

Sherwin Bernard Nuland

Surgeon and author who underwent electroshock therapy

Sherwin Bernard Nuland (b 1930; q Yale University 1955), died from prostate cancer on 3 March 2014.

In February 2001 Sherwin “Shep” Nuland walked on stage to give a talk before hundreds of people at a TED conference in Monterey, California. Nuland, an award winning author, retired surgeon, and clinical professor at Yale University, publicly revealed for the first time the details of his descent, in the early 1970s, into depression.

“I am a man who, almost 30 years ago, had his life saved by two long courses of electroshock therapy,” he told the audience. “And let me tell you this story.”

Nuland told them that the famous painting *The Scream*, by Edvard Munch, accurately depicted his depressed and obsessional state of mind during his worst times. In addition to his incapacitating depression, Nuland had been captive to “all kinds of ritualistic observances, just awful, awful stuff,” he said, adding: “Every moment was a scream.”

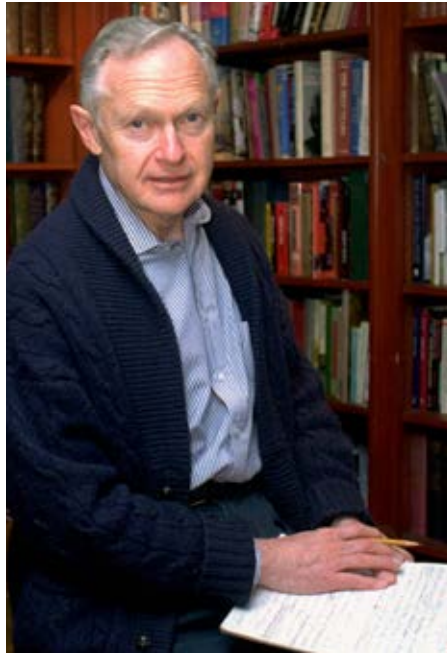
Psychiatrist J Alexander Bodkin, chief of clinical psychopharmacology research at Harvard University-affiliated McLean Hospital, says: “Sherwin Nuland’s TED talk is by far the most compelling presentation in existence by a person who was saved by electroconvulsive therapy (ECT), and who otherwise was doomed to death or worse.”

Bodkin, who as a third year Yale medical student spent two months with Nuland as a surgery apprentice, believes that Nuland’s talk convinced many patients who “urgently needed” ECT, but were afraid, to undergo the therapy.

“Nothing has ever been found that is as effective as ECT against severe major depression,” says Bodkin. “No medicine, no psychotherapy, nothing. Shep saved many, many lives with his obviously difficult self revelation. Of that there is no question. And many more will be saved in years ahead.”

Nuland’s depression may have had its roots in his difficult childhood. He was born in 1930 in the Bronx in New York City and given the name Shepsel Ber Nudelman. His parents were Orthodox Jews who had emigrated from Russia. When Nuland entered primary school, he Americanized his first and middle names to Sherwin Bernard.

He lived in a cramped apartment with his parents, older brother Harvey, maternal grandmother, and an unmarried aunt. Yiddish was the language at home. The atmosphere was heavy with sickness and death. One sibling died at age 3, another was stillborn. Nuland was admitted to hospital with diphtheria, and Harvey contracted



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rheumatic fever. Their mother died from colon cancer when Nuland was 11.

Through the pain and suffering, there was always the threat of the explosive temper of his father, a garment worker who never learnt English. He was chronically ill with physical disabilities, and could hardly climb stairs without help from his sons. Nuland was afraid and ashamed of him.

Nuland’s interest in medicine came from his older cousin, Willie Nuland, a doctor who had Americanized his surname of Nudelman. While still in high school, Sherwin and Harvey also changed their surnames. (Sherwin) Nuland earned a bachelors degree from New York University in 1951 and a medical degree from Yale in 1955.

