

Better Eyesight

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

Vol. X

SEPTEMBER, 1925

No. 3

Optimism

Iritis

By W. H. Bates, M.D.

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Questions and Answers

\$2.00 per year

20 cents per copy

Back numbers 30 cents

Published by the CENTRAL FIXATION PUBLISHING COMPANY
383 MADISON AVENUE

NEW YORK, N. Y.

Optimism

OPTIMISM is a great help in obtaining a cure of imperfect sight. About ten years ago a patient was treated for cataract, complicated with glaucoma. After two weeks of daily treatment the vision improved very much and the patient became able to travel about the streets without a companion to guide her. Her vision at this time had improved from perception of light to 10/200. After palming, swinging, and the memory of perfect sight, her vision was still further improved. She was very much encouraged and returned home full of enthusiasm to carry out the treatment to the very best of her ability.

Soon afterwards things did not go well at home. The patient became very much depressed and stopped her daily practice. Her daughter was very enthusiastic, and realized that her mother had been very materially improved and that further treatment would bring about a complete cure. She talked to her mother for half an hour or more and encouraged her to continue with her practice. The patient responded favorably, got busy, and was able to bring back much of the sight which had been lost. She made further improvement every day.

At times the mother was very pessimistic. She was continually complaining that she knew very well that she would never get her sight back. Then the daughter would start in with her optimism.

One bright, sunshiny morning the mother got up, took a card with diamond type printed on one side, and was greatly surprised to read it without any trouble. In three months her distant vision was normal.

BETTER EYESIGHT

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Copyright, 1921, by the Central Fixation Publishing Company

Editor, W. H. BATES, M. D.

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Iritis

By W. H. BATES, M.D.

THE colored part of the eye, which is visible by ordinary inspection, is called the iris. When the eyes are blue, the iris is the blue part of the eye. When this is inflamed it causes much suffering and as a rule the vision is lowered. Many general diseases cause iritis—rheumatism and syphilis are the most common. There are other causes, injuries and sympathetic ophthalmia.

When a foreign body becomes located inside of the eyeball of a healthy eye, more or less inflammation follows, with complete blindness in many cases. Unfortunately, the trouble does not always stop with the loss of vision in one eye. The irritation of the foreign body in one eye may have an effect upon the other. Iritis may then develop and lead to serious consequences. It is said to be sympathetic, meaning that the healthy eye sympathizes with the diseased or blind eye and also becomes diseased. Sympathetic iritis is very treacherous. Cases have been described which became blind from sympathetic ophthalmia within twenty-four hours. The only

treatment that is at all efficacious is the removal of the eye containing the foreign body. Sometimes the operation is delayed too long, and after the healthy eye has become inflamed. In such cases removal of the eye with the foreign body may not be beneficial.

Some years ago a lady wrote to me in regard to her brother. She said that at the age of sixteen a bullet from an air gun had entered the inside of the left eye. He was taken at once to the hospital, where he received proper treatment. The surgeon in charge recommended that the eyeball be removed at once. The family refused to have this done so soon and put off the operation as long as they could. But things kept getting worse and worse, and the good eye became affected. The family at once consented to the removal of the eye, but it seemed to be too late. Although he was kept in the hospital a considerable time afterwards, receiving the best of treatment, the vision of the good eye declined more or less rapidly until there was very little left.

At the age of thirty-two he visited me at my office. The vision of the right eye was the ability to count fingers at about three feet. He was unable to see any of the letters of the Snellen test card at any distance. With the ophthalmoscope the eyes showed evidence of previous inflammation, but the interior of the eye was so cloudy that I was unable to see the optic nerve with the retinoscope. I think most men who have seen these cases would agree with me, that things were not very promising. The man's sister told me, however, that they had not given up hope and visited every eye doctor who had been recommended. She said that no one was able to help him. The doctors very positively stated that it was impossible for the eye ever to get any better, and it would most likely become even worse.

As a matter of routine, I tried palming and swinging, but without the slightest benefit. When I asked the patient if he had a good imagination, he replied that he thought he had.

With that I took the Snellen test card and held it at less than a foot from his eyes. I told him that at the

top of the card was the letter "C" about three inches in diameter.

"Now," I said, "you don't see that letter 'C,' but if you have any kind of an imagination at all, you can imagine the 'C.' Can you not?"

"Oh, yes, doctor," he replied, "I can imagine a sort of a big 'C,' but it is all blurred."

"Well," I said, "remember a letter 'C' that you have seen years ago, that was perfectly black, and had a white center which was perfectly white. You can remember having seen such a letter, can't you?"

