knew some day he would be old enough to exercise the rights that his father and schoolmaster were exercising.

Today by an accident of history we have a break and the drugs that the young people want to use, the stimulants, the energizers, the pacifiers or whatever you wish to call them, are ones that the adults don't want to use so there is now what appears to be a new form of tyranny by the adults over the young, and you have the adult standing with a cocktail in one hand and a cigarette in another saying "I would beat the- - - out of any child of mine who ever smoked pot."

Now, this position is untenable, and it is leading to a degree of distrust, a breakdown of law and order, that, beside which the prohibition conditions of 1920's in which I grew up pale completely because we now have this vicious relationship between marihuana and hard drugs, which we invented, and which wasn't necessary at all.

This week it was reported in the press that owing to the various operations to stop the importation of marihuana in the country children are now being sold heroin instead, so that instead of a pleasant indulgence that is less noxious than that engaged in by their elders they may be turned into hard drug addicts for life.

I would like to mention at this point an editorial from WIIC in Hartford, Conn., praising the new Connecticut law which makes it possible now for children who have gotten involved in hard drugs or in dangerously manufactured drugs, to go for help without their parents' consent. (See p. 5477.)

Now, the reason we have to have such a law is because of the break between the adult forms of belief of what is legitimate practice and what the young people want as legitimate is so drastic and it is more drastic, I think, than the break that occurred at the time of prohibition.

Senator NELSON. Thank you, Dr. Mead.

I had one question I forgot to ask a little while back. Assume an individual who has prescribed for him one of the tranquilizer drugs for a necessary purpose. What about that individual continuing to rely upon the drug all of his life when he may very well have only needed it for a year. Perhaps he ought to be taken off the drug. I don't know how often this happens but I know of instances where a person who has relied very heavily upon it for awhile thinks he can't get along without it and finally is told by his doctor "You just can't use it any more." He is then taken off the drug, becomes adjusted very well without it.

What do we do about the person who goes on the drug for an appropriate purpose but there is no reevaluation by any physician of his status and he continues to take it for 10 or 15 or 20 years or the rest of his life? Is that harmful? Would he be better off if there was some reevaluation and he was removed from the drug? Do we know much about that problem?

Dr. MEAD. I think it would be very useful to have reevaluation of everyone, that everybody ought to have some kind of periodic check-up, and one of the very serious things in this country is that the average male from the time he leaves his pediatrician until he is so sick it is too late to do anything for him has no doctor of his own. He never goes to a doctor except when he is seriously ill. Women, from the cradle to the grave now, have specialists. They will go from the pediatrician to the obstetrician, to the gynecologist to gerontologist.