



## **Eleanor Eaton Faye, MD, FAAO: A Little-Known Pioneering Role in Bringing the Professions of Optometry and Ophthalmology Together**

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Eleanor Eaton Faye, MD, FAAO was already a pioneer when she took a transcontinental train to interview for an ophthalmology residency at Manhattan Eye, Ear, and Throat hospital (MEETH). She had recently completed her medical training at Stanford University Medical School where women in the 1940's only made up 5% of the enrollment. The family's lineage was prestigious as well. Her mother's ancestor, Francis Eaton, was the Mayflower carpenter in 1620, while her Grandfather, Hans Peter Faye II, was a pioneer in the 19th century, helping to develop the sugar industry in the Kingdom of Hawaii.

Dr. Faye's interview was going very well until one of the doctor's said, "Despite the superb credentials presented, there was no place for a woman to change at this hospital." Nothing, however, could dissuade her from moving straight ahead, especially with her response, "I don't mind changing in the nurse's quarters."

Her career in "subnormal" vision began, when she asked Gerald Fonda, MD (a pioneer in his own right), to observe patients at the recently opened clinic: *The New York Association for the Blind, The Lighthouse*. Though the organization had started in 1905, persons with a visual impairment were not treated as patients, until 1953. By 1966, Dr. Faye had succeeded Dr. Fonda, as the first woman medical director of The Lighthouse, as it would come to be known. Thus, began another first: developing a distinctive team of clinicians and nurses to manage the visually impaired population. Members of the team included: a neuro-ophthalmologist, retinal and glaucoma specialists, ocular pathologist, pediatric physician for visually impaired children, a diabetic nurse educator, audiologist, and a psychiatrist for the depressed patients.

Another immediate objective was to change the "demeaning" term "subnormal vision" to **low vision**. Dr. Faye further highlighted the change, in her first book published in 1970, which was titled: ***The Low Vision Patient, Clinical Experiences with Adults and Children***.

But she realized something was missing from her team, to manage those with a visual impairment: **OPTOMETRY**. The optometrist held the key to filling the gaps in the management of the low vision patient. The optometrist was already developing a reputation as the expert in the field of optics. William Feinbloom, OD, in fact, had been the innovator and inventor in developing the bioptic telescope, a microscopic new lens design as well as a low vision chart. Al Rosenbloom, OD in Chicago, Frank Brazelton, OD in Los Angeles, Randy Jose, OD at UAB, and others were developing their own programs as well.

1973 marked the beginning of a new era in low vision. The author was developing the curriculum for low vision at the newly founded SUNY College of Optometry campus in Manhattan. Bob Rosenberg, OD (a disciple of William Feinbloom) went as well to preview "Not Without Sight" a film being shown at Lincoln Center. The movie portrayed the impact of five eye conditions on a person's activities of daily living, as well as the effect on the quality of life: macular degeneration, glaucoma, cataract, diabetic retinopathy, and retinitis pigmentosa. "Simulations" developed by Dr. Faye were incorporated into the film so that a spouse, relative, and others could not only understand but be able to visualize the problems and hardships resulting from "irreversible" vision loss. Dr. Faye insured that the simulations were put into the public domain for all to use including the National Eye Institute, which uses them to this day.

Following the showing, Drs. Faye and Rosenberg agreed to present a series of lectures that were open to OD's, MD's, as well as SUNY Optometry students on: the effects of ocular pathology and the optics of low vision devices.

A couple of months later Dr. Faye introduced me to the Lighthouse ophthalmology clinical staff. She said, "we are bringing **optometrists** on to our clinical staff. You are welcome to leave if you feel uncomfortable". One or two did, but the rest stayed. Within a month, third-year SUNY students were observing me examine low vision patients at the Lighthouse.

The groundbreaking Lighthouse 20<sup>th</sup> anniversary of the low vision service was celebrated in 1973. Dr. Faye put together a unique roster of speakers including many of the early AAO Low Vision Diplomates; **Randy Jose**: *Low Vision Clinics - The Need, The Organization, The Manpower; A Training Program for the Low Vision Technician; The Low Vision Clinic UAB*; **Al Rosenbloom** (*Care of the Elderly Low Vision Patient* – which became his lifelong passion), **Jay Newman**: who wrote the first book for the AOA on Low Vision (*Telescopic Lenses: The Rationale for Licensure -*), **Wayne Hoeft**: *Mirrors, Prisms, and Eccentric Field Defects*; and **Richard Feinbloom** to fill in for his father: *Future Development of Optical Aids*. Dr. Faye followed up with a book of the lectures presented at the symposium: **LOW VISION**. The opening sentence of the dedication reads: "To the ophthalmologists and optometrists"...this simple phrase was a milestone as being the first recognition and mention of ophthalmology and optometry working together in a common professional area.

