Barrie Russell Jones

1921 – 2009

Otago alumnus and ophthalmologist the late Barrie Jones changed forever the way in which ophthalmology is taught and practised. Many Otago graduates are high fliers with international careers, but few attain the degree of professional success achieved by ophthalmologist Barrie Jones.

Jones not only revolutionised the way ophthalmology is taught, but also brought the gift of sight to thousands in developing countries.

On his retirement in 1987, the British Journal of Ophthalmology dedicated an entire issue to honour his work, with tributes flowing from “colleagues and friends who are proud to have sat at his feet”. On his death last year, obituaries appeared across the world in praise of a man who had made a difference.

Jones read physics and chemistry before studying medicine at Otago. He spent time clinical training in his home town of Wellington before returning to Dunedin in 1950 as a registrar in ophthalmology under Professor Rowland Wilson, who had undertaken important research on trachoma in Egypt.

Wilson inspired in Jones a lifelong love of research-based medicine and of the study of ocular infections, in particular trachoma, a leading cause of the world’s infectious blindness.

Encouraged by Wilson, Jones moved to the UK in 1951 to advance his training in clinical ophthalmology, with an idea of returning to Dunedin to work with his mentor. But after gaining a training post at Moorfields Eye Hospital and enrolling at the Institute of Ophthalmology, Jones believed he would be able to pursue his scientific investigations into eye disease more readily if London-based.

Within 6 years he was a senior lecturer at the institute and an honorary consultant at Moorfields. In 1963 the University of London became the first in the country to establish a chair in clinical ophthalmology and Jones was appointed its professor. Under his leadership the department soon became renowned as a centre for research and teaching, and attracted many young academic ophthalmologists and scientists from Britain and overseas.
Innovation came naturally to Jones, partly because of his Kiwi roots, says his daughter Jenny Robin Jones.

“His early experience in the New Zealand bush helped him with his lifelong career,” she says. “He adored tramping and botany, and it made a deep impression on him that every living organism was linked with all the others.

“He took that understanding into medicine. He had a holistic approach long before it was popular and the broad training he received in Dunedin helped support that.”

Jones changed the method and direction of ophthalmic practice at Moorfields and transformed the relationship between clinicians and researchers. He insisted on all trainees using the operating microscope, thus spawning a new generation of micro-surgeons, and encouraged subspecialisation in every branch of ophthalmology. His changes revolutionised cataract and other ophthalmic surgery, introduced antibiotics, anti-virals and anti-inflammatory medications, and improved treatment for corneal and external disease.

He was passionate about teaching and was noted for coining memorable phrases. The indiscriminate mixing of ocular secretions between members of a family which spread trachoma he described as “ocular promiscuity”, while an “ocular condom” was a hat with a mesh around it to prevent flies reaching the eyes.

His daughter remembers how he briefly gained the nickname “the pox doctor” when the contraceptive pill was introduced in the swinging ’60s and he advised condom use to help prevent the spread of a chlamydia organism involved in transmitting eye infections.

“He often came up against the establishment for clear thinking and speaking his mind—but quite enjoyed being outspoken and always had a twinkle in his eye.”

Jones’ long-term campaign against trachoma saw him undertake a programme of research in the Middle East, where the disease was particularly rife. He and his wife, Pauline, spent several weeks each year in Iran, and Jenny Robin Jones recalls her mother learning Farsi so she could communicate with the local women—something a man could not do.

“They were very much a dynamic duo, a hands-on team that was much more than just a sum of its parts,” she says. "After one trip my mother asked my father when he was going to do something for the people who had provided data for his research for so long."

“This triggered what he called ‘an identity crisis’. The result was a total switch in emphasis, because he had identified that the reason for ‘ocular promiscuity’ of trachoma was overcrowding and poor sanitation.”

“From then on his focus was the far less glamorous work of preventive ophthalmology.” He resigned from the chair of clinical ophthalmology in 1981 to establish and lead a new International Centre for Eye Health, which enrolled students from many fields, some unrelated to ophthalmology.

Instead of offering training in Western medicine, which was city-based, he trained people who wanted to learn about the diseases of their own countries and were interested in returning home to work with their people in rural areas. His efforts led to
a world-wide movement for eye health, with training centres in Africa, India and America.

His daughter recalls: “When he set up the new department it was a radical development for ophthalmology. People thought he was barmy, but he was undeterred. He was dedicated to his work to the point of being obsessional. It was difficult being in his shadow, but he was inspiring to be around.”

She remembers when she was little how her mother took her and her younger brothers to the hospital so they could see their father where he was working long hours.

“It was quite a special thing to have a parent like that and to see how much could be done, and how you could be so excited by things and put so much energy and dedication into life.”

After Jones retired in 1986, he followed up requests from his students to help with research programmes in their countries, particularly with the control of onchocerciasis (river blindness) in Africa. By then a seasoned fundraiser and winner of monetary awards, he was able to fund and pursue this work into his late seventies. He remained as Emeritus Professor at the University of London until 2002 when he and Pauline returned to New Zealand, where three of their four children were living.

Although Jones had spent his entire career overseas, his reputation and Otago connections have had a positive effect on the University, says Department of Ophthalmology Associate Professor Gordon Sanderson.

“In ophthalmic circles Otago punches far above its weight,” he says. “This is the place people turn to when they want postgraduate training or they want to get representation on a committee.

“Otago has inordinate influence and that is partly a result of Barrie Jones.”

Jones received many honours, including a CBE in 1985, the 1986 King Faisal International Prize in Medicine, the 1990 Gonin Medal (the highest award of the International Council of Ophthalmology) and the International Agency for the Prevention of Blindness 2004 Global Achievement Award.

“He had great respect for those who had gone before,” says his daughter. “He often talked in lectures about honouring those heroes who had led the way. Now he is playing that role for others.”

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Some additional obituaries are published at:

Lancet: http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)61940-1/fulltext
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