J. B. Howell, MD: a conversation with the editor

Dr. J. B. Howell was born in Winnsboro, Texas, on September 9, 1914. He graduated from Baylor University in Waco, Texas, in 1935, and from Baylor University College of Medicine in Dallas, Texas, in 1939. He interned at Baylor University Hospital, beginning in July 1939. Then he did a 5-year preceptorship with Dr. Bedford Shelmire in his office practice. While enrolled in a postgraduate course at the New York Skin and Cancer Hospital, then affiliated with Columbia University, he also worked in the office of Drs. Sulzberger and Baer, who had evening hours for practice. As the final elements of his training, he spent a month in the office of Dr. Clark Finnerud in Chicago and 6 weeks in the section on dermatology at the Mayo Clinic in Rochester, Minnesota.

Dr. Howell entered private practice in Dallas in October 1946 and practiced until November 1997. During much of the 51-year period, he was clinical professor of dermatology at The University of Texas Southwestern Medical Center. In addition to being in private practice, Dr. Howell has published 61 articles, most in peer-reviewed medical journals, and has been active in many dermatological societies: vice president (1978), president (1979), and honorary member (1997) of the American Dermatological Association (1997); honorary member (1991) of the American Academy of Dermatology; honorary foreign member of the British Association of Dermatologists and the Irish Association of Dermatologists; and corresponding member of La Societe Francaise de Dermatologists and de Syphiligraphie. For his efforts he has received a number of awards, including being elected a fellow of the American College of Physicians in 1990 and the Royal Society of Medicine in 1993. He founded the Dallas Dermatological Society in 1947 and was elected honorary member in 1999. In 1987, he received the Master in Dermatology Award and the First Gold Triangular Award from the American Academy of Dermatology, recognizing excellence in public education of dermatological issues. In 1987, he received the Dermatology Foundation Practitioner of the Year Award. In 1999, he received the Skin Cancer Research Achievement Award from the American Skin Association.

Dr. Howell and his wife have been married for 59 years (Figure 1). They love travel and have done much of it, usually in conjunction with medical meetings. They have an eye for paintings and donated the artwork on the 17th floor of Roberts Hospital. They both also love music. One of Dr. Howell's hobbies is collecting unusual ties made by Sulka, Roberta, and Hermes. He is one of the finest students of medicine I have encountered. He

Figure 1. Fifty-ninth wedding anniversary, February 5, 2000.

has kept in good shape through the years by cycling, walking, and climbing the stairs to his eighth-floor office 2 to 3 steps at a time 3 or 4 times a day. J. B. is simply a splendid human being.

William Clifford Roberts, MD (hereafter, WCR): *I am in my home with Dr. J. B. Howell on Monday, January 31, 2000. Dr. Howell, I appreciate the opportunity to talk with you. Let me begin by asking you to recall some of your early memories. What was it like growing up in Winnsboro, Texas? Could you describe your parents, home life, and siblings?*

J. B. Howell, MD (hereafter, JBH): Winnsboro was a wonderful town of approximately 2000 people, who were friendly and helpful and had many advantages and few disadvantages. One thing I enjoyed so much was the different occupations of the

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people. We had a dairy; a shoe repair shop; a candy factory; ice manufacturing and pottery plants; a hat-making enterprise; a National Guard rifle company (Company K 144th Infantry), which interested me very much; and 2 blacksmith shops. There were 4 Protestant churches. We attended the First Baptist Church from the time I was a child until college in 1931.

My father had a modest education. He initially worked in East Texas sawmills, where pine logs were processed into lumber. Later, he was a merchant whose store outfitted peddler wagons for farmers in rural areas. Then the roads were poor and few were paved. Automobiles were not common at that time. The rural mail carriers interested me. I thought it must be great to have a job as a rural mail carrier because you'd get to buy a new car every year because of the bad roads. Winnsboro was a lovely place to live. I appreciate the town and people more now than I did as a youth.

WCR: *What larger town was close to Winnsboro? How far were you from Tyler or Longview?*

JBH: Tyler was 50 miles south. Longview was about the same distance east. Longview was not a large town in the 1920s. The oil boom in the 1930s accounted for its growth.

WCR: *You were born in 1914 just at the beginning of World War I and the opening of the Panama Canal. What was your mother like?*

JBH: My mother was a wonderfully generous individual, a hard worker, and quite thrifty. She was from a family of 9 children. My grandfather on my mother's side was a farmer and had been a Confederate soldier. She taught school for a few years, but after my birth she did not work outside the home.

WCR: *There were 2 children, you and your sister?*

JBH: Yes. My parent's first child died shortly after birth, maybe a crib death.

WCR: *Were you close to both your parents?*

JBH: Yes.

WCR: *What was your father like?*

JBH: He was very strict, hard working, intelligent, and self-educated. He worried that he wouldn't be able to accomplish his goals. He was very appreciative of my sister and me. We were wanted children. He worked diligently to save enough money to send my sister and me through college. This was the 1930s, the era of the Great Depression. Now I realize how fortunate we had been to be able to attend college and medical school at that time because many of my classmates in high school didn't have that privilege because of lack of money.

WCR: *How many students were in your high school?*

JBH: I would guess about 200, i.e., 50 in each of the 4 classes.

WCR: *What about grammar school?*

JBH: About the same.

WCR: *Did you have a separate class in grammar school for each grade or was there more than one grade in a class?*

JBH: We had separate classes for each grade.

WCR: *What was home life like? Did you have a lot of jobs as a kid?*

JBH: We lived in a rural area for 5 years. My father owned a 10-acre farm and worked as a collector for the First National Bank. The house was a mile from town, so I usually walked to and from school. We didn't have running water, but we had a well. Most people living in rural areas had a well. We raised vegetables, peaches, and cotton and had a cow, a mule, and chickens. There was no electricity or indoor plumbing. Nevertheless,

we were comfortable. We had plenty of food and clothing. You learn to enjoy what you have.

WCR: *You had an outhouse?*

JBH: Yes.

WCR: *You read by candlelight?*

JBH: No. First we had kerosene lamps and then the Aladdin lamp with a very bright light. My aunt had a cream separator. For me, the Aladdin lamp and cream separator were 2 spectacular inventions for that time.

WCR: *Most of your food was grown on the 10 acres of your farm?*

JBH: No, just a small part in the garden. We purchased most of our food from the grocery stores.

WCR: *Did you feel the Depression firsthand in the early 1930s?*

JBH: Yes, times were difficult. People had to give up their telephone service and many other things. No one in Winnsboro was without food because of the generosity of the people and because many had a garden, a cow, and chickens. But, we had to be very thrifty. If I spent 15 cents when I was allowed to go to town, that meant a nickel was wasted. Ice cream cones, Mars bars, and Cokes were each 5 cents, the movie 10 cents or 25 cents if you were >12 years of age.

