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Better Eyesight

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

No. 11

MAY, 1928

Color Blindness

The Stare

By W. H. Bates, M.D.

Staring Relieved by Treatment

By Emily C. Lierman

Case Report

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Color Blindness

Some people are unable to distinguish red from blue or other colors. Many doctors explain color blindness to be due to something wrong with the retina, optic nerve or brain. They believe that organic changes in the retina are the principal cause. But this is not always true because, in some cases, cures occur without any apparent change in the retina.

I have found that color blindness occurs in a great many cases in an eye apparently normal. There are, however, a number of individuals who can be demonstrated to have color blindness as a result of a disease of the retina caused by mental strain. These cases cannot be cured, however, until the disease of the retina is cured.

Some patients with color blindness are sensitive to a bright light. On the other hand, there are patients with color blindness who are more comfortable in a bright light. These patients are usually relieved by the practice of sun treatment, central fixation, palming, the long swing, or any other method which brings about relaxation.

One patient had a normal perception for colors at three feet and at ten feet. But at a nearer point than three feet she was color blind, the blindness being most marked at three inches. At a distance greater than ten feet the color blindness was evident. After her eyestrain was relieved by relaxation her color blindness disappeared.

People who have been born color blind as well as those who have acquired color blindness have all been cured by the practice of relaxation methods.

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Editor, W. H. Bates, M.D.

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Vol. VII

MAY, 1928

No. 11

The Stare

By W. H. BATES, M.D.

MUCH can be written about the stare. In the first place, when a patient stares, an effort is always made to hold the eyes still without moving them. It is impossible to hold the eyes perfectly still. Trying to do the impossible always requires a strain. This strain can be demonstrated to be a mental strain which affects all the nerves of the body as well as the eye. With a mental strain, the memory and imagination become imperfect and imperfect sight results. Pain, fatigue or dizziness, are acquired or made worse. With relaxation of all the nerves, the sense of touch is improved, but with the stare or other efforts to see the sense of touch is lost while the sense of pain is increased.

Glaucoma, acute or chronic, has been consciously produced by the stare. The fundamental symptoms of glaucoma may be present with or without increased hardness of the eyeball, contraction of the nasal field, or glaucomatous excavation of the optic nerve. In glaucoma the blood vessels of the retina appear to be arranged in the form of a right angle just as they dip down into the nerve. The whole papilla where the optic nerve enters the back

part of the eye is all white instead of pink. Changes which are seen in the optic nerve are organic. The contracted field may be considered to be functional because there are many cases which recover and the field becomes clear.

This suggested that in glaucoma the patient be recommended to alternately stare and relax. When he is staring and trying to improve the vision by an effort, all the symptoms of glaucoma may be increased. If the stare is the cause of glaucoma, relaxation should always lessen the severity of the symptoms.

There are some patients who have been using the stare to improve their vision for a sufficient length of time to acquire the habit without being conscious that an effort was being made. Each individual case may require individual treatment in order that the patient may become, by practice, conscious of the stare when the vision is lowered. Of course, if the stare increases the glaucoma by stopping the stare we would expect the eye to improve. If it does not improve, the patient is still staring, whether he knows it or not. Sometimes by increasing the distance of the test card from the eyes while the patient is staring, he often becomes able to demonstrate that the stare is present when the vision becomes worse.

Many adults past middle life unconsciously stare and produce glaucoma. By practice they become conscious of the stare. While the stare, when it is strong enough and sufficiently prolonged, usually increases the hardness of the eyeball, in the matter of treatment the great problem is to suggest measures which will enable the patient to demonstrate that the stare is the cause of increased tension of the eyeball in glaucoma.

Absolute glaucoma is a serious disease and the stare can become so great that a large amount of pain and total blindness will be produced. The pain may be so severe that many ophthalmologists feel justified in removing

the eyeball to bring relief. While many cases of absolute glaucoma obtained much relief from pain after the removal of the eyeball, there were too many cases which still had severe trouble, even after such an operation. A strain which produces absolute glaucoma is really a mental strain and not a local one entirely.

Trigeminal neuralgia is also a very serious eye trouble. Many operations have been performed for its relief, most of which were failures. Some patients have had nearly all of the fifth nerve with its branches removed in order to relieve the pain. There are many patients who have not obtained permanent relief from pain after various methods of orthodox treatment were employed. In the severest cases, the branches of the fifth nerve at their origin in the gasserian ganglion in the brain have been removed, as well as the ganglia, without any permanent benefit whatever. I have discovered that the stare was the cause of the brain tension and that when the stare was relieved, all the symptoms of trigeminal neuralgia were relieved or cured and the vision became normal.

