

MARTIN ALAN MENTER, MD: a conversation with the editor

Alan Menter (*Figure 1*) was born in Doncaster, Yorkshire, England, on October 30, 1941. In 1946, he moved to South Africa, where his father grew up and to where his Irish mother immigrated. In public school he was both a top student and a top athlete. At age 17, he went to the University of Witwatersrand in Johannesburg to study engineering, but after 2 years he switched to the school of medicine in the same university. During his 6 years in medical school, he captained the University of Witwatersrand rugby team, and in 1968 he became a Springbok, a member of the South African national rugby team, which was the top-ranked team in the world. The following year he captained the rugby team at the University of Pretoria.

His internship was in medicine and in surgery and, after an additional 6 months as a registrar in the Department of Medicine of Johannesburg General Hospital, he and his young wife moved to Pretoria, South Africa, where he was a resident in dermatology for 3½ years. Thereafter, he went to London, England, to Guy's Hospital and the St. John's Hospital for Diseases of the Skin for a 20-month fellowship before returning to Pretoria. After 19 months as a member of the faculty of the University of Pretoria, as a dermatologist at the Leprosy Institute, and as a dermatologist in private practice, he and his family immigrated to the USA and Dallas, Texas, in August 1975, where he has been ever since.

Although Dr. Menter has been primarily in private practice since arriving in Dallas, he has nevertheless continued his research investigations, which have resulted in the publication of 118 articles in peer-reviewed medical journals, 10 chapters in various books, and a recent book on psoriasis. Dr. Menter started the psoriasis center at Baylor University Medical Center (BUMC) and was its medical director from 1979 until 1999. Since 1994, he has been chairman of the Division of Dermatology at BUMC. He has been on the faculty of the University of Texas Southwestern Medical School (UT Southwestern) (where he completed his second fellowship) since arriving in Dallas and has been clinical professor of dermatology there since 1996. His colleagues have



Figure 1. Dr. Alan Menter during the interview.

honored him by electing him president of the Texas Dermatological Society, president of the Dallas Dermatological Society, president of the Dermatological Therapy Association, and a board member of the American Academy of Dermatology. He has been a member of the editorial board of the *Journal of the American Academy of Dermatology*, the *Journal of Clinical Dermatology*, and *Specialist Medicine–Dermatology*. Dr. Menter has been elected one of the top doctors in the USA (1994–2002) and is in *Who's Who in Medicine and Healthcare* in the USA. Dr. Menter has been a force at BUMC almost since his arrival in Dallas just over 27 years ago. He and his wife, Pam, are the proud parents of 3 offspring. Additionally, he is a wonderful human being who brings great honor to BUMC.

William Clifford Roberts, MD (hereafter, WCR): *I am in my house on December 14, 2002, with Dr. Alan Menter. Alan, I appreciate your willingness to talk to me and therefore to the readers of BUMC Proceedings. Could you talk about some of your earliest memories and your parents and siblings?*

Martin Alan Menter, MD (hereafter, MAM): Bill, thank you for the opportunity to reminisce. I was born in Yorkshire, England, on October 30, 1941, during an air raid (*Figure 2*). My father was South African and had gone to Trinity University in Dublin to study medicine. He had completed his medical degree in Dublin, met my Irish-born mother, and at the time was doing a locum tenens in Doncaster in Yorkshire. Shortly thereafter, he, my mother, and I went back to South Africa, but later we returned to Dublin so that he could do some postgraduate work in obstetrics and gynecology.



Figure 2. At age 2.

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My earliest memory, other than playing in the snow in Dublin with my mother and her 2 brothers, is of taking the *Sterling Castle*, a mail boat, from Southampton to Cape Town in 1946 at the end of the war. There were 3 Menter boys at this stage. I was the oldest, and 2 others, Brian and Robert, followed within 3 to 4 years. After landing in Cape Town, we traveled to Johannesburg, and thereafter, most of my formative years were spent there. A fourth boy, Malcolm, 10 years younger than I am, was born in Johannesburg (Figure 3).

Except for 1 year in Dublin, Ireland, all of my schooling was in South Africa. I went to preparatory school, middle school, and high school in Johannesburg. Initially in high school I loved math and science.

WCR: *You were born in October 1941. When were your 3 siblings born?*

MAM: Brian was born in July 1943; Robert, in September 1945; and Malcolm, in July 1951. Malcolm was the hoped-for girl.

WCR: *When was your father born?*

MAM: He was born in South Africa in 1916 and died in 1961 at age 45.

WCR: *When was your mother born?*

MAM: In 1918. She's alive and well at age 84.

WCR: *Your mother went to university. That's where she met your father.*

MAM: My mother went to Trinity University in Dublin, which was a fairly well recognized liberal arts school, and she was a very good student. She got a degree in French literature and still to this day speaks fluent French.

WCR: *What was your home in Johannesburg like as you were growing up when your father was alive?*

MAM: My father was very frugal in that he didn't aspire to a lot. When he died he left us the house and little else. He did a tremendous amount of work in the black community. In fact, he started the first clinic to deliver black babies in the compounds of Johannesburg, which really wasn't allowed by the government. He had a double-decker bus that one of his patients, who worked for the municipality, donated to the Sanctuary Hospital. My dad used the double-decker bus as an antenatal clinic. It was decked out, upstairs and downstairs, with about 6 little mini-wards. I would go with him to do these antenatal clinics, which he did nights and weekends. He delivered the black babies at a local institution.

Our first house was a modest 3-bedroom one, which we lived in from 1946 to 1951. Then we moved into a wonderful large, rambling old house (built in 1903) on 2 acres. Dad paid £7250 for it (US \$10,000). It had an old sand tennis court, an upstairs, and an old coal cellar that the kids used to love to play in. We had a lovely 9 years there. It was close to the school and to the university, so I could walk to each. We had no cars in those days.

We 4 boys had all kinds of sports there: a soccer pitch, a rugby pitch, a cricket pitch, and a tennis court. All the after-school activities for the different age groups (we spanned 10 years in age) were held there. There were times when we had 20 or 30 kids running around the Menter household doing different things. It was a very warm and wonderful upbringing with a lot of friends.

Every house had servants who lived on the premises. Our servant was a wonderful old black man, Elias, who had 1 eye. He came from a black community about 200 miles away. He was



Figure 3. The 4 Menter boys (clockwise from top): Alan, Brian, Malcolm, and Robert.

almost like a second father to us. He played with us and made our sandwiches every day for school. He had 3 weeks of leave every year, and I would ask him what he was going to do when he went home. He would say, "Make babies." Every year that he went home, a new baby would follow, and he would bring a picture of his new baby. Elias took care of the Menter boys. He lived in a separate little house in the back.

WCR: *You mentioned that you and your father were very close and that you admired him a great deal. What was he like?*

MAM: He was a very closed, private person, completely dedicated to his work. I tend to be a little more gregarious or outgoing. He adored his family. He took every Wednesday afternoon off from his medical practice to come and watch the kids in their sporting activities. All the 4 Menter boys enjoyed rugby and cricket, which were the 2 main sports in South Africa. He never missed a single sporting event that any of us participated in. He had played some rugby himself at Trinity in Dublin and he played tennis. I have vivid memories of the 4 Menter boys with this huge concrete roller on our sandy tennis court. We would have to water the sandy tennis court and then mat it with an old mat so the sand would be even. Then we used to take this heavy roller that 2 of us barely could move, roll the sand flat, and then mark out the lines with a brush. That was our Saturday afternoon chore after rugby or cricket. We always had to prepare that court for Dad for his traditional Sunday tennis.

My dad was dedicated to our sporting activities, and he worked me hard. He was a strict taskmaster; schoolwise, he was very demanding but supportive. If I didn't get the grade he felt I should be getting, I knew about it. When playing rugby in high school, if I didn't practice as hard as he thought I should, he would take me out at 6:00 at night. My left foot was not as strong as my right foot because I was right-footed. He would stand 40 yards further down while I kicked balls for an hour or two with my left foot until he felt that my left foot was as good as my right. Fortunately, we had the land. That's why he bought the old house. He realized that it could be a venue for all the sporting activities for the kids.

My dad worked unbelievably hard. He delivered babies most nights and every weekend and ran his own private family prac-

tice. I don't think he got a penny for the black obstetrics that he did. I admired him for his work ethic and for his love of his family. My youngest brother, Malcolm, whom I'm very close to, doesn't have many memories of our dad. Malcolm was the baby, and my dad was probably spending more time watching the sporting activities of the 3 older boys than he was with him.

My mom was also wonderfully supportive of our activities. Dozens of kids would come over, and she always had tea and scones for them. She was almost like a second mother to a lot of these neighborhood kids, who would just drift into our house. There were times when she would come home to 20 or 30 kids running around the house. It was a very warm upbringing until the time Dad died.

WCR: *Was your mother more of the "touchy, feely" type?*

MAM: Yes. She was more sentimental, outgoing, and spontaneous than my dad was. My dad had a very small circle of friends. His patients adored him. He gave a lot to them and a lot to the family. I've often wondered if that wasn't a cause of his early demise. He was much chunkier and heavier than I am, and he never confided in us about any illnesses that he may have had. I wasn't really inquisitive, however, about his health. I think he was hypertensive. He smoked until about 5 years before he died. Maybe I've overcompensated by trying to stay fit because of what Dad went through.

WCR: *Was dinner at night a big deal when your father was around?*

MAM: It was. Dinner wasn't formal, though. Sunday lunch was a traditional, British-type formal affair. We had to dress up. Elias would don a white waiter's garb with a red sash. We would sit down to a 3-course meal that included lamb, roast beef, or chicken. Table manners were very important. I remember tossing some water at one of my brothers across the table when my dad wasn't looking and getting rapped over the knuckles for that with a spoon. The style was very British, but it was a very warm occasion. The 4 Menter boys loved chicken, and there was a certain part of the chicken that we all adored. We would fight over it like crazy. My dad said, "No more." He made a book, and each week we would have to list whoever had that part of the chicken, and we would then have to take turns eating that piece.

The first TV I ever saw was when I was 30. There was no TV in South Africa at the time. My dad would make us turn the radio off at dinner. Most evenings he made sure he was home for dinner, even though he went out afterwards and delivered babies.

WCR: *Did you talk about politics or your own activities?*

MAM: We talked a lot about each of the boys' activities. My dad never talked about himself. He kept everything very private. We talked a lot about family things, our coming trips. We would take a trip once a year to Cape Town, which was a very traditional thing to do over the Christmas period, because it was summertime there. He would drive the 1000 miles in whatever jalopy we had, and he would occasionally try to do it in 1 day, taking 20 hours. My mother and he would share the driving; none of us were old enough to drive in those days. You got your driver's license at age 18. We would spend 2 to 3 weeks in Cape Town. We all loved that. Family holidays were something we always talked about. Then we would have a winter holiday for about a week in Durban, on the Indian Ocean side, and it was relatively

warm during the wintertime. We'd also drive the 400 or so miles for that vacation.

The discussions at dinner were predominantly about school. My dad always wanted to know exactly what we were doing in school. It wasn't really a serious question-and-answer thing, where you felt you were imposed on. It was a very warm, general discussion. A lot of times on Sunday he would invite friends. There was 1 room in the house that the boys were not allowed into, and that was the room that had high-quality furniture. He would occasionally see patients in that room at night or on weekends. We were only allowed there on special occasions, like when guests would come. We all looked through the glass door to see what was going on in that room. To some extent, it was the old British tradition of kids being seen but not heard. Yet, we were very much a part of everything.

WCR: *Was your family very religious growing up?*

MAM: Not really. Sport took precedence over religion. My mother didn't keep a kosher home, but we did go to synagogue on Saturday mornings.

WCR: *Regularly?*

MAM: Irregularly. In fact, I was told to go, but most of the time I would go for whatever little time I could get away with and go straight onto the fields to play rugby. We weren't really very orthodox at all. We maintained fairly close ties with bar mitzvahs. Pam and I got married in the temple. The kids all went through bar mitzvahs, but after the bar mitzvah was finished, pretty much like it is here today, unless you were really orthodox, you observed 1 or 2 occasions in the year (I still fast, for instance). The Jewish New Year and Yom Kippur holidays were the ones that everybody maintained. It was fairly loose. My mom was the one who kept up that religious side of the family because she came from a small Jewish family. My dad wasn't religious.

WCR: *You graduated from high school at age 17?*

MAM: Yes. I had just turned 17 (1958).

WCR: *Did you go to an all-male high school?*

MAM: Yes.

WCR: *Was it private?*

MAM: No. It was public. My dad did not believe in English private schools. He thought they were elitist, and he was certainly not an elitist. Furthermore, he did not have the financial wherewithal to send us to private schools. The British established some wonderful English private schools along the lines of Eton and Harrow in Johannesburg and throughout South Africa. Those were what the English would call "public schools," which were actually private schools. Those were the all-boy and all-girl schools that everybody aspired to get into, that the English gentry sent their kids to. There were probably a half dozen of them.

We went to an all-boys public school run by the government. In retrospect, Bill, we were very fortunate. Because of the apartheid system, most of the money was put into white education. The poor blacks had to make do with what was left. We had wonderful facilities, including wonderful sporting facilities and big playing fields. Even though this was an English school, the government put a lot of energy into it. When I went to school from 1946 through 1958, 12 years of schooling, it was still very much a British kind of tradition even though the Afrikaners had come into power in 1948. The Afrikaner government created the "parallel medium schools." Right across the road from our English

high school was an Afrikaans high school. We never met those kids except when we played rugby against them once a year. It was like 2 separate worlds.

WCR: *Did you wear a uniform?*

MAM: Every day.

WCR: *What was it like?*

MAM: We wore shorts, long socks, lace-up shoes, shirt and tie, and a jacket. When you played sports, were on the chess team, or participated in another extracurricular activity, you were given a blazer with the school crest on the pocket. Our crest was a lion. I went to the Parktown Boys' High School, which still exists today. I would walk to that neighborhood school about 2 miles every day. I spent most of the time on the playing fields after school. School would be out at 3:00 or 4:00, and I would stay there until about 6:00 or 7:00, until it got dark, and then walk home. Safety was not a problem in those days. You could walk the streets very easily.

There was an all-girls high school about 5 miles away, Parktown Girls' High School. Our elementary schools were mixed. When we went to high school at age 11 or 12, it was boys' school and girls' school. That changed later.

WCR: *You didn't date much when you were in high school?*

MAM: Never knew what the word was. My first date was the equivalent of the senior prom in high school. I never dated prior to our matriculation (graduation) year. Rugby was much too important in those days. I never had a beer in high school. We didn't drink alcohol until college. It was very prudish in that way. I have vivid memories of my mom saying, "Alan, you need to invite a girl to the prom at the end of your high school." And I said, "No, I don't know any girls," which I didn't!

WCR: *Were there any teachers in high school or primary school who had an impact on you?*

MAM: Yes. My math teacher when I was 4 or 5 years old in Dublin made me learn the multiplication tables up to 16×16 . She probably accounted for my interest in math and science at a very early age.

In high school, we had to take 5 years of Latin. The Latin teacher was from the old school. He was a diminutive guy who also was a cricket coach. We had to learn not only the history of Latin but the language of Latin. He was as rigid a disciplinarian as you could ever wish to have in the old British tradition. When we matriculated, as we called it (graduated), he got more honors in Latin out of his class than anyone else in the whole country. Even today, I remember my Latin pretty well. The Latin teacher we called "Kleav," which was short for his last name, Kleavansky, and he's still living now in his late 80s. He was a Jewish orphan and lived in the Jewish orphanage all his life. He never married. I would go and visit him there from time to time. He had a huge impact on me.

Another influence was the math and science teacher, Mr. Breadenhahn, who also was the rugby coach. He was incredibly supportive of my rugby career. He told me, "If you stick with your rugby, you will go places." He spent much time with me, both from a scholastic and a rugby football point of view, coaching me together with my dad. He made a tremendous impression on me both as a teacher and as a rugby coach. We stayed friendly for many years. In fact, when I was picked for the international team years later, his was the first telephone call I got.

WCR: *Did your studies come easy for you, or did you have to work hard at them?*

MAM: Studies came very easy for me. I worked hard at the courses I liked (math, science, and Latin). I could spend all night. Before an exam, for instance, I would take the old exam papers that were available to us for 20 years and do every single math question. Things like geography and history, for instance, did not come easy for me. Our history was all British history. I knew no American history when I arrived in the USA. History was probably my worst subject. I couldn't understand it, and I didn't want to spend the time on it. I couldn't relate to people hundreds of years ago, even though I love certain aspects of history now.

WCR: *Where did you go to college?*

MAM: I went to the University of Witwatersrand in Johannesburg. Witwatersrand is a Dutch name meaning "the whitewater's reef," where a number of gold mining reefs are located. We were surrounded by gold mines. "Witwatersrand" is comparable to "metroplex" here in Dallas-Fort Worth.

I entered university doing engineering. I didn't want to be a physician because I thought my father worked too hard. After studying mechanical engineering for 2 years, I started feeling that I wasn't suited for it. I had long chats with my dad, whom I adored. I decided to apply to medical school and was accepted at the same university. In those days, we had 6 years of medical school followed by an internship.

WCR: *Were the 6 years in medical school in addition to the 2 years you had already spent in university?*

MAM: Yes.

WCR: *You actually lost 2 years by going to engineering school first?*

MAM: Yes.

WCR: *Were there other physicians in your extended family?*

MAM: My mother came from a small Jewish-Irish family. There were 100 Jewish-Irish families in Dublin in those days, a very small community, all of whom had migrated from Eastern Europe before World War I. Some of the family migrated to Edinburgh, Scotland, and some to Dublin, Ireland. My mom's closest friend growing up was Chaim Hertzog, whose father was the chief rabbi of Dublin in the small Jewish community. Hertzog, who was the rabbi's son and my mother's friend, became president of Israel. He left Dublin at 19, went to England, and then went to Israel before independence in 1948. My mom and he remained very close right up until the time he died. I have gone back on our family tree and seen photos of my great-great grandfather, coming from this small village in Eastern Europe, and of his extended family. He was one of 11 brothers, 9 of whom were physicians! My paternal grandparents and my maternal and paternal great-grandfathers also came from Eastern Europe, and they went to South Africa. My mother's parents came from Eastern Europe as well, and they went to Dublin. Other than my dad, there were no physicians in the 3 generations prior to the 9 of 11 brothers being physicians.

WCR: *Did your father have other family members in South Africa?*

MAM: Both his parents died relatively young, so I do not have memories of my grandparents on his side. He had a spinster sister, Doris, whom we all adored. She and my dad were very close. She ate every Sunday lunch with us. When my dad died,

she became even closer to the family, and we boys would go and spend nights with her. She was a certified public accountant. I remember her doing taxes for her clients in her tiny little office with an old-fashioned little manual adding machine. She was the one who was closest to us from my dad's family. My mom had 3 siblings, all of whom were in Ireland.

WCR: *Do you remember any surprises when you entered medical school? It must have been quite different from engineering school.*

MAM: It was totally different. The formalin-smelling dissection hall with 4 medical students to a body was a surprise. We did a whole year of anatomy. We only studied 2 subjects that year, the second of medical school: anatomy and physiology. The dissection hall was in the basement of the medical school. Going to the unveiling of the bodies that first day, never having seen a dead body before, was probably the biggest surprise. The next surprise was the first time I ever assisted at an operation as a fourth-year medical student.

I absolutely adored anatomy, and I adored my anatomy professor, Professor Philip Tobias. He was a wonderful guy. On Saturday nights, he would party with us. He was an intellectual giant. He had every degree known: PhD, MD, MS. He is a world-famous anthropologist, and he ran the paleoanthropology program in Johannesburg. He would take us out to the digs, which we didn't appreciate in those days. Now I have much more appreciation of it because of the interest of our son Colin.

Even though we had this tragic apartheid system in South Africa, the medical school and our university were a bastion of "liberalism"; the apartheid government would try to shut us down all the time because we admitted people of all races and color. Two of the students who dissected with me were nonwhite. I used to go with one of them, Benson Nghona, back to the black area where he lived; he was not allowed to live in the white area. It was very unusual for whites to go to black areas because they were totally separate. We became close friends.

Another dissecting partner, Justin Silver, became a close friend and was the best man at our wedding 4 or 5 years later. After postgraduate training in England, he moved to Israel and in 2002 received the award given to the top scientist in Israel in medicine. He and I keep in close e-mail contact. He and Mike Emmett are also close friends.

The one regret I have, Bill, is not being more involved in the political process there because I'm very political now. Our university was very liberal, an Oxford-type university, by South African standards. Because of my rugby, I did not get involved in the protest movement we had. The government would come in. There was some violence, but it wasn't black-white violence, it was Afrikaner-English violence. The Afrikaners felt we were going against the law of the land, which was apartheid. We "flouted" those laws by allowing black students on our campus.

My medical school days were tremendous because in addition to the rigors and fun of medical school, I had a burgeoning rugby career. I had to balance working all night and playing rugby the next day. Playing rugby was a very positive part of my life. I was fortunate to captain the rugby team. It was traditional, actually, for medical students in the Commonwealth (England, Australia, etc.) to play rugby. It was considered a medical student's game. When I graduated from the under-19 juniors into the university team—the "major league"—I was made captain,

the youngest-ever university captain. I played rugby throughout the 6 years of medical school. In addition, in the off season, I played cricket and represented the South African universities all-star team against New Zealand. Those were probably the most fun times I've ever had. The collegiality of rugby and cricket, the Saturday night parties with beer drinking, and the rigors of medical school made it a busy, exciting, wonderful time. The friendships made through medical school and rugby particularly have continued.

WCR: *How many medical students were in your class?*

MAM: About 88 per class.

WCR: *Were there any professors or even members of your class in medical school who had considerable impact on you?*

MAM: The professor of anatomy, Professor Tobias, was probably the intellectual giant and the person I remembered most. Surgery Professor DuPlessis was also a giant of a man intellectually and in stature, and he probably made an indelible impression on all of us. He was a professor in the old tradition. If we saw him walking down the pathway, we'd walk in the other direction to make sure he didn't see us. He was clearly world renowned in surgery. He was a very strong disciplinarian, almost like my Latin teacher was, and a remarkable teacher of surgery. He probably stood out as the most significant person in my clinical years. We students were scared of him, but we admired his intellectual ability.

