

A remembrance of Stephen M. Drance, O.C., M.D.
One of the earliest members of the Glaucoma Research Society

By

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Stephen Drance awoke each day smiling with happiness, enjoyed listening to early music, and was agile when playing ping-pong (table tennis). This, despite considerable trouble with memory and coherent conversations for a number of years. He lapsed into a coma for a couple of days and died at the age of 95 on Sept 2, 2020.

I first came to know Stephen well when we were assigned to be roommates in the dormitory of St. John's College, Cambridge, where a glaucoma symposium was held in 1971. We discovered kindred spirits during lengthy evening conversations about visual fields and the optic disc, and we were fast friends from then on. The following year when Ralph Kirsch and I presented the observation that glaucomatous cupping occurred preferentially at the poles of the disc, he asked me why we had not mentioned the hemorrhages that occur at the disc edge in glaucoma (on which he had published). I answered that we had not seen any. He pointed out (kindly) the hemorrhages that appeared on many of the disc photos we had on display, but which we had not been noticed while our attention was on the glaucomatous excavation rather than the entire disc. We participated together in many courses and symposia, co-editing some books that represented transactions of some of these meetings. In the early 1980s we both attended a discussion meeting about the problem of "normal tension glaucoma" where the question of involvement of intraocular pressure arose. He and I discussed the problem at great length and ultimately re-convened those interested (23 in all) to participate in a clinical study that became known as the Collaborative Normal Tension Glaucoma Study. Stephen meanwhile continued to conduct research on such things as the physiology of blood flow, treating patients who sought his care, and training fellows—all the while participating in many international societies, as well as many other teaching and scholarly symposia. He did many things about which I knew little.

Stephen was born in 1925 in Poland, and having been sent to a boarding school in Kent (near London), he was the only one in a class of 45 students in Poland to have survived the German invasion of Poland at the start of World War II. His parents and twin sisters joined him in London in the nick of time in August 1939. The Blitz in London began in September 1940, and on one occasion Stephen rescued his mother and sisters from the rubble of their bombed shelter. The family moved to Scotland where they and other Polish refugees worked to survive. His father died suddenly and unexpectedly a few days after finally finding work at a village pharmacy. His mother was fortunate to have well connected Polish refugee friends who asked her to join their enterprise in London, millinery and dressmaking for a Royal clientele. Stephen meanwhile had been accepted into medical school in Edinburgh on full scholarship and stayed behind. Through a wealthy and influential socialite widow who opened her home as a boarding house for medical students, Stephen attended musical events and art exhibits, played in day-long Ping-Pong tournaments, and discussed the proposed British Health Plan (the National Health Service, which was inaugurated in 1948, six days after Stephen's graduation from medical school).

Stephen was conscripted into the Royal Air Force and served in Aden (Yemen). In his second year he was captivated by Betty on the day she arrived as Headmistress of the new Air Force School for children. They married a year later. Whenever my wife, Wirtley, attended a meeting with me and they were there, Betty and Stephen would greet us (and everyone, for that matter) so very warmly. When Stephen was with her, glaucoma left his mind. He and Betty were one, socializing with friends, who may happen to be colleagues. Many things were important to Stephen, but Betty was always at the top of the list. He remained devoted to her after the sad day on which she died and established a memorial garden for her at St. Anselm's Anglican Church, which she attended.

His training continued at York General Hospital as a surgical intern and two years in ophthalmology, back to Edinburgh to study perimetry with Traquair, and to Oxford, where he designed his first research project. Opportunities seemed greater in Canada, and he moved to become Professor of Ophthalmology in Saskatchewan. In 1963 he moved to be Assistant Head of Ophthalmology at Vancouver General Hospital. He started a glaucoma fellowship program in 1966, ultimately attracting 35 fellows internationally over the years, a group very devoted to him. He became head of the department in 1973. After a massive heart attack, his cardiologist advised a lunch break of 1-1/2 to 2 hours daily. He used this time to lunch with prospective donors, with the result of opening the first stand-alone Eye Care Centre in Canada in 1983, having recruited the British Columbia government to match donated funds. He retired from chairmanship in 1990. In 1987, he had been appointed as an Officer of The Order of Canada. It amused him when some asked whether we should now call him Sir Stephen. In 2012, he was also awarded a Queen Elizabeth II Diamond Jubilee Medal.

He loved music of the 16th to 18th centuries, and it was almost required of his fellows that they share this passion. He thought to create a music festival focused on early music in Vancouver, much like the ones he experienced as a medical student in Edinburgh. He worked for the creation of Festival Vancouver, which continued for 10 years, and Early Music Vancouver continues to this day.

So many were fortunate to have his touch in their lives.

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