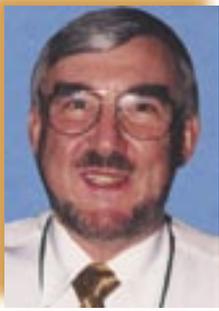


Notes from the Editor Emeritus

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Some hair transplant surgeons I have known

There are some really memorable, and at times odd, characters in the HT profession. The problem is that some of the guys are still alive, although none ever joined the ISHRS. To prevent possible embarrassment, I have concealed the names of some of the living.

London Plastic Surgeon **Philip Lebon** was an early starter in the Hair Transplant field and published his first paper on HT in the *British Journal of Dermatology* in April 1963 (75; 170). He was pretty vague about dates and as his first cases were done in a hospital setting he had no personal records of the precise date. It was in 1962 or 1961 when he was a Surgical Registrar at Highlands General Hospital in London, England. I knew him pretty well during my years in Britain in the 1970s but have lost touch with him since that time.

He was a Cockney (central Londoner) and a very flamboyant character, and was the first medico I ever heard using the "F" word in front of his patients. He used it frequently and with great effect like the Scotsman Billy Connolly does on TV today, but this was back in 1969. Hair transplantation was never a big part of his cosmetic surgery. I introduced him to the motorized punch in 1975, although I had been using it myself since 1969. Entering into Juri flaps in a big way when they were introduced in the mid-1970's, he soon struck some legal troubles, but shrugged it off and bounced back like a true Cockney.

My main memory of his Weymouth St. consulting rooms is of his tiny 2-man elevator and of an enormously long and aged greyhound dog, lying full length over three cushions on an antique settee. The docile animal would open an eye as each new patient entered the room and then, failing to recognize a member of the staff, promptly go back to sleep. Meanwhile the lady patient (they were mostly females) would try to find somewhere else to sit in the small waiting room while keeping a wary eye on the extraordinarily large animal.

Myles Wislang of New Zealand had a brilliant mind and was not only the Gold Medalist in Anatomy on the way to his medical degree at the University of Otago, but a violinist of rare talent. He was also a photographer of such excellence that an exhibition of his enlarged photographs of the New Zealand Alps was given in the Auckland Art Gallery before going on world tour, sponsored by one of the big international drug companies.

He was also decidedly eccentric. Married a couple of times, and with numerous children, he was careless about matters like parking fines, payment of the rent on his professional rooms, and more seriously his annual Medical Registration. When I first met him in the early 1970s, he

was heavily into natural medicine, yoga, and the alternate lifestyle. Patients reported ringing the doorbell, hearing the command "come in," and being confronted by the sight of a man in a kaftan, standing on his head in the corner of the office. They had not been entered in the appointment book and had arrived in the middle of Myles' Yoga session.

He sold his practice in the early 1980s to go to Ireland and then Israel to perform Emergency Surgery, which had become his latest passion. I knew the doctor who bought his practice and he assured me that nearly every former patient of Myles who required further surgery had already been done and he had to rely entirely on new patients. Myles returned a few years later and "squatted" in Auckland and recommenced HT practice in his former territory. He never became a member of the ISHRS and never moved from the 4mm plug technique.

Ian Morrison of Birmingham was not your typical stay-at-home British doctor. To start with he had worked in the West Indies after graduation and had married a very lovely registered nurse who ran his home and office very competently and bore him two delightful children. He would come to a wine bar with us after work occasionally but did not drink. He claimed, probably correctly, that the only point in drinking was to change your state of mind, thus unless you intended to get drunk there was no point in drinking. He was a highly intelligent man and we did not attempt to argue with his impeccable logic as we ordered another glass or two of red wine for ourselves.

He had worked in the VD lab of the Pathology Department in Barbados and was absolutely paranoid about "germs and things." I worked with him in England in the days before AIDS made its appearance in the Western world. He was, nevertheless, very aware of the dangers of Hepatitis B and his performance after pricking his finger one day in the operating room is indelibly etched on my mind. First he swore very loudly and profanely while ripping off his two pairs of latex gloves, frightening the life out of the poor patient and nursing assistants who were in the O.R. with him. After frantically washing the blood off his punctured finger, he proceeded to suck it with the vigor of a poddy calf attacking a feeding bottle in a farmyard. He then proceeded to question the patient in detail about his recent and distant sex life and lifestyle in general, before gradually settling down to re-glove and resume the operation. It was a performance worthy of an Academy Award.

