New diagnostic criteria for multiple sclerosis were designed primarily for epidemiological and therapeutic research. These new criteria have become almost universally adopted and have facilitated comparison of results obtained by investigators in many countries. They have also extended the bases for inclusion of patients into such projects. [The SCI® indicates that this paper has been cited in more than 730 publications.]

Research In MS
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Ever since J. Charcot first gave a clinical description of multiple sclerosis (MS) more than 100 years ago,1 neurologists have searched for a specific diagnostic laboratory test for this disease. My interest in MS dates back to my residency under the tutelage of Houston Merritt, a superb intuitive diagnostician with a well-deserved reputation for "shooting from the hip," but with an uncannily almost perfect score. The variability of its clinical presentation, the poor correlation between the number and location of the lesions shown at autopsy, and the clinical manifestations, as well as the unpredictability of its course all contribute to the fascination the disease has always held for neurologists.

In 1963, I sent detailed clinical protocols of 25 autopsy-proven cases of MS to almost 200 experienced neurologists. My interest in MS dates back to my residency under the tutelage of Houston Merritt, an experienced neurologist, remains firmly based on the presence of dissemination both in space and in time. It is regrettable that today many neurologists are now relying exclusively upon nonspecific magnetic resonance imaging to diagnose MS in their patients.

In a comparison of several previously published diagnostic classifications G. Izquierdo et al.4 reached the conclusion that the premortem diagnosis of 70 autopsy-confirmed cases of MS using the 1983 Poser et al. criteria was 87 percent correct and that these were more sensitive than those used previously. More recently EDMUS, the European database for MS, officially adopted these guidelines.5


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