

Better Eyesight Magazine Articles by Dr. Bates & Emily Lierman, Bates, Teachers For Chapters, Steps # 1 to 10 in This Book

#1 - Relaxation, Palming

REST

By W. H. BATES, M.D.

REST and relaxation of the eye and mind is perfect when the vision is perfect, and can always be demonstrated.

When the eye is at rest, it is always moving. To demonstrate this, instruct the patient to close his eyes and imagine that he is looking fast over his right shoulder, then over his left shoulder. By alternating quite vigorously, the eyeballs can be seen to move from side to side. While the eyes are still closed, one can place the fingers on the closed eyelids and feel this movement. Now instruct the patient to imagine a shorter movement of the eyes from side to side, that is, look a shorter distance from right to left while the eyes are closed. The movement can usually be felt, but it is not so manifest to the observer as it is when the wide movement of the eyes is made. However, after a little practice, five minutes or more, when the patient is imagining the eyes are moving, one can feel the movement even though it may be very short, one-quarter of an inch or less. If the patient stares at a part of an imaginary letter with the eyes closed, the memory or the imagination of the letter becomes blurred and the movement of the eyeball is not continuous. On the other hand, if the patient remembers a letter perfectly, and shifts on it in the mind, the eyeball appears to move continuously a short distance in various directions.

When central fixation is practiced, that is, when one remembers or imagines one part of a letter best, the eyeballs move. If one tries to remember or imagine a letter, all parts equally well, the movement of the eyeballs cannot be seen or felt, and the eyeballs appear stationary. One can demonstrate the movement of the eyeballs very well with the aid of the ophthalmoscope. When the optic nerve is regarded with this instrument, one can always see the movement of the pigment of the eye or of the blood vessels of the retina when the sight, memory, or imagination is normal. This movement is slow, short, easy and continuous. When the sight, memory, or imagination is imperfect, the eyeball may move very irregularly, with frequent periods when it is stationary. Eye immobility, impaired shifting = unclear vision.

In nystagmus, the eyeballs move from side to side, usually continuously, a distance so great that it is conspicuous. The rapidity of this movement may vary. It is always stopped after closing the eyes and resting them a sufficient length of time, several minutes or longer, or by practicing the slow, short, easy swing.

Nystagmus is generally believed to be difficult to cure. In fact, it is so difficult that very few cases have ever been reported as benefited by orthodox methods of treatment. It has usually been considered an incurable symptom of disease of the eye. Nystagmus is, however, to a greater or less degree, under the control of the mind of the patient. Some people are able to stop the movement at will. These cases, however, are rare. Some children acquire the ability to practice nystagmus just as they learn to look cross-eyed. Nystagmus requires a strain. When practiced either consciously or unconsciously, the vision is always lowered. When the nystagmic movements are lessened or stopped altogether, the vision improves and has frequently become normal, either temporarily or permanently.

Some years ago I treated a boy, aged ten, for the cure of nystagmus. His mother told me that she had visited many physicians and had sacrificed a great deal financially in order to obtain a cure for her son. I tested his vision and found it normal at times, when the nystagmus would stop. Repeated tests demonstrated the fact that his vision was always worse when he had the nystagmus. While he was reading with almost normal vision, I said to him: "Stop the movement of your eyes!" Much to my surprise, he did what I told him and then read the card with normal vision. Then I said to him: "Start it up again and read the card." This he did very promptly, but he was unable to obtain normal sight. Again I asked him to stop the nystagmus and his vision became normal and remained normal as long as he had no nystagmus.

The mother paid close attention to the conversation. She realized that the boy was able to produce or stop the nystagmus at will. He seemed to be pleased by the attention he received when he showed off his control of it. The mother asked me no questions. There was no need of questions after the convincing demonstration that the boy gave of his ability to control the movement. There was a grim determination in her face when she left the office, and she grasped the arm of her boy with a great deal more force than was perhaps necessary. She spoke to the boy with considerable emphasis: "Just you wait until I get you home!" I am sorry that I cannot report what happened later, but I can guess. I hope that she was able to stop this bad habit without much severity.

It can be demonstrated that when the eyes are not at rest, the vision is always imperfect. When the memory or imagination is perfect with the eyes closed, the vision is improved when the eyes are opened. Usually the improvement of



Eyes closed - imagine looking back and forth over the left and right shoulders and lightly touch the fingers onto the upper closed eyelids and feel the eyes move left and right.
Next - imagine shifting left and right on a small letter and feel the eyes movement become smaller, shorter. The eyes, eye muscles and brain, mental pictures work together.

the vision is only temporary, and may last for only a second, or in flashes. In these cases, the memory soon becomes imperfect with the eyes open. By alternating perfect memory with the eyes closed, the memory with the eyes open usually improves. By practice, many patients become able to remember or imagine with their eyes open a small area of black or white, as well as they can imagine it with their eyes closed. When such patients look at a blank wall, where there is nothing in particular to see, no effort may be made to see and the vision improves. One can practice with the Snellen test card and remember for a moment one known letter of the card, with the eyes open, as well as one can for a longer time with the eyes closed. When one letter of the Snellen test card is improved, all the letters and other objects are also improved. The perfect memory of a known letter with the eyes closed is perfect rest, while an imperfect memory or imagination with the eyes closed or open is always a strain. It is a great help to many people with imperfect sight to demonstrate that rest improves the vision, while the stare or strain always lowers it.

To fail to see requires an effort. When the patient regards the letters which are so blurred and indistinct that he cannot tell what they are, he is always straining, trying to see, either consciously or unconsciously. People are cured of their imperfect sight when they cease to strain, stare, or make an effort to see. When I explained this to one of my patients, she said that I was wrong, that the only way she could see was by means of an effort. I had her test the facts. When she looked at the Snellen test card at ten feet, she could not read it with normal vision. At five feet her vision was better, but when she made an effort, her vision became much worse. The same was true when she regarded letters at a nearer point, three feet, two feet, or even one foot. An effort to see always made her sight worse. She had to demonstrate the facts repeatedly before she was finally convinced that her vision was good only when her eyes were at rest and no effort was made. Articles not labeled are by Dr. Bates or Emily Bates. A few sentences are added in some articles by Clark Night for descriptions of modern training.

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. See Dr. Bates Palming Articles in the Relaxation Chapter #1.

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.

Concentration and Relaxation

***By* LAWRENCE M. STANTON, M.D.**

I KNOW of no writer who has so clarified the murky philosophy of concentration and relaxation as has Dr. Bates, and yet the final word has not been said, as he himself would undoubtedly avow.

Therefore, but with humblest intention, I offer a few thoughts upon the subject which is of the utmost importance to those who are striving for better eyesight.

Concentration - Attention

To my patients I have forbidden the practice of concentration, saying that the very word suggests strain, or else I bid them modify the dictionary's definition. I have reasoned that if by concentration you mean, as Dr. Bates says, doing or seeing one thing better than anything else, you may speak of concentration; but if by concentration you mean, as the

dictionary says, doing one thing continuously to the exclusion of all other things, then you must abandon the practice as an impossibility.

Concentration, however, cannot psychologically be ignored, and recent psychology, I believe, has given us a new interpretation which is worthy of our consideration.

Attention underlies concentration, as that word is commonly used, and Ribot's statement of attention is very enlightening. Ribot says "that the state of attention which seems continuous is in reality intermittent; the object of attention is merely a center, the point to which attention returns again and again, to wander from it as often on ever-widening circles. All parts of the object, and then the reflections inspired by these various parts hold our interest by turns. Even when the attention is fixed on the most trifling material object, it works in just the same fashion." This is entirely in accord with Dr. Bates' statement; it is central fixation.

There are, however, two aspects of concentration to be considered—voluntary and involuntary. Voluntary concentration is an effort and, as Dr. Bates has so clearly shown, cannot be maintained without fatigue. The highest grades of attention, to which this brief consideration is confined, are involuntary, and involuntary concentration can be defined as "a psychological equivalent of attention minus effort." In ordinary attention—that is, in voluntary concentration—our thought holds the object in focus, whereas in involuntary attention (which we shall consider synonymous with involuntary concentration) the object holds our thought without our volition, perhaps even against our will. "Spontaneous attention is rooted at the very center of our being," and things that hold the attention captive, as in fascination, fixed contemplation, the Hindu's meditation and reverie are instances of involuntary concentration, and involuntary concentration is as effortless as the rising sun—it just happens. Then, there are those cases of miraculous quick cures of imperfect sight by one or another of Dr. Bates' methods, where it was enough for the patient to see the better course in order to be able to follow it, the idea and its realization occurring simultaneously, without effort, without volition even. Contrast this with the attitude "No, I see the better course and approve it, but I follow the worse." Involuntary concentration is displayed in the case of the insect, related by Fabre and quoted by Dr. Bates, which in captivity hung downward for ten months, its whole life's span, and in this position performed all its functions, even to mating and laying of eggs, apparently without the least fatigue.

Still another instance is that of Napoleon, who could work for eighteen hours at a stretch on one piece of work without the least fatigue. Napoleon speaks of his various affairs arranged in his head "as in a wardrobe." He says: "When I wish to put any matter out of my mind, I close its drawer and open the drawer belonging to another. The contents of the drawers never get mixed and they never worry me or weary me. Do I want to sleep? I close all the drawers, and then I am asleep."

The question, then, may be asked wherein does involuntary concentration differ from relaxation. If involuntary concentration and relaxation are not always one and the same thing, they often are psychological alternatives and not the opponents we think them.

To regard all phases of relaxation as purely passive is as erroneous as it is to say that concentration of the kind under consideration is associated with effort. Relaxation of the passive kind usually ends in sleep or sleepiness, as experienced by many patients after palming. Relaxation combined with action, on the other hand, may also be absolutely free from effort and strain.

Dynamic Relaxation

In any case it is the matter of effort and strain that concerns us most, rather than a question of concentration or relaxation. Victor Hugo speaks of "the calm and intense fixation of the eyes," and surely nowhere is intensity so impressive as in calmness. To be calm is not to be oblivious, and to be intense need not be to strain.

Another thought about relaxation is this: Obstacles to relaxation may prove sources of relaxation. An instance of which, is found in the noise that is keeping us awake when wishing to go to sleep. If we sufficiently relax, if we accept the disturbance and sleep in spite of it, not only is the obstacle overcome, but because overcome it in turn becomes rather pleasantly associated with going to sleep. When again we desire to sleep, we find the noise soothing rather than annoying, and really a source of relaxation instead of an obstacle to it. (A child deeply relaxed, drifting in and out of sleep, safe amongst the trees inside the edge of a field in a dugout up on a small hill, buried in a deep leaf pile, the sound of trains passing by along the river, crickets chirping, brothers, sisters playing in the distance, fire crackling in a old fashioned outdoor fireplace, smell of hamburgers.) The following quotation from Jean Kenyon MacKenzie's "Minor Memories" well illustrates how obstacles may become ministering angels. She writes of the stillness of the African forest:

"I remember that stillness. Many a time when I am in the subway I remember the ineffable stillness of the forest. I wonder to find myself where I am—so savagely circumstanced—so pressed upon by alien bodies, so smitten by noise. Traveling like this, in white man's fashion, you are certainly safe from the snakes, and the leopards, and the cannibal tribes of that other world where you traveled in other fashions. Now that you are shut up so safely in the guts of Manhattan, your friends feel at ease about you—surely the sun shall not smite you by day nor the moon by night. And yet, perversely, in this perfection of safety you are intimidated. *Suddenly passive after your desperate adventures with traffic, you feel the hidden things of memory rise and flood your heart; you dream. You remember other times of day than the manufactured night of the subway and other ways of travel. And suddenly, in the indestructible silence that is the core of that incessant clamor, you hear a bugle calling in a forest-clearing that is half way around the world.*"* Certainly a remarkable experience—what relaxation, what imagination!

Involuntary concentration without effort is equivalent to relaxation in action. If you can achieve such equilibrium; if you can perform your mental functions without strain as Fabre's little insect performed its physical; if you can, whatever your particular captivity, hang by your feet head downward without effort, then "be my friend and teach me to be thine."

Palming

When palming is done correctly, the vision, memory, and imagination always improve. By palming is meant to close the eyes and cover them with the palm of one or both hands without exerting any pressure the closed eyelids. Think of something pleasant, something that you can remember perfectly. Then let your mind drift from one pleasant thought to another. This should be practiced for five minutes ten times daily, or more often when convenient. Some people obtain more benefit by palming for one-half hour, an hour or longer.

There are patients who have difficulty in palming, that is, they strain and make hard work of it. For them it is easier to simply close their eyes and in this way rest them. Other patients obtain relaxation by closing their eyes for part of a minute, then opening them for part of a second, and quickly closing them again. This is called flashing, and usually improves the vision immediately.

It is true that when the eye is perfectly at rest, the sight, memory, and imagination are always normal. Conversely, it is impossible for the sight to be imperfect when the eyes are perfectly at rest. Not only are all errors of refraction benefited and cured by rest, but also organic diseases of the eye,—glaucoma, cataract, opacity of the cornea, disease of the retina, choroid, or optic nerve are cured by rest and relaxation.

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.

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

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.



Long Swing

Shift on a small letter and see a short swing.



Sway/rock left and right.

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.

THE EFFECTIVENESS OF RELAXATION

By May Secor

Special Teacher of Speech Improvement, New York City Public Schools

STAMMERING, stuttering, lisping, and other speech defects may be considered erroneous speech habits which may be corrected by inculcating new, correct habits of speech. This presents a psychological problem. There is, however, another aspect to the work of speech correction - a physiological aspect. Many cases of speech defect are difficult to correct, because of the physical condition of the pupils. It is considered an important duty of the speech improvement teacher, therefore, to check up physical conditions and to advise parents to have corrected such defects as eyestrain, unhygienic dental conditions, malnutrition, and excessive fatigue.*

(I believe, however, that it is not the province of any teacher, principal, or nurse to advise, urge, or insist upon parents having children operated. Those in charge of children may, with propriety, advise parents to consult physicians regarding their children. In many cases, however, physicians differ among themselves as to the advisability of operating. I believe that the decision should be made by the physicians and parents.)

Many stammerers suffer from eye-strain. For years I urged the patients of such children to consult oculists - any oculists of good standing. They did so, and many cases returned with glasses; however, many of these children who used glasses continued to suffer from eyestrain. Upon returning to the oculist they were usually instructed to continue wearing their glasses until they "became accustomed to them." In many cases eyestrain continued, and the correction of stammering was still impeded. I was deeply concerned about the apparent impossibility of eliminating eye-strain.

Finally a friend placed in my hand Dr. Bates' book entitled "Perfect Sight Without Glasses." At that time I was wearing bifocals, and had used artificial lenses for many years.

I read Dr. Bates' book and decided to apply the method to the correction of my own visual defects.

On March 15, 1923, I removed my bifocals. I followed the Bates Method carefully, hopefully, and persistently and have never used glasses since. My near vision and distant vision are excellent and I enjoy great "eye comfort." I have come into contact with many other men and women who have attained normal vision without glasses by means of the Bates method, after having suffered along with eye-glasses and eyestrain for years.

Convinced of the efficacy of the Bates Method, I became a pupil of Dr. Bates and learned the secret of relaxation. I learned how to relax more completely, and how to help others relax. I began to realize the value of relaxation in education. I made relaxation the keynote of my work in speech correction, and there resulted a harmony that was most helpful to my pupils. It created a pleasant, healthful atmosphere, which enabled pupils to acquire more readily the desired, correct habits of speech.

To the stammerer, especially, palming, swaying, swinging, sun-treatment, and reading the Snellen card are Godsend.

In April 1925, I began work with the speech defect cases in two new schools. Among these cases were a number who wore glasses, and several of these children were cross-eyed. (The term "squint" is frequently misinterpreted.) To induce relaxation and thereby facilitate the formation of new, correct habits of speech I included in my program palming, swaying with music, swinging, the use of memory and imagination, and sun treatment. Early in June 1925, it became apparent that several pupils, who formerly were very noticeably cross-eyed, showed either no defect or a decidedly less acute condition. To verify my observations I photographed these children. I also requested several teachers, and a physician to observe them; they did so, and their findings coincided with mine. The following children were among those who entered my speech improvement groups early in April 1925:

+Case A - Boy, age 14; myopia and strabismus (crossed-eye, called also "squint"); used glasses several years; speech defects, stammering and lisping; known in school as a discipline case. June, 1925 - marked improvement in speech and strabismus entirely corrected.

+Case B - Boy, age 11; myopia and strabismus; used glasses two years; speech defects, stammering, defective phonation, and aphonia. June, 1925 - marked improvement in speech; strabismus much less acute, and entirely relieved at times, when glasses are not used.

+Case C - Boy, age 7; myopia and strabismus; never used glasses; speech defect, lisping. June, 1925 - speech improved; strabismus relieved - occasional relapse when under strain.

+Case D - Girl, age 8; strabismus (but normal vision); wears glasses, constant use; speech defect, lisping. June, 1925 - lisping corrected; when glasses are removed, strabismus is very evident and child sees "two ladies instead of one;" after removing glasses and relaxing a few minutes, strabismus and double vision disappear; subsequent use of glasses causes return of these two defects, which again disappear after the child removes the glasses and relaxes.

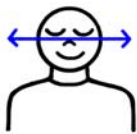
In these cases the relief of visual defects was merely a by-product of educational work, conducted on a basis of relaxation. Would it not be well for us to conduct all educational work in this way, and thus help to relieve eyestrain throughout our schools?

Let us consider the problem of the child having visual defects. What method has been used to help him? He has been urged to wear glasses, and if his eye distress or headaches persisted, he has been urged to continue wearing the glasses until he "becomes accustomed to them." Has this method been successful? Reports of the various sight conservation associations indicate that it has not been successful. What new method may we use to eliminate visual defects among school children? I suggest the Bates Method for Relaxation. Let teachers remove their glasses, and palm, sway, and swing. Let physicians and principals urge pupils to remove their glasses and practice these helpful exercises. Let us, as educators, be broad-minded and alert. When one method fails let us try another.

Relaxation occurs in many forms. See: Dynamic Relaxation – Book; The Art of Seeing by Aldous Huxley. Perfect relaxation can be deep as in the alpha, theta and delta brain wave states, hypnosis, meditation or dynamic: the mind, body, eyes can still be relaxed while more active, energetic. Example: when running a race; the runner is in a perfect state of relaxation, coordination. Mind, body positive, energetic, active but relaxed – no tension, strain. Walking in a relaxed strolling manner. (See Al Pacino walking in the park with his girlfriend in 'The Godfather' movie. Notice how his feet move outward, relaxed, strolling, perfect balance, coordination, character in his walk.) Working on a science project, mind moving from thought to thought, no tension is dynamic relaxation. See Better Eyesight Magazine April 1925 – Concentration and Relaxation.

#2 - SHIFTING-EYE MOVEMENT

SHIFTING AND SWINGING Correct Appearance of Oppositional Movement



Eyes closed. Imagine looking over the left and right shoulders. Lightly touch the upper eyelids and feel the eyes move left and right when imagining looking left and right. The brain functions with the eyes.



Eyes closed. Imagine shifting left and right on the letter E. See it appear to move side to side opposite the movement of the eyes. Feel the eyes produce smaller movements.



Look at, shift on, see one letter clearest at a time in the center of the visual field. Practice with the eyes open and in the imagination with the eyes closed.



Blink - the eyes shift automatically up and down when blinking. Blink and shift in any direction.

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 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 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



Shift left and right, top and bottom and in any direction on the E and see it move (swing) in the opposite direction.

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...

SHIFTING

By W. H. Bates, M.D.

Shifting: The point regarded changes rapidly and continuously.

A man with imperfect sight, who had obtained normal vision by my method of treatment without glasses, called about five years later and announced that the cure had proved permanent. His vision was normal when each eye was tested at twenty feet with Snellen test cards which he had not seen before.

He was asked, "What cured you?"

"Shifting," he answered.

All persons with imperfect sight make an effort to stare with their eyes immovable. The eyes have not the ability to keep stationary. To look intently at a point continuously is impossible, the eyes will move, the eyelids will blink, and the effort is accompanied by an imperfect vision of the point regarded. In many cases the effort to concentrate on a point often causes headache, pain in the eyes and fatigue.

All persons with normal eyes and normal sight do not concentrate or try to see by any effort. Their eyes are at rest, and, when the eyes are at rest, they are constantly moving. When the eyes move, one is able to imagine all stationary objects in turn to be moving in the direction opposite to the movement of the head and eyes. It is impossible to imagine with equal clearness a number of objects to be moving at the same time, and an effort to do so is a strain which impairs the vision, the memory, or the imagination. To try to do the impossible is a strain, which always lowers the mental efficiency. This fact should be emphasized.

Many patients have difficulty in imagining stationary objects to be moving opposite to the movements of the eyes or head. When riding in a fast moving train, and one regards the telegraph poles or other objects which are seen,—the near objects may appear to be moving opposite to the direction in which the train is moving, while more distant objects may appear to move in the same direction as the train.

The above facts may also be imagined when traveling in an automobile. The driver of the car and others occupying a front seat may imagine the road to be moving toward the moving car. When pain, fatigue or other symptoms are present it always means that the individual is consciously or unconsciously trying to imagine stationary objects are not moving. The effort is a strain.

Walking and Eye Movement, Oppositional Movement

When walking about a room, the head and eyes move in the same direction as the body moves, and the carpet and the furniture appear to move in the opposite direction. However, it can be demonstrated that when the head and eyes are moving forward they are also moving from side to side. Every time the right foot is placed forward the eyes move to the right, while stationary objects appear to move in the opposite direction,—to the left; when the left foot steps forward the whole body, including the eyes moves to the left, while stationary objects appear to move in the opposite direction,—to the right.

Patients with normal vision are able to imagine this movement more readily than those with imperfect sight. The head and eyes also move upwards and downwards as the foot is lifted and lowered. When you raise your foot to take a step, the eyes go up, and everything else that is stationary appears to go down. When you lower your foot or head, the eyes go down, and stationary objects appear to go up.

Shifting

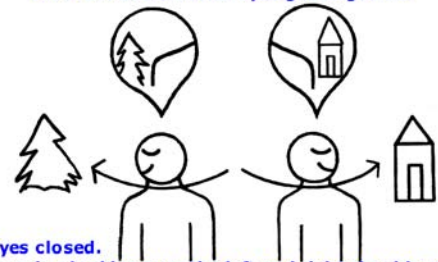
Shifting when practiced with the best results is usually unconscious. Very few people with normal sight, which may be continuous for many years, ever notice that they are constantly shifting correctly. One may shift in a wrong way, strain the eyes, and fail to improve the vision. What is the right way? The right way to shift is to move the eyes from one point to another slowly, regularly, continuously, restfully, or easily without effort or without trying to see. The normal eye with normal sight has the habit of always moving or shifting, usually an unconscious habit. When, by practice, the eye with imperfect sight acquires the conscious habit of shifting, the habit may become unconscious. When the shifting is done properly, the memory, imagination, mental efficiency, and vision are improved until they become normal.

It often happens that when one consciously or intentionally shifts in the wrong way, a better knowledge of the right way to shift may be obtained. When the eyes are moved to the right, stationary objects should appear to move to the left; and, when the vision is good, all objects not regarded are seen less distinctly than those regarded. When the vision is imperfect, objects not observed may be seen better, or an effort is made to see them better than those directly observed. In fact, it is always true that in all cases of imperfect sight the eyes do not see best where they are looking, and central fixation is lost. To shift properly requires relaxation or rest. To shift improperly and lower the vision requires an effort. When one stares at a point, without blinking or shifting; fatigue, distress, or pain is felt. To continue to stare without shifting is hard work. To see imperfectly is difficult; and, when one regards letters which are blurred or not distinguishable either at the distance,—ten feet or further, or at a near point,—six inches or less, the strain on the eyes can be felt. Imperfect sight or a failure to see requires much trouble and hard work. This fact should be demonstrated repeatedly by the patient until thoroughly convinced that rest of the eyes, mind or body can only be obtained by shifting easily, continuously and without effort.

