

*Spiroplasma* and is the incitant of corn stunt disease. Whether the corn stunt spiroplasma deserves recognition as a new species depends on adequate characterization and comparison with strains of *S. citri*. We have deposited two isolates with the American Type Culture Collection. One of these (B isolate, clone 2) is non-pathogenic to plants (ATCC No. 27953). The second (E isolate) is the uncloned isolate that retained pathogenicity to plants through at least 19 broth passages (ATCC No. 27954).

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#### References and Notes

1. G. E. Altstatt, *Plant Dis. Rep.* **29**, 533 (1945).
2. L. O. Kunkel, *Am. J. Bot.* **33**, 830 (1946); *Proc. Natl. Acad. Sci. U.S.A.* **32**, 246 (1946).
3. K. Maramorosch, E. Shikata, R. R. Granados, *Trans. N.Y. Acad. Sci.* **30**, 841 (1968).
4. R. E. Davis, J. F. Worley, R. F. Whitcomb, T. Ishijima, R. L. Steere, *Science* **176**, 521 (1972).
5. R. E. Davis and J. F. Worley, *Phytopathology* **63**, 403 (1973).
6. E. C. K. Igwegbe and E. C. Calavan, *ibid.* **60**, 1525 (1970); D. Laflèche and J. M. Bové, *C. R. Hebd. Seances Acad. Sci. Ser. D Sci. Nat.* **270**, 1915 (1970).
7. R. M. Cole, J. G. Tully, T. J. Popkin, J. M. Bové, *J. Bacteriol.* **115**, 367 (1973).
8. P. Saglio, M. L'Hospital, D. Laflèche, G. Dupont, J. M. Bové, J. G. Tully, E. A. Freundt, *Int. J. Syst. Bacteriol.* **23**, 191 (1973).
9. P. G. Markham, R. Townsend, M. Bar-Joseph, M. J. Daniels, A. Plaskitt, B. M. Meddins, *Ann. Appl. Biol.* **78**, 49 (1974).
10. D. L. Williamson and R. F. Whitcomb, in *Proceedings of the International Congress on Mycoplasmas of Man, Animals, Plants, and Insects*, J. M. Bové and J. F. Duplan, Eds. (Institut National de la Santé et de la Recherche Médicale, Paris, 1974), pp. 283-290.
11. C. Malogolowkin, *Genetics* **43**, 274 (1958); — and D. F. Poulson, *Science* **126**, 32 (1957).
12. D. F. Poulson and B. Sakaguchi, *Science* **133**, 1489 (1961); B. Sakaguchi and D. F. Poulson, *Genetics* **48**, 841 (1963); D. L. Williamson, *J. Exp. Zool.* **161**, 425 (1966).
13. P. Saglio, D. Laflèche, C. Bonissol, J. M. Bové, *Physiol. Veg.* **9**, 569 (1971); A. E. A. Fudl-Allah, E. C. Calavan, E. C. K. Igwegbe, *Phytopathology* **61**, 1321 (abstr.) (1971); *ibid.* **62**, 729 (1972).
14. T. A. Chen and R. R. Granados, *Science* **167**, 1633 (1970). These authors also apparently transmitted the CSO to corn from primary cultures. A. L. G. Pereira and B. S. Oliveira, Jr., using a radically different approach, also reported primary culture and transmission to corn [*Arq. Inst. Biol., São Paulo* **38**, 191 (1971)]. In these two studies, the organisms were not continuously cultivated, serotyped, or characterized, nor did morphological observations suggest helicity [A. L. G. Pereira, J. R. July, B. S. Oliveira, Jr., *ibid.* