Dear Korenchavsky,

Many thanks for your letter of April 11th. I regret we are not seeing eye to eye on the question of your trial through not being yet agreed on the fundamentals, for you write throughout as though what I suggested required either more patients or more work to be done on them than what you yourself have in mind.

Of course, I am not denying that to have more patients or to do more work on each might be desirable and might in the end produce better experimental results, though at a greater expenditure of time, money, working-space or whatever one chooses to measure expenditure in, but starting from the elementary and basic fact that a better experiment is often a better one, it follows that skill in experimental design consists in making a given amount of work yield as much information of scientific value as that limited experience can be made to yield. If it is necessary to work under the limitation that only 50 patients are expected to survive to the end of the experiment, it would still seem to me preferable (in the definite sense of yielding more information from a given amount of work, or as much information for less work) to divide them initially into four groups, with and without vitamins and
hormones respectively, and to follow this treatment, whether or not any signs of a favourable response are already apparent, by subdividing each of the four initial groups into four sub-groups for subsequent treatment.

I think also that it would be desirable that the material available for experimentation should receive a preliminary clinical classification in respect of the nature and degree of the senile symptoms which shew themselves. This, however, is not a point on which I need as a statistician insist, since, if feasible, its importance will also be apparent to the clinicians interested in the trial.

Yours sincerely,