

SUPERIOR COURT OF THE STATE OF CALIFORNIA  
FOR THE COUNTY OF LOS ANGELES

DEPARTMENT NO. 104

HON. CHARLES H. OLDER, JUDGE

COPY

THE PEOPLE OF THE STATE OF CALIFORNIA,  
Plaintiff,

vs.

CHARLES MANSON, SUSAN ATKINS,  
LESLIE VAN HOUTEN, PATRICIA KRENWINKEL,  
Defendants.

148

No. A253156

REPORTERS' DAILY TRANSCRIPT  
Friday, November 13, 1970

APPEARANCES:

For the People:	VINCENT T. BUGLIOSI, DONALD A. MUSICH, STEPHEN RUSSELL KAY, DEPUTY DISTRICT ATTORNEYS
For Deft. Manson:	I. A. KANAREK, Esq.
For Deft. Atkins:	DAYE SHINN, Esq.
For Deft. Van Houten:	RONALD HUGHES, Esq.
For Deft. Krenwinkel:	PAUL FITZGERALD, Esq.

VOLUME 148

PAGES 17472 to 17694

JOSEPH B. HOLLOMBE, CSR.,  
MURRAY MEHLMAN, CSR.,  
Official Reporters

I N D E XPEOPLE'S WITNESSES:      DIRECT    CROSS    REDIRECT    REGROSS

SKRDLA, Blake (Cont'd)		17480K 17522H	17538	17549F 17551S
DEERING, Harold C.	17561	17570F 17606S 17617K 17660H		17555K 17558 H

E X H I B I T SDEFENDANTS':      FOR IDENTIFICATION    IN EVIDENCE

BF - MMPI Critical Items list (Xerox)	17521
--	-------

LOS ANGELES, CALIFORNIA, FRIDAY, NOVEMBER 13, 1970

9:04 o'clock a.m.

- - - -

(The following proceedings were had in the chambers of the court out of the hearing of the jury and the defendants, all counsel being present:)

THE COURT: All counsel are present.

The reason I called you in, gentlemen, was because it has come to my attention that -- I believe it was Mr. Shinn subpoenaed Judges Dell, Keene and Parker for today, is that correct, Mr. Shinn?

MR. SHINN: Yes, I talked to Judge Parker's clerk yesterday, your Honor, and she said she wants to be on call, so I said okay.

THE COURT: Well, the County Counsel is going to make an appearance this morning for the purpose of either moving to quash the subpoenas or arranging to put them on call or something.

However, he is ill, the man that was assigned the job, and Mr. Byrne of the County Counsel's office called me to ask if you have any objection to putting it over to Monday.

MR. SHINN: I have no objection, your Honor.

THE COURT: Then none of these three judges will make any appearance today.

MR. SHINN: Judge Parker's clerk called and she

1 understands she is on 24-hour call, your Honor.

2 THE COURT: Any objection to putting all of them on  
3 call?

4 MR. SHINN: No objection.

5 THE COURT: The People have not finished their case  
6 for one thing.

7 MR. SHINN: That I understand.

8 THE COURT: They are all available so far as I  
9 know. I don't know what their vacation plans if any are,  
10 but I am sure they will all be happy to be on call.

11 MR. SHINN: No objection.

12 THE COURT: All right.

13 MR. KANAREK: Your Honor, may I inquire as to the  
14 witnesses Charles Rich and Ernest Sheppard, has your  
15 Honor assigned the order on those?

16 THE COURT: No, I have not.  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

2 fls.

2-1  
1 MR. KANAREK: May I inquire as to what reason, your  
2 Honor?

3 Those are very vital witnesses in view of the  
4 People's -- the kind of case that the People -- I mean, the  
5 issues that the People have injected.

6 MR. KAY: We would ask for an offer of proof on  
7 Shepard.

8 I know who he is. He is a convicted murderer.

9 MR. KANAREK: I don't see what kind of an offer of  
10 proof I would have --

11 THE COURT: I don't want to hear a lot of colloquy  
12 now, gentlemen.

13 MR. KANAREK: Yes, your Honor.

14 THE COURT: I have your request and I will rule on it  
15 in due course.

16 MR. KANAREK: The point is that Mr. Rich may leave the  
17 County Jail any day now.

18 THE COURT: That may be, Mr. Kanarek, but I am not  
19 going to rule on it until I am ready to rule on it.

20 MR. KANAREK: Then he would have to be brought back,  
21 your Honor, from Folsom, and it would be more expensive for  
22 the State.

23 THE COURT: Is there anything further, gentlemen?  
24 Anything further before we commence the trial?

25 You might be giving some thought, Mr. Bugliosi,  
26 in connection with the matter of the handwriting exemplars

1 that the Court ordered with respect to Defendant  
2 Krenwinkel.

3 I understand that you do want to raise that?

4 MR. BUGLIOSI: Yes.

5 THE COURT: What I understand to be a failure of the  
6 to defendant/comply with the Court's order to make such  
7 exemplars.

8 MR. BUGLIOSI: Right.

9 THE COURT: And you might be giving some thought,  
10 possibly, to again working out some stipulation with  
11 Mr. Fitzgerald as to how that should be presented to the  
12 jury, the fact of her failure to make the exemplars, if  
13 such is the fact.

14 MR. BUGLIOSI: Yes.

15 MR. KANAREK: Your Honor, in connection with the  
16 request for those two witnesses, could your Honor inform  
17 me, is there any problem in connection with it? What is  
18 the Court's thinking in that regard?

19 THE COURT: My thinking, at the moment, is that I  
20 haven't finished thinking about it.

21 MR. KANAREK: I see.

22 Would it be possible for your Honor to rule on  
23 that, let's say, by the beginning of the --

24 THE COURT: I will let you know when I have ruled.

25 MR. KANAREK: At the beginning of the noon recess,  
26 your Honor? I mean, the beginning of the noon session?

1 THE COURT: Let's go back into the court, gentlemen,  
2 and get on with the case.

3 MR. BUGLIOSI: I will have one witness after this  
4 witness, your Honor, and that will be it.

5 Dr. Deering will follow Dr. Skrdla.

6 MR. KANAREK: We have another problem then.

7 Mr. Bugliosi represented to me that DeWayne  
8 Wolfer, the Los Angeles police officer, would be here.

9 He has represented that for several weeks,  
10 your Honor. As a lawyer, he represented to me that Mr.  
11 DeWayne Wolfer would be supplied by him.

2a

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

2a-1

1 MR. BUGLIOSI: I will ask Wolfer to come over, and  
2 if he comes over today, swell.

3 He said that he is hopelessly tied up. He  
4 said that you should pay him for coming over.

5 MR. KANAREK: Then I ask that all his testimony be  
6 stricken.

7 He was accommodated, your Honor, and Mr.  
8 Bugliosi was accommodated.

9 MR. BUGLIOSI: I asked him to come over.

10 THE COURT: I don't know what you are talking about,  
11 Mr. Kanarek. Why don't you get to the point. Stop wasting  
12 time and get to the point.

13 MR. KANAREK: The point is, your Honor, that Mr.  
14 Wolfer did not -- we did not finish our cross-examination  
15 of DeWayne Wolfer.

16 THE COURT: I am not aware that you didn't finish  
17 your cross-examination.

18 MR. KANAREK: Your Honor may not recall it, but the  
19 point is that he testified concerning a certain map which  
20 was made wherein there were sounds uttered and they took  
21 some kind of a survey as to what could be heard at certain  
22 areas.

23 THE COURT: You show me in the transcript what you  
24 are talking about specifically if you want me to do something  
25 about it, and I will consider it in that light.

26 MR. KANAREK: Your Honor, I can't show you at this



2a-2

1 instant. It was some weeks back.

2 THE COURT: I am not asking you to show me at this  
3 instant, or at all. I am saying, Mr. Kanarek, if you are  
4 asking for some relief, I will have to have the transcript  
5 reference so that I can review it and see what, in fact,  
6 occurred.

7 MR. KANAREK: The point is, your Honor, that it  
8 may not even be explicit in the transcript.

9 Mr. Bugliosi represented to me -- as he will  
10 undoubtedly admit right now -- that Mr. Wolfer would be  
11 present, would be here, so that we could finish our  
12 examination of him.

13 He was going to bring a map, a map that had  
14 been made by the Police Department showing what could be  
15 heard by way of certain noises, certain sounds which were  
16 uttered with respect to the Cielo Drive address.

17 He didn't have it with him. We accommodated  
18 him. We accommodated Mr. Bugliosi. He has represented  
19 that the man would be here.

20 Now, the People -- it is our position that  
21 all of his testimony should be stricken, unless they live  
22 up to their word..

23 There is nothing that I have done, your Honor,  
24 except take the word of Mr. Bugliosi.

25 THE COURT: You show me what occurred in the  
26 transcript, Mr. Kanarek, if you are asking for any

1 testimony to be stricken.

2 MR. KANAREK: Or in the alternative, your Honor, let  
3 us just have the man over here.

4 He has testified very recently, there is no  
5 question about it. I read about it in the paper.

6 THE COURT: We are going to get on with the trial  
7 now. That is something you can work out with Mr. Bugliosi.

8 MR. KANAREK: Will you have Mr. Wolfer here?

9 MR. BUGLIOSI: I will try to get him here. I will  
10 call him and tell him to come over. That is all I can do.

11 MR. KANAREK: With the map?

12 MR. BUGLIOSI: Yes.

13 MR. KANAREK: Thank you.

3 fls.

3-1

(The following proceedings were had in open court in the presence and hearing of the jury, all defendants and counsel being present:)

THE COURT: All parties, counsel and jurors are present.

Dr. Skrdla, would you resume the stand, please.

Do you have any further examination,

Mr. Kanarek?

MR. KANAREK: Yes, your Honor, Mr. Darrow is getting an exhibit for me.

Your Honor, may I use the microphone?

THE COURT: You may.

BLAKE SKRDLA,  
the witness on the stand at the time of the adjournment, resumed the stand and testified further as follows:

CROSS-EXAMINATION (CONTINUED)

BY MR. KANAREK:

Q Dr. Skrdla, in your review of the file did you ascertain whether or not Dr. Oshrin was a psychiatrist?

A His qualifications were not mentioned in the record, but I assume he is a qualified psychiatrist.

Q He signed his name and then, I think, the word psychiatrist is associated with his signature, is that correct?

1 Q I recall the initials, M.D., after his name.  
2 I don't recall whether "psychiatrist" was  
3 present.

4 MR. KANAREK: May I approach the witness, your Honor?

5 THE COURT: You may.

6 Q BY MR. KANAREK: Would you look over the Patton  
7 State file, Doctor, and tell us whether Dr. Oshrin appears  
8 to be a psychiatrist.

9 A I see his name here with M.D. after it.  
10 It may have "psychiatrist" after it somewhere  
11 else.

12 I see another place here. The mental status  
13 examination. I don't see the date, with H. W. Oshrin, M.D.

14 The next page says, "Psychiatric examination by  
15 H. W. Oshrin, M.D."

16 Counsel, I don't see any specific sheet that  
17 says, "psychiatrist" after his name as part of the  
18 signature.

19 But it did say "Psychiatric examination by  
20 Dr. Oshrin."

21 Q Doctor, referring -- having reviewed this file,  
22 Doctor, do you have an opinion as to whether Dr. Oshrin is  
23 a psychiatrist or not?

24 A I don't know his special qualifications,  
25 Counsel, but I assume since he has done the report which  
26 says "psychiatric examination," I would assume he is a  
psychiatrist.

1 Q So would it be your opinion that he is a  
2 psychiatrist?

3 A I can only assume that he is. I have no evidence  
4 that has been presented to the contrary.

5 Q But based upon what you see in the file, is it  
6 your opinion that he is a psychiatrist, or is it your  
7 opinion that he is not?

8 A I can only assume that he probably is a psychi-  
9 atrist but I don't have any recollection of his  
10 qualifications.

11 Q Right. I understand.

12 But would you tell us, do you have an opinion  
13 as to whether or not he is a psychiatrist?

14 MR. BUGLIOSI: Asked and answered.

15 THE COURT: Sustained.

16 Q BY MR. KANAREK: Well, when you say you assume  
17 that he is a psychiatrist, are you equating that with the  
18 word "opinion"?

19 Are you telling us it is your opinion he is a  
20 psychiatrist when you use the word "assume"?

21 MR. BUGLIOSI: Asked and answered, irrelevant.

22 THE COURT: Sustained.

23 Q BY MR. KANAREK: You will note on January 19,  
24 1970 in connection with Dr. Oshrin's name there appears to  
25 be a recommendation for conservatorship, wherein it says:

26 "Conservatorship is recommended for Dianne

1 "Elizabeth Lake who is in my care.

2 "It has been determined that this  
3 person is gravely disabled as defined by the  
4 Welfare & Institutions Code, Section 5008(h)  
5 as a result of a mental disorder, and is  
6 incapable of accepting treatment voluntarily."

7 Now, do you have an opinion, Doctor, as to the  
8 extent, the time that this girl had the mental disorder  
9 that is referred to in that document, which is dated  
10 January 19, 1970?

11 A The only opinion I have is indirectly from a  
12 perusal of the Patton State Hospital record, and the County  
13 of Inyo Superior Court file.

14 Q Well, is it a fair statement that all of your  
15 opinion, except that which was based upon your oral --  
16 upon the conversation you had with Dianne Elizabeth Lake,  
17 all of that is based upon what you have learned indirectly  
18 by way of this file?

19 A No, I would not say all of it is based indirect-  
20 ly on this file because you recall, Counsel, that I  
21 examined Dianne Lake at some length before I saw this file  
22 in its complete form.

3a

3a-1

1 Q Well, now, the only examination that you did,  
2 you have told us, is that by way of conversation and  
3 observation.

4 THE COURT: Have you finished with the file, Mr.  
5 Kanarek?

6 MR. KANAREK: Very well, in the interest of  
7 economy -- I was going to -- but I can --

8 Q Doctor, is it a fair statement that all of  
9 your -- what you call an examination of Dianne Elizabeth  
10 Lake was by way of just conversation between you and her  
11 and your observations of her?

12 A Well, I don't call that a conversation,  
13 Counsel, because a conversation implies something else.

14 I conducted what I would call a structured  
15 psychiatric interview in which I took into consideration  
16 extensive background history which she provided and did  
17 a mental status examination.

18 Q All right, but no matter which way you slice  
19 it, Doctor, the fact is, nevertheless, that everything  
20 that you obtained in what you called -- what you have  
21 given that term -- "structured" -- what do you call it?

22 A Psychiatric examination.

23 Q Structured psychiatric examination, all of  
24 that came to you by way of words that she uttered, and  
25 your observations of her.

26 Is that right?

3a-2

1           A       By way of her words and assessing her demeanor  
2 and her behavior, by way of relating to me during the  
3 examination.

4           Q       Well, then, that is your observation of her,  
5 right?

6           A       That is correct.

7           Q       So, then, is it a fact that your so-called or  
8 alleged, or whatever you term your examination of her, is  
9 an examination that is based upon words that she uttered  
10 and your observations of her.

11                   Is that correct?

12          A       Yes, essentially.

13          Q       All right.

14                   Now, did you take any -- did you cause any  
15 physical tests of her to be made?

16          A       No physical test at the time of the examination,  
17 no.

18          Q       Did you cause any tests to be made at the time  
19 of the examination or otherwise?

20          A       No.

21          Q       You caused no blood tests or any other  
22 physical tests of her, correct?

23          A       That's correct.

24          Q       Now, you recall when I was at the witness stand  
25 with you just a few moments ago, you read of this mental  
26 disorder that caused Dr. Oshrin to make this recommendation



3a-3

1 of conservatorship, right?

2 A Yes.

3 Q Now, do you have an opinion as to what that  
4 mental disorder was that Dr. Oshrin had in mind when he  
5 asked that the conservatorship take place?

6 Do you have an opinion as to what that mental  
7 disorder was?

8 You can answer that yes or no.

9 A I have an opinion based upon review of their  
10 file only.

11 Q Well, no one is criticizing you for this,  
12 Doctor.

13 You seem to be justifying and --

14 MR. BUGLIOSI: That is argumentative, your Honor.

15 THE COURT: Sustained.

16 BY MR. KANAREK:

17 Q No one is criticizing you. My question is,  
18 do you have an opinion, Doctor?

19 THE COURT: The jury will disregard the comments by  
20 Mr. Kanarek.

21 Ask your next question, Mr. Kanarek.

22 MR. KANAREK: I am trying to get an answer as to  
23 whether or not he has an opinion merely, at this point,  
24 your Honor.

25 Q Do you have an opinion, Doctor?

26 A Might I answer, your Honor?

3a-4

1 THE COURT: Yes, you may answer.

2 THE WITNESS: Yes, I have an opinion.

3 BY MR. KANAREK:

4 Q All right, then, would you tell us what is your  
5 opinion that the mental disorder was that caused the  
6 doctor to -- Dr. Oshrin -- to make the recommendation  
7 of conservatorship?

8 A My opinion is that it was the residual of a  
9 drug-induced psychosis, and I have to explain that, Counsel,  
10 for it to be understood.

11 Q Certainly. I am asking now for what the illness  
12 was.

13 A Prolonged use of LSD does create a disturbance  
14 of the individual that is very much akin to schizophrenia,  
15 in fact it has been referred to as chemically induced  
16 schizophrenia.

17 But it is only a transitory state and can come  
18 and go, and it does not show the typical long term effects  
19 or symptoms of schizophrenia.

20 Q And when you say schizophrenia --

21 MR. BUGLIOSI: Your Honor, I believe he is still  
22 answering the question.

23 Mr. Kanarek interrupted him.

24 MR. KANAREK: I'm sorry, if you have not finished,  
25 Doctor, please do.

26 THE WITNESS: So, even though I took into consideration

the fact that they had made the diagnosis, both acute and chronic schizophrenia, and then within a period of about 12 days changed that diagnosis; it reinforces my opinion that there was only a transitory drug-induced psychosis, residual, noted, which caused them to feel that she was gravely disabled.

4 fls.

4-1

1 Q Now, what do you mean by schizophrenia? What  
2 is schizophrenia?

3 A It is a major mental disorder of psychotic  
4 proportions in which there are disturbances of thinking,  
5 disturbances of affect, which is the facial expression,  
6 the feeling tone, the mood of the individual, and distur-  
7 bance of behavior and judgment. It takes a rather chronic  
8 course.

9 Q And in the context of what you have just said,  
10 Doctor, what does affect mean? Is that a-f-f-e-c-t?

11 A Yes.

12 Q What does that mean, Doctor?

13 A This is the emotional tone of the individual  
14 expressed by facial expression, by voice, by gestures, in  
15 general.

16 Q And so, Doctor, when you say "residual effect,"  
17 you mean that at some time in the past, prior to the first  
18 couple of weeks, January 10th or 12th or 13th, or whatever  
19 day it was in January that Dr. Oshrin wrote, made his  
20 recommendation of conservatorship, sometime in the past,  
21 prior to that, there was a greater effect than that which  
22 you term residual as of that date; is that correct?

23 A Well, in that case, Counsel, I am using the  
24 word "effect," spelled with an e, rather than "affect."

25 I am not able to determine whether there was a  
26 greater effect earlier or not.

1 My assumption is, in viewing the entire history,  
2 that while in detention and somewhat isolated, perhaps,  
3 that Dianne may have undergone some decompensation  
4 emotionally, because she stated she was depressed, she was  
5 upset by the interruption of being removed from the group,  
6 and then being sent to the hospital. And initially she  
7 was rather frightened and guarded, but she quickly overcame  
8 this.

9 This is borne out by the record of Patton  
10 State Hospital and by her own statements to me.

11 Q All right.

12 Now, Doctor, assuming that from October 12,  
13 1969, until January, oh, let's say, January 12th or there-  
14 abouts, 1970, assuming that during that period of time  
15 Dianne did not ingest LSD, that assumption being based  
16 upon the fact that she was in custody and, presumably, she  
17 had no LSD during that period of time, bearing that  
18 assumption in mind, Doctor, could you tell us whether this  
19 period of from October to January is of any significance in  
20 determining the intensity of her drug-induced psychosis  
21 prior to October the 12th, 1969.

22 A Well, there may have been some alternating  
23 or changed emotional disturbance from time to time,  
24 depending upon her general adjustment and the stress and  
25 threat she felt she was under.

26 It is not ordinarily a sustained sort of

1. phenomenon that shows the same symptoms all the time, but  
2. it is very much affected, I think, by the individual's  
3. stability, his emotional development, his personality,  
4. his ego structure.

4a

5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

4a-1

1 Q All right.

2 Would you say that Dianne Lake's stability was  
3 strong, Doctor?

4 I am talking now in terms of September,  
5 October, August of 1969.

6 A I could give only a relative answer to that  
7 question.

8 Q Go ahead.

9 A In some ways she was fairly strong, in some  
10 ways she was immature, and in some ways she was dependent.

11 Q Would you tell us, Doctor, in what ways she was  
12 strong and in what ways she was immature, and in what  
13 ways she was dependent, and upon what you base your opinion,  
14 Doctor.

15 A I can only generalize by saying that her  
16 strength was that as an adolescent in this very uncertain  
17 time of life that she didn't decompensate to the degree  
18 that she developed a full-blown functional psychosis, as  
19 some individuals do, and in that, I feel she demonstrated  
20 some of her strength.

21 But I still see her as having been somewhat  
22 immature, as wanting for some sort of a family relationship,  
23 for some sort of security, for some affection and belonging  
24 to a group or a family.

25 Q Now, Doctor, the file reflects that she was  
26 deemed to be suggestible.

1           Would you tell us, Doctor, what does  
2 suggestible mean?

3           A     Well, I think it is probably self-explanatory.

4                     It means that an individual, under some  
5 circumstances, can be led by the wishes of others.

6           Q     And the file does reflect that she was  
7 suggestible on January 12, 1970, or thereabouts, right,  
8 Doctor?

9           A     I think there is something to that effect in  
10 the file, yes.

11          Q     All right.

12                     Now, would you tell us, Doctor, is there any  
13 significance in the fact that from October to January,  
14 some three-month period, in a three-month period in which  
15 she had not received any LSD -- let me withdraw that and  
16 rephrase it.

17                     Is there any significance, Doctor, in the fact  
18 that in the three-months period prior to her being adjudged  
19 psychotic, she received, ingested, took, no LSD?

20                     Is there any significance in that, Doctor?

21          MR. BUGLIOSI: That assumes a fact not in evidence.

22          THE COURT: Sustained.

23          MR. KANAREK: What was the objection, your Honor?  
24 I didn't hear it.

25          MR. BUGLIOSI: It assumes facts not in evidence.

26          MR. KANAREK: Q     Let's assume, Doctor, that



1 while she was in custody she received no LSD.

2 Do you have that assumption in mind, Doctor?

3 A Yes.

4 Q Having that assumption in mind, Doctor, and  
5 recognizing that there is a three-months period between the  
6 date of incarceration and the date of analysis of this  
7 psychotic condition such that a receivership was recommended,  
8 is there any significance in this period of time?

9 A Not necessarily, Counsel.

4b-1

1 Q Well, Doctor, you are telling us that 12 days  
2 later, or thereabouts, she was freed of this illness that  
3 she had exhibited 12 days previously; right?

4 A No, I didn't say that she was freed of this  
5 illness, because the record at Patton indicates, and by  
6 her own admission, too, that there were some flashbacks  
7 that did continue to occur, some sensory flashbacks.

8 Q Well, would you say that, as a function of  
9 time, the intensity of flashbacks attenuates?

10 A I don't think the answer to that question is  
11 presently known, because some individuals continue to  
12 experience flashbacks for months, or possibly even years,  
13 after they have last used an hallucinogenic drug such as  
14 LSD.

15 Q So, therefore, Doctor, is it your statement  
16 that this three months period during which she received  
17 no LSD is of no significance in determining her mental  
18 stability in January of 1970?

19 A Oh, it may be of some significance, Counsel,  
20 but I don't think it would have anything to do with some  
21 of the residual that you may see from having ingested the  
22 drug.

23 There may have been various stresses and  
24 strains going on, operating on her personality during that  
25 three months, and she was, certainly, aware of some of  
26 those that she reported to me.

4b-2

1 Q Well, is there a greater probability that she  
2 was more ill in August, September and October of 1969 while  
3 she was taking LSD than she was on or about January 12th,  
4 1970, when she had not taken LSD for some three months?

5 MR. BUGLIOSI: That calls for a conclusion.

6 MR. KANAREK: That is what he is here for, your Honor.  
7 That is the very reason.

8 THE COURT: Overruled.

9 You may answer.

10 THE WITNESS: I could only conclude from the informa-  
11 tion I have -- I am not certain that I recall your question  
12 precisely.

13 MR. KANAREK: May it be read, your Honor?

14 THE COURT: All right. Read the question.

15 (The question was read by the reporter.)

16 THE WITNESS: I can only speculate, Counsel, on the  
17 basis of whatever information I have.

18 I do remember that Dianne told me that during  
19 the last part of her association with the Family, she was  
20 becoming depressed and somewhat unhappy with the way things  
21 had been going, and she also told me that at the time she  
22 was removed from the jail and sent to Patton State Hospital,  
23 which was a completely different environment, she felt  
24 somewhat threatened by that and was somewhat withdrawn  
25 and upset.

26 But other than this information, I couldn't

1 draw any conclusion. I could only speculate, Counsel.

2 MR. KANAREK: Q Here you are telling us,  
3 Doctor, that you can't conclude as to whether or not she  
4 was more mentally ill in August, September and October of  
5 1969 than in January of 1970; that is what you have just  
6 told us; right?

7 Is that correct, Doctor?

8 A Well, I haven't said exactly that, Counsel.

9 I have given you the basis for the information  
10 I have, but not having examined her then, I don't have an  
11 opinion, really.

4c fls.

