five minutes, and to stay relaxed. When he looked at fine print it appeared grey to him, and he could not read it. I asked him if he had ever seen printer's ink. He replied, of course, that he had. I then told him that the paragraph of printed matter which he held in his hand was printed in printer's ink, and that it was black and not grey. I asked him if he did not know and believe that it was black, or if he could not at least imagine that it was black. "Yes," he said, "I can do that"; and immediately he read the print. It took him only about a minute to do this, and he was not more than five minutes in the office. The cure was permanent, and he was very grateful—for a time. Then he began to talk to eye specialists whom he knew, and thereupon grew skeptical as to the value of what I had done for him. One day I met him at the home of a mutual friend, and in the presence of a number of other people he accused me of having hypnotized him, adding that to hypnotize a patient without his knowledge or consent was to do him a grievous wrong. Some of the listeners protested that whether I had hypnotized him or not, I had not only done him no harm, but had greatly benefitted him, and he ought to forgive me. He was unable, however, to take this view of the matter. Later he called on a prominent eye specialist who told him that the presbyopia (old sight) and astigmatism from which he had suffered were incurable, and that if he persisted in going without his glasses he might do himself great harm. The fact that his sight was perfect for the distance and the near-point had no effect upon the specialist, and the patient allowed himself to be frightened into disregarding it also. He went back to his glasses, and so far as I know has been wearing them ever since. The story obtained

wide publicity, for the man had a large circle of friends and acquaintances; and if I had destroyed his sight I could scarcely have suffered more than I did for curing him.

Fifteen or twenty years ago the specialist mentioned in the foregoing story read a paper on cataract at a meeting of the ophthalmological section of the American Medical Association in Atlantic City, and asserted that anyone who said that cataract could be cured without the knife was a quack. At that time I was assistant surgeon at the New York Eye and Ear Infirmary, and it happened that I had been collecting statistics of the spontaneous cure of cataract at the request of the executive surgeon of this institution, Dr. Henry G. Noyes, Professor of Ophthalmology at the Bellevue Hospital Medical School. As a result of my inquiry I had secured records of a large number of cases which had recovered, not only without the knife, but without any treatment at all. I also had records of cases which I had sent to Dr. James E. Kelly of New York and which he had cured, largely by hygienic methods. Dr. Kelly is not a quack, and at that time was Professor of Anatomy in the New York Post Graduate Medical School and Hospital and attending surgeon to a large city hospital. In the five minutes allotted to those who wished to discuss the paper, I was able to tell the audience enough about these cases to make them want to hear more. My time was, therefore, extended, first to half an hour and then to an hour. Later both Dr. Kelly and myself received many letters from men in different parts of the country who had tried his treatment with success. The man who wrote the paper had blundered, but he did not lose any prestige because of my attack with facts upon his theories. He is still a prominent and honored ophthalmologist, and in his latest book he gives no hint of having ever heard of any successful method of treating cataract other than by operation. He was not convinced by my record of spontaneous cures, nor by Dr. Kelly's record

of cures by treatment; and while a few men were sufficiently impressed to try the treatment recommended, and while they obtained satisfactory results, the facts made no impression upon the profession as a whole, and did not modify the teaching of the schools. That spontaneous cures of cataract do sometimes occur cannot be denied; but they are supposed to be very rare, and any one who suggests that the condition can be cured by treatment still exposes himself to the suspicion of being a quack.

Between 1886 and 1891 I was a lecturer at the Post Graduate Hospital and Medical School. The head of the institution was Dr. D. B. St. John Roosa. He was the author of many books, and was honored and respected by the whole medical profession. At the school they had got the habit of putting glasses on the nearsighted doctors, and I had got the habit of curing them without glasses. It was naturally annoying to a man who had put glasses on a student to have him appear at a lecture without them and say that Dr. Bates had cured him. Dr. Roosa found it particularly annoying, and the trouble reached a climax one evening at the annual banquet of the faculty when, in the presence of one hundred and fifty doctors, he suddenly poured out the vials of his wrath upon my head. He said that I was injuring the reputation of the Post Graduate by claiming to cure myopia. Every one knew that Donders said it was incurable, and I had no right to claim that I knew more than Donders. I reminded him that some of the men I had cured had been fitted with glasses by himself. He replied that if he had said they had myopia he had made a mistake. I suggested further investigation. "Fit some more doctors with glasses for myopia," I said, "and I will cure them. It is easy for you to examine them afterwards and see if the cure is genuine." This method did not appeal to him, however. He repeated that it was impossible to cure myopia, and to prove

that it was impossible he expelled me from the Post Graduate, even the privilege of resignation being denied to me.

The fact is that, except in rare cases, man is not a reasoning being. He is dominated by authority, and when the facts are not in accord with the view imposed by authority, so much the worse for the facts. They may and indeed must win in the long run; but in the meantime the world gropes needlessly in darkness and endures much suffering that might have been avoided.

### THE EFFECT OF LIGHT UPON THE EYES

Although the eyes were made to react to the light, a very general fear of the effect of this element upon the organs of vision is entertained both by the medical profession and by the laity. Extraordinary precautions are taken in our homes, offices and schools to temper the light, whether natural or artificial, and to insure that it shall not shine directly into the eyes; smoked and amber glasses, eye-shades, broad-brimmed hats and parasols are commonly used to protect the organs of vision from what is considered an excess of light; and when actual disease is present, it is no uncommon thing for patients to be kept for weeks, months and years in dark rooms, or with bandages over their eyes.

The evidence on which this universal fear of the light has been based is of the slightest. In the voluminous literature of the subject one finds such a lack of information that, in 1910, Dr. J. Herbert Parsons of the Royal Ophthalmic Hospital of London, addressing a meeting of the Ophthalmological Section of the American Medical Association, felt justified in saying that ophthalmologists, if they were honest with themselves, "must confess to a lamentable ignorance of the conditions which render bright light injurious to the eyes."<sup>1</sup> Since then,

<sup>1</sup> Jour. Am. Med. Assn., Dec. 10, 1910, p. 2028.

Verhoeff and Bell have reported<sup>1</sup> an exhaustive series of experiments carried on at the Pathological Laboratory of the Massachusetts Charitable Eye and Ear Infirmary, which indicate that the danger of injury to the eye from light radiation as such has been "very greatly exaggerated." That brilliant sources of light sometimes produce unpleasant temporary symptoms cannot, of course, be denied; but as regards definite pathological effects, or permanent impairment of vision from exposure to light alone, Drs. Verhoeff and Bell were unable to find, either clinically or experimentally, anything of a positive nature

The results of these experiments are in complete accord with my own observations as to the effect of strong light upon the eyes. In my experience such light has never been permanently injurious. Persons with normal sight have been able to look at the sun for an indefinite length of time, even an hour or longer, without any discomfort or loss of vision. Immediately afterward they were able to read the Snellen test card with improved vision, their sight having become better than what is ordinarily considered normal. Some persons with normal sight do suffer discomfort and loss of vision when they look at the sun; but in such cases the retinoscope always indicates an error of refraction, showing that this condition is due, not to the light, but to strain. In exceptional cases persons with defective sight have been able to look at the sun, or have thought that they have looked at it, without discomfort and without loss of vision; but, as a rule, the strain in such eyes is enormously increased and the vision decidedly lowered by sun-gazing, as manifested by inability to read the Snellen test card. Blind areas (scotomata) may develop in various parts of the field—two or three or

more. The sun, instead of appearing perfectly white, may appear to be slate-colored, yellow, red, blue, or even totally black. After looking away from the sun, patches of color of various kinds and sizes may be seen, continuing a variable length of time, from a few seconds to a few minutes, hours, or even months. In fact, one patient was troubled in this way for a year or more after looking at the sun for a few seconds. Even total blindness lasting a few hours has been produced. Organic changes may also be produced. Inflammation, redness of the conjunctiva, cloudiness of the lens and of the aqueous and vitreous humours, congestion and cloudiness of the retina, optic nerve and choroid, have all resulted from sun-gazing. These effects, however, are always temporary. The scotomata, the strange colors, even the total blindness, as explained in the preceding chapter, are only mental illusions. No matter how much the sight may have been impaired by sun-gazing, or how long the impairment may have lasted, a return to normal has always occurred; while prompt relief of all the symptoms mentioned has always followed the relief of eyestrain, showing that the conditions are the result, not of the light, but of the strain. Some persons who have believed their eyes to have been permanently injured by the sun have been promptly cured by central fixation, indicating that their blindness had been simply functional.

By persistence in looking at the sun, a person with normal sight soon becomes able to do so without any loss of vision; but persons with imperfect sight usually find it impossible to accustom themselves to such a strong light until their vision has been improved by other means. One has to be very careful in recommending sun-gazing to persons with imperfect sight; because, although no permanent harm can result from it, great temporary discomfort may be produced, with no

<sup>1</sup> Proc. Am. Acad. Arts and Sciences, July, 1916, vol. 51, No. 13.



permanent benefit. In some rare cases, however, complete cures have been effected by this means alone.

In one of these cases the sensitiveness of the patient, even to ordinary daylight, was so great that an eminent specialist had felt justified in putting a black bandage over one eye and covering the other with a smoked glass so dark as to be nearly opaque. She was kept in this condition of almost total blindness for two years without any improvement. Other treatment extending over some months also failed to produce satisfactory results. She was then advised to look directly at the sun. The immediate result was total blindness, which lasted several hours; but next day the vision was not only restored to its former condition, but was improved. The sun-gazing was repeated, and each time the blindness lasted for a shorter period. At the end of a week the patient was able to look directly at the sun without discomfort, and her vision, which had been 20/200 without glasses and 20/70 with them, had improved to 20/10, twice the accepted standard for normal vision.

Like the sun, a strong electric light may also lower the vision temporarily, but never does any permanent harm. In those exceptional cases in which the patient can become accustomed to the light, it is beneficial. After looking at a strong electric light some patients have been able to read the Snellen test card better.

It is not light but darkness that is dangerous to the eye. Prolonged exclusion from the light always lowers the vision, and may produce serious inflammatory conditions. Among young children living in tenements this is a somewhat frequent cause of ulcers upon the cornea, which ultimately destroy the sight. The children, finding their eyes sensitive to light, bury them in the pillows and thus shut out the light entirely. The universal fear of reading or doing fine work in a dim light is, however, unfounded. So long as the light is sufficient

so that one can see without discomfort, this practice is not only harmless, but may be beneficial.

Sudden contrasts of light are supposed to be particularly harmful to the eye. The theory on which this idea is based is summed up as follows by Fletcher B. Dresslar, specialist in school-hygiene and sanitation of the United States Bureau of Education:

"The muscles of the iris are automatic in their movements, but rather slow. Sudden strong light and weak illumination are painful and likewise harmful to the retina. For example, if the eye adjusted to a dim light is suddenly turned toward a brilliantly lighted object, the retina will receive too much light, and will be shocked before the muscles controlling the iris can react to shut out the superabundance of light. If contrasts are not strong, but are frequently made, that is, if the eye is called upon to function where frequent adjustments in this way are necessary, the muscles controlling the iris become fatigued, respond more slowly and less perfectly. As a result, eyestrain in the ciliary muscles is produced and the retina is overstimulated. This is one cause of headaches and tired eyes."<sup>1</sup>

There is no evidence whatever to support these statements. Sudden fluctuations of light undoubtedly cause discomfort to many persons, but far from being injurious, I have found them, in all cases observed, to be actually beneficial. The pupil of the normal eye, when it has normal sight, does not change appreciably under the influence of changes of illumination; and persons with normal vision are not inconvenienced by such changes. I have seen a patient look directly at the sun after coming from an imperfectly lighted room, and then, returning to the room, immediately pick up a newspaper and read it. When the eye has imperfect

<sup>1</sup> School Hygiene, Brief Course Series in Education, edited by Paul Monroe, Ph.D., 1916, pp. 235-236.

sight, the pupil usually contracts in the light and expands in the dark, but it has been observed to contract to the size of a pinhole in the dark. Whether the contraction takes place under the influence of light or of darkness, the cause is the same, namely, strain. Persons with imperfect sight suffer great inconvenience, resulting in lowered vision, from changes in the intensity of the light; but the lowered vision is always temporary, and if the eye is persistently exposed to these conditions, the sight is benefited. Such practices as reading alternately in a bright and a dim light, or going from a dark room to a well-lighted one, and vice versa, are to be recommended. Even such rapid and violent fluctuations of light as those involved in the production of the moving picture are, in the long run, beneficial to all eyes. I always advise patients under treatment for the cure of defective vision to go to the movies frequently and practice central fixation. They soon become accustomed to the flickering light, and afterward other lights and reflections cause less annoyance.

## TWO POINTS OF VIEW

Being anxious to know what my colleagues think of BETTER EYESIGHT, I lately sent notes to a number of them asking for their opinion. The following replies were so interesting that I think the readers of the magazine have a right to see them.

Dear Doctor:

As long as you ask for my opinion of your new magazine entitled BETTER EYESIGHT, permit me to give it to you in all frankness. It is what we call in the vernacular, "PUNK."

Meaning no personal offense, I am,

Your colleague,

---

Dear Doctor:

Your little note received this morning and am glad to have the opportunity to tell you what I think of BETTER EYESIGHT.

It is all that you claim for it, and I am always glad to receive it, as I know that I am going to get something beneficial for myself as well as something for the good of my patients.

If the medical bigots had BETTER EYESIGHT on their desks, and would put into practice what you give in each number, it would be a great blessing to the people who are putting eye crutches on their eyes. I first tried central fixation on myself and had marvelous results. I threw away my glasses and can now see better than I have ever done. I read very fine type (smaller than newspaper type) at a distance of six inches from the eyes, and can run it out at full arm's length and still read it without blurring the type.

I have instructed some of my patients in your methods, and all are getting results. One case who has a partial cataract of the left eye could not see anything on the Snellen test card at twenty feet, and could see the letters only faintly at ten feet. Now she can read 20/10 with both eyes together and also with each eye separately, but the left eye seems, as she says, to be looking through a little fog. I could cite many other cases that have been benefited by central fixation, but this one is the most interesting to me.

Kindly send me more of the subscription slips, as I want to hand them out to my patients.

Yours very truly,

---

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By W. H. BATES, M.D., New York

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# Better Eyesight

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION  
AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

Vol. I

DECEMBER, 1919

No. 6

The Imagination Cure

The Menace of Large Print

Shifting and Swinging

Optimums and Pessimisms

Home Treatment

\$2.00 per year

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NEW YORK, N. Y.

## THE IMAGINATION CURE

When the imagination is perfect the mind is always perfectly relaxed, and as it is impossible to relax and imagine a letter perfectly, and at the same time strain and see it imperfectly, it follows that when one imagines that one sees a letter perfectly one actually does see it, as demonstrated by the retinoscope, no matter how great an error of refraction the eye may previously have had. The sight, therefore, may often be improved very quickly by the aid of the imagination. To use this method the patient may proceed as follows:

Look at a letter at the distance at which it is seen best. Close and cover the eyes so as to exclude all the light, and remember it. Do this alternately until the memory is nearly equal to the sight. Next, after remembering the letter with the eyes closed and covered, and while still holding the mental picture of it, look at a blank surface a foot or more to the side of it, at the distance at which you wish to see it. Again close and cover the eyes and remember the letter, and on opening them look a little nearer to it. Gradually reduce the distance between the point of fixation and the letter, until able to look directly at it and imagine it as well as it is remembered with the eyes closed and covered. The letter will then be seen perfectly, and other letters in its neighborhood will come out. If unable to remember the whole letter, you may be able to imagine a black period as forming part of it. If you can do this, the letter will also be seen perfectly.

# BETTER EYESIGHT

A MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF  
IMPERFECT SIGHT WITHOUT GLASSES

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Editor—W. H. BATES, M.D.

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Vol. I

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## THE MENACE OF LARGE PRINT

If you look at the big "C" on the Snellen test card (or any other large letter of the same size) at ten, fifteen, or twenty feet, and try to see it all alike, you may note a feeling of strain and the letter may not appear perfectly black and distinct. If you now look at only one part of the letter, and see the rest of it worse, you will note that the part seen best appears blacker than the whole letter when seen all alike, and you may also note a relief of strain. If you look at the small "c" on the bottom line of the test card, you may be able to note that it seems blacker than the big "C." If not, imagine it as forming part of the area of the big "C." If you are able to see this part blacker than the rest of the letter, the imagined letter will, of course, appear blacker also. If your sight is normal, you may now go a step further and note that when you look at one part of the small "c" this part looks blacker than the whole letter, and that it is easier to see the letter in this way than to see it all alike.

If you look at a line of the smaller letters that you can read readily, and try to see them all alike—all equally black and equally distinct in outline—you will probably find it to be impossible, and the effort will produce discomfort and, perhaps, pain. You may, however, succeed

in seeing two or more of them alike. This, too, may cause much discomfort, and if continued long enough, will produce pain. If you now look at only the first letter of the line, seeing the adjoining ones worse, the strain will at once be relieved, and the letter will appear blacker and more distinct than when it was seen equally well with the others.

If your sight is normal at the near-point, you can repeat these experiments with a letter seen at this point, with the same results. A number of letters seen equally well at one time will appear less black and less distinct than a single letter seen best, and a large letter will seem less black and distinct than a small one; while in the case of both the large letter and the several letters seen all alike, a feeling of strain may be produced in the eye. You may also be able to note that the reading of very fine print, when it can be done perfectly, is markedly restful to the eye.

The smaller the point of maximum vision, in short, the better the sight, and the less the strain upon the eye. This fact can usually be demonstrated in a few minutes by any one whose sight is not markedly imperfect; and in view of some of our educational methods, is very interesting and instructive.

Probably every man who has written a book upon the eye for the last hundred years has issued a warning against fine print in school books, and recommended particularly large print for small children. This advice has been followed so assiduously that one could probably not find a lesson book for small children anywhere printed in ordinary reading type, while alphabets are often printed in characters one and two inches high. The British Association for the Advancement of Science does not wish to see children read books at all before

they are seven years old, and would conduct their education previous to that age by means of large printed wall-sheets, blackboards, pictures, and oral teaching. If they must read, however, it wants them to have 24- and 30-point type, with capitals about a quarter of an inch in height. This is carefully graded down, a size smaller each year, until at the age of twelve the children are permitted to have the same kind of type as their elders. Bijou editions of Bible, prayer-book and hymnals are forbidden, however, to children of all ages.<sup>1</sup>

In the London myope classes, which have become the model for many others of the same kind, books are eliminated entirely, and only the older children are allowed to print their lessons in one- and two-inch types.<sup>2</sup>

Yet it has just been shown that large print is a strain upon the eyes, while the retinoscope demonstrates that a strain to see at the near-point always produces hypermetropia<sup>3</sup> (commonly but erroneously called "farsight"). We should naturally expect, therefore, to find hypermetropia very common among small children, and it is. Of children eight and a half years old in the public schools of Philadelphia, Risley found<sup>4</sup> that more than eighty-eight per cent were hypermetropic, and similar figures may be found in all statistics of the subject. The percentage declines as the children become older, but hypermetropia, or hypermetropic astigmatism, remains at all ages the most common of all errors of refraction. Hypermetropia is, in fact, a much more serious problem than myopia, or nearsight. Yet we have heard very little about it, for the specialists have concluded, from its prevalence and its tendency to pass away or become less pronounced

<sup>1</sup> Report on the Influence of School-Books upon Eyesight, second revised edition, 1913.

<sup>2</sup> Pollock: The Education of the Semi-Blind, Glasgow Med. Jour., Dec., 1915.

<sup>3</sup> Bates: The Cause of Myopia, N. Y. Med. Jour., March 10, 1912.

<sup>4</sup> School Hygiene, in System of Diseases of the Eye, edited by Norris and Oliver, vol. ii, p. 353.



with the growth of the body, that it is the normal state of the immature human eye and therefore beyond the reach of preventive measures. It is true that many young children are not hypermetropic, but this fact is easily disposed of by the theory that the ciliary muscle alters the shape of the lens in such cases sufficiently to compensate for the shortness of the eyeball.

The baselessness of this theory, as well as the relation of large print to the production of hypermetropia, may be demonstrated by the fact that the condition can be relieved, and has been relieved in numerous cases, by the reading of fine print, combined with rest of the eyes. A child of eight was cured in a few visits by this means. Yet according to the British Association she should not, at this age, have been allowed to read any type larger than 12-point, with capitals more than an eighth of an inch in height. Many grown people have been cured of hypermetropia in the same way, and in all forms of functional imperfect sight the reading of fine print, when it can be done with comfort, has been found to be a benefit to the eyes. Even straining to see fine print is sometimes a benefit in myopia.

### SHIFTING AND SWINGING

When the eye with normal vision regards a letter either at the near-point or at the distance, the letter may appear to pulsate, or move in various directions, from side to side, up and down, or obliquely. When it looks from one letter to another on the Snellen test card, or from one side of a letter to another, not only the letters, but the whole line of letters and the whole card, may appear to move from side to side. This apparent movement is due to the shifting of the eye, and is always in a direction contrary to its movement. If one looks at the

top of a letter, the letter is below the line of vision, and therefore appears to move downward. If one looks at the bottom, the letter is above the line of vision and appears to move upward. If one looks to the left of the letter, it is to the right of the line of vision and appears to move to the right. If one looks to the right, it is to the left of the line of vision and appears to move to the left.

Persons with normal vision are rarely conscious of this illusion, and may have difficulty in demonstrating it; but in every case that has come under my observation they have always become able, in a longer or shorter time, to do so. When the sight is imperfect the letters may remain stationary, or even move in the same direction as the eye.

It is impossible for the eye to fix a point longer than a fraction of a second. If it tries to do so, it begins to strain and the vision is lowered. This can readily be demonstrated by trying to hold one part of a letter for an appreciable length of time. No matter how good the sight, it will begin to blur, or even disappear, very quickly, and sometimes the effort to hold it will produce pain. In the case of a few exceptional people a point may appear to be held for a considerable length of time; the subjects themselves may think that they are holding it; but this is only because the eye shifts unconsciously, the movements being so rapid that objects seem to be seen all alike simultaneously.

The shifting of the eye with normal vision is usually not conspicuous, but by direct examination with the ophthalmoscope<sup>1</sup> it can always be demonstrated. If one eye is examined with this instrument while the other is regarding a small area straight ahead, the eye being

<sup>1</sup>An instrument for viewing the interior of the eye. When the optic nerve is observed with the ophthalmoscope, movements can be noted that are not apparent when only the exterior of the eye is regarded.

examined, which follows the movements of the other, is seen to move in various directions, from side to side, up and down, in an orbit which is usually variable. If the vision is normal, these movements are extremely rapid and unaccompanied by any appearance of effort. The shifting of the eye with imperfect sight, on the contrary, is slower, its excursions are wider, and the movements are jerky and made with apparent effort.

It can also be demonstrated that the eye is capable of shifting with a rapidity which the ophthalmoscope cannot measure. The normal eye can read fourteen letters on the bottom line of a Snellen test card, at a distance of ten or fifteen feet, in a dim light, so rapidly that they seem to be seen all at once. Yet it can be demonstrated that in order to recognize the letters under these conditions it is necessary to make about four shifts to each letter. At the near-point, even though one part of the letter is seen best, the rest may be seen well enough to be recognized; but at the distance it is impossible to recognize the letters unless one shifts from the top to the bottom and from side to side. One must also shift from one letter to another, making about seventy shifts in a fraction of a second.

A line of small letters on the Snellen test card may be less than a foot long by a quarter of an inch in height; and if it requires seventy shifts to a fraction of a second to see it apparently all at once, it must require many thousands to see an area of the size of the screen of a moving picture, with all its detail of people, animals, houses, or trees, while to see sixteen such areas to a second, as is done in viewing moving pictures, must require a rapidity of shifting that can scarcely be realized. Yet it is admitted that the present rate of taking and projecting moving pictures is too slow. The results would be more satisfactory, authorities say, if the rate were

raised to twenty, twenty-two, or twenty-four a second. The human eye and mind are not only capable of this rapidity of action, and that without effort or strain, but it is only when the eye is able to shift thus rapidly that eye and mind are at rest, and the efficiency of both at their maximum. It is true that every motion of the eye produces an error of refraction; but when the movement is short, this is very slight, and usually the shifts are so rapid that the error does not last long enough to be detected by the retinoscope, its existence being demonstrable only by reducing the rapidity of the movements to less than four or five a second. The period during which the eye is at rest is much longer than that during which an error of refraction is produced. Hence, when the eye shifts normally no error of refraction is manifest. The more rapid the unconscious shifting of the eye, the better the vision; but if one tries to be conscious of a too rapid shift, a strain will be produced.

Perfect sight is impossible without continual shifting, and such shifting is a striking illustration of the mental control necessary for normal vision. It requires perfect mental control to think of thousands of things in a fraction of a second; and each point of fixation has to be thought of separately, because it is impossible to think of two things, or of two parts of one thing, perfectly at the same time. The eye with imperfect sight tries to accomplish the impossible by looking fixedly at one point for an appreciable length of time; that is, by staring. When it looks at a strange letter and does not see it, it keeps on looking at it in an effort to see it better. Such efforts always fail, and are an important factor in the production of imperfect sight.

One of the best methods of improving the sight, therefore, is to imitate consciously the unconscious shifting of normal vision, and to realize the apparent motion pro-

duced by such shifting. Whether one has imperfect or normal sight, conscious shifting and swinging are a great help and advantage to the eye; for not only may imperfect sight be improved in this way, but normal sight may be improved also.

Detailed instructions for improving the sight by this method will be given in my forthcoming book, *The Cure of Imperfect Sight by Treatment without Glasses*.

### OPTIMUMS AND PESSIMUMS.

In nearly all cases of imperfect sight due to errors of refraction there is some object, or objects, which can be regarded with normal vision. Such objects I have called *optimums*. On the other hand, there are some objects which persons with normal eyes and ordinarily normal sight always see imperfectly, an error of refraction being produced when they are regarded, as demonstrated by the retinoscope. Such objects I have called *pessimums*. An object becomes an optimum, or a pessimum, according to the effect it produces upon the mind, and in some cases this effect is easily accounted for.

For many children their mother's face is an optimum, and the face of a stranger a pessimum. A dressmaker was always able to thread a No. 10 needle with a fine thread of silk without glasses, although she had to put on glasses to sew on buttons, because she could not see the holes. She was a teacher of dressmaking, and thought the children stupid because they could not tell the difference between two different shades of black. She could match colors without comparing the samples. Yet she could not see a black line in a photographic copy of the Bible which was no finer than a thread of silk, and she could not remember a black period. An employee in a cooperage factory, who had been engaged for years in picking out defective barrels as they went rapidly past him on an inclined plane, was able to

continue his work after his sight for most other objects had become very defective, while persons with much better sight for the Snellen test card were unable to detect the defective barrels. The familiarity of these various objects made it possible for the subjects to look at them without strain—that is, without trying to seem them. Therefore the barrels were to the cooper optimums; while the needle's eye and the colors of silk and fabrics were optimums to the dressmaker. Unfamiliar objects, on the contrary, are always pessimums.

In other cases there is no accounting for the idiosyncrasy of the mind which makes one object a pessimum and another an optimum. It is also impossible to account for the fact that an object may be an optimum for one eye and not for the other, or an optimum at one time and at one distance and not at others. Among these unaccountable optimums one often finds a particular letter on the Snellen test card. One patient, for instance, was able to see the letter K on the forty, fifteen and ten lines, but could see none of the other letters on these lines, although most patients would see some of them, on account of the simplicity of their outlines, better than they would such a letter as K.

Pessimums may be as curious and unaccountable as optimums. The letter V is so simple in its outlines that many people can see it when they cannot see others on the same line. Yet some people are unable to distinguish it at any distance, although able to read other letters in the same word, or on the same line of the Snellen test card. Some people again will not only be unable to recognize the letter V in a word, but also to read any word that contains it, the pessimum lowering their sight not only for itself but for other objects. Some letters, or objects, become pessimums only in particular situations. A letter, for instance, may be a pessimum when located at the end, or at the

beginning of a line, or sentence, and not in other places. When the attention of the patient is called to the fact that a letter seen in one location ought logically to be seen equally well in others, the letter often ceases to be a pessimum in any situation.