"Oh, yes, I can," said the patient. "I not only can remember a perfect 'C,' but with my eyes closed I can imagine I see it."

"Well, now, if you open your eyes, can you imagine you see it perfectly? If not, close your eyes and remember, or imagine it, as well as you can."

He practiced this imagination of a perfect "C" with his eyes closed and with his eyes open, alternately, for quite a while. After an hour had passed he said to me:

"Doctor, I don't see a perfect letter 'C,' but I believe that now I can imagine I see it when I look at it with my eyes open."

When the "C" was placed more than a foot away, he became able to imagine it just as well as he had up close. With a little more practice he became able to imagine he saw a perfect "C" on a white card at ten feet. Then I asked him:

"Can you see any letters at all below the big 'C'?"

He said: "Yes, I see two smaller spots below it."

Then I told him that the first spot was a letter "R," and that I didn't believe he saw it.

He said: "No, doctor, I don't see it, but I think I can imagine it."

"Can you imagine it perfectly?"

In a short time he answered: "Yes."

"What is the first letter that comes after the 'R'?"

"I don't see it," he answered, "but I imagine it is a letter 'B.'" This was quite correct. In a few days his vision improved to 15/10, or more than normal vision.

He demonstrated that when he imagined perfectly a letter that he knew, his sight was improved until he could see other letters that he did not know. I recalled the ophthalmoscopic examination I had made and that the whole interior of the eye was filled with opacities, which obscured the retina, and which must have prevented him from having good sight.

The question came up in my mind: In what way did the imagination help his vision? With the ophthalmoscope I saw the opacities in his eye become less when he imagined a letter perfectly; but, when he imagined a letter imperfectly the opacities reappeared.

A second patient had chronic iritis for several years. At times the pain was so great that a number of operations had been performed, without benefit. The vision of the left eye was normal, while the vision of the right eye was only perception of light. He had opacities on the front part of the eye, the cornea, which lowered his vision. The pupil was filled with inflammatory material which obscured the interior of the eye. On some occasions the eyeball of the right eye would be of stony hardness, while at other times the eyeball would be as soft as mush. The eyeball was very hard when I first saw him. With the aid of palming, swinging and sun treatment the discomfort became less.

After the failure of the orthodox treatment for chronic iritis, it is of interest to report the great benefit which followed the "Imagination Cure." Like the other patient described above, the imagination of the known letters with his blind eye helped him to see letters that he did not know and the iritis was very much improved.

Stories from the Clinic

No. 67: IRITIS

By EMILY C. LIERMAN

IRITIS is usually very painful and causes a patient to feel much depressed. A matron of a working girls' home telephoned me to ask if it were possible to treat a young girl who was under her care. This girl, Florence, was not the usual type one finds at the clinic. We made an exception in her case and admitted her, because she was an orphan. Both her eyes were blood-shot and she continually tried to shield them from the light. Even ordinary light hurt her. The trouble began in her right eye, and shortly afterwards the left eye became inflamed. This was about a month before I saw her. She was treated by a number of competent eye doctors, who said she had iritis. They gave her drops to put into her eyes, but the pain still continued. Later, one of these doctors advised her to have her teeth and tonsils examined, but instead of doing this she came to me.

Dr. Bates examined her eyes with the ophthalmoscope. Then he asked me to examine them also and tell him what I saw. When I looked into the pupil of the right eye, I could see the whole area was covered with small black spots. It looked very much like the top of a pepper box. Her left eye was also affected, but not as much as the right.

Her pain was so intense that I did not test her vision with the test card immediately. She was told to palm and remember something pleasant. While palming, she described to me how her room was arranged. She remembered the figured pattern of the draperies on her windows, chairs and bed. She removed her hands and opened her eyes before I told her to, but the pain had disappeared and she wanted me to know it.

I placed her in the sun, being sure her eyes were closed. The strong light was focussed on her closed eyelids for a moment only. She drew away from the light quickly,

which is the usual thing for patients to do when they have never had the sun treatment before. I encouraged her to let me try it again. She closed her eyes as she was told and I led her into the sunlight once more. She liked it.

Florence was advised to blink often and to palm her eyes early every morning, and during the day when possible. Six days later I saw her again. The ophthalmoscope showed a decided improvement in the pupil of her right eye. There were only a few small spots on one side of it. The left pupil was entirely clear. Florence said she had been working unusually hard, and also late at night, and feared that the vision of her right eye would not be so good. She read 10/15 with the right eye on a strange card, but the letters were not clear. After she had rested her eyes by palming and practicing the sway, the letters cleared up and she read 10/10. Her left eye had normal vision. Then I gave her the sun treatment again.

