

TAXATION OF MARIHUANA

Testimony by Dr. William C. Woodward Legislative Council to the American Medical Association Tuesday, May 4, 1937

House of Representatives
Committee on Ways and Means,
Washington, D.C.

The committee met at 10:30 a.m., Hon. Robert L. Doughton (chairman) presiding.

The Chairman: The committee will be in order. The meeting this morning is for the purpose of continuing hearings on H.R. 6385.

When we adjourned last week, Dr. William C. Woodward, legislative counsel of the American Medical Association, was here and ready to testify; but I understood that it would be satisfactory for him to come back this morning.

Dr. Woodward, if you will come forward and give your name and address and the capacity in which you appear, we shall be glad to hear you at this time.

Statement of Dr. William C. Woodward, Legislative Council,
American Medical Association, Chicago Illinois.

Dr. Woodward: Mr. Chairman and gentlemen, my name is Dr. William C. Woodward, representing the American Medical Association. The address is 535 North Dearborn Street, Chicago, Ill.

The Chairman: Doctor, would you prefer to make your formal statement uninterrupted, or do you mind interruptions as you go along?

Dr. Woodward: I should prefer to make a connected statement, but I submit very gladly to the pleasure of the committee in that respect, if I do not have the time charged against me that is taken up with interruptions.

Mr. Crowther: I move the gentleman be allowed to continue without interruption until he has completed his main statement.

The Chairman: Without objection, the gentleman will so proceed, after which it is understood he will submit to questions by members of the committee.

Dr. Woodward: Mr. Chairman and gentlemen. It is with great regret that I find myself in opposition to any measure that is proposed by the Government, and particularly in opposition to any measure that has been proposed by the Secretary of the Treasury for the purpose of suppressing traffic in narcotics.

I cooperated with Hamilton Wright in drafting the Harrison Narcotics Act. I have been more or less in touch with the narcotics situation since that time. During the past 2 years I have visited the Bureau of Narcotics probably 10 or more times.

Unfortunately, I had no knowledge that such a bill as this was proposed until after it had been introduced. Before proceeding further, I would like to call your attention to a matter in the record wherein the American Medical Association is apparently quoted as being in favor of legislation of this character.

On page 6 of the hearings before this committee, section no. 1, we find the following:

In an editorial on this subject appearing in its editorial columns of April 10, 1937, the Washington Herald quoted the Journal of the American Medical Association in part, as follows:

"The problems of greatest menace in the United States seem to be the rise in the use of Indian hemp (marihuana) with inadequate control laws."

I have here a copy of the editorial referred to and clearly the quotation from that editorial and from the editorial in the Journal of the American Medical Association do not correctly represent the views of the association.

The Herald is not discussing marihuana alone, but is discussing the narcotic invasion of America. It says:

"This industry has spread its tentacles throughout the Far East and has direct connections with the narcotic rings in Europe and the Americas."

It continues:

To the extent these charges are true the effect is to "weaken and debauch" not the Chinese but the American race.

The evidence that they are largely true is contained in this recent statement in the Journal of the American Medical Association:

"The problems of greatest menace in the United States seem to be the rise in the use of Indian hemp (marihuana) with inadequate control laws, and the oversupply of narcotic drugs available in the Far East threatens to inundate the western world."

Mr. Vinson: Whose article is that? That was in the American medical Association Journal?

Dr. Woodward: That is from an editorial that appeared in the issue of the Journal of the American Medical Association for January 23, 1937, on page 3, in the nature of a review of the report on the Traffic in Opium and Other Dangerous Drugs in the United States of America for the year ending December 31, 1935, and published by the Bureau of Narcotics of the Treasury Department.

Mr. Vinson: Are you going to put that in the record?

Dr. Woodward: I shall be glad to. The quotation has reference to the seeming situation that results from the statement of the Commissioner of Narcotics and not from any evidence that is in possession of the American Medical Association.

I shall be very glad to submit that.

(The editorials referred to are as follows:)

[Washington Herald, Apr. 10, 1937]

The Narcotic Invasion of America

Americans will pay close attention to the charge by the Council of International Affairs at Nanking that the Japanese concession in Tiensin is world headquarters for the narcotic industry.

Narcotics are reaching the United States in alarming volume.

We are deeply interested in their source.

America is only indirectly concerned in the council's belief that "narcotics are being employed by Japan as an instrument of national policy designed to weaken and debauch the Chinese race."

But America is vitally concerned in the further charge that the dope syndicates are engaged chiefly in exporting narcotics to the United States and that: "The United States is the big-money market, and happy is the syndicate that can perfect its lines to that country."

The council's bulletin alleges:

"This industry has spread its tentacles throughout the Far East and has direct connections with the narcotic rings in Europe and the Americas." To the extent these charges are true, the effect is to "weaken and debauch" not the Chinese but the American race.

The evidence that they are largely true is contained in this recent statement in the Journal of the American Medical Association:

"The problems of greatest menace in the United States seem to be the rise in use of Indian hemp (marihuana) with inadequate control laws, and the oversupply of narcotic drugs available in the Far East which threatens to inundate the western world."

It is not America's business to protect China against purported plots of the Japanese. But when any foreign plotting results in a narcotics invasion of the United States, that is America's business.

American laws, Federal and State, to control and prevent traffic in narcotics must be adequate.

Such laws, properly enforced, will remove America as the "big-money market" of the world-wide narcotics industry, and will prevent the debauchment of the American people.

[Journal of the American medical Association, Jan 23, 1937]

Opium Traffic in the United States

As part of the international policy of controlling traffic in opium and other dangerous drugs, each nation signatory to the International Drug Conventions is supposed to prepare an annual report. The report of the United States of America for the year ended December 31, 1935, has been prepared and published by the Bureau of Narcotics of the Treasury Department.¹ The number of nonmedical drug addicts in the United States is difficult to determine accurately, but, while formerly believed to approximate one person in every thousand of the population, recent surveys indicate that this figure no longer obtains in many sections of the country. In the nature of a further inquiry into the problem of addiction, the Bureau of Narcotics examined the records of 1,397 of the persons investigated in connection with violation of the narcotic laws in their personal use of drugs. Of these, 946 were found to be addicted to some form of opium or coca derivative, the other 451 giving no evidence of addiction. Of the addicts, 757 were male and 159 female. The average age of the men was 41 and the women 35. Seven hundred and seventy-five were white, 88 oriental, 78 colored, and 3 American Indian, while in two instances the race was not reported. A striking feature was the educational background of these addicted violators. Five hundred and twenty had attended only grade school, 211 had reached high school but not college, and 153 had received some college or university training. These figures indicate a considerably higher percentage of moderately educated people than that existing among the general public.

¹ Anslinger, H.J.: Traffic in Opium and Other Dangerous Drugs for the Year Ended Dec. 31, 1935, U.S. Treasury Department, Bureau of Narcotics, U.S. Government Printing Office, Washington, 1936.

The reasons given for drug addiction were of interest. In 486 instances "associations" were blamed; in 337 illness or injury was named as the responsible factor: other causes mentioned less frequently were indulgence or drink in 50, mental strain or nerves in 14, curiosity or experiment in 10, physical strain or overwork in 6, and deliberate addiction in 1. The previous criminal records of the 946 addicts included 545 charges of felony, 468 misdemeanors, and 1,887 violations of either Federal or State narcotic laws. This is an extremely high criminal record; higher, in fact, than that found in any other group of lawbreakers.

The heaviest arrivals of raw opium in 1935 were in the Atlantic-coast area. There were 14 seizures, 3 of which concerned fairly large quantities: 23, 19, and 17 kilograms. The largest seizures of prepared opium were effected in the Pacificcoast area, almost all of which came from China and appeared to be mostly a blend of Chinese and Persian opium. More than twice as much smoking opium was seized in the United States in 1935 as in 1934, amounting in 1935 to 779 pounds. Morphine was seized in every area reviewed except Hawaii. The total quantity seized during the calendar year 1935 showed an increase of 27.5 percent over that seized the previous year. The amount of heroin seized showed an increase of about 19 percent over the previous year. The amount of cocaine taken, however, showed a decrease of 63 percent as compared with that seized in 1934. The records as a whole contain substantial evidence in the form of labels, packages, and detailed reports to show the existence of an extensively organized narcotic traffic in the Far East. The Opium Advisory committee of the League of Nations has previously called attention to the extreme dangers resulting from this situation.

Closely allied with the opium traffic is the present situation with regard to Indian hemp, or marihuana. There is as yet no Federal legislation penalizing traffic in this drug, and Federal efforts are at present largely confined to restriction of imports and cooperation with those States or local bodies which have effective regulations.

The effectiveness of Federal efforts to control the drug traffic, in cooperation with the League of Nations, is manifest by the amounts of drugs seized, the relatively smaller quantities in which they are transported, and the high percentage of convictions obtained for violation of the laws. In this connection it is noteworthy that for every agent in the Federal field service there are 10 convicted narcotic violators in the Federal penitentiaries. Only about 511 kilograms of narcotic drugs was seized in 1935, as compared with 3-1/2 tons during the fiscal year 1931, when smuggling was rampant. Much smaller shipments are now found, combined with higher adulteration and increased retail price. The number of criminal violations detected rose from 4,742 in 1934 to 5,200 in 1935, while the convictions increased from 1,816 in 1934 to 2,065 in 1935. The two problems of greatest menace at the present time seem to be the rise in use of Indian hemp with inadequate control laws and the oversupply of narcotic drugs available in the Far East, which threatens to inundate the western world. Dr. Woodward: There is nothing in the medicinal use of Cannabis that has any relation to Cannabis addiction. I use the word "Cannabis" in preference to the word "marihuana", because Cannabis is the correct term for describing the plant and its products. The term "marihuana" is a mongrel word that has crept into this country over the Mexican border and has no general meaning, except as it relates to the use of Cannabis preparations for smoking. It is not recognized in medicine, and I might say that it is hardly recognized even in the Treasury Department.

I have here a copy of a letter written by the Acting Secretary of the Treasury, April 15, 1937, in which he says: Marihuana is one of the products of the plant Cannabis sativa. L., a plant which is sometimes referred to as Cannabis americana or Cannabis indica.