A pessimum, like an optimum, may be lost and later become manifest. It may vary according to the light and distance. An object which is a pessimum in a moderate light may not be so when the light is increased or diminished. A pessimum at twenty feet may not be one at two feet, or thirty feet, and an object which is a pessimum when directly regarded may be seen with normal vision in the eccentric field—that is, when not directly regarded.

For most people the Snellen test card is a pessimum. If you can see the Snellen test card with normal vision, you can see almost anything else in the world. Patients who cannot see the letters on the Snellen test card can often see other objects of the same size and at the same distance with normal sight. When letters which are seen imperfectly, or even letters which cannot be seen at all, or which the patient is not conscious of seeing, are regarded, the error of refraction is increased. The patient may regard a blank white card without any error of refraction; but if he regards the lower part of a Snellen test card, which appears to him to be just as blank as the blank card, an error of refraction can always be demonstrated, and if the visible letters of the card are covered the result is the same. The pessimum may, in short, be letters or objects which the patient is not conscious of seeing. This phenomenon is very common. When the card is seen in the eccentric field it may have the effect of lowering the vision for the point directly regarded. For instance, a patient may regard an area of green wall-paper at the distance, and see the color as well as at the near-point; but if a

Snellen test card on which the letters are either seen imperfectly, or not seen at all, is placed in the neighborhood of the area being regarded, the retinoscope may indicate an error of refraction. When the vision improves, the number of letters on the card which are pessimums diminishes and the number of optimums increases, until the whole card becomes an optimum.

A pessimum, like an optimum, is a manifestation of the mind. It is something associated with a strain to see, just as an optimum is something which has no such association. It is not caused by the error of refraction, but always produces an error of refraction; and when the strain has been relieved it ceases to be a pessimum and becomes an optimum.

## HOME TREATMENT

It is not always possible for patients to go to a competent physician for relief. As the method of treating eye defects presented in this magazine is new, it may be impossible to find a physician in the neighborhood who understands it; and the patient may not be able to afford the expense of a long journey, or to take the time for treatment away from home. To such persons I wish to say that it is possible for a large number of people to be cured of defective eyesight without the aid either of a physician or of anyone else. They can cure themselves, and for this purpose it is not necessary that they should understand all that has been written in this magazine, or anywhere else. All that is necessary is to follow a few simple directions.

Place a Snellen test card on the wall at a distance of ten, fourteen, or twenty feet, and devote half a minute a day, or longer, to reading the smallest letters you can see, with each eye separately, covering the other with the palm of the hand in such a way as to avoid touching the eyeball.

Keep a record of the progress made, with the dates. The simplest way to do this is by the method used by oculists, who record the vision in the form of a fraction, with the distance at which the letter is read as the numerator and the distance at which it ought to be read as the denominator. As already explained, the figures above the lines of letters on the test card indicate the distance at which these letters should be read by persons with normal eyesight. Thus a vision of 10/200 would mean that the big C, which ought to be read at 200 feet, cannot be seen at a greater distance than ten feet. A vision of 20/10 would mean that the ten line, which the normal eye is not ordinarily expected to read at a greater distance than ten feet, is seen at double that distance. This is a standard commonly attained by persons who have practiced my methods.

Children under twelve years who have not worn glasses are usually cured of defective eyesight by the above method in three months, six months, or a year. Adults who have never worn glasses are benefited in a very short time—a week or two—and if the trouble is not very bad, may be cured in the course of from three to six months. Children or adults who have worn glasses, however, are more difficult to relieve, and will usually have to practice the various methods of gaining relaxation which have been presented from month to month in this magazine and will be described in more detail in my forthcoming book, *The Cure of Imperfect Sight by Treatment without Glasses*.

It is absolutely necessary that the glasses be discarded. No half-way measures can be tolerated, if a cure is desired. Do not attempt to wear weaker glasses, and do not wear glasses for emergencies. Persons who are unable to do without glasses are not likely to be able to cure themselves.

Children and adults who have worn glasses will have to devote an hour or longer every day to practice with the test card and the balance of their time to practice on other objects. It will be well for such patients to have two test cards, one to be used at the near-point, where it can be seen best, and the other at ten or twenty feet. The patient will find it a great help to shift from the near card to the distant one, as the unconscious memory of the letters seen at the near-point helps to bring out those seen at the distance.

If the patient can secure the aid of some person with normal sight, it will be a great advantage. In fact, persons whose cases are obstinate will find it very difficult, if not impossible, to cure themselves without the aid of a teacher. The teacher, if he is to benefit the patient, must himself be able to derive benefit from the various methods recommended. If his vision is 10/10, he must be able to improve it to 20/10, or more. If he can read fine print at twelve inches, he must become able to read it at six, or at three inches. He must also have sufficient control over his visual memory to relieve and prevent pain.

Parents who wish to preserve and improve the eyesight of their children should encourage them to read the Snellen test card every day. There should, in fact, be a Snellen test card in every family; for when properly used it always prevents myopia and other errors of refraction, always improves the vision, even when this is already normal, and always benefits functional nervous troubles. Parents should improve their own eyesight to normal, so that their children may not imitate wrong methods of using the eyes and will not be subject to the influence of an atmosphere of strain.

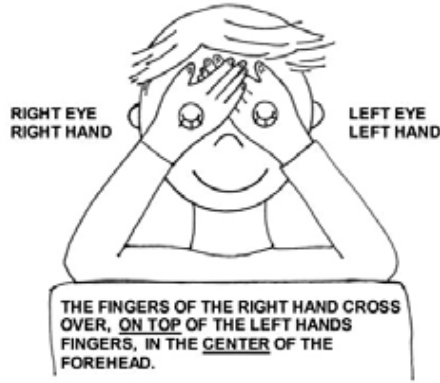
[Entire 132 Issues of Dr. Bates Original Antique Better Eyesight Magazine—July, 1919 to June, 1930 and 17 PDF E-books FREE with any book purchase; Paperback, PDF, ClickBank or Kindle, Nook E-Book.](#)



## PALMING

### PALMING

TO COVER THE CLOSED EYES WITH THE PALMS OF THE HANDS WHILE RELAXING AND THINKING SOMETHING PLEASANT.

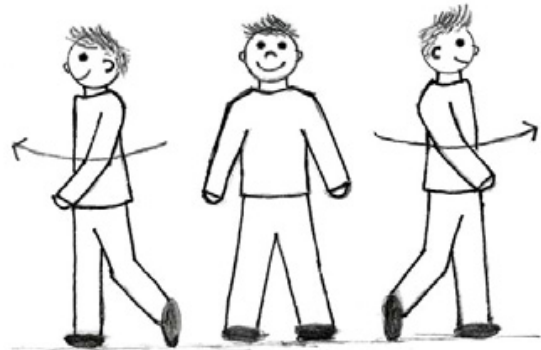


THIS PICTURE SHOWS THE LEFT AND RIGHT HANDS/EYES OF A PERSON FACING THE READER. TO SEE HOW THE READERS HANDS ARE PLACED; VIEW THIS PICTURE IN A MIRROR OR PLACE THE PICTURE OUTWARD ON THE CHEST AND LOOK DOWN AT THE PICTURE FOR A SECOND.

PALMING RELAXES THE MIND, BODY, NECK, EYE MUSCLES, EYES, AND WHEN COMBINED WITH SUNNING IMPROVES THE EYES,RETINA, BRAIN AND BODY'S ACTIVATION/REACTION TO SUNLIGHT AND ABSORPTION, USE OF SUNLIGHT. THIS IMPROVES FUNCTION, HEALTH OF EYES, BRAIN, BODY.

## THE LONG SWING

### THE LONG SWING



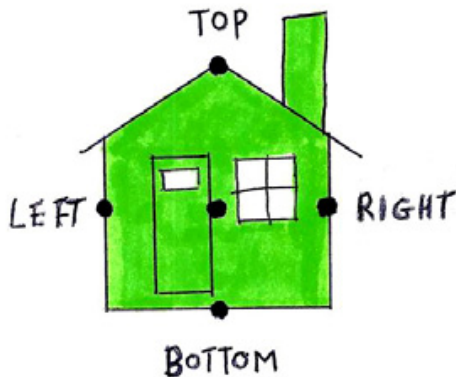
TURN AND SWING RIGHT

CENTER

TURN AND SWING LEFT.

**SHIFTING – EYE MOVEMENT – THE EYES/VISUAL ATTENTION/CENTER OF THE VISUAL FIELD SHIFT/MOVE FROM POINT TO POINT, PART TO PART ON A OBJECT AND FROM OBJECT TO OBJECT.**

**SHIFT ON THE HOUSE, DOT TO DOT.**



**SHIFT IN ANY DIRECTION/PATTERN.**



THE DIAGRAM ABOVE SHOWS A EXAMPLE OF THE NATURAL SHIFTING PATTERN OF THE EYES.. NOTICE THE EYES MOVE FREELY ON THE HOUSE IN A VARIETY OF PATTERNS, DIRECTIONS.

## CENTRAL FIXATION

BIRD IS SEEN CLEAR BY PLACING IT IN THE CENTER OF THE VISUAL FIELD



When looking at the bird;  
Place it in the center of the visual field.  
Shift part to part on the bird, moving the exact center of the visual field part to part.  
Do this for any object the eyes look at; shift part to part on the object. Blink, relax.  
Move the head/face, body with the eyes, in the same direction.  
The center of the visual field moves with the eyes from object to object, part to part.  
Use perfect, exact central fixation; shift small point to small point on objects and small parts of objects.

## SUNNING



## MEMORY AND IMAGINATION – CLEAR MENTAL PICTURES

REMEMBERING, IMAGINING OBJECTS CLEAR IMPROVES FUNCTION OF THE BRAIN WITH THE EYES AND CLARITY OF VISION.

**EYES OPEN**  
APPLE SEEN UNCLEAR.  
APPLE IN MIND,  
IMAGINATION IS CLEAR.

**1**

**REMEMBER, IMAGINE THE APPLE CLEAR.**  
SHIFT FROM PART TO PART ON THE UNCLEAR APPLE AND REMEMBER, IMAGINE THE APPLE CLEAR.

**EYES CLOSED**  
APPLE IN MIND,  
IMAGINATION IS CLEAR.

**2**

**SHIFT FROM PART TO PART ON THE APPLE IN THE MIND, IMAGINATION AND REMEMBER, IMAGINE THE APPLE CLEAR.**

**EYES OPEN**  
APPLE IS SEEN CLEAR  
APPLE IN MIND,  
IMAGINATION IS CLEAR.

**3**

**SHIFT FROM PART TO PART ON THE APPLE AND REMEMBER, IMAGINE AND SEE THE APPLE CLEAR.**  
REPEAT STEPS # 1,2,3.

USE THE IMAGINARY NOSEFEATHER WITH STEPS # 1,2,3. (SEE NOSEFEATHER, CHAPTER --)  
REMEMBER, IMAGINE, SEE THE APPLE CLEAR WITH THE EYES OPEN, CLOSED, OPEN WHILE SHIFTING FROM PART TO PART ON THE APPLE WITH THE NOSEFEATHER. TRACE AROUND THE EDGES OF THE APPLE, STEM, LEAF WITH THE END OF THE FEATHER. TRACE SMALL PARTS OF THE APPLE.  
PRACTICE STEPS # 1,2,3 WITH BOTH EYES TOGETHER, THEN ONE EYE AT A TIME, THEN BOTH TOGETHER AGAIN.  
PRACTICE ON ANY SIZE OBJECT; LARGE, MEDIUM, SMALL, TINY AT CLOSE, MIDDLE, FAR DISTANCES.

Remembering, imagining any pleasant object, scene, happy memory, fantasy relaxes the mind, body, eye muscles, eyes resulting in clear vision.

Remembering, imagining the objects, scene clear while relaxed, easy, without effort improves the clarity of vision. If the boy remembers, imagines a different object, any happy memory, image, scene (playing baseball, a favorite adventure...) with the eyes open looking at the apple, shifting on it and when the eyes are closed shifting on the imaginary image: when the eyes are opened - the apple will be seen clear. He can remember, imagine the apple or any pleasant object clear, shift on it in his mind and the apple will be seen clear. Palming with the eyes closed combined with the memory imagination activity brings clear vision.

## Sunning Examples

Face the sun with the eyes closed and move the head/face slowly, relaxed side to side; left, right, left, right... Feel and see the sun move across the face/closed eyes. Then, move the head/face up and down, then circular; trace around the sun counter clockwise, clockwise. The eyes, head/face (and body) move together, at the same time, in the same direction.

Do the rock while sunning; Face the sun with the eyes closed and rock the entire body side to side, left and right. Do the long swing.

Sit facing the sun, relax, eyes closed and daydream pleasant thoughts. Occasionally move the head/face side to side.

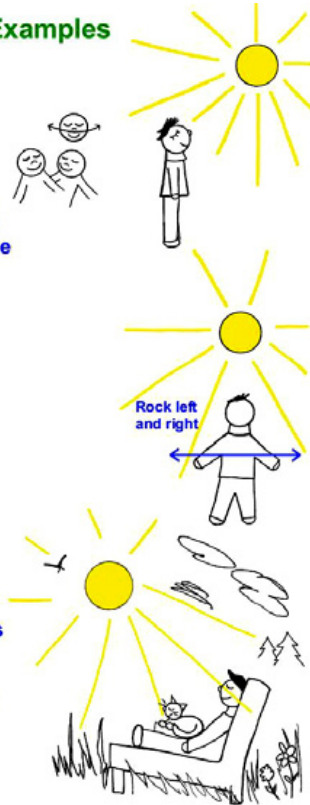
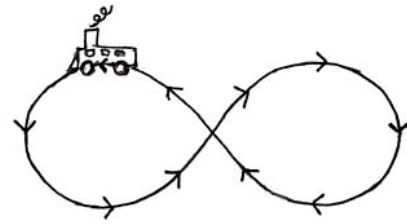
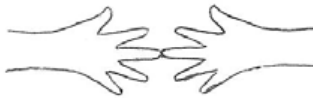
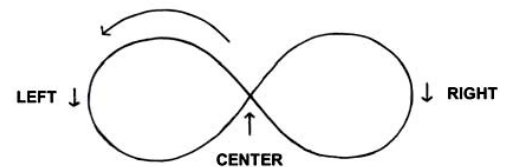


FIGURE EIGHT



THE FIGURE EIGHT



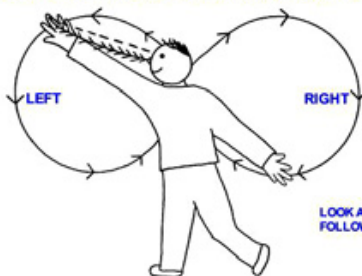
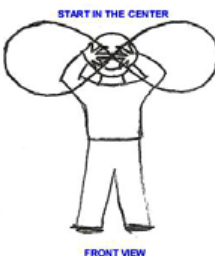
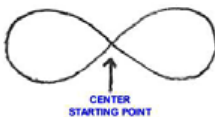
THE FINGERTIPS OF THE 3RD FINGER OF THE LEFT AND RIGHT HANDS TOUCH WITH THE PALMS FACING IN TOWARD THE FACE. THIS IS THE START POSITION AT THE CENTER OF THE FIGURE EIGHT.

## THE FIGURE EIGHT - INFINITY SWING

DRAW THE FIGURE EIGHT WITH THE EYES, HAND AND END OF THE NOSEFEATHER WHILE DOING THE LONG SWING. FOLLOW THE ARROWS - START IN THE CENTER AND DRAW UP THE CENTER AND TO THE LEFT FIRST. DRAW THE LEFT SIDE AND BACK UP THE CENTER. THEN DRAW THE RIGHT SIDE; DRAW LEFT, RIGHT, LEFT, RIGHT...

DRAW THE LEFT SIDE FIRST WITH THE LEFT HAND. SWING, TURN LEFT AND LIFT THE HEEL OF THE RIGHT FOOT. EYES LOOKING AT SHIFTING ON AND MOVING WITH THE CENTER FINGERTIP OF THE LEFT HAND AS THE HAND DRAWS THE EIGHT. THE END OF THE NOSEFEATHER AND EYES (VISUAL ATTENTION) ARE ON AND MOVING WITH THE LEFT HAND'S CENTER FINGERTIP. PALM OF HAND IS FACING IN TOWARD THE FACE WHEN IN THE CENTER, THEN MOVES OUT STRAIGHT WITH THE ARM AS THE HAND DRAWS THE LEFT SIDE.

DRAW THE RIGHT SIDE WITH THE RIGHT HAND. SWING, TURN RIGHT AND LIFT THE HEEL OF THE LEFT FOOT. EYES LOOKING AT SHIFTING ON AND MOVING WITH THE CENTER FINGERTIP OF THE RIGHT HAND AS THE HAND DRAWS THE EIGHT. THE END OF THE NOSEFEATHER AND EYES (VISUAL ATTENTION) ARE ON AND MOVING WITH THE RIGHT HAND'S CENTER FINGERTIP. PALM OF HAND IS FACING IN TOWARD THE FACE WHEN IN THE CENTER, THEN MOVES OUT STRAIGHT WITH THE ARM AS THE HAND DRAWS THE RIGHT SIDE.



BACK VIEW  
LOOK AT THE DIAGRAM AND FOLLOW THIS MOVEMENT

LOOKING, MOVING LEFT WHEN DRAWING THE LEFT SIDE ACTIVATES THE RIGHT BRAIN HEMISPHERE AND CLEAR DISTANT VISION.

LOOKING, MOVING RIGHT WHEN DRAWING THE RIGHT SIDE ACTIVATES THE LEFT BRAIN HEMISPHERE AND CLEAR CLOSE VISION.

MOVING BACK AND FORTH; LEFT, RIGHT, LEFT, RIGHT AND PASSING ACROSS THE CENTER OF THE EIGHT (MIDLINE/CENTER OF THE BRAIN AND BODY) ACTIVATES AND INTEGRATES THE LEFT AND RIGHT BRAIN HEMISPHERES, CLEAR CLOSE AND DISTANT VISION AND EQUALLY CLEAR PERFECT VISION IN THE LEFT AND RIGHT EYES.

DRAWING THE FIGURE EIGHT RELAXES AND BRINGS MOVEMENT TO THE EYES, HEADFACE, NECK, BACK AND BODY AND ACTIVATES CORRECT VISION HABITS. THIS ALSO IMPROVES THE CLARITY OF EYESIGHT.

### The Figure Eight - Infinity Swing



# THE NOSEFEATHER



THE MAN IS TRACING AROUND THE EDGE OF THE TREE WITH THE IMAGINARY NOSEFEATHER. THE END OF THE FEATHER EXTENDS OUT FROM THE ENDICENTER OF THE NOSE AND BENDS UP TO EYE LEVEL TO TOUCH THE PART OF THE OBJECT THE EYES ARE LOOKING AT IN THE CENTER OF THE VISUAL FIELD. THE FEATHER IS VERY THIN AND THE END FORMS A VERY SMALL POINT WHICH IS THE SIZE OF THE EXACT CENTER OF THE VISUAL FIELD PRODUCED BY THE FOVEA CENTRALIS IN THE MACULA, CENTER OF THE EYES RETINA. MOVE THE POINTED END OF THE NOSEFEATHER AROUND THE EDGE OF OBJECTS AND PARTS OF OBJECTS. THE EYES, END OF THE NOSEFEATHER, HEAD/FACE AND BODY MOVE TOGETHER, IN SYNCHRONIZATION; SAME TIME, SAME DIRECTION. THE NECK IS RELAXED AND MOBILE. BLINK, BREATHE ABDOMINALLY, RELAX. THE NOSEFEATHER IS ALSO USED TO SHIFT FROM POINT TO POINT (SMALL PART TO SMALL PART) ON A OBJECT. THE NOSEFEATHER IS USED TO SWITCH FROM CLOSE OBJECTS TO DISTANT OBJECTS AND DISTANT TO CLOSE MIDDLE... THE FEATHER BECOMES LONGER WHEN LOOKING TO THE DISTANCE AND SHORTER WHEN LOOKING AT CLOSE OBJECTS. THE NOSEFEATHER ACTIVATES EASY USE OF CORRECT VISION HABITS; SHIFTING ( EYE MOVEMENT), CENTRAL FIXATION, MOVEMENT OF THE HEAD/FACE, BODY WITH THE EYES, RELAXATION AND MOVEMENT OF THE NECK. THE FEATHER CAN BE IMAGINED AS BEING INVISIBLE. THIS ALLOWS THE BRAIN TO IMAGINE, REMEMBER THE OBJECT THE EYES ARE LOOKING AT CLEAR WITHOUT BEING DISTRACTED BY THE IMAGE OF THE FEATHER.

TRACE OBJECTS AND PARTS OF OBJECTS WITH THE NOSEFEATHER  
TRACE ALONG THE DASHED LINES ON THE DIAGRAM AND THEN ON ANY PARTS.  
SHIFT FROM PART TO PART ON OBJECTS WITH THE NOSEFEATHER.

TRACE ON THE LETTER E

TRACE, SHIFT ON BIRDS, AIRPLANES, BOATS ON THE WATER

TRACE ON/ALONG THE OUTSIDE AND INSIDE EDGE OF THE E

TRACE ON AROUND THE EDGES OF THE MOON COUNTER CLOCKWISE AND CLOCKWISE

TRACE AROUND THE EDGE OF THE TREE WITH THE NOSEFEATHER

SHIFT FROM PART TO PART WITH THE NOSEFEATHER. LEFT AND RIGHT, TOP AND BOTTOM, DIAGONALLY, MIDDLE AND TO ANY PART IN ANY ORDER, DIRECTION. TRACE AND SHIFT ON SMALL PARTS; LEAVES, BRANCHES, BARK.

TRACE SMALL OBJECTS AND SMALL PARTS OF OBJECTS: FLOWER - CLOSE DISTANCE. THE MOON - FAR DISTANCE.

TRACE LEFT AND RIGHT

DIAGONALLY

TRACE UP AND DOWN

FLOWER

STONE

GRASS

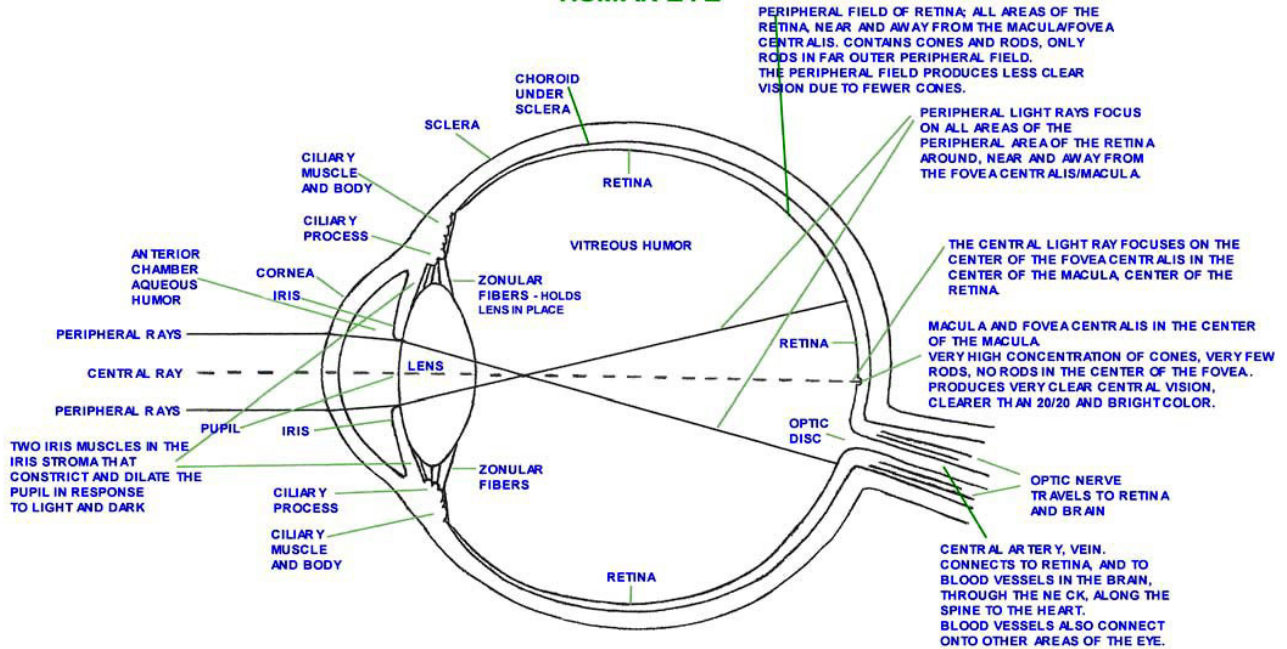
TRACE ON/ALONG THE EDGE OF THE HOUSE WITH THE NOSEFEATHER. TRACE/MOVE THE END OF THE FEATHER ALONG THE DASHED LINES AND ON ANY AREAS. TRACE THE SIDES, ROOF, DOOR, WINDOWS, WINDOW PANES, CHIMNEY, BRICKS IN THE CHIMNEY. SHIFT ON PARTS. COMBINE TRACING AND SHIFTING.

TRACE AND SHIFT WITH THE NOSEFEATHER ON SMALL OBJECTS AND SMALL PARTS, FINE DETAILS OF OBJECTS.

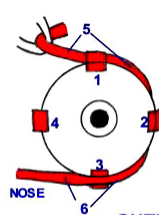
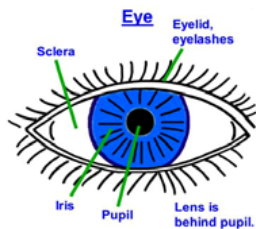
TRACE AND SHIFT ON LARGE, MEDIUM, SMALL OBJECTS AND PARTS OF OBJECTS AT CLOSE, MIDDLE, FAR DISTANCES. BLINK, BREATHE ABDOMINALLY, RELAX

**CENTRAL FIXATION - SEE CLEAR WITH THE CENTER OF THE VISUAL FIELD**

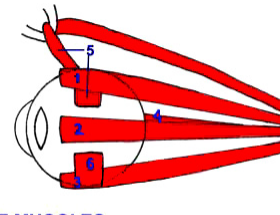
**HUMAN EYE**



THE RETINA CONTAINS CONES AND RODS - LIGHT, ENERGY RECEPTORS. CONES PRODUCE VERY CLEAR VISION - CLEARER THAN 20/20 AND BRIGHT COLOR. RODS PRODUCE LESS CLEAR VISION (20/400) - RODS PERCEIVE GREY/BLACK/WHITE, LIGHT AND DARK BUT NO OTHER COLORS. RODS DETECT MOVEMENT OF OBJECTS IN THE VISUAL FIELD AND CONTINUE TO FUNCTION IN ALMOST COMPLETE DARKNESS. THE FOVEA AND MACULA IN THE CENTER OF THE RETINA CONTAIN MANY CONES, (ONLY CONES IN THE CENTER OF THE FOVEA) AND PRODUCE VERY CLEAR VISION IN THE CENTER OF THE VISUAL FIELD. THE PERIPHERAL FIELD OF THE RETINA AROUND, NEAR AND AWAY FROM THE FOVEA/MACULA CONTAINS LESS CONES AND MORE RODS, AND ONLY RODS (NO CONES) IN THE FAR OUTER PERIPHERAL FIELD. THIS RESULTS IN LESS CLEAR PERIPHERAL VISION, THE FAR OUTER PERIPHERAL FIELD BEING MOST UNCLEAR. SEE CLEAR WITH CENTRAL FIXATION - A CORRECT VISION HABIT - PLACE THE OBJECT OF VISUAL ATTENTION IN THE CENTER OF THE VISUAL FIELD. WHEN THE EYES USE THE CENTER OF THE VISUAL FIELD, THE CENTRAL RAY FOCUS PERFECTLY ON THE CENTER OF THE FOVEA CENTRALIS. RAYS CLOSEST TO THE CENTRAL RAY FOCUS ON THE MACULA, AND PERIPHERAL RAYS FOCUS PERFECTLY ON THE PERIPHERAL FIELD OF THE RETINA RESULTING IN PERFECT CLEAR CENTRAL VISION, CLEARER THAN 20/20 AND MAXIMUM CLARITY AND FUNCTION OF THE PERIPHERAL FIELD. THE CLARITY OF THE ENTIRE VISUAL FIELD IMPROVES.