The third time I saw her, which was also her last visit, both eyes had normal sight and her pain had disappeared entirely.

Later we had another case of iritis, a woman much older than Florence. She was almost insane with pain in both her eyes. I could not do anything with her for an hour or more because of her extreme nervousness. I placed the palm of my right hand over her closed eyes as she leaned her head against me. Fortunately, she had her little girl, Betty, with her. While I palmed the poor mother's eyes, I held a conversation with Betty, solely for the benefit of her mother.

Betty was telling me how her mother suffered all day long, and at night she had walked the floor because she could not sleep with the pain. Mother love is one of the greatest things in the world. I could feel the mother relax as I held her close. Then she began to talk of Betty's good qualities, and what a great help she was. I placed the mother in the sun, still keeping her eyes covered with the palm of my hand. I held the sun-glass in position, so that the strong light of the sun would focus directly on her closed eyelids when I removed my hand.

Knowing that the strong sunlight had been painful to her during her illness, I did not tell her what I was about to do. I planned to use the sun-glass very quickly and not give her a chance to strain. I did it successfully, although I feared I would not. Some patients strain so in their agony that it is difficult to use the sun-glass the first time. After the first treatment this patient enjoyed it.

The vision in both eyes was 10/40, but none of the letters were clear. After the use of the sun-glass I encouraged her to palm, while Betty and I started another conversation. The subject was all about her baby brother. Betty would exaggerate once in a while about some of the things brother did. Her mother would correct her and explain them differently. This was just what I wanted. Anything but the memory of her discomfort would be a help. She was temporarily relieved of her pain when she left the clinic.

Betty was invited to come with her mother at her next treatment. An eye specialist was visiting us at this time, and, after his examination with the ophthalmoscope, he pronounced her trouble to be a bad case of iritis. He was quite positive that she could not be cured in less than six weeks. My patient came every day for one week, and at the end of the second week she was entirely well. During the time that her pain was relieved her vision also improved. The only methods I used were sun treatment, palming, and perfect memory.

I did not realize how great a help Betty was during her mother's treatment, but after her mother was cured I found out. When patients suffer intensely I seem to feel it. I unconsciously lower my voice and speak as softly as I can. I believe that we all respond to kindness, and this we need most of all when we are ill. Betty repeated to her mother at home a great deal of what she had heard me say at the clinic. She tried to use the same tone of voice, and also smoothed her mother's throbbing forehead. She even did this during the long nights when sleep was an impossibility. Truly Betty was my assistant in the cure of her mother's eyes.

The Congo Tree

By GEORGE M. GUILD

["The Congo Tree" was written for the benefit of the children. It will help them to obtain relaxation when someone with perfect sight reads it aloud slowly, while the children listen with their eyes closed or when palming. The tree receives its name from a river in Africa, which is a very important river, indeed. It is a magic tree very much appreciated by fairies. The flowers that grow on it are very beautiful and their fragrance is so sweet and delicate that not only do the fairies enjoy it, but also everybody else. Children with imperfect sight and sore eyes, and those who suffer from headaches, are cured at once of all their troubles when they carry away some of the flowers from the Congo Tree. The leaves are of great value, too. If a child holds one of these leaves to his ear, the leaf will talk to him in a language that he can understand. It will tell the child how to be happy and enjoy perfect sight without glasses.]

And now the merry jingle
Of fairies dancing single;
Watch them come and watch them go,
Bowing high and bowing low,
Always smiling, singing, glad,
With their laughing, never sad.
Happy, happy, they will be
When they see the Congo tree.
They will climb up to the top,
Swinging, swaying, never stop,
As they move the earth goes round
With the sky, and with the ground.
Ev'ry leaf upon this tree
Knows a lot of how to see.
This Wonder Tree has a heart
Full of love in ev'ry part.
A tall, heavy tree, all right,
Its top seems out of sight.
The Congo tree is hailing,
To all whose sight is failing,
"Let me help you to a cure,
Come quickly, while it is sure."
Georgie Fairbanks came to see
All about the Congo tree;
It might cure his eyes so sore
Of their pain forevermore.

