each participant had to have an initial DRS total score greater than 130 and no evidence of significant decline (i.e., a drop of 10 points) in the total DRS score on retest. This procedure excluded 12 persons from the initial sample of 99 individuals. Test-retest coefficients ranged from .12 on Learning-to-Learn to .66 on Total Number of Errors. All coefficients were well below the minimum standard of .80 for tests used in clinical decision making. Average retest gains were 5–7 standard score points for the 1-year period.

**Paolo, A. M., & Ryan, J. J.**

**Test-Retest Stability of WAIS-R Scatter Indices in the Elderly.**

The purpose of this study was to evaluate the test-retest reliability of WAIS-R VIQ-PIQ differences, intersubtest scatter range, and intrasubtest scatter as calculated by Kaplan, Fein, Morris, and Delis (1991) in elderly persons. Participants were 61 normal volunteers with means for age and education of 78.93 years (SD = 3.46) and 9.74 years (SD = 1.91), respectively. The age range was 75–87 years and the level of education ranged from 6 to 12 years. The mean Verbal, Performance, and Full Scale IQs at initial assessment were 102.12 (SD = 11.50), 106.23 (SD = 12.02), and 103.90 (SD = 11.53), respectively. There were 55 Whites and six Blacks. Participants were screened with a medical history questionnaire, a medication review, and the Geriatric Depression Scale and all were considered free from neurologic disease or damage, major systemic illness, past and current psychiatric disturbance, including significant depression. The retest interval ranged from 30 to 155 days with a mean of 64.92 days (SD = 26.84). The test-retest coefficient for the VIQ-PIQ discrepancy was .76. Stability coefficients ranged from .05 to .56 for the intersubtest scatter range, and from .08 to .43 for intrasubtest scatter. In terms of clinical stability, at least 70% of subjects maintained a similar magnitude and direction for the VIQ-PIQ difference from test to retest. Classification of subtest strengths and weakness from test to retest was generally poor with an average disagreement of 52% from the first to the second assessment. Intrasubtest scatter also displayed poor clinical stability with 25–50% of subjects demonstrating meaningful change on retest.

**Paradis, C. M., Girondi, F. R., & Bennet, M.**

**Cognitive Impairment in Schwartz-Jampel Syndrome: A Case Study.**

This is a case study presenting results of neuropsychological and speech-language evaluations of a child with Schwartz-Jampel Syndrome (SJS). SJS is a rare neuromuscular disease whose clinical features include muscle stiffness, myotonia, skeletal abnormalities, shortness of stature and distinctive facies. Mental retardation has been reported in approximately 25% of subjects, however, no studies describing cognitive deficits have been reported. Etiological causes of mental retardation have not been documented. Subject EF is an 8-year-old boy with SJS. He had been left back in first grade and was placed in a special class for children with learning disabilities. EF had a concurrent diagnosis of attention deficit disorder. He was distractible, impulsive, exhibited a low frustration tolerance and motor restlessness. Neuropsychological and speech language speech evaluation indicated a discrepancy between linguistic and visuoperceptual abilities. His verbal IQ was 66 and Performance IQ was 78. His range of accumulated information, vocabulary, numerical reasoning, and reading skills were impaired. Results of receptive and expressive language tests suggested a language delay of approximately 4 years. His visuoperceptual skills and nonverbal measures of intellectual functioning were mostly in the average range. These tests included the Raven’s Progressive Matrices and Ray Complex Figure and Block Design. This discrepancy between language processing and visuoperceptual skills was also seen on learning and memory tasks. On the Wide Range Assessment of Memory and Language, his ability to
learn stories and word lists was impaired. This is a marked contrast to his ability to learn new, complex visual material which was in the average range. These results are consistent with a developmental language disorder. Perhaps other patients with SJS have a similar pattern of cognitive deficits and have been incorrectly diagnosed with mental retardation. More studies with these patients is suggested.

Parks-Levy, J., O’Jile, J. R., Ryan, L. M., Betz, B., & Gouvier, W. D.
Olfactory and Auditory Processing in Mild Head Injury: Evaluation of Odor Identification/Memory and Dichotic Listening.
One hundred twenty-seven undergraduate students were divided into three groups: those who reported sustaining trauma to the head accompanied by loss of consciousness (LOC), those with reported trauma to the head without loss of consciousness (DAZ), and controls (NC). Subjects were administered a test of olfactory memory and identification and a dichotic listening task. Results showed that the LOC subjects and DAZ subjects performed worse than the NC subjects on olfactory memory with the left nostril. On olfactory identification, the LOC group performed significantly worse than the DAZ group but not significantly different from the NC group. There were no significant correlations between a self-rating of anosmia and the olfactory memory or olfactory identification. Overall there was a trend on the olfactory tasks for females to outperform males. In addition, subjects were given a questionnaire regarding partial seizure-like symptoms. Combining LOC and DAZ subjects yielded a trend toward significance, with head trauma subjects endorsing a greater number of partial seizure symptoms than NC subjects. A significant correlation was found between olfactory memory on the left side and the number of seizure symptoms endorsed for the combined LOC/DAZ group. For dichotic listening, there were no significant differences between groups. The implications of these findings will be discussed.

Patterson, K., Weinstein, A., & Rao, S.
Spontaneous Emotional Expression and Reported Subjective Emotional Experience in Multiple Sclerosis.
This study examined spontaneous facial expression in patients with multiple sclerosis (MS). Twenty-six patients with MS and 26 demographically matched normal controls viewed nine separate affect-evoking film clips in counterbalanced presentation order (Davidson, Ekman, Sarson, Senulis, & Friesen, 1990) while being covertly videotaped. After having viewed each film excerpt, the subjects recorded ratings of their subjective emotional experience during the clip. Two raters, naive to the subjects’ group membership and trained according to guidelines prescribed by the Facial Action Coding System manual (Ekman & Friesen, 1978), scored all facial expressions for type and intensity of emotion expressed. Objective ratings of spontaneous facial expressions and self-ratings of emotional experience were significantly positively correlated for normal control subjects but not for the MS subjects. These findings suggest that a discrepancy exists between subjective mood state and overt emotional expression in MS.

The Utility of the Frontal Lobe Personality Scale (FLOPS) for Characterizing Behavior in Dementia of the Alzheimer’s Type (DAT) and Huntington’s Disease (HD).
The Frontal Lobe Personality Scale (FLOPS; Grace & Malloy, 1992) was used to examine personality and behavioral features associated with prototypical “cortical” (i.e., DAT) and