

redecantation. The slices were then re-suspended, and uptake of DA was measured. In two experiments, the unprotected samples gave T/M ratios of only 6 and 8 percent of control values, while the catalase-protected samples gave ratios of 45 and 52 percent of control values. Triplicate samples agreed to within ± 5 percent of their mean; the T/M ratio for control tissue was 46 : 1. Since 6-OHDA accumulates in catecholamine nerve terminals (2), the inhibitory effects, not protected by catalase, can be attributed in part to the action of H_2O_2 generated within the tissue and in part to the direct action of residual 6-OHDA. Tissue slice experiments performed with [3H]-5-HT produced results similar to those in Table 1, that is, the system was fully protected by catalase in the medium.

We considered the possibility that oxidation of [3H]catecholamines by the quinone or other oxidation products of 6-OHDA, or by H_2O_2 generated within the tissue, might account for the lowered T/M ratios. In experiments with homogenates, we analyzed both the tissue and the supernatant by thin-layer chromatography (8) and found that more than 90 percent of the radioactivity was present as unchanged [3H]catecholamine. Similar observations were made for uptake measurements in the presence of $10^{-3}M$ H_2O_2 . Therefore, diminished uptake cannot be attributed to destruction of [3H]catecholamines.

Certain enzymes such as monoamine oxidase generate small amounts of H_2O_2 within neural tissue. However, the mechanisms for detoxifying H_2O_2 are unclear. Protective enzymes, such as glutathione peroxidase or catalase, which act in other tissues to destroy relatively low or high concentrations of H_2O_2 , respectively (9), appear to be very low or absent in brain (10). An enzyme that utilizes H_2O_2 to convert tyrosine to dopa has been found in human brain (11); perhaps this enzyme serves in a protective role. However, brain tissue is uniquely sensitive to oxidative inhibition of glycolysis when H_2O_2 -generating agents such as the *o*- or *p*-dihydroxy phenols are added in vitro (10, 12). This sensitivity may contribute to the susceptibility of catecholamine nerve terminals to degeneration when 6-OHDA is injected in experimental animals.

We have shown that 6-OHDA generates H_2O_2 and that H_2O_2 can damage the uptake systems for the biogenic

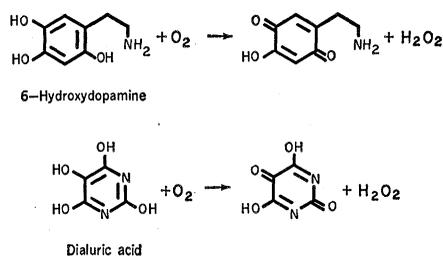


Fig. 1. Formation of hydrogen peroxide from 6-hydroxydopamine or dialuric acid by autoxidation.

amines. The formation of H_2O_2 from 6-OHDA has been reported by others (13). While release of catecholamines by 6-OHDA or competitive inhibition of uptake may be the mechanisms for the reversible loss of catecholamines in vivo, damage by H_2O_2 generated from the 6-OHDA that accumulates in catecholamine terminals may be the cause of the long-lasting catecholamine depletion that accompanies the destruction of nerve terminals.

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6. The crystalline catalase suspension (1 ml) was centrifuged at 700g for 10 minutes. The supernatant was discarded, and the crystals were dissolved in 10 ml of Krebs-Ringer phosphate solution. Samples of 0.5 ml were used.
7. Aminotriazole was added to 4 ml of the catalase solution (6) to give a concentration of 0.1M, and the catalase was inhibited by exposing the samples to H_2O_2 vapor for 2 hours at 37°C with a gaseous diffusion method in Warburg vessels [G. Cohen and P. Hochstein, *Science* **134**, 1756 (1961); *Biochemistry* **3**, 895 (1964)]. Aminotriazole by itself had no effect in the uptake system.
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14. We thank Dorothy Dembiec and Felicitas Cabbat for assistance. Supported by PHS grants NS-05184 and MH-17071.