In other words, marihuana is not the correct term. It was the use of the term "marihuana" rather than the use of the term "Cannabis" or the use of the term "Indian hemp" that was responsible, as you realized, probably, a day or two ago, for the failure of the dealers in Indian hempseed to connect up this bill with their business until rather late in the day. **So, if you will permit me, I shall use the word "Cannabis", and I should certainly suggest that if any legislation is enacted, the term used be "Cannabis" and not the mongrel word 'marihuana.'**

I say the medicinal use of Cannabis has nothing to do with Cannabis or marihuana addiction. In all that you have heard here thus far, no mention has been made of any excessive use of the drug by any doctor or its excessive distribution by any pharmacist. And yet the burden of this bill is placed heavily on the doctors and pharmacists of the country; **and I may say very heavily, most heavily, possibly of all, on the farmers of the country.**

The medicinal use of Cannabis, as you have been told, has decreased enormously. It is very seldom used.

Mr. Cooper: How is that?

Dr. Woodward: The medicinal use has greatly decreased. The drug is very seldom used. That is partially because of the uncertainty of the effects of the drug. That uncertainty has heretofore been attributed to variations in the potency of the preparations as coming from particular plants; the variations in the potency of the drug as coming from particular plants undoubtedly depends on variations in the ingredients of which the resin of the plant is made up. To say, however, as has been proposed here, that the use of the drug should be prevented by a prohibitive tax, loses sight of the fact that future investigation may show that there are substantial medical uses for Cannabis. That there are medical uses for Cannabis is admitted in a report, that has I think, been quoted here before, by a hospital pharmacist in Tunis, Dr. Bouquet. Dr. Bouquet is speaking of the medicinal use of Cannabis and has this to say:

The question is:

Do any preparations of Indian hemp exist possessing a therapeutic value such that nothing else can take their place for medical purposes?

This is part of this pharmacist's report.

The answer is "no."

He submits these qualifications, however:

(a) Indian hemp extract has been recommended for the preparation of corn cures, products that most often consist of a solution of salicylic acid in collodion; the action of the Cannabis extract is nil.

I believe the average physician will readily admit that.

(b) Indian hemp is employed in various preparations for internal use as a sedative and antispasmodic. It does not seem to give better results than belladonna, except perhaps in a few cases of dyspepsia accompanied by painful symptoms.

The number of the exceptions and the character of the cases in which Cannabis gives these superior results are not stated. He adds: At my request, experiments were made for several months in 1912 with different preparations of Cannabis, without the addition of other synergistic substances (Professor Lanouis' Service, Lyons Hospitals). The conclusion reached was that in a few rare cases Indian hemp gives good results, but that in general it is not superior to other medicaments which can be used in therapeutics for the treatment of the same affections.

He still admits that there are exceptions in which Cannabis cannot apparently be successfully substituted for.

(c) The work of F. Pascal (Thesis, Toulouse 1934--Contribution to the Study of Cannabis indica.) seems to show that Indian hemp has remarkable properties in revealing the subconscious; hence it can be used for psychological, psychoanalytical, and psychotherapeutic research, though only to a very limited extent.

These are the present uses recognized --

Mr. Lewis: Are there any substitutes for the latter psychological use?

Dr. Woodward: I know of none. That use, by the way, was recognized by John Stuart Mill in his work on psychology, where he referred to the ability of Cannabis or Indian hemp to revive old memories, and psychoanalysis depends on revivification of hidden memories. That there is a certain amount of narcotic addiction of an objectionable character no one will deny. The newspapers have called attention to it so prominently that there must be some grounds for their statements. **It has surprised me, however, that the facts on which these statements have been based have not been brought before this committee by competent primary evidence. We are referred to newspaper publications concerning the prevalence of marihuana addiction. We are told that the use of marihuana causes crime. But yet no one has been produced from the Bureau of Prisons to show the number of prisoners who have been found addicted to the marihuana habit. An informed inquiry shows that the Bureau of Prisons has no evidence on that point.**

You have been told that school children are great users of marihuana cigarettes. No one has been summoned from the Children's Bureau to show the nature and extent of the habit, among children. Inquiry of the Children's Bureau shows that they have had no occasion to investigate it and know nothing particularly of it.

Inquiry of the Office of Education--- and they certainly should know something of the prevalence of the habit among the school children of the country, if there is a prevalent habit--- indicates that they have had no occasion to investigate and know nothing of it.

Moreover, there is in the Treasury Department itself, the Public Health Service, with its Division of Mental Hygiene. The Division of Mental Hygiene was, in the first place, the Division of Narcotics. It was converted into the Division of Mental Hygiene, I think, about 1930. That particular Bureau has control at the present time of the narcotics farms that were created about 1929 or 1930 and came into operation a few years later. No one has been summoned from that Bureau to give evidence on that point.

Informal inquiry by me indicates that they have had no record of any marihuana or Cannabis addicts who have ever been committed to those farms.

The bureau of Public Health Service has also a division of pharmacology. If you desire evidence as to the pharmacology of Cannabis, that obviously is the place where you can get direct and primary evidence, rather than the indirect hearsay evidence.

But we must admit that there is this slight addiction with possibly and probably, I will admit, a tendency toward an increase.

So that we have to raise the question at the present time as to the adequacy or the inadequacy of our present machinery and our present laws, to meet the situation. Those laws are, of course, of two kinds, the Federal laws and the State laws.

As to the State laws, you have been told that every State has a marihuana or Cannabis law of some kind.

My own inquiry indicated that there are two States that had not; but at least 46 States have laws of their own, and the District of Columbia, contrary to what has been told you, has a law that has been in force since 1906 and even at an earlier date.

The District of Columbia law, insofar as it relates to Cannabis, is a part of an act passed by Congress in 1906 entitled "An act to regulate the practice of pharmacy and the sale of poisons in the District of Columbia, and for other purposes", approved May 17, 1906, and originally published as 34 Statutes, 175, which is now to be found in the District Code, section 191 and following.

It limits the sale of Cannabis, its derivatives and its preparations to pharmacists and persons who are authorized assistants to pharmacists.

And in the case of sales by pharmacists and their authorize assistants, there must be either a prescription from an authorized physician, or there must be due inquiry and a proper record made so as to assure the proper use of the drug.

No one, whether a pharmacist or not, under this law, has any right to sell any preparation of *Cannabis indica*. to any person under 18 years of age except on the written order of an adult. The penalties are rather heavy and the direct duty of enforcing the law is placed on the major and superintendent of police and the corporation counsel of the District of Columbia. More interesting possibly is the Federal law relating to the matter. You have been told, I believe, that there is no Federal law. The Federal law is a very direct and positive law and I shall be glad to indicate what seems to me to be the basic principle of it.

To go back, if you will, to about 1929 or 1930, when a bill was before Congress proposing to require every physician in the United States who desired to prescribe or dispense narcotic drugs to obtain a Federal permit before he did so, the medical profession objected to any such Federal control, even if it had been possible. It was not only impracticable, because of the size of the country and the number of physicians, but clearly, I think, most of us will admit, a law of that kind is clearly beyond the power of congress.

At that time there was incorporated in the act this provision:

The Secretary of the Treasury shall cooperate with the several States in the suppression of the abuse of narcotic drugs in their respective jurisdictions and to that end he is authorized (1) to cooperate in the drafting of such legislation as may be needed, if any, to effect the end named, and (2) to arrange for the exchange of information concerning the use and abuse of narcotic drugs in said States and for cooperation in the institution and prosecution of cases in the courts of the United States and before the licensing boards and courts of the several States. The Secretary of the Treasury is hereby authorized to make such regulations as may be necessary to carry this section into effect.

Mr. Vinson: What statute is that?

Dr. Woodward: That is the United States Code, 1934 edition, title 21, section 198. It is the statute of June 14, 1930.

Mr. Vinson: To what does it refer?

Dr. Woodward: To the statute that created the present Bureau of Narcotics.

If there is at the present time any weakness in our State laws relating to Cannabis or to marihuana, a fair share of the blame, if not all of it, rests on the Secretary of the Treasury and his assistants who have had this duty imposed upon them for 6 and more years. That there has been no coordinated effort to bring into effect, in the several States, really effective laws on this subject, I think I can safely assert.

Part of my function in connection with the American Medical Association is the study of State legislation as it is submitted from time to time, and I feel confident that if there had been any general drive inaugurated by the Treasury Department of the purpose of making effective the laws of the several States, that fact would have come to my knowledge. And yet, after all, that is the essential place, the States, for laws of this character.

It has only been very recently, apparently, that there has been any discovery by the Federal Government of the supposed fact that Federal legislation rather than State legislation is desirable.

I have here a copy of a preliminary report on hemp and peyote. Peyote is a different drug, habit forming perhaps. This report is prepared by direction of Surg. Gen. Hugh S. Cumming. It seems to be undated. But it was received from the Public Health Service September 26, 1932, and, referring to Cannabis, the statement is made, on page 12 of this mimeograph copy:

At present the situation does not seem to concern the American people as a whole, and local, and State legislative measures seem the best means of restricting its abuses.

I have here another statement submitted to the League of Nations Advisory committee on Traffic in Opium and Other Dangerous Drugs. It reports on the situation as regards Indian hemp and was forwarded by the representative of the United States of America. In it you will find the following statement:

The Bureau of Narcotics has always inclined to the opinion that the best method of attacking the problem lies in the enactment of appropriate State legislation and to that end has suggested to the States, as a portion of the measure known as the uniform Narcotic Drug Act terms of legislation designed to control the production and sale of Cannabis, and because of the fact that the plant may be found over a widespread area in its wild state, a prohibition against its unauthorized possession.

Then there follows a discussion of the difficulties of Federal enforcement of any law dealing with the geographic extent of the States and the wild character of the drug, and matters of that sort.

I think it might be well to consider for a moment the relative difficulties that might be faced by the States, as compared with those encountered by the Federal Government, in the enforcement of a law such as is here proposed.

Here is a law that proposes to bring within its scope everyone who produces, wittingly or unwittingly, a particle of Cannabis. It into every farm and every bit of land of every kind. We have this definition of producer. This comes in section 1, paragraph (c), page 2, lines 7 to 12, of the bill: The term "producer" includes any person who (1) plants, grows, cultivates, or in any way facilitates the natural growth of marihuana; (2) harvests and transfers or makes use of marihuana or (3) fails to destroy marihuana within 10 days after notice that such marihuana is growing upon land under his control. That means every potential owner of land in the United States is a potential and maybe an unwitting producer of marihuana. If the weed springs up on his land without his knowledge, he may have to go out and cut it, on notice.

You were told the other day that the notice must be a notice from the Secretary of the Treasury, but there is no such requirement. It is any notice whatsoever. There is no statement that it must be a notice from the Secretary of the Treasury. You can realize the difficulty that the Federal Government would have in covering the entire United States by an inspection force such as would be necessary to locate the growth of marihuana even in considerable quantities.

