Dr. Markle Karlen
Anoka State Hospital Oral History Project
4 April 2014
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[Music playing]

Neal Holton: Good morning.

Dr. Markle Karlen: Good morning, sir.

Neal Holton: This is Neal Holton. I am here interviewing Dr. Markle Karlen for the Anoka State Hospital Oral History project. Thank you for coming in. This is April 4, 2014. Let's start by learning a little bit about you, where you are from, your early life.

Dr. Markle Karlen: I am a native of Minneapolis, born in 1924, and lived most of my life in Minneapolis. I am a physician. I did go to undergraduate school at the University of Minnesota and to the Medical School at University of Minnesota, graduated in 1946. After which I did an internship in Chicago at Mercy Hospital following in 1947, inducted into the Army as a physician and spent two years in Japan in an army of occupation, World War II had finished just prior to my going overseas. I then returned to Minneapolis and had a period of about four months before my fellowship at the Mayo Clinic in Rochester, Minnesota, was to start. So, I had four months with nothing much to do and found out that there was an opening at the Anoka State Hospital for a general physician, not a psychiatrist, to do general medical work for the patients. So, I signed on and was there for a four-month period until October of 1949, when I left to start my fellowship in Rochester. So, my exposure at the Anoka State Mental Hospital was brief. It was about a four-month period, where I did live right on the grounds.

Neal Holton: And, in Rochester, what kind of fellowship did you have?

Dr. Markle Karlen: It was in internal medicine. It was three-year fellowship and after completion of that, I returned to Minneapolis into private practice, and spent 53 years in practice in Minneapolis until I retired at age 80 in 2004.

Neal Holton: And, you were doing internal medicine?

Dr. Markle Karlen: That is correct.

Neal Holton: Would that be general internal medicine, or…

Dr. Markle Karlen: Yes, it was general internal medicine. For 25 years, I practiced in a two-man setup in downtown Minneapolis. The senior man passed away and I then joined the Park Nicolette Clinic and I spent 25 years with them until 2004, when I did retire.

Neal Holton: Prior to working at Anoka State Hospital, did you have any knowledge of the place?

Dr. Markle Karlen: Not really. I had no knowledge of it at all. I cannot remember who told me that there was an opening, that they were looking for a general practitioner, not a psychiatrist, but just to do the general medicine for the patients when they would get a sore throat or pneumonia or a fracture, just to do general medicine. And, I applied for that job and did spend the four months there.

Neal Holton: And, did you have any orientation to it or just started working?

Dr. Markle Karlen: Just started working.

Neal Holton: Okay. Do you think you were prepared for the job?

Dr. Markle Karlen: I think so, because I was given to understand that I was not to be involved in the psychiatric care or medications or treatments, and that my job was solely as a house doctor, so to speak, to take care of medical problems as they came up.

Neal Holton: Was there a medical director?

Dr. Markle Karlen: Yes, the medical director, I forget his first name, but it was, Miller was his last name. I forget his first name. And, then there was a woman who was the assistant medical director, I forget her last name, but her first name was Gladys, but I forget her last name.

Neal Holton: And, is that the person that you related to?

Dr. Markle Karlen: I related to Dr. Miller primarily.

Neal Holton: Could you describe him?

Dr. Markle Karlen: He was a huge man. I would say well over 300 pounds, so he was not very mobile, and he spent most of his time in the office in administrative work, and did not get too involved in day-to-day patient care.

Neal Holton: Do you know anything about his background?

Dr. Markle Karlen: I do not.

Neal Holton: What other structure was there in the hospital administration that you knew about, other than the medical director?

Dr. Markle Karlen: There was a social worker, I forget her name. And, there was a nursing supervisor and there were, as I recall, I was the only M.D. on the premises who was there fulltime. There was a doctor practicing in Anoka. I remember his name, Dr. Ray Spurzam [PH] as I recall, who was on call if there were some medical issues that developed, but he was not there fulltime. And, there would be days where he would not be called. So, I was the only M.D. fulltime on the premises.

Neal Holton: And, could you describe an average day? What did you do?