Conical cornea has for many years been considered incurable. A great many operations have been performed in which a small part of the cornea was removed with the expectation that when it healed the conical shape of the cornea would be corrected and the vision would thereby be improved. These operations were usually a disappointment. Conical cornea has been treated by relaxation methods and with great success.

When the forefinger of one hand is held about six inches to one side of the face and about six inches straight ahead, the patient, by moving the head and eyes from side to side slowly or rapidly, can imagine the movement of the finger from side to side. This movement of the finger is called the variable swing and is specific for the benefit of all cases of conical cornea. It owes its value to the fact that when the finger appears to move,

the injurious stare is prevented. The length of time necessary to improve the vision with the help of the variable swing usually is not very long.

Iritis occurs quite frequently. The cause has heretofore been ascribed to syphilis, rheumatism, or some other constitutional disease. Chronic cases are seldom cured until after months of persistent treatment. Pain in acute iritis may be very severe and the vision is usually lowered. While treating patients in one of the out-patient departments of a city hospital, one of them applied for treatment of iritis which had produced so much blindness that he required an attendant to help him. The eyeball was very red, the pupil contracted, and the vision very imperfect. He suffered very much from photophobia or sensitiveness to light and kept his eyes covered most of the time.

I turned him over to my assistant with directions to obtain relaxation by palming, swinging or the memory of perfect sight. One-half hour later the patient disturbed the clinic by laughing frequently, because the symptoms of iritis had almost entirely disappeared. He walked about the place, telling anyone who would listen to him about his prompt recovery. This patient was able to increase the symptoms of iritis by the stare and lessen them by relaxation.

It may not be generally known that the stare is the cause of corneal astigmatism. With the aid of the ophthalmometer, most cases of corneal astigmatism can be diagnosed and measured. The ability of some people to produce corneal astigmatism is interesting. Some years ago a house surgeon in one of our largest hospitals acquired considerable notoriety or fame by his ability to produce temporarily a considerable amount of corneal astigmatism by staring at the opening tube of the ophthalmometer. He spent many hours experimenting on his eyes and he had become able not only to produce as-

igmatism at an angle of 90 degrees but also at an angle of 180 degrees. It required many months of constant practice before he became able, with the aid of the stare, to produce astigmatism with an oblique axis. Although he enjoyed the experimental work, which had for its object the cure of corneal astigmatism, so many doctors criticized him adversely that he stopped.

It was believed at one time by many physicians that myopia was caused by straining to see at the near point. Experiments to produce near-sightedness by an effort to see at the near point were failures. All the men, and there were many, who tried to produce near-sightedness or to lengthen the eyeball by efforts to see at the near point and so produce myopia, found instead the opposite condition, hypermetropia, with a shortening of the eyeball. The stare can produce a different kind of strain in each case and therefore cause a different eye defect or disease.

Some years ago a friend of mine called to see me and to learn about my experiments. I said to him: "Doctor, would you like to see a case of cataract produced and cured?" I took him into a dark room where one of my patients, a woman about seventy years of age was seated. After he had seen her he recognized her as one of his former patients. He told me in a low voice that all arrangements had been made for taking her into a hospital and operating upon her eye.

I gave him an ophthalmoscope with a plus 18 convex glass which produced a very much enlarged image of the cataract. I asked the doctor if he could see the cataract, and he replied that the area of the pupil was completely filled with the cataract, and that there was no red reflex. He said that he believed that one would be justified in operating for its removal.

"Before we do that," I said, "suppose we look at the lens again." So we looked at the lens again with the oph-

thalmoscope and again he showed me that it was a proper case for operation.

"Well," I said, "suppose we keep looking at the cataract for a few minutes." I asked the patient if she had a good memory for flowers. She replied that she had. I asked her what flower she could remember best. She answered: "I believe I can remember a yellow chrysanthemum better than any other flower." I then said to the doctor: "How is the cataract?" "Why," he said, "it has disappeared." He was evidently very much puzzled.

I then asked the patient if she could remember my first name. She answered: "No." I said, "Suppose you try." She immediately began to stare and the upper part of the lens became opaque and all the muscles of her face were under a strain.

