

October 23, 1939

Dear Dr Cappell,

Thanks for your letter. The method you propose for making the returns seems eminently simple and suitable. The size of the batches used should depend on your convenience, e.g. on the rate at which volunteers come in.

I am not fully clear about the class of "those who attend but are rejected for various reasons". If these are rejected in the sense that they are not grouped, they must necessarily be omitted, and I think no harm can come of this; but if the rejection depends on the tests made in grouping, I should like them to be included in the group to which they are most probably assignable. We know in other centres that a proportion are misclassified, e.g., about  $1\frac{1}{2}$  of those classed as O may be found on retest to be A, probably most of these having a weak  $A_2$  reaction. You say: "We have data for all the rejects except those whose veins are unsuitable for removal of blood". Does this mean that you use venipuncture for the primary sample used in grouping, and that some with obscure veins are not grouped at all? In this case, they must, of course, be omitted. I believe most centres have taken drops from the ear or finger for the primary test, and only use veni-puncture for the cases, mostly O's, chosen for bleeding.

Yours sincerely,