WCR: *You didn't have a bicycle as a child? You had to walk to town?*

JBH: Yes. We had sandy roads, so you couldn't ride a bicycle in the sand. I didn't have a bicycle until the 1950s.

WCR: *I gather that it was your mother who probably pushed your education more, or was it both your mother and father?*

JBH: Neither one pushed my education. I wasn't a serious student during most of high school. I regret that I didn't read more at that time. We had one of the Carnegie libraries so books were available, but we weren't pressed to read a great deal. That was a mistake in retrospect. Both my sister and I were self-motivated to seek an education. My parents provided the funds, but my sister and I had the desire for a college education.

WCR: *What did you do after school, let's say in junior high school or high school? Did you have jobs? Or did you play sports?*

JBH: Jobs were very few unless you had a relative who needed a laborer. One of the coveted jobs was to be a "soda jerk" because that's where the action was, but there were only 2 drugstores in town. My best job was at Penny Brothers, a 5- and 10-cent store. On weekends and during the summer, my tasks were that of handy man: stocking display counters, preparing the ice water cooler for the farmers, sweeping the aisles, fetching the mail from the post office, and handling sales. That was an enjoyable job. The manager of the store appreciated my work, and I was privileged to work from 6 AM to 10 PM, earning an extra 50 cents for working from 6 PM until 10 PM, a total of \$1.50 a day.

WCR: *As you were growing up, did you milk the cow?*

JBH: I learned to milk, but this wasn't a regular chore, and I was never an efficient milker.

WCR: *Did you take care of the chickens? Did you have a lot of chores around the house?*

JBH: Yes.

WCR: *When you and your sister and your mother and father had dinner at night, what was that atmosphere like? What did you talk about?*

JBH: It was enjoyable. We talked about current events and news about the people of the city. After that we usually sat around

the fireplace. My father would read mainly magazines and the newspapers. He was very interested in world events. My sister and I usually played games.

WCR: *Even though your father didn't get very far in school, he read a lot?*

JBH: Yes, he read a lot. He was an intelligent individual, talented and self-educated. After he sold the store, he was made collector for the bank for a number of years. When automobiles became popular, he financed cars, and he was president of the local building and loan association that made loans to people planning on buying or building a new house.

WCR: *How old was your father when he died?*

JBH: 64.

WCR: *What about your mother?*

JBH: 83.

WCR: *Is your sister alive?*

JBH: Yes, she is 82. My father smoked cigarettes for many years. He gave me \$1000 if I wouldn't smoke until I was 21. I never smoked.

WCR: *My mother gave me \$100 to do the same thing! Does your sister smoke?*

JBH: No.

WCR: *But your daddy was a heavy cigarette smoker?*

JBH: Yes.

WCR: *Did your mother smoke?*

JBH: No.

WCR: *You went to church every Sunday when you were growing up?*

JBH: Yes.

WCR: *How did it work out for you to go to college? You went to Baylor University beginning in 1931?*

JBH: Yes. My father paid for our education. He saved so that both my sister and I could go to college.

WCR: *Waco was how far from Winnsboro?*

JBH: About 225 miles.

WCR: *How did you get there?*

JBH: By car.

WCR: *So your father had a car by that time?*

JBH: Yes, since the early 1920s.

WCR: *Did you work during college?*

JBH: Yes, during the senior year in the library—returning books to their proper place. I didn't work in the sense of working to pay the cost of my education.

WCR: *How many students were at Baylor University in Waco in 1931? How many were in your class?*

JBH: The enrollment was small because of the Great Depression. In 1932 there were <1000 students in the spring term. The classes also were small—30 to 50 students. They weren't able to pay the teachers their entire salary and gave script (IOUs) for part of their salary until money became available.

WCR: *Why did you decide to go to Baylor University?*

JBH: I wanted to become a doctor and attend Baylor University College of Medicine in Dallas. That's the reason I went to Baylor, Waco—for the premed program. Baylor had the simplest, most straightforward catalog to review. That was a plus, but I would have gone there anyway.

WCR: *Waco was quite a bit bigger than Winnsboro. How big was Waco when you went there in 1931?*

JBH: I was concerned about getting lost the first time I went to town from the campus (Brooks Hall). Waco wasn't a large city, but it was large to me. Waco had 1 high-rise building, the Amicable Building, which had an elevator. I had never ridden on an elevator before. It was an exciting ride for a country boy.

WCR: *Your father must have been awfully proud to be able to drive you to Baylor University, particularly since he was unable to go to college himself.*

JBH: He was pleased.

WCR: *How did you get interested in medicine? You wanted to go to medical school even before you entered college?*

JBH: Yes. In evaluating the different occupations in Winnsboro, medicine seemed to be the most exciting of all. We lived next door to Dr. Vickers, one of the 4 physicians. We were friends. He allowed me to go with him on house calls, to lance a boil on a patient who came to his house after office hours for example. Medicine always fascinated me, and being able to help sick people appealed to me. While in college one summer, my sister and I operated on 3 cats: 1 died from the anesthetic; I did a laparotomy on the second one to remove the appendix, but of course cats don't have an appendix (this cat survived); I removed a kidney from the third cat. You can pick up a skinny cat and feel the kidneys below the spine. I removed 1 kidney and the cat recovered uneventfully and lived. These events stimulated my interest in medicine even more.

WCR: *You said you didn't study too hard in high school.*

JBH: I was in the top 20% of my class, but I was an average student except in history, my favorite subject.

WCR: *When in college you really got interested in studying?*

JBH: College was more difficult, and there I formulated proper study habits. In my junior year I had hypothyroidism, which made concentration and study difficult. That was a stress-filled year. The diagnosis of hypothyroidism wasn't established for >6 months. I made the dean's list during my senior year, taking an extra course to prove that medical school was still possible.

WCR: *I gather that your next-door neighbor physician was a general practitioner?*

JBH: Yes.

WCR: *How far was his house from your house?*

JBH: About 25 yards.

WCR: *You lived close enough that you had a good handle on his daily activities? You saw patients come to his house. Is that where his office was?*

JBH: No, he had an office in the downtown area. When somebody was sick after his office hours or on holidays they'd "drop in" his house, even on Christmas.

WCR: *How many doctors did you have in Winnsboro?*

JBH: Four. One, the brightest of his class, became an alcoholic and had few patients. Two were general practitioners and one, a surgeon who had a small hospital. One of my earliest memories (at age 3 years) was having my tonsils removed in his hospital with drop ether as the anesthetic. The feeling of suffocation was unforgettable.

WCR: *You started remembering things when you were 3 years of age?*

JBH: Yes. Also, I remembered the end of World War I at age 4. All of the church bells rang, the sirens sounded. It was a memorable day.

WCR: *Were there any teachers in junior high or high school or college who had a particular impact on you?*

JBH: In high school, a splendid history teacher. History has always been a favorite subject. One of my cousins taught geography, another subject of great interest.

