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John Allcock, MD, 1920–2001

Allan J. Fox

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John Allcock, MD, 1920–2001

John Allcock, MD, neuroradiologist, former member of the executive committee of the ASNR (Treasurer from 1972 to 1974 and Vice President from 1976 to 1977), and expert horticulturist, died in the spring of 2001 in southern England from complications of a hip fracture.

John was born in Sheffield, England, on September 18, 1920. He was educated in England, attending medical school at St. Bartholomew's Hospital, London, and graduating in 1942. He then served in the Royal Navy until 1946. The consummate English gentleman, he set off in 1947 to practice in Zimbabwe (then Rhodesia) when it was still a British colony. He then returned to England for postgraduate training at several hospitals in Derby, Cambridge, and Bristol. His education culminated in neuroradiology training at Atkinson Morley Hospital in 1957. He then returned to Africa to practice as a radiologist from 1957 until 1960. After those years in Africa, he took a position as a neuroradiologist at Victoria Hospital in London, Ontario, to practice with the soon-to-be world-class neurosurgeon Charles Drake. He succeeded Paul New, who was on his way to Boston, Mass.

Until his early retirement in 1978, at the age of 58 y, John contributed to the expertise that allowed Charles Drake to be as creative, innovative, and successful as he was. In particular, Drake developed techniques for the surgical cure for basilar-artery aneurysms that were previously thought to be inoperable. Many of Drake's important discoveries and advances were accomplished hand-in-hand with Allcock, with some even led by Allcock, at Victoria Hospital and later at the University Hospital. The discovery of the cerebral vasospasm syndrome that occurs some days after subarachnoid hemorrhage came from Allcock's liberal and active use of safe high-quality angiography to examine patients with all sorts of conditions and at all stages of the disease. Drake's development of his tourniquet, applied at surgery to occlude the basilar or middle cerebral trunk a day or two after surgery with the patient awake on the angiography table,

was known to have germinated from Allcock's idea. Finally, Allcock's report of spontaneous thrombolysis after occlusive thromboembolism of the middle cerebral artery still is referenced in current work on revascularization of acute stroke.

John was ready to retire early, 2 years after I joined him in 1976. He always said that he thought that the newfangled CT scanning took the fun out of neuroradiology by removing the logical puzzles of angiography that were so challenging and fulfilling to solve. More than likely though, he wished to devote himself to his one true love—gardening. He was a highly accomplished amateur horticulturist.

After a recruitment process to replace Allcock, a respected, hard-working, and skilled neuroradiologist, *two* new neuroradiologists were hired to replace him. Gerard Debrun was recruited from France in 1978. (He stayed until 1981.) Fernando Vinuela, then a resident in radiology in London, Ontario, was diverted from his fellowship plans to train in neuroradiology to join the staff at University Hospital in 1980. This two-for-one replacement for John Allcock points to his importance and legacy of excellence in neuroradiology. The momentum and constant striving for excellence that he modeled continues today.

John retired to the Somerset area in the rural south of England, where he was active in local flower shows, cultural activities, and providing transportation for senior citizens. Later, he moved south of London and lived in a retirement village, where he still had an assigned garden plot. When he was an octogenarian, he learned to use a computer. In his love for literature, modern and ancient, he treated himself to the tales of Harry Potter, which he greatly enjoyed. He proudly displayed his lovely home, books, and garden at the time of my visit in July 2000.

Respectfully,
ALLAN J. FOX
Member, Editorial Board