What is true of sight is also true of the memory and imagination. With the eyes closed, one can imagine that he is looking over the right shoulder for a moment and then shift the imaginary gaze over the left shoulder. By lightly touching the closed eyelids with the tips of the fingers he can feel the eyeballs moving from side to side when the shifting is done right. It can be done wrong when one, by an effort, imagines the eyeballs stationary under all conditions.

With the eyes closed, one can imagine alternately looking from one side of a letter to the other. When the imagination of the shifting is done right, the letter remembered is imagined to be moving from side to side. Two letters close together may be imagined or remembered clearly, provided one is imagined better than the other, or when the attention is shifted to each alternately without effort or strain.

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.

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.

SHIFTING. When the eyes are normal, they are completely at rest and when they are at rest, they are always moving, which prevents the stare or strain. When looking at an object, do not try to see all parts of that object equally well, at once. That is, when you look at the back of a chair, you see that part best, and the seat and legs not so clearly. But do not hold the point regarded longer than a second.

Remember to blink, as you shift rapidly to the seat and then to the legs of the chair, seeing each part best, in turn. When the eyes stare and an effort is made to see, the vision is always lowered.

Blinking and Shifting

By W. H. BATES, M.D.

BY BLINKING is meant the opening and closing of the eyes more or less rapidly. The normal eye with normal vision blinks almost continuously. Sometimes the upper lid just covers the pupil while in other cases both lids may be completely closed. With the aid of the moving picture camera it has been demonstrated that one may blink five times in one second without being conscious of it.

When an effort is made to stop blinking, whether successful or not, the vision is always lowered. When the eyes are permitted to blink regularly, easily, continuously, the vision is usually benefited. The camera also shows that the lower lids move up with a strong contraction of the muscle.

In many cases of normal vision, especially in those cases which are even better than the average normal vision, blinking is sometimes practiced with incredible rapidity, and on other occasions the eyes may blink infrequently, perhaps once in ten or fifteen seconds. The blinking of the normal eye varies or is different from the blinking of the eye with imperfect sight. The blinking of the eye with imperfect sight is usually very irregular and jerky and is accompanied by a manifest strain of the muscles of the eyelids. With imperfect sight an effort is always being made to hold the eye stationary and to stop the blinking.

If the eyes are allowed to shift and to blink, the vision improves.

Blinking is fundamental and very important, because one cannot shift frequently or continuously with improvement in the vision, unless the eyes blink often. To keep the eyes open without blinking requires an effort, a stare or strain, the patient becomes unable to shift easily or rapidly, and the vision always becomes imperfect.

The best way to rest the eyes is to close them while many things in turn are remembered or imagined. Blinking is a rapid method of resting the eyes and can be practiced unconsciously all day long, regardless of what one may be doing.

It is interesting to observe some people's eyes when they are asleep. One may note that the eyelids are blinking, which prevents the eyes from staring or straining, although the patient is unconscious of his eyes.

It is a well known fact that when people are asleep the eyes are often under a terrific strain. The first thing in the morning, after such a patient opens the eyes, he may find that his sight is very imperfect. He may suffer from pain in the eyes, pain in the head or in other parts of the body, or from extreme fatigue, as if he had been awake and hard at work all night long. When first opening the eyes, the patient may experience a feeling of dizziness, after the eyes have been straining during sleep. It is not an easy matter to recommend successful methods of obtaining relaxation, to such patients so that instead of working hard during sleep, the eyes may be completely relaxed and rested.

In some cases, the patient may have fairly good vision when he first opens his eyes after a good sleep. However, such cases are uncommon.

When the normal eye has normal vision it is always at rest, shifting. (The eye is relaxed, at rest when it is in motion, shifting.) During sleep, however, with the aid of simultaneous retinoscopy it has usually been demonstrated that the eyes are straining, staring or making an effort to see. The unconscious blinking is nature's method of resting the eyes during sleep.

"Shifting" Directions - How to Shift

When the normal eye has normal vision it is always shifting or moving from one point to another. This is true with the eyes open as well as with the eyes closed. The shifting with the eyes open may be from side to side, from above, downward, or in any other direction. The horizontal shifting is practiced more than the other forms of shifting. The eye is never stationary. When the vision is imperfect, the shifting is also imperfect and may be jerky. It may result in discomfort of the eyes, the head or in any other part of the body. The shift of the normal eye varies and is more or less irregular.

To know the proper way to shift the normal eye, in order that the vision may be continuously normal, it is well to demonstrate the wrong way. When the shifting is practiced or the eyes move from point to point, the vision is usually benefited, provided one shifts slowly, easily and continuously.

(The eye, brain will activate saccadic and other faster shifts automatically, on its own.)

Advise the patient to look directly at one point or one part of the smallest letter which can be distinguished. When he does this for a few seconds, he usually becomes able to feel that an effort is being made, and when the effort is continued or increased, much discomfort is felt and the vision always becomes imperfect. The patient is encouraged to prove that concentration does not last long, and that it is impossible for the eyes, memory or mind to see perfectly, remember perfectly, or imagine perfectly, when an effort is made to concentrate. When the eyes shift from one point to another, a feeling of relaxation soon follows and the vision improves. When the eyes do not shift from point to point, it can always be demonstrated that the vision becomes worse and that the eyes, mind and all the nerves of the body are uncomfortable and may be conscious of an effort or strain.

To constantly stare at one point of a letter or other object is wrong, because it lowers the vision and causes discomfort to the eyes. Perfect sight is not possible and cannot be imagined continuously, unless the shifting is continuous. The movement of letters or words which can always be demonstrated in normal vision, depends upon the shifting.

When the eyes stare and do not move, or when an effort is made to imagine letters or other objects to be stationary, the shifting stops, and if things seen are imagined to be stationary without shifting, or an effort is made to stop the shifting, the vision always becomes imperfect.

With the eyes open, it is possible to shift from the first letter of a line, of the Snellen test card, at fifteen feet, to the end of the line and improve the sight. In most cases a known letter of the Snellen test card can be remembered more or less perfectly with the eyes closed, but only when the eyes or the mind shifts from one letter to another, or from one part of one letter to another part. The letter remembered can be imagined or a mental picture of the letter obtained only by constant, slow, short, regular, continuous, easy shifting. When the patient can remember or imagine letters or other objects perfectly with the eyes open, as well as with the eyes closed, the vision is always benefited. If shifting is not practiced the vision always becomes worse.

Many people with imperfect sight are not able to shift or move their eyes without an effort. They complain that they lose their mental control because they are unable to shift easily or continuously. Much better vision is obtained with a short movement or shift of the eyes than with a long shift. (Shifting on small objects, parts of objects, fine print letter.)

It is necessary for those who have imperfect sight caused by a stare, a strain or an effort to see, to become able to shift in such a way as to benefit their vision. Keep the eyes closed for a large part of a minute and open them for a short time, a second or less. It takes time to stare, concentrate or make an effort to see. It is not possible to stare and lower the vision in a fraction of a second. Perfect sight is inconceivably quick. It is easy, regular and continuous. When shifting is practiced rapidly, easily and continuously, the symptoms of imperfect sight and other symptoms caused by strain are relieved at once. Shifting can be practiced slowly or rapidly, as long as effort, strain is avoided. Relax, practice easy.

The general belief is that when we read we are looking at the letters. When one reads with perfect sight one does not look at the letters, but at the white spaces between the lines and imagines the white centers of the letters to be whiter than they really are. Look directly at a small letter of the fine print that can be read and concentrate your mind and eyes on one part of the letter. You soon feel an effort or strain and the vision is always lowered. If the vision was not lowered, you were unable to keep your attention fixed on the same part of a small letter for a continuous length of time.

Modern teachers state: use central fixation. When you want to read the letters: look directly at the letters, move the eyes along the letters. Do not try to read by looking at/moving the eyes along the white spaces. This would be eccentric fixation, diffusion; looking at two things at the same time, central and peripheral field. Eccentric fixation, diffusion causes mental and visual strain, blur.

Shifting is very often practiced wrongly and the vision becomes lowered or no benefit is gained. To shift rapidly, look up for a moment and then look down quickly, rest the eyes for part of a minute; then repeat, look up and down quickly without paying much, if any attention to the sight. While looking down again, rest the eyes for part of a minute. Alternate until the shifting up and down can always be accomplished rapidly or rapidly enough to avoid testing the sight. When the eyes move up the test card or other stationary objects move down. When the eyes move down stationary objects move up or in the



Shift part to part on a letter and from letter to letter to remember, imagine and see letters clear. Long Shift: Shift 4 to R, R to 4.

Shift part to part (dot to dot) on the E to see it clear. Short shift: Shift dot to dot on the E, then try on a fine print E, then on one fine print dot.

opposite direction to the movement of the shifting eyes.

Try shifting relaxed, continuously from point to point on a object and from object to object. Blink.

Normal sight cannot be demonstrated continuously unless the eyes are continuously shifting. The patient is usually unconscious that he is shifting rapidly when he believes that he can see one letter of the bottom line perfectly and all the time.

Many people have said that they can see a letter with normal vision at fifteen feet or further without moving their eyes, and without imagining the letter to be moving. In other cases where some people thought they could regard one letter with normal vision without shifting, it was found that while doing this the eyes, when observed at the near point, a few feet or further, could be seen to move very quickly, up, down, from side to side or in other directions. The movement of the eyes was so rapid that it was not noticeable, unless the patient was observed very closely.

When the top of a large letter is regarded, that part may be seen best for a short time, while the rest of the letter is seen worse, i.e. central fixation. One cannot see with central fixation and have normal vision unless one is continuously shifting. When the bottom of the letter is regarded, it may be seen best, while all the rest of the letter is seen worse. By shifting alternately from the top to the bottom of the large letter, the vision is usually improved. At the same time, the uncomfortable feeling in the eyes or head is relieved and all pain is benefited.

One patient with very unusual vision read the bottom line marked "10" not only at ten feet but at a much greater distance. In a good light she claimed that she could see one letter of the "10" line at fifteen feet continuously without blinking and without shifting. Although she was not conscious of the fact she must have been blinking or shifting because the moving picture camera has always demonstrated that no one could see one letter of the Snellen test card continuously without rapid blinking or shifting.

It requires time for one's sight to become imperfect. The habit of staring or straining cannot be accomplished in a second. It takes a longer time to fail than it takes to succeed. Perfect sight can only be obtained quickly without effort or strain. The cure of imperfect sight, then, is to stop all effort. It is not accomplished by doing things; it can only come by the things that one stops doing.

SHIFTING AND SWINGING: When shifting is done properly, it is practiced easily, without effort or strain. When one shifts from a point to the left to a point to the right, the swing produced is continuous, regular, and promotes relaxation. It is possible to shift with the eyes closed with as much benefit as with the eyes open. There are some people who cannot shift with the eyes open without a strain and yet they can shift or swing or imagine perfect sight with the eyes closed.

Whenever the head and eyes are moved from side to side, one should imagine that stationary objects are moving in the opposite direction. This should be practiced at all times until the habit is obtained. (The various swings are described in the June and other issues of this magazine.)

Shifting

When the normal eye has normal sight it is at rest and when it is at rest it is always moving or shifting. Shifting may be done consciously with improvement in the vision, or it may be done unconsciously with impaired vision.

Shifting can be practiced correctly and incorrectly.

+A wrong way to shift is to turn the head to the right while the eyes are turned to the left, or to turn the head to the left while the eyes are turned to the right.

+Correct way = Eyes, head/face, body move together, synchronized, same time, same direction.

To improve imperfect sight by shifting, it is well to move the head and eyes so far away that the first letter or object imagined is too far away to be seen at all clearly. Shifting from small letters to large letters alternately may be a greater benefit than shifting from one small letter to another small letter. Quite frequently the vision is decidedly improved by shifting continuously from one side of a small letter to the other side, while the letter is imagined to be moving in the opposite direction. When the shifting is slow, short, and easy, the best results in the improvement in the vision are obtained.

The eye also moves quick, very fast (Saccadic) and this occurs automatically. Any attempt to stop the shifting always lowers the vision. The letter or other object which appeared to move is usually shifting a short distance – one half or one quarter of an inch. It is not possible to imagine any particular letter or other object stationary for a longer time than one minute.

Strain, blur begins when the eyes have not moved after a fraction of a second to one second.

While the patient is seated, benefit can be obtained from shifting, but even more benefit can be obtained when the shifting is practiced while the patient is standing and moving the head and shoulders, in fact the whole body, a very short distance from side to side. (The Sway, Rock) Shifting the whole body makes it easier to shift a short distance and may explain why this method is best. It is easy to see letters on a eyechart clear when shifting easily on the letters while doing the sway a short distance left and right.

Blink, sway, relax.



Shift top and bottom, left and right, part to part in any direction on a letter, seeing one small part clearest at a time in the center of the visual field for relaxation, clear vision.

Shift left and right on the E and see it move in the opposite direction.
+Shift to the dot on the left, The E moves right.
+Shift to the dot on the right, the E moves left.



Palming

Palm and imagine black or any pleasant object, scene... Think happy thoughts. Shift on objects in the mind, see them clear, in color, motion.

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.

3 - CENTRAL FIXATION, See Clearest With the Center of the Visual Field

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?"

CENTRAL FIXATION: When the vision is best where the eyes are looking, and worse where the eyes are not looking, central fixation is evident. Central fixation when properly used is a relaxation and a benefit. It is interesting to observe that one cannot have perfect sight without central fixation. One should not strain and make an effort to obtain central fixation of a letter or any object, as by so doing, imperfect sight is very soon apparent. The normal eye shifts unconsciously from one part of an object to another, seeing the part regarded best and other parts worse, and the eye with imperfect sight must acquire this habit by practicing it consciously until it becomes an unconscious habit.

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.

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.

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. check this not double..

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.

CENTRAL FIXATION

By W. H. Bates, M.D.

Central Fixation: *The letter or part of the letter regarded is always seen best.*

With normal vision, a letter or an object cannot be seen clearly or perfectly unless one sees a part of the letter or object best, or better than all other parts.

Central fixation is passive. We do not see by any effort. Things are seen, one part best. Furthermore, it is a condition of relaxation of the eye or mind obtained without any effort.

The normal eye with normal sight is always at rest. Nothing is done. No effort is made. Many cases of imperfect sight have been cured when no efforts were made to see. One cannot relax by working hard, straining, nor obtain rest of the eyes or mind by the help of a strain. When the eyes are normal, they are at rest. When they are imperfect, they are always under a strain.

+Central fixation should not be confused with concentration, which is defined by the dictionary to mean an effort to keep the eyes or mind continuously on one point only, and to ignore all other points.

Try it. Look directly, for example, at the point of the notch on the upper right corner of the large letter C on the Snellen test card. Keep the eyes open without blinking. In a few seconds, or part of a minute, the mind begins to tire from the monotony. An effort is made to hold the concentration. The effort increases with discomfort or Pain. The vision becomes less, the white of the notch looks gray, the black appears less black, less clear and less distinct. The notch regarded is not seen as well as other parts of the large letter not regarded, and Central Fixation is lost. Not only does the notch appear less clear, but by continuing the effort the large letter C, as well as all the letters on the card, are seen less and less perfectly. The white of the whole card is also modified and becomes less white. Other objects in the neighborhood of the Snellen card soon begin to blur and are seen imperfectly. The stare or strain has very much the same effect as if the sun were covered with a cloud or as if the light in the room, or the general illumination, were lessened. When central fixation is practiced, all the objects in the room, including the Snellen card, look brighter, clearer, just as though the light had increased.

Experience the cause of unclear vision; staring, not blinking, not shifting, eccentric fixation, trying hard, using effort to see clear.

Learn to avoid this. Learn to use the eyes correct; relaxation, no effort, shifting, blinking, central fixation and the vision is clear.

+Concentration is trying to see one thing only. It always fails.

+Central fixation is seeing one thing best, and all other objects not so well. Central fixation is combined with shifting; the eyes, center of the visual field, shifts, moves continually from point to point; part to part, object to object.

When the vision, memory, or imagination are imperfect, concentration can always be demonstrated.

When the vision, memory, or imagination are perfect, Central Fixation can always be demonstrated.

Central fixation is an illusion. All parts of small letters as well as large ones are printed with the same amount of blackness. We do not see illusions. They are only imagined. When we see best one part of a letter, or other object regarded, we think we see it best, or more accurately, we imagine it best. One can imagine anything desired, and much more easily than to make an effort to see it. This fact should be demonstrated repeatedly, and consciously, until it becomes an unconscious habit.

With the eyes closed the imagination of Central Fixation may be much better than with the eyes open. By alternating the imagination of Central Fixation with the eyes open and closed, both may improve.

Many persons have no mental pictures with their eyes closed. For example: A patient consulted me about his eyes. He was asked to look at a white pillow. "Can you see it?" he was asked. "Yes," he answered.

Shift point to point (dot to dot) on the E seeing one small part (dot) clearest at a time in the center of the visual field. The central field moves with the eyes as the eyes shift dot to dot.



Stare at the point on the upper right notch of the C. Do not shift the eyes, eyes immobile, do not blink. Strain, tension, blur occurs. Now shift on the C part to part and experience relaxation and clear vision.



Remember and see the pillow clear with central fixation and shifting: Look at and see one corner of the pillow best at a time. Shift from corner to corner (dot to dot) seeing one corner at a time best, clearest in the center of the visual field. Shift part to part on any area of the pillow. The pillow is seen clear.



"Now, close your eyes. Can you remember it?"

"No," he replied; "I remember a black pillow."

"With your eyes open, can you see one corner of the pillow best, and the other corners not regarded worse?"

He was able to demonstrate this fact, and that he could in turn see, or imagine, each corner regarded best and the other corners worse. With his eyes closed he was able to remember one corner at a time best, and when he remembers the pillow by Central Fixation, he obtained a mental picture of a white pillow almost as well as he could see it with his eyes open.

He was then asked to remember two corners simultaneously, both perfectly clear. At once he lost his mental picture of the pillow. He demonstrated with other objects as well that he could only remember or imagine mental pictures of them by Central fixation.

Another patient had suffered for many years with almost constant pain and fatigue. With his eyes open his vision was 20/20. He read diamond type as close as six inches, and as far off as twenty inches. He could imagine the white part of large or small letters whiter than the rest of the Snellen test card, but only with his eyes open when regarding the letters. With his eyes closed he could not remember mental pictures of any objects.

He was asked: "Which is whiter, the white center of a large letter of the Snellen card or the white snow on the top of a mountain?" He answered, "The white snow on the top of a mountain."

"Can you shift from one mountain top to another, remembering each one best and the others not so well, or worse?"

This also he was able to do. But when he tried to imagine two or more snow-capped mountains simultaneously, he at once was conscious of an effort and lost his imagination of his mental pictures of the snow.

The memory of the snow-capped mountains by Central Fixation helped him to imagine Central Fixation with his eyes open as well as closed.

A girl, age eight, had imperfect sight not corrected by glasses. The right eye turned in continuously. The vision of this eye was 3/200 with glasses. The left vision was one-half of the normal. She was taught Central Fixation and became able, in a few days, to imagine one part best of the larger letters. The vision of both eyes improved very much. She demonstrated the value of Central Fixation, and that she could not distinguish clearly even the large letters with each eye unless she imagined one part best. By repeated demonstrations this young patient acquired speed in the practice of Central Fixation. She became able to read a newspaper more than five feet from her eyes by artificial light. Fine print, or diamond type, was read rapidly, easily, at one inch from each eye.

She enjoyed the practice of conscious Central Fixation. It was to me very wonderful to observe her imagine very small letters by Central Fixation and read them at ten feet or further.

The squint disappeared permanently.

A girl, aged twelve, was treated for progressive myopia. The vision of each eye was 3/200. With concave 16D.S. the sight of each eye was improved to 20/70. The patient was very nervous. Her memory was poor, and she was behind in her schoolwork. Treatment with the aid of Palming and Central Fixation improved her vision slowly. After about six months there came a sudden change for the better. In one day, her vision improved from 10/200 to 10/10 plus. The next day she read the bottom line of each of three strange cards at twenty feet. It was remarkable, also, because she read all the letters as rapidly as she could pronounce them. The mother was worried because her daughter had suddenly acquired a habit of running down stairs three steps at a time. She had never stumbled or fallen once. The mother also reported that the patient had acquired much pleasure in coasting and was the most daring of all the children. Her scholarship had improved. The teacher said the patient would read a page of history in a few seconds, and recite it with a perfect memory after a few days, a month, or longer. Her memory for other subjects was equally as good.

Immediately after she read the strange cards with normal vision, I asked her: "What helped you?"

"Starch," she answered.

Then she explained that she had become able to imagine a small piece of white starch perfectly white by Central Fixation. When her imagination was perfect her myopia disappeared, her eyes were normal, which made it possible to obtain normal vision. The retinoscope used at the same time demonstrated that her myopia disappeared when she had a perfect imagination of Central Fixation.

Patients whose sight is very imperfect usually require a much longer time to acquire Central Fixation than do some others. One should not be discouraged when, after some weeks or many months, their vision remains imperfect. Too many are disappointed because they fail to obtain Central Fixation after long periods of time, practicing without the help of a competent teacher. One very determined patient devoted many hours daily for over a year without any apparent benefit whatever. She told me that she knew she was curable and was resolved to keep at it the rest of her life if necessary. I wrote her a few suggestions. She followed my advice and was cured in a week.



Central Fixation

When the vision of myopic patients is imperfect, it can always be demonstrated that the point regarded is not seen best, and other parts of a letter may be seen equally well or better. When the patient becomes able to remember or imagine one part of a letter or an object best, the myopia is lessened and the vision improves. When the strain is prevented, by shifting from one side of the letter to another, the letter appears to move from side to side. The vision may then become normal and the myopia disappears.

CENTRAL FIXATION: Central fixation is seeing best where one is looking and worst at all other points. When the patient is swaying before the card, he is told to see one part of a letter which he is regarding at a time and to see that part better than any other part, then to quickly shift his glance to another part, seeing that part best and other parts of the letter worse. The letter is seen much more readily in this way. The patient is reminded that the normal eye uses central fixation at all times.

BLINKING: It can always be demonstrated that when a patient with imperfect sight looks intently at one point, keeping the eyes open constantly, or trying to do so, a strain of the eyes and all the nerves of the body is usually felt, and the vision becomes imperfect. It is impossible to keep the eyes open continuously without blinking. Each time the eyes blink, a certain amount of rest is obtained and the vision is benefited. For this reason, the patient is instructed to blink frequently while swaying before the card, and at all other times.

#4 - 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.



Blinking rests the eyes, activates shifting-eye movement, tear production, coats the eyes, cornea with tears that clean, nourish, protect the eye/cornea, prevent dry eyes and act as a natural contact lens increasing the clarity of vision. Blinking prevents over-exposure of the eyes to strong light.

Blinking

THE normal eye when it has normal sight rests very frequently by closing the eyes for longer or shorter periods, and when practiced quickly it is called BLINKING. When the normal eye has normal sight and refrains from blinking for some seconds or part of a minute, the vision always becomes imperfect. You can demonstrate that normal vision at the near point or at the distance is impossible without frequent blinking. Most people blink so easily and for such a short period of time that things are seen continuously while the blinking is done unconsciously. In some cases one may blink five times or more in one second. The *frequency* of blinking depends on a number of factors.

