The records of 554 consecutive patients attending one department with urticaria and/or angio-oedema were analysed. In 79 percent the aetiology was not found, although aggravating factors were apparent. A past or family history of atopic disorders was no more common than in controls, further evidence that atopic allergy is not being missed too often. Urticaria and angio-oedema are counterparts of each other. The natural history is expressed in the form of life tables. [The SCI® indicates that this paper has been cited in over 140 publications.]

Defining Our Ignorance

R.H. Champion
Department of Dermatology
Addenbrooke’s Hospital
Cambridge CB2 2QQ
England
March 24, 1990

Urticaria is a common clinical problem affecting perhaps 15 percent of the population at some stage of their life. The patients are upset because they have what is often an intensely itchy problem. Only those who have experienced prolonged severe itching can comprehend the misery that this involves, without even the equivalent of an opiate to fall back on when desperate. They are led to believe that it is an allergy or “something you ate,” but apparently nobody is at all proficient at finding out what the something is. Doctors are abashed to have to admit that such explanations are a naive oversimplification and that they do not have anything coherent to replace this theory. Their patients may keep coming back, clearly in trouble and even at times reproachful.

The 1969 article set out to address the problem of why so many patients with urticaria who come to a hospital department remain with the label idiopathic urticaria, sometimes even after prolonged observation and investigation. They still do! Overall there was clearly no close link between the asthma-eczema-hay fever syndrome. Still do! Overall there was clearly no close link between the asthma-eczema-hay fever syndrome.

The natural history is expressed in the form of life tables. [The SCI® indicates that this paper has been cited in over 140 publications.]