patients by those who know them well, and recent developments in the standardised assessment of traits as rated by informants gives hope that diagnostic reliability can be improved. Using the scale devised by Mann *et al* (1981), for example, Ballinger (1987) has recently shown acceptable inter-rater reliability in the rating of traits (including hysterical ones) for a sample of patients with mental handicap. As well as this, there is evidence to suggest that judgements about the central trait in the hysterical cluster – self-dramatisation – are not greatly influenced by the sex of the rater or by the sex of the patient (Slavney & Chase, 1985).

Thompson & Goldberg call our attention to important matters, but not to lost causes.

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SIR: Our conclusions are far from gloomy. We draw attention to a group of patients whose response to illness, whether physical or psychiatric, is characterised by difficult, demanding, and aggressive behaviours. Our findings should encourage clinicians to properly examine such patients for underlying illness and not attribute their behaviours and symptoms exclusively to personality disorder. We contend that the recognition of such underlying illnesses in patients affords a greater opportunity for effective treatment than would be the case if they were to be managed simply as 'personality disorders'.

We concede that our data reflects the clinical practices at Withington Hospital, but we have worked in a variety of hospitals in the UK and would describe the practices at Withington Hospital as similar and certainly no worse than those in other hospitals. One author (DG) has also worked in several hospitals in the United States and observes that the particular clinical practices there are comparable. In Slavney & McHugh's (1974) paper comparing hysterical personality disorder with control patients, the only criteria that referred to the mental state and significantly distinguished between the two groups were the items "dramatic" and "change of therapist". The latter suggests those same behaviours that characterised our index group. Core features such as provocativeness, seductiveness, and lability of mood were not significantly different.

The theme which we consider central is the relative role of illness and personality. The evidence suggests that personality traits may be exagerated by major stress, and that may include an underlying physical or psychiatric illness. The personality disorder simply colours (or sometimes clouds) the presentation as seen by the doctor. To say otherwise ignores evidence amassed from follow-up studies in a variety of hospitals, almost all of which demonstrate a high level of unrecognised illness at the index episode (Slater, 1965; Reed, 1975).

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Capgras' Syndrome in a Patient with Dementia

SIR: I describe a further patient (Kumar, *Journal*, February 1987, **150**, 251), with the additional feature of prominent visual hallucinations.

Case report: An 86-year-old man was referred with a six-month history of believing his wife was replaced by an imposter every afternoon – during which time his real wife (78 years old) was soliciting young men in local pubs. At the same time he regularly saw up to four young women in the house. He varied between being annoyed by their intrusion and being friendly towards them when he believed they had come to help with the house-work. On his wife's 'return' he would express anger at her behaviour. After some weeks he began making sexual demands of his wife, stating that he

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