January 15, 1940

Dear Dr Cappell,

I was in Cambridge last week to see Taylor and attend the Pathological Society's meeting and dinner, and I found he was under the impression that you had sent to one or other of us more than one set of data.

I have had from you, I think, only one set of 2195 cases, distributed as follows:

<table>
<thead>
<tr>
<th></th>
<th>O</th>
<th>A</th>
<th>B</th>
<th>AB</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>672</td>
<td>451</td>
<td>143</td>
<td>51</td>
<td>1317</td>
</tr>
<tr>
<td>Men</td>
<td>461</td>
<td>303</td>
<td>91</td>
<td>23</td>
<td>878</td>
</tr>
<tr>
<td>Total</td>
<td>1133</td>
<td>754</td>
<td>234</td>
<td>74</td>
<td>2195</td>
</tr>
</tbody>
</table>

The A's, as in other Scottish centres, are fewer than in England, but are near the average of the four Scottish centres so far collected, being more than in Aberdeen, but less than in one of the Glasgow series. B is somewhat higher than in English series, as is also the case from the other Scottish centres. The probability that these differences are genuinely ethnological, and not due to variations in technique, is
enhanced by the fact that we are getting strictly intermediate 
values from Northern England. 

So far, I have had nothing from Edinburgh, where I 
know it was intended to test a great many. The low proportion 
of Scottish A's raises a further problem of some interest, as to 
whether there is a proportional deficiency in the two sub-groups 
A₁ and A₂, or whether the difference from England is due especially 
to a deficiency of one of these or the other. I do not suppose, 
however, you have any opportunities for making this discrimination. 
We were able to show rather more than 100,000 of the sexed data 
at the Pathological Society, and fresh bodies are still coming in. 
Should I expect any more from Dundee?

Yours sincerely,