“Symptoms without signs; Signs without symptoms” – these were the words that struck me, as a UCH medical student, receiving my first neurology tutorial from Gerald Stern. He would have been about 35 years of age at the time. Many years later, I saw a letter written by the then Professor of Medicine, Lord Rosenheim, saying how delighted UCH had been to have appointed such a talented and capable young Consultant Neurologist. Remarkably, Gerald Stern was to play a most significant role in the future direction of my professional career, and it all began at St Pancras Hospital. As neurosurgical house surgeon, I assisted at a number of stereotaxic procedures (certainly not for the faint hearted) attempting to alleviate distressing tremor, and I remember Gerald being less than impressed, commenting that it was no more than a ‘controlled stroke’. But it was while I was working as neurology registrar (the firm of William Gooddy and Gerald Stern) that the treatment of Parkinson’s Disease was revolutionised by the discovery of Levodopa as singularly effective treatment for the condition.

The Medical Research Council set up 5 UK trial centres to investigate and evaluate levodopa. Gerald was overall secretary to the project. Thus, tremendous opportunities arose, and it was a privilege to share a research Fellowship with Ken Hunter (now also sadly deceased) during the early 1970s. Gerald would frequently escort us to Queen Charlottes Hospital for brain storming sessions with Professor Merton Sandler, a dynamic collaboration chasing a variety of metabolic pathways, from metatyrosine to melatonin, successfully culminating with the MAOB inhibitor, l-deprenyl. The research team gained further intellectual impetus with the arrival of Andrew Lees, with yet more challenging clinical studies, and an output of many publications. For obvious personal preference, I cherish the article we published in the Quarterly Journal of Medicine (“The Impact of Treatment with Levodopa on Parkinson’s Disease”, Shaw KM, Lees AJ Stern GM QJM 1980; 49 (195): 283-293). With the UCH cohort of patients with Parkinson’s Disease, studied over six years, we had shown for most the condition had progressed, but those
who had been able to tolerate medication, life expectancy was normal. Sadly, a third of patients had developed unequivocal dementia after six years.

Although I was destined to pursue an eventual career in metabolic medicine and endocrinology (I always argued that Parkinson’s Disease was actually a neuroendocrine disorder), I cannot understatement the enduring influence I gained from Gerald Stern, both in terms of the academic foundation to my career (including my MD dissertation) and on the many occasions we were to meet subsequently at College, always stimulating and inevitably nostalgic. Having recently reprised a talk on James Parkinson (to coincide with the publication bicentenary of his “Essay on the Shaking Palsy”), I enjoyed tapping into Gerald’s splendid YouTube video clips, full of wonderful anecdotes, but poignantly bringing Gerald himself back to vivid reality. His 2010 international presidential Lecture, “The Fox, the Hedgehog, the MDS and the World’s best known Neurologist”, should be retained for posterity.

Gerald Stern made a significant and substantial contribution to my professional career over a period of more than 50 years. For this, I will always remain singularly indebted to him. But I will also remember Gerald with great affection, and the last of a very special generation of UCH consultants, now passed.