



# forum

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## The History of Hair Transplantation

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### Introduction

I have been asked to write a "history" of hair restoration surgery. It is inevitable when one is given such a task that either someone will be "forgotten," because his role in expanding this field was brief, or some will feel they should have been included but weren't or that the space devoted to one or another of these men will be deemed inappropriately too short or too long. Numerous physicians have played substantial roles in expanding the field of hair transplantation, but space limitations prevent me from describing their backgrounds and contributions as fully as I would like. I ask for their understanding. Prominent among them are Robert Auerbach, Jay Barnett, Robert Berger, Nick Brandy, Jim Burks, George Farber, Robert Fosnaugh, Leonard Lewis, Mario Marzola, Hill Pearlstein, Sorrel Resnick, Henry Roenigk, Paul Straub, Carlos Uebel, and John Yarborough. Like most English-speaking people, I have also been "handicapped" by my native tongue, reading only scientific articles published in English. I hope that nobody worthy is left out because they did not publish in English. "History" must also "end" somewhere, so I have arbitrarily not included those who entered the field after 1975—with one exception. Finally, I will not deal with practitioners of flap surgery or tissue expansion. "Flap" and tissue expansion experts such as Jose Juri, Louis Argenta,

Reed Dingman, Bernard Alpert, Ernest Manders, Sheldon Kabaker, Toby Mayer, Richard Fleming, and Richard Anderson have played important roles in hair restoration surgery but only a small percentage of patients are appropriate candidates for flaps and/or tissue expansion, and our space here is limited.

### History

The history of hair restoration surgery begins in Wurzburg, Germany, with a doctoral thesis written in 1822 by J. Dieffenbach. His teacher, Carl Unger, suggested he investigate the concept of autotransplantation of hair, feather and skin in animals and fowl—which Dieffenbach proved possible using goose quills as trephines. (The author has struggled—unfortunately in vain—to confirm a relationship to Carl Unger, who lived within a few hundred miles of my father's family home city). For over a century after that, examples of hair transplantation were sporadically published, primarily in the medical literature of Germany, England, France, and Japan. In most cases the reports describe the successful transposition of relatively large grafts or pedicle flaps. Notable exceptions were a German paper on eyelash transplantation of single hairs in the early 1900s and Okuda's 1939 paper in the *Japanese Journal of Dermatology* on punch grafting of hair for alopecia of the scalp,

eyebrow, moustache, and pubic areas.

Despite the foregoing, however, the idea of hair restoration surgery for male pattern baldness (MPB) clearly belongs to one of Dermatology's most distinguished and accomplished members—Dr. Norman Orentreich. If at one time "all roads led to Rome," no discussion of the origins of hair transplantation as a treatment for MPB, or any of the men who first practiced this technique, can begin without homage to this extraordi-

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# President's Message



Daniel E. Rouso, MD  
Birmingham, Alabama

## Patient Confidentiality—The Snake Could Be Hiding Under Any Rock

We, as hair replacement surgeons, are as a group very fortunate. Our patients are, by and large, a healthy population. They are some of the happiest of all cosmetic surgery patients (especially with the newer micro techniques now available), and return year after year for ongoing care. There are relatively few emergencies to deal with, and typically, we avoid many of the insurance and third-party payor issues that most of our fellow physicians face on a daily basis. Yes, I'd say that if we practice our craft artistically and medically sound, we've got it made. But be careful. There could be a snake under that next rock.

Patient confidentiality is an area of medicine that is a constant concern for all doctors. For those of us who perform hair replacement surgery, it is even more of a concern. We, as a group, advertise and market our practices more than most physicians and therefore are vulnerable to breach this confidentiality. Recently, two colleagues of mine became entangled in confidentiality issues.

The first case involved a patient that had given written permission on a standard consent form to use his photograph for "patient information" purposes. The doctor, feeling secure with his written permission, incorporated the patient's before and after views into a newsletter that was to be sent to all of the patients on the doctor's mailing list. Before the newsletter was printed, the doctor decided to also use the patient's photographs in a television advertisement. Because the TV advertisement fell outside the realm of "patient information," the doctor made

a special effort to contact the patient to obtain additional consent. The patient not only denied permission to use the photographs for the TV advertisement, but also instructed the doctor that he could no longer use any before or after photographs for any future publications or brochures. Unfortunately, there was a breakdown in communication within the doctor's office, and this message was not passed on to the employee in charge of printing and mailing the newsletter. The newsletter went out, and the patient sued the doctor for breach of confidentiality. The case was ultimately settled.

