

- 1 Wu RM, Chang YC, Chiu HC. Acute triphenyltin intoxication: a case report. *J Neurol Neurosurg Psychiatry* 1990;53:356-7.
- 2 Bock R. Triphenyltin compounds and their degradation products. *Residue Reviews*, 1981;79:31-270.
- 3 Stoner HB. Toxicity of triphenyltin. *Br J Ind Med* 1966;23:222-9.
- 4 Ascher KRS, Ishaaya I. Antifeeding and protease- and amylase-inhibiting activity of fenitro acetate in *Spodoptera littoralis* larvae. *Pesticide Biochemistry and Physiology* 1973;3:326-36.
- 5 Selwyn MJ. Triorganotin compounds as ionophores and inhibitors of iron translocating ATPase. In: Zuckerman JJ, ed. *Advances in chemistry series*. Vol 157. Washington DC: American Chemical Society 1976:204-26.
- 6 Manzo L, Richelmi P, Sabbioni E, et al. Poisoning by triphenyltin acetate: report of two cases and determination of tin in blood and urine by neutron activation analysis. *Chin Toxicol* 1981;18:1343-53.

Cavanagh replies:

Having read Wu's reply to my earlier criticism I still think that this case should not be regarded as anything more than "suspected triphenyltin intoxication". There are too many uncertainties for the conclusions to be anything firmer. One important uncertainty is the remarkably slow though sustained evolution of the signs of change in the nervous system. While ataxia and blurred vision were early events, it was two weeks before he slipped into semicomatose in November and he lay in coma virtually until the beginning of February. Signs of peripheral neuropathy developed two months after admission and persisted for several months more. The pattern of the neuropathy suggested an axonal mechanism whereas the electrophysiology gave evidence of myelin loss. Another uncertainty is the dose the subject absorbed, which is unknown, nor do we have any blood concentrations. Although it might seem from the reports that animal studies support the suggestion that triphenyltin can be neurotoxic, when such studies are unaccompanied by thorough morphological work interpretation is always very difficult and experience strongly suggests that these should be taken with the proverbial pinch of salt, especially when they have not been confirmed by others.

Triphenyltin compounds are widely used in the field and are generally considered to be free of serious neurological side effects, unlike trimethyl and triethyl compounds each of which produces its own pattern of affected cell types. On available evidence it is to be doubted whether there will be any future occasion when the claim of Wu and his colleagues will be supported, but should this happen I am content that this discussion and my initial reservations will be quoted.

J P CAVANAGH

NOTICES

Stanley Foundation Research Awards Program Announcement of available research funds for research on schizophrenia and bipolar disorder

The Theodore and Vada Stanley Foundation, in collaboration with the National Alliance for the Mentally Ill, wel-

come applications for the 1996 Stanley Foundation Research Awards Program. The purpose of the awards is to support research directly related to the causes or treatment of schizophrenia and bipolar disorder.

The research awards are intended to attract established scientists from other areas of biology and medicine (for example, biochemistry, immunology, virology, and neurology) into research on schizophrenia and bipolar disorder as well as to provide support for innovative research by scientists already in the field whose funding sources are limited. Applicants are invited from all stages of career development.

Awards are for one or two years. They may be up to \$75 000 per year for studies involving human subjects and up to \$50 000 per year for other studies. Funds may be used for salaries, supplies, and equipment, but it is the policy of the Stanley Foundation not to pay indirect costs for administration of the award. In 1995, 49 applications were funded out of a total of 220 received.

Deadline for receipt of applications is 1 March 1996. The 4 page application consists of a brief outline of the proposed project, a budget, and a list of current and pending sources of funding. Notification of awards is made in June and funding to award recipients begins in August.

The research award applications are reviewed by a professional selection committee.

Requests for applications and questions should be directed to: Research Awards Coordinator, Stanley Foundation Research Awards Program, c/o NAMI, 200 North Glebe Road, Suite 1015, Arlington, VA 22203-3754, USA. Tel (703) 524-7600; fax (703) 524-9094

Sixth Meeting of the European Neurological Society June 8-12 1996 Netherlands Congress Centre, The Hague, The Netherlands.

Administrative Secretariat ENS 1996, c/o AKM Congress Service, PO Box, 4005 Basel, Switzerland, Tel ++41 61 691 51 11, Fax: ++41 691 81 89.

British Neurosurgery Research Group Meeting together with the North American Research Society of Neurological Surgeons Meeting, 1996.

This joint meeting will be held in Newcastle upon Tyne, 23-25 May 1996.

For further information contact: Professor A David Mendelow, Newcastle General Hospital, Westgate Road, Newcastle upon Tyne NE4 6BE, UK.

World Federation of Neurosurgical Societies Awards to young neurosurgeons.

The World Federation of Neurosurgical Societies will give five awards to young neurosurgeons for the best papers submitted for presentation at the XI International Congress of Neurological Surgery to be held in Amsterdam, Netherlands 6-11 July 1997. This will be open to all neurosurgeons born after 31 December 1961. Each award will consist of an honorarium of US \$1500, a certificate for the Congress. The papers will be judged by a committee and must contain

original, unpublished work on basic research or clinical studies related to neurosurgery.

Young neurosurgeons should submit eight copies of the manuscript (not more than 10 double spaced typewritten pages exclusive of figures and tables) to: Albert L Rhoton, Jr, MD Chairman, WFNS Young Neurosurgeons' Committee, Department of Neurological Surgery, University of Florida Medical Center, PO Box 100265; 1600 SW Archer Road Gainesville, Florida 32610-0265, USA.

The submission should be accompanied by a supporting letter from the head of the candidate's neurosurgical department. The last date for submission is 1 October 1996.

Announcement from the British Neuropsychiatry Association: 1996 meetings

The 1996 Winter meeting—a joint meeting with The British Neuropsychological Society—will be held on Friday 19 January at the London Zoo. "Disorders of reasoning and perception" is the theme of the morning session and there will be presentation of short scientific papers and single case videos by members of both associations in the afternoon.

The 1996 Summer meeting will be held on 14-16 July at Robinson College, Cambridge. It will include topics on neurodevelopment, language, and the presentation of short scientific papers and single case videos by members. The Association's AGM will be held on 16 July.

For further details of these meetings please contact: Sue Garratt, Administrative Assistant, BNPA, 17 Clocktower Mews, London N1 7BB. Telephone/Fax: 0171 226 5949.

For details of membership of the BNPA, which is open to medical practitioners in psychiatry, neurology, and related clinical neurosciences, please contact: Dr Jonathan Bird, Secretary BNPA, Burden Neurological Hospital, Stoke Lane, Stapleton, Bristol, BS16 1QT. Telephone: 01179 701212 ext 2925/2929 or Sue Garratt at the address given above.

CORRECTIONS

Catarci T, Lenzi GL, Cerbo R, Fieschi C. Sumatriptan and daily headache. *J Neurol Neurosurg Psychiatry* 1995;58:508.

The reference to Osborne *et al* should be *BMJ* 1994;308:113.

Aramideh M, Eekhof JLA, Bour LJ, Koelman JHTM, Speelman JD, Ongerboer de Visser BW. Electromyography and recovery of the blink reflex in involuntary eyelid closure: a comparative study. *J Neurol Neurosurg Psychiatry* 1995;58:692-8.

In table 2 (bottom line) the mean R2 index (range) in the third EMG subclass should be 31 (28-37).