range for number of perseverative responses. The WCST-64 overestimated the number of subjects falling within the impaired range on the basis of number of categories completed, but underestimated the number of subjects falling within the impaired range for perseverative responses. For both the WCST-64 and WCST-3 variables, cutoff scores to maximize correct classification of impairment for a TBI population are discussed.

Smith-Seemiller, L., Franzen, M. D., Burgess, E. J., & Prieto, L. R.
Neuropsychologists’ Practice Patterns in Assessing Premorbid Intelligence.
The current study explored practicing neuropsychologists’ perceptions regarding the impact of premorbid level of functioning on neuropsychological test performance, the methods that neuropsychologists use to estimate premorbid level of functioning, and the training experiences that have been available to guide work in this area. Doctoral level psychologists, who are members of the National Academy of Neuropsychology, were sent a questionnaire developed by the authors to assess these variables. Findings suggest that, while there is fairly widespread acknowledgement of the importance of assessing premorbid functioning, there is relatively little use of strategies specifically designed to assess premorbid intellectual ability. Demographic and training variables did not appear at be associated with perceptions of the importance of assessing premorbid ability. Over one third of the respondents indicated that they believed their formal training had not been adequate in helping them to address this issue.

Smith-Seemiller, L., Franzen, M. D., Prieto, L. R., & Burgess, E. J.
Neuropsychologists’ Practice Patterns in Assessing the Impact of Multicultural Factors on the Neuropsychological Evaluation.
The current study explored practicing neuropsychologists’ perceptions regarding the impact of ethnic and cultural background on neuropsychological test performance, and training experiences that have been available to guide work in this area. Doctoral level psychologists, who are members of the National Academy of Neuropsychology, were sent a questionnaire developed by the authors to assess these variables. Results suggested fairly widespread acknowledgement of the importance of multicultural factors in the assessment process. As a rule, the demographic and training variables did not appear to be associated with perceptions of the importance of considering multicultural issues. The one exception to this was an apparent relationship between the type of degree program attended (e.g., clinical, counseling) and the perceived importance of multicultural diversity in affecting the neuropsychological evaluation. Over one third of the respondents indicated that they believed their formal training had not been adequate in helping them to address these issues.

Cognitive Sequelae of Unilateral Posteroventral Pallidotomy.
There has been a resurgence of interest in the posteroventral pallidotomy (PVP) as an effective treatment for Parkinson’s Disease (PD). In view of the paucity of data concerning post-surgical cognitive effects, this study was conducted to examine whether surgical lesions of the globus pallidus are associated with changes in neuropsychological functioning. Fourteen PD patients, ages 43–82, with an average disease duration of 7.4 years, underwent unilateral PVP. A presurgical baseline and 3-month post-surgical follow-up were obtained. Results showed no significant changes for any of the major neuropsychological domains, other than improved motor coordination speed. A significant improvement in motor coordination speed was observed for both contralateral and ipsilateral upper extremities. These results suggest that stereotactic unilateral PVP is associated with minimal risk of adverse
neuropsychological effects or cognitive decline. Additional research is warranted to assess the long-term implications of the procedure on the disease state.

Soukup, V. M., Kertonen, L. M., Arunkumar, G. S., & Langjoen, H.  
**Does Acyclovir Alter the Cognitive Sequelae in Herpes Simplex Encephalitis?**  
Herpes simplex encephalitis (HSE) has been traditionally associated with a permanent, pervasive amnestic syndrome involving bilateral limbic system lesions. However, much of the literature regarding the cognitive effects in HSE predates the availability of acyclovir for treatment. Recent reports describe a high frequency of asymmetric pathology and distinct differences in the profiles of amnesia. This paper provides a summary of the clinical features, common neuroanatomical substrates of HSE, and prognostic factors reported since the introduction of acyclovir. A sample case, illustrating asymmetric involvement of the left temporal lobe is presented via serial MRI scans with 1.5T unit. An abbreviated neuropsychological protocol is described for use in bedside consultations. Follow-up evaluations performed at 6, 12, and 18 months corroborate the initial clinical impressions and provide preliminary support for the usefulness of these procedures in detecting areas of impairment and residual functions following anti-viral therapy.

Spangenberg, K. B., Wagner, M. T., Bachman, D. L., & Hendrix, S.  
**Delusional Misidentification Symptom (Mirror Sign) Following Watershed Infarction: A Neurobehavioral Case Study.**  
Capgrass syndrome, reduplicative paramnesia, and the mirror sign are broadly categorized as Delusional Misidentification Symptoms and have been described in both the neurologic and psychiatric literature. The neurologic basis of these symptoms is unclear. A case report of an 82-year-old female with subacute onset of mirror sign was described. The neurobehavioral syndrome as well as the method in which the patient’s ability to recognize others in the mirror but not herself (mirror sign) were highlighted. The patient was brought to medical attention after her family noticed a subacute onset of an unusual symptom: she had lost the ability to recognize herself in the mirror. Instead of her own image, the patient began to see the image of a young girl who resembled her when looking in the mirror, a phenomena which caused her distress. Neurological examination revealed focal signs including proximal weakness of left lower extremity as well as increased motor tone and decreased sensation of the left upper and lower extremities. Neuropsychological data demonstrated visuoperceptual deficits at the visual associative level, consistent with right posterior involvement. Neuroradiographic data were consistent with a probable infarction in the right posterior cerebral artery/middle cerebral artery watershed area. An emotional evaluation revealed developing paranoia and a delusional system in relation to the mirror sign phenomena. These findings were interpreted as supporting an acute onset of a Delusional Misidentification Symptom secondary to a right hemispheric watershed infarction and were discussed in terms of Flemminger’s (1992) preconscious perceptual processing etiologic model.

Spector, J., & Lewandowski, A. G.  
**The Influence of Parental IQ and Achievement on Neuropsychological Test Performance in Adolescent Lead Poisoning Claimants.**  
There is considerable professional disagreement regarding the effects of low level lead exposure on neurocognitive functioning in children. Despite the 1991 drop in CDC guidelines for Class II exposure from 20 to 10 g/dl, the actual effects of lead levels in the 20–50 g/dl in the individual child remains disputed. For example, while Needleman and colleagues at one time described an 8–10 point drop in FSIQ for every 10 g/dl increase in blood lead, recent meta-analytic studies have suggested more modest declines, and then only across large