It is with a heavy heart that I write about the loss of Dr. Stephen Drance, who died on September 2, 2020 on Salt Spring Island, British Columbia, at the age of 95. Stephen was a visionary and a giant in ophthalmology. He was a determined enabler and fundraiser and a peerless mentor. Stephen will be remembered equally for his philanthropy and determined drive to promote the arts in Vancouver and beyond.

He was born in Bielsko, Poland, on May 22, 1925. After being evacuated before the German invasion of Poland, being the only 1 of 45 classmates in his school who survived, he attended boarding school in Kent, England. His family lived through the Blitz in London, but relocated to Scotland, where he attended medical school in Edinburgh. He served as president of the British Medical Students Association and was among the group of doctors who negotiated the terms of the Health Plan, which subsequently led to the creation of the National Health Service in 1948. After being conscripted into the Royal Air Force Medical Corps, he served in Aden (Yemen), where he met his wife, Betty, who was headmistress of the Air Force school for children. After returning to the United Kingdom, he continued his specialist medical training in ophthalmology in York, followed by positions in Edinburgh, where he was trained in perimetry by Henry Traquair, and Oxford.

Stephen and Betty emigrated to Medicine Hat, Alberta, after which the University of Saskatchewan offered Stephen a faculty position that enabled him to pursue his love for research. In 1963, he was appointed Assistant Head at the Vancouver General Hospital (VGH), and in 1973, became professor and head of both the Department of Ophthalmology at the University of British Columbia (UBC) and the clinical ophthalmology department at the VGH. He held this position until his official retirement in 1990; however, he remained active in glaucoma research well into his 80s.

Stephen Drance built the UBC/VGH Eye Care Centre, the first free-standing eye care facility in Canada, after tireless fundraising efforts and negotiations with the VGH and the British Columbia Provincial Government. It combined clinical care, surgery, training of medical students, residents, and fellows, as well as clinical and basic science research under one roof, all in a setting that avoided the typical hospital setting of an academic ophthalmology department. This model also introduced new efficiencies in surgery, allowing practically all procedures to be carried out on an outpatient basis, which was not common in North America at the time. The Eye Care Centre opened its doors in 1983 and was a model for other centers in Canada and worldwide.

Stephen was among the greatest researchers in glaucoma, with a career that spanned 60 years, from rubbing shoulders with Duke-Elder and Goldmann to the OCT revolution. He made numerous significant contributions, including the rediscovery of the optic disc hemorrhage. He often recalled the story of a former fellow, Fred Feldman, rushing into his clinic because one of his patients had a red comma-like streak at the edge of the disc, which was noted frequently in patient charts, but not questioned further. Within 1 week, they saw at least 10 more disc hemorrhages, and on subsequent review of photographs, they found no shortage of them. Stephen never warmed to a hemorrhage being named after him and quickly corrected anyone who used the term “Drance hemorrhage!” He also pointed out that Bjerrum first described the disc hemorrhage in glaucoma in 1899, but that...
his article (in Danish) languished on the bookshelves for decades afterward.

Along with Douglas Anderson, he designed and executed the first randomized multicenter treatment versus no treatment trial in glaucoma. This pioneering study remains one of the benchmarks that drive the clinical practice of glaucoma. From very early on his career, he recognized that glaucoma occurred at all levels of intraocular pressure, a heretic thought in the 50s and 60s. He also drew attention to specific glaucomatous optic disc appearances and their possible relationships to factors that pose different levels of susceptibility.

I am certain that Stephen would want to be remembered as much for his contributions to the arts as to ophthalmology. He was passionate admirer of Renaissance and Baroque music, often travelling worldwide to attend music festivals and concerts. Again, with tenacious fundraising efforts, he helped establish the Vancouver Festival in 2000. This inaugural festival staged a historically informed performance of Monteverdi’s *L’Orfeo* to critical acclaim. Thereafter, Stephen strived to make Vancouver a magnet for Baroque opera with multiple subsequent productions. He also served on the boards of Early Music Vancouver and the Vancouver Chamber Choir until well into his late 80s.

Stephen was an utterly charming human being. He instilled a love for research and the value of curiosity in his fellows, who came to Vancouver from all corners of the world. He eschewed dogma and welcomed all viewpoints with kindness and deference. Stephen was a remarkably gifted speaker, delivering lectures insightfully with wit and a precisely measured cadence. He frequently received standing ovations, particularly toward the end of his career, when audiences grasped the sheer breadth of his achievements over decades. These achievements garnered him many awards and recognitions, including the Officer of the Order of Canada, the Queen Elizabeth II Diamond Jubilee Medal, and honorary doctorates from Dalhousie University and the University of British Columbia.

The world has lost a giant. This unique and truly remarkable human has touched the lives of so many people around the world and leaves an everlasting legacy.

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**Footnotes and Disclosures**

Disclosure(s):
The author has no proprietary or commercial interests in any materials discussed in this article.

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