Some of my registrars, a lot of whom are in the USA today, have done remarkably well. One, Avroy Fanaroff, who got the pediatric prize from the American Society of Pediatrics, has written the textbook of neonatology in the USA. Another, Arthur Rubinstein, became dean of Mount Sinai Medical School in New York and recently dean of the University of Pennsylvania School of Medicine. Some of the senior registrars made more of an impression on me as a medical student and intern than did some of the full professors.

One third of our medical school class is now in the USA. Justin Silver, who was the best man at our wedding, heads the metabolic research unit at Hadassah Hospital in Israel. Keith Marks heads neonatology at Hershey, Pennsylvania, and Roy First is a pediatric nephrologist of some renown in Ohio and an expert on cyclosporine. Those were the 3 classmates I was closest to in medical school.

WCR: *You graduated in 1966. There were 5 medical schools in South Africa at that time?*

MAM: One in Johannesburg, 1 in Pretoria, 1 in Cape Town, 1 in Stellenbosch, and 1 in Bloemfontein. The 2 original medical schools (Johannesburg and Cape Town) were English. It was only after the Afrikaners came to power in 1948 that the 3 Afrikaans medical schools were created. The lingua franca there was Afrikaans, whereas our university conducted classes in English. Occasionally, Afrikaans students would come into the English medical schools and vice versa. When I went to Pretoria to do dermatology, it was a major change because that was an Afrikaans medical school, even though George Findlay, my professor, barely spoke a word of Afrikaans.

WCR: *You didn't start dating until you were in engineering school in university?*

MAM: That's right. And I made up for lost time then in a big hurry. I met my wife, Pam, my first year of medical school.



Figure 4. Alan and Pam Menter on their wedding day, 1966.

Pam had come from Zambia to the University of Witwatersrand. Her parents were Scottish and Welsh. They had immigrated to Zambia, a huge copper-mining country. Her father was a surveyor for the copper mines there. We dated for 4 or 5 years in medical school.

WCR: *What attracted you to Pam?*

MAM: Her independence. The very first time I dated her, I arrived late because I was kept at the rugby match and probably had too much to drink afterwards. I told her I'd pick her up at 8:00 PM. I arrived at 8:30, and I was told that she wasn't there. She was and still is a very strong person. We hit it off very quickly. She was the life and soul of the party; I tended to be a little quieter than she was. Whenever we went to any of the rugby parties, I would sit and regale everybody with rugby stories. People would buy me drinks, and I would sit at the bar while she danced the night away with all my friends. It was a wonderfully warm courtship. It went on and off and was never completely serious; I had maybe one other dating experience in our first year or two, but it gradually became evident that Pam and I were an "item." From time to time, we would say good-bye to each other, like if I went for a month to an outlying hospital.

We had wonderful teaching hospitals. We'd go to a black institution/hospital and live there with the doctors as medical students for the black hospital. The hospital that I adored was the biggest hospital in the Southern Hemisphere, Baragwanath Hospital. It officially had 2500 beds and was an old army barracks. It became a sprawling, massive complex outside of Soweto, which was the African living area, a city that went on for miles.

Baragwanath Hospital was on the other side of the road from it. At any time there were probably 3000 to 4000 patients in that hospital. Patients would sleep under the beds. The "pathology" was remarkable. As a fourth-year medical student in cardiology, I would call up a registrar I knew there and say, "I want to do hearts this month. Line up all the patients with rheumatic hearts for us." I would go and listen to hearts for a week. The next week, if you wanted to do chests, they'd line up all the patients with tuberculosis and chronic obstructive pulmonary disease. We had a wonderful experience from the physical signs and symptoms point of view.

Through those times, Pam and I dated. She would come to all the rugby parties. It was never really serious—we never discussed marriage—but we were "the" couple. I was visible because I captained the rugby team all the way through, and that was a fairly big deal on campus. There were a lot of parties and functions to go to, and Pam always came. We were engaged for 17 months, during which time we became more serious in planning our future lives together. It was a long courtship. She was wonderfully supportive insofar as my medical school. We got married in December 1966 (Figure 4).

WCR: *What did Pam major in?*

MAM: Pam was a nursing major and completed a bachelor's degree in nursing. She worked as a nurse in anesthesiology and then branched out into the medical management arena. She was always much more business oriented than I was. She manages our family finances.

WCR: *You were 19 when your father suddenly died. How did this come about? What do you remember?*

MAM: The day my dad died of a massive myocardial infarction was the saddest day of my life. It was a Saturday morning, and he had gone to his office. (He worked every Saturday morning.) I was to play rugby that afternoon. I was elected that prior week to be captain of the university rugby team, and this was the first game I was going to captain. In rugby, the coach doesn't call the plays. Everything happened on the field, and the coaches just sat on the sideline. So the rugby captain, to some extent, made all the decisions.

WCR: *This was your first year of medical school?*

MAM: Yes, although I had been on the same campus for 2 years in the engineering school. The first year of medical school also was on the university campus. The other years were "up the hill" on the medical school complex.

WCR: *And you played rugby during the first 2 years of engineering school?*

MAM: I played "under-19 rugby," as it was called, my first 2 years. In the university rugby format, it was the equivalent of a junior varsity team here. When you turned 19, you became eligible to play for the main team.

WCR: So this was your first year on the senior team, and you were captain. That must have been a considerable honor.

MAM: Yes, it was. Of the 15 players on the team, 6 were medical students. I was called “the babe” of the team. They had probably drunk too much beer the week before and elected me to be the captain.

WCR: You were captain your entire time in medical school?

MAM: Plus during internship, so I captained the rugby team for 7 consecutive years. That Saturday, my mom called about 1:00 PM to say that my dad had been taken to hospital. The game was usually played at about 2:30 PM at the university field. She told me that he had taken ill at his office and that he may have had a heart attack, but his message to me was, “Enjoy the game.” I decided to run to the hospital before the game, and I saw my dad. He was lying in a general hospital ward with screens around his bed. Of course, there was no coronary care unit in 1961. I spoke to my dad; he was obviously dying, in retrospect, but no one told me that. I chatted with him a few minutes, and he said, “Go off and play your rugby game.” Even at that stage, I did not recognize how ill he was. I spoke with the doctor who also didn’t really let me know the gravity of my dad’s illness.

Being captain of the rugby team, I had to give the pep talks that go on before the game, so I ran there, arrived late, and changed. As I was running onto the field at the university stadium, someone came running down to me and said, “You have to go to the hospital. You can’t play rugby.” I ran to the hospital, and he was gone. My brother Robert, who was 4 years younger than I, was captaining his high school rugby team 3 or 4 blocks away from the university. He was captain of the same high school team that I had captained. His game was 30 minutes later than mine. I took the old family car from the hospital where my dad had died to the high school where Robbie was playing. I told my former coach and teachers that my dad had just died. I remember waiting until the end of Robbie’s game, which was the longest hour of my life, before telling him. My dad was buried a couple of days later.

My mother’s first thought was to go back to Dublin because her family, including both parents, were still in Ireland. She begged me to apply to medical school in the United Kingdom (UK), even though I was just starting medical school in Johannesburg. None of the 4 Menter boys wanted to go back to the UK. I was the only one who had been born there; the other 3 were born in Johannesburg. All the boys’ ties were in South Africa. I actually did apply to Guy’s Hospital in London and was accepted, I think mainly again because I played rugby, which was a helpful way to get into medical school in London in those days.

All the boys talked my mom out of moving to Ireland. We stayed in the old house for many years. I stayed in that house through medical school. My mom left the house about 5 years later when she remarried. Then we had this big, rambling house with 4 Menter boys who obviously couldn’t run it by themselves. I recommended leasing part of the house to pay for its expenses. A young couple took part of the house, and we had part of it. We became almost like a big family. Pam and I loved that old home.

The period after my father died was the most difficult time of my life: resurrecting, going back to medical school, trying to get bursaries, working part-time, and playing rugby and cricket.



Figure 5. As an intern, 1967.

For a year or 2 thereafter, it was extremely difficult. Fortunately, my dad’s closest friend, Reggie Donner, came in and almost took over, as my mother was obviously grief stricken.

WCR: Was he a physician?

MAM: He was an engineering businessman who ran a huge paper company and was as solid a person as you could ever wish to meet. He came from a small town in South Africa. He helped me go to the university, and he spoke to the authorities about getting loans for me. He worked through the whole burial process. He went through all the paperwork of my dad, who didn’t even have a will—not that he needed it; there was not a whole lot except the house to leave behind. The Reggie Donner family and our family had often gone together either to Cape Town or Durban for vacations. His daughter lives in Dallas today. I grew up with her and know her very well.

It took me a long while to recover and settle down, although I probably never completely recovered. That year of medical school was a total blur. I started playing rugby again; it was probably the best thing I could do.

WCR: Where did you do your internship?

MAM: I interned at the hospital in Johannesburg (Figure 5). There was a 7-story doctors’ residence next door to the hospital, and we lived in the top story, where there were 4 “married flats.” The whole apartment was essentially 1 room with a tiny bathroom. Ours had the only refrigerator in the whole building, and the other interns kept their beer and everything there and would come traipsing up. Keith, our first son, was born in March 1968 when we were living in the doctors’ residence. Pam had so much milk that they collected it in a sterile container every 3 days for the medical school milk bank. Keith was passed around the table among all the other residents and interns when we went down for dinner at nighttime, because we didn’t even have a kitchen in our little flat. It was a very warm 18 months in the doctors’ residence.

Two of my teachers were cardiologists John Barlow and Leo Shamroth. Shamroth used to take a group of 6 of us for extra lessons in cardiology at his home. I have vivid memories of his electrocardiographic teachings. He was the most magnificent teacher I've ever had. Barlow was from the old English school. From a cardiology point of view, they were probably the 2 teachers that stand out. In my internship, the most lovable character was Pericles Menof, a huge Greek man of tremendous culture and taste. He was a bachelor who every year spent 2 months in Greece to refresh and reeducate himself. He and I became very close. I spent a lot of time with him. He taught me a lot about life in general in addition to a lot about medicine.

WCR: *What kind of physician was he?*

MAM: He was an internist with an interest in cholesterol metabolism. In those days, we didn't have lipid profiles, but we did total cholesterol levels. If they were slightly high, he used thyroid gland extract to lower the total cholesterol level. He was a wonderful man.

After my internship year I did 6 months of surgery, which was required in order to obtain licensure with the South African Medical Council. I had, however, always loved obstetrics/gynecology: first, because of my dad, and second, because the professor of obstetrics/gynecology, Ossie Heynes, was president of the rugby club. The professor's son and I played on the same rugby team and were friends. (I always felt that he helped me get into medical school because he knew I could play rugby. That was one way I could get into medical school after the engineering path.) I knew Professor Heynes well, even as a second-year medical student. I would follow him into the obstetrics wards. With the tragedy of apartheid, there was a black hospital and a white hospital. The black hospital was like Parkland Hospital times 3, because patients came in from a wide geographic area without prenatal care. We saw every potential complication of pregnancy. From the age of 19, I delivered babies, enjoying it immensely. I spent many hours at the hospital doing obstetrics/gynecology. Extra hands were needed because there weren't enough to deliver all the babies. By the time I graduated from medical school, I must have delivered 500+ babies. I used forceps and helped with cesarean sections through medical school. It became almost a *sine qua non* that I was going into obstetrics/gynecology when I graduated.