The normal eye blinks more frequently or more continuously under adverse conditions as when the illumination is diminished, the distance is increased or the print read is too pale or otherwise imperfect. The distraction of conversation, noise, reflections of light, objects so arranged as to be difficult to see, all increase the frequency of blinking of the normal eye with normal sight. If the frequency of blinking is diminished under adverse conditions or from any cause the vision soon becomes imperfect.

The imperfect eye or the eye with imperfect sight blinks less frequently than the normal eye. Staring stops the blinking. The universal optical swing, the long or short swing when modified or stopped are always accompanied by less frequent blinking.

Blinking

Blinking is necessary to maintain normal vision in the normal eye. When blinking is prevented, the eyes become tired

and the vision very soon becomes worse. Some persons, without knowing it, will blink five times in one second as demonstrated by the camera. When regarding a large letter of a Snellen test card at twenty feet or one foot, while blinking consciously, the letter appears to move up while the eyelids close slowly, and to move downwards as the eyelids are slowly opened. This apparent movement is caused by shifting the eyes up and down while blinking. (Blinking causes the eyes to shift automatically.) Many patients are unable to shift their eyes a short distance with benefit. When blinking, they may fail to obtain relaxation, because they too often blink with an effort. It is possible for most patients to demonstrate that the shifting of the eyes up and down improves the vision, when blinking is done easily, without effort. Blinking is very important. It is not the brief periods of rest obtained from closing the eyes which helps the sight so much as the shifting or movements of the eyes. It should be repeatedly demonstrated that the eyes are only at rest when they are shifting.

Blindness

By W. H. BATES, M.D.

A GREAT many people are blind or have vision so imperfect that they are unable to find their way about a strange place with the aid of their eyes. They are usually an object of interest to their friends and are frequently recommended to try every new form of treatment which comes out that promises any relief. They are too often disappointed.

The orthodox ophthalmologist has been guided by a certain number of rules. For example: a patient who has no perception of light is at once considered incurable, no matter what may be the condition of the eyes. The first shock that I experienced in such cases was in that of a girl who had total blindness in one eye only, the other being fairly good. She had been to many physicians, and all pronounced her incurable because she had no perception of light in the blind eye. This was a long time ago, and at that time I did not know as much as I do now and told the patient that nothing could be done to improve the blind eye. The eye itself appeared normal. There was no opacity and no organic disease which I was able to find. She told me that one doctor said she was born with something wrong with the eye center in the brain, which accounted for the blindness in the one eye. However, I treated her, planning to improve the slight, imperfect sight that she had in the good eye. Much to my surprise, the vision in the blind eye simultaneously began to get better. The first improvement the patient noticed was that she could see strong light off to the outer side of the eye, while her vision straight ahead and to her left was still dark. One of the most remarkable things about the case was the rapidity with which the blind eye obtained perception of light when the vision improved for objects and letters of the Snellen Test Card. After two weeks of daily treatment the vision of the right eye had improved to 10/200, and at the end of another week she had 20/20. From the results of treatment and other reasons I believe that this was just a case of blindness from squint without the squint, which is called in the text books amblyopia ex anopsia. After doing her so much good, I expected that she would return or at least send word how she was getting along. She was not heard from again. I believe, if there had been any relapse, she might have returned. Sometimes these cases do relapse, and I learn the facts from friends of the patient.



Eyechart close to the face and move it side to side. If the vision is very unclear and the movement of the card cannot be seen: imagine it is moving. The letters will become clear. Then practice with the card at farther distances.

About five years ago a patient was led into my office, blind from retinitis pigmentosa. The vision of the right eye was perception of light, while that of the left eye was 5/200. The pupils of both eyes were small, and in order to examine the interior of her eyes her pupils were dilated with a weak solution of atropine. It was followed very quickly by an attack of acute glaucoma. This subsided after about two weeks. The vision of the better eye was lowered to perception of light while that of the right eye, which had been practically blind for many years, had improved to 10/200. This was a great surprise because it was so unexpected. After many months of daily treatment she obtained normal vision in the right eye and almost normal vision in the left eye. She stopped treatment against my advice. The case was published in the New York Medical Journal, February 3, 1917.

Glaucoma is a very treacherous disease. One may have an attack and recover promptly under treatment. The same patient may have a number of attacks of temporary blindness, but sooner or later the patient will suffer an attack of glaucoma with total blindness, from which no recovery follows spontaneously. The patient goes to some competent ophthalmologist, who at once tells him that there is no hope of anything being done. At one time I examined with a microscope six eyes which had been enucleated for the relief of great pain from absolute glaucoma. Not one of these eyes was imperfect in any way. Quite frequently I have seen cases of absolute glaucoma which came to me for treatment, and which were completely relieved by palming and obtained normal vision in a very few days or weeks, some in even a shorter time. One such case, about ten years ago, had pain so severe that he was unable to attend to his business, and had been strongly advised to have the eye removed. He came to me as his last resort. After a half hour of palming the pain disappeared, and has not returned since in all this time. I saw the patient a few days ago and he is still full of gratitude for the benefit he received.

If my method never did anything more than to relieve the tension and pain of glaucoma, I would feel that I had done something worth while. Whenever I think of those glaucoma cases I relieved, it is a very difficult matter for me to refrain from boasting. There are many eye doctors of my acquaintance who do not believe that palming does much for glaucoma,

although I have gone to a great deal of trouble to advertise the fact. So strongly impressed on the minds of ophthalmologists that absolute glaucoma is incurable, that I can understand how difficult it is for men of experience to imagine that any of these cases can be benefited. Some day, soon I hope, some doctor will try the palming on a hopeless case and be gratified to find that these cases can be helped. If he has the courage to publish the facts he will find that his brother practitioners will not be as severe with him as he might expect. Some eye specialists have privately observed my work; and, although they at the time admitted that I was right and everybody else was wrong, they hesitated to indorse any of my discoveries publicly.

Many patients have said to me: "You cured me after other doctors failed. When I went back to some of them and reported the facts, they had nothing to say. What is the matter with them?"

Recently I was asked if my methods were of any benefit to the blindness of babies who have lost their sight from an infection soon after birth. I believe that these cases can be prevented by the well-known simple treatment as most doctors agree, but after the disease has caused blindness very few or no doctors believe that much can be done to restore the sight.

Some years ago I treated a girl, aged fourteen, whose right eye was blind following a severe inflammation of her eyes soon after birth. She was unable to see moving objects with this blind eye, but had perception of light. I had her hold the Snellen Test Card in her hand, close to her face, and to move it from side to side for a half hour or longer. In the beginning she could not imagine that the card was moving, but by appealing to her common sense she admitted that she did move the card, and furthermore that although she could not see it move, she could imagine it. The next day she practiced in the same way, and told me that she could imagine some black specks on this moving card and that the card was beginning to look more or less white. In a week's time she was able, as a result of daily use of the card, to see about half the letters with the card held close to her eyes. In another week she read the whole card. Then the card was placed gradually further off, and at the end of about three months the opacity on the front part of her eye had almost entirely disappeared and her vision had improved to 20/20.

I wish to emphasize that many cases of so-called incurable blindness can be completely relieved. It is wrong for any doctor or group of doctors who cannot cure cataract, for example, without an operation, to insist that because they cannot cure it nobody else can.


Blinking

Blinking, when practiced properly, promotes relaxation or rest. The normal eye blinks continuously all day long when the patient is awake. At night, when the patient is asleep, a movement of the eyeballs can be seen which resembles the movement of the eyeballs when the eye blinks. When the eye blinks slowly and the upper eyelid is slowly closed, distant objects appear to move up. When the eyelids slowly open, objects appear to move down. This movement is usually accompanied by an improvement in the vision. Blinking is absolutely necessary in order to obtain continuous normal vision. The normal eye blinks unconsciously, easily, sometimes with great rapidity and at other times rather slowly. It is impossible to stop the blinking of the normal eye. Any effort to do so is a strain, which lowers the vision and, if kept up for some minutes or longer, produces pain, fatigue, dizziness, and other nervous symptoms.

The normal eye is shifting or looking from one point to another continuously, not only when one is awake, but also when one is asleep. This continuous movement of the eyes brings about a condition of perfect rest. To stare at one point for a few seconds or part of a minute is a difficult or painful thing to do. It requires a great effort which lowers the vision. It is not possible to see two black periods perfectly black at the same time. The only way that they can be seen perfectly black is to shift from one to the other alternately. It is not possible to see a large letter or a small letter perfectly without shifting or looking from one part of the letter to another part. It is well to realize that the human mind is not made to see more than one thing perfectly at a time. To see two or more things perfectly at the same time is impossible, but one can shift from one thing to another and alternately see each perfectly for a short time.

When regarding a person's face, it is impossible to see the whole face perfectly at once. It is necessary to shift from one part of the face to another to see those parts perfectly. If the shifting is more or less rapid, one gets the impression of seeing the whole of the face at once, when, as a matter of fact, only a small area is seen at a time.

One of my patients had normal sight in one eye and one-half normal vision in the other. He was very positive that he could see every letter of the Snellen test card perfectly at the same time. He was not aware that he shifted from one letter to the other, or that he shifted from one part to another of large and even small letters in order to see them clearly, or to be able to distinguish them at all. When he covered his good eye and looked with the poor one, he could read only one letter at a time. He was quite conscious that he did not see even the large letters perfectly; but when he practiced shifting with his poor eye, his vision improved not only for the large letters, but also for the small letters. It required considerable time and much patience to convince him that it was impossible for him to see all parts of any letter perfectly at the same time. When he demonstrated that staring lowered his vision, and that shifting improved it, he obtained normal vision in each eye.



Shift left and right from one period to the other.
One period at a time is seen clear in the center of the visual field. When looking at a period: shift on it: tiny part to tiny part to see it clear. Blink.

5 - BREATHING, Deep, Relaxed

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.

The Rabbit's Throat

DURING the past ten years a method of breathing has been practiced which has improved the vision of many patients after other methods had failed. It consists of depressing the lower jaw with the lips closed and lowering the tongue and muscles below the chin. At the same time one breathes in through the nose and throat in a manner somewhat similar to snoring and when done properly one can feel a coolness of the air while it passes down into the lungs. This method of breathing is accompanied with the eyelids being more widely open in a natural way without staring. **The ear passages, nose, and throat dilate. The tube which goes from the throat to the middle ear becomes more widely open, with improved hearing in chronic deafness which does not respond to any other treatment.** If one rests the chin with the thumb below it and the forefinger just below the lower lip, one can feel with the thumb the hardening of the muscles below the jaw accompanied with a decided swelling. By practice, the swelling and hardness increase. This suggested the title of the Rabbit's Throat because of a similar swelling below the rabbit's chin. **The tension of the other muscles of the body becomes relaxed.** There is a wonderful increase of muscular control. Music teachers have told me that the singing voice becomes much better because of the **relaxation of the muscles of the throat.** The involuntary muscles of the digestive tract become relaxed in a striking manner with the relief of many symptoms of discomfort. **Redness and inflammation of the mucous membranes of the eye, ear, nose and throat and the rest of the body are relieved in a few minutes with the aid of the Rabbit's Throat.**

The Rabbits throat method improves breathing, relaxes the muscles in the neck, head, improves ear function. This helps to improve eye muscle and eye function, clarity vision. The visual system is connected/functions with the ears, balance system. Other breathing methods are found in yoga exercises, abdominal/diaphragmic breathing.

Relaxed throat, neck = improved circulation to the head, ears, eyes = clear vision.

REST—Children of all ages are benefited by resting their eyes and minds for a few minutes, several times a day. Teachers realize the benefit of rest in the school-room, and books are laid aside, windows opened, and a few exercises with deep breathing, are practiced. I am not aware that the school authorities have ever been criticized for devoting this daily amount of time to rest.

#6 - MOVEMENT, Oppositional Movement 'The Swing'

Demonstrate

1 - That a short, swaying movement improves the vision more than a long sway. Place the test card at a distance where only the large letter at the top of the card can be distinguished. This may be ten feet, further or nearer. Stand with the feet about one foot apart and sway the body from side to side. When the body sways to the right, look to the right of the card. When the body sways to the left, look to the left of the card. Do not look at the Snellen test card. Sway the body from side to side and look to the right of the Snellen test card, and alternately to the left of it. Note that the test card appears to be moving. Increase the length of the sway and notice that the test card seems to move a longer distance from side to side. Observe the whiteness of the card and the blackness of the letters. Now shorten the sway, which, of course, shortens the movement of the card. The card appears whiter and the letters blacker when the movement of the card is short, than when the movement of the card is long.

2 - Demonstrate that when the eyes are stationary, they are under a tremendous strain. Stand before the Snellen test card at a distance of fifteen or twenty feet. Look directly at one small area of a large letter, which can be seen clearly. Stare at that part of the letter without closing the eyes and without shifting the eyes to some other point. The vision soon becomes worse and the letter blurs. Stare continuously, and note that the longer you stare, the more difficult it is to keep the eyes focused on that one point or part of the letter. Not only does the stare become more difficult, but the eyes become tired; and by making a greater effort, the eyes pain, or a headache is produced. The stare can cause fatigue of the whole body when the effort is sufficiently strong and prolonged.



Stand, face the eyechart, sway side to side. Sway right and look away to the right of the card. Sway left and look to the left of the card. Sway and look right, left, right, left... See the card appear to move in the opposite direction the eyes, body move, look to. Sway, move the body, eyes longer left and right and see a longer movement of the card. Sway shorter (6 in. or 1-3 in.) side to side and see the card move shorter and the vision become clearer. Small shifts, movements of the eyes (saccadic) and perfect central fixation on objects=clear vision.

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.



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 Thumb Movement



Move the thumb on the stationary finger tip in a 1/4 inch circle. Move clockwise for a while, then counter-clockwise. Move the thumb left and right, up and down... against the finger. Practice with left and right hands.

Rest the hand against an immovable surface. Place the ball of the thumb lightly in contact with the forefinger. Now move the end of the thumb in a circle of about one-quarter of an inch in diameter. When the thumb moves in one direction, the forefinger should appear to move in the opposite direction, although in reality it is stationary. In the practice of the universal swing, everything is imagined to be moving in the same direction, except the eyes. With the aid of the thumb movement,

however, one can imagine the spine and the head moving opposite to the direction of motion of the thumb, while the eyes, being fastened to the head, also move with the head and hand.

While watching the movement of the thumb, remember imperfect sight. At once, the thumb movement becomes irregular or may stop altogether. Demonstrate that any effort, no matter how slight, to see, remember or imagine, interferes with the movement of the thumb. The thumb is so sensitive to an effort or strain that the slightest effort is at once recorded by the motion.

While watching the movement of the thumb, remember perfect sight. Notice that the movement of the thumb is slow, short, continuous, and restful - with relaxation of all parts of the body.

Many patients have been successfully treated for pain, fatigue, and dizziness with the help of the thumb movement, after other treatment had failed. Some patients with severe pain complain that when they forget to practice the movement of the thumb, the pain comes back.

Not only have patients suffering from pain and symptoms of fatigue been relieved, but an equal number have been relieved of imperfect sight by the correct practice of the thumb movement.

Thumb movement done in various directions and with the left and right hands also activates, integrates the left and right brain hemispheres and eye movement, shifting.

MOVING

The world moves. Let it move. People are moving all day long. It is normal, right, proper that they should move. Just try to keep your head, or one finger, one toe, stationary, or keep your eyes open continuously. If you try to stare at a small letter or a part of it without blinking, note what happens. Most people who have tried it discover that the mind wanders, the vision becomes less, pain and fatigue are produced.

Stand facing a window and note the relative position of a curtain cord to the background. Take a long step to the right. Observe that the background has become different. Now take a long step to the left. The background has changed again. Avoid regarding the curtain cord. While moving from side to side, it is possible to imagine the cord moving in the opposite direction. By practice one becomes able to imagine stationary objects not seen to be moving as continuously, as easily, as objects in the field of vision.

Seeing objects at different distances move opposite each other improves relaxation, eye movement and the clarity of vision. It also helps people with very unclear vision distinguish one object from another object, improves the ability to look at and shift part to part on one object at a time. This improves shifting with central fixation which further improves the clarity of vision.

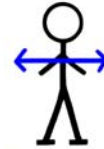
The speed of the movement of close and distant objects changes if the eyes look at close or distant objects when moving left and right. Normally when practicing moving left and right the eyes do not look at any objects - just let the eyes move along, pass by over objects in the visual field.

Universal Swing: When one becomes able to imagine all objects seen, remembered, or imagined, to be moving with a slow short, easy swing, this is called the Universal Swing. It is a very desirable thing to have, because when it is imagined with the eyes closed or open, one cannot simultaneously imagine pain, fatigue, or imperfect sight.

The universal swing can be obtained without one being conspicuous. With the hand covered, move the thumb from side to side about one-quarter of an inch, and move the eyes with the thumb. Stationary objects can be imagined to be moving.

When walking rapidly forward, the floor or the sidewalk appears to move backward. It is well to be conscious of this imagined movement.

Never imagine stationary objects to be stationary. To do this, is a strain, a strain which lowers the vision.



Hang a ruler or curtain cord in front of an open window with a view of distant objects.

Rock left and right in front of the window. Body, head, eyes move together, at the same time, in the same direction.

See the cord appear to move opposite the movement of the body, head, eyes while distant objects appear to move with the body, head, eyes in the same direction.

The cord and distant objects move against each other in opposite directions.

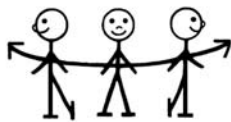


Move the thumb side to side 1/4 inch or, do the thumb on finger tip movement as described in previous chapters. Move the eyes with the thumb. Imagine stationary objects moving, 'the swing' when the eyes shift.

Try Dancing

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.



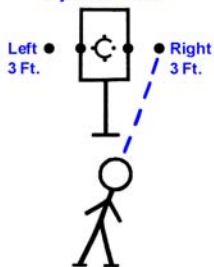
Long Swing

Swing the body left and right. Head/face, eyes, body move together, at the same time, in the same direction. See oppositional movement; objects in the visual field appear to move 'swing by' in the opposite direction. Do not stop to look at the objects. Keep swinging, relax and let them move.



Sway/rock left and right.

Eyechart-15 Ft.



+Look 3 Feet to the right of the eyechart. Then, look 3 feet to the left of the eyechart. +Notice the chart moves in the opposite direction the eyes, head, body move to. +Shift long, left and right on the sides of the chart and see a long, wide oppositional movement. (see dots, shift dot to dot) +Then shift shorter, left and right on the edges of the chart and see a shorter opposite movement. (see dots) +Then shift shorter, smaller- left and right, top and bottom on the letter C and see a short, small opposite movement. (see dots) +Shift point to point on a small part of the C and see a tiny opposite movement. Small eye shifts on a object bring clearer, more fine detailed vision. Central Fixation. Practice at far and close distances.

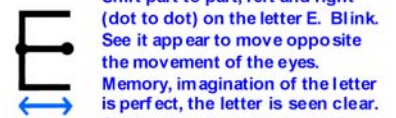
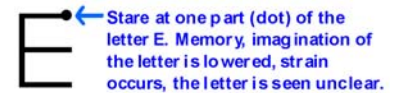
SWAYING

It is a great help in the improving of vision to have the patient demonstrate that staring at one part of a letter at ten feet or further is a difficult thing to do for any length of time without lowering the vision and producing pain, discomfort, or fatigue.

With the eyes closed it is impossible to concentrate on the memory or the imagination of a small part of one letter continuously without a temporary or more complete loss of the memory or the imagination.

When an effort is made to think of one part of a letter continuously with the eyes closed, the letter is imagined to be stationary. When the imagination shifts to the right of the letter a short distance and then to the left alternately, every time the attention is directed to the right, > the letter is always to the left, < and when the attention is directed to the left < of the letter, the letter is always to the right >. By alternating, the patient becomes able to imagine the letter is moving from side to side, and as long as the movement is maintained the patient is able to remember or imagine the letter. It can be demonstrated that to remember a letter or other object to be stationary always interferes with the perfect memory of the letter. One cannot remember, imagine, or see an object continuously unless it is moving. The movement must be slow, short, and easy.

When patients stare habitually, the eyes become more or less fixed, and are moved with great difficulty. When the patient stands and sways the whole body from side to side, it becomes easier to move the eyes in the same direction as the body moves. No matter how long the staring has been practiced, the sway at once lessens it.



Shifting, movement relaxes the mind, body, eyes, improves memory, imagination and clarity of vision.



Natural Eyesight Improvement Astigmatism chart. Look at, shift on, see darkest black and clearest one black line at a time. Trace along a line, Shift line to line.

Swinging

By W. H. Bates, M.D.

The muscles on the outside of the normal eye are at rest when the sight is normal. Any contraction of one or more of these muscles by pressure, by operation or by electrical stimulation always produces an error of refraction. The removal of the crystalline lens may be done without changing the form of the eyeball.

The normal eye has normal sight when it is at rest. It is at rest, or relaxed, when it is moving to prevent the stare, strain, or effort to see. When the patient becomes aware that his eye troubles are always caused by one of these three, all of which are difficult, he becomes able easily to maintain the swinging of all objects. (Oppositional Movement)

Shifting or moving the eyes from side to side with a similar movement of the head

improves the sight when done properly. It can be done wrong when the eyes move in a different direction to the movement of the head. In some cases, when turning the head to the right, the eyes may turn in the opposite direction, for example, at the same time. Cases have been observed where one or both eyes appear stationary while the head may be moving.

One patient complained that when he planned to move his eyes with the movement of his head that he was not conscious that his eyes were moving as desired or that the eyes were moving and not stationary.

In some cases the eyes would move irregularly and unconsciously a longer or a shorter distance than the movements of the head. When one or more of the patient's fingers were pressed lightly on the closed eyelids, the eyes could be felt to move rapidly, slowly, or in any direction.

The eyes may move to the right while the head moves opposite, or to the left. Swaying the head and body a long distance to the right or left may be accompanied by an apparent movement of stationary objects in the opposite or in the same direction. Stationary objects with a prominent background move opposite, while objects partly covered may appear to move in the same direction.

Some people have difficulty in practicing the swing successfully. They cannot imagine any stationary object to be moving no matter how much swinging is practiced. They usually complain that they cannot imagine stationary letters or other objects to be moving when they move their head or eyes. They feel absolutely certain that the stationary object is always stationary and cannot be expected to move when the body sways from side to side in a long or short movement.

It is absolutely necessary that all persons with imperfect sight should become able to imagine stationary objects to be moving. When an effort is made to imagine stationary objects to be stationary, the eyes become fixed or stare at the letter or other object and make an effort which always fails. A very successful method of teaching nervous people how to imagine stationary objects to be moving is as follows;

The Snellen test card is fastened to a support about fifteen feet away from the patient. When the patient looks at a point about three feet to the right of the test card, the card is to the left of the point regarded, and advances farther to the left when the point regarded is moved to the right. When the patient is directed to regard a point to the left of the Snellen test card, the card moves to the right side of the point regarded.

The greater the shift from one point to another, the wider becomes the swing. By repetition, the patient becomes able to realize that whenever a point regarded is to the right of the card that the card and all other objects are to the left of the point regarded. When the eyes move to one side of the card, the card moves to the opposite side and this movement of the card can always be demonstrated by insisting that the patient imagine the Snellen test card moves to the left every time the eyes move to a point to the right. (The original sentence was; ...insisting that the patient cannot imagine the Snellen test card moves...) The word cannot is thought to be a misprint and has been taken out.)