**OUTER EYE MUSCLES**  
RECTI - # 1, 2, 3, 4  
OBLIQUE - 5, 6



Video - <http://www.youtube.com/watch?v=nIrKuQEJ6y4>



## EYECARTS

Letter size for the charts on the following pages are approximate; print from the PDF E-Book and resize with a copy machine for exact measurement. Print the 20/20 line 3/8 inches. When letters on that line and below are clear; vision is clearer than 20/20 for distant vision at 20 feet and farther. Print the charts small and fine print for close vision practice at 5 feet and up to 1 inch from the eyes.

**Read, See Small letters Clear on a Familiar Eyechart Daily;  
Both eyes together, one eye at a time, both eyes together again.**

### SNELLEN TEST CARDS

There should be a Snellen test card in every family and in every school classroom. When properly used it always improves the sight even when it is already normal. Children or adults with errors of refraction, if they have never worn glasses, are cured simply by reading every day the smallest letters they can see at a distance of ten, fifteen, or twenty feet.

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Cardboard (folding) .....75 Cents

#### **DELIVERED**

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## Eyechart Videos

Videos are on Youtube. Download with Real Player SP.  
Watch on computer. Can also be converted for television.

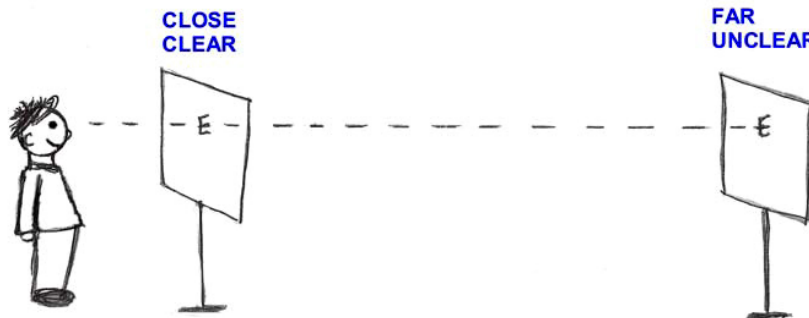


<http://www.youtube.com/watch?v=sM-EHgC-J6w&feature=channel>  
<http://www.youtube.com/watch?v=863yFmc-Ius&feature=channel>  
[http://www.youtube.com/watch?v=mYpsYPPV\\_hg&feature=channel](http://www.youtube.com/watch?v=mYpsYPPV_hg&feature=channel)  
<http://cleareyesight.info/id79.html>



# % ! EYECHARTS TO TEST AND IMPROVE CLOSE AND DISTANT EYESIGHT

SWITCH AND SHIFT ON LETTERS ON TWO IDENTICAL EYE CHARTS PLACED AT CLOSE AND FAR/ CLEAR AND UNCLEAR DISTANCES.



**Eyechart Videos**

SHIFT FROM PART TO PART (DOT TO DOT) ON THE E'S



Videos - <http://www.youtube.com/watch?v=863yFmc-Ius>

## Meaning of 20/20; (for Distant Vision)

- +The top number indicates the distance the person is standing from the chart.
- +The bottom number indicates the size of the letter, the line the eyes are looking at.  
A 20/20 letter is 3/8 inch. high.

**E** This E is about 3/8 inch. on 100% computer screen.

- +The bottom number also indicates the distance that a person with clear vision sees the letter clear.

- Example; the 20/20 line on the test chart for distant vision;
- +The top number, 20 indicates; the person is standing 20 feet away from the letter on the eyechart.
  - +The bottom number, 20 indicates the person is looking at the 20/20 line, 3/8 inch. letter and, that; a person with clear 20/20 vision can see the letter clear at 20 feet away.

The eyechart is placed at 20 feet to test distant vision because the eyes do not need to un-converge, un-accommodate any further when looking at about 20 feet and farther into the distance. If the letters are seen clear at 20 feet, they are seen clear at all distances beyond 20 feet.

Here's another example; 20/200;

- +The top number (20) indicates the person is standing 20 feet away from the eyechart.
  - +The bottom number (200) indicates the size of the letter, line the person is looking at.
- The 200 line letter is the largest letter on the top of the chart. A 20/200 letter is 3 1/2 inch. high.
- +The bottom number, (200) also indicates that a person with

Distant vision - Big C eyechart with a small 5 line added at bottom.

$\frac{20}{20}$  = 20 feet  
 $\frac{20}{20}$  = 3/8 inch letter - 20 line.  
Normal, clear vision.

$\frac{20}{5}$  = 20 feet  
 $\frac{20}{5}$  = Smallest letter, bottom of chart - 5 line.  
Clearer than 20/20.

$\frac{40}{5}$  = 40 feet  
 $\frac{40}{5}$  = Smallest letter, bottom of chart - 5 line.  
Most clear vision, much clearer than 20/20.  
Person sees 5 line at 40 feet away.

$\frac{20}{200}$  = 20 feet  
 $\frac{20}{200}$  = Largest letter, top of chart - 200 line.  
Most unclear vision for this eyechart.

$\frac{5}{200}$  = 5 feet  
 $\frac{5}{200}$  = Largest letter, top of chart.  
Vision more unclear.  
The person must stand closer to the chart, at 5 feet, to see the 200 line letter clear.

$\frac{20}{300}$  = 20 feet  
 $\frac{20}{300}$  = Letter larger than 200 line.  
More unclear than 20/200.  
Person cannot see the 200 line clear.  
A larger, 300 size letter is seen clear.  
The 200 and other lines might be seen clear at closer distances to the chart.

C  
L  
E  
A  
R

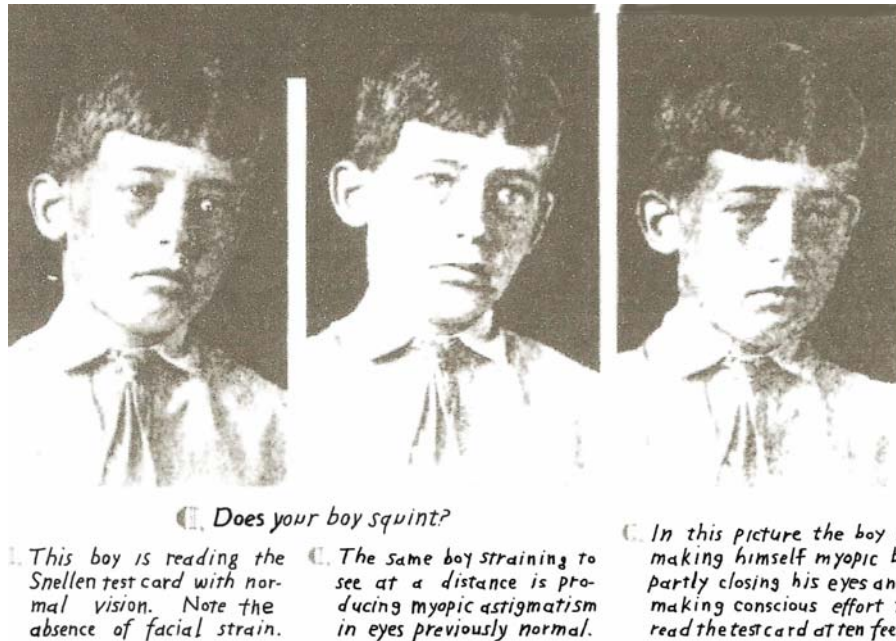
U  
N  
C  
L  
E  
A  
R

clear 20/20 vision can see the letter clear at 20 feet and up to 200 feet away. A person with 20/200 distant vision can see the large 20/200 letter at 20 feet but cannot see it clear farther than 20 feet. It may be seen clear at closer distances. Smaller letters below the 20/200 line are not seen clear at 20 feet and farther away. 20/200 vision is very unclear, much less clear than 20/20. Vision can be more unclear; 20/300, 5/200... Many people with 20/200, 300 and more unclear vision have attained 20/20 and clearer vision with practice of the Bates Method.

20/40 vision is clearer than 20/200 but less clear than 20/20. 20/40 is considered legal for driving in most states. 20/40 is close to 20/20 clarity and people can function comfortably with 20/40 vision without wearing eyeglasses. 20/30, 20/25 is clearer than 20/40 and almost 20/20. When vision is less clear than 20/40; 20/50, 70, 100... it is still best to avoid wearing eyeglasses as much as possible. Eyeglasses maintain and increase the eye muscle tension and blur. When glasses are avoided the eyes, eye muscles, mind/brain, (visual system) relax, correct vision habits are easily applied and clarity of vision improves.

Close vision is tested with smaller letters with the eyechart placed at various distances closer than 20 feet. Reading vision is tested at 3 ft. to 6 inches and closer to the eyes with small and fine print. Seeing fine print clear at 5 to 1 to 1/4 inches from the eyes is very clear vision. Healthy for the eyes.

### Relax and Shift, Blink when Reading the Eyechart. Use Central-Fixation



### Immediate Production of Myopia and Myopic Astigmatism in Eyes Previously Normal by Strain to See at the Distance;

**Fig 1 - Boy reading the Snellen test card with normal vision. Note the absence of facial strain. A boy with normal eyes reading the X line of the Snellen test card at 10 feet. Notice the expression of the eyes with the focus completely relaxed.**

**Fig 2 - The same boy trying to see a picture at twenty feet. The effort, manifested by staring, produces compound myopic astigmatism, as revealed by the retinoscope. Simultaneous retinoscopy indicated compound myopic astigmatism. He was unconscious of the fact that his eyes were focused for a near point. Note the manifestation of effort by staring.**

**Fig 3 - The same boy making himself myopic voluntarily by partly closing the eyelids and making a conscious effort to read the test card at ten feet. Functional myopia produced voluntarily by partly closing the eyelids (squinting) and making an effort to read the Snellen test card at ten feet.**

There are large and small close and distant eyecharts on the last pages of this book and in the PDF E-Book.

It is difficult to print the exact, correct letter size from a computer. Try printing at 100% or larger.

The Big C and E charts print out on 4 separate pages, 11 x 8 1/2 inches, landscape. Tape them together after printing.

If the print is too light, darken it to dark black with a black marker.

If they print too small or large; place them in a copier and use the zoom setting to enlarge or reduce the letters until all letters are the correct eyechart size. See correct sizes listed below.

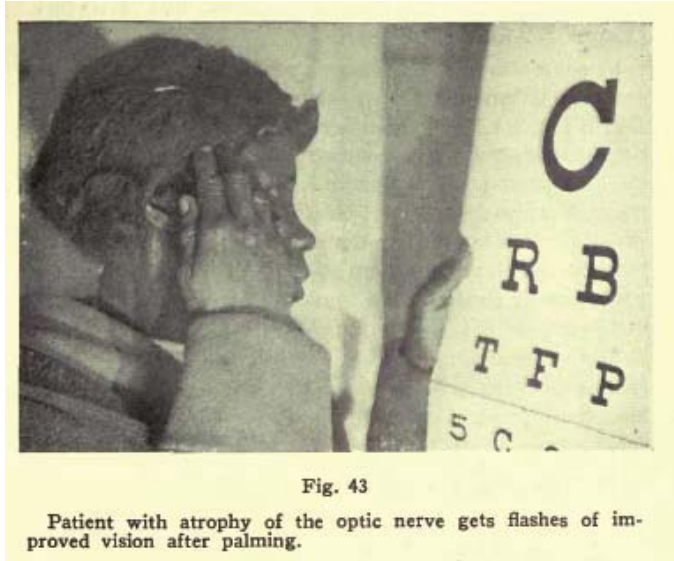
Letters on the charts can be reduced to small and fine print for testing, improving close vision and reading vision distances, 3 feet, 20, 10, 7, 6, 5, 3... inches away from the eyes.

Small charts are also provided.

The charts can be printed from the PDF E-Book with white letters on a black, blue... background. White letters are easy to see and relaxing to the eyes. Color activates, is healthy for the eyes, brain, visual system.

The reader can also create small charts as a identical copy of the big C, E charts. Place the identical copy at a clear close distance and look at the identical clear letters to strengthen the memory, imagination of the same letter on the distant chart. If preferred, use a large close and distant chart.

The Big C chart is the eyechart Ophthalmologist Bates refers to in his Better Eyesight Magazine. The large big letter E and C charts are for testing distant vision. Print the chart with correct letter size;



Start with the big letter E (or C) at the top of the chart - 20/200 line;

20/200 - 3 1/2 inch. high

20/100 - 1 3/4 inch.

20/70 - 1 1/4 inch.

20/50 - 7/8 inch.

20/40 - 11/16 inch.

20/30 - 1/2 inch.

20/20 - 3/8 inch. ----- Normal clear vision at 20 feet away.

20/15 - 1/4 inch. All numbers below 20/20 indicate clearer than 20/20.

20/10 - 3/16 inch.

20/5 - 3/32 inch.

20/4, 3, 2, 1... Letters are smaller. Very clear vision.

Standing farther away and seeing the letters clear;

Example 40/5; standing 40 feet away and seeing the 20/5, 3/32 inch letter and/or smaller letters clear indicates very clear vision, much clearer than 20/20.



## Practice Shifting, Central-Fixation, Switching Close and Far on the Eyecharts

### Print the Eyecharts.

Make two identical copies of the chart, place them at close and far distances. Practice Correct Vision Habits: shifting, central-fixation... on the charts once or more per day.

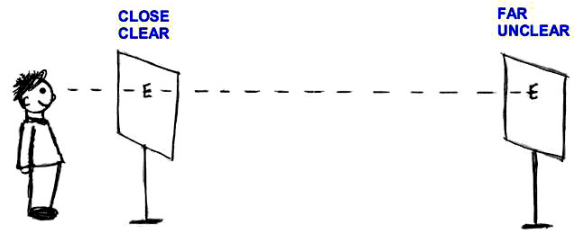
Practice in the sunlight, sun shining over the shoulder onto the charts.

Shifting, switching on the two identical charts improves the memory, imagination, ability to remember, imagine and see the letters clear, improves the brains function of storing clear images of objects in the memory.

The eyecharts become familiar objects.

Familiar objects are relaxing to the mind, eyes and are seen clear. When a letter on the chart is seen clear at a specific distance; all objects at that distance are seen clear.

SWITCH AND SHIFT ON LETTERS ON TWO IDENTICAL EYE CHARTS PLACED AT CLOSE AND FAR/ CLEAR AND UNCLEAR DISTANCES.



SHIFT FROM PART TO PART (DOT TO DOT) ON THE E'S



Practice Correct Vision Habits #1 to 8 on two identical eyecharts;

One chart is placed at a close distance.

The other chart is placed at a far distance. See picture.

Keep one chart at a clear distance.

When looking at a chart, place the chart at eye level, directly in line with the eyes, face.

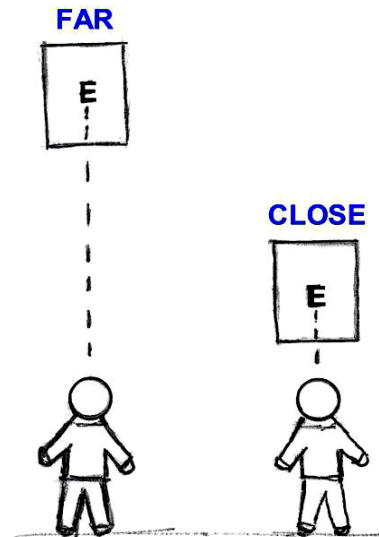
The letter the eyes look at is placed in the center of the visual field; between the left and right eyes, at eye level.

The far chart is placed about 1 foot to the left or right (alternate) so the close chart does not block the view of the far chart.

When looking at a chart, maintain central-fixation;

when looking at the close chart - stand directly in front of it.

When looking at the far chart - move and stand directly in front of it. See picture on right.



Shift on letters on the clear and unclear charts and remember, imagine and see the letters dark black and clear.

Practice with the eyes open, closed, open.

Practice with both eyes together, then one eye at a time, then both eyes together again. If vision is less clear in one eye, practice extra time with that eye. Then again a bit with the other eye, then both eyes together again to keep the vision balanced, equal in both eyes.

Keep the letter between the eyes, at eye level, center of the visual field when using both eyes together and when using one eye at a time.

Cover the eye not in use with an eyepatch and keep the eye open under the patch when the eye in use is open. Blink and relax.

Example; Person needs distant vision improvement.

Place one chart at a far, unclear distance.

Place the other identical chart at a clear close distance.

Look at the letter E at the clear close distance; shift on the letter.

Remember, imagine, see the E dark black and perfectly clear.

Do this with the eyes open, then, in the imagination with the eyes closed, then with the eyes open again.

Then; switch to the unclear distant chart.

Look at the identical letter E.

Shift on the E and continue to remember, imagine the E is dark black and clear.

Practice with the eyes open, closed, open.

With practice the distant E will be seen clear.

Switch back to the clear close E.

Repeat; shift on the E, Remember, imagine, see it dark black and clear.

Practice with the eyes open, closed, open.

Looking at the clear close E reinforces the clear image of the E in the brain/memory and helps the brain and eyes work together to produce a clear image of the E when it is seen at the far distance.

Switch back to the E at the far distance.

Shift on it, remember, imagine and see it dark black and clear.

Blink, breathe, relax.

Practice switching, shifting on the close and far E's with both eyes together, then one eye at a time, then both eyes together again for perfect equally clear 20/20 and clearer vision in the left and right eyes at close and far distances. Example: Both eyes together, then one eye at a time: start with either eye: left, then right, then left, right... If vision is less clear in one eye, practice extra time with that eye. Then; end with both eyes together again.

Allow the eyes, head/face, neck and body to relax, move freely when looking at the letters. Relaxation and movement bring clear vision.

Eye, head/face, neck, body immobility, tension, staring, squinting, straining, trying hard to see the letters clear produces unclear vision.

Practice on other letters.

Practice on smaller letters.

Practice at a variety of close, middle, far distances for clear vision at all distances.

Practice on two identical fine print charts with medium, small, smaller, and fine print size letters.

Place the charts at two different close distances.

Memorize the letters on the chart. Memorizing the letters causes the chart to become a familiar object, something that is easy to see. Familiar objects relax the mind, eyes and activate clear vision.

When the brain memorizes the letters, becomes familiar with them, there is not any effort to see them, mental strain and eyestrain are avoided, the mind/brain, eye muscles, eyes stay relaxed when viewing the chart and the letters are seen clear. This relaxation and clear vision continues when looking at other objects.

When taking a eye test at the eye doctors office, the patient is often hurried, pressured to see the letters on a unfamiliar eyechart clear.

This causes temporary mental strain, leads to squinting, staring, effort to see the letters. This causes temporary eye muscle tension, slightly altered eye, cornea shape with incorrect focus of light rays in the eye causing temporary blur that results in a unnecessary prescription for eyeglasses and over-corrected lenses that are too strong and cause increased eye muscle tension, abnormal eye shape, mental strain, increased blur and future prescriptions for stronger eyeglass lenses.

If the patient knew the letters on the chart and was allowed to relax, and use Correct Vision Habits; shifting, central-fixation... on the letters; the mind, eye muscles, eyes would remain relaxed, the letters on the memorized and unfamiliar eyecharts would be seen clear and the eyeglass prescription would be avoided.

Place a familiar eyechart in the home, work, school and shift on the letters occasionally.

Practice all Correct Vision Habits on the letters;

Central-fixation; the letter the eyes are looking at is placed in the center of the visual field; between the eyes, at eye level.

Look at and see one letter darkest black, clearest at a time in the center of the visual field. The letter the eyes are looking at is in the center of the visual field and is clearest.

Other letters on the chart around and away from the letter are in the peripheral field and are less clear. Avoid staring, squinting, trying hard to see letters clear. Blink, relax and combine shifting with central-fixation;

When looking at a letter; shift on it from small part to small part. Move the small exact center of the visual field part to part, (point to point) on the letters. Blink, let the eyes move. Shift relaxed, easy, continually, restful.

See Doctor Bates directions in his articles in the Close Vision chapter; 'The Menace of Large Print' and 'Think Right'.

See the 'Illusion of Oppositional Movement'; the letter appears to move in the opposite direction the eyes move to, a small, quick movement no larger than the size of the letter. 'The Swing.' See Better Eyesight Magazine and Chapter 6 - The Long Swing, Rock, Short Swing.

When reading a eyechart;

Don't spend a long time looking at a letter if it's unclear. Avoid staring, squinting, straining, trying hard to see it. Shift on it, then move, shift to a new letter. Shift on that letter.

Blink, breathe abdominally, relax.

Shift from letter to letter on the chart.

It is ok to stay on one letter if relaxation, eye shifting occurs. Relax, shift point to point-see small parts-let the eyes move on the letter automatically, on their own.

The eyes, head/face, neck and body are relaxed and move freely. Move the head/face and body with the eyes when shifting on a letter and from one letter to another.

When moving to a new letter, move the head/face, body with the eyes and look/face directly at the letter.

The center of the visual field is clearest. The center of the visual field moves with the eyes from letter to letter, placing each letter the eyes look at, one letter at a time, in the center of the visual field, keeping each letter perfectly clear.

The exact center of the visual field is most clear; place the part of the letter the eyes look at in the exact center of the visual field.

Shift the eyes (visual attention) from small part to small part, moving the small exact center of the visual field from small part to small part (point to point), seeing one small part (point) of the letter darkest black, clearest at a time in the exact center of the visual field. (The part (point) of the letter the central field is on, moving upon/over is clearest while the central field is on that part.)

Practice on small and fine print letters.

The exact center of the visual field; produced by the fovea centralis in the center of the macula, in the center of the eyes retina can be seen/measured by looking at a capitol letter E, 3/8" high, 20/20 line of the distant eyechart, from 20 feet away.

When looking directly at the E, the E occupies space in the center of the visual field produced by the macula and fovea. When looking at a small part of the E (Example; a part in the center of the E), that small part is in the exact center of the visual field produced by the fovea.

+Light rays from this part of the E focus on the center of the fovea when looking at this part, placing it in the center of the visual field.

+Light rays from other areas of the center of the visual field focus on the macula around the fovea.

+Light rays away from the E in the peripheral field of vision focus on the peripheral field of the retina around/away from the fovea and macula.

The fovea (especially the center of the fovea) produces the clearest vision, clearer than 20/20.

The outer fovea and macula produce very clear vision, clearer than 20/20, but not as perfect as the center of the fovea.

The peripheral field of the retina produces less clear vision.

The far outer peripheral field is the most unclear.

See a letter clear by placing it in the center of the visual field and then;

use the exact center of the visual field; place one small part of the letter at a time in the exact center of the visual field and see it darkest black and clearest.

Avoid staring; always shift the eyes to prevent staring, immobility; shift/move the eyes/visual attention (exact center of the visual field) from small part to small part on the letter; top to bottom, side to side, corner to corner, middle; shift from small part to small part in any direction on the letter.

Example; shift from dot to dot on the letter E. See picture on page 148.

As the eyes/exact center of the visual field move from part to part (dot to dot); see each part, one small part (dot) at a time darkest black, clearest in the exact center of the visual field.

The entire visual field moves with the eyes as the eyes shift from part to part;

### Example;

Looking at the small part (dot) in the middle of the E.

This part is in the exact center of the visual field and is darkest black and clearest. All other parts are in the peripheral field and are less clear.

Now; shift from that small part in the middle of the E to a small part (dot) on the far edge of the top right side. The small part on the top right is now in the exact center of the visual field, its light ray is focusing on the fovea and it is seen darkest black and clearest.

The previous part and all other parts of the E are in the peripheral field and less clear.

Shift to a new small part; that new part is now in the exact center of the visual field and is darkest black and clearest. Blink.

The eyes can shift to a new part each second, fraction of a second, but, in that short time that a part is in the exact center of the visual field, it is seen darkest black and clearest. This is central-fixation.

When the eyes see the part/area of visual attention with the exact center of the visual field, central-fixation, the exact center is very clear, much clearer than 20/20, and the outer center of the visual field is also very clear, clearer than 20/20 and the peripheral field is normally less clear but is at its maximum clarity.

Seeing clear with central-fixation improves clarity and function of the entire visual field.

When the mind, body, eyes are relaxed the letters are clear.

Do the rock and long swing in front of the eyechart and do not try to see any letters clear. Just relax, rock or swing left and right and notice the soothing oppositional movement of the chart;

When the eyes, head/face, body swing left <; the chart appears to move right >.

When the eyes, head/face and body swing right >; the chart appears to move left <.

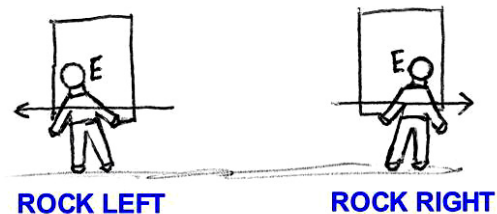
See chapter 6- rock, long swing.

Relax and rock or swing left and right without trying to see the letters.

Then, stop moving left and right. (Some small relaxed movement can be maintained.)

Look at the chart and shift on a letter for a second or two. Blink, breather, relax.

ROCK LEFT AND RIGHT IN FRONT OF THE CHART  
RELAX, DONT TRY TO SEE THE LETTERS CLEAR



### 'The Short Swing'

See the 'Illusion of Oppositional Movement' of the letter when the eyes shift on it;

+Shift from the left side of the letter to the right side > ;  
the letter appears to move 'Swing' to the left <.

+Shift from the right side of the letter to the left side < ;  
the letter appears to move 'Swing' to the right >.

Shift up, down, any direction and see the letter appear to move in the opposite direction the eyes/visual attention move to.

Practice shifting and seeing oppositional movement on large, medium, small and fine print letters at close, middle and far distances.

The movement of the letter is short, less than the width of the letter.

Blink and relax.

Seeing oppositional movement of the letter relaxes the mind and eyes, improves the clarity of vision.

Practice shifting on the letter and seeing the illusion of oppositional movement with the eyes open, then in the imagination (use memory, imagination) with the eyes closed, then with the eyes open again.

The long swing and rock are longer movements of the eyes, head, body and produce a longer (swing) appearance of oppositional movement.

Shifting on a small letter produces a smaller oppositional movement, a small Short Swing.

With practice, smaller shifts, on small letters, with a small appearance of oppositional movement Short Swing of the letter can be done. This greatly improves shifting, central-fixation and produces very clear vision. Short, small and tiny shifts, swings produce very clear vision, clearer than long, larger shifts, swings. All shifts, swings activate relaxation, movement and improve the vision.

Next; return to the rock or long swing.

The rock, long swing keeps the mind, body, neck, eyes relaxed, keeps the eyes shifting and vision clear. Stop rocking, swinging left and right every once in a while and then, shift on the letters on the chart again. Notice they are seen clear when the mind/eyes are relaxed and there is no effort to see.

**Shorten the rock for a short shift, swing:**

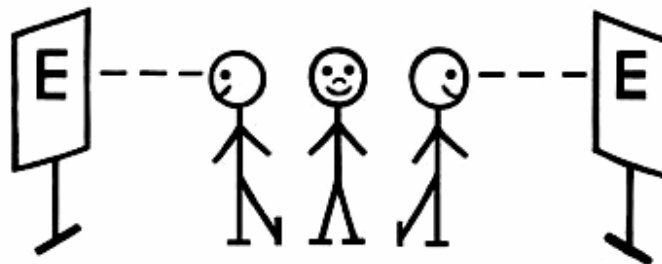
Rock left and right 2 feet, then 1 foot, then 6 inches, 4,3,2,1, 1/2... inch. Rock with a small movement 1/2 - 1 - 2... inches left and right and shift on the letters on the eyechart. See a small swing of oppositional movement of the letters. The rock keeps the eyes, head/face, neck, body relaxed, moving when looking at a letter. This prevents staring and blur. The small shift, swing also produces clear vision.

Practice Dr. Bates method of 'Flashing' the Letters; looking at, shifting on a letter for only a fraction of a second, then looking away to a different letter or object, shift on that object, then return to the letter, shift on it, fraction of a second, then look away, return, look away...

This prevents effort to see, prevents strain and blur; there is not enough time to strain, try to see any object so relaxation is maintained.

The normal eye moves continually, restful, shifting easy from point to point.

Practice The Long Swing with 2 Identical Eyecharts: Flashing, Shifting for a 'Fraction of a Second' on letters on the Eyecharts:



**The Long Swing with Two Eyecharts**

Identical eyecharts placed on left and right side of the body.

Swing and turn left and right and 'Flash' glance at, shift on a letter on the eyechart for a 'fraction of a second' -

Swing, turn left and 'flash' a letter on the left chart: Blink and shift quickly, easy on the letter. Do not stop swinging.