Dr. Markle Karlen: I lived right in one of the cottages. The physical setup was there was a circle of, I think seven or eight cottages, they called, separate buildings, each with about 100 patients. And, there was a small apartment in the first floor of that where I lived, and my day was to just

check with the nursing supervisor if there were any medical problems, somebody with fever, cough or sore throat. And, I, as I say, I lived fulltime there. I ate my meals, I slept there, and participated in the evening social events. And, at that time, electric, EST, electroshock therapy was very prevalent, and the law required an M.D. to pull the trigger. So, the nurses would get the patients set up, as I recall, three days a week they did do electroshock treatments. And, the nurses would get patients all set up. As I recall, they would have 15 to 18 patients per session. And, it was my duty as an M.D. to pull the trigger on the machine.

Neal Holton: And, how do you think that worked?

Dr. Markle Karlen: At that time, this would be 1949, those of you who recall that movie, *One Flew Over the Cuckoo's Nest,* there was a patient—I forget the actor who is still alive, I think. So, electric shock was very common and was on its way out as a frequent use, and only for special purposes. But, at that time, it was very, it was sort of the primary treatment. Medication for treating obstreperous or patients who were violent was just coming into prominence. The first medication, as I recall, was called thorazine, and it was hard to get. It was just fairly new, so many times electric shock was the treatment of choice. I, myself, had very little training in psychiatry and I particular was not proud of my job of pulling the trigger on giving people electric shock, because in my experience it was used more, well, not more but commonly punitively. When the nurses would decide that somebody was acting up, it was used as a punishment rather than as a treatment. And, I was never really proud of my job of pulling the trigger, but that was part of my job and I was the only one with an M.D. on the premises. So, it was my duty to, as they say, pull the trigger. Subsequent to that, it became less common in the years to come, and medication became more frequent in use for treatment than therapy. Electric shock is still commonly used, but more for severe depression that has not been successfully treated with medication.

Neal Holton: And, how do you think the patients viewed that?

Dr. Markle Karlen: They were fearful of it. They were, they assumed that it was given as a punishment, rather than as a treatment. And, it was a rather crude, convulsive treatment, and there were side effects. Sometimes, people with the convulsion that ensued did suffer some side effects, even fractures of, even though they were held down, there was some fractures that occurred, spinal fractures. And, ultimately, they started to use a medication which name I forget now, that was used in anesthesia to create muscle relaxation so that there was not such a violent convulsive episode. I forget the name of the medication. Perhaps you can refresh me.

Neal Holton: I do not…

Dr. Markle Karlen: Ten years removed from…

Neal Holton: Sure.

Dr. Markle Karlen: …medical practice, and at age 90, memory is not as good as it used to be.

Neal Holton: Was it phenobarbital?

Dr. Markle Karlen: No, no, it was an atropine derivative that caused a muscle relaxation, and it was used primarily in surgery to relax the patient during the anesthesia itself.

Neal Holton: Scopolamine maybe?

Dr. Markle Karlen: Again…

Neal Holton: No.

Dr. Markle Karlen: I will think of it on the way home, probably.

Neal Holton: Okay.

Dr. Markle Karlen: It will be too late to tell you about it.

Neal Holton: How about these new medicines for psychiatric…

Dr. Markle Karlen: Not available at the time.

Neal Holton: Nothing?

Dr. Markle Karlen: Actually, phenobarbital was used. A number of patients were epileptic and had seizures, so they were on phenobarbital. And, as I say, the prime psychiatric medicine at that time to quite people down was thorazine, but it was just coming in about that same year. And, it was difficult to get, so they had to, could not just use it for everybody. But, all the medications that we, are available now, Prozac and so on, were not available. That all came later in the '70s and '80s. I am talking about 1949, way back. So, the treatment was, you could say it was in the dark ages.

Neal Holton: And, was thorazine injectable or tablets?

Dr. Markle Karlen: It was, there was an injectable, but there was also a tablet. But, we dealt with people who refused to take medication, too. So, there was an injectable, too.

Neal Holton: And, do you think it was effective?

Dr. Markle Karlen: It was the best that was available at the time. It is rarely used now. I have not heard of, as I say, I have been removed from clinical practice for ten years now. But, when I retired in 2004, it was rarely used, because there was better stuff available and it did still have a lot of effects of somnolence and so on.

Neal Holton: Did you set up the treatment plans for the patients?

