

Barbados

Send response to journal:

[Re: Shaving is safer for head lice than insecticides](#)

The life cycle of head lice (*pediculosis capitis*) was well described and is similar to pubic lice. I worked in chronic emergencies in Somalia in 1993 and Sudan 1996-97 among internally displaced populations and in the nomadic Karimajong of Uganda in 1998-99, whose poor hygiene would be good breeding ground for head lice. However, head lice was never a clinical problem, because those populations simple as they may be, know how to interrupt its life cycle very well and shave off the hair, the only place where the eggs (nits) are anchored and glued close to the skin. As it was rightly pointed out lice outside the hair is not transmissible and does not cause infestation.

I recall that in one institution for the mentally handicapped children in Uganda in the 1970s, there was massive poisoning and some deaths because children licked their insecticide treated hair! In March 2005, I mentioned to surprised colleagues that hair shaving is a good riddance of both pubic and head lice, who disagreed and preferred the treatment with insecticide with all their attendant poisonous risk as outlined. Shaving off hair in many communities has become a fashion propagated by famous sports stars. It was and is common practice for schools, military, prisons to encourage short hair or shaving. In my consultations for postnatal, family planning and genitourinary patients; the majority especially females have cleanly shaven pubic hair. Shaving is therefore not distasteful. But none of the treatment and control advice on the major websites US Centre for Disease Control and Prevention, NIH and World Health Organisation mentions shaving. Is it because a doctor's powerful role includes prescribing medicines, in this case poisonous insecticides? Given the obvious facts about the lifecycle do we need to do a randomized controlled study on shaving to recommend it? Is there an alternative place for eggs to anchor after hair has been shaved off? Yes, there are may be some people that may not wish to shave; but wishes could be out weighed by the burden of the infestation, such as pruritus.

Competing interests: None declared

Scabies

23 May 2005



JK Anand,
Retired public health
physician
N/A

Send response to journal:

[Re: Scabies](#)

I thank Drs Sladden and Johnston for a succinct review (21 May, pp1194 -8).

Could they please also tell us the number of cases each year seen by them in Leicester in the past few years, in the context of their catchment population? There are no national statistics, I presume. Also, perhaps many cases are treated by the general practitioners and do not get linked to the hospital data. Secondly, was there any good pharmacological reason why sulphur ointment (the only reliable treatment in my youth) was ditched? I know it causes sensitivity sometimes and also it is rather unpleasant. However, its "toxicity" surely is not in the same league as that of the newer drugs.

Dr JK Anand

Competing interests: None declared

Common skin infections in children - author's response

28 May 2005



Michael J Sladden,
SpR Dermatology
Leicester, LE15WW

Send response to journal:

[Re: Common skin infections in children - author's response](#)

Many thanks for the interest in our recent article.

Shaving the head would be extremely effective at eliminating head lice. No hair, no home for the lice, therefore no lice. Shaving will be acceptable in some cultures, but not others. I am not usually successful at persuading patients to cut infested-hair, let alone shave it all off. Certainly in some communities, people shave their heads to raise money for charity or to copy fashionable sports stars. Thus, shaving is a badge of honour, as my friend and mentor (JAD)

points out. Presumably, it was the reason for military crew cuts, and for nuns being shaved under their cowls in the old days (JAD). Personally, if I got head lice, I would shave my head and not use insecticides.

I found one article on Medline which suggested that shaving is unsafe / inappropriate. However, this was not based on any clear evidence and I would give the article little credence.

As far as scabies is concerned, we do not record the number of cases, and I expect there are no national figures. Most cases are treated appropriately, effectively and excellently by GPs, and we would only see a small percentage of cases.

The issue about using sulphur ointment is very interesting. We have not treated scabies with sulphur ointment. I am not sure about its historical use or why it was 'ditched'. There are some reports on Medline suggesting that it might be safe and effective. However, it is not recommended in any of the national guidelines located during our literature search.

Mike Sladden

Competing interests: None declared

Practicalities of treatment

31 May 2005 ▲▼▲

Anne Holmes,
GP
Tithebarn Medical
Centre, Stockton on
Tees, TS19 8RH

Whilst I welcome articles about common conditions, I too wonder about the experience of the authors.

Send response to
journal:
[Re: Practicalities of
treatment](#)

The phrase 'under medical supervision' is used in the treatment of scabies and head lice. What does this mean in practical terms or is it a reflection of the pharmacists inability to sell the product in these circumstances? I cannot envisage any useful or practical form of direct supervision of treatment

The use of wet combing is dismissed due to lack of evidence but as a parent whose children were reinfested frequently its use with conditioner was a pragmatic alternative to shaving the head or repeated doses of treatment.

Finally, you suggest that parents should liaise with the school. As a GP and parent, I am aware that head lice infestation is an emotive topic and schools have little ability to do anything other than send a letter. You might become aware that the head teacher is tearing their own hair out.

Competing interests: None declared

Head lice: Accurate knowledge of the life-cycle is essential to achieve control

16 June 2005 ▲ ▲

Joanna Ibarra,
Programme Co-
ordinator
Community Hygiene
Concern, Manor
Gardens Centre, 6-9
Manor Gardens, London
N7 6LA,
Frances Fry, Clarice
Wickenden, Jane L.
Smith

We are concerned that, in common with numerous publications offering guidance on treatment, Sladden and Johnston, (1) give incorrect information on the duration of the egg stage of *Pediculus capitis*. Hatching may occur later than the seven days stated, to at least ten days post laying. This fact, which has important implications for treatment advice, was recorded by Buxton in 1947 in a masterly reference work on the lice which infest humans (2). We are not aware of any robust research which challenges this; indeed, our own investigations developing the Bug Busting wet combing method confirm that the incubation period often lasts ten days. It follows that two doses of a product that may not kill the egg, applied a week apart (i.e. on day 1 and 8) will not reliably eradicate an infestation because some lice may hatch after the second

Send response to
journal:
[Re: Head lice: Accurate](#)