
BOOK REVIEWS

A Non-Pocket Handbook of Clinical Neuropsychology

Clinical Neuropsychology: A Pocket Handbook for Assessment, Peter J. Snyder and Paul D. Nussbaum (Eds.). 1998. Washington, DC: American Psychological Association Press. 674 pp., \$29.95.

Reviewed by ANGELA B. LANE, M.A., AND F. WILLIAM BLACK, Ph.D., *Department of Psychiatry and Neurology, Tulane University Medical Center, New Orleans, Louisiana*

The stated intent of this rather hefty book is to “provide a readily available handbook for neuropsychology interns, fellows, and practicing clinicians,” with a focus on the “major differential diagnoses that neuropsychologists are routinely asked to make,” particularly in a hospital-based neuropsychological practice. These are optimistic goals that are frequently, although not always, fulfilled. The editors are to be commended for their success in organizing a knowledgeable and erudite group of contributors, who generally have conformed to the recommended stylistic and content guidelines. However, as is typical of most edited works, the stated intent(s) of the book are rather unevenly addressed in both the scope of the included topics and by the various authors. The book includes 30 chapters divided into five sections: General Issues (101 pp.), Pediatric Psychology (64 pp.), Geriatric Psychology (66 pp.), Neurological Disorders (159 pp.), and Neuropsychological Syndromes (225 pp.), and an appendix of medical abbreviations. The result is a not-so-brief handbook that is useful as a desk reference guide for students, interns, fellows, and nonneuropsychological clinicians working with neurological patients. For experienced neuropsychologists, the book is likely to be of less value due to its intentionally brief reviews of most topics.

A major strength of the handbook is the inclusion of several areas of less common neuropsychological clinical/research focus (e.g., HIV and neurotoxicity), as well as the more familiar topics of the neurobehavioral syndromes and neurological disorders. Well-written chapters on emotional disorders and substance abuse are a plus, as these areas are often minimized in other books when space is at a premium, despite the clinical importance of such conditions. However, several topics are included that are not typically a focus of inpatient neuropsychological practice. In addition, both the pediatric and geriatric sections have major omissions, including the neurobehavioral effects of the most frequently seen medical/neurological illnesses in children and adults. The pediatric section in particular suffers from

a serious lack of substantive information pertaining to medical conditions and their sequelae in this population. Although ADD and learning disorders are important topics for neuropsychologists in general, they are not as germane to the purposes of this handbook as other subjects that have not been included. Certainly, coverage of closed head injury, epilepsy, cerebral infections, tumors and other related medical problems is more important for a hospital-based neuropsychological practice. Similarly, the relatively lengthy chapter on medical laboratory testing provides an exhaustive listing of standard (and not so standard) biochemical tests, but contains no information regarding the most commonly encountered neurodiagnostic procedures: CT, MRI, MRA, PET, EEG, etc.

The format of the individual chapters, with many tables and charts, and in some cases, an outline format, to review a large body of literature succinctly, is a strength, as it lends itself to use of the handbook as a reference guide. In general, most of the chapters prepare the clinician for the assessment of a specific neurobehavioral deficit; the intended issue of “differential diagnosis,” or “competing diagnoses,” is meaningfully considered in only a small number of chapters. Accordingly, despite the intent voiced in the introduction, most trainees and clinicians would be hard-pressed to make a bedside differential diagnosis based solely on information contained in this book. Chapters that address the fundamentals of inpatient neuropsychological evaluation, including the charting of notes, communicating test results, and conducting a bedside evaluation are good reviews and would be helpful in preparing someone who is a novice to inpatient work, but may be less useful to experienced practicing clinicians.

Perhaps the most complete and helpful portion of the handbook is the Neuropsychological Syndromes section, beginning with an excellent discussion of the aphasias. The authors provide clear directions for assessing the various aspects of language, appropriate for an inpatient evalua-

tion, including a brief bedside exam. The various types of aphasia are very well described, and the organization of the chapter makes it an efficient reference for the reader. Similarly, the chapter on amnesic syndromes provides a comprehensive review, as do chapters covering the agnosias, neglect syndromes, frontal lobe syndromes, and several others. The section on limb apraxia is the single chapter that best achieves the goals of the handbook: it provides sufficient information on a topic to allow the reader to understand the concept, followed by clearly stated specific assessment strategies—all within 10 pages. The chapter on memory rehabilitation seems out of context and incongruous to this section, although it does contain interesting and useful information.