4c-1

1 Q Right. You have no opinion. You can't really  
2 tell us the answer to that; is that right?

3 A Without an examination, I think you can only  
4 speculate.

5 Q All right.

6 Now, before you can tell us whether she can  
7 perceive, whether she can relate, whether she can operate  
8 and function as a human being, you must first know whether  
9 she is mentally ill or not. This has a bearing on her  
10 ability to perceive. If she is psychotic, if she has a  
11 psychosis, if she is mentally ill, if she has schizophrenia,  
12 then her ability to relate, to perceive, is affected.

13 Is that a fair statement, Doctor?

14 MR. BUGLIOSI: That assumes a fact not in evidence,  
15 that she has schizophrenia.

16 He already testified that she didn't have  
17 schizophrenia.

18 MR. KANAREK: That is not so, your Honor.

19 THE COURT: Do you understand the question, Doctor?

20 THE WITNESS: Well, it is a rather complicated  
21 question. I am not certain I do entirely.

22 THE COURT: I think you had better reframe it,  
23 Mr. Kanarek. I think it is ambiguous.

24 MR. KANAREK: Yes, your Honor.

25 Q Is it a fair statement, Doctor, that if someone  
26 -- assuming someone has schizophrenia, someone is psychotic,

1 then their ability to perceive, their ability to relate  
2 whatever they purportedly perceived, is affected.

3 Is that a fair statement?

4 MR. BUGLIOSI: That is a hypothetical not based on  
5 the evidence, your Honor.

6 MR. KANAREK: Your Honor, this file reflects that  
7 there are doctors who say that she has schizophrenia.

8 THE COURT: All right, Mr. Kanarek.

9 MR. BUGLIOSI: I would ask the Court to admonish the  
10 jury to disregard that statement by Mr. Kanarek.

11 THE COURT: Overruled.

12 The jury will disregard the comment of counsel.

13 I have told you about that before, Mr. Kanarek.  
14 I admonish you again.

15 MR. KANAREK: Well, your Honor --

16 THE COURT: There is nothing to say now.

17 MR. KANAREK: Very well.

18 THE COURT: I have overruled the objection.

19 The doctor may answer the question.

20 MR. KANAREK: Very well.

21 Thank you, your Honor.

22 THE WITNESS: No, I don't think it is a fair  
23 statement, Counsel, because even individuals who are  
24 actively psychotic with known schizophrenia are able to  
25 report, in great detail and sometimes quite correctly and  
26 precisely, a number of things that go on around them,

✓ ✓  
7 7

1 although maybe, in certain very isolated areas of their  
2 emotional conflict, there may be distortions and there may  
3 be hallucinations, and there may be delusions.

4 But the schizophrenic has no impairment of ✓ ✓  
5 memory, there is no organic impairment of memory at all.  
6 He remembers very well exactly what happens.

7 In fact, this may be part of the problem. In  
8 some cases, he remembers too well things that happened  
9 and the emotional assaults that he has undergone, and  
10 reacts to them in a very sensitive way. ↑ ↑

11 MR. KANAREK: Q Well, now, your opinion is  
12 that Dianne Lake does not have schizophrenia; is that  
13 correct?

14 A As I see her at this time, at the time of my  
15 examination, she is not schizophrenic.

5-1

1 Q Is it your opinion -- well, first I'll ask you:  
2 Do you have an opinion as to whether she was  
3 schizophrenic in August, September and October of 1969,  
4 based upon what you read in the file and based upon every-  
5 thing that you have done by way of speaking with her and  
6 observing her?

7 A I have an opinion.

8 Q What is that opinion?

9 A That she was not schizophrenic then.

10 Q All right.

11 Is your opinion, Doctor, that she had in  
12 January of 1969 a drug-induced psychosis?

13 Do you have an opinion as to whether or not she  
14 had a drug-induced psychosis in January of 1969?

15 A Yes, I have an opinion.

16 Q What is your opinion?

17 A That she did have, certainly, some residual of  
18 a drug-induced psychosis.

19 Q All right, now, may I ask you --

20 JUROR NO. 9 (Mr. John M. Baer): The question about  
21 the date, the statement of January, '69 --

22 THE COURT: Was that the date you were referring to,  
23 Doctor?

24 THE WITNESS: No, your Honor, it was January, 1970.  
25 I am certain counsel meant to say that.

26 MR. KANAREK: Then let's ask that perhaps.



5-2

BY MR. KANAREK:

1 Q Do you have an opinion as to whether she had  
2 a drug-induced psychosis in January of 1969?

3 A No, I have no opinion regarding that.

4 Q All right, now, do you have an opinion, Doctor,  
5 as to whether she had a drug-induced psychosis in August  
6 and September and October and December of 1969?

7 A I would assume she had some symptoms that could  
8 be construed as the residual or part of a drug-induced  
9 psychosis.

10 Q In those months?

11 A Yes.

12 Q You have that opinion?

13 A Yes.

14 Q Based on everything you have seen in the file  
15 and your observations and your talking with her, right?

16 A Well, I should probably modify that to say:

17 I don't know whether I would call it a psychosis  
18 at that time, but there were certainly some residuals of  
19 the use of the illicit drug, LSD.

20 Q Over this long period of time?

21 A Yes.

22 Q And perhaps it might be determined a psychosis,  
23 right?

24 A Not necessarily.

25 Q But it could be?

26.

5-3

1 A I don't have any evidence to base any conclusion  
2 that she had a psychosis at that time.

3 She stated she was depressed, she was upset and  
4 she was somewhat preoccupied with the way things had been  
5 going.

6 But I could not say from the information I have  
7 that it was a psychosis.

8 Q Well, she had this psychosis certainly --

9 Let me withdraw that.

10 She had certain symptoms that made people refer  
11 her to Patton State Hospital after an extended period of  
12 time in which she did not take LSD.

13 That is a fact, is that correct?

14 A Yes, apparently she was showing sufficient  
15 maladjustment that they felt she would benefit by hospital  
16 care.

17 Q All right, now, if I may ask you, Doctor, is  
18 it a fact that one of the -- one of the properties of the  
19 use, one of the effects of the use of LSD is that it can  
20 create delusions?

21 A I would not subscribe to that statement.

22 It creates illusions and hallucinations, but  
23 not necessarily delusions unless the individual develops  
24 a functional psychosis because of the use of illicit drugs.

25 Q What is a delusion, Doctor?

26 A A false idea, not based in fact.

1 Q Is it a fact that people who take LSD will,  
2 on occasion, step out of a window, thinking that they can  
3 just step out to the ground, is this a fact?

4 A This occurs on rare occasions, yes.

5 Q What do you mean by rare, Doctor?

6 A It has been reported but it is not a common  
7 thing.

8 There is a disturbance in time-space relation-  
9 ships.

10 Q You have told us yesterday that there are  
11 disturbances in time-space relationships by the taking of  
12 LSD?

13 A Yes.

14 Q This disturbance would be termed a delusion,  
15 right?

16 A In this particular case you could call it a  
17 delusion.

18 Q And if a person, if a person operates upon the  
19 driving force that is in their mind, that is not based upon  
20 fact, but is based upon what is induced in their thinking  
21 because of their ingestion of LSD, that is a delusion,  
22 is that right?

23 A That can be, yes.

24 Q Now, would you tell us the difference between  
25 a delusion and an illusion?

26 A An illusion is a sensory sort of a phenomenon in

1 which objects are misinterpreted.

2 There is a stimulus that gives rise to the  
3 illusion.

4 That the interpretation is given to what the  
5 individual sees or feels or smells, is colored by whatever  
6 has induced the illusion.

7 Q And would you tell us what a hallucination is?

8 A A hallucination is also a sensory experience  
9 but one without a stimulus, without an external stimulus,  
10 that is, one sees something or smells something or feels  
11 something, or tastes something or hears something where  
12 there is actually nothing from the external environment  
13 to cause this.

14 In other words, the stimulus comes from within  
15 the individual, within his own thinking.  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

5a-1

1 Q Now, directing your attention to Dianne Lake,  
2 is it a fair statement that your medical opinion is -- your  
3 psychiatric opinion is that Dianne Lake has experienced  
4 both auditory hallucinations and visual hallucinations?

5 A Yes.

6 Q Now, is it a fact, Doctor, that as far as  
7 Dianne Lake is concerned -- let me withdraw that and ask  
8 you:

9 Would you tell us how many years Dianne Lake  
10 has used LSD?

11 A Between ages 13 and 17.

12 Q And would you -- is there any significance,  
13 Doctor, in the fact -- let me withdraw that and ask you:

14 How many times did she tell you she had  
15 ingested LSD?

16 A Approximately 50 times.

17 Q If I tell you that she has on other occasions  
18 stated, and I believe this record will so reveal, that she  
19 told Mr. Bugliosi that she had taken LSD at least 100  
20 times, would that have any effect upon your judgment --

21 Would that have any effect upon your analysis,  
22 your psychiatric analysis of Dianne Lake?

23 A No, I think not, Counsel, and I can explain why,  
24 if you wish.

25 Q Certainly.

26 A I have seen many individuals on the outside who

1 are on the streets now who have used LSD several hundred  
2 times, three or four hundred times, and are functioning as  
3 essentially normal individuals.

4 Q Well, I am asking you whether her lack of  
5 candor, lack of telling the truth -- on one occasion she  
6 tells you the doctor, at a time when she is testifying in  
7 this court, and presumably she has some idea that LSD,  
8 that taking LSD is not good for some particular viewpoint,  
9 which she may have in this case, she tells you, the doctor,  
10 that she took approximately -- took LSD approximately 50  
11 times.

12 On another occasion she tells someone else that --

13 This is at a time when she is in custody at  
14 Patton State Hospital, speaking to a prosecutor in this  
15 case, she tells him that she took it at least 100 times.

16 Now, in the context of those two statements, you  
17 say that that difference stated by her on two occasions is  
18 of no significance in your analysis, your psychiatric  
19 analysis.

20 MR. BUGLIOSI: Argumentative and compound.

21 MR. KANAREK: I am asking the question of the Doctor,  
22 your Honor.

23 THE COURT: Do you understand the question, Doctor?

24 THE WITNESS: I think so.

25 THE COURT: Overruled, you may answer.

26 THE WITNESS: I can see no essential difference in my

1 opinion based upon the difference.

2 Q BY MR. KANAREK: You say this lack of candor on  
3 her part is of no significance?

4 MR. BUGLIOSI: It's argumentative, assumes a fact not  
5 in evidence.

6 THE COURT: sustained.

7 Q BY MR. KANAREK: I am asking the doctor, is it  
8 of any significance --

9 THE COURT: Sustained.

10 MR. KANAREK: On what basis, your Honor?

11 THE COURT: The objection is sustained. It assumes  
12 a fact not in evidence.

13 Ask your next question, Mr. Kanarek.

14 Q BY MR. KANAREK: Well, Doctor, let us say that  
15 on one occasion she states that she took it approximately  
16 50 times.

17 On another occasion she states at least 100  
18 times.

19 Is that difference of any significance?

20 MR. BUGLIOSI: Asked and answered.

21 THE COURT: Sustained.

22 Q BY MR. KANAREK: Doctor, does it sometimes  
23 happen that a person like Dianne Lake is most unreliable  
24 as far as determining actually how many times she has  
25 taken LSD?

26 MR. BUGLIOSI: That is too broad a question.

1 THE COURT: Sustained.

2 Q BY MR. KANAREK: Has it been your experience,  
3 Doctor, in speaking to people who take LSD that even  
4 though they state to you, they utter the words to you that  
5 they have taken LSD a certain number of times, that in  
6 fact they may have taken LSD many, many more times than they  
7 have stated to you?

8 MR. BUGLIOSI: Well, this is a conclusion. It calls  
9 for a conclusion.

10 THE COURT: sustained.

11 Q BY MR. KANAREK: Do you accept, Doctor, in  
12 connection with your analysis, do you accept --

13 Did you accept and use the figure of 50 times  
14 in connection with what you -- that is, the taking of LSD  
15 some 50 times, in connection with what you have told us here  
16 in the courtroom?

17 A Well, I took it as part of the history which  
18 she gave me,

19 But I don't think it would have made any  
20 difference in the over-all evaluation, whether she took it  
21 25 times or 75 times or 100 times.

22 Q It would not make any difference if she took it  
23 400 times or 500 times?

24 MR. BUGLIOSI: That is irrelevant.

25 THE COURT: Sustained.

26 MR. KANAREK: Well, your Honor -- well, may I ask you --



1 Your Honor, may I approach the bench on this?

2 THE COURT: Ask your next question.

3 Q BY MR. KANAREK: Doctor, does your analysis  
4 have any relationship to the number of times Dianne Lake  
5 took LSD?

6 A I took this into consideration, but in view of  
7 her straight-forward, coherent detailed story, which she  
8 gave me of her background, and her present situation, it  
9 did not actually make any difference in the total picture.

10 Q Well, would it make any difference if she was  
11 off by a factor of 20, if she only told you about 5 per cent  
12 of the time?

13 MR. BUGLIOSI: Asked and answered, your Honor. He  
14 said it would not make any difference.

15 MR. KANAREK: We don't know the extent, your Honor.

16 MR. BUGLIOSI: He just changed a couple of words,  
17 your Honor.

18 THE COURT: Overruled. You may answer.

19 THE WITNESS: I am not placing any emphasis on a  
20 specific number of times that any drug is used.

21 My evaluation attempts to assess the effect it  
22 has had on the individual, and his current mental  
23 functioning and status.

24 I found no evidence at this time to indicate  
25 that there was any major mental disorder or mental dis-  
26 turbance as a result of drug use.

5b-1

1 BY MR. KANAREK:

2 Q But we are now speaking of residual effects.

3 Isn't there a tendency for some of these  
4 chemicals like strychnine to remain in the tissue of the  
5 brain, and when LSD is not taken over a long period of  
6 time, this strychnine tends to dissipate itself, is that  
7 correct?

8 A My understanding is that strychnine is rather  
9 rapidly excreted from the body.

10 Q Well, your understanding is that there are no  
11 residual traces or bits of chemical products remaining in  
12 the brain by someone who takes LSD regularly, is that  
13 correct?

14 A Residual, you mean of LSD?

15 Q Of LSD and the by-products which go into the  
16 making of LSD.

17 A To the best of my knowledge it's not been  
18 demonstrated as yet, deposited in the brain, either substance  
19 which you mentioned.

20 Q Well, then, upon what does the flashback  
21 depend, if it does not depend upon the residue of chemical  
22 materials in the brain?

23 A I would assume, Counsel, it depends upon the  
24 altered chemical and electrical activity of the brain which  
25 may be altered for some time but may show no changes under  
26 the microscope.

5b-2

1           There may be no visible changes of that cell.  
2 But there is a change at the molecular level, as it is  
3 referred to.

4           The chemical and electrical activity, as it  
5 were,

6           Q       And at this molecular level, very minute amounts  
7 of chemical such as strychnine and/or LSD can remain, is  
8 that correct?

9           A       No, I don't think they remain, Counsel. That is  
10 not my understanding.

11           That they are rather rapidly excreted from the  
12 body is my understanding, but the changes that they bring  
13 about in cellular activity in the brain may remain.

14           That is, the altered functioning may persist.

15           But the chemical is no longer there.

16           Q       Isn't the driving force for the alteration  
17 predicated upon the presence of the chemical itself?

18           A       No, because LSD is rather rapidly excreted.

19           The average individual ceases his so-called  
20 trip in about, ordinarily, ten hours; maybe a little bit  
21 longer.

22           The drug is essentially gone from the body,  
23 but there is some altered biochemistry of the body, that is  
24 what continues to react.

25           Q       What sustains this altered biochemistry,  
26 Doctor?

5b-3

1 A I don't know that even biochemists or neuro-  
2 physiologists as yet have the answer, but they are doing  
3 a number of experiments on it.

4 Q And they say that very minute amounts of LSD  
5 and/or strychnine are responsible for this biochemistry,  
6 is that correct?

7 A Well, very minute amounts of LSD can cause a  
8 response/ <sup>in</sup> the average individual.

9 Q Right.

10 A But I don't know that LSD or the strychnine is  
11 stored in the brain. I think it is excreted by the body.

12 Q Well, the average dose of LSD is 200 micrograms,  
13 right?

14 A Well, I guess that would be a fair estimate  
15 although you can get an effect from less than that.

16 Q And a microgram is how much material?

17 A Well, it is one-thousandth -- actually it is  
18 one-millionth of a gram.

19 Q So 200 micrograms would be two hundred-millionths  
20 of a gram, right?

21 A Yes.

22 Q Now, do you have an opinion right now as you  
23 sit on the witness stand as to whether or not the prolonged  
24 use of LSD, for the number of years that Dianne Lake has  
25 told us she took LSD, do you have an opinion as to whether  
26 or not that type of ingestion of LSD could cause delusions

1 in September -- in August, September and October of 1969?

2 A I have an opinion based upon the information  
3 I have.

4 Q Well, my question is, do you have an opinion  
5 as to whether this could cause delusions, not whether it  
6 did, I'm asking whether it could.

7 MR. BUGLIOSI: We are concerned with Dianne Lake. He  
8 can only give a conclusion as to Dianne Lake based on the  
9 available information.

10 THE COURT: Sustained on that ground.

11 BY MR. KANAREK:

12 Q Well, Doctor, based upon -- well, let me ask  
13 you:

14 Assuming that Dianne Lake ingested LSD for the  
15 number of years that she has told us, would it be possible  
16 for her to have had delusions in September, in August,  
17 September and October of 1969, and still be the person  
18 that she is today?

19 MR. BUGLIOSI: I object on the grounds that anything  
20 is possible.

21 I think the only conclusion <sup>he</sup> / can give is  
22 whether she did in fact, not what is possible.

23 That is strictly speculative, your Honor.

24 MR. KANAREK: He can explain his answer, your Honor.

25 THE COURT: Sustained.  
26

1 BY MR. KANAREK:

2 Q Well, Doctor, people recover from mental  
3 illness the same way they recover from an ingrown toenail,  
4 is that right? They get well.

5 Is that right?

6 A Well, that is somewhat of an oversimplification  
7 because in some mental illnesses one does not get well.

5c fls.

5C-1

1 Q Well, does Dianne Lake presently have a  
2 mental illness?

3 A I find no evidence of any mental illness.

4 Q All right, she had a drug-induced psychosis as  
5 of last January, right?

6 A Yes, according to hospital records and my  
7 interpretation, she did.

8 Q All right, so you are telling us she recovered  
9 from that, right?

10 A Yes.

11 Q So in August, September and October of 1969  
12 she could have had a psychosis that she has recovered  
13 from, is that right?

14 A I can only speculate, Counsel, because I did  
15 not see her then; I don't know.

16 Q Well, you are speculating, in any event,  
17 no matter what you say here, aren't you, Doctor?

18 MR. BUGLIOSI: Argumentative.

19 THE COURT: Sustained.

20 Q BY MR. KANAREK: Then give us your speculation.

21 MR. BUGLIOSI: That calls for speculation, your  
22 Honor.

23 THE COURT: Sustained.

24 Q BY MR. KANAREK: Then, Doctor, is it a fair  
25 statement, then, that you cannot, may I then couch it in  
26 these terms:

1 Do you have an opinion, Doctor, as to whether  
2 or not Dianne Lake was mentally ill in August, September,  
3 October, November, December of 1969?

4 MR. BUGLIOSI: Asked and answered, your Honor.

5 MR. KANAREK: I don't think so, your Honor.

6 THE COURT: You may answer.

7 THE WITNESS: I have no basis upon which to make an  
8 opinion of mental illness at that time, Counsel.

9 Q BY MR. KANAREK: So you have no way of telling  
10 us whether she was or was not mentally ill as of that date,  
11 right?

12 A No, I wouldn't say that necessarily.

13 She did relate various things in a very straight-  
14 forward manner, things that did occur during that time  
15 and, I would say on balance, from the information I have,  
16 she was certainly not psychotic during that period.

17 Q Well, then, will you -- just a few minutes  
18 ago you said you had no opinion.

19 May I ask you the question again then: Do you  
20 have an opinion s to whether in August, September, October,  
21 November, December of 1969, do you have an opinion as to  
22 whether or not Dianne Lake was mentally ill?

23 A I have to qualify my answer.

24 Q Would you tell us, please, whether you have  
25 an opinion first, and then we will be glad to let you  
26 explain.



1           Would you please?

2           A       Well, I have an opinion but it based on very  
3 limited information, Counsel.

4           Q       Well, would you tell us what your opinion is?  
5 It is based, you say, on limited information?

6           A       It is based on the information which she gave  
7 me.

8           I had no objective information, or no  
9 independent psychiatric evaluation done by anyone else  
10 during that time.

11           All I can do is base what conclusion I had,  
12 what limited conclusion upon the information she gave me  
13 about various conversations and about her status as she  
14 subjectively evaluated it herself.

15           But I have no independent psychiatric  
16 evaluation to corroborate it.

17           Q       You have none whatsoever, right?

18           A       No.

19           Q       No corroboration?

20           A       No psychiatrist examined her at that time to  
21 my knowledge.

22           Q       All right. Now, did Dr. Oshrin order  
23 psychological testing in this case?

24           A       Psychological testing was done. I'm not  
25 certain whether he ordered it or not; obviously it was  
26 ordered.

1 Q Does the file reflect that Dr. Oshrin in fact  
2 ordered psychiatric testing?

3 A It may do so.

4 Q Would you tell us, just for legal reasons in  
5 the courtroom, sometimes it's important --

6 MR. KANAREK: May I approach the witness, your  
7 Honor?

8 THE COURT: You may.

9 Q BY MR. KANAREK: Would you tell us, Doctor,  
10 whether Dr. Oshrin did in fact order psychological testing  
11 in this case?

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

6-1

(Pause while the witness examines a file.)

THE WITNESS: The report of Bruce Meeksm Ph.D., staff psychologist, dated January 13th, 1970, states:

"Referral sources: The patient was referred by Dr. Oshrin to rule out psychosis, specifically schizophreniz."

BY MR. KANAREK:

Q So, it is a fair statement, Doctor, is it not, that Dr. Oshrin did order psychological testing; is that correct?

A Well, if you want to equate "ordered" with "referred," I suppose he did.

Q Well, we are playing with words there; that is the same thing as ordering, isn't it, Doctor?

A Not necessarily. I can refer someone to a psychologist but I don't necessarily order him to go.

Q Well, would you say that the purpose of Dr. Meeks, in the hospital there, one of his purposes is to conduct psychological tests for the psychiatrists at the hospital?

That is one of his functions, certainly, isn't it, Doctor?

A Of the psychologist?

Q Yes.

A Yes, of course.

Q So, "referred" is another way of saying it was

1 requested?

2 A Requested, yes.

3 Q And it is your statement that you, Dr. Skrdla,  
4 you, yourself, are not expert in the MMPI; right?  
5 You have told us that? The psychological test?

6 A I feel this is in the province of the psychologist  
7 who is trained specifically in the giving and evaluating  
8 of psychological tests.

9 Q And you have told us that this is certainly --  
10 that you are not an expert in this; right?

11 A No, I don't consider myself an expert in that  
12 field.

13 Q And Dr. Meeks made the statement that Dianne  
14 was blatantly psychotic. Is that a fair statement? Does  
15 the file so reflect that, Doctor?

16 A I believe there was something to that effect  
17 in his assessment.

18 MR. KANAREK: Thank you, Doctor.

19 THE COURT: Any questions, Mr. Hughes?

20 MR. HUGHES: Yes, your Honor.

21 Your Honor, I have here an MMPI Critical Items  
22 List, which is actually a Xerox from the Patton State  
23 Hospital file.

24 May that be marked as Defendants' next in  
25 order?

26 THE COURT: BF.

BF 1d.

1 MR. HUGHES: B as in boy and F as in Frank?

2 THE CLERK: Yes.

3 MR. HUGHES: May I approach the witness, your Honor?

4 THE COURT: Yes.

5 CROSS-EXAMINATION

6 BY MR. HUGHES:

7 Q Dr. Skrdla, referring you to -- I believe this  
8 is a Xerox copy of the item that Mr. Kanarek was referring  
9 you to, that he referred you to yesterday -- the MMPI  
10 Critical Items List, wherein answer No. 294, "I have never  
11 been in trouble with the law" is checked.

12 Actually, that item is given as a false answer;  
13 is that correct?  
14

15 MR. KANAREK: Your Honor, I will object on the  
16 grounds that there is no foundation for this doctor to  
17 answer the question.

18 He has stated that he is not an expert in  
19 psychological testing, the MMPI.

20 It would be a conclusion on his part, and  
21 there would be no foundation for him to testify concerning  
22 these matters.

23 That is why we have cross-examination, your  
24 Honor.

25 THE COURT: All right, you have stated your objection.

26 MR. KANAREK: Yes, your Honor.

1 THE COURT: The objection is sustained on the basis  
2 that it calls for a conclusion.  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

5a-1

1 MR. HUGHES: May I have a moment, your Honor?

2 THE WITNESS: I might clear up a misconception  
3 yesterday, your Honor.

4 This is actually false.

5 (The witness shows the document to the Court  
6 and indicates.)

7 MR. HUGHES: Q Dr. Skrdla --

8 THE COURT: Just a moment, Mr. Hughes.

9 MR. HUGHES: Yes, sir.

10 THE COURT: Reframe the question, Mr. Hughes, would you?

11 MR. HUGHES: Yes, your Honor.

12 Q Dr. Skrdla, is it your belief, from looking at  
13 that answer, that Dianne Lake gave that answer as false,  
14 that she had never been in trouble with the law?

15 MR. KANAREK: I object on the grounds of no foundation.  
16 The doctor has stated he has been an expert in this field,  
17 your Honor.

18 THE COURT: I think the question is ambiguous,  
19 Mr. Hughes, and I will sustain it on that ground.

20 MR. HUGHES: Q Well, Doctor, what is the  
21 MMPI?

22 A The MMPI is the Minnesota Multiphasic  
23 Personality Inventory in which a very large number of  
24 questions -- I believe in excess of 400 -- are asked of the  
25 individual, and they are required to score the statements,  
26 that they read one at a time, as either true or false.

1           These are considered of some value, very often,  
2 in assessing various neurotic or characterological defects  
3 in the individual, and are particularly helpful to a  
4 therapist who treats the individual and needs to assess  
5 their attitudes and viewpoints and conflicts in a number of  
6 different, very minute, areas.

