DM: Good afternoon. I’m Deane Manolis, retired psychiatrist and chair of the Minnesota Psychiatric Society History Committee. Today is Wednesday, May 4, 2011, and we are in Dr. David Cline’s office interviewing another senior psychiatrist from Minnesota. We are continuing our oral history project, sponsored by the Minnesota Psychiatric Society and, in part, by the Minnesota Historical Society, in which we are interviewing psychiatrists who have practiced in Minnesota for many years, to learn about their lives, their practices, and a bit about how psychiatry was practiced in the latter half of the 20th Century.

Today we are privileged to have Dr. William Brauer with us. Dr. Brauer practiced in Minneapolis for many years, and until just recently, I believe, …

WB: Last October.

DM: … last October. So, I assume I can call you Bill?

WB: Sure.

DM: [chuckles] … and, Bill, we practiced together at Abbott Northwestern sometime after I moved over from Metropolitan-Mount Sinai, and, so, we overlapped a little bit there. But beyond that, I didn’t know too much about you and your practice, so it will be new information for me, as well, to learn a bit about you and we can start, as we usually do, with a little bit about your background, where you were born and raised and a little bit about your family. We’d like to hear that.

WB: All right, well, I’ll start out – you can always interrupt me. I would say I’ve been there and done that. I’ve done a lot of things, a lot of experiences. I’ve never been analyzed, psychoanalyzed, and I’ve always enjoyed helping psychotics, particularly schizophrenics. It’s been kind of a sub-specialty for me.
DM: OK.

WB: I describe myself as being – in my hero’s words, Lou Gehrig’s – the luckiest man in the world. [I’ve been lucky] first of all, because of psychiatry and the practice of psychiatry, the fact that I’ve been very fortunate with it; and second of all, for my wife and her assistance and her contributions. She’s actually the biggest contribution I’ve ever made to psychiatry, because I encouraged her to get into clinical psychology eventually, and, in that sense, helped more people than I really realized.

She was one of Darlie’s Darlings. Dr. Darlie was at the University of Minnesota [in psychology] and at that time that she applied they took a number of “older ladies” in and they called them Darlie’s Darlings.

DM: [chuckles] I didn’t know that.

WB: So, she went to the U and she’s actually had thirteen years of college. Got one B and the rest A’s. I was on the University of Minnesota faculty for 25 years and she was on it fifteen years. I’ve been in psychiatry 50 years, but luckily a distinguished life member of the APA. If you live long enough, you get eventual honors, I guess.

DM: [chuckles] Where do you come from? Where were you born and raised?

WB: I am an only child. I was born 1933 in Washington, DC. My father was an army doctor, and he died when I was about two years old, and my mother moved back to Iowa, where she’s from, and I grew up there. She taught English and dramatics in high school, and when I announced I was going into psychiatry, she cried. She did not think that psychiatry was a real medical profession. But I survived that.

DM: Where did you go to college?

WB: In the past century, I have nine Lutheran pastors in my family. One of my ancestors, Mohr, helped write Silent Night. My wife, Barbara, is a member of DAR and one of her relatives married Pocahontas’ sister. So [we] have a little Indian blood in our children, which I kid them once in awhile. She was part of the French Huguenots. Turlot was their name, and they came over to the United States, and we were driving around a few years after we got here in 1965, in that park [Elliott Park] down by what ended up as MMC. There was this big stone facing and it said Turlot. And so we checked up on it, and sure enough it was a relative. He was either major or colonel in the medical corps and came here after the Civil War and helped to found Asbury Hospital. What we were looking at was the nursing section of the old Asbury Hospital. This was for nurses, eventually it was for some single women. They had two children, both girls who died young. So there are no descendents there. But it turns out that he owned the block [in downtown Minneapolis] that the old Dayton’s, now Macys, rested on, was worth millions of dollars, and they have a Turlot museum back in New England, and so when Dayton bought that to put in some restaurants, why all that money went back to New England. So that was a chapter that we were invited, Barbara and I, to Methodist Hospital, when they opened up after moving from Asbury. I think they were worried that we might want some money, because there was an
endowment left to Asbury Hospital and so we didn’t do anything, contest that, and that’s what built the original visitor’s wing there at Methodist Hospital. I think it’s used for eating disorders now. And so they had the big banquet of some 300 people, and Barbara had to get up and give a ten-minute talk on the history, so they satisfied us and we didn’t contest anything.

So, I went to the University of Iowa for eleven years. I took a year off to go to Detroit Receiving for an internship, and …

DM: Did your family end up out here in Iowa, or how did you pick Iowa?

WB: My mother was originally from Iowa, and actually I spent a number of years as a boy on the farm and my only companions there were the Chester White pigs and the chickens, and so it turned out pretty good because I learned to live with myself. So I got along by myself.

DM: University of Iowa at Iowa City.

WB: Um hum. As a freshman I took the deferment test to be deferred from going to Korea, interrupting my college. That was apparently a triumph, because out of the thousands of college men that took the test in the six-state area, and western state area – and some of them were grad students – I came in second in score. I spent a lot of time sort of, maybe, messing around there in college. I always took nineteen hours or more because I wanted to get my money’s worth. I won over 40 medals in nine different sports and intramurals. I was in varsity fencing, and I’ve been a letterman there at the University of Iowa for almost 60 years now. I also became a life master at duplicate bridge, so I spent time at the card table, along with three fraternities. When I came back to the university in 1960 for my residency, I signed up and eventually got a Master of Science degree in psychiatry. In my third year of my training I was chief of the child psych residency there. I did some original work on de la Tourette’s syndrome. I was the first American author to propose the treatment of Haldol for the disease. At that time Haldol was known as R1265. It wasn’t even given a name at that time.

DM: This was while you were at Iowa?

WB: Yes, when I was a resident, and I’m pleased with that, because that’s still one of the treatments of choice for Tourette’s.