This method is always a truth without any exceptions because no matter how much the patient may insist that he is right, he has to acknowledge that when he looks to the right, the Snellen test card moves to the left, and this movement is so decided that it very soon becomes impossible for the patient to fail to imagine stationary objects to be moving whenever the eyes move from right to left, from left to right, or in any other direction. This demonstration may be made very convincing with a little time and patience. There are so many of these patients who have difficulty in imagining stationary objects to be moving when the eyes move from side to side or in other directions that the swing should be practiced.

Long Swing: The patient stands with the feet about one foot apart and turns the body to the right - at the same time lifting the heel of the left foot. The head and eyes move with the body, synchronized: eyes, head, body move together, same time, same direction. One should not pay any attention to the apparent movement of stationary objects. Do not look at the objects that are showing oppositional movement. Relax, swing and let the objects 'swing', pass by in the opposite direction. The left heel is then placed on the floor; the body is turned to the left as the patient raises the heel of the right foot. I usually advise patients to practice this right and left swing one hundred times morning and night, counting one to the right, two to the left, and so on.

Variable swing: The patient holds the forefinger of one hand six inches from the right eye and about the same distance to the right, as he moves the head a short distance from side to side. The finger should appear to move in the opposite direction to the movement of the head. This can also be done with the finger held between the left and right eyes, at eye level.

Universal Swing: The Patient stands and sways the body from side to side. While the body is moving, the eyes are moving, and stationary objects nearby (close objects) which have a background (distant object beyond close object) appear to move in the opposite direction to the movement of the head and eyes. Objects located at more distant points which have no background always appear to move in the same direction as the movement of the body.

If the finger is held before the eyes while the head is moved from side to side, one may, by practice, become able to imagine that everything connected with the finger, either directly or indirectly, is moving in the opposite direction, while the background is moving in the same direction. The universal swing is very beneficial and usually prevents and cures pain, dizziness, and other nervous symptoms.

Circular Swing: There is one objection to the universal swing and that is that at the end of the count to the right or left, the patient in some cases stares. This stoppage of the swing may be corrected by the



Variable Swing with finger to side of face. Move the head left and right and see the finger move opposite.



Variable Swing with finger in front, center of face, between the eyes, eye level.

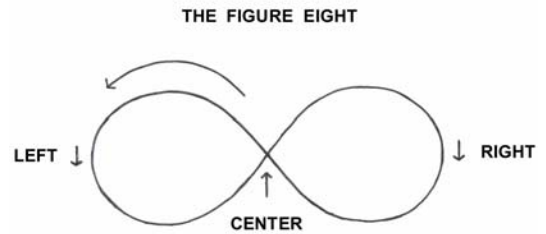


Sway/rock left and right.

practice of the circular swing, when all objects are imagined to move continuously in a circular direction. The circular swing may be remembered with the eyes closed and differs from the other swings in that the finger, Snellen test card, or other objects appear to move in a circular direction.

In the circular swing, the head and eyes are moved in a circular direction.

Square Swing: In the square swing, the head and eyes are moved in a horizontal line from one side to the other and then downward, across, upward, and across, without a stop being made in any part of the swing. Many patients can practice a square swing when they find it difficult or impossible to practice a circular swing. Either the circular or square swing may be practiced with the eyes open or closed. (The Figure Eight – Infinity Swing is an improved, modern version of the circular and square swings.



Not all persons can practice any particular kind of a swing successfully with the eyes open, but with the eyes closed, with the help of the memory and the imagination, almost any swing can be practiced with benefit. It is interesting to observe that swinging the head and eyes a long distance from side to side is more easily accomplished than a short movement, although a short swing when practiced properly is more beneficial. Practice the swings with the eyes open, closed, open and remember, imagine and see oppositional movement of objects.

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.

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 Eye chart. 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.

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.



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.

(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 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.

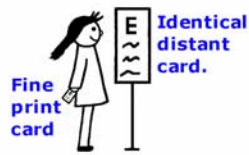
Imagine shifting left and right, top and bottom on a tiny fine print letter and feel the eyes move.

Imagine seeing the swing; the letter appears to move in the opposite direction the eyes shift to. Produces very clear vision.

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.



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 a 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.

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.



Shift left and right on the E and see it move in the opposite direction the eyes move to. Shift top and bottom, diagonally and in any direction.

Swinging

It is also beneficial while practicing this method to sway the body, head and eyes, a short distance from side to side, and imagine the card and the letters to be moving in the opposite direction. It may help you to imagine the card moving by regarding the background close to one vertical edge of the card. By swaying from side to side the edge of the card appears to move over the background. The shorter the movement of the body, head and eyes, the shorter is the movement of the card and the better is it remembered, imagined or seen. The short swing is more beneficial than the long swing. It is necessary to realize, however, that it doesn't require much of a strain to stop the short swing and blur the whole card. When the short swing stops, you should increase the swing or the swaying of the body from side to side, until the card can be again imagined to be moving. This combination of swaying, memory with the eyes

closed, and imagination with the eyes open, is a cure for hypermetropia.

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

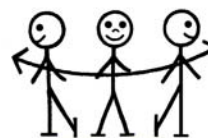
Swinging: When the eyes move slowly or rapidly from side to side, stationary objects appear to move in the direction opposite to the movement of the head and eyes.

PEOPLE with normal vision are not always conscious of the swing. When called to their attention, however, they can always demonstrate it, and are always able to imagine all stationary objects to be moving. In imperfect sight, the swing is modified or absent. This is a truth which has been demonstrated over a long period of years by a great many people, and no exceptions have been found.

The normal or perfect swing is slow, short, easy and continuous. When the swing is normal, it is always true that not only is the vision normal or perfect, but also the memory, the imagination, or the mental efficiency correspond. When the memory is imperfect, the imagination, the mental efficiency, and the sight are also imperfect.

All cases of imperfect sight from myopia, or near-sightedness, become normal when the swing becomes normal. The same is true in cataract, glaucoma, diseases of the optic nerve and retina. For example, a woman, aged sixty-three, was treated for imperfect sight from cataract. Her vision was 10/200, and was not improved by glasses. For twenty years she had not been able to read a newspaper with or without glasses. In three visits, with the help of the normal swing, her vision improved to 10/10 minus, with flashes of normal vision, and she read diamond type at twelve inches rapidly without glasses. Other similar cases have been relieved as promptly.

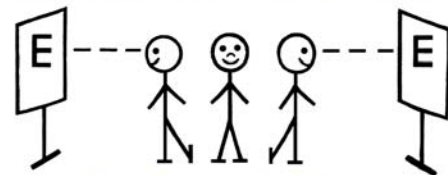
It is important to understand how the swing can be imagined. Some



The Long Swing

Swing and turn left and right. Swing, turn left-the heel of the right foot moves up. Swing and turn right - heel of left foot moves up. 50-100 times.

Long Swing relaxes the mind, body, eyes, activates eye shifting, clear vision. Do the Rock, (sway) a shorter swing for increased vision improvement. See oppositional movement.



The Long Swing with Two Eyechart

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.

people with mild cases of imperfect sight can imagine a letter or other object to be moving when they see or remember it perfectly. There are many others who fail. Severe pain, fatigue, or worry often prevent the demonstration of the swing. Blinking and palming are helpful in demonstrating the swing. The distance of the object regarded is important. The patient should be placed at a distance at which he can best demonstrate the swing. The distance varies with the patient.

It is unfortunate that many patients consider the swing complicated or impossible. However, they can usually demonstrate that a stare or strain lowers the vision. When holding a test card at a convenient distance from the eyes, patients may be convinced that the test card is seen better when moving. They may not profit by their experience, but continue to stare or strain, which always lowers the vision.

One patient was unable to imagine any kind of a swing. He was suffering from pain, mental depression, and imperfect sight for the distance. Reading the newspaper, even with glasses, was impossible. Since nothing he tried gave him any relief, I suggested that he stop trying to see and make no effort to imagine stationary objects to be moving. He practiced this while sitting in my waiting room. He paid no attention to the apparent movement of stationary objects, nor did he look at any object more than a fraction of a second. His vision after that improved from 20/50 to 20/10. He became able to imagine the movement of objects and demonstrated that all his pain and mental depression were caused by a stare or an effort to see all things stationary, when he regarded, remembered or imagined them. He was comfortable when he imagined objects moving or swinging, but very uncomfortable when he made an effort or imagined them to be stationary.

Recently, I tested the sight of a girl about ten years old. She read the Snellen card at ten feet with normal vision. She was asked: "Do you see any of the small letters moving from side to side?"

"Yes," she answered, "they are all moving."

"Now can you imagine one of the small letters stationary?" At once she quickly looked away and frowned.

"Why did you look away?" her father asked her.

She replied: "Because it gave me a pain in my eyes and head, and the letters became blurred. Don't ask me to do it again."

The experience of this child is the same as that of everyone, young or old, with perfect or imperfect sight. When the sight is normal and continuously good, to try to stop the swing of a letter or other object necessitates a strain,—an effort which always lowers the vision and produces discomfort or pain in one or both eyes.

It has been repeatedly demonstrated that a letter or other object cannot be remembered or even imagined perfectly and continuously, unless one can imagine it to be moving or swinging. Not only does the sight become imperfect, but also the memory, imagination, judgment, and other mental processes are temporarily lost. These facts should be known to teachers, because they greatly affect the sight, the mental efficiency, and the scholarship of their pupils.

When the memory, imagination and vision are normal, the eyes, the brain and the entire nervous system are at rest. The reverse is also true, for when the muscles and nerves of the body are not at rest, the sight, memory and imagination are imperfect, and the mental efficiency is lessened or lost.

It is impossible to imagine pain, or any symptom of disease and the normal swing at the same time. Children with whooping cough have been immediately relieved by the relaxation obtained from the swing. Many patients suffering from severe attacks of bronchitis have been promptly relieved in the same way. Angina pectoris, pneumonia, trifacial neuralgia, and other serious diseases have also been relieved after relaxation or rest was obtained with the aid of the swing.

The swing is generally beneficial. Some patients obtain more relaxation from one type of swing than from another. The long swing, however, is most helpful in a great many cases.

LONG SWING: Stand with the feet about one foot apart. Turn the body to the right, at the same time lifting the heel of the left foot. The head and eyes move with the movement of the body. Do not pay any attention to the apparent movement of stationary objects. Now place the left heel on the floor, turn the body to the left, raising the heel of the right foot. Alternate. Pain and fatigue are relieved promptly while practicing this swing. When done correctly, relief is felt in a short time. The long swing, when done before retiring, lessens eyestrain during sleep.

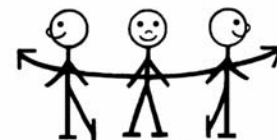
VARIABLE SWING: Hold the forefinger of one hand six inches from the right eye and about the same distance to the right. Look straight ahead and move the head a short distance from side to side. The finger appears to move in the direction opposite to the movement of the head and eyes.



Variable Swing with finger to side of face. Move the head left and right and see the finger move opposite.



Variable Swing with finger in front, center of face, between the eyes, eye level.



Long Swing

Swing the body left and right. Head/face, eyes, body move together, at the same time, in the same direction. See oppositional movement; objects in the visual field appear to move 'swing by' in the opposite direction. Do not stop to look at the objects. Keep swinging, relax and let them move.

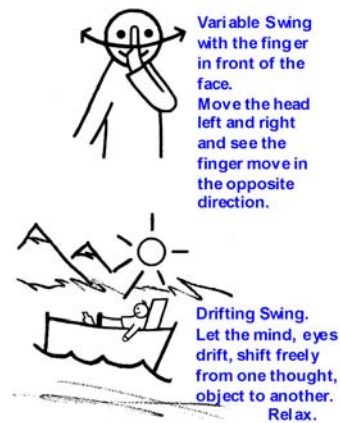
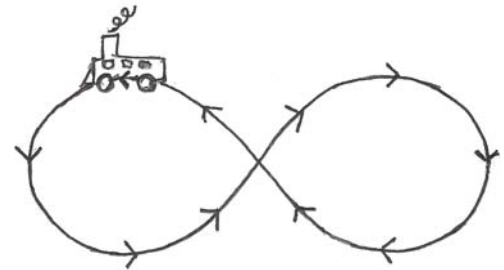
DRIFTING SWING: The patient does not think of nor regard anything longer than a fraction of a second. It is helpful in doing this for the patient to imagine himself floating down a river. He may be able to imagine the drifting movement of the boat in which he is floating, better with the eyes closed than with them open. In this case, alternate the imagination with the eyes open and with them closed. The imagination may be improved in this way.

SHORT SWING: When the sight is normal, one can demonstrate the short swing. When it is imperfect, one can demonstrate only the longer swing. When a patient with imperfect sight regards the Snellen test card at ten or fifteen feet, he may be able to imagine one of the letters on the card to be swinging a quarter of an inch or less. The imagination of a shorter swing always improves the sight. Some patients can imagine the short swing better with their eyes closed than with them open. Alternate the imagination of the swing of the letter with the eyes closed and with them open. By repetition, the vision of the letter with the eyes open will improve (at first in flashes, later more continuously), if the memory of the short swing is perfect with the eyes closed.

UNIVERSAL SWING: When the eyes are at rest, they are always moving. When the body is at rest, it can always be imagined, one part in turn, to be moving or swinging. The chair, on which the patient is sitting, is swinging. The floor, on which the chair rests, is also swinging. The walls of the room also swing when the floor swings. When one part of the building swings, one can imagine the whole building to be swinging. The ground, on which the building stands, is also swinging. When the ground swings, other buildings connected with it swing. One can imagine the whole city to be swinging, this continent and all other continents on the earth can be imagined swinging. In short, one can imagine not only that the whole world is moving, but also the universe, including the sun, the moon and stars. The practice of the universal swing is of the greatest benefit, for in this way one can obtain the maximum amount of relaxation.

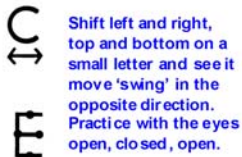
All objects appear to move, 'swing' in the opposite direction the eyes shift to. The Figure Eight shown on the right > is a new, improved version of a few different swings combined into one.

Trace up the center and to the left first for correct left and right brain hemisphere activation, integration.



Variable Swing with the finger in front of the face. Move the head left and right and see the finger move in the opposite direction.

Drifting Swing. Let the mind, eyes drift, shift freely from one thought, object to another. Relax.



Shift left and right, top and bottom on a small letter and see it move 'swing' in the opposite direction. Practice with the eyes open, closed, open.

THE VARIABLE SWING Oppositional Movement Conical Cornea Cured

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

Treatment for conical cornea and unclear vision.



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.

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.

The Baby Swing

YOUNG babies suffer very much from eyestrain. The tension of the eye muscles is always associated with the tension of all the other muscles of the body. Their restlessness can be explained by this tension. I was talking with an Italian mother in the clinic one day about restless children, and asked her why it was that her baby was always so quiet and comfortable when she came to the clinic, while many other babies at the same time were very restless and unhappy.

"Oh," she said, "I love my baby. I like to hold her in my arms and rock her until she smiles."

"Yes, I know," I said, "but that mother over there is rocking her baby in her arms, and the child is screaming its head off."

"Yes," exclaimed the Italian mother, "but see how she rocks it."

Then I noticed that the other mother threw the child from side to side in a horizontal direction with a rapid, jerky, irregular motion, and the more she jerked the child from side to side, the more restless did it become.

"Now, doctor," said the Italian mother, "you watch me."

I did watch her. Instead of throwing the child rapidly, irregularly, intermittently from side to side, she handled her baby as though it had much value in her eyes, and moved her not in straight lines from side to side, but continuously in slow, short, easy curves. The Italian mother picked up the other mother's child, and soon quieted it by the same swing.

I learned something that day.

#7 - MEMORY AND IMAGINATION

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



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.

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 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.

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.

Memory and Imagination

A perfect memory and perfect imagination cures myopia under favorable conditions. Patients who have a good memory of mental pictures have no myopia when the mental pictures are remembered or imagined perfectly. There are near-sighted people who, after a course of eye education, can look at a Snellen test card at ten feet or further and remember or imagine the white part of the card perfectly white and the black letters perfectly black. When this is accomplished, the myopia improves.

When school children regard the blackboard, they often half-close their eyelids, or stare and strain to see and thus produce myopia. When they can remember a mental picture of some small letter, and remember it as well with the eyes open as with the eyes closed, normal vision and a temporary cure of their myopia is obtained.

In myopia and other phases of imperfect sight, the white centers of all letters are imagined less white than the rest of the card. When the patient becomes able to imagine the white centers with a white background to be whiter than the rest of the card, the vision is improved and there is no myopia.

MEMORY AND IMAGINATION. The scholarship of children is affected by their memory of mental pictures. Measures which have been practiced by many school teachers for the preservation or the improvement of memory are quite numerous. When children learn how to remember some things perfectly, the memory of other things is improved. With a perfect memory, it is also possible to have a perfect imagination. We see only what we think we see, or what we imagine. When the imagination is perfect, the sight is perfect and when the sight is perfect, the memory is perfect. These and other clinical observations have demonstrated the truth that sight is largely mental. Perfect sight or imperfect sight is due to the condition of the mind. When the mind is healthy and active, perfect memory can usually be demonstrated, but when the mind has lost its efficiency, the memory becomes impaired. The memory is benefited by those methods which bring rest and relaxation. With the eyes closed, the memory is usually better than it is with the eyes open.

After regarding a letter which is seen imperfectly at a distance of ten feet or nearer, the student can remember the same letter more perfectly by closing his eyes. When the child can remember a perfect letter at ten feet with the eyes open, he soon becomes able to see and remember the same letter at eleven feet, and can gradually increase the distance to fifteen or twenty feet. Practicing the sway, alternately with the eyes open and with the eyes closed, is a benefit to the memory and the sight, because when the eyes are moving, a stare, strain or effort to see is more or less prevented.

When a line of letters on a Snellen test card can be read easily, it is usually possible to read some of the letters on the line below. However, if this cannot be done, have the child come closer, until all the letters of the bottom line are seen at a distance of five or ten feet. When a child cannot read all the letters on the 10 line at ten feet, he may be able to remember or imagine all the letters of the 10 line, with the eyes closed, better than with them open. By alternately closing the eyes for part of a minute or longer, and then opening them for only a moment, the vision improves.

A child may be able to see the first letter on the bottom line of the card when he is told what the letter is. Although he may not know what the second or third letters are, he may be able to actually see them and other letters on the bottom line by improving the vision of the first letter so that it is imagined perfectly. When the memory and imagination of the first letter is quite perfect, or sufficiently perfect to be distinguished, the eye becomes normal and the other letters are really

seen and not imagined.

A child, at some previous time, may have had an inflammation or disease of the eyeball, which caused his imperfect sight. For example, a scar, sufficiently thick to interfere materially with the vision, may have formed over the front part of the eyeball. A perfect memory or imagination of a letter with the eyes closed, always lessens the opacity, and the vision is always improved, at least temporarily. By repetition, the short periods of improved vision occur more frequently and last more continuously.

The imagination is very important, much more so than many of us believe. Some people think imagination is simply another word for illusion. However, it is possible to imagine correctly as well as to imagine incorrectly. Some people can imagine a truth perfectly, but react differently when they imagine things imperfectly.

A girl, twelve years of age, had unusually good vision. She was able to read the 10 line of a strange card, which she had never seen before, at fifty feet. She said that she could look directly at one letter of the 10 line and see it continuously, but when her eyes were observed while she was doing this, it was found that she shifted almost continuously.

Her memory was also unusually good. She was the only member of the party who could remember the names of the officers on the different steamers on which she had traveled to Europe. She remembered the numbers of her staterooms, as well as the numbers of the staterooms of the other members of the party. However, when she imagined all these things incorrectly, she felt decidedly uncomfortable, but when she remembered to imagined things perfectly, she felt no discomfort.

At school, her teachers considered her stupid, because she disliked some of her studies and devoted no time to those lessons. Her poor scholarship disappointed her family very much. She was very unhappy and decided to prove what she could do. About a week before the examinations, she read through her Latin textbook and remembered it perfectly. She also read her other textbooks and remembered what they contained. She asked to be examined in all her subjects and much to the surprise of the teachers, she passed the examinations with unusually high honors.

A student obtained high grades in history by creating movie pictures in his mind of every story, event he read in his history book.

He stole the history book for the next school year, read it during summer vacation (without pressure from teachers to hurry and get a perfect grade). In September he entered that class and earned all A's on his history papers.

+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 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.

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 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.

MEMORY AND IMAGINATION: A perfect memory is a great benefit in obtaining perfect relaxation of the eyes as well as all the nerves of the body. One cannot remember a letter or other object perfectly unless it has been seen perfectly. When the memory is perfect, the imagination may also be perfect. Some people with a good imagination find it easier to imagine a letter or other object perfectly when they do not expend an effort in trying to see it. Knowing what the letter is, with the aid of the imagination, one becomes able to imagine that it is seen perfectly. (Familiar objects, Eyechart)

It is well to keep in mind that many patients believe that they see large letters perfectly when they do not and they can

be tested by bringing the card up close to the eyes. The vision should be just as good at fifteen feet as it is at one foot. By improving the memory and imagination one improves the vision.

MENTAL PICTURES: The mind is capable of imagining all kinds of mental pictures. When the mind is at rest and the memory and imagination are perfect, all kinds of mental pictures are produced. When the mind is under a strain, the memory and imagination are imperfect and mental pictures are indistinct and cannot be remembered for any length of time. Central fixation when properly imagined is very helpful. With its aid a perfect mental picture may be obtained easily. When a mental picture is remembered easily and perfectly, the vision is benefited. Shift on the mental pictures. Imagine them as a movie, a motion, active picture in the mind.

Demonstrate That memory and Imagination improve the vision.

- +Look at the large letter at the top of the card and note that it may be more or less blurred.
 - +Close the eyes and remember or imagine the same letter perfectly.
 - +Then open both eyes and imagine it as well as you can.
 - +In a second or less, close your eyes and remember the letter perfectly.
 - +When this is accomplished open the eyes and imagine it as well as you can.
 - +Close them quickly after a second or less.
 - +Practice the slow, short, easy swing and alternately remember the large letter with the eyes closed for part of a minute or longer, and then open the eyes and imagine it as well as you can.
 - +When done properly, you will be able to improve your vision of the large letter until it becomes quite perfect.
 - +Then practice in the same way with the first letter of the second line.
 - +Improve your imagination of the first letter of the second line in flashes, until it improves sufficiently for you to recognize the next letter without looking at it.
 - +Improve the sight of the first letter of each line by alternately remembering it with the eyes closed for part of a minute and then flashing it (looking at/shifting on it) for just a moment, a second or less.
- You should be told what the first letter of each line is. With your eyes closed remember it as perfectly as you can. Then open your eyes and test your imagination for the letter for a very short time, one second or even less. Keep your eyes closed for at least a part of a minute, while remembering the known letter.
- The flashes of the known letter with the eyes open become more frequent and last longer, until you become able to see, not only the known letter, but other unknown letters on the same line.



Open - 'Flash' shift on the letter for a second or less, 'fraction of a second'.



Closed - Shift on the letter in the imagination, part of a minute, 10-30 seconds.



Open - 'Flash' shift on the letter for a second or less, 'fraction of a second'. Repeat.

Mental Pictures

MANY patients with imperfect sight complain that when they close their eyes to remember a white card with black letters, they usually fail and remember instead a black card with white letters. The vision of these patients is very much improved when they become able to remember a white card white, with the black letters remembered perfectly black. Imperfect memory, imperfect imagination, imperfect sight are all caused by strain.

