

sistent with the fact that the bacterial focus can form again. Some of the cases who reported with recurrence of symptoms were again treated with antibacterial agents resulting in relief of the symptoms.

With these findings it seems worthwhile to try treatment with antibacterial agents in every case of urticaria where a detailed history does not point out any cause and tests like complete diet elimination and the mask test are also negative. Nearly 50% of such cases are likely to be relieved and this relief is more long lasting compared to that obtained with antihistamines. Such a therapeutic trial is far economical and easier than the elaborate laboratory tests required to locate the bacterial focus.

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### References

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## LETTER TO THE EDITOR

*Madame,*

### 'Insect Bite Allergy'

I have been observing a change in the behaviour pattern of insect bite allergy since six years. Prior to this period the reaction was dominantly seen in infants beyond 4 months of age, but is now apparent in younger infants. A history of small pox vaccination few weeks prior to onset of the first attack was noticed in many patients. As B. C. G. and small pox vaccination are now carried out in neonates, this seems to be the reason for the shift in the age group involved. Many children start suffering from papular urticaria immediately after attacks of chicken pox or measles. It seems vaccination and infectious diseases result in production of antibodies which are specific as well as nonspecific, and the latter act as triggers for setting off attacks of papular urticaria.

I shall be grateful for information on the above associations.

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