

TRUTH DRUGS

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I THANK you for the honour you have done me in inviting me to speak on the matter of Truth Drugs.

I thank you. When I say so, I believe that I am sincere, but in view of the subject of tonight's paper, it might be as well to examine this very first proposition.

I thank you. Of course that is true. You or your committee have flattered me; have bolstered up my self-esteem. I like the committee of the Medico-Legal Society. They are fine fellows who honour me in this way. Now what would be the situation if I were examined under the Truth Drug on this matter. What would I say of the people who have asked me to do something which I would like to do, but which I cannot do very well. What would I say of the people who have caused me to feel ill at ease because I am insecure in what they have asked me to do. I would say: "Damn the Committee of the Medico-Legal Society. I hate you all." Because my emotions would be released by the drug I would undoubtedly say more than this. I would probably say: "I hate you all. I hate your very guts."

Now that I have formally thanked you, I can proceed with my paper. I aim to deal only with the broader medical aspects of Truth Drugs; these aspects which may be of common interest to both lawyer and physician.

The concept of the Truth Drug is no twentieth century affair. From earliest times alcohol has been regarded in this light. The Greek poet, Theognis, of the sixth century B.C., is translated as saying:

"Wine is want to show the mind of man."

Pliny refers to the saying, "In vinto veritas", as a common proverb. This suggests that the expression was just as hackneyed in his day as it is in our own.

There are innumerable accounts in history and literature of persons being led to give up their secrets in wine.

Other drugs have also been used. In the sixteenth century Spanish missionaries to Mexico were warned that the natives used a substance called "Peyote" to get people to confess their secrets. Peyote is made from a cactus that grows high up in the mountains. It is still used in semi-religious festivals by some American-Indian tribes. We now know the active principle of peyote is mescaline.

It is recorded that in 1793 a prisoner in Milan, who was too much on his guard to drink wine, was encouraged to confess by being given large doses of opium.

But the scientific investigation of Truth Drugs really commences in 1916 with Doctor House of Texas. He used the drug, scopolamine, in his midwifery practice to allay the pain of childbirth. He observed that many women spoke of matters of which they ordinarily would not speak; that in fact they confessed guilty secrets. He experimented further, and coined the phrase "Truth Serum". In 1922 it was used on prisoners and subsequently the Truth Serum gained a good deal of notoriety.

Dr. House grossly over-stated his case. He believed that the Truth Serum was infallible, or at least near infallible. His approach was an entirely mechanistic one. All that one had to do was to give the drug and the patient automatically spoke the truth. Experience soon proved this to be wrong. It would seem that his original observations may have been complicated by another factor; that, "they breathe truth that breathe their words in pain".

The next advance in the Truth Drugs concerns the use of the barbiturates. The name of J. Stephen Hosley is pre-eminent in the field. He is a psychiatrist interested both in hypnosis and the psychodynamic aspects of psychiatry. He first experimented with Nembutal, and used it as an aid to induce hypnosis. His original paper was entitled "Nembutal Hypnosis". He subsequently coined the word "Narco-analysis"; and his little book was published under this title in 1943. The book is a masterpiece of clear thinking. As he gives the drug he hypnotizes the patient. The drug is only of secondary importance. He uses it merely to facilitate the ordinary psychodynamic processes. This, of course, was a great advance over House's mechanistic concept of his Truth Serum. Anyone can inject a drug, but it requires real skill and understanding in our dealings with the patient to get him to ventilate what is on his mind. This, I think, accounts for the general falling off in the use of narco-analysis. Hosley's followers seem to

have tended to rely more and more on the chemical effect of the drug and less and less on the handling of the patient.

Narco-analysis had its greatest vogue during the war in the treatment of psychiatric battle casualties. In this field it was a highly successful form of treatment. The term Truth Drug is now used to refer to this form of treatment which involves the intravenous injection of a barbiturate drug.

There is another historical aspect to the use of drugs to find the truth. This is the self-administration of drugs. Many thinkers, poets and mystics have believed that they could snatch glimpses of the greater truth when their perception of mundane reality was dimmed by narcotizing drugs. In this respect, De Quincey, Coleridge and Francis Thompson are names which immediately come to mind.

This leads us to the recent work on mescaline and lysergic acid. In normal persons these substances produce hallucinatory experiences, and distortion of the usual perception of reality. The ensuing state of mind in many ways resembles schizophrenia. We have seen how some truth drugs, those of the barbiturate group, can be used to produce a state of artificial hypnosis; now these other drugs mescaline and lysergic acid can be used to produce a state of artificial schizophrenia.

