The rarity of the disorder is reflected in the fact that an apparently exhaustive review of reports of Capgras syndrome could come up with only 106 cases from the world’s literature. It is thus not surprising that the chapters which present original information are based on small group or single case studies. Perhaps because of this, the descriptions of the phenomenology are extremely detailed and represent perhaps the strongest feature of this book. While attempts are made to link this phenomenology with such diverse conditions as schizophrenia, temporal lobe epilepsy and prosopagnosia, as well as psychoanalytic interpretations, little emerges in the way of cohesive theory. Perhaps this is inevitable given the probable heterogeneity which underlies such a syndrome, as well as its obvious complexity. However, despite this, the book is a fertile source of clinical description and imaginative speculation. While there are probably few individuals who would find this book essential reading, it would serve as a useful addition to any library.

R BROWN

The title of this book refers to a set of curious and apparently rare phenomena in which one individual misperceives the identity of another individual. In its most common variant, Capgras syndrome, the patient has a fixed belief that a person, usually very close to the patient, has been replaced by a double. In the conceptually linked but opposite phenomenon known as Fregoli’s syndrome, the patient misidentifies a stranger, as someone familiar. In addition to these major examples of the misidentification syndrome complex, the book presents in its chapters, a host of variants which have been described in the literature.

Capgras himself used the words “curious little syndrome” to describe the disorder now named after him. The same adjectives might also be used to describe this book. The size is no doubt a reflection both of the rarity of the set of disorders and of research interest in it. The “curiosity” of the book might refer to the diversity of the chapters contained within it. These include a biography of Capgras, and a “review” of possible references to misidentification syndromes in ancient mythology, folklore and literature. In contrast, there are also chapters on the neurology and neuropathology of patients with misidentification syndromes.

The Delusional Misidentification Syndromes.

In January 1985 the Commission of the European Communities organised a conference on multiple sclerosis research at the University of Nijmegen, and the papers presented at the meeting are published here with commendable promptitude, but without any of the discussion that was presumably the main point of the meeting. The format is somewhat unkind to both authors and reviewer. The former would be unlikely to present important unpublished work on such an occasion and are also constrained by limitations on space from fully critical treatment of their chosen topic. For example, Confavreux confirms his observations on the excellently studied series of 349 cases already reported in Brain, while tantalisingly stating that data from 800 patients are available. The reviewer is faced with 55 short chapters on diverse subjects: therapeutic trials, clinical classification, immunology, biochemistry, epidemiology, imaging and electrophysiology. It must suffice to say that anyone wanting a broad survey of areas in which advance in knowledge is being sought or obtained would find the book useful, although expensive. A reader with specialised knowledge of any of these fields is unlikely to find information not already available in greater detail elsewhere.

The endeavour to find common ground was, however, worthwhile and, it may be hoped, could lead for example to a better concept of the basic necessities of a controlled therapeutic trial and agreement on the descriptive terms for the different modes of evolution of the disease. In the present volume a different ad hoc system is used in virtually every relevant chapter.

In any book produced in haste misprints are unavoidable, the only misleading example noted being on page 8, where it is stated that the presence of pyramidal and cerebellar signs five years from the onset is a good prognostic sign, the truth being the reverse.

WB MATTHEWS