WCR: *What about in college?*

JBH: College at age 17 was a happy time, a delight that helped me mature and fill many gaps in my education. There was much that needed to be learned! I was privileged to go to Europe in 1933 with 3 recent college graduates. I had finished my sophomore year. One of the senior's fathers was later my professor of German, Dr. J. E. Hawkins. He became a very dear friend, somebody who encouraged me. We were informed that German was useful for those with plans for a career in medicine. Although I was not talented in languages, Dr. Hawkins made German a very enjoyable study. Dr. Hawkins' family lived in Munich for 2 years while he learned the language at the university, and then they moved to Wisconsin so he could complete work for his PhD. His son, Elmer, and I have also been friends for a lifetime. Elmer is brilliant. He finished Baylor University in 3 years at age 19, earning a BA in chemistry. The professor of chemistry, Dr. W. T. Gooch, never gave an A-plus grade (Baylor's highest mark) in chemistry. At graduation, Elmer had earned 26 A plusses and 10 As. He received a scholarship to Brown University for his MA and then became a Rhodes Scholar. He was a stimulus and role model.

On this 1933 trip we sailed from Galveston on a freighter, *The Waban*, one of Lykes Brothers' World War I surplus vessels that transported cotton from Texas to Europe. This was a 3-week journey from Galveston to Le Havre, France. We spent the entire summer in Europe. I was privileged to go partly because of my life's savings of \$350. My folks allowed me to use this money to pay my expenses for the trip.

WCR: *The trip in the Lykes Brothers' ship from Galveston to France cost you how much money?*

JBH: Seventy-five dollars round trip! This came about because one of Dr. Hawkins' friends used Lykes Brothers to transport his cotton. Dr. Hawkins also conducted European summer tours. Seventy-five dollars was only a token payment. The freighter wasn't luxury-class travel, but the voyage was most enjoyable. Over and back we were given an opportunity for time at the wheel steering the vessel. We learned how to determine the position and progress of the ship on maps. This was an exciting experience.

WCR: *For someone who grew up in a town of 2000 people and then lived in Waco and had never traveled, it must have been a real eye-opener for you to see the sophistication of Europe.*

JBH: It was. The year we traveled, 1933, was the year Hitler came to power in Germany. Elmer Hawkins, having gone to school in Munich, could speak the language extremely well. We visited some of his school friends who were in one of Hitler's youth camps. Instead of saying "good morning" or "hello," the people said, "Heil Hitler." We didn't recognize the significance of their enthusiasm but sensed that the German people were very much enamored with Hitler and ready to follow him rather blindly.

WCR: *What cities did you visit during those 3 months?*

JBH: We landed at Le Havre, France, and then went to Rouen for the day and to Paris for a week. There, I attended my first opera, *Faust*. Then we went to Brussels, Bruges (the Venice

of the North, with many canals), and Ghent. We took a train to Cologne and Aachen, Germany, and then took a boat on the Rhine to Koblenz and Mainz. Next we traveled to Bern, Interlaken, Lausanne, and Lucerne, Switzerland, and to Freiburg in the Black Forest of Germany. We spent a week in Munich. The Wagner Opera Festival was there at the time, and we visited with Hawkins' friends. There Hawkins got a baby Dachshund to take home. We then went by train to Hannover, Bremen, and Bremerhaven, where we boarded the ship for the States. The freighter, however, went to Rotterdam for a week, to London for 3 days, and to Tampico, Mexico, before landing in Corpus Christi, Texas.

In Rotterdam we rented bicycles—my first experience riding a bike—and made a round-trip visit to The Hague (19 miles). The following day we rode to Amsterdam (50 miles) to see the Old Masters' paintings at its famous museum. There were special roads for bicycles in Holland. Riding with the wind at your back was fun, but riding against the wind was strenuous work.

WCR: *That's when you became interested in art?*

JBH: Yes, at the Louvre in Paris and at the Amsterdam city museum that featured the Old Masters of the Dutch school—Rembrandt, Rubens, Hals, and others.

WCR: *Had you ever been into an art gallery before?*

JBH: Not until visiting the Louvre in Paris.

WCR: *You must have come back to the USA a changed person.*

JBH: Yes. This was a tremendous educational experience. It made me appreciate our country very much. This was 1933 when Roosevelt was president. He introduced the New Deal and the National Recovery Act, among others.

WCR: *How did you get from one city to another in Europe?*

JBH: By train.

WCR: *Where did you stay at night?*

JBH: In hotels, inexpensive then.

WCR: *When you came back to begin your junior year at Baylor University, hypothyroidism appeared?*

JBH: Yes.

WCR: *Why did your thyroid gland quit functioning properly?*

JBH: Perhaps improper diet that summer. I have no idea. I had hypothyroidism then, and in the 1950s, thyroiditis with Graves' disease. Usually it's the opposite, thyroiditis first and, later, hypothyroidism. I thought I had a malignant disease and I was going to die because of weight loss, ankle edema, muscle weakness, and tachycardia. The diagnosis of hypothyroidism was not made for months. The same thing happened with the diagnosis of Graves' disease.

WCR: *Was college a pleasant experience for you?*

JBH: Very pleasant, after the illness in my junior year.

WCR: *Did Baylor University at the time have fraternities and/or sororities?*

JBH: No.

WCR: *How many people were in your senior class?*

JBH: I guess about 100.

WCR: *Was it hard to get into medical school?*

JBH: Perhaps not, but to stay in, yes.

WCR: *Tell me about Baylor University College of Medicine in 1935. How many were in your freshman class, for example?*

JBH: About 120. In those days the first-year class was relatively large, but about 20 or more would not make it to the senior year—perhaps a relative wanted them to be a doctor, they

found the studies too difficult, they weren't truly interested, or they had financial or health difficulties.

WCR: *In 1935 there were only 2 medical schools in Texas: Baylor in Dallas and the University of Texas in Galveston?*

JBH: Right.

WCR: *Did you apply to Galveston also?*

JBH: Only Baylor. I wanted to go to Baylor University College of Medicine. I thought it was the better of the 2 schools because of the clinical material and faculty and because Dallas was a larger city. Galveston, however, was a first-rate school.

WCR: *Do you remember how big Dallas was in 1935?*

JBH: I wasn't interested in those statistics at the time, but it was a sizeable city (about 200,000).

WCR: *What was Baylor University College of Medicine like in 1935, and how did you become interested in becoming a dermatologist?*

JBH: We had some excellent teachers. Before the freshman year started, I went to summer school and took a histology course to see what being in medical school was going to be like. We had an excellent professor of histology and embryology, Dr. Duncan. It was an enjoyable summer. In the fall, the studies were most interesting but required intense study and much time. I did well. The sophomore year was particularly difficult. I had never studied so many hours in all my life. Everyone studied at the fraternity house from about 7:00 PM to about 1:00 AM. Then I usually took a shower and slept until time for the 8:00 AM class. Pathology was particularly difficult but enjoyable. The clinical years were excellent. Home deliveries were part of the obstetrical service. When on call on outside obstetrics, you needed to be ready to go anywhere in town. You and a classmate were responsible for the delivery. If there were any problems you called the chief resident, who came to assist with the delivery.

