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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.



resident's Message



Bobby L. Limmer, MD San Antonio, Texas

A Tribute to Our Assistants— Because You Mean So Much to Our Profession

As we near the 14th anniversary of the first case of total follicular unit transplantation, I take this opportunity to reflect and credit our assistants who have meant so much to the

development of modern hair restoration surgery and continue on a daily basis to contribute to the comfort of our patients and the success of our results. Few other surgical procedures involve the assistants so intimately in the team and depend so heavily upon the quality of their work for the final results.

If you will indulge me, I would like to take a trip through memory lane from our own practice. I remember Kimberly Sczech bringing her college biology dissecting scope to the office for backup and deciding to call the first step in donor dissection "slivering." I remember assigning her to float from room to room to do this most important step, a method followed by many practices who use the elliptical donor method to this day. I also remember Kimberly dropping and destroying my most expensive zoom stereoscope trying to catch the plane out of Toronto back to San Antonio after a week in Dr. David Seager's office. That microscope was a small price to pay for the joy of watching follicular unit transplantation evolve and be adopted into other practices.

I remember Cathy Cherry's first afternoon of transplanting a total of four or five grafts that half day and tearfully asking to resign the next morning. I remember a year later observing the most densely planted frontal 1.5cm of hairline I had ever seen and discovering that Cathy had just transplanted 41 grafts per cm². I am quite certain that she was the first individual in the history to transplant over 40 grafts per cm². I tell that story frequently to new assistants in the course of their first few

months of training when it is obvious that the meticulous attention to detail required for a good assistant, whether cutting or planting, is trying upon their spirits. The Air Force moved Cathy and her husband to Germany and I miss her, not only because of her dense packing abilities but because of her wholesome and happy attitude, her unwavering commitment to the highest ethics, and the calm, assured demeanor that put every patient at ease.

I remember Mary Jane Lozano planting by stick-and-place method at a pace of 600 grafts per hour. I have seen it done by others as well but very few could match her ability to plant 600 grafts per hour at the same time she carried on a level of conversation at 6,000 words per minute. Emanating from that conversation came many memorable quotes, such as the day she was transplanting an auto tire dealer who said a certain make of tire would go 60 or 70 (meaning 60,000-70,000 total miles) where upon Mary Jane quickly inserted that that brand would not work for her because she usually drove 80 or 90! There are very few things as tension-relieving as good, spontaneous humor! Sometimes it is the very best form of medicine.

I also remember the last eleven years of unwavering dedicated service of my wife Carole Jeane to patients, staff members, and myself. Her daily insistence upon the highest level of professionalism has kept the ship on a steady course, even if she occasionally has to chastise the captain about some joke he told.

Yes, we love you because you mean so much to us and you contribute daily to the welfare of the most important people: our patients. Speak with your captains about going to Chicago in October. A special registration rebate will be extended to those offices that bring more than two assistants. We look forward to seeing you there!◆

Bobby L. Limmer, MD

Co-Editors' Messages



William M. Parsley, MD Louisville, Kentucky

At the time of this writing, I have just returned from the Annual Meeting of the European Hair Society, held June 6–9 in London. The Society was

founded by Dr. Patrick Frechet in 1997 and has gotten good reviews from the start. This year's meeting director was Dr. Bessam Farjo. All of us are hair restoration surgeons and have not trained to be meeting directors, but you would never know it from this meeting. The first day consisted of a live workshop and the next three days were lectures. The philosophy was to get as many people involved as possible and not to have one person or one topic dominate. I must say that was one of the most

informative meetings that I have attended and certainly plan to go back. The manageable number of attendees gave some intimacy to the atmosphere and allowed plenty of personal exchange of information. My hat is off to Drs. Farjo and Frechet along with all others that helped put together this meeting. Next year the meeting is in Berlin and is scheduled for May 29-June 1. I expect the Italian meeting to again be just before this meeting and the Aegean Meeting to be immediately afterwards. Consider scheduling them as a great experience for you and your family next year.

Cooperative Studies

Comparison studies of different techniques have always been common in our field and are of great value. But have you noticed that they often seem to validate the bias of the author? This is not due to intellectual dishonesty of the person performing the study, but often to his or her skill level. For example, someone writing about minigrafts may create follicular unit grafts for comparison, or vice versa. Maybe you have a person doing only three scalp reductions in a year reporting on stretchback or bad scars. Sometimes the results are influenced by poor technique, obviously due to lack of skill in a procedure they rarely use. This is what makes the cooperative study by Drs. David Seager and Walter Unger so unique. Whereas they both admit to some flaws in the study, it is admirable that they worked together. This is not to say these other studies are not worthwhile,

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From the Big Sur Marathon to the Chicago shoreline, your editors will race you there!

typed in these words, simply mean that we both pre-selected each other (and presumably doctors with "hair restoration" in their clinic title have waiting rooms filled with patients who typed in "hair restoration")? At that point, I concluded that there was no sense in continuing the study and I aborted it. An interesting point to ponder nevertheless! I must add that I still run my little newspaper ads once a month in four upstate papers and my one-column × 3 inch Yellow Pages ads, partly because, as J.C. Penney is reputed to have once said: "Half of my advertising is a complete waste of money. The trouble is, I don't know which half!"