One patient could not remember a white pillow, but by first regarding the pillow and seeing one corner best and all the other corners worse and shifting from one corner to another he became able, when closing his eyes, to remember one corner in turn best, and obtained a good mental picture of the whole pillow. One cannot see a pillow perfectly without Central Fixation. To have Central Fixation requires relaxation or rest. One patient who could not remember a large letter C of the Snellen Test Card, with the eyes closed, was able to remember the colors of some flowers, and then he was able to remember a letter C. In order to remember a desired mental picture one should remember perfectly some other things. This is a relaxation which helps to remember the mental picture desired. It is well to keep in mind that one cannot remember one thing

Clear



Close the eyes and remember, imagine, shift on a perfectly clear, in color, mental picture of a flower or any object that is easy, pleasant to remember. This relaxes the mind, eyes and it is then easy to remember, imagine a clear C. Open the eyes and the C is seen clear.



Clear



Practice shifting on and remembering, imagining a clear letter C with the eyes open, closed, open.



perfectly and something else imperfectly at the same time.

In my book is described the case of a woman with imperfect sight who could remember a yellow buttercup with the eyes closed, perfectly, but with her eyes open and regarding the Snellen Card with imperfect sight, she had no memory of the yellow buttercup.

Memory

By W. H. BATES, M.D.

When the sight is normal, the memory is perfect. The color and background of the letters or other objects seen, are remembered perfectly, instantaneously, and continuously.

ONE of the quickest cures of imperfect sight has been gained through the use of the memory. When the memory is perfect, the eyes at once become normal with normal vision. A perfect memory changes the elongated eyeball of myopia into the shorter length of the normal eye. No matter how high a degree of myopia one may have, when he has a perfect memory of some one thing, he is no longer myopic, but has normal eyes with normal vision.

An imperfect memory or an imperfect imagination may produce organic changes in the eyeball. The organic changes, which are present in many diseases of the eye, have been relieved with the aid of a perfect memory. In some cases the vision has been reduced to perception of light from scars on the front part of the eyeball. Perfect memory brings about the absorption of such opacities. A perfect memory has cured these obstinate cases.

Conical cornea is a very serious disease. Neither operation nor the use of drugs relieves or cures it. A perfect memory gives instant relief, the curvature of the cornea becomes normal, and the patient obtains normal vision.

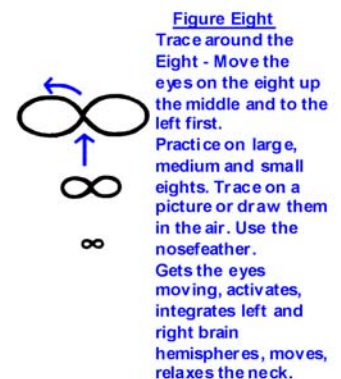
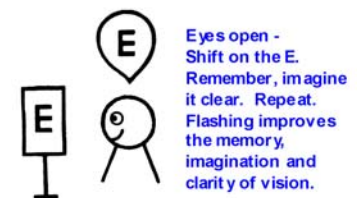
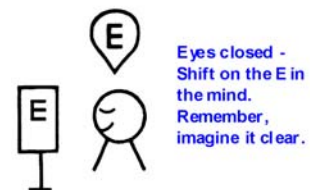
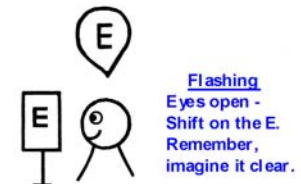
Glaucoma has been referred to as a very treacherous disease of the eye, because symptoms of blindness may become apparent at unexpected moments. The pain of glaucoma may be very severe. In most cases, the eyeball becomes very hard. The vision fails in a few hours, and all perception of light may be lost. These very severe cases are usually not benefited by operation nor drugs. The practice of a perfect memory has relieved all the disagreeable symptoms, and the vision has returned to normal.

There are patients who suffer from paralysis of one or more of the nerves connected with the eye. By resting the nerves or the muscles to bring about a condition of relaxation, which is best obtained by a perfect memory, the symptoms of paralysis are relieved. Paralysis of the nerves of the eye is caused by too great activity and is relieved by relaxation.

When one of the eyes has been injured or has a foreign body in the inside of the eyeball, the good eye may become affected and, in rare cases, may even be lost before the eye that has been injured is lost. This is called sympathetic ophthalmia. Through the use of the perfect memory, these cases, although of many years' duration, have been benefited and normal vision obtained. To be able to demonstrate a perfect memory habitually or unconsciously, it is necessary first to consciously remember with the eyes closed or open one thing perfectly, until an unconscious habit is formed.

A person can remember what his own name is without having a mental picture of each letter of the name. This is an example of what is known as an abstract memory. A concrete memory is a more perfect memory, because one remembers a mental picture of the object with the eyes closed, as well or better, than he can see it with the eyes open. One can remember perfectly only that which is seen perfectly. When a letter is seen perfectly, the whiteness of the card or page in the neighborhood of the black letter is imagined whiter than the rest of the card or page, or that part in which there are no black letters. The whiter that one can imagine the white in the neighborhood of a letter, or inside of the letter, enables one to see the blackness of the letter blacker than before. In other cases, where the whiteness in the neighborhood of the letter is apparently of the same whiteness as the rest of the card, the memory or the imagination of the black letter is imperfect.

Mental pictures are imagined perfectly when the memory is perfect. A great many patients complain that they are unable to remember mental pictures of the letters of the Snellen test card. They can remember what the letters are but have no mental pictures of them. To obtain perfect mental pictures, it is necessary that the sight should be continuously good. Most people, when they fail to imagine mental pictures, try to remember too much at once. When remembering a letter, it is not necessary to recall all parts of the letter. The memory of the color or one small portion of the letter is sufficient. The smaller the part of a black letter that you remember, the blacker it is, and the easier it is to recall. It should be emphasized that when one has a perfect



memory, central fixation can always be demonstrated. When central fixation is absent, the memory of the letter, as well as the imagination or the sight, is always imperfect. One can regard a point or a small part of a letter by central fixation for only a short time, not longer than a few seconds, without the memory becoming imperfect. Shifting is necessary to maintain a perfect memory, which is continuous. In other words, when practicing central fixation, the point regarded changes frequently.

Shift from part to part on the letter and the memory, mental and visual picture of the letter is clear.

After a demonstration that central fixation is necessary for a perfect memory, one patient became able to imagine, with his eyes closed, a small letter "O" with a white center as white as snow, starch, or any other white object that he had ever seen. He had no trouble in doing this. He said that he could remember it easily and quite continuously. Then I requested him to remember an imperfect "O," which was a shade of light gray instead of black. It had no white center, but was covered with a blur or a fog. He was able to remember it quickly, easily, for a few seconds, but when he was requested to remember the imperfect "O" for a minute or longer, the gray shade became darker and, at times, lighter, and the memory of the imperfect "O" became very difficult. In spite of all the efforts he made, he was unable to remember the "O" continuously. In strong contrast to the memory of the perfect "O" the memory or the imagination of the imperfect "O" was difficult. He agreed with me when I told him that in order to fail to see perfectly, he had to stare, strain, and make a tremendous effort. On the other hand, the memory or the imagination of the perfect "O" was spontaneous, easy, and continuous, and he experienced a feeling of general comfort in all his nerves. He was able to demonstrate that he could remember the perfect "O," provided he imagined it was moving, and that he could not remember it when he tried to imagine it stationary.

O is moving = The eyes are moving, shifting on the O.

Flashing is a great help in improving mental pictures. With the eyes open, one may see a letter quite perfectly and have a mental picture of that letter with the eyes closed for a fraction of a second. By repeatedly flashing the letter in this way, the mental picture becomes more frequent and lasts longer. When the sight becomes more continuously good, the memory is also benefited, and with this improvement in the memory, the mental pictures become more perfect. The converse is also true. When the memory is improved, the sight is improved. You cannot have a perfect memory by any effort or strain. The more perfect your memory, the greater is your relaxation, and the more perfect is your sight.

Memory, imagination, relaxation, clarity of vision function together, strengthen, improve each other.

Practice on eyechart letters and any objects at close, middle, far distances.

Memory and Imagination

A perfect memory and perfect imagination cures myopia under favorable conditions. Patients who have a good memory of mental pictures have no myopia when the mental pictures are remembered or imagined perfectly. There are near-sighted people who, after a course of eye education, can look at a Snellen test card at ten feet or further and remember or imagine the white part of the card perfectly white and the black letters perfectly black. When this is accomplished, the myopia improves.

When school children regard the blackboard, they often half-close their eyelids, or stare and strain to see and thus produce myopia. When they can remember a mental picture of some small letter, and remember it as well with the eyes open as with the eyes closed, normal vision and a temporary cure of their myopia is obtained.

In myopia and other phases of imperfect sight, the white centers of all letters are imagined less white than the rest of the card. When the patient becomes able to imagine the white centers with a white background to be whiter than the rest of the card, the vision is improved and there is no myopia.

MEMORY AND IMAGINATION. The scholarship of children is affected by their memory of mental pictures. Measures which have been practiced by many school teachers for the preservation or the improvement of memory are quite numerous. When children learn how to remember some things perfectly, the memory of other things is improved. With a perfect memory, it is also possible to have a perfect imagination. We see only what we think we see, or what we imagine. When the imagination is perfect, the sight is perfect and when the sight is perfect, the memory is perfect. These and other clinical observations have demonstrated the truth that sight is largely mental. Perfect sight or imperfect sight is due to the condition of the mind. When the mind is healthy and active, perfect memory can usually be demonstrated, but when the mind has lost its efficiency, the memory becomes impaired. The memory is benefited by those methods which bring rest and relaxation. With the eyes closed, the memory is usually better than it is with the eyes open.

After regarding a letter which is seen imperfectly at a distance of ten feet or nearer, the student can remember the same letter more perfectly by closing his eyes. When the child can remember a perfect letter at ten feet with the eyes open, he soon becomes able to see and



Look at, shift on a unclear letter on the eyechart. Close the eyes and shift on the letter in the mind and remember, imagine it clear. Open the eyes, shift on the letter, close the eyes and repeat. When the letter is clear, practice at farther distances. Do the reverse for close vision improvement.

remember the same letter at eleven feet, and can gradually increase the distance to fifteen or twenty feet. Practicing the sway, alternately with the eyes open and with the eyes closed, is a benefit to the memory and the sight, because when the eyes are moving, a stare, strain or effort to see is more or less prevented.

When a line of letters on a Snellen test card can be read easily, it is usually possible to read some of the letters on the line below. However, if this cannot be done, have the child come closer, until all the letters of the bottom line are seen at a distance of five or ten feet. When a child cannot read all the letters on the 10 line at ten feet, he may be able to remember or imagine all the letters of the 10 line, with the eyes closed, better than with them open. By alternately closing the eyes for part of a minute or longer, and then opening them for only a moment, the vision improves.

A child may be able to see the first letter on the bottom line of the card when he is told what the letter is. Although he may not know what the second or third letters are, he may be able to actually see them and other letters on the bottom line by improving the vision of the first letter so that it is imagined perfectly. When the memory and imagination of the first letter is quite perfect, or sufficiently perfect to be distinguished, the eye becomes normal and the other letters are really seen and not imagined.

A child, at some previous time, may have had an inflammation or disease of the eyeball, which caused his imperfect sight. For example, a scar, sufficiently thick to interfere materially with the vision, may have formed over the front part of the eyeball. A perfect memory or imagination of a letter with the eyes closed, always lessens the opacity, and the vision is always improved, at least temporarily. By repetition, the short periods of improved vision occur more frequently and last more continuously.

The imagination is very important, much more so than many of us believe. Some people think imagination is simply another word for illusion. However, it is possible to imagine correctly as well as to imagine incorrectly. Some people can imagine a truth perfectly, but react differently when they imagine things imperfectly.

A girl, twelve years of age, had unusually good vision. She was able to read the 10 line of a strange card, which she had never seen before, at fifty feet. She said that she could look directly at one letter of the 10 line and see it continuously, but when her eyes were observed while she was doing this, it was found that she shifted almost continuously.

Her memory was also unusually good. She was the only member of the party who could remember the names of the officers on the different steamers on which she had traveled to Europe. She remembered the numbers of her staterooms, as well as the numbers of the staterooms of the other members of the party. However, when she imagined all these things incorrectly, she felt decidedly uncomfortable, but when she remembered to imagined things perfectly, she felt no discomfort.

At school, her teachers considered her stupid, because she disliked some of her studies and devoted no time to those lessons. Her poor scholarship disappointed her family very much. She was very unhappy and decided to prove what she could do. About a week before the examinations, she read through her Latin textbook and remembered it perfectly. She also read her other textbooks and remembered what they contained. She asked to be examined in all her subjects and much to the surprise of the teachers, she passed the examinations with unusually high honors.

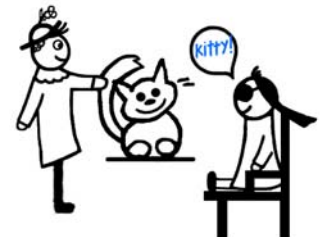
A student obtained high grades in history by creating movie pictures in his mind of every story, event he read in his history book. He stole the history book for the next school year, read it during summer vacation (without pressure from teachers to hurry and get a perfect grade). In September he entered that class and earned all A's on his history papers.

Esther

Esther, aged seven, first came to me in January, 1927, to be relieved of squint. She had worn glasses since she was three years of age for the relief of squint in the right eye. Her parents noticed, after she had worn glasses a short time, that she was more nervous than before. Later, they were much concerned because she acquired bad habits, such as holding her head to one side instead of straight, especially while studying and reading her school lessons. Her glasses were then changed. It was thought that wrong glasses had been prescribed because she still kept her head to one side as before, and her nervousness became more pronounced. The parents were told that in time the squint would be corrected if Esther wore her glasses all the time.

The squint continued to get worse instead of better, so the parents brought her to me. The vision of her right eye was 10/15, but in order to read the letters of the test card, she had to turn her head so that it almost rested on her right shoulder. Her left vision was 15/15 and she read the letters of the card in a normal position. I tested her right eye again, placing the card up close. She turned her head just as much to one side as she did when the card was placed ten feet away. I asked her mother to hold the child's head straight, and again told Esther to tell me what the letters were. I held the test card two feet away while she covered her left eye. She said everything was all dark, and she could see nothing.

It did not take me long to find out that Esther was a bright child, and that she would willingly do anything for the benefit of her poor eye. She said to me, "It is too bad that my sister should have two good eyes and that I should have only one good one." I encouraged her to follow my directions closely and I told her if she continued to do so and practiced as often as she should at home, that we would then try to correct the vision of the poor eye.



**Left eye covered.
Using the right
(squint) eye.
Mom touches a
familiar toy and
the girl names it.**

Palming, Memory, Imagination

I found her to be quite an artist. When her eyes were covered, I asked her if she could remember a drawing of some kind. "Oh, yes," she answered, "while my eyes are closed and covered I can imagine that I am drawing your picture."

I said, "All right, you keep on imagining that you are drawing my picture and later on I will let you sit at my desk and draw a picture of me." We talked about pleasant things for five or ten minutes while she had her eyes covered.

Long Swing

I then taught her to swing her body from left to right, glancing for only a second at the test card, and then looking away to her left. I purposely avoided having her swing to the right, because she had the desire, while reading or trying to see more clearly to always rest her head on the right shoulder. I drew her mother's attention to the fact that, as she swung, both eyes moved in the same direction as her body was moving. When she stopped blinking, which I had encouraged her to do rhythmically with the swing, her right eye turned in and her head also turned to one side.

After she had practiced swinging for a little while, I noticed that she gaped a few times, which meant that she was straining. It is good for parents to notice this, in helping the child practice for the relief of squint, and to stop all practice with the exception of closing the eyes to rest them.

When practicing the Long Swing for the first few times, for some people with squint, (wandering/crossed eyes) the eye may wander, cross. This occurs due to the Long Swings function of removing different types, multiple layers of strain from the mind, eyes, eye muscles and correcting left and right brain hemisphere function, integration and eye movement. A negative thought, emotion, experience may have initially caused the first strain, slight blur, then the person worries about the blur, starts squinting, staring and this causes a additional, different strain: worry, eye muscle, eyestrain. Blur is increased, wandering/crossed eye occurs or increases and more worry, strain, staring, squinting and trying to force the eye straight occurs—a third type of strain.

The Long swing and other Bates activities will remove all these strains and reverse the condition back to normal - straight eyes, clear vision.

Esther palmed again for a little while and then I showed her some celluloid toy animals and asked her to name each one of them. She named each one correctly with the exception of the buffalo, so I did not use that one for her case. If a child under treatment for squint is asked to tell things in detail, the child must be familiar with the objects. While she again covered her eyes to rest them, I placed animals on the floor five feet away from where she was sitting. I told her mother to touch each animal and have Esther name them. Out of eight animals, she named three incorrectly. They were among the last ones she tried to see. We then noticed that her head turned to one side in order to see them. All this time her left eye was covered.

Then I had Esther sit at my desk and asked her to draw my picture. The drawing was quite well done for a little girl of her age. She kept her head straight while drawing. When strain is relieved, the symptoms of imperfect sight are relieved also. She enjoyed drawing, therefore it did not produce a strain. When she was asked to read the test card letters, she strained in order to see them and the condition of her eyes became worse.

Esther was encouraged to do something that she liked at every treatment, such as writing figures from one to ten, or drawing a line without using a ruler. At the first attempt, the lines were very crooked and the figures not straight.

Swinging and palming, practiced several times daily, soon improved the right eye to normal. At the last visit, her head remained straight and the squint had entirely disappeared.

The vision of her right eye became better than normal, as far as reading the test card was concerned. She read the bottom line at twelve feet and seven inches. This line is read by the normal eye at nine feet. She did equally as well with the left eye, which, of course, had normal vision in the beginning.

To be sure that the child was entirely relieved of squint, I told her to look at my right eye, then at my left eye, then to my chin and other parts of my face as I pointed with my finger to each part. She followed me with both eyes moving and her head perfectly straight and as yet she has had no relapse.

IMAGINATION: Another method is to improve the vision by a perfect imagination. If the patient is unable to see the letters on a certain line, he is told what the first letter is and is directed to close his eyes and imagine that letter as perfectly as he can, and then alternate by imagining it as perfectly as he can with his eyes open. When the letter is imagined perfectly enough, other letters on that line when regarded are seen and not imagined.

It is very evident that one cannot imagine unknown letters. Therefore, if the vision improves by the use of the imagination, unknown letters when regarded are seen and not imagined. It has been repeatedly demonstrated that an opacity of the cornea which may be so dense that the pupil or iris are not seen, will clear up in some cases after the alternate imagination of a known letter or a known object is practiced with the eyes open and closed. When opacity of the lens is examined with the aid of the ophthalmoscope, the opacity becomes increased when the patient remembers imperfect sight. The memory of imperfect sight causes a contraction of the muscles on the outside of the eyeball, which in turn produces imperfect sight, cataract, cornea scar...



Shift dot to dot on the E seeing one dot clearest at a time in the center of the visual field.



The bird is seen clear by placing it in the center of the visual field. The eyes are looking at the middle of the bird, placing it in the exact center of the visual field. (See dot=exact center.) The dot (center) moves with the eyes as the eyes shift part to part, point to point on the bird seeing one part (actually one small point) clearest at a time.

MEMORY: The pupil is told to remember a small letter "o" with a white center which is whiter than other letters on the Snellen test card. A small letter may be imagined much better than large letters of the Snellen test card. When the facts are analyzed, it is discovered that the reason small letters are imagined better than large ones is because a small letter has not so much of an area to be seen. It is easier for the eye to remember or imagine a small object than a large one. A perfect letter "O" can only be remembered when no effort is made; an imperfect letter "O," on the contrary, is difficult to remember. When a letter "O" is remembered very black with a very white center, the vision is benefited because no effort is made.

A great many near-sighted patients believe that they can remember or imagine an imperfect letter "O" much easier than a perfect letter

"O." These people are encouraged to remember or imagine an imperfect letter "O," which helps them to understand and realize as thoroughly as possible that the memory or the imagination of imperfect sight is very difficult and requires a good deal of hard work, whereas the memory of perfect sight can only be accomplished easily without effort.



THE PERIOD: With the help of the imagination, alternating with the eyes open and closed, it is possible for many patients to remember or imagine they see a small black period. It may not necessarily be a black period but may have any color of the spectrum and be of any shape—round, square, triangular or irregular. It is impossible to remember or imagine a period that is stationary. It must always be remembered by central fixation and be moving. Some patients can imagine a period as small as it is printed in the newspaper. Unfortunately, it is difficult or impossible to teach all patients how to remember a period perfectly. The great value of the period is that when it is remembered perfectly, many serious diseases, such as opacities of the cornea, opacities of the lens, diseases of the retina and choroid, diseases of the optic nerve and blindness can all be relieved promptly.

MEMORY AND IMAGINATION: A perfect memory is a great benefit in obtaining perfect relaxation of the eyes as well as all the nerves of the body. One cannot remember a letter or other object perfectly unless it has been seen perfectly. When the memory is perfect, the imagination may also be perfect. Some people with a good imagination find it easier to imagine a letter or other object perfectly when they do not expend an effort in trying to see it. Knowing what the letter is, with the aid of the imagination, one becomes able to imagine that it is seen perfectly. (Familiar objects, Eyechart)

It is well to keep in mind that many patients believe that they see large letters perfectly when they do not and they can be tested by bringing the card up close to the eyes. The vision should be just as good at fifteen feet as it is at one foot. By improving the memory and imagination one improves the vision.

REST: Rest or relaxation of the nerves of the eyes, mind and all other parts of the body is necessary before perfect vision can be obtained. When the nerves of the body are at rest, it is possible to remember, imagine or see all letters or other objects perfectly. It is not possible to remember, imagine, or see anything without perfect relaxation. Perfect relaxation or rest comes without effort. When the mind is at rest, any effort to improve the memory, imagination or sight is wrong. (Use the memory, imagination in a easy, relaxed manner.) When the eye is at rest, it is perfectly passive. The eye at rest is never stationary: it is always moving. This seems a contradictory statement to make, but it is a fact which does not permit of any explanation.

PALMING: One of the best methods of obtaining relaxation is by palming. There is more than one way of palming. One very good way, however, is to cup both hands, press the sides of the palms together, and place the two hands over the closed eyes and in front of the nose. When done properly, all light is excluded, one sees black perfectly and relaxation is obtained.

BLINKING: When the normal eye is at rest, the eyelids are continually closing and opening. Blinking may be done so rapidly that it does not become conspicuous. Moving pictures (movies) have demonstrated that the normal eye may open and close, or blink, five times or more in one second. The habit of blinking may be acquired by remembering to blink at frequent intervals. All patients with 15 diopters or more of myopia may blink five times or more in one second when the eye becomes normal and myopic alternately five times in one second. There are no exceptions to this truth.

MENTAL PICTURES: The mind is capable of imagining all kinds of mental pictures. When the mind is at rest and the memory and imagination are perfect, all kinds of mental pictures are produced. When the mind is under a strain, the memory and imagination are imperfect and mental pictures are indistinct and cannot be remembered for any length of time. Central fixation when properly imagined is very helpful. With its aid a perfect mental picture may be obtained easily. When a mental picture is remembered easily and perfectly, the vision is benefited. Shift on the mental pictures. Imagine them as a movie, a motion, active picture in the mind.

Shift left and right on the E and see it move in the opposite direction.
+ Shift to the dot on the left, The E moves right.
+ Shift to the dot on the right, the E moves left.