Marihuana grows wild along railroad tracks, along highways, on land belonging to the Federal Government, on land belonging to the States, on immense farms and ranches, forest land and places of that sort; places to which, by the way, the Federal Government, I believe, has no inherent right of entry. I know that it can obtain a warrant for a search, if there is reason to believe that the law is being violated. But that is in contrast with the State laws that authorize, at least some of the State agencies, to enter upon property without search warrants. I refer now to the customary right of entry that is possessed by health officers in the country.

The Federal Government could never determine where this plant was growing. It could never undertake to prosecute, and if it did prosecute it would meet with the same difficulty that it met in prosecuting under the National Prohibition Act; the inadequacy of courts and the inadequacy of prosecuting attorneys, and I may say, the inadequacy of jails.

Incidentally, at this point, there is one provision in the section that I have just read that I feel confident may have escaped the notice of the Secretary of the Treasury when he recommended the introduction of this bill; because under the section that I have just read, anyone who makes use of marihuana is a producer. As a producer he must be taxed, but apparently has the right to pay that tax and obtain the drug as a matter of course. Reduced to its last analysis, that means that any addict that can afford to raise the tax can go in and register as a producer and can then obtain such of the drug as he wants on order forms, for his own use. That, it seems to me, must clearly be an oversight.

Coming back now to the question of State laws, I think admittedly they are weak. They have laws. But if the Federal Government, instead of proposing a law as is here proposed, will cooperate effectively with the States in its suppression, not only of marihuana, but of opium and cocaine addiction, we shall get better results.

I have suggested more than once to the Commissioner of Narcotics, the advisability of following the plan that has been followed so successfully in the bureau of Public Health, and that is being followed to a certain extent by the Bureau of Investigation in the Department of Justice. That is the establishment of a system of annual conferences with State officers, for the purpose of coordinating their work and making their work more effective.

The Federal Government will never get anywhere under this proposed bill without the cooperation of the States, and the most effective way to acquire it is through State conferences, and have the States enforce their own State laws, with the aid of the Federal Government. I think there is a general tendency to evade responsibility on the part of the States and place their responsibility on the Federal Government. That is a thing that many of us think ought not to be tolerated.

In addition to the law that I have just read, there are other Federal laws, among them a law that has been in force for many years and with the enforcement of which the Secretary of the Treasury is not directly concerned, but I think a law, the enforcement of which he might well have interested himself in, in so far as it relates to narcotic drugs of all kinds, and particularly marihuana. I refer to the old statute that requires the teaching of the effects of narcotic drugs in all common public schools, in the District of Columbia and all territories and places under the control of the Federal Government, and, incidentally, at West Point and the naval Academy.

I think the proper preparation of an adequate course of instruction originating in the Treasury Department and distributed, it may be, through the Office of Education, would be an effective means of limiting dangers of narcotic addiction.

The trouble is that we are looking on narcotic addiction solely as a vice. It is a vice, but like all vices, it is based on human nature. The use of narcotics, as is trite at the present time in the medical profession, represents an effort on the part of the individual to adjust himself to some difficult situation in his life. He will take one thing to stimulate him and another to quiet him. His will is weakened in proportion as he relies on drugs of that sort. And until we develop young men and young women who are able to suffer a little and exercise a certain amount of control, even though it may be inconvenient and unpleasant to do so, we are going to have a considerable amount of addiction to narcotics and addiction to other drugs.

A very interesting recent popular book by Beverly Nichols, *No Place Like Home*, page 153, quotes the wonderfully efficient narcotic officer in Egypt as saying that persons were using tea for the purpose of getting a jag, if you will, boiling that tea day after day, until they got a hyper concentrated extract, and then sitting up all night to drink it, and spending their money for tea, rendering themselves unfit and unable to work. So that we must deal with narcotic addiction as something more than a police measure.

We, of the medical profession, of course, are interested, as are all citizens, in the prevalence or the growth of the narcotic habit. We are interested particularly in this bill because it proposes to tax physicians who desire to use Cannabis. And it taxes the pharmacists and the manufacturing pharmacists and others who supply them.

I think I may safely say, although I am speaking without direct authority from the house of delegates or the board of trustees---I think I may safely say that the American Medical Association would enter no objection at all to the inclusion of *Cannabis indica*. or the various types of Cannabis, in the Harrison Narcotic Act.

Under that act we are already paying a slight tax, such a tax as is sufficient merely to give the Government jurisdiction. We have certain order forms that we have to fill out to get the drug. We are required to comply with certain conditions in giving prescriptions for any of the narcotic drugs. And if Cannabis should be included in the drugs named, I think I can feel quite sure in saying there would be no objection.

It has been alleged here that the reason for not including it is the fact that the constitutionality of the Harrison Act has been passed upon the Supreme Court of the United States. It has, it is true, but only by a divided court. And unwillingness is expressed to incorporate in it any provisions relating to Cannabis, because of the supposed danger of jeopardizing the Harrison Narcotic Act. And, yet, while you are told that in one breath, in another breath you are positively assured-- with all the positiveness that a lawyer can have with respect to such matters-- that this proposed bill is constitutional. If this proposed bill is constitutional, there can be no reason why its provisions should not be incorporated in the Harrison Narcotic Act. If it is not constitutional, obviously it should not be enacted.

But insofar as the regulation of the use of Cannabis by the medical profession is concerned, I think there can be no question concerning the constitutionality of incorporating in the Harrison Narcotic Act, provisions similar to those now there relating to opium and cocoa leaves.

And, then, if there are in this bill provisions that are of questionable constitutionality, I am sure that any competent draftsman will be able to draft a separate measure, and put them into a form where, if their constitutionality is called into question, the question will not affect the Harrison Narcotic Act.

I beg, therefore, that if you decide that it is better to enact Federal legislation of this kind than to provide the Secretary of the Treasury with adequate means for procuring State cooperation in the enforcement of their own laws, and in enacting proper laws,---I beg that you insist simply that so far as the medical profession is concerned these provisions be incorporated in the Harrison narcotic Act.

I thank you, Mr. Chairman.

Mr. Vinson: Doctor, what is your connection with the American Medical Association?

Dr. Woodward: I am the director of the bureau of legal medicine and legislation and act as legislative counsel.

I should explain, perhaps, that I am a doctor, licensed to practice medicine; but I am also, I may say, a member of the bar, a lawyer.

Mr. Vinson: How long have you occupied that position?

Dr. Woodward: Since 1922.

Mr. Vinson: Before that time did you have any connection with the American Medical Association?

Dr. Woodward: For a while I was a member of its counsel on health and public instruction. I was a member of the Association and have been a member of it since 1892 or 1893.

Mr. Vinson: Were you connected with the association, or did you appear at the time the Harrison Narcotic Act was pending before Congress?

Dr. Woodward: I was at that time not their legislative representative. I was merely a correspondent who passed along to them such news as came to my attention. I was requested by the association at that time to cooperate with Dr. Hamilton Wright in preparing the law.

Mr. Vinson: You and your association favored the passage of the Harrison narcotic Act?

Dr. Woodward: I will not say we favored it. We felt it was an experiment.

Mr. Vinson: What was the position of the American Medical Association at the time the Harrison narcotic bill was being considered?

Dr. Woodward: So far as my recollection serves me they were in favor of State legislation. They realized the uncertainty of the passage of the Harrison Narcotic Act.

Mr. Vinson: And that is the position that you take today in regard to marihuana?

Dr. Woodward: That the most effective way is adequacy of State legislation plus Federal aid: Federal aid directly, and Federal aid through the Pure Food and Drug Act: cooperation between the Federal Government and the States with respect to the transportation of marihuana in interstate and foreign commerce through the mails.

Mr. Vinson: Now, as I caught your statement, you said that you had received no instruction and had no specific authority from the American medical Association to state their position in respect to this bill, but that you felt safe in submitting their position; is that right?

Dr. Woodward: If I created that impression, I created the wrong impression. I said that the policy of the American medical Association was determinable--- I intended to say that the policy of the American Medical Association was determinable by our house of delegates or our board of trustees, when it comes to legislation of this sort. I should add, however, that the house of delegates, not being available from which to receive instructions, and the board of trustees not being available, I did receive instructions from the executive committee of the board of trustees of the American Medical Association to appear here and oppose this bill.

Mr. Vinson: Let us see. You have a house of delegates?

Dr. Woodward: Yes, sir.

Mr. Vinson: Is that a popular body in the association?

Dr. Woodward: It is.

Mr. Vinson: They have not acted, have they?

Dr. Woodward: They meet once a year and have had no chance.

Mr. Vinson: And what was the other group that had not acted?

Dr. Woodward: The board of trustees.

Mr. Vinson: How are they selected?

Dr. Woodward: They are elected by the house of delegates. That is the governing body in the interim between annual meetings.

Mr. Vinson: And this other group, the executive council?

Dr. Woodward: The executive committee of the board of trustees.

Mr. Vinson: They are a small number?

Dr. Woodward: They are a smaller number; I think they are three or five men that get together during intervals. They can do it more conveniently than nine men can from all over the country.

Mr. Vinson: When did they get together?

Dr. Woodward: It must have been about the 19th or 20th of the month.

Mr. Vinson: After the introduction of this bill?

Dr. Woodward: Yes.

Mr. Vinson: They got together and advised you of their position?

Dr. Woodward: They did.

Mr. Vinson: And that followed in a general way, the attitude of the American Medical Association in respect to the Harrison Narcotic Act?

Dr. Woodward: It did.

Mr. Vinson: You seemed to take issue with the gentlemen representing the Treasury on the legal proposition; but I did not hear you say anything about the analogy of the *Firearms case* with the legal points involved in this act. You recognize that that opinion of the Supreme Court strengthens the position of the Treasury in the omission of certain functions that are contained in the Harrison Act?

Dr. Woodward: It broadens their functions. what I had in mind was the analogy of this act to the old Child Labor Tax Act, that you may recall, was decided in *Collector of Internal Revenue v. The Drexel Furniture Co.* (259 U.S. 20, in 1922).

Mr. Vinson: But the doctor, who is also a judge, recognizes that there has been a line of demarcation, not only in the Supreme Court opinion, but in the State courts, between that which is injurious and deleterious in itself and that which is not.

Dr. Woodward: May I read from the---

Mr. Vinson: That is a correct statement, is it not?

Dr. Woodward: That is a correct statement.