I worked on a master’s thesis, which I completed, and in the process I did a standard interview, constructed that – I hadn’t seen any standard interview done, till about 1979, but I did one back there. It was multi-paged, based on DSM-I, was 1952 when that came out, and so my thesis was the difference between interviewing someone face-to-face, watching the interview through a two-way mirror, and listening to the interview on tape. We did 30 patients and three psychiatrists and switched it around, but every twenty minutes or so we sat down and recorded the patient’s emotions. They recorded theirs and we recorded ours and the way it came out was that the person listening to the tape or watching the interview could judge the emotions just as well as the person doing the face-to-face contact. I did it at that time because in Kansas they were doing telephone interviews of psychiatrists and patients, and I wondered how valid that was. Nowadays they have
television, so this would be very appropriate to the many television interviews that are done here in Minnesota for psychiatry.

During my residency I worked on LSD as hallucinogens for assistance in doing psychotherapy. That was before LSD ever made a mark. Did hypnosis, sodium amytal interviews, and eventually went off to the army.

DM: Did you finish your residency before you went to the army?

WB: Yes. As I said, I took the deferment test and got deferred all the way through, so when I went in the army as a captain of nearly eight years seniority.

But it was interesting while I was at the U, one day, [liberal arts], I was at the old library just looking at the books and they had one on My Most Memorable Patient. It was written in about 1940, and it had about seven or eight psychiatrists that talked about the most memorable patient, and the theme that held everything together – the book didn’t mention it, but as I read it the theme that held it together was that the psychiatrist, rather than sitting behind the couch, became a person, and that these were memorable experiences for the doctors because they went and visited patients at the hospital or they went and visited somebody at home, or they called somebody at jail, and, in fact, this was a personal moment. So I don’t know whether this was because they were memorable as they contrasted the analytical teaching that you shouldn’t get involved, and the doctors felt that they were opposing the system, or whether they just plain felt good being a “person”.

From that I’ve always tried to be somewhat of a general practitioner in psychiatry and tried to be very personable and know something about people, at the same time being very cautious to work on transference and counter-transference, if everything I say has some meaning or everything I do has something to do with it. Essentially, it’s been more of a personal context in my 50 years.

DM: You went in the army, and were you stationed overseas?

WB: No, I went to Fort Bragg, and I was stationed with the 82nd Airborne and the Special Forces at that time. Vietnam hadn’t exploded. So, did work with them and for officer’s pay – you got extra pay if you were a parachutist with the 82nd, and you had to parachute once a month, so that you wouldn’t be frightened. Otherwise, if you waited too long they figured that you’d get frightened.

DM: So you did that?

WB: So that was a couple years and I had the child psych there. I was vice-chief of the mental health clinic. We serviced about 120,000 people, and I was the hospital psychiatrist for 20 beds and that went very well. I enjoyed that. I wrote a …

DM: Bill, you did actual parachute jumps once a month?

WB: That’s right.
DM: That’s amazing!

WB: So, then I decided to, of course, come into private practice. I looked around and decided to come here to Minneapolis, and I joined a group. Primarily it was Dr. Hannah and Dr. Leemhuis, who both did psychiatry and neurology, and Dr. Hannah was going to retire in a few years, so I came on as the, psychiatrist. Tom Olson came on as the neurologist. So, the history of the association goes back to about 1910, that the original psychiatrist for that group was about 1910, and, of course, in those days they were called alienists. So, [the group] has a long history and I stayed with them for about nine years.

DM: Was that Dr. Hannah’s father was a neuropsychiatrist?

WB: No, it was Dr. Hannah.

DM: It was just Dr. Hannah, OK. So you joined that group in about what year?

WB: That was 1965.

DM: So that practice had already been 55 years in existence.

WB: That’s right.

DM: Wow! That’s amazing. What was it like practicing with Dr. Hannah. What do you recall about that?

WB: Dr. Hannah was pretty well retired, closing down his practice. It was Dr. Leemhuis and Dr. Wilson that had the psychiatric practice, with a lot of neurological and medical problems. So I was very fortunate, I got a lot of experience in neurology while I worked there.

DM: Did they use ECT at that time?

WB: Yes. Dr. Leemhuis founded the first in-hospital psychiatric unit in Minneapolis or the Twin Cities, I believe, at Northwestern Hospital. So, we essentially practiced at Northwestern Hospital, although I belonged to many other hospitals.

I essentially have a bio-psychosocial background. Even before Adolph Meyer became popular (I liked him), from Kankakee, Illinois, the background there. That seemed to me to fit, doing psychiatry, to use everything possible. He later became very in vogue and still has some following. I was basically eclectic, and I’ve always been eclectic, and you’ll find that, from what I’ve done – I’ve been in a lot of things. I started out being pretty much of a Freudian. I still think sex makes the world go around, so I’ve appreciated that. I like Jung with his collective unconsciousness and sense of mysticism. I have recently been more enamored with Adler, I guess primarily because I think our culture and society is becoming more and more materialistic and “I” oriented, and that the power ethic is so important. Recent polls showed only 60 percent
of young people think that marriage is a good institution. Of course, that’s totally opposite of my background.

It was interesting, my wife, at the U in her class in the year after her clinical psychology, there were about nine women that were married. Everybody is divorced except us, which is a sad statement but a very clinical [valid] statistic. Whether the women outgrew their spouse or what all happened I don’t know, but we were the only one that survived. Maybe that’s certainly due to my wife’s endurance.

DM: [chuckles] Sure.

WB: But I have had the largest private practice in the state of Minnesota for about twenty years. I didn’t quite realize that but then I found out later through the drug reps that I have wrote more prescriptions for psychiatric drugs than any other doctor in Minnesota. Of course, I had a lot of drug reps come and see me that represented six different drug companies. I talked for them, I did research for them along the way, but I’ve always been a workaholic, and after I left Leemhuis Clinic, then I worked 24/7 until the year 2000.

DM: You had your own practice then?

