

## THE "TRUTH DRUG" IN CRIMINAL INVESTIGATION

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MODERN SCIENCE touches morality most nearly where immense power is concerned, not just physical power—though the one thing leads to the other—but the power of some people over other people. Atomic power is, of course, the most striking example, touching upon the morality of warfare through weapons of indefinitely destructive possibilities. But there are other examples almost as striking, in all of the sciences, the biological and social sciences as well as the physical. This applies to psychology also; and here we come to the power of scientific method to reach directly to the intimate sources of thought and will, and therefore also of expression. We normally think of expression as being free, and of self-exposure as mediated through freely chosen words, either truthfully or falsely representing the actual thought of the mind. But psychological technique can, to some extent, reach the source immediately and get—or extort—expression which is not voluntary. There can take place an "assault on the mind." Here we examine one of the methods that power may use to reach directly to the mind.

Considered as a technique of clinical psychiatry, narcoanalysis is a use of drugs to establish contact with more or less inaccessible patients.<sup>1</sup> It is similar in objective to the Freudian psychoanalytic technique, except that it aims to get through drugs the same type of cooperation that psychoanalysis gets through the free will of the patient. Under narcoanalysis, "otherwise inhibited or repressed patients converse spontaneously and easily reveal their problems, anxieties and painful memories."<sup>2</sup>

Scopolamine is an alkaloid drug, a sedative of the nervous system. It has been used in the United States in the treatment of cocaine and morphine addiction and as an analgesic in obstetrics ("twilight sleep"). The first use of scopolamine as an instrument of analysis took place in Dallas, Texas: Calvin Goodard coined the term "truth serum" and

<sup>1</sup> J. Vander Veldt and R. Odenwald, *Psychiatry and Catholicism* (New York, 1952) p. 69.

<sup>2</sup> *Ibid.*

made the claim that under the influence of scopolamine "it is impossible to lie."<sup>3</sup>

During World War II, the barbiturates, sodium pentothal and sodium amytal, began to replace scopolamine as the drugs of choice in narcoanalysis. Barbiturates are synthetically produced drugs, derivatives of barbituric acid, very numerous, ranging from the familiar phenobarbital, in common use, to deep anesthetic drugs, such as pentothal and amytal. They are sedatives and hypnotics, they produce feelings of serenity, of well-being, of friendliness. Under their influence, in the lighter phases of anesthesia, the patient loses his inhibitions and becomes talkative: he will freely discuss his intimate thoughts and experiences. The effect of the barbiturates is similar to that of alcohol, except that the release that comes about through the barbiturates relates principally to words, while that from alcohol relates to deeds as well as words. Thus barbiturates are easier to handle in narcoanalysis than alcohol, because the effects are more standardized and predictable.<sup>4</sup> British and American army and air physicians achieved rapid, often lasting, and sometimes spectacular results through the barbiturates in enabling battle-shocked servicemen to expose hidden fears and regain emotional stability.

An immense increase of verbal materials in narcoanalysis began to take place when the antagonistic effect of methyl-amphetamine hydrochloride was added to the hypnotic effect of the barbiturates. Amphetamine is a stimulant drug, sold commercially under a variety of trade names, of which benzedrine is the most widely known. It might be thought that the two antagonistic effects, of narcosis and of stimulation, might cancel each other out. But this is spectacularly not true. Barbiturates can be used first to stifle anxiety, then afterwards amphetamine to activate, and in the swift change there can take place a truly explosive liberation of latent and unconscious material.<sup>5</sup> A massive dose of methyl-amphetamine produces an effect similar to that of electric or insulin shock. It has no therapeutic value, but it may aid diagnosis by carrying symptoms to their extreme.<sup>6</sup>

<sup>3</sup> J. Rolin, *Police Drugs*, tr. L. Bendit (New York, 1956) p. 12.

<sup>4</sup> E. L. Kropa, *Psychochemistry* (lecture presented at the University of Notre Dame, Oct. 31, 1956) p. 32.

<sup>5</sup> *Ibid.*, p. 31.      <sup>6</sup> Rolin, *op. cit.*, p. 44.

