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# Gone Today, Hair Tomorrow

With recent advances in hair transplantation, a balding man can do more than simply cut his losses; if all goes well, he may actually rejoin the best-tressed list.

BY JACK SMITH. ILLUSTRATIONS BY BARRY BLITT

**I**t really didn't matter, Lyle Howland told her husband. He didn't answer.

At least, she continued, it didn't matter to her. And anyway, didn't it happen to most men, sooner or later?

Again, no answer, and Lyle sighed. She and Jack had been through this before. It baffled her that something like . . . *that* could bother him so much. After all, Jack was a kind, decent person; he was successful, attractive and had so much to offer. Who cared if he was losing his hair?

Who cared? *He* cared, that was who. Sure, Jack Manning was a success. At 45, the investment banker was cofounder and president of Boston Capital Partners Inc., the country's fourth-largest investor in apartment buildings. He had not only done well for himself; he had done good for others—funding a shelter for the homeless, scholarships for the underprivileged and job training for the handicapped.

He had a beautiful wife, countless friends, and homes in Cohasset and Nantucket from which, when he was so inclined, he could commute to work by boat, tying up at the foot of his office building in Boston Harbor.

Still, none of that changed the fact that He! Was! Going! Bald!

He disliked the way it made him look and what it was making him do. In an effort to disguise the problem, he resorted to growing his hair long on the sides and sweeping it up over the crown of his head. Standing on the podium with then First Lady Barbara Bush and Massachusetts Governor William Weld the night they honored Manning for his work with underprivileged children should have been one of the most joyous moments of his life, but all the while he was worrying about his hair.

And so it went; he would mope and brood, and Lyle would do her best to console him. After all, as she kept remind-

ing Jack, some of the greatest men in history were bald. Sure they were. Only. . . it mattered to them, too.

It mattered to Julius Caesar, who conquered much of Europe but was so preoccupied with his own hair loss that he started wearing a laurel wreath to hide his receding hairline. It also mattered to Louis XIII, whose attempts to disguise his balding pate set off a craze for skyscraper-high powdered wigs.

It matters no less today. The difference is that men of the Nineties have a choice: to bald or not to bald. Through hair transplantation—the process of reseeding a thinning scalp with hair from more densely covered parts of the head—they can have surgically restored what maturity has stolen from them. At one time, this process was associated with unsightly hairlines resembling the bristles of a toothbrush, and the prevailing sentiment among men was “Why bother?” Over the past decade, however, what was once mere surgery has become artistry, its results so convincing as to be indistinguishable from natural hair, and increasing numbers are saying, “Why not?” So many, in fact, that hair transplantation is now the most popular form of cosmetic surgery for men in this country, with almost 200,000 of them undergoing the procedure in 1994, according to the American Academy of Cosmetic Surgery.

Those considering the operation must first resolve any lingering ambivalence they may feel. After all, hair is just so many dead cells. With the possible exception of protecting the scalp from sunburn, it serves no identifiable purpose. And, as women such as Lyle Howland and author Letitia Baldrige affirm, it doesn't matter at all to most females. “Men always think everyone is looking at their hair and judging them by it,” says Baldrige. “But women don't look at hair. They look at a man's eyes. . . . They listen to his voice. . . . They watch to see if he is attentive.

“If he has beautiful hair, a woman might say, ‘Wow! Great

one publicly for nearly four decades, dean of TV weathermen Herb Clarke, is that nothing else covers a man's head with hair so thoroughly, immediately and painlessly. "I have a straightforward rule of thumb regarding my toupee," says Clarke, who mans the weather map at Philadelphia's WCAU-TV. "If I'm going to put on a coat and tie, then I'll put it on. If I'm doing something more informal, I'll leave it off. For instance, I would never wear my toupee on the golf course.

"The important thing is, you can't pretend it's part of you," he adds. "It's just a device. It doesn't give you perpetual youth; it just levels the playing field a little. You can't take it seriously. You have to treat it casually."

Clarke favors a traditional toupee, which secures to the scalp with tape. The newest generation of hairpieces, however, can't be treated as nonchalantly as one might a club tie or a golf cap. Once they're on, they're on to stay. Those marketed by Sy ("I'm not only the president, I'm also a client") Sperling and his Hair Club for Men, for instance, are made of human hair bonded to a client's remaining hair by a "skin-compatible polymer." Each of Sperling's "systems" is custom-made, explains his daughter Shari, the Hair Club's marketing director. "We take measurements and hair samples every time a member comes in. Our older systems had to be replaced every two years, but the next generation of hair systems—the Designer Series—has to be replaced every six months.

"What makes the Designer Series such a high-quality product is the base material: a matrix of filaments beneath the hair, which we get from Asia. It's then polyfused to the man's own hair at the sides."

