

FOREWORD

During the last decade, the dysarthrias have become a ferment of clinical and research interests. These interests have been converging, and in this issue of *Seminars* they merge. The clinical scientists who have been in the vanguard of perceptual, physiological, and acoustical research describe in detail how these approaches can be implemented by clinicians to achieve greater precision and effectiveness in assessment and treatment of dysarthric patients.

Uniting these interests is a landmark achievement. Credit belongs wholly to Dr. John Rosenbek. My admiration of his remarkable editorial skills stretches back to our days together editing the *Journal of Speech and Hearing Disorders*. I have since turned to him often for guidance and help. He is a clinician's clinician. He combines the humanistic concerns for patient welfare, which make his clinical endeavor an art form, with the mental rigor of the scientist who seeks to convert clinical impressions into verifiable understanding.

The topic I invited Jay to address as Guest Editor is the title of this issue. It would have been easy for him to plow the same ground that he and others have tilled in recent years. But this would not have been his nature. He is a trailblazer whose challenge and delight is in exploring frontiers. He has assembled a sterling group of clinical scientists to author these articles. What they have produced is a model of how clinical practice can advance when erected on the foundation of clinical science.

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