May I read from what the Court said in that case with respect to the use of the taxing power for the purpose of enforcing moral purposes? I read in part:

Taxes are occasionally imposed in the discretion of the legislature on proper subjects with the primary motive of obtaining revenue from them, and with the incidental motive of discouraging them, by making their continuance onerous. they do not lose their character as taxes because of the incidental motive. But there comes a time in the extension of the penalizing features of the so-called tax when it loses its character as such and becomes a mere penalty with the characteristics of regulation and punishment.

Mr. Vinson: When that same argument was directed at the Harrison narcotic Statute, that argument fell, did it not?

Dr. Woodward: Fell by a divided court.

Mr. Vinson: I say, it fell?

Dr. Woodward: It fell; yes.

Mr. Vinson: While it was a divided court, it fell?

Dr. Woodward: Yes.

Mr. Vinson: How long has it been that the american medical Association has been critical of the Federal Government in the matter of enacting legislation looking toward the control of the marihuana habit?

Dr. Woodward: It is not a habit that is connected with the medical profession and the medical profession knows very little of it.

Mr. Vinson: I did not ask you that, doctor.

Dr. Woodward: It arises outside of the medical profession, and the American Medical Association has no more evidence concerning it or the extent of the marihuana habit than this committee has.

Mr. Vinson: My question was this. has the American Medical Association taken cognizance of the marihuana habit and the need for its control?

Dr. Woodward: Only in connection with the development of a uniform State narcotics act.

Mr. Vinson: Let us see, doctor----

Dr. Woodward: I spent 5 years in connection with the national conference of commissioners on Uniform State Laws, in drafting that act, and there you will find a reference to Cannabis. That reference is based on a thorough study of the Cannabis situation at that time. The National Conference of Commissioners on Uniform State Laws, cooperating with the American Medical Association and with the Bureau of Narcotics and the American Pharmaceutical Association and other agencies, could not then find evidence that would lead it to incorporate in the model act a provision with respect to marihuana or Cannabis.

Mr. Vinson: When was that?

Dr. Woodward: What it did, however, was to frame provisions that might be incorporated in the act by anyone who was interested in regulation.

Mr. Vinson: When was that study, when did that occur?

Dr. Woodward: That must have occurred-- I do not believe I have a copy of it here.

Mr. vinson: Approximately?

Dr. Woodward: Five years ago.

Mr. vinson: I hand you here an editorial which I asked you to file. It seems to be the first editorial in the issue of the Journal of the American Medical Association dated Saturday, January 23, 1937, and it is headed Opium Traffic in the United States.

I take it that someone connected with the American Medical Association wrote that editorial.

Dr. Woodward: I assume that is correct.

Mr. Vinson: Do you know who did it?

Dr. Woodward: I do not know.

Mr. Vinson: Well, I want to read from the editorial a quotation that you did not call our attention to.

Closely allied with the opium traffic is the present situation with regard to Indian hemp, or marihuana. There is as yet no Federal legislation penalizing traffic in this drug, and Federal efforts are at present largely confined to restriction of imports and cooperation with those States or local bodies which have effective regulations.

It just seems to me that that is something of a criticism that the Federal Government has as yet passed no legislation penalizing the traffic in this drug.

Dr. Woodward: Mr. Vinson, if you will read that as a whole, you will find that it is substantially a review of a report made by the Commissioner of Narcotics, and mirrors in its statement of the facts and opinions, the facts and opinions that were embodied in his report.

Mr. Vinson: Do you not think that an editorial appearing in a great periodical such as the Journal of the American Medical Association, which does not attribute its conclusions to Mr. Anslinger's report, is entitled to consideration?

Dr. Woodward: It is a discussion of the opium traffic in the United States and the footnote reference is as follows: Anslinger, H. J.: Traffic in Opium and Other Dangerous Drugs for the Year Ended December 31, 1935, U.S. Treasury Department, Bureau of Narcotics, U. S. Government Printing Office, Washington, 1936.

Mr. Vinson: What does the footnote refer to? I did not expect this of you. I looked to see where that footnote came in. To what does this footnote refer? It comes in about the second or third sentence, where it refers to a certain report.

Dr. Woodward: Yes.

Mr. Vinson: A report that was made by Mr. Anslinger?

Dr. Woodward: Yes.

Mr. Vinson: The rest of that article, or that editorial, is not a quotation from Mr. Anslinger's report. They are giving a history, a picture of the opium traffic; is that not correct? That is, the opium and other narcotics traffic.

Dr. Woodward: They are mirroring the picture of the opium traffic given by Mr. Anslinger, as you must realize if you see the figures that are embodied in the statement. We certainly could not get those figures otherwise than from Mr. Anslinger's report.

Mr. Vinson: But if it does that; if it mirrors, as you say, the statements in Mr. Anslinger's report, we find that it comes to another paragraph; and I ask you here whether this is the language of the editor who wrote the editorial, or whether it is the language of the Anslinger report:

Closely allied with the opium traffic is the present situation with regard to Indian hemp, or marihuana. there is as yet no Federal legislation penalizing traffic in this drug, and Federal efforts are at present largely confined to restriction of imports, and cooperation with those States or local bodies which have effective regulations.

Dr. Woodward: I shall have to say that I do not know whether that is a substantially direct quotation from Mr. Anslinger's report or whether those are the words of the editor based on the report.

Mr. Vinson: To anyone who reads as he runs, to the ordinary person who would read this editorial, either a doctor or a layman, this editorial contained in the Journal of the American Medical Association under date of January 23, 1937, after the introduction of this bill, would there be anything to even squint at that being other than an editorial comment?

Dr. Woodward: In answer to that, I shall have to say, most certainly I can say, that no person of judgement reading that editorial would attribute it to any source other than Commissioner Anslinger's report.

Mr. Vinson: Let us get down here in the latter part of it.

Mr. McCormack: Will the gentleman yield?

Mr. Vinson: I yield.

Mr. McCormack: Editorial comment, of course, determines the policy of a magazine or newspaper?

Dr. Woodward: Not at all.

Mr. McCormack: the editorial comment does not?

Dr. Woodward: No.

Mr. McCormack: the editorial page is where I always look to find out the policy of the paper.

Dr. Woodward: The policies of the American Medical Association are made by the house of delegates, and under our bylaws, no one is authorized to express an opinion on behalf of the American Medical Association except the house of delegates, otherwise than as the board of trustees, in the interval between the annual meetings, may find it necessary to do so.

Mr. McCormack: Did the house of delegates tell the editor what he should write in an editorial, or would the house of delegates do that?

Dr. Woodward: It certainly does not.

Mr. McCormack: Assuming that what you say is correct, that this is a reprint of Commissioner Anslinger's report, quoting it in the editorial page, what would the average reader infer from that? Would he not infer that the editorial policy of the paper accepts the report of commissioner Anslinger as the basis of their editorial?

Dr. Woodward: As the basis of their editorial, certainly.

Mr. McCormack: Accepts it?

Dr. Woodward: As the basis of the editorial. They are informative editorials. You might refer to many other editorials. You will find that the average one is an informative editorial rather than one that determines the policy or indicates, even, the policy of the association. The editor would not dare to express the policy of the American Medical Association in the editorial columns of the Journal in any way contrary to the policy as determined by the house of delegates.

Mr. Thompson: will the gentleman yield?

Mr. McCormack: I yield.

Mr. Thompson: Doctor, is it not a fact that Dr. Fishbein is the editor of the American medical journal?

Dr. Woodward: He is.

Mr. thompson: And does not the American public generally regard Dr. Fishbein as representing the views of the American Medical Association in what he says editorially?

Dr. Woodward: I can hardly say what the American public---

Mr. Thompson: It seems that way out in my country, at least. When he speaks, people think that the American Medical Association expresses itself through Dr. Fishbein.

Mr. Vinson: Doctor, you say that the medical profession have not seen that there is an increased number of addicts to marihuana. The very last sentence in this editorial, the same editorial, conveys to me the thought that not only is the menace recognized, but there is another criticism of lack of control; and I read this sentence:

The two problems of greatest menace at the present time seem to be the rise in the use of Indian hemp, with inadequate control laws and the oversupply of narcotic drugs available in the Far East, which threatens to inundate the western world.

Dr. Woodward: I think we shall agree that, based on Commissioner Anslinger's statement, that does seem to be the case.

Mr. Vinson: Doctor, you have been appearing before committees of Congress on behalf of the American Medical Association for 15 years in your present status?

Dr. Woodward: About 15 years.

Mr. Vinson: And for several years before that; is that correct?

Dr. Woodward: Back to 1892, seldom a year has passed that I have not appeared before one or more committees of Congress.

Mr. Vinson: Would it be too much trouble for you to give us a statement of bills on which you have testified, representing the American Medical Association, and the stand that you took in regard to the pending legislation?

Dr. Woodward: It would be certainly impossible to do that.

Mr. Vinson: Let us take the last 15 years. What bills have you advocated the passage of in behalf of the American medical Association since 1922?

Dr. Woodward: We have most vigorously advocated the passage of food and drug, medical device, and cosmetic legislation, and we are doing so now.

Mr. Vinson: which one?

Dr. Woodward: There are several.

Mr. Vinson: There are several bills, and there are several groups of folks who are fighting your bill. Which bill are you supporting? Is it the administrative bill?

Dr. Woodward: There are two administrative bills, so to speak. either one of them can be amended to make it an effective bill. I should say, if you want my own judgement, it is that the Copeland bill, in its present form, is the best bill that has yet reached Congress; and it is woefully ineffective, so far as it relates to drugs, therapeutic devices, and advertising.

Mr. Vinson: What other legislation have you sponsored or favored?

Dr. Woodward: I would have to go back and look through the record.

Mr. Vinson: The point is that I want to know what legislation, what affirmative action of Congress, has the American Medical Association sponsored since you have been connected with it?

Dr. Woodward: I should have to go back and search the records for it.

Mr. Vinson: Three years ago, when the social security bill was pending, when we had title VI before us, which some of us thought was quite helpful, where were you?

Dr. Woodward: Where was the American Medical Association?

Mr. Vinson: Where were you? I know where the American Medical Association was, because President Behring happened to be in town. He was president of the American Medical Association, was interested, and testified, not because he was authorized to do so by the house of delegates of your association, but he testified in favor of the legislation: title VI, dealing with public health. That was pending for several months. I was just wondering where you were when that piece of work, looking at it from a medical viewpoint, was pending.

Dr. Woodward: I personally, I resume, was in Chicago. That is where my headquarters are.

Mr. Vinson: You knew about it, did you not?

Dr. Woodward: We knew about it, and we might differ with you in your judgement as to whether it was or was not a piece of medical legislation.

Mr. Vinson: As a matter of fact, you do differ--- you personally differ?