To lawyers, schizophrenics are insane; to doctors, they are psychotic; to ordinary folk, they are just mad. What they say is inconsistent with our logical interpretation of reality. Yet few people would deny that the mad talk of schizophrenics contains great truth. It is not of the order of logical reasoning which can be used to earn one's bread and butter. It is the symbolic expression of a different kind of truth. It often concerns the meaning of life and death, of love and hate; and these, by the way, are problems which are not very adequately solved by the processes of logical reasoning.

In his little book, *The Doors of Perception*, Aldous Huxley gives us a vivid account of his own experiences in taking mescaline. The world is seen with striking clarity. Qualities of colour and form are greatly enhanced. Reality is perceived as having a meaning which it does not ordinarily have. It is not a practical logical meaning, but it is a meaning in terms of the ultimate order of things, of the essence of being. This, of course, is bordering on mystical experience, but it reveals reality in a new light. Whether the drug reveals the truth or not, I do not know.

I must return to the more prosaic medico-legal aspects of Truth Drugs. In recent years there has been a number of papers and editorial comments on the subject in medical literature.

There is also a newly published little book, *Police Drugs*, by Jean Rolin, which deals at length with the flagrant misuse of the Truth Drug at a trial in France in 1947. Briefly the prisoner was to be tried for collaboration with the Germans. He had subsequently sustained a bullet wound of the head which caused him to be paralysed on one side of the body, and made it impossible for him to speak. Because of the nature of the accusations, it was a highly emotional affair. He was thought to be malingering. He was given the Truth Drug, and because he said the one word, "Oui", it was held to prove that he was in fact malingering. It is a matter of such obvious misuse of the drug that I do not think that a consideration of the case can help us in any way in coming to an opinion about the reliability of the Truth Drug. Furthermore the author of the book is so emotionally involved in the subject that he loses all power of objective criticism. But there is one thing that the little book does make clear, and that is, the subject of Truth Drugs is a very live one in medico-legal circles in France.

The question of the reliability of such evidence was discussed by Gerson and Victoroff in 1948, in the *Journal of Criminal Psychopathology*. They administered the Truth Drug to seventeen criminals who had maintained their innocence in spite of overwhelming evidence to the contrary. Confessions were obtained from all subjects. But one suspect spoke of a child which did not exist; another talked about his wife being in gaol when in fact she was not; and a third described a robbery as if he had actually been present, whereas in fact he had only received the stolen goods. Eight of the seventeen subsequently retracted their confessions.

In 1951 Professor Redlich of Yale University experimented in giving the Truth Drug to nine subjects, each of whom had a true and a cover story. Three of the nine were able to maintain the cover story, in spite of the drug. These were the more normal personalities. The other six failed in varying degrees.

Macdonald discusses the matter in the *American Journal of Psychiatry*. His article would indicate that in America suspected criminals not infrequently consent to being examined under the Truth Drug. I understand that a confession in these circumstances cannot be used against the suspect, but information gained is used

to obtain other material evidence. I understand from Macdonald's article that the usual practice is that a psychiatrist administers the drug, but the actual interrogation of the suspect is carried out by a police officer. Macdonald also indicates that the Truth Drug is often used as a part of the general psychiatric examination where the accused pleads not guilty by reason of insanity.

The Lancet in August 1953, in a leading article discusses some of these medico-legal problems. It refers to a case in Belfast in which a young man charged with murder was given the Truth Drug and on the psychiatrist's evidence was found guilty but insane. *The Lancet* comments that this was the first time such evidence had been accepted in a court in Britain.

Again in August, 1953, the subject is discussed in the *Journal of the American Medical Association*. Reference is made to a murder trial in New Mexico. The accused had changed his story, and the defence sought to call a psychiatrist who had examined the prisoner under the Truth Drug. In an attempt to get the court to hear the Truth Drug story, the defence called a psychiatrist who gave evidence as to the high reliability of information obtained under the Truth Drug. But our learned colleagues of our sister profession who were handling the prosecution quickly put a stop to this. They simply called another psychiatrist. He held this Truth Drug stuff to be an airy, fairy business! and he would not believe a word of it. The court promptly refused to hear the Truth Drug story.