Dr. Markle Karlen: No. The treatment plan commonly was set up by Dr. Miller and his associate was a, as I say, a woman, Gladys, whose last name I cannot recall. So, they would, patients were commonly referred by the court as committed, and there were very few people who got better enough to be discharged and sent home, or to a halfway house. Most of them were there until they

passed away. So, once they were committed or voluntarily came, but most of them were committed either by family or by the court, and a treatment plan was set up by the administrator and his assistant. They did have people coming to do part-time consultations, neurologists that would come from the university, maybe once a week or once every two weeks, eye doctors that would come. This was at the end of World War II, so that there were a lot of people being trained at the university in the specialty eye work, neurology, surgery, and they would come out on, when called for specialty reasons and administer to the patients. And, as I said, there was a general practitioner in town, named Ray Spurzam, who would be available if there was some acute situation that needed general medical work. But, the psychiatric treatment in retrospect was pretty minimal. Not too many people recovered to the point of being discharged.

Neal Holton: And, the doctors from the university, were they residents or staff or both?

Dr. Markle Karlen: Primarily, young fellows who had just come out of the Army, who were specialists in their field and were looking for an extra reason for income purposes. They were already certified specialists, but young fellows who had just come out of the Army.

Neal Holton: Could you describe the intake and assessment of a person just arriving as a patient?

Dr. Markle Karlen: I basically was not involve in that. That was Dr. Miller and his assistant, who did prescribe the medicine. And, they too would be the ones who decided who would get electric shock or not. But, they commonly listened to the advice of the—the nurses were all, shall we say, long time experienced gals, who, they were almost all women. I do not recall any male nurses there at all. They were long time experienced nurses who decided who should get a course of electric shock and who should get thorazine when it was available. And, so that many of the decisions were made by the nursing staff, and not by the medical staff that was available.

Neal Holton: Were there team meetings to come up with the plan or…

Dr. Markle Karlen: Again, I was not involved in that, because my job was to just walk around from cottage to cottage to see who needed some medical treatment for a sore throat or a fever or a cough, or a fracture, or whatever happened.

Neal Holton: Do you think there were any safety concerns, either for the patients or the staff?

Dr. Markle Karlen: It was interesting that at that time straightjackets and restraints was a common method of keeping somebody under control. It was not during my time, but I think the year afterwards where that famous fire, when Luther Youngdahl was the governor of Minnesota, and he was instrumental in organizing a, shall we say a plan, to do away with restraints and straightjackets and make treatment in the state hospitals more humane and more gentle. And, the famous bonfire that they had in the square at Anoka Hospital to burn all the straightjackets and restraints. But, that was subsequent to my—I was not there to see that. That came about a year or so later.

Neal Holton: And, did you know about the preparations for that?

Dr. Markle Karlen: No, I was not involved with that.

Neal Holton: What kind of medical records were kept for the patients?

Dr. Markle Karlen: Again, I was not involved with the, there was a medical librarian who kept a file. There was a special room where they kept a file with the history of the patient, why they were there, who committed them, whether it was the court or the family or a voluntary admission. I was not involved in that recordkeeping. The only thing I did was, if I was treating somebody for pneumonia, I filled out a slip as to what the diagnosis was, what my findings were, what my program was in treatment. And, that was sent to the medical records and put into their file. But, I really never had access to the basic file as to why they were there and what their reasoning of the court or the family was for having them there. That was kept in the medical record department.

Neal Holton: Did you have antibiotics?

Dr. Markle Karlen: Yes. This was, as I say, 1949, so penicillin was available, both injectable and in pills. Streptomycin was available for those who had, there was some tuberculosis patients there, but there was not the wide range of 20 different antibiotics as we have now. We had a choice of three or four to use, but penicillin was very much available.

Neal Holton: Do you know anything about the tuberculosis treatment that happened at Anoka?

Dr. Markle Karlen: I do not. All I know is that there were several patients who had TB, and there was a lung specialist from the university who came out and by and large they were given streptomycin as a, which was the treatment of choice at that time.

Neal Holton: Did they do any of the collapsing of the lung surgically?

Dr. Markle Karlen: For, what was the word, it was not done there. There were some patients who had had it prior to coming to Anoka, but I was not involved in doing the actual treatments.

Neal Holton: Okay. And, how was the infectious aspect of TB handled?

Dr. Markle Karlen: There was a, as I recall, there were not too many patients. If they had TB to begin with before commitment, I do not think they were sent to Anoka, they were sent someplace else. This was for somebody who was diagnosed after treatment, after admission, and they were segregated in one of the cottages. So, but it was not a big issue. I forget where, I am not sure where the main treatment center for tuberculosis was. But, it was one of the different state hospitals.

Neal Holton: Were you aware of any disagreements or disputes about treatment plans for patients?

