symptomatic variables; however, when WAIS-R Full Scale IQ was controlled, all but two of these correlations became nonsignificant. A discriminant function analysis using WAIS-R IQ as the only variable correctly classified 81% of the subjects into their respective groups. These results tend to support the notion that deficits in schizophrenia are general rather than specific, and that the WAIS-R Full Scale IQ is almost as good a measure of this generalized deficit as is a battery of neurocognitive tasks. This conclusion may be limited by the cross-sectional approach of the study.

Brewer, K. C., Cullum, C. M., & Cantrell, D. C.

Warrington Recognition Memory Test Performance in an Epileptic Population.
The Warrington Recognition Memory Test (RMT) is often used to evaluate left versus right hemispheric damage in patients with various neurological disorders, including epilepsy. However, few studies have examined the utility of the RMT in differentiating cases of right versus left seizure foci, and the effects of nonfocal epilepsy or non-neurological seizures on RMT performance have not been investigated. To address these issues, the RMT was administered to 100 patients with suspected epilepsy who were undergoing inpatient extracranial EEG/video monitoring for evaluation of their seizures. No subjects had undergone neurosurgical procedures at the time of evaluation. Twenty subjects were determined to have a left temporal lobe seizure focus and 17 had a right temporal focus. Foci for 33 subjects could not be determined; these subjects were used as nonfocal epilepsy controls. An additional group of 30 patients with nonepileptic seizures was included for comparison. RMT Words and Faces subtest raw scores were compared across groups using ANOVA. Words-Faces discrepancy scores were analyzed similarly. Results revealed that all groups performed at similar levels across measures, with somewhat lower Faces scores compared with Words. No significant differences between any of the groups for the Words, Faces, or Words-Faces discrepancy scores were observed. As has recently been suggested in pre- and post-temporal lobectomy cases, by itself, the RMT appears limited in its utility in differentiating right versus left epileptogenic foci; however, in combination with other verbal and nonverbal memory measures, it may be useful in delineating some of the qualitative features of the memory impairments seen in patients with epilepsy.

Buchanan, C. P., Sass, K. J., Westerveld, M., Spencer, D. D., & Kim, J. H.

Empirical Demonstration of Visual Memory Acquisition by the Left Hemisphere Coincident With Right Hemisphere Mediation of Speech.
The purpose of the present study was to examine the relationship between visual memory ability and the hippocampal integrity of right hemisphere speech dominant persons with medically intractable left temporal lobe epilepsy. The literature indicates that the left hemisphere does not continue to mediate verbal learning and memory, when speech develops within the right hemisphere as a result of an early cerebral injury or illness. However, it has yet to be demonstrated that the left hemisphere acquires visual learning capabilities, as the right hemisphere acquires speech. Indeed, it has been hypothesized that visual learning and reasoning continue to be mediated by the right hemisphere, even after it acquires speech capacity, resulting in the "crowding effect" of the functions that were native to the right hemisphere. To evaluate the visual memory capacity of the left hemisphere after development of speech by the right hemisphere, 13 right hemisphere speech dominant patients were administered the visuo-motor Selective Reminding Test (vmSRT). Speech dominance was demonstrated via the intracarotid amytal procedure. These patients then underwent anteromedial temporal lobectomy with en bloc removal of the hippocampus. The pyramidal cell densities of five hippocampal subfields (Ca1, Ca2, Ca3, the hilus of area dentata, and the granule cell layer) were then
quantified. Performance on the vmSRT was significantly correlated with the Performance Intelligence Quotient (PIQ). Therefore, partial correlations controlling for PIQ were computed to measure the relationship between vmSRT performance and pyramidal cell density. Statistically significant correlations were found between the index of visual learning (vmSRT Consistent Long Term Retrieval) and the pyramidal cell densities of Ca2 ($r = .61; p < .05$), Ca3 ($r = .81; p < .01$), and the granule cell layer ($r = .53; p < .05$). These data suggest that visual memory is mediated by the left hemisphere of these patients, whose right hemisphere speech dominance is believed to be the result of an early cerebral illness or injury.


Psychiatric Treatment Outcome Following Traumatic Brain Injury.

We examined the relationship between history of traumatic brain injury (TBI) and psychiatric treatment outcome. Subjects were patients on an inpatient psychiatric unit. Twenty-four subjects reported a history of TBI using a self-report head injury questionnaire (TBI = 11 female, 13 male, mean age = 35). Fifteen control subjects reported no history of TBI (CON = 14 female, 2 male, mean age = 32). Subjects in both groups had estimated IQ’s in the average range. Most TBI subjects reported both being knocked unconscious and dazed, multiple injuries were common, and injuries were typically of mild severity. Treatment outcome was measured using the Brief Symptom Inventory, which was administered on admission and discharge. Length of treatment ranged from approximately 1 to 5 weeks. TBI subjects reported a higher level of psychiatric symptom severity across most symptoms measured, main effect: $F(1,38) = 5.38, p = .026$. However, no group differences in depression were found on admission. Overall, subjects in both groups showed a decrease of symptoms on discharge, main effect: $F(1,38) = 14.41, p = .001$. However, the TBI group showed less improvement than the control group on the depression index, group × time: $F(1,38), p = .035$. The TBI group had mean depression index T-scores of 73 (admission) and 71 (discharge) as compared to a non-psychiatric population. The control group had a mean depression indexes of 70 (admission) and 62 (discharge). These results demonstrate a relationship between decreased efficacy of psychiatric treatment for depression and a history of traumatic brain injury.

Burton, D. B., Mittenberg, W., Wall, J. R., & Gold, S.

A Structural Equation Analysis of the Wide Range Assessment of Memory and Learning in a Clinical Sample.

A maximum likelihood confirmatory factor analysis was performed by applying LISREL VII to the Wide Range Assessment of Memory and Learning in a clinical sample ($N = 271$) of 5–17-year-olds who had been referred for cognitive evaluations. Analyses were designed to determine which of nine hypothesized oblique factor solutions could best explain memory as measured by the WRAML. Competing latent variable models were identified in previous studies and monographs on memory. Findings supported a modified three-factor model including Verbal Memory, Visual Memory, and Attention/Concentration factors. Our results are consistent with previous characterizations of attention as an important component of memory as measured by the WRAML. A distinct Learning Index was not empirically supported in the current analysis, and an alternative scoring method is presented.

Burton, D. B., Russell, J., & Wall, J. R.

The Neuropsychological Test Results in a Case of REM Sleep Behavior Disorder.

REM Sleep Behavior Disorder (RSBD) is a parasomnia, and in this syndrome the normal atonia associated with sleep is lost and as a result the individual may become aroused or