In the *Journal of Forensic Medicine*, published earlier this year, there are two articles dealing with the medico-legal use of Truth Drugs. One article is confident and highly enthusiastic; the other is cautious, doubtful and guarded.

It is clear that there is no unanimity of opinion about the use of the Truth Drug. I propose to use this confusion as an excuse to offer some of my own views on the subject.

First, I would emphasize the extremely variable and fluctuant nature of the whole procedure. This even applies to the chemical effect of the drug. It varies not only according to the quantity given, but also according to the rate at which it is given. The effect also varies according to the condition of the patient, whether he is tired or anxious or accustomed to taking barbiturates. But the degree of the patient's disinhibition varies even more according to the attitude of the physician. In therapy, the whole success of narco-analysis depends on the capacity of the physician to enter into a varying emotional relationship with the patient. The

whole process is fluctuant. The nature of the emotional relationship with the patient is varied according to the moment to moment demands of the situation. I refer to this, only to indicate that one would expect the material produced in narco-analysis to be very variable.

There is another basis difficulty, and that is the means which the patient uses to express himself. The patient, of course, uses the logical meaning of words; but he also uses words to convey an extra-verbal meaning; an implied meaning. But as the patient comes more under the influence of the drug, and as the physician gains a closer emotional relationship with him, the patient expresses himself by more primitive means. He communicates by unverbilized phonation. This is the language of sighs and grunts; of "ums" and "ahs" and "ohs". Furthermore, the patient communicates his meaning by his behaviour; he clutches the physician's hand; he makes desperate signs and gestures; he throws himself about. This is not just wanton restlessness. It is a primitive but definite attempt to communicate ideas. The understanding physician, sensitive to this, talks back to the patient in his own language. I mention this to show you that a tape recording may give a very inadequate, and perhaps quite misleading account of the ideas which the patient has expressed.

With this background to the work I will proceed to discuss four sets of circumstances in which the patient under narco-analysis, in my experience, tells the truth.

First of all there is a group of patients who tell you the truth in the waking state. It may be still thought wise to use the Truth Drug, either with the object of producing unconscious material, or to help the patient by the expression of emotion. It sometimes happens that the patient simply repeats exactly the same ideas as he has already expressed in ordinary conversation, and then goes to sleep. This, of course, is an anticlimax. It is always disappointing when nothing new comes from a session of narco-analysis.

There is another group of persons who lie in the waking state, but who tell the truth immediately narco-analysis is commenced. A feature of this group is the promptness with which the truth is ventilated. In fact they blurt out the truth before they have actually been affected by the drug at all. It is clear that in these cases narco-analysis is merely providing the patient with an excuse to tell the truth; something which he has been wanting to do all the time, but which he has been unable to bring himself to do. I believe that this is a very common mechanism. In my own ex-

perience it has operated most frequently in cases involving shame, and in cases in which the patient has lied, as it were, from some honourable motive. This occurs when the patient lies out of loyalty, when a confession of the truth would show the loved one or some member of the family in a bad light. In order to allow this mechanism opportunity to act, I have found it a good plan to wait a little while after inserting the needle before injecting the drug.

Like these patients, there is another group who know the truth but who deny it in their waking state. The former group had conscious reasons for denying the truth; this group denies it through psychological inhibition. The patient's reasons for his denial of the truth are not really clear to him. This is common with inhibited, introverted persons. The patient in a general way knows the truth but it is so painful that he can hardly think of it, let alone openly discuss it. There is usually a pathological quality about the emotion concerning such material. It is this that provides the motivation for the inhibiting force. In the evolution of man it seems that this inhibiting power of the brain is a recently acquired function. In general, the more recently acquired abilities are more readily susceptible to noxious influences than the more primitive ones. These inhibitory processes become disorganized from extreme fatigue, from the toxins of disease, from alcohol and from the injection of barbiturate drugs. With the failure of the inhibitory mechanisms, together with the close emotional relationship with the physician giving the injection, the material seeking expression is ventilated.

Next we come to a group of patients who have no conscious awareness of the truth at all. In these patients the truth is stored in their minds, but psychodynamic processes deny the patients any knowledge of it. This applies to two different groups of cases. In one, it is some recent incident which the patient cannot recall, and in the other group it is some very remote incident. Amnesia is the common symptom. These cases of loss of memory often have a medico-legal significance. This is so because it is usually associated with some psychologically traumatic event. The committing of crime is an event of this nature. The matter has medico-legal complications on account of the superficial resemblance of amnesia to malingering. A further point of medico-legal significance concerns loss of memory following head injury. This, of course, may be entirely organic, or it may be entirely functional,

or it may be a mixture of the two. Treatment with Truth Drugs can usually restore the functional component.