Without glasses he might play
Ev'ry night as well as day.
The fairies can, they so kind,
Cure his eyes, a long time blind.
The fairies came, took his hand,
Led him forth, a smiling band.
The Congo tree was weeping,
Awake, and yet 'twas sleeping
While Georgie had a queer dream,
Things were not as they might seem.
Blind he was, and yet could see.
Strange, how could that wonder be!
When his eyes were closed tight
All things were as black as night.
He could count up to seven,
Add four, which makes eleven.
The Congo tree sways much more,
A hundred thousand, add four.
The tears it shed made it dry—
Many quarts from each eye.
Wake up, Georgie, do your best,
Shift and swing after your rest.
No more glasses, no more pain,
The Congo tree once again
Is ready to help your eyes.
Hurry, for fast the time flies.
Now it did not shed a tear,
Neither did it have a fear.
Ev'ry leaf and branch could see
All the fairies in their glee.
The Congo tree was talking,
Each special branch knew something,
Its roots on truth were founded,
And they were deeply grounded.
Georgie woke from his dream
And saw things as they might seem.
The fairies told him to read
Fast or slow with some speed;
Also he should often blink,
And as fast as he could think.

Remember what he saw best,
 Always taking a good rest.
 The fairies came and sat down
 Cross-legged on the warm ground,
 And then they began to sing
 "We have a Queen, but no King."
 The only man who was there
 Was a youth with curly hair.
 While his eyes were on the Queen
 A fairy crept close unseen,
 Cut away one of his curls,
 Decked it with some fine pearls,
 Then threw it all in the air,
 "A trophy to the most fair."
 What a scramble, what a fight
 Before 'twas won and held tight!
 By a fairy, meek and mild,
 But full of fun as a child.
 She looked round for her knight,
 But he had gone from their sight.
 Only Georgie saw him go
 With the Queen, and not so slow.
 He saw him with the Queen fly
 Very fast, toward the sky.
 Georgie's eyes were now all right,
 Seeing fine by day or night.

A HANDY POCKET-SIZE TEST CARD

This small test card measures $3\frac{1}{2}$ by $6\frac{1}{4}$ inches. It is a combination of helpful instructions, fine print, and test card. On one side is printed the Snellen Test Card reduced in size. The other is devoted to the fundamentals of treatment, printed in graduated type.

The important, helpful feature of this card is that it can be conveniently carried in a purse or coat pocket. One side of the card improves the near or reading vision, while the other improves the vision for the distance.

Price 10c.

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 eye-strain, unhygienic dental conditions, malnutrition, and excessive fatigue.*

Many stammerers suffer from eye-strain. For years I urged the parents 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 eye-strain. Upon returning to the oculist they were usually instructed to continue wearing their glasses until they "became accustomed to them." In many cases eye-strain 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 bi-focals, 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.

*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.

On March 15, 1923, I removed my bi-focals. 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 eye-strain 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 God-sends.

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 lispings; 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, lispings. 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, lispings. June, 1925—lispings 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 eye-strain 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 broadminded and alert. When one method fails let us try another.

The Story of John

By MARY M. CAMPBELL

MOST of the books written by eye-doctors state that holding the book close is very bad for the eyes. It is also advised that children should read in a good light without leaning over. It has been a very strong belief that when the child leans over to read the blood gravitates to the eyes and produces imperfect sight.

When my son, John, was less than four years of age we believed that his vision was poor and took him to an oculist for treatment. He at once prescribed very strong glasses, and told us that unless we compelled the child to wear them constantly he would most certainly become blind. With this calamity hanging over us all the time, we went to a great deal of trouble to carry out the doctor's orders.

When John was six years old we placed him in the kindergarten. He was quite contented there and enjoyed all the different exercises. The teacher had a long talk with us about his eyes, and told us that she thought that he had perfect eyes and did not need glasses. We consulted another oculist, who found that his vision for distance was unusually good and that all of the glasses tried made his sight worse. We asked him if there was any danger of the boy going blind if he did not wear glasses. The doctor smiled and said: "There is nothing the matter with the boy's eyes; he doesn't need glasses."

Then the doctor tested his ability to read fine print—diamond type. He read it at about three or four inches from his eyes without any trouble. Then he was asked how far off he could read it, and to our surprise he read the fine print almost as well at arm's length as he could up close. The doctor said that it was very evident that he did not need any glasses for reading. We said: "But, when John reads a story book, he always holds it very close to his eyes, and many people have told us that he did it because he was inclined to be near-sighted, and if

we permitted him to do this, he would most certainly lose his ability to see at the distance and would have to wear glasses the rest of his life. When he becomes interested in a story book he keeps on reading after the light fails. We have seen him reading after dark, just by the light of the moon."

The doctor told us that it was all right for him to read by moonlight as long as he enjoyed it. He said it could not do John any harm. Since reading Dr. Bates' book I have found that he recommends that young children be encouraged to hold the book as close to their eyes as they desire and to read as much as possible for as long as the child is interested. Near use of the eyes, even when under a strain, always lessens near-sightedness and never causes it. As long as the child can read without discomfort at the near point, that child should be encouraged to continue reading in this way.

