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INFORMATION REPORT

COUNTRY: USSR/International/Canada

SUBJECT: Use of Metrazol in Sovbloc for Interrogation and Brainwashing/ Negation of LSD-25 and Adronochrome by Frenhuel

Rpt. # 00-A-46867

Dist. date 10 Oct. '55

ACQUIRED: ~~C. [redacted]~~ Date: Sept. '55

SOURCE: US citizen, chemical research director for one of the large pharmaceutical companies in the US. He is directing a rather extensive research program for his company, including work on tranquilizing agents. He has been a very cooperative source and has furnished much information on psychogenic agents.

1. ~~[redacted]~~ British subject who has been in Canada for three years. ~~[redacted]~~ has said that the drug most frequently used in the Sovbloc for interrogation and brainwashing is Metrazol. The hallucinatory and painful experience with this drug is said to be so severe that after one shot the subject is amenable to anything in order to forestall receiving another shot. Metrazol is widely used to bring on shock in the treatment of schizophrenia.

2. It has come to my attention that Frenquel*, when taken intravenously, negates the hallucinatory experience induced by LSD-25 and adronochrome. This has been reported in the literature by Fabing**, although the drug is still in the clinical stage and is not yet on the market.

* gamma isomer of Meratran

** Dr. Howard D. Fabing, Christ Hospital, Cincinnati, Ohio

[redacted]

American Medical Association Journal
American Public Health Association Journal
Bulletin of U.S. Army Medical Department
Bulletin of Hygiene
Current List of Medical Literature
Epidemiological and Vital Statistics
Epidemiological Report Monthly
Epidemiological Report Weekly
Excerpta Medica
Journal of Infectious Diseases
Lancet
Medical Bulletin
Pharmacy International
Physiological Abstracts
Public Health Reports
Tropical Disease Bulletin
Vital Statistics

- (a) Chemical warfare products.
- (b) Radioactive materials other than the atomic bomb.
- (c) Biological warfare products, exotic organisms, or atypical strains of the etiological agents of our endemic diseases.

2. MEDICAL EVIDENCE OF THE USE OF WEAPONS FOR NEAR FUTURE EFFECT.
(weeks or months)

- (a) Illnesses or deaths in significant groups due to the cumulative effect of chemicals, or radioactive materials which indicate enemy intent.
- (b) Medical evidence of planting of the following for delayed effect upon man or animals.
 - (1) Physical devices or alterations to cause injury, illness, death or hamper efficiency.
 - (2) Etiological agents of illness.
 - (3) Infected human, insect or animal vectors of disease.
 - (4) Infected intermediate host of disease.
 - (5) Infected definitive hosts of disease.
- (c) Unusual outbreaks of communicable diseases; with periods of incubation between short and long; certain diseases with insidious onset; diseases with subacute symptoms; mild or high incidence with or without high mortality.
- (d) Communicable diseases affecting animals and transmissible to man.
- (e) Evidence of deliberate alteration of the purity, potency, or suitability for the purpose intended of medical supplies.

3. MEDICAL EVIDENCE OF THE USE OF WEAPONS FOR FURTHER FUTURE.
(months or years)

- (a) Insidious communicable diseases of man or animals which are significant in type and or incidence and distribution.
- (b) Insidious debilitating non-communicable illnesses of man which are indicative of enemy intent.
- (c) Insidious animal diseases not communicable to man, but affecting food supply or domestic work animals.
- (d) The use of chemicals for long delayed effect.
- (e) The use of physical methods, and materials other than chemicals or biologicals for long delayed effect.
- (f) Medical evidence of psychological warfare.

I. B. Sources of Supply

The level of Soviet microbiology, biochemistry, and nuclear science and the potential for mass production of B, C, and R products for attack on extensive areas appears to be below that of the U.S.-allied nations, but, it appears that the U.S.S.R. is capable of producing sufficient quantities of these agents and other products for clandestine use against selected groups or in limited areas.

A sufficient quantity of B, C, or radio active materials needed to produce significant effects could be sent from Russia to the U.S. These products can be sent through the diplomatic mail, or by ship, plane, balloon, or smuggled into the United States in various ways. There are many simple ways of planting the material after delivery. Vectors of disease such as infected lice, fleas, mosquitoes, or rodents can be delivered through the air, by individuals, or delivered in shipments of materials, for example; outbreaks of bubonic plague occurred in one of the Latin American Republics due to infected fleas on gunny sacks which were shipped from India. A devastating malaria epidemic in Brazil followed the landing of planes from Africa which carried one of the world's most dangerous mosquitoes which established breeding foci throughout an area of several hundred miles.

There are a number of products which might be employed by saboteurs for unconventional warfare which are manufactured for industrial purposes in this country and which may be obtained on open market. Anti-cholinesterase chemicals are used as agricultural insecticides. One plant which manufactures these chemicals is located in Baltimore, and, in fact during the past summer a worker in this plant died from brief accidental exposure to a very small quantity of the material. Highly toxic rodenticides, such as "Antu" and "1080" are used extensively by city health departments for anti rat campaigns.

Extremely minute quantities of at least ten beryllium compounds can cause poisoning. At least four of the compounds produce acute illnesses. Air concentrations containing twenty-five micrograms per cubic meter of air will produce an acute form of illness ending in death. A toxic effect from smaller doses is a form of illness called "Delayed Chemical Pneumonitis" in which clinical symptoms do not appear for months or years after exposure to the compounds. Contamination of air, furniture and other articles can result in incapacitation or death. The average physician would confuse the diagnosis with other diseases. These compounds are available in many factories and in deadly quantities in manufactured articles, such as fluorescent light bulbs, in buildings all over the U.S.

II. MEDICAL EVIDENCES OF POSSIBLE USE OF UNCONVENTIONAL WARFARE AGENTS AGAINST U. S.

It is reasonable to suppose that in event evidence of use of methods of unconventional warfare by the Soviet against an allied nation should come to hand, we should anticipate that similar efforts would be attempted in this country. Should the method used be based upon biological, chemical or radiological products not unusually encountered in the area attacked, such use would be convincing evidence of warlike intention and capability of execution. Intelligence must therefore be on the alert critically to scrutinize and evaluate all information regarding outbreaks of unusual diseases or illness, or unusual manifestation of endemic diseases in our allied nations.

III. EVIDENCE OF USE OF AGENTS OF UNCONVENTIONAL WARFARE IN THE U. S.

The appearance of illness of a kind unusual in the region or in the persons affected; an illness which is not unusual in a locality or in an affected group, but which is more widespread in its extent; or an illness which is not unusual per se, but which is unusual in its clinical course would raise a suspicion that unconventional warfare had been initiated.

While there is no doubt that radioactive substances have immediate, cumulative or delayed effects on man, depending upon the substance used, it would seem that because of the scarcity of such materials through open channels in this country and the difficulties inherent in transportation in significant quantities from other countries, it is unlikely they would be used in unconventional warfare. This conclusion is fortified by the fact that other materials of known lethal effect and simple of dissemination are readily available.

So far as is known, knowledge of the effects of ultrasonic waves upon man has not progressed to a point where the use of this modality might be anticipated in unconventional warfare.

Identification of any illness as resulting from BF or CW materials or brought about by other methods of unconventional warfare is dependent upon a high index of suspicion on the part of our physicians, and of our public health authorities, and upon careful clinical and epidemiological studies.

It can be anticipated that the appearance of an unusual illness in any part of the country, particularly in our cities, would be promptly reported to the appropriate public health authority by the physicians of the community. In the same manner, unusual prevalence or unusual severity or other manifestation of a not unexpected disease would also be promptly brought to the attention of the appropriate authorities. It is to the public health organizations of our various governmental units that we must look to differentiate between an illness or its manifestation, resulting from a natural chain of circumstances and results brought about artificially by

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MEDICAL ASPECTS OF UNCONVENTIONAL WARFARE

I. CAPACITY OF THE USER TO CONDUCT UNCONVENTIONAL WARFARE.

A. Availability of medical and other personnel.

(a) Organized and directed by the Soviet.

(b) Unorganized sabotage.

(c) Sources of personnel.

(1) In Russia and the satellites.

(2) In neutral countries and our allied nations.

(3) Within the U. S.

B. Sources of supply of products.

(a) BW, CW, RW and other products in enemy nations.

(b) Materials now available to the enemy in the U. S.

(1) Those which require planting.

(2) Those which do not require planting.

C. Conditions in U. S. affecting vulnerability to agents of unconventional warfare.

(a) Favorable and unfavorable conditions in the U. S.

II. MEDICAL EVIDENCE OF POSSIBLE USE OF UNCONVENTIONAL WARFARE AGENTS AGAINST U. S.

A. Medical evidence that unconventional warfare has been accomplished in an allied nation.

(a) By BW, CW or RW products

(b) By other means.

III. EVIDENCE OF USE OF AGENTS OF UNCONVENTIONAL WARFARE IN THE U. S.

A. Medical evidence that unconventional warfare has been accomplished

(a) By BW, CW or RW products

(b) By other means.