7           MR. HUGHES: Q           And are the answers that a  
8 patient gives to these questions relevant to a psychologist?

9           MR. KANAREK: that would be calling for a conclusion,  
10 your Honor.

11           I think this witness has clearly exhibited a  
12 lack of expertise. He has candidly stated that --

13           THE COURT: All right, sir. That is enough.

14           MR. KANAREK: There is no foundation.

15           THE COURT: Overruled.

16           You may answer.

17           THE WITNESS: Yes.

18           These are of value to a psychologist or to a  
19 therapist, ordinarily who treats the patient for a period  
20 of time.

21           MR. HUGHES: Q           In question number 294,  
22 Doctor, did Dianne mark as false, "I have never been in  
23 trouble with the law"?

24           MR. KANAREK: Improper foundation, your Honor.  
25 The record reveals that this man is not an expert in these  
26 tests, and there is no foundation for him testifying as an



1 expert concerning the giving of tests.

2 He is not a psychometrist.

3 THE COURT: Overruled.

4 You may answer.

5 THE WITNESS: Yes, she checked item 294 as being  
6 false.

7 MR. HUGHES: May I approach the witness, your Honor?

8 MR. KANAREK: Your Honor, may I have a continuing  
9 objection on improper foundation as to this line of  
10 questioning in regard to the MMPI? Then I won't have to  
11 interrupt.

12 THE COURT: No, you may not.

13 MR. KANAREK: Pardon?

14 THE COURT: You may not.

15 We will take our recess at this time.

16 Ladies and gentlemen, do not converse with  
17 anyone or form or express any opinion regarding the case  
18 until it is finally submitted to you.

19 The Court will recess for 15 minutes.

20 (Recess.)  
21  
22  
23  
24  
25  
26

6b

6h

1 THE COURT: All parties, counsel and jurors are  
2 present.

3 You may continue, Mr. Hughes.

4 MR. HUGHES: Thank you.

5 Q Dr. Skrdla, referring now to the MMPI Critical  
6 Items List marked BF for identification, item number 345.

7 Did she give the answer: "I often feel as  
8 if things were not real"?

9 A Yes, she did.

10 Q Answer number 349.

11 Did she give the answer: "I have strange  
12 and peculiar thoughts"?

13 A Yes.

14 Q Answer number 121.

15 Did she give the answer:

16 "I believe I am being plotted against"?

17 A Yes.

18 Q Answer number 200.

19 Did she give the answer: "There are persons  
20 who are trying to steal my thoughts and ideas"?

21 A Yes.

22 Q And question number 293.

23 Did she give the answer: "Someone has been  
24 trying to influence my mind"?

25 A Yes.

26 Q Now, Doctor, during Dianne's psychotic state,

1 was she likely confused and disoriented?

2 A No, counsel.

3 Q These MMPI answers that I questioned you, are  
4 those characteristic of the psychotic individual, that  
5 state of mind?

6 A They can be, but they can also be indicative of  
7 fantasies and ideas of the so-called normal or average  
8 individual, too.

9 MR. KANAREK: Your Honor, the witness has something in  
10 front of him that he appears to be reading from.

11 I would just like the record to reflect what it  
12 is. I certainly don't quarrel with his doing it.

13 May I just inquire as to what it is, your  
14 Honor?

15 THE COURT: What is it, Doctor?

16 THE WITNESS: This is the item marked BF, which was  
17 given to me by Mr. Hughes, I believe, the MMPI critical  
18 items.

19 MR. HUGHES: Q Doctor, does the normal  
20 individual believe that he is being plotted against?

21 A Sometimes the so-called normal individual has  
22 this idea, and it may be realistic.

23 Q Would the normal individual believe that there  
24 were people trying to steal his thoughts and ideas?

25 A Well, it is a matter of degree, Counsel.

26 Actually, the normal individual can, at various

1 times, believe, at least for a transitory period, many  
2 things; but it doesn't necessarily become fixed in his  
3 mind, he doesn't become preoccupied with it, he doesn't  
4 carry it to the point of a loss of contact with reality.

7

5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

7-1

1 Q I take it if the normal individual were to  
2 give enough responses like these, he would no longer be  
3 normal, is that correct?

4 A Quite the contrary, Counsel. I have discussed  
5 with my colleagues in various psychological test findings,  
6 which would indicate an individual was quite severely  
7 disturbed and yet he may be functioning reasonably well  
8 in society, and show no outward signs of being psychotic  
9 or out of contact with reality.

10 Q Now, you felt that Dianne Lake was in the midst  
11 of some drug-induced psychosis in January, is that correct?

12 A I wouldn't call it in the midst of some drug-  
13 induced psychosis.

14 There were certainly signs at that time which  
15 were interpreted by the Patton State Hospital staff to  
16 indicate that she was emotionally disturbed.

17 She was withdrawn, she was preoccupied.

18 They reported she was autistic, and some various  
19 other adjectives were used.

20 Initially they reported this, but within a  
21 short period of time she apparently adapted quite well.

22 Q If Dianne Lake had only one acid trip in the  
23 summer of '69 as she reported to you, how would it be  
24 possible for her some six months later to be in the midst  
25 of some drug-induced psychosis, Doctor?

26 A Because LSD particularly does produce residual

7-2

1 effects which can recur sometimes without warning and  
2 sometimes quite disturbing.

3 That is, they can have almost a repeat experi-  
4 ence of LSD without having used the drug weeks or months  
5 later, and under the stress of changes in her environment,  
6 in being moved to a different place, this may have caused  
7 some temporary decompensation.

8 Q Is it possible, Doctor, that Dianne Lake might  
9 have some -- might have another drug-induced psychotic  
10 episode in the future even if she does not use drugs again?

11 MR. BUGLIOSI: It's irrelevant.

12 THE COURT: Sustained.

13 BY MR. HUGHES:

14 Q Do you have any way of knowing, Doctor, if  
15 Dianne Lake were to have another psychotic episode if she  
16 again would hear voices?

17 MR. BUGLIOSI: That calls for speculation.

18 It is also irrelevant.

19 THE COURT: Sustained.

20 BY MR. HUGHES:

21 Q Doctor, how would we here in the courtroom  
22 have any way of knowing whether Dianne Lake was under a  
23 drug-induced psychotic episode at the time she testified  
24 a few days ago?

25 MR. BUGLIOSI: That is ambiguous, your Honor.

26 THE COURT: Read the question, please.

7-3

(Whereupon the reporter reads the pending question as follows:

"Q Doctor, how would we here in the courtroom have any way of knowing whether Dianne Lake was under a drug-induced psychotic episode at the time she testified a few days ago?"

THE COURT: You may answer.

THE WITNESS: Were she actually to be in the throes of a psychosis during the time of her testimony, I'm certain it would have been very much evident by some disturbance of thinking, affect, or behavior, for example, if she were a true schizophrenic, and were being examined several days as a witness, it would be most likely she would decompensate in her thinking processes and begin to show very obvious disorganization which would be observable by everyone.

There might be loosened associations. That is, her thoughts may not follow logically one point to the next.

And she might suddenly become withdrawn or preoccupied or out of contact with what proceedings were taking place, and this would be evident, too, by her appearance.

BY MR. HUGHES:

Q Would it also be evidenced by a witness giving a great many "I don't know" answers?

A Ordinarily not, in my experience.

1 I mean, usually if an individual is showing  
2 some effect of a psychotic reaction, he reflects it in  
3 disorganized thinking and behavior.

4 The thinking is often very easily picked up  
5 and I don't -- and "I don't know" response would not be  
6 typical.

7 Most psychotic individuals because of the  
8 emotional pressure dealing with the psychotic material  
9 do want to talk about a number of things, even though  
10 these productions are disorganized.

7a fls.



a  
7-1  
1 Q You're saying they might pick up, could you  
2 elaborate on that?

3 A I am not certain I follow what you are saying,  
4 Counsel.

5 Q Well, I wasn't certain I followed your answer,  
6 but I got the idea that a person would be suggestible in  
7 this psychotic state, is that correct?

8 A Well, not necessarily suggestible, no, but if  
9 an individual is testifying during a trial and is actually  
10 psychotic, there would be intrusion of a number of  
11 personalized ideas, personalized conflicts that were  
12 bothering them internally, and these would most likely be  
13 interjected into the responses.

14 The thinking would appear to be illogical or  
15 incoherent or not making sense.

16 Q During the drug-induced psychotic episode  
17 in January, does it appear from your reading of Dr. Oshrin's  
18 report that Dianne Lake was a confused individual?

19 A I think he used the term confused, certainly,  
20 on his initial examination, and there may have been many  
21 reasons for her appearing that way.

22 Q When an individual is confused like that,  
23 could you analyze that to her thoughts being similar to  
24 toys that were scattered from a drawer?

25 A That would be a rather extreme analogy, Counsel.  
26 You can see that in the disorganized

1 schizophrenic.

2 But I want to point out that the residual that  
3 you see in the drug-induced psychosis is -- it affects only  
4 certain very limited areas, and is not a persistent  
5 disturbance of the thinking process.

6 Q Now, is the reason a person like Dianne is put  
7 into a mental hospital, is the reason to put their minds  
8 back together?

9 A That could be under some circumstances.  
10 There are various reasons individuals go to  
11 mental hospitals, Counsel.

12 Q And during a mind-putting-back-together period,  
13 is it possible to add new or false information into the  
14 person's mind?

15 A Under some circumstances I suppose that is  
16 quite possible.

17 But I think it depends upon the depth of the  
18 disturbance you are treating, and I don't feel that this  
19 necessarily applied to the witness.

20 I got the impression from the record that they  
21 thought she needed support and rehabilitation more than  
22 she needed her mind being put back together.

23 Q But we don't have any way of knowing at this  
24 point if some new information was added into her mind or  
25 not, do we?

26 A I am certainly not aware of anything that is in

1 the record that would indicate something was put in her  
2 mind.

3 Q Now, Doctor, is LSD usage, is that basically  
4 harmless?

5 A LSD?

6 Q Yes.

7 A Well, it's a very potent drug and can be harm-  
8 ful.

9 It has been used in various types of therapy  
10 on an experimental basis, but the conclusions are still  
11 somewhat uncertain.

12 Q Well, as a matter of fact, Doctor, you have  
13 never prescribed LSD to anyone, have you?

14 A I have not been recently treating individuals  
15 that would be considered amenable to the LSD experience.

16 It has been used in controlled hospital  
17 settings for treatment, particularly of alcoholics and  
18 certain neurotics on an experimental basis.

19 Q Well, I understand that, Doctor. Is it not  
20 true that you have to have some special permission from  
21 the United States Government to go through the National  
22 Institute of Mental Health even to be allowed to prescribe  
23 LSD. Isn't that correct?

24 A Yes, I assume this is true because they have  
25 the only legal supply.

8-1

1 Q Well, you don't feel that you could sit down  
2 now and write someone a prescription for LSD, do you,  
3 Doctor?

4 A Well, I wouldn't consider it, offhand.

5 Q Let's say that you decided that you wanted to  
6 write a prescription for LSD. Do you think it could be  
7 filled anywhere, Doctor, without you first getting some  
8 special permission from the Government?

9 MR. BUGLIOSI: It is irrelevant.

10 THE COURT: Sustained.

11 BY MR. HUGHES:

12 Q Doctor, have you testified in other cases  
13 before as to the effects of LSD?

14 A Yes.

15 Q Do you find it strange that you have been  
16 called to the witness stand to, ineffect, defend LSD  
17 usage?

18 A I didn't know that I was here on that basis,  
19 Counsel.

20 MR. HUGHES: I have no further questions.

21 MR. BUGLIOSI: I have some more questions.

22 MR. SHINN: Your Honor, may I ask a few questions that  
23 I forgot to ask? It will be very short.

24 THE COURT: There has been a full and complete cross-  
25 examination of this witness. I see no reason to reopen  
26 the examination at this time.

8-2

1 MR. SHINN: Very well, your Honor.

2 THE COURT: Any redirect?

3 MR. BUGLIOSI: Yes, your Honor, there will be some  
4 redirect.

5  
6 REDIRECT EXAMINATION

7 BY MR. BUGLIOSI:

8 Q Doctor, the term "gravely disabled," what  
9 does this mean when it is used in the context of a  
10 conservatorship?

11 MR. KANAREK: That is assuming legal knowledge.

12 MR. BUGLIOSI: "Gravely disabled" is a medical  
13 term, your Honor.

14 THE COURT: The objection is overruled.

15 You may answer.

16 THE WITNESS: The terminology "gravely disabled"  
17 is written specifically into the law which is commonly  
18 known as the Landerman-Petris-Short Act, which was the  
19 new mental health Act in California, which began operations,  
20 I believe, in July, 1969.

21 "Gravely disabled" means that a person is  
22 of such mental condition that he is not able to provide  
23 for his own food, clothing or shelter.

24 BY MR. BUGLIOSI:

25 Q Is this a standard term that has to be used  
26 in order for a conservatorship to come into existence?

8-3

1 MR. KANAREK: I object, your Honor. This man is not  
2 a lawyer.

3 MR. BUGLIOSI: He is a psychiatrist and he is familiar  
4 with the Act, and it is a medical term I am asking about.

5 THE COURT: Overruled.

6 THE WITNESS: The words "gravely disabled" are  
7 specifically written into the law and they must be included.

8 In other words, I mean, otherwise the person  
9 is not eligible for conservatorship.

10 BY MR. BUGLIOSI:

11 Q Unless those words are used?

12 A Yes. Meaning that he is unable to provide for  
13 his food, clothing and shelter.

14 Q Has it been your experience, Doctor, that many  
15 people who ingest LSD do not have flashbacks?

16 MR. KANAREK: I object, your Honor, on the grounds  
17 of no foundation.

18 It is immaterial, irrelevant. Equal protection  
19 of the law, your Honor. We are talking about Dianne Lake,  
20 and your Honor sustained objections --

21 THE COURT: Overruled.

22 You may answer.

23 THE WITNESS: Did you say, Counsel, take LSD to  
24 prevent flashbacks?

8a fls.

8a-1

1 Q No, I am sorry.

2 Has it been your experience, Doctor, that many  
3 people who ingest LSD do not have flashbacks?

4 A Yes, a number of individuals I have spoken to  
5 have not had them.

6 Q Referring once again to the Patton State  
7 Hospital file.

8 Have you read the memo -- strike that.

9 Is Dr. Gericke the mental director at Patton?

10 A To the best of my knowledge, he is.

11 Q Have you read the memorandum from the psychia-  
12 trist, Dr. Haynes, dated January the 28th, 1970 to  
13 Dr. Gericke, in which the memo reads:

14 "Once Dianne recovered from the fearful-  
15 ness which she was demonstrating rather overtly  
16 at the time of her admission, she has communi-  
17 cated with the personnel very well.

18 "Also, if at first" -- and I am underlining the  
19 word "if" -- "If at first there were any indications  
20 of a psychotic disorder in Dianne, they are no  
21 longer present."

22 Did you read that memorandum?

23 A Yes, I did, Counsel.

24 Q Doctor, would you read Page 17,432 to Page  
25 17,433, down to Line 12?

26 Would you read those lines to yourself, Doctor?

(Pause while the witness reads.)

THE WITNESS: Yes, Counsel.

MR. BUGLIOSI: Could I have just a moment?

Q Let's go over these questions and answers.  
These were questions by Mr. Kanarek.

"Q Doctor, did you take into account  
Dianne Lake's statement on the MMPI that 'I  
commonly hear voices without knowing where they  
come from'?

"Did you take that into account in your  
analysis in this -- in your study of this  
particular subject, Miss Lake?

MR. KANAREK: I object, your Honor. He  
didn't read it correctly.

MR. BUGLIOSI: A Yes, I included it  
with all the rest.

"Q Did you take into account Miss  
Lake's statement, 'I often feel as if things were  
not real.'"

"Did you take that into account in your  
analysis of this subject?

"A Yes.

"Q Did you take into account, as far  
as this subject was concerned, her statement:

'I have never indulged in any  
unusual sex practices.'



1 "Q Did you take that into account in  
2 your analysis of this subject?

3 "A Yes.

4 "Q Did you take into account Miss  
5 Lake's statement:

6 'When I am with people I am  
7 bothered by hearing very queer things.'

8 "Q Did you take that into account?

9 "A Yes, I leafed through the report.

10 "Q My question is, did you take that  
11 statement into account in analyzing this  
12 subject?

13 "A Yes.

14 "Q Did you take into account this  
15 subject's statement:

16 'I have never been in trouble  
17 because of my sex behavior,' in determining  
18 your analysis of this subject?

19 "A Yes, I did.

20 "Q Did you take into account Miss  
21 Lake's statement:

22 'I have had blank spells in  
23 which my activities were interrupted and I  
24 did not know what was going on around me.'

25 Do you remember those questions and answers  
26 by Mr. Kanarek, Doctor?

8b-1

1 MR. KANAREK: The question is immaterial and  
2 irrelevant, your Honor.

3 THE COURT: He hasn't asked the question yet.

4 MR. KANAREK: I know, but it is unduly lengthy,  
5 it is compound.

6 THE COURT: You are interrupting, Mr. Kanarek. Wait  
7 until the question is asked.

8 MR. KANAREK: I'm sorry, your Honor.

9 BY MR. BUGLIOSI:

10 Q Do you recall giving those answers to those  
11 questions?

12 MR. KANAREK: Your Honor, if I may object, then?  
13 I object on the ground that the question is patently  
14 compound, ambiguous, irrelevant and immaterial.

15 THE COURT: That is a frivolous objection, Mr.  
16 Kanarek.

17 Overruled.

18 BY MR. BUGLIOSI:

19 Q Do you remember giving those answers to those  
20 questions?

21 A Yes, Counsel.

22 Q Concerning all of these statements that Dianne  
23 Lake made, Doctor, looking at that MMPI Critical Items  
24 List, do you find any statement by Dianne Lake to that  
25 effect?

26 MR. KANAREK: I object, your Honor, on the grounds

8b-2

1 that it is not --

2 MR. BUGLIOSI: He opened it up on cross-examination,  
3 your Honor.

4 MR. KANAREK: That may be, but --

5 THE COURT: State the grounds for your objection,  
6 Mr. Kanarek.

7 MR. KANAREK: Yes, your Honor.

8 That it is immaterial and irrelevant as to  
9 whether this witness can read that piece of paper or  
10 the words uttered on it or not.

11 What is relevant or material, your Honor,  
12 is what Dianne said.

13 THE COURT: The objection is overruled.

14 MR. KANAREK: May I finish, your Honor? I haven't  
15 finished.

16 THE COURT: You have finished, Mr. Kanarek.

17 BY MR. BUGLIOSI:

18 Q Do you find Dianne Lake making any statement on  
19 that MIFI Critical Items List that Mr. Kanarek said she  
20 made?

21 MR. KANAREK: That is assuming facts not in evidence,  
22 your Honor.

23 THE COURT: Overruled.

24 THE WITNESS: These are actually not her statements,  
25 no. These are sentences taken from the test.  
26

8b-3

1 BY MR. BUGLIOSI:

2 Q They are actually questions on the MMPI,  
3 aren't they, Doctor?

4 MR. KANAREK: Calling for a conclusion, and no  
5 proper foundation, your Honor.

6 THE COURT: Overruled.

7 THE WITNESS: Yes, they are questions or statements  
8 on the test.

9 BY MR. BUGLIOSI:

10 Q To which Dianne gave a true or false answer;  
11 is that correct?

12 MR. KANAREK: Assumes facts not in evidence, and no  
13 proper foundation; conclusion and hearsay, your Honor.

14 THE COURT: Overruled.

15 THE WITNESS: Yes, she did give both true and false  
16 answers.

17 BY MR. BUGLIOSI:

18 Q We are going to go back to this No. 294  
19 question once again, Doctor, and then I will be through  
20 with you, and, hopefully, you will be able to leave the  
21 stand.

22 Directing your attention to page 17,437.

23 Would you read lines 20 through 24 to yourself?

24 (Pause while the witness reads.)

25 THE WITNESS: Yes, Counsel.

8c fls. 26

c-1

1 MR. KANAREK: Your Honor, I do object to counsel  
2 reading into the record.

3 He can have the doctor read -- the proper way  
4 is for the doctor to read the transcript, and then ask a  
5 question, but for him to read it initially, I believe is  
6 improper, your Honor.

7 THE COURT: Proceed, Mr. Bugliosi.

8 MR. BUGLIOSI: Directing your attention to Page 17441,  
9 would you read starting from Line 8 to yourself.

10 Have you read those lines to yourself, Doctor?

11 (Pause while the witness reads.)

12 MR. BUGLIOSI: Q Have you read those lines to  
13 yourself, Doctor?

14 A Yes.

15 MR. BUGLIOSI: Do you recall this question by  
16 Mr. Kanarek:

17 "Q Now, Doctor, how can you, would  
18 you tell us, how can you neglect the MMPI,  
19 Doctor, when this little girl makes this state-  
20 ment in the MMPI:

21 'I have never been in trouble with  
22 the law.'

23 Do you recall that question by Mr. Kanarek?

24 MR. KANAREK: That isn't the complete question,  
25 your Honor.

26 MR. BUGLIOSI: Q Do you recall that question

1 by Mr. Kanarek?

2 A Yes, Counsel.

3 MR. KANAREK: Your Honor, may I have a ruling on my  
4 objection? That was not a complete question, your Honor.

5 THE COURT: He didn't say it was, Mr. Kanarek.

6 The objection is overruled.

7 MR. BUGLIOSI: Do you recall that question?

8 A Yes, I recall it.

9 Q Then later on, do you recall this additional  
10 question by Mr. Kanarek:

11 "Would you tell us whether it was  
12 important or not for consideration by you  
13 to consider a statement by Dianne Lake that  
14 she has never been in trouble with the law,  
15 that statement having been made in January,  
16 1970?"

17 Do you recall those two questions by Mr. Kanarek?

18 A Yes, I do.

19 Q Now, looking at number 294, question 294,  
20 the question is:

21 'I have never been in trouble with the  
22 law.'

23 There is a "false" marked after that; isn't  
24 that true, Doctor?

25 MR. KANAREK: I object on the grounds of improper  
26 foundation, conclusion, hearsay, immaterial and irrelevant.

1 This man is not an expert on the MMPI test,  
2 your Honor.

3 THE COURT: Overruled.

4 You may answer.

5 THE WITNESS: Yes.

6 The F after the number indicates that she gave  
7 the response "false" to the question, which would mean  
8 that she has been in trouble with the law.

9 MR. BUGLIOSI: Q And that is exactly what she  
10 told you during your interview of her; isn't that true,  
11 Doctor?

12 MR. KANAREK: Leading and suggestive.

13 THE COURT: Overruled.

14 You may answer.

15 MR. BUGLIOSI: Q That is exactly what she told  
16 you during your interview of her?

17 A Yes.

18 She told me in detail her difficulties with  
19 the law.

20 MR. BUGLIOSI: Thank you. No further questions.  
21  
22  
23  
24  
25  
26

9-1

THE COURT: Mr. Fitzgerald.

## RECROSS-EXAMINATION

BY MR. FITZGERALD:

Q Dr. Skrdla, are you suggesting that when Dr. Oshrin used the term "gravely disabled" he did not mean that?

A No, I'm not suggesting anything of that sort. The term is imprinted on the forms used by those who initiate conservatorships in legal proceedings.

Q It certainly is not a practice in the psychiatric profession to use a term that the doctor does not wish to convey that meaning, correct?

I mean, Dr. Oshrin would not use the term gravely disabled unless he knew the definition of gravely disabled and felt it was applicable in that particular situation, correct?

A I would assume he knows the meaning of the terms.

Q Now, Mr. Bugliosi just asked you if you were aware of the communication on January 28th, 1970, from Dr. Gericke the superintendent at Patton State Hospital-- to Dr. Gericke from Dr. Haynes, and you indicated that you were familiar with that and that you did take that into consideration in your over-all evaluation of Dianne Lake.



9-2

1                   Bearing that in mind, let me ask you this  
2 question:

3                   If, in fact, she had recovered from this  
4 mental illness on or about January the 28th, how come she  
5 was not released from Patton State Hospital until August  
6 the 27th of 1970, some eight or nine months later?

7                   A     My explanation for that has already been given,  
8 Counsel.

9                   She was placed in the hospital because she  
10 was believed somewhat of an immature dependent girl who  
11 needed help in rehabilitation.

12                  Q     Also, did you take into consideration in that  
13 very same memorandum from Dr. Haynes to Dr. Gericke, the  
14 last sentence thereof:

15                             "Also as the writer was leaving, she" --

16                             Apparently meaning Dianne Lake --

17                             "stated that she did not want to do anything to  
18 upset the people in Los Angeles from the District  
19 Attorney's office, who were her friends."

20                  A     Yes, that statement was there.

21                  Q     Mr. Bugliosi just pointed out that in fact on  
22 the MMPI Dianne Lake indicated that she was in fact in  
23 trouble with the law, as opposed to apparently some sugges-  
24 tion Mr. Kanarek made that she denied the implication with  
25 the law, correct?

26                  A     Yes, she had been in difficulty with the law

1 previously.

2 Q If you review that critical MMPI list, she  
3 placed "True" after the statement:

4 "I have engaged in unusual sex  
5 practices," as well, is that correct?

6 A Yes.

7 Q She did not deny unusual sex practices?

8 A No, she did not.

9 MR. FITZGERALD: Thank you.

10 THE COURT: Mr. Shinn?

11 MR. SHINN: Yes.

12 RECROSS-EXAMINATION

13 BY MR. SHINN:

14 Q Doctor, you talked about flashbacks?

15 A Yes.

16 Q When Mr. Bugliosi asked you a question of  
17 flashbacks?

18 A Yes.

19 Q Is that correct?

20 A Yes, Counsel.

21 Q What is a flashback?

22 A It is the repetition of an experience, a  
23 sensory experience that initially occurred while under  
24 the influence of a drug such as LSD.

25 Q How would it affect a person?  
26

1           A       You mean what is the nature of the flashback  
2 usually, or what is their response to it, or what do you  
3 mean?

