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17 July 1952

AB Supp. #9

158

PATIENT NO. ONE

This subject was a rather simple-minded [redacted] of about 35 years of age. From a psychological standpoint he revealed no abnormal symptoms. He appeared to be straightforward and honest.

Experimental Procedure: Phase I

It was decided to proceed experimentally without any interrogation, the problem being to see if a hypnotic state could be induced without the subject's knowledge. For this reason the subject was prepared for the induction of sleeping by telling him that the procedure being followed was a medical diagnostic treatment and would constitute a treatment also for his nerves. He was placed in a bed and given intravenously a solution of $2\frac{1}{2}$ per cent sodium pentothal. After approximately 7 cc were given he was considered sufficiently somnolent for the hypnotic procedure to begin. No further pentothal was given. Hypnosis was attempted through an interpreter, [redacted]. The attempt was considered successful.

Phase 2

The procedure on this case was identical except that after the hypnotic stage was achieved, an interrogation was inducted. At the termination of the interview the subject was allowed to sleep it off after receiving a strong suggestion regarding amnesia.

Phase 3

Interrogation on the subject indicated that there was complete amnesia the whole time. It was the belief of both myself and the case officer that the subject had been telling the truth.

Case No. two will be reported in greater detail because there was disagreement to a certain extent as to how truthful this story had been. [redacted]

This patient was examined on 13 June 1952 in association with

He was a medium height friendly individual who spoke no English. acted as interpreter, the language used being. At the beginning of the examination he was somewhat apprehensive but cooperative. He had no complaints.

There is no family history of chronic disease or mental disorder. He had the usual childhood diseases including smallpox and malaria.

There were no complaints referable to any of the systems except that he cannot drink alcohol because if he does he vomits. He states, however, that he can drink a liter of wine without any difficulty, but up to 1948 his nerves were strong. After that he became so tense that on several occasions he became unconscious due to the stress under which he was placed.

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Except for occasional headaches he had no complaints referable to the nervous system.

A complete physical examination was performed with no abnormalities noted except that his blood pressure was 160 over 100. His pulse at rest was 120; after exercise 150 and two minutes later had returned to 120.

COMMENTS:

The first day's examination was devoted to the more usual medical procedures with which we thought [redacted] might be familiar, the purpose being to impress upon him the fact that we were physicians who were interested in his welfare. He noticeably relaxed as the examination proceeded and his blood pressure which had been initially 160 systolic dropped to 135. He felt sufficiently relaxed after the two-hour examination to spontaneously comment that he thought the day before, when he was taken from the place of confinement, that he was to be turned back to [redacted]. He remained, however, somewhat antagonistic and complained bitterly of the treatment which he had received at the hands of everyone concerned. This tendency was noted during his interrogation in as much as whenever a sensitive subject was approached he would say, "I have already discussed that" and then refuse to go further. By persistence, however, this was broken down and it was our opinion that eventually he described fully the [redacted] and other related matters.

The examination was continued on the next day, 14 June 1952. At that time he stated that he had been unable to sleep and had had a dream in which a big man was trying to swallow him. The examination on this day was con-

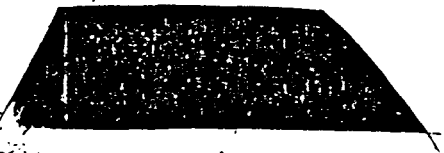
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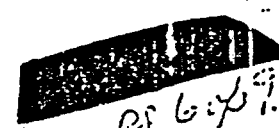

pg 5 of 9

As previously noted this individual was initially apprehensive but cooperative. His initial pattern of examination was to avoid a direct answer to any question. He tended to be somewhat circumstantial and verbose. He displayed no ideas of reference or of influence. No psychotic thought was elicited. His fund of information was in general very good. Although he had been trained as an accountant we were unable to test his ability in this direction. His picture drawing revealed very little of interest. He drew the male figure first. Both figures were clothed and in a right profile. There were no arms on the woman on one drawing although he did put them on the second drawing.