The mere description of these methods shows that they are dreadful. Barbiturate narcosis wrongly administered in too heavy a dosage can affect the vital centers and produce coma and death. An overdose of barbiturates is a popular method of committing suicide. The release of verbal material under narcoanalysis does not issue spontaneously and freely but only under questioning and suggestion. The patient is induced actually to surrender to the physician and to place great confidence in him. This relationship requires great trust, great solicitude, a "moral contract" between doctor and patient. Dreadful as they are, the methods have been proved useful in clinical psychiatric practice, where extreme care is used in administration, where the patient or his representative freely consents with full knowledge of what is going to happen, and where the undivided purpose of the doctor is to heal and cure. Gravely different questions arise in connection with the forensic use of these methods, in the adversary situation, and either without the consent of the suspect or with consent possibly extorted by force or cajoled in the august name of "science."

It would take some learning to discover how widely narcoanalysis—or rather, narcointerrogation—is practiced in American police procedure. In a Chicago murder case,<sup>7</sup> the suspect, a nineteen-year-old Negro youth, was administered injections of scopolamine and phenobarbital by a police surgeon on the night of his arrest, and confessed to robbery-murder, under police interrogation, one hour and fifteen minutes after the injections. But in this case the suspect, Charles Townsend, was a heroin addict and actually requested medical assistance to alleviate acute withdrawal distress. The police surgeon gave him the injections, not to aid in the interrogation, but to relieve his abstinence symptoms. The confession was ruled admissible at the trial, conviction and death penalty were affirmed by the Supreme Court of Illinois, and certiorari was denied by the Supreme Court of the United States. However, it could be argued forcefully that *both* effects—of analgesis and of speech production—took place, that the police interrogators no doubt pressed the second effect, and that Townsend was denied his privilege against self-incrimination.

<sup>7</sup> *People v. Townsend*, 141 N.E.2d 729 (March 20, 1957). See notes on this and other cases relating to admissibility of confessions made under the influence of drugs: *Northwestern Law Review* 52 (1957) 666, and *Brooklyn Law Review* 24 (1957) 96.

There is a surprisingly frank and revealing article on the subject, written by a Minnesota forensic scientist.<sup>8</sup> The author, C. B. Hanscom, is Director of the Department of Protection and Investigation of the University of Minnesota. Hanscom's article refers to "more than thirty different tests under narcosis" that he has himself conducted, and says that he has made "a study of more than 230 references to narcoanalysis for criminal investigation."<sup>9</sup> The author speaks of his "missionary duty" to promote the drug technique in criminological activities. "The possibilities and potentialities . . . are so broad and sweeping that just a brief review and summary are possible today."

The article contains a brief historical review of the use of narcotics with the specific purpose of extracting confessions from criminal suspects. Prior to the "Dark Ages," opium, hashish, and wine were used for this purpose. After the "Dark Ages," mescaline, and in 1903 a New York criminologist used ether: "What a shame," exclaims Hanscom, "his reports were not studied by the forensic scientists long ago!" There is no mention in the article of methods used *during* the "Dark Ages."

Hanscom continues: "We have derived plausible explanations and theories to explain the steps whereby we can elicit confessions and assay guilt or innocence during these examinations." This sentence seems noteworthy not only because it clearly indicates the precise object of narcointerrogation (to "elicit confessions"), but also because it claims for this technique a function of judicial conclusion which the American legal system reserves to the people after due process of law, namely, "to assay guilt or innocence."

The article explains the possibilities and techniques of the method. "We can modify the personality functions and lead the suspect into known confession mechanisms." There takes place a "careful manipulation of the psychological and pharmacological levers—by rapidly fluctuating the questions and drugs to coincide with the mood—and by patient repetition of this process over and over through all the levels of personality and anaesthesia." "Occasionally benzedrine and thorazine have been used to accentuate certain of the responses."

<sup>8</sup> C. B. Hanscom, "Narco Interrogation," *Journal of Forensic Sciences* 1 (1956) 37-45. See also the chapter by J. Matthews, M.D., "Narcoanalysis for Criminal Investigation," in R. B. H. Gratwohl, *Legal Medicine* (St. Louis, 1957) pp. 945 ff.

<sup>9</sup> *Ibid.*, p. 38. The following quotations are from the same article, *passim*.

(This is the methyl-amphetamine shock, described above, the effect of an antagonistic drug, with its "explosive liberation of latent and unconscious material," and "frenzied and spectacular increase of symptoms.")<sup>10</sup>

"Most of our confessions," Hanscom continues, "have followed reactions of fear, extreme anger, boasting, love, etc." The entire interview is recorded on tape; in the postanesthetic interview the suspect is "confronted" with his confession, and his surprise will often produce "an admissible extra-judicial confession."