4           Q       Yes, a person gets a flashback, how would it  
5 affect him or her?

6           A       This depends entirely upon the individual.  
7                   Most individuals to whom I have talked that  
8 have had flashbacks are fully aware of what is happening.  
9                   It is a sensory recurrence.

10          Q       Now, when one takes acid, that person goes  
11 into different stages, do they not?

12          A       I am not certain I know what you mean by  
13 different stages, Counsel.

14          Q       Well, do they go through different stages,  
15 say the first two hours it affects them a certain way.

16                   The next couple of hours it affects them a  
17 different way?

18                   Different stages, three or four stages.

19          A       I don't think that one can generalize about  
20 that, because the response to LSD is extremely variable,  
21 depending upon the individual.

22          Q       Let me ask you this, Doctor:

23                   You testified about the effects of LSD the  
24 last couple of days.

25                   Now, are you talking from experience with  
26 your patients or are you testifying from what you have

1 read, books and literature?

2 A I am testifying on the basis of both, actually.

3 By patients, I'm referring to individuals whom  
4 I have evaluated, not whom I have ordinarily treated in  
5 long-term psychotherapy.

6 Q Have you ever treated anyone with LSD in your  
7 practice?

8 A I don't recall anyone who has been a particular  
9 user of LSD that has been in psychotherapy with me, no.

10 Q In other words, all your testimony and your  
11 knowledge of LSD and the effects upon a person is from what  
12 you read, is that correct?

13 A No, no.

14 I have seen a great number of individuals who  
15 have used LSD who are still under the effects of some drug-  
16 induced psychosis or who have reported using it extensively  
17 in the past.

18 I have seen them in evaluation.

19 Q Evaluation, does that mean you yourself evaluated  
20 that person or did you read case histories?

21 A No, I evaluated them personally.

9a Fls.

a-1

1 Q In other words, you treated persons in the  
2 past that have taken LSD, is that right, Doctor?

3 A I haven't treated them in the usual sense that  
4 they are in psychotherapy over a period of time, no.

5 Q In other words, has anyone taken LSD many,  
6 many times, say 50 to 100 times, and came to you and said,  
7 "Doctor, will you please cure me, I get flashbacks, I get  
8 ill effects from this LSD I took in the past"?

9 Have you ever had a patient like that?

10 A No, I never had anyone presented himself  
11 under those circumstances.

12 Q Now, isn't it also true, Doctor, that two  
13 psychiatrists examining a patient can come to different  
14 conclusions, isn't that correct?

15 MR. BUGLIOSI: It's irrelevant, your Honor.

16 THE COURT: Overruled, you may answer.

17 THE WITNESS: Sometimes.

18 THE COURT: You are getting far afield from the  
19 scope of the redirect examination.

20 MR. SHINN: May I reopen for this one question, your  
21 Honor?

22 THE COURT: This one question.

23 MR. SHINN: Thank you.

24 Q BY MR. SHINN: Can you answer it, Doctor?

25 A There are differences of opinion amongst  
26 psychiatrists, sometimes, seeing the same patient. Yes,

1 there are differences.

2 Q In other words, one psychiatrist would say,  
3 "This person is insane," and another psychiatrist would  
4 say that this person is not insane.

5 Isn't that correct, Doctor?

6 A Well, it depends on how you are using the term  
7 insane, Counsel.

8 If you are using it under Section 1368 of  
9 the Penal Code, that is one thing.

10 But that is the only way that I know of the  
11 use of the word insane at this time.

12 Q My question is, one psychiatrist would say  
13 "Yes, a person is insane," another psychiatrist would say  
14 "No, he is not insane."

15 Is that true?

16 THE COURT: You are getting beyond the scope of the  
17 examination, Mr. Shinn.

18 You have asked your one question.

19 MR. SHINN: I have nothing further, your Honor.

20 THE COURT: All right.

21 Mr. Kanarek, anything further?

22 MR. KANAREK: Yes, your Honor.

23

24 RECROSS-EXAMINATION

25 BY MR. KANAREK:

26 Q Doctor, do you recall testifying yesterday at

1 Page 17,442:

2 "Q Well, as you sit there now on the  
3 witness stand, Doctor, did you, and will you  
4 please tell us, did you consider that statement  
5 at all?"

6 Referring to Dianne Lake's statement,  
7 "I have never been in trouble with the law."

8 And your answer was:

9 "Well, I considered it, yes, but in view  
10 of the fact she had given me information in  
11 detail to the contrary, I did not consider it  
12 important.

13 "Q So you are telling us now you did  
14 read it over; you thought about it, but in view  
15 of her statement to you when she was in your  
16 presence, you just said, 'Well, that is probably  
17 a mistake.'

18 "That is probably what went through your  
19 mind in going through the analysis concerning  
20 which you are testifying here in court, is  
21 that right?

22 "A In view of my history taken in  
23 October of this year, comparing it to when  
24 she was just admitted to the hospital, I gave  
25 it little consequence."

26 Q So now, Doctor, when you read over the MMPI,

1 and directing your attention to this question, did you  
2 believe that Dianne Lake stated, "I have never been in  
3 trouble with the law," or did she state that she had been  
4 in trouble with the law?

5 MR. BUGLIOSI: Your Honor, based on the proved fact  
6 that Mr. Kanarek's question contains a blatantly erroneous  
7 allegation, this question now calls for an answer which  
8 would be immaterial.

9 MR. KANAREK: Your Honor, I would love to argue this  
10 in front of the jury, but may we approach the bench?

11 THE COURT: The objection is sustained.

12 MR. KANAREK: On what basis, your Honor?

13 THE COURT: Ask your next question, Mr. Kanarek.

14 Q BY MR. KANAREK: Well, Doctor, in reading  
15 over the file, Doctor, did you consider that Dianne Lake  
16 stated on the MMPI that she had been in trouble with the  
17 law or that she had not been in trouble with the law?

18 MR. BUGLIOSI: Same objection.

19 MR. KANAREK: There is no ultimate truth or fact  
20 until the jury comes in with a verdict, your Honor.

21 THE COURT: sustained.

22 Ask your next question.

23 Q BY MR. KANAREK: Doctor, did you read over the  
24 file in this case?

25 MR. BUGLIOSI: It's irrelevant now, your Honor,  
26 beyond the scope of redirect examination.



1 THE COURT: Sustained.

2 MR. KANAREK: In view of your Honor's rulings I have  
3 no further questions.

4 THE COURT: Mr. Hughes, anything further?

5 MR. HUGHES: Yes, may I approach the witness, your  
6 Honor?

7 THE COURT: You may.

8  
9 RECROSS-EXAMINATION

10 BY MR. HUGHES:

11 Q Doctor Skrdla, I hand you Patton State  
12 Hospital file on Dianne Lake.

13 Would you look at the very last page which I  
14 believe is an inner-office memorandum to Dr. Haynes from  
15 Dr. Gericke dated 1-14-70.

16 Do you see that, Doctor?

17 A Yes.

18 Q Have you read it?

19 A Yes.

20 Q Doctor, did you take this statement from  
21 Dr. Gericke to Dr. Haynes into consideration:

22 "Deputy District Attorney Vincent

23 Bugliosi, Los Angeles County, wishes to be  
24 notified if this patient is motivated towards  
25 seeking her release, or if you propose her  
26 release, inasmuch as that at that time she may

1 "be apprehended for another matter."

2 Did you take that into consideration in  
3 making your evaluation of the witness, Dianne Lake?

4 A I would not say I took it into consideration.

5 I glanced at these, but I don't think I really  
6 understand the memorandum.

7 The memorandum -- I don't know that it had any  
8 significant psychiatric consequence.

9 Q What didn't you understand about this memorandum,  
10 Doctor?

11 A I don't actually understand what it purports to  
12 say.

13 It seems to be sort of --

14 It is not really a clear sentence, as I see  
15 it.

16 Q Did you have difficulty understanding that  
17 Dr. Gericke told Dr. Haynes that Mr. Bugliosi would  
18 apprehend Dianne Lake for some other matter if she  
19 sought to be released?

20 MR. BUGLIOSI: That is a misstatement, your Honor.

21 THE COURT: Sustained.

22 MR. HUGHES: I have no further questions.

23 THE COURT: You may step down.

24 THE WITNESS: Thank you.

25 THE COURT: Call your next witness.

26 MR. BUGLIOSI: People call Dr. Harold Deering.

9b-1

1 THE CLERK: Would you raise your right hand, please.

2 Would you please repeat after me.

3 I do solemnly swear --

4 THE WITNESS: I do solemnly swear --

5 THE CLERK: -- that the testimony I may give --

6 THE WITNESS: -- that the testimony I may give --

7 THE CLERK: -- in the cause now pending --

8 THE WITNESS: -- in the cause now pending --

9 THE CLERK: -- before this court --

10 THE WITNESS: -- before this court --

11 THE CLERK: -- shall be the truth --

12 THE WITNESS: -- shall be the truth --

13 THE CLERK: -- the whole truth --

14 THE WITNESS: -- the whole truth --

15 THE CLERK: -- and nothing but the truth --

16 THE WITNESS: -- and nothing but the truth --

17 THE CLERK: -- so help me God.

18 THE WITNESS: -- so help me God.

19 THE CLERK: Would you be seated, please.

20 Would you please state and spell your name for  
21 the record.

22 THE WITNESS: Harold C. Deering, D-e-e-r-i-n-g.  
23  
24  
25  
26

9b-2

HAROLD C. DEERING,

a witness called by and on behalf of the People, was  
examined and testified as follows:

## DIRECT EXAMINATION

BY MR. BUGLIOSI:

Q Doctor, you are a psychiatrist?

A I am.

Q Authorized to practice psychiatry in the State  
of California?

A I am.

Q Will you briefly relate your training and  
experience in the field of psychiatry, Doctor?

A I am a graduate of the University of Washington,  
Bachelor of Science Degree.

I had my medical training at the University of  
Chicago School of Medicine.

I interned at the Swedish Hospital, Seattle,  
Washington.

I had my training in the specialty of  
psychiatry at Mendota State Hospital, Madison, Wisconsin,  
and the Metropolitan State Hospital, Norwalk.

I am certified as a specialist in the field  
of psychiatry and neurology.

Q Were you recently appointed, Doctor, by the  
court, to examine Dianne Lake?

9b-3

1 A I was.

2 Q And did you in fact examine her?

3 A I did.

4 Q When and where did you examine her?

5 A I examined her on October 26th, 1970, at the  
6 Los Angeles City Police Department.

7 Q And for how long did you examine her?

8 A For approximately an hour and 50 minutes.

9 Q This examination consisted of a personal inter-  
10 view?

11 A Yes.

12 Q In addition to your examination of Dianne Lake  
13 have you reviewed the Patton State Hospital file pertaining  
14 to Dianne Lake?

15 A I have.

16 Q And also the Inyo County Superior Court file  
17 pertaining to Dianne Lake?

18 A I have.

19 Q And in these files there were references, I  
20 take it, to Dianne's physical, emotional, and mental  
21 history?

22 A Yes.

23 Q And her educational background?

24 A Yes.

25 Q And her association with the so-called Manson  
26 Family?

7b-4

1 A Yes.

2 Q Also her use and ingestion of drugs?

3 A Yes.

4 Q And other relevant background data?

5 A Yes.

6 Q Based on your examination of Dianne Lake, and

7 also your review of the aforementioned files, did you form

8 any opinion as to Dianne's present ability to understand

9 and remember conversations she had with others in August

10 and September of 1969?

11 MR. KANAREK: Improper foundation, your Honor.

12 THE COURT: Overruled.

13 9c fls. 13 THE WITNESS: Yes.

14

15

16

17

18

19

20

21

22

23

24

25

26

1 Q What is that opinion, Doctor?

2 A That she is a competent witness as defined under  
3 Section 701 of the California Evidence Code.

4 She is capable of expressing herself and under-  
5 standing her duties as a witness.

6 MR. KANAREK: That is not responsive to the question.  
7 I move it be stricken, your Honor.

8 MR. FITZGERALD: Join.

9 MR. HUGHES: Join.

10 THE COURT: The answer will be stricken.

11 Read the question.

12 (Whereupon, the reporter reads the record as  
13 follows:

14 "Q Based on your examination of  
15 Dianne, and also your review of the afore-  
16 mentioned files, did you form any opinion  
17 as to Dianne's present ability to understand  
18 and remember conversations she had with others  
19 in August and September of 1969?

20 "A Yes.

21 "Q What is that opinion, Doctor?"

22 MR. KANAREK: Your Honor, I do not object to the  
23 doctor reading, but may we know what he is reading  
24 from?

25 THE WITNESS: I am sorry, sir, I am reading from  
26 my report, addressed to you.

1 THE COURT: You may answer.

2 THE WITNESS: To complete the answer, she had the  
3 ability to understand and comprehend conversations with  
4 another during September of 1969.

5 Q BY MR. BUGLIOSI: She has this present ability?

6 A Yes.

7 Q Did you find any impairment of Dianne's  
8 memory as to recent and remote events?

9 A No.

10 Q You are aware, Doctor, that Dianne in the  
11 past has experienced certain visual and also auditory  
12 hallucinations?

13 A Yes.

14 Q Have you formed any opinion as to whether  
15 Dianne is capable of distinguishing between that which is a  
16 hallucination and that which is reality?

17 A Yes.

18 Q What is that opinion?

19 A That she can distinguish between hallucinations  
20 and reality.

21 Q You are familiar with Dr. Bruce Meeks, the  
22 Patton psychologist?

23 A Only from the record.

24 Q And you are aware that his original diagnosis  
25 of Dianne was that she was a schizophrenic?

26 A Yes.



1 Q Based upon your examination of Dianne and your  
2 review of the files that I mentioned earlier, do you agree  
3 with that original diagnosis of Dr. Meeks?

4 A No.

5 Q What is your evaluation of Dianne Lake?

6 A I think that Miss Lake had an acute organic  
7 brain syndrome, with psychosis, due to LSD.

8 Q Would you elaborate just a little bit on that,  
9 Doctor?

10 A I think that she, after ingesting lysergic  
11 acid diethylamide, LSD, that she did experience mis-  
12 perceptions, physical changes and did have visions and  
13 auditory hallucinations of Mr. Manson's voice.

14 Q Would you call this a drug-induced psychosis?

15 A I would.

16 Q And drug-induced psychoses come and go basically  
17 with the use of the drug?

18 A Generally.

19 Q Did you form the opinion, then, that Dianne  
20 Lake was not a schizophrenic?

21 A In my opinion she is not a schizophrenic.

22 Q At the present time?

23 A Yes.

24 Q Did you form any opinion as to whether she was  
25 a schizophrenic when she was admitted to the Patton State  
26 Hospital in January of 1970?

1 A. In my opinion she was not.

2 Q At that time, either?

3 A No.

4 Q To your knowledge, Doctor, is there any  
5 evidence, any demonstrable evidence that LSD causes brain  
6 damage?

7 A Not at the present time.

8 Q There is no evidence of that, is that correct?

9 A No.

10 Q Is there any evidence that LSD causes loss or  
11 impairment of memory?

12 A Not unless there is complete unconsciousness.

13 Q Would you say, Doctor, that schizophrenia is a  
14 psychiatric diagnosis?

15 A Yes.

16 Q And psychologists are not psychiatrists, is  
17 that correct?

18 A That's correct.

19 Q In fact, psychologists are not medical doctors,  
20 is that correct?

21 A That's correct.

22 Q Do you feel that psychologists are qualified  
23 to make the psychiatric diagnosis of schizophrenia?

24 A They are not qualified to make an official  
25 diagnosis in a medical institution such as Patton State  
26 Hospital.

1 MR. KANAREK: Your Honor, if I may, I ask that be  
2 stricken as to the word "official." I don't think there is  
3 such a thing.

4 THE COURT: The motion is denied.

5 Q BY MR. BUGLIOSI: Looking at that Patton State  
6 Hospital file, what was the official psychiatric diagnosis  
7 of Dianne at Patton?

8 MR. KANAREK: That is assuming facts not in evidence,  
9 your Honor.

10 THE COURT: Overruled.

11 THE WITNESS: From the record I examined it was  
12 behavior disorder of adolescence, and drug dependence.

13 Q BY MR. BUGLIOSI: When you examined Dianne  
14 recently, Doctor, did you find her to be well-oriented as  
15 to time, place and persons?

16 A Yes.

17 Q Are you aware that Dr. Oshrin when he examined  
18 Dianne on January 12, 1970, just two days after her  
19 admission, concluded that even then she appeared to be well-  
20 oriented as to persons, place and time? Are you aware of  
21 that?

22 MR. KANAREK: Argumentative. Leading and  
23 suggestive.

24 THE COURT: Overruled.

25 THE WITNESS: I believe that was part of his  
26 initial observation.

1 I don't have the record before me at this  
2 time.

3 Q But you recall reading that?

4 A Yes.

5 Q And your present diagnosis of Dianne is what  
6 again, Doctor?

7 A Acute organic brain syndrome with psychosis.

8 Q Your present diagnosis?

9 A My present diagnosis is immaturity reaction,  
10 immature girl; don't think she fits well into any  
11 psychiatric label."

12 MR. KANAREK: Your Honor, Mr. Bugliosi interrupted  
13 the doctor before he finished.

14 MR. BUGLIOSI: I asked for the present diagnosis of  
15 Dianne, your Honor.

16 THE WITNESS: The present diagnosis is an immaturity  
17 reaction, she does not fit well into any particular  
18 diagnosis category at the present time.

19 Q BY MR. BUGLIOSI: No psychological or  
20 psychiatric disorder at the present time, is that correct?

21 A That's correct.

22 MR. BUGLIOSI: I have no further questions.

23 9d  
24  
25  
26

9d-1

## CROSS-EXAMINATION

1  
2 BY MR. FITZGERALD:

3 Q Dr. Deering, why in your opinion is a Ph.D.  
4 who is a clinical psychologist incapable of forming an  
5 official diagnosis as to schizophrenia or other psychotic  
6 illnesses or disorders?

7 A In medical facilities the medical profession  
8 reserves the right to make the official diagnosis.

9 Q It has nothing to do with the qualifications  
10 or training of a Ph.D. who is a clinical psychologist,  
11 vis-a-vis medical doctor?

12 A Not at all.

13 Q You would not purport, for example, to be more  
14 of an expert because you know anatomy and physiology as  
15 opposed to a clinical psychologist who has extensive  
16 training in the field of mental and emotional disorders,  
17 would you?

18 A I am talking about the right to make diagnosis.

19 Q But in fact he did make a diagnosis?

20 A He gave his opinion.

21 Q What is the difference between his opinion and  
22 your opinion?

23 Isn't what you say about Dianne Lake an opinion?

24 A Yes.

25 Q And his diagnostic expression is an opinion?

26 A Yes.

9d-2

1 Q It would appear then that it is a difference in  
2 form rather than a difference in substance, correct?

3 A I say that the official diagnosis of Patton  
4 was never the diagnosis given by the psychologist.

5 Q In what respect did Dr. -- if we can refer to  
6 a Ph.D. as doctor --

7 In what respect did Dr. Meeks diagnosis differ  
8 from the official diagnosis of Patton State Hospital?

9 A I believe there were three diagnoses entertained.  
10 One was chronic undifferentiated schizophrenia  
11 by the admitting physician.

12 Later the psychologist gave an impression of  
13 acute undifferentiated schizophrenia, I believe, on the 21st  
14 that the physician said she was without psychiatric disease  
15 at that time, and the official hospital diagnoses were the  
16 ones I had previously mentioned.

17 Q Dr. Oshrin, who is a medical doctor like your-  
18 self, diagnosed her as suffering from schizophrenia,  
19 chronic undifferentiated type?

20 A Yes.

21 Q Correct?

22 And Dr. Meeks, his diagnosis was schizophrenia,  
23 acute schizophrenic episode.

24 A Yes.

25 Q Now, it appears that the clinical psychologist,  
26 Dr. Meeks, and the medical doctor psychiatrist, Dr. Oshrin,

9d-3

1 both diagnosed initially Dianne Lake as suffering from  
2 schizophrenia, but they differed as to the type of  
3 schizophrenia it was?

4 A Yes, these are quite different types.

5 Q Psychosis is a generic term, is it not?

6 A Yes.

7 Q Is a psychosis a severe emotional illness in  
8 which there is:

9 (a) a departure from normal patterns of  
10 thinking, feeling and acting;

11 (b) characterized by loss of contact with  
12 reality, distortion of perception, regressive  
13 behavior and attitudes, diminished controls of  
14 elementary impulses and desires, and abnormal  
15 mental content, including delusions and hallucina-  
16 tions.

17 Is that a fair definition of psychosis?

18 A That is a fair definition of paranoid schizo-  
19 phrenia.

20 Q That is not an accurate definition of psychosis?

21 A Oh, no, many psychoses have no delusions.  
22 Certainly many have no hallucinations.

23 Q But up on the top of the chart, sort of, we  
24 have the generic term for mental illness, called psychosis.

25 A Yes.

9efls.  
26

9e-1

1 Q And basically psychosis is a severe mental  
2 disorder as opposed to a non-severe mental disorder?

3 A Right.

4 Q And as we go down the chart under psychosis,  
5 we have a brand or type of psychosis called schizophrenia?

6 A Yes.

7 Q Under schizophrenia we have various types  
8 of schizophrenics, acute schizophrenic episode, perhaps,  
9 chronic undifferentiated type, catatonic schizophrenia,  
10 and et cetera, et cetera, correct?

11 A Six or seven, yes.

12 Q You, however, have referred to Dianne Lake as  
13 suffering from a drug-induced psychosis.

14 Of what type of psychosis was she suffering  
15 in your opinion if not schizophrenia?

16 A She was suffering from the symptoms of auditory  
17 hallucinations and visual illusions, or hallucinations,  
18 due to LSD, a toxic agent.

19 Q So that is a type of psychosis?

20 A Yes.

21 Q LSD -- on the chart where will we put it?

22 A LSD certainly would not come out of the  
23 schizophrenias. It would come out of acute brain syndromes  
24 due to toxic substances.

25 Q Acute brain syndromes due to toxic substances.  
26 And toxic substances generally mean poisonous



9e-2

1 substances, correct?

2 A Alcohol is a good example.

3 Q Is a synonym for the word toxic, poison?

4 A Yes.

5 Q All right. And toxins have deleterious effects  
6 on body tissue, is that correct, in extraordinary amounts  
7 at least?

8 A They may have.

9 Q And as the result of the -- of imbibing these  
10 toxins, one can induce a form of severe mental illness,  
11 is that correct?

12 A Yes.

13 Q And that is what happened to Dianne Lake  
14 apparently, is that correct?

15 A Well, I don't know I would characterize it as  
16 severe.

17 Q Well, it was not an LSD or a toxic-induced  
18 neurosis, which would be a minor mental disorder?

19 A No.

20 Q It was a psychosis?

21 A Yes.

22 Q It was a mental illness of major proportions?

23 A Yes.

24 Q When were the drugs taken that induced this  
25 psychosis?

26 A I cannot give you the specific date.

9e-3

1 She took them about 50 times over a four-year  
2 period.

3 Q Apparently, however, she was placed in official  
4 custody on October 12, 1969, and was received at the Patton  
5 State Hospital on January 10, 1970, during which period of  
6 time I want you to assume she was not allowed access to  
7 drugs.

8 Assuming that, is it possible that the drug-  
9 induced psychosis she suffered from, this January of 1970,  
10 was precipitated by drugs she had taken in June, July,  
11 August or September of 1969?

12 A Yes, I think these recurrences and flashbacks  
13 are common with this problem.

10 fls. 13

14

15

16

17

18

19

20

21

22

23

24

25

26

10-1

1 Q Your opinion, then, is, I take it, that she did  
2 not actually ingest any drugs or toxins immediately prior  
3 to her psychotic episode, but it was a flashback effect  
4 of some hallucinogenic drug that she had taken some time  
5 in the past?

6 A Yes. And I think, also, sort of a compulsive  
7 thought to hear Mr. Manson's voice reassuring her, ordering  
8 her about.

9 Q And was the compulsive thought of psychotic  
10 origin, Doctor?

11 A No, sir. But in some ways it is similar to  
12 hallucinations, sort of an internalized person.

13 Q Did her thought about Mr. Manson's voice  
14 actually induce a psychosis?

15 A No. It was a symptom of it.

16 Q How long did this flashback induced drug  
17 psychosis last, Doctor, if you are able to tell?

18 A Well, she apparently was free of symptoms,  
19 most of them at least, late in the period she was in  
20 custody prior to going to the hospital, and the stress of  
21 going to the hospital apparently precipitated it, but I  
22 think she was observed by the 21st of January to be free  
23 of symptoms, and I think she went in on the 10th of January.

24 Q Yes.

25 She wasn't released from Patton State Hospital  
26 until the 12th of August, 1970, however, some eight or nine

1 months after the diagnosis was made that she was free of  
2 psychosis; correct?

3 A That is correct.

4 Q In your opinion, is there some reason for  
5 continued treatment after somebody is recovered?

6 A It is my understanding that Miss Lake was under  
7 conservatorship as gravely disabled by mental disorder,  
8 and, therefore, her conservator could place her wherever  
9 he wished and keep her there as long as he wanted to,  
10 up to one year.

11 Q In other words, a conservator can keep a normal,  
12 average citizen in a mental institution against that person's  
13 will even though they suffer or manifest no symptoms of  
14 mental illness?

15 A Up to one year, under the present law.

16 I am not saying this always happens. However,  
17 it is possible. Or that it often happens.

18 Q And the conservator who had, in this case,  
19 this kind of power over Dianne Lake, was who?

20 A I believe the Public Guardian of Inyo County,  
21 or the Coroner. He is the Public Guardian, I guess.

22 I have his name. I believe it is Donald  
23 Talmadge.

24 Q Now, these drug-induced or toxin-induced  
25 psychoses, are they usually of long duration, short  
26 duration, medium duration, or what?

A It depends on the use of the agents.

With alcohol, it is possible to have chronic organic brain disease that goes on the rest of one's life.