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Immunocompetent Cells among Mouse Thymocytes:

A Minor Population

Abstract. *Suspensions prepared from thymuses of TL⁺ mice contain a majority of TL⁺ cells and a minority of TL⁻ cells. The graft versus host reactivity of the TL⁻ population is much greater than that of the whole population, as judged by the numbers of cells required to give splenic enlargements in Simonsen's assay. It is proposed that the TL⁻ thymocyte represents a stage in the differentiation of TL⁺ thymocytes into immunocompetent lymphocytes.*

Thymocytes can cause graft versus host reactions (GVHR) but their capacity to do so is greatly inferior to that of lymph node cells, many more thymocytes than lymph node cells being required to produce GVHR (1). Indeed it is necessary to consider the possibility that the low GVH activity of suspensions of thymocytes may in fact be due to contamination with im-

munocompetent cells from the blood or from lymph nodes unintentionally included when thymocyte suspensions are prepared (see below). If such contamination can be ruled out, then two explanations may be suggested for the low GVH activity of thymocyte suspensions—either the activity of individual thymocytes is lower than that of individual lymph node cells, or the

proportion of thymocytes that can generate GVHR is less than that of lymph node cells. In the latter case it can be postulated that there is a subpopulation of thymocytes whose GVH activity approaches that of lymphoid cells and which accounts for the entire GVH capacity of thymocyte suspensions.

In the experiments reported here we made use of the thymocyte-specific antigen TL (2, 3) to investigate these two possibilities. All cell suspensions were prepared from the thymus, lymph nodes, or blood of either C57BL/6 mice, whose thymocytes do not carry TL antigens (*abbr* C57/TL⁻), or from mice of the congenic stock C57/TL⁺ which differs from C57BL/6 at the *Tla* locus, the thymocytes of this strain carrying antigens TL.1,2, and 3 (4).

In preparing thymocyte suspensions, special care was taken to remove the parathymic lymph nodes adherent to the capsule (5); these can easily be made visible by injecting carbon black (6) intraperitoneally 30 minutes beforehand (Fig. 1). Newborn (BALB/c × C57/TL⁻)F₁ mice (*abbr* F₁ neonates) were inoculated intravenously with cells from C57/TL⁻ or C57/TL⁺ female donors 2 to 3 months old (7). Graft versus host reactivity was determined by Simonsen's method (8), a mean spleen index (MSI) of 2 or more in a total of at least five mice being taken as a positive GVH test.

First, the capacity of C57/TL⁺ and C57/TL⁻ thymocytes to produce GVHR was compared with that of lymph node cells; 15 × 10⁶ C57/TL⁺ or C57/TL⁻ thymocytes gave MSI of 2.5 ± 0.39 (standard deviation) and 2.3 ± 0.42, respectively, and 5 × 10⁶ C57/TL⁺ or C57/TL⁻ thymocytes gave near normal MSI of 1.2 and 1.1, respectively. In contrast, as few as 2 × 10⁵ C57/TL⁺ lymph node cells gave an MSI of 2.6 ± 0.46 (Fig. 2). Thus it required 75 times as many thymocytes to give GVHR comparable with that of lymph node cells.

Thymocyte suspensions from TL⁺ mice contain a minority of TL⁻ cells. The proportion of thymocytes that survive exposure to TL antiserum and complement is affected by many circumstances (age and strain of mouse, homozygosity versus heterozygosity for *Tla*, source of complement, and doubtless other factors), and ranges from 3 to 20 percent. Thus excluding serological artifacts, the thymocytes of C57/TL⁺ mice and of mice from other TL⁺ strains can be divided into a major TL⁺ population and a minor

TL⁻ population. The GVH reactivity of the latter was tested in the following manner. Suspensions containing (i) 15 × 10⁶ C57/TL⁺ thymocytes previously exposed to excess antiserum to TL and complement (9) or (ii) 15 × 10⁶ untreated thymocytes were injected into F₁ newborns. The thymocytes treated with antiserum, of which 13 percent survived, gave an MSI of 2.6 ± 0.62, which was very similar to the index of 2.8 ± 0.40 for untreated thymocytes (Fig. 3). For the controls, treatment of 15 × 10⁶ C57/TL⁻ thymocytes

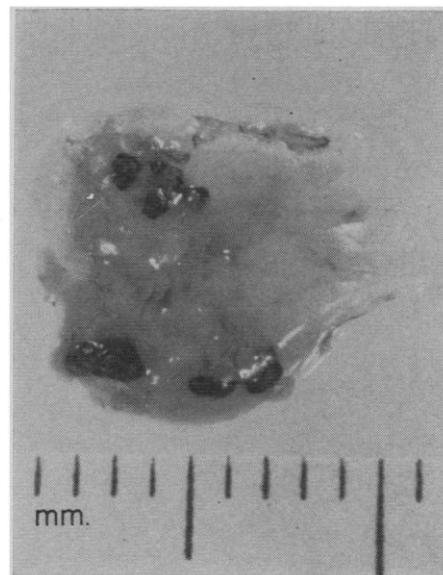


Fig. 1. Dorsal view of mouse thymus showing most of the capsule, with several adherent lymph nodes, ½ hour after intraperitoneal injection of carbon black (6).