In the junior year, I became interested in skin diseases because of Dr. Bedford Shelmire, a marvelous and exciting teacher. He was funny without effort, amusing like Will Rogers, and an excellent investigator. He was interested in poison ivy dermatitis, the model for understanding contact dermatitis. There were many wrong ideas about the poison ivy plant and the eruption it produced. He was interested to know if oral drops of a concentrated poison ivy extract increased tolerance or desensitized the patient. He needed to do patch tests on volunteers in his research, and I was one of his volunteers (because I was very sensitive to poison ivy). We became friends.

During our senior year, we could have an externship at one of the local hospitals. I had an externship at Bradford Memorial Hospital, a pediatric hospital. (It has since closed.) I spent time there after classes and during the summer and holidays. My folks had encouraged me to specialize. "You don't want to be a general practitioner. Look at Dr. Vickers, gone all

the time, a tough life." I knew Dr. Wright, an ear, nose, and throat specialist from Winnsboro, who was associated with Dr. Edward Cary, probably Dallas' most outstanding physician. Dr. Cary had been dean of Baylor University College of Medicine. He also was responsible for launching Southwestern Medical School and for its success. He was past president of the American Medical Association. Ear, nose, and throat was a specialty a community of 50,000 to 75,000 people could support. I was apprehensive about doing well in a larger city.

While seeking faculty member advice regarding applications for residency in ear, nose, and throat, Dr. Shelmire asked me if I would like to take a preceptorship in his office. He had observed that I was interested in dermatology because I attended the dermatology clinics when possible, and he thought I had an aptitude for recognizing skin diseases. He was an examiner on the American Board of Dermatology and a preceptor for training for the specialty. Two years toward requirements for board certification and 2 for practice were available for training in his office. An additional year elsewhere would be needed.

About 8 months after accepting his offer of working in his office, I was called to active duty. We had a ROTC unit at Baylor, and I was made a first lieutenant in the medical corps reserves at graduation. I had always been interested in the military because of the rifle company in Winnsboro. When I was 15, I was a mascot (errand boy) for Company K and went from Winnsboro to Palacios, Texas, for a 2-week camp. This was a great experience. (I had never previously ridden on an air-conditioned train.) I enlisted in the National Guard when old enough and went to camp with this unit 2 years. In medical school, Dallas had a National Guard medical corps unit and I spent another 2 weeks at camp with this unit. The military appealed to me.

Because I'm very nearsighted I was rejected for active duty. I had never heard of anybody being rejected because of myopia. They advised me not to sign a waiver. I found dermatology was the specialty I was searching for and stayed with Dr. Shelmire for 5 years until the end of World War II (Figure 2). Then I went

Figure 2. Housestaff at Baylor University Hospital, 1939. Dr. Howell is second from the right in the third row.

to New York for a 1-year postgraduate course at the skin and cancer unit, which was then affiliated with Columbia University. I went because of Dr. Marion Sulzberger, a friend of Dr. Shelmire's who is considered the most outstanding American dermatologist of the last half of the 20th century. He was a splendid consultant, educator, and investigator. Working with him in his office was an invaluable experience. My pay was only the privilege of learning. We went by car from Texas to New York via Rochester, Minnesota, where I spent 6 weeks at the Mayo Clinic section on dermatology. It too was a marvelous learning experience.

WCR: *How did you like New York City?*

JBH: That was the most exciting and fulfilling year of my life. It was very rewarding and stimulating. In 1945, New York City was the hub of entertainment, sports, and drama. We went to many Broadway plays on weekends. We were fortunate to live in the home of a physician in Forest Hills. The teaching at the skin and cancer unit was superb. The skin and cancer unit was the Yankees of dermatological training.

I also went to Bellevue Hospital to make rounds with Professor Bernard Dattner, a psychiatrist and neurologist. He had followed patients treated for neurosyphilis in Vienna and had learned that the spinal fluid Wassermann test sometimes remained positive after adequate treatment. This was a breakthrough. It enabled investigators, by examining the spinal fluid, to demonstrate that penicillin was the answer for neurosyphilis. A relapse was recognized by an elevation of the cell count, protein, and Wassermann titer of the spinal fluid. Dr. George Pack's Wednesday noon grand rounds on melanoma and soft tissue tumors at Memorial Hospital were instructive. He was one of the leading surgeons and had an interest in melanoma.

WCR: *How far was Forest Hills from Manhattan?*

JBH: It took an hour by subway and elevated train to go from Forest Hills to the skin and cancer unit located at 2nd Avenue and 19th Street near Bellevue Hospital.

WCR: *What was the hospital officially called?*

JBH: It was called the New York Skin and Cancer Hospital. Now it's the Department of Dermatology, New York University Medical Center.

WCR: *You came back to Dallas in 1946 after this additional year in New York. You went into private practice in Dallas. Let me go back a minute to medical school. I gather that when you were in medical school, the entire clinical faculty were volunteers at Baylor University College of Medicine.*

JBH: Yes. The clinical faculty were unpaid physicians who were the leading specialists in the city. The basic science faculty was salaried.

WCR: *What was medical school like? Texas in 1939 was putting out about 200 doctors a year; that was it. Where were the basic science courses actually located?*

JBH: In the area of the present dental school.

WCR: *The buildings where you did your basic science work are not there anymore?*

JBH: Correct.

WCR: *Where did you live when you were a freshman? You mentioned the Phi Chi fraternity house?*

JBH: The Phi Chi fraternity had a lovely 2-story colonial-type white house at 3609 Gaston Avenue.

WCR: *You lived there your entire 4 years?*

JBH: No, only during the freshman and sophomore years. During my junior year, I lived on Swiss Avenue, and my senior year I lived near Bradford Hospital, located on Maple Avenue.

WCR: *You walked to medical school from the fraternity house?*

JBH: Yes. It was only 2 blocks away.

WCR: *Did you have a car when you were in medical school?*

JBH: Students had to have a car their junior and senior years because we needed transportation to Parkland Hospital and for home deliveries on obstetrics.

WCR: *Dr. Howell, I'm trying to get a good picture of what Baylor University College of Medicine was like in the period from 1935 to 1939. What were your clinical rotations like? You mentioned that all of the faculty during the clinical years were people in private practice. Who chaired the departments of medicine and surgery? Could you give a flavor of what it was like to rotate through medicine and surgery during your junior and senior years?*

JBH: Dr. Henry Winans was chairman of medicine. He was a splendid physician, a student of the "Hopkins School," scholarly, someone who read constantly to keep abreast. In his department other physicians lectured on various specialties in medicine. Dr. Gradey Reddick was a gifted teacher and clinician. Dr. C. W. Flynn was chief of surgery. Each subspecialty was represented by surgeons who lectured on their field of interest. The training was good, particularly for those who wanted to do general practice. Those who wanted to specialize received an adequate foundation. The grand rounds and conferences at both Baylor and Parkland were well attended, enjoyable, and informative.