The article concludes: "We are quite proud to say that *most* of our suspects were innocent." Confessions elicited under narcointerrogation must be corroborated by fact before they can be admitted as evidence. "The suspect can still lie and thwart the examiners." And therefore, despite the immense "possibilities and potentialities" of narcointerrogation, the author must "advise against admission as evidence on this basis alone."

The article of Hanscom has been summarized here extensively and quoted verbatim precisely because it is so enthusiastic and so partisan—and because it is the work of a practitioner, a scientist-criminologist. A humane reader would not require much comment. The unseemly jocular tone of the article, considering the subject matter; the opium, hashish, alcohol, and ether of past methods; the assaying of guilt or innocence; the confession mechanisms and the careful manipulation and the patient repetition; the massive assault on the mind of methyl-amphetamine shock; the recording on tape and the confrontation of the victim—all of these things carry their own comment to a mind considering a dreadful but merciful instrument of healing now turned over to the cheerful, patient, and optimistic brutality of the interrogator.

The book of J. Rolin already cited, *Police Drugs*, published in the United States in 1956, is a translation from the French. It was written in protest against the use of narcoanalysis by French military authorities in the case of a policeman named Sens. Starting from the Sens case as its occasion, and using arguments from scientific, legal, and ethical points of view, the book assails the validity and justice of narcoanalysis in police and judicial procedure. Sens was a military policeman in

<sup>10</sup> Rolin, *op. cit.*, p. 44.

North Africa. He was wounded in a prison riot in 1943 and thereafter developed a paralysis of the right side of his body and a complete loss of the power of speech. Sens was accused of malingering. He was moved from one prison hospital to another between 1944 and 1949, while his case dragged on in French criminal and civil courts. It seems that at one stage of the affair Sens was able, under narcosis, to utter one word, "Oui," and the case then became a battleground of scientists over the question of narcoanalysis. It fizzled out in 1949, both contending sides being thrown out of court. Rolin holds that Sens was not a malingerer, but the book goes far beyond the single case and studies the entire question. Here, the case against narcoanalysis in criminal investigation, as Rolin develops it, will be summarized, with some little corroborative and interpretative material by way of comment.

In the Foreword to Rolin's book (p. vii) L. Bendit, M.D., makes a qualification that will be useful to note. Bendit says that Rolin rightly derides the expression, "truth drug," as regards *facts*. However, you might get truth from the *psychiatric* angle. Narcoanalysis brings to expression underlying motives and desires, things the subject might *like* to have done but never dared. Then, under the influence of the drug, he might describe these things as if he had actually done them. On the other hand, when fear enters the picture, he might conceal a crime actually committed, even under the drug and the questioning.

The theme of Rolin's book, briefly stated, is this: when scopolamine, pentothal, amytal, etc., are used outside of psychiatric clinics, and in connection with criminal investigation or the courts, they become simply means of extortion, the medical expert becomes a policeman, and all possibility of justice is destroyed. Granted that there is a theoretical distinction between the use of these drugs as a medicolegal method of diagnosis and as a method of police interrogation; but in practice, when the drugs get into the hands of the interrogator, the distinction disappears. There is no such thing as a "truth serum": it is a journalistic fiction. Narcosis does not abolish the possibility of deceit and lying. The "confession" it brings forth is a muddle of fantasies, of false avowals, a catharsis of words in which the "truth" is as dependable as what you get from alcohol.

Rolin's mention of alcohol leads to a discussion of the validity of the old saying, *In vino veritas*. Rolin insists that we must avoid the

error of taking "truth serum" literally. In order to do this, we should never permit ourselves to lose sight of the relation between barbiturate narcosis and the effects of alcohol. "For there is still only one way of losing one's wits, and all forms of drugging resemble one another." The intoxication that takes place under the austere wing of science is not different from, nor is it less degrading than, that resulting from drinking alcohol. What is this *veritas* that is to be found *in vino*? Rolin answers the question:

It certainly does not mean the truth of the philosopher, which is equivalent to "the real," and which is consistent all through, but refers rather to a shameless self-exposure, an uncritical giving of confidence, an ill-timed babbling; a kind of delirium in which a blend of sentimentality, humor, tactlessness, and coarseness give us a picture of people and events—and especially of the principal actor—under a new and surprising light.<sup>11</sup>

