It has become quite difficult for the clinically active pediatric neurologist to decide which method of investigation he should use to obtain further clues in those patients who fall beyond the textbook experience. New and sometimes treatable neurometabolic disorders are constantly being discovered but only a sophisticated exploration will uncover them. In the field of neurogenetic disorders, genotypes are expanding the formerly known phenotypes, and phenotypes previously considered "homogenous" become linked to different genes. While the introduction of numerical order systems helps to keep things tidy, the spinal cerebellar ataxias now numbering six and the autosomal recessive limb girdle dystrophies ranging from A to F, the clinician is faced with the challenge to channel this information to his patient and, more importantly, to decide what is practical in his and his patient's individual setting.

With a mixture of reviews, original articles and short communications covering a broad scope *"Neuropediatrics"* has kept the readers informed about the new classification scheme of migration disorders of the brain (Vol. 27, 1996, 59–63). A spotlight was placed on neurometabolic disorders with a carefully collected European experience of the clinical course and prevention of Glutaryl-CoA-Dehydrogenase deficiency (Vol. 27, 1996, 115–123). New methodology will be systematically reviewed with a series of articles highlighting the contribution of MR-spectroscopy to the understanding of neurological disease (Vol. 27, 1996, 64–69 and 242–248). At the same time, epileptology and neonatal neurology have continued to claim the focus of attention, amalgamating data from molecular genetics into the field of seizure disorders (Vol. 27, 1996, 227–241) or blending neuroimaging results into the critical assessment of brain damage in the newborn (Vol. 27, 1996, 101–104 and 197–201 and 317–323).

It would not have been possible to evaluate the still increasing influx of manuscripts without the help of many scientists in the field who reviewed the submissions. *"Neuropediatrics"* owes much to their expertise and gratefully acknowledges their support (see below). It is reassuring for an editor to get feedback from quite a few authors indicating that they feel the reviews were constructive and actually helped to improve their contributions.

It is with deep gratefulness that I would like to thank, also in the name of *"Neuropediatrics"*, Dres. *J. A. Eyre,* Newcastle upon Tyne, *P. H. Berman,* Philadelphia, *N. Herschkowitz,* Bern, and *D. Scheffner,* Berlin, for their longstanding support and advice as members of the Editorial Board. At the same time I am pleased to welcome Dres. *Odile Boespflug-Tanguy,* Clermont-Ferrand, *P. G. Barth,* Amsterdam, and *L. Pavone,* Catania, as new members of the Editorial Board. With the new Editorial Offices in America (Dr. *W. B. Dobyns*) and Asia (Dr. *K. Watanabe*) catching on nicely, *"Neuropediatrics"* will keep you informed with an international perspective of pediatric neurology on our way into the next millennium.

Thomas Voit

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