et al, 1979). There is further evidence from clinical practice in a personal observation that people with Down syndrome commonly have a drop in systolic blood pressure on standing from the supine of over 20 mmHg (which is not a test used in past studies on blood pressure in Down syndrome), often have a poor beat-to-beat variation on ECGs, and that it is difficult to tell by observation whether a person with Down syndrome and insulin controlled diabetes is having a hypoglycaemic (or hyperglycaemic) episode.

The recent enquiry into deaths in psychiatric hospitals has highlighted the potential risks of prescribing high dose neuroleptics which have a marked effect on the autonomic system, coincidental with restraining an angry and hot patient. This risk is probably much higher in people with Down syndrome who are likely to have more cardiovascular side effects from chlorpromazine or thioridazine than the normal population, and psychiatrists should consider this when prescribing.

Recently I have met a case of a person with Down syndrome having severe cardiac side-effects from less than 100 mg of thioridazine daily. I would be interested to know if others have experienced sensitivity to phenothiazines in people with Down syndrome.

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P.K. CARPENTER

Phoenix NHS Trust
Bristol BS15 3PU

A HUNDRED YEARS AGO

The Simulation of Death by Fakirs

Herr Kuhn not long ago presented a communication on this subject to the Anthropological Society of Munich. He had the opportunity of personally observing two cases, as to the genuineness of which he had no doubt whatsoever. One of the fakirs referred to had been buried alive for six weeks, the other for ten days. The condition which the fakir has the power of producing artificially is in all respects identical with the cataleptic trance. The fakirs, who are all hysterical subjects of a very pronounced type, put themselves through a regular course of training before the performance, weakening themselves by semi-starvation, taking internally various vegetable substances known only to them, keeping their bodies motionless in the same position for several hours at a time, etc. The details of this preparation are given in the *Hathayoga Pradîpikâ Strâtmârâmas*, which has been translated by Walter. When the fakir has by these means got himself into the proper condition, he has only to lie down in one of the positions enjoined by the sacred books, and fix his eyes on the end of his nose, to fall into a state of trance. The fakirs are also believed to be use haschisch for the purpose of lessening the force of respiration; that hypnotic agent associated with other vegetable substances and used in a special manner is believed by them to supply the want both of air and nourishment. At the beginning of the trance the fakir has hallucinations, hearing heavenly voices, seeing visions, etc. Gradually, however, consciousness becomes annulled, the body becomes rigid, and, as the fakirs themselves say, "the spirit rejoins the soul of the world." In short, the condition is one of auto-hypnosis in hysterical subjects specially prepared for the experiment.

Reference

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Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Epsom, Surrey

CORRIGENDUM

WEISS, M. G., RAGURAM, R. & CHANNABASAVANNA, S. M. (*BJP*, March 1995, pp. 353–359). The legend for Fig. 1 on page 355 should read: Somatic, depressive and anxiety symptoms reported initially in response to an open-ended query (■), after symptom specific probes (▧), or later in the course of the interview (▨).

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