His descent into depression began in the late 1960s, as his first marriage was heading towards divorce. Nuland began scheduling all his surgical cases at the Yale-New Haven Hospital in the afternoon because he was unable to rise from bed before 11 am. Referrals from colleagues decreased until he no longer had patients.

A six week stint in the acute care psychiatric unit of Yale hospital failed to help. In 1973 he

was admitted to a hospital in Hartford for long term psychiatric care. Neither psychotherapy nor various medications were effective against his depression or his increasingly severe obsessional thinking.

Nuland later learnt that, because of his status as a Yale surgeon, all senior staff at the hospital attended a meeting to decide his fate. In his TED talk in 2001, Nuland said, “So they decided—I didn’t know this, again, I found this out later—that the only thing that could be done was for this 43 year old man to have a prefrontal lobotomy.”

However, Vittorio Ferrero, a 27 year old resident from Italy who had been having two to three private sessions a week with Nuland, strongly disagreed and demanded a meeting with senior staff. Ferrero felt he had a better understanding of Nuland than senior staff, many of whom had no personal contact with Nuland. Ferrero believed Nuland suffered from “pure depression,” and that this was the trigger for his obsessional thinking. He told senior staff he would resign unless the prefrontal lobotomy was cancelled and Nuland was given a course of electroshock therapy instead. Senior staff reluctantly agreed to a 10 session course, seeing it as a delay before the lobotomy.

The first eight electroshock sessions had no effect. With the ninth, Nuland noticed a change. On the 10th, “a real change.” Senior staff agreed to a second course of 10 sessions. After 20 sessions, Nuland felt he could beat the obsessional thinking and the depression. “It was as though those tightly coiled wires in my head had been disconnected, and I could think clearly,” he said at the TED conference.

After 13 months, Nuland was discharged from the hospital and proceeded to rebuild his life and career. He had two adored children from his first marriage, and in 1977 he married Sarah Paterson and they had a son and a daughter. Nuland eventually returned to Yale, where, in addition to surgery, he taught medical ethics and medical history.

Nuland’s first book was published in 1988. Four years later he retired from surgery so he could write full time, eventually authoring over a dozen books and writing for newspapers and magazines.¹

Nuland himself told his life story in a 2011 video interview (<http://www.webofstories.com/play/sherwin.nuland/1>). He leaves his wife; two sons; and two daughters.

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The full version of this article with references is on bmj.com.

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John Francis Harrison

Consultant geriatrician Birmingham (b 1932; q Cambridge/St Thomas' Hospital 1955; FRCP), died from a stroke on 10 April 2014.

John Francis Harrison trained in general medicine and nephrology, and undertook research in Birmingham before he was appointed consultant at Selly Oak Hospital. He realised that what the hospital needed was an effective geriatric service. He retrained himself in geriatrics and transformed hospital provision for old people in south and central Birmingham, giving the Queen Elizabeth Hospital its first on-site geriatric service. He developed an interest in rehabilitation medicine from his work on the unit for younger disabled patients at Moseley Hall Hospital and compiled an influential report for the Royal College of Physicians, which was published in 1987. His retirement to Shropshire allowed a flowering of other interests, including poetry. He leaves his wife of 55 years, two sons, and two grandchildren.

Edmund Dunstan

Cite this as: BMJ 2014;348:g3669

Lois Edythe Hurter

Former consultant obstetrician and gynaecologist (b 1919; q 1945; MRCS, MD, FRCOG), d 5 February 2014.

Lois Edythe Hurter was appointed assistant obstetrician and gynaecologist at Lambeth Hospital. When the NHS was set up in 1948 she was graded as a senior registrar, and in 1951 she was appointed consultant at Lambeth Hospital, the Annie McCall Maternity Home, and the Elizabeth Garrett Anderson and Chelsea Royal hospitals, and lecturer in obstetrics at St Thomas' Medical School. In 1954 she was appointed consultant at St Thomas'. The obstetric unit at Lambeth was eventually moved into St Thomas'. Lois's teaching rounds became legendary, and the last one she conducted at Lambeth attracted more than 50 former house surgeons and registrars. She retired at the end of 1979 and spent her retirement in Sussex, where she became much involved in the local community.