I applied for an obstetrics/gynecology residency with Professor Heynes. At the last minute, I was advised to chat with Dr. George Findlay in Pretoria. That was like going from Dallas to Fort Worth. (Johannesburg was the cultural, business, and economic center, and Pretoria was the Afrikaner seat of government. South Africa was a bilingual country; Afrikaans was the second language. The Afrikaners were the original descendants of the Dutch, and they ruled the country from 1948 onwards and created the apartheid situation.) Moving from Johannesburg, a fairly liberal environment, to Pretoria was a huge move from a cultural and language point of view even though the distance was only 35 miles.

George Findlay, a Scot and a dermatologist, was probably the most brilliant scientist in South Africa. Dermatology training in my medical school was done originally and predominantly by physicians who had drifted into dermatology from infectious diseases during the war, having learned a little about syphilis and

infectious diseases. There wasn't a whole lot of science to dermatology in those days. In medical school we learned about these wonderful potions with long formulas. That field wasn't something that interested me. I liked, however, the visual nature of the specialty, and I liked that it allowed a little bit of medicine and a little bit of surgery, both of which I enjoyed.

George Findlay informed me that 6 months hence he would have a 3-year position as his sole registrar in Pretoria. It was a period of great decision making. Pam and I had been married about a year. We thought long and hard about it. It would mean severing my rugby ties with my beloved Witwatersrand University and going to Pretoria. It was 1967 and I was 26 years old. I would have to learn Afrikaans, which I had only a smattering of as a second language in high school. The brilliance of George Findlay and the thought of working with a renowned, internationally known scientist interested me, even though he was isolated in Pretoria. Being his only registrar for 3 years also intrigued me. Thus, I made this last-minute switch. I had 6 months to kill, so I did another 6 months of medicine training at the same hospital that Barlow worked in, then moved to Pretoria.

WCR: *Who suggested that you meet George Findlay?*

MAM: My wife, Pam, had gotten to know Peter Gordon-Smith, a dermatologist (he still practices dermatology today in his 80s and is a wonderful person). He told Pam, "Tell Alan to come and speak with me about dermatology." He had done the same registrarship with George Findlay. I spoke to Peter and spent a day watching him in his office in Johannesburg at the suggestion of my wife, who felt that I shouldn't do obstetrics/gynecology. I had told her that I adored obstetrics but didn't like gynecology. Between him and Pam, they twisted my arm to at least meet George Findlay, whom I had never heard of. It didn't take long, however, to recognize his brilliance. He was as well rounded a man as I've ever met in my life. He was an intellectual giant, including being a music scholar.

WCR: *How did Pam meet Peter Gordon-Smith?*

MAM: She was working part-time for a group of anesthesiologists. Peter Gordon-Smith had a 1-day-per-week block-booking with his anesthesiologist for surgical procedures. She spoke with Peter, and that's how the whole relationship came about. I had known the group of anesthesiologists that Peter Gordon-Smith used because some of them were friends of my dad. Pam was doing some work with them.

Pam was incredibly supportive with the move to Pretoria. She didn't speak a word of Afrikaans, having come from Zambia, where Afrikaans obviously was not spoken. She had decided to be a full-time mom. We moved to Pretoria in July 1968, so Keith was 4 months old. A month later, I was selected to play rugby for South Africa for the first time on an international level. The South African team was going to tour France for a month. This really was a very exciting time. I remember the trials that were held to choose the team. The team was called the Springboks, which is a deer, the national emblem of South Africa, so when you're chosen to play for the national rugby team, you were called a "Springbok" and received the green jacket with the gold braid, colloquially called "Springbok," or "green and gold" (Figure 6).

I had been chosen for a number of these final trials and had never made the team. I thought that my rugby career was over when we moved to Pretoria. It was like going from the Univer-



Figure 6. After laterally passing the ball in a rugby match for the Springboks.

sity of Texas to the University of Oklahoma, the enemy. I had competed against them every year. That was our annual big match. The professor of sociology at Pretoria, who was also president of the rugby team, came up to me shortly after we arrived in Pretoria and said the regular fly-half (the equivalent of quarterback, which was the position I played all the way through) was injured. Would I play in a little university match for them? I told him I didn't know whether or not I could; I'd have to put on their sweatshirt, or jersey, as we called it. He said, "Come on. Come and play for us." I played. I had a very good game, and I was chosen for the state, the next tier up, and then a month later, they chose me for the finals of the Springbok trials, which were held near Cape Town, close to a thousand miles away.

I went to that trial with very few expectations because I had been disappointed many times in the past, making it to the final 30 and not being chosen. But, I was selected to go to France. Pam called the telephone exchange and said, "I need to speak to my husband, Alan. He's just been chosen as a Springbok." The next day in the newspaper, there was this big headline: "Telephone wires cleared for Pam Menter," because there was only one old-fashioned telephone exchange available and she got through to congratulate me for being chosen.

When I came home on the Monday morning, I had to go to my professor, George Findlay, who was an intellectual giant and hated the thought of sport, to request a month off my residency, which I was just starting. I also had to leave Pam behind with our 4-month-old baby in a strange town. But the rugby and university community in Pretoria and the professor of sociology were wonderful to Pam. I went on the 1-month trip to France, which obviously was a tremendous experience, representing South Africa. They wined and dined us there. We played many matches. I came back and made the decision that I had done rugby. I'd finally gotten to the pinnacle that I'd always aspired to; now I needed to devote time to family. I played, however, for another year for the university, and then I was the rugby coach at the University of Pretoria. We then had Colin, our second child, in Pretoria.

WCR: *Not many people living in this country have a good feel for what rugby football is like. When you made the international team, how many people who play rugby were potentially eligible?*

MAM: Hundreds of thousands. These were from the white population; unfortunately, the blacks were, I wouldn't say excluded, but they played soccer, not rugby. Rugby was very much the traditional Afrikaner white sport; it was a second religion. The Afrikaners looked upon rugby as their way of showing the rest of the world that they could compete even though they had created this dreadful apartheid system.

Every boy dreamed of playing international rugby or becoming a Springbok. We had high school rugby, college rugby, and club rugby. A lot of people never went to college and played straight for a club. There were 8 university rugby teams, and they not only competed against each other, but they also competed against grown men who were much older and who played for club teams, of which there were thousands. There were 16 clubs in the area where I grew up in Johannesburg. From the clubs and universities, they

would choose about 8 all-star teams that represented a state (some of the states were subdivided into 2 or 3 different teams).

The university played against the local clubs and got hammered because these teams took great joy in beating the daylights out of us liberals. In 1966 before I moved to Pretoria, our university team won that whole shebang. That was the crowning glory of the university to beat all these clubs that were much older, stronger, bigger, and tougher than we.

From the state level, if you were lucky, you represented one of the provincial teams. Then each year they would choose 2 teams, or 30 players, from those hundreds or thousands of players to compete in the final game. The winning team of 15 people would represent South Africa internationally. The team also went on an overseas tour and obviously needed more than 15 players because not every person played every game. When I went to France, for instance, we had 22 players. That was the pinnacle of what you aspired to. The international games were played against New Zealand, Australia, France, and the British Isles (England, Scotland, Ireland, and Wales), and South Africa was always ranked 1 or 2 in the world; it was either South Africa or New Zealand. I played against almost every international team for my state when they came to South Africa. I played for South African universities; they chose a select all-star team from the 8 universities to play against the touring team. So I played all those matches but never quite made it to that final pinnacle until I got to Pretoria and then out of the blue was selected to play.

WCR: *How did you do on the international scene?*

MAM: We won. We beat France handily. The South African team was very strong. We were considered world champions in those days. About 8 years ago, South Africa won the inaugural World Championship of Rugby (like an Olympic competition), in which all the international teams competed against one another. Previously, it was done on a ranking basis, in which South Africa would beat more countries than would beat them, so they were always ranked 1 or 2 in the world. When we toured in 1968, South Africa was recognized as the world power of rugby. I had played the game since I was 11 years of age, so getting picked at the age of 27 seemed like a long time of struggling to get there, balancing medical school along the way. At one final national trial, I had worked all the previous night in the emer-

gency room and then ran off to play rugby that next afternoon. It was all amateur, the last bastion of pure amateur sport. When we went to France in 1968, we got paid 1 pound a day, the equivalent of a dollar a day, which barely bought a Coke. Of the 22 people who went on that trip, probably 6 or 8 were still in college or university. The rest were out in the working world, and they did not get paid for representing the nation. It was the glory of playing for your country.

WCR: *It must have been quite interesting going through medical school and being a superstar. You were a national hero in rugby.*

MAM: I wouldn't say "hero"; I was nationally known because of my rugby exploits and because I captained the university team and played competitively for 7 years (Figure 7). I was very visible. In fact, I was too visible for some of my university professors, who tended to clamp down on me a little bit. I'll never forget someone telling me, "Your name is too

visible in the newspapers. If you want to be a doctor, you'd better quit playing rugby." But then there were enough professors who loved rugby, fortunately, who kind of kept me afloat.

WCR: *How big were you when you played rugby in university?*

MAM: When I represented South Africa in 1968, I weighed 178 lb. (I'm 192 lb at the moment.)

WCR: *And you're how tall?*

MAM: Six feet. I was fairly slim; I had no upper body mass at all. I never lifted a single weight in my life. All I did was run like a lunatic.

WCR: *So you were fast.*

MAM: I was fast, not so much over 100 meters. I was quick over the first 10, which was important. And I could kick with both feet, mainly because the fly-half (the quarterback) not only had to direct all the moves and run around and do everything, but also had to kick ahead and strategically kick to different players. I fortunately had that ability to kick with both feet and could run pretty quickly for the first 10 yards and keep away from the big guys.

WCR: *How is rugby football played? Can you describe the game?*

MAM: Bill, it's played with 15 people. It's nonstop for 40 minutes. To some extent, football as we know it in the USA was taken from rugby. Forward passing is not allowed in rugby; the ball is thrown laterally. There are 8 big guys, the "forwards," whose job it is to "scrum down" against each other. These 8 guys come down with 3 in the front, 4 in the back, and 1 in the very back and push against each other. The ball is put in between them and is hooked back, as we call it. On the side that hooks it back, the smaller guy, called the "scrum-half" next to the scrum, picks the ball up and throws it to the fly-half, who then directs traffic. The fly-half kicks it ahead or passes it along the line to the running backs, the fast guys. In the meantime, the opposing team try to tackle players one on one. The game is very free flowing, with the ball being passed back and forth or being kicked



Figure 7. Sample newspaper headlines chronicling Dr. Menter's 7 years in university- and international-level rugby.

forward. If the ball is kicked out of the sideline, play is restarted with what's called a "line-out," where these same 8 guys stand in parallel rows. The ball is thrown between them and they jump high, and whoever's side catches the ball then passes it back to the scrum-half, who again laterals it out to the fly-half, who then starts the proceedings all over again.

