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## Antigen Combining Activity Associated with Immunoglobulin D

**Abstract.** *The titers of antibodies to the benzylpenicilloyl antigenic determinant are increased with specific antiserum to immunoglobulin D, as shown by the enhancement method. This increase in titer is blocked by purified immunoglobulin D protein but not by immunoglobulins of the other four classes.*

Immunoglobulin D ( $\gamma$ D) was discovered by Rowe and Fahey during studies of myeloma proteins (1). They demonstrated that  $\gamma$ D was present in normal human serum and was structurally similar to the other classes of immunoglobulins but possessed unique antigenic determinants associated with the heavy chain. Also  $\gamma$ D-containing cells were present in human spleen sections and resembled plasma cells (2). However, in spite of these similarities to the other immunoglobulins, antibody activity in  $\gamma$ D has been difficult to demonstrate.

We have analyzed human serums

containing antibody reactive with the benzylpenicilloyl antigenic determinant. Fresh type O, Rh-positive erythrocytes were sensitized with penicillin G, as described by Levine and his associates (3). Serums from subjects allergic to penicillin G were diluted to determine the lowest concentration necessary for agglutination of sensitized erythrocytes. The cells were washed, and the titer was again determined in the presence of buffer or specific goat antiserum to  $\gamma$ D. An increase in titer in the presence of this antiserum is referred to as "enhancement," and presumably reflects the presence of  $\gamma$ D antigenic determinants on the erythrocytes. This antiserum was produced in a goat by immunization with purified  $\gamma$ D from myeloma serum, the protein being injected in complete Freund's adjuvant. The antiserum was rendered specific for  $\gamma$ D by absorption with  $\gamma$ G, with lambda-type Bence Jones protein, and with normal human serum deficient in  $\gamma$ D protein. The absorbed antiserum formed a single band with  $\gamma$ D myeloma serum in Ouchterlony double-diffusion experiments and contained 160  $\mu$ g of antibody nitrogen per milliliter, as judged by quantitative precipitin analysis with purified  $\gamma$ D protein. In addition, the absorbed antiserum to  $\gamma$ D did not form precipitin bands in Ouchterlony double-diffusion with immunoglobulins of the other four classes. Serums from allergic subjects which contained detectable  $\gamma$ D and which agglutinated penicillin-sensitized ery-

throcytes in high titer were screened to determine whether their titers were enhanced by antiserum to  $\gamma$ D. Three such serums containing from 3.4 to 6.5 mg of  $\gamma$ D per 100 ml were found and studied further with antiserum to  $\gamma$ D and various inhibitors. The direct agglutination reactions were specific for the benzylpenicilloyl antigenic determinant in that they were inhibited by the hapten,  $\alpha$ -D-benzylpenicilloyl- $\epsilon$ -amino-caproate,  $1 \times 10^{-2}M$ , but not by the unrelated hapten, dinitrophenyllysine,  $2 \times 10^{-3}M$  (Table 1). The marked enhancement of the titer, 32-fold, in the presence of antiserum to  $\gamma$ D is blocked by purified  $\gamma$ D but not by immunoglobulins of the four other classes. Similar results were obtained with serums from two other subjects whose titers were enhanced 8-fold and 16-fold. The enhancement of titer by antiserum to  $\gamma$ D was demonstrated several times with each serum.

These results indicate that serums from some subjects allergic to penicillin G contain  $\gamma$ D-globulins specific for the benzylpenicilloyl antigenic determinant. Although we have not studied serums before and after exposure to antigen to demonstrate a rise in the concentration of reactive  $\gamma$ D proteins, these results do suggest that  $\gamma$ D has antibody activity. Ritchie (4) has reported antibody activity against cell nuclei which is associated with  $\gamma$ D; Heiner and his associates (4) have shown that antibody activity to diphtheria toxoid and bovine  $\gamma$ -globulin is associated with  $\gamma$ D. Levine and Redmond (5) also found  $\gamma$ D on erythrocytes from patients with hemolytic anemia caused by penicillin G. However, blocking of these reactions by purified  $\gamma$ D protein or absorption of activity with antiserum to  $\gamma$ D was not demonstrated.

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Table 1. Enhancement of titer by antiserum to  $\gamma$ D. Normal erythrocytes and erythrocytes (RBC) sensitized with penicillin G were incubated with dilutions of serum in buffer [dextran, fetal calf serum, tris-buffered saline (3)] and washed thrice with 3.0 ml of 0.15M NaCl, 0.02M tris(hydroxymethyl)aminomethane, pH 8.2. Cells were resuspended in 0.2 ml of buffer, anti- $\gamma$ D, or anti- $\gamma$ D and inhibitor and incubated for 45 minutes at 24°C; the titer was then determined. Reactions were graded as described by Levine and his associates (3). Anti- $\gamma$ D was used at 1.3  $\mu$ g of antibody nitrogen per tube, while the inhibitors were used in amounts from 24 to 29  $\mu$ g of nitrogen per tube. Anti- $\gamma$ D and the various inhibitors were absorbed with normal and sensitized erythrocytes to remove naturally occurring agglutinins.  $\gamma$ A,  $\gamma$ M, and  $\gamma$ D were purified myeloma proteins free of other immunoglobulins by immunodiffusion analysis while Cohn fraction II was used as  $\gamma$ G. As a source of  $\gamma$ E, a serum was used which contained  $\gamma$ E (2 g/100 ml) but was deficient in  $\gamma$ D protein (6). As additional controls, sensitized and normal erythrocytes were incubated with all the inhibitors and their reactions were tested directly and after addition of antiserum to  $\gamma$ D. Moreover, normal goat serum did not produce enhancement of the titer. Finally, pooled normal human serum containing 5 mg of  $\gamma$ D per 100 ml and treated with an insoluble benzylpenicilloyl immunoadsorbent to remove penicilloyl antibodies did not directly agglutinate sensitized or normal erythrocytes, and after being washed the cells were not agglutinated by specific antiserum to  $\gamma$ D.

RBC incubated with	$10^3 \times$ Reciprocal dilution of patient's serum								
	Normal RBC	Sensitized RBC							
	4	4	16	32	64	128	256	512	1024
Buffer	0	1+	Tr	0	0	0	0	0	0
Anti- $\gamma$ D	0	—	1+	1+	1+	1+	1+	Tr	0
Anti- $\gamma$ D + $\gamma$ D	0	—	Tr	0	0	0	0	0	0
Anti- $\gamma$ D + $\gamma$ G	0	—	1+	1+	1+	1+	1+	Tr	0
Anti- $\gamma$ D + $\gamma$ M	0	—	1+	Tr	1+	1+	1+	Tr	0
Anti- $\gamma$ D + $\gamma$ A	0	—	—	—	1+	1+	1+	Tr	0
Anti- $\gamma$ D + $\gamma$ E	0	—	1+	1+	1+	1+	1+	Tr	0