The Neurological Disorders section includes chapters that are both appropriate to the intent of the book and are well written. The decision-making flow chart on the evaluation of TBI is a helpful quick reference for trainees and clinicians who do not see a large number of such patients. Although it is relatively long for a multi-topic handbook, the chapter on movement and demyelinating disorders is one of the best that this book has to offer. It covers an extensive list of relevant symptoms, all well defined, and specific disorders, all well described. Other important chapters include epilepsy and cerebral vascular disease; the latter addresses medication effects and the complications of emotional factors, two areas largely ignored by most of the contributors to this book.

This is a valuable addition to the currently available post-introductory texts intended for trainees and practitioners in clinical neuropsychology. It provides a good deal of generally current and well-written information on topics of importance to its intended audience. However, one obstacle to an uncritical acceptance of this book, is that it is neither this nor that: at 674 pages, it is too large to be a practical “pocket handbook” akin to the medical texts it seeks to model, and its brevity in many areas makes it a poor substitute when compared with other clinical neuropsychology texts and handbooks. Given the publication date of the book, it offers too many references to out-of-date editions of frequently used tests, such as the WAIS–R and the WMS–R (notwithstanding their continued popularity amongst many clinicians), with no information regarding the translation of assessment recommendations based on the older tests to the use of newer revisions. This would seem to be a particular problem given the intended trainee audience. Similarly, there is no mention of more recently published methods for statistically predicting premorbid intelligence or the newer and more sophisticated procedures for detecting reduced effort and dissimulation. Most students and neuropsychology interns, however, have found it a valuable addition to their desks or bookshelves; a book within easy reach, but unfortunately, not in the lab coat pocket. All said, it is certainly well worth the purchase price and will be a useful reference for trainees at all levels.

Understanding Asperger’s Syndrome: Four New Titles

Asperger’s Syndrome, A. Klin, F.R. Volkmar, and S.S. Sparrow (Eds.). 2000. New York: The Guilford Press. 489 pp., \$45.00.

Asperger’s Syndrome: A Guide for Parents and Professionals, by T. Attwood. 1998. London: Jessica Kingsley Publishers. 223 pp., \$17.95.

Pretending to be Normal: Living With Asperger’s Syndrome, by L. H. Willey. 1999. London: Jessica Kingsley Publishers. 141 pp., \$17.95.

Eating an Artichoke: A Mother’s Perspective on Asperger’s Syndrome, by E.R. Fling. 2000. London: Jessica Kingsley Publishers. 207 pp., \$17.95.

Reviewed by N.R. BRYANT, Ph.D., *Psychologist in private practice, 1785 Willamette Falls Drive, West Linn, Oregon 97068.*

Asperger’s Syndrome, edited by Ami Klin and colleagues of the Yale University Child Study Center, contains contributions from 27 authors representing 13 universities, and several agencies and clinical practices in the United Kingdom, Canada, and the USA. This is a thorough and sorely needed review of the research, diagnostic process, treatment options, and outcomes associated with Asperger’s syndrome

(AS). Written for professionals, the volume is research-based, and in this relatively new field of study, is as useful in elucidating the questions still requiring investigation as in describing what is currently known. Several aspects of diagnosis are covered, including the development of AS as a formal diagnostic category, a review of clinical features and associated conditions, differential diagnostic consider-

ations (particularly high functioning Autism, Schizoid Personality Disorder, developmental language disorders, and Nonverbal Learning Disability), and special consideration of the contributions of motor functioning, social language use, and neuropsychological functioning to differential diagnosis. Of special interest to neuropsychologists may be the chapter reviewing neuropsychological and neuroimaging studies of AS, from which inferences can be drawn about potential neurodevelopmental processes leading to the manifestations of this disorder. Other chapters focus on genetic factors, clinical outcomes in adolescence and adulthood, pharmacological intervention, and general treatment considerations. A chapter on assessment suggests practical guidelines for assessment of cognitive, neuropsychological, communicative, social-emotional, and adaptive functioning. A set of essays by parents closes the volume, providing an important reconnection to the everyday challenges faced by individuals with AS and their families. This volume's most significant contributions are the compilation of existing knowledge and the direction of further study needed in this field.