This, however, is not observed or described so far as LSD is concerned.

10a fls.

10a-1

1 Q Is it difficult to diagnose a drug-induced  
2 psychosis?

3 A In the acute phase, it may be, if you don't  
4 know the history, very difficult.

5 Q Now, Dr. Oshrin and Dr. Meeks both had rather  
6 detailed past history from the patient, Dianne Lake, in  
7 which she had indicated to them that she had ingested a  
8 number of hallucinogenic drugs in the past; correct?

9 A Yes.

10 Q Yet they formed an opinion that she was  
11 schizophrenic, and they did not form an opinion that her  
12 mental disorders were caused by drugs, did they?

13 A No.

14 Q Is there some reason for that that you know of?

15 A No.

16 I think in the acute phase it is very difficult  
17 to know; but I think that they quickly became aware that  
18 something was amiss, because when she got better without  
19 treatment, any particular treatment, they modified their  
20 opinion.

21 At least Dr. Oshrin did.

22 Q Is shock treatment an acceptable treatment for  
23 drug-induced psychosis?

24 A No.

25 Q What about schizophrenia?

26 A Well, depending on the authority, I think it is

1 indicated only for depression.

2 Q The Patton State Hospital file does reveal,  
3 however, that she was treated on a psychiatric basis after  
4 the diagnosis of January 21st; correct?

5 A What specific psychiatric treatment are you  
6 referring to?

7 Q Milieu, therapy, group therapy.

8 A Yes. That is just the living climate in which  
9 she lived.

10 Q A review of the Patton State Hospital file  
11 reveals, however, that she was attended by psychiatric  
12 social workers and various other professional people in  
13 the field of psychology, psychiatry and social evaluation;  
14 correct?

15 A And teachers, yes.

16 Q And teachers?

17 A Yes.

18 Q Now, Dr. Meeks gave the patient, Dianne Lake,  
19 a number of diagnostic psychological tests, including the  
20 Minnesota Multiphasic Personality Inventory, the Shipley-  
21 Hartford test, the Sentence Completion Test, the Draw-a-  
22 Person Test, the Bender-Gestalt Test, the House-Tree-Person  
23 Test, et cetera, did he not?

24 A Yes.

25 Q These are acceptable tools in the field of  
26 the diagnosis of emotional and mental disorders, are they not,

1 Doctor?

2 A Yes.

3 Q As a matter of fact, these tests are designed  
4 to diagnose particular varieties of mental disorders,  
5 are they not, Doctor?

6 A I don't believe you mentioned the Rohrschach  
7 Test, did you, which is the classical test.

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26



10b-1

1 Q I did not. And I believe the Rohrschach Test  
2 was given to Dianne Lake, was it not?

3 A I don't know. You didn't list it.

4 MR. FITZGERALD: Yes.

5 I am referring, Counsel, to Special Exhibit 22.

6 Q Dr. Deering, there is, in the Patton State  
7 Hospital file, a report of Dr. Meeks that purports to  
8 relate to a series of examinations given to her on January  
9 13, 1970, and I am referring to Paragraph 3 on the second  
10 page:

11 "Some of her test responses are blatantly  
12 psychotic. For example, in describing a  
13 perception of a man's skull on the Rohrschach" --  
14 is that the correct pronunciation?

15 A Rorschach.

16 Q "She described two white spots as  
17 shackerlies, which are holes in your brain that  
18 let air into your brain to breathe."

19 Now, that test is a projective-type  
20 psychological test, is it not?

21 A Yes.

22 Q Maybe you could explain to the jury what the  
23 test is?

24 A A Rohrschach test is the ink-blot test familiar  
25 to most of you, I am sure.

26 It has ten cards, and the person is asked to

1 respond to these.

2 The reason they are called projective is  
3 because the pictures or the blots really show nothing  
4 concrete, so the projection is how the person taking the  
5 test perceives the patterns on the card.

6 In other words, it is how they see the card  
7 or the world.

8 Q It is a psychologic test which seems to dis-  
9 close conscious and unconscious personality traits and  
10 emotional conflicts through a listing of the patient's  
11 association to a standard set of ink blots.

12 Is that correct?

13 A Yes.

14 Q Doctor, do you agree with Dr. Meeks that her  
15 response that she saw these shackerlies, which were holes  
16 in your brain, is a blatant psychotic response?

17 A I say it is a psychotic response generally.

18 However, I think that it is dangerous to make a  
19 diagnosis on the basis of a couple of interpretations on  
20 Rohrschach cards.

21 It is one tool in the diagnostic armamentarium.

22 Q Dr. Meeks essentially came to the conclusion:  
23 "In summary, the patient is presently seen to be psychotic,"  
24 and, apparently, according to his report, that diagnostic  
25 impression is based on an interview, similar, I take it,  
26 to the interview you had with Dianne Lake, as well as five

1 or six psychological tests.

2 Correct?

3 A Yes.

10c

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

.0c-1

1 Q Did you give any of these projective psychological  
2 tests in your evaluation of Dianne Lake, in your examination  
3 of her?

4 A I asked her to interpret Proverbs. I asked  
5 her to do some Gestalt-type figures for organic brain  
6 disease.

7 Q When you talk about Interpreting-A-Proverb  
8 Test, Doctor, you are talking about things like:

9 "Miss Patient, would you explain to  
10 me what it means when I say 'A rolling stone  
11 gathers no moss'?"

12 A Yes.

13 Q As a matter of fact, that is one of your  
14 questions, isn't it?

15 A Yes.

16 Q And what is a normal answer?

17 A People who do not stay in one place do not  
18 collect things, is a sort of typical answer.

19 Q And did you ask her, sir, did you give her  
20 several of these proverbs and ask her to explain?

21 A Five or six, yes.

22 Q And her responses were?

23 A Rather concrete, literal.

24 Q Did you give her a neurological examination?  
25 That is, a physical examination designed to determine the  
26 presence or absence of any organic brain, spine or nerve

10c-2

injury?

A I did not. But I saw the EEG interpretation from Patton. The electroencephalogram interpretation.

Q And an electroencephalogram was taken of Dianne at Patton State Hospital, in addition to these other tests?

A Yes.

Q And actually, the Patton State Hospital file reflects that Dr. Oshrin, the psychiatrist, ordered the psychological tests as well as the EEG; isn't that correct?

A Yes.

Q Are hallucinations common in these drug-induced psychoses?

A Yes.

Q During the period of time that somebody is in the throes of a drug-induced psychosis, do they tend to be confused and disorganized?

A No.

Are we talking about LSD now?

I mean, there are many kinds of them.

Acute intoxication with alcohol, of course, can lead to confusion. LSD, generally, no.

Q Let's take Dianne Lake, and let's assume that during January of 1970, some portion of January, 1970, she was actually psychotic as the result of an LSD flashback.

1 During the period of time that she was actually  
2 psychotic, would she tend to be confused and disorganized?

3 A No.

4 Q She would not?

5 A No.

6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
10d fls.

dQ1

1 Q However, when Dr. Meeks and Dr. Oshrin inter-  
2 viewed her, she did appear quite confused, did she not?

3 A I believe Dr. Oshrin said she was oriented for  
4 time, place and person, which is a classical test for  
5 confusion.

6 Q Dr. Meeks, however, in paragraph 3 of his  
7 report, the last sentence, says:

8 "At times she appeared to be lost in her  
9 own thoughts. Her discourse became confused  
10 and incoherent at times."

11 That would seem to indicate some mental  
12 disorganization or confusion, wouldn't it?

13 A Yes.

14 Q Meeks also said that his tests presented the  
15 picture of a highly-disturbed person who is presently  
16 psychotic. "The patient presently experiences hallucinations  
17 and depersonalization. She expresses many ideas of  
18 reference and some ideas of persecution."

19 Does that indicate that she had some paranoid  
20 or paranoiac feelings during the period of time she was in  
21 the drug-induced psychosis?

22 A Well, ideas of reference are suggestive of  
23 paranoid, as being influenced by someone such as Mr. Manson  
24 can be.

25 MR. KANAREK: Your Honor, if I may?

26 That last statement about being influenced by

1 Mr. Manson, may that be stricken as a conclusion?

2 THE COURT: It is merely descriptive in explanation  
3 of the answer.

4 The motion will be denied.

5 MR. FITZGERALD: Q Well, assuming that  
6 Mr. Manson was in custody during this period that she was  
7 at Patton State Hospital, and that Mr. Manson wasn't at  
8 Patton State Hospital.

9 Are you suggesting that Mr. Manson's voice did  
10 actually talk to her?

11 A No. I think she wished it.

12 Q She wanted it to happen?

13 A Yes.

14 Q Why would she want that to happen?

15 A I think it was reassuring to her.

16 May I read what she said about the voice?

17 Q Certainly, if that coincides with your opinion.

18 A "The voice was my own mind. I wanted to  
19 hear, 'I am Charles Manson. It is all right.  
20 Say yes or say no.'/ Never could contradict  
21 it."

22 Q So, she was looking for assurance and security;  
23 correct?

24 A As a child does.

25 Q Standard paranoid feelings would be feelings  
26 of fear or gross anxiety, would they not?



1           A       Generally, paranoid voices are accusatory  
2 and far from reassuring.

3           Q       Correct. Accusatory and far from reassuring.  
4                    Did she indicate, at any time, that she heard  
5 accusatory voices from Mr. Manson or from anybody else?

6           A       I don't believe so.

7                    I think, though, that she did say, in 1957,  
8 she had heard a voice saying, "Leave home" after taking  
9 LSD.

10          Q       1957?

11          A       Or '67, I am sorry.

12          Q       '67?

13          A       Yes.

10e-1

1 Q Dianne Lake didn't profess to be familiar with  
2 or be an expert in the field of extrasensory perception or  
3 anything, did she?

4 I mean, she didn't purport to actually hear  
5 voices, did she, Doctor?

6 A How many questions are you asking?

7 Q I am sorry. It is unfair. It is compound.

8 Let me ask you this:

9 When a patient tells you that they hear a  
10 voice, Doctor, how do you know they really don't hear  
11 the voice? I mean, how do you know they are not really  
12 experiencing some sort of extrasensory perception?

13 A Generally, people who hear auditory hallucina-  
14 tions do something to indicate that they do. That is, they  
15 gaze at the ceiling, gaze at the wall, withdraw from con-  
16 tact with you.

17 So, they give nonverbal cues to the fact that  
18 something is going on within them.

19 Q As opposed to what, Doctor?

20 A Well, when I am talking to you, generally there  
21 is eye contact. I am with you, I am listening to your  
22 voice, not other intrusive voices.

23 Q Do you have any idea, then, what Dr. Meeks is  
24 referring to when he says: "And some feelings of persecu-  
25 tion"?

26 A No, I don't.

10e-2

1 Q Now, you formed the opinion that Dianne Lake  
2 has the ability to remember alleged conversations during  
3 the months of August, September and October of 1969;  
4 correct?

5 A Yes.

6 Q You are not saying she can remember, are you?  
7 You are saying, simply, that she has the ability to  
8 remember; is that right?

9 A Yes.

10 Q Would it change your opinion if you were told  
11 that Dianne Lake answered a number of questions under oath  
12 here in this court with the statement "I don't know."  
13 "I can't remember."

14 A I think that is an honest response to something  
15 that happened a year ago.

16 Q Would it change your opinion if you were to be  
17 informed that in describing conversations, she was unable  
18 to describe or relate entire conversations, but only  
19 portions of conversations?

20 A No.

21 Q Would you consider that also normal?

22 A Due to her age and the remoteness of time and  
23 the use of drugs, yes.

24 Q You say "and the use of drugs."

25 Does the use of drugs influence memory?

26 A It can.

10e-3

Q Did it in Dianne Lake's case?

A I don't believe it did, no.

Q But I take it you would not expect her to have total recall?

A No. No one would have total recall after a year.

10f fls.

10f-1

1 Q If you are able to answer this question:  
2 What percentage of recall would you expect her  
3 to have?

4 A Well, I think we all tend to deal with unpleasant  
5 material by putting it out of our consciousness. I think  
6 one tends to forget unpleasant things more rapidly than  
7 pleasant things, for example.

8 I think any situation that induced a large or  
9 high level of anxiety in her would probably be remembered  
10 clearly.

11 Q You, of course, have no way of knowing, from  
12 your examination of Dianne Lake, whether or not she would  
13 be telling the truth as to answering a particular question?

14 A No.

15 Q Now, is it your opinion that LSD was the  
16 inducing agent in this psychosis?

17 A Yes.

18 Q As opposed to other drugs of some kind?

19 A Yes.

20 Q Could you briefly explain what LSD is and what  
21 effects, if any, it has on people immediately and what  
22 residual effects it has, if any?

23 A LSD is an agent extracted from a fungus that  
24 grows on rye.

25 It generally causes alteration in perception,  
26 particularly in terms of physical perception.

1 One sees a room as moving in on him or changing.  
2 One often has an accentuation of color, and frequently sees  
3 regular, daily scenes in bright exciting color.

4 It tends to increase awareness, hyperawareness  
5 of what is going on around one,

6 An increased sense of smell, for example.

7 Generally, the duration is of a few hours, but  
8 one of the complications is what is called flashbacks,  
9 which may occur for a long period after taking LSD.

10 Q Do flashbacks have the same degree of intensity  
11 that the original drug experience had?

12 A Generally, yes, I would think, in a diminishing  
13 way over the years, probably.

14 Q Is a user of LSD subjected to these flashbacks  
15 without notice or warning?

16 A I think they are more often precipitated by some  
17 stress, external or internal.

18 Q Is it more likely that someone who has taken  
19 numerous separate doses of LSD is more likely to experience  
20 flashbacks than somebody who has taken simply one or two?

21 Is there some relationship between the number  
22 of times you have taken LSD and the likelihood of a  
23 flashback?

24 A I don't know of any co-relation.

25 Q Is there any residual brain damage or any --

11 fls. 26 A Not to my knowledge.

11-1

1 Q Is there any residual impairment of motor  
2 function?

3 A No.

4 Q Is there any residual impairment of intellectual  
5 thought processes?

6 A Not to my knowledge.

7 Q Is there any impairment of memory?

8 A Unless unconsciousness occurs, no.

9 Q During an LSD experience, in addition to  
10 hallucinations, isn't it also true that people experience  
11 very profound illusions or false beliefs?

12 A Occasionally.

13 Q For example, it is not an unusual experience  
14 for somebody under the use of LSD to experience some  
15 profound religious state in which he meets God or sees God,  
16 is that correct?

17 A Yes, yes.

18 Q Or in which the person dies and is actually  
19 reborn, is that correct?

20 A If he sees God, however, that is a  
21 hallucination, not a delusion.

22 Q Thank you, that's correct.

23 If, however, he thinks he's God, if the person  
24 thinks he's God under the influence of LSD, that is a  
25 delusion.

26 A Yes.

1 Q Or if he thought he was Napoleon, that would  
2 be a delusion?

3 A Yes.

4 Q During the period of time that somebody is  
5 actually under the influence of LSD and experiencing some  
6 delusion or some belief, are they likely to be withdrawn  
7 and introspected?

8 A Some people become introspected; some become  
9 extremely gregarious, excited, hyperactive.

10 Q Were somebody introspective and withdrawn,  
11 they would then have a tendency not to pay a good deal of  
12 attention to outside stimuli, conversation and smells and  
13 that sort of thing, is that correct?

14 A Presuming introspection, yes.

15 Q And while somebody is actually under the  
16 influence of LSD, they are bombarded with stimuli, are  
17 they not?

18 A Yes.

19 Q And the individual under the influence of LSD  
20 has a difficult time sorting out all of the sensory  
21 stimuli, correct?

22 A These are generally visual.

23 Q If a person was actually under the influence  
24 of LSD at the time they heard a conversation and they were  
25 later relating conversation, would they have a tendency  
26 to be vague in their recollection?



1 A It is possible, yes.

2 Q How long have you been a psychiatrist again,  
3 Dr. Deering?

4 A I have been working in the field for -- since  
5 1953.

6 Q And part of your duties as a psychiatrist is a  
7 function you provide for the Superior Court in Department 95  
8 of the Superior Court, correct?

9 A No.

10 Q Did you at one time?

11 A Never.

12 Q Never? You have interviewed a number of  
13 people who had reportedly taken LSD, have you not?

14 A Hundreds, yes.

15 Q Hundreds?

16 A Yes.

17 Q You are familiar, then, with what is called a  
18 bad trip?

19 A Yes.

20 Q What is a bad trip?

21 A Although the experience frequently on LSD/a<sup>is</sup>  
22 pleasant one, sensory experience is a pleasant one, some-  
23 times for reasons unknown except probably related to the  
24 character structure of the person, the experience may be  
25 frightening.

26 It may end in panic. In these frightening

1 kinds of trips people were known to have taken their  
2 lives. They are not always pleasant.

3 Q As a result of bad trips people have been  
4 psychotic and incarcerated in mental institutions and  
5 asylums, is that correct?

6 A If they were schizophrenics before they took LSD,  
7 blatantly.

8 Q Is it your opinion that LSD itself without  
9 pre-existing schizophrenic disposition does not lead to  
10 any sort of insanity or mental illness?

11 A Of long duration, permanent, shall we say.

12 Q And the materials that we have all been subject  
13 to by way of the media, in the early '60's about LSD  
14 leading to chronic forms of insanity were not correct?

15 A I don't think they are generally accepted.

16 Q By experts such as yourself in the field?

17 A Yes.

18 Q You do acknowledge, however, that there was  
19 a good deal of such material promulgated in the early --

20 A Yes.

21 Q -- 1960's or 1965 or so?

22 A Yes.

23 THE COURT: Mr. Fitzgerald, it is 12:00 o'clock.

24 Ladies and gentlemen, do not converse with  
25 anyone or form or express any opinion regarding the case  
26 until it is finally submitted to you.

1 The court will recess until 1:45.

2 (Whereupon, a recess was taken to reconvene at  
3 1:45 p.m., same day.)  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

1 LOS ANGELES, CALIFORNIA, FRIDAY, NOVEMBER 13, 1970

2 1:49 P.M.

3 ---O---

4 (The following proceedings occur in chambers.

5 All counsel present. Defendants absent.)

6 THE COURT: All counsel are present.

7 The reason I asked you to come in, gentlemen,  
8 is because the bailiff informed me that Mr. Alva Dawson,  
9 Juror No. 4, wanted to speak to me on some subject.

10 I haven't the faintest idea what it is, except  
11 that I do know that he has seen a doctor on several  
12 occasions since he has been on the jury.

13 Is that right, Mr. Murray?

14 THE BAILIFF: Yes.

15 THE COURT: So I think I probably should see him  
16 and find out if it has anything to do with his health.

17 Of course, I don't intend to discuss anything  
18 relating to the case.

19 I wanted to find out if anybody has any  
20 objection to my seeing him alone to find out what is on his  
21 mind?

22 MR. HUGHES: I have no objection.

23 MR. KANAREK: But I would say, in view of the fact  
24 that it is his health --

25 THE COURT: I don't know that it is his health,  
26 Mr. Kanarek. That is what I want to find out.

1 MR. KANAREK: I would welcome that all of us be  
2 present. I am sure that in this atmosphere --

3 THE COURT: He has asked to see me. We will have a  
4 reporter present. Everything will be taken down.

5 MR. KANAREK: Oh, he asked to see you first?

6 Before we go into court, I assume you will  
7 inform us?

8 THE COURT: It will be in the transcript.

9 If it is anything of importance, you will be  
10 the first to know, Mr. Kanarek.

11 MR. BUGLIOSI: On the grounds of equal protection of  
12 the law, we want to hear it at the same time.

13 THE COURT: There will be a simultaneous disclosure  
14 to all counsel.

15 MR. FITZGERALD: Are you going to bring him down from  
16 the back so you can avoid the press?

17 THE COURT: Yes.

13-1

1 (The following proceedings were had in the  
2 chambers of the court, in the presence of the Judge, the  
3 court reporter and Juror No. 4, Alva K. Dawson only being  
4 present.)

5 THE COURT: Mr. Dawson, how are you today, sir?

6 MR. DAWSON: I'm fine.

7 THE COURT: I asked a reporter to be present because  
8 we have to take all these things down.

9 MR. DAWSON: It's perfectly all right, your Honor.

10 THE COURT: I understand you did want to talk to me.

11 MR. DAWSON: Yes. I think I did something foolishly  
12 this morning.

13 When you asked Mr. Kanarek if he had anything  
14 further he said, "Yes, your Honor," and I brought it out a  
15 little too loud, "Oh, no!" and Mr. Bugliosi, you know, the  
16 District Attorney, apparently heard me because he laughed  
17 and looked at me.

18 I am afraid it was too loud and he heard me.

19 THE COURT: Well, I don't see how that --

20 MR. DAWSON: If Mr. Kanarek heard about it he might  
21 squawk,

22 THE COURT: Well, the cross-examination was rather  
23 long of the witness and it is understandable how anybody,  
24 myself included, would be glad to see the examination of  
25 the particular witness closed just from fatigue.

26 MR. DAWSON: That was the way I felt, but I should not

1 have said it so loudly, I know.

2 THE COURT: That's right, it would be better left  
3 unsaid.

4 Does this in any way affect your ability to  
5 be impartial in the case?

6 MR. DAWSON: No.

7 THE COURT: It was just an exclamation, an impulsive  
8 exclamation.

9 MR. DAWSON: Lots of us say those words often, you  
10 know, "Oh, no."

11 THE COURT: Well, it's certainly understandable that  
12 from time to time, particularly in a protracted trial,  
13 how a juror, an attorney or the judge, or anyone present  
14 could utter such an exclamation, not to show they believed  
15 or disbelieved the testimony, but just to show they were  
16 tired of listening to it.

17 Unfortunately, our job is to listen to it, no  
18 matter how protracted it is.

19 MR. DAWSON: Sure.

20 THE COURT: Well, I certainly appreciate your telling  
21 me this, and there is no question in your mind but what you  
22 are able to carry out the provisions of your oath as a  
23 juror and withhold any opinion as to the innocence or  
24 guilt of any of the defendants until the case is finally  
25 submitted to you, and you will be fair and impartial to  
26 both sides.

1 MR. DAWSON: I do feel that way, yes.

2 THE COURT: That you can?

3 MR. DAWSON: Yes.

4 THE COURT: In view of that, I don't think any great  
5 harm is done. Certainly it won't have any effect on Mr.  
6 Bugliosi if he heard it.

7 MR. DAWSON: I'm pretty sure he did because he looked  
8 at me and laughed.

9 THE COURT: I was faced toward the jury all through  
10 the examination. I did not notice it, if it happened.

11 MR. DAWSON: It was the last round with the last  
12 doctor, Dr. Skrdla.

13 THE COURT: Dr. Skrdla, yes.

14 All right, since it is being taken down by the  
15 reporter, the attorneys will get a copy of our conversation  
16 so they will know about it, and I don't anticipate that  
17 there will be any problem.

18 However, I would suggest that if you have another  
19 such impulse, if you restrain it.

20 All right, thanks very much.

21 MR. DAWSON: Thank you.

22 THE COURT: How is your health?

23 MR. DAWSON: Fine so far.

24 THE COURT: Good.

25 MR. DAWSON: Thank you.



14-1

1 (The following proceedings occur in open  
2 court. All defendants, counsel and jury present.)

3 THE COURT: All parties, counsel and jurors are  
4 present.

5 You may continue, Mr. Fitzgerald.

6 MR. FITZGERALD: Thank you, your Honor. I have no  
7 further questions.

8 THE COURT: Any questions, Mr. Shinn?

9 MR. SHINN: Yes, your Honor.

10  
11 HAROLD C. DEERING,  
12 the witness on the stand at the time of the noon recess,  
13 resumed the stand and testified as follows:

14  
15 CROSS-EXAMINATION

16 BY MR. SHINN:

17 Q Doctor, this word -- I don't know how to  
18 pronounce it, but I will spell it -- s-e-r-o-t-o-n-i-n; are  
19 you familiar with that word, Doctor?

20 A Serotonin. Yes.

21 Q Yes.

22 Now, is that a term used in connection with  
23 LSD users?

24 A Yes. It is used in the metabolism of LSD.

25 Q How does it relate to LSD?

26 A It is an enzyme that appears to be

1 interfered with by LSD in the central nervous system.

2 Q What does it do? I mean, how does it affect  
3 the central nervous system, Doctor?

4 A LSD?

5 Q Yes. In regard to the word that I just  
6 mentioned.

7 A I don't know that it is specifically known.  
8 There are a number of theories about how it affects  
9 metabolism in the central nervous system.

10 Q I mean, does it affect it like alcohol would?

11 A It is an enzyme. It does not necessarily  
12 affect it like alcohol would, no.

13 Q Does this have an effect on the brain?

14 A Yes. It is one of the enzymes in the central  
15 nervous system.

16 Q In other words, when one takes LSD, it does,  
17 to some extent, affect the brain at a time that he takes  
18 the LSD; is that correct?

19 A Yes.

20 Q Does excessive use of LSD, Doctor, will it,  
21 maybe, injure the brain to a certain extent?

22 A I suppose in large enough doses over a long  
23 enough period of time it might.

24 I don't think there is any solid evidence  
25 that it does.

26 Q Have you, yourself, used LSD for purposes of

1 treatment, of treatment of your clients?

2 MR. BUGLIOSI: This is irrelevant, your Honor. It  
3 has no bearing on anything before us.

4 THE COURT: Sustained.

5 MR. SHINN: Q Your testimony on the stand today,  
6 Doctor, was that from experience with LSD with patients,  
7 or was it from reading literature and books?

8 A Both.

9 Q You say both?

10 A Yes.

11 Q More from literature or more from practical  
12 experience?

13 A Well, I have observed many people who have taken  
14 LSD. I have never taken it myself. And I have read  
15 considerable in the literature involving LSD, and other  
16 hallucinogenic agents.

17 Q And in reading these books and the literature,  
18 isn't it true, Doctor, that sometimes different  
19 psychiatrists will come to different conclusions from  
20 a certain set of facts?