WB: Yes. Solo practice, except when my wife joined me. And I left the Leemhuis practice [in 1974] because she was graduating, and I wanted to give her a spot to practice that she could choose her own hours and do exactly what she wanted. Actually, she’s even more of a workaholic than myself. I remember I usually had about fifteen inpatients and I would see twenty-to-twenty-five outpatients a day. That would be impossible with today’s paperwork, but I was able to do it at that time, and I know that for years on my beeper phone I would have 500-to-600 calls a month that I’d have to answer. I didn’t take any days off. I worked every day and worked through it. We don’t have many friends that way. My friends have always been my family, my wife and the people that I’ve seen as clients.

DM: One thing that was of interest to me was that I think you were one of the first if not the first psychiatrist to prescribe lithium in Minnesota.

WB: I’ll talk about that in a minute. I will mention that when I graduated in liberal arts I had minors in philosophy and humanities. I’ve always been interested in things other than science, and basically, I’m an existentialist. I think all doctors have to be an existentialist, because, number one, we have to have faith in what we’re doing, and, number two, we have to have knowledge that what we’re doing, the person’s going to die. So that, effectively, we’re going to be no good, but we have to convince the people that we take care of that we can help and be of some good. Existentialism, particularly Christian existentialism, has been very important to me. I’ve been a church-goer, that is to say from a Lutheran background, and I’ve taught many years of Sunday school. When I was working with the Leemhuis group I saw Lutheran medical missionaries that were on furlough because of emotional problems, and, eventually, that went to the Mayo Clinic. They took the whole program to Mayo Clinic. But my wife did some consulting for the Lutheran Synod, too, consulting work.
So, while I was in the service we had families that would, if they had to have psychiatric care, could only be two weeks in our hospital, and then they had to go to a state hospital. So, I had an interest in getting people well quick, and as a result, I read the book on treatment of schizophrenia with orthomolecular psychiatry. This was by Dr. Abram Hoffer and also Henry Oslund, both of whom I got to know very well and personally, and Carl Pfieffer, who also had come to the Twin Cities and worked with …

DM: Those names I'm not familiar with. Pfieffer, is it …

WB: P-f-i-e-f-f-e-r, and I'll talk about him in a minute. Dr. Hoffer, I feel, was a real genius and a real contributor who has kind of been lost. When you're practicing in Saskatchewan, Canada, there isn't much going on. They capitalized on megavitamin therapy, which are large amounts of Vitamin B3 and Vitamin C for the treatment of schizophrenia, along with other vitamins. The use of these vitamins was to contact with the methyl groups, the free-floating methyl groups, which he felt was responsible for the chemistry of schizophrenia.

So, he did a lot of work for the American Schizophrenia Association and, through that, the Minnesota Schizophrenia Association came to be, and I was president for several years, a major member. What happened, the background, was in the army I used some vitamins and I came to the Twin Cities, and I had this woman call one day and she said – Do you use megavitamins? And I say – Yes, I do. The only one I knew that used them here in town was a practitioner, a family doctor. So I said yes. Well, she wanted some help, so through that then I got connected with the Minnesota Schizophrenia Association, and I was called “Dr. Vitamin” for some time. This was a very controversial kind of thing, and I was very careful. I [was] boarded and licensed in psychiatry, and I always saw vitamins as an adjunct therapy. There were people who were ostracized and persecuted, in fact, because of vitamin therapy. What happened was with contrasting the use of somatic therapy with the classic psychodynamics. People went overboard to point out all the problems that the analysts had created without helping the schizophrenic. And so that created a dichotomy there between the vitamin people and the “regular psychiatrists.” So, I was careful. There was a lady in Saint Paul who got finally shoved out of Saint Paul, went up to Brainerd and died of cancer, very nice lady, in vitamins. It was a lady in medical practice that did high colonics, and she was viewed with skepticism. So, I gained a lot of contact with vitamins and I had some good experiences. I eventually wrote a paper I presented to a national group, of 150 schizophrenics that I treated, and I think that was really a very landmark paper.

DM: When was this?

WB: In 1972. I took 150 schizophrenics and what I did is I categorized them as either they were doing excellent or they were doing better or they were the same or they were doing worse. My statistics came out that it was rather a 1-2-1; in other words, one fourth of the group was doing excellent. They were working, they had jobs, they had families, they were, essentially, to their neighbors, a normal person. Fifty percent of the people got better, and then twenty-five percent of the people stayed the same, so it was 1-2-1. Four people ended up in the state hospital. But otherwise, I treated them very vigorously. I found that the people that I saw in town did as well statistically as the people down in Iowa and the Dakotas that came in to see me for a consult, and
that I saw just treating them over the phone. So, I think that points out the organic treatment and the power of pills. And of course I used a lot of phenothiazines[anti-psychotic drugs].

DM: So this was phenothiazines in addition to the vitamins.

WB: Oh yes, yes. There was nothing like “Vitamin P” …

DM: [chuckles]

WB: Vitamin Prolixin.

DM: [laughter]

WB: So, it was interesting along the way. In ’74 I saw an article in JAMA by Dr. Pfiiffer on fingernails, that if you are deficient in zinc, or B-6, you get white spots on your fingernails, and this was pretty much neglected, and I’ve talked about it ever since to people. The treatment is you have to be sure they have enough B-6, or they don’t dream. So, if a patient doesn’t dream, you need to give up to, say, up to 500 mg of B-6 or more. If they have the white spots then you give zinc-manganese, and that can be given as pills or drops, and you know you’re doing all right when the white spots go away. I had an internist when I was a medical student that wrote a paper on fingernails and how fast they grow. Well, they grow out in about two-and-a-half months. So, it had some practical meaning.

