



Kwell Gamma Benzene Hexachloride advertisement.

[s.l.]: [s.n.], 1978

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The lice epidemic of the '70's:

Is today's medicine neglecting the lessons of its past?

The young girl in the school nurse's office is being sent home. Her doctor has been notified. And so have her parents. Since hers is the third case of lice in the fifth grade this week, the nurse has an additional call to make—this one to the school principal.

The return of epidemics

The young patient has a lot of company. Lice infestation is currently running at an awesome 5,000,000 cases a year—a considerable rise over previous years. Similarly, rises in incidence have also been noted in other supposedly conquered diseases, notably polio and malaria.

Consider the facts: physicians in Western countries are starting to see polio again. The World Health Organization recently reported that the total number of victims of malaria in South Asia alone will reach 20,000,000 this year. Add to that the current problem of scabies, head lice, and pubic lice being seen by professional personnel in the U.S., a picture begins to emerge.

The fact is that the return of polio, malaria, scabies and lice is primarily a problem of neglect: failure to immunize for polio; failure to spray swamps against the malaria-carrying mosquito;

and failure to educate the public on the nature of lice infestation. And of the three, the latter is the most frequent problem seen by nurses and physicians.

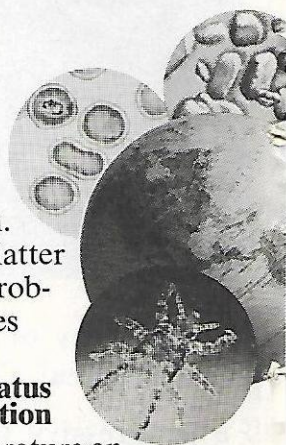
The current status of lice infestation

The literature on recent lice infestation has become voluminous. Reports are coming in from crowded big cities and rural areas all over the United States. Lice have invaded the wealthy suburbs as well as the inner cities of our nation. Nondiscriminate in their choice of victims, lice affect rich and poor, black and white, individuals and families, the uninformed and those who should know better.

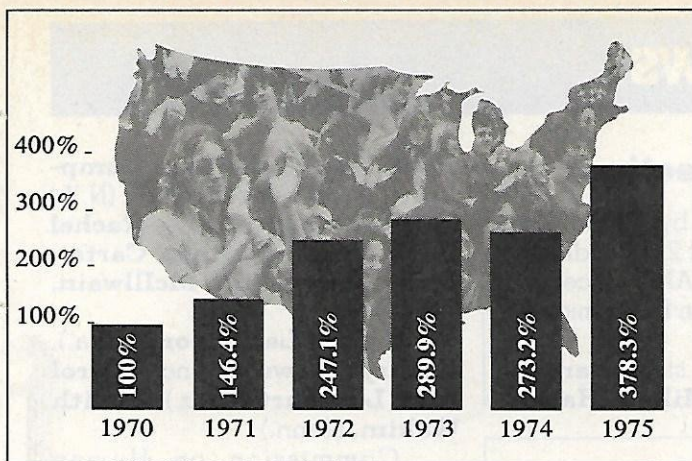
The therapeutic options

In terms of prevention, the medical team is faced with limited choices. Isolation can help. So can instructions on proper hygiene. But not always. For example, pubic lice are usually spread venereally and no one is going to reverse the sexual revolution.

What then are the options? Public education is an extremely important one. When a patient is infested, he should be carefully instructed on how to prevent infesting others, and how best to avoid such a problem in the future. When a family is infested, directions should be given on how to



Index of Lice Infestation/Base Year 1970 = 100%



delouse the patient and clean the immediate environment of nits which could reinfest the family for up to a month after treatment of the patient.

As the chart above shows, lice infestation has been on a steady upward curve for the last five years. What can be done about these alarming trends?

In addition to the work being done by public health groups, Reed & Carnrick also wants to contribute its share to greater professional and public awareness. To this end, we have prepared comprehensive public health material and patient education brochures. You can request this material from your sales representative, or by writing to us.

The standard for treatment

In three decades, Kwell® (gamma benzene hexachloride, 1%) has been the subject of the most extensive documentation of any pediculicide. This record shows that Kwell is virtually 100% effective in eradicating lice, mites and their eggs. The record is unsurpassed by any other pediculicide. So good, in fact, that Kwell has become the standard of therapy.

Unlike preparations that must be left on for 24 hours, Kwell is available as a cosmetically esthetic shampoo that can in almost all cases eliminate head or pubic lice in only four minutes. For lice on less hirsute body areas, and for scabies, Kwell is available as cream and lotion.

A special note: Once lice have gained a foothold in a community, they can quickly become epidemic. Because of this, and because the eradication of lice cannot wait, Reed & Carnrick has developed an early warning system which provides up-to-date information on the status of lice infestation in your community. This helps us to ensure the availabil-

ity of supplies where they are currently needed and to adjust inventories accordingly. We're doing this so that when therapy with Kwell is initiated, the patient's prescription can be filled immediately.

Contraindications: Kwell is contraindicated in individuals who develop hypersensitivity to the product or to any of its components.

Precautions: If accidental ingestion occurs, prompt institution of gastric lavage will rid the body of large amounts of the toxicant. However, since oils favor absorption, saline cathartics for intestinal evacuation should be given rather than oil laxatives.

Central nervous system manifestations can be antagonized by the administration of pentobarbital in sufficiently large doses to the limit of their therapeutic effectiveness. It is not desirable to depress the patient to the point of hypnosis. However, persons poisoned with stimulants may tolerate large doses of barbiturate without undue depression and with great benefit. Intravenous calcium gluconate may be used in conjunction with the barbiturates. Epinephrine should not be used because ventricular fibrillation may result.

If accidental contact with eyes occurs, flush with water.

If irritation or sensitization occurs, discontinue the product and consult physician.

Adverse Reactions: Eczematous eruptions due to sensitization of this product have been reported.

Available on prescription as Kwell Shampoo and Lotion in 2 and 16 fl. oz. bottles, and as Kwell Cream in 2 oz. and 1 lb. jars. See package insert for complete prescribing information.

Reed & Carnrick/
Kenilworth, N.J. 07033



Shampoo/Cream/Lotion

Kwell®
gamma benzene
hexachloride

Keep lice from making a comeback