Swing and turn right and flash a letter on the right chart.

Keep swinging left and right, glancing at the letters. Relax, no effort to see - vision becomes clear.

Place 2 identical eyecharts on the left and right sides of the body.

Swing left and right and Flash a letter on the eyechart for a fraction of a second;

+Swing left < ; shift on, flash the letter for a fraction of a second on the left chart. Blink.

+Swing right > ; shift on, flash the identical letter for a fraction of a second on the right chart. Blink.

Then swing back to the left side, flash the same letter again... Repeat right, left, right, left...

Do this without stopping; keep moving, swinging left and right. Do not stop swinging when looking at the letter. The eyes, head/face and body move, swing and turn left and right together, at the same time, in the same direction. See The Long Swing.

The continual movement keeps the eyes, mind, body relaxed, left and right brain hemispheres integrated. The very short time the eyes, head, body are facing the chart prevents strain, staring at the letter. The eyes shift on the letter quick, easy, do not try to see it clear. Relaxation occurs and vision becomes clear. Practice on identical letters, then on any letters, then on smaller letters.

'Flashing the letters' = Shifting on a letter for a fraction of a second produces a 'Flash' of clear vision. The flash of clarity may last only a second but with practice, maintaining relaxation, the flashes occur more often, last longer, and vision remains clear.



Practice palming, covering the eyes, then reading, flashing the letters on the eyechart. **Palming chapter 1.**

- +Palm for a while and relax.
  - +Uncover and open the eyes and look at a letter on the chart.
  - +Shift on the letter for only a second or fraction of a second.  
No effort to see clear.
  - +Then cover the eyes and palm again. Think pleasant thoughts. Remember, imagine shifting on the letter and see it dark black and clear in the mind. See the mental picture of the letter show oppositional movement as the eyes shift on the image of the letter.
  - +Uncover, open the eyes and shift on the letter again, fraction of a second.
  - +Palm again.
  - +Repeat palming and shifting on the letter (flashing the letter) for a fraction of a second.
- This method keeps the eyes, mind relaxed, prevents effort to see, mental, visual strain and blur. Flashes of clear vision will occur.  
When relaxation of mind, eyes continues, the vision, letters remain clear.

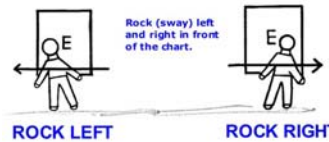
Rock, sway the body left and right in front of the eyechart again and see the chart, letters move, swing in the opposite direction.

Then; Reduce the length of the rock to 2-4 inches, moving left and right and shift part to part on a letter. Let the eyes move freely to another letter, then another as the body, head, eyes move left and right. No effort to see. Just relax, shift, blink, breathe abdominally.

Rock up and down 1-2 inches. Rock on the feet 1-2 inches forward and backward.

<http://www.youtube.com/watch?v=863yFmc-Ius>  
[http://www.youtube.com/watch?v=mYpsYPPV\\_hq](http://www.youtube.com/watch?v=mYpsYPPV_hq)

Click the links for YouTube Videos teaching Natural Vision Improvement with Eyecharts.



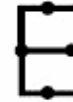
The pothooks eyechart is designed for children, adults that have not yet learnt to read the alphabet. The person points their hand in the direction the E is pointing.

Familiar objects relax the mind, eyes and keep the vision clear. This eyechart is easy to see clear because it is a **familiar object**: the person knows that every letter on the chart is an E. This makes it easier, more relaxing to look at the different size unclear E's and use the memory and imagination to see the E's clear: the person only needs to shift on the E, guess, imagine which way the E is pointing to see it clear.

When the brain remembers, imagines a clear, dark black letter E and guesses, imagines the E pointing in the correct direction; the brain, eyes relax, the brain directs the eye muscles, eyes to move, shift correct, directly on the letter E and the E is seen clear.

If the person guesses an incorrect direction, the E remains unclear because the eyes, brain are trying to shift on, see an incorrect image, trying to shift, move the eyes along areas of the white page away from the E. See the Pothooks Eyechart on the right.

Read another example of guessing with the memory and imagination; looking at, guessing the # 7 on a bus; chapter 9 - Memory and Imagination.



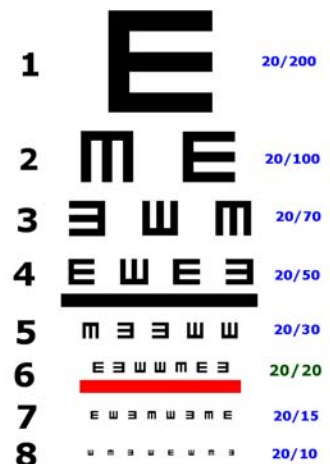
Shift top and bottom, left and right on the E. (Shift dot to dot). Blink.



Flash a letter -  
+Shift on the E for a fraction of a second then +look away from it to another object or close the eyes, palm and remember the E, shift on it in the mind. Or just think any pleasant thoughts with the eyes closed.  
+Open, shift on the E fraction of a second, +Close, repeat...

+Use the memory, imagination: Remember, imagine the E is clear when the eyes are open and when closed. Practice on any objects, at any distance.

Pothooks, Tumbling, Inverted E Eyechart



20/200 at 200 Feet

**E**

20/100

**F**

**P**

20/70

**T**

**O**

**Z**

20/60

P D C

20/50

L P E D

20/40

P E C F D

20/30

E D F C Z P

20/25

F E L O P Z D

20/20 Vision at 20 Feet

20/20

D E F P O T E C 

20/15

L E F O D P C T

20/13

F D P L T C E O

20/10

P E Z O L C F T D

20/8

E D L T O Z F C P

20/6

L P C F E T O D Z

20/5

T F D O P Z L E C

Very Clear Vision, Small Print Clear at 20 Feet

Z C T L O P D F E

20/200

E

F P

T O Z

L P E D

P E C F D

E D F C Z P

FELOPZD

20/20

DEFPOTEC

LEFODPCT

FDP LTC EO

PEZOLCFTD



Big C Chart  
From Better  
Eyesight  
Magazine

C

R B

T F P

5 C G O

4 K B E R

3 V Y F P T

20/20

2 Q C O G D □ C

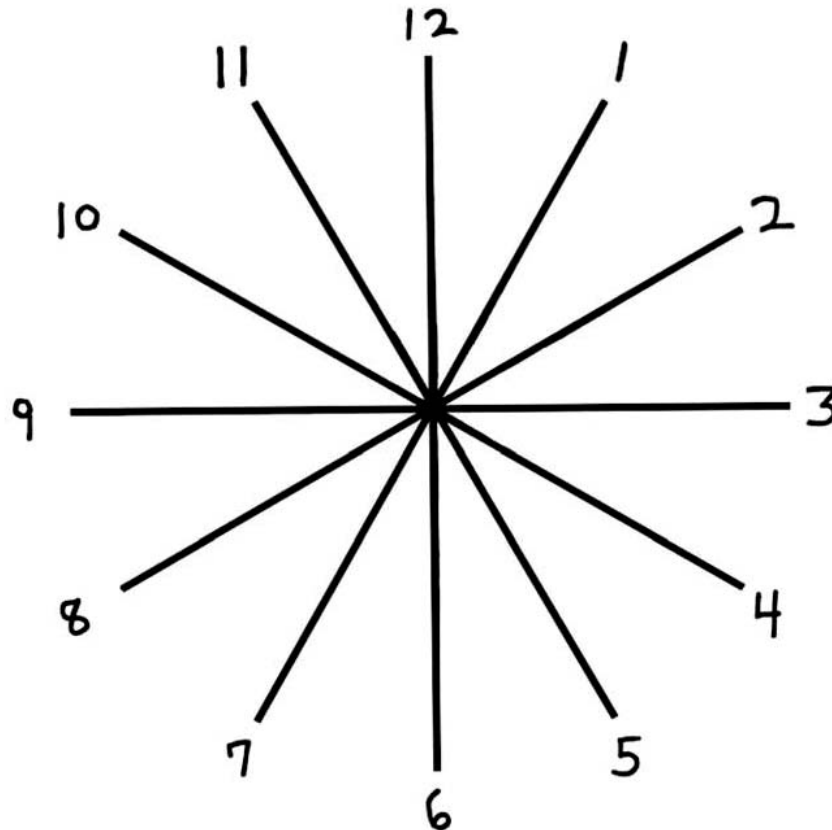


R Z 3 B 8 S H K F O

F T Y V P E C □ O B R K 5 6

## Astigmatism Removal Natural Eyesight Improvement for Clear Vision

Natural Eyesight Improvement astigmatism removal wheel



**Shift on the lines;**

**Left and right - 9 to 3, 3 to 9**

**Up and down - 12 to 6, 6 to 12**

**Diagonally - 8 to 2, 2 to 8, 10 to 4, 4 to 10, 5 to 11, 7 to 1**

**Shift, trace on the lines in any direction; center to left or right, up, down, diagonally... and back to center.**

**Move the eyes/center of the visual field along the lines and remember, imagine, see the lines dark black and perfectly clear.**

**Central fixation; see one small part of a line clearest at a time in the center of the visual field and move the eyes/center of the visual field continually, easy, relaxed along the line from part to part.**

**Blink. breathe slow, abdominally, relax.**

Astigmatism Videos for this next training Lesson:

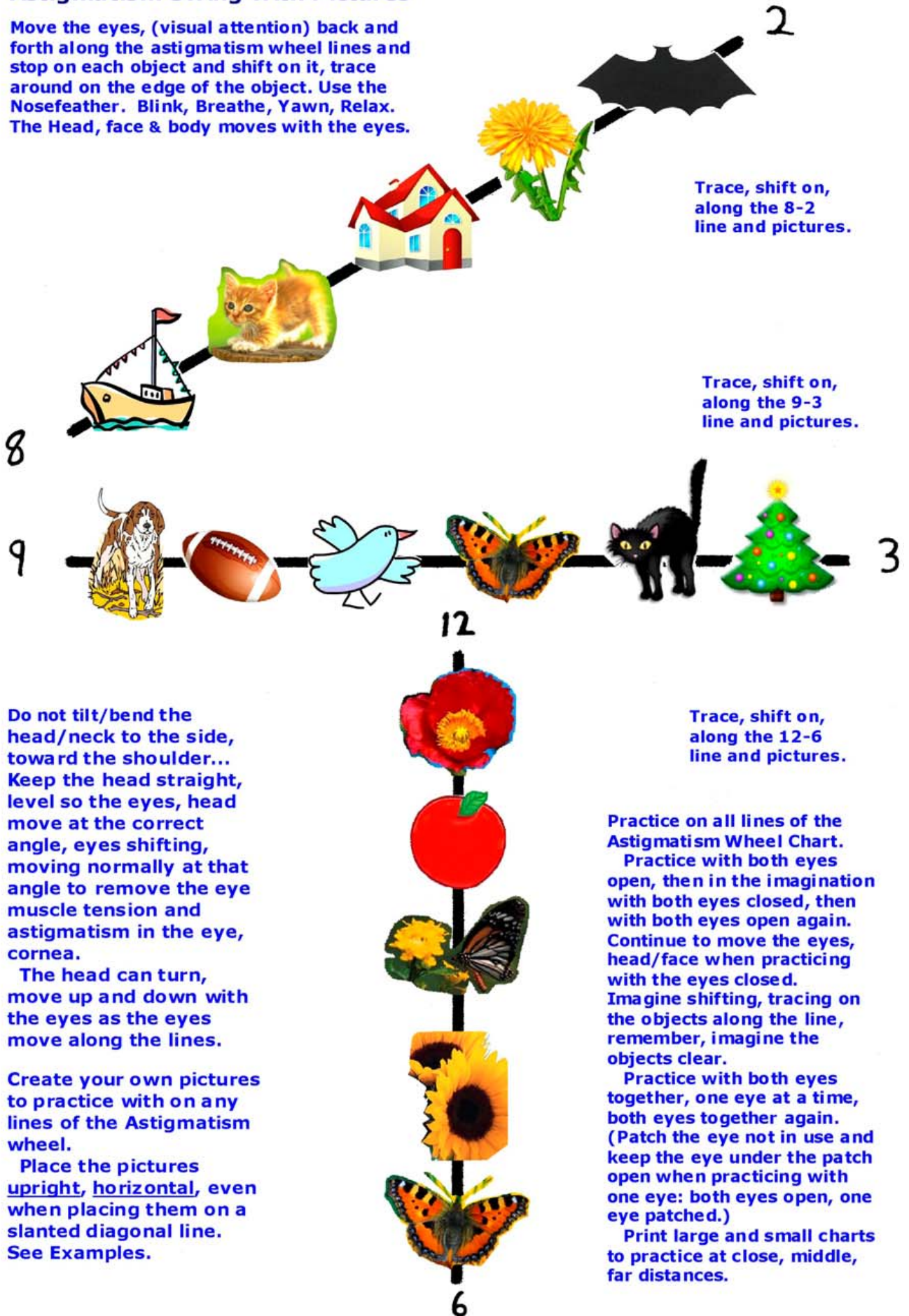
<http://www.youtube.com/watch?v=W6YLe-Wgpv8>

<http://www.youtube.com/watch?v=UUF02OdGFCg>



## Astigmatism Swing with Pictures

Move the eyes, (visual attention) back and forth along the astigmatism wheel lines and stop on each object and shift on it, trace around on the edge of the object. Use the Nosefeather. Blink, Breathe, Yawn, Relax. The Head, face & body moves with the eyes.



Trace, shift on, along the 8-2 line and pictures.

Trace, shift on, along the 9-3 line and pictures.

Trace, shift on, along the 12-6 line and pictures.

Do not tilt/bend the head/neck to the side, toward the shoulder... Keep the head straight, level so the eyes, head move at the correct angle, eyes shifting, moving normally at that angle to remove the eye muscle tension and astigmatism in the eye, cornea.

The head can turn, move up and down with the eyes as the eyes move along the lines.

Create your own pictures to practice with on any lines of the Astigmatism wheel.

Place the pictures upright, horizontal, even when placing them on a slanted diagonal line. See Examples.

Practice on all lines of the Astigmatism Wheel Chart.

Practice with both eyes open, then in the imagination with both eyes closed, then with both eyes open again. Continue to move the eyes, head/face when practicing with the eyes closed. Imagine shifting, tracing on the objects along the line, remember, imagine the objects clear.

Practice with both eyes together, one eye at a time, both eyes together again. (Patch the eye not in use and keep the eye under the patch open when practicing with one eye: both eyes open, one eye patched.)

Print large and small charts to practice at close, middle, far distances.

This book is also dedicated to the following persons: (Dedicated in Historical order.)  
They worked with Dr. Bates & Emily and/or continued their work and wrote books on Natural Eyesight Improvement. This book (or the E-Book) contains a chapter providing more information on teachers, their books and links to websites.

+Emily C. A. Lierman, Bates- Dr. Bates assistant and wife. Dr. Bates cured her vision. Emily then worked with Dr. Bates in his clinic and continued his work after his death. She wrote a book; 'Stories From The Clinic' containing true articles, stories of the patients, natural treatments she and Dr. Bates applied to cure a variety of eye conditions.

Her stories are also in Dr. Bates monthly Better Eyesight Magazine. The book contains a few additions to the stories. With her kind manner she easily cured children, adults naturally of unclear vision, crossed, wandering eyes, cataracts and other conditions.

+William B. MacCracken M. D. - Medical Doctor - Trained with Dr. Bates and cured his patient's eyesight with the Bates Method. Wrote 2 books.

+Harold M. Peppard –Optometrist - Also trained with Dr. Bates and continued Bates teachings.  
Book: Sight Without Glasses.

+ Cecil S. Price - Trained by Dr. Bates - Book : The Improvement of Sight by Natural Methods.

+Clara Hackett - One of the first, best Bates Method Natural Eyesight Improvement Teachers. Books.

+Bernarr A. MacFadden - Physical Fitness, Natural Eyesight Improvement. Studied Bates Method with Dr. Bates. Wrote a course, book with Dr. Bates. Only MacFadden's name was listed on later book versions.

+Margaret Corbett - Famous Bates Teacher. Saved writer Aldous Huxley from blindness. The Optical/Medical Industry brought her to court in an attempt to stop her from teaching the Bates Method. She won all cases. Wrote 4+ books: Help Yourself to Better Sight, How to improve your sight. Simple daily rules in relaxation....

+Aldous Huxley - Famous writer, cured of near blindness by Margaret Corbett, he then wrote; 'The Art of Seeing'. See his photo on the right; from the back of his book. A Natural Eyesight Improvement Book that has helped many people achieve clear vision. My first Bates Teacher, by book at age 17. Cured my distant vision.



+John N. Ott - Studied and wrote books on the health benefits of sunlight. He proved with his experiments the healthy effects sunlight produces for the body, brain, eyes, vision. Dr. Bates proved that lack of sunlight causes unclear vision, cataracts, many eye diseases.

+Janet Goodrich, Carina Goodrich - [www.janetgoodrichmethod.com](http://www.janetgoodrichmethod.com) - Famous Bates Teachers, Modern and Original Method. They preserved the Bates Method for years. Books, Kits, Courses in person and home study. Free Training: Articles, Blog, Videos, Audio lessons on her website.

+Jacob Liberman, Optometrist - <http://www.exerciseyoureyes.com> - Bates Method, Natural Vision Improvement Optometrist – Books, Sunlight benefits for health of body, brain, eyes, Vision Training System using Moving Colored Light. Similar to John Ott's work with sunlight.

+Martin Sussman - <http://www.bettervision.com> – Cambridge Institute for Better Vision - Natural Vision Improvement Teacher. Many years helping people attain clear vision. Books, courses, home study. Behavioral Optometry Eye Doctor Referrals for students.

+Dr. Ray Gottlieb, O.D., Ph.D. Optometrist – <http://www.bettervision.com/pr-rwg-1.html>  
Natural Vision Improvement based Effective Method. Kits, books.

+Paul E. Dennison and Gail E. Hargrove – <http://www.braingym.com> - Left and Right Brain Hemisphere Activation and Integration Treatments. Method also improves eyesight and strabismus.



+Thomas R. Quackenbush – <http://www.naturalvisioncenter.com> - This is one of my 1<sup>st</sup> Natural Vision Improvement Teachers. He is the first Bates Teacher, the Pioneer (after Dr. Bates) that brought Better Eyesight Magazine to the modern public in the United States. See his books: 'Better Eyesight - The Complete Magazines of William H. Bates' & 'Relearning to See - Improve Your Eyesight Naturally'. The books contain the original and up to date Bates Method.

Modern Teachers before him did not make the magazines known and available to their students. This true source of the Bates Method was hidden. Why?, because it is free in a few libraries in the U.S and Europe and the method is simple, easy, people do not have to pay money to learn, apply and teach it. Mr. Quackenbush's books enable people that are low income, cannot travel, to have access to the best, complete and low cost Natural Vision Improvement Training. I was able to study his books and the original Better Eyesight Magazines and learn which old treatments have been changed, improved and new treatments added to the Bates Method. Taking his course resulted in clearer than 20/20 close and distant vision, improved my ability to relax, my state of mind, self-esteem, emotions, intelligent and creative thinking. I quit a dangerous job at a hotel, quit drinking beer using Rational Recovery, 'The Small Book' by Albert Ellis Ph.D. and Jack Trimpey and found an honest chiropractor that cured my neck/dizziness after taking Mr. Quackenbush's class.

+Meir Schneider, Ph. D., LMT – <http://www.self-healing.org> - Cured his vision from blindness to clear with the Bates Method. Home and in person training, kits, courses. Also provides other natural health improvement treatments for the body, movement, posture, yoga.

+Greg Marsh – [www.BetterEyesightNow.com](http://www.BetterEyesightNow.com) - My 'Home Study' Bates Teacher. Modern methods added to the original teaching. Karate, EFT... Provides a full home study Audio CD Course with book and in person Student and Teacher Training Courses at a very decent price. His complement on my website pictures gave me the idea to draw pictures for the Magazines. I have learnt a lot from his home study course. Trained by Thomas Quackenbush. Students do appreciate encouragement! Thank you!

+David Kiesling – [www.iblindness.org](http://www.iblindness.org) - David is the first person to bring to the U.S. public & Internet a photo scan copy E-Book of all Dr. Bates Original Better Eyesight Magazines. His forum (11 years) at [www.iblindness.org](http://www.iblindness.org) is great! Has excellent Bates Method Articles, teaches on his website, discussion, links to many Blogs, Forums consisting of thousands of people that have improved their vision naturally. Free books, old, new, rare books for sale. In 1999 He cured his unclear distant vision and strabismus; (exotropia and nearsight since infancy, childhood) by taking only one Bates Method student class, then studying on his own. He gave me his original paper copy of 132 Better Eyesight Magazine Issues for free! This is why our books now have clear pictures of the Original Magazine pages!

+ Sorrisi - Seeing Beauty - <http://sorrisi.wordpress.com/vision> - This lady has improved her vision and posts her progress on-line since 2007. A great inspiration and training for others. How she used The Bates Method and reduced, weaker eyeglass lenses, working with her Optometrist as her vision improved in stages through varying levels of clarity. Also discusses Dr. Bates Better Eyesight Magazine. See her other posts on [www.iblindness.org](http://www.iblindness.org) .

+Esther Joy van der Werf – [www.visionsofjoy.org](http://www.visionsofjoy.org) - Esther's website contains free information, E-Books on the Bates Method. Links to Bates Method websites, teachers, optical businesses that sell weaker, reduced eyeglasses by mail. Esther is a Bates Teacher with a variety of skills. She has organized Better Eyesight Magazines into separate books containing treatments for individual eye conditions: cataracts, glaucoma...

+ All Bates Method Natural Vision Improvement Teachers, Bates Method Behavioral Optometrists, Ophthalmologists.

There are many more teachers in the U.S. and overseas and I apologize that I have not been able to list them all. Spanish, German, Italian, African, Chinese teachers... I have listed the teachers that I have taken in person & home study classes from and/or studied their books. Links to other teachers are in this book. All teachers books not listed here are in chapter 2 of the main Paperback book or PDF.

I have not listed teachers that are greedy, charge an extremely high price for Student and Teacher Training, hide Dr. Bates work, magazines and refuse to give out free vision improvement help to the public.

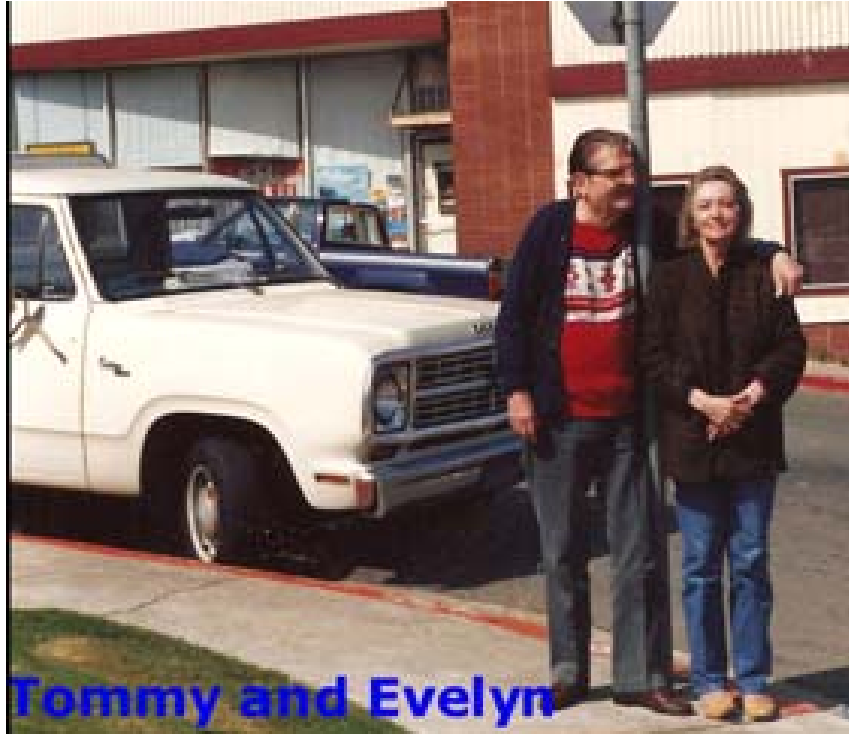
(Students must avoid Teachers that sell, advise referrals to eye doctors selling unhealthy, dangerous Plus Lens Eyeglass Therapy, any type of Contact Lenses, Laser Cornea Eye Surgery Treatments.)



**To Tommy Hardwick and Evelyn Cain**

**Tommy stutters but can sing, play the guitar without stuttering.  
Relaxation, a happy state of mind, music, art, using the memory,  
imagination, clear mental pictures cures stuttering and unclear eyesight.**

**South San Francisco, California**



## Dedication to persons that directly and indirectly helped me to write this book

Robert Monroe - [www.monroeinstitute.org](http://www.monroeinstitute.org)

Author of 'Journeys out of the Body', Far Journey's & Ultimate Journey.

THE MONROE INSTITUTE  
365 ROBERTS MOUNTAIN ROAD  
FABER, VA 22938

866-881-3440 See his YouTube videos; <http://www.youtube.com/watch?v=VoZWOLWnOkw>

Read more about Robert Monroe in the Authors Natural Eyesight Improvement Experience below.

### Dedication to My Mom

To Mrs. Nancy Oliver, Wilder. For raising me alone without a father, working for minimum wage in a hot laundry mat for years while we lived in a small apartment. We often did not have enough food. I would sneak outside and dig for empty soda bottles to cash in for money to buy crackers. I remember the day a man at the recycling store yelled at me, stating I cannot bring him bottles from the trash! Men would be cruel to Mom, try to corrupt her, but she would not break from her Catholic faith and favorite Saint, St. Anne. Mom saved her money and bought a Art Instruction Schools Course for me when I was 7 years old.

(The school that is advertised on matchbook covers and in TV Guide.) I remember thinking how boring it was to draw the stick figures of people, thinking its not helping my ability to draw and I wanted to go back to just copying cartoon pictures of Moose Miller, Fred Flintstone, Bugs Bunny, Donald Duck, Popeye, Dr. Strange... from the comics. I now realize at age 53 that the course helped me to draw the pictures in Better Eyesight Magazine and other books.

My Aunt Betty is a very good artist, used to draw lifelike pictures of baseball players, boxers, my grandfather when he was a Middle Weight Champion Boxer, Police Sergeant in New England, Massachusetts. She also drew cartoons and now paints. She helped to teach me how to draw. I cannot draw as well as most artists, but the basic skills helped to create this book.



Mom at Christmas

### The Author's Experience with Natural Eyesight Improvement

In 4th grade Elementary School I had to wear eyeglasses to see the blackboard from the back of the classroom. Mom bought the eyeglasses for me though she could not afford to spend the money. Stress can cause unclear vision. I was in constant fear at school due to a large boy that would bully me every day, wait to scare me, threaten to beat me up after school at the end of a long dirt road. I can still see him standing there, picking out kids to bully, knowing I was next along the line.

I do not remember him actually hitting me, mainly just coming up to me and acting like he was going to in order to scare me. Frazzled my nerves daily. During childhood and adult life I was hit in the head, face a few times by other children and adult men. (Snow, ice balls, and violent people.) I know this contributed to unclear vision, and a very slight wandering eyes condition. Neck vertebrae, collarbone or skull, eye socket, joints, bones misalignment?

My teacher also wore glasses. Children pick up eyestrain, incorrect use of the eyes, tension and lowered vision from being around people that wear glasses and stressful experiences in school... I hated the glasses and threw them out in a couple weeks. I sat closer to the blackboard and this prevented strain, effort to see and the vision returned to clear. I could then see clear from the back of the class when necessary. Mom made friends with the bully's family, then he decided to be my friend. We played 'The Long Ranger' make believe game together.

Mom could not afford to pay for the glasses but was kind and let me go without wearing glasses. My vision remained about 20/20-20/40 for years and it never bothered me. (Wish I knew The Bates Method back then, would have had 20/20 and clearer vision.)

