

relevance of patch testing in the etiological diagnoses of chronic urticaria, not to highlight the merits/demerits of ASST and other skin allergy tests; this article is very much clear on this point.

2. Table 1 has clearly mentioned the duration of chronic urticaria in all those 11 patients.
3. The scoring system you have mentioned is mostly suitable for hospital-based study where you can have sufficient time to monitor the patient's physical condition. In clinic-based study where you meet your patient for a short period of time, this type of scoring systems is difficult to use because a patient may/may not have attack of urticaria at the time of visiting the clinician. As mentioned in my article, my study was clinic based; moreover, my study included people from different strata-highly educated chemical engineer to illiterate cobbler. To avoid respondent's bias, I had to use the old, simple clinical method to assess the severity of itching: none- no itching; mild-itching that does not disturb night sleep; moderate-itching that disturbs night sleep more than occasionally but not continuously; severe-itching that disturbs night sleep continuously. I would like to inform you that 9 patients had moderate itching while the remaining 2 had severe itching in the study.

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Authors' reply

Sir,

I thank Dr. Verma for his keen interest in my report and his valid comments. However, I would like to clarify some of the points:

1. The aim of this study was to see the role and