Polyfused? You mean... glued? "We don't really like to use that word," she cautions. The Designer Series costs less than conventional Hair Club systems—\$1,495 versus as much as \$3,000—"because it has to be replaced more often," says Shari Sperling.

Other systems may use synthetic hair fastened to a net, which is then woven into the hair at the sides of the head. Either way, both wearer and toupee must return every six weeks or so for servicing or refitting.

No matter how scientifically advanced one's toupee, however, aesthetically it's limited. As Herb Clarke observes, "A man who wears a hairpiece is never fooled by another man's hairpiece."

For the man who prefers a subtler approach, there's Rogaine (minoxidil). Its manufacturer claims that the drug, on the market since 1988, stimulates hair growth in 26 percent of users after about four months. And even if it doesn't produce new growth, many users have reported that it inhibits further loss. The catch: Rogaine—which costs about \$60 a month—must be

applied twice a day, every day, or hair loss will resume. (The FDA recently approved the drug for over-the-counter use, which should reduce its cost considerably.) And as one best-selling Marin County novelist (who also wishes to go nameless) laments, it's tantamount to blackmail. "I've been rubbing it into my scalp for six years now, and I don't know if it's working or not," he says. "But I'm afraid to stop and find out."

Until science develops a "magic bullet," the most dramatic and permanent approach to reversing baldness is hair transplantation. It's also the most controversial. It was even more so back in November 1959, when the *Annals of the New York Academy of Sciences* trumpeted the news. "People just didn't believe it," recalls Dr. Norman Orentreich, the dermatologist who performed that first hair transplant and who still practices, with his children David and Catherine, in New York City. "In fact, I'd first submitted my paper to another medical journal, and they refused to publish it, saying it couldn't be done."

Doctors from all over the world rushed to New York, some to see how Dr. Orentreich did it, others to have him operate on them. "Medical schools used to preach that anyone who wanted surgery to improve his appearance should be in analysis," the doctor says, chuckling. "Well, of my first 100 transplant patients, seventy-five were psychiatrists."

In 1971 Dr. Peter Goldman, who studied with Dr. Orentreich, moved to Los Angeles, where his expertise placed him in great demand. "At every cocktail party, every dinner party, the main topic was transplants. Men wanted it for themselves, and women wanted it for their husbands."

Dr. Goldman saw his practice grow (no pun intended) in three distinct waves. "The first wave was entertainers, who wanted to look good to the public. The second wave was doctors, who wanted to look good for their patients. The third wave was lawyers, some of whom confided that they didn't like appearing without hair before a judge." Some politicians, too, craved hair in the worst way—and that's exactly what they got. Americans otherwise oblivious to politics learned to identify Senators Biden and Proxmire, for instance, by the rows of plugs across their foreheads.

That, explains Dr. Walter Unger, who practices in Toronto and New York, was the "doll's head" look. For years, the transplantee's hallmark was a modified Veronica Lake look—a flap of hair pushed down across the forehead to conceal the unsightly sockets. Now that ploy is passé, says Dr. Unger, author of the world's most widely consulted medical textbook on hair transplantation. "Nobody can reproduce God's handiwork, but when a transplant is done right, it is virtually undetectable." ▶ 121



## Selecting a Doctor

Every year, the number of doctors in the field of hair transplantation grows—and so, too, does the need for extreme care in selecting one to perform the operation. Hair transplantation per se is not a medical specialty; any M.D. is legally permitted to perform it. But not all possess the experience, coordination or creativity to do so. “You can give paints to two people; one creates a masterpiece, the other just scribbles,” says Dr. Norman Orentreich. “It’s the same with doctors.” Below is a list of highly reputable physicians (including those mentioned in this article) who specialize in hair transplantation.

**Thomas H. Alt, M.D.** Alt Cosmetic Surgery Center, 4920 Lincoln Dr., Minneapolis, MN 55436; (612) 936-0920.

**Philip Bailin, M.D.** The Cleveland Clinic Foundation, Dept. of Dermatology/A61, 9500 Euclid Ave., Cleveland, OH 44195; (216) 444-5724.

**Ivan S. Cohen, M.D.** 1305 Post Rd., Fairfield, CT 06430; (203) 259-7709.

**Leonard M. Dzubow, M.D.** The Hospital of the University of Pennsylvania, Dept. of Dermatology, 2 Jonathan Rhoads Pavilion, 3600 Spruce St., Philadelphia, PA 19104; (215) 662-6534.