In 10th grade high school Mom had to buy glasses for me again to read the distant blackboard in school. Learning Algebra and French, did not like these subjects. I threw the glasses out after 2 days. At this time I found Aldous Huxley's book: 'The Art of Seeing' in a old bookstore in Brookfield, MA and practiced [Switching](#)

and Shifting on objects at close and far distances with: both eyes together, one eye at a time, both eyes together again. My left eye needed more vision improvement than the right so I practiced extra time with the left eye. Shifting was combined with the Switching. I understood and practiced a little Central-Fixation. The first time, few seconds that I shifted on an object, distant tree, my vision improved. Within only 5 minutes my vision improved to 20/20 and in 2 days was perfect, clear. Vision was so clear in both eyes that I could not remember which eye used to have less clear vision. My mind felt more balanced, relaxed. It is often easy for children, young people to improve their vision.

Practicing the Bates Method, having the power to improve my vision on my own resulted in an improvement in my mental, emotional state. It was easy to learn, remember at school, my grades improved, I gained confidence. The Bates Method activates, integrates, improves functions of the left and right brain hemispheres, all brain functions. I left a gang of kids that were a destructive influence and learned to have compassion for others and respect myself. I realized the mind has more functions, abilities, 'power' than we are taught in school, including college. Went into study of Psycho-Cybernetics, other science and spiritual subjects. (Human potential seems to be suppressed by our leaders. Politicians and some religions are trying to remove history and other books from libraries, bookstores, schools, the Internet.)

My vision remained about 20/20-20/30 for years and it never bothered me. Mainly 20/20, sometimes clearer.

In the U.S. Army I was forced to wear glasses: distant eyesight 20/40 at times. (It's normal for vision to fluctuate. Glasses prevent natural fluctuation back to clear vision.) I refused to wear the glasses. One day while in a foxhole shooting my rifle at the distant target, the Sergeant made me wear the glasses. I could not hit the target after many shots while wearing the glasses. I got mad and took off the glasses and threw them in the dirt. Then aimed the rifle and hit the target easily for the remaining shots. Sergeant then allowed me to permanently discontinue use of the glasses.

Did not need glasses for the rest of my life until age 40, Year 1997 – unclear close vision – In the year 1995 the author of this book was listening to Robert Monroe's relaxation tapes. I worked a very high stress job in a old hotel dealing with violent, abusive people, life and death situations. I suffered with dizziness from an assault, neck injury. Drank too much beer at times to block out the stress. The tapes produced a great amount of relaxation and also teach a variety of tools to improve function of the brain, body. At the time I was reading Aldous Huxley's book 'The Art of Seeing' to try and improve my close vision & remove eye floaters at age 40. Practiced Bates Method activities: shifting, central-fixation, switching... at close distances. Also read fine print in the sunlight with relaxation, shifting, central-fixation, memory, imagination. It worked!

One night after falling asleep listening to Monroe's tape 'Focus 10', I heard a man's voice in a dream say; "Write a book on Natural Eyesight Improvement". The dream seemed very real and it woke me up. I remembered the man's voice and thought later that it would be a good idea to write a book on my experience with distant and close vision improvement for 30 years. I began writing the book: 'Do It Yourself – Natural Eyesight Improvement' and searching for more Bates Method Natural Vision Improvement books to study. This led me to teachings of Janet Goodrich, Martin Sussman-Cambridge Institute-The Program for Better Vision course, Carrie Anderson training at the Learning Annex, then in person training course and books by Thomas Quackenbush in San Francisco, CA, and further study of Dr. Bates Better Eyesight Magazines and other books. Distant and close vision improved to 20/20 and clearer.

Robert Monroe's tapes teach spiritual development, spirit travel and improvement of brain, body functions and produce natural states taught by Natural Vision Improvement Teachers: Deep, perfect relaxation in the beta, alpha, theta, delta brain wave states, dynamic relaxation, left and right brain hemisphere activation/integration, visualization of clear mental pictures, color treatment, creativity, imagination, memory, release of negative thoughts, emotions, energy strengthening, circulation, control. The activities on the tapes improve all functions of the brain. All of these conditions improve the clarity of vision. Listening to his tapes improved my ability to write and create pictures for this book. Many famous scientists, artists speak of entering into a deep relaxed state, contacting the subconscious mind to obtain greater power of the brain, improve skills, solve scientific theories, formulas... Monroe's tapes activate this state. (See books by Dion Fortune for further study.)

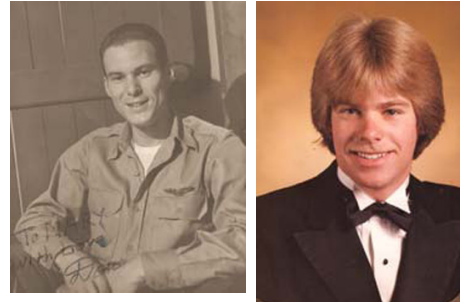
In Oct., 2009 I experienced a neck injury from a dishonest, inefficient chiropractor in Worcester, MA and it affected my vision: double vision, eyes divergence, converge, balance, hearing impaired, astigmatism... All from misaligned neck vertebrae and neck, back injury. Neck is healing with new doctor's treatment for 15 months and use of Natural Eyesight Improvement, Bates Method has returned the vision to clear. Occasional slight fluctuations in vision to 20/30 and eye movement problem returns a little when the neck injury flares up, sinus congestion in air polluted city. Neck muscle relaxation, Physical Therapy, Home 'do it yourself' non-invasive chiropractic, Clean air in Boston, MA by the Sea, less computer work, and The Bates Method always returns the vision to 20/20 and clearer. Vision remains clear at age 54. I know from experience that The Bates Method works!

## Dedication To:

**To Don Dixon - Best friend, Retired Air Force Pilot. Neighbor, landlord for 9 years in San Francisco Bay Area. Thanks for the Pilot Wings and taking me over the Golden Gate Bridge to the Marin Flea Market where I bought an Antique French Military Rifle.**

**Greg Dean and his Mom, Dad - Art and Jackie. Truly rare, strong, great people, best friends. RIP Greg. See you up there eventually. Stay out of trouble; 'or not' - Ha-Ha!**

**To Richard Hess, 'Best friend' Cherokee, German at the Metro.**



**To all the Senior Citizens and Young People in California.**

**I learnt many things from the diversified personalities in Los Angeles, San Diego, San Mateo, South San Francisco, San Francisco! Farmers Market Bar on Main Street, Broadway, Watts in Downtown Los Angeles and all the wild, fun American Indians, Vets, Old Italian Men, ladies in Daly City, CA, The Homeless. Learning from a variety of people makes a person grow on all levels, strengthens the personality, mind, spirit.**

**Thank you to Barbara Gibbons at the Metropolitan Hotel in South San Francisco for a great place to live, work and write!**

**Picture = Christmas Tree on San Bruno Mountain-South San Francisco, CA - View from room #40, Metropolitan Hotel.**

**I used to watch my TV reflected in this window at night and 'switch' to the distant mountain and watch 'shift' on the Christmas Tree, cars moving along the hill, lights in the houses, stars, planes in the sky, people in the buildings, street lights, people walking on Grand Avenue, good looking Italian Man working at the Liquor store.**

**At this time even though the job was stressful, I was very happy, lots of friends, jokes, active. A positive mental, emotional state has a major beneficial effect on the clarity of vision. Relaxed, positive mind=clear vision. Physically active job, good posture. My vision was improved to better than 20/20 close and far while living here. Thomas Quackenbush, Natural Vision Improvement Teacher's School was over the mountain in San Francisco near the beach and Golden Gate Park.**



**Moving objects on the TV screen reflected in the window also keeps the eyes moving, shifting easy, relaxed, vision clear.**

## How to Use The E-Book

**This is a Natural Eyesight Improvement Paperback and Adobe Reader/Kindle PDF E-Book consisting of 1700+ pages. Chapter, Sub-Chapter, Title Navigation Bookmarks, Page Thumbnails, Multiple Pages view are on the left side of the E-book and a linked Chapter Index for moving quickly to any page, section of the book. A + sign is to the left of the main bookmarks; click it to reveal more bookmarks, books, pages, chapters.**

**Word Search for all 12 E-books; Type in a word, Example; Cataracts, Nearsight, Myopia, Farsight., and all areas of the book that provide information on cause/cure of these eye conditions will be listed. Example; If Nearsight or Myopia is typed; 50+ different treatments to cure unclear distant vision will be listed with chapter, article title, page number. Click a link to go directly to a page, treatment.**

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<http://www.adobe.com/products/reader/languages/> See the E-Book videos for directions on how to use the E-books & free Natural Eyesight Improvement Training videos at; [www.clearsight.info](http://www.clearsight.info) & YouTube; [http://www.youtube.com/watch?v=WO9AS4A8f\\_c](http://www.youtube.com/watch?v=WO9AS4A8f_c) <http://www.youtube.com/watch?v=5E5IBZ0BQuY>

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This book is unlocked, no security. The reader can copy, paste, print and change the size of the print. Print your own book with home computer/printer or copy the book to a CD and bring it to a printer for printing, book binding. Print in color or black ink. Any size paper. Choose spiral binding so the book opens fully when set on a book holder - prevents the need to hold the book open with the hands for relaxed arms, shoulders, neck when reading.

Adobe can print in large, medium, small, fine & microscopic print. Fine print is healthy for the eyes, cures unclear close and distant vision when read correct with relaxation, shifting, central-fixation. Set Adobe Reader to print 2 or more pages per page for small print. 4 to 6... pages per page for a fine and microscopic print for perfect central-fixation, saccadic shifting, fine detailed vision at close and far distances. The Zoom Function also changes print size.

Create mini fine and microscopic print booklets to read in the sunlight daily. Practice the treatments described to prevent unclear vision, cataracts and other eye conditions.

In the Adobe Reader Print Setup: Select % of normal size, a number less than 100% or use page scaling. This will fit all text, pictures onto the paper, reduce the size to create a margin on the edge of the page for binding a printed book. Or print normal size 100% on larger paper.

Select 'Print Document and Comments/Markups' in the Adobe print box to print all page numbers on the upper right corner and text boxes in the book. Print pictures large for kids to color or to hang on a wall for Natural Vision Improvement Training. Adobe Acrobat 30 day Free Trial can be downloaded free from <http://www.adobe.com> to arrange the book pages as preferred.

### For Better Eyesight Magazine

This book contains all publications of Dr. Bates Monthly 'Better Eyesight Magazine' – Unedited, everything included, July 1919 - June 1930, all of his original treatments and modern versions of older treatments.

- + Text in light blue are comments added by author Clark Night, Bates Method Natural Eyesight Improvement, Graduated Student, to clarify Modern Natural Eyesight Improvement versions of a few older methods described and to correct a few spelling errors in the original magazines.
- + Print in bold, black specifies Bates Method Natural Eyesight Improvement treatments for a variety of eye conditions, military articles, and other items of importance.
- + Print in bold, dark navy blue are specific Bates treatments, activities, steps for vision improvement.
- + This book contains 500 pictures placed on the right margin of the magazine pages to help the reader quickly understand every Bates Method treatment described.
- + The First Article and usually the 2<sup>nd</sup> article of each monthly Better Eyesight Magazine and other articles not labeled by author are written by Ophthalmologist Bates.
- + The First Article on page 2 (inside cover in the original magazines) consists of some of the best treatments, activities taught by Dr. Bates, specific directions for a Bates Method Natural Eyesight Improvement treatment.  
Example; July 1919 magazine PAGE TWO - Do You Read Imperfectly?

Do you read imperfectly? Can you observe then that when you look at the first word, or the first letter, of a sentence you do not see best where you are looking; that you see other words, or other letters, just as well as or better than the ones you are looking at? Do you observe also that the harder you try to see the worse you see?

Now close your eyes and rest them, remembering some color, like black or white, that you can remember perfectly. Keep them closed until they feel rested, or until the feeling of strain has been completely relieved. Now open them and look at the first word or letter of a sentence for a fraction of a second. If you have been able to relax, partially or completely, you will have a flash of improved or clear vision, and the area seen best will be smaller.

After opening the eyes for this fraction of a second, close them again quickly, still remembering the color, and keep them closed until they again feel rested. Then again open them for a fraction of a second. Continue this alternate resting of the eyes and flashing of the letters for a time, and you may soon find that you can keep your eyes open longer than a fraction of a second without losing the improved vision.

If your trouble is with distant instead of near vision, use the same method with distant letters.

In this way you can demonstrate for yourself the fundamental principles of the cure of imperfect sight by treatment without glasses.

If you fail, ask someone with perfect sight to help you.

**Dr. Bates Instructions for PAGE TWO**



+The original photo copies of Better Eyesight Magazine are included with this book so the reader can verify the modern version, treatments in this book with the original printed magazines from the 1900's. See original sample page on the right, previous pg. >

Dr. Bates 'Better Eyesight Magazines' contain hundreds of different natural treatments that he and his assistant Emily Lierman/Bates and other eye doctors applied to cure: unclear distant and close vision, (nearsight, farsight) astigmatism, cataracts, glaucoma, cornea scars, wandering/crossed eyes, amblyopia and other eye problems. A few Eye Doctors, Ophthalmology College Libraries have preserved these magazines. See Monroe J. Hirsch O.D. Ph. D.

### Pictures in This book

A main Bates Method activity to relax the mind, body, eyes and bring clear vision is to improve the memory, imagination of mental pictures. This is a normal function of the eyes, brain, visual system to produce clear vision. A baby (and adults) see a unfamiliar, new object clear by first 'shifting on it' (looking at different parts, moving the visual attention part to part on the object, examining small details). The object becomes clear, familiar, memorized, a clear memory picture of the object is stored in the brain. The next time the baby looks at the object it is familiar, remembered clear and the brain quickly activates the correct eye movements on the object, no effort to see it, relaxation occurs and it is seen clear.

This process is done for every new object encountered. The brain stores thousands of pictures of objects. Example:

A baby sees an apple for the first time and it may be imperfectly clear due to it being a unfamiliar, new object. At first, the baby's eyes move, 'shift' slowly on the apple part to part as the baby's eyes, brain investigate the new object, become familiar with it. The baby's eyes, visual attention move from part to part on the apple, the brain registering, storing a image of each part the eyes look at. A image of the apple forms in the brain, memory each time the baby sees the apple again. Each time the apple is seen, a clearer and clearer, more familiar mental, visual picture of the apple is created and stored in the brain, memory and it is easier to see; the brain activates eye movement, shifting on the round, red object easy, relaxed and the eyes movement is improved, quicker. Smaller saccadic eye movements occur. A perfectly clear image of the apple is stored in the brain, memory and it is now a familiar object. When the baby looks at it, the brain moves the eye muscles, eyes correct, quick and easy, part to part on the apple and it remains clear.

When the brain remembers, imagines, creates, stores clear pictures in the mind, in color, motion like a real life movie: the mind, body, eyes relax, eyes move easy and vision is clear. (Even a stationary object appears to move, with 'oppositional movement' (The Swing) as the eyes shift part to part on it.)

Blind people use mental pictures, touch... and other senses. One treatment to help cure blindness, near blindness is to improve the memory, mental pictures of objects. Improve the memory, imagination, clear mental pictures to obtain clear vision. Read Helen Keller's story in Better Eyesight Magazine Illustrated with 500 Pictures.

The pictures, true life stories and fairy tales in Better Eyesight Magazine cause the person to create clear mental pictures, like an active motion 'movie' picture occurring in the mind. The stories are entertaining, interesting and fun to read.

This relaxes the mind, eyes, brings the mind to a positive state. All these keep the vision clear.

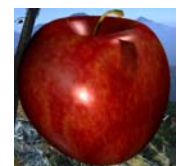
When the mind is positive, relaxed, vision clear: the memory and imagination improve and the improved memory, imagination further improve relaxation and the vision. Then the clearer vision further improves the memory, imagination, relaxation. More vision improvement occurs. Ability to remember, imagine and see a object clear is greatly improved. It's easy, relaxing to remember, imagine a clear object. Practice imagining, remembering objects clear. All functions of the visual system are connected. Improve one and all improve.

700+ pictures are placed in the main E-book and in Better Eyesight Magazine to help the reader easily see/imagine in the mind, learn and apply each treatment, activity Dr. Bates describes. Less reading, fast eyesight improvement.

Each picture teaches a Natural Eyesight Improvement treatment. Read the print below the picture for a quick lesson.

Remembering, imagining, creating clear mental/visual pictures is a main Natural Eyesight Improvement treatment, normal function of the visual system. The brain works with the eyes to produce clear vision.

Babies, children and adults learn to see clear by first shifting on a new object: moving the visual attention, central field from part to part on the object, becoming familiar with it, the brain visualizing, creating, storing a clear mental and visual picture of the object in the memory. In this way, the object is seen clear by the function of the brain activating, retrieving the clear memory picture of the object each time the eyes look at the object. The brain works with the eyes, eye muscles to move the eyes, (visual attention) on the object correct and see it clear. The object becomes familiar, easy to see and the brain, eyes relax, function perfect,



the object is seen clear.

Familiar objects are easy to see, relax the mind, eyes, produce clear vision.  
The imagination also works with the memory to produce clear objects, vision.

The pattern of eye movement can change, move freely, vary each time the eyes look at the object but the brain will also produce certain eye movements for that specific object; the brain knows how to move the eyes, visual attention on that objects specific shape; Example: The brain moves the eyes, visual attention on a round object in a different pattern than when moving on a square object; The eyes, visual attention (center of the visual field) move in a certain basic pattern on the round shape, areas of a apple: the center, areas within the circular shape, along curved edges, top, bottom, sides...

If the eyes, visual attention try to move on the apple as if it has a square shape, squared edges and other shapes... (as in the middle picture, painting hanging on the wall), then the eyes will be moving, looking out into space sometimes, away from the apple (see 3<sup>rd</sup> picture). This will be diffusion, eccentric fixation, no central-fixation because the eyes are not on the object when looking away from it. Moving the visual attention, center of the visual field along, around the edge of an apple is different than moving along the edge, corner of a square. (See example; looking at the #7 on the bus in the Memory, Imagination chapter.) A memorized, familiar object activates easy, mentally stored eye movements, shifting part to part, perfectly, automatically on the object. Perfect central-fixation, the object is seen clear. New, different eye movements are also added for each individual object and each time the object is viewed again because the eyes move freely and the eye movements on the object, scenery is also affected by thoughts in the mind, what the brain is thinking about the object or other subjects, the distance, angle the object is at, lighting, contrast, size...

Familiar objects are easy to see, relax the mind, eyes and produce clear vision. This is why Dr. Bates advises keeping a familiar, memorized Eyechart in the classroom to practice on, keep the children's vision clear.

Books that contain entertaining, interesting pictures improve the brain, visual systems memory, imagination of clear pictures of objects. This improves eye function with the brain and clarity of vision. Children enjoy books with pictures. The small pictures in the book can be printed larger for children to assemble into a coloring book. The child will learn the Bates Method as the parent describes what each picture is.

Coloring - eyes moving with the crayon, filling in small details, using a variety of colors activates eye movement 'shifting', central-fixation, relaxation, positive mind, left and right brain hemisphere activation, integration. These are Bates Method natural eye functions that produce clear vision and straight eyes. Reading Comic books improve the clarity of vision due to the many colorful action pictures, interesting, fun to read stories engaging the memory and imagination. Eye movement, shifting is activated, improved as the eyes, mind look at a picture and move from picture to picture and on the bubbles of printed words.

The small pictures in this book prove that Natural Eyesight Improvement works! Most pictures in this book are drawn by the author. As stated earlier, the author of this book attained clear close vision at age 40 by using Aldous Huxley's book and taking a Bates Method Natural Vision Improvement course from Thomas Quackenbush in San Francisco, CA. At age 54 my close and distant vision is still clear. 500+ pictures were drawn by hand, in small size 1½ inches height/width using my memory, imagination as I read each article in Better Eyesight Magazines. Pictures were drawn on paper, then traced over on a window pane two times, sunlight shining through the window, looking at the pictures 1 inch to 6-20 inches and up to 5 ft. from the eyes seeing the fine details of pictures clear on paper.

Pictures were then scanned into a computer, refined again in Microsoft Digital Image and Photoshop. All this was done without eyeglasses or magnifiers. The Bates Method works!!

Clark Nights E-books are allowed to be distributed free by 4 Bates Teachers and all book customers. Be aware that a few photograph and other pictures in the book were taken from the Internet, Microsoft Free Clipart, historical sources that gave permission to use the pictures, Dr. Bates books, Articles and other old copyright free books. They stated the pictures are 'royalty free' but I did not get this in writing, only by phone and E-mail. I take full responsibility for all pictures in my books. 95% in the 2 main books are drawn, copyright by Clark Night.

The Natural Eyesight Improvement student must get an eye exam, to check the health of the eyes, preferably from an eye doctor experienced with the Bates Method of Natural Eyesight Improvement. A eye exam from a natural based eye doctor that performs exams without constant use of eye drops, without drugs, machines, time limits for reading charts is most healthy for the eyes and will result in the best, accurate prescription, not over prescribed/too strong in eyeglass strength.

Looking into a machine, mechanical or electronic device to test the clarity of vision blocks many natural eye functions, can cause temporary: increased visual blur, stiff neck, block relaxed, normal eye movements and result in a unnecessary eyeglass prescription and too strong prescription. This will maintain, increase vision impairment and interfere with application of Natural Eyesight Improvement, prevent the eyes from returning to normal function, clear vision. I do not trust the new 'Eye Scan Machines. Artificial light... into the eyes, directly on the retina.

An old fashioned paper eyechart hung on a wall with sunlight on the chart, no glare, used when the eyes, mind are relaxed, no pressure to hurry is the best way to test for the true level of visual clarity, along with the old time



retinoscope and other harmless instruments to look into, inspect the eye. Natural Bates Method Eye Doctors will do this. They give the patient time to read the chart.

Eye drops are used to widen the eyes pupil so the doctor can look into the eyes and completely check the eyes health. This may be necessary to insure a though eye exam but constant use of eyedrops on every exam can impair the eyes health. The eyedrops cause; a paralyzed eye muscle, widened pupil, blurred vision, light sensitivity... I personally will not allow eyedrops when taking an eye exam. The drug companies are placing harmful and unnecessary chemicals, toxins in the eyedrops, various drugs for the eyes, tear production drugs and drugs for other medical conditions. This causes eye, vision, health impairment. Toxins, chemicals are placed in vaccines, flu shots, even our food, water supply. Contact lens solutions have been contaminated with bacteria resulting in eye infections, blindness. Chemicals in Sinus, Nasal sprays cause Glaucoma, Cataracts, vision impairment. Modern Natural Eye Doctor's are seeking a safe alternative to eyedrops, drugs.

## Disclaimer

The Author of this book; (Do It Yourself – Natural Eyesight Improvement – Original and Modern Bates Method & Better Eyesight Magazine Illustrated with 500 Pictures, EFT and all books by the Author) must place a disclaimer in this book to protect herself from lawsuits, imprisonment, destruction of this book by the Medical Association, Drug/Optical Industries, corrupt politicians, fraudulent vision improvement teachers that attempt to prevent the public from acquiring free, authentic Natural Eyesight Improvement information, training;

The author, publisher, (Clark Night-Pen Name) Mary I. Oliver [www.clearsight.info](http://www.clearsight.info) [mclearsight@aol.com](mailto:mclearsight@aol.com) ClearSight Publishing Co. - Do it yourself - Natural Eyesight Improvement is not responsible for the readers use, misuse, misunderstanding of the information in this book and website. The author does not claim/promise to diagnose, treat, cure eye problems, disease, medical conditions. The reader agrees that he/she does not have a personal or professional relationship with the author. The author is not an eye doctor or medical doctor.

This book and other books, videos, website by the author consist solely of **Educational Information** for improving the clarity of vision and health/function of the eyes along with the student's communication with an Optometrist, Ophthalmologist. Always obtain an eye exam by an Ophthalmologist and medical exam by a Medical Doctor.

Choose a **Bates Method** Behavioral Ophthalmologist, Optometrist and Medical Doctor that prefers natural health treatment, prefers to teach Natural Eyesight Improvement, discontinue use of eyeglasses, keep the eyes healthy and prevent use of eye surgery, drugs. Avoid eye doctors selling laser and other eye cornea surgeries, drugs that are not needed, unnecessary lens removal/surgery, eyeglasses (especially strong over-corrected eyeglass lenses), unnecessary, addictive astigmatism sections in the glasses, contact lenses, bifocals, mono-vision lenses, plus lens treatment, tinted, colored lenses, sunglasses and all types of eyeglasses. (Legal 20/40 reduced, weaker eyeglass lenses can be used temporarily, only if needed for driving, work... safety as the vision is improving. See a Behavioral Optometrist and on-line mail order low cost optical stores.)

An experienced eye doctor can detect health of the eyes and body by examining, looking at and into the eyes. Blood pressure, sugar levels, injury, stroke and many health conditions are reflected in the eyes, often in an early reversible stage.

An eye doctor experienced in iridology can determine health of organs, systems in the body. See the story of Ignatz Von Peczely, Physician, a man that cured a injured owl and noticed that the owls eyes, iris was altered when the bird was sick, injured and it returned to normal as the birds health healed.

Children - Read/use this books contents only with direction of, supervised by parents and a Bates Method Eye Doctor. Children and adults: do not use the Sunglass and other methods that are for application only by an experienced Bates Method Ophthalmologist. If in doubt about how to apply a method; ask a Bates Teacher and Bates Method Eye doctor. See 'Better Eyesight Magazine Illustrated with 500 pictures'.

Natural Eyesight Improvement normalizes, corrects the eyes pressure. If a person is taking drugs, eye drops... for Glaucoma, eye pressure or other eye conditions; to lower or raise the pressure; ask your eye doctor's advice first before applying Natural Eyesight Improvement. The drugs strength, amount to take, may need to be changed or the drug may need to be discontinued. The doctor must monitor the eyes pressure as the person practices Natural Eyesight Improvement. Natural Eyesight Improvement also changes the eyes, corneas shape; back to normal, healthy shape. If the eye, cornea, retina has been operated upon, surgery; speak to your eye doctor first before applying Natural Eyesight Improvement to be sure it does not interfere with the surgery. Detached retina surgery... Read the laser cornea surgery articles in this book. I have communicated with Natural Eyesight Improvement Students that had; cataracts, glaucoma, holes, fluid leaking in the eyes retina, retinitis pigmentosa, other conditions and they have only benefited, regained good eye health and clear vision from practicing Natural Eyesight Improvement, The Bates Method and working with a Bates Method Ophthalmologist.

## Dedication To David Kiesling

Ophthalmologist William H. Bates Original Better Eyesight Magazine Issues (in their Antique Print from the 1900's) were destroyed, hidden from the public by Eye Doctors, the Optical Industry for many years after Dr. Bates death. The magazines contain the truth about the eyes function, effective, safe Natural Eyesight Improvement-The Bates Method, taught directly from Dr. Bates, 'Do It Yourself' Training. Most Eye Doctors prefer to sell eyeglasses, eye surgery, drugs and hide Natural Eyesight Improvement from their patients. Dr. Bates worked to prevent this during his lifetime. After Dr. Bates death, Bates Teachers, Students and a few honest Eye Doctors preserved his Better Eyesight Magazines, Original book and Medical Articles, hid them from Eye Doctors, the Optical Industry in order to prevent their destruction.

As time went on, natural cures became popular, the public realized the harm that eyeglasses, drugs, certain eye surgeries (cornea laser...) caused. Public demand, true freedom of the press on the Internet made it safe for Dr. Bates magazines, books to be brought back to the public without fear of imprisonment, fines by the Eye Doctors, Optical Industry. Now in Modern times, there are more honest Eye Doctors (Ophthalmologists, Optometrists) teaching Natural Eyesight Improvement. Optical businesses work with Bates Method Behavioral Optometrists, Students to provide low cost, weaker and weaker eyeglasses (temporarily, only if needed for safety; driving, work...) as the Bates Method Student reverses his/her vision back to perfect clarity with application of The Bates Method of Natural Eyesight Improvement.

Most modern Natural Eyesight Improvement Teachers did not provide their students access to Dr. Bates original magazines. They hide, are very protective of their training, source of knowledge.

David Kiesling is the first Bates Method Teacher to search for and re-assemble all 132 Issues of Dr. Bates Original, Unedited Better Eyesight Magazine. Every year, month, page is included in the collection. Over 2400 pages. He also preserved Dr. Bates Medical Articles and has Dr. Bates original book 'Perfect Sight Without Glasses' (The Cure of Imperfect Sight by Treatment Without Glasses) on his website.