Dr. Woodward: Personally, I certainly do.

Mr. Vinson: You do not approve it now?

Dr. Woodward: Well----

Mr. Vinson: I am not speaking of the law, but you do not approve the performance of that kind of a function now?

Dr. Woodward: What kind of a function, Mr. Vinson?

Mr. Vinson: Title VI.

Dr. Woodward: What is title VI?

Mr. Vinson: I thought you understood what title VI was.

Dr. Woodward: Let us get that in the record, if you please.

Mr. Vinson: Title VI of the social security bill provided for an authorization of \$10,000,000, \$2,000,000 of which was to go for research and investigation and \$8,000,000 of which was to be used in grants for States for public health work.

Dr. Woodward: I do not believe the American Medical Association ever opposed provisions for research and investigation. It has been, and is, consistently opposed to anything that seems to involve, through subsidies, the purchase of State rights by the Federal Government.

Mr. Vinson: You do not agree with that policy?

Dr. Woodward: The purchase of States rights?

Mr. Vinson: I am talking about the policy set forth in the social security bill, title VI, with which you are very familiar.

Dr. Woodward: Let us limit it. I shall say that I am thoroughly in favor of the appropriation by the Federal Government of adequate money for research by the Public Health Service or any other agency of the Government; and an adequate appropriation of money by the Federal Government to meet the needs of the destitute and suffering States anywhere.

Mr. Vinson: I still ask you to say whether or not you favored the passage of that act at that time, or whether or not you favor the principle set forth in it now.

Dr. Woodward: We took no position.

Mr. Vinson: I am not talking about "we." I am talking about you personally.

Dr. Woodward: Me personally?

Mr. Vinson: Yes, sir; because I know that you have quite an influence on the policy of the American Medical Association.

Dr. Woodward: You flatter me in that respect. I should say the general policy of the Federal Government with respect to the old age pensions----

Mr. Vinson: No; that is not what I asked.

Dr. Woodward: You mean the health part of it?

Mr. Vinson: Title VI, "Public health."

Dr. Woodward: I just stated that we favor anything that promotes public health.

Mr. Vinson: You did not favor it, did you?

Dr. Woodward: Yes, we favor that.

Mr. Vinson: You did not appear?

Dr. Woodward: I did not actively appear.

Mr. Vinson: We happened to catch the president of the American Medical Association while he was visiting here, and he was big enough and broad enough to come to the support of the legislation.

Dr. Woodward: I did not appear in that, because I was not instructed to. I might say--- it is a personal matter, although it may interest the committee to see the background from which I come--- I was health officer of the District of Columbia for 24 years, from 1894 until 1918.

I was health commissioner of the city of Boston from 1918 to 1922, when I took my present position.

I have graduated in the law and have been licensed to practice law in the District of Columbia, in Massachusetts, and in Illinois. I am a member of the Bar of the United States Supreme Court.

I am licensed to practice medicine in the District of Columbia and in Massachusetts.

The Chairman: You seem to qualify both as a lawyer and as a doctor.

Dr. Woodward: I have lectured on legal medicine in one or two or three or four colleges every year since 1892.

Mr. Cooper: Doctor, I agree with the Chairman that you have established that you are both a doctor and a lawyer. Now I understood you to say that you did not favor the passage of the Harrison Narcotic Act.

Dr. Woodward: We favored it to the extent of actively cooperating in the framing of it and securing its passage. We did not regard it as an act that was going to accomplish what it set out to accomplish; and it has not. If you will stop for a moment to think that the addicts of the country are still obtaining their supply of narcotic drugs through the drugs that are illicitly brought into the United States in contravention of the provisions of that act, and that they distribute them in contravention of the provisions of that act

--- if you will examine certain testimony given by the Commissioner of Narcotics before the Judiciary Committee of the House a day or two ago, cited in this very hearing as evidence of his support of this bill, you will find that there is no such support at all but is a frank confession on his part that he needs more authority before he can enforce the Harrison Narcotic Act. We need heavier penalties; we need other provisions. we cannot enforce the act, and you would find the enforcement of this act a thousand times more difficult than the enforcement of the Harrison Narcotic Act.

Mr. Cooper: I understood you to state a few moments ago, in answer to a question asked by Mr. Vinson, that you did not favor the passage of the Harrison Narcotic Act, because you entertained the view that the control should be exercised by the States.

Dr. Woodward: I think you are probably correct. But we cooperated in securing its passage.

Mr. Cooper: You did not favor it, though?

Dr. Woodward: Did not favor the principle, no.

Mr. cooper: Are you prepared to state now that that act has produced beneficial results?

Dr. Woodward: I think it has.

Mr. Cooper: You think it has?

Dr. Woodward: I think it has.

Mr. cooper: You appeared before the committee, the Ways and Means Committee of the House, in 1930, when the bill was under consideration to establish the Bureau of Narcotics, did you not?

Dr. Woodward: I did.

Mr. Cooper: And at that time, did you not state that "the physicians are required by law to register in one form or another, either by taking out a license or by a system of registration that is provided for in the Harrison Narcotic Act; they are required to keep records of everything they do in relation to the professional and commercial use of narcotic drugs. To that, I think, we can enter no fair objection, because I see no other way by which the situation can be controlled."

That was your view then, was it not?

Dr. Woodward: It was; and if I may interject, to that--- that same method of regulating Cannabis, insofar as it is a medical problem, tying it in with the Harrison Narcotic Act--- I think you will find that our board of trustees and house of delegates will object.

Mr. Cooper: I understood you as criticizing, or at least calling attention to, the failure of testimony to be presented here from the Bureau of Prisons, the Children's Bureau, the Office of Education and other Government agencies on this subject.

Dr. Woodward: The Indian Bureau, for instance, among whose charges there is certainly a tendency to use narcotics. They have no evidence to submit on this bill.

Mr. cooper: Regardless of all that, do you state now before this committee that there is no difficulty involved--- that there is no trouble presented because of marihuana?

Dr. Woodward: I do not.

Mr. cooper: What is your position on that?

Dr. Woodward: My position is that if the Secretary of the Treasury will cooperate with the States in procuring the enactment of adequate State legislation, as he is charged with doing under the law, and will cooperate with the States in the enforcement of the State laws and the Federal law, as likewise he is charged with doing, the problem will be solved through local police officers, local inspectors, and so forth.

Mr. cooper: With all due deference and respect to you, you have not touched, top side, or bottom, the question that I asked you. I asked you: Do you recognize that a difficulty is involved and regulation necessary in connection with marihuana?

Dr. Woodward: I do. I have tried to explain that it is a State matter.

Mr. Cooper: Regardless whether it is a State or a Federal matter, there is trouble?

Dr. Woodward: There is trouble.

Mr. Cooper: There is trouble existing now, and something should be done about it. It is a menace, is it not?

Dr. Woodward: A menace for which there is adequate remedy.

Mr. Cooper: Well, it probably comes within our province as to what action should be taken about it. I am trying to get from you some view, if you will be kind enough to give it. To what do you object in this particular bill, in the method that is sought to be employed here?

Dr. Woodward: My interest is primarily, of course, in the medical aspects. We object to the imposing of an additional tax on physicians, pharmacists, and others, catering to the sick; to require that they register and reregister; that they have special order forms to be used for this particular drug, when the matter can just as well be covered by an amendment to the Harrison Narcotic Act.

If you are referring to the particular problem. I object to the act because it is utterly unsusceptible of execution, and an act that is not susceptible of execution is a bad thing on the statute books.

Mr. Cooper: I would be more interested in knowing what objection you would offer from the doctor's of physician's standpoint.

Dr. Woodward: The matter of registration, added registration, added fees.

Mr. Cooper: What are the fees required under this act?

Dr. Woodward: They are low, but in the aggregate they will impose on the sick of the country a tax of probably a million dollars.

Mr. Cooper: The registration fee provided is \$1 a year, is it not?

Dr. Woodward: It is a dollar a year for a practitioner.

Mr. Cooper: A dollar a year for the doctor or physician to pay. Do you think the doctors of this country would object to the payment of a dollar a year?

Dr. Woodward: The unnecessary payment of a dollar a year; yes.

Mr. Cooper: You think they would seriously object to the payment of a dollar a year?

Dr. Woodward: They would object not seriously to that if that were all.

Mr. Cooper: All right; that is what I am talking about; the payment of a dollar a year.

Dr. Woodward: They object to paying fees that they have to pay and the execution of forms and the use of special records, and everything of that kind.

Mr. Cooper: And that was one of the objections to the Harrison Narcotic Act, was it not?

Dr. Woodward: I do not recall that particular objection.

Mr. Cooper: Do you not recognize that some such regulation, some method as that in this bill is necessary if the problem is to be solved and the situation met properly?

Dr. Woodward: No. I recognize that it is entirely unnecessary because a measure now exists in the Harrison Narcotic Act with which this can be tied in.

Mr. Cooper: has the method employed under the Harrison Narcotic Act produced satisfactory results, in your opinion?

Dr. Woodward: If you will define "satisfactory". I should say the method of registration has not yet satisfactorily solved the narcotic problem for the United States, and never will.

Mr. Cooper: You do not think the Harrison narcotic Act has produced any favorable results in the country then?

Dr. Woodward: No; I said before that it has produced favorable results.

Mr. Cooper: And you do not think the system of registration provided for there has proven successful?

Dr. Woodward: No. I believe it has proved successful insofar as such a system can prove successful. It registers the honest man, the men who will comply with the law, and the offenders who will not comply with the law not only do not register, but they are not required to register.

Mr. Cooper: Is not registration of doctors or physicians necessary for effective control of this problem that we have?

Dr. Woodward: They are already registered.

Mr. Cooper: I am not talking about that. It is necessary for an effective control of this problem that we have here?

Dr. Woodward: Registration is, but not new registration. We are already registered.

Mr. Cooper: I understand all of that. But do you think registration is necessary to meet the problem that we have here?

Dr. Woodward: Some kind of registration; yes.

Mr. Cooper: All right.

Dr. Woodward: But we have it already.

Mr. Cooper: You recognize the fact, of course, that in your two professions, medicine and the law--- and it is my privilege to be a member of one of those professions--- the vast majority of ethical practitioners, noble men engaged in those laudable pursuits, vastly outnumber the few who are unethical and are no credit to the profession, do you not?

Dr. Woodward: That is true.

Mr. Cooper: But you do have a few in both of these great professions that reflect no great credit on the professions, is that correct?

Dr. Woodward: Undoubtedly.