**Peter Goldman, M.D.** 8631 W. 3rd St., Suite 635E, Los Angeles, CA 90048; (310) 855-1160.

**Sheldon Kabaker, M.D.** 3324 Webster St., Oakland, CA 94609; (510) 451-1116.

**Bob Limmer, M.D.** 14615 San Pedro Ave., Suite 210, San Antonio, TX 78232; (210) 496-9929.

**Emanuel Marritt, M.D.** 5445 DTC Parkway, Suite 1015, Englewood, CO 80111; (303) 694-9371.

**Norman Orentreich, M.D.** The Orentreich Medical Group, 909 Fifth Ave., New York, NY 10021; (212) 794-0800.

**Henry H. Roenigk, M.D.** Northwestern University Medical School, Dept. of Dermatology, 222 E. Superior St., Chicago, IL 60611; (312) 908-1993.

**D. Bluford Stough, M.D.** 1 Mercy Lane, Suite 203, Hot Springs, AR 71913; (501) 624-0673.

**Paul M. Straub, M.D.** 23326 Hawthorne Blvd., Torrance, CA 90274; (310) 373-8622.

**Martin Tessler, M.D.** 26400 W. 12 Mile Rd., Suite 150, Southfield, MI 48034; (810) 353-1117.

**Walter P. Unger, M.D.** 620 Park Ave., New York, NY 10021, (212) 249-9393; and 66 Avenue Rd., Suite 3CL, Toronto, Ontario M5R 3N8, Canada, (416) 944-9393.

In addition, you can consult the *American Academy of Dermatology* (847-330-0230) or the *American Society of Plastic and Reconstructive Surgeons* (800-635-0635).

hair.’ But the fact of the matter is, most women adore bald men.”

It doesn’t matter to employers, colleagues or stockholders either, argues Emanuel (Mono) Monogenis, managing partner at Heidrick & Struggles, a Manhattan-based executive search firm. “Losing your hair is a male trait, isn’t it? Aren’t we *supposed* to go bald? For that matter, being too youthful can work against a man in business. When you’re looking for a CEO or board member for your firm, a full head of hair is far less important than an aura of poise, experience and confidence.

“In fact,” he concludes with finality, “I’m balding, and I’m not worried about it.”

Well, that’s easy for him to say, retorts one veteran Hollywood screenwriter, whose curriculum vitae includes a Ph.D. in anthropology and who will speak only on condition of anonymity. “It’s far worse on the West Coast than in the East,” he says. “Movie values pervade society in the West. That’s why I got a transplant. I look ten years younger with it, and this is a youth-oriented business. They’re always asking, ‘Where’s the new talent?’ It’s never, ‘Where’s the old talent?’

“It’s funny. There’s so much real scandal in Hollywood, but what people most love to gossip about is other people’s hair.” His words are confirmed by the tabloids, which chart the hairlines of leading men—Jack Nicholson, Burt Reynolds, Kevin Costner and Bruce Willis come to mind—the way stockbrokers track the Dow.

Thus the suspicion persists that, all other things being equal, the edge—in both romance and finance—goes to the guy with hair. The man who is losing his will find cold comfort in knowing that androgenetic alopecia, or male-pattern baldness, is the rule rather than the exception. “Generally speaking, male-pattern baldness is directly proportional to age,” says Dr. Ivan S. Cohen, assistant clinical professor of dermatology at Yale University School of Medicine. “By age 30, about three men in ten will have begun to lose their hair. By 50, half of them will; and twenty years later, it’s seven in ten.”

If it’s any consolation, there is some truth to the folklore that associates a denuded dome with an extra dose of masculinity: “Male-pattern baldness is largely a function of the hormone dihydrotestosterone [DHT], the active form of testosterone, in combination with a genetic predisposition,” says Dr. Cohen, who performs transplants in his Fairfield, Connecticut, office. “Hair usually has a life cycle of two to four years, growing at about six inches a year. When DHT comes into contact with a follicle, it stunts this life cycle. The hair becomes shorter and wispier. Sometimes the follicle just shuts down and the hair stops growing entirely.”

There are, of course, alternatives to undergoing hair transplantation. Thousands of the follicularly challenged are drawn to the professional dynamism, sex appeal and action-packed lifestyle enjoyed (in advertisements, at least) by wearers of high-tech, state-of-the-art “hair systems.” Of course, once you’ve cut through the dazzling verbiage (“undetectable,” “natural-looking,” “Polystrand,” “Microflex”), what you’ve got is that old standby, the toupee.

The appeal of the toupee, according to a man who’s sported

One of the advances that make this possible is a procedure, dating from 1979, known as alopecia reduction. Instead of uprooting hair and implanting it elsewhere on the head, this technique takes advantage of the scalp tissue's natural "give." The surgeon removes a section of bald skin at the midscalp and crown, then pulls and connects the surrounding skin over the gap to produce a smaller bare spot. In extreme cases (in which as many as five inches of scalp are removed), slender balloons may be inserted under the skin at the temples six to eight weeks prior to the operation, then progressively inflated to stretch the skin further.