Palming

Palm and imagine black or any pleasant object, scene... Think happy thoughts. Shift on objects in the mind, see them clear, in color, motion.

The Memory Swing

The memory swing relieves strain and tension as do the long or the short swings which have been described at various times. It is done with the eyes closed while one imagines himself to be looking first over the right shoulder and then over the left shoulder, while the head is moved from side to side. The eyeballs may be seen through the closed eyelids to move from side to side in the same direction as the head is moved. When done properly, the memory swing is just as efficient as the swing which is practiced with the eyes open, whether it be short or long.

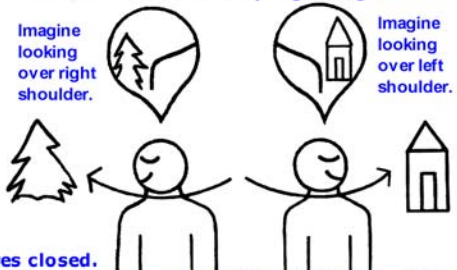
Feel the physical eyes move left and right when imagining moving left and right and when physically moving the head left and right. The eyes move in the same direction the mind imagines moving and the physical body, head moves. The brain works with the eyes.

This swing also relaxes, improves movement of the neck. Enjoy relaxation of the mind, eyes, head, neck, shoulders, body.

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. 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 practiced incorrectly, just as any swing may be done wrong, and then no benefit will be obtained.

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.

Mental Activity

By W. H. BATES, M.D.

IT IS a truth that activities of the mind under favorable conditions accomplish many things. As an example, let us consider the following case. A man, aged 30, employed in a distant city as a helper in a library, was treated about 15 years ago. He called to see me at about seven o'clock in the evening and remained with me for more than two hours. The patient was born with cataracts in both eyes. He also had amblyopia from birth. Some months previous to his visit, the cataract in both eyes had been removed. The vision of the right eye was very poor and not corrected by glasses. The vision of the left eye was worse than that of the right and also was not improved by glasses.


The treatment which was prescribed was to rest both eyes by closing them. His attention was also called to a known letter of the Snellen test card, a letter which he imagined better with his eyes closed than with his eyes open. When a known letter was regarded by central fixation, the vision improved. It did not take longer than half an hour to improve the right eye in this way, at first in flashes and then more continuously later.

At first he was able to flash the letters of the Snellen test card when he had momentary glimpses of the known letter very much improved. It did not take long before, much to my surprise, he was able to read all the letters on the lowest line at 10 feet. The vision of the left eye improved much more slowly, but after continual practice the vision of this eye became normal.

The eye which obtains improved sight by the aid of the memory and imagination very soon obtains improved vision for all the letters. It was demonstrated in this case and in others that the memory and the imagination of a known letter is a cure for myopia, hypermetropia, astigmatism, cataract, glaucoma, atrophy of the optic nerve, and other diseases of the eye.

With the aid of the retinoscope it has been demonstrated that the memory and the imagination are capable of improving the vision of these cases of refraction until the functional element is relieved. It is interesting to observe that these patients become able to see as well without glasses as they had previously seen with them.

Congenital cataract, traumatic cataract, and simple cataract have all been promptly cured with the aid of the imagination when it became as good with the eyes open as with the eyes closed. When one letter, a part of one letter, a period, a comma, or a semi-colon, is imagined as well with the eyes open as with the eyes closed, there follows almost immediately a temporary cure of imperfect sight. To understand how this can occur, one should demonstrate how imperfect sight is produced by an effort. It is a truth that the memory of imperfect sight has produced myopia, hypermetropia, and the increased tension of the eye in glaucoma. School children acquire myopia by a strain to see better. Some forms of concentration produce an inflammation of the retina similar to the imperfect sight of amblyopia ex anopsia. This must be a truth because it suggests proper treatment for amblyopia; namely, rest of the eyes.



Eyes closed. Shift left and right on a small letter E in the imagination. See it move 1/4 inch or less in the opposite direction the eyes shift to.

Amblyopia is very frequently associated with imperfect sight, an imperfect field which may be irregular in its outline. For

many years amblyopia has been considered by authorities to be incurable, but these cases have been studied in recent years so that now most authorities believe that amblyopia is usually curable. It is a fact that some individuals with amblyopia ex anopsia recover without treatment. It seems reasonable to believe, if a number of patients recover spontaneously, that the treatment suggested to achieve this result would be successful in obtaining a cure. Normal eyes have been observed to acquire amblyopia, which was increased by an effort or a strain to see. By the practice of relaxation methods the amblyopia is usually benefited or cured.

There are diseases of the choroid which for many years have been understood to be incurable. The fact that a strain or effort to see may produce choroiditis suggests that relaxation methods should be practiced in order to obtain a cure. Cases of this type are too often neglected because they have not been sufficiently studied. The proper kind of mental activity benefits and cures functional or organic diseases of the eye: Some patients suffering from choroiditis obtain benefit quickly, while others take a longer time.

A man, aged 25, complained of many disagreeable symptoms. With both eyes open his vision at fifteen feet was one third of the normal. He suffered very much pain. Treatment relieved this pain and made it possible for him to read at the near point. At ten feet he read the bottom line of the test card with his right eye, a vision of 10/10. With the left eye at ten feet, he read the 50 line. In a poor light, his vision for distance and for the near point was much below the normal with either eye. When he covered the closed eyelid of the right eye with the palm of his hand, he saw a field of green which continued to be evident for part of a minute. When the eyelids of the left eye were covered with the palm of his hand, he imagined the whole field to be red, changing to yellow and orange. When he produced those colors in his closed eyelids he complained of headache, dizziness, and considerable pain in both eyes.

Some months previous each eye had started to turn in at different times. A stare, strain, or effort to see better increased the squint of the left eye. When the left eye was covered, an effort to see produced a squint of the right eye, which turned in. An operation, which was a failure, was performed on the left eye by a prominent ophthalmologist. Shortly after the operation the left eye turned out almost continuously.

The patient was nervous. His mind planned very unusual things which lowered the vision of the right eye when he stood six feet from the card. When he regarded the Snellen card at six feet and a half, only half a foot further off, his vision became much worse. When he regarded a letter at seven feet that he remembered or imagined, the vision of the right eye became normal for a few minutes. When the illumination of the Snellen test card was imperfect, his vision became very poor.

At a distance of ten feet, in ordinary daylight, his vision became normal. At twelve feet the vision of the right eye was reduced to one fourth of the normal. Most of the time the vision of the left eye was imperfect at a near distance, five feet or further. He was able to read fine print at ten inches from his eyes. At twelve inches he could remember or imagine diamond type, which he read quite readily, but at the same distance, he was unable to read print which was five times as large as diamond type. Such cases are rare.

After resting his eyes by palming for long periods of time—one hour, two hours, or longer—the vision of the right eye was improved to the normal for a few hours, but the vision of the left eye was improved to 1/20 of the normal for a few minutes only. Under favorable conditions the vision of the left eye was decidedly improved. When the light was quite bright, the vision of the left eye improved, while the vision of the right eye became worse. At twelve inches or farther, he was unable to read any of the print.

It was interesting to study his mind while the left eye was reading the Snellen test card at different distances. There were times when he could straighten the left eye when the Snellen test card was placed at five feet or ten feet. This ability to straighten the left eye was very changeable. With the right eye covered, the left eye read one half of the Snellen test card at five feet. Later the large letters of the Snellen test card were distinguished at 20 feet, while strange to say, his vision at five feet or ten feet was very poor. At about the same time he could read the Snellen test card with normal vision with the left eye at twelve inches.

It was difficult to explain or to find out why it was that there were periods of time when the vision at the middle distance was poor and why the vision at 20 feet was good. Sometimes the vision at the middle distance would be almost entirely absent. It was difficult or impossible for me on many occasions to understand the idiosyncracies of this man's vision. Another important fact was that the patient himself could improve his vision for any distance desired by some activity of his mind which was neither a strain or a relaxation. This patient, like other and similar cases, was bothered by a large blind area which interfered seriously with his sight. There were times when he was able to increase the blind area while there were other occasions when the area lessened its size.

The activity of this man's mind was very uncertain, and neither he nor his friends could prophesy what was going to happen next. He discontinued coming to me before he was entirely cured and I have not heard from him since.

Glaucoma is a very serious, treacherous disease of the eyes. The principal symptoms are hardness of the eyeball and a contracted field with imperfect sight. By prescribing rest or relaxation of the eyes all cases of acute glaucoma have been benefited.

Recently a number of patients were seen suffering from a mild form of glaucoma. Usually the field was contracted on the nasal side, but there were periods of time when the contracted field was on the temporal side. One patient could consciously manipulate the size, form, and location of the blind area of the field. A large letter which would appear about three inches in diameter, when regarded by an eye with normal sight, would seem to some cases of glaucoma to be only an

inch or less in diameter. The large letter which was seen by the normal eye to be a dark shade of black would appear to some patients as brown, lavender, yellow, or fiery red when regarded at fifteen feet or farther. At twelve inches the letters of the Snellen test card might have almost any color.

The letters might appear to be single, double, or more numerous. Every other line of letters would appear to consist of a number of letters instead of being seen properly one at a time. The mental strain to accomplish this consciously was not understood. As a matter of common sense, one would expect that if one line of letters was seen double, all the lines of letters should be seen double. Sometimes the letters of one line would be apparently one above the other. Sometimes the double images appeared to be slanting. The ways that the patient mentioned that he was able to have imperfect sight were very numerous. One of the peculiarities of his case was that he was able to see small letters more clearly than large letters. The different ways that he could see imperfectly with the left eye were not duplicated with the right eye.

Another patient, a girl with a very high degree of near-sightedness, had difficulty in finding a way which would produce some improvement in her sight. After spending a good many months in studying the problem and in trying various methods, she became able, with the aid of a rectangular swing, a swing which was accomplished by moving one hand in a rectangular direction, to obtain benefit. A finger of one hand was moved in such a way that she appeared to be drawing a rectangle, three feet by one foot. The patient was very much thrilled to find that the improved vision occurred at the same time that she produced the rectangular swing.

(Original, partial versions of the modern Infinity, Figure Eight swing.)

Some patients improved their vision by practicing the vertical swing; others, by practicing the oblique or horizontal swing, obtained an improvement in the sight. The more the facts were investigated, the greater became the evidence that it is a mental strain which lowers the vision and not a local strain of the eye itself. In all cases of imperfect sight a mental strain can always be recognized. When this strain is relaxed, the vision always improves.

In the treatment of imperfect sight by eye education, the results should be obtained very promptly. One soon becomes able to remember many other ordinary objects besides the letters of the Snellen test card. When the memory becomes as good with the eyes open as with the eyes closed, the mental strain disappears and the vision becomes normal. This suggests that by practicing with the Snellen test card at a near point—three, five, or ten feet—the memory will become more nearly normal. Patients with high degrees of myopia have been cured very promptly, perfectly, and continuously by the memory of perfect sight.

It is very important that mental activity be understood, because imperfect sight is not possible without a mental strain. When a patient with very imperfect sight is benefited or cured by relaxation methods he is very much inclined to say that he does not *see* the letters on the Snellen test card—that he just remembers or imagines them. The mind of the patient with imperfect sight will always imagine things wrong, although the patient may not be conscious of this fact. For example, he may see a large letter E at fifteen feet, and make the statement that it is not a letter E, but that it is a letter O. The patient may argue about that for some time. When he is told that it is a letter E, he says that it can't be a letter E, that it must be something else.

In short, most patients are more apt to miscall large letters than to miscall small letters. Sometimes the letter E is not imagined or seen until the letter is brought a foot or two away. Then when the letter becomes known by regarding it at the near point, it may gradually be taken farther away and still be seen as a letter E. The next day when the E is regarded, it may not be seen, although it is known to be an E. It may be necessary to place the letter E closer to the patient again before it is recognized.

I have repeatedly stated that it is usual for patients to see a known letter better with the eyes closed than with the eyes open. In the treatment of such cases one should realize that the number of ingenious methods employed to make the sight worse are sometimes very remarkable. If the patient knows what is wrong with his eyes, the knowledge is a great help in obtaining a cure. Some patients have been told a number of times that when they know what is the matter with their eyes or their sight that they are more readily cured. By repetition, the vision of most people has been permanently cured. Staring, squinting, not shifting on a letter and remembering, imagining it unclear causes strain and blur. Experiencing this teaches the person to avoid it.

There are many ways of securing relaxation, but the best one of all is the simplest. The perfect memory of a house or a chair is a great help, but one obtains still greater assistance by the memory of a very small part of a chair. The smaller the object, the more perfectly can it be remembered, imagined, or seen. After the patient becomes convinced that he is suffering from a mental trouble as well as an eye trouble, progress toward a complete recovery in a very short time is obtained. Patients with a high degree of myopia have been cured by the memory of one half of a large letter, but others have been cured more quickly by the memory of a smaller area. Large letters are not seen, remembered, or imagined as well as small periods.



Double image of the letter E caused by imperfect vision. Shift on the letter, part to part, blink, relax, use central fixation and the letter will merge into one clear image.

#8 - SWITCHING, Shifting Close, Middle, Far

Switch the Visual Attention at Close and Far Distances

Each day I varied the treatment. One day I placed her by a window and had her shift from the fine print up close to her eyes to the distant signs which I called to her attention, and to tops of houses and other buildings. An American flag waved in the distance and shifting from the flag to the flagstaff helped her to see the staff more clearly and by keeping up the constant sway of the body, blinking easily, but steadily all the while, she became able to see the harbor in the distance and also the boats which were moored near the shore. She told me that this was the first time in her life that she could ever see at such a distance.

She was the means of changing the mind of a skeptical husband who thought that the Bates treatment was a myth or something like it. However, he decided that if palming and swinging was a good thing for his wife and could make her so much more contented in her home duties than she was before, that perhaps it would help him to be a more agreeable person in his office as well as in his home. With just a few suggestions from me, my patient treated him successfully at home, and her last report was that he was reading his newspaper and book type without the use of his glasses.

I realized more and more that if Dr. Bates could live until the end of time that it would be his cured patients who would advertise him in the right and only way. Times without number there have been magazine and newspaper writers, as well as authors of books who were cured after being treated by Dr. Bates who offered to advertise him in the way that they thought best.

Many years ago, without realizing that it would harm him, Dr. Bates allowed these grateful patients to advertise him in their own way. They unintentionally caused him much worry and concern with the medical profession. The only way to make Dr. Bates' work known to the world is to have his cured patients talk about the benefit they received and in that way help others who are suffering from defective vision. (Optical Industry Trying to Hide Bates Method From the Public.)

During the last treatment I gave my patient she read the various test cards, 15/15, with the exception of the black card with white letters, which she was able to read 15/10. Also, the floating specks had entirely disappeared after her third treatment. This case was very interesting, because it is seldom that one has presbyopia and myopia simultaneously.

To carry out treatment successfully, I try to be careful to vary the method of treatment at each lesson. I find it true also that if I try out things by myself, without the help of Dr. Bates, or his suggestions in the matter, that I fail sooner or later. Our students will benefit greatly by doing the same thing always. If the student is in doubt as to whether he or she can cure a difficult case, it is always best to write or come directly to headquarters and find out what is wrong. It is Dr. Bates' desire *always* to help the students to cure any case which may be difficult.

School Children By Emily C. Lierman Davey

Davey, eight years old, was very near-sighted, and the glasses he was wearing, made him nervous and irritable. His father had been told about the Bates Method and what could be done to restore perfect sight without wearing glasses. Davey's father brought the boy to me, although he was skeptical and his mother was even more so. I could tell by the little boy's attitude toward me that the Bates Method had been much discussed in the home circle, and that I was considered a sort of mystic worker.

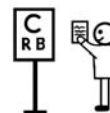
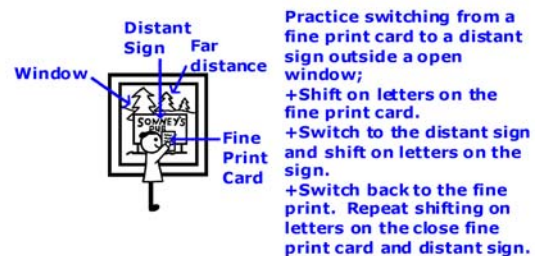
The first question Davey asked me was, "What are you going to do to me?"

I answered, "I am not going to do anything to you, but I will try to do a whole lot for you. I will help you to get rid of your thick glasses that I am sure you don't like."

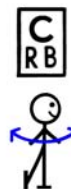
His answer was, "O, yes, I would like my glasses if I could see out of them. Father said that if you don't help me, he will try to find other glasses that will help."

I let the little fellow talk for a while, because I thought it would help me to understand him better. I told him I was especially interested in children and that it was always my delight to give school children better sight. I said I would not interfere with him, if glasses were what he wanted most. He said that he was afraid to play baseball or other games which might not only break his glasses, but perhaps hurt his eyes.

I tested his vision with his glasses on, and found that at ten feet from the regulation test card, he could see only black smudges on the white, but no letters. Then I placed the card six feet away. All he could see at that distance was the letter



Sway in front of the eyechart, shift on letters, blink and read a fine print card, then switch to the distant eyechart and shift on the letters, then back to the fine print. Repeat.



Swing in front of the eyechart and glance at letters.

on the top of the card, seen normally at two hundred feet. I then had him take off his glasses to see what he could read without them. He could not see anything at all on the card. I asked him to follow me to the window and to look in the distance and tell me what he could see. To the right of me, about one hundred feet away, there was a sign. The letters of this sign appeared to be about three feet square. One word of the sign had four letters. The first letter was straight and the last was curved, and had an opening to the right. I explained this to Davey, as I told him to look in the direction in which I was pointing, and then to a small card with fine print that I had given him to hold. I told him to read what he could of the fine print. He read it at two inches from his eyes. Under my direction, he alternately followed my finger as I pointed to the fine print and then to the building sign. He told me he could not see anything in the distance.

Davey felt very uncomfortable because of his poor sight and became rather restless. I told him to hold the fine print card closer, and not to read the print this time, but to look only at the white spaces between the sentences, and to blink often. He shifted from the white spaces of the fine print to the sign in the distance, watching my finger as I pointed, first to the near point and then to the distance. Suddenly, he got a flash of the first letter of the first word on the sign. This practice was continued for twenty minutes, and then we had a rest period. Davey sat comfortably in a chair and palmed his eyes. Children are very apt to become bored with anything that takes time and patience, and I know that Davey had little patience with anything regarding his eyes.

I asked him questions about his school work, and what subjects he liked best. He said he just loved arithmetic. I asked his father to give him an example to do while he palmed. The little fellow thought this was great fun, and without hesitation he gave his father the correct answer for each example. This gave Davey a rest period of fifteen minutes. His mother remarked that this was the first time she had ever noticed him sit quietly for so long a time.

Long Swing and Sway

Davey was then shown how to swing, by moving his body slowly from left to right, and getting only a glimpse of the letters on the card, at six feet. When he looked longer than an instant at the card, he leaned forward and strained to see better, but failed each time. When he learned not to stare, but to shift and blink while he swayed, his vision improved to 6/50. We returned to the window. I told him to shift from the white spaces of the fine print, which I held close to his eyes, then to the distant sign, and he became able to read all of the sign without any difficulty.

Much had been accomplished in one treatment and both parents were grateful. Davey was given a card with instructions for home practice. He returned three days each week for further treatment. Every time he visited me, I placed the test card one foot further away. Eight weeks after his first treatment, he read all of the test card letters at ten feet. This was accomplished by reading fine print close to his eyes, then swinging and shifting as he read one letter of the card at a time.

This boy has sent other school children to me as well as a school teacher with progressive myopia, who practiced faithfully until she was cured. Every week, she sent me a report about her eye treatment and the progress she made. Her pupils noticed that she had discarded her glasses, and after school hours she invited some of them, who had trouble with their eyes, to practice the Bates Method with her. In eight weeks' time, her vision became normal, and all her pupils, with the exception of three, are improving their vision without the use of glasses.

Test Card Practice

By Emily C. Lierman

My experience with school children and with people who are advanced in years has proved to me that daily test card practice is the quickest way completely to relieve eyestrain and imperfect sight. It is the custom always to give a patient a large test card with a small pocket size test card for home practice. Patients are encouraged to write for more help if needed further to improve their vision if they no longer come to the office for treatment. There is not a day goes by but that a patient will report that he did not have time to practice reading the test card for the improvement of his sight.

This is a natural thing, because most of us have more plans made for the day than we have time to carry out. For that reason we find the miniature test card very valuable. The card is just large enough to be placed in a dress or coat pocket. It is not necessary to spend any extra time at home in practicing with this card if the patient has a journey before him in going to or from business. Riding in trains, taxicabs, the subway or surface cars will give the patient time enough to improve the vision by practicing with the little card, even if it is only for ten minutes at a time.

If one is riding in the subway, either sitting or standing, one can use the small test card by holding it about six or eight inches away and shifting from a letter of the card to a sign directly opposite. If the print of a sign looks blurred, the print will soon clear up if one practices shifting and blinking from the letter of the card up close to the letter of the sign.

Many people whom I have helped in this way have enjoyed practicing with the signs and small test card because by the time they arrived at their destination their eyestrain was entirely relieved. It is so much easier then to use the memory for objects seen without effort or strain. One can remember part of the sign which was seen in the subway and if during the course of the day there should be a strong desire on the patient's part to put on glasses again, all he has to do is to close his eyes for part of a minute and remember that sign. Instantaneous relief sometimes follows and this encourages the patient to practice. These small test cards are always available at the Central Fixation offices for a very small sum and there is always someone there to explain how the card can be used successfully.

Children like the small test card with numerals. The numbers are distributed so that wherever the eye glances there is always some number which can be seen perfectly within a normal distance from the eyes. Children, as a rule, are not satisfied until the card can be read normally with each eye separately. Over each line of numerals there is a small number

indicating at which distance the normal eye should read it. School children who have never been to the office or seen Dr. Bates or myself have been able to improve their imperfect sight to normal by the daily use of this small card.

Sometimes children do need encouragement from their parents or from their school teachers, because they forget just as grown folks do when a thing should be done for their benefit. I have been asked this question many times: "How about younger children who cannot read or write?" For them we have a card called the "pothook" card which contains inverted "E's." It does not take long for a two-year-old to be taught how to say which way the "E's" are pointing. Children soon learn how to say whether the "E's" are pointing up, down, left or right. By shifting from one "E" to the other, they notice the white spaces between the lines of "E's." Unconsciously they notice that the black letter "E's" become blacker or appear to, which is a good thing for the sight.

The "pot hook" test card is also used for sailors who have difficulty in reading flag signals at sea. Many mid-shipmen from Annapolis are at the present time using this card for the benefit of their sight.

There is a small black card with white letters for those who are partially blind, which is of great benefit to them. Such a patient is placed with his back to the sunlight and while the sun is shining on the black card, the white letters appear more clear and white and by closing the eyes often, avoiding the stare, the vision is not only improved, but if there is any pain or discomfort it soon disappears. The patient is advised to hold the card up close to the eyes and while the card is moved slightly from side to side about an inch or two, relief soon comes. The patient is then advised to hold the card a little further away day by day.

Patients to whom the large test card beginning with the letter "C" is given at the first visit find the pocket size test card, which is a duplicate of the large one, a great help. They shift from the small card, which is held in the hand, to the large card which is placed ten, fifteen, or twenty feet away. The patient looks at a letter of the small card, closes the eyes to rest them for part of a minute and then looks at the card in the distance and sees the same letter on the same line, (Switching close and far on identical familiar objects) which in most cases becomes clear and easy to see without strain.

