

## P R E F A C E

The 1960's brought about many important changes in the field of aphasiology. The neurological aphasiologists were expending their efforts in the attempt to reconcile recent findings with the classic neurological model of how the brain functions and were developing better localizing techniques. Clinicians in the field who were charged with the responsibility of attempting to rehabilitate aphasic patients experimented with a variety of new major concepts including the development of better test techniques, psycholinguistic aspects of aphasia, and operant and programmed techniques in treatment. By the end of the decade it was apparent that the clinician working in this later area of aphasiology, clinical and rehabilitative aphasiology, had a relatively limited heritage of definitive literature to call upon and secondly had relatively few forums in which he could exchange information. Some annual meetings dealing with aphasia existed but these were either infrequently directed at the problems of prognosis and treatment of the patient or they were so massive that there was little opportunity for free interaction and exchange of information except on a formal basis.

In 1970 after some discussion with colleagues, I decided to plan for a Conference on Clinical Aphasiology which could give twenty-five or thirty clinicians and researchers an opportunity to exchange information about the care of their patients. The first conference was held in Albuquerque in 1971 and it proved to be a fairly stimulating and productive session and it gave rise to plans for a subsequent conference the following year. The meetings in 1972 and 1973 were marked by continual growth and productivity and it became apparent that the meetings were productive enough to continue annually. I therefore abdicated my role in planning and organizing the Conferences and turned this responsibility over to the membership and in 1974 a committee action for the first time selected the cite and content of the conference. The contents of this volume bear evidence to the diligence that they showed in their efforts.

As editor of this volume, I would like to advise the reader about some of the characteristics about the articles contained herein. Since the philosophy of the conference is to present current and sometimes hypothetical constructs related to the treatment of the aphasic patient, many of these articles represent the best guess of the presenter at the time the paper was given. Therefore, it is natural and appropriate that some of the ideas are at times incomplete or very tentative. Some of the studies

were on completed research and have subsequently been published elsewhere. A few papers that were given at the conference were not printed at the choice of the authors in which case interested readers are encouraged to write to the authors listed in the appendix. In all cases, my job as editor has been to merely collate and print the proceedings and each author takes responsibility for the content of his presentation.

I think that the great strength of the Conference on Clinical Aphasiology is not only the fact that people feel free to present tentative and controversial concepts but that there is an opportunity for all of us in attendance to stand up and be heard on the topic and many of the most stimulating moments at the Conference occurs in the discussions between papers. I regret that these discussions are not included in the proceedings and in that respect the proceedings are very incomplete. Hopefully these heuristic moments will be reflected in the future in papers and publications.

My final comments on this preface are to extend my warmest thanks and acknowledgement of the help and cooperation of Mrs. Jeannette Shelton who devoted a great deal of time and effort in typing and proofreading the copy for the proceedings and assisted in the many details of getting the volume printed. A special thanks also goes to the Albuquerque Veterans Administration Hospital people who provided for the printing and binding of the volume which otherwise would have been too costly and would have prohibited the distribution of this information.

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