Dr. Markle Karlen: Not really. I do know that disagreements commonly came up from the family. Family visits were common, but there were many patients who never saw anybody, never had any visits. But, families that were concerned about treatment programs would bring their complaints or suggestions to Dr. Miller and his associate. And, I was not involved in interviewing any families. I was aware that some families were upset and disagreed with treatment plans, especially some families objected to having electric shock for their loved ones.

Neal Holton: Okay. Could you say something about the conditions in the cottages, how the patients spent their time, their living condition?

Dr. Markle Karlen: As I say, the nursing staff, I think, were all well-trained and many of them had been there for years. And, I think they took care of the daily needs very well. As I recall, the facilities were clean. They were tended to very well. The food was excellent. I ate all my meals there, too, and gained weight actually, because the meals were very fine. There were a lot of social interplay. They had programs, you know, the bingo games and meetings to, for the patients to talk in groups. I do recall evening social activities. It was common for church groups, synagogue groups and various organizations to come out, especially on Friday night and Saturday night to put on dances. They would bring their own bands and so on. So, there was always social activities, especially on weekends. And, I recall going to the dances myself and dancing with the patients. And, so they were kept busy, for those who wanted. Depressed patients very commonly would just sit by a window and just look out, and it was an individual thing as to how much they wanted to participate in the activities going on.

Neal Holton: Was there anything like occupational therapy?

Dr. Markle Karlen: There was some. Again, I was not particularly involved in that. They did have an occupational therapist, several on the grounds to set up activities. There were classes where they were doing art work, drawing pictures, needlework and so on. But, again, I was busy in my activities, making the rounds, and I did not see that. But, there was occupational therapy for those who they felt could do so and wanted to do so.

Neal Holton: Was the farm running?

Dr. Markle Karlen: Yes, it was. Much of the produce that was supplied at the kitchen for the meals was raised actually on the farm. The farm was right close by, and as I recall, there was a golf course right close by, Greenhaven, I think the name of the golf course was. I do not know if it still exists there or not. But, I remember we just would cut through the farm. They did raise corn and wheat. I think some of it was sold in the farmer's market, but much of the produce, tomatoes, cucumbers, vegetables were actually used in the kitchen for the meals that were served. The meals were very good.

Neal Holton: Maybe taking a little bit different tack here, did you have any knowledge of the attitudes of people outside the hospital in the Anoka, City of Anoka, or surrounding areas?

Dr. Markle Karlen: Not any direct contact. So, many of the people working, the nurses, the aides, the people in the maintenance lived right in Anoka. As I recall, it was one of the biggest, if not the biggest employer in the town at the time. But, I had no real contact other than the people that were living in Anoka and working at the hospital. I had no contact with people in Anoka who were not working at the hospital as to what their attitude was, whether there was any fear of patients escaping or doing any harm. And, during my four months there, as I say, I was there only four months. There were no problems that I recall of anybody escaping and doing any harm or doing anything in the town itself that cause any alarm. Although, the newspaper subsequently, as I recall, had some issues

of people wandering in the town and creating some fear among the occupants who did not work at the hospital. But, I had no particular personal knowledge of any of that.

Neal Holton: Was there a security force?

Dr. Markle Karlen: Yes, there was, as I recall. You know, there were people who would act up and get violent, and if the nurses could not control it, they did have some muscle people to, who were on call. And, you know, it was before the days of cellphones and so on, so that this was telephone availability. But, they were called upon to restrain people, and as I said, at that time, straightjackets were a common way of controlling people. Another common way was hot baths. They would fill a tub with warm water, put the patient in the tub and put a canvas restraint over the tub to hold them, and it was very effective. A good warm bath still is a good way to calm down, not only physically, but emotionally to relax people.

Neal Holton: Would you say that your time here at Anoka stayed with you as you had your practice of internal medicine? Did you have an orientation toward psychiatry at all?

Dr. Markle Karlen: As, during my fellowship at Mayo, it was a three-year deal. And, we were required to do a subspecialty of six months duration during that three years, either in pathology or in surgery. And, I elected to do a six-month stent in psychiatry and neurology. So, it was a use of my knowledge of what I had seen, not really prescribing or doing anything, other than the electric shock. And it was, shall we say, a real awakening to see what was going on in the field of psychiatry in the late ‘40s and early ‘50s, where a lot of psychiatrists had come out of the Army and had set up different treatments with the medications that were available. Thorazine, as I said, at that time plus new ones were coming out, and then the less dependence on electric shock and less dependence on the surgical treatment of psychiatric things, lobotomy and so on that had been practiced in the Army. And, those of you who saw that movie about the cuckoo’s nest saw some of the side effects of lobotomy. Lobotomy meaning surgical interruption of some of the pathways in the brain to try to calm people down, which has pretty much all passed by the _____ [00:35:47] and rarely done any more.