We investigated this case for half an hour or longer and came to the conclusion that the memory of perfect sight was a cure for cataract and the memory of imperfect sight, which is usually associated with a stare, the cause of cataract.

The relief of eyestrain or the stare has benefited so many heretofore considered incurable cases that the conclusions made should be investigated. If it is true that the stare can cause so much pain or suffering it is a breach of medical ethics for any doctor to deprive a man or women of relief by the use of such simple successful methods of treatment.



Staring Relieved by Treatment

By EMILY C. LIERMAN

A WOMAN who had been suffering from pain and imperfect sight was sent to me for treatment. She suffered more at business than at any other time, and glasses did not help her much. Having charge of a tea room she was continually greeting patrons and placing them at tables. At times she seemed to have no trouble at all with her eyes and was able to read any part of the menu to patrons who asked her to do so, without using her glasses, which she wore most of the time. She had worn glasses off and on for four years and disliked them exceedingly, because they did not become her. Shortly before coming to me, she was told by an eye specialist that she would have to wear bi-focals. She was ready then to try most anything rather than wear them.

Her vision for the test card was 15/20 in both eyes, but with fine print and ordinary type she did not do so well. I began treating her by having her palm and while her eyes were closed and covered, I explained that some patients were not helped by palming, but if that were so in her case, we would try something else. She had a good memory for objects and people's faces, but her memory for names was not so good.

I asked her to describe to me all the sections of the tea room that she could remember. In this way, her memory and imagination would improve for other things which were not remembered or imagined so well. She described in detail how the tables were arranged and the design of the table silver. She could not remember the pattern of the table cloths and napkins, although when she purchased the table linens, she purposely selected a

certain pattern because it appealed to her. This worried her, but I explained that after she had learned how to relax under unfavorable conditions, she would be able to remember such details. I directed her to keep her eyes closed for more than half an hour, at times keeping perfectly still without speaking to me.

(I watch patients very closely while they are palming to see whether they are in a comfortable position and if not I try to arrange it so. I find that when the knees are crossed, the position soon brings on an unconscious strain; therefore I direct the patient to keep the knees uncrossed. Then I arrange the feet so that they are comfortably placed either on the floor or on a foot stool or hassock. The patient is usually most comfortable in an arm chair and if the arms of the chair are not upholstered, I place a cushion under one elbow in such a way that the patient is most comfortable. This brings the patient in a position leaning over to the right side or to the left, so I try to have the patient change the position while relaxing by reversing the cushion to the opposite arm of the chair. With children I manage a little differently, especially when not tall enough to rest their feet on a foot stool.)

The test card which I used for this patient had an extra line of letters smaller than the 10-line letters, which are read by the normal eye at ten feet. After this woman had palmed sufficiently, I removed the foot stool and while her eyes were still closed I told her to stand up and to start swaying her body slowly with an easy sway of the body from left to right. Then I told her to open her eyes and look from one edge of the Snellen test card to the other and to tell me what the letters were as I pointed toward them. She read every letter of the test card with each eye separately without any difficulty whatever.

The patient was so excited over her sudden improvement in sight and the relaxation which she felt of her

whole body, that she thought one lesson was all that would be necessary for her. I thought that the improvement during her first treatment was only temporary and told her so. However, I was willing to give the patient the benefit of the doubt and told her that if her vision remained normal and she felt no more strain or discomfort, that it surely would not be necessary for her to take another lesson.

Early the next morning my telephone rang and it was she, explaining her discomfort and strain and begging me to see her again. I was surprised that the change came so soon. I thought that she would have at least a few days of relaxation and freedom from strain, but she had been at a bridge party after seeing me and something had happened to her during the course of the evening which brought her quickly to me the next day.

I feared that it would worry her if she could not do so well during her second treatment with the large Snellen test card, so we worked together with another part of the method. This time we used fine print. I sat directly in front of her as she looked at the little card with fine print, but it was pitiful to see her staring at it, trying to read.

Staring is such a common thing and most people stare unconsciously at times. A great many people stare unconsciously most of the time and cause much or all of the discomfort which soon brings on chronic trouble with the eyes and sometimes causes blindness. If school teachers were instructed to remind pupils at intervals during the daily sessions of the permanent punishment to their eyes as the result of staring, it would be avoided in time and less eye glasses would be prescribed for school children.