WCR: *During your junior and senior years, you not only spent time at Baylor University Hospital but also at Parkland Hospital?*

JBH: Yes.

WCR: *What was Baylor University Hospital like in 1935 to 1939?*

JBH: Baylor, a teaching hospital, was considered the leading hospital of the area because of the medical school affiliation and because of the high-caliber physicians on the staff. Florence Nightingale Obstetrical Unit, a separate hospital, was built in the late 1930s. It was Baylor's first building with air-conditioning. During my internship (1939–1940) we had conferences there. What a pleasure it was to be in an air-conditioned building in July and August!

WCR: *The old Truett hospital was not air-conditioned?*

JBH: Correct. Air-conditioning came in the late 1930s, i.e., 1938 to 1939, and thereafter.

WCR: *Is the present Truett the same one you spent time in as a medical student?*

JBH: No. The location is the same but most, if not all, of it has been torn down. Some of the fourth-floor laboratories remain.

WCR: *How much time did you spend at Parkland Hospital (at the corner of Oak Lawn and Maple) when in medical school?*

JBH: We were there for clinics, clinical clerkships, rounds, radiology, and surgery. It was our major hospital during the third and fourth years. We had outpatient clinics both at Baylor Hospital and at Parkland Hospital. Baylor had some very good outpatient clinics. Parkland had a contagious disease ward, and in 1938 there was a smallpox epidemic in Dallas. Fortunately, it wasn't a major epidemic.

WCR: *When you went to medical school in 1935 to 1939 there were no antibiotics and no corticosteroid drugs. About the only treatment available for heart disease was digitalis, nitroglycerin, and morphine. There were essentially no drugs for arthritis, except aspirin. How did you treat patients with syphilis at that time?*

JBH: Patients with early syphilis were given a 3-month course of arsphenamine intravenously weekly, alternated with 3 months of bismuth intramuscularly weekly for a total of 18 months. If the spinal fluid Wassermann test was negative, this was considered adequate therapy; if positive, another arsenical was given intravenously for a year or two. Paresis was treated with fever therapy from malaria.

WCR: *You saw a lot of patients with syphilis in your training?*

JBH: Yes.

WCR: *What other diseases were common during your medical school period?*

JBH: Tuberculosis was the one we feared the most. Appendicitis was an important problem if the appendix perforated. If the diagnosis was delayed, peritonitis often followed. People then died from appendicitis. As an intern, I could tell the good surgeons by the way they operated on patients with gallbladder disease. We had several excellent surgeons, but we also had surgeons whose patients commonly had complications after that operation. Influenza, pneumonia, typhoid, malaria, cancer, peptic ulcer, varicose veins with leg ulcers, hernias, burns, polio, and mastoid infections were common.

WCR: *Your internship also was at Baylor Hospital. Was that a rotating internship?*

JBH: Yes.

WCR: *How much time did you spend in surgery during your internship?*

JBH: Probably 3 months.

WCR: *Did you enjoy surgery?*

JBH: Yes, but I didn't think that I was adequately gifted with my hands to do major surgery. I was interested at one time in ear, nose, and throat. I enjoyed, however, the diagnostic challenges of surgery.

WCR: *Who in your class in medical school did you continue to have contact with long afterwards?*

JBH: Ernest Muirhead and I roomed together our freshman year and as interns at Baylor Hospital. He was the top student and later the most gifted physician in our class. He was interested in pathology. He did the autopsy on Elvis Presley and on our professor of pathology, George Caldwell. He was interested in blood banking, hypertension, and kidney diseases. He was professor of pathology at the University of Tennessee and the Baptist Hospital in Memphis. He died recently. My roommate my junior year was Joe Bailey, a close friend. He died recently. He did colon and rectal surgery in Austin. Louis Preston and I were externs at Bradford Hospital. He later became a pediatrician and is practicing in Tennessee.

WCR: *Was Dr. Ben Merrick in your class?*

JBH: He was a class ahead.

WCR: *You enjoyed medical school a lot?*

JBH: Yes.

WCR: *Were you disappointed when Baylor University College of Medicine moved to Houston?*

JBH: Yes.

WCR: *How did that come about from your standpoint?*

JBH: I think it had to do with Dr. Edward Cary's desire to have an outstanding medical school like Johns Hopkins in Dallas, and Baylor University trustees had neither the funds nor the desire to release control. Houston was eager for a medical school. The move proved good for Baylor University College of Medicine and allowed Dr. Cary, through the Southwestern Medical Foundation, to establish the new medical school with the Parkland Hospital affiliation. Dr. Cary, having been president of the American Medical Association, knew the right people to guide its establishment. He was a giant of the medical profession and Dallas' greatest physician to date in my opinion.

WCR: *What was his specialty?*

JBH: Ophthalmology.

WCR: *What do you remember about him? Did you get to know him at all?*

JBH: Just casually. He had a pleasing personality and was highly intelligent, a leader, and well educated. He trained at Bellevue and became a splendid medical politician. He was recognized as a leader in ophthalmology. I talked to him on 1 or 2 occasions about places for training. I was at one time considering ophthalmology as a specialty. He was a patient of Dr. Bedford Shelmire's and requested that a mole on his nose be removed. A local anesthetic was given and the mole was treated by curettage, i.e., shaved off. The curet was put into a solution several times during the procedure, and he later asked, "What was the antiseptic solution used?" Dr. Shelmire told him that the solution was tap water. He thought he was ruined.

WCR: *Tell me a bit more about Dr. Bedford Shelmire. He was the one, I gather, who had the most influence on you, not only in medical school but also in your training.*

JBH: Yes. He was the best-trained and most talented dermatologist in Texas, and probably in the South, and a splendid investigator. He worked with a Mr. Dove on rat mites as the vector for typhus. Like most people who finished medical school in the 1920s and wanted to specialize in dermatology, he went to Europe for a year or more and studied in Vienna, Paris, Berlin, and London. He was a gifted diagnostician. He wasn't as interested in patient care as he was in diagnosis. He contributed more than anyone to our knowledge of contact dermatitis from poison ivy and common weeds, which is key to understanding eczematous eruptions. If you understand contact dermatitis from poison ivy, you understand how industrial exposures like nickel and chrome and exposure from other materials like topical medicaments can produce dermatitis. He also was a world authority on the severe, generalized, debilitating eruptions from weeds that could cause patients to give up farming, ranching, horse training, etc. because the cause was unavoidable and a move away from the farm or ranch was the remedy. Nobody had done as much work as he did on this phase of allergic contact dermatitis.