The other type of case concerns the recall of long distant memories of childhood. The patient as a child has received some psychological shock. All memory of the painful incident is repressed from his consciousness. Sometimes such repressed material is the cause of nervous symptoms in later life, and sometimes the memory can be recovered in narco-analysis and used to help the patient.

We have now dealt with four groups of patients who tell the truth under narco-analysis; those who continue to tell the same factual truth as in the waking state, those who use narco-analysis as an excuse to tell the truth, those who tell the truth because their insuperable inhibition has been relieved, and finally those who tell the truth because they are now able to recall it. This, of course, is a gross over-simplification. In actual practice it is never as clear-cut as this, and one group merges into the other.

I now come to the discussion of the circumstances in which persons under narco-analysis do not tell the truth.

We know that some persons lie in the waking state, and continue to lie in narco-analysis. The evidence for this is in the experimental papers to which I have already referred. I do not think that this should be just dismissed as the result of unskilled use of the drug. In these cases I think the personality structure of the individual must be very important. For psychodynamic processes to be activated there is some motivating force. This motivating force must be psychological in origin; it cannot be provided by the drug itself. The normal motivating force to tell the truth is the psychic disquiet which arises when conscience is offended. Now, there are some persons whom we believe to be lacking in normal super-ego development. In other words they lack conscience. These are the psychopaths. It would seem that in narco-analysis they still lack the adequate psychological motivation to ventilate the truth. I believe that this is a likely mechanism in these persons who continue to maintain a deliberate falsehood in narco-analysis.

Patients in narco-analysis frequently express ideas which are not the truth for another reason. I refer to the process of confusion. This is due to disordered cerebral function as a result of the effect of the drug on the brain cells. The patient does not know where he is. He is unable to recognize the unfamiliar surroundings of the hospital. He thinks he is in some hotel. He

confuses the nurse with someone whom he knows. This material is clearly not the truth. To some extent it is coloured by the patient's past experiences of life, but as a general rule it is of little or no psychological significance.

I now come to another set of circumstances in which the patient does not tell the truth. This concerns material which is inadvertently suggested to the patient by the physician. This is so important that I propose to deal with it in some detail.

Ideas are accepted in the mind by more than one process. An idea may be subjected to intellectual examination and accepted or rejected according to its logical merits. But a moment's reflection will show that many ideas are in fact accepted uncritically without any logical scrutiny. Suggestion is the process which determines this uncritical acceptance of ideas. It is not just a question of the intellectual logical process working in less degree, but it is a different process altogether in which the emotional relationship with the person who offers the suggestion is important, and also the prestige which he enjoys. In the evolutionary period before man's acquisition of the ability of logical thought, it seems probable that suggestion was the process which determined the acceptance of ideas in pre-human man. Now, I have already mentioned the fact that the more recently acquired abilities suffer first as a result of any noxious agent. The Truth Drug tends to put out of action the intellectual logical processes, and so allows the primitive process of suggestion fuller scope.

I have mentioned the close emotional relationship between patient and physician in narco-analysis. In addition to this the physician enjoys a certain degree of prestige on account of his professional standing.

From these theoretical consideration we would expect the process of suggestion to be particularly active in narco-analysis. In actual practice this is found to be so.

In treatment we use this increased suggestibility to implant ideas of health and well-being in the patient's mind.

But the process of suggestion can misfire, as it were. The physician's too persistent questioning about any particular topic may suggest to the patient that he is concerned in the matter. This may lead the patient into saying he has done things which in fact he has not done. I am quite sure that this can happen in treatment. For instance, I am sure that very persistent questioning about a patient's sex life in certain circumstances can lead to confessions of matters which have no basis in fact.

A great number of factors operate to determine whether or not such a mechanism will operate. These factors include the moment to moment effect of the drug, the emotional relationship between patient and physician, the prestige of the physician in the patient's eyes, the degree of authority used by the physician, the innate suggestibility of the patient, and very important the mobilized psychological guilt which the patient is experiencing at the moment.

We know that many innocent but neurotic persons in the waking state confess to crimes which they have not done. I think with narco-analysis, an enthusiastic interrogator could easily obtain confessions from unstable persons of crimes which they did not commit.