Asperger's Syndrome: A Guide for Parents and Professionals, by Australian clinical psychologist Tony Attwood, Ph.D., is a summary of AS with a much more practical focus. Appropriate for lay audiences as well as for professionals in education, counseling, health care, and other fields, this book is laced with anecdotal accounts from the author's research and extensive clinical experience and the creative expressions of his clients that highlight the characteristics and challenges of AS. Practical, accessible guidelines for the understanding, treatment, and day-to-day management of social, language, motor, cognitive, sensory, and adaptive/coping aspects of AS are the core contribution of this volume. A 44-page chapter addressing "frequently asked

questions" will be of special interest to parents and teachers, as may a resource list for materials related to emotions and social skills.

Liane Holliday Willey, Ed.D., the author of *Pretending to be Normal: Living with Asperger's Syndrome*, is the mother of a daughter with AS and a self-diagnosed individual with AS as well. Like Temple Grandin's (1995) *Thinking in Pictures*, this is an autobiographical account, an "insider's view" of AS that offers both lay and professional audiences a unique perspective and sensitive, thoughtful consideration of AS symptoms and their impact on life. The author draws on both her personal experience and her professional expertise in offering 42 pages of helpful appendices, covering such topics as coping with college, organization at home, managing sensory problems, employment issues, and explaining AS to others. Of special interest is a list of guidelines for those who live or work with AS individuals. This book offers clinicians who work with AS adults valuable insight into the process and experiences of their clients.

Echo R. Fling, president of ASPEN of America (Asperger Syndrome Education Network), offers a different "insider's view" of AS in *Eating an Artichoke: A Mother's Perspective on Asperger's Syndrome*. This is an account of one mother's experience from the time of her AS son's birth until his 14th year. Ms. Fling chronicles her family's early, gradual, and often painful discovery of her son's differentness, the lengthy and convoluted search for diagnosis and treatment, and the many difficulties faced in education, recreation, and day-to-day life as her son grew. For clinicians and educators, this book is a valuable source of insight into the challenges faced by the families of the children with whom they work. For parents, this book may be simply an inspiration.

Mild Head Injury From a Down-Under Perspective

Mild Head Injury: A Guide to Management, by P. Wrightson and D. Gronwall. 1999. Oxford, UK: Oxford University Press. 182 pp. \$34.50.

Reviewed by ROGER K. LIGHT, Ph.D., ABPP/CN, Senior Clinical Neuropsychologist, Daniel Freeman Hospital, Department of Rehabilitation, Inglewood, California.

The authors of this compact and readable book, a neurologist and neuropsychologist, have attempted to present an overview of material necessary for the establishment of a clinic to treat those who have suffered a MHI. While the authors are clearly experts in the treatment of these patients and have presented many interesting points from a unique perspective, several limitations narrow the application of the authors' suggestions.

One primary limitation stems from a stated assumption regarding the etiology of persistent post concussive syn-

drome (PPCS; referred to in their book as PCS). On the first page of the preface they state, "when we started [25 years ago], many of our colleagues thought that most if not all of the complaints of the 'post-concussion syndrome' were neurotic or even dishonest. We believe that there is now a fairly wide acceptance of an organic basis for them." While there has been much progress in the past several years regarding research into the etiology of PPCS, limitations in methodology prevent the majority of serious investigators in this field from conclusively subscribing to

the view that the symptoms of PPCS are due to brain injury. The authors do wisely refer to these patients as mild head injured (rather than mild brain injured), although they rely upon limited data to conclude that injury to the brain is the proximate cause of the PPCS clinical picture while presenting only limited (or absent) discussion regarding the alternative explanations for the cause and persistence of symptoms (e.g., pain, medication, pre-morbid psychological issues, attribution, PTSD, acute stress reaction, change in lifestyle, compensation issues, etc.).

To the authors' credit, they do attempt to shift the argument away from the causes and toward the treatment of these often significantly disabled individuals regardless of etiology. Unfortunately, the authors bias on etiology appears to influence the suggested interventions. For example, they do not appear to consider attribution issues important in symptom maintenance and therefore cognitive behavioral reattribution interventions used by many clinicians do not appear to be utilized by the authors. In addition, while they correctly note that education is of importance to the recovering MHI patient, they suggest that, as with severe head injury, the future recovery is uncertain assuming a neurological etiology, which limits the clinician's ability to offer multiple explanations for their deficits some of which may be more reversible than neuronal damage.