Mr. Cooper: Do you not recognize the fact that when we are dealing with a problem as far reaching in its scope as this, that we have to have some regulation that will be effective on that small minority of those who are not willing to measure up to the high ethics of the profession, to regulate and control them in some way?

Dr. Woodward: We recognize that fully.

Mr. Cooper: And you do not believe that this vast majority of ethical practitioners will be glad to cooperate in order to see this small minority brought under a proper degree of control?

Dr. Woodward: They will be glad to cooperate and they are cooperating, but we ask cooperation on the part of the Federal Government by not imposing an unnecessary burden which in the end falls on the sick.

Mr. McCormack: Will the gentleman yield right there?

Mr. Cooper: I yield.

Mr. McCormack: You say, in response to Mr. Cooper's question that one of the objections is registration. Do doctors register under the State laws now, where they exist?

Dr. Woodward: Yes, sir.

Mr. McCormack: You said that another objection was the making out of forms. Do they make out forms under State laws where they now exist?

Dr. Woodward: Under the Harrison Narcotic Act.

Mr. McCormack: I am talking about the uniform State laws with reference to marihuana.

Dr. Woodward: There is no uniform State law with reference to marihuana.

Mr. McCormack: Thirty-five or thirty-six States have such a law?

Dr. Woodward: Some kind of a law.

Mr. McCormack: Well, they register under those laws, do they not?

Dr. Woodward: They register under the Harrison Narcotic Act.

Mr. McCormack: I am talking about State marihuana laws. Do they register under these State laws?

Dr. Woodward: If it is embodied in the uniform narcotic act; if the marihuana act of the State is embodied in its uniform State narcotic act, then according to my best recollection, the act requires registration under the harrison Narcotic Act as compliance with the State law.

Mr. McCormack: Then they have to make out forms under the State law?

Dr. Woodward: No. The Federal forms are adequate wherever there are Federal forms.

Mr. McCormack: But where there is a State law with reference to marihuana, they have to make out some kind of forms?

Dr. Woodward: Prescriptions, probably.

Mr. McCormack: They have to make a report of some kind, do they not?

Dr. Woodward: They probably do, but they do not deal with marihuana at all.

Mr. McCormack: I do not want to take up too much of Mr. Cooper's time, but I would like to ask this: You do not object to registration under State legislation?

Dr. Woodward: I do not.

Mr. McCormack: And you do not object to making out forms under State legislation?

Dr. Woodward: We do object-- as a matter of fact, that it the reason that the uniform State law provides---

Mr. McCormack: (interposing). Doctor, I just asked a very simple question. You do not object to registering under State law?

Dr. Woodward: We are already registered. We do not object to registering.

Mr. McCormack: You do not object to making out forms and other clerical records under State law?

Dr. Woodward: That is, if there is no other registration that duplicates it.

Mr. McCormack: All right; but under State law.

Dr. Woodward: Yes.

Mr. McCormack: And if the Federal Government did not undertake to meet this problem but left it to the States, then you would recognize that any State legislation would require registration and making out of records and reports?

Dr. Woodward: That would depend on the nature of the law, certainly.

Mr. McCormack: But you would not object to it?

Dr. Woodward: We would not object to any reasonable registration.

Mr. McCormack: Under State law?

Dr. Woodward: Under any law, Federal or State; any reasonable degree of registration, Federal or State, we are perfectly willing to abide by.

Mr. Robertson: Will the gentleman yield?

Mr. McCormack: I yield.

Mr. Robertson: Doctor, I understood from the editorial that you filed that the editor said we had no adequate law covering marihuana. I understood you to testify that it was covered by an act of 1930 and later you said that you thought it ought to be included under the Harrison Narcotic Act. Which of those three do you recommend to us?

Dr. Woodward: If I were called upon to adjust the matter, I should say that the Secretary of the Treasury should be provided with means to enable him to discharge the duty imposed upon him by Congress, of cooperating with the several States in securing enactment of adequate laws, and the enforcement of those laws, to prevent the prevalence and continuance of the Cannabis habit.

Mr. Robertson: Then we have no adequate law at the present time?

Dr. Woodward: Some of the State laws are adequate; others are not.

Mr. Robertson: But no adequate Federal law?

Dr. Woodward: No adequate Federal law that relates to intrastate matters.

Mr. Robertson: Yes. Now, does the production of Cannabis or marihuana or Indian hemp differ in some respects from principal narcotics covered by the Harrison Narcotic Act?

Dr. Woodward: You mean production generally?

Mr. Robertson: The widespread production or possibility of production in this country.

Dr. Woodward: The only difference is that the cocoa plant and the opium plant do not grow here as yet and the Cannabis plant does.

Mr. Robertson: Then that makes it a peculiar problem with respect to the Cannabis plant, if it is a habit-forming drug, deleterious in its effect?

Dr. Woodward: But the Harrison Narcotic Act provides for the registration of producers, and the men who grow are producers.

Mr. Cooper: I understood you to say a few moments ago, in response to a question that I asked you, that you recognize there is an evil existing with reference to this marihuana drug.

Dr. Woodward: I will agree as to that.

Mr. Cooper: Then I understood you to say just now, in response to a question by Mr. Robertson of Virginia, that some of the State laws are inadequate and the Federal law is inadequate to meet the problem.

Dr. Woodward: Yes, sir.

Mr. Cooper: That is true?

Dr. Woodward: I think that is clear.

Mr. Cooper: And, as you recall, there are two States that have no law at all?

Dr. Woodward: That is the best of my recollection.

Mr. Cooper: Taking your statement, just as you made it here, that the evil exists and that the problem is not being properly met by State laws, do you recommend that we just continue to sit by idly and attempt to do nothing?

Dr. Woodward: No; I do not. I recommend that the Secretary of the Treasury get together with the State people who can enforce the law and procure the enactment of adequate State laws. They can enforce it on the ground.

Mr. Cooper: Years have passed and effective results have not been accomplished in that way.

Dr. Woodward: It has never been done.

Mr. Cooper: And you recommend that the thing for us to do is to just continue the doctrine of laissez-faire and do nothing?

Dr. Woodward: It has never been done.

Mr. McCormack: May I ask the gentleman from Tennessee to ask the witness this question? The doctor has made the statement that the Secretary of the Treasury should cooperate with the States in the passage of legislation, and to enforce that legislation; that is the Federal Government should enforce the legislation. I wish the gentleman would pursue that a little further. What kind of legislation can the Federal Government pass? We have to have some kind of legislation.

Dr. Woodward: It is now the statutory duty of the Secretary of Treasury---

Mr. Cooper: Proceed and answer Mr. McCormack's question, if you will.

Dr. Woodward: It is now the statutory duty of the Secretary of the treasury to cooperate with the several States in procuring the enactment of effective State legislation and to cooperate with them in the enforcement of the Federal and State narcotic laws.

The latter provision particularly was brought about by a practice that prevailed at one time in the Treasury Department, whereby the Bureau or the Division that was then enforcing the Harrison narcotic law, having clear evidence of a violation of State laws, refused to give any aid to the State.

Now, the Secretary of the Treasury has ample authority and it is his duty to give to the States information concerning the violation even of State laws, and to allow his own officers to go into the State courts and before State medical boards to enforce or help to enforce State laws.

Mr. McCormack: That would require legislation.

Dr. Woodward: No; we have it here.

Mr. McCormack: But so far as marihuana is concerned, there would have to be some kind of legislation?

Dr. Woodward: You mean in the States?

Mr. McCormack: No; by the Federal Government to assist the States in enforcing the law.

Dr. Woodward: That is already on the statute books. I quoted from the statute a moment ago, and I am sure you will find it in the record. But the statute does not relate----

Mr. McCormack: I know what you have in mind. But my question is this: In order for the Federal Government to assist the States in enforcement of this legislation aimed at this evil, some action would have to be taken by Congress giving them some enforcement capacity in this particular regard?

Dr. Woodward: No. The law relates to narcotic drugs, not to the Harrison law, and not to opium or coca leaves, but narcotic drugs.

Mr. McCormack: But Congress would have to pass some kind of legislation with reference to marihuana in order to make the law applicable?

Dr. Woodward: No.

Mr. McCormack: Do you mean to say that the Secretary of the Treasury, or some agent of the Federal Government, can now enforce this law without legislation on the part of Congress?

Dr. Woodward: I say that he can cooperate with the States to secure enactment.

Mr. McCormack: He can cooperate; yes. I used the word "enforce" because you used the word "enforce."

Dr. Woodward: He can give them the aid of his own men, provide them with evidence that his own men collect; to that extent he can aid them in enforcing their laws.

Mr. McCormack: He can do that now without legislation?

Dr. Woodward: He can.

Mr. McCormack: with reference to marihuana?

Dr. Woodward: With reference to any narcotic drug.

Mr. McCormack: Not designated, not stated in the law?

Dr. Woodward: Not stated in the law. here is the statute as it reads----

Mr. McCormack: Can the Federal Government prosecute?

Dr. Woodward: Anyone can prosecute in a criminal court if he presents the evidence. The Federal Government can do it, but ordinarily they will only do it through State officers.

The law reads:

The Secretary of the Treasury shall---

Not may, but shall---

cooperate with the several States in the suppression of the abuse of narcotic drugs in their respective jurisdictions.

At the very time that this was passed, the definition of narcotic drugs was enacted by Congress in connection with admissions to the Federal narcotic farms, and in connection with the definition of addict, the Cannabis habit was included.

Mr. McCormack: Go ahead. Where is the power of the Federal Government to enforce a State criminal statute?

Dr. Woodward: The Secretary of the Treasury--- anyone who presents to a prosecuting officer the evidence can do that.

Mr. McCormack: Doctor, you are not telling me something that I do not know. You are talking about some agent of the Federal Government in his individual capacity doing something, which is entirely different from what I was talking about.

Dr. Woodward: I will read the entire section.

Mr. McCormack: You might just as well tell me that a police officer of the city of Boston, when he goes into court, goes in in his individual capacity as distinguished from his capacity as a police officer.

Dr. Woodward (reading):

The Secretary of the Treasury shall cooperate with the several States in the suppression of the abuse of narcotic drugs in their respective jurisdictions, and to that end he is authorized (1) to cooperate in drafting of such legislation as may be needed, if any, to effect the end named, and (2) to arrange for the exchange of information concerning the use and abuse of narcotic drugs in said States and for cooperation in the institution and prosecution of cases in the courts of the United States and before the licensing boards and courts of the several States.

That is a very specific provision.

Mr. McCormack: Additional legislation with reference to marihuana is necessary.

Dr. Woodward: The term "narcotic drug" covers that in this language.