Dr. Faye was ready to move forward in 1974 with another novel initiative: developing an internship in low vision, followed by a one-year residency in low vision. The intent was to cultivate future national leaders in low vision. The offspring has included Tracy Williams (Wheaton, IL, Loyola), Mark Wilkinson and Khadija Shahid, (U. of Iowa Carver College of Medicine), John Musick (KY), Angel Baranano Madrid, and Mike Fischer. In the years to come, Dr. Faye continued to bring on additional optometrists to the Lighthouse Low Vision staff including Roy Cole, Ben Freed (at SUNY and NYE&E), Bill O'Connell, Lisa Chan O'Connell, Andrea Zimmerman, Linda Pang, Serena Sukhija, and Richard Shuldiner. Optometry was now the heart and soul of the Lighthouse Low Vision Clinical staff.

Later that year I attended my first American Academy of Optometry meeting at the St. Francis Hotel in San Francisco. My intent was to hear Eleanor Faye lecture as the first ophthalmologist to lecture at the AAO meeting on low vision. For the next 30 years, Dr. Faye would lecture together at the AAO and I would lecture with her at the American Academy of Ophthalmology.

Early on, Dr. Faye and I went to the New York-Presbyterian Hospital (now Columbia University) to lecture to the ophthalmology staff. It was more than a lecture. Columbia University had phased out an optometry school after over 30 years in 1954. Our lecture was the first time that an ophthalmologist and optometrist had lectured to the ophthalmology staff. The icy welcome seemed to melt during our lecture, especially with Dr. Faye's illuminating lecture. Columbia Presbyterian Hospital now has optometrists and ophthalmologists working together, as do most ophthalmology services in hospitals across the country.

Another precedent-setting meeting, that brought together the professions, was held in NYC in 1976. The controversial objective was to set the national standards for driving with bioptic telescopic lenses. The attendees included Bill Feinbloom, OD, the developer of the bioptic, George Hellinger, OD, who not only opened the second low vision service in 1953 in the US but was openly hostile to Feinbloom at the meeting. Other attendees included Arthur Keeney, MD, Chair of Ophthalmology, Louisville KY, and Gerald Fonda, MD, another arch-enemy of bioptic telescopes. Despite the contentious and diverse group from optometry and ophthalmology, guidelines were developed for the use of bioptic telescopic lenses for driving.

It seems that Dr. Faye did not care how she was perceived with her ever and ever closer ties with optometry in low vision. The First Annual NY State Low Vision Seminar held in Albany in 1980 is another example. Norm Weiss and I co-chaired the meeting. Attendees included Bill Feinbloom, Bob Gold (LVDip), George Hellinger, Roy Cole, **and** Eleanor Faye.

Perhaps one of the best examples of her instinctive ability to bring the professions of ophthalmology and optometry together was at a meeting held in Tel Aviv Israel. The following is from a letter sent to me from an Israeli ophthalmologist, following our joint lecture in Israel. "We're still getting echoes from the seminar that you and Eleanor so expertly presented in February. You did what we thought impossible: to get the ophthalmologists and optometrists together in a room, which was thought to be more impossible than getting than the Palestinians and Jews in the same room."

Eleanor Faye was not only a pioneer, facilitator, innovator, mediator, peacemaker, writer, motivator, friend, and lecturer but enjoyed developing low vision charts. She rushed off to Bethesda, upon hearing that the NEI ETDRS eyechart (which was based on Ian Bailey and Jan Lovie-Kitchen's innovative and groundbreaking work), was to be phased out at the conclusion of the ETDRS clinical trial. Obviously, it was difficult to turn "an Eleanor Faye" down and The Lighthouse subsequently received permission to print as well as share the chart with the low vision and eyecare community. The 20th century ended with Vision '99 in New York City. The 5-day meeting brought over 1,900 people from around the world for a low vision symposium. Dr. Faye's crowning achievement was that optometry and ophthalmology were not only presenting lectures and papers at the symposium but working together throughout the United States and the world.

But Eleanor Faye never wanted accolades, honors, and awards (those she received them all). Her joy was spending time talking and learning from her optometry lifelong friends, whether it was banging heads with Ian Bailey, Randy Jose, Bill Feinbloom, Roy Cole or discussing issues with Paul Freeman, Tracy Williams, Lisa Chan O'Connell, Wayne Hoeft, Henry Green, Norm Weiss, Jay Cohen, Bill O'Connell, George Woo and the rest of her optometric colleagues.

Eleanor E. Faye was also enjoying and watching the growth of low vision over the years as well as seeing the eyecare professions working together throughout the country. That is a legacy we can all thank the "mother of low vision."