WCR: *Tell me about some of the poison ivy experiments that you were involved in with Dr. Shelmire. Didn't you burn poison ivy leaves in a garage?*

JBH: First, he needed people to do patch tests to evaluate the concentration needed to determine if a person was allergic to poison ivy. He gathered specimens of specific weeds, extracted the oleoresin with ether, and prepared suitable materials to test for allergies to weeds and poison ivy. In my case, I also was in-

volved in experiments to demonstrate that the smoke produced from burning poison ivy would not produce the dermatitis. Poison ivy pollen contains none of the dermatitis-producing fraction that causes the rash, and poison ivy smoke isn't an airborne cause of the dermatitis.

WCR: *How did you prove that?*

JBH: By exposure to smoke in a closed garage, without a shirt or undershirt, where dry poison ivy shrubs and vines were burning. The smoke did not cause dermatitis.

WCR: *That was pretty gutsy of you. You would take your shirt off, walk into the closed garage where poison ivy leaves were burning, stay there as long as you could hold your breath, and then come back repeatedly. During that time you never got poison ivy?*

JBH: Correct. Nobody did. (Seven medical students participated.)

WCR: *Where was that done?*

JBH: In Dr. Shel mire's garage at his home.

WCR: *Did you spend time at Dr. Shel mire's house?*

JBH: Yes. I was invited there several times.

WCR: *So you really got to know him well?*

JBH: Yes. I worked with him 5 years in his office and was involved in several of his investigative endeavors. He frequently asked my diagnosis when a patient with a rare skin disease came to his office during my first 2 years. When the diagnosis was correct, he would leave in haste and pretend to be disappointed. I was also one of the individuals given poison ivy drops (extract) by mouth for hypersensitization.

WCR: *And what happened?*

JBH: It reduced the severity of subsequent bouts of dermatitis but didn't prevent the rash following adequate exposure. Poison ivy sap is both a primary irritant and a major allergen.

WCR: *When you went into private practice yourself in 1946, did you go in with somebody else or were you on your own?*

JBH: For about 5 years I practiced solo. Then one of my classmates, Dr. Shelton Blair, completed his training and was with me for 5 years after that. Then Dr. Donald Brooking and I practiced together for 42 years.

WCR: *You practiced from 1946 to 1997? What was your work-week like as a rule?*

JBH: I saw patients a full day Monday through Friday and Saturday mornings. When Dr. Blair was working with me, I studied and did clinical research Thursday mornings until 11 AM and on weekends. When Dr. Brooking joined me, we discontinued work on Saturdays. During my last 10 years in active practice, I took Fridays off, during which time I studied medical journals and continued clinical investigation.

WCR: *You've always enjoyed medical activities. You have always attended medical and surgical grand rounds regularly?*

JBH: Yes. Since 1997 I have continued attending surgery grand rounds weekly and skin tumor conferences twice each month.

WCR: *Why do you do that?*

JBH: For the joy of learning, for furthering my interest in melanoma education, and for friendship with some of the brightest minds in medicine—the tumor, transplant, trauma, and vascular surgeons. A surgeon in Queensland, Australia, initiated the campaigns to reduce mortality from melanoma through health education.

Figure 3. Attending the British Association of Dermatologists meeting in Cambridge, UK.

WCR: *You've gone to medical grand rounds regularly through the years?*

JBH: Yes, until retirement in November 1997.

WCR: *You're always involved in educational endeavors.*

JBH: I have attended many dermatology meetings abroad, where live cases were demonstrated. In the 1960s I made several visits to the Holt Radium Institute in Manchester to visit Professor W. J. Meredith and study the "Manchester Method" of radium needle implants for problem lesions of skin cancer. This was in preparation for a book on this method for American dermatologists. The Mohs technique for excising skin cancer proved to be a superior method and made radium needle implants impractical. I attended the summer meeting of the British Association of Dermatologists for 20 years (Figure 3). At their meetings, many rare and unusual skin diseases were presented live. This provided the opportunity to learn about several maladies that I wouldn't have recognized otherwise. Two of these were pits of the hands and feet in the nevoid basal cell carcinoma syndrome, a sign of the symptom complex, and reticulate pigmented anomaly of the folds (benign), another unusual condition presented at a joint meeting of British and French dermatologists in London. A few months after returning home, I had a patient with the latter disease, which resembles acanthosis nigricans, who had been told that this often was related to an internal malignant disease. I was able to recognize this benign condition, which has a specific histopathology, and relieved his anxiety.

I was later introduced to the yellow nail syndrome (thick, yellowish nail plates with overcurvature and slow growth). This entity results from abnormal lymphatic function with persistent edema and is associated with lung problems. Perhaps the most exotic disorder was the fish-odor syndrome, trimethylaminuria, an enzyme defect. The liver enzyme fails to oxidize the trimethylamine absorbed from the gut into a nonodorous form. This condition can be a problem because these individuals smell like rotten fish. I presented such a case from my practice at a Southern Medical Association meeting in Dallas. During the next 5 years, I was called about 2 patients with this rare syndrome. One was a little girl in Houston who'd been expelled from school because she smelled so bad. Diet remedied the situation in both patients. In office practice, unusual and rare skin disorders oc-

cur, a reason dermatology is so fascinating to me. Some can be diagnosed by inspection. The most exciting of all the diseases I have had in practice has been the nevoid basal cell carcinoma syndrome, a familial (genetic) basis for multiple early onset basal cell cancers, usually very destructive.

WCR: *Tell me about that.*

JBH: One of my patients was a school teacher who had many facial skin cancers, which he often neglected because he didn't think he had time to take care of himself until summer vacation. One lesion involved the left medial canthus and was endangering his eye and possibly his life due to extension medially. In early summer, he was able to go to my insistence to the University of Wisconsin to see Dr. Fred Mohs, whose technique of micrographic excision was curative. "My son Charles has the same thing that I had when I was his age," he later told me. Charles, age 12, indeed had tiny papillomatous lesions on his eyelids and face—proven histologically to be multiple basal cell cancers. He was the second of 3 family members with this syndrome.

Working with several dermatologists, dermatopathologists, and oral surgeons and a splendid geneticist, Dr. David Anderson of the M. D. Anderson Hospital, the many facets of this symptom complex were documented. At least 75% of the people with this syndrome have pits on the hands and feet, and they allow recognition by inspection. Dr. Marcus Caro, a Chicago dermatologist, collaborated with me in reporting 4 examples of this symptom complex. This 1959 article was republished with commentary update in the centennial issue of *Archives of Dermatology* as one of 50 landmark articles published during the journal's first 100 years. We recognized that this represented a new syndrome and a new cause of early onset multiple basal cell cancers, which were often very destructive with loss of one or both eyes if neglected. Jaw cysts, skeletal defects of development, and ectopic calcific deposits were frequent associated findings. These tumors were not a locally malignant form of epithelioma adenoides cysticum, as had been reported many times for >50 years.

