

BIB 1-5011

C - Conference with [redacted] (Ph.D., M.D., cleared for Secret contract)

C - As an acquaintance of [redacted] in [redacted] (where he studied and lectured), I made an appointment to meet him at the American Psychiatric Association's ~~convention~~ registration desk at <sup>their</sup> Convention headquarters, St. Louis, Mo., ~~from 6 May, 1954~~

D At an openhouse held for A.P.A. members interested in ~~electro-~~  
B encephalography, I had visited his laboratories, which seemed too insecure for conferences. This was held, 12 to 12:40 P.M., 6 May, 1954, on the then unused balcony of the lobby of the auditorium theater in use for convention meetings: security briefing, ~~and~~ identifying ~~the~~ the Agency requiring.

C [redacted] appeared to be understanding of security, interested in the questions, and cooperative. He has conducted EEG and interrupted-light research for the ~~the~~ [redacted], and is working on similar present and

future contracts; all of which are Unclassified. He offered to send reprints to my residence address, five of which have now come and been added to the office file on EEG.

He ~~has~~ knew no present means of producing confusion, a convulsion with unconsciousness, in every subject by means of interrupted light alone (it is well known that some subjects are that sensitive). He has experimentally endured various intensities and frequencies for three hours continuously, without ill effects.

He believed that any subject could be convulsed by flicker, provided he were first sensitized by metrazol or an equivalent given intravenously. Different frequencies ~~may~~ have to be tried, running through a range of say 13 to 18 flashes per second; intensity, about 100 foot-candles. Most subjects seem most sensitive to 16 f.p.s.; a few; to 9. Forty seconds' exposure often suffices; a few minutes at most.

A Instead of metrazol, he <sup>routinely</sup> uses Azoyol (Boots Pharmaceutical, New York), which is stronger. By mouth, Doonazol has been used by

CB

11/10/61  
[redacted] at the [redacted] This is less  
likely a sensitizer; larger doses — to sensitize a higher  
percent of subjects — are nauseating. Not known,  
whether this or other nauseating sensitizing drug could be  
safely combined with an anti-emetic drug, so as to ~~be~~  
~~make~~ make it capable of sensitizing more subjects.

He did not know whether enough of a vola-  
tile amphetamine, <sup>or other ~~volatile~~ drug,</sup> could be given by inhalation, to sensi-  
tize a majority of subjects to flicker-convulsion (or  
confusion).

If the subject were to be surrounded by a  
wall of a plastic substance like Lucite, a strong  
enough light behind this would be effective through  
it, regardless of the subject's direction of gaze  
(closed eyelids do not protect).

He had no experience of any anti-convulsive  
drug peculiarly prophylactic against photogenic seizures.  
Numerous well-known anti-convulsants could be tried.

He thought that interrupted sound, ~~was~~  
being less effective than interrupted light, was hardly  
worth a trial. Combining sound with light seemed  
to him to add more complication than it ~~would~~

offered gain — either toward making a subject more  
sensitive, or making more subjects sensitive.

Smell, continuous or interrupted, seemed it to  
have been far less experimented with; such experi-  
ments as ~~was~~ the literature offered had been  
unpromising, in his opinion.

C [redacted] has seemed <sup>equally with</sup> sufficient ~~App~~  
his status as an EEG authority, for me to offer  
the suggestion that the Agency consider his use ~~as~~ as a  
consultant.

A [redacted]