John M. MacDonald, M.D., Assistant Medical Director of the Colorado Psychopathic Hospital and consulting psychiatrist to the District Courts of Colorado, corroborates Rolin's statements about the unreliability of the "truth drug" and also compares its effect to that of alcohol.<sup>12</sup> Scopolamine, formerly used in narcoanalysis, has given place to the barbiturates—for example, sodium amytal. The effect is similar to that produced in acute alcoholism. Innocent suspects will sometimes confess as a result of the peculiar suggestibility of a subject under narcosis. On the other hand, criminals are able to withstand narcoanalysis to a better degree than they can ordinary interrogation. MacDonald concludes that narcoanalysis cannot be used for exoneration because of the general unreliability of the technique. It can induce a confession from the innocent. The awareness of police methods possessed by habitual criminals aids this class of persons in resisting narcoanalysis. Comparing narcoanalysis with alcohol, MacDonald writes: "The intravenous injection of a drug by a physician in a hospital may appear more scientific than the drinking of large amounts of bourbon in a tavern, but the end result displayed in the subject's speech may be no more reliable."<sup>13</sup>

To return to the arguments of Rolin, narcoanalysis seems to have

<sup>11</sup> *Ibid.*, p. 11. This and other quoted passages are taken *passim* from Rolin's small book.

<sup>12</sup> J. MacDonald, in *Journal of Criminal Law, Criminology, and Police Science* 46 (1955) 259.

<sup>13</sup> *Ibid.*

science on its side. However, science (not to mention pseudoscience) is not independent, but is subordinated to the end it is supposed to serve. This subordination of means to ends is particularly urgent in view of the growing tendency to use scientific techniques to investigate the mind. The problem will not generally arise in regular psychiatric therapeutic practice. There you have the consent of the patient or his relatives, the free choice of a doctor; the aim is to heal or at least to give relief; there is no conflict between means and ends. But the problem certainly does exist in forensic medicine. The ends are complex or in dispute, the adversary situation exists. Is this "therapy" or "punishment"? Is it "diagnosis" or "interrogation"? Principles of morality and justice are concerned here, involving the rights of the individual, but going far beyond these to include the rights of the whole community. These ends the scientific expert must serve, and with regard to these ends the judgment of philosophers and moralists is more decisive than that of scientific experts.

It is true that scientific methods are rightly used in criminal investigation—for example, blood tests to discover the presence of alcohol, and the collection and analysis of physical evidence by scientists of the police laboratory. It is also true that, physically speaking, all we have in narcoanalysis is a "small puncture." Close interrogation is morally justifiable even if it amounts to a certain degree of pressure on the accused, and admittedly it is hard to draw the line. But comparison cannot be made between tests that reach only bodily functions and methods that reach free will and the integrity of the self. Narcoanalysis depends for its effectiveness on the surrender of the individual to the doctor. All technique in psychiatry rests on trust between patient and doctor. Here it is brought about by force or cunning, and an "enforced confidence" is self-contradictory. Again granting the difficulty of distinguishing between legitimate interrogation and extortion, the distinction must nevertheless be kept in mind and not abandoned in favor of a "scientism," taken on faith, which would arrogate to itself the total control of life. Cheating or trickery, or the setting of traps which nullify the free will of the accused, are immoral. And narcointerrogation by police amounts to an assault on mind and will, a form of "spiritual rape," a violation of "the secrecy of the soul." Rolin suggests the following principle:

One is violating the secrecy of the soul when one tries to break into it directly, and not by observing it indirectly by means of signs and symbols; as soon as one tries to reach the actual source of these symbols and to tamper with the power which governs their expression. An interrogation or an expert assessment can ethically seek only to interpret the signs and symbols which the mind expresses willingly. Any attempt to alter the will of the subject becomes a spiritual assault.<sup>14</sup>

Rolin makes narcointerrogation equivalent to torture. Torture was used as a method of obtaining confessions. Confession has always been highly prized, because it seemed to carry with it the most cogent proof of guilt. Now torture has vanished, at least from civilized judicial procedure, but the "spirit of torture" remains among those who want to use these methods to extract confessions. The evil in this is substantially enhanced by the fact that the methods are covered with the prestige of science and supported by the ignorance of the public. Confession alone stands for nothing. "Only a confession voluntarily and deliberately made, knowing what it comports, by a person in full possession of his faculties, can really carry the weight of proof." And further, confession, even voluntarily made, reaches only to the facts of the transaction as the accused person recalls them; the interpretation of the facts, the "assaying of guilt or innocence" (to recall our earlier quotation of the Minnesota criminologist), pertains to the people, in due process of law. The accused person, even the guilty, does not convict himself. And finally, there is an inviolability of the conscience, a right to keep silent, guaranteed by common law and Catholic canon law (canon 1743). Even a guilty person has an inviolable right to the privacy of his inmost soul.