The object of the game is to score points: 3 points for a "try" or touchdown, 3 points for a penalty, and 3 points for a dropkick. For a "try," you would dart the ball over the end zone. (You didn't just get into the end zone; you actually had to force the ball over the "try line," which was at the goal post.) If there was an infringement, you would kick a penalty, just like you'd have a free kick here in football, or you would do what I love to do, which is a dropkick. In other words, you'd get the ball back from the line-out or from the scrum, from your scrum-half, who'd throw it to you, and instead of lateraling it or kicking it out of the sideline to gain ground, you would drop-kick it through the uprights (goal posts).

WCR: *And you were good at drop-kicking?*

MAM: I used to love to drop-kick (Figure 8). You could attempt that from any place, and of course, the forwards would come storming down on you, so you didn't have much time. You'd kind of drop it and hope that the ball would go through the posts. After you'd scored a touchdown or a try, you'd have the afterpoint, or the conversion. It could, however, be a very dour game if it was raining.

In tough games, the forwards would preponderate with scrum after scrum, and you kind of pushed forward and kept getting tackled. In glorious games, everything would open up, allowing a great deal of lateral passing, and the fast-wingers, as we called them, would run down the touch line and pass it back in. Fifteen people would be running around passing the ball without getting tackled. There is no blocking in rugby, so you could not block somebody off the ball. You could only tackle the man with



Figure 8. Drop-kicking the ball during a rugby match: South Africa vs France.

the ball. To some extent, we were lucky in that way. We didn't get many knee injuries because we weren't getting blocked. We had a lot of lateral ligament ankle injuries because we were cutting backward and forward all the time.

WCR: *You didn't wear shoulder pads or hip pads?*

MAM: Nothing.

WCR: *Did you have any major injuries during your career?*

MAM: I broke my nose regularly. We kept getting hammered into the ground, so breaking your nose was kind of par for the course. I probably broke my nose 10 to 15 times. I broke my clavicle once and played with a broken clavicle for half a game, just because substitutions were not allowed. If you were more seriously injured, you went off and that was it; your team played with 14 men. Concussion was frequent. I'm probably lucky at this stage of my life in that I'm still cerebrating reasonably well. We had a lovely old family practitioner on the sidelines. When you were concussed from a bad tackle—I have vivid memories of those—he would shine a light in your eyes, and if your pupils reacted and you knew what day of the week it was, you were sent back onto the field. My brother Robbie had to quit rugby because of multiple concussions. I got concussed probably 3 or 4 times every season, but I'd go back and play the next day. There were no electroencephalograms or anything else like that in those days.

I have one famous rugby story that I have to tell you, where fortunately Pam came to my rescue (Figure 9). It was in 1964; I was badly concussed. I was hammered and 3 or 4 guys fell on me, and I didn't know what day of the week it was, so I wasn't allowed to go back and play. I ended up in hospital. It was the one and only time I was hospitalized in my rugby career. The Menter boys have areflexia; none of us have knee jerks. In addition, in those days, I worked really hard at my rugby and ran for miles and miles. I remember Dr. John Barlow telling me that I had an athletic heart. My pulse rate was about 36 beats per minute, and for some unknown reason I started hyperventilating, and I developed a partial hemiparesis on my left side. I've also always had pinpoint pupils. So here you have a combination of a left hemiparesis, pinpoint pupils, and areflexia. I also had a bloody nose and looked terrible lying there in hospital not knowing who or where I was. Fortunately, Pam was there and she said to the neurosurgeons, "He's always like this," and saved me from burrholes. I came through that concussion. That was probably



Figure 9. After a rugby injury that required hospitalization.

the worst injury I had. But I was lucky; I never had any internal injuries. I had lots of lateral ankle ligament damage because we didn't have good rugby cleats. I would be weaving, and so my lateral ligaments today are probably fairly fibrosed.

WCR: *How was it returning to your dermatology residency after the international tour?*

MAM: Because I lost that first month, Findlay redoubled his efforts: he made me spend an extra 6 months and made me publish. In the 3½ years of residency, I published 5 articles in prestigious journals because he was such an absolute stickler. He would keep me every Saturday morning while I was his registrar; I would have to go in and write essays every week, a 10- or 15-page essay on various topics in basic anatomy and physiology of the skin. He was a very hard taskmaster, but brilliant. He had diseases named after him. He made me do research, the first I had done. We often had groups of visiting British dermatologists, and we showed them all the exotica. I helped with the leprosy ward and a smallpox ward. We saw patients with tuberculosis. We saw every skin disorder and then some. On Saturdays, he made me go through the hospital—the equivalent of going through Baylor, including pediatrics, internal medicine, and surgery—and find every patient with a skin rash or a skin lesion and present that patient to him the next week.

It wasn't an easy "8-to-5" job with Findlay. He knew I was playing rugby at 3:00 on Saturday afternoons. He would keep me in his office until 2:00. I would say, "Professor, I really do need to go and play rugby for the university at 3:00." He said, "Well, what's more important than dermatology?" We had a wonderful, warm relationship, actually like a father-son relationship.

WCR: *After you started your dermatology training in Pretoria, were you pleased with the decision you made?*

MAM: Thrilled. I enjoyed the intellectual rigor. I enjoyed working with a guy who still today I would put on a par with any of the intellectual giants I've met throughout the world. I was a seasoned rugby player who was "rounded off" by this guy who had written on music, anthropology, and dermatology. George Findlay really opened my eyes to things outside of medicine and rugby.

When the British group of dermatologists toured, I met the man who ran the Guy's Hospital program in London. Thanks to George Findlay, I applied for and was given 1 of 2 scholarships available to graduating registrars or graduating residents in all specialties in South Africa.

WCR: *That was when?*

MAM: That was the end of 1971. I finished my registrarship in December 1971. By this time, we had 2 kids, Keith and Colin. We were still in Pretoria. I applied for and received a 1-year fellowship to Guy's Hospital with this same professor I had met when he came to South Africa, Dr. Charles Wells, the dermatogeneticist for the UK. He had studied with McKusick in Baltimore and hence had developed a love of genetics. When I spent the year with him, I did a lot of genetic work and then decided that I wanted to spend another year there.

I absolutely adored my time in London. I was on a fellowship—receiving about \$5000 a year—and our expenses amounted to about \$3500 a year. It was the height of Harold Wilson's socialist England, so there were coal strikes, gas strikes, train strikes. When arriving home at night, I would find Pam and the 2 kids huddled together on the sofa because there was no gas, no heating, and no warm food. However, intellectually it was incredibly stimulating for me. I was able to build on my 3½ years with George Findlay and get into a very intellectual, warm environment in which the science behind the symptoms and signs was better explained to me.

Even when I went to England, George would come there as a visiting professor. He was an Anglophile to his fingertips, even though he had spent a year in 1954 with a giant of American dermatology in Chicago, Stephen Rothman. Findlay spent only 1 year in the USA, so his whole premise was that the intellectual origins of dermatology were in Europe, specifically Vienna, Austria.

Pam and I thought that things were going well. We could have stayed in London, but we had no money. Being from South Africa, we were still a little bit on the "outside looking in." It would have taken more time to get that consultancy position. I then applied through Dr. Wells for a junior faculty teaching position at St. John's Hospital for Diseases of the Skin, which was the leading referral and teaching hospital for dermatology in the UK. We had Saturday morning meetings where all the registrars brought their patients, and we at St. John's chaired those meetings. We were the only ones who knew the diagnoses, and we would quiz all the registrars. It was what we colloquially called the "ball-crunching session." The chiefs of dermatology from the different London teaching hospitals would sit in the auditorium while we quizzed all the registrars. It was a wonderful 8 months there.

WCR: *You were considered faculty?*

MAM: Yes. They had a 1-year diploma course for foreign students, most of whom were from developing countries. They

would spend a year and get a diploma in dermatology, and the St. John's faculty would teach them and run the clinics. I had a junior faculty-type position there. I had to present cases at the Royal College of Physicians, which was a fairly daunting task. I remember my first presentation at the "holy of holies" Royal College of Physicians, an austere kind of environment.

To this day, the relationships that I developed in London and my early introduction to the field of genetics have stood me in excellent stead. Starting the national psoriasis gene program in the USA after coming to Dallas was made possible from what I learned in London.

WCR: *It sounds like you and Pam really enjoyed your time in London.*

MAM: I adored London intellectually and appreciated everything it had to offer probably more than Pam did because Pam was, to some extent, confined with our 2 little babies, Keith and Colin. When we left for England in 1971, we took the boat over to London because that was the cheapest way to get there. We thought it would be nice, except the 2 boys got whooping cough, so we walked around the boat with a pail while they coughed everything into it.

We developed some wonderful friendships in London. Pam became a fairly world recognized antique lace maker during her time there. She was always very skilled with her hands. She started lace-making classes in the village of Blackheath. She was probably the youngest in the class by 30 years because her students were all old "dears" trying to revive lace making. There are now lace-making schools all over the world, especially in England and Belgium (Brussels). Pam became a sought-after lace maker and teacher. Pam and I spent many weekends in England touring the countryside for old antique lace bobbins. These were made of ivory, metal, or wood and connected the lace to the pins. She has a wonderful collection, probably as good a collection as there is, going back hundreds of years. When we went back to South Africa before coming to the USA, she started lace making there. When we came to Dallas, she started lace-making classes here also. She still makes antique lace.

After finishing the 20 months in London, we weren't sure where we wanted to go. We spent a lot of time at the American and Canadian embassies. We weren't excited about going back to South Africa on a long-term basis because of the political problems, even though I loved South Africa. We had become very liberal in England. I got interested in politics for the first time. I was a "McGovernite" in 1972. I grew my hair down to my shoulders; I almost couldn't afford a haircut, so it was convenient. But everybody was socialist in those days. I was not making any money, but money wasn't important in those days. We had 2 kids and no car, but there was enough to go around.

We considered going to the USA but didn't have any major contacts there. We decided to return to South Africa. About a month before we were to board the boat back to South Africa, we overheard our good friends next door, a nurse and an engineer, talking about emigrating to Australia because they could not see a future for themselves in socialist England. At 10:00 PM we went over to their adjacent flat, and there they were, sprawled on the floor, with maps of Australia and a bottle of wine. We started drinking wine with them. About 4:00 AM (and this was a working day for both of us), we all decided that they shouldn't



Figure 10. A newspaper photo of the Menter family on their 15,000-mile Land Rover trip from London to Johannesburg.

go to Australia but should come to South Africa with us. We there and then decided to buy Land Rovers (they too had 2 kids) and drive back to South Africa. Before the effects of the wine wore off the next morning, we each went out and bought a second-hand Land Rover and canceled our boat trip. Three weeks later, we all trekked off on a Land Rover trip from London to Johannesburg (Figure 10).