People do not wait until they are physically tired out before they sit or lie down to rest, but most people do not know what to do about their eyes when they are mentally tired. In some cases just closing the eyes frequently

for a second or two is all that is necessary to retain good vision for life. This I know to be true because my grandmother who lived until she was 79 years of age did not wear glasses at all until she was over 70 years of age and then they were not fitted by an oculist, but were purchased at the price of ten cents from a solicitor who came to her door. She used them only when threading a fine needle. Without glasses, she could see fine stitches while sewing, whether the thread was black or white. What I particularly remember was that she blinked her eyes often, which I thought at the time was a mistake or an affliction, but since I have become Dr. Bates' assistant, I know that she was doing the natural thing.

If all mothers would watch their babies as they begin to notice things and avoid any possible stare by just attracting the baby's attention to various things instead of just one thing, I believe that a great deal of squint could be avoided, as well as other eye troubles. Of course there are squint cases which have been brought on through illness or injury of some kind, but even these cases can be eventually cured by teaching the patient how to shift and blink and avoid the stare.

I informed this patient that her principal trouble was staring and that I noticed it more on her second visit than I did at the first. She was told to close her eyes and while they were closed to remember a white cloud or a piece of white cloth, such as her handkerchief, which was in her lap at the time, then to open her eyes and instead of looking directly at the fine black print she was to look at the white spaces, and then close her eyes again and imagine them as white as her handkerchief.

She said she could remember a white cloud much better while her eyes were closed. While looking at her handkerchief she could see it perfectly white, but when she closed her eyes the memory of the white handkerchief was not so good. She said the whiteness became sort of

gray or a soiled white, which made her uncomfortable while her eyes were closed. This proves again that Dr. Bates is right in saying that an imperfect memory of anything brings on strain and imperfect sight.

At first she could not do so well with the white spaces of fine print as she held the card six or eight inches from her eyes. We tried the other extreme then by placing the card close to her forehead, too close for her to read the fine print, even if she had no trouble with her eyes. She was directed to move the card slowly, slightly touching her forehead over the bridge of her nose and opening her eyes with the slow movement of the card and closing them again. In this way she got flashes of the white spaces, and as she closed her eyes the memory of the white spaces improved so that when she drew the card away finally after practicing this method for ten or fifteen minutes she could read the fine print at six inches as well as she could at twelve inches. Again she became excited as she did the day before and felt that at last she had grasped the idea of avoiding the stare and that she would not need to come again.

Two days later she telephoned me for another treatment, saying that she could not retain the good sight that she had while practicing with me. When she came for her third treatment, I tested her sight with the large test card, using various cards that I had. She did very well with the two cards she had read at her first visit, but with the strange cards her vision was the same as it was during her first visit, 15/20.

I decided to try a different method of treatment by having her imagine that my room was her tea room. A desk and small table with a few chairs were imagined to be tables at which she was to place imaginary patrons who were coming toward her. She told me that it was customary for her to have a napkin in her hand which served sometimes to wipe the top of a glass or to re-arrange a

plate on the table. I gave her a towel to hold which served as a napkin and told her to shift from the napkin to the imaginary table, and in this way she learned how to shift and blink as she would have to do to retain her relaxation while at work in the tea room. She remembered this lesson very well and did her work in the tea room better for a few days.

When I saw her again, which was in less than a week's time, she said that she got along splendidly in the mornings, but in the afternoon after she had been busy for part of the day, she felt a strain coming on as usual, which caused a great deal of tension at the back of her head.

The method that we used that day at her fourth visit was used again at her last visit, the fifth treatment, when she did so well that I thought it unnecessary for her to come again. There were several pictures hanging on the wall of my room distributed in different places. I told her to imagine that she was in her stock room where canned goods were stored. She explained how there were rows of canned tomatoes, which had the picture of a red tomato on the label. Then there were other shelves arranged with cans of peas, which, of course, were green. There were shelves in another section of the room with canned vegetables, with various colored labels.

I told her to stand in the center of the room and to sway her body from left to right, blinking as she swayed and shifted from the canned peas to the canned tomatoes and other canned goods with various colored labels. She remarked that if she could keep up that good feeling of relaxation and freedom from tension and strain while she was practicing in the stock room of her establishment, she would be amply repaid for the time she spent with me.