Neal Holton: And, what else did you do in Rochester?

Dr. Markle Karlen: The rest of my three years was training and general internal medicine, diabetes, heart trouble, high blood pressure and so on, things that I utilized in my practice once I left there.

Neal Holton: Were the subspecialties of internal medicine as organized as they are now?

Dr. Markle Karlen: Not really. When I started practice, 1953 was when I opened my office. So, that is, what, 60 years ago. There were a few subspecialists at primarily academic institutions. So, an intern, as I remember, there was no cardiologists. I was, did treatments for heart patients, liver biopsies, I did those, bone marrow biopsies, I did those. But, by the, after the 1980s, cardiologists, oncologists, cancer treatment, gastroenterologists were all trained specifically in those things, so that the general internist like myself became more of a general practitioner rather than a subspecialist doing those things that I had done. Spinal taps, we did, and all of those things were

taken away. In fact, I was rather, what shall we say, not upset, but missed doing those, because I had been trained in doing those things. But, those things were gradually taken over by the subspecialists who did those things, and probably did them better than I did, because they were doing it exclusively.

Neal Holton: Did you and your colleagues feel that you could master the field of internal medicine pretty completely?

Dr. Markle Karlen: There were, once you finished the training, the three years, you could set up your shingle and say you were a specialist in internal medicine. But, to be certified as a specialist, you had to take an examination, both an oral examination and a written examination. And, if you passed both of those, you could then be certified and hang up a shingle as a certified specialist in internal medicine. So, yes, I felt qualified in doing those things that I was doing.

Neal Holton: Could you say some more about your time in Japan?

Dr. Markle Karlen: I went into the Army right out of internship. This would be in 1947. I was assigned, I was unmarried and I asked for overseas duty, because I thought it would be interesting. And, I was sent to Japan as part of a military government team. At that time, General MacArthur was the, what shall I say, the big, the head honcho in the Pacific area. And, he had glorious plans about democratizing Japan, taking it away from the dictatorship to making it a democracy. And, they set up what was called military government teams, a team of about 20 people, a doctor, a dentist, a schoolteacher, an economist, librarians, people trained in their particular field, to be advisors and inspectors and educators to the Japanese equivalents in their particular area. I was assigned in the Kanagawa Prefecture. Instead of states, they called them prefectures, and I think they had, instead of the 50 states we had in the United States, they had about 28 prefectures. And, I was assigned to the one in Yokohama, which was sort of a suburb of Tokyo, like Minneapolis/St. Paul, it was Tokyo and Yokohama. And, I lived in Yokohama for two years.

So, we, my job was to go around and look at the different hospitals and health clinics in that area, both in Yokohama and in the suburbs surrounding, and talk to the administrators about how we did it in the United States and set up more of a Western style medication and treatment. Because, it was common in Japanese hospitals for the families to move in and do the food preparation and bring the food and do some of the nursing care in some of the hospitals. They did have university hospitals, too, which were more Western style, a Red Cross hospital, as I recall. But, it was rather primitive, and the military government teams were, that was our job to try to educate what Western, not just medicine, but dentistry, education, economics and so on. So, each team had its own function, and that was my job, in addition to doing the medical treatment for the people in my team, because I was the only doctor involved in that particular team. It was very educational, and I was very glad that I had that exposure. I was sort of a young pup, just out of an internship. But, it was very broadening, and I was unmarried and appreciated the time overseas to have that opportunity.

Neal Holton: Did you operate with interpreters, or how did that work?

Dr. Markle Karlen: Yes. I had a personal interpreter that came along with me, a Japanese fellow who had been a physician in Japan, but had also spent some time in San Francisco, so he was, had a

good knowledge of English as well as Japanese. And, he went along with me on all my tours, and was very instrumental in teaching me some Japanese, too. It was a lot of fun to be able to go into a Japanese hospital and interview a patient in their own language.

Neal Holton: And, how do you think people reacted to Americans?