21 A Oh, I am sure they do.

22 Q In other words, if you examined a person and  
23 another psychiatrist examines that person, you may say  
24 that the person is competent to testify, and yet the  
25 other psychiatrist would say that he is incompetent to  
26 testify? Is that true, Doctor?

1           A       I would say that the variations would be  
2 very wide.

3                   I think, generally, most psychiatrists and  
4 I would agree on such an opinion.

5           Q       But if you take four or five psychiatrists  
6 that examine the same person, isn't it possible, Doctor,  
7 and isn't it reasonable to say that maybe one or two of  
8 these psychiatrists would differ from the other three?

9           MR. BUGLIOSI: Irrelevant, your Honor.

10          THE COURT: Sustained.

11          MR. SHINN: Q                   In other words, Doctor,  
12 psychiatry is not an exact science, is it?

13          A       No.  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

15-1

1 Q Now, you examined Dianne Lake on October 27th?

2 A 26th.

3 Q 26th? And approximately how much time did you  
4 spend with her?

5 A Oh, about an hour and 50 minutes.

6 Q And does your report that I have, that you  
7 presented to the Court, dated October 28, 1970, does that  
8 reflect the total of your interview with her?

9 A Oh, I have many other notes available.

10 Q You mean outside of this document that you  
11 presented to the Court?

12 A Yes.

13 Q But this is the sum and substance of your inter-  
14 view with her, is that correct?

15 A The material leading up to my conclusion.

16 Q Did you take notes while you were talking with  
17 her?

18 A Yes.

19 Q In longhand?

20 A Yes.

21 Q You asked her a question, she answered you;  
22 you would stop and you wrote it down, is that correct?

23 A Yes.

24 Q Then later you compiled this into a report?

25 A Yes.

26 Q Was there anyone else talking to Dianne Lake

15-2

1 before you talked to her in the office to take down, say,  
2 the statistics, when she was born, and the family?

3 A No, I took that data down myself.

4 Q The total time you talked to her you say was  
5 an hour and a half?

6 A I would say closer to an hour and 50 minutes.

7 Q And during that time how much time would you say  
8 you spent with her background, family background, education  
9 and all that?

10 A Oh, I would say roughly 30 to 40 minutes.

11 Q That is on the foundational background informa-  
12 tion?

13 A Yes, yes.

14 Q And did you have a physical examination?

15 A No, I did not.

16 Q No physical examination?

17 A Just general observation. She appeared to be  
18 in good health.

19 Q You mean just a visual observation?

20 A Yes.

21 Q There was no blood test?

22 Did you take her pulse?

23 A No.

24 Q Nothing, just visual observation, correct?

25 A I read the laboratory results from Patton  
26 State Hospital.

1 Q Did you read the reports from Patton State  
2 Hospital before you talked to Dianne Lake?

3 A Part of them, and the rest of them -- I read  
4 them before I appeared in court first.

5 Q You said you read part of them. You read the  
6 psychiatrists' reports?

7 A I had a number of documents from Patton including  
8 the diagnoses prior to examining her.

9 I later examined all of the data from Patton  
10 State Hospital.

11 Q In other words, before you talked to Dianne  
12 Lake you read another doctor's reports about her then, is  
13 that correct?

14 A Yes.

15 Q And by reading this report from other doctors,  
16 it did influence your evaluation, did it not?

17 A No.

18 Q It did not?

19 A No.

20 Q Did your evaluation of her concur with the  
21 evaluation of the doctors who examined her before you did?

22 A I think that generally in terms of diagnosis  
23 and the later notes in the record, yes, I did agree with  
24 the conclusions of the Patton doctors, not the original,  
25 the initial ones, but the final ones.

26 Q And did you make this report up after you read

1 all of the doctors' reports?

2 A No, I told you I did not have all the Patton  
3 State Hospital reports prior to making that report.

4 I had summaries.

5 Q And how much time did you spend with her, talking  
6 about her drug use and all that?

7 A Well, I devoted a great deal of time, about an  
8 hour, telling about how she started using drugs, her family  
9 life, and primarily in the three years since 1967, what had  
10 been happening to her.

11 Q When one takes LSD do they go through three or  
12 four different stages?

13 A Well, I never heard it broken down into stages.  
14 I think the effects of the drug vary from the  
15 time of ingestion, the purity of the drug and that sort of  
16 thing.

17 Q In other words, you never heard of the different  
18 stages a person goes through when they take LSD?

19 A Not in specific terms, I don't think one can  
20 categorize it from person to person.

21 Q I mean, generally speaking when one takes LSD,  
22 don't they go through a different stage, the beginning,  
23 and two or three hours later there is a different effect?

24 A Again, I think it varies with the person and  
25 the amount of the drug taken. I don't think one can  
26 categorize it that firmly.



1 Q There are different effects, different hours,  
2 yes?

3 A Yes.

15a fls.

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

5a-1

1 Q When you first take it and towards the end,  
2 there is a different effect?

3 A Yes.

4 Q When they get a flashback, which of the effects  
5 do they get?

6 A Generally in the more acute phase, the acute  
7 experiences, the more striking impressions.

8 Q And a person that has taken LSD in the past will  
9 get flashbacks how often?

10 A You may never get them. One may never get  
11 them.

12 Q Okay, if one like Dianne Lake did get some  
13 flashbacks -- correct?

14 A In my opinion.

15 Q Yes, and from the reports.

16 A Yes.

17 Q How often would a person like that get flash-  
18 backs, if you know?

19 A I don't know.

20 Q At any time? Is that right?

21 A It's possible any time under stress, yes.

22 Q Yes, and you examined her on October 26th, you  
23 said, correct?

24 A Yes.

25 Q And did you examine her after October 26th?

26 A No.

1 Q You have not seen her?

2 A Yes.

3 Q You have seen her?

4 A In the corridor, yes.

5 Q I mean professionally, in a professional way.

6 A No, I have not seen her professionally again.

7 Q For all you know she may have had some flash-  
8 backs since you have last seen her, is that possible?

9 A It is possible..

10 Q Even while testifying she may have had some  
11 flashbacks, is that correct?

12 A It's possible.

13 Q Now, what effect, if you know, did LSD have  
14 on Dianne Lake?

15 A Well, as I mentioned, an increased awareness,  
16 an alteration of physical perceptions, auditory  
17 hallucinations, visual changes, a feeling of euphoria,  
18 feeling good as she described it.

19 Q Would you say that LSD would affect one's  
20 memory?

21 A Well, LSD is not thought to affect memory un-  
22 less the person is unconscious.

23 Q Well, would it be possible for one under LSD  
24 to see something, then later go to a different stage and  
25 forget what they actually saw?

26 A Generally they remember clearly, very clearly.

1 Q You say in all cases?

2 A I am not saying in all cases. I said  
3 generally speaking.

4 Q Some cases could be the opposite, correct?

5 A Could be.

6 MR. SHINN: I haven't anything further.

7 THE COURT: Any questions, Mr. Kanarek?

8 MR. KANAREK: Yes, your Honor, thank you.  
9

10 CROSS-EXAMINATION

11 BY MR. KANAREK:

12 Q Doctor, would you say that someone testifies,  
13 a young girl testifies from the witness stand, a young girl  
14 of Dianne Lake's age, would you say she is under stress?

15 A Yes.

16 Q And you have had occasion to speak with people  
17 that have had occasion to testify?

18 A Yes.

19 Q People of all ages, is that right?

20 A Yes.

21 Q And would you say a young girl sitting where  
22 you are sitting now, everybody in this courtroom, the  
23 audience, the Judge, the lawyers, would you say the focus  
24 of attention being upon her, would you say this would be  
25 an intense stress that she would experience?

26 A Yes.

1 Q Now, is it a fact that LSD, people or someone  
2 who has taken LSD will have a flashback effect when they  
3 are under stress?

4 A Generally, but stresses can be of many kinds,  
5 external and internal.

6 Q Well --

7 A And we don't all respond the same way to stress,  
8 of course.

9 Q No, we don't all respond the same way, I will  
10 certainly agree to that.

11 But is it medically possible for a person who  
12 had the kind of exposure to LSD that Dianne Lake had to  
13 have that LSD, the intake of LSD, that she has consumed,  
14 affect her when she is on the witness stand?

15 A It is possible.

16

16

17

18

19

20

21

22

23

24

25

26

16-1

1 Q And can you think of what effect this would  
2 have upon the words that she uttered from the witness stand?  
3 What effect would this have upon the workings of her mind,  
4 generally, the flashback?

5 A As I mentioned before, it is a sensory sort of  
6 thing, a sensation sort of phenomenon, seeing things, hearing  
7 things, feeling things, smelling things.

8 Q And so, it is possible for someone to have this  
9 kind of feeling and not let the person around or the people  
10 around him or her know that they are having it?

11 A Yes. Just as it is possible for a schizophrenic  
12 to hear voices and people around are not aware of them.

13 Q So, while Dianne Lake was on this witness stand,  
14 Doctor, it would be possible for her to be having some kind  
15 of reaction due to LSD intake that she had, and it wouldn't  
16 be conveyed to us; right?

17 A It is possible.

18 Q Now, in your report, Doctor, is it true that  
19 you say -- and this is as of October 28th, 1970 --

20 "Miss Lake was a childlike appearing  
21 girl who seemed fearful. Her pupils were widely  
22 dilated. The purpose of the interview was explained  
23 to her. She gave a long and detailed account of her  
24 travels with the Family, and she told how Mr.  
25 Manson did not want anyone to have ego, as this  
26 involved brutality and harshness and not love.

16-2

1 "Stream of talk was of normal tempo, and there was  
2 no blocking, although she was hesitant to" --

3 MR. BUGLIOSI: I am going to object --

4 MR. KANAREK: -- "discuss sexual materials. She  
5 described details and events which occurred" --

6 MR. BUGLIOSI: One moment. There is an objection,  
7 Mr. Kanarek.

8 He is just reading hearsay into the record, your  
9 Honor, and I will object on that ground. Unless he is  
10 reading it to the witness for the basis of his conclusion.  
11 Otherwise it is hearsay.

12 THE COURT: Sustained.

13 MR. BUGLIOSI: I would ask the Court to admonish the  
14 jury to disregard what Mr. Kanarek has read thus far, unless  
15 he can establish that the doctor used those particular items  
16 of information as a basis for his conclusion on the witness  
17 stand.

18 MR. KANAREK: Q Well, Doctor, did you use the mental  
19 status examination --

20 THE COURT: Just a moment.

21 The jury will be admonished to disregard the  
22 statement that Mr. Kanarek just read at this time, until  
23 it is otherwise received.

24 Go ahead.

25 If it is otherwise received.

16a Fls.

26

16-3

1 MR. KANAREK: Very well, your Honor.

2 Q Did Miss Lake appear childlike to you, Doctor?

3 A Yes.

4 Q Did she appear fearful?

5 A Yes.

6 Q Were her pupils dilated?

7 A Yes.

8 Q Did you explain the purpose of the interview  
9 to her?

10 A Yes.

11 Q Did she give you a long and detailed account  
12 of her travels with the Family?

13 MR. BUGLIOSI: Same objection, your Honor.

14 MR. KANAREK: He is on cross-examination. This is  
15 perfectly permissible to ask these types of questions on  
16 cross-examination.

17 MR. BUGLIOSI: Unless he is --

18 THE COURT: The objection is sustained.

19 BY MR. KANAREK;

20 Q You spoke with Miss Lake for about an hour and  
21 50 minutes; is that correct, Doctor?

22 A Yes.

23 Q That was the total time that you saw her in  
24 your lifetime except casually in the hallway?

25 A Yes.

26 Q Now, of that time, of that hour and 50 minutes,



1 how long a time did you spend in taking from her the  
2 words that she stated to you?

3 A You mean, the writing?

4 Q Well, the writing, the taking of the case  
5 history.

6 You took a case history; right?

7 A We were talking almost all of the time.

8 Q During this entire time you were speaking?

9 A Yes.

10 Q And you were making notes?

11 A Yes.

12 Q Is that right?

13 A Yes.

14 Q Did you refresh your recollection before  
15 coming to court using the notes that you have in your  
16 hand right now?

17 A Yes.

18 Q May I see them?

19 A Yes.

20 MR. KANAREK: May I approach the witness, your Honor?

21 THE COURT: You may.

22 THE WITNESS: You mean my written notes?

23 MR. KANAREK: Yes.

24 (Mr. Kanarek approaches the witness and the  
25 doctor hands some documents to him.)  
26

1 BY MR. KANAREK:

2 Q Doctor --

3 (Pause.)

4 A You may have some trouble with my writing.

5 Q Yes, Doctor, I can see that.

6 A I'd be happy to translate it for you, however.

7 Q Now, did Miss Lake tell you, Doctor, that she,  
8 sometime during the summer of 1969, was living at Spahn  
9 Ranch?

10 A Yes.

11 Q And did she tell you that at some time during  
12 the summer of 1969 she relocated and lived elsewhere?

13 A Yes.

14 Q Where did she tell you that she relocated?

15 A To the desert, I believe.

16 Q Did she tell you whereabouts in the desert?

17 A I'd have to look at my notes.

18 Q You don't remember?

19 A No.

20 Q You have no independent recollection?

21 A No.

22 Q Now, did she tell you when she left the  
23 Spahn Ranch and went to the desert?

24 A I don't believe specifically, no.

25 Q Did you ask her when?

26 A No.

1 Q Did you ask her about her taking of LSD?

2 A Yes.

3 Q What did she tell you concerning the taking of  
4 LSD during the year 1969?

5 A Well, she said, as to the use of all the drugs,  
6 the marijuana, the LSD, that at times they were used fairly  
7 heavily and at times they weren't used at all; but as I  
8 recall, she said she had only taken the drugs a few times  
9 in the month of September and October of 1969.

10 Q A few times?

11 A Yes.

12 Q How many times?

13 A I don't recall. One or two, I think.

16b Fls 13

16b-1

1 Q Did you write that down?

2 A I think so.

3 Q Would you tell me --

4 May I approach the witness, your Honor?

5 THE COURT: Yes.

6 (Mr. Kanarek approaches the witness.)

7 THE WITNESS: You asked about the ranch. It was a  
8 place called the canyon. I believe that is where they were  
9 staying.

10 MR. KANAREK: Q In the summer of 1969?

11 A Yes.

12 Q Does it say what canyon?

13 A No. Just the canyon.

14 Q She said she was living there in the canyon?

15 A Yes.

16 I don't see where I made the notes.

17 Well, here is the use of drugs. I am sorry.

18 "Marijuana made me laugh. I could smell  
19 better and see better."

20 Q Just answer that question, if you would,  
21 Doctor.

22 A I don't see where it is here.

23 However, I think that is what she told me, that  
24 she had only used it a couple of times during that time.

25 Q You told us that she told you she had used it  
26 several times?

1 A Yes.

2 Q During that period of time that you said was  
3 September and October; is that right?

4 A Yes.

5 Q Now, do you have an opinion, Doctor, as to  
6 whether or not it is possible for a person who ingests LSD  
7 for a long period of time to have, as a result of that  
8 ingestion of LSD, delusions?

9 A I think it unlikely, except when under the  
10 influence of drugs, unless one is schizophrenic to start  
11 out with.

12 Q Well, would you explain that, Doctor?

13 A Well, people turn to drugs because of anxieties,  
14 inner problems; and certainly severe mental illness is a  
15 cause of great discomfort to people.

16 I think that people who are basically  
17 schizophrenic or schizoid do turn to drugs often, and I  
18 think this often does uncover a basic underlying schizo-  
19 phrenia.

20 But I think the delusional part, if one had it,  
21 would be schizophrenic and not due to LSD.

22 Q Does the literature that you have studied,  
23 Doctor, reflect that under the influence of LSD a person,  
24 a subject, may lose touch with reality such that they may  
25 assume certain things to be factual under the influence of  
26 LSD when, in fact, those facts don't exist?

1 A Yes. I think this is a sensory thing.  
2 Visions, hallucinations, are unreal, but to the person  
3 under the influence of the drug, they may seem very real.

4 Q And a person may act on a certain set of facts  
5 which the person thinks is, in reality, occurring, based  
6 upon what their particular mind may see while under the  
7 influence of LSD?

8 A They may.

9 One might kiss a vision, for example.

10 Q And one might step out of a window of some  
11 height, thinking it was just one step to the ground; is  
12 that correct?

13 A Yes.

14 Q Does this phenomenon also occur by way of  
15 flashback, the same effect?

16 A It can.

17 Q Now, Doctor, as you sit there on the witness  
18 stand, can you tell us --

19 First of all, let me withdraw that and ask you  
20 another question.

21 Do you have an opinion, Doctor, or do you have  
22 enough information, have you been given enough scientific  
23 information, enough scientific data, so that you can have  
24 an opinion as to whether or not Dianne Lake was psychotic  
25 in August, September, October, November and December of  
26 1969?

17 A Continuously psychotic?

17-1

1 Q Psychotic?

2 A I have said she was.

3 Q Pardon?

4 A I have said she was.

5 Q So your medical opinion is that during August,  
6 September, October, November and December of 1969 she was  
7 psychotic?

8 A While under the influence of drugs, of LSD.

9 Q Well, now, what do you mean by that?

10 A I think that Miss Lake now is certainly not a  
11 schizophrenic or she wasn't on the 26th of October.

12 I think that during the period when she was  
13 tapering off on the use of drugs, and still taking some,  
14 that during these periods she did have an organic psychosis.

15 Q And what is an organic psychosis?

16 A It's due to a toxic agent in which delusions,  
17 hallucinations, may occur, and subsides when the offending  
18 agent is removed.

19 Q And is it a fair statement that the closer in  
20 proximity to time that you are to the use of this offending  
21 agent, the greater is the psychosis?

22 A As a broad general rule I would accept that.

23 Q And so, as to any particular period of time during  
24 August, September -- let's go back and include July, August,  
25 September, October, November, December, 1969, it is your  
26 opinion that this little girl had an organic psychosis during

1 the months that I have indicated?

2 A During certain periods.

3 I think during the period she was in jail,  
4 late in the year, November and December, she was not having  
5 psychotic symptoms.

6 Q And during these periods of time when she was  
7 not having psychotic symptoms is it because she was not  
8 taking LSD?

9 Would this be a factor?

10 A Well, then, she was in a safe environment, in  
11 jail.

12 Q Now, directing, then, your attention to the use  
13 of LSD over a long period of time, like Dianne has ingested  
14 it, since she was 13 years old, just a tiny child up until,  
15 let's say, October 12, 1969, -- this is several years.

16 Would you say that the use of LSD over this  
17 period of time would tend to make her psychosis extend longer  
18 than if she had not taken LSD?

19 A It is a very vague question, Mr. Kanarek.

20 Q Pardon?

21 A It is such a vague question.

22 She took it about 50 times in over three years.

23 Q She told you she took it about 50 times in over  
24 three years?

25 A Yes.

26 Q What I am trying to ask you, Doctor, is if --



1 Is the duration of time itself, does that have  
2 any effect on the intensity of psychosis, the fact that she  
3 has taken it over a long period of time?

4 A No, I don't think necessarily.

5 Q Well, did she tell you that, in connection with  
6 one of her -- one of trips, she took two thousand micrograms--

7 Did she tell you that?

8 A She did not tell me that, but I doubt that she  
9 did.

10 Q Why do you doubt that she did?

11 A Because that is an extremely high dose.

12 Q And if I tell you, Doctor, that in fact she  
13 did take two thousand micrograms, assume that she did,  
14 what effect would that have upon her?

15 A Well, I think it would be close to a fatal  
16 dose, and, No. 2, I don't think she had any idea what the  
17 dose was she was getting, nor did anyone else.

18 Q Well, assume a 2000 --

19 What is the normal dosage of LSD?

20 A A few micrograms.

21 Q Like 200 micrograms?

22 A Ten to 100.

23 Q Ten to 100?

24 A Yes.

25 Q So if 200 micrograms is a pretty high dose?

26 A Yes.

1 Q Now, if in fact she took 2000 micrograms would  
2 that --

3 What effect would the taking of one dose, a  
4 large dose like that have upon her?

5 A I think it might very well make her unconscious.

6 Q All right, but it would not necessarily kill her?

7 A Well, it is approaching the lethal dose, I  
8 think.

9 Q Well, let's assume she took this 2000 microgram  
10 dose at some time in the past, what effect would that have  
11 upon her mental health?

12 A I don't think it would have any permanent  
13 effect.

14 Q It would have no permanent effect?

15 A I don't think so.

16 Q Now, do you, Doctor, believe --

17 You use psychological testing as a tool in  
18 conducting your analysis?

19 A Yes.

20 Q And you believe in the use of psychological  
21 testing?

22 A In certain places, yes.

23 Q Directing your attention to the situation when  
24 Dianne Lake entered Patton State Hospital, did you feel  
25 that psychological testing was in order at that time?

26 A Yes.

1 Q And you agree with Dr. Oshrin's use of  
2 psychological testing?

3 A Yes.

4 Q Now, you have read the report of Dr. Meeks,  
5 is that right?

6 A Yes.

7 Q And Dr. Meeks stated that Dianne Lake was  
8 blatantly psychotic?

9 A I think he did, yes.

10 Q Pardon?

11 A I think he did.

12 Q And do you agree that at that time she was  
13 blatantly psychotic?

14 A In his opinion, yes.

15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
17a fls.

17a-1

1 Q Yes, I mean from what you know, from what you  
2 saw, from the reports you have read, from everything you  
3 know concerning Dianne Lake, do you feel that in fact she  
4 was blatantly psychotic?

5 A I would say that was a psychologist's opinion.  
6 She apparently was not showing such behavior a  
7 few days later at all.

8 Q My question to you is at that instance.

9 A That was his opinion.

10 Q Yes, but do you --

11 Put yourself in Dr. Meeks' shoes, you have all  
12 of the information he had at that time, would you say that  
13 she was blatantly psychotic?

14 A I don't know what he had. I'd say on the  
15 information he had he made an opinion.

16 Q Then are you telling us, Doctor, that right now  
17 today, you are telling us that her mental health is okay,  
18 right?

19 A As of the 26th of October.

20 Q All right, what was her mental health, then,  
21 around January 10 of 1970?

22 A We have only the observations of the admitting  
23 doctor and the psychologist.

24 Q And so are you telling us that you have no  
25 basis for changing the diagnosis of being blatantly  
26 psychotic at that point?

1 A No, I did not see her at that time.

2 Q So, you cannot really tell what her mental  
3 health was at that time, is that correct?

4 A That's right.

5 Q And for an even stronger reason, I gather you  
6 cannot tell us what her mental health was earlier.

7 You cannot tell us what her mental health was  
8 in December, then, is that right?

9 A Not on given day, no.

10 Q Let's say during the month of December, can  
11 you tell us what her mental health was?

12 A I believe she was still in jail at that time  
13 and from her description she was feeling quite well.

14 Q Well, she was feeling quite well at that  
15 time --

16 If she was feeling quite well, do you think  
17 there was any basis for someone referring her to the Patton  
18 State Hospital?

19 MR. BUGLIOSI: Calls for a conclusion.

20 THE COURT: Overruled, you may answer.

21 THE WITNESS: Well, apparently they did think there  
22 was some reason to send her to Patton State Hospital.

23 Well, no, she was sent under a 90-day  
24 observation.

25 Later she was put under conservatorship as  
26 gravely disabled.

1 Q And what do you mean by gravely disabled?

2 A Because of mental illness or disorder, unable  
3 to provide for your basic human needs of food, shelter and  
4 clothing.

5 Q And what you say, Doctor, that there is no  
6 question but what in your mind, during December then, she  
7 certainly must have been mentally ill?

8 A Well, she must have been engaging in some  
9 behavior that made them decide to give her a 90-day  
10 observation -- again, I don't know, I was not there.

11 Q But here you have answered, you have responded  
12 in answer to Mr. Bugliosi's question, that she had the  
13 ability to understand and comprehend conversations with  
14 another during September of 1969?

15 A Yes.

16 Q Right?

17 Now, wouldn't her mental health dictate whether  
18 or not she was able to understand and comprehend?

19 A It could.

20 However, even presuming she was schizophrenic  
21 does not mean she would not remember what happened to  
22 her.

23 Q But my question is you cannot state from that  
24 witness stand with certainty?

25 A No, I cannot with certainty.

26 Q So when you say she had the ability to

1 understand and comprehend conversations with another  
2 during September of 1969, that is in fact just a guess,  
3 isn't it?

4 A That is my medical opinion.

5 Q But it is a guess, is it not?

6 A Yes.

7 Q It is in fact a guess because you actually  
8 don't know what her mental health was in that month, right?

9 A Except on my opinion as to the nature of her  
10 mental illness and what I think caused it.

11 I think presumptively I can be quite certain  
12 what her mental status was during most of the period at  
13 least.

14 Q Well, but again you have told us that she was  
15 psychotic in September of 1969. She had a drug-induced  
16 organic psychosis?

17 A Yes.

18 Q You have just said that, right?

19 A Yes.

20 Q And one of the results of a drug-induced  
21 organic psychosis can be failure to perceive, isn't that  
22 true?

23 A It can be.

24 Q It can be a situation where the person cannot  
25 use their senses reliably, and use their senses to be  
26 able to determine what is happening about them.

1 Is that correct?

2 A They may misinterpret the environment, yes.

3 Q No question about that, that is one of the  
4 results of a psychosis?

5 A Yes.

6 Q Organic drug-induced psychosis, right?

7 A Yes.

8 Q Now, you testified, I believe, when Mr.  
9 Fitzgerald was speaking with you that drugs can affect  
10 memory?

11 A Yes.

12 Q That LSD can affect memory, is that true?

13 A Only generally, LSD only with unconsciousness.

14 Q Well, you cannot tell us whether or not this  
15 little girl, taking LSD, just willy-nilly, the way we  
16 certainly can assume she took it, she did not take it  
17 under the auspices of a hospital or a doctor.

18 Certainly, we can assume that the doses that  
19 she took were not carefully administered, isn't that right?

20 A Yes.

17b

21  
22  
23  
24  
25  
26



17b-1

1 Q That is, the difference between, let us say,  
2 ten micrograms and 200 micrograms is in the mixing process,  
3 is a very small difference as far as dosage is concerned  
4 in terms of the actual tablets?