The Rorschach examination was confirmatory of a tendency which he had shown throughout the examination, namely to attempt on the basis of a small detail to build up a total picture. This tendency was noted on numerous occasions when he did attempt to fill in the details of his story by confabulation. There were numerous anatomical responses but these were probably based on his knowledge of  books.

IMPRESSION:

It was our impression that this individual was either an expert actor or an individual who was trying to make a good impression by filling in all the details of his history during the interrogation. My final conclusion was that he was probably basically telling the truth but falsifying on details which he had forgotten. He was cooperative, became more friendly as the examination proceeded and did not at any time display any psychotic manifestations.



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PROCEDURE NO. TWO:

158

In this case we were dealing with a different type of individual than in Procedure No. One. He was not as naive and remained suspicious. It was decided therefore to proceed as in Case No. One with the medical and psychiatric examinations in an effort to convince [redacted] that we were physicians who were concerned only with him as a person and not in any way with his disposition. This was done in two ways. We selected his fainting spells as one point of attack and told him that they might be epileptic and it would be necessary to do an electro-encephalograph examination. The second point of attack was in pointing out to him the inconsistency of his stories and asking him how we could be expected to help him if he insisted in lying to us. He insisted however that he was telling the truth and then insisted that we should employ any scientific technique we wished in order to prove this.

We proceeded then as follows:

1. An electro-encephalograph machine was contrived. The electrodes were applied to the subject's head. After due consultation it was decided that the subject was too tense and the procedure was unsuccessful. He was advised to this and told that another doctor would have to be brought in in an effort to gain the relaxation necessary for the successful completion of the test. This was planned for the next day.

2. On this occasion the room was rigged as in Procedure One. The third doctor (interpreter) explained to the subject the necessity for relaxation. The intravenous injection of sodium pentothal (2½%) was



pg 7 of 9

was started and approximately 7 cc were given. At this point an attempt was made to gain hypnotic control through the interpreter. This control was tuned after a period of approximately 20 minutes but was not deep and the subject awoke spontaneously after about 30 minutes. We were quite certain that he was not aware of the type of procedure employed.

3. At the termination of step 2 he was again attached to the electroencephalograph and told that the procedure was completed.


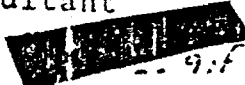
4. The next morning it was decided to attempt the pentothal narco-analitic procedure. This was done in the usual way. The patient was somewhat resistant and had to be given 30 cc of a 2½% solution before somnambulism was produced, after which he promptly fell asleep. He was then given ½ a cc of desoxylin intramuscularly and ½ a cc intravenously. He thereupon promptly awoke and was successfully regressed so that he could be engaged in conversation thinking that the interpreter was an old friend of his from [REDACTED]. This regression was quite successful and the interrogation proceeded as a conversation between the subject and his friend. It was sufficiently genuine that he actually reached out to kiss this friend on a number of occasions. The interrogation lasted approximately one hour and a half.

5. The subject was allowed to sleep off the effects of the drug and thereafter was amnesic for the total procedure except that he had had a vivid dream concerning his friend. He was puzzled as to how this friend could have seemed so real and yet not actually be there. This amnesia persisted throughout our period of observation.

PO 2 of 9

If the purposes of this project were to compare the relative value of hypnosis and drugs for the purpose of gathering information it was doomed to fail because one case of each would prove nothing. If it was an attempt to prove that hypnosis could be induced without the individual being aware of it, it was successful in both cases. In Case No. One a sufficiently deep hypnosis for interrogation was obtained. In Case No. Two a fairly deep hypnosis was obtained for a period of about 30 minutes. The truth of the information obtained under the hypnosis we have no way of knowing. The interrogation under hypnosis would have been greatly facilitated if the interrogators had been familiar with hypnotic questioning techniques and if it had not been for the language barrier. Because of the numerous technical difficulties involved in the induction of hypnosis and the resistance of the subject it does not seem to be practical as a routine procedure in the interrogation of reluctant subjects. It required three days to build up by team of experts elaborate staff props and numerous deceptions. The sodium pentothal procedure however is easily administered, easily controlled and is more certain to produce amnesia. Its use would require only a medical man and an interrogator. From this standpoint it is more practical and more readily available.