The second case involved a patient who had had surgery over ten years previously. Shortly after the original procedure the patient became relatively open with anyone inquiring about the procedure and would freely answer questions from prospective patients. The doctor and patient had no contact for many years, until recently, when the doctor received a call from the patient, who now was irate. The patient no longer wanted it to be "common knowledge" that he had undergone any surgery in the past. While no lawsuits were filed, this case illustrates that it is

difficult to "put toothpaste back into the tube." Once the patient goes public with their surgery, it is impossible to reverse that confidentiality.

There are, however, different levels of publicity. The doctor should be aware that permission given for the photographs to be used for "patient education" would be appropriately used in a medical lecture or an office brochure, while use in a TV advertisement or on an Internet site would require further permission from the patient for this elevated level of publicity. In this era of increased marketing, and especially the Internet explosion, it behooves us all to beware that we are not bitten by the unassuming snake—patient confidentiality.

Once again, let me remind everyone to remember to make plans to attend this year's Annual Meeting in Hawaii. Dr. Paul Rose and his committee have created an exceptional program, which will be mailed out soon. Make sure you mark your calendar for November 30–December 4. You don't want to miss this one! ♦

*Danny Rouso, MD*

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The ISHRS Golden Follicle Award sculpture, as seen on the cover of this issue, was designed by Francisco Abril, MD. Dr. Abril offers for sale, copies of a small bronze hair follicle sculpture (10" high). For more information, please contact: Clinica Dr. Francisco Abril, PO dela Habana, 137, 28036 Madrid, Spain. Phone: 34-1-359-1961; Fax: 34-1-359-4731.

# Editors' Messages



Russell Knudsen, MB, BS  
Sydney, Australia

**T**ouchdown Tokyo. Did someone forget to tell me it was rainy season? Not only did it rain on the way in from Narita airport to downtown Tokyo, it rained non-stop

for the next two days. Mt. Fuji was its usual reclusive self and remained invisible for the entire five days that Dow and I spent in Japan attending the 6<sup>th</sup> Japanese and 5<sup>th</sup> Asian Society of Hair Restoration Surgery meeting.

Japanese hospitality to guests is legendary and we were no exception on this trip. How the Japanese can afford

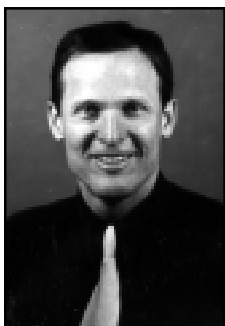
to do this when a tap-beer costs \$8 US remains a mystery to me. Luckily Dow and I are "teetotalers" and refused tap-beer! We (reluctantly) did not refuse bottled beer and Sake as this would have been an insult to our hosts... We managed to not insult our hosts for about 6 hours each night.

The meeting was interesting and informative. The plastic surgeons of Japan remain committed to rotation flaps and "free flaps" (Dr. Ohmori), even in very young patients. Interestingly, baldness prevention seems to be ignored at consultation, at operation, and in the post-operative period—despite the availability of minoxidil. Imagine my surprise when, in the midst of a lecture on flaps, I recognized the

photos of one of my current patients who lives in Japan and returns to Australia twice yearly. He had his flap done by this surgeon 10 years ago when in his mid-20s and, you guessed it, he has balded a great deal since. So much so, that I am micrografting (with mostly follicular units) near his rotation-flap's donor scar that is being exposed by crown/vertex balding. He is now also taking finasteride. His Japanese surgeon was presenting him as a "success story" for this procedure. I chose not to spoil this surgeon's day...

Micrografting and "bundle hair" (follicular unit) grafting is still practiced by only a few surgeons whose results are excellent. Communication between

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Dow B. Stough, MD  
Hot Springs, Arkansas

**C**rossroads. This word best describes the current state of our Society. The International Society of Hair Restoration Surgery is 7 years old and over 98% of the world's serious hair transplant surgeons are members. But,

can one stay abreast of current developments in hair transplantation without attending Society meetings or at least reading *The Hair Transplant Forum International*? Probably not. The ISHRS has the membership and the influence to implement change and address the tough issues, such as training requirements and board

certification. Should our Society assume the role as a governing body in the world of hair transplantation? Proficiency tests could be set. Minimum standards could be addressed. These standards could involve regulating areas such as photography, medical definitions, and even initiating expulsion for unsafe medical practices.