One day John came home from school and complained that he had a headache. At once all our old fears returned and we made an appointment with the eye-doctor to see him the next day. The next morning John's headache disappeared, but we took him to the doctor just the same.

The doctor asked him: "Did you have the headache in school?"

John answered: "No, sir."

"When did you get the headache?"

"About an hour after I left school," he answered.

"What were you doing at that time?"

John replied: "I wasn't doing anything."

Then his sister, who was present, spoke up: "I saw you with a lot of other boys eating green apples."

John blushed and admitted the facts. The doctor told us that what we should do was to consult our family physician if anything went wrong with John before taking him to an eye-specialist. It seemed a queer thing for an eye-specialist to say, but we followed his advice, and whenever anything went wrong with John the old family physician relieved him without glasses.

Questions and Answers

QUESTION—a—Does the improvement of the sight by the Bates Method increase the rapidity of reading?

b—Is slow reading conducive to strain?

ANSWER—The better the letters are seen the more rapidly they can be read.

b—Yes.

QUESTION—Do weather conditions affect the sight?

ANSWER—They often do. When the eyes are normal the weather does not disturb the sight as much as when the sight is defective.

QUESTION—Is cataract curable after an operation?

ANSWER—After a cataract operation, the chrySTALLINE lens of the eye is removed. A large amount of hypermetropia is manifest. Strong glasses are usually required to improve the vision. These cases have obtained normal sight for distance and for reading by my method without glasses.

QUESTION—How long is it necessary to follow your method before a cure is effected in a case of astigmatism?

ANSWER—These cases require a variable length of time. Some are cured in a few weeks, while others may require many months.

QUESTION—My sight is good, but my vision blurs and the eyes pain. Will glasses relieve this condition?

ANSWER—I would not expect glasses to give you any relief.

Catalogue of Other Publications

BETTER EYESIGHT MAGAZINE

Back numbers may be obtained here which contain articles on the cause and cure of the following defects: Myopia, Squint, Glaucoma, Cataract, Pain, Blindness, Presbyopia and Retinitis Pigmentosa.

These articles include instructions for treatment.

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Fine Print for Relaxation

The Bible has been reduced from \$4.00 to \$2.50. Read what Dr. Bates says about fine and microscopic type, then get a Bible. This unique book measures only one by one and a half inches, and contains the Old and New Testament.

The Booklet

of fine print contains three chapters from the small Bible, together with "The Seven Truths of Normal Sight" as discovered by Dr. Bates. Instructions are also printed in the front of the book. Price 25c

Test Cards

These prove invaluable in practicing Dr. Bates' method. Instructions issued. Can be used to test the eyes, follow progress, and improve sight.

50c.—75c.

PERFECT SIGHT

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

1. Many blind people are curable.
2. All errors of refraction are functional, therefore curable.
3. All defective vision is due to strain in some form.
4. Strain is relieved by relaxation.

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

Have some one with perfect sight demonstrate the fundamental principles contained in Dr. Bates' book, "Perfect Sight Without Glasses." If the suggestions and instructions are carried out, and glasses discarded, it is possible to improve the vision without personally consulting a physician.

"Perfect Sight Without Glasses" will be sent C. O. D. on five days' approval. Price, \$5.00.

Central Fixation Publishing Company
383 Madison Avenue, New York City

Fundamentals

By

W. H. Bates, M. D.

1. Glasses discarded permanently.
2. Central Fixation is seeing best where you are looking.
3. Favorable conditions: Light may be bright or dim. The distance of the print from the eyes, where seen best, also varies with people.
4. Shifting: With normal sight the eyes are moving all the time.
5. Swinging: When the eyes move slowly or rapidly from side to side, stationary objects appear to move in the opposite direction.
6. 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. Do not move the head or eyes or 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.
7. Drifting Swing: When practicing this swing, one pays no attention to the clearness of stationary objects, which appear to be moving. The eyes wander from point to point slowly, easily, or lazily, so that the stare or strain may be avoided.
8. 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.
9. Stationary Objects Moving: By moving the head and eyes a short distance from side to side, being sure to blink, one can imagine stationary objects to be moving.
10. Memory: Improving the memory of letters and other objects improves the vision for everything.
11. Imagination: We see only what we think we see, or what we imagine. We can only imagine what we remember.
12. Rest: All cases of imperfect sight are improved by closing the eyes and resting them.
13. Palming: The closed eyes may be covered with the palm of one or both hands.
14. Blinking: The normal eye blinks, or closes and opens very frequently.
15. Mental Pictures: As long as one is awake one has all kinds of memories of mental pictures. If these pictures are remembered easily, perfectly, the vision is benefited.

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