Later, I became interested in preventive dermatology and worked with Dr. Payton Weary of the University of Virginia in defining disorders that dermatologists should be interested in preventing. He had conducted a 2-year study of screening in rural Virginia for oral and skin cancers. This led to a much more important agenda. Because we had published an article on prevention in *Archives of Dermatology*, I was asked by the president-elect of the American Academy of Dermatology to develop a symposium on prevention for our annual meeting. Out of that grew the idea of secondary prevention of melanoma because this cancer results in the greatest number of deaths of any skin disease. The first screening for melanoma skin cancer in Dallas was at the Texas State Fair a number of years ago. The idea of national melanoma skin screening examinations was suggested to the board of directors of our academy, and the concept was approved and screening started in 1985. There is no primary prevention for melanoma. Prevention of death and disability through early detection and prompt excision is the objective.

WCR: *What about sun safety? Isn't sun-damaged skin a cause of melanoma?*

JBH: That is 1 cause of melanoma, but there are multiple causes, some unknown. No disease has only 1 cause. There is also

a genetic factor. By offering free screening by dermatologists nationwide, we were able to get the public involved in melanoma awareness. In 1995, the idea of skin self-examination for melanoma as the key educational tool for melanoma detection was proposed. Women have Pap smears to detect cervical cancer and self-examination to detect breast cancer, so why not skin self-examination and physician examination to recognize early melanoma? Melanoma Monday, the first Monday of May each year, was established as the day everyone starts the habit of examining their moles and pigmented spots several times each year for melanoma. These are most ambitious and important objectives to improve the nation's health and teach individual responsibility for health.

WCR: *You are to be congratulated for that. Let me ask you a little bit about your day-to-day practice when you were in private practice and it was flourishing. How many patients as a rule would you see a day?*

JBH: There are roughly 2 types of practices in dermatology. One in which you see 50 to 100 patients daily but can't give any patient very much attention. This is very attractive. Those who will get well give you credit. Those who take time and are problems go elsewhere promptly. I was always interested in skin tumors and cutaneous cancer, which required time. Twenty people a day was usually the maximum number I saw.

WCR: *What time did you start your practice in the morning as a rule?*

JBH: 8:30 AM.

WCR: *What time would you leave in the afternoon?*

JBH: Between 5 and 6 PM.

WCR: *It sounds to me like you had some educational activity every day. You'd go to a lecture here or a lecture there or you'd go to the library to read almost daily. Is that about right?*

JBH: I went to a number of conferences, rounds, and medical meetings. I usually reserved the weekends for study, most of Friday and then part or all of Saturday to avoid interruptions.

WCR: *How much time did you take off from your practice yearly?*

JBH: One reason I liked to have an associate was so I could attend dermatology meetings and have a dermatologist assist in the surgical procedures. I didn't take off any specific number of weeks. The longest was 2 months when my wife and I went on a cruise from Los Angeles, around South America, and then back to Los Angeles. I usually took off 2 or 3 weeks a year. I went to England yearly for 20 years for 2 or 3 weeks. I went to many medical meetings where live cases were presented. That was my most valuable form of continuing education in dermatology.

WCR: *Most of the time you took off, you took because of going to a medical meeting?*

JBH: Yes.

WCR: *In your office did you do a lot of skin biopsies?*

JBH: Yes.

WCR: *Did you examine them histologically yourself? Did you "read" your own skin biopsies?*

JBH: No, I always relied on the best available dermatopathologists. At the present time, a dermatologist can become certified in dermatopathology. On occasions I review the slides since correlation of the clinical with the histological is needed for the proper diagnosis.

WCR: *Who did you work with most of the time?*

JBH: Different pathologists. For many years I worked with Dr. Herman Pinkus of Monroe, Michigan, who was one of the most outstanding skin pathologists in this country, and his partner, Dr. Amir Mehrlgan. Later, I worked with Drs. Robert Freeman and Clay Cockerell of Dallas and with Dr. Ken Hashimoto of Detroit, Michigan.

WCR: *You would send your biopsies anywhere in the country?*

JBH: Yes. It depended on the disease under study. There is no substitute for an excellent dermatopathologist. Pathologists are invaluable. Diagnosis may depend on correlation of clinical and microscopic findings. A difficult problem is knowing if a pigmented lesion is malignant or not and also distinguishing lymphoproliferative diseases.

WCR: *Dr. Howell, how did you get interested in paintings? Tell me about that.*

JBH: I had an art dealer as a patient. He said, "Howell, you ought to have some paintings for your office. Your patients will find them enjoyable." I knew he was trying to make a sale, but this was an honest art dealer. He was not a used car salesman. I had observed earlier that the Mayo Clinic was like the "Neiman Marcus" of medicine. They had beautiful buildings, exquisitely furnished with the finest equipment and surroundings, to complement their outstanding physicians. Exterior beauty gives a psychological lift to patients. If you practice in pleasant surroundings, it is a plus for everyone. I became interested in art and learned to distinguish good paintings from ones of lesser quality. Diagnosing skin diseases and viewing paintings have much in common. Both involve discriminating observation. When in Europe I went to many art galleries, including those where paintings were sold.

WCR: *How many paintings have you actually purchased through the years?*

JBH: I have no idea.

WCR: *You gave a lot of paintings for the rooms on the 17th floor of the Roberts Hospital of Baylor University Medical Center?*

JBH: Yes, we furnished paintings for all the rooms. We featured different artists in the different rooms.

WCR: *What is your favorite type of painting?*

JBH: The French Impressionist school.

WCR: *What other hobbies do you have?*

JBH: I like music, going to museums, and neckties.

WCR: *Ties?*

JBH: Yes. That sounds strange.

WCR: *Do you have a lot of ties?*

JBH: Yes, many.

WCR: *Where do you buy them?*

JBH: I purchase them from specialty shops. I noted the way a few dermatologists dressed. One distinguished dermatologist always wore beautiful ties from A. Sulka. This company made Frank Sinatra's bow ties and also ties for Prime Minister Nasser of Egypt. The premier Sulka ties were of moray silk. Dr. Shelmire would tell me, "This time, Howell, these poison ivy patch tests won't cause a dermatitis. If they do I will give you a Sulka tie." They always did! Sulka made the most outstanding ties for a long time until the company was sold. Next were Roberta ties from Venice. Roberta made bags, purses, and gowns for women and ties for men. These were not the best silk but were the most striking design. Very few people had a Roberta tie; later she retired. Hermes now makes a few ties from materials that were used for

Figure 4. Married on February 5, 1941.

women's scarves. They are quite expensive but very handsome ties. They are unique and the ones I have acquired recently.