Mr. Cooper: Coming back for a moment to the question that I asked previously, if the fact remains as you state, that there is this evil present, and it is not being effectively treated or dealt wit, do you not think something should be done, or some attempt should be made, to do something to try to meet that evil?

Dr. Woodward: Certainly.

Mr. Cooper: To what extent is marihuana used by physicians in the country as a beneficial and a helpful drug?

Dr. Woodward: But very little.

Mr. Cooper: Very little?

Dr. Woodward: Very little.

Mr. Cooper: In fact, to such a small extent that the American medical Association's own publication has left it out of the list of useful drugs, has it not?

Dr. Woodward: We probably did. I have not examined "Useful drugs", but we probably did.

Mr. Cooper: Then if it is apparent that this drug is not beneficial and useful in prescriptions given by physicians, but that an illicit traffic has developed in it for injurious and deleterious purposes, you agree that effective methods should be employed to meet that problem, do you not?

Dr. Woodward: I do.

Mr. Lewis: Perhaps you can tell us from memory, Doctor, how many pharmacists there are in the United States.

Dr. Woodward: I cannot.

Mr. Lewis: can you tell us how many physicians?

Dr. Woodward: Approximately 160,000 registered; and probably, as a guess, I would say 120,000 in active practice. We have in the American Medical Association about 100,000 members.

Mr. Lewis: There would not be half as many pharmacists, would there?

Dr. Woodward: Probably not. I have here a form that may be helpful in that regard.

Mr. Lewis: You may supply the figures when you revise your remarks.

Dr. Woodward: The best that I can do is to supply the figures from the Commissioner of Internal Revenue as to the number of registrations under the Harrison Narcotic Act.

Mr. Lewis: Do any of the gentlemen at the table know how many pharmacists there are in the country?

Mr. Hester: About 48,000.

Mr. Lewis: And 120,000 practicing physicians?

Dr. Woodward: I suppose there are 100,000 of them practicing. Many of them are retired and not in active practice; many are specialists.

Mr. Lewis: A tax of a dollar on each of them would come to about \$148,000. You spoke of a million dollars in taxes a little earlier in the day.

Dr. Woodward: I will supply the figures on which that estimate is based. It is taken directly from official reports, giving the number of potential registrants in each class. If the registrations under this act were in the same proportion as the registrations under the Harrison Narcotic Act, the annual tax would be approximately a million dollars a year. That is the best I can do.

Mr. Vinson: Will you break that down for the record?

Dr. Woodward: I will do that very gladly. (The statement referred to is as follows:)

Amount of tax--- Assuming that all manufacturers, compounders, dispensers, and prescribers of drugs who now register under the harrison Narcotic Act would register under this bill if enacted, and taking the latest report available to show the numbers of persons so registered, the Annual Report of the Commissioner of Internal Revenue for 1935, we deduce the following:

Manufacturers, importers, and compounders (210, at \$50).....	\$ 10,500
Wholesale dealers (1,460, at \$15).....	21,900
Retail dealers (53,687, at \$15).....	803,305
Practitioners (158,618, at \$1).....	158,618
Total	994,323

To this must be added the revenue derived from an unknown number of producers of Cannabis at \$25 a year, and from an unknown number of laboratory workers, at \$1 a year; also the amount that must be added for registrants who register at more than one place.

The entire amount of this cost will presumably be passed along to legitimate users of Cannabis, chiefly the sick, and the cost of sickness be thus increased. While it may properly be claimed that Cannabis is seldom used in medicine, nevertheless manufacturers, wholesale merchants, retailers, and practitioners will have to pay prescribed taxes in order to be able to supply or to prescribe the drug if and when needed.

Cost of enforcement.--- The sick, along with all other persons, will have to pay through general taxation the cost of enforcing this act, in excess of the taxes collected. Congress should labor under no delusions about the cost of enforcement, if genuine enforcement of the law be attempted. If it is not, the bill will be an idle gesture, an evidence of bad faith on the part of the Government, and had best not be enacted.

Mr. Lewis : Let me ask you this additional question. Judging from the expert medical testimony given here, it appears that it is rarely true, if it is ever true, that a physician would prescribe this drug. He would find other drugs more desirable, more sure in their operation. No physician, then, who did not think well of this drug, would need to take out a special license at all, would he?

Dr. Woodward: He would not have to. Most physicians would want to preserve the right to use it, probably. I do not know how many. The drug, however, is a peculiar drug. The products are uncertain in their action and the composition of the drug is hardly understood. We do not know that the resin which is said to be the active principle is in fact the active principle, but may be broken down into other ingredients, some of which may have one effect and some of which may have another.

According to what has been quoted from this report of Dr. Bouquet there are evidently potentialities in the drug that should not be shut off by adverse legislation. The medical profession and pharmacologists should be left to develop the use of this drug as they see fit.

Mr. Lewis: That is all.

The Chairman: I believe you said at the outset of your statement that the medical use of this drug has fallen off considerably.

Dr. Woodward: Very greatly.

The Chairman: In corroboration of that I have a statement here giving the number of prescriptions and showing the relative use of this drug as compared to other drugs.

In 1885 there were 5 prescriptions out of every 10,000, as fluid extract; in 1895, 11.6; in 1907, 8 out of every 10,000; in 1926, 2.3, and in 1933, the last figures we have 0.4 out of every 10,000.

That correlates your statement that its use as a drug for treatment of diseases, by the medical profession, has greatly fallen off and is on the decrease. The use of it seems to be negligible in the medical profession according to that statement.

On the other hand, it seems that there has been a great increase in the use of it as a narcotic where it has its most dangerous and deleterious effects.

If its use as a medicine has fallen off to a point where it is practically negligible, and its use as a dope has increased until it has become serious and a menace to the public, as has been testified here--- and the testimony here has been that it cause people to lose their mental balance, cause them to become criminals so that they do not seem to realize right from wrong after they become addicts of this drug--- taking into consideration the growth in its injurious effects and its diminution in its use so far as any beneficial effect is concerned, you realize, do you not, that some good may be accomplished by this proposed legislation?

Dr. Woodward: Some legislation; yes, Mr. Chairman.

The Chairman: If that is admitted, let us get down to a few concrete facts. With the experience in the Bureau of Narcotics and with the State governments trying to enforce laws that are now on the State statute books against the use of this deleterious drug, and the Federal Government has realized that the State laws are ineffective, don't you think some Federal legislation necessary?

Dr. Woodward: I do not.

The Chairman: You do not?

Dr. Woodward: No. I think it is the usual tendency to----

The Chairman: I believe you did say in response to Mr. Cooper that you believed that some legislation of some change in the present law would be helpful. If that be true, why have you not been here before this bill was introduced proposing some remedy for this evil?

Dr. Woodward: Mr. Chairman, I have visited the Commissioner of Narcotics on various occasions----

The Chairman: That is not an answer to my question at all.

Dr. Woodward: I have not been here because----

The Chairman: You are representing the medical association. If your association has realized the necessity, the importance of some legislation--- which you now admit--- why did you wait until this bill was introduced to come here and make mention of it? Why did you not come here voluntarily and suggest to this committee some legislation?

Dr. Woodward: I have talked these matters over many times with the----

The Chairman: That does not do us any good to talk matters over. I have talked over a lot of things. The States do not seem to be able to deal with it effectively, nor is the Federal Government dealing with it at all. Why do you wait until now and then come in here to oppose something that is presented to us. You propose nothing whatever to correct the evil that exists. Now, I do not like to have a round-about answer, but I would like to have a definite, straight, clean-cut answer to that question.

Dr. Woodward: We do not propose legislation directly to Congress when the same end can be reached through one of the executive departments of the Government.

The Chairman: You admit that it has not been done. You said that you thought some legislation would be helpful. That is what I am trying to hold you down to. Now, why have you not proposed any legislation? That is what I want a clean-cut, definite, clear answer to.

Dr. Woodward: In the first place, it is not a medical addiction that is involved and the data do not come before the medical society. You may absolutely forbid the use of Cannabis by any physician, or the disposition of Cannabis by any pharmacist in the country, and you would not have touched your Cannabis addiction as it stands today, because there is no relation between it and the practice of medicine or pharmacy. It is entirely outside of those two branches.

The Chairman: If the statement that you have just made has any relation to the question that I asked, I just do not have the mind to understand it; I am sorry.

Dr. Woodward: I say that we do not ordinarily come directly to Congress if a department can take care of the matter. I have talked with the Commissioner, with Commissioner Anslinger.

The Chairman: If you want to advise us on legislation, you ought to come here with some constructive proposals, rather than criticism, rather than trying to throw obstacles in the way of something that the Federal Government is trying to do. It has not only an unselfish motive in this, but they have a serious responsibility.

Dr. Woodward: We cannot understand yet, Mr. Chairman, why this bill should have been prepared in secret for 2 years without any intimation, even, to the profession, that it was being prepared.

The Chairman: Is not the fact that you were not consulted your real objection to this bill?

Dr. Woodward: Not at all.

The Chairman: Just because you were not consulted?

Dr. Woodward: Not at all.

The Chairman: No matter how much good there is in the proposal?

Dr. Woodward: Not at all.

The Chairman: That is not it?

Dr. Woodward: Not at all. We always try to be helpful.

Mr. Vinson: the fact that they took that length of time in the preparation of the bill, what has that to do with the merits of the legislation?

Dr. Woodward: The legislation is impracticable so far as enforcement is concerned, and the same study devoted to State legislation, with 44 State legislatures in session this year would have produced much better results.

Mr. Vinson: If the legislation had been prepared in one day you could have answered what your objection was. But it crops out here just at the end of your testimony that this legislation has been studied for 2 years and prepared in secret.

Dr. Woodward: Yes.

Mr. Vinson: What has that fact, if it be a fact, to do with the merits of the legislation, unless you are piqued?

Dr. Woodward: It explains why I am here voicing opposition to the bill that might have been adjusted to meet the needs of the medical profession if we had been consulted at an earlier date. I should have been glad to have cooperated with the Bureau of Narcotics in the preparation of a bill, if an opportunity had been afforded.

Mr. Dingell: The impression I gain from your last remark is that it is only the medical profession that is interested in this bill; but what about the 125,000,000 people in this country? This is not only a bill that the medical profession is interested in, or that the American Medical Association is interested in, but all of the people are interested in it. Incidentally, I would like to ask how many doctors are members of the American Medical Association.

Dr. Woodward: Approximately 100,000.

Mr. Dingell: That many are members of the American Medical Association?

Dr. Woodward: Yes, sir.