Well, what other meaning? Well, I looked at my daughter, Barbara. I said – You’ve got white spots on your fingernails. Oh, yeah, she said. She was about twelve at the time, and she’d always been quite a handful, kind of obstinate and stubborn, like myself. So, I said -- Let’s go ahead and try it. So, I gave her some B-6. I gave her the zinc-manganese drops, and it was somewhat like a miracle. She was an A student. She began getting A+s. She didn’t provoke things at the house. She was mellow, she was calm, and within two-to-three days of stopping her vitamins, you could tell. She became crabby, she became like some hyperactive kids or people that need Ritalin, and we’d say – Barbie, are you taking your medicine? Oh, I ran out of it two days ago, and I forgot to tell Dad. So, as a result, I used this therapy through my practice, and I’ve seen quite a few adolescents and children, and being interested in them. I can guarantee 100 percent I’ve treated, thinking about it, about 60 children or young adolescents with these white spots. I can guarantee 100 percent that their grades will go up one letter grade in school. So that’s if they’re a B student they will be an A student.

DM: Do you think that’s a form of ADHD?

WB: No, it’s a zinc deficiency. Very much a zinc deficiency, and there hasn’t been a single child that has failed.

DM: I’ll be darned.

WB: So not only do they mellow out, but they also get grades better in school. Interestingly enough, if a woman has those white spots she can be unable to climax. So, I’ve had women that
have come in that cannot climax, and I look and if they have the bad fingernails, I give them the zinc and B-6, and they’ve succeeded to have climax. I wish it worked that way for guys, but it’s been a big winner for women.

DM: Interesting. Have you written that up any place?

WB: No.

DM: Interesting. You’re going to get to the lithium at some point?

WB: Yes, we will. I’ve been pleased with the vitamins because they’ve taken over. Here, I walk by the Penny [George] Institute [on Abbott Northwestern campus] and all health and wellness. I used to talk about wellness back in 1970, before it was even a term. And, Omega-3, I see, is recognized, is printed up in our APA Journal as a treatment for preventing schizophrenia, which I don’t believe, but it’s right there in black and white a couple months ago. Omega-3’s big in ...

So I have other stories. And, of course, I got to know Linus Pauling, and he’s the two-time Nobel prizewinner. He was the one that came out taking Vitamin C for colds, and now I see zinc is the big thing for colds. So, also, it was interesting, Bill Sheehan, who’s a psychiatrist over at Willmar, when I was there several years ago, came up with a study and people that come in with depression, usually middle-aged or older, are low in cholesterol, and so I have always chided my internal medicine friends that giving all these anti-cholesterol drugs you’re creating business for me, and that was a real mystery for me, until a couple of years ago I went to a meeting in Chicago and had a recognized treater [sic] of depression in Chicago was promoting Deplin, which is folic acid. Folic acid is not taken up into the brain. It doesn’t go through the blood-brain barrier, but this Deplin is a form of folic acid that does. And so, he was very provocative in trying to have people take folic acid and had a lot of success. I’ve done it, [and] I’ve been successful.

DM: How do you spell Deplin?

WB: D-e-p-l-i-n. Seven and a-half milligrams, take one or two a day. It’s not OK’d by HMOs, so it’s kind of pricey. But the thing about it is that people that take anti-cholesterol drugs and women that take estrogens get low folic acid. To me that’s been the clue as to why people who are depressed have low cholesterol, and people need that folic acid, otherwise they become depressed.

So that’s another spin-off, and I use manganese chelate to take care of tardive dyskinisia. You know, there aren’t many treatments for tardive dyskinesia, except boost of phenothiazine, or give Clozaril, or manganese chelate in vitamins. And I’ve had quite good success using that, which other people have not any knowledge of.

So, from the vitamins, then, I’ve got connected up with a lot of things, “Bio-brain Centers” – I could go on about that. I’ve lectured on vitamins and that – but again, it’s an adjunct.
I’ll go back and answer your question about EST. I’ve done over, I figured, over 32,000
EST[electro-shock or electro-convulsive] treatments.

DM: Wow.

WB: I can’t do them now, because I’m not qualified.

DM: [chuckles]

WB: I’m locum tenens, but I can’t do it because I’m not qualified, but I’ve done 32,000. I’ve had
no deaths, no fractures, no severe crises, and I’ve been very much an advocate for EST. In fact, I
think that somebody who has their first schizophrenic break, if they’ve had EST, their long-term
over the next twenty-thirty years is better than if they just got phenothiazine for medication.

Along that line, too, I did Indoklon. Indoklon, back in the late 60s, was put out by the Ohio
Chemical Company and is a form of ether, and it causes seizures. Instead of getting the petit mal
and the grand mal seizure, you get psychomotor seizures of jerkiness, and then it goes into a full­
blown grand mal seizure. Dr. [William] Meller – senior Meller – and I were the only ones in the
Twin Cities that used it. I had a series of over 25 patients, and it works just as good as EST. Of
course, by using it I would tell people – Well, we’ve got to get some therapy for you, well, how
about some electrotherapy? No, I’ve had that, I won’t take it, I won’t sign for it. And I told them
– Well, gee, I have some … it’s kind of like ether and it’s a therapy. Oh, that’s all right. So,
you’d sign for it. My anesthesiologists weren’t very happy with it, because it left a little smell in
the room and you could kind of taste it in your fillings, but none of the treatment staff had any
reaction. What you did is you injected it into an Ambu ventilator, and then you ventilated the
patient for about four or five squeezes and they went from a psychomotor into a grand mal
seizure. The reason I stopped using it, I suppose, it was a little more difficult than EST, but the
Ohio Chemical Company stopped making it. I still had some vials in my desk and I had a call
from the University and they said – We’ve got somebody here for you. Oh, what do you mean?
Well, this person needs EST, but we tried to give them a treatment and they’d had some brain
surgery and they had a metal grill, and they blew out the machine, so can we send them over and
you do Indoklon therapy? Which I did, and it was successful.

Just another thought. I had three patients that I ordered lobotomies on – this was back in the 60s.
One didn’t change. One did better, and one was a tremendous success. This was a fellow that
kept trying to kill himself. He had to have 24-hour watch. He tried to suicide, and so I finally
thought maybe this is an obsession with him. He and his mother were agreeable to lobotomy, and
they measured it up just so. The neurologist told me measure this very carefully, and this and
that. So he had his lobotomy and he did extremely well. Never made another suicide attempt.
Never had any mental health treatment after that. Was a Bible-thumping Lutheran and went to
bartending school, and so he worked with the resorts up north as a bartender. (You know,
lobotomies can cause a little sociopathy.) He never had any seizures. So, about six years later, he
had a cardiac problem, came back to Northwestern Hospital and died. And so, in the autopsy, I
went down and took a look at his brain and in the forebrain there was a mass about the size of a
lemon of scar tissue. A person would wonder how could you ever walk around with that and, of
course, I had been assured by the neurosurgeons that it was all very delicate. Well, that was very interesting.

DM: It sure was! [chuckles]

WB: [Let’s] Talk about Lithium. When I was a resident in 1963, one of my supervisors said there’s a treatment called lithium [lithium carbonate]. Of course, Cade, in 1950, had come across it.

DM: I’m trying to think of this ... C-a-d-y.

WB: C-a-d-e. He was in Australia, he was working with animals and found that lithium was a sedator[sedative]. Of course, lithium wasn’t going on at that time. When I was in the army I had a couple people that I’d recommend lithium for, but there wasn’t anybody that gave it. So when I came to the Twin Cities, I contacted Mogens Schou, who’s an international authority from Denmark on lithium, and I kept up a correspondence through the years with him. With his recommendations and reading material, I had the pharmacist at Northwestern Hospital make up capsules. He made up 300 milligram capsules and so I was able to prescribe those to my people with manic depressive illness. I was very cautious about it, of course, so I had the people start out in groups, and I had groups of ten or twelve people that would come in once a month. I started, of course, with one group, but then they’d come in once a month and they’d get their blood drawn for lithium, and then we’d get together for about 45 minutes in a group and talk about manic-depressive illness. Of course, the bugaboo for me was whenever you get somebody who’s manic, how in the world do you get them in the hospital? “Nothing wrong with me, I don’t have to be in the hospital.” So I’d use these groups to spin through story after story and through the next ten years I only had one person that got manic and refused to go to the hospital. Otherwise, all my manic people diligently came in the hospital...

DM: So that was kind of with peer pressure, a little bit, too.

WB: Oh, yes, it was an educational ... and I’ve been interested in group therapy a long time, started in my residency. So, it was kind of a psycho-educational thing. Well, it ended up toward the end that I had about fifteen groups of ten or twelve people in the group. I’ve never had any death with lithium. I’ve had several older people that got toxic. I had one person that had to have dialysis, but aside from that, lithium has been a very, very useful, good drug.

DM: Thinking back, were you the first one to use it in Minnesota?

WB: Far as I know. You see, it got a bad name. Back in [the] 1900s, they had lithium water at the resorts. You could get lithium water just like you get water in the grocery store now. So it was used, but then in the late 1940s, the Mayo Clinic started using lithium as a salt substitute, and so they had a geriatric population that didn’t have any controls and they’d just sprinkle the lithium carbonate as a salt substitute, and they had a number of deaths.

DM: Oh, for heaven’s sake.

WB: So, lithium in Minnesota had a bad name.
DM: Interesting. I didn’t know that.

WB: I made my own pills from 1965 until 1969. No drug company would make lithium pills.

DM: I remember that.

WB: Because they were cheap.

DM: No profit.

WB: No profit in it. It was a penny a pill. The first company that made it was a company out of Staples, Minnesota. They were … Rowe [Pharmaceuticals] was their name, in 1969.

DM: I remember that.

WB: Ever since manufacturers got into it, I’ve always been sort of skeptical about time release and other type of pills, and I still like lithium carbonate as a pill. I’ve used lithium citrate, too, of course, which is the liquid, when somebody’s acutely ill. I’ve found that lithium – I wrote a paper on it – it’s like a fever breaking, if you give somebody who’s manic lithium in somewhere between seven-to-ten days, their mania breaks, just like the old-time fevers used to break before antibiotics. That’s been an interesting story. I’ve stopped doing that because I felt comfortable and just saw lithium people in the office, but I’ve used thousands of people on lithium, and it’s also very useful for people with anger problems. I’ve used it for people that flare up and get in trouble with jobs. So, unfortunately, Dr. Schou, to the end, kept saying that lithium didn’t affect the kidneys, but it does. So, I’ve had some people on 30-40 years of lithium, but I’ve had some people after a certain amount of time, their creatinine [kidney function test] increased and you had to give up lithium.

DM: Exactly.

WB: Along the way, we were talking about group therapy – I started with groups as a resident, so I was one of the charter members of Minnesota Group Psychotherapy Association. I’ve been a member of about 35 medical organizations, and I’ve been a charter or founding member of eight of those. On Group Psychotherapy, Pearl Rosenberg, who was vice-[dean, medical school] in admissions …

DM: At the University.

WB: … at the U, and also Sam Shou [?], the psychologist, over in Saint Paul, Samuel Shou, were also founders. Pearl used it to jump up into the national group, but for years I’ve belonged to that and contributed, until they got into sort of off-kilter things. I know I did work in chemical dependency and always encouraged [them]. I lectured three years, once a week, at Northwestern Hospital to the chem dep counselors, and kept encouraging them – that was in 1970 – to get some organization. They finally did, so they got some credentialing.
I had groups in the army of service wives, foreign [born] service wives. I’ve always felt that – for example, my theme was, “Schizophrenia: Pills and Pals.” I’ve always thought that people need other people, and here were these Japanese, German, Korean service wives who really knew nobody, and they were psychotic. So I had a group of them and we would meet once a month, and I’d hand out their prescriptions and try to get some dialog going, and, you know, they got to know each other, and it was very positive. In the same way, at Northwestern I had a group of young men, I had a schizophrenic group, and we met once a week, and the reason for meeting was to get their vitamin shots. If they didn’t come to group they didn’t get their vitamin shot. If they didn’t get the vitamin shot maybe they weren’t going to get well. So, that carried on for about a year, with the hopes that, wow, we can get these people going on with their lives instead of being on disability and that. Well, I failed. I don’t know how many psychiatrists get somebody on Social Security, off Social Security. You don’t do it. So the fellows that were on kept talking – “Well, gee, why are you working? I get money from the state.”