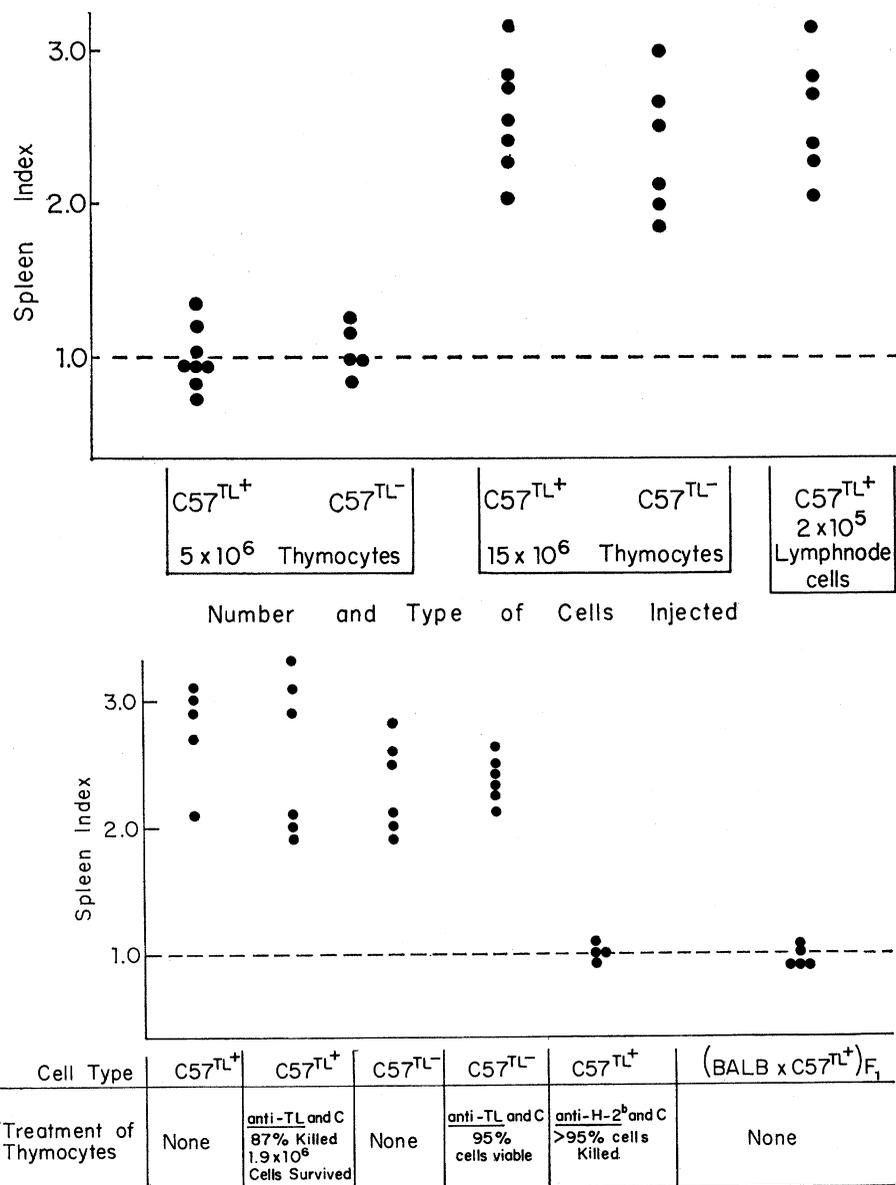


Fig. 2 (top). Comparative GVH activity of thymocytes and lymph node cells according to Simonsen assay (one dot represents one mouse). Fig. 3 (bottom). Effect of exposure to cytotoxic TL or H-2 alloantisera and complement on GVH activity of thymocytes (Simonsen assay, one dot represents one mouse).

mocytes with TL antiserum and complement (more than 95 percent of the cells surviving) gave a similar MSI, 2.6 ± 0.20 ; treatment of C57/TL⁺ thymocytes (H-2^b) with H-2^b antiserum plus complement (which killed over 95 percent of them) gave no GVHR (Fig. 3). Thus the minority population of TL⁻ cells apparently contains most of the cells capable of producing GVHR (10).