WCR: *You and your lovely wife, Estelle, got married when?*

JBH: February 5, 1941. We were married by Dr. George Truett (Figure 4).

WCR: *How did you meet her?*

JBH: When I was an intern, she was a private nurse at Baylor Hospital. I gave an intravenous injection to a patient that she was nursing. She later invited me to a dance. After that we dated. We got married about a year later.

WCR: *Do you have children?*

JBH: We have 2 adopted children (Figure 5).

WCR: *Do they live here in Dallas?*

JBH: Our son, Harvey, does. Our daughter, Judy, and her husband, Dr. Jim Freeman, live in Houston, and they have a daughter, Rachel, in high school and a son, Jeremy, at Yale in graduate school.

WCR: *What does your son do?*

JBH: He prepares videos, does recordings, and arranges sound equipment for meetings and promotional events in the city.

WCR: *Is your wife healthy?*

JBH: No. She has had many medical problems during the past 5 years.

WCR: *I've seen you walk up the stairs 3 steps at a time in Wadley Towers on several occasions. Your office was on the eighth floor. You walked up those stairs several times a day. Is that right?*

JBH: Yes. Three to four times a day.

WCR: *You've always kept your body in good shape?*

JBH: I have tried. I started an exercise program when President Dwight Eisenhower had his heart attack in the 1950s. Dr.

Figure 5. Children—Judy Howell Freeman and Harvey Howell.

Paul Dudley White, one of the consultants for the president, rode a bicycle, so I decided that I'd ride a bicycle for exercise. I had never had a bicycle as a youth. I rode for 15 years—5 miles in the morning. The streets later acquired many potholes, and dogs chased the wheels. I had a couple of falls and decided to walk and have walked 2 miles, 3 to 5 times a week, for many years. I walked the Wadley Tower stairs for >7 years, which could be done any time: bad weather, hot, cold, or raining. I started taking 2 steps at a time, then 3 steps, and did that first in the morning, at noon, and then 1 or 2 times after work.

WCR: Dr. Howell, you've done a lot of different things in your life. You've kept involved from an investigative standpoint in addition to private practice. What are you most proud of?

JBH: Being in dermatology, a specialty that was always exciting, interesting, and challenging, for which Yahweh gave me talent. Seeing patients was a delight, never tiring or boring, always enjoyable. I am a people person who considers serving patients, to the best of my ability with kindness and concern, a profound privilege. I also hoped that, perhaps, it would be possible to make a small contribution to medicine in my lifetime.

First, with Dr. Marcus Caro of Chicago, I described, presented, and promoted the nevoid basal cell cancer symptom complex as a new syndrome and stressing the destructive behavior of the multiple, early onset, basal cell carcinomas. This was a new type and cause of multiple basal cell cancers. With an eminent geneticist, Dr. David Anderson of the M. D. Anderson Hospital (Houston), the genetic or hereditary basis was documented, and the major associated defects of the syndrome were described. The associated jaw cysts and their problems and management were defined with 2 oral surgeons (J. L. McClendon, DDS, of Houston and D. Lamar Byrd, DDS, of Dallas). The cysts often became infected. The histology of uninfected cysts revealed that they had multiple daughter cysts in the stroma of the capsule. Dr. Ron Barr, a dermatologist in California, studied the histology of the cysts and found that they too were unique and allowed diagnosis of the syndrome from their histology.

Collaborating with dermatopathologists, Drs. Herman Pinkus and Amir Mehregan of Michigan, we established the pathology of the pits of the hands and feet and also that of the basal cell cancers found at the base of some of the pits. Scanning and trans-

mission electron microscopic studies, in collaboration with Drs. Ken Hashimoto (then of Memphis) and Robert Freeman (Dallas), defined their ultra-structure and documented the pits' histopathology as specific for the syndrome. Clinical observations and review of case reports in the literature confirmed the serious prognosis of many of the tumors, especially those with periorbital presentation, which, if neglected or with treatment failure, could result in loss of one or both eyes.

Second, working again with Dr. Robert Freeman and following 2 patients for 35 years (multiple biopsies at 10-year intervals), we presented convincing evidence that rare genodermatoses presenting with skin lesions of vascular and adipose tissue, often with linear distribution, were hamartomas of fat, i.e., ectomesodermal dysplasia, not absent dermis with herniation of subcutaneous fat, as had been speculated.

Third, and the most important, marketing preventive dermatology. Melanoma causes more deaths than any other skin disease. In 1983, the board of directors of the American Academy of Dermatology approved a request, by a task force of which I was chairman, to establish an annual melanoma/skin cancer prevention and detection day or week each May. Free screening for melanoma/skin cancer was offered in every city by practicing dermatologists nationwide. An educational brochure, *Why You Should Know About Melanoma*, with instructions on self-examination and photos of early melanomas, was prepared for public education jointly by the American Academy of Dermatology and the American Cancer Society.

The national screening examinations have continued each May since 1985, with >1 million people screened (Figure 6). In 1995, the American Academy of Dermatology launched another annual program (based on a pilot study in Dallas) to complement the screening efforts. Melanoma Monday, the first Monday of May, was established to urge the public to acquire the habit of examining their pigmented spots and moles for changes in size, shape, color, or elevation, often signs of melanoma. Suspicious spots were to be evaluated by a dermatologist—their physician or an examiner at a free screening location later that month. We followed the Australian model of promoting public and physician melanoma education as the key to stabilizing and reducing melanoma mortality through health education.

Figure 6. The one-millionth individual examined in the American Academy of Dermatology's melanoma/skin cancer screening on May 5, 1997, at Texas Stadium.

Any accomplishment has been due to the grace (the unmerited favor) of Yahweh. I give him the glory and thanks.

WCR: *That's a wonderful contribution. You certainly have preserved your skin quite well. Do you put on skin shield every day?*

JBH: No. Only on occasion. I try to avoid sun exposure between 10 AM and 4 PM. Second, I wear a hat and protective clothing. The third line of defense is using sunscreen, SPF 15+, where you aren't covered by clothing for outdoor activities.

WCR: *Do any dermatologists drive a convertible?*

JBH: I don't know of any. The cause of melanoma is multifactorial. Sun exposure in people with white skin is only one factor; genetic factors are a second. There are probably other unrecognized factors. Sun safety is one practice all can observe. Skin self-examination for melanoma is a habit of much greater importance than using sunscreens. Each of us must be the guardian of our health, i.e., take individual responsibility.

WCR: *When you use sunscreen, which number do you use?*

JBH: SPF 15 or 30. If you are very sensitive and you are going to be out a long time, like fishing on the lake, the higher numbers up to 30 or 50 are useful, but the higher SPFs are more expensive and offer only a small increase in protection.

WCR: *Dr. Howell, I thank you on behalf of the readers of the Baylor University Medical Center Proceedings for pouring out your soul, so to speak, to me.*

JBH: Thank you very much indeed for inviting me.

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