DM: Oh, oh. A little peer pressure again. [chuckles]

WB: So, that fizzled. We did car washes together and things like that. Those fellows twenty years later were … I’d see them and they’d ask well how’s so-and-so, and how’s so-and-so, and they were essentially homeless people that made friends.

Then, we could go on and talk about groups I got involved with. Always the schizophrenic does not take their medicine. They are undependable. And in the service I tried to write a paper on urine tests, that at least you could test their urine and know that the people were taking it. Well, lo and behold, in 1969, Prolixin Enanthate came out, and I suppose I was the first one in Minnesota to use it.

DM: It’s a long-acting, injectable [anti-psychotic—also called depot neuroleptic].

WB: It’s long-acting, and you give a shot every two weeks. So from that I would have the patients come to our mental health unit at Northwestern and get their shots every two weeks and that went on for, oh, ten years. And they got vitamin shots also. Then I switched that over to my private practice, and it ended up I had a nurse come in twice a week, and we had about 80 patients that were getting long-term shots. It kept them going.

DM: Kept people on medication.

WB: I’m very, very persistent in keeping people on their programs. If they didn’t come in for their shot, my secretary called them. They had to come in the next day and I’d give them the shot. So there was no escape.

DM: [laughter]

WB: As long as they were under my care, they were under my care.

DM: That’s very good.
WB: So we did that for about twenty years, and I think I probably had the, if not the longest [long] acting clinic, certainly ...

DM: So you were very involved in schizophrenia, and David Cline reminded me here that we’re in the Wasie Building here, and the Wasie Foundation.

WB: So with the Prolixin went into Prolixin Decanoate, which had less side effects. It didn’t work quite as well, but had less side effects. Then Haldol Decanoate, I used that, and the dosages were very ... not enough, I found that out right away. Now they have Risperdal Decanoate, which doesn’t work as well. Now they have Zyprexa, long-acting, which is not in my sense, of good at all, because people have to stick around the clinic for a couple hours; because they can have adverse reactions.

At any rate, that’s my experience with the clinics. Over in Germany 50 percent of the schizophrenics get long-acting shots. They have different long-acting drugs that they can [prescribe]...

So, then I sort of went along, I was a member of the Hennepin County Medical Library that was upstairs in the medical building downtown. Miss Martin, who is the librarian, was my tenth grade teacher in high school. I connected up with her. So for ten years when they closed that down I was one of the people connected with the library and Tom Hoban [executive director of Hennepin County Medical Society].

I don’t know whether it’s true now, but back in the 70s, Minneapolis had more witches than any town in the United States.

DM: Witches?

WB: Witches. Most of these were white witches.

DM: Really.

WB: Black witches are the kind you think of. But white witches existed, and they had many covens in town, which were very secret and unknown, and they had a shop down just east of the Basilica [of St. Mary] where they sold witches’ craft and that, and I took care of a number of witches. The reason for this is that Loring Park is one of the three areas in the world that has a certain depth and shape. They have one in Russia and one in England, and they have Loring Park. And because of this it attracts the witches.

DM: I’ll be darned.

WB: So, my wife took care of witches, and that was kind of scary, too. She asked her supervisor how about that. She had children of witches. He said, “well, are you washed in the Blood of the Lamb?” You’ve got to keep your Christian background, dealing with these.

Also, along the way we had Moreno with his wife with psychodrama.
OM: I remember psychodrama [a group psychotherapy form].

WB: But this about 1970, down by the center – it was in a church downtown. He put on a demonstration. That was very fascinating.

DM: Again, Moreno?

WB: Yes, psychodrama ...M-o-r-e-n-o.

DM: Oh, yeah, Moreno.

WB: So, it was like doing a theatrical production and you had people in different corners, and you had some person on a chair with a problem, and you had some dialog going on, and then you had a person behind them saying – But you should be saying this. Or – This is what should be going on. So, I, you know, borrow from everybody, and I’ve had people in my office that I’ve traded places with. They say – Can I sit in your chair? Sure, yeah, so I’d change seats with them. Then, I had people that you can’t get anything out of. It’s really a problem, they need to talk. Well, you sit in my chair. And they sat behind the desk. Now I’ll talk with you, and you try to help me. So, we reversed roles.

DM: Role reversal, yeah.

WB: That was very fascinating. And Clifford Beers, who was the first founder of social work, did that with his psychiatrists in 1910. He said why can’t I sit there and you be on the couch, and the doctor said – Fine, that’s good.

DM: [chuckles] WB: So, then student unrest came about, that was in the 70s, and we had that with the cults, the Moonies, Hare Krishna, the people at the airport in their white robes. Maybe everybody’s forgotten about that. My wife was going over to the U, and one day she ran into our neighbor, a young fellow who was going to the U, and he said – “Now, they’re going to have tear gas today and here’s how you handle tear gas with a mask and that.” She came home.

DM: [chuckles] She didn’t go.

WB: But those were tough times. They closed the U for awhile. They had a death over at the University of Wisconsin. I helped some families try to get their children out of the cults, and the cults used sensory deprivation. I think a lot of them were a spin-off of the drug scene at that time, and maybe forty percent of the West branch [Bank] there at the U were probably walking schizophrenics. Once again, they liked to have friends, and cults were a way to have friends. So, you had police that were hired to capture people away from the cult and that was quite a scene and a time.

DM: Didn’t they have what was called a de-programming?
WB: Yes. Correct. So you had a real battle between the families and the young people.

