

ADDENDUM, BY DHARMENDRA AND CHATTERJEE

[The addendum referred to in the foregoing letter of Dr. Dharmendra was not, by some mischance, included in the reprinting. It is now printed, and should be regarded as a part of the article. Because of the importance of the subject, Dr.

Huldah Bancroft has commented on the matter from the point of view of a statistician.
—EDITOR.]

Since our report was published the question has been asked whether or not there is evidence that the change from negative to positive in the 93 out of the 109 that were given three tests involved protection against infection.

First it is to be recalled that we pointed out that it could not be said to what extent that change was caused by the testing, because the three tests were spread over the period of one year and because spontaneous changes of that kind might have occurred without multiple testing. With that in mind, the data on the 156 initially negative cases are further examined as follows:

Initial negatives; groups	No. of persons	Cases of leprosy		
		L	N	Total
Total (incl. both retested and not)	156	15	7	7 (14.1%)
Not retested	47	6	1	7 (14.9%)
Retested				
Became positive	93	1	4	5 (5.4%)
Remained negative	16	8	2	10 (62.5%)
Total	109	9	6	15 (13.7%)

It is to be seen that the incidence of cases was about the same in (a) the entire group of 156 initial negatives, including the 93 that became positive during the period of retesting (14.1%), in (b) the group of 47 negatives that were not retested, they including those that might have become positive had they all been retested in the same way as the others (14.9%); and in (c) the total retested group, including those that became positive (13.7%).

These results do not appear to provide an indication of any protective value on the part of the repeated tests. On the other hand, it seems quite apparent that the incidence of cases among the persistently negative reactors was very much higher than in any other group.

Comment by Dr. Huldah Bancroft.—The conclusion that there is no evidence that the lepromin positivity acquired by the 93 patients who converted during the period of repeated testing, whether that was attributable to the testing or not, did not involve protection seems open to question. The above table shows that the leprosy rate among them was only about one-third of the figures cited (approximately 5% vs 14%), and in view of the number of individuals involved that difference is statistically significant. If the 93 who became positive had developed leprosy at the same rate as the not-retested group, 14 cases would have been expected. Actually, there were only 5, a saving of 9 cases.