Another limitation of this book is that the information presented is often rather general in nature with only generic guidelines on the necessary components needed to develop a clinic or protocol to treat those with PPCS. There is limited guidance on how to identify the 3 to 5% of patients that will have persisting symptoms and on methods to locate and focus on high risk patients. The methods and conclusions of the authors are also tempered by their necessary reliance on their experience in a rather unique country. The authors are selective in the literature presented relying heavily on data gathered from their clinic in New Zealand, and the picture emerging from that unique country may not generalize to the patients seen in other countries. For example, New Zealand is a "no-fault" country with limited litigation surrounding injury. This is likely the reason the authors report that their patients are rarely malingering and that malingering can be easily detected by neuropsychological testing, both conclusions that are much less true in countries like the United States, where compensation issues play a more prominent role. Similarly, the authors' conclusion that pre-existing psychological explanation for symptoms and symptom maintenance can easily be identified by collateral sources and psychiatric consultation has not been found to be quite so simple by many clinicians. The New Zealand origins may also explain the authors report that the majority of their MHI patients "lack insight into deficits." In the experience of many U.S. clinicians and researchers, those with mild head injuries often have a hyperawareness of deficits, or the reverse side of anosognosia (*hypergnosia?*), with much more insight than more severely injured patients.

While many of the presented suggestions for treatment are sound, their practical application may be limited by

the modern realities of healthcare. With the rationing of healthcare services in many countries, the possibility of ensuring that the MHI patient receive the services of a vocational counselor, psychotherapist, consistent repeated visits to psychologist/neuropsychologist, a financial counselor, etc. appear to be outside realm of possibility for most patients.

On the positive side the authors present some new and unpublished data regard the epidemiology of MHI. They also include chapters on mechanism and pathology, management of the acute state, clinical picture, neurological assessment, imaging, assessment of cognition and behavior, principles of management, medication, and special cases including sports injury and children with head injury. Some of these chapters are more comprehensive and helpful than others with an excellent review of the neurological issues and a well thought-out discussion regarding sports injuries. The section on neuropsychological assessment may be of limited utility to the practicing clinician due to the narrow battery suggested, with a heavy reliance on one author's instrument (PASAT) with a similarly limited rationale for the measures included. The section on medications is similarly limited, covering only 2-½ pages. The book includes several useful appendices, including educational materials for patients, return to work advice, and patient precautions after emergency department discharge.

The authors' unique perspective does lead them to some very useful concepts for the clinician and researcher in the field. For example, the authors note that recovery from MHI is a combination of the sum of the direct effect of injury as well as the patient's response to it, suggesting that stress-related factors play a critical role in symptom maintenance. The authors note that a major component of PPCS is "the reaction of the patient to the symptoms and the disability they cause and this stress results in a variety of secondary problems." They also outline the significant differences in interventions needed depending upon when the patient presents for treatment (i.e., early, middle, late). The authors outline several excellent principles of management including the need to gradually adjust activity level, provide structure to their day, teach patients to deal with stress, learn how to manage abnormal fatigue and the patient's reaction to disability, and to provide appropriate educational material.

In conclusion, the authors present a great deal of information in a fairly short and readable book that covers a critically important area in which there exist limited resources, namely how to intervene and manage the patient with continuing symptoms after a MHI. The authors' unique perspective is a refreshing addition to those who treat and conduct research in this field. Unfortunately, the authors' seemingly premature assumption regarding etiology, the limitations in literature reviewed, the uniqueness of the population, and limited specifics regarding implementation of service, make this book a more narrowly applicable work than one would have hoped for and of more limited use for those clinicians with little background in the field.

Evaluating Therapeutic Approaches to Hemineglect

Spatial Neglect: A Clinical Handbook for Diagnosis and Treatment, by I.H. Robertson and P.W. Halligan. 1999. Hove, East Sussex, UK: Psychology Press Ltd. 161 pp., \$34.95.