Dr. Markle Karlen: Japanese people, actually Oriental people at that time were very submissive. You know, it was at the end of the war. They had been defeated and even before that, they were very submissive, you know, with the attitude that you see in the movies. And, I had the feeling that they agreed with everything you had to say, but went about their own way, doing their own things. They were very submissive, they were the vanquished, the defeated. So, they knew their place and they were very agreeable, but I did not see that our efforts were doing a heck of a lot.

Neal Holton: Were you aware of the Atomic Bomb Commission that was operating at that time?

Dr. Markle Karlen: Well, we did not know anything. I did visit Hiroshima and Nagasaki. I did go down there and spend a day or two visiting, so I saw the desolation. But, I was not involved in any of the medical. There was a tremendous amount of irradiation sickness, leukemia and people getting burns from the atomic radiation. But, I was not involved in any of that treatment, because Hiroshima and Nagasaki were several hundred miles away from Yokohama where I was stationed. But, I did have the opportunity to go down there. This would be 1949, so it was already a couple of years after the devastation, and there were some efforts of reconstruction, but still much, much devastation.

Neal Holton: Did you hear about James Neal, the geneticist, who headed up the…

Dr. Markle Karlen: No, I was not, we were not involved in that at all. I assume he was studying irradiation sickness and people who were pregnant at the time, what their kids looked like if the mother had suffered from irradiation from the bomb. But, I was not involved in any of that.

Neal Holton: Maybe we could wrap up a little bit by, if you could give advice to advocates for the mentally ill, what would you advise now?

Dr. Markle Karlen: If someone in my family, thank God nobody has needed that, but was in need of some help for psychiatric reasons, depression, bipolar, I would say get involved with a good, sympathetic psychiatrist who was not overly aggressive and not in a big hurry to do aggressive treatment. There are many, many medications available for treatment of depression. In my practice, I would say the major issue that I encountered in my patients that needed help outside of what I could do for them, was depression. And, there were many medications that were, came aboard, Prozac and other medications that could be used that were effective. And, some of the old-time psychiatrists were still trained in the use of electric shock, and I would advise my patients and families to use that as a last resort. It is still effective when depression fails to respond to the usual medications. I would say it is okay to use at that time.

My experience at, and when I first started practice, there were books written. A lot of psychiatrists came out of the Army with patients who were having emotional problems, and the term psycho,

what was it, let me think of the term, psychosomatic medicine became popular. Books written that were not popular in medical school when I went to school, but a lot of the psychiatrists felt that things like asthma, colitis, heart palpitations were, ulcerative colitis, were medications that were emotional and were amenable to psychiatric talking therapy and to psychiatric medicines. And, the, there were a number of universities that set up departments of psychosomatic medicine. I recall for several years they, psychiatrists saying, "Don't treat asthma with medications. Send them to us. We can get them better with talk therapy." After several years it became obvious that that was pie in the sky, and they would say, "Stop sending us, we can't help them." And, they returned back to medical treatment. But the term psychosomatic medicine went through its phase and there are still reasons for having a psychiatrist see somebody with asthma, but by and large, they need medical treatment, too. The same holds true for colitis and heart palpitations and other medical conditions.

Neal Holton: Was there an equivalent of what now is called post-traumatic stress disorder?

Dr. Markle Karlen: That was a term that came out after the Vietnam war. There was still a, the term after World War I was shock, what was the word, it was shock, emotional shock. I forget the term. That was World War I, and then that sort of lost its popularity, and World War II, there was not much talk about emotional injuries suffered during the war. But, during the Vietnam war is when post-traumatic stress syndrome became popular, and still is now. And, it is a term used not only from war experiences, but people who have suffered, you know, bad car accidents or bad emotional problems in divorce and so on, post-traumatic stress. And, it has become very popular now, because with veterans, with the compensation issue that is present in the Veterans Administration.

Neal Holton: Do you think there was a similar syndrome after World War II, but just did not get a label?

Dr. Markle Karlen: I think there was such, but it did not get a label. I wish I could remember the term that was used after World War I, but there was nothing after World War II that had a label like that post-traumatic, PTS, I guess. It has even gotten initials now.

Neal Holton: Why do you think that was, that World War II did not produce any knowledge about emotional damage?

Dr. Markle Karlen: I am not sure. I really cannot say.

Neal Holton: Okay. What have we forgotten to talk about? Anything else?