Mr. Dingell: How many doctors are there in the United States?

Dr. Woodward: Probably 140,000 or 150,000, or there may be 160,000.

Mr. Dingell: Are we to understand that the medical men of the State of Michigan, or the medical profession in Wayne County, or the medical association of Detroit, are opposed to this legislation?

Dr. Woodward: I do not know. No medical man would identify this bill with medicine until he read it through, because marihuana is not a drug.

Mr. Dingell: Please tell me this: What effort has been made in my State through the medical association to protect the school children and the unfortunate people who are falling victims to this habit? I ask that question since we are talking about controlling it through the States. I want to know what has been done by the State of Michigan and members of the medical profession to give protection intended by this bill.

Dr. Woodward: It is, of course, impossible for me to say just what has been done in any particular State; but in the Michigan laws of 1931, chapter 173, they do regulate the production and distribution of *Cannabis indica*.

Mr. Dingell: What kind of regulation is that?

Dr. Woodward: I do not have the law here.

Mr. Dingell: Can you tell me whether that legislation was at that time sponsored by the medical association of my State?

Dr. Woodward: I do not know. I cannot carry all of those details in my mind. You understand that marihuana is simply a name given Cannabis. It is a mongrel word brought in from Mexico. It is a popular term to indicate Cannabis, like "coke" is used to indicate cocaine, and as "dope" is used to indicate opium.

Mr. Dingell: We know that it is a habit that is spreading, particularly among youngsters. We learn that from the pages of the newspapers. You say that Michigan has a law regulating it. We have a State law, but we do not seem to be able to get anywhere with it, because, as I have said, the habit is growing. The number of victims is increasing each year.

Dr. Woodward: There is no evidence of that.

Mr. Dingell: I have not been impressed by your testimony here as reflecting the sentiment of the high class members of the medical profession in my State. I am confident that the medical profession in the State of Michigan, and in Wayne County particularly, or in my district, will subscribe wholeheartedly to any law that will suppress this thing, despite the fact that there is a \$1 tax imposed.

Dr. Woodward: If there was any law that would absolutely suppress the thing, perhaps that is true, but when the law simply contains provisions that impose a useless expense, and does not accomplish the result----

Mr. Dingell (interposing): That is simply your personal opinion. This is kindred to the opinion you entertained with reference to the Harrison Narcotics Act.

Dr. Woodward: If we had been asked to cooperate in drafting it----

Mr. Dingell: You are not cooperating in this at all.

Dr. Woodward: As a matter of fact, it does not serve to suppress the use of opium and cocaine.

Mr. Dingell: The medical profession should be doing its utmost to aid in the suppression of this curse that is eating the very vitals of the nation.

Dr. Woodward: They are.

Mr. Dingell: Are you not simply piqued because you were not consulted in the drafting of this bill?

Dr. Woodward: That is not the case at all. I said in explaining why I was here that the measure should have been discussed and an expression of opinion obtained before the Treasury Department brought this bill before the Congress of the United States, so that it would be in a form that would be acceptable, with as few differences of opinion as possible.

Mr. Cooper: With all due respect to you and for your appearance here, is it not a fact that you are peeved because you were not called in and consulted in the drafting of the bill?

Dr. Woodward: Not in the least. I have drafted too many bills to be peeved about that.

Mr. McCormack: There is no question that the drug habit has been increasing rapidly in recent years.

Dr. Woodward: There is no evidence to show whether or not it has been.

Mr. McCormack: In your opinion, has it increased?

Dr. Woodward: I should say it has increased slightly. Newspaper exploitation of the habit has done more to increase it than anything else.

Mr. McCormack: It is likely to increase further unless some effort is made to suppress it.

Dr. Woodward: I do not know. The exploitation tempts young men and women to venture into the habit.

Mr. McCormack: At any event, it is a drug.

Dr. Woodward: *Cannabis indica*. is a drug; yes.

Mr. McCormack: It is used, we were told, by 200,000,000 people throughout the world. All I know is what I have read about it. You realize that we are confronted with a situation where we are dealing with a drug produced in the United States?

Dr. Woodward: Yes.

Mr. McCormack: While opium and coco leaves are not produced here.

Dr. Woodward: No.

Mr. McCormack: In other words, the Harrison Narcotics Act really confines itself to imports.

Dr. Woodward: No, sir, it regulates production, too.

Mr. McCormack: It regulates production, but the production it regulates is confined to drugs that are imported into this country.

Dr. Woodward: Yes, sir.

Mr. McCormack: There is no opium grown here.

Dr. Woodward: No, sir.

Mr. McCormack: And no coca leaves are grown here.

Dr. Woodward: No, sir.

Mr. McCormack: So that the Harrison Narcotics Act, in its practical operation concerns itself, in the first instance, with a drug that is imported into this country.

Dr. Woodward: In the first instance; yes, sir.

Mr. McCormack: In this case, we have in the first instance a drug that is produced in this country.

Dr. Woodward: No, sir.

Mr. McCormack: It is grown here.

Dr. Woodward: It is grown somewhat here.

Mr. McCormack: Let me see if I understand your position: I have listened very carefully to your statement. You take the position that this drug habit is not of any benefit to the medical profession.

Dr. Woodward: I think that is universally admitted.

Mr. McCormack: This legislation should be directed toward the source of the evil. The medical profession is not involved in the source of supply so far as the use is concerned. Is that right?

Dr. Woodward: Yes; that is right. We have no objection to the registration fee under the Harrison Narcotic Act.

Mr. McCormack: You say you have no objection to registration under the Harrison Narcotic Act?

Dr. Woodward: No, sir; nor even in the case of Cannabis.

Mr. McCormack: While you object to the registration under this act, you do not object to registration under the Harrison Narcotics Act?

Dr. Woodward: No, Sir.

Mr. McCormack: You are just now beginning to oppose registration.

Dr. Woodward: No, sir.

Mr. McCormack: Assuming that this bill was amended to permit the Secretary of the Treasury to put the medical profession under reasonable regulations, what would be your opposition to the bill?

Dr. Woodward: I am quite sure we could not object to that.

Mr. McCormack: Then your objection would be removed.

Dr. Woodward: You could go a step further, and require the registration and recording of sales of Cannabis under the Harrison Narcotics Act. I am not inclined to think there would be any objection to that at all.

Mr. McCormack: I am not including the Harrison Narcotics Act in my question, but my question was confined to this bill. Assuming that an amendment was made to this bill whereby the Secretary of the Treasury might prescribe regulations which would be beneficial to the medical profession, or that would be considered beneficial by the medical profession, would I be justified in assuming that your main objection to this particular bill would be removed?

Dr. Woodward: Yes, sir; you would.

Mr. Dingell: Going back to that part of your testimony wherein you mentioned the matter of registration, was it your testimony that the medical profession, so far as you can determine, is more than willing to cooperate in bringing about the suppression of this drug, or, more specifically, the traffic in marihuana; and does your sole objection rest upon the point that the bill requires an additional registration, additional forms, and the taking up of additional precious time of physicians ; and that further than that, if this practice could be regulated by an amendment to the Harrison Narcotics Act there would be no objection on the part of the medical profession to filling out new amended forms pertaining to both marihuana and narcotics?

Dr. Woodward: I believe that if that had been done there would not have been a single objection raised to it. In my opinion, no voice would have been raised against legislation of that kind.

Mr. Dingell: You think that with reasonable regulations we would have the fullest cooperation of the medical profession?

Dr. Woodward: Yes, sir.

The Chairman: Do you appear in the capacity of a medical expert, a legal expert, or a legislative expert, or in all three capacities?

Dr. Woodward: My profession is that of a practitioner of medicine and of legal medicine. I have lectured on legal medicine as a lawyer and doctor. I have combined the two. If you want to class me as an expert, you might class me as a medical-legal expert.

The Chairman: I would like to read a quotation from a recent editorial in the Washington Times:

The marihuana cigarette is one of the most insidious of all forms of dope, largely because of the failure of the public to understand its fatal qualities.

The Nation is almost defenseless against it, having no Federal laws to cope with it and virtually no organized campaign for combating it.

The result is tragic.

School children are the prey of peddlers who infest school neighborhoods.

High school boys and girls buy the destructive weed without knowledge of its capacity of harm, and conscienceless dealers sell it with impunity.

This is a national problem, and it must have national attention.

The fatal marihuana cigarette must be recognized as a deadly drug, and American children must be protected against it.

That is a pretty severe indictment. They say it is a national question and that it requires effective legislation. Of course, in a general way, you have responded to all of these statements; but that indicates very clearly that it is an evil of such magnitude that it is recognized by the press of the country as such.

The Washington Post had this to say recently in an editorial:

With a Federal law on the books, a more ambitious attack can be launched. It is time to wipe out the evil before it potentiates for national degeneracy become more apparent. The legislation just introduced in Congress by Representative Doughton would further this end. Its speedy passage is desirable.

As I understand it, you do not agree with that.

Dr. Woodward: I believe there is addiction, and I believe there is a temptation to children.

The Chairman: It is on the increase, is it not?

Dr. Woodward: Probably, but we do not know.

The Chairman: The public authorities dealing with this evil, the State authorities and Federal authorities, say that they need further legislation in order to protect the people from its insidious influence and effects. Under those conditions, do you not believe that congress should try to do something?

Dr. Woodward: I think something should be done, but it is only a question of what should be done.

The Chairman: You stated awhile ago that you believed this law would be ineffective. Of course, the law against carrying concealed weapons, designed to protect people against criminals is not entirely effective, but you would not advocate the repeal of the law. The laws against prostitution and murder are not entirely effective, but without legislative control we would be at the mercy of the criminal class, and we would have no civilization whatever.

Dr. Woodward: I realize that.

The Chairman: I believe you stated that you sponsored the Copeland bill.

Dr. Woodward: I said that the present Copeland bill was the best pending food bill. I said it was the best of the lot.

The Chairman: Did you have anything to do with the preparation of the Copeland Bill?

Dr. Woodward: I appeared before the committee from time to time and submitted a memorandum.

The Chairman: But they did not adopt your views.

Dr. Woodward: No, sir.

The Chairman: You said it was woefully defective, but that it was the best you have seen.

Dr. Woodward: Yes, sir; I sent to every Member of the House of representatives a memorandum showing by section, page, and line just wherein it fails, and I think that anyone who studied the memorandum will agree with me.

The Chairman: But it is woefully ineffective.

Dr. Woodward: With respect to drugs and therapeutic devices; yes, sir.

The Chairman: The next witness is Dr. S. L. Hilton.