WCR: *What was that trip like? How long did it take?*

MAM: It took us 6 months. We left in July 1973 and arrived in Johannesburg in December 1973. The first month was idyllic because we went through Europe. We had to get what was called *carnet de passage*, a French term for a visa to get from country

to country. Because South Africans were *persona non grata* in Africa, I had to use my British passport for the first time, which I was eligible for because I was born in England. Pam, whose parents were from Scotland and Wales, got a British passport because of them, although she was born in Zambia. The kids obviously got British passports also.

The first month we meandered through Belgium. We had to get a visa in Belgium to get through the Belgian Congo (Zaire). Because of French Equatorial Africa, we needed French visas. We went through France and Belgium. Pam went to Bruges, where people literally sit outside their houses and make antique lace.

Then we drifted down through Spain and Portugal for 2 weeks. We toured Europe a month earlier than our friends, who had their whole house to pack up. They met us at the tip of Spain. We took the boat across Gibraltar to Morocco. It took 3½ months to go from the northern tip of Africa to the southern tip of Africa.

It was rigorous in many ways. The Sahara Desert was magnificent. We spent 2 weeks in the Sahara, crisscrossing and looking for antique paintings and 5000-year-old rock engravings. The desert was covered by clear blue skies and contained, of course, many magnificent sand dunes. The most difficult part was going through equatorial Africa. We were there during the rainy season. Driving through Zaire was incredibly difficult. We drove 12 hours a day and covered only about 150 miles. We constantly got bogged down in mush and slush. Roads were nonexistent. The main commercial roads became a nightmare because big trucks would go down them and create big ruts. We often placed metal ladders under the tires to get out of the slush, or we had to get pulled out by another vehicle.

We then went through Rwanda, which was wonderful, and saw many gorillas and apes. We could not travel through Uganda because Idi Amin was on the rampage, confiscating everything that was British. He would have taken our Land Rovers. Rwanda, a small, landlocked country, was where massive genocide took place among the tribes. We never saw any semblance of warfare, however. We saw a lot of pygmies in Zaire, and I visited a leprosy colony there with the pygmies. The only negative part about the whole trip was the fact that our 2 boys and their 2 boys were too young to have lasting memories of it.

WCR: *How old were they at the time?*

MAM: Keith was 5 and Colin was 3.

WCR: *Did you ever feel in danger on your 6-month trip?*

MAM: Our friends and my mom said we were foolish to take the kids with us. However, there was not a single day that we were fearful. We had no weapons with us. That would have been illegal. Our car often was searched for weapons. Bill, that trip was almost hippie-like. We lived from day to day. We had dehydrated food. We boiled the water we drank. I lost 20 lb on the trip because it was hard work. We often had to repair the Land Rovers, and we changed tires in the desert at 120°F.

WCR: *Did you have much motor trouble?*

MAM: Fortunately, John, a mechanical engineer, had worked on cars all his life. At the end of every day, we cleaned and worked on the engines. I did what he told me to do on the cars. We brought spare parts with us. We did 15,000 miles and never had a major mechanical problem. I changed 14 tires because driving on the rocky roads punctured them.

WCR: *Did you buy new tires?*

MAM: We took some new tires with us. We bartered. Everything was done on the barter system. We were offered ivory in Zaire, which would probably be worth a fortune, in exchange for 2 tires. Ivory was plentiful; unfortunately, the poachers were rampant. We were also offered ivory tusks in exchange for tools or spare parts. Land Rover parts were worth gold in those days, and we had a lot of Land Rover parts with us. The whole trip cost us, I think, \$1000. We sold our Land Rover a year later for the same price we paid for it in England.

After arriving in South Africa, we spent a year in Pretoria where I was part-time in practice and part-time in teaching. I helped a colleague start the first dermatology teaching program for blacks in the Pretoria area. They were starting a medical school for blacks then, and I thought that was something I wanted to do. I spent a day a week in the leprosy unit there. I did private practice the rest of the time. Then, out of the blue, I received the invitation to come to Dallas.

WCR: *How did the invitation come about?*

MAM: We had been looking to come over. I had interviewed in London with a couple of US dermatologists who were visiting St. John's Hospital. At St. John's Skin Hospital, it was traditional to take 2 overseas people as junior faculty, usually 1 from the USA and 1 from the British Commonwealth. I was the British Commonwealth person, and my compatriot from the USA was John Wolf, who is now chief of dermatology at Baylor College of Medicine in Houston.

There was a position at UT Southwestern, and Coleman Jacobson was looking for someone to join him in practice. Coleman had family in South Africa (although he's US born and

bred) and had been down to South Africa. He apparently contacted a dermatology friend in Johannesburg, whom I didn't even know, and said he was looking to take someone in with him. Any bright young guys on the horizon? The South African dermatologist whom Coleman had contacted called me and asked if I wanted to go to the USA.

We had been back in South Africa for 9 months, and we'd had our third child, our daughter, Kerith. She was 2 weeks old when the telephone call came. I asked Pam about going to the USA, and she said, "I'm done traveling with you. I've been through the desert with you. I've been to London with you. Let's stay here and put down some roots." Coleman then got on the phone and asked me to come to the American Academy of Dermatology meeting, which was always held at the Palmer House in Chicago the first week of December. Then he wanted me to visit him in Dallas. I told Pam that I couldn't go over there and make a decision by myself. She said, "Alan, I can't go. I'm nursing. Our baby is 2 weeks old." I said, "If I can find someone who's crazy enough to take care of our baby plus the other 2 kids, will you come with me on this trip?" I called my brother Robert's wife, Robin, and asked if there was any way she could help out. I said, "Pam has to make this trip with me." She said, "Sure. I'll take care of the kids."

In December, with Kerith now 1 month old, Pam and I went to the USA. We spent a week in Chicago and then went to Dallas. We found that the only other South African couple in Dallas was a guy named Eddie Melmed and his wife, Sandra. Eddie had been my anatomy demonstrator when I was a medical student. He and I were very close. Eddie was on the plastic surgery faculty at UT Southwestern. Pam and I stayed with Eddie and Sandra. They were probably more instrumental than anybody else in helping us make our decision. (Eddie recently showed me the letters I wrote to him about my indecision when we went back to South Africa after the US visit.) Coleman had a position at Baylor available. I wrote back to John Wolf, the professor at Houston, and said, "John, tell me about Dallas, and tell me about dermatology in Texas." He also helped us make the decision to move to Dallas. We made the decision to come to Dallas when we got back to South Africa. Seeing Dallas and Chicago was very exciting. But when we got back to Pretoria and felt again the warmth of family and friends, indecision set in.

We arranged to come to Dallas in July 1975, but 2 months before we were due to leave, I got cold feet. I was just starting to make a little income for the first time in Pretoria, our daughter was getting out of diapers, I had my 3 brothers around, Pam had a brother close by, and it was warm and nurturing. I called Coleman and told him I wasn't coming. He said, "That's your decision."

My youngest brother, Malcolm, and I then sat and chatted, and along with other people he said, "Go for 2 years. See what it's like. You've got nothing to lose." Pam and I sat down again and thought about it and said, "Okay. Let's have another interesting travel experience. Let's go for 2 years." The rest is history.

WCR: *You were 34 years old at this point?*

MAM: Yes. When we arrived in 1975, I was 34 years old (Figure 11). I applied to the American Academy of Dermatology for my board certification. They gave me 2 years for my 5 years of training! They gave me 1 year for my 3½ in South Af-



Figure 11. The Menter family after arriving in Dallas, 1975. Clockwise from the top: Alan, Keith, Colin, Kerith, Pam.

rica and 1 year for my 20 months in England. I needed another year to become board eligible. Fortunately, Jim Herndon was chief at UT Southwestern, its first professor of dermatology. He was handpicked by Donald Seldin. He offered me a half-time fellowship teaching at UT Southwestern, where I could spend the morning (until 1:00 PM) at UT Southwestern. I came to Baylor at 1:30 PM and practiced. I also had office hours every Saturday morning for the first 4 years in Dallas with Coleman. Two years after completing my fellowship, I went into practice by myself.

After doing clinics at Parkland or Children's Hospital, despite my 5 years of dermatological training, I was petrified. I had not been exposed to the more integrated teaching program in the USA, where students could actually ask questions of their professors. In the European way, students never challenged their professors. I never challenged George Findlay in the 3½ years I was with him. I may not have agreed with him, but I would never have dared to disagree publicly with him. To some extent, England was the same way. The professors were on a pedestal. When I came to Dallas, I felt comfortable clinically. I had seen practically everything there was to see in dermatology. But when third- or fourth-year medical students started asking me about the science behind the medicine, I was not as comfortable. I went home and relearned a lot of basic science that I had forgotten. It was challenging, but I loved the teaching. The one thing I miss now is the rigorous academic environment of teaching on a daily basis. I became very friendly with Jim Gilliam, who succeeded Jim Herndon as chief of dermatology at UT Southwestern. Even when

I finished my fellowship, I went to UT Southwestern every Thursday for a clinic. I brought patients from Baylor to UT Southwestern for a show-and-tell type of thing. I did that for a few years.

J. B. Howell was instrumental in helping me start the psoriasis center. That came about through my friendship with David Cram, who started the first psoriasis “day care” center in this country where patients were treated outside of a hospital environment. The American Academy of Dermatology, which previously had met only in Chicago, met in Dallas in 1977. David Cram said, “Alan, why don’t you start a psoriasis center here at Baylor?” (In London I had taken care of the inpatient teaching service for psoriasis. Psoriasis patients were hospitalized for 2 to 3 weeks, black tar was put on them, and lights were shone on them—the Goeckerman treatment. Goeckerman was a German professor who went to the Mayo Clinic.) I thought Baylor would not support a psoriasis clinic, since neither administrators nor I knew anything about its ins and outs. I went to Coleman Jacobson and to J. B. Howell, who has very warm feelings for everything that is Mayo. They booked me an appointment with Boone Powell, Sr. Boone took one of the hospital administration fellows and gave him the task of assessing the viability of a psoriasis clinic at Baylor. They concluded that it possibly would make Baylor some money and would be a good thing for the institution. In 1979, Ralph Tompsett (I was very fond of Ralph and Jean) called me to his office and said, “Alan, we have decided to do it, and we are going to nominate you as the medical director of the psoriasis clinic.”

The psoriasis clinic became almost like a second baby for me insofar as I had a family history of psoriasis. Two of my brothers, Robbie and Brian, have psoriasis, and I occasionally get a touch of psoriasis on my scalp as well. I had a personal and family interest in the disease, an interest from training in England, and an interest from my friendship with David Cram, who ran the definitive psoriasis clinic in the country. The late Eugene Farber, who was chief at Stanford and the guru of psoriasis, also helped me. He invited me to spend time with him at Stanford, and I did. He took me to the first international psoriasis meeting held at Stanford. I spent about 25% of my time in the psoriasis clinic we started and 75% of my time in dermatologic practice.