Reviewed by MARK E. McCOURT, Ph.D., *Department of Psychology, North Dakota State University, Fargo, North Dakota 58105-5075.*

The six chapters of this compact volume provide an economical introduction to the symptomology, assessment, and treatment approaches to visuospatial neglect. Neglect researchers may find themselves slightly disappointed by the scant attention devoted to theoretical issues regarding neural mechanisms or etiology. To be fair, however, the authors acknowledge that theoretical synthesis is not the purpose of the book, which is aimed primarily at an audience of clinicians and therapists. As such, this monograph admirably fulfills its mission, which is to provide a succinct but comprehensive overview of the clinical assessment and rehabilitation of neglect disorders.

Chapter 1 addresses the clinical presentation of neglect, drawing on a number of illustrative case studies that underscore the multifarious dimensions of the neglect syndrome: extinction and allesthesia, anosagnosia, perceptual *versus* premotor components, neglect dyslexia and dysgraphia, representational *versus* attentional aspects, spatial regions of neglect (i.e., body, peripersonal, extrapersonal), and egocentric *versus* allocentric subtypes. Chapter 2 addresses and describes the potential confounding symptoms of primary sensory defects, and disorders of nonlateralized attention, both of which complicate the diagnosis of hemispatial neglect. Chapter 3 describes and reviews the relative utility of various tests that have been traditionally employed to quantify the severity of neglect, including perimetry, line bisection, cancellation tests, design drawing and copying, imaginal recall and visual search tasks. The chapter concludes by considering a standardized instrument, the Behavioural In-

attention Test, reviewing each of its subtests and scoring conventions. Chapter 4 delves into procedures designed to diagnose personal (body) neglect, anosagnosia, neglect dyslexia, and extinction. The impact of formal *versus* informal testing is considered, as are fluctuations in symptom severity and the issue of practice effects. Chapter 5 reviews early attempts at rehabilitation based on scanning training, concluding that such approaches have proven only marginally successful. A thoughtful review of modern treatment approaches, which forms the centerpiece of the book, is reserved for Chapter 6. Here, the authors consider the efficacy (and side effects) of many treatment approaches, including unilateral limb activation, gaze contingent auditory feedback, trunk rotation, sustained attention training, awareness training, caloric stimulation, vibrotactile stimulation of the neck, monocular eye patching, lateralized visual cueing, optokinetic stimulation, optical prisms and the administration of dopaminergic agonists. Whereas certain treatments are shown to have beneficial effects for certain patients, the authors concede that no single treatment approach has proven overwhelmingly effective.

Finally, readers might have appreciated some comment upon, and evaluation of, the promise of an emerging treatment approach, namely, neuropsychological rehabilitation within immersive virtual reality environments. Given the generally discouraging clinical outcomes obtained using existing treatments, one can only hope that the success of such technology-facilitated therapies will occupy a prominent chapter in any second edition of this text.

Novel Organization of Working Memory Theories

Models of Working Memory: Mechanisms of Active Maintenance and Executive Control, A. Miyake and P. Shah (Eds.). 1999. Cambridge, UK: Cambridge University Press. 506 pp., \$74.95 (HB), \$29.95 (PB).

Reviewed by D.E. FUJII, Ph.D., *Department of Neuropsychology, Hawaii State Hospital, Kaneohe, Hawaii.*

Working memory is one of the hot topics in cognitive neuroscience. It is purported to be involved in most cognitive operations from attention to learning to executive functioning to consciousness. Theoretical conceptualizations are equally diverse, with models emphasizing cognitive processes, biological structures, and neural computations.

In the book *Models of Working Memory*, editors Miyake and Shah attempt to bring clarity to the field by elucidating commonalities and differences in ten comprehensive working memory theories. Future research can then focus on resolving conflicts with the long-range goal of developing a unifying theory. The task is definitely formidable. Miyake

and Shah accomplish the first step of clarifying the field and do so in an innovative fashion. Like an academic frontal lobe, they elegantly organize the process so that underlying themes can be distilled from the diversity of theories.

To facilitate understanding and comparison, the “executive” editors employed the “common-question approach.” They assigned each contributor the same eight theoretical questions to answer and organize their chapters. By answering the same questions, theories can be directly compared on relevant issues and components. The central questions asked about the following areas: (1) basic mechanisms and representations in working memory, (2) the control and regulation of working memory, (3) the unitary *versus* nonunitary nature of working memory, (4) the nature of working memory limitations, (5) the role of working memory in complex cognitive activities, (6) the relationship of working memory to long-term memory and knowledge, (7) the relationship of working memory to attention and consciousness, and (8) the biological implementation of working memory.

After the initial drafts were completed, a process for feedback was implemented. Theorists were invited to a 4-day symposium for cross-pollination and sharing of ideas. Contributors were then asked to revise their manuscripts. In this revision, contributors were encouraged to reference each other briefly when applicable to aid in the comparison of theories. Initial drafts were made available on a protected website to facilitate cross-referencing.

The “executive” editors, then provided structures to increase readability for the audience. The first chapter introduces and explains the eight central questions to which the chapters are organized. Each theory chapter begins with an abstract highlighting the “Five Central Features of the Theory” and includes a table that concisely summarizes responses to the eight theoretical questions. The readability

of each chapter was further enhanced through input from graduate students who were not familiar with the theories. The closing chapters compare and contrast theories in regards to the eight questions.

The product for the most part is readable with the neural computational models probably being the most abstruse. As I read through the individual theories, I came to appreciate the difficulty of the task that the editors undertook. The theories are highly diverse in content and terminology. The organization that the editors implemented was very helpful in understanding and comparing theories.

The strength of the book is the two summary chapters that describe each theory’s ability to answer the eight questions. The comparisons are thorough and detailed. The editors conclude that there are many points of general agreement among the ten diverse theories. Still, surprisingly, there are more disagreements and unresolved issues regarding the specifics of each. These disagreements, in addition to other issues that are not addressed by any theory, point the direction for future research.

This book is not for everyone. Due to the complexity of some of the material, a certain level of neuropsychological sophistication (beyond Kolb and Whishaw) and some familiarity with the research is needed to truly appreciate the content. The book *is* recommended for anyone who strives to remain current in the neurosciences. For the academician, the book covers the state of the art theory on this important construct and ideas for research. Arguably, just as important, it also provides an innovative strategy for comparing theory that can be emulated in other areas. Practitioners may not find the material directly applicable for performing neuropsychological evaluations. It will, however, stimulate advanced conceptualization of brain functioning.

Rehabilitation: A Demonstration of the Art and Science

Case Studies in Neuropsychological Rehabilitation, by B.A. Wilson. 1999. New York: Oxford University Press. 384 pp., \$39.50.

Reviewed by ANGELLE M. SANDER, Ph.D., *Assistant Professor, Department of Physical Medicine and Rehabilitation, Baylor College of Medicine, Houston, Texas.*

This collection of case studies demonstrates an ideal in the practice of neuropsychological rehabilitation. In each of the 20 case studies presented, Barbara Wilson’s treatment approach is guided by a firm foundation in scientific theory, while maintaining the flexibility and creativeness characteristic of an art.

The text is divided into sections based on the types of impairments demonstrated by patients: purely amnesic syndromes; amnesia accompanied by other cognitive deficits; language impairment; reading disorders; perceptual and visuospatial difficulties; and impaired behavioral function-

ing. The wide range of disorders represented provides an excellent review of diagnosing neuropsychological syndromes, including distinguishing between various forms of agnosia and alexia. Many of the cases would be valuable as a supplement to classic textbooks when teaching neuropsychological syndromes. The cases provide an excellent example of the functional impact of disorders and the emotional effects on patients and their families.

The primary value of the text lies in its portrayal of rehabilitation as a process. Each case was treated as a miniature experiment. A thorough neuropsychological assessment pro-

vided the basis for hypotheses about the origin of functional difficulties. In many cases, the patients had impairments that precluded the use of standardized neuropsychological tests. Novel approaches for testing patients with language and visuospatial difficulties are among the valuable lessons in this book. Another valuable lesson from these cases is the importance of behavioral analysis. While the neuropsychological assessment provided a summary of patients' strengths and weaknesses, systematic observation of the patient in the rehabilitation environment was invaluable in testing and refining hypotheses. The evolution of treatment from assessment was also a valuable lesson of the text. Wilson states that for most of her cases "behavioral assessment and behavioral treatment are inextricably linked." In many cases, the patient's participation in the assessment process was a treatment in itself, as when the testing of Bill's (Chapter 10) ability to match symbols with people's names led to the development of a functional communication system.

The theme of rehabilitation as a process was also evident in the interventions. Well-planned interventions often had to be abandoned when they did not have the anticipated effect. Goals were continuously revised, incorporating feedback from rehabilitation staff, patients, and their family members. In many cases, Wilson was unable to explain from a theoretical perspective why a particular treatment worked with one patient and not with another. While guided by theory, her flexibility in abandoning theory-driven strategies that did not work is another valuable lesson for rehabilitation neuropsychologists. In cases where rehabilitation efforts were not sufficient to improve the patient's abilities, environmental modifications were often successful in improving the patient's quality of life. Wilson's belief that no patient is impossible to treat is an ideal for rehabilitation staff to follow. Her compassion for patients is evident throughout the text, and she reminds us that rehabilitation is not simply done "to" a person but "with" a person.

Wilson's book shows the value of the case study as a tool to evaluate the effectiveness of certain rehabilitation strat-

egies. For some of the cases, a multiple baseline design was utilized to ensure that changes were due to the treatment and not to spontaneous recovery. However, spontaneous recovery was not controlled for in many of the cases, making it difficult for the reader to attribute improvements to the rehabilitation process. For several cases, improvements continued in the patients for years after rehabilitation had ended. Again, the reader has no way to evaluate the contribution of rehabilitation to these changes. One of the most promising aspects of the treatments describes the use of the errorless learning technique to teach skills. This technique lends itself to empirical validation and is currently being investigated in some larger studies.

In summary, Wilson's book is most valuable as a demonstration of the dynamic process of rehabilitation. The cases described are diverse in nature and make a good teaching tool for students in rehabilitation courses or as a supplement to introductory neuropsychology courses. The book would also be helpful to neuropsychologists involved in rehabilitation. Some of the assessment techniques devised to test difficult cases would be useful to neuropsychologists involved in general consultation and assessment work. Rehabilitation researchers may find the book valuable as a means of identifying rehabilitation strategies to target for larger studies.

The art of rehabilitation is often lost amid the pressures associated with today's managed care environment. Wilson's book reminds us of the way that rehabilitation was meant to be practiced. While most of us do not have the luxury of the time that Barbara Wilson was able to devote to each case, we can learn a valuable lesson from her systematic and persistent approach, and from the compassion with which she listens to her patients. One of the most important messages of the book can be summed up by Wilson's summary of Derek's case (Chapter 14): "The most important message from Derek's dramatic success is that it is sometimes possible to reteach alexic patients to read even several years postinsult, and solutions to problems should always be sought."

OTHER BOOKS OF INTEREST

Blank, R.H. (1999). *Brain policy: How the new neuroscience will change our lives and our politics*. Washington, DC: Georgetown University Press. 199 pp., \$19.83 (PB).

Bowler, R.M. & Cone, J.E. (1999). *Occupational medicine secrets*. Philadelphia: Hanley & Belfus. 353 pp., \$39.00 (PB).

Calvin, W.H. & Bickerton, D. (2000). *Lingua ex machina. Reconciling Darwin and Chomsky with the human brain*. Cambridge, MA: MIT Press. 298 pp., \$26.95 (HB).

Christensen, A. & Uzzell, B.P. (Eds.). (1999). *International handbook of neuropsychological rehabilitation*. Dordrecht, The Netherlands: Kluwer Academic. 392 pp., \$110.00 (HB).

Humphreys, G.W. (Ed.). (1999). *Case studies in the neuropsychology of vision*. Hove, UK: Psychology Press. 210 pp., \$49.95 (HB).

Iverson, L.L. (2000). *The science of marijuana*. New York: Oxford University Press. 283 pp., \$29.95 (HB).

Mountcastle, V.B. (1998). *Perceptual neuroscience. The cerebral cortex*. Cambridge, MA: Harvard University Press. 485 pp., \$59.95 (HB).

Shapiro, J. & Rich, R. (2000) *Facing learning disabilities in the adult years: Understanding dyslexia, ADHD, assessment, intervention, and research*. New York: Oxford University Press. 216 pp., \$25.00 (HB).

Stahl, S.M. (2000). *Essential psychopharmacology of depression and bipolar disorder*. Cambridge, UK: Cambridge University Press. 187 pp., \$27.95 (PB).