David Hurter

Cite this as: BMJ 2014;348:g3472

David Godfrey Jenkins



Consultant in rheumatology (b 1934; q St Thomas' Hospital, London, 1959; FRCP, DPhysMed), d 24 February 2014

David Godfrey Jenkins took a short service commission and worked as general duties medical officer in Malaya. He was then posted to Germany, and in 1966 he took a regular commission for specialist training in physical medicine. He worked at the army's medical rehabilitation units in Chester and Woolwich and subsequently at the joint medical rehabilitation centre RAF Chessington. After retiring from the Royal Army Medical Corps, he was appointed as consultant in rheumatology at St George's Hospital and medical director of the Wolfson Medical Rehabilitation Centre, Atkinson Morley Hospital. He became involved with medicolegal work, and he continued this after retiring from the NHS in 1996. He leaves his wife, Hilary; two children from a previous marriage; and five grandchildren.

Hilary Jenkins

Cite this as: BMJ 2014;348:g3476

Mary MacDonald



Pathologist Edinburgh Royal Infirmary and Edinburgh University Medical School (b 1923; q Edinburgh 1945; FRCPEd, FRCPath), died from heart failure on 12 March 2014.

Mary MacDonald was an international authority on early electron microscopy and immunofluorescence microscopy of the kidney. With

her husband, James Robson, she established the first percutaneous renal biopsy service in the east of Scotland. Her contribution to renal biopsy interpretation played a signal part in the development of an entirely new classification of glomerulonephritis. She mentored students undertaking an Hons BSc, produced numerous papers and monographs and was heavily involved in the publication of the early editions of *Davidson's Principles and Practice of Medicine*. Outside medicine, and apart from her family, she had a lifelong interest in astronomy, and a sincere dislike of any sporting or athletic activity, except cricket. Mary enjoyed her extensive garden and fine arts. She leaves two sons, two grandchildren, and a great grandchild.

A F MacDonald

Cite this as: BMJ 2014;348:g3664

Ian William Payne



Former consultant ophthalmologist (b 1923; q Manchester University 1946; DOMS, FRCS), died from pneumonia, dementia, and heart failure on 6 December 2013.

After qualifying Ian William Payne became a house surgeon at Manchester Royal Eye Hospital. He did two years' national service as a captain in the Royal Army Medical Corps and in 1949 was appointed as demonstrator of anatomy at Manchester University. In 1950 he moved to London and worked at the Royal Eye Hospital in St George's Circus for five years. He then took up his post as consultant ophthalmologist at Plymouth Royal Eye Infirmary and moved with his family to the edge of Dartmoor in Devon. He retired from the post in 1987. He was a keen and talented multi-instrumentalist; his other interests included ancient history

and archaeology, and the church. He leaves his widow, two daughters, and a granddaughter.

Sue Pearkes

Cite this as: BMJ 2014;348:g3475

Alfred Robinson



Former consultant paediatrician (b 1930; q Guy's Hospital Medical School 1953; DCH, FRCP Lond, FRCPC), d 10 October 2013.

Alfred Robinson ("Bud") decided to specialise in paediatrics during his national service in the Far East. In 1965 he was appointed consultant paediatrician in Chichester and Worthing districts. For four years he was on his own, but when I joined him in 1969, he had instigated changes; the scattered units had been moved to single sites in each district, with teachers and play leaders on the wards and local assessment units. Bud inspired several young doctors to become paediatricians, some of whom became national leaders in their discipline. He had an awareness of the needs of the next generation and was an examiner for the Royal College of Paediatrics and Child Health, in the UK and overseas. He leaves his wife, Audrey, six children, and 16 grandchildren.

Marjorie Semmens

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