In short, and to sum up, the book of J. Rolin takes a stand of absolute and unequivocal opposition to police use of narcoanalysis. In favor of it the argument may be made that narcosis inhibits voluntary control of the mind, will show up a liar or malingerer, will break down resistance, will bring forth "the truth." But it will not do these things. Even if the attempt is made to use the technique merely for diagnosis, it is likely to deteriorate into a way of extorting confessions. "There is a slippery slope between forensic medicine and police torture, and it becomes essential to check the descent." There is a distinction in

<sup>14</sup> Rolin, *op. cit.*, p. 9.

theory between a medical diagnosis and a forced confession, but it will tend to disappear in practice. The practice arrogates to science an interpretative function which pertains only to law; it violates human rights and is a rape of the mind.

So much for the book of J. Rolin. His facts and interpretations are supported in the writings of distinguished medical doctors and biochemists. Dr. J. A. M. Meerloo, a Dutch psychiatrist who had been a prisoner of the Nazis and who coined the term "menticide" (murder of the mind), writes:

There is the further question of whether or not the drugs used in the truth serum always produce the desired effect of compelling the patient to tell the inner truth. . . . American law courts have refused to admit as evidence the results of truth serum tests, largely on the basis of psychiatric conviction that the truth serum is misnamed; that in fact narcoanalysis is no guarantee of getting at the truth. It may even be used as a coercive threat in cases where victims are not aware of its limited action. . . . Still another danger . . . is that a criminal investigator can induce and communicate his own thoughts and feelings to his victim. Thus the truth serum may cause the patient with a weak ego to yield to . . . interpretations . . . and take over the suggestions [of the investigator]. . . . There is a very serious social danger in all these methods of chemical intrusion into the mind. True, they can be used as a careful aid to psychotherapy, but they can also be frightening instruments of control in the hands of men with an overwhelming drive to power.<sup>15</sup>

Rolin's book had also pointed out the frightening political implications of the technique. Meerloo closes his discussion of the question with another of Rolin's points: the use of methods such as this can destroy the relationship of trust that must exist between doctor and patient and change the therapist into an instrument of coercion.

Robert S. DeRopp, of the University of London, formerly a visiting researcher at the Rockefeller Institute, is an American biochemist who works on drugs in one of the great pharmaceutical houses. He writes bluntly on the "truth drug":

More recently scopolamine, the active ingredient of henbane, has been used by the police in some countries to assist the extraction of confessions from accused persons. It has even been described by certain misinformed individuals as "truth serum." Scopolamine, of course, has nothing to do with serum, which is the liquid portion of blood after the clot has been removed. It has also very little

<sup>15</sup> J. A. M. Meerloo, *The Rape of the Mind* (Cleveland and New York, 1956) pp. 66 f.

to do with truth. There is no evidence to show that either scopolamine or any other drug can so relax an accused person's defenses that he unknowingly reveals truths he has been trying to conceal. Jean Rolin, in his book *Police Drugs*, describes the way in which scopolamine or sodium amytal has been used for this purpose and condemns the technique as being morally equivalent to the use of torture. Certainly it is a medically unethical procedure and confessions thus extorted should not be accepted in any properly constituted court of law. In the United States such a practice would be contrary to the spirit of the Fifth Amendment, which was specifically designed to protect accused persons from procedures which would compel them to be witnesses against themselves.<sup>16</sup>

These statements of Dr. Meerloo and of Dr. DeRopp—and also the argument of J. Rolin—should be read in comparison with the partisan article on narcointerrogation quoted and reviewed earlier.