Minigrafting, the technique that enables surgeons to replicate the feathery look of a natural hairline, became popular in the mid-1980s. Instead of using plugs of eight to thirty follicles, the surgeon cuts thin strips of scalp from the sides and back of the head, where they won't be missed after the "donor site" is sutured together. The strips are cut into small rectangular plugs of three to five follicles each and inserted into shallow incisions on the scalp. From this technique has evolved micrografting, the implantation of one or two hairs (usually harvested from the neck) into hypodermically created receptor slots at the front of the head. Another technique, still in its infancy, employs a laser to achieve these results. "The advantages of the laser are a more natural look, less bleeding, less swelling and even less postoperative pain," says Dr. Unger.

Partly because transplantation techniques have improved so much in recent years, and partly because the balding process, once begun, usually continues relentlessly, 20 percent or more of some specialists' practices involves "fixer-uppers," according to Dr. Leonard Dzubow, professor of dermatological surgery at the University of Pennsylvania Medical School. "Sometimes we'll get a patient who's had transplants to the back of his head have the surrounding hair fall out over the next five or ten years, leaving him with a most unnatural-looking brush.

"It's no longer a question of how we move hair from one part of the head to another but how much to move, and how

to arrange those hairs." Each head is different, Dr. Dzubow continues, but if there were a typical transplant, it would begin with subcutaneous injections of lidocaine along the areas where grafts will be harvested or implanted. "Some patients request oral sedation before getting these, and some doctors offer intravenous sedation."

Once the painkiller has taken effect, the surgeon uses a multibladed scalpel to excise strips of scalp 1.5 to 2 millimeters wide and 15 to 20 centimeters long from the clipped, hair-bearing skin above the ears. "The multibladed scalpel gives you several strips at once," says Dr. Dzubow. An alternative is "punch grafting"—excising 4- to 4.5-millimeter plugs of hair from the back or sides of the head. In either case, as soon as the grafts have been removed, the surrounding skin is sutured together.

Meanwhile, an attendant sections the strips or plugs into smaller plugs, minigrafts or micrografts to be inserted into predetermined areas. With the transplants in place, the patient's head is bandaged, and he is sent home with orders to avoid strenuous exercise: an increase in blood pressure could displace the grafts. The next day, the bandages are removed.

Though postoperative pain is minimal, some patients experience swelling over the forehead and the eyes. More disturbing, though, is the apprehension that sets in about eight weeks later. "The implanted hairs are usually shed, due to the trauma of transplantation, in the first two to three weeks," Dr. Dzubow says. "You get a call after two months: 'I don't see any hair!' Believe me, they're very anxious to see it growing." (And given the cost of a transplant—from \$2,500 to \$35,000, depending on the doctor and the scope of the operation—their fears are easy to understand.) "I tell them to wait three to four months, and finally it appears."

Achieving a natural look, he says, requires a minimum of four sessions, spread out over a year or more. "The average guy probably needs five or six sessions, because you have to refine it, examine it for gaps and add more single-hair grafts."

In deciding how extensive any trans-

plant should be, Dr. Dzubow urges a conservative approach. "You have to look at a man and see him ten, twenty years from now. It's not a good idea to overharvest those donor areas on the sides and back," he says, because if another transplant becomes necessary, those sites must provide the needed hairs. "Baldness is unpredictable, and the monk's spot, at the top of the head, is especially unstable," Dr. Dzubow continues. "The important thing is to frame the face with a continuous flow of hair, from ear to ear. A carefully planned assortment of mini- and micrografts can give a natural look that lasts a lifetime.

"We've learned a lot in the past few years," he adds, "but there are still a lot of inferior transplants being done."

Jack Manning knew all about unsatisfactory transplants. He'd had one in his thirties, and he still carried 160 sizable plugs on the top of his head, the hairs sprouting in bristling clumps. Yet here it was, June 1993, and he was in a Toronto waiting room; any minute now, a new doctor—Walter Unger—would appear, and another round of operations would begin.

Jack felt a moment of panic. This time it wasn't just the back of his head he was having done, but the front. His face! Maybe there was still time for him to get out. . . .

"The operation took three hours," says Manning, standing in his office overlooking the harbor. "I went back three more times over the next six months, and. . ." He shrugs and looks at the picture of himself on the podium with Barbara Bush. That was Before. Manning in person—trim, tanned, his thick brown hair swept back from his forehead—is After.

"You know," he says with a broad smile, "Dr. Unger said that if I wanted to, I could probably look even younger. All he'd have to do is drop my hairline an inch. But I really don't mind looking like a man in his forties with a slightly receding hairline. I just didn't want to be bald."

Lyle Howland still thinks her husband was fine the way he was, but now that he's had the operation, she can only say, "It's a miracle. It's simply a miracle." ❖