It has been held that the use of Truth Drugs would be an effective way of investigating persons whose loyalty was suspect. From what has been said, it would seem clear that it would be possible in many neurotic persons to suggest the expression of political ideas contrary to those normally held by the victim.

This horrible theme can be developed a stage further. It is common practice to give a patient a series of sessions of narco-analysis in which he is given suggestions for the relief of his symptoms. Sometimes it is of help to the patient to suggest new attitudes to things. This, of course, makes a change in the patient. This same process could obviously be used to change political attitudes. This seems to be one of the techniques of brain-washing.

I must leave the consideration of the effect of the increased suggestibility with Truth Drugs, and proceed to discuss another set of circumstances in which the material produced is not the truth. This is the phantasy material which is so often produced in narco-analysis. It is the stuff that dreams are made of. Sometimes it is bizarre, unreal and dream-like. In these circumstances it is easily recognized as phantasy, and there is little danger of mistaking it for an expression of factual truth. In other cases the phantasied material may be hard to distinguish from factual material. A woman may talk in a matter of fact way about her baby, which turns out to be no more than a child of her phantasy. Some persons become preoccupied about some event or some crime. They day-dream about it. In narco-analysis the phantasy material may be produced in such a way as to mislead the physician into thinking that the patient actually took part in the event. It is conceivable that phantasy material of this nature might easily lead to a wrong conviction. Such experience should

make us doubt "the equivocation of the fiend that lies like truth".

There is another type of phantasy which is quite commonly produced in narco-analysis. This is symbolic phantasy. The patient says, "I have killed my father". It is usually hard to get any details, but the patient continues to insist, "I have killed my father". This may be a symbolic way of expressing the idea that he has fought himself free from his father's influence. A woman burdened with psychological guilt says she has killed her child, when she means that she has killed the child's love by not giving it enough affection.

I have some material evidence of such phantasies. This evidence was actually obtained from patients in hypnosis and not narco-analysis. But I have explained that the real function of the Truth Drug is merely to produce an easy form of hypnosis. I have been experimenting in getting patients to paint while in deep hypnosis. It has been found that patients will often express their conflicts in graphic form when they cannot express them verbally. Sometimes it is very dramatic. I even felt tempted to show you some slides of the paintings of this phantasied material. There is one very convincing one of the young patient having sexual intercourse with his mother. The patient is a quite unsophisticated youth who knows nothing of psychological theory. I certainly did not suggest the theme to him. Yet he spontaneously painted a picture of something that never happened. It is not the truth. Yet, if you knew the intensity of the emotional ties between mother and son, I think you would say that the painting does represent the truth in a very real way.

It would seem that, if we are to progress any further, we must make some attempt to examine the nature of truth. I would have avoided this as it is clearly beyond my competence.

I will make no attempt to answer Pilate's question, but in a superficial way I think that men speak of truth according to their training and background. Thus the physicist's idea of truth differs from that of the philosopher; so does the jurist differ from the poet. What is the idea of truth in the mind of the person who uses the Truth Drug? I mean someone like myself who is neither scientist, nor philosopher, nor jurist. I use the Truth Drug or hypnosis to find the kind of truth which I am seeking. My concern is only the mental processes of the sick in mind. To me then, as with Browning, "There is truth in falsehood, falsehood in truth". In this way the shadow is often more material than the substance.

The phantasies of hypnosis and Truth Drug are the truth, but it is something different from the truth of the law.

I thank you, ladies and gentlemen, for your sympathetic attention. It may well be that I have talked too much. Perhaps this is a professional over-compensation. As psychiatrists we don't talk, we only listen; and it is not often the opportunity of talking arises.

Discussion

The President, MR. D. I. MENZIES, Q.C., called upon MR. JOHN MINOGUE to open the discussion.

MR. MINOGUE said that, as he understood the matter, it was possible to induce a state of deep narcosis in which the patient might either express in words his inmost thoughts, or give them some kind of pictorial expression or give them an expression in a form of language the significance of which could only be understood by a trained interpreter.

The truth which the law sought was concerned with the accurate perception of the facts which were in issue in legal proceedings, and the witness who enters the witness box did so in order to tell what he had observed.

The first question to be considered was whether the drugs in question could help in ascertaining truth in the sense in which the law is interested in truth, and the second question was whether, if so, they should be used.