Her report over the telephone a few days later was favorable. She said that she had taken her car with friends and had driven many miles over a mountain trail,

and if it had not been for her ability to blink and shift, she could not possibly have avoided an accident which would have thrown her car over the cliffs. I had told her to occasionally shift from the speedometer to the center of the road ahead and vice versa. I told her to remind herself continuously that it was not necessary to hold on very tight to the steering wheel, but to hold it loosely, which meant relaxation.

She said that her store room, she believed, was responsible for the absence of strain and tension late in the afternoon, when before she had seen me there was not a day that she was free from pain in the back of her head. She wore a fancy white apron during business hours, but always in the little pocket of her apron rested the small test card and a small fine print card which she would use when she had the opportunity to do so, practicing shifting from the white spaces of the fine type to sections of the room, which helped her to see things clearly and without strain.

I hope this article will be of benefit to those who do close work in offices, as well as people who do similar work to that of my patient.



Case Report

AS IS generally known, fevers of all kinds are apt, if not treated with the utmost care, to result in defective eyesight, hearing and many other troubles, and it was at the age of six years, after severe scarlet fever, that my eyes became weak, and subsequently developed a convergent squint. In order to check this defect, it was found necessary to harness me to a pair of huge unsightly spectacles, with the usual thick corrective lenses. As a result of this drastic treatment my eyes weakened still more, becoming myopic and astigmatic, although the squint had certainly improved, but only at the cost of producing the other complications, for exceptionally strong lenses were used to this end.

I continued to pay periodic visits to the best available eye specialists in Johannesburg and Capetown, South Africa, all of whom at first encouraged me into the belief that eventually I would be able to discard them. Latterly, however, I received no such encouragement, but instead was warned that blindness could result if I went without them at any time. I reached the age of 26 years without having received any benefit from the wearing of glasses. In fact even more technical terms were introduced into the condition of my eyes, and I had come to the conclusion that nothing could be done for them, and that I would always wear glasses, and that continuous headaches were my lot. Such a dreadful state of mind for any one to get into!

Imagine my joy when at a tea party (they have their uses after all) I heard Dr. W. H. Bates' name and methods of treatment mentioned for the first time; that was in 1926, and of course anything to do with the eyes attracted my attention at once. At that time a Mrs. Reid

and Mr. Jardine, both students of Dr. Bates, had been carrying out exceptionally good work with the Bates method. I immediately consulted with them, overlooking entirely the fact that at that time I had a great deal of work to do which would require the use of my eyes. The first thing I was told to do was to remove my glasses, and not to wear them again, and my implicit obedience in this regard surprised even myself, for since then I have never returned to my glasses. To Mrs. Reid and Mr. Jardine I am forever grateful for what they did.

I think what caused me to put such faith in Dr. Bates and his methods was the fact that I had been going to eye specialists for some twenty years, and instead of my eyes being benefited, they became steadily worse, which fact coincided with one of his observations.

I carried out the various exercises prescribed, under somewhat difficult circumstances, my entire day being consumed with office work. However, this did not deter me, for I did the modified way while sitting at the typewriter, got into the habit of blinking, and snatched a peep at the sun as many times a day as time permitted, morning and evening. I palmed my eyes in between, for, understand, at this time my eyes were being called upon to do work which they had never done before. It was indeed a hard and uncomfortable period through which I was passing. In addition to all the relaxation exercises, I did physical exercises to keep me generally fit, and this helped greatly.

After three weeks, quite by accident, one day, I began to realize the value of relaxation, for up till then I was undergoing too much of a strain; from this time on I steadily improved. Of course I realized that after having worn glasses for twenty years I couldn't expect to be cured immediately, and that it would be only by hard work and patience that eventually my eyes would be normal.

I became absorbed in this treatment, and felt that a great deal could still be learned. The fact that my own eyes were not yet normal, urged me to learn more of the methods of treatment by this wonderful system. When in London, I received more benefit from Mr. Price, another student of Dr. Bates, to whom I am very grateful.

I feel that if all the followers of Dr. Bates, and there are many, would co-operate, and perhaps pool the knowledge acquired by experience, we could help this treatment to spread throughout the world. What a benefit this would be to humanity at large!

Helen Kupferburger.



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By W. H. BATES, M.D.

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Subjective Conjunctivitis

Swinging

By W. H. Bates, M.D.

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By Emily C. Lierman

Questions and Answers

Announcement

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