American courts of law will not admit in evidence a confession obtained under the influence of a drug. *American Law Reports* quotes the conclusions of an article on the subject which appeared in the *University of Chicago Law Review*:

A criminal confession made under the influence of a drug would be inadmissible because obtained involuntarily. On whatever basis the rule rests, a confession induced by a drug ought to be excluded. There is great danger that it may be false. It is subject to being mingled with fancy. It is subject to being moulded by suggestions of the interrogator. In the hands of incompetent or unethical interrogators, a suspect can make a wide variety of unreliable statements.<sup>17</sup>

A federal case, *Lindsey v. U.S.A.*, cites many articles and cases that give good coverage of the status of the truth drug in American Law. The conclusion is this:

Although narcoanalysis in general, and the sodium-pentothal interview in particular, may be a useful tool in the psychiatric examination of an individual, the courts have not generally recognized the trustworthiness and reliability of such tests as being sufficiently well established to accord the results the status of competent evidence. . . . The expected effect of the drug is to dispel inhibitions so the subject will talk freely, but it seems scientific tests reveal that people thus prompted to speak freely do not always tell the truth. . . .<sup>18</sup>

Just as Rolin did, the judge in the Lindsey case distinguished the "scientific" procedure in narcoanalysis from straight scientific detec-

<sup>16</sup> Robert S. DeRopp, *Drugs and the Mind* (New York, 1957) pp. 274 f.

<sup>17</sup> *American Law Reports Annotated*, Second Series 23 (1952) 1307, quoting *University of Chicago Law Review* 14 (1946) 601.

<sup>18</sup> *Lindsey v. U.S.A.*, 237 F.2d 893 (9th Cir. 1957).

tion, which requires observation only, not interpretation. And also he points out some absurdities which possibly might infect these scientific-criminological procedures. For example, you cannot cross-examine the "lie detector," and in connection with drugs it might turn out to be necessary to narcoanalyze everybody, not just the accused: the interviewer, to find out if *he* is telling the truth, the judge, the jury, the witnesses, etc. However, on the debit side of the American decisions—and some study would discover whether this is the case or not—it may be that American law makes such evidence inadmissible on the more or less sole ground of its unreliability, without going into the deeper questions of the right of a man to the integrity of his mind and of the encroachments of scientism on the domain of law.

Writing in a Canadian journal, a Jesuit theologian discusses narcoanalysis, both therapeutic and forensic.<sup>19</sup> He concludes that with most careful safeguards, which he enumerates, narcoanalysis is a legitimate technique of clinical psychiatry. However, he condemns the practice in police procedure, on two of the grounds already covered here: it is unreliable, and "it violates the natural right of an accused person to retain his psychological freedom to deny his crime." Fr. Hamel adds a third ground, that the technique is illegal, "since the law does not consider the accused as the object of procedure, but as a party to it."<sup>20</sup> And he concludes with Rolin that the practice is equivalent to "moral torture."

Finally, Pope Pius XII took up this same subject in an address to the Sixth International Congress on Criminal Law, October 3, 1953. The Pope said:

The judicial investigation must exclude physical and psychic torture and narcoanalysis, first because these violate a natural right even if the accused is really guilty, and then because too often they produce erroneous results. It is not a rare thing for them to result exactly in the confession desired by the court, and in harm to the accused person, not because he is really guilty, but because his physical and mental energy is exhausted and he is ready to make any statements that may be desired. "Better prison and death than this physical and mental torture!" We find abundant proofs of this state of things in spectacular

<sup>19</sup> E. Hamel, S.J., "Le 'sérum de vérité' et la théologie morale," *Sciences ecclésiastiques* 5 (1953) 43-56.

<sup>20</sup> *Ibid.*, p. 55.

and well-known processes, with their confessions, their self-accusations, and their requests for a pitiless punishment.<sup>21</sup>

The statement represents a teaching of the Pope that the use of narcoanalysis in the judicial process is immoral. He does not distinguish two steps, the interrogatory or investigative from the judicial process proper, but the indication is that he intends to condemn the practice all the way through. If a confession is wrung from a suspect in interrogation under drugs, it should not be used against him in evidence. The Pope in the statement does not set up as matter for distinction the possibility that the accused may have consented to or even requested the analysis. Nor does the Pope think of the practice as connected in any way with "therapy," but as aimed at the securing of confessions. And finally, it should be noted that the Pope places as the primary reason for his condemnation the violation of the natural right even of a guilty person to the integrity of his own mind and will. Only in second place does the Pope point out the unreliability of the method as a means of reaching truth. The Pope's statement describes the forensic use of narcoanalysis as "psychic torture." The reference to "spectacular and well-known processes" reflects the Pope's awareness of scenes of our times of unparalleled horror; and the entire statement was doubtless made with deepest grief of the late Holy Father over the ordeal of Cardinal Mindzsenty and of other victims less familiar.

<sup>21</sup> *AAS* 45 (1953) 730-44.