Read about how David cured his eyesight; unclear vision, strabismus and learn free Natural Eyesight Improvement on his 11 year Website, Forum at [www.iblindness.org](http://www.iblindness.org). This Paperback book is created from David's Original Better Eyesight Magazine PDF E-Book.



### Article by David Kiesling;

*Like many people, I first discovered these magazines when Tom Quackenbush put them together as a paperback volume years ago when I was just starting to explore the topic of vision improvement. I read it over the next few months and started improving my vision.*

*Dr. Bates came up with his material based largely on his own experimentation and clinical observations, with very little else to draw from. Today we have a whole frame of reference for what we call the "Bates method", based on Bates material and the insights offered by other people throughout the decades. Optometry and the scientific world are slowly coming to grips with the fact that vision problems don't have to be permanent like they once believed. The evidence is piling up. Dr. Bates, however, lived in a time where he was almost entirely alone with his theories, and the results his patients obtained with his methods were simply ignored. So he had the task of trying to explain aspects of what he was observing in some kind of cohesive way, when what he was observing was supposed to be impossible. At that time in the US there wasn't even any concept of stress-related disorders. Behavioral Optometry hadn't gotten off the ground yet. What things should he pay attention to when people could see more clearly? Why was it happening? In my opinion, he did an admirable job putting it all together. It was his life's work.*

*Now with modern technology we can distribute this kind of material much more easily and get it out there for more people to read than ever before. I gathered up copies of all the original magazines and put them together in an e-book. They were just image scans of all the pages, so later on Mary spent countless hours converting the entire collection to text, proofreading it, and adding helpful comments throughout.*

Better Eyesight Magazine is created, assembled in its Original Antique form with the old English language used in the early 1900's. The words 'Colored, Mammy'... as pertaining to African Americas, Black People is used in the old magazines by the author and assistants in a respectful, loving way, as the only words they knew at that time. This is in no way meant to hurt the feelings of African Americans. (Some cruel, racist minded people used the word 'colored' and other words as a means of disrespect and these words are now omitted from the English language when speaking of African Americans.)

The PDF E-Book text version of this book is unsecured. People can replace the words colored... with African American if preferred. Dr. Bates treated many Black African American People in Harlem, New York City. Harlem accepted him as their Ophthalmologist, specializing in safe, natural treatments for the eyes, eyesight when the Optical and Medical Industry, Association fought against Dr. Bates, prevented him from working at their hospital because Dr. Bates was healing their patients naturally, successful, safely without use of eyeglasses, eye surgery, drugs. The other doctors, surgeons preferred to sell addictive, harmful, stronger & stronger eyeglasses, surgery and drugs. The Patients of Dr. Bates, people in Harlem and other Clinics, Hospitals; Black, White, Spanish, Irish, German, all races have contributed greatly to the creation, preservation of the Bates Method of Natural Eyesight Improvement and Dr. Bates Better Eyesight Magazines, Books. Dr. Bates and Emily Lierman/Bates stated that the Bates Method grew over the years as they learnt from their patients, treated a variety of people, eye conditions with natural methods. As time went on, more honest eye doctors, surgeons heard of Dr. Bates successful natural treatments and worked with him. Dr. Bates worked, taught in many Hospitals, Clinics in his lifetime and recorded his work, Natural Eyesight Improvement Treatments in his books, Medical Articles, Better Eyesight Magazine.



**Picture; Mary I. Oliver (Clark Night-Pen Name) co-assembler, preserver of Dr. Bates Better Eyesight Magazines, books, articles and author of other Natural Eyesight Improvement books. Dr. Bates is in the background using the Retinoscope to inspect a Patients eyes while he reads the Eyechart. Relaxation, shifting, central-fixation, blinking enables the 20/10 and smaller letters on the chart to be seen clear at all distances.**



See 100% internal pages of the Author's books at; GoogleBookSearch; <http://books.google.com/> and at; [www.cleareyesight.info](http://www.cleareyesight.info).  
Copy/paste the book title into the Google search bar.

Books are in Color and contain many pictures with Natural Eyesight Improvement directions. A Black and White identical version of Dr. Bates, Clark Night's books and a short version of each book is created to provide the customer with a lower price option.

14 Free Natural Eyesight Improvement PDF E-Books, Printable, in Color, containing all 50+ of William H. Bates & Clark Night's books is included with any Paperback or Kindle book purchase; Contact the Author for the download link through E-Mail. Address is on the 'Thank-You Page' in the Kindle and Paperback books. Customers do not have to wait to receive the Paperback or Kindle book to download the 14 E-Books; Just E-mail your Amazon receipt number to [mclearsight@aol.com](mailto:mclearsight@aol.com) for the download link.

See this 'Authors Page' & YouTube-(Copy/Paste the links);  
<http://www.youtube.com/user/ClarkClydeNight?feature=mhee> & the website;  
<http://www.cleareyesight.info> for Videos of internal book pages, full description of all Paperback, Kindle and 14 PDF E-books. Videos also contain Free Natural Eyesight Improvement Training. All books in the videos and PDF previews are in the 14 E-books.

14 PDF E-Books Contain;

Natural Eyesight (Vision) Improvement Training;

+Do It Yourself-Natural Eyesight Improvement-Original and Modern Bates Method with Better Eyesight Magazine Book. 100 Color Pictures. Less reading; Easy to learn steps-read the short directions on the pictures to quickly learn, apply a treatment, activity for Fast Vision Improvement. (All of Dr. Bates, Clark Night's Paperback, Kindle, PDF books are in this E-Book and single small size books are also included for mobile devices.)

+ Better Eyesight Magazine by Ophthalmologist William H. Bates - (Unedited, Full Set-132 Magazine Issues - 11 Years-July, 1919 to June, 1930.) Illustrated with 500 Pictures and additional, up to date Modern Natural Eyesight Improvement Training.

+ Original Antique Better Eyesight Magazine by Ophthalmologist William H. Bates - Photo Scan Copy of all his Original Magazine Pages in the 1900's Print. (Unedited, Full Set, 132 Magazine Issues - 11 Years-July, 1919 to June, 1930.) A History Book. Learn Natural Eyesight Improvement Treatments directly from the Original Eye Doctor that discovered and practiced this effective, safe, natural method! Magazines & Method Hidden from the public by Eye Surgeons, Optometrists, Optical businesses for over 100 years because this method works and frees the patient from the need to purchase harmful eyeglasses, drugs, unnecessary eye surgery. Yes, it can and has reversed cataracts and other eye conditions!

+ The Cure of Imperfect Sight by Treatment Without Glasses by Dr. Bates (Photo Copy of the Original Antique Book Pages) with Pictures. Dr. Bates First, Original Book. (Text version with Modern Treatments included.) 2nd Printing Title: Perfect Sight Without Glasses added.

+ Medical Articles by Dr. Bates-The Origin of Natural Eyesight Improvement-How he did it! - with Pictures.

+ Stories From The Clinic by Emily C. A. Lierman/Bates. (Dr. Bates Clinic Assistant, Wife.) Treatments for Adults and Children.

+Natural Eyesight Improvement Discovered, Taught by Ophthalmologist Bates - (PAGE TWO, 132 Best Treatments by Dr. Bates from Better Eyesight Magazine.

+ Use Your Own Eyes by Dr. William B. MacCracken M.D. (Trained with Dr. Bates.)

+ Normal Sight Without Glasses by Dr. William B. MacCracken M.D.

+ Strengthening The Eyes-A New Course In Scientific Eye Training In 28 Lessons by Bernarr MacFadden & Dr. Bates - with Pictures and Modern Training. (Trained with Dr. Bates. One of the First Physical Fitness Teachers.)

+ EFT-Emotional Freedom Techniques Book - with Acupressure, Energy Balance, Strengthening, Positive Emotions - with Pictures.

- + Clear Close Vision, Seeing, Reading Fine Print Clear (Presbyopia Treatments.
- + Ten Steps For Clear Eyesight - Eight Correct, Relaxed Vision Habits - A Quick Course in Natural Eyesight Improvement.
- +The Basics of Natural Eyesight Improvement-A Little Book for Fast Clear Vision.
- + Astigmatism Removal Treatments.
- + Seeing Eyecharts Clear - Clear Close, Distant Vision & Astigmatism Removal.
- + Eyecharts; 15 Large, Small and Fine Print Big C, E Charts for Clear Close and Distant Vision, White and Black Letter Charts, Tumbling E Chart, Astigmatism Test and Removal Charts, Behavioral Optometry Charts. Eyechart Video Lessons.
- + Audio and Video Lessons in Every Chapter - Learn a Treatment, Activity Quick and Easy.
- + Videos Page; Links to 67+ Natural Eyesight Improvement Training Videos; YouTube and on the Author's Website. Download Videos to DVD with Real Player SP, Convert for Television. New 1-2 hour Movie Videos with a Natural Eyesight Improvement Teacher this year 2012 and 2013! Free download.

Clark Night (Mary I. Oliver) has converted Dr. Bates Magazines, Books and other Original Natural Eyesight Improvement Doctor's/Teachers Copyright free books into Paperback, Kindle, PDF, Video and Audio. Clark Night is Author of 'Do It Yourself-Natural Eyesight Improvement-Original and Modern Bates Method' and other Natural Eyesight Improvement books, is a Bates Method Natural Eyesight Improvement Graduated Student and Self-Trained Teacher, has taken 5 courses, studied the method and Dr. Bates books, magazines, other teachers books keeping her eyesight 20/20 and clearer for 37 years using the Bates Method-Original and Modern. (See pictures of old and new drivers licenses on the website; no glasses needed!)  
The author teaches friends, family, the public how to obtain clear eyesight.

Dr. Bate's name is also included as Author on my books since the method is derived, discovered by him and his Better Eyesight Magazines & book articles are placed in my books along with his entire Magazine collection, books in the 14 E-Books.

Our mission is to help people obtain clear eyesight, healthy Eyes. Book prices are kept as low as possible. Full Color Paperback books. Black and White and Shorter versions of the Paperback are also created for a lower price. Clearsight Publishing Co. donates part of our book sale profits to help the blind, visually impaired: The Seeing Eye & Guiding Eyes For The Blind Guide Dog Schools, Perkins School for the Blind, DAV, ASPCA.

The secret for clear vision that most eye doctors hide; what is shifting? It is Eye Movement; moving 'shifting' the visual attention (Central Field) from part to part on a object to see it clear. Relax. Blink. This is the main thing that brings clear vision. Replace squinting, trying to see with shifting.

Dr. Bates describes shifting in Better Eyesight Magazine; When you look at a chair; avoid trying to see all parts clear at the exact same time. Look at one part at a time. Look at, see clearest a small part, then move to another small part, then another... ; Look at a part of the chairs back, then move to a different part on the back, then another part, then shift to a part on a leg, then shift to a arm, then the top, then side... When looking at a part; continue to shift small part to small part on the part. The eyes truly shift 'point to point', jumping about with small, fast, relaxed, tiny movements (saccades); moving the eyes central field, its macula, fovea centralis in the center of the macula, eyes retina upon the object of visual attention. 'Shifting and Central-Fixation.'  
The eyes move automatically with the attention of the mind, brain; objects the brain, eyes are looking at and objects, subjects, thoughts occurring in the mind using the memory, imagination. Improving the function and relaxation of the mind, body, memory, imagination improves eye movement, the clarity of eyesight. Clear eyesight further improves all functions of the mind,/brain and relaxation. Each reinforce, improve the other. Relaxed, normal eye movements, relaxed mind relaxes the outer, inner eye muscles, pulls healthy light into the eyes, removes tension on/in the eye, improves eye circulation, returns the eye to normal shape with correct focus of light rays in the eye, clear eyesight.

Practice shifting at close, middle, far distances for clear eyesight at all distances. Practice as a healthy habit, normal, correct eye (visual system) function. See [www.cleareyesight.info](http://www.cleareyesight.info) for free shifting directions.

Test, practice with the eyes, vision in this way with; both eyes together, one eye at a time, both eyes together again. If vision is less clear in one eye at one or more distances; practice a bit more with the less clear vision eye to get the vision equal, perfect in the left and right eyes at all distances.

Read, shift on fine print for clear close vision if needed.

This is basically the whole practice of Natural Eyesight Improvement. Relaxation of the mind and eyes (eye muscles, body, neck follows); this is Dr. Bates main treatment. When the mind relaxes, the vision is clear. I teach the students to "Practice, then Don't practice"; Let the eyes function completely, truly natural, perfect without any conscious control, direction.

Function of the mind/brain; memory, imagination and other functions that work with the eyes improve, increasing visual clarity.

The 8 Correct Vision Habits (natural, normal, relaxed eye, visual system function); Shifting, Central Fixation, Movement, Blinking, Abdominal Breathing, Switching Close and Far, Long Swing, Sway (Rock), Memory and Imagination, Sunning, Palming and other activities described in Clark Night's the books are derived from Dr. Bates treatments, method and are listed in his Better Eyesight Magazines and books. Dr. Bates Better Eyesight Magazines, books are included in the Paperback and E-Book to enable the Natural Eyesight Improvement student to learn directly from Ophthalmologist Bates, provide the reader with access to Dr. Bates treatments, teaching method, true Natural Eyesight Improvement. The reader can avoid fraudulent teachers, harmful methods.

Book Activities, Treatments; Shifting-Natural Eye movement, Central Fixation, Relaxation, Body Movement, Blinking, Memory and Imagination, Switching Close, Middle, Far for perfect equally clear vision, convergence, accommodation, divergence, un-accommodation in the left and right eyes at all distances, Strabismus; Crossed, Wandering Eyes Treatment, Left and Right Brain Hemisphere Activation and Integration, Color Treatment/Visualization, Alpha, Theta, Delta Brain Wave Deep Relaxation, Palming, Positive Thinking, Posture, Physical Therapy, Abdominal Breathing, Energy Circulation/Strengthening, Sunning, Saccadic Sunning, Reading Fine Print Clear, Reading Eyecharts Clear, EFT, Acupressure, and other Activities for clear Close and Distant, Day and Night Vision and Healthy Eyes. Eye Nutrition included.

Learn how to work with a Bates Method Behavioral Optometrist or Ophthalmologist for a complete eye exam and be prescribed reduced, weaker and weaker eyeglass lenses (if needed for driving, work safety...) temporarily as the vision is improving. Gain complete freedom from eyeglasses. Avoid harmful, unnecessary eye surgeries.

This book includes William H. Bates Better Eyesight Magazines. Central Fixation Publishing Co., New York City, New York, USA.

Dr. William H. Bates, Ophthalmologist discovered and perfected Natural Eyesight Improvement, 'The Bates Method'. He discovered the natural principles, true, normal function of the eyes (visual system) and applied natural methods, relaxation to return the eyes, eye muscles, nerves, mind/brain, thought patterns, body (entire visual system) to natural, normal function with healthy eyes and clear vision. 'The Bates Method of Natural Eyesight Improvement'.

He cured; unclear close and distant vision, astigmatism, crossed, wandering eyes, cataracts, glaucoma, and other eye conditions. Natural Eyesight (Vision) Improvement was practiced years before Dr. Bates discovered it. It is the normal, natural function of the eyes. Hidden from the public by Eye Surgeons, Optometrists, Optical businesses for over 100 years because this method works, is easy, anyone can learn, teach it, including children. It produces healthy eyes, clear vision and frees the patient from the need to purchase harmful eyeglasses, drugs, unnecessary eye surgery. Yes, it can and has reversed cataracts!

Dr. Bates worked his entire life treating people successfully with Natural Eyesight Improvement.

When he cured the eyes, vision of many patients, medical students and other doctors in the hospital where he worked with natural treatments, without use of eyeglasses, surgery, drugs and proved his method is fact and that some of the old theories of eye function are incorrect, only theories; the doctors, eye surgeons that preferred to sell eyeglasses, surgery, drugs became angry and expelled him. (See: 'Reason and Authority' and 'Dr. Bates Lecture' in Better Eyesight Magazine; November, 1919, April, 1923 and Articles in his book.) Dr. Bates then opened his own office, a Clinic in Harlem, New York City. He treated thousands of people by natural methods, including many of the poor people that had little money. He kept his price for medical treatment low and also provided no charge office visits 'Free Clinic Days' for people that could not afford to pay for a visit to an Ophthalmologist. He trained, certified other doctors, people to be Bates Method-Natural Eyesight Improvement Teachers. He trained them for free, no charge. His treatments were successful. He cured the young and old, people of all ages, nationalities, cured a variety of eye conditions previously considered incurable.

The Bates Method is so simple and effective that many of his cured patients, 'often children' then went on to cure their friends, family, parents, teachers and other children of defective vision including crossed, wandering eyes, blindness. Read the 'true story of the two little girls that restored a blind mans eyesight' in the Oct. 1925 Magazine Issue. Read Dr. Bates full story in 'Better Eyesight Magazine' and his book 'The Cure of Imperfect Sight by Treatment Without Glasses'.

Dr. Bates recorded 11 years of work in his clinic, his patients and their varied treatments in his Better Eyesight Magazines, Books and Medical Articles. Dr. Bates Better Eyesight Magazines contain many Natural Treatments, a variety of Activities, Directions, Articles describing how Dr. Bates, Emily Lierman Bates, (his clinic assistant, wife) and other Eye Doctors, School Teachers, Bates Method Students, Bates Teachers, Children and Parents used Natural Treatments to remove, correct, prevent many different eye problems: unclear close and distant vision (nearsight, myopia, farsight, presbyopia), astigmatism, cataracts, glaucoma, conical cornea, cornea ulcers & scars, retinitis pigmentosa, wandering/crossed eyes (strabismus), amblyopia and other eye conditions. Done without eyeglasses, surgery, drugs. Dr. Bates used surgery, drugs only when necessary, (Eye injury, infection...).

The magazines contain 'True Life Stories' of the doctors, assistants, patients, treatments. Interesting, entertaining, fun to read. A History book, life in the early 1900's. Vision improvement based 'Fairy Stories' and other articles for children are included. The stories produce a positive, relaxed state of mind, activate, improve the memory and imagination, teach Natural Eyesight Improvement, normal, correct eye functions. This improves the eyesight without trying, effortlessly.

Dr. Bates discovered Natural Eyesight Improvement over 100 years ago - Started around the year 1886. Dr. Bates Better Eyesight Magazines, books are the original source of The Bates Method and true Natural Eyesight Improvement. The Original Better Eyesight Magazine collection is proof that Ophthalmologist William H. Bates discovered the Bates Method, Natural Eyesight (Vision) Improvement and is the True Author of the Magazine.

The Optical, Medical Industry/Association and most Eye Doctors, Opticians have hidden Dr. Bates work, magazines, books, articles, Natural Eyesight Improvement from the public for over 100 years because: The Bates Method improves the clarity of vision, eye function, Dr. Bates writings are proof that Natural Eyesight Improvement works, produces clear vision, healthy eyes, it describes, teaches people how to apply Natural Eyesight Improvement & obtain clear vision 'on their own' and prevents the need for purchasing eyeglasses, contact lenses, sunglasses, eye surgery and drugs. The Bates Method is safe, healthy for the eyes, reverses and prevents vision impairment.

After Dr. Bates death, the Optical Industry, Medical Doctors/Association destroyed Dr. Bates magazines, books, articles, removed them from libraries, schools, colleges, bookstores in an attempt to hide the truth about Natural Eyesight Improvement from the public, prevent people from curing their eyesight.

They bribed dishonest politicians, judges to pass laws preventing the public from teaching Natural Eyesight Improvement. They passed a law stating that only an eye doctor can teach the Bates

Method. Most doctors refused to teach it. Ophthalmology, Optometry, Optician Colleges hid it, refused to teach it and Eye Doctors were taught in College to ignore the Bates Method. Honest eye doctors were afraid to teach it, were told that they would lose their medical license if they used it in their practice.

A few honest Eye Doctors, Bates Teachers, Students, Libraries from the 1900's-present have hidden, preserved and republished Dr. Bates magazines, books and continued to teach the Bates Method despite harassment from the Optical, Medical Industry; Emily Lierman/Bates, Dr. Harold Peppard, Cecil S. Price, Dr. William MacCracken, Bernarr MacFadden, Clara Hackett, Margaret Corbett, Aldous Huxley, Janet Goodrich, Thomas Quackenbush and others.

(See the case of Margaret Corbett and Aldous Huxley, New York City, USA;

The Optical/Medical Industry/Association brought her to court, accused her of practicing Optometry without a license. She won all cases brought against her and cured the eyesight of many people that were in the courtroom. Aldous Huxley (famous Author) was a witness for Margaret Corbett, proved to the court how she reversed his near blindness, improved his eyesight. He later wrote the book; 'The Art of Seeing'. She won other cases preserving the public's right to teach, practice Natural Eyesight Improvement.

The Optical, Medical and Drug Industry prefers to sell eyeglasses, contact lenses, dangerous destructive cornea laser eye surgery, cataract lens surgery, other eye operations and drugs. They continue to suppress, hide the Bates Method from their patients, the public.

Dishonest Eye Doctors prescribe stronger and stronger eyeglass lenses, bifocals, unneeded astigmatism sections in the eyeglass lenses, tinted/UV blocking lenses & sunglasses knowing that this causes and increases fast vision impairment, eye muscle tension, abnormal pressure, tension on/in the eye, retina, lens.., dependence on stronger eyeglasses and leads to development of cataracts, detached retina, other eye health impairment resulting in thousands of dollars profit from performing cataract, retina, cornea... surgery. (Eyeglasses, bifocals and glasses with astigmatism sections... cause and increase astigmatism, conical cornea, cornea ulcers, infections, scars) I suspect that some Opticians, Optometrists that sell stronger and stronger eyeglasses secretly receive money, 'kickbacks' from eye surgeons when the business sends a patient that has developed a cataract or other eye problem, 'advanced and ready for surgery' to the eye surgeon for a operation.

Senior citizens are their main victim, 'customer', abused by their doctors, told to wait for surgery until the cataract grows large enough while the doctor sells stronger and stronger eyeglass lenses, bifocals, unnecessary astigmatism sections in the glasses, sunglasses... knowing that this practice will cause more vision impairment, increase, speed the growth, development of the cataract and prevent a natural reversal, cure of the cataract.

A sales pitch for laser eye cornea surgery is often done after the patient's eyesight is greatly impaired from being prescribed addictive, stronger and stronger eyeglass lenses, bifocals and astigmatism lenses. When the patient feels helpless, scared, they are pressured into agreeing to eye cornea laser surgery.

Laser cornea eye surgeons destroy the health, structure of the eyes cornea knowing it will lead to a variety of eye, vision impairments, sale of eyeglasses, more eye surgery. Many patients have experienced extreme, disabling vision problems, eye pain and blindness has occurred. Patients have committed suicide, explaining to their family they would rather die than live with the greatly impaired vision, pain and poor quality of life that the laser cornea eye surgery caused. See the FDA 'Cornea Surgery Side Effects Warning'. The law states that eye doctors do not have to tell their patients all the dangers, side effects of cornea eye surgeries. Laser surgery destroys the cornea's health, function and often results in more eye surgeries to correct the damage done by the first laser surgery. Even though the TV news stations and newspapers receive a lot of money for advertising Laser surgery they post reports on laser cornea eye surgery side effects. Blinding people is the cruelest, most heartless type of crime! Doctors are doing this!

An honest eye doctor prefers to get the patient to stop use of eyeglasses, will not prescribe strong eyeglasses, bifocals, tinted, UV blocking lenses, sunglasses, astigmatism sections, laser cornea eye



surgery. He/she teaches the patient how to reverse, prevent unclear vision, astigmatism, cataracts and other abnormal eye conditions.

Due to the truth about Natural Medicine being available to the modern public, interest in Natural Cures; Dr. Bates Better Eyesight Magazines, books, work has been recovered from individual owners, re-published and brought back to the public. Many HONEST Ophthalmologists, Optometrists are now learning, teaching the Bates Method and monitoring, recording their patients Natural Eyesight Improvement progress.

#### Dr. William H. Bates Life & The Bates Method History

Dr. Bates started his career as an orthodox ophthalmologist following the old, long time rules of the practice; prescribing eyeglasses...

During his practice, working with different patients, eye conditions, he realized that unclear close, distant vision, astigmatism and other conditions often cured itself, reversed back to clear vision, especially when his patients stopped wearing their eyeglasses and relaxed. He noticed that wearing glasses 'tensed' the eyes, eye muscles, lowered the vision, resulted in stronger and stronger eyeglass lens prescriptions being needed in order to see clear through the glasses. He began his own studies on the eye and its function. This led him to discover that many of the old ophthalmologist, optometry 'supposed facts' about the eye, lens and its function and cause of unclear vision... are incorrect. Dr. Bates began teaching his patients to avoid eyeglasses, stop wearing their glasses.

He taught them natural methods, including relaxation, correct use of the eyes, practice of normal, natural eye function to improve the vision. Dr. Bates cured his own eyesight, close vision, presbyopia. Distant vision also clear. He wrote an Article in his book, magazines describing how he did it with Memory, Imagination, Relaxation. 'He controlled, changed the focus of light rays in his eyes with his mind.'

Dr. Bates performed experiments on the eyes of animals, and observed the function of thousands of animal, patient's eyes under different conditions, situations, state of mind, body, thoughts and emotions. He used the retinoscope to see the refraction, focus of light rays in the eye under these various conditions. He proved that the refraction, clarity of vision changes often and when the eyes are left alone, eyeglasses avoided, the refraction, clarity returns to normal, clear vision. He proved that the state of the mind, thoughts change the refraction of the eye, clarity of vision. Example: when the mind, body is relaxed, positive, happy thoughts, emotions; the refraction is normal and vision is clear. When the mind, body is under stress, strain; the refraction is abnormal and vision is unclear. Dr. Bates discovered that the main cause of unclear vision and other eye problems is; Wearing Eyeglasses, Mental Strain, Mental, Visual Effort to See, Poor Vision Habits-incorrect use of the eyes; squinting, staring, not shifting-lack of normal, relaxed eye movements, lack of central-fixation, low memory, imagination... Perfect Sight occurs only with Perfect Relaxation (deep or active/dynamic relaxation - See Aldous Huxley's book: The Art of Seeing. Relaxation occurs first and then the eyesight becomes clear, but practicing normal, relaxed eye function will also induce relaxation of mind and eyes.

Dr. Bates experiments on the outer eye muscles proved that tension in these muscles (mainly caused by eyeglasses, stress, strain in the mind, incorrect use of the eyes) disrupts their function, the eyes movement, accommodation, convergence, un-accommodation, divergence, causes pressure, tension, pulling on/in the eye, alters the eyes shape, (and lens, retina...), disrupts refraction, focus of light rays in the eye, on the retina and the clarity of vision. Blood, oxygen, fluid, tear circulation, production, nerve function in the eyes is also impaired.

Mental strain, stress, strain in the mind, negative thoughts, emotions cause eye muscle tension. Neck muscle tension causes eye muscle tension and neck tension is caused by mental strain, negative thoughts, emotions, incorrect posture, injury: vertebrae out of alignment). Inner eye muscle tension; ciliary/lens, iris, tear gland muscle... also occurs.

When the mind is strained, tense, the brain and retina do not communicate, function together at optimum level, function of the retina is lowered.

Relaxing the mind, eyes, returning the eyes to normal movement, function relaxes the outer, inner eye muscles, returns the eyes, lens, retina... to normal shape with normal eye pressure, circulation for healthy eyes, clear vision.

Dr. Bates proved that MENTAL STRAIN causes unclear vision. RELAXATION of the mind produces clear vision. Dr. Bates used his retinoscope to show that the refraction/focus of light rays in the eye are disrupted resulting in unclear vision when a person lies. Lying causes a bit of mental strain. When the person tells the truth-no strain occurs, the refraction is perfect and vision clear. Many things can cause mental strain. Avoid eyeglasses, remove the stress, strain and vision returns to clear. Practice of Natural Eyesight Improvement can uncover old, forgotten stressful experiences, resulting in strong emotions, feelings being remembered, activated. Once the memory, feelings are acknowledged, released and new positive thoughts, emotions placed into the brain, system; often the vision immediately returns to normal 20/20 and clearer. No other practice is needed. The eyes relax, move, `shift'... correct on their own.