So scared of blood borne viruses was he, that this extended also to the blood in his meat. While most of us liked our steak rare or medium he always demanded his steak be "very well done" as a matter of course. These are pretty vague terms and one accepts some leeway depending on whether the chef is French, Italian, or British. Alf was the

only man I have ever known to send a steak back THREE times for further abuse on the griddle. On the final occasion the chef emerged personally with the poor little lump of tortured protein and placed it before Alf with a grunt of obvious disapproval. No doubt he had been curious to see the cut of this culinary “nut” who would eat a lump of hot charcoal and pretend to like it. With the advent of AIDS and the recognition that it was blood-borne, Alf quickly dropped out of the hazardous profession of Hair Transplantation and returned to full-time General Practice.

Wayne Bradshaw, the wild man from West Australia, should enter the history books as the man who finally convinced the doubting and conservative hair transplant profession of the value of small grafts. He certainly did not invent the process as small grafts and even single-hair grafts had been around for decades. In fact they dated back to the Japanese in the late 1930s. It was a small case of mine that he saw in the late 1970s that prompted him to completely abandon 4mm punch grafting and switch to “quarter grafts” for more extensive cases of baldness.

He did many cases in Australia and had his assistants do a lot on his own scalp in the early 1980s. He turned up at the New York HT meeting in 1984 with his very impressive transplant contrasting greatly with the traditional “plug jobs” sported by many other physicians at the meeting. He was an exceedingly extroverted character but had not been scheduled to speak at the meeting. O’Tar Norwood generously gave him half of his 30 minute spot scheduled for 9 am on the Saturday morning (those were the days when favored speakers had up to half an hour at the podium).

Wayne gave his address in the morning. Followed by an invitation for audience members to inspect his transplants, the talk went 15 minutes over time and upset the schedule of the entire day. It was, nevertheless, the highlight of the meeting. Despite the fact that many surgeons, such as Pierre Poutoux of Paris, had been quietly using small grafts for years, quarter grafts were now “kick-started” into history. Wayne never received any recognition for his pioneering efforts but in 2000 we gave Dr. Carlos Uebel a Platinum Follicle Award in belated recognition of his quiet contribution to both minigrafting and megasessions. Carlos had presented both of these concepts to unsympathetic audiences in America as far back as 1982, well before Wayne appeared in New York.

Wayne was also the initiator of the Large Bilateral Alopecia Reductions that held favor for a while in the late 1980s and early 1990s. Dr. Mario Marzola quickly realized the perils of the bilateral approach and left the field to Bradshaw who knew no fear.

Wayne set up a branch practice in New Zealand in 1990s and flew in and out of Auckland on surgical forays from time to time. By this time he had added liposculpture to his bag of tricks.

Wayne could dance all night and yet still turn up “bright eyed and bushy tailed” at the start of the next morning’s program. He was a high achiever, and in addition to running a busy general and cosmetic surgery practice in the city of Wannaroo in the outer suburbs of Perth, he found time to act as City Mayor for several terms.

He is now back working as a GP in a county seaside township in West Australia. I dined with him five years ago and he was still full of energy and vitality. His wife and seven children have stuck with him and I keep waiting for his “next trick.”

Anthony Pignataro of the USA first came to my attention at the Chicago meeting of the American Academy of Facial, Plastic and Reconstructive Surgery at the Drake Hotel in June 1995 (see *ISHRS Forum*, Vol. 5, No. 4, p. 7). While lecturing to the gathering on the joys of hair he reached up and snapped off his own unit, which was attached to titanium implants embedded in his cranium. I had been forewarned by someone who had seen his party trick previously and I captured it on film for the Forum. Nothing came of this novel “Osteo-integrated” method of attachment, however, and it faded into history. ✧

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