Michael L. Beehner, MD Saratoga Springs, New York

Because one of the main themes in this issue is the role of the Internet in our profession, I thought I would chime in with a few thoughts on the subject. In the 13 years I have been doing

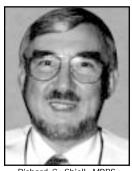
hair transplant surgery, I have seen a dramatic shift in how patients learn of my practice, from those first five or six years—during which 90% of my patients were from either the Yellow Pages or small newspaper ads—to the present, with 60% of my new patients learning about me from the Internet and my Website (30% from "word of mouth" and 10% from the Yellow Pages and ads in the paper). It seems that the men (and women) who have the disposable income for this kind of surgery overwhelmingly use the

Internet to let "their fingers do the walking." It also provides them with a certain degree of protective anonymity, whereby they can look over various physicians and clinics without actually walking into their offices and giving away their identity.

Around a year ago, I started a small, but admittedly non-scientific, study in which I asked a series of consult patients who had found me by way of the Internet, what word(s) they had typed into their computers to look for a hair transplant physician. Around 75% stated that their inquiry words were "hair transplant." I thought I was onto something after logging around 30 entries, until one day it dawned on me that the name of my clinic, "Saratoga Hair Transplant Center," had those very two words embedded in the title. So, did I just luckily pick the right words 13 years ago in the pre-cyberspace era, or, more likely, did the preponderance of the people in my consultation office, who

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Votes from the Editor Emeritus



Richard C. Shiell, MBBS Melbourne, Australia

Welcome **Shanee**

Cheryl Pomerantz has done a great job with the difficult assignment of Surgical **Assistants** Corner Editor these past four years, and now

we welcome Shanee Courtney to the "hot seat." This has always been a difficult job. Many Assistants are reservoirs of vast accumulated knowledge and experience, but many may be reluctant to write about it, leaving the Editor wondering how she is going to fill her allotted space.

I wonder why this is? Most Assistants can talk the leg off an iron pot but freeze up when it comes to writing about their experiences. Certainly many female Assistants are working mothers and find it difficult to find the time to write, but our numerous single, male Assistants have not been very forthcoming in print either. Well "guys and gals," Shanee cannot do it all by herself, and if you want your own section of the Forum to continue, you need to send in some contributions. In her introductory editorial, Shanee has offered all sorts of assistance to writers, so go to it!

Resolution of Problems with ABHRS

Full marks to ISHRS President Bobby Limmer, MD, Past President James Vogel, MD, and the Committee for successfully resolving the problems that had arisen regarding the role of the American Board of Hair Restoration Surgery and its relationship with the ISHRS. In the absence of any serious attention to hair restoration surgery by the established American Surgical and Dermatology Boards, it seemed logical and necessary to establish our own Board qualification. The number of cases required for admission to examination has been a point of contention for some years, as has the name "Board" (it is doubtful if the ABHRS will ever attain full accreditation as a legitimate Board under current American regulations).

It will now be possible for ISHRS members to take the written examination of the ABHRS and receive a "Certificate of Added Qualification in Hair Restoration Surgery" without having the necessary case numbers for full membership of the ABHRS. This additional step may be deferred for some years until the minimum 400 cases is achieved.

8th Annual Orlando Workshop

Congratulations to the new *Forum* Editors for bringing us prompt and full reports of the outstanding Orlando Workshop. In past years, this has sometimes been reported skimpily or so late as to be long forgotten when the report finally appeared.

I was particularly impressed with the well written and entertaining report from Alan Feller, DO, who, although a 9-year professional hair transplanter, is a new writer for the *Forum*. His report was so exciting to read that it brought back all my memories of my trip to Orlando in 2000. I regretted missing the March meeting and wondered if I could squeeze the 12,000 mile trip into my 2003 schedule. Keep up the good work, Alan.

As an ex-Editor of the *Forum*. I picked up an amusing "typo" in Alan's report (hopefully a result of a spellcheck gliche). Sheldon Kabaker was described as a "gentile giant." I am not sure whether "genial" or "gentle" was the intended word (both would be equally apt), but "gentile" was certainly not the adjective to describe our popular ex-ISHRS President, who happens to be Jewish.

No marks for the quality of some of the photographs accompanying the Orlando articles. Is this a poor example of the usefulness of modern

digital photography or were the Orlando photographers simply fatigued by the frenetic pace of the meeting and had shaky hands the next morning? The color photographs in the previous issue (Forum #2) were also of very poor quality so perhaps more careful selection of material is required. /Managing Editor's Note: While some digital photos are not of the highest quality, problems associated with the color spread in the March/April issue were attributed to the printer's lack of quality control. Beginning with this issue, a new printer is in place and we will hopefully see an increase in the quality of printing. —Cheryl Duckler]

Transplantation in Young Males

I would like to refer to an extremely well written article by Ivan S. Cohen entitled "Guidelines for Hair Transplantation in the Young Patient" (Forum, Vol. 11, No. 5, 2001; page 131). While Dr Cohen has very adequately covered the advantages and disadvantages of working with young men, I feel that he has not fully understood why we older surgeons set an arbitrary "minimum" age so many years ago and still stick with it.

Certainly transplant standards have changed for the better over the past decade, but human nature has not changed in 10,000 years. Because modern patients expect higher standards or even perfection, they are more frequently disappointed when their own results do not meet with their heightened expectations.

While some young men are obviously highly neurotic and easily spotted as poor candidates, this is not always the case and some can be highly persuasive, particularly if accompanied by their parents who describe how distress and withdrawn their son has become. Under these circumstances, most of us have weakened at some stage and agreed to go ahead with the procedure.

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