Dr. Markle Karlen: I have, you know, personal stories about living on the grounds, things that happened, things that I saw and some things funny, some things rather pathetic. But, that does not really, that is personal knowledge. It does not really add anything to the history of psychiatric medicine.

Neal Holton: Well, maybe if you could share a couple of examples of those stories?

Dr. Markle Karlen: I can recall several issues where you wonder why are they in the hospital to begin with. I remember, as I indicated, I lived in one of the cottages, and I had my own little apartment as part of the cottage. And, I had one of the patients was assigned to tidy up my room and make the bed and clean it up. And, I recall having a bottle of Jack Daniels sitting on my dresser, and I would have a little kanup [PH] before going to dinner at night. And, I would notice for some reason the volume was decreasing faster than I was drinking it. So, I had a suspicion that the maid that was assigned to me was nipping on the side. So, I took a little pencil and made a little mark on the label to just try to figure out what was happening to it. And, I noticed that it stopped dropping down. But, I also started noticing that the shot did not taste as good as it did. And, she was smart enough to see what I had done and was watering it down to keep it even with my mark on the label. So, I kept wondering, well she is not as dumb as I thought she was.

Another episode that was rather alarm, not alarming, but funny, but at the same time created a lot of havoc, at one of the other cottages, some guy, one of the patients who was a schizophrenic, but I do not know how he managed to do it. He stayed up all night and was not detected by the, you know, there was a nurse there throughout the night. She obviously was sleeping and was not watching, but he got into the linen closet and he took out a number of sheets and tore them into strips, and he tied them into, made a rope, tied these strips. And, he stayed there all night in the bathroom. He would feed in a couple of feet of the strip of torn sheets into the toilet, flush the toilet so the strip would flush away, and then he would feed in another couple of feet. And, he did this all night long and put in hundreds of feet of sheets into the toilet, which went into the sewer, and ultimately plugged up the sewer for the whole place so that they had to call out the plumbing with heavy equipment to dig up the yard to get rid of all these sheets. It took a couple of days until they could get the sewage system working again. So, he was not as dumb as they thought he was. He knew what he was doing, and that was one of the more funny I should say issues.

But, I remember going to some of the Saturday night dances. The little, primarily they were church groups that would come out, and they would bring a four or five-piece band of their own members, and they would put on a dance. And, there would be maybe 100, 150 of the patients that would come to the auditorium to dance. And, those of us, you know, some of the nurses and myself, we would participate and dance with the patients. It was a lot of fun, and some personal experience of my own.

But, as I say, I was not personally involved in any of the decisions about who should get what kind of treatment, other than, well, one other interesting thing that I remember. One of the patients, he was in his 40s, I believe, fell down and fractured his wrist. It was not a bad one. I put a cast, a plaster of Paris cast on it, and would come in the morning and the cast would be off. And, we could not figure out what was going on, and I would put on another cast and the next morning the cast would be off again. And, the nurse, the night nurse finally figured out what he was doing, and at might when everybody was sleeping, he would go into the bathroom and he would save a spoon from the kitchen, and he would put his cast in the toilet to soften the plaster of Paris. With the spoon, he would remove the cast, and the next morning the cast would be off, and we would put another cast and the next day he would do the same thing until we finally convinced him that that was not a good thing to do for healing his fracture. So, there were all kinds of interesting things that would go on.

Neal Holton: So, any final thoughts or additional…

Dr. Markle Karlen: My final thought is that the care of patients and the psychiatry has come a long way from the 1949s. It is more humane, it is more scientific and it is probably more beneficial, because there are patients now who live to improve enough so that they are discharged and are able to go to either a halfway house into the community, or even to return to their own family. So, there has been a lot of steps of improvement in the last, what, 70 years I guess since I was, let's see, '49, '50, that would be 65 years since I was working out there. A lot of water over the dam, and a lot of improvement.

Neal Holton: Well, thank you for coming in today and sharing what you have about your experience at Anoka, and your career, too.

Dr. Markle Karlen: I wish I had been there longer and acquired a little bit more knowledge. But, it has given me a lot of time to reflect on what I did and what maybe I should have done that was better. But, I was not in a position of making decisions. I was there to do my duty as a general practitioner. Thank you for having me. I hope it has shed some light for your, what, your, the, what, the program that is being filmed for posterity for people to look at in years to come as to what actually happened there.

Neal Holton: Well, thank you. You did a great job.

Dr. Markle Karlen: Thank you for having me.

Neal Holton: You are welcome.

[Music playing]

[End of audio]