Dr. Bates published Medical Articles, Books describing his experiments on the eyes, eye muscles, the effect of memory on the eyes, vision and the effect of the clarity of vision on the memory: 1891 `A Study of Images Reflected from the Cornea, Iris, Lens, and Sclera' & `Memory as an Aid to Vision'. These Articles and others are placed in his 1920 book: The Cure of Imperfect Sight by Treatment without Glasses, Better Eyesight Magazine and his Medical Articles Book. Dr. Bates created Natural Treatments, Activities to cure; reverse, correct and prevent unclear vision and other eye conditions based on his discoveries. This became know as `The Bates Method'.

Dr. Bates Better Eyesight Magazines in their Original Antique Print from the 1900's, unedited, entire collection of 11 years, 132 Monthly Issues; July, 1919 to June, 1930, Vol. 1 and 2 are published in Paperback by Clark Night, David Kiesling Amazon Createspace.

Dr. Bates Books, Better Eyesight Magazines, Medical Articles and Emily C.A. Lierman/Bates book Stories From The Clinic were created by converting books from David Kiesling at [www.iblindness.org](http://www.iblindness.org); OCR scan to text and Photoshop. David found and assembled the first original Better Eyesight Magazine collection in PDF form. The Paperback version was then created by Clark Night.

The Author of Cleareysight Publishing Co. books is asking all readers of the Paperback, Kindle, E-Books to please place an Honest Book Review on Amazon.com. Videos are welcome. Copy the Author's YouTube videos to Amazon or create your own from the Paperback, Kindle. A business competitor, person that does not like Natural Eyesight Improvement Teachers has been placing bad reviews on many of my and other teachers books on Amazon.com. He has not read them, just uses the short 'look inside' feature on Amazon. All reviews are welcome; like or critical as long as they are honest; My new book; 'Ten Steps for Clear Eyesight Without Glasses-A Quick Course' was created due to a customer offering me book format advice, asking for a shorter, condensed version for the busy person.

(Also see; William H. Bates M.D. and Clark Night's Author's Pages for more videos of internal book pages.)

Mary I. Oliver (Clark Night- Pen Name)

# The Cure of Imperfect Sight by Treatment Without Glasses

By  
W. H. BATES, M.D.



Dr. William H. Bates  
Ophthalmologist M.D.  
Eye, Ear, Nose & Throat.  
Discovered the Principles  
of Eye Function-Natural  
Eyesight Improvement.

CENTRAL FIXATION PUBLISHING CO.  
210 MADISON AVENUE, NEW YORK CITY

Perfect Sight Without Glasses - Title 2nd Publishing of This Book  
Dr. Bates First, Original Book



# DO IT YOURSELF NATURAL EYESIGHT IMPROVEMENT

Original and Modern Bates Method

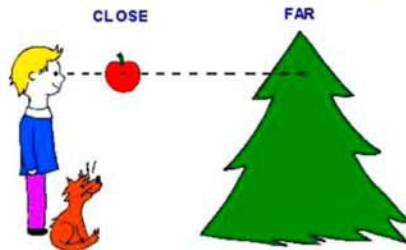


DELTA	
THETA	
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6 PURPLE	
5 BLUE	
4 GREEN	
3 YELLOW	
2 ORANGE	
1 RED BETA	

COLOR BREATHING RELAXATION CHART

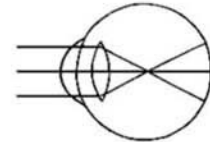
Practice Abdominal Breathing, Palming, Color Visualization, Deep Relaxation and Correct Vision Habits in the Alpha, Theta and Delta brain wave states with the Color Breathing Relaxation Chart to relax the mind, eyes, eye muscles, neck and body for clear eyesight. Notice that eyesight is clear when the mind, body, eyes are relaxed, in a positive state. See chapter 22-23.

Switch and shift on objects at close and far distances for 20/20 and clearer eyesight at all distances, close and far. See Chapters 11-13.



A percent of profits from the sale of this book is donated to the blind, visually impaired: Guide Dog Schools, free Natural Eyesight Improvement training.

This Book Teaches the Original and Modern Bates Method of Natural Eyesight Improvement Discovered by Ophthalmologist Dr. William Horatio Bates. The Clarity of Eyesight can be Improved to 20/20 and Clearer at All Distances.



NORMAL ROUND EYE SHAPE WITH CORRECT FOCUS OF LIGHT RAYS ON THE RETINA. EYESIGHT IS CLEAR.

The Bates Method of Natural Eyesight Improvement relaxes the mind, eye muscles, eyes, body, (entire visual system), returns the eye muscles, eyes to normal function, movement, coordination and activates, perfects; the normal function of the eyes: Saccadic Shifting Eye Movements, Central Fixation, Perfect Convergence, Accommodation: clear vision when looking at close distances, Un-Convergence (Divergence) Un-Accommodation: clear vision for far distances, Left and Right Brain Hemisphere Activation and Integration, Memory and Imagination, Positive Thinking, Emotions, Correct Posture, Neck, Shoulder Relaxation and all functions of the visual system.

Color treatment, Full Spectrum Sunlight, Physical Movement Activities, Acupressure Points, Physical Therapy, Improved Circulation to the head, brain, ears, eyes, eye muscles, retina, lens, cornea, Energy Strengthening-Circulation, EFT, Healthy Diet for Healthy Eyes and other natural activities are practiced. Learn how to permanently discontinue the use of eyeglasses.

Relaxation of the mind, body, neck, eye muscles, eyes, practicing, activating healthy correct vision habits (normal, relaxed eye function) and other natural treatments keeps the eye in normal shape with correct focus of light rays in the eye, on the retina for clear vision. Eye pressure returns to normal. Tension, strain is removed from the eyes. Health and function of the eyes, retina, lens, cornea, optic nerve, all parts of the eye returns to normal.

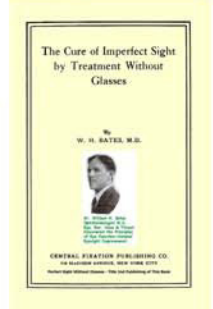
Saccadic shifting - perfect, relaxed eye movements, including tiny microscopic movements are re-activated resulting in clear eyesight (clearer than 20/20: 20/15, 20/10...) at all distances, close and far, day and night.

**Better Eyesight Magazine**

Published monthly 200 pages  
By subscription only  
Subscription price \$10.00 per year  
Single copy 50c  
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P.O. Box 1000, New York, N.Y.  
Published by Central Fixation Publishing Co., Inc.  
100 West 42nd Street, New York, N.Y.

**Better Eyesight**

Foreword  
Professional Fees  
Central Fixation  
A Teacher's Experience  
Also Other Cases Illustrated



Emily C. Lierman, Bates



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# Do It Yourself - NATURAL EYESIGHT IMPROVEMENT- Free Training, Books (www.Cleareyesight.info)

1 - NATURAL EYESIGHT IMPROVEMENT - BATES METHOD - Free 'Do It Yourself' Lessons for Clear Vision

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2 - Ophthalmologist William H. Bates Better Eyesight Magazine July 1919 - June 1930 Original Natural Vision Improvement

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BOOKS - Natural Eyesight Improvement Paperback, Kindle by Dr. Bates, Clark Night. Shop at Amazon.com

BOOKS - Used and New Low Cost Paperback, E-Books - Natural Eyesight Improvement. Natural Vision Improvement Courses: Home Study and in Person with Certified Bates Teachers, Teacher Kits, CD's, Courses, Books.

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[Videos - Free Natural Eyesight Improvement Training](#)

[New This Month - Free Mini Books](#)

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Dr. William H. Bates Ophthalmologist - M.D.

[Books-Natural Eyesight Improvement - Better Eyesight Magazine by Ophthalmologist William H. Bates](#)

[Janet Goodrich Method - Natural Vision Improvement Teacher - Training For Adults & Children Cambridge Institute for Better Vision - Natural Vision Improvement Teacher & Behavioral Optometry](#)

12 Natural Eyesight Improvement PDF E-Books with Eyecharts, Videos, Audio Training & Dr. Bates Better Eyesight Magazines. In Color, Printable. (All the books listed below in 12 E-Books) \$10.00. The 12 E-Books are Free with any Paperback, Kindle book purchase on this website, [Dr. Bates Amazon.com Authors Page](#), Barnes & Noble, our Affiliate Teachers... Money Back Guarantee. [Click Here](#) and the pictures below for Paperback, Kindle, PDF Books, Videos of internal book pages, Free Natural Eyesight Improvement Lessons.



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Ophthalmologist William H. Bates

## Do It Yourself - Natural Eyesight Improvement Original and Modern Bates Method

Improve the clarity of eyesight to 20/20 and clearer at all distances, close and far with; The Bates Method of Natural Eyesight Improvement discovered by Ophthalmologist William Horatio Bates.

This website is dedicated to Dr. Bates and written by a Bates Method Natural Eyesight Improvement Graduated Student and Self-Trained Bates Teacher that has kept her eyesight 20/20 and clearer for 35 years using the Bates Method - Original and Modern Natural Eyesight Improvement. The author teaches friends, family, the public how to obtain clear eyesight.

See Author's Certification, Drivers licenses-proof of clear eyesight; <http://cleareyesight.info/id60.html> <http://www.cleareyesight.info/id95.html>

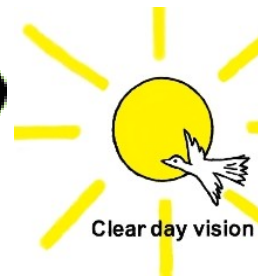


Emily C. Lierman Bates



Free Original and Modern Bates Method and other Bates derived Natural Eyesight Improvement lessons with diagrams for fast, easy learning, clear eyesight are posted on this website.

First lesson; See the cat. The eyes blink. Move 'Shift' the eyes, 'visual attention' part to part on a object & blink for clear eyesight. ([See navigation page 8.](#))



Read Ophthalmologist Bates 'True Life Story', discovery & practice of Natural Eyesight Improvement and his 'Battle with the Optical Industry, Eye Doctors, Surgeons' for the right to practice, teach and preserve Natural Eyesight Improvement for all people on his [Better Eyesight Magazine Page](#);



Bilberry, Lutein.  
Ming Mu Di Huang  
Wan Ancient  
Chinese Eye  
Formula for Healthy  
Eyes, Body, Clear  
Eyesight. Neck  
Muscle Relaxation.  
Health Books

3 - Bates Method,  
Teachers History -  
Web Sites, Books:  
Best Bates Method  
Natural Eyesight,  
Vision Improvement  
Information,  
Training.

Native American  
Videos

In The Works!  
Thank-You Bates  
Method Students

4 - MENTAL STRAIN,  
EYE MUSCLE  
TENSION CAUSES  
UNCLEAR  
EYESIGHT. Dangers  
of Laser Eye Cornea  
Surgery, Eyeglasses  
and Contact Lenses

5 - STRONG  
EYEGLASSES =  
VISION IMPAIRMENT  
VERSES REDUCED,  
WEAKER LENSES =  
VISION  
IMPROVEMENT

EYEGLASSES - Low  
Cost, Reduced  
20/40, Weaker  
Lenses by Mail &  
Behavioral  
Optometrists

Pinhole Eyeglasses

6 - HUMAN EYE

7 - EYE CHANGES  
LENGTH LIKE A  
CAMERA TO FOCUS  
CLOSE AND FAR

8 - DO IT  
YOURSELF -  
NATURAL  
EYESIGHT  
IMPROVEMENT;  
SHIFTING AND  
OTHER NATURAL,  
CORRECT EYE  
FUNCTIONS. THE  
NOSEFEATHER

9 - CENTRAL -  
FIXATION-See  
Clearest with the  
Center of the Visual  
Field

10 - CENTRAL -  
FIXATION STICK

11 - MEMORY AND  
IMAGINATION

12 - EIGHT  
CORRECT VISION  
HABITS-Practice  
Normal, Natural Eye,  
Visual System  
Function

13 - SWITCHING,  
SHIFTING CLOSE  
AND FAR-For Clear

Doctor Bates original books and 'Better Eyesight Magazine' are available for free download/printing on his Better Eyesight Magazine page. An Adobe E-Book version illustrated with 500 pictures and Photos of all Dr. Bates Original Magazine pages attached can be purchased.

DELTA	
THETA	
7 LIGHT PURPLE ALPHA	
6 PURPLE	
5 BLUE	
4 GREEN	
3 YELLOW	
2 ORANGE	
1 RED BETA	

COLOR BREATHING RELAXATION CHART

Practice Abdominal Breathing, Palming, Color Visualization, Deep Relaxation and Correct Vision Habits in the Alpha, Theta and Delta brain wave states with the Color Breathing Relaxation Chart to relax the mind, eyes, eye muscles, neck and body for clear eyesight. Notice that eyesight is clear when the mind, body, eyes are relaxed, in a positive state. See chapter 22-23.

Most Eye Doctors, Surgeons, Optical businesses hide the truth about Natural Eyesight Improvement. Eyeglasses, contact lenses are addictive, lead to stronger and stronger eyeglass lense prescriptions, increased blur, astigmatism, cataracts, macula degeneration, detached retina and other eye health, vision impairment. Laser and other cornea eye surgeries cause a variety of vision impairments and many people have developed blindness after the surgery.

Natural Eyesight Improvement Teachers Must Give Free Training. Honest teachers will charge a decent price. Choose a teacher carefully. Dishonest Teachers hide, withhold training until a high price is paid. They are secretive about their sources and hide Ophthalmologist Bates Books, Better Eyesight Magazines, Medical Articles; the true source of Natural Eyesight Improvement. There are hundreds of schools, websites, advertising Natural Eyesight, Vision Improvement for about \$40.00 to \$500.00+ and up to \$7000.00 to be Trained, Certified as a Natural Vision Improvement Teacher. Very few provide free, complete, genuine training. A teacher on the east coast of the U.S. in Massachusetts raised her price for my Teacher Training, Certification to \$5500.00 stating it may go higher when she realized who I was, that I

teach for free, place everything I learn about Natural Eyesight Improvement on this website and in books. A few Graduated Teachers have told me their Teacher Training School content was basically the same as the Student Course.

I understand that teachers must charge a fee to exist as a teacher, pay their bills for housing... but some teachers are becoming as greedy as the Optical, Medical, Drug Industry. There are teachers that have organized together and are trying to raise the price to be trained as a Bates Method Natural Vision Improvement Teacher to \$10,000.00 and up and may be trying to pass laws preventing students, the public from being teachers unless they pay this price. If that law passes, the price will be raised again. This is exactly like the corruption that exists in the Medical Profession, Drug Industry. Colleges are corrupt, charging thousands of dollars to be a Doctor, Optician, Optometrist, Ophthalmologist... Only the wealthy can go to college.

It is legal for a mother to teach a child to walk, read, learn.

Teaching the Bates Method is a human right.

A person that has clear eyesight, successful Bates Method Natural Eyesight Improvement experience can teach other people to obtain clear eyesight. Dr. Bates describes in his books, magazines how many patients, (including children) cured of unclear vision teach others to see clear. Read the 'True Story of the Two Little Girls that Restored a Blind Mans Eyesight' in the Oct. 1925 Magazine Issue.

Many people that have never been taught the Bates Method begin to use it naturally, an automatic eye/brain function (especially when eyeglasses are avoided) and their eyesight improves because; 'it is the normal, natural function of the eyes.'

Sailors have used it to navigate on the ocean for hundreds of years.

People with clear Eyesight use it all the time.

Clear Eyesight is the Birthright of All People.

Clear Eyesight Improves the Quality of Life.

The search bar on the bottom of this page is for searching this website for specific vision improvement information. Example; Type in the word 'Nearsight or Myopia' to find natural treatments for unclear distant vision. If the answer is not on the website; do word search in the Adobe Reader PDF E-books.

Most pictures on this website are drawn by the author. The pictures prove that Natural Eyesight Improvement works! The author is 54 years old and has clear close and distant vision (no eyeglasses). Pictures are drawn by hand, with the eyes 5+ feet away and up to 3,2,1 feet, 10 inches, 6 to 1 inches from the eyes seeing the fine details of pictures clear on paper. Author, Clark Night was cured of unclear close vision (presbyopia) at age 40 and distant vision improved to clearer than 20/20 in San Francisco, California by Thomas Quackenbush, one of the most skilled Bates Natural Vision Improvement Teachers, author of the book Relearning to See, Improve Your Eyesight Naturally (<http://www.naturalvisioncenter.com/>) and the teacher that preserved and brought Dr. Bates 'Better Eyesight Magazine' to the modern public. Before this time the magazines were destroyed and hidden from the public. Other Modern Natural Vision Improvement teachers before him did not provide their students with access to Better Eyesight Magazine. Better Eyesight Magazine is the original source of the Bates Method, and true Natural Vision Improvement.

The print size for this website is small/medium to enable people with unclear eyesight to see it. The Bates Method teaches that small and fine print is easier to read, relaxes the mind, eyes, improves central fixation and the clarity of eyesight at close and far distances. Change the print to smaller or larger size using the settings on the Internet server tool bar.

Text is in a variety of colors. Color improves the function of the brain with the eyes.

For people that are too busy to read this entire website; navigation page - chapter 12 describes the Eight Correct Vision Habits. These are the basic Bates Method activities that produce clear eyesight. Practice them in a relaxed, easy manner. Correct, Relaxed, Vision Habits are the normal function of the eyes. Practicing Correct Vision Habits 'Shifting, Central-Fixation'... is the act of imitating normal eye, brain (visual System) function that occurs when eyesight is clear. This 'practice' will gently coax the eyes, brain back to correct, normal function. After practice of Correct Vision Habits, the eyes, brain, eye muscles, entire visual system will activate correct vision habits, automatically, subconsciously (without the person thinking about it, without practicing) resulting in clear vision.

Natural Eyesight Improvement, Correct Vision Habits and other activities on this



**Eyesight at All Distances**

14 - SWITCH CLOSE MIDDLE, FAR ON THE THREE PENS. THE BEAD STRING

WARNING - Avoid Artificial 3-D Image Fusion Repetitive Eye Exercises

15 - EYECHARTS TO TEST AND IMPROVE CLOSE AND DISTANT EYESIGHT

16 - Eyechart Diagrams from Dr. Bates Medical Articles

17 - THE FIGURE EIGHT (Infinity Swing) Left and Right Brain Hemisphere Activation, Integration

18 - THE ROCK, LONG SWING AND OTHER MOVEMENT, RELAXATION ACTIVITIES FOR CLEAR EYESIGHT

19 - THE ILLUSION OF OPPOSITIONAL MOVEMENT-The Swing'

20 - SUNLIGHT - SUNNING - SACCADIC SUNNING

21 - SACCADIC SUNNING WITH TREE, FENCE, NOSEFEATHER, SWING, ROCKING CHAIR, OPPOSITIONAL MOVEMENT

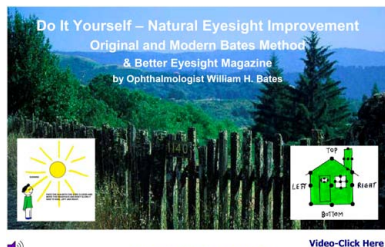
22 - DR. BATES SUNLIGHT TREATMENTS, DIAGRAMS - As described in Better Eyesight Magazines

23 - SUNLIGHT, LIGHT ENERGY TRAVELS INTO THE EYES, BRAIN, BODY, CHAKRAS

24 - RELAXATION METHODS - PALMING, COLOR VISUALIZATION, BREATHING, RELAXATION, ENERGY CIRCULATION CHART

25 - COLOR, COLORED LIGHT TREATMENT

26 - CLEAR EYESIGHT AT CLOSE DISTANCES - READ IN FULL SPECTRUM SUNLIGHT, FINE PRINT HEALTHY



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 4 - Causes of Vision Impairment, Caused by: Laser Cornea Eye Surgery, Eye Glasses, Contact Lenses ... 25  
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website are derived from Ophthalmologist Bates 'Better Eyesight Magazine', (11 years of 132 monthly magazines) books & Original, Modern Bates Teachers training, classes.

Click the Pictures for Free Natural Eyesight Improvement Video Lessons. All 67 YouTube Videos are created with the E-books; Videos show the internal Paperback, Kindle & PDF E-book chapters, pages for; Do It Yourself-Natural Eyesight Improvement-Original and Modern Bates Method and other books. Every book provides Training for Clear Eyesight.

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<http://www.facebook.com/profile.php?id=1270180867&ref=profile> - Videos Comedy, Music... on Facebook. Public Forum-Share Natural Vision Improvement Experiences, News, Links to the Best Forums

Audio-Introduction

**12 E-Books, Adobe PDF; Natural Eyesight Improvement Training \$10.00  
 Do It Yourself-Natural Eyesight Improvement-Original and Modern Bates Method  
 & Better Eyesight Magazine by Ophthalmologist William H. Bates**

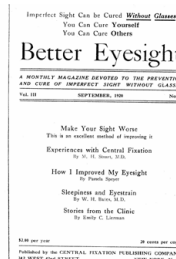
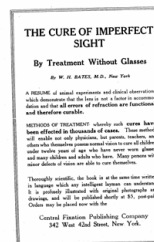


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- + [Do It Yourself-Natural Eyesight Improvement-Original & Modern Bates Method Training Book](#) with 100+ Color Pictures, Less reading: Easy to learn steps-Read the short directions on the pictures to quickly learn, apply a treatment, activity for Fast Vision Improvement. (All of Dr. Bates, Clark Night's Kindle, PDF & Paperback books are in this Book.)
- + [Better Eyesight Magazine by Ophthalmologist William H. Bates](#) - (Unedited, Full Set - 132 Magazine Issues - July, 1919 to June, 1930.) Illustrated with 500 Pictures and additional, up to date Modern Natural Eyesight Improvement Training.
- + [Original Better Eyesight Magazine by Ophthalmologist William H. Bates](#) - Photo copy of all his Original Antique Magazine Pages in the 1900's Print. (Unedited, Full Set - 132 Magazine Issues - July, 1919 to June, 1930.) A History Book. Learn Natural Eyesight Improvement Treatments directly from the Original Eye Doctor that discovered and practiced this effective, safe, natural method! Magazines & Method Hidden from the public by eye surgeons, optometrists, optical businesses for over 100 years because this method works and frees the patient from the need to purchase eyeglasses, drugs, unnecessary eye surgery. Yes, it can and has reversed cataracts and other conditions!
- + [The Cure of Imperfect Sight by Treatment Without Glasses by Dr. Bates](#) (Photo Copy of the Original Antique Book Pages) with pictures. Dr. Bates First, Original Book. Text version also included. 2nd Printing Title: Perfect Sight Without Glasses.
- + [Medical Articles by Dr. Bates](#) - with Pictures.
- + [Stories From The Clinic by Emily C. A. Lierman/Bates](#). (Dr. Bates Clinic Assistant, Wife.)
- + [Use Your Own Eyes by Dr. William B. MacCracken M.D.](#) (Trained with Dr. Bates.)
- + [Normal Sight Without Glasses by Dr. William B. MacCracken M.D.](#)
- + [Strengthening The Eyes by Bernarr MacFadden](#) - with Pictures and Modern Training. (Trained with Dr. Bates. One of the First Physical Fitness Teachers.)
- + [EFT Training Booklet](#) - with Acupressure, Energy balance, strengthening, Positive Emotions. Easy step by step directions with pictures.
- + [Seeing, Reading Fine Print Clear, Clear Close Vision](#) (Presbyopia Treatments) with Videos.
- + [Eight Correct, Relaxed Vision Habits-10 steps for Clear Eyesight Without Glasses- A Quick Course.](#)
- + [Astigmatism Removal Treatments](#) - Natural Eyesight Improvement with Astigmatism Swings, Eyecharts and Videos.
- + [Eyecharts Booklet](#) with Natural Eyesight Improvement Basic Training.
- + [Eyecharts](#) - 15 Large, Small and Fine Print Big C, E Charts for Close and Distant Vision, White and Black Letter Charts, Tumbling E Chart, Astigmatism Test and Removal Charts. Eyechart Video Lessons.
- + [Audio Lessons in Every Chapter](#)
- + [Video Links in Training Chapters](#) - Learn a Treatment, Activity Quick and Easy.
- + [Videos Page:](#) Links to 35+ Natural Eyesight Improvement Training Videos: YouTube and on the Author's Website. Download Videos to DVD with Real Player SP, Convert for Television. Watch YouTube Videos on Cable TV.

Book contains 1686 pages. 650+ Color Pictures. No security: print, bind your own books.





FOR THE EYES -  
Clear Reading  
Vision

Clear Close Vision -  
Reading, Seeing  
Fine Print Clear -  
Natural Presbyopia  
Treatment Book

27 - CORRECT  
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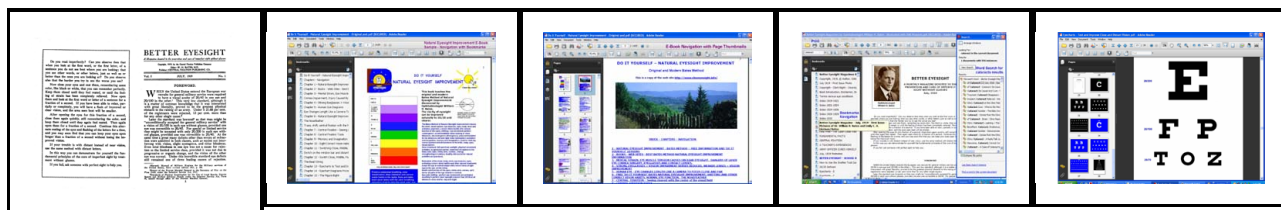
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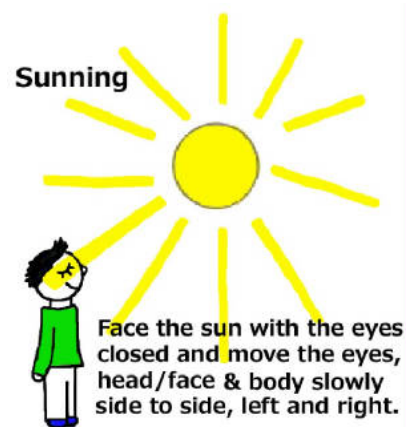
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**January 1920** - The Palming Cure - The Variability of the Refraction of the Eye - How Long Will It Take? - Relief After Twenty-Five Years - Facts Versus Theories

**February 1920** -Halos - New Eyes For Old - Stories From The Clinic - 1. Joey and Patsy - Seeking a Myopia Cure - Mental Effects of Central Fixation (All Stories From The Clinic are by Emily C. Lierman. Later, after marriage to Dr. Bates: Emily A. Bates)

**March 1920** - Influenza - A Quick Cure - Progressive Myopia Relieved - Stories From The Clinic - 2. A Case of Cataract - How I Was Cured - After Glasses Failed

**April 1920** - Rest - How I Helped Others - Stories From The Clinic - 3. Retinitis Pigmentosa - Perfect Sight Without Glasses - "Better Eyesight" Appreciated - Snellen Test Cards

**May 1920** - Fine Print a Benefit to the Eye - My Headaches - The Story of Sylvia

**June 1920** - Sun-Gazing - A Lesson From the Greeks - Saved From Blindness - Stories From The Clinic - 4. Three of a Kind - A Case of Cataract

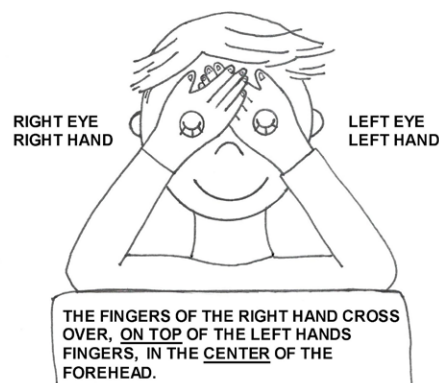
**July 1920** - See Things Moving - The Mission of "Better Eyesight" - Stories From The Clinic - 5. The Jewish Woman - What Glasses Do to Us

**August 1920 - School Number-** The Cure of Imperfect Sight in School Children - Save the Children's' Eyes - Imperfect Sight Contagious - School Children at the Clinic: Stories From The Clinic - 6. The School Children - The Snellen Test Card in Newton

**September 1920** - Make Your Sight Worse - Experiences with Central Fixation - How I Improved

**PALMING**

TO COVER THE CLOSED EYES WITH THE PALMS OF THE HANDS WHILE RELAXING AND THINKING SOMETHING PLEASANT.