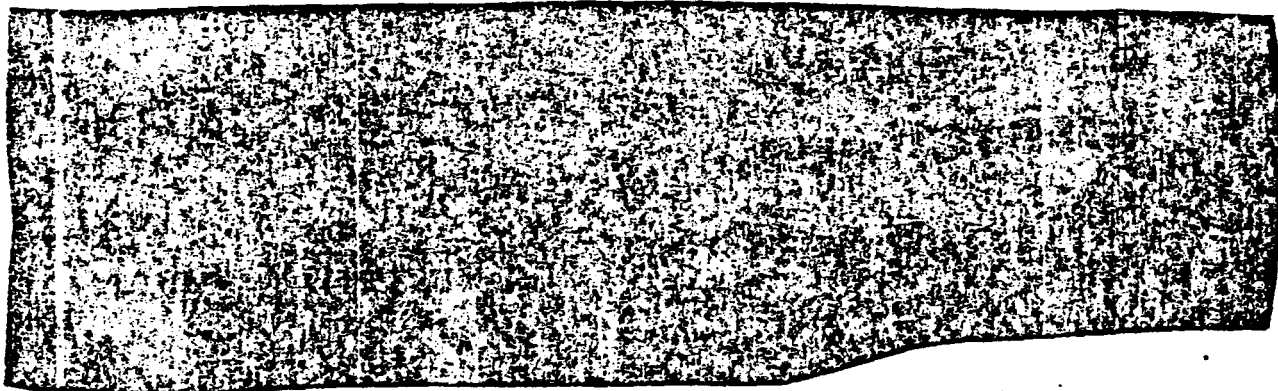
The unanswered question is whether or not an individual can lie under the influence of hypnosis or sodium pentothal. To the best of my knowledge, no one has ever answered this question. In conclusion, hypnosis is expensive, uncertain, difficult to induce and uncertain in its results. Sodium pentothal is cheap, easy to employ and more certain in its results. The use of desoxyrin as a stimulant to speech during pentothal narcosis is worthy of much more research.


Psychiatric Consultant 

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The Project team arrived in [redacted] 4 June 1952 and was assigned to [redacted] A meeting was held on 4 June [redacted] in [redacted] and the history of the first case which was to be studied by the Project was given in complete detail by the case officer. It was planned that the operation would be performed in a safe house [redacted] outside the town of [redacted] which in turn is [redacted]. Since our recording equipment had not as yet arrived from the States we decided to borrow some equipment from the local security office.

The following day we took a trip to the safe house for a general inspection from the standpoint of security and operational efficiency.



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On the 6th of June the subject, [redacted] was brought up from solitary confinement from the local army camp, [redacted] under heavy guard and blindfolded. The subject was a rather simple peasant type of [redacted] who had received approximately six years of schooling in [redacted]. At the same time arrangements were made via U.S. Govt. individual with the [redacted] for items of equipment such as intravenous saline



[redacted]
Pg 1 of 9

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[REDACTED]

solution, tubing, ophthalmoscope and so forth which the team did not take along with them because of the added weight. The subject was told that this examination would be a medical examination which would be used as a point in his ultimate disposal.

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He seemed rather nervous and apprehensive but after two days of physical examinations and psychiatric evaluations he developed more rapport with us and lost some of his initial feeling of apprehension. In handling [REDACTED] it was decided that we would use a combination of sodium pentothal and hypnosis. The sodium pentothal was to be used intravenously merely to relax the patient and make him more receptive to hypnotic control.

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The language barrier was a difficult one because the hypnotist had no knowledge of [REDACTED]. To circumnavigate this difficulty [REDACTED] interpreter and case officer on another project was brought into the picture as a [REDACTED]. Since the case officer had no knowledge of the hypnosis technique, it was necessary to wire him to the hypnotist in another room by means of a hearing aid. In this way the hypnotist could speak to the case officer in English and the case officer would in turn translate the hypnotic mumbo jumbo into [REDACTED] and in this way hypnotise [REDACTED].