5 A Are you talking about 20 vs. 200 milligrams of  
6 the active principal LSD?

7 Q I'm sorry if I said milligrams, I meant micro-  
8 grams.

9 A Are you saying that it's in the mixing?  
10 I thought you were talking about the absolute  
11 dose, 200 milligrams of the active agent, lysergic acid.

12 Q LSD when taken would have to be taken in an  
13 excipient, is that correct?

14 A Yes.

15 Q In pharmaceutical language the excipient is  
16 the dilutant?

17 A Yes.

18 Q Now, when you have a dosage, something on the  
19 order of micrograms, ten micrograms or 100 micrograms or  
20 200 micrograms, you must mix an awful lot of dilutant with  
21 a very small amount of the material that is actually  
22 the potent stuff, in order to be able to mechanically handle  
23 it.

24 Is that correct?

25 A I think one drop on a sugar cube.

26 Q Pardon?

17b-2

1 A One drop on a sugar cube or a piece of paper.

2 Q Let's take one drop on a sugar cube.

3 If someone makes a mistake and puts on two drops  
4 or a drop and a half, or they use LSD of a slightly different  
5 concentration, you can change that dosage by ten to 15  
6 times what it should be or what you think it is going to be,  
7 is that right?

8 A Of course.

9 Q And when this LSD is manufactured illegally,  
10 especially, there is no scientific restraint.

11 There is no inspection made as to the amount  
12 that goes into a particular dosage, is there?

13 A No.

14 Q So that this little girl could have been taking  
15 three, four, five hundred micrograms of LSD time after time  
16 after time if it came from some particular batch, right?

17 A Could have been.

18 Q She doesn't have to -- she doesn't have to --  
19 well, I will withdraw that.

20 Now, has it been your experience, Doctor, that  
21 the analysis of LSD, that is the actual determination of how  
22 much LSD is present in the dose, that that, the analytical  
23 techniques are in their infancy?

24 A Yes.

25 Q Isn't it a fact that the people who actually  
26 do these analyses, the government agencies that do it

1 themselves, they don't know -- they don't know with any  
2 degree of accuracy, many times, as to the potency of the  
3 material they are working with, isn't that true?

4 A I think the Sandoz -- the people who have the  
5 patent on the drug in its experimental stage -- can tell  
6 you exactly how many micrograms they have.

7 Q I am talking about the current -- let's say  
8 the State agency, the State of California agency that does  
9 analytical work with LSD, the State agency itself does  
10 not really know how much LSD there is in a particular  
11 sample that they try to analyze?

12 A I don't know what the State agency knows.

13 Q Well, has it been your experience that there is  
14 a defect in knowledge as to how much LSD there is in a  
15 particular sample?

16 MR. BUGLIOSI: Irrelevant, your Honor.

17 THE COURT: Overruled, you may answer.

18 THE WITNESS: When you are measuring anything in the  
19 microgram range, outside of a quantitative analytical  
20 laboratory, you are guessing, yes.

21 Q So, in fact, you are telling us that --

22 I think it's a fair statement that your testimony  
23 would reflect that 100 micrograms would be a large dose,  
24 right?

25 A Yes.

26 Q And yet illicitly obtained, illicitly obtained

1 LSD may contain four or 500 micrograms on a particular  
2 -- as you put it -- a spot on a sugar cube.

3 A I suppose it can, although I would expect  
4 people selling it illicitly would dilute it to get the  
5 most for their money.

6 Q Now, let me ask you that.

7 Is that in fact true, LSD actually itself  
8 is a very cheap material?

9 A Yes, but it is illegal, and cannot be bought  
10 legally.

11c fls  
17c fls.

11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

17c-1

1 Q Admitting that it cannot be bought legally,  
2 as a matter of fact it can be produced in large quantities  
3 very cheaply as far as the raw materials are concerned  
4 that go into making it, right?

5 A Yes.

6 Q And so in fact even though it is produced  
7 illicitly, it is not difficult to make, is that a fair  
8 statement?

9 A That is true.

10 Q Would you tell us, Doctor, in your experience,  
11 the various forms, the various physical forms that LSD  
12 has taken in the illicit market?

13 A It can be put into a powder form.

14 It can be in a solution.

15 I think the latter is the most common, in a  
16 suspension that is used in terms of drops, it can be used  
17 as a powder however.

18 Q And it can be put on sugar cubes?

19 A Yes.

20 Q It could be put on aspirin tablets?

21 A Yes.

22 Q It could be put on any number of --

23 A Yes -- vehicles, yes.

24 Q So that it is a fair statement that in fact you  
25 cannot estimate, you cannot estimate, let's say, the total  
26 amount of LSD that Dianne Lake took in her lifetime even

1 assuming she only took one hundred, as she stated, in this  
2 courtroom, at least one hundred trips or doses.

3 A No, I cannot tell how much LSD Dianne Lake  
4 took in her lifetime.

5 Q You cannot even estimate for us, can you?

6 A No.

7 Q And she did tell you that she took it some  
8 50 times?

9 A Yes.

10 Q Now, if I tell you that she has stated on  
11 occasions that she took it at least 100 times instead of  
12 50, what effect will that have upon your analysis?

13 A In terms of her veracity?

14 Q No, not in terms of her veracity, in terms of  
15 anything that you have told us.

16 A No, I think over a three-year period 100 times  
17 would not -- 50 and 100 would be the same order of  
18 magnitude, I would think.

19 Q Can you see any reason why she would -- when  
20 she speaks to you, she would tell you that it is only 50  
21 times?

22 MR. BUGLIOSI: Calls for a conclusion. It's also  
23 irrelevant.

24 THE COURT: Sustained.

25 Q BY MR. KANAREK: Now, did Dianne Lake tell --  
26 I don't know if my notes are right, Doctor,

1 that she left home after taking LSD in 1967, something like  
2 that?

3 A Yes, as I recall.

4 Q And did she tell you that taking the LSD made  
5 her leave home?

6 A Yes, she heard a voice telling her to leave  
7 home.

8 Q After she took this LSD?

9 A Yes.

10 Q She tells you?

11 A Yes.

12 Q Is that correct?

13 Now, do you believe -- do you believe that  
14 statement?

15 A I have no reason to disbelieve it.

18

1 Q In other words, as a medical man, as a  
2 psychiatrist, is it your opinion that she is telling the  
3 truth when she said that she left home and never returned  
4 because she took LSD and a voice told her to leave home?  
5 Did you believe that?

6 A That is what she told me.

7 Q I understand that is what she told you, but  
8 we are here hoping that you can interpret some of these  
9 things for us.

10 Now, do you believe that that actually occurred,  
11 or is she being less than candid with you and using that  
12 as a crutch, a reason, for leaving home?

13 MR. BUGLIOSI: Compound, your Honor.

14 THE COURT: sustained.

15 MR. KANAREK: Q Is it your medical opinion,  
16 Doctor, that the driving force, the reason that Dianne  
17 Lake left home, is that because of that voice that she says  
18 she heard in her head that she must leave home after taking  
19 LSD in 1967?

20 MR. BUGLIOSI: Calls for a conclusion.

21 MR. KANAREK: Your Honor, that is what the doctor is  
22 here for.

23 MR. BUGLIOSI: It is not a medical conclusion, your  
24 Honor.

25 MR. KANAREK: It certainly is.

26 THE COURT: Sustained.



1 MR. KANAREK: Now, Doctor, at any time, did Dianne  
2 Lake speak to you about the death or the killing of ego?

3 A I don't believe she did.

4 She just said that she --

5 MR. BUGLIOSI: I object to any hearsay statement by  
6 the doctor, your Honor, unless it was used as a basis for  
7 his conclusion. Otherwise, it is just hearsay.

8 THE COURT: Sustained.

9 MR. KANAREK: Q Well, Doctor, did the  
10 information that is set forth in your mental status  
11 examination section of your report, was that information  
12 used in connection with coming to your conclusions that  
13 you have come to here?

14 A What information are you referring to?

15 Q Well, I am referring to your statement here --

16 MR. BUGLIOSI: Same objection, your Honor.

17 Let's approach the witness -- with the Court's  
18 indulgence -- let's approach the witness and confer with  
19 him.

20 MR. KANAREK: I would rather do it on the record.

21 THE COURT: The paragraphs are titled, Mr. Kanarek.  
22 You might refer to a particular paragraph and ask him if  
23 he relied on any or all of the material.

24 THE WITNESS: You have my papers, Mr. Kanarek.

25 MR. KANAREK: Yes.

26 May I approach the witness, your Honor?

1 THE COURT: You may.

2 (Mr. Kanarek approaches the witness with the  
3 documents.)

4 MR. KANAREK: Q Under Mental Status Examin-  
5 ation.

6 A Yes.

7 Q Directing your attention to that first  
8 paragraph, Doctor.

9 Would you tell us whether or not the information  
10 that you used in the first paragraph that is set out there  
11 is information that was used as the basis for your analysis?

12 A It was considered, yes.

13 Q All of that information; is that correct,  
14 Doctor?

15 A It was used as part of forming my opinion, yes.

16 Q Therefore, as part of forming your opinion,  
17 Doctor, you used the information that Dianne Lake  
18 purportedly told you how Mr. Manson did not want anyone  
19 to have "ego" as this involved brutality and harshness and  
20 not love.

21 That is in that paragraph; right, Doctor?

22 A Yes.

18a-1

1 Q Did Dianne Lake speak with you about the killing  
2 of ego?

3 A I don't believe she did.

4 Q Well, did Dianne Lake speak with you -- you say  
5 she spoke with you for an hour and 50 minutes; right?

6 A Yes.

7 Q Now, is it a fair statement, Doctor, that as  
8 far as you were concerned, you put down in this Mental  
9 Status examination the items that you considered to be  
10 of importance?

11 A That is correct.

12 Q And is it a fair statement that certainly in  
13 the hour and 50 minutes that you were speaking with her,  
14 you didn't put down every word that she uttered and every  
15 word that you uttered; right?

16 A That is correct.

17 Q There was no court reporter present?

18 A No.

19 Q And you didn't tape record your interview with  
20 her, did you?

21 A That is correct.

22 Q Now, Doctor, did you take into account, in  
23 your analysis, the Patton State Hospital file?

24 A What I had available of it, and it was confirmed  
25 by later reading the file.

26 Q Pardon? What is that?

18a-2

1 A I had a good deal of the file available to me  
2 prior to the examination. I have subsequently read the  
3 entire file.

4 Q I see.

5 Did you take into account the statement of  
6 Dr. Haynes from Dr. Gericke that "Deputy District Attorney  
7 Vincent Bugliosi, Los Angeles County, wishes to be notified  
8 if this patient is motivated towards seeking her release,  
9 or if you propose her release, inasmuch as at that time she  
10 may be apprehended for another matter"?

11 MR. BUGLIOSI: Is there a date on that, Mr. Kanarek?

12 MR. KANAREK: January 14th, 1970.

13 THE WITNESS: Yes, I read that.

14 BY MR. KANAREK:

15 Q Now, Doctor, did you consider that any of her  
16 statements to you might be statements that would, somehow  
17 or other, be tempered by her legal position?

18 A I considered that.

19 Q Did you consider the statement from Dr. Gericke  
20 to Dr. Haynes of January 28th, 1970:

21 "Also, as the writer was leaving, she stated  
22 that she did not want to do anything to upset the  
23 people in Los Angeles County from the District  
24 Attorney's office, who were her friends"?

25 A I read that.

26 Q And did it occur to you, Doctor, during your

18a-3

1 examination of Dianne Lake, that she recognized her position  
2 in this litigation?

3 MR. BUGLIOSI: That is an ambiguous question, your  
4 Honor.

5 MR. KANAREK: Is that correct, Doctor?

6 THE COURT: Sustained.  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

18b fls.

18b-1

1 Q Did it occur to you, Doctor, in your examination  
2 of her, that the answers and the things that she told you  
3 were matters that were structured, that were stated by her  
4 to assist the prosecution in this case?

5 A Well, I considered that.

6 I thought she was trying to tell me the truth,  
7 however.

8 MR. KANAREK: Your Honor, I ask that that be stricken  
9 as not responsive to the question.

10 I am not asking for this witness's judgment of  
11 her credibility. I am merely asking for an answer to that  
12 question, if I may.

13 That is not responsive, your Honor.

14 THE COURT: I think it is responsive.

15 The motion is denied.

16 MR. KANAREK: Very well.

17 Q You spoke with her in the Police Building;  
18 right?

19 A Yes.

20 Q In connection with your analysis, Doctor, you  
21 were aware of the fact that this little girl, from October  
22 12th of 1969, until presently, this present time, has been  
23 in the custody of authorities, the State of California  
24 authorities; right?

25 A You are talking about Patton State Hospital  
26 and her present homeplace?

18b-2

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

Q I am talking first about beginning in October of 1969. She was still in jail in Inyo County; right?

A Yes.

Q And after October of 1969 --

A Till August, yes.

Q Pardon?

A Till August she was in Patton State Hospital.

Q From January sometime until August?

A Yes.

Q Now, Doctor, are you aware of the fact that she is in the custody of a District Attorney's investigator for Inyo County?

A Yes.

Q You had all of that in mind?

A Yes.

Q Now, you are telling us that when you spoke with her, her pupils were widely dilated, Doctor.

Of what significance is that?

You have that under your Mental Status Examination.

A It is an indication of some autonomic nervous system imbalance.

It isn't a particularly significant sign except in people that are frightened.

Q And this little girl was frightened when she spoke to you; right?

A Yes.

1 THE COURT: We will take our recess at this time.

2 Ladies and gentlemen, do not converse with  
3 anyone or form or express any opinion regarding the case  
4 until it is finally submitted to you.

5 The court will recess for 15 minutes.

6 (Recess.)

19 fls.

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26



19-1

1 THE COURT: All parties, counsel and jurors are  
2 present.

3 You may continue, Mr. Kanarek.

4 MR. KANAREK: Yes, your Honor, thank you.

5 May I use the microphone, if I may.

6 THE COURT: You may.

7 MR. KANAREK: Thank you.

8 Q Doctor, did Miss Lake tell you that when she  
9 took LSD she felt like she was removed from her physical  
10 body?

11 A Yes.

12 Q Would you as best you can -- you have your  
13 notes back, right, Doctor?

14 A I do.

15 Q As best you can, and referring to your notes  
16 if you wish, would you tell us the exact words she said,  
17 and what questions you asked her in that part -- when that  
18 part of your conversation was going on?

19 A She said she could see through things, remember  
20 songs better, things were speeded up, makes things real  
21 clear.

22 However, she did say something specific about  
23 getting out of her body.

24 I recall she did say something about she  
25 took LSD -- after she took LSD -- "frightened, so far out  
26 I didn't feel in my body."

1 That is a quotation.

2 Q From that you gathered that she meant that  
3 her mind was away from her physical body, is that it?

4 A Yes.

5 Q And did she tell you anything about she felt  
6 she was in a dark tunnel?

7 A Yes.

8 Q Would you tell us about that?

9 A "Hashish made me feel like I was in a dark  
10 tunnel."

11 Q And did she tell you that when she took  
12 marijuana, when she had taken when -- which she had started  
13 taking when she was 13 -- did she tell you what that  
14 effect -- or how that affected her ability to see?

15 A Well, she said, "Marijuana makes me laugh. I  
16 could smell better and see better."

17 Q Did you feel that she is easily led because of  
18 her need to please?

19 A Yes.

20 Q Would you say that she had a low self-esteem?

21 A Yes.

22 Q Would you say she had a great need for  
23 acceptance?

24 A Yes.

25 Q And would this great need for acceptance be  
26 in connection with people that she recognized as authority?

1 A It could be.

2 Q For instance, Mr. Gardiner, the man, the  
3 District Attorney's investigator that she is living with.  
4 She would want to be accepted by him; right?

5 A Yes.

6 She wanted to be accepted by the Family, too.

7 MR. KANAREK: Your Honor, may that be stricken?  
8 That is not responsive to my question.

9 THE COURT: That portion of the answer will be  
10 stricken.

11 The jury is admonished to disregard it.

12 MR. KANAREK: Q Doctor, would you say that  
13 she had a certain passivity about her?

14 A Yes.

15 Q And would you tell us what you mean by passi-  
16 vity?

17 A Difficulty in expressing one's feelings in  
18 direct appropriate ways.

19 Q And a person like this is, as far as their  
20 verbalization is concerned, is a person who is easily led?

21 Is that a fair statement, Doctor?

22 A I wasn't thinking in a verbal sense.

23 They have great difficulty in saying no.

24 Q To someone that they recognize as authority;  
25 right?

26 A Yes.

1 Q And did you state, Doctor, or is it part of  
2 your conclusion that she has been dependent upon  
3 hallucinogenic drugs and marijuana?

4 A Yes.

5 Q And one of the hallucinogenic drugs you had in  
6 mind, I gather, was LSD?

7 A Yes.

8 Q Did you state that while taking these she had --  
9 referring to the hallucinogenic drugs and marijuana -- she  
10 had changes in perception, and she also heard voices  
11 ordering her about, even after she was in Patton State  
12 Hospital?

13 A Yes.

14 Q And of these, she said:

15 "The voice was my own mind. I wanted  
16 to hear it. I could never contradict it."

17 Is that what she told you?

18 A Yes.

19 Q Pardon?

20 A Yes.

21 Q Is that correct, Doctor?

22 A Yes.

23 Q Now, in your analysis, Doctor, did you take  
24 into account the psychological assessment made by Dr.  
25 Meeks?

26 A Yes, I have taken it into consideration.

1 Q And did that psychological assessment state:

2 "The patient stated that she last took  
3 LSD in September of this year. These  
4 experiences for her were typically very frightening  
5 and at times terrifying. She shuddered and  
6 cowered in her chair as she recounted her  
7 'bad trips' which she describes as very unpleasant  
8 experiences.

9 "After the first few LSD experiences,  
10 she stated that she later only complied with  
11 others to take LSD out of fear of social  
12 rejection.

13 "She states that she still has flash-  
14 backs from these experiences, and much of the  
15 time she states that she feels as if she is  
16 still experiencing the effects of the LSD in  
17 which her perceptions are either cloudy or  
18 else very sharp and clear.

19 "Dianne still hears voices telling her  
20 things to do. These voices are of an  
21 hallucinatory nature.

22 "The patient has also been observed in a  
23 group situation in which she is withdrawn most  
24 of the time and remains largely uninvolved  
25 with the group and makes no spontaneous  
26 contributions to the group. Her verbalizations

1 "in that setting are frequently peculiar and  
2 are difficult for other patients to understand.  
3 She appears to be responding to her own  
4 autistic thoughts rather than to the conver-  
5 sation taking place in the group."

6 Did you take that into account in your analysis?

7 A Yes.

20a-1

1 MR. KANAREK: Thank you, Doctor.

2 Thank you, your Honor.

3 THE COURT: Any questions, Mr. Hughes?

4 MR. HUGHES: Yes, your Honor. Just one question.

5  
6 CROSS-EXAMINATION

7 BY MR. HUGHES:

8 Q Dr. Deering?

9 A Yes.

10 Q Dr. Deering, have you made a determination  
11 as to the mental health of any of the lawyers in this case?

12 MR. BUGLIOSI: Oh, that is absurd.

13 THE WITNESS: No.

14 THE COURT: Anything further?

15 MR. HUGHES: No.

16 MR. BUGLIOSI: No, your Honor.

17 THE COURT: You may step down, Doctor.

18 THE WITNESS: Thank you, sir.

19 Am I through?

20 THE COURT: Yes, you are.

21 THE WITNESS: Thank you, sir.

22 MR. BUGLIOSI: You are getting to be more like  
23 Kanarek all the time.

24 Thank you, Doctor. Thank you very much.

25 Your Honor, the People have no additional  
26 witnesses to call in their case in chief.

20a-2

1                   However, I would ask the Court at this time  
2 to consider informing the jury of the exemplar issue.

3                   Subsequent to that, the People will move to  
4 have all of our exhibits received into evidence.

21 fls.

5                   THE COURT: Will counsel approach the bench, please?  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26



21-1

1 (The following proceedings were had at the bench  
2 out of the hearing of the jury:)

3 THE COURT: Have you been able to reach a stipulation,  
4 Mr. Fitzgerald, with Mr. Bugliosi regarding the exemplars.

5 I would prefer to have it come from counsel  
6 rather than the Court. I think it would be more appropriate  
7 from the defendants' standpoint.

8 MR. FITZGERALD: We have been unable to reach an  
9 agreement on a stipulation.

10 THE COURT: Can't you just stipulate between yourselves  
11 the simple fact that the Court did make such an order and  
12 she failed to comply with the order?

13 MR. FITZGERALD: Maybe we can have a mini-settlement  
14 conference.

15 Mr. Musich has the stipulation prepared and I am  
16 willing to agree to a portion of it, and maybe we can invoke  
17 the good services of the Court, maybe you can coerce us  
18 into something.

19 THE COURT: I will do whatever I can to assist you  
20 gentlemen.

21 MR. FITZGERALD: Could you ask Mr. Musich to bring  
22 up the stipulation.

23 THE COURT: I think it is desirable to have a stipula-  
24 tion rather than simply the Court announce it.

25 MR. FITZGERALD: Basically there are two problems  
26 with the stipulation.

21-2

1 One is, and I think most important, if I'm  
2 going to stipulate I want the stipulation to be that  
3 Patricia Krenwinkel refused on advice of counsel.

4 So far the prosecution is not willing to enter  
5 into that kind of stipulation.

6 I feel that to do anything less than that would  
7 be really to deprive my client of her right to counsel.

8 They want to put in the stipulation the reason  
9 for the request of the prosecution, and I'm not going to  
10 stipulate to that.

11 THE COURT: I cannot understand "the reason."

12 MR. FITZGERALD: In the proposed stipulation they  
13 handed to me, I will show it to the Court, I will tell you  
14 exactly what I mean.

15 The proposed stipulation is as follows:

16 "May it be stipulated that Patricia  
17 Krenwinkel was ordered by the Court, pursuant to  
18 a request by the prosecution, to write a sample  
19 of her printing."

20 So far so good. Here is what I am objecting  
21 to:

22 "So that an expert handwriting  
23 comparison could be made with the printing  
24 in blood found at the La Bianca residence to  
25 determine whether or not the printings were made  
26 by one and the same person."

21-3

1 I will stipulate as we go on, however, that  
2 Patricia Krenwinkel was advised that her refusal to  
3 comply with said court order may be commented on by the  
4 prosecution, and that thereafter Patricia Krenwinkel  
5 refused and failed to provide or write out said exemplar.

6 And I want to add "upon advice of counsel."

7 Where I have put in the brackets is the portion  
8 I am not inclined to stipulate to.

9 And that is the reason -- I don't know what  
10 the reason --

11 THE COURT: I agree, the order was not made for  
12 a particular reason. It was made because it was requested,  
13 and the law provides the Court may order the defendant  
14 to produce such an exemplar. What the prosecution or  
15 defense intends to do with it is entirely immaterial as far  
16 as the Court is concerned.

17 MR. FITZGERALD: Agreed.

18 THE COURT: But by the same token I think that such a  
19 stipulation, that your insistence upon putting in the  
20 stipulation, which really, when I say a stipulation, I am  
21 not talking about you gentlemen stipulating away any of  
22 your case.

23 All I am suggesting is that in order to save  
24 time and make it more impersonal and to keep the Court  
25 from injecting/<sup>itself</sup>into it, the fact that such an order was  
26 made, would you simply stipulate to the fact that the

1 order was made and the defendant has not complied with it.

2 MR. FITZGERALD: I will stipulate to that right now.

3 MR. BUGLIOSI: Not that she refused to comply on  
4 advice of counsel. That is a matter of defense.

5 THE COURT: That gets other issues in the case which  
6 I don't think are appropriate for a stipulation.

7 Certainly it is relevant.

8 MR. FITZGERALD: All right.

9 I will stipulate to that, because actually I  
10 would prefer to stipulate than have your Honor read it to  
11 the jury because if your Honor reads it to the jury it  
12 has a worse effect.

13 THE COURT: The stipulation should embody the terms  
14 of the order.

15 MR. FITZGERALD: I don't care.

16 THE COURT: In other words, there is no point in  
17 making a stipulation if the jury ends up not knowing  
18 what the order was.

19 MR. FITZGERALD: I have no objection to the prose-  
20 cution saying "May it be stipulated that the Court made  
21 the following order," then read the order, and then we  
22 will stipulate she did not comply with the order.

23 THE COURT: That is exactly what I had in mind.

24 MR. FITZGERALD: All right, I will stipulate to that,  
25 your Honor.

26 MR. BUGLIOSI: A sample of her printing.

1 THE COURT: It should be in the form "It is  
2 stipulated the Court made the following order," and then  
3 read the exact language.

4 MR. BUGLIOSI: Do I have that?

5 THE COURT: It is in the transcript. Why don't we  
6 take a brief recess and get it out of the transcript.

7 You gave me the reference. It is in two  
8 different volumes.

9 MR. BUGLIOSI: I have it right here.

10 THE COURT: Make sure you get the entire thing so  
11 you use the exact language of the order, and not paraphrase  
12 it.

13 MR. KANAREK: We have one other problem, your Honor,  
14 Mr. Wolfer is still not here.

15 THE COURT: One thing at a time, Mr. Kanarek. I  
16 will deal with that matter.

17 We will take a recess at this time and see.

18 (The following proceedings were had in open  
19 court in the presence and hearing of the jury.)

20 THE COURT: Ladies and gentlemen, we are going to  
21 take a recess at this time. Counsel wish to confer with  
22 each other on a matter.

23 Hopefully it can be resolved in the next few  
24 minutes and then we will call you back into the courtroom.

25 Remember the admonition.

26 (Recess.)

22-1

1 (The following proceedings occur in chambers.