THIS PICTURE SHOWS THE LEFT AND RIGHT HANDS/EYES OF A PERSON FACING THE READER. TO SEE HOW THE READERS HANDS ARE PLACED; VIEW THIS PICTURE IN A MIRROR OR PLACE THE PICTURE OUTWARD ON THE CHEST AND LOOK DOWN AT THE PICTURE FOR A SECOND.

PALMING RELAXES THE MIND, BODY, NECK, EYE MUSCLES, EYES, AND WHEN COMBINED WITH SUNNING IMPROVES THE EYES,RETINA, BRAIN AND BODY'S ACTIVATION/REACTION TO SUNLIGHT AND ABSORPTION, USE OF SUNLIGHT. THIS IMPROVES FUNCTION, HEALTH OF EYES, BRAIN, BODY.

BIRD IS SEEN CLEAR BY  
PLACING IT IN THE CENTER  
OF THE VISUAL FIELD



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Sept., 1923

Better Eyesight Magazine -  
Oct., 1923

Better Eyesight Magazine -

My Eyesight - Sleepiness and Eyestrain - Stories From

The Clinic: - 7. The Woman with Asthma - Questions and Answers

**October 1920** - Go to the Movies - The Problem of Imperfect Sight - Stories

From The Clinic: - 8. Atrophy of the Optic Nerve - How I Learned to See -  
Questions and Answers

**November 1920 - Squint Number-** (Squint=Strabismus, Crossed, Wandering  
Eyes) - Make Your Squint Worse - Squint and Amblyopia: Their Cure - How I  
Cured My Child of Squint - Stories From The Clinic: - 9. Three Cases of  
Squint - Questions and Answers

**December 1920 - Glaucoma Number** - Voluntary Production of Eye Tension,  
A Safeguard Against Glaucoma - Glaucoma: Its Cause and Cure - Getting  
Cured of Glaucoma - Stories From The Clinic - 10. Absolute Glaucoma

### Year 1921

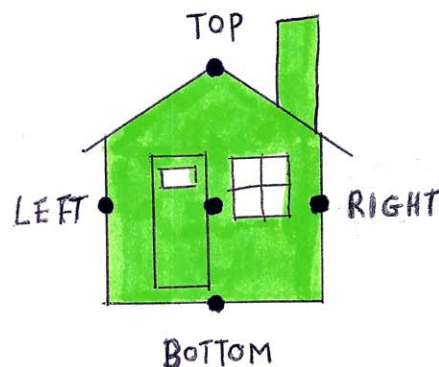
**January 1921 - Cataract Number** - The  
Treatment of Cataract - Cataract: Its Cause  
And Cure - Traumatic Cataract Disappears -  
Incipient Cataract Relieved - Stories From  
The Clinic - 11. Cataract at the Clinic. A  
case of Cataract

**February 1921- Pain Number-** Prevention  
and Control of Pain by the Mind - Pain: Its  
Cause and Cure - Relief of Tic Douloureux -  
Stories From The Clinic -12. The Relief of  
Pain at the Clinic - Backache Cured by  
Central Fixation

**March 1921 - Blindness Number** - How to  
Obtain Perception of Light in Blindness -  
Blindness: Its Cause and Cure - Relief of  
Retinal Detachment - Stories From The  
Clinic: 13. The Relief of Blindness

**April 1921 - Presbyopia Number** -  
Methods That Have Succeeded in  
Presbyopia - Presbyopia: It's Cause and  
Cure - How I Was Cured of Presbyopia -  
Presbyopia at the Clinic: Stories From The  
Clinic: 14. Three Cases of Presbyopia -  
Questions and Answers

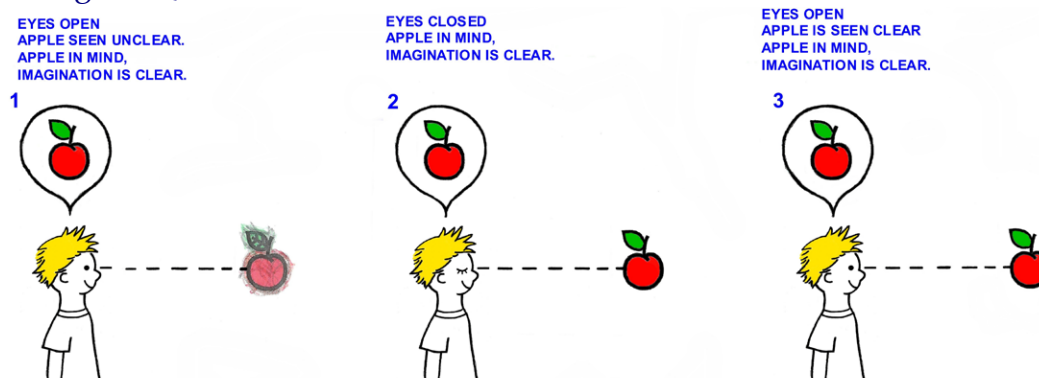
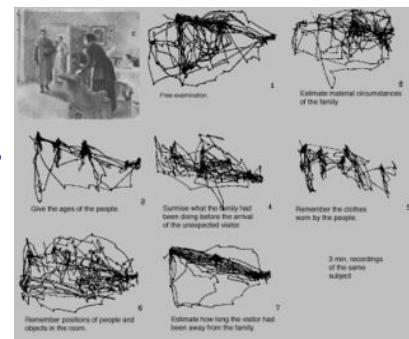
**May 1921 - Imagination Number** - How to Improve the Sight by Means of  
the Imagination - Imagination Essential





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Year 1926 - Better Eyesight Magazine - Jan., 1926
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to Sight - Stories From The Clinic: 15. Imagination Relieves Pain - Imagination in Retinitis Pigmentosa - Questions and Answers  
**June 1921 - Fundamentals of Treatment** - How to Demonstrate the Fundamental Principle of Treatment - Fundamentals of Treatment - Closing The Eyes, Palming, Central Fixation, Shifting and Swinging, Memory, Imagination, Flashing, Reading Familiar Letters - Stories From The Clinic: 16. Methods That Have Succeeded - My Methods with School Children - Questions and Answers  
**July 1921 - Stop Concentrating** - How Not To Concentrate - The Vice of Concentration - Stories From The Clinic: 17. Some Results of Concentration - Questions and Answers  
**August 1921 - School Number** - Children May Improve Their Sight by Consciously Doing the Wrong Thing - Sight - Saving in the School-Room - My Experience in Treating Myopia - School Children at the Clinic: Stories From The Clinic: 18. The School Children Again - Better Eyesight in North Bergen - Questions and Answers

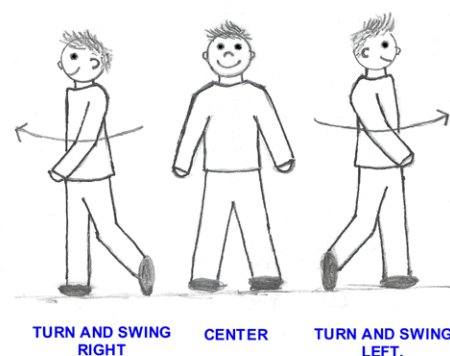


**September 1921** - How to Improve the Sight by Means of the Imagination: No. 2 - The Freckle-Faced Boy - Optimisms and Pessimisms Possible Explanation - Stories From The Clinic: 19. A Trio of Difficult Cases - Questions and Answers

**October 1921** - How to Obtain Mental Pictures - Mental Pictures an Aid to Vision - An Artists Experience with Central - Fixation - Stories From The Clinic: 20. St. Vitus' Dance and Myopia - Let Your Eyes Alone - Questions and Answers

**November 1921** - The Sense of Touch An Aid to Vision - The First Visit - Rest Improves The Vision, Palming, Staring, - Shifting and Swinging, Memory and Imagination, Snellen Test Card, Fine Print, See Things Moving - Stories From The Clinic: 21. More cases of Squint - Questions and Answers

**THE LONG SWING**



**December 1921** - Think Right - The Correction of Imperfect Sight Without Glasses - Mental Control in Relation to Vision - Stories From The Clinic: 22. Christmas at the Clinic - Questions and Answers

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**January 1922** - Stop Staring - Be Comfortable - My Experience with Central

Better Eyesight Magazine - Mar., 1926
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Fixation - Stories From The Clinic: 23. Congenital Blindness Relieved - After Thirty Years - Questions and Answers

**February 1922** - Test Your Imagination! - Stories From The Clinic: 24. Sixteen School Girls - Enter the First Fifteen, Mary and Muriel, Is It A Crime To Help These Children? As Are The Eyes, So Is The Girl - Reading Without Glasses - Hypnosis, Electricity, Neurology And Back To Dr. Bates!- Stumbling On The Truth. There Should Be A Better Eyesight League! - Questions and Answers

**March 1922** - See Things Moving - The Long Swing, The Short Swing, The Universal Swing - Ready For The Better Eyesight League! - Some Letters Of Approval, Pioneers in a Great Cause - The Truth About Fatigue - Running Oneself Into The Ground, A Demonstration With A Period, Prevention, Not Relief For Fatigue - Stories From The Clinic: 25. What Palming Did For A Blind Man (Pop, The Blind Barber Improves His Eyesight) - A Faith The Will Not be Denied, Calisthenics At Seventy-Four, But The Treatment Goes On - News Notes of Better Eyesight - Doctors are needed all over the world to cure people without glasses - Snellen Test Cards

**April 1922** - Improve Your Sight - The League is Formed - How We See - Physical Structure of The Eye, The Potency Of The Imagination, The Illusion OF Perfect Sight - Stories From The Clinic: 26. Operations at the Clinic Smiles As For A Party - To a Patient - Monthly Meeting

**May 1922** - Relaxation From Fine Print - Stories From The Clinic: 27. Some Colored Patients at the Clinic - Sadness Brings Its Strain, A Tragedy Of The Past, Strain And Behavior - The Optical Swing - Literal Concentration Impossible, The Universal Swing, The Swing And Memory, Practice Brings Cure - Notes of the League - Questions and Answers

**June 1922** - Discard Your Glasses - The League for Better Eyesight - Some Animals' Eyes - Turtles, Bears, Monkeys, - Wolves, Leopards, Other Animals, and Fish - Stories From The Clinic: 28. The Party - The Frolic Of The Thirteen - Questions and Answers

**July 1922** - "PAGE TWO" - The Story of Violet - Glasses Off, Better Vision Quickly, Real Practice, Higher Mental - Efficiency - Editorials - The Meaning of a Leaguer - Stories From The Clinic: 29. How Children Have Helped Their Parents - The Mother Next, Anna's Mother

**August 1922** - **Special School Number** - School Children's Eyes - College Men Fitted for Army - Paul Gets Into The - Marines, The Twins Qualify For Service, Henry's Cure Was Permanent - Stories From The Clinic: 30. Many School Children are Helped at the Clinic - Bertha Was Soon Made Happy, Jennie Turns Doctor - Editorials - Work of League Producing Results - Questions and Answers

**September 1922**- Comparisons - An Educator Offers Proof - High Spot Normal Eye Health Crusade a Successful - Three Year's Experiment, Eye Strain, Myopia and Other Errors of Refraction - Regular Monthly Meeting - Three Things Which Will Produce Better Eyesight - Stationary Objects Should Seem To Move, Snellen Card And Fine Print, Glasses Keep Up The Eyestrain, Palming - Stories From The Clinic: 31. The Sun Treatment Cured This Colored Girl - Eye Trouble Often Due Merely To Foreign Substances

**October 1922**- Practicing - The Minister - Professional vs. Common Sense, Effect Of Painful Memories - Stories - From The Clinic - 32. Iritis - A Colored Mammy - Better Eyesight Editorial - "The Cure of Imperfect Eyesight" Reviewed - Revolutionizes Ophthalmology, Strain Is Responsible, Milestone In Bibliography - Questions and Answers

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Better Eyesight Magazine - Mar., 1930
Better Eyesight Magazine - Apr., 1930
Better Eyesight Magazine - May, 1930
Better Eyesight Magazine - June, 1930 - Final Magazine Issue
The Cure Of Imperfect Sight By Treatment Without Glasses by Ophthalmologist William H. Bates
Stories From The Clinic by Emily C. A. Lierman, Bates

[November 1922](#) - The Variable Swing - Marian - Stories From The Clinic: 33. Three Cases - The Better Eyesight - League - Questions and Answers  
[December 1922](#) - The Easy Shift - Some Criticisms From a Patient - Stories From The Clinic: 34. Christmas at the - Clinic - A Personal Experience - The Better Eyesight League - Questions and Answers

## 1923

[January 1923](#) - Breathing - Astigmatism - Stories From The Clinic: 35. Staring is Bad - A Relief of Whooping Cough - Minutes Of The Better Eyesight League Meeting On December 12th

[February 1923](#) - The Optimum Swing - Eye Strain When Sleeping - Stories From The Clinic; 36. Unusual Cases - The - Better Eyesight League - Meeting at East Orange, N.J.

[March 1923](#) - The Memory Swing - Rest - Stories From The Clinic: 37. Progressive Myopia - A New Outlook - Crumbs - For Bores - Minutes of the Better Eyesight League

[April 1923](#) - Watch Your Step - An Opportunity for Teachers - Stories From The Clinic: 38. Criminals - Dr. Bates' - Lecture - Parents' and Teachers' Page - Minutes of the Better Eyesight League - The Question Mark

[May 1923](#) - Teach Others - The Story of Barbour - Stories From The Clinic: 39. A Case of Divergent Squint - Teachers Question Dr. Bates - Special Speaker for May Meeting - How My Eyestrain was Relieved - Parents' and Teachers' Page -The League's New Home - Minutes of The Better Eyesight League - Germany Paves Way for Perfect Sight in Next Generation - The Question Mark - Have You a Bible - Snellen Test Cards Advertisement

[June 1923](#) - Try Dancing - Common Sense - Stories From The Clinic: 40. Palming - June Meeting of the League - A Book Patient's Experience - "A Chain Is Only as Strong as Its Weakest Link" - Parents' and Teachers' Page - Minutes of The Better Eyesight League - Eyes But They See Not - The Question Mark - Use your Eyes Not Your Glasses

[July 1923](#) - The Short Swing - Henry - Stories From The Clinic: 41. Sarah - My Eyeglasses Poem - My Eyeglasses - An Encouraging Letter - An Enjoyable Vacation - Announcements-Better Eyesight League - Microscopic Print -The Question Mark

[August 1923](#) -The Snellen Test Card - Hypermetropia in School Children - Fine Print Pamphlet - Stories From The Clinic: 42. Sarah (continued from July) - What the Silver Jubilee Omitted - A Game to Cure Stage Fright - Announcements - Important - Minutes of the Better Eyesight League - The Question Mark

[September 1923](#) - Aids to Swinging - Dodge It - Central Fixation - Blinking - Stories From The Clinic; 43. Cured in one Visit - Cataract Cure - What is the Monetary Value of Your Eyes - A Talk to the League - Announcements - Minutes of the Better Eyesight League - The Question Mark

[October 1923](#) - Multiple Vision - Failures - Stories From The Clinic: 44. The Story of Lillian - New Uses for Relaxation - Minutes of the Better Eyesight League - The Post Office Incident - The Question Mark

[November 1923](#) - The Book Perfect Sight Without Glasses - The Treatment of Myopia - No Glasses, Palming, Blinking, Swinging, Memory, Imagination, Prevention - Stories From The Clinic: 45. The Story of Rose - Seeing Without Glasses - A Doctor's Story - Minutes of the Better Eyesight League - Of Special



## Interest - The Question Mark

**December 1923** - One Thing - Central Fixation, Swinging, Imagination - The Cadet - Stories From The Clinic: 46. Our Last Christmas at Harlem Hospital - Discarding Glasses at 60 - The League of Orange, New Jersey - The Passing of My Glasses - Unseeing Eyes - The Use of the Burning Glass (Sunglass, Use with Safety, Correct; See Original and Modern Directions, For Application by a Bates Method Ophthalmologist Only) - Announcements - Change of Address, Reprints.... - The Question Mark - Advertisements: Snellen Card, Children's Cards, Better Eyesight Back Numbers, Fine Print IS Beneficial!!!

**1924**

**January 1924** - Questions - The Optical Swing - The Short Swing, The Universal Swing, The Memory Swing, The Variable Swing, The Long Swing, The Drifting Swing, Failures - Stories From The Clinic; 47. My Young Assistant - Some Clinic Cases - Report of the League Meeting - Get a Good Start With Some New Resolutions - A Glaucoma Case - The Question Mark - Other Publications - Throw Away Your Glasses And See With Your Eyes

**February 1924** - The Trinity - Fairy Stories - The Black Fairy, The White Fairy - Stories From The Clinic; 48. The Blind Girl - "How Joe Cook Learned to Shift" - The Use of Eyesight in a Printing Plant - Report of the League Meeting - The Question Mark - Announcement - Reduction of Microscopic Bible

**March 1924** - Mental Pictures - Illusions of Normal Sight - Central Fixation, Swinging, Halos, Blinking and Resting The Eyes - Stories From The Clinic: 49. The Blind Girl (continued from Feb. 1924) - Preventing Imperfect Sight in School Children - Selected Essays On Palming By School Children - Minutes of the January Meeting - Next Meeting of the League - Announcement

**April 1924** - Distance of the Snellen Test Card - Concentration - Stories From The Clinic: 50. The Blind Girl (continued from Mar. 1924) - Nancy's Mental Pictures - Report of the League Meeting - Bates Evening At the Psychology Club - The Tin Soldier - In the Office - Questions and Answers

**May 1924** - Time to Practice - Conical Cornea - Stories From The Clinic: 51. Pop (The Blind Barber) - The Mind's Eye - Lecture to the Psychology Club - Announcement - Report of the League Meetings - Fine Print - The De Graff Fund for The Prevention of Myopia in School Children - Questions and Answers - Catalogue of Other Publications

**June 1924** - Blinking - Blindness - Stories From The Clinic: 52. A Blind Boy - Sinbad the Sailor (Movement, Oppositional Movement, Swinging., Sinbad Acquires Clear Vision.) - The Black Fairies - Help Others - Kindergarten Children Benefited - An Instructive Reprint - At the Movies - Questions and Answers

**July 1924** - Curable Cases - Practical Suggestions - Stories From The Clinic: 53. Shock Causes Blindness - Nervous Symptoms Relieved - Notes From Patients - From A Patient Who Likes To Drift, From A Book Reader, A Teacher - November Numbers Desired - Report of the League Meetings - Questions and Answers - Perfect Sight; If You Learn The Fundamental Principles...

**August 1924** - **School Number** - The Prevention of Myopia - School Children - Stories From The Clinic: 54. School Number - Palming Compositions - Report of the League Meetings - The Fairy Convention - The Eye Class in Erasmus Hall - Reminders for Summer Eye Practice - Aim to Cure One Child

**September 1924** - Permanent Improvement - Quick Cures - Stories From The

Clinic: 55. A Hospital Patient - A Personal Experience - The Fairy School - The Better Eyesight League - Chief Four Eyes - Questions and Answers [October 1924](#) - The Rabbit's Throat - Imagination Cures - Stories From The Clinic: 56. School Children - The Method in England - The Magic Carpet - Bates Method a Success in Schools - 1923 Records, Curative Results And Records, 1924 - Report of the September Meeting - Questions and Answers [November 1924](#) - **Myopia Number**- Eye-Strain During Sleep - The Cure of Myopia - Stories From The Clinic: 57. Cases of Myopia - Thanksgiving Fairies - El Uso Natural de La Vision (The Natural Use of Vision) - The Acrobatic "F" - Fine Print - Report of the October Meeting - Questions and Answers [December 1924](#)- Suggestions - 1. Imagine things are moving all the time, 2. Blink often, 3. Read the Snellen Test Card at fifteen feet as well as you can, every night and morning, 4. Fine Print, 5. Palming - Palming - Stories From The Clinic: 58. Christmas - Nervousness - Eye Education - Myopia, Exophthalmic Goitre, Squint, Headaches - Christmas Fairies - Tension - Report of the November Meeting - Supplement To October Report - Questions and Answers

## 1925

[January 1925](#)- Sun-Gazing - Mental Strain: Myopia or Near-sightedness, Hypermetropia or Far-sightedness, Presbyopia, Astigmatism - Stories From The Clinic: 59. Mental Strain - A Teacher's Experiment - Suggestions to Patients - New Year Fairies - Report of the League Meeting - Announcement - Questions and Answers

[February 1925](#) - **Cataract Number** - The Baby Swing - Cataract - Stories From The Clinic: 60. Two Cases of Cataract - Strain - Clinic Reports From London: A Man Blind in One Eye for Many Years, Blind for Five Years, A Man Who Has Worn Glasses For 60 Years - The Elephant and the Fairies - Report of the League Meeting - Helpful Hints From Correspondents - Questions and Answers

[March 1925](#) - The Elliptical Swing - Limits of Vision - Field, Night Blindness, Day Blindness, Color Blindness, Size, Treatment, Halos - Stories From The Clinic: 61. Two Blind Girls - Rosalie, Eleanor - The Sun as a Cure For Imperfect Sight - Report of the League Meeting - Suggestions to Patients - Announcement - The Two Princes - Read Fine Print - Questions and Answers

[April 1925](#) - Floating Specks - Quick Cures - Stories From The Clinic: 62. Quick Cures - Hungry Fairies - Concentration and Relaxation - Announcements - Vivisection Contra-Indicated - Questions and Answers

[May 1925](#) - Fundamentals (1-9) - Mental Pictures - Stories From The Clinic: 63. Mental Pictures - Announcements - May Fairies - Glasses Retard Progress - Report of the League Meeting - Questions and Answers - Perfect Sight- Learn the Fundamental Principles of Perfect Sight, Demonstrate that strain, the stare lowers the vision

[June 1925](#) - Alternate - Old Age Sight - Stories From The Clinic: 64. Albert - The Sand Man - Report of the League Meeting - An Unfair Test - Announcements: Natural Vision Improvement Teachers - Suggestions to Patients: 1-9 Steps for Clear Vision - A Case Report - Questions and Answers

[July 1925](#)- Swaying - Astigmatism - Stories From The Clinic: 65. Cataract - Palming - The Dream King - Announcements - Suggestions to Patients: The Use Of The Snellen Test Card by Emily C. Lierman (8 Steps) - Dark Glasses -



## Questions and Answers

**August 1925** - **School Number** - Fear - School Children - Stories From The Clinic: 66. School Children - Musical Appreciation - The Magic Frog - Six Years of the Bates Method - Conclusions - Bates Method Popular with Teachers

**September 1925**- Optimism - Iritis - Stories From The Clinic: 67. Iritis - The Congo Tree - A Handy Pocket Sized Test Card - The Effectiveness of Relaxation (Stammering, Stuttering...) - The Story of John - Questions and Answers

**October 1925** - Read Fine Print - Some Truths: Distance, Illumination, Environment, Strain During Sleep, Eye Shades, The Black Bandage, Summary - Stories From The Clinic: 68. How Others Help - The Movie Mind - Better Eyesight League Notice - The Blind Man-Two Little Girls - Soon to be Published - The Bat - Attention: Medical Articles

**November 1925** - Moving - Central Fixation - Stories From The Clinic; 69. Aunt Mary - Sonny - The Light Treatment - Announcement - Questions and Answers

**December 1925** - Dizziness - Shifting - Stories From The Clinic: 70. Christmas at the Clinic - The Christmas Fairies - An Optometrist's Experience; A Case of Chronic Headache, Cured in One Treatment, Far-Sight and Astigmatism, Glasses helped This Boy - An Oculist's Experience - Some Interesting Cases

## 1926

**January 1926** - The Period - Swinging: Long Swing, Variable Swing, Drifting Swing, Short Swing, Universal Swing Stories From The Clinic: 71. Partial Paralysis of the Third Nerve - The Blinking Knight - How Estelle Helped - A Student's Experience - Questions and Answers

**February 1926**- Demonstrate - Memory - Stories From The Clinic: 72. Jane - The Magic Kitten - Cases Benefited: Cataract, Strabismus, Pain, Near-Sightedness, Acute Glaucoma - Eyestrain - Questions and Answers - Perfect Sight Without Glasses (New Book by Dr. Bates), Reprints by Dr. Bates

**March 1926** - Demonstrate - Imagination - Stories From The Clinic: 73. Margaret Mary - Fundamentals - 1. Glasses Must be Discarded Permanently 2. Central Fixation 3. Favorable Conditions 4. Shifting 5. Swinging - Questions and Answers

**April 1926** - **Retardation Number** - Demonstrate - Retardation - Imperfect Sight, Retardation Cure, Benefits, Truancy, Stare, Memory, Imagination, Adults, Automobile Drivers, Sailors - Stories From The Clinic: 74. Retardation - Retardation (Schools, Education) Superintendent of Schools, North Bergen, N. J., Reasons For Retardation, National Educational Association Meetings, Educational Waste, Table A, B, Eye Mind Education, Personal Experience - Questions and Answers

**May 1926** - **Presbyopia Number** - Demonstrate - Presbyopia - Generally Accepted Cause, True Cause, Treatment, The Thin White Line, Failures, A Presbyopia Cure - Stories From The Clinic: 75. Presbyopia - "The Fountain" - The Blind Man (Two Little Girls Cure a Blind Man, Restore His Vision by Teaching Him the Bates Method) - Big and Little - Staring - Effects of Presbyopia - Questions and Answers

**June 1926** - **Cataract Number**- Demonstrate - Cataract - Defined, Occurrence, Senile Cataract, Congenital Cataract, Traumatic Cataract, Complicated

Cataract, Symptoms, Demonstrations, Treatment, Rest, Swinging, Memory, Imagination, Fine Print, Sun Treatment, Prognosis - Stories From The Clinic: 76. Cataract - A Radio Talk - Another Radio Talk Through WMSG

**July 1926 - Myopia Number-** Demonstrate - Myopia - Definition, Acute Myopia, Progressive Myopia, Complicated Myopia, Occurrence, Symptoms, Cause, Treatment, 1. Palming 2. Swaying 3. Memory and Imagination - Prevention 1. Blink Frequently 2. Shift 3. Head and Eyes Moving 4. Snellen Test Card, Shifting, Blinking and Imagining Stationary Objects to be Moving can be Practiced at All Times - Stories From The Clinic: 77. Myopia - The Great Delusion "Wearing Glasses to Strengthen the Eyes" A Billion Dollar Industry Based on an Error! - A Radio Talk on "Better Eyesight" by Emily C. Lierman - WMCA Radio Talks

**August 1926 - School Number** - Demonstrate - School Children - Causes, Treatment, Age, Frequency, Palming, Swinging, Rest - Stories From The Clinic: 78. School Children - What the Bates Method Did for One School Boy (John, Cross Eyed) - 1. Instruction to Parents and Teachers 2. Rest Periods 3. Blinking 4. Swaying 5. Swinging 6. Palming 7. Reading Test Cards 8. Memory 9. Imagination 10. Sun Treatment 11. Reading Books 12. Learning New Experiences 13. Use of Eye Pad (Patch) 14. Environment 15. Sleep - Announcement - He Won't Stay Down, A Poem - Questions and Answers

**September 1926 - Rest Number-** Demonstrate - Rest - Stories From The Clinic: 79. Relaxation Effective - Radio Talk WMCA "Eye Education" - Blinking - The Original Nut - Questions and Answers

**October 1926** - Demonstrate - Lord Macaulay (Man Reads at Rapid Speed) - Stories From The Clinic: 80. Fear - Case Reports, Histories and Letters - Cured in One Visit - "The Swing" Poem - Questions and Answers

**November 1926-** Demonstrate - Detachment of the Retina - Occurrence, Symptoms, Orthodox Methods of Treatment, The Writer's Method Of treatment, Cases - Stories From The Clinic: 81. Mind Strain - Dry Heat and Sun - Ruth Leobrich, Bates Teacher - Questions and Answers - The Use Of The Sunglass

**December 1926** - Demonstrate - Astigmatism - Definitions, Occurrence, Symptoms, Cause, Treatment, Scar Tissue, Conical Cornea, Case Reports, Hypermetropic Astigmatism, Compound Myopic Astigmatism, Simple Hypermetropic Astigmatism - Stories From The Clinic: 82. The Christmas Party - The Cross-Eyed Fairy - Announcement - Questions and Answers

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# Better Eyesight

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*A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION  
AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES*

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Vol. I

JULY, 1919

No. 1

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Foreword

Fundamental Facts

Central Fixation

A Teacher's Experiences

Army Officer Cures Himself

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