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The first injection consisted of nothing more than an intravenous injection of 6 cc of 2% sodium pentothal solution which was given to him under the guise of a vitamin solution which would be used to help his nerves. After the 6 cc had been administered the patient became very relaxed and in a matter of 12 to 15 minutes was, according to the experienced individuals, under the influence of hypnosis. A detailed account of this operation will be forthcoming in the joint report to be submitted by [REDACTED] Psychiatric Consultant and by me.

[REDACTED]
Pg 2 of 9

Following day he was again told that he needed another injection of this vitamin solution for his nervousness and he was given a total of 7 cc of the same solution and put under hypnotic control. He was submitted to an hour and ten minute interrogation at this time. At the end of this period he began to lighten and it was felt that we should stop the interrogation procedures. All interrogations were done by the respective case officer handling the subjects and not by the medical representatives on the team.

The patient had a complete amnesia of the entire proceedings and was studied for another day with detailed questioning which proved that he had no knowledge of the fact that either he had been hypnotised or that he had been interrogated. He was returned to the army camp and it was recommended that he be allowed to mingle with the other prisoners and would eventually be disposed by a resettlement in another country.

The entire operation was recorded and reports of those recordings will be forthcoming from Security.

D The second case was handled in the same safe house and offered more problems than were encountered in [REDACTED] [REDACTED] was suspicious, hostile, moderately intelligent and doubted the fact that the medical members of the Project were really doctors. His workup consisted of a complete psychiatric and physical examination which after 2 or 3 days demonstrated the fact that we were interested in his physical well being and could develop more confidence in us.

In his past history he gave the story of fainting under emotional strain;

