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Introduction to the Special Issue

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The Neuroimmunology Branch (NIB) was established in 1975 at the National Institute of Neurological Disorders and Stroke by Dale McFarlin. Henry McFarland joined later that year as Deputy Branch Chief. The scientific and clinical focus of the NIB was immunologically-mediated diseases of the nervous system, with a particular focus on multiple sclerosis. From the beginning, the intention of the NIB was to combine basic and clinical research, and the investigators joining the branch in 1975 included both PhD basic scientists and neurologists with an interest in the care of patients and clinical research.

The articles in this Special Issue celebrate the 40th birthday of the NIB. They were contributed by NIB alumni and their colleagues following a two-day symposium, sponsored by the Cumming Foundation, which was held at Airlie House (Warrenton, Virginia, USA) from April 18–20, 2015.

There are probably many ways to gauge the success of the NIB in the over 40 years since its inception. Certainly, a number of important observations can be associated with the NIB. These include developing a relapsing model of EAE, studies of the three dimensional structure of the TCR, T cell reactivity to myelin proteins, studies of viral infections causing immunologically-mediated disease of the nervous system and especially HAM/TSP, the use of MRI to define early MS, the use of MRI in the assessment of new therapies in MS, and the advancement of the use of high field imaging in MS.

As important as these research efforts were, it is likely that the most important success of the NIB was the training environment that was created. From the very start, the expectation was that there would be a high degree of interaction between the investigators in the NIB. Individual Sections were not launched until several years after the NIB was founded, when a need for a better administrative structure was noted. As the sections were established, it was still expected that investigators in the sections would work collaboratively. The result was that the basic scientists grew in their appreciation of clinical disease and clinical investigators became better grounded in how to conduct research.

This environment accomplished two things that may be the best measure of the NIB's success: (1) the training positioned both basic and clinical scientists for a successful career after leaving NIH; and (2) the overall success and importance of the research was substantially greater because of the interaction between the scientists and the sense of a common goal to understand and treat neuroimmunological disease. These two accomplishments are evidenced by the ongoing accomplishments of the investigators who have contributed to this Special Issue.