For those who do close work, more than one small test card is used. During work hours two cards can be placed on the desk, for instance, or near to their work. One is placed to the left and the other to the right at an even distance of about two or three feet, or a little closer. The shifting, which is done rapidly and only takes a second to do, is done by first shifting from the work to the card at the left, back to the work, over to the card on the right and back to the work.

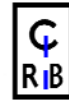
The patient soon notices that the small letters which were not seen clearly appear distinct. There are times when patients become discouraged because the sight does not appear to improve as rapidly as they expect. Sometimes the vision even becomes lower, which is discouraging. If those patients who have been to Doctor Bates can get in touch with him and explain just where the difficulty lies, the advice that will be given is sometimes all that is necessary.

I hesitate to mention my book to the subscribers of our magazine, but I always mention it to my patients. In it I have described as carefully as I could how important it is for patients to continue practicing after they have seen the Doctor. It is written so that everyone with eye trouble will find an article which will apply to his case. Those who have Dr. Bates' book find my book of additional help, and it is because of this that I mention it at this time. At the time the articles for my book were written, I had some blind and partially blind patients, an account of whose cases can be found in my book. Since the book has been written I have had further experience in treating difficult cases, which I try to explain in each number of the magazine.

I have found that practice with microscopic type is most helpful in near-sightedness. The patient holds the fine print as close as he can, looking at the white spaces between the black lines of type while blinking and then looking out of a window, for example, or at a distant corner of the room. Then looking at, shifting on the black fine print, remembering, imagining and seeing the fine print dark black and clear, then looking to the distant object and remembering, imagining, seeing it clear. Practice shifting on, remembering, imagining the fine print, then distant object, then fine print again, then distant object again... clear with the eyes: open, closed, open. Practice with both eyes together, then one eye at a time, then both together again. If vision is less clear in one eye, practice extra time with that eye to bring the vision equal, perfect in both eyes. Patch the eye not in use.

As I have said in this magazine before, all cases cannot be treated alike. There may be in one room at the same time ten or more cases of myopia, cataract, glaucoma or any other disease of the eye, and yet perhaps only one of the group would respond to one kind of treatment. For that reason, all cases have to be studied by the doctor or teacher and if one method of treatment does not help, another method must be applied immediately, so that the patient does not become discouraged. It takes just as much time in a great many cases to cure a simple case of imperfect sight as it does a more

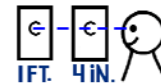
Distant chart - shift on the C.



Identical small close chart-shift on the C.



Shift on letters on two identical eyecharts placed at close and far distances. Use the memory, imagination; Shift on and remember, imagine the letters clear with the eyes open, closed, open.



Shift on letters on two identical eyecharts placed at two different close distances to improve: accommodation, unaccommodation, convergence, divergence and clarity of vision at all close distances.

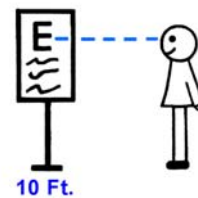
serious eye trouble, and yet it does not require a college education to be able to be cured of imperfect sight by the Bates Method. Switching, shifting on letters on two – three identical eyecharts (or 2-3 identical fine print cards) at two-three different close distances improves close vision and reading distance.

Test Card Practice

By **EMILY A. BATES**

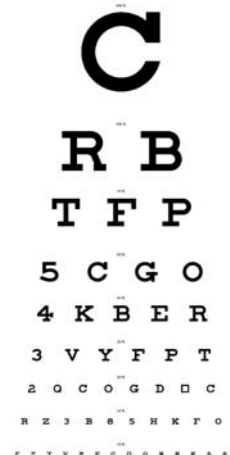
Editor's Note—The following is taken from Mrs. Bates' (Lierman) book, "Stories From The Clinic". Although the majority of our subscribers have Mrs. Bates' book, we believe that these suggestions can always be re-read with benefit.

1. Every home should have a test card.
2. It is best to place the card permanently on the wall in a good light.
3. Each member of the family or household should read the card every day.
4. It takes only a minute to test the sight with the card. If you spend five minutes in the morning practicing, it will be a great help during the day.
5. Place yourself ten feet from the card and read as far as you can without effort or strain. Over each line of letters are small figures indicating the distance at which the normal eye can read them. Over the big C at the top of the card is the figure 200. The big C, therefore, should be read by the normal eye at a distance of two hundred feet. If you can read this line at ten feet, your vision would be 10/200. The numerator of the fraction is always the distance of the card from the eyes. The denominator always denotes the number of the line read. If you can only read the line marked 40 at ten feet, the vision is 10/40.
6. If you can only see the fifth line, for example, notice that the last letter on that line is an R. Now close your eyes, cover them with the palms of the hands and remember the R. If you will remember that the left side is straight, the right side partly curved, and the bottom open, you will get a good mental picture of the R with your eyes closed. This mental picture will help you to see the letter directly underneath the R, which is a T.
7. Shifting is good to stop the stare. If you stare at the letter T, you will notice that all the letters on that line begin to blur. It is beneficial to close your eyes quickly after you see the T, open them, and shift to the first figure on that line, which is a 3. Then close your eyes and remember the 3. You will become able to read all the letters on that line by closing your eyes for each letter.
8. Keep a record of each test in order to note your progress from day to day.
9. When you become able to read the bottom line with each eye at ten feet; your vision is normal for the distance, 10/10.
10. The distance of the Snellen test card from the patient is a matter of considerable importance. However, some patients improve more rapidly when the card is placed fifteen or twenty feet away, while others fail to get any benefit with the card at this distance. In some cases the best results are obtained when the card is as close as one foot. Others with poor vision may not improve when the card is placed at ten feet or further, or at one foot or less, but do much better when the card is placed at a middle distance, at about eight feet. Some patients may not improve their vision at all at ten feet, but at one foot. While some patients are benefited by practicing with the card daily, always at the same distance, there are others who seem to be benefited when the distance of the card from the patient is changed daily. Experiment with the test card placed at a variety of close, middle, far distances.



Read the test card daily in good light, sunlight is best. Shift on a letter and remember, imagine it clear, correct with the eyes open, then in the imagination with the eyes closed, then with the eyes open again. Repeat. Blink. Practice on smaller letters. Practice with both eyes together, one eye at a time, then both eyes together again. Practice with the chart at various distances 5 ft. to 200 ft. + Practice on fine print at 20 inches and closer to 3, 2, 1, inches from the eyes.

20 Ft.
20 LINE



Better Eyesight in Schools

By a **Superintendent of Public Schools**

Editor's Note -The following was written by a superintendent of public schools who not only helped his own eyes, but also helped the nurses to help the children. Permission was given these nurses to attend the clinic so that they could test the vision of each child and make records accordingly. Further advice was given by Dr. and Mrs. Bates and the work was carried

on so that within a year's time it was noticed by those not interested in the Bates Method that there were less eye-glasses being worn by the school children.

UNDER the direction of our school nurse, a Snellen test of the eyes of all our pupils was made. A novel health experiment was begun, a campaign for "Better Eyesight." A second test was made in order to verify the value and progress in this phase of health work which showed marvelous, practical, successful results. Only the skepticism of principals, teachers and pupils, and the lack of faithfulness in carrying out its conditions, prevented the wonderful results achieved from paralleling those of an Arabian Night's story.

A Snellen test card was placed permanently in the class rooms. 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 of 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.

Some years ago the same system was introduced into some of the schools of New York City 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.

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 greatly lightens their labors.

9 - SUNLIGHT, Sunning

Sun-Gazing

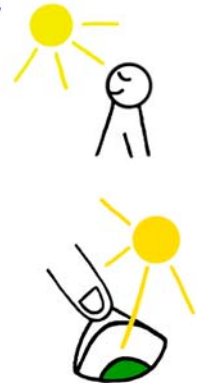
By W. H. BATES, M.D.

IT is a well-known fact that the constant protection of the eyes from the sunlight, or from other kinds of light, is followed by weakness or inflammation of the eyes or eyelids. Children living in dark rooms, where the sun seldom enters, acquire an intolerance for the light. Some of them keep their eyes covered with their hands, or bury their faces in a pillow and do all they possibly can to avoid exposure of their eyes to ordinary light. I have seen many hundreds of cases of young children brought to the clinic with ulceration of the cornea, which may become sufficient to cause blindness. Putting these children in a dark room is a blunder. My best results in the cure of these cases were obtained by encouraging the patients to spend a good deal of the time out of doors, with their faces exposed to the direct rays of the sun. In a short time these children became able to play and enjoy themselves a great deal more out of doors, exposed to the sunlight, than when they protected their eyes from the light. Not only is the sun beneficial to children with inflammation of the cornea, but it is also beneficial to adults.

When the patient looks down sufficiently, the white part of the eye can be exposed by gently lifting the upper lid, while the sun's rays strike directly upon this part of the eyeball. In most cases it is possible to focus the strong light of the sun on the white part of the eyeball with the aid of a strong convex glass, being careful to move the light from side to side quite rapidly to avoid the heat. After such a treatment, the patient almost immediately becomes able to open his eyes widely in the light. Plain sunlight (without use of the convex glass) is also very effective. Glass filters the light causing unbalanced, unhealthy (not full spectrum) sunlight to contact the eyes. The convex glass is only used by a experienced eye doctor and only in cases of extreme vision impairment, blindness and is not applied too often.

Looking at the bright area of the sky on a sunny day, (not directly into the sun) and closed eye sunning while facing directly at the sun are safer alternatives. **MOVE THE EYES, HEAD WHEN SUNNING.**

Sunning - face the sun, eyes closed, move the head side to side.



Sunlight shining on the sclera, white part of the eye. Person looks down, eyes pupil under the lower eyelid. Upper lid is pulled up to expose the sclera to the sunlight.

Demonstrate Sunning and use of the Sunglass

1 - That sun treatment is an immediate benefit to many diseases of the eye.

Before the treatment, take a record of your best vision of the Snellen test card with both eyes together and each eye separately without glasses. Then sit in the sun with your eyes closed, slowly moving your head a short distance from

side to side, and allowing the sun to shine directly on your closed eyelids. Forget about your eyes; just think of something pleasant and let your mind drift from one pleasant thought to another. Before opening your eyes, palm for a few minutes. Then test your vision of the test card and note the improvement. Get as much sun treatment as you possibly can, one, two, three or more hours daily.

When the sun is not shining, substitute a strong electric light. A 1,000 watt electric light is preferable, but requires special wiring. However, a 250 watt or 300 watt light can be used with benefit, and does not require special wiring. Sit about six inches from the light, or as near as you can without discomfort from the heat, allowing it to shine on your closed eyelids as in the sun treatment.

2 - That the strong light of the sun focused on the sclera, or white part of the eyeball, with the sun glass, also improves the vision.

After the eyes have become accustomed to the sunlight with the eyes closed, focus the light of the sun on the closed eyelids with the sun glass. Move the glass rapidly from side to side while doing this for a few minutes. Then have the patient open his eyes and look as far down as possible, and in this way, the pupil is protected by the lower lid. Gently lift the upper lid so that only the white part of the eye is exposed, as the sun's rays fall directly upon this part of the eyeball. The sun glass may now be used on the white part of the eye for a few seconds, moving it quickly from side to side and in various directions. Notice that after the use of the sun glass, the vision is improved.

Myopia and Presbyopia Relieved By Treatment

Floating Specks Relieved

By Emily C. Lierman

A woman, aged 51, whose vision had been impaired for a good many years, thought that she would try the Bates treatment and see if she could in time discard her undesirable glasses. When I tested her eyes, her vision was 15/70 with the right eye and 15/200 with the left. When I first meet a person I have an unconscious habit of looking at the eyes and I noticed particularly that this woman seldom blinked. She had worn glasses for twenty years, but recently she had worn them only at the theater, movies and in places where the light was dim.

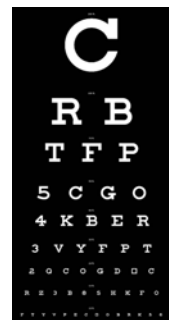
She complained of floating specks which at times seemed to her like miniature airplanes or tiny round white circles with gray centers. She boasted about being able to multiply these imaginary things floating before her eyes and to see them just as clearly with her eyes closed as she could with them open. It is hard to even imagine how terribly she strained in order to bring about such a condition.

She told me that previous to her coming to me she had visited an eye specialist who examined her eyes thoroughly and who told her that he could see no condition of her eyes that would cause floating specks, and that the retinas of her eyes were perfectly clear. He diagnosed her case as progressive myopia and then gave her a stronger pair of glasses than she had been accustomed to wearing. It was because of these stronger lenses and the discomfort that she experienced in trying to get accustomed to the wearing of them that prompted her to come to me.

The black card with white letters was used in testing the sight of my patient. While she was resting her eyes by palming, I placed the test card ten feet from her eyes instead of fifteen, just to see how much more she could read at a nearer distance. After a short period of palming, I asked her to read the card again and her vision had improved to 10/50. I was glad to see this improvement even though it was slight. However, I thought that it might have been her right eye which was reading the 50 line, even though she was reading the card with both eyes.

I wanted to be sure that improvement had been made, so I asked her to cover her right eye and read the card again with the left. She read up to the 50 line just the same, which I thought was a good improvement in so short a time. I told her how other patients had improved by practicing many times a day at home and that if she would follow my directions, and come to see me for a few lessons that she would make steady progress.

A few days later she came again and I noticed that she had acquired the habit of blinking. This was encouraging, because it is not often that patients who have only had one treatment can remember to keep up this good habit (correct vision habit) which is done unconsciously by people who have no trouble with their eyes. I did not mention this to the patient because I was afraid to make her conscious of the fact and again unconsciously get into her bad habit of staring. However, I made note of this in my record and the last time I saw her I drew her attention to it, which pleased her.



Look at the white spaces between sentences of fine print at a close distance to relax the mind, eyes and then look at, shift t on letters on a distant eye chart and see the letters clear.

Read fine print close to the eyes, in the sunlight daily or a few times a week for clear close and distant vision.

During her first treatment I did not make any special effort to relieve her trouble with the floating specks, nor did either one of us mention it. Before I tested her sight at her second treatment, she said she had something to tell me. She noticed for the first time that in trying to increase the number of floating specks which she formerly was able to do, she had produced a terrific pain in both eyes and so she stopped doing it.

At my patient's second treatment I used the black test card and I gave her a card with diamond type to hold near her eyes. I gave her the usual advice, saying that she was not to try to read the print but only to look at the white spaces between the lines of fine type. Closing the eyes often and remembering the white spaces helped her to see the letters of the distant card, seeing one letter at a time and then looking to the white spaces of the fine type. She read 10/40 with each eye separately, seeing each letter clear and white. She remarked that the whiter the letters appeared to her, the more black became the background of the card.

At her first treatment I noticed that the sclera or white parts of both her eyes were bloodshot and looked as though she did not get enough sleep. I wrote this in my record of her case, but I said nothing about it to her. At this, her second visit, I noticed that the patient's eyes looked clear and the white parts were as white as my own eyes.

I placed her before a mirror and told her to blink and to look at her right eye and then at her left. This helped her to see that her eyes were moving while she blinked. It was then that she remarked how white the white parts of her eyes were. I enjoy treating a patient like her because there is a great deal of satisfaction in having the patient know that there has been an improvement in so short a time. She told me that her husband had read to her for one whole hour while she was palming or just keeping her eyes closed and resting her arms on her lap or on the arms of her chair.

I gave her more advice about what she was to practice at home and then two days later I saw her again. This time I asked her to hold the fine print as close as she could read it and to read what she saw on the little card. During her first treatment, I did not ask her to read the fine print because I thought she would have no trouble in reading it. I was much surprised to hear her say that she could not read it.

I was out-of-town treating patients at this time and as I was away from Dr. Bates, I was not allowed by the medical authorities to use a retinoscope or an ophthalmoscope, or to do any examining of the eyes of any kind. I was perfectly willing to abide by the law and was told particularly by Dr. Bates himself to do so. Therefore, I could not determine just what was wrong and why, when she was myopic, she could not read fine type as most myopic patients can. However, that did not worry me in the least because all the articles comprising my book were reports of cases treated by me during more than nine years when I did not at any time use any apparatus in the treatment or in the cure of these cases. I did, however, use a sun glass.

This patient was sitting near a window with her back to the sun. I asked her to stand up while I turned the chair the opposite way and told her to keep her eyes closed as she sat in the sun, while I used the sun glass on her closed eyelids. I timed this treatment and gave her exactly eight minutes of the sun, focusing the sun glass on the closed eyelids, at the same time advising the patient not to open her eyes even for a second. Then I pulled down the shade to shut out the sunlight and immediately after opening her eyes she became able to read all of the fine print. And this with just that one treatment with the sunlight. After that she gave her eyes sun treatment many times a day and remained in the sunshine as much as possible, discarding her parasol which she usually carried with her and also leaving off her hat whenever it was possible.

All patients do not have the advantages which this patient had, I know. Yet patients are cured who have no chance to take sun treatment during the day except at their lunch hour. Patients who have found it impossible to get any sun treatment during the day have been successfully treated and cured of their imperfect sight by the use of a strong electric light.

While I was away from Dr. Bates, doing his work at the seashore and in other places, it was astounding to see so many people wearing dark glasses called "sun glasses" to protect their eyes from the glare of the sun. What a mistake it is to wear these glasses, even though so many specialists advise such a procedure! One cannot always wear them; therefore it is best for the human eye to get accustomed to all kinds of light without protection of any kind.

During the time I was treating this patient, while she was rapidly improving at each lesson, I had the great pleasure of meeting a noted criminologist who was very near-sighted. He had difficulty in seeing things clearly while driving his car and doing other necessary things which required good sight, unless he wore his strong glasses. This man mentioned the case of his brother, who had read Dr. Bates' book, "Perfect Sight Without Glasses" and practiced the methods advised.



Sunglass is used only in cases of blindness, by an experienced ophthalmologist, only when other methods have not helped restore the vision.



Sun Treatment
 Pull the upper eyelid up, look down, pupil away from sun, let the sun shine directly on the upper white area of the eye. Then, release the upper lid, look up, head back and pull the lower lid down and let the sun shine on the lower white area of eye.

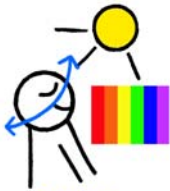
Sunning

He said that every day he practiced in the hot sun in the desert where all he could see was sand, distant mountains and the sky; he would close his eyes and allow the sun to shine on his closed eyelids, then open his eyes and look off at the distant mountains, alternately shifting from the saddle of his horse to the distant mountains. He was not only cured of his imperfect sight, but also became able to look at the sun by shifting and blinking without any tearing of the eyes or any discomfort whatever. He also noticed, being an expert in the different breeds of horses, that those which had blinders put on them acquired cataract, or could not see as well as horses who were free from any incumbrance as far as their eyes were concerned. After reading Dr. Bates' book he wrote to his brother and said that if the strong light of the sun was not injurious to an animal, why should it be injurious to the human eye? He was convinced that imperfect sight was caused by strain or an injury and if there were any sight at all that it could be improved by natural methods and not by the use of glasses.

To go back to my patient. She came for four days in succession for treatments, being encouraged at the progress she had made. At each treatment she improved, reading another line of the test card, by first reading the fine print as close as she could get it to her eyes. Shifting from a blank wall to the test card while she was standing and swaying her body slowly from side to side also helped in the improvement of her sight for the distance.



Sunning
Face the sun,
eyes closed,
move the head
side to side
moving the
sunlight over
the entire retina.



Sunning
+Face the sun, eyes closed, move the head side to side, up and down, circular...
Do the Sway.
+Open the eyes and look away from the sun to the bright sky, clouds, tree tops.
+Go outside in the sunlight daily.
Full spectrum sunlight contains all wave lengths, frequencies, colors, mixtures of colors of the light spectrum.
Full spectrum sunlight, not filtered through eyeglasses, contacts, sunglasses, windows keeps the eyes, brain, body healthy and vision clear.

Switch Visual Attention to Close and Far Distances

Each day I varied the treatment. One day I placed her by a window and had her shift from the fine print up close to her eyes to the distant signs which I called to her attention, and to tops of houses and other buildings. An American flag waved in the distance and shifting from the flag to the flagstaff helped her to see the staff more clearly and by keeping up the constant sway of the body, blinking easily, but steadily all the while, she became able to see the harbor in the distance and also the boats which were moored near the shore. She told me that this was the first time in her life that she could ever see at such a distance.

She was the means of changing the mind of a skeptical husband who thought that the Bates treatment was a myth or something like it. However, he decided that if palming and swinging was a good thing for his wife and could make her so much more contented in her home duties than she was before, that perhaps it would help him to be a more agreeable person in his office as well as in his home. With just a few suggestions from me, my patient treated him successfully at home, and her last report was that he was reading his newspaper and book type without the use of his glasses.

I realized more and more that if Dr. Bates could live until the end of time that it would be his cured patients who would advertise him in the right and only way. Times without number there have been magazine and newspaper writers, as well as authors of books who were cured after being treated by Dr. Bates who offered to advertise him in the way that they thought best. Many years ago, without realizing that it would harm him, Dr. Bates allowed these grateful patients to advertise him in their own way. They unintentionally caused him much worry and concern with the medical profession. The only way to make Dr. Bates' work known to the world is to have his cured patients talk about the benefit they received and in that way help others who are suffering from defective vision. (Optical Industry Trying to Hide Bates Method From the Public.)

During the last treatment I gave my patient she read the various test cards, 15/15, with the exception of the black card with white letters, which she was able to read 15/10. Also, the **floating specks had entirely disappeared after her third treatment**. This case was very interesting, because it is seldom that one has **presbyopia and myopia simultaneously**.

To carry out treatment successfully, I try to be careful to vary the method of treatment at each lesson. I find it true also that if I try out things by myself, without the help of Dr. Bates, or his suggestions in the matter, that I fail sooner or later. Our students will benefit greatly by doing the same thing always. If the student is in doubt as to whether he or she can cure a difficult case, it is always best to write or come directly to headquarters and find out what is wrong. It is Dr. Bates' desire *always* to help the students to cure any case which may be difficult.

Dark Glasses Are Injurious

He was a very intelligent chauffeur, and very polite and popular with most people. I enjoyed listening to his experiences in driving various types of cars. Nothing seemed to give him so much pleasure as to get into a "jam" and get out without suffering any injury to his own car or without tearing the "enemy" apart. The "enemy," as he explained, were the numerous other cars which were driven by chauffeurs who did not understand their business very well and who enjoyed teasing the inexperienced drivers.

One day we were driving to the seashore. The sun was very bright and the reflection of the light from the sun on the water was very strong and made most of the occupants of the car very uncomfortable. Personally I enjoyed the strong light of the sun. The chauffeur did not wear glasses for the protection of his eyes from the sun or dust and I asked him if he had ever worn them. He very promptly answered me by saying that he had worn them at one time, but discontinued wearing them because he found that after wearing them for a few days, his eyes became more sensitive to the light than they were before. He said he could not understand why it was that when he wore glasses to protect his eyes from the dust he accumulated more foreign bodies in his eyes than ever before. This seemed strange to the people in the car and they asked him to explain. It was decided that when the dust got into the eyes, the glasses prevented the dust from going out.

The eyes need the light of the sun. When the sun's rays are excluded from the eyes by dark glasses, the eyes become very sensitive to the sun when the glasses are removed. Eye doctors sell sunglasses knowing it will lead to unclear vision, prescriptions for eyeglasses, eye surgery. Lack of sunlight causes cataracts and other eye problems.