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[REDACTED] [REDACTED]
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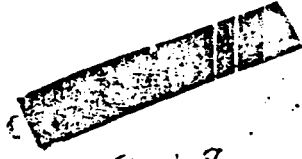
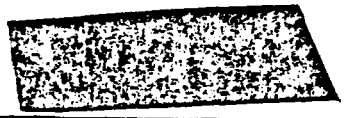
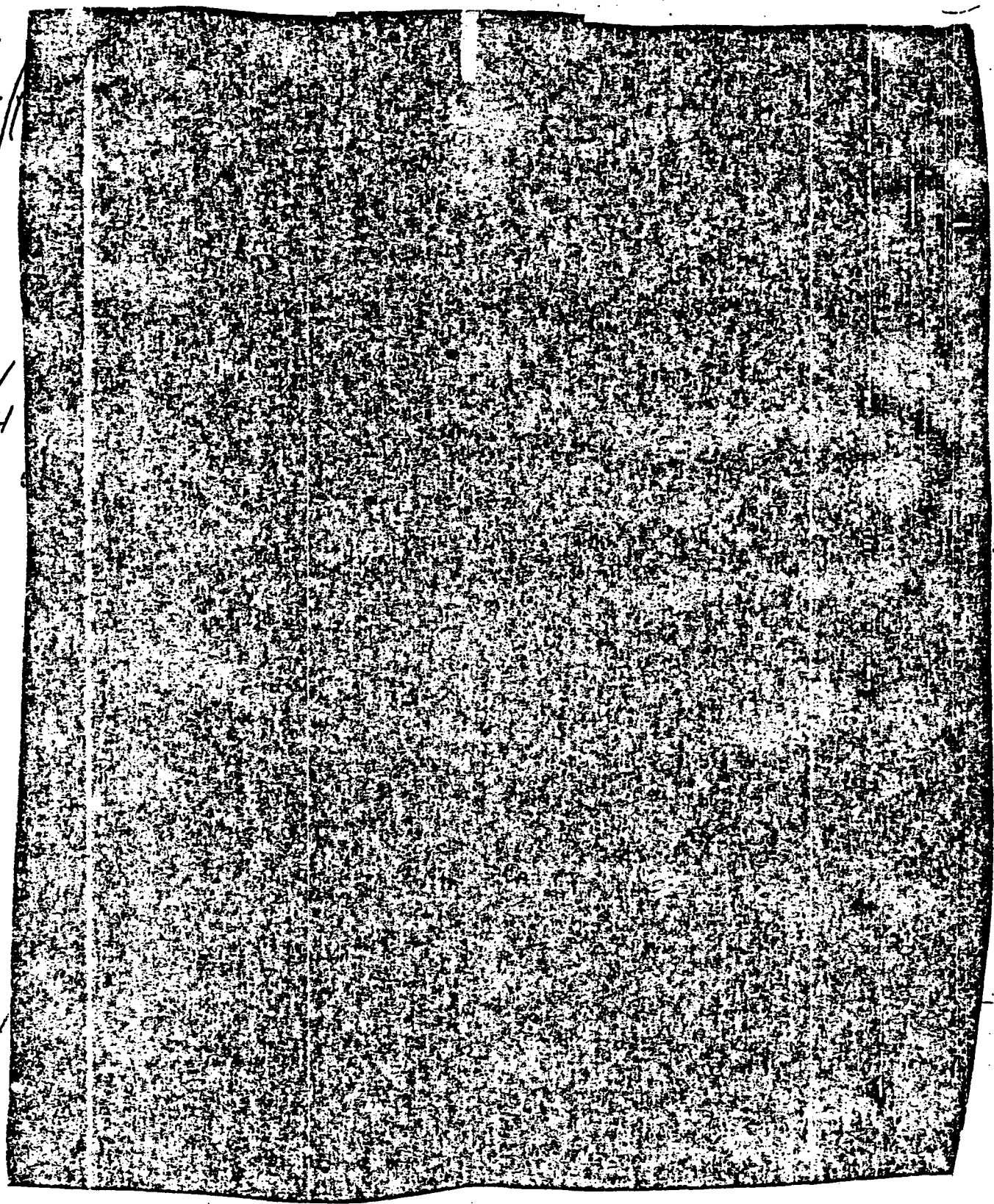
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F He was taken from [redacted] to the safe house in [redacted] again under heavy guard and he was accompanied by our own [redacted] Officer from [redacted]. In this rather detailed description of the fainting spells that he had in [redacted] we attempted to point out that we seized upon many points in the patient's history that would give us a cover reason for examining a patient beyond the routine physical and psychiatric examinations.

It was explained to him that he might be suffering from early epileptic attacks and that further study would be required. We rigged up an EEG which consisted of six wires and a radio receiving set. It looked convincingly like an EEG machine and the patient was thoroughly convinced that this was a strict medical procedure. It was explained to him that the poor results we obtained on the machine were due to the fact that he was high-strung, nervous and had high blood pressure. He was given 6 cc of sodium pentothal to be used if we couldn't get a better tracing on the machine.

Again he was subjected to hypnosis via the hearing aid and was allowed to come out of the hypnotic state without interrogation. The team wasn't fully convinced that the subject had been thoroughly hypnotised and we were a bit apprehensive as to the amnesia that he may have following the procedure.

The second day he was told quite frankly that many of the stories that he had told [redacted] and our own Service and during the medical and psychiatric testing were inconsistent and that we felt he was lying. With this he said that he would submit to any test that we would give him to prove his sincerity. Even this was done with a certain grin which indicated that he knew exactly what we were doing and that he was willing to play the

[redacted]

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game in this standpoint as we were from ours.

He was taken into the room and the sodium pentothal solution and intravenous setup were hidden behind the bed, so that they could not be seen by the subject. He was given 7 cc of sodium pentothal intravenously and again subjected to hypnosis. After a period of about twenty minutes there was some indication that he may have gone into a very light hypnotic trance but this passed off quickly and we switched over to the full sodium pentothal treatment.

We gave him 25 cc of solution intravenously and pushed him down to approximately the second point of anesthesia. At this point he would not be useful to us for interrogation purposes and we gave him ^{1/2}2/10's of a cc of desozyn intramuscularly and ^{1/2}2/10's intravenously.