In 1974 I had an experience never repeated. I had five people at Northwestern that were suicidal, and I told them, I said – “You need to have EST.” I felt they were suicidal. And they said, no. I begged their families, I begged them to have EST, these five different people. They refused, and I said – I won’t take care of you then. You have to get another psychiatrist. Two months after leaving me, four of those people were dead from suicide, and a fifth one I didn’t have any follow-up. Which raises a question. One of my colleagues’ friend from University of Iowa referred somebody who was suicidal and psychotic, and he said, well, what he did is he committed them, on his commitment. He’s in Saint Louis. He said – I’ve done that for about 100 people. I’m the guy that commits them. Their family won’t do it, they won’t do it, and I’ve thought about that this past year, hearing about it, you know. We had this fellow with lymphoma, a young adolescent that the lawyer said I’m going to commit you and get you treatment, and that made national headlines. He went to California and came back and got treated, successfully. But I’ve never thought that as a psychiatrist I have the power to commit somebody when their family and when they don’t want it, to commit them to a treatment when they don’t feel that they want to. So, that’s a very interesting thing, but was scary to me to have that statistical...

Then, with the Wasie House, I was interested in, of course, groups and rehab and I did consulting to Chrysalis, the women’s group. Andrew Board and Care, which was a three-story mental health institution [“Board and Care”] downtown, and did a lot of work there, so I thought, well, want to form a halfway house. Well, I saw it as more of a three-quarter-way house, but Northwestern had a house on the campus, and I talked to the administration and they said, well, fine, we can do that. So, we set up this house. The people had a kitchen but they also had meal tickets. They could go over to the hospital and eat their meals there. We had room for eleven people and I had a live-in supervisor. I never charged anything. I met with them twice a week for eleven years, just as a service.

DM: That was the Wasie House.

WB: That was the Wasie House.

DM: Do you know about the Wasie family? Would you fill us in on that a little bit?

WB: The Wasie family …

DM: That’s W-a-s-i-e?

WB: W-a-s-i-e. … was a friend of Dr. Leemhuis’s and [who had] a big national commercial transport [company] and had quite a bit of funds, but had interest in mental health, and so through Dr. Leemhuis and the hospital and that, we were able to sponsor Wasie House. And Wasie House, by a committee headed by Virginia Dayton, voted that as the prototype for the Twin Cities for a halfway house. Not that it was any super dwelling, but it …

DM: It was right here on campus?
WB: It was where the women’s cancer treatment building is now. Eventually, they tore it down, and for a couple of years it was over in the Wasie Building, which was built also by Mr. Wasie, and had a swimming pool and offices and many things, and the Wasie House existed on third floor there for a couple years. [Later used as housing for hospital patients’ families.]

DM: Well, this is the Wasie Building, isn’t it, where we are, right where we are today.

WB: Yeah—this is it!

DM: We’re on the fifth floor. That’s interesting.

WB: These were schizophrenics, mostly, and I had it set up that if they worked, then they paid less.

DM: OK.

WB: So not only if they worked did they get a salary, but they had less [to] pay for room and board. Again, we gave people friends. A couple that got married, and things like that. It was very interesting.

So, then I also was interested in demon possession. This resulted in my using exorcism, and I had three psychologists, all clinical psychologists and Lutheran ministers, who did exorcism. These were Ralph Underwager and Irwin Prange and Bill Backus, down at the Hennepin County. As I would say, if you never think of a diagnosis you’re never going to make it. So, I did have some people that had exorcism that I ordered, and it’s interesting within the past year, out of the Vatican, they listed I think it’s twelve-fifteen rules, how to do exorcism.

DM: My goodness.

WB: So this is for priests that want to do exorcism. You know, in Lutheran religion the devil is not just the absence of good, the devil is a force out there. So, it was not a surprise to me. I even tinkered with. . . well, I have papers at home to write an article on it, but while I was doing that I had bad things happen in my family, which I really feel was the devil working, and I was afraid to finally prepare the paper, because of what would happen to me and my family.

DM: OK. We’re running a little short on time, Bill.

WB: I’m sure you are, because I haven’t even begun to fight here.

[DM checks time left on tape]

DM: [laughter] You can say more about the exorcism if you want to.

DC: Say more about the devil and your family’s reaction if you care to.
WB: Well, what happened during that period when I was using those resources, then our daughter, who I talked about with the fingernails, was in college and turned Islam, married a fellow from Syria, and that’s where they live, now. And so, I mean, how bad can it get? We thought we’d never see her again. But things have been all right since then. So, who knows what the devil’s doing out there.

Also, they had the Jordan, [Minnesota] witch-hunt, as you remember, back there in the 80s, where children out in Jordan were thought to have been sexually abused by their families. Some of my wife’s classmates who were psychologists testified. That was a big national scandal out at Jordan. Well, Ralph Underwager was the head of Institute for Psychological Therapy, and I hired on there as being a medical consultant to him, and it was interesting that he spoke nationally and appeared nationally at trials supporting the parents, because he had just this one side, but there are children who would blame their parents, who would accuse them of sexual abuse when the parents did not do it. So, it’s a two-sided thing, and one of my favorite child psychiatrists said – “Brauer, why are you working with that guy, because, you know, they’re getting abused.” Well, this friend of mine ended up losing his license because he was sexually abusing his clients …

DM: Oh, my.

WB: … his adolescent girls.

WB: So I felt very bad at the time for what was happening, but it was another side to that whole issue.

We went through SAD, Seasonal Affective Disorder. OK, so I bought a light therapy box – gosh it was a big thing. So I’d rent it out to my patients. I’d say – Try it for a couple weeks, see if it works, and if it worked, then I’d write a prescription for it. So that was the thing.

The monilia, or candida, was in the mid-80s a big thing. This was monilia causing mental illness, and I had about 30 women that I treated with Diflucan and treated their monilia and their depression went away. Before that they were treatment-resistant depressions.

