

April 8, 1942

My dear Henry,

Thanks for your letter. I am enclosing a note from Hace on the secretion factor, from which it appears that the higher estimates may be entirely due to the difficulty of applying the test with "O" donors. There is, of course, the possibility that the difference is real, though it is larger than one would imagine could easily be explained by the small numbers of still births which might reasonably be affected by the secreting factor.

Taylor would be perfectly willing, and indeed glad, to test any maternity hospital material which LeGros Clark may be able to secure. He likes to use one to two c.c. of whole blood taken in a dry tube; in the case of babies, drawn from the heel. I hope you will let LeGros Clark see how really important such a series might be.

I am now getting in blood group forms more briskly, and perhaps shall make some progress towards amassing more definite evidence.

Yours sincerely,

April 3

Dear Professor,

Here are the Galton Lab. figures for antigen secretion in saliva

137 unrelated people	S 94 68.61%	ss 43 31.39%
76 not O's from the above	56 73.68%	20 26.32%
61 O's from the above	38 62.30%	23 37.70%
383 persons (including the above) many of them related	286 74.67%	97 25.33%
213 Not O's from the 383	168 78.87%	45 21.13%
170 O's from the 383	118 69.41%	52 30.59%

From the protocols which I have just been examining it is certain that the O results are frequently in doubt & we could have done with more controls. The diagnosis of A_2 secretion seems not to be so easy as that of A_1 , as I suppose might be expected.

Perhaps you will pick the figures you think most suited to Ford's purpose.

Yours sincerely,

R. Race