The Sun as a Cure for Imperfect Sight

By EMILY A. MEDER

The article reprinted below gives us the opportunity to dwell in a little more detail on the benefits of the sun for all cases of defective vision. Although this subject was discussed in the January issue, too much stress cannot be laid on it:

SIGHT RESTORED BY SOLAR ECLIPSE

Lodi, N. J., January 27.—As the result of looking directly at the eclipse of the sun last Saturday, Louis Pretola, 54 years old, professes to have regained his sight after having been unable to see without glasses for seven years due to cataracts.

Pretola had undergone four unsuccessful operations for removal of the cataracts.

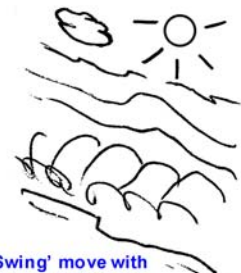
After he had gazed at the sun without smoked glasses he suffered severe pains, but within a few hours his sight began to return to normal and he discarded the strong glasses he had worn for seven years.—Cincinnati "Inquirer." Note by Clark Night; Eye Doctors have stated for years that looking at a solar eclipse without eye protection can cause eye/vision impairment. I do not advise looking at a eclipse, even though in this case it helped the persons vision.

I HAD an experience last week, which served to bring home more forcibly, the great healing, alleviating power of the sun.

I was to spend a few days at the ocean-side, and arrived in the midst of a terrific storm. The sky was black, the rain came down in great sheets, and the waves beat ceaselessly against the rocks under my window. It was a little frightening, watching this, but soon the rhythm of the gathering, rising, and receding of the huge billows seemed to form a natural swing. I could relax by moving forward and backward, almost imperceptibly, with the rise and fall of the waves.

The next day was beautiful, with the ocean smooth and peaceful, and the sun shining gloriously on everything. I left the hotel for a stroll along the boardwalk, but upon emerging from the dim light into the blazing sun, I was blinded. I tried to open my eyes but found them straining to close, and it seemed as though a great flashlight was being focused on my eye-balls. The sudden strain brought on a severe headache. Perhaps it was the glare of the sun on the water, or it may have been the intensified brightness after a dark and gloomy day that caused the sudden blindness.

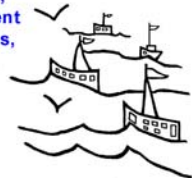
There was a summer house about fifty yards off, overlooking the ocean. I made for that, and sat down, facing the water,



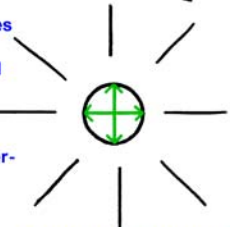
'Swing' move with the ocean waves.



Sunning at the beach. Face the sun, eyes closed. Eyes open; shift on objects in the sunlight: water, boats at different distances, birds, sand, clouds...



Sungazing - Looking directly at the sun, eyes open. Always shift, move the eyes left and right, up and down across the sun. Shift diagonally, circle the sun clockwise, counter-clockwise. Shift away then back to the sun. Never stare, eyes immobile at the sun.



Modern teachers advise only closed eyes sunning.

and with the sun beating down on my closed lids. After about fifteen minutes of this sunbath, I was able to open my eyes with comfort, and look across the water. The glare was gone, but I found it difficult to look directly at the sun. I just lazily shifted my glance from one object to another. A flock of sea-gulls amused me for about an hour. In my interest in them, I forgot about the sun's effect on my eyes, and caught myself glancing straight up, watching the flight of a particularly energetic pair of birds. There were so many of them, they were all so busy and active, that my eyes were not still for one moment.

I palmed again for about ten minutes, and when I removed my hands, I saw a fleet of four sailing ships away off in the distance. I could barely discern the outline, but this was more remarkable, because I did not see them when I first sat down, and they were much nearer then.

Before I left, I could look directly at the sun for about five seconds, but had to keep it swinging. Another unusual feature was that the sun, instead of being a blazing red, as it first appeared, changed to a silver or white color. This was more relaxing and soothing. Dr. Bates informed me that the sun always looks white to those with perfect sight.

That first attack was the only one I had during my stay. I enjoyed the sun and glanced up at it whenever I thought to do so, without discomfort. Pain and tension immediately disappeared.

With the spring on the way, there will be more opportunity to give your eyes a sun treatment. Try it.

Modern Scientists warn to never look at the sun during an eclipse. It can harm the eyes.

Read all directions for correct Sunning, Sunlight, Sun-Gazing Treatments in this book. Keep the eyes closed, move the eyes, head, face side to side. Avoid sunburn, overexposure.

#10 - FINE PRINT, Reading, Clear Close Vision

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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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 impro

Read Fine Print



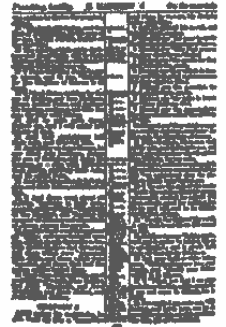
Shift dot to dot (part to part) on the C. See one small part of the C darkest black and clearest at a time in the center of the visual field. The center of the visual field moves with the eyes as the eyes shift part to part on the C. Shift point to point on the top right hook in the blue circle.

ALL of our imperfect sight is just the result of our using our eyes wrong, and permitting bad habits to grow on us. Staring is only a bad habit, but it causes a great deal of trouble. When it is stopped and the eyes are rested by palming and blinking, the sight is immediately benefited.

Bad habit number two: The reading of large type in preference to finer print. It requires more of an effort to see a large letter than a small one, strange as it may seem. When you look at the big C on the Snellen Test Card, you don't see it all at once. You have to look at one part best, the hook on the upper right hand corner or the curve on the left side. You cannot look at the hook, the space on the right and the curve on the left side all at once. Some people think they see it at the same time, but they do not. Their eyes shift from one point to another, unconsciously.

Fine print is a benefit because it cannot be read while the eyes are under a strain. They have to be relaxed. For instance, in reading the chapter printed below, you cannot accomplish anything by staring at the letters, or screwing your face into a knot. Do not look at the letters but at the white spaces between them, and imagine them whiter than the margin. Blink and shift constantly to avoid the stare. If your eyes feel strained, stop and palm. You will notice that where it all looked blurred before, a word will appear clear and distinct. By constant practice more words clear up, until the entire chapter can be read easily.

S. MATTHEW 4 BEATITUDES



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.

READ FINE PRINT

Many nearsighted patients can read fine print or diamond type at less than ten inches from their eyes easily, perfectly and quickly, by alternately regarding the Snellen test card at different distances, from three feet up to fifteen feet or further. The vision may be improved, at first temporarily, and later, by repetition, a permanent gain usually follows.

It is a valuable fact to know, that when fine print is read perfectly, the near-sightedness or myopia disappears during this period. It can only be maintained at first for a fraction of a second, and later more continuously.

Nearsighted patients and others, with the help of the fine print can usually demonstrate that staring at a small letter always lowers the vision, and that the same fact is true when regarding distant letters or objects.

With the help of the fine print, the nearsighted patient can also demonstrate that one can remember perfectly only what has been seen perfectly; that one imagines perfectly only what is remembered perfectly, and that perfect sight is only a perfect imagination.

A great many people are very suspicious of the imagination, and feel or believe that things imagined are never true. The more ignorant the patient, the less respect do they have for their imagination, or the imagination of other people. It comes to them as a great shock, with a feeling of discomfort, to discover that the perfect imagination of a known letter improves

the sight for unknown letters of the Snellen test card, and for other objects.

It is a fact, that one can read fine print perfectly, with perfect relaxation, with great relief to eyestrain, pain, fatigue and discomfort, not only of the eyes, but of all other nerves of the body.

Fine Print

When the vision for distance becomes nearly normal, the vision at the near point can then be improved to normal. Hold a card of fine print about ten inches from the eyes. Do not look directly at the letters. Imagine that where the bottom of the letters comes in contact with the white space between the lines, that the whiteness is increased, and with practice you can become able to imagine a thin, white line, which is below the letters and whiter than the rest of the white space. When this thin, white line is imagined white enough, the letters are imagined black enough to be read.

If you fail to imagine this thin, white line, with your eyes open you may be able to imagine it with your eyes closed. Then open your eyes and imagine it as well as you can. Close your eyes and remember or imagine the thin, white line whiter. Then bring the card up an inch or two closer and imagine the thin, white line as well with the eyes open as you can remember it with the eyes closed. By alternately remembering, with the eyes closed, the thin, white line quite perfectly at ten inches, it becomes possible to imagine it with the eyes open at nine inches or six inches, or even nearer, and to imagine it as well with the eyes open as with the eyes closed. When you become able to imagine the thin, white line as well at six inches with the eyes open, as you can remember it with the eyes closed, the hypermetropia is usually corrected. This treatment has cured hypermetropia of 16 D.S.

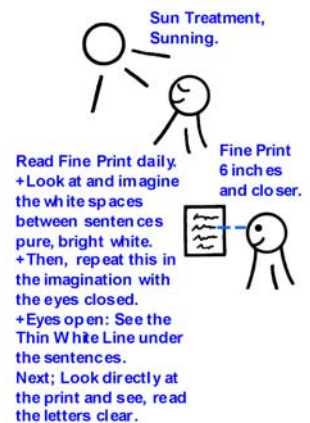
SUN TREATMENT (with Memory, Imagination and Palming) : An important part of the routine treatment is the use of the direct sunlight. The patient is told to sit in the sun with his eyes closed, moving his head a short distance from side to side, and allowing the sun to shine directly on his closed eyelids. He is instructed to forget about his eyes, to think of something pleasant and let his mind drift from one pleasant thought to another. Before opening his eyes, he palms for a few minutes. When the sun is not shining, a strong electric light (1000 watts) is substituted. The patient sits about six inches from the light, or as near as he can without discomfort from the heat, allowing it to shine on his closed eyelids as in the sun treatment.

FINE PRINT: If the patient has presbyopia, he is directed to practice with the fine print in the Fundamental card in the following way: The card is held at first at the distance from his eyes at which he sees best. He is told not to look directly at the letters, but just at the white spaces between the lines and imagine that they are perfectly white - whiter than the margin. He is asked if he can imagine that there is a thin, white line beneath each line of letters, and that it is whiter than the rest of the white spaces between the lines.

When this line is imagined perfectly white, the eyes then shift to, look directly at the letters and the letters are read without effort or strain. If the patient cannot imagine the white line easily, he is told to close his eyes and think of a series of white objects; he may recall a white-washed fence, a snow drift, several pieces of white starch, or a pot of white paint. He is then directed to open his eyes again and look at the white spaces, imagining them to be as white as the white objects he remembered. He is told to close his eyes again and imagine that he has a pot of white paint and a fine pen and that he is drawing a thin, white line beneath a line of print, then to open his eyes and imagine that he is drawing a thin white line beneath each line of letters on the Fundamental card, as he moves his head from side to side. He is told to blink as he shifts from one end of the line to the other, to occasionally look away and to close his eyes frequently for half a minute or so to rest them. Imagining the white spaces and white line perfectly white causes the mind, eyes to remove the 'grey blur' and other incorrect images from the white page in and around the black letters, words. The brain imagines the page the way it truly appears; clear and white. This causes the letters to be seen dark black, distinct, and clear.

By practicing in this way, letters which could not be seen before appear black and distinct. As one's ability to read is improved, the card is brought closer and the patient is instructed to practice in this way, until the entire card can be read at six inches from his eyes. If it is impossible for him to do this during his treatment at the office, he is directed to practice in this way every day at home. The patient is told that fine print cannot be read when an effort is made see it and that it can only be read when the eyes are relaxed. For this reason, the reading of fine print is helpful in producing relaxation. Take a break anytime and look at the white spaces, thin white line to relax the eyes, mind. Shift on them. Avoid staring, eye immobility.

Use the soft end of a white imaginary feather (nosefeather) to imagine painting the white spaces and thin white line with bright, glowing, pure white paint.



BLIND FOR FIVE YEARS

(This case should encourage those who have only slight perception of light.)

A few weeks ago there was lead into the Clinic a man of 65 who told us he had been blind for five years and the doctors at the hospital had told him nothing more could be done for him, as his case was hopeless.

On testing his sight we found the right vision 3/80 and the left vision only just perception of light.

He was eager to know if we thought he could be helped and listened attentively while he was being told how to palm and how to strengthen his eyes by splashing them with cold water. He started right away palming and was left to amuse himself in this way, while other patients were attended to, and afterwards he said his eyes felt rested and much easier. He was asked what he was to do at home during the week to see if he had remembered the directions given to him, and then went home in a very hopeful frame of mind.

The following week he came along and looked rather more cheerful and was very excited to tell us that he thought he could see a little with the blind eye. Both eyes were tested, the right one was now 3/60, and with the blind eye he could see the big C, the 200 line when the Chart was held close.

Two weeks later we held the Clinic in another room and we were amazed to see him walk boldly in alone. He was looking much better and very proud of himself. He had been under the doctor's care for the last two or three months as he was generally run down, and this week he was delighted to tell us that he had caught his doctor napping. His doctor had greeted him one morning by saying how much better his eyes were looking, how much brighter and more alive. "Yes, because I am having treatment for them," said our friend. He told the doctor of the treatment, whose reply was that it was rubbish and could not possibly do any good. "Well, you said yourself how much better they were looking, and they must look very different for you to notice them and remark on them, and besides I can see more than I did."

He continues to be very much in earnest and is now able to see 3/30 with the right eye, and can read the 40 line quite easily close up to the other eye which previously had only perception of light.

A MAN WHO HAS WORN GLASSES FOR 60 YEARS

This man without his glasses was very helpless. He had no vision at all with the right eye, just perception of light, but very slight. The left eye was such that he could read with difficulty the 60 line at 6 inches. In three weeks the vision with both eyes was improved, so that at 6 inches he could read the 20 line comfortably and the 15 line with difficulty. The right eye is better but the improvement is not so marked as that of the left. It is a great joy to help this man, he is so grateful for the smallest thing that one does, and his childlike faith and obedience is something rarely seen. The reason he has made so much progress in so short a time is due to the fact that he cooperates willingly and with pleasure and is really interested in getting his sight.

One notices that on the whole people with slightly imperfect sight are not sufficiently interested in getting their sight normal to take much trouble. If it could be done for them they would not mind; but they do not like to bring it about themselves. The continuous relaxation practiced by those with imperfect sight is a joy to see and they are well paid for it.

Fine Print

By W. H. BATES, M.D.

THE photographic reduction of the fine print can be used with great benefit to patients suffering from high degrees of nearsightedness. At first it has to be held at a certain close distance from the eyes and cannot be seen so well if placed an inch further or an inch nearer. When read easily or perfectly the white spaces between the lines appear much whiter than they really are and the card seems to be moving from side to side or in other directions, if one takes the trouble to notice it. The eyes are blinking frequently and this is also usually an unconscious act.

More perfect rest or relaxation of the eyes is obtained by reading this fine print perfectly than by doing some other things. By alternately looking at the large letters of the Snellen Test Card at five or ten feet or further and reading the fine print close to the eyes, one can obtain flashes of improved vision at the distance. By practicing, these flashes become more frequent and the letters are seen more continuously. The method is to be highly recommended because it seems to be one of the best methods of improving the distant vision. (Fine print also improves close vision.)

Fine Print

By W. H. BATES, M.D.

MANY near-sighted patients can read fine print or diamond type at less than ten inches from their eyes, easily, perfectly, and quickly by alternately regarding the Snellen Test Card at different distances, from three feet up to fifteen feet or further. The vision may be improved, at first temporarily, and later by repetition, a permanent gain usually follows.

It is a valuable fact to know that when fine print is read perfectly, the near-sightedness disappears during this period. It can only be maintained at first for a fraction of a second, and later more continuously.

Near-sighted patients and others, with the help of the fine print can usually demonstrate that staring at a small letter always lowers the vision and that the same fact is true when regarding distant letters or objects.

With the help of the fine print, the near-sighted patient can also demonstrate that one can remember perfectly only what has been seen perfectly: that one imagines perfectly only what is remembered perfectly: and that perfect sight is only a perfect imagination.

A great many people are very suspicious of the imagination and feel or believe that things imagined are never true. The more ignorant the patient, the less respect do they have for their imagination or the imagination of other people. It comes to them as a great shock, with a feeling of discomfort and annoyance that the perfect imagination of a known letter improves the sight for unknown letters of the Snellen Test Card.

It is a fact that one can read fine print perfectly with a perfect relaxation, with great relief to eye-strain, pain, fatigue and discomfort, not only of the eyes, but of all other nerves of the body.

Regarding fine print, even when not read, is also of use in improving the distant vision of the Snellen Test Card, and the ability to read at a near point in patients whose imperfect sight is caused by Astigmatism, Hypermetropia (far-sight), Presbyopia and others.

Reading fine print brings clear close and distant vision.

This simple, effective cure has been hidden from the public by the optical/medical industry for years!

Look at, shift on a letter on a chart at a clear distance. Practice with the eyes open, then in the imagination with eyes closed, then open. Next, switch to a chart at a different distance and shift on the identical letter on that chart while keeping the clear mental picture of the letter seen on the chart at the clear distance.



20 Feet



15 Feet



3 Feet



Three identical eyechart s placed at 3 different distances. Fine print card is identical to the eyechart s.

Shift on the letters on the fine print card and 3 eyechart s. Shift t on the C on the fine print card.

Then shift on the C on the distant, 20 foot card, then back to the fine print card, then the distant, then fine print...

Then shift on the C on the fine print and 3 foot, or 15 foot card. Switch back and forth in any order on the 4 cards, shifting on the C on each card. Then practice on smaller letters. Practice until all letters are seen clear at all distances.

Fine print card can be placed on a table at eye level to avoid tension in the arm from holding the print up with the hand.

Presbyopia: its Cause and Cure

By W. H. Bates, M.D.

Most people, when they reach the age of forty years or older, become unable to read or see things clearly at the near point, while their sight for distance is usually good. This is called presbyopia or middle-aged sight. It is sometimes, although infrequently, found in children.

Old Gentleman Cures Unclear Close Vision 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 was paid to his advice, but that we should be warned against the very course which was found so beneficial in the case he records:

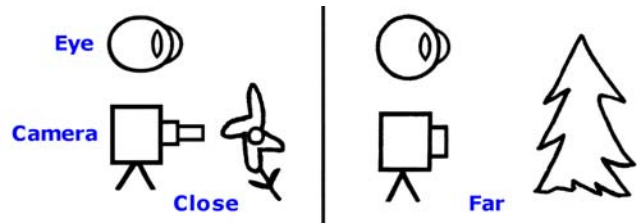
"There is now living in New York State," he says, "an old gentleman who, perceiving his sight to fail, immediately took to exercising it on the finest print, and in this way fairly bullied Nature out of her foolish habit of taking liberties at the age of forty-five or thereabouts. And now this old gentleman 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 on the compass of a half dime, whether the Psalms or the gospels, or the Psalms and the gospels, I won't be positive."

Presbyopia Cure

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 an artificial light, (sunlight is best) bringing it closer and closer to the eye till 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 prevents cataract and other eye problems. The smaller the print, the more vision improves.

Shifting point to point on tiny details of small objects; stone, jewelry... at close distances from the eyes also improves close vision. Practice relaxed, no effort, no force.



I remember an old darkey who said he was a hundred and six years old, who was quite blind for distant objects, and was unable to read an ordinary newspaper at one foot or further. With the aid of eye education, his vision for distance soon became normal, and his vision for near point also improved so that he could read diamond type at six inches without glasses.

The cause of presbyopia has been ascribed by most authorities to a hardening of the lens of the eye, so that the focus of the lens cannot be readily altered. This theory is incorrect. When the lens has been removed for cataract or some other reason, most cases have become able, by education, to read fine print at six inches or less without glasses.

Authorities on ophthalmology have always claimed that the focus of the eye was benefited by a change in the curvature of the lens. The evidence that the lens is not a factor in accommodation has only been recently proved. The eye changes its focus by a change in its length, brought about by the action of the muscles on the outside of the eyeball. In near-sightedness, the eyeball is squeezed by the external muscles and the optic axis is lengthened, i.e., the eyeball becomes elongated.

The human eye acts in the same way as a photographic camera acts. If a picture is taken at the near point, the bellows of the camera is lengthened in order to focus the near object, while to focus objects at the distance the bellows of the camera is shortened. When the eye is at rest, it has the form of a perfect sphere. See more info on the lens, outer, inner eye muscles, accommodation in the July, 1926 'The Great Delusion' issue of Better Eyesight Magazine.

Fine Print

When people are able to read fine print with perfect sight at six inches or further, the white spaces between the lines are seen or imagined whiter than the rest of the card. The ability to imagine the white spaces between the lines to be very white is accomplished by the memory of white snow, white starch or anything perfectly white, with the eyes closed for part of a minute. Some patients count thirty while remembering some white object or scene with the eyes closed. Then, when the eyes are opened for a second, the white spaces between the lines of black letters are imagined or seen much whiter than before. By alternately remembering something perfectly white with the eyes closed and opening them for a few seconds and flashing the spaces, the vision or the imagination of the white spaces improves. One needs to be careful not to make an effort or to regard the black letters. When the white spaces between the lines are imagined sufficiently white, or as white as they can be remembered with the eyes closed and with the eyes open; then, look at the black letters, see them clear, the black letters are read without effort or strain, or without the consciousness of regarding the black letters.

Fine Print



Read fine print for clear close vision. See the 'Swing': Place the fine print 6 in. from the eyes and the thumb 5 in. from the eyes in front of the fine print and 1/4 in. to the left of a letter. Move the head and eyes side to side and see the thumb move opposite the movement of the head/eyes and the fine print move in the same direction with the head/eyes. This prevents staring, keeps the eyes moving, relaxed and vision clear. See the thin white line.

The Thin White Line

Many people discover that they can imagine a thin white line where the bottom of the letters comes in contact with the white spaces. This thin line is very white, and the thinner it is imagined to be, the whiter it becomes. When it is imagined perfectly, the letters are read without the consciousness of looking at them and the vision or imagination of the white is very much improved. This thin white line can be imagined much whiter than any other part of the page, and is more easily imagined or seen than any other part. Of course, the eyes have to shift from the thin, white line to the letters in order to see them, but the shifting is done so readily, so continuously, so perfectly that the reader does not notice that he is constantly shifting. When the vision of the thin, white line is imperfect, the shifting is slow and

imperfect and the vision for the letters is impaired. The memory or the imagination of the thin, white line is usually so easy, so perfect and so continuous that everything regarded is seen with maximum vision. Patients with cataract who become able to imagine this thin, white line perfectly, very soon become able to read the finest print without effort or strain, and the cataract always improves, or becomes less. Patients with hypermetropia, astigmatism, squint, diseases of the retina and optic nerve are benefited in every way by the memory or the imagination of the thin, white line. Reading fine print with perfect sight benefits or improves all organic diseases of the eye.

Another reason Dr. Bates has the person remember, imagine and look at the white spaces, white line is that: white functions as/with 'light', and activates the eyes retina. For this reason there are eyecharts with white letters printed on a black, blue... background. They are easier to see and relaxing especially for patients with low vision.

FINE PRINT. When school children are able to read fine print at the distance from their eyes at which they see it best, the eyestrain is relieved as fine print cannot be read with an effort. The distance where fine print is seen best varies with people. All children should not be encouraged to see fine print at the same distance from their eyes.

With practice, relaxation, people can see fine print up close to the eyes, even seeing it in a 'microscopic view' close to the eyelashes of one eye at a time. Bates teaches to switch back and forth, close and far, shifting on the fine print up close and a distant object with both eyes, then one eye at a time, then both together again. Switching on two fine print cards at close distances about 3 inches to 1 foot apart also improves close vision. See the 'correct vision habits card' in our other book.

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