The following consideration excludes the possibility that this minor population consists solely of blood lymphocytes contaminating the thymocyte suspensions. In control experiments, 1×10^5 blood leukocytes did not produce splenic enlargement whereas 2×10^5 blood leukocytes gave an MSI of 1.6 ± 0.41 . The number 2×10^5 corresponds to about 0.02 ml of whole blood; since contamination of our thymocyte suspensions with erythrocytes never approached 5 percent, it is obvious that significant contamination with leukocyte-containing blood can be ruled out.

As for the possibility of some form of selective trapping of immunocompetent circulating cells by the thymus, the following data render this unlikely— 15×10^6 C57/TL⁺ thymocytes from neonatal donors (less than 24 hours old) gave an MSI of 2.7 ± 0.57 in six mice, indicating a GVH activity comparable with that of adult thymus [see also (11)]. But the spleens of neonatal mouse donors, and presumably their circulating blood, contain too few immunocompetent cells for demonstrable GVHR (12). Thus selective trapping of peripheral immunocompetent cells is scarcely a probable explanation of the GVH activity of the neonatal thymocyte population. We conclude that the immunocompetent (TL⁻) fraction of both neonatal and adult thymocyte populations is derived in situ.

Immunoselection with cytotoxic TL antiserum has proved a feasible tool for isolating a discrete subpopulation of thymocytes, a subpopulation which carries most and possibly all of the GVH reactivity of thymus.

In normal mice, TL⁺ cells are not found outside the thymus, which implies that peripheral migration of thymocytes entails preceding loss of TL antigens. Thus much evidence now points to the existence in thymus of a proportion of cells that have taken several maturative steps, including not only the loss of TL and the acquisition of immunocompetence but also major quantitative changes affecting surface antigens other than TL [see review

(3)]. These maturation steps may not occur simultaneously, and this is perhaps the most likely reason why the GVH capacity of the subpopulation selected, while considerably greater than that of the unselected thymocyte population, is still only about one-tenth of that possessed by lymph node lymphocytes.

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10. This conclusion is consistent with a report that systemic administration of cortisone caused the disappearance of TL⁺ cells from thymus [M. Schlesinger and V. K. Golakai, *Science* **155**, 1114 (1967)], and an independent report that cortisone treatment combined with sublethal total-body irradiation gave rise 2 days later to a thymus cell population with tenfold increased GVH reactivity [H. Blomgren and B. Andersson, *Exp. Cell Res.* **57**, 187 (1969)].
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12. In this study and in previous experiments (E. Leckband and L. W. Law, unpublished), spleen cells from donors less than 24 hours old did not produce GVHR.
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Electrophysiological Observations in Normal and Dystrophic Chicken Muscles

Abstract. *Intracellular recordings were made on the fast posterior latissimus dorsi muscles of normal and dystrophic chickens. In the dystrophic chickens, the rate of rise of the action potential was decreased. With repetitive indirect stimulation, the action potentials decreased in size and disappeared; only an end-plate potential remained. Membrane resistance, membrane capacitance, and duration of miniature end-plate potentials were increased. A decrease in sodium permeability may be in part responsible for the observed alterations in the electrical properties of the nerve terminal and postsynaptic muscle membrane.*

Inherited muscular dystrophy in chickens was first reported in 1956 (1) and was found to be similar to certain forms of the disease in man (2). The most consistent outward sign of the disease, which primarily affects the fast, white muscles, is a progressive inability of the chicken to right itself when placed on its back (3). The disease symptom first appeared in our chickens (4) 2 to 3 weeks ex ovo, and after 6 weeks the birds could not rise because of the limited range of wing movements (5). Although numerous studies have revealed biochemical abnormalities in dystrophic chicken muscles (6), none have dealt with the electrophysiological characteristics of the

motor-nerve terminal and muscle membrane. We have therefore examined the fast posterior latissimus dorsi (PLD) muscles of normal and dystrophic chickens by standard electrophysiological techniques for recording and stimulation (7, 8).

Our experiments briefly describe some alterations in the pre- and postsynaptic membranes of the dystrophic neuromuscular junction and in the extrajunctional muscle membrane. In dystrophic muscle of the chicken, there is a decrease in the frequency and amplitude of spontaneous transmitter release and an increase in the time course of the individual potentials. There was a two- to threefold increase