Then, in about 1990s, why then Dr. Trangle, who was chief of …

DM: Michael Trangle.

WB: … Abbott Northwestern psychiatric group. (I was that for four times.) At any rate, he had a surprise study because people were not being kept on anti-depressants, and he wondered how we were doing. So, he just pulled people out of our practice, unknown to us. He pulled thirteen out of mine, to see what we’d done with anti-depressants, and the good news was that all thirteen of my patients were on anti-depressants until they demanded they would take them no more. That I was very persistent in … used the old term – You go home with the guy that brought you. The guy that takes you to the dance you go home with him. The medicine that gets you well, you stay on.

DM: You stay with it.
WB: So, that was the good news. And I used ... out of these thirteen people I had nine different anti-depressants, so they didn’t all have the same anti-depressant.

DM: You tailored them exactly.

WB: I tailored them, and I spent a lot of time. I used DST testing [a blood test thought to be able to diagnose and monitor response to depression—proved not to be so], where you give – out of the University of Michigan – you give cortisol and monitor their cortisol level. I would talk to people who came in with depression, and I’d think about five or ten minutes before I’d tell them what anti-depressant I wanted. All thirteen of these people stayed on the same anti-depressant I started them on. They all got well with what I started them on. That was the bad news, because I’ve always thought that people react differently chemically, and some therapists have always said anti-depressants are anti-depressants, doesn’t make any difference what kind you use, just as long as you boost the serotonin, or you loosen the adrenalin. And so I had to have in hand, look at myself and say – Maybe that’s right, because I always refused to believe that, and they all seemed to get better.

DM: Well, Bill, we are needing to wind down here a little bit. You told me, I think, you retired several times and you were doing consultations after that. You closed your practice and then you ...

WB: No, I didn’t sell it, I just closed it up.

DM: Closed it up, I mean. But then you’ve done some consultative work since then, and ...

WB: Oh, yes. I got bored after a year, so I went back and I’ve done locum tenens work. I’ve worked at Hutchinson, I’ve worked at Willmar, I’ve worked at Cambridge, and I also worked for the state. The state set up small hospitals, ten small hospitals, and one was just five miles away from my cabin, so I talked to Dr. Radke, I said – Gec, I’d be happy to work with you. OK, you can be head. So I was head of that hospital ...

DM: That was in Annandale.

WB: ... fourteen-bed hospital, for close to two years, and I loved it. I love working with the psychotic people and my length of stay – well, let’s say the other hospitals’ length of stay for patients, including my length of stay, was two-and-a-half times [more than] mine, ...

DM: Yours. OK.

WB: ... which my length of stay was twelve days. I had no suicides in any of my discharged patients, even though I sent them out earlier, and I had no difference in the recidivism rate of five percent. That was the same as the other hospitals.

So, then, I quit. It was a very unhappy work situation. The old-timers didn’t like my approach to things, and although other doctors had thousands of dollars of damage done by patients [in other
facilities], I only had one table broken in two years, and this was because I treated people with medication.

DM: Right. So, now, Bill, you say you have been retired now since last October?

WB: Since last October.

One thing I’d like to mention was one of my favorite things was working with Tasks Unlimited. This is a group that was spun out of the “Fairweather Program” of California, and Dorothy Berger at Anoka [Regional treatment Center] Hospital started it in the mid-70s. It’s a residential situation for psychotic people who work. The people are trained for jobs, they get a wage. They live together and have supervision. They have very close supervision of their medications. Stan [Steven] Greenwald was the first medical director. I became medical director in 1990 for the next ten years, and Dean Knudson is now the medical director. I had, at that time – it’s grown some – but we had fifteen houses, over 100 patients, and I loved that.

DM: I know that’s been an excellent program. It has very good records.

WB: And I really just busted myself in the training program, because we had a training house where you’d try to treat people that they could live in the community and they could do a job. So I spent a lot of the time with medication as Dean does, and that was certainly one of my all-time favorites.

Speaking of Dr. Hannah, one of the previous doctors in the [his] group had told Dr. Hannah – “When I die, I’m going to come back and give you the secret of schizophrenia.” Hewitt Hannah said to me – “You know, he never came back.”

DM: [chuckles]

WB: Here in the late 1980s, for no particular reason – I hadn’t done any reading or any study or anything – I had a dream, and I woke up and here was this power figure sitting behind a desk, and I was there, and he gave me five enzymes, the clue to schizophrenia.

DM: [chuckles]

WB: I’m not sure I got them all right, but I wrote down the four of them, and one of them was being used already and another, I see in the APA Journal two months ago, is now a big key for the pursuit of the treatment of schizophrenia. So I kind of a mystical experience … high horse, you know … the geek that I am, I wrote the National Institutes of Health and reported it to them. I said -- You know, I think you ought to investigate these. I said, you don’t have to answer me, and nobody ever answered …

DM: Well, Bill, I think we are going to have to quit here. This has been a very fascinating period of time. We have learned an awful lot. You’ve certainly had a fascinating career. Of all the interesting things you’ve told us today, that’s very …
WB: … the woman, the treatment for schizophrenia was to fast, so she said – I want to fast. She’s living in Wasie House, I’ll go along with that. So, I monitored her very closely, electrolytes, [etc.]. For three weeks she fasted, nothing to eat, just water, and she got better! Her symptoms improved, and then one day she went to the grocery store. She ate a stalk of celery and became psychotic. You get those experiences. They make you think. I’ve always thought we put a lot of DDT or chemical things, and maybe she had something on her celery. That was a fascinating experience. So, as I say, you learn from your patients, if you want to know something about something, you say – Well, I’m interested in this, and those patients come to you and they teach you, so that you eventually become “an expert,” even though you didn’t start out that way.

DM: Even though your patients teach you.

WB: That’s my story and my family won’t give me any more retirement parties, so that’s it.

DM: Thank you very much, Bill. It’s been a delight to have you.

[End of interview.]

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