WALTER HAMILTON HYLTON JESSOP.
(1853—1917.)
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OBITUARY.


Senior Ophthalmic Surgeon to St. Bartholomew's Hospital; President of the Ophthalmological Society of the United Kingdom.

With sincere regret we record the death of Mr. Jessop. He was quite well on February 10th, and went to the hospital; he came back after an hour or two, feeling cold and ill, took to his bed, developed pneumonia, and died within the week. He had seemed to be in his usual strength and spirits, abounding in go and energy, but it was known that the extra work entailed by the war, both at St. Bartholomew's and at No. I General Hospital, Camberwell, as well as his enthusiastic labour for the new British Journal of Ophthalmology had tired him, and left him ill prepared to resist an attack of acute pneumonia.

He was born in 1853, the son of Walter Jessop, F.R.C.S., of Cheltenham; he was educated at Cheltenham College, on the modern side, at Bed ford School, and, later, at Gonville and Caius College, Cambridge, which he entered with a Tancred Studentship. After obtaining the B.A. degree in 1876, he entered as a student at St. Bartholomew's; henceforth the Hospital became, perhaps, the dominant interest in his life. He became M.R.C.S. in 1880, and F.R.C.S. in 1884, and M.B. Cambridge in 1886. He was house surgeon to Mr. Willett at a time when there was no junior; it seems impossible that one man could have done the work of both, but it must be remembered that the number of operations at that time was small, there was only one operating theatre for four surgeons and four assistant surgeons, and there were only two operating days...
in the week for them all. He afterwards became ophthalmic house surgeon under Henry Power and Bowater Vernon, and took up the eye as his line of practice.

After serving on the junior staff Jessop became demonstrator of anatomy, and remained in the rooms thirteen years till he came on the staff. It was during this time that he made his life-long friendships with his colleagues in the rooms like Bruce Clark and Lockwood, both of whom are now gone, as well as with successive generations of Bart's men who passed through his hands, many of whom lived with him in Harley Street.

Life at this time was a struggle. He had been elected surgeon to the Central London Ophthalmic Hospital and ophthalmic surgeon to the Paddington Green Hospital for Children, but his position at St. Bartholomew's was by no means secure; it needed courage and tenacity to weather the years of doubt and uncertainty. On the retirement of Mr. Power in 1894 Jessop was elected ophthalmic surgeon to St. Bartholomew's Hospital after a stoutly contested election carried on after the old methods, with a personal canvass of the whole body of Governors. His position then became secure, success followed and with it the sunnier side of his nature came out.

In his work at the hospital he stood by the traditions of the eye department. This had been founded in 1871, and a certain individuality of practice had been established there; thus it had been the custom to do the simple extraction of cataract without iridectomy; there were ways of doing things, methods of treatment, tricks of bandaging and the like, justified by experience, which gave the work of the eye wards at St. Bartholomew's a character of its own. Jessop not only kept to these methods, but maintained their superiority.

As a teacher he was not fluent, but his methods were appreciated; he had a bent towards sarcasm, but could be tolerant of fools. As a surgeon he rather followed the French school; he had received an austere training at Moorfields under Nettleship and others and had been through the mill; his methods of practice were sound. He had even made contact with the great founders of modern ophthalmology, and had sat at the feet of giants like Bowman and Donders.

As a writer he was not prolific, but some good work stands to his credit, notably his research into the action of cocaine when it was first brought in, and his Hunterian Lectures at the Royal College of Surgeons in 1887-8 on Anatomy and Physiology of the Intra-ocular Muscles; his other contributions were chiefly clinical. He was the author of a popular text-book for students which ran through two editions.

In 1915 Jessop reached the height of his ambition, and was elected President of the Ophthalmological Society of the United Kingdom.
To one of his greatest friends, Professor Straub, of Amsterdam, was due the suggestion that the time had come in this country for founding a really representative journal of ophthalmology. These views he embodied in a letter to Jessop in his capacity as President of the Society. With characteristic energy and foresight Jessop seized the suggestion; he wrote personally to most of the senior members of the Society suggesting the amalgamation of the existing British journals of ophthalmology, and called a meeting at his house in Harley Street to consider the proposal. The idea was approved and a sub-committee of seven was formed to draw up a scheme, and to make arrangements to amalgamate the existing journals, namely, *The Royal London Ophthalmic Hospital Reports*, *The Ophthalmic Review*, and *The Ophthalmoscope*. The sub-committee met on several occasions, and reported that a limited liability company should be formed to publish the new journal. The report was approved, and a general meeting of ophthalmologists was called at the house of the Royal Society of Medicine towards the end of September. Jessop, who was appointed managing director of the company, threw himself heart and soul into the onerous work of starting the journal. He lived long enough to see it successfully launched.

Jessop was a good friend and an honest one. He was at his best entertaining his colleagues; he contrived to throw together congenial spirits, and had the power of drawing out for the general good what was best in the way of anecdote or reminiscence among his friends. Who that heard it could ever forget the furious fun that arose when he succeeded in getting two guests to cap each other’s tales about their experiences, the weaknesses of human nature, or the eccentric ways of some predecessor? As a story-teller his own method was peculiar; the barest framework of a story, an impressionist picture was outlined, with here and there a word, a half-sentence, a smile, or a significant silence.

His love of art was genuine and enthusiastic; his knowledge, judgment, and taste were good; his Whistler lithographs are famous; he loved to talk over his collections, or to tell the story of a rival who after offering large sums for a unique specimen, finally handed him a blank cheque to fill in as he liked in exchange for the picture: that cheque was not filled in.

On the Continent Jessop was almost the representative figure of British ophthalmology; he was a member of most of the foreign societies of ophthalmology; he assiduously attended all international congresses, and was generally present at the Paris and Heidelberg meetings; he was often voted to the chair, and had enough command of languages to fulfil the duties of the office. He had many friends among the Continental eye surgeons and was always glad to welcome them in his home in Harley Street or on
the river, where Mrs. Jessop received and entertained with kindly hospitality. Under his roof the guest was free to follow his own way, to join him in a morning swim in the river, or a hard spell of gardening. He lived the free life of the country whenever he could get away from his work, and took his full share as a country magistrate, and in other ways in the social life of his neighbourhood. He lived a full life and will be greatly missed. Much sympathy will be felt for Mrs. Jessop and his daughter in their great loss.

W. T. Holmes Spicer.

COMMUNICATIONS.

BITEMPORAL HEMIOPIA: THE LATER STAGES AND THE SPECIAL FEATURES OF THE SCOTOMA.

With an examination of current theories of the mechanism of production of the field defects.

H. M. Traquair.
ASSISTANT OPHTHALMIC SURGEON, ROYAL INFIRMARY, EDINBURGH.

In a previous paper it was shown how by means of serial test objects, following the method of Bjerrum and Rönne, it is possible to trace the development of the changes in the field of vision which are characteristic of bitemporal hemiopia. Originally thought to represent individual types, these changes were recognised some fifteen years ago by Josefson as stages in a progressive process. The defect in the peripheral field nearly always becomes apparent first in the superior-temporal quadrant, which begins to fail from above downwards in a vertical direction. The lower-temporal quadrant is then invaded and becomes, as it were, scooped out from above, assuming a hook-shaped or uncinate form projecting from the lower-nasal quadrant outwards and upwards below and outside the blind spot. This projection shrinks gradually from without inwards until the temporal field ceases to exist, or, in many cases, the continued downward progress of the defect close to the outer side of the vertical meridian, not infrequently associated with an indentation from below, splits off the remains of the outer field forming a temporal island, which, in turn, gradually disappears, though it may remain to a relatively late period. The nasal field