I have read the exchange of letters between you and Dr. Parran with deep interest. We, in the IHD, do face a challenge in the problem of population and you may be sure it is frequently in our thoughts.

India and China are the classical examples, which leads me to say that, if it was a mistake to do health work in China, it was equally a mistake to create a PUMC.

You are quite right in labeling the position of those who would cease to be concerned with public health, because of a philosophical concept, as unethical. It would be difficult to sustain the assertion that India is worse, rather than better off, today because of public health. Our opponents are frightened by a thought and advance no practical suggestion for a solution. Is starvation actually or potentially a greater threat today than it was before the advent of effective public health work? No facts are presented in support and, until they are, public health will continue to be pressed forward.

Continuing with India in mind, there are three things to be thought of in decreasing the rate of growth of the population:

1) Raising the age of marriage of girls
2) Improvement in the standard of living
3) Intentional limitation of families.

The first calls for education which will, in time, provide popular support for required legislation. The second involves the whole gamut of nation-building activities - education, agriculture, industry, science, public health, etc., etc. You certainly cannot indulge in a do-nothing public health policy if the other activities are to advance.
The third depends wholly on education bringing with it an enlightened attitude toward the welfare of the family and the nation.

Dr. Parran's suggestion of a small committee of experts to explore the problem and draw up a statement has virtue in that the officers would have something to point to when the question is raised. I should not expect that such a committee would offer a solution; it would probably recommend further studies. I think the IHD would be willing to undertake some work in the population field if it knew how to proceed. The SS already lends support to studies by the Princeton group, while MS aids research in the field of sex hormones. Until studies have pushed knowledge further along, I am doubtful about opportunities for the IHD. What I am anxious about is to be on record that we don't brush aside the population problem as inconsequential. As soon as we see a way to apply knowledge, you can count on active participation.

G.K.S.