By 1993, the psoriasis clinic had been running for about 13 years. The National Psoriasis Foundation, a patient advocacy group that collected money from industry and patients, decided to create a gene bank for psoriasis. It solicited proposals for setting up a gene bank. We sent in a proposal because we had developed a huge clinical base, but we didn’t have a molecular geneticist, which obviously was essential. I consulted with Marvin Stone and then called up my close friend at UT Southwestern, Paul Bergstresser, who had succeeded Dr. Gilliam as chief of dermatology. (Both Paul and I had come to Dallas in 1975.) I said, “Paul, we’re going to submit this proposal, but we need a molecular geneticist. Do you have anybody at UT Southwestern?” He called me back and said, “Yes, we do. Anne Bowcock has just joined us from Stanford.” (She had just arrived with her husband, Errol Friedberg, who’s now chief of pathology at UT Southwestern.) “She has experience in molecular genetics. Maybe she has some psoriasis connections.” I called her on Monday; we had until Friday to get our proposal in. We had already been shortlisted to 1 of the top 3 but were informed that

our weakness was that we didn’t have a geneticist or immunologist. I again went to Marvin for help in immunology. The proposal had to be in on Friday. Anne, whom I had never met, had coincidentally done her PhD in molecular genetics in South Africa. She had done a little psoriasis work at Stanford! She was a world-renowned molecular geneticist. I said, “Anne, how interested would you be in helping me start a national gene bank for psoriasis? You would be the gene director, and I would be the clinical director.” (Little did I know how difficult it would be to get UT Southwestern and Baylor to agree to create a single unit. That is another story.) She said, “I’d love to do it, but I have one problem: I’m having a C-section on Wednesday!” I said, “Anne, I’ve got to get a proposal out by Friday.” She said, “Send me all the paperwork.” By Friday at lunchtime, she had sent me a 12-page memorandum on how to set up a gene bank from a molecular genetics point of view. I added it to all our clinical material, and we sent off the proposal on Friday afternoon. Her baby was 2 days old!

Anne and I have subsequently become firm friends. We got the grant for the gene bank, and a year later (1994) published the first gene finding in *Science*. (John Fordtran told me that it was BUMC’s first *Science* article.) We continued the psoriasis clinic until 2000. By that time, we had created an international gene consortium for psoriasis in which we’d gotten all the key players around the world involved. Now it runs itself. The gene bank is no longer at Baylor because Anne had moved from UT Southwestern to chair the molecular genetics program at Washington University in St. Louis. Anne and I still collaborate regularly and have just completed the first total genome-wide project in psoriasis, which is soon to be published in one of the molecular genetics journals.

WCR: *When you and your family came to Dallas in 1975, how did Dallas strike you?*

MAM: Dallas in 1975 was a smallish town. It was similar to what we were used to in Johannesburg; we loved the warmth and the openness of the people (compared with the UK, where it takes longer to make friends). We loved the climate. We loved the clear blue skies. We loved the organization of this city. Dallas was very parochial in those days. There was not a single Indian restaurant, whereas we had lived on Indian food in England.

Did we miss anything? Probably not a whole lot. We were excited. We became very close friends quickly with our neighbors, which we had never done in London. People at Baylor could not have been nicer. Ralph Tompsett and John Fordtran were welcoming. Baylor was an incredibly warm community. I had never felt such warmth of community among administration, nursing staff, and medical staff.

We immediately jumped into the typical American community because our kids went to schools here. We didn’t come with much, but we didn’t need much in those days. We bought a modest home. I was making a nice income for the first time in my life, so we lived like everybody else lived. We soon got a second car, which is something we had never dreamed of having. It did take some time to reestablish some ties, but we were very comfortable in Dallas from the beginning.

When we arrived, Pam said she was going to save \$100 a month so that at the end of 2 years we would have \$2400 to take us back to South Africa if we didn’t like it here. At the end of 2

years we didn't even consider returning to South Africa. Pam embraced Dallas. There were times when we were both homesick, but there was never a time when we said, "Should we go back?" I was brought up playing soccer; few in Dallas knew a great deal about playing or coaching soccer, and I started coaching quickly. We took our oldest son's team to England for a 3-week tour with all our American friends in 1980.

WCR: *That's only 5 years after you arrived.*

MAM: That's right. I coached the kids in the select classic league, and we won state and national championships. I got involved in tennis; Pam got involved in lace making and in the school. She was a full-time mom with 3 little kids, and she got very involved in the Parent-Teacher Association. Our kids went to public school in the midst of busing. Our kids were bused. It was only when Keith went to high school that he decided he wanted to go to St. Mark's. Colin, our second son, did the same thing. They both went to public school until high school and then went to St. Mark's. Our daughter, Kerith, did the opposite. She went to parochial school until high school and then went to Hillcrest High School. Our family, very strong, was in this melting pot together, and we all enjoyed the new environs.

WCR: *Have you gone back to South Africa periodically?*

MAM: Initially, not at all. We went back to England more often. Since Professor Findlay had died, my professional ties were all in England. I went back there at least once a year to meetings. The first group of visiting dermatologists ever to come to the USA, the Dowling Club, came to Dallas; we brought them. Boone helped me arrange that. They lectured here.

Two of my brothers moved to Dallas within my first 5 years here. A year after we moved, Malcolm, who was 24 years old, wrote and said that he and his wife were not happy with the way things were going in South Africa. His wife, Gillian, was pregnant, and she was pushing him to emigrate. Thus, they came to Dallas and stayed. They came over with nothing, and she had their first baby here. Neither had a job. At the time, I was working part-time at Baylor and part-time at UT Southwestern doing a fellowship. I had gotten to know Donald Zale of Zale's jewelry. One day he said to me, "We've just bought a diamond business in South Africa." I told him that my brother had just arrived from South Africa and was looking for a job. (At that stage, I did not have a green card and could not apply for my brother's citizenship. You have to be here 5 years before you can get citizenship, and I had only been here a year.) Donald Zale said, "Tell him to come and speak to me, and I will try to help him." Malcolm went to work for him and stayed 5 years in sundry capacities in his different stores. He then started working in a sporting goods store. He saw the need for exercise equipment for home use and opened his own small store. A few years ago, he sold the 38 Busy Body stores he had built nationwide. He became a very successful businessman. He now plays a lot of golf!

WCR: *Which other brother came to Dallas?*

MAM: Robert came to Dallas about 4 years after Malcolm. He had his own insurance investment business in Johannesburg and continued that in Dallas.

WCR: *What did Brian do?*

MAM: Brian is the only brother who remained in Johannesburg. He has 2 daughters. Among the 3 Menter brothers living here, we have 8 children.

WCR: *Where does your mother live?*

MAM: After my dad died in 1961, my mother remarried about 5 years later and moved to East London, a small coastal community where my late stepfather had hailed from. It is about 300 miles from Cape Town, and she has lived there ever since. We brought my mom to Dallas every year to visit her grandchildren. Everything reverted to a Dallas family environment.

Colin, our second son and most independent child, was a year old when we went to England in 1971, and even though we spent a year back in South Africa, he never really had any South African ties before we came to the USA. At college he decided to major in anthropology. He graduated with a paleoanthropology degree in 1993. Unbeknownst to me, he wrote to my old anatomy professor, Professor Tobias, who is the doyen of anthropology, and asked for a field job position in South Africa for 6 months, which Tobias granted him on his own merits. Nine years later, he's still there. He recently married a South African physician, a radiologist. He has recently had his PhD thesis accepted. Tobias has invited me to go back to be capped with Colin so that I can be in the ceremonies with him. Colin is possibly Tobias' last PhD student before his retirement. Having a kid live abroad for the past 9 years is tough. However, we are very proud of what he has accomplished so far away from our adopted home. Going back for his wedding recently to the South African physician, who came from the same medical school I did, was heartwarming. Hopefully, they'll be returning to the USA. He's looking at academic appointments now that he has gotten his PhD, and his wife, Barbara, is looking for radiology fellowships.

My mom now has reached the age where she can't travel to the USA anymore. She unfortunately has early Alzheimer's. The 3 brothers who live here return each year to see her and of course to see Colin. We now take our American friends to travel with us in Africa. We've been doing that every year for about 7 years, mainly to see Colin.

WCR: *What does Keith do?*

MAM: He is 34 now and is a writer. He went to William and Mary College on a tennis scholarship and stayed there for 2 years and then did his last 2 years back here at Southern Methodist University. After a spell at Harvard he returned to Dallas to get a master's degree at the University of Texas at Dallas in English and philosophy. He then worked for the *Athens Daily Review* in Athens, Texas. Keith is the glue of the Menter family. Everybody who's ever had a problem in the Menter family goes to Keith, a warm, family-nurturing young man.

About 2½ years ago he enrolled in the creative writing program at the University of Nevada-Las Vegas, a program with writers, professors, and folk from around the world. Many of the teachers in residence who go there are dissident writers from developing countries. One of his close friends is a Nigerian who won the Nobel Prize for literature. Keith teaches part-time, is an administrator part-time, and is getting another master's degree. Now he has a lovely girlfriend, Jenny. It will be interesting to see what he does in the future. Keith has carried a small dictionary around with him since childhood, and every word he does not know, he looks up and writes down. He's exceptionally bright and compassionate.

WCR: *Where did Kerith's name come from?*

MAM: Pam found the name in James Michener's book *The Source*. Pam is a voracious reader and has run a monthly book club for 27 years in Dallas.

Kerith is the Texan in our family. She was 9 months old when we came to Dallas. She delights in turning on the Texas accent when guests come from abroad. She's my other love. Because I grew up with 3 other boys, never had a sister, and then had 2 sons, Kerith has been an absolute delight from the day she was born. I don't think Kerith and I have ever really had a cross word in 27 years. She is currently finishing her undergraduate work. She went to college for 2 years and then joined the workforce, becoming a store manager for Gap. Last year, she returned to college as a junior at Texas Woman's University in Denton. She's got a significant other, an architectural student, Chris. I've never had any concern about Kerith making it in the world because she is the warmest person you could ever wish to meet. Kerith will walk into a room of strangers, something I can't do, and immediately chat with everybody. She's gorgeous inside and out and a true sweetheart.

WCR: *What is your day-to-day life like now? What time do you wake up in the morning? What time do you leave for the hospital or your office? What time do you leave your work in the afternoon? What time do you get home? What time do you go to bed? What do you do in the evenings for the most part?*

MAM: Particularly in the past 3 years, my life has become busier than ever because of my psoriasis research and interest, particularly with all the new biologic drugs that are pending approval. We're going through a genetic revolution in psoriasis, and there aren't enough of us who have an interest in psoriasis. I normally wake every day at about 5:30 AM. I am at the office by 6:30 to 6:45 AM. I still come to Baylor every Tuesday morning at 7:00, either to see research patients or go to grand rounds. I normally start seeing patients, if I'm not doing research, at 7:30 AM. I usually have 15 minutes for lunch.

WCR: *You see your psoriasis patients where?*

MAM: In my private practice now. The Baylor psoriasis day care center was closed because most of the patients had been transitioned to systemic therapy. The people who used to stay all day in the clinic are now taking methotrexate, cyclosporine, and all these biologic drugs, so they no longer have to be in the hospital or in a day care center. I start my psoriasis clinic at 7:30 AM and see my last patient at 6:00 PM. Then I have research teleconferences or do paperwork or computer work at my desk. I usually leave the office for home about 7:00. It is a long, busy day. But I've got a wonderful support staff, some of whom, like Susan Futch and Chris Mullins, have been with me for over 15 years, and I've got 2 wonderful and supportive partners, Jennifer Cather and Bill Abramovits. I still haven't dropped my clinic load; if anything, it's busier than it's ever been. I'll see about 50 patients in a day, but that's with a whole team of psoriasis specialists: a nurse practitioner, Melodie Young, and 2 expert RNs, Mary and Joy, who are totally dedicated to our psoriasis patients.