My feelings are mixed about taking on this authority. My instinct is that this guidance would eventually raise the standards of hair transplantation around the world and there exists precedent in other societies. Some plastic and reconstructive surgery groups demand photography standards for exhibition. This policy has significantly elevated the quality of scientific meetings. Our Society was founded on the principles of education and fellowship. Is it time to do more?

The American Board of Hair Restoration Surgery also believes forming a governing body to oversee proficiency testing and strict criteria for board certification will raise standards. They also point out the value of these regulations in helping the public identify individuals who have experience and sufficient knowledge of hair transplantation. While the Board of Hair Restoration Surgery is separate from the International Society of Hair Restoration Surgery, the two groups could compliment each other. I would ask that our members have an open mind toward the goal of both groups. If the idea of taking another board certification test is not appealing, you will probably view these proposals for standardized guidelines in a negative light. But, from your patients' point of

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## To Submit an Article or Letter to the *Forum* Editors

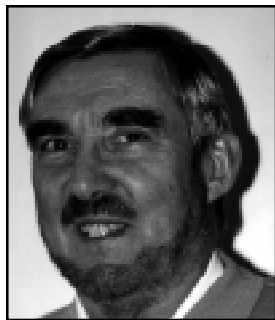
Please send submissions via a 3½" disk or e-mail, double space and use a 12 point type size. Remember to include all photos and figures referred to in your article. For e-mail submissions, be sure to ATTACH your file(s)—*do not* embed it in the e-mail itself. We prefer e-mail submissions with the appropriate attachments.

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*Submission deadline for the September/October issue is August 10; for the November/December issue is October 10.*

# Notes from the Editor Emeritus



Richard Shiell, MB, BS  
Melbourne, Australia

## The Aegean Meeting

Details of this unique meeting are reported elsewhere in this Edition. With meetings covering the

scientific aspects of hair restoration being held ever more frequently, it was refreshing to attend a meeting that unashamedly concentrated on the business side of our profession.

The meeting was sponsored by Mr Konstantine Giotis, Chairman of the Dhi Hair Clinic in Athens, and was attended by an interesting mix of clinic owners and business managers, sales personnel, surgeons, and assistants. Over the course of the four-day meeting, we all realised that sales and surgical departments needed each other and that we had much to learn from each other.

The first day of the meeting was held at the dhi Clinic in Athens where we observed live surgery. The final three days were spent on board the Aegean

Cruise liner Olympic Duchess enjoying good food and companionship. Lectures and discussions were interspersed with trips ashore to inspect some of the celebrated Greek islands.

It was emphasised that we need to raise the profile of the hair restoration profession if we are to be taken seriously as the possessors of a genuinely acceptable cosmetic procedure. I hope that other meeting organisers take note and include business sessions in their scientific meetings. Without an efficient marketing strategy even the best surgeon is likely to be quickly out of business in these highly competitive times.

## Back Issues of the *Forum*

I am sure I have mentioned it before but one of my most enjoyable pass-times is reading back copies of the *Forum*. To my amazement I find that even going back to the earliest edition in 1989-90 I can learn something from almost every copy (or re-learn something that had slipped my mind in the intervening years.) If this is the case for someone like myself who has been involved exclusively with hair restoration surgery for 33

years, how much more applicable it would be for some of our newer members with so much still to learn.

It is an interesting fact about the human brain that most of us can absorb only a limited amount of what we read in a single sitting; it might be as little as 20%. It is only by repetition that new facts sink into our "permanent" memory.

Another interesting phenomenon is that an article we may dismiss as of little interest or relevance one year, may be considered a great deal more important in a future year when we have gained more experience.

If you are interested in becoming a true hair restoration professional, there are three things you must do in my opinion. **First**, become specialized in hair restoration surgery, if possible, and aim to get ABHRS certification. **Second**, attend meetings regularly. **And third**, try to read the entire 10 years of the *Forum* and the current textbooks at least once every 2-3 years. You will be amazed to find what useful information they contain and how much you have forgotten. ♦

*Richard Shiell, MB, BS*

## Editor's Message—RK

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Japanese surgeons continues to be fragile and their knowledge of English-language medical articles seemed almost non-existent in some cases. It is undoubtedly difficult for the Japanese surgeons to maintain contact with world medical literature but Dow and I hope the *Forum* can "break the ice" in this regard. Our sincere thanks goes to Dr. Tom Hirayama for continuing to encourage the education and fellowship of Japanese surgeons with these meetings.