We stood by with restraints and the guards so that if the full effect of this desozyn took place we would be able to keep him in the room. This brought him up to an extremely volatile level as far as conversation was concerned and he began talking. We regressed him to the time when he was working [REDACTED] His very close friend [REDACTED] was brought into the picture through one of the interpreters who played that part. The subject actually thought he was talking to [REDACTED] and they discussed many of the current activities that they were performing for [REDACTED] He was subjected to an hour and half of interrogation with this combination of drugs and allowed to come up to a conscious level.

When he awoke he was very confused and recited many times the dream he had where he talked to his friend [REDACTED] and felt that he was actually in the room with him although he realized that this was impossible because [REDACTED] was still behind the [REDACTED] lines.

Pg 6 of 9

He was worried, apprehensive and completely puzzled as to what happened to him and the only thing he remembered was the fact that the EEG electrodes were placed on his head. Due to the desoxyn he was so volatile that he continued to talk for about 3 hours never stopping and when no one would listen to him he began writing things down on paper which is a typical desoxyn response.

The story he told under sodium pentothal conflicted in some respects with the story he told in a conscious state and it was felt that if it was possible to tell whether these people were telling the truth or not under sodium pentothal, that we came as close to the truth as any other interrogation had reached thus far.

He had complete amnesia of the entire interrogation and complete amnesia of the fact that even a needle had been inserted into his vein. It was felt by the [redacted] from [redacted] and all personnel in the safe house that [redacted] was not a double agent; however his wife was an informant for [redacted].

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This last case I think proved that a detailed interrogation can be carried out in a harmless fashion with the compound use of sodium pentothal and desoxyn without any recollection on the part of the patient of the interrogation.

C [redacted]

[redacted]

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PG 7 of 9

The Medical Office first entered Project in December 1951 after months of careful consideration of the professional responsibilities assumed in a project of this nature.

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The Project team had studied the effect of hypnosis and barbiturates on volunteers and a few prisoners of war for some time. In December 1951 the team was scheduled to move overseas for an operation in [redacted] but complications in that theater delayed their departure. I was assigned to the team in April 1952, reviewed the work that had been done from a medical standpoint and met the other members of the Project. They were very cooperative and were very anxious to have the Medical Office represented. I was thoroughly briefed in our impending operation which was scheduled for an overseas departure 26 May 1952. The capable services of [redacted] were enlisted and he too was assigned to the team. His previous professional experience, capable judgment and sincere interest captured the respect of all other members of the team. It was at his suggestion that the combination of desoxyn and sodium pentothal was used in the [redacted] case and later demonstrated to be a potentially useful combination, which will require a considerable amount of basic research. He was also able to give me objective opinions on the techniques of hypnosis which were employed in the [redacted] cases.

My duties were outlined to me by [redacted] and the details were essentially those of liaison and representative functions for the Medical Office. However, I did assist [redacted] with the physical examinations and medications.

I collected the necessary operational medical equipment such as sodium pentothal, sodium amytal, syringes, benzedrine, desoxyn, needles, tubing

[redacted]

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etc., and omitted intravenous saline, oxygen and other heavy bulky items. I knew we could obtain those from the [REDACTED]

The team left [REDACTED] Headquarters at 2300 hours and arrived in [REDACTED] the following morning.

A small restaurant near the air terminal was used as a meeting place for the team and the hypnotist. After a few minutes wait he appeared and joined the team. Our flight took off at 1130 hours and seated next to the hypnotist I was thoroughly briefed in the occult mechanisms of metaphysics.

Our team was composed of individuals with varied training backgrounds. Two of the men had considerable training in the field of Security. Another man had training in security and electrical equipment such as microphones, recording devices and other operational aids. The fourth man was a professional hypnotist, the fifth man a psychiatrist and the sixth a surgeon.

Throughout the duration of our operation there were few times when differences in opinion on the operation could not be settled by the leader calling a meeting, discussing the problem or planning the next day's maneuvers.

[REDACTED]

[REDACTED]

PS 9 of 9