WCR: *What about general dermatology?*

MAM: I also start at 7:30 AM, and I'm equally busy. It's not quite as intellectually draining because I'm doing more surgery, taking off skin cancers or freezing warts or taking off moles, etc. I have more time to chat with my patients, whereas with psoriasis, people are being sent in from hundreds or thousands of miles

away to our specialty clinic. To some extent, we are the last-ditch place for these people. Many times, dermatologists don't want to fuss with a difficult case of psoriasis. I've developed wonderful relationships with our psoriasis patients. I see them every couple of months and become close to them and their families.

WCR: *How much time do you take with a new psoriasis patient?*

MAM: Between all of us—the nurse practitioner, the 2 nurses, and myself—we have protocols now for every treatment. If a patient needs 6-thioguanine or methotrexate or cyclosporine, for example, we have a specific diagnostic and therapeutic protocol for that. We've got it down to a well-organized routine. The amount of actual time that I give face to face to a new patient may be up to 20 to 30 minutes, but that patient will spend 60 to 120 minutes in our clinic.

WCR: *What amount of time do you spend with new patients in your general dermatology practice?*

MAM: About 15 minutes. Dermatology is high volume. If patients come in with a laundry list of 10 lesions and 5 different rashes or want their toenails examined or want moles all over their body checked, that may take longer (20 to 30 minutes).

WCR: *You're at your office about 12 hours a day.*

MAM: Yes.

WCR: *Despite your very large private practice for years now, you've been able to continue your academic endeavors. You continue to publish. When do you write papers?*

MAM: Nights and weekends. My partners, Drs. Cather and Abramovits, have been wonderful. Both share my intellectual curiosity, do a lot of clinical research, and are nationally recognized in their individual areas of interest. It's difficult in dermatology to find people who want to combine clinical dermatology with research. Jennifer, Bill, and I together have probably published nearly 20 articles this past year. We help each other research-wise. Jennifer, for instance, recently gave grand rounds at the University of Texas at Houston, at Baylor, and at Columbia, Missouri. The 3 of us run a private practice but with a lot of intellectual stimulation at the same time.

WCR: *What are your weekends like?*

MAM: At the moment, during 2 or 3 of the 4 weekends I'm on the road traveling to research meetings or giving talks. That schedule began in the past 2 or 3 years. When the kids were home and in college and I was coaching soccer, I seldom traveled on the weekends. Now that the kids are gone, Pam fortunately comes with me on some trips. She's also comfortable with her circle of friends when I'm away. I have flown to Japan or Europe and returned within 36 hours. I refuse all lecture requests out of town during the week because I cannot afford the time away from the clinic and research. I see research patients in between my clinic patients every day.

I yearn for free weekends. I'd absolutely love a free weekend at home with Pam. Last night, for instance, Pam and I went out and had sushi together, the first time we'd done that in weeks. But we try and do that once a week. My weekends at home often are spent at my desk.

We have a little house that we adore at Cedar Creek Lake, and we go there when possible. It's an hour from Baylor. The kids love it; it's kind of a summer home for them when they come home. Unfortunately, I don't get there enough. We've had it for

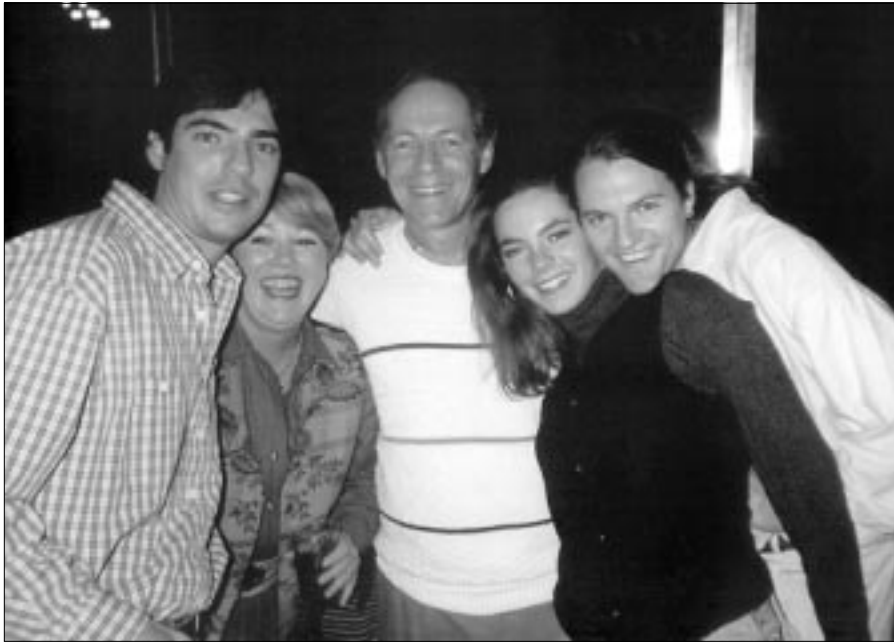


Figure 12. The Menter family in 1994 on vacation in Santa Fe. Left to right: Keith, Pam, Alan, Kerith, and Colin.

20 years. Occasionally, we get out in the boat and just loaf around and have a barbecue. I also still jog 3 or 4 nights a week.

WCR: *How much do you run a week?*

MAM: About 12 miles a week. I love tennis but seldom play tennis now, even though we have a tennis court at the house. Keith played tennis in college, and so there was always a tennis game being played at the house. It's quicker and easier to jog for 30 minutes than to play tennis for 90 minutes. I'll work out on the treadmills if the weather is bad.

WCR: *So you keep your body in pretty good shape.*

MAM: I try. I ran the 8-mile Turkey Trot last week for the first time in a while.

WCR: *Do you have time for nonmedical hobbies?*

MAM: No, unfortunately.

WCR: *Do you read much? You mentioned that Pam reads voraciously.*

MAM: Not much. We go away each year to Cabo San Lucas in Baja California, Mexico, for the first 10 days or so each year. We discovered it about 10 years ago. I read nonmedical works during vacation.

WCR: *How much time do you take off a year for vacation?*

MAM: I often build time around international talks. Two or 3 weeks ago, I gave a talk in Taiwan to the Chinese Dermatology Society. Pam came with me, and we stayed 4 days after the 1-day meeting. Then I had a day's work in London, and we spent 4 days in London. I do that a couple of times a year and then take about 2 to 3 weeks in addition to that (Figures 12 and 13). We've had a wonderful traveling group with 3 other couples. It started off 20 years ago as 4 couples who enjoyed tennis. We'd go down to Lakeway in Austin and play tennis for the weekend. Now, once a year for a week, the 4 couples go other places: to Tuscany, to Burgundy on a barge trip, etc. We all save \$150 a month in a "kitty" for trips.

WCR: *You keep a pretty busy schedule. You are now 61 years old. How long are you going to be able to continue this pace?*

MAM: When I turned 55, I said I'd do it for 5 more years. When I turned 60, I said for 5 more years. I love my work. But I don't have enough time to do all the things I want to do.

We're in the most exciting time ever in psoriasis. The first biologic drug has just been approved, and we'll have another 4 out in the next 3 years. I'm very involved with all the companies that produce these drugs. I don't have stock in any of the companies, but I'm very involved in clinical research and in giving talks for them. I think I will go full steam ahead, if my health holds, for another 5 years. Then, I'd like to take a day a week off just to write, so I don't have to do it at night and on weekends, and then cut back to seeing patients 3 or 4 days a week and doing research a day or 2 a week.

I'd like to spend more time at Baylor. I've told Mike Emmett that. Baylor is my intellectual home, the place I feel warmest and most comfortable. In my view, closing the

psoriasis center was a mistake because good clinical research cannot be done without a good clinical base. We took the psoriasis clinic into our private office, so now I am at Baylor less. I love coming to Baylor on Tuesday mornings, but that's not enough. I would like to spend a day a week at Baylor seeing hospital consults and teaching. I still work at the indigent clinic at Baylor once a month, and I love that. I do some teaching at Baylor. I also miss having the residents around me on a daily basis. But you can't be all things to all people.

I'm an avid political reader. I read several newspaper columnists religiously. I read *Foreign Affairs* every month. I collect first-edition books on African explorers. Everywhere I go, I go to antique bookstores searching for them. I just picked up a first edition of Churchill's book when he was prisoner of war in South Africa at the turn of the century. I enjoy that, but I'd like more time to read them rather than simply collecting them.

WCR: *How much sleep do you need each night to feel decent the next day?*

MAM: I exist well on 5½ hours of sleep a night. If there's an East Coast telephone conference, I'll schedule that at 6:30 AM Central Time; if it's a West Coast telephone conference, I'll schedule it at 7:00 PM Central Time. I spend about 2 hours at my computer at night at home. The last thing I do before I go to bed every night is read the *New York Times*. I get into bed at about 11:00, read the *New York Times* until 12:00, and then wake up at 5:30 or 5:45 AM. I can do that provided once a month I can get a good 8 hours of sleep.

WCR: *Alan, what's your home like?*

MAM: I love our home. Pam is the "go-to" person when it comes to that. I think the reason I stopped engineering was that I could not visualize in 3 dimensions. I needed things in 2 dimensions, not 3 dimensions. We bought an old home in Preston Hollow that was a teardown 20 years ago with 2 acres of land, a half-acre pond, and numerous trees—a little oasis. We gradually built it up and are in the throes of our final redo of the house



Figure 13. The Menter family in 2003 on vacation in Cabo San Lucas. Left to right: Keith, Pam, Alan, Colin, and Kerith.

under Pam's direction. It's got all the space we need. We'd likely never leave it because I love the trees, the ducks, the birds, and the expansive spaces. The rambling home is not opulent, but it is remarkably comfortable.

WCR: Alan, is there anything you'd like to talk about that we haven't touched on?

MAM: The one hobby we have not discussed is my love of wine. When we did the big redo 5 years ago, I said, "Pam, I'm happy to be part of it and help fund it provided I get a wine room." She helped me design our wine room. I spend a lot of time reading about wine. I've always enjoyed wine; South Africa has a very nice area (Stellenbosch), and when I go there or to France or Italy, I spend time in the vineyards learning about wine. All our kids and Pam share my love of wine. When the kids come home, we often have wine tastings. We enjoy it. I'm not a wine expert, but I'm slowly learning more about the wines of the world and have a cellar that I'm slowly building up. In the years ahead I hope my friends will enjoy our wines.

WCR: How many bottles do you have?

MAM: About 1000.

WCR: Mainly red?

MAM: Ninety percent red. We'll drink a little bit of white casually and socially. But I love pinot noir and Burgundies.

WCR: You'll have a couple of glasses of wine every night?

MAM: Yes, most nights 1 or 2—to benefit my heart, of course!

WCR: Alan, this was great. Thank you for sharing your life so openly with me and therefore with the readers of BUMC Proceedings.

MAM: It's been a delight, and thank you for the opportunity.

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