The meeting was sited not far from Roppongi, the "red-light" district of Tokyo. Dow and I paid particular attention during our exhaustive research to discovering whether this was an accurate description of the district. We can wearily report that indeed there did seem to be some red lights on the streets of Roppongi... We are led to believe there are also red lights in the bars themselves and that some people stay out all night partying. Can you believe it?

We ate very well, though we did draw the line at consuming "pork uterus" at a Korean Barbecue restaurant. We had already made pigs of ourselves. All in all a very successful trip and Dow and I are extremely grateful to the ISHRS membership for its generosity in awarding us a travelling research grant to report on this meeting.

Arigato gozaimasu. ♦

*Ruaawll Knudsen, MB, BS*



# Salute to Surgeon of the Month

## Bessam Farjo, MD

Jerry E. Cooley, MD *Charlotte, North Carolina USA*



**B**essam Farjo was born in 1963 in Amara, a town in the southern region of Iraq. At two years of age his family moved to England for four years while his father completed his

specialty training in orthopedics.

Bessam attended three years of school in England during which time he became fluent in English. Little did he know that years later he would return to permanently settle in this country.

Bessam's father established a reputable surgical practice in Baghdad. He was also an accomplished artist and musician, traits he passed on to his son who now applies them to hair restoration surgery. It is ironic that Bessam has now trained his father in hair surgery as his own practice has expanded.

After one year of medical school at Baghdad University, Bessam secured a place at the prestigious Royal College of Surgeons in Ireland where he received his medical degree. It was in Dublin

that he met the most influential person in his life: his future wife, Nilofer, who was also in medical school. Two years after graduating, they married and settled in England, where Bessam trained in general surgery and Nilofer in internal medicine. After a chance visit with Dr. Larry Fremont near Toronto, they decided to enter the field of hair restoration surgery together. Needless to say neither has regretted the decision and eight years later they now have thriving practices in Manchester and London.

One key area that Bessam has been particularly keen on developing in England is the education and promotion of hair transplantation not only to the general public but amongst doctors, trichologists, hairdressers, and any other groups allied in any way to hair. Bessam, Nilofer, and their staff regularly donate their time to give talks and seminars to these groups. In 1996, Bessam was instrumental in forming the British Association of Hair Restoration Surgeons and has been the secretary since its inception. Although there

are only 14 members at present, it is hoped that the group can not only share ideas, but also set standards of care for their patients.

Bessam is a regular attendee and presenter at international hair conferences. His most recent trip was to Cairo, where he was an invited speaker at the 30<sup>th</sup> annual Egyptian Society of Plastic and Reconstructive Surgery. One of his presentations, describing the grafting of an entire beard and moustache on a scarred face, has generated significant media interest in the U.K.

Bessam and Nilofer live in Cheshire, south of Manchester, with their daughter Aliya Rhea (8) and son Janan Ryan (7). Soccer, computers, gadgetry, music, and the odd game of Blackjack are Bessam's passions. He religiously attends every home game of his soccer team and this topic makes an ideal talking point with patients during operations. His wife and nurses are amazed at the number of hours that can be spent discussing one sport. ♦

## Editor's Message—DS

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view, different conclusions may be reached. Despite early growing pains, I believe certification from the American Board of Hair Restoration Surgery will be beneficial and become a goal that most hair transplant surgeons aspire to achieve. The ISHRS could provide the impetus to make this accreditation a respectable goal. The International

Society can choose to enthusiastically embrace this concept or to take a stand of indifference. Crossroads indeed. Whatever the future may hold, I ask that serious consideration be made by the officers, the board, and the entire membership of the ISHRS.

Another matter. While you are quietly enjoying your current issue of

the *Forum*, the next volume is already nearing completion. This brings difficulties in printing letters to the Editors and voicing opinions on recent articles. If you feel the need to voice your opinion (Russell and I hope you do), please do not delay in sending us your thoughts. ♦

*Dow Stough, MD*