As to the first question, the results of some thirty years of investigation appeared to be that fact and phantasy were likely to be as much interwoven in a statement made under the influence of the drugs in question as in any other statement. From the lawyer's point of view, the second question was the more important, because it raised the problem of human rights. In English-speaking countries no confession was accepted in evidence unless it was a voluntary confession, and voluntary in the sense that the author of it had a free choice to speak or remain silent. It could not be said that a statement made under the influence of a Truth Drug was a voluntary confession or admission in that sense. Even if, as has been recommended in America, the person making the statement were required to sign a form of consent, it still could not be said that the ultimate sentence uttered in a state of deep narcosis was a voluntary statement in the sense defined. The whole purpose of the drug was to destroy the freedom of choice to speak or not to speak.

DR. GUY SPRINGTHORPE said that it would be proper to inquire whether the methods under discussion could be used as an aid in legal investigation, even though the results might not be admissible in evidence in a court of law. He was prepared to accept the position that such statements would not be admissible, but the material which was obtained by the use of these methods could be used, when the witness was in a fully conscious state, for further investigation by those responsible for making inquiries into the particular case. He understood from what Dr. Meares had said that persons who had committed a crime and who had the determination and the resource to resist ordinary interrogation, might, under the influences of these drugs, bring forward statements which might be valuable in furthering subsequent investigation.

DR. SINCLAIR said that he had never been able, by the use of drugs, to extract from a patient anything that the patient wished to withhold, and on occasions it had been found that ordinary police methods obtained more information from the subject. It was possible that if the patient or subject were under a heavy sense of guilt and wished to seek relief by speaking about it, the use of drugs might assist in the release of the truth, but his own experience made him doubtful even of this. He asked Dr. Meares whether a person subjected to these drugs will say anything which he wishes to withhold.

DR. MEARES replied that the patient both wants to and does not want to speak. In this conflict or balance there eventually is a final state in which decision is made.

PROFESSOR DERHAM said that the discussion had centred upon the proof of guilt, but it might be of value to inquire whether the procedures could be used in the proof of innocence. It was commonly said by psychiatrists that a man who has made an ostentatious attempt to commit suicide really had no intention of killing himself, but desired, as a result of mental stress, to draw attention to himself. If on a charge of attempted suicide the defence were taken that the necessary intention to kill oneself was absent, could proof of that defence be assisted by the administration of Truth Drugs to the accused?

DR. MEARES said that the procedures might be of use in this context, but one again encountered the difficulty that there was

a division in the mind of the patient who both wanted to and did not want to kill himself.

MR. MINOGUE said that statements obtained from the accused person in order to assist the defence would be inadmissible because they were self-serving statements.

MR. BERGERE said that it was a common experience of lawyers that, after an interval of time, what witnesses presented as fact was an inextricable mixture of fact and fiction. He asked whether the drugs could be used to take the witness back to the objective facts of what he saw or heard unembellished by his subsequent imaginings.

DR. MEARES replied that fact and phantasy would emerge intermingled under the influence of drugs.

MR. SMITHERS said that in 1945 the Medico-Legal Society of France passed a resolution approving the use of drugs for purely medical investigations and as an aid to diagnosis, but stating that it could not be accepted that the revelations obtained were exact. Accordingly, the resolution went on, the determination of criminal responsibility should never rest on confessions obtained under drugs alone. The method should only be used after the failure of all ordinary methods of investigation. This resolution produced a strong protest from persons who had apparently been engaged in the Resistance Movement, partly apparently on the general principle that it was a violation of a person's free will and partly because it was feared that, by abuse, it might become a routine part of police procedure.

He recalled a recent murder case in which there had been three trials before a decision was finally obtained. If, after a controversial case of this kind the matter could be scientifically investigated by the use of the methods under discussion, not for the purpose of impugning the trial, but for the purpose of enlarging knowledge, it might be possible over a number of cases to arrive at some conclusion about the value of these drugs in the administration of the law.

He quoted the observation of Lord Justice Knight Bruce that "truth might be loved too well and pursued too fiercely". He saw the law as something which was aimed not so much in the determination of absolute truth, but as aimed at the determination of

justice. It was more important to ensure that no innocent person could suffer than to arrive at the absolute truth.

DR. MEARES said that there plainly was a problem as to the nature of truth. From the psychiatrist's point of view what emerged under the influence of Truth Drugs was the truth. The phantasy was what the psychiatrist really wanted. That was the kind of truth that assisted the psychiatrist to help his patient, and it did not matter that the events which the patient described had never happened.