and in adult life. The authors' finding that the aggressive group was less educated and had poorer occupational records (we also found the latter) could probably be the result of their psychological and behavioural problems and not one of the causes.

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Capgras' Syndrome or Prosopagnosia?

SIR: Lipkin (*Journal*, July 1988, **153**, 117–118) reported a single-case study of Capgras' syndrome with "delusional" misidentification of spouse, in a 71-year-old woman. This was observed to be the initial presenting symptom of a dementia. Also, at no time did she misidentify other persons, and the onset of the disorder was considered to be sudden, as was its termination. A hallmark of Capgras' syndrome is that it is considered to represent *delusional* misidentification of familiar persons (Capgras & Reboul-Lachaux, 1923).

Prosopagnosia, a relatively rare neuropsychological disorder, presents in a very similar fashion. It was first described by Wilbrand (1892) in a 63-year-old woman as a result of bilateral occipital infarction. This disorder is also characterised by the failure to recognise *familiar* faces and is usually of acute onset (Damasio & Damasio, 1983). At autopsy, all had bilateral occipital lesions (Lhermitte *et al*, 1972), although controversy remains as to whether unilateral lesions of the occipital lobe will produce this disorder. Interestingly, Christolodou (1977) observed neuropsychological impairment in nine out of ten patients with Capgras' syndrome, and suggested non-dominant occipital pathology. This localisation is very similar to that reported in prosopagnosia.

It may be possible that Capgras' syndrome and prosopagnosia reflect a similar, or the same, underlying process. A distinction between the two is that Capgras' syndrome is considered to represent delusional misidentification of familiar others. This cannot necessarily be claimed in Dr Lipkin's case, as the presence of an organically-based dementia was established.

We would agree with Dr Lipkin's conclusion that organic pathology should be considered in cases of Capgras' syndrome. However, it may be possible that this entity can be defined even more specifically as a form of prosopagnosia, particularly in early stages. Concurrent with neurological and electrophysiological examination and brain imaging, specialist neuropsychological assessment (if available) may be of assistance in determining the presence of dementia, and neighbouring parieto-occipital signs.

The distinction between prosopagnosia and delusion of an imposter is an important one. When a labelled photograph of the misidentified individual is provided (Pritigano, 1981), prosopagnosics benefit from the label, while individuals with Capgras' syndrome would presumably continue to fail to recognise the individual. However, this strategy may be limited if individuals are in an advanced stage of dementia. The presence of such organically-based, as opposed to psychogenic, deficits certainly has relevance to future patient management.

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