this manual provides valuable medical and therapeutic updates for the practitioner.

Laurie Knutsen, OTR/L

Seeing Voices
Oliver Sacks, MD (1989).
University of California Press, 2120 Berkeley Way, Berkeley, CA 94720.
180 pp., $15.95.

Sacks's books are based on his work as a neurologist and use fascinating, careful case studies describing medical pathologies and their subsequent resolution. Each patient described demonstrates some form of neurologic deficit, most often brain damage.

In Seeing Voices, an exploration of the world of those who are born deaf, Sacks attends to all the behavioral details of cognition and perception available to a neurologist. He compares the developmental stages of speech as communication in normal children with that of prelingually deaf children. Sacks tells us that deaf children are almost universally able to develop rich, unique sign languages of their own if not taught an inadequate one considered to be acceptable to the hearing population.

Prelingually deaf children begin to develop visual signs when they are about 6 months old, Sacks writes, just about the same age as a hearing child would begin making language-based sounds. Deaf children are acutely attentive to vibration, do not complain of silence, and, in most cases, easily become proficient within the language structures of their own families and communities.

Sacks tells us that many whole-thought or idea signs are universal: an American sign who speaks in visual sign language would be easily understood in a foreign country. Conversely, a person who knows only hand spelling in his or her own language has difficulty communicating with persons who sign in another language. With visual signing skills, however, the author states that "by the end of the day, a grammarless pidgin [language] would be established" between foreigners.

The author does not favor teaching persons with hearing impairments to speak, due to the universal ability of deaf children, through the use of idea or visual signs, to communicate with each other as well as with hearing persons. He argues that idea signs are "a fundamental language of the brain" because they are based in the left hemisphere, which contributes to image generation, while the right hemisphere contributes to image manipulation and transformation. He describes a patient with a massive right hemisphere lesion, resulting in profound neglect of her left side, who, while signing, uses all the space available in front of her body—including her left side.

Sacks is a knowledgeable and broad-ranging writer whose enthusiasm one can easily sense while reading this book. This very enthusiasm, however, causes the material to be incredibly difficult to read; there are excessive footnotes (some of which have their own footnotes), most of which could easily have been included in the text.

This book should prove intellectually fascinating to all those who work with neurological deficits, whether in psychiatry or physical disabilities, and will certainly contribute a great deal to the professional background of any occupational therapist.

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A Handbook for the Laryngectomee (3rd ed.)
Pro-Ed, 8700 Shoal Creek Boulevard, Austin, TX 78758-8897.
87 pp., $6.

This handbook provides a brief but thorough introduction to laryngectomies for patients and medical personnel. It begins with an introduction to the basic anatomy of the upper respiratory tract before and after a laryngectomy and a review of basic terminology. The next chapter discusses the questions laryngectomees most frequently ask, with an emphasis on the concerns of returning speech and the use of mechanical voice instruments. Chapter 3 discusses esophageal speech training exercises, including specific practice material and pointers to improve articulation. Next, voice prostheses are explained, and a short list of manufacturers is provided. Chapter 6 contains a progress chart indicating levels of achievement with a speech prosthesis; this serves as an excellent guide for patients to monitor their progress. Laryngectomees with speech fistulas are addressed in the following chapter, and specific exercises for the patient are provided. Mechanical and electrical artificial larynges are discussed next. Types of devices (e.g., the Aurex, Servox, Romet, Jedicom, Bart Vibrator, and Park artificial larynges) are pictured, accompanied by manufacturer information. Amplifiers, stoma coverings, stoma shields, and general information on therapy are tightly covered, and resource information is provided. The remaining chapters briefly list and describe methods to obtain financial help, medical identification, reading materials, and selected references. Chapter 15 is dedicated to the personal care concerns of stoma patients. This information is particularly helpful for occupational therapists teaching activities of daily living to these patients.

This handbook would serve as a good information source for therapists who are actively involved with stoma patients and their families. It focuses primarily on speech retraining and appears to be of the most value to speech therapists working with this population.

Laurie Knutsen, OTR/L

Allied Health Services: Avoiding Crises
Institute of Medicine (1989).
National Academy Press, 2101 Constitution Avenue, NW, Washington, DC 20418.
344 pp., $29.95.

This book details the information gathered by the Committee to Study the Role of Allied Health Personnel of the Institute of Medicine, which was formed as a result of a federal mandate in the Health Professions Training Act of 1985 (Public Law 99-129). Out of necessity, the scope of the study was limited to 10 professions: clinical laboratory technologists and technicians, dental hygienists, dieticians, emergency medical personnel, medical record administrators and technicians, occupational therapists, physical thera-