2 All counsel present. Defendants absent.)

3 THE COURT: Was that Page 15,682?

4 MR. BUGLIOSI: And 15,683 is where we started, we  
5 agreed to the stipulation.

6 We have agreed to a stipulation, your Honor, but  
7 looking through the transcript here I don't see where the  
8 Court has informed Miss Krenwinkel of the Ellis commandments;  
9 namely, that she did not have a right to refuse to give an  
10 exemplar.

11 There is no problem about the right of an  
12 attorney to be present, because Mr. Fitzgerald was present;  
13 but that she also had to be advised that if she refused,  
14 the prosecution could comment upon her refusal.

15 Now, she was told of these things originally by  
16 the Sheriff's Office.

17 In fact, I sent over a memo to them as to  
18 everything they were supposed to verbalize to her, and they  
19 informed me that they complied with it.

20 But looking at the transcript, your Honor, I  
21 don't see where it has been done in this case.

22 I am not talking about the stipulation. We  
23 have worked out a stipulation. I am worried about the  
24 admissibility even of the stipulation where there is no  
25 Ellis foundation.

26 There was mention of it by myself, but I don't

1 think the Court actually told Miss Krenwinkel about it.  
2 At least, I can't find it at the present time.

3 Now, there is something on Page 15,676 which I  
4 just came upon.

5 Mr. Fitzgerald said: "I have pointed out to  
6 her that it's the intention of the prosecution to argue to  
7 the jury that her refusal to submit to a handwriting or  
8 handprinted exemplar will be commented upon to the extent  
9 and to the force and effect that it is circumstantial evi-  
10 dence."

11 Will that suffice?

12 I think it would be preferable if the Court  
13 told her that and, in addition thereto, that she does not  
14 have the constitutional right to refuse to give an exemplar.

15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

3  
1 THE COURT: Well, that was in response to a question  
2 by the Court on Page 15,676, which I asked Mr. Fitzgerald,  
3 "Have you also advised her that in the event that she  
4 refused to comply with such an order that the prosecution  
5 may comment upon her refusal to the jury?"

6 Mr. Fitzgerald replied, "I have, your Honor."

7 Then I went on to add, "And argue from that  
8 the possibility of a consciousness of guilt."

9 And then he gave the answer you referred to.

10 MR. BUGLIOSI: The question is, have we satisfied  
11 the Ellis case.

12 THE COURT: What is your position, Mr. Fitzgerald?

13 MR. FIRZGERALD: Well, I would simply like to  
14 incorporate by reference my remarks and objections to the  
15 entire procedure.

16 I objected on the grounds of the Fifth  
17 Amendment, violation of the self-incrimination; Sixth  
18 Amendment, denial of the right to effective counsel.

19 But those objections were overruled and the  
20 Court made the order that Patricia Krenwinkel comply.

21 I had previously advised the Court that it was  
22 my advice to my client not to submit.

23 And as your Honor -- when your Honor referred  
24 to the transcript, I think those materials that you referred  
25 to in the transcript accurately reflected my advice to my  
26 client.



1 I did inform her that the People would comment  
2 to the jury.

3 I did actually inform her, Judge, that they  
4 would argue that a guilty person would refuse and an  
5 innocent person would have no reason for refusing it.

6 THE COURT: In order to make the record perfectly  
7 clear on the point, what I can do is to make another  
8 order this afternoon, and also advise her at the time  
9 that the order is made, of course out of the presence of  
10 the jury, advise her at the time the order is made  
11 simply so there won't be any chance for a misunder-  
12 standing or uncertainty, that if she fails to comply with  
13 the order that the prosecution may argue, and the Court  
14 may instruct the jury that such a failure to comply  
15 with the order may be considered by the jury, and that  
16 one of the things they may consider is circumstantial  
17 evidence of a consciousness of guilt.

18 Then on Monday, if she has failed to comply with  
19 the order, I can set a time limit on it for some time  
20 on Monday.

21 Then you gentlemen can go ahead with your  
22 stipulation.

23 MR. BUGLIOSI: The only question, it has to be put  
24 over to Monday. If the Court ordered it today it  
25 would not take long to order it. If she refuses, that  
26 way we can actually be completed with all the evidence.

1 THE COURT: Well, it is an order that cannot be  
2 complied with instantaneously even if she agreed to do it.

3 It would take a certain amount of time to  
4 make the exemplars.

5 MR. BUGLIOSI: I agree, but if she said, "No, I'm  
6 not going to make the exemplars," I think we can handle the  
7 matter right now this afternoon.

8 MR. KAY: I think under the Ellis case she has to  
9 be advised she does not have the constitutional right to  
10 refuse.

11 That is part of the order of that case. The  
12 order has to contain that part.

13 MR. FITZGERALD: Of course the Judge's problem is a  
14 problem we discussed before, and that is, she need not  
15 refuse; that if she does not intend to comply with the  
16 order she simply doesn't comply with the order.

17 If at the expiration time of the order she  
18 has not complied, you have your right to comment.

19 But you don't have a right to extract from her  
20 a refusal.

21 MR. BUGLIOSI: Of course, that was part of the  
22 stipulation.

23 THE COURT: The stipulation will read she failed  
24 to comply.

25 MR. BUGLIOSI: We used the word refused. We can  
26 change that.

1 THE COURT: Very well. I would prefer to do it that  
2 way. Have the order re-made this afternoon with the advice  
3 to Miss Krenwinkel along the lines of the Ellis case, and  
4 set a time limit for, say, she's got the entire weekend,  
5 so there is no problem of time between now and Monday.

6 Set it for, say, 9:00 o'clock on Monday.

7 MR. MUSICH: The problem in that regard, of course,  
8 is whether or not she is going to say, "No," or whether she  
9 is going to say "Yes."

10 I think that could easily be found out today.

11 I don't think this is the type of exemplar  
12 where she can sit around all weekend and write out an  
13 exemplar.

14 It will have to be done with witnesses present  
15 and with an observer to see whether or not there is any  
16 falsifying or fictitious writing of this fingerprint  
17 exemplar.

18 So whether or not Mr. Fitzgerald's statement  
19 that she doesn't have to say anything is correct, I think  
20 the order can be made, she can say yes or no, or if she  
21 doesn't say anything she's got to notify someone.

22 MR. BUGLIOSI: How about this, we will bring  
23 Miss Krenwinkel to court, and the Court will ask her, "Were  
24 you advised by your attorney that if you refuse to comply  
25 with the order the prosecution will comment?"

26 She can answer that, "Yes."

1 "Were you also advised that you do not have  
2 the constitutional right to refuse the exemplar?"

3 If she said "Yes," to that, we will go ahead  
4 with the stipulation.

5 Is that all right, Paul?

6 MR. FITZGERALD: Sure.

23a

7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

23a-1

1 MR. BUGLIOSI: The prosecution will risk that on  
2 appeal.

3 MR. FITZGERALD: Will risk what?

4 MR. MUSICH: Is she going to say yes or stand mute?

5 MR. FITZGERALD: I don't know. I mean I honestly  
6 don't know.

7 The problem is that everybody is taking the  
8 position that it is a personal right; that I cannot waive  
9 it for her.

10 All I can do is advise her, and she is on her  
11 own.

12 All I can do is give her advice. My feeling  
13 is she is likely to not comply inasmuch as she has followed  
14 my advice not to so far, but I don't know unless we try.

15 MR. BUGLIOSI: Why don't we bring her out now so the  
16 Court can ask her those two questions, specifically, did  
17 she know these things before she failed to comply with the  
18 order?

19 THE COURT: I don't want to do it that way. I think  
20 we will just do it all over again.

21 MR. BUGLIOSI: Mr. Kay brought up the point, the  
22 problem of doing it all over again from the prosecution  
23 standpoint, it waited until one second before midnight  
24 before we asked for this.

25 In point of fact, we made this request several  
26 months ago. I honestly question why we could not get that

23a-2

1 into evidence.

2 I think we complied with Ellis at that time  
3 several months ago.

4 Now it is the very very last second. It  
5 almost looks like a desperation move on the prosecution's  
6 part.

7 THE COURT: I don't think the jury has to know  
8 when the order was made. I don't think that is relevant.

9 MR. FITZGERALD: Well, the last minute, the last  
10 second to midnight hurts Patricia Krenwinkel more than it  
11 hinders the prosecution.

12 It is the last piece of evidence to come  
13 before the jury, and in terms of human experience, that is  
14 probably going to be retained more than witness 12,  
15 some three months ago.

16 MR. BUGLIOSI: I'm not referring to the last bit  
17 of evidence.

18 THE COURT: Mentioning the time, we will simply  
19 say the Court made an order and she failed to comply  
20 with it without mentioning the time.

21 Is that agreeable with you?

22 MR. FITZGERALD: Yes, except if we get in argument  
23 and he says "Six months ago we requested an exemplar."

24 MR. BUGLIOSI: How can I? I cannot argue anything  
25 that did not come off the witness stand.

26 THE COURT: If she in fact complied with the order,

23a-3

you would want someone present, would you not?

MR. BUGLIOSI: Right.

THE COURT: You don't have that person present now.

MR. BUGLIOSI: I can get someone this weekend.

THE COURT: What I was going to suggest is this, it is now ten minutes after 4:00. Why not bring her in. We will make the order; I will advise her and tell her that at 9:00 o'clock on Monday morning you will have someone present for her to take the exemplar, you can have that person present.

She can then decide to comply with it or refuse at that time.

We haven't wasted any time in the meantime; she's got the weekend, and Mr. Fitzgerald has the weekend again to think about it.

If she refuses or fails to comply at that time it is an accomplished fact at that point and we can proceed with whatever the next thing is to be done.

MR. FITZGERALD: Good, that's agreeable.

MR. KANAREK: Just one more point.

THE COURT: I want to take up your point while we are in here, Mr. Kanarek.

What about Mr. Wolfer, can we have Mr. Wolfer here Monday morning?

MR. BUGLIOSI: I left a message for him at noontime.

THE COURT: Well, let's get him, whether through

23a-4

1 subpoena or whatever we need, otherwise it will delay  
2 the trial.

3 MR. BUGLIOSI: Actually I don't know why he cannot  
4 call Mr. Wolfer in his defense.

5 THE COURT: This/<sup>is</sup>part of the People's case and Mr.  
6 Wolfer did agree, as I recall, he did agree to come back  
7 is my recollection, with that map.

8 MR. BUGLIOSI: On the record?

9 MR. KANAREK: Yes.

10 THE COURT: I believe so. I am not certain. I have  
11 not looked at the transcript.

12 MR. MUSICH: I think he indicated the map was available  
13 and he would give it to Mr. Kanarek.

14 MR. KANAREK: Mr. Bugliosi promised --

15 THE COURT: Does anybody know what volume in the  
16 transcript it would be in?

17 MR. BUGLIOSI: I think the map is up here right now.

18 MR. KAY: That map was brought up for Mr. Kanarek  
19 right after lunch that day.

20 MR. KANAREK: All right, then, have Mr. Wolfer come  
21 here. I'm sure if it was Dianne Lake you could arrange for  
22 her to be here.

23 I think you can arrange for Mr. Wolfer.

24 MR. BUGLIOSI: The People are through with their case  
25 now, Irving, you can call him in your case.

26 MR. KANAREK: Then I ask it be stricken.



23a-5

1

THE COURT: Just a moment, gentlemen, let's find  
the transcript.

2

3

23b fls.

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

23b-1

1 MR. KANAREK: Certainly, your Honor.

2 THE COURT: If the cross-examination was not  
3 completed, that is one thing; if this is something else,  
4 then that is another thing.

5 MR. KANAREK: That's correct. Mr. Bugliosi repre-  
6 sented to me as a lawyer, as an officer of this court, that  
7 he would have Mr. Wolfer here, and I have asked him on many  
8 occasions in the last several weeks, and he keeps stalling,  
9 your Honor.

10 THE COURT: This isn't helping a bit, Mr. Kanarek.

11 MR. KANAREK: Yes, your Honor.

12 THE COURT: The transcript will reflect one way or  
13 the other.

14 MR. KANAREK: Certainly.

15 THE COURT: That his presence is required or simply  
16 that you have the right to call him if you want to call  
17 him.

18 Let's leave it this way over the weekend.

19 Will you check that -- both of you check it  
20 and be prepared Monday morning to go one way or the other.

21 If there was an agreement on the record that  
22 he would return, let's have him here.

23 MR. KANAREK: I don't know if it's on the record,  
24 as to the agreement, but I will offer to be sworn that  
25 Mr. Bugliosi told me, represented to me, as the lawyers in  
26 this case have from time to time so represented. I believe

1 I have a right to rely upon that, when a lawyer, the  
2 Deputy District Attorney conducting the case, promises me  
3 that Mr. Wolfer will be here.

4 THE COURT: What do you mean will be here? When a  
5 witness finishes testifying on the stand and is excused,  
6 Mr. Kanarek, as far as the trial is concerned, that is it.

7 Now, if you want to call him as your own  
8 witness you, of course, have that right.

9 MR. KANAREK: Mr. Bugliosi promised me --

10 THE COURT: We are not going over the record to  
11 resurrect some lost agreement you had with Mr. Bugliosi to  
12 reopen cross-examination.

13 MR. KANAREK: Not reopen. I asked him for the map.

14 THE COURT: I want to see what the transcript says,  
15 so find the reference, gentlemen, and be prepared on it  
16 Monday morning.

17 MR. FITZGERALD: I have another sort of a problem.

18 In the event the prosecution concludes  
19 testimony on Monday, which apparently they will, we are  
20 going to discuss the admissibility of exhibits next.

21 THE COURT: Yes.

22 MR. BUGLIOSI: Right.

23 MR. FITZGERALD: Then there are apparently going to  
24 be some motions for judgments of acquittal.

25 MR. BUGLIOSI: 1118.1.

26 MR. FITZGERALD: 1118.1.

1           Those will be argued and then the defense is  
2 to proceed with witnesses.

3           Now, in terms of scheduling our witnesses,  
4 we need some sort of date certain, at least to start off,  
5 some sort of target date or something.

6           We have got coordination of a number of witnesses,  
7 and we have got multiple defendants here. We have sort of a  
8 number of logistical problems.

9           MR. MUSICH: Now you know what our problems were.

10          MR. FITZGERALD: I know what your problems were.

11          THE COURT: I think that is something more in the  
12 knowledge of the defense counsel than it is of the  
13 prosecution.

14          You gentlemen know how long you may be expected  
15 to argue in opposition to the admission of the exhibits, and  
16 in that connection I strongly suggest over the weekend you  
17 review your list of exhibits.

18          Many of them are photographs which are just  
19 routine photographs. I cannot see any possible objection  
20 to them.

21          I am not talking now about photographs of  
22 bodies, I am talking about photographs of places.

23          I cannot imagine that there would be any  
24 objection to many, many of those photographs, and it simply  
25 would be a waste of time, I would think, to oppose them.

26 I am not saying you cannot argue against it, but as to anything

1 that can be stipulated to I would certainly strongly  
2 recommend that you do so and save your arguments for the  
3 matters that can reasonably be argued.

4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

24-1

1 MR. FITZGERALD: Well, in a sense, I would like to  
2 know when it is likely that I am going to be required by  
3 the Court to put on evidence.

4 THE COURT: Are you saying that you would like some  
5 time in between the time arguments are concluded?

6 MR. FITZGERALD: I may be saying that.

7 We have discussed that amongst ourselves,  
8 Mr. Kanarek, Mr. Shinn, Mr. Hughes and I have discussed it.

9 Mr. Shinn and Mr. Kanarek take the position  
10 that they would like a little time, maybe a day or two,  
11 before they argue the admission of the exhibits into  
12 evidence and the 1118 motions, their position being that  
13 it is going to take them a number of hours to go back and  
14 review the transcripts in order to make persuasive  
15 arguments to the Court.

16 THE COURT: You have a weekend in between now.

17 MR. FITZGERALD: I would just as soon have the time  
18 after the motion, before the defense proper began, if the  
19 Court is inclined to grant some time.

20 THE COURT: I think it would certainly not be  
21 unreasonable to give the defense at least a day in  
22 between time.

23 MR. FITZGERALD: That would solve our problems.

24 MR. KANAREK: Well, perhaps a couple of days, or a  
25 few days.

26 THE COURT: I am willing to listen, Mr. Kanarek. I

24-2

1 am saying that, at first blush, a day doesn't shock my  
2 conscience. If you can convince me that more is needed,  
3 I will certainly consider it.

4 MR. KANAREK: If I might invite the Court's comment  
5 in connection with the 1118.1 motion?

6 Your Honor previously indicated that your Honor  
7 was thinking seriously about the possibility of finding,  
8 as a matter of law, that Linda Kasabian was an accomplice.

9 THE COURT: I have given that considerable thought.

10 I don't know yet, honestly, whether I am  
11 required to make such a finding at that time.

12 I certainly think that whether or not I am  
13 required to make a finding -- well, I am not sure that I  
14 am prepared to make a finding of any kind at the moment.

15 MR. KANAREK: I understand that, your Honor.

16 THE COURT: But if you are interested in what my  
17 present thinking is -- and I am not going to be bound by  
18 it, because I may change my mind -- but my present thinking  
19 is that I should view the motions, if they are made,  
20 in the light that Linda Kasabian was an accomplice, whether  
21 or not I am required by law to make a finding of that at  
22 the time.

23 That is my present feeling. In viewing the  
24 motions, I would consider her to be an accomplice for the  
25 purpose of the motions.

26 MR. BUGLIOSI: You are going to consider her an

24-3

24a

1 accomplice, your Honor?

2 THE COURT: I am saying, just for the purpose of  
3 viewing the motion.

4 MR. BUGLIOSI: Then, are you saying that it would be  
5 fruitless for the prosecution to argue at the 1118.1 motion  
6 that Linda Kasabian was not an accomplice?

7 THE COURT: I am not saying that.

8 I am not sure, really, what I am saying.

9 MR. BUGLIOSI: You aren't foreclosing argument in that  
10 regard?

11 THE COURT: I am thinking out loud, in answer to a  
12 question by someone.

13 MR. BUGLIOSI: You are not foreclosing argument by  
14 the prosecution on the 1118.1 motion that Linda Kasabian  
15 is not an accomplice?

16 THE COURT: I am not foreclosing anybody.

17 I haven't been able to find any law that says  
18 I must make a finding on a motion for judgment of acquittal  
19 that a person is or is not an accomplice.

20 I am just saying that in view of such a motion,  
21 my own feeling is that I certainly have to consider the  
22 question whether or not I make a finding, whether or not  
23 one is required.

24 MR. KANAREK: Thank you, your Honor.

25 MR. MUSICH: The defense is considering a day before  
26 they start their case, or a day before they start argument on



1 the 1118.1 motion?

2 MR. FITZGERALD: A day before we start the case.

3 MR. KANAREK: Or perhaps several days, if the Court  
4 would accommodate us, because there is a wealth of  
5 material we have to cover.

6 THE COURT: That is a matter to think about.

7 Think about that question, gentlemen, and be  
8 prepared to give me some reasons why you need more than one  
9 day, if you do.

10 MR. FITZGERALD: But at least a day, you see, will  
11 prevent us from having to suddenly produce Witness 1 out  
12 of a hat.

13 THE COURT: I think that is reasonable. It is  
14 difficult to shift gears in the middle of a case like  
15 this. I realize that certain preparations have to be made.

16 MR. SHINN: Plus the fact that we want to meet  
17 together with the defendants and discuss a defense, your  
18 Honor.

19 THE COURT: I understand.

20 MR. FITZGERALD: In that connection, informally, I  
21 have been in contact with Inspector Welch. I am trying  
22 to avoid a court order. What we would like to do is to get  
23 all the defendants together on a weekend or some non-court  
24 day at some jail facility, or some place, with all the  
25 attorneys, for two or two and a half hours.

26 I think we can work it out, but in the event

1 that we can't, we will probably come back to the court  
2 and request an order of some kind.

3 THE COURT: All right.

4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
24b fls.

24b

1 MR. BUGLIOSI: For the record, the prosecution is  
2 seeking to locate a witness by the name of Dianne Von Ahn.

3 Apparently the last time she was heard from she  
4 was in Portland, Oregon.

5 We are not going to put her on, obviously,  
6 during our case in chief, but I am informing the Court now  
7 of our efforts to locate her, that we are making  
8 reasonable efforts. In fact, we have even sent a detective  
9 up there to look for her, and we are making a reasonable  
10 effort to locate her.

11 In the event that she is located between now  
12 and the time when we put on our rebuttal, we would ask the  
13 indulgence of the Court to reopen our case as to that one  
14 witness.

15 MR. KANAREK: What is the offer of proof, your Honor?

16 THE COURT: What was the name of the witness?

17 MR. BUGLIOSI: Dianne Von Ahn; V-o-n, A-h-m.

18 MR. KAY: A-h-n.

19 MR. BUGLIOSI: A-h-n.

20 MR. KANAREK: May we have an offer of proof?

21 THE COURT: They are not asking to reopen now.  
22 I don't think that is necessary.

23 MR. KANAREK: Well, it may have something to do with  
24 preparing our defense, your Honor.

25 I would make a motion that your Honor ask them.  
26 First of all, we have made discovery.

1 MR. BUGLIOSI: She is a soprano and she sings  
2 Charlie's songs very well.

3 MR. KANAREK: Well, your Honor, that facetious  
4 remark --

5 MR. BUGLIOSI: She does.

6 MR. KANAREK: I make a motion to the Court. We have  
7 made discovery. This is a witness that we haven't been  
8 informed about.

9 THE COURT: If, in fact, there was a failure to  
10 make discovery, and they find the witness and they move  
11 to reopen, then you can raise all these arguments at that  
12 time. But there is no point in arguing things in a  
13 vacuum.

14 MR. KANAREK: No, there isn't, but I think a fair  
15 trial, due process, notice, and all of that, certainly  
16 militates in favor of Mr. Bugliosi telling us.

17 THE COURT: I don't want to hear any more.

18 MR. BUGLIOSI: I do not have a report on Von Ahn.  
19 It is hearsay.

20 MR. HUGHES: Join in Mr. Kanarek's motion.

24c-1

1 MR. KANAREK: May I inquire through the Court what  
2 Mr. Bugliosi intends he will prove by this witness?

3 MR. BUGLIOSI: As soon as I get a report, I will let  
4 you know about it.

5 MR. KANAREK: There must be some basis for his  
6 bringing to the Court.

7 MR. MUSICH: She evidently knows something about the  
8 matter that the prosecution thinks is important.

9 THE COURT: This is something you can discuss among  
10 yourselves.

11 MR. KANAREK: May I just have a ruling on my request  
12 for an offer of proof?

13 THE COURT: Don't you know "no" when you hear it,  
14 Mr. Kanarek?

15 The motion is denied.

16 MR. KANAREK: Very well.

17 MR. FITZGERALD: Now, about the Patricia Krenwinkel  
18 matter?

19 THE COURT: Yes. I will have her brought back in here  
20 and make the order.

21 MR. FITZGERALD: Do you want it in open court or  
22 would you prefer it in here?

23 THE COURT: It does not make any difference.

24 MR. FITZGERALD: If it is going to be here, let me go  
25 and talk to her.

26 Well, all right. Open court then.

1 THE COURT: All right.

2 (The following proceedings occur in open court.  
3 All defendants and counsel present. Jury absent.)

4 THE COURT: The record will show all parties and  
5 counsel are present. The jury is not present.

6 In accordance with our conference in  
7 chambers, gentlemen, the Court is now prepared to again  
8 make an order to the defendant, Patricia Krenwinkel, to  
9 provide certain handwriting exemplars.

10 Before I make the order, Miss Krenwinkel,  
11 I want to advise you, first, that you have no constitutional  
12 right to refuse to make such exemplars; and secondly, that  
13 if you fail to comply with the Court's order, the prosecution  
14 may argue to the jury that your failure to comply is  
15 circumstantial evidence of a consciousness of guilt.

16 Moreover, the Court may instruct the jury, in  
17 such case, that they may consider your failure to comply  
18 with the Court's order to make the exemplars, along with all  
19 other proven facts in the case, on the question of your  
20 guilt or innocence, and that it will be for them to determine  
21 what weight, if any, is to be given to that fact; namely,  
22 the fact of your failure to comply, if such is the case,  
23 and whether or not they determine, that is, the jury deter-  
24 mines, that such conduct is circumstantial evidence of a  
25 consciousness of guilt.

26 Have you understood everything that I have said?

1 DEFENDANT KRENWINKEL: Yes.

2 THE COURT: Very well.

3 MR. BUGLIOSI: May the record reflect that Miss  
4 Krenwinkel nodded her head up and down in an affirmative  
5 manner.

6 Your Honor, just one point.

7 In issuing the order, would the Court couch the  
8 language in terms of printing as opposed to writing, a  
9 handwriting exemplar.

25

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

25-1

1 THE COURT: Very well, Patricia Krenwinkel, you  
2 are hereby ordered to give handprinting exemplars as  
3 follows: *May it be stipulated that the court ordered defendant*  
*Patricia Krenwinkel to make the following handprinting exemplars:*

4 An exemplar of each letter of the alphabet  
5 in capital letters, and an exemplar of each letter of the  
6 alphabet in lower case or small letters; each of those to  
7 be repeated ten times.

8 An exemplar of each of the following words or  
9 phrases in the manner requested, by that I mean as to  
10 whether or not each letter should be a capital or a small  
11 letter.

12 Each of these exemplars to be repeated ten  
13 times as to the indicated words or phrases.

14 The first is the phrase "Death to pigs."

15 The second is the word, "Rise."

16 The third is the word or words, "Helter  
17 Skelter."

18 On Monday, November 16th at 9:00 a.m. the  
19 People will have present someone for the purpose of being  
20 present with you at the time the exemplars are made.

21 In other words, this order requires you to  
22 give these exemplars at 9:00 a.m. on Monday in this court.

23 Is there anything that you do not understand  
24 about the order that has been made?

25 DEFENDANT KRENWINKEL: No.

26 THE COURT: Very well. Anything further, Counsel?



25-2

1 The Court will adjourn until 9:00 a.m. on  
2 Monday.

3 (Whereupon an adjournment was taken until  
4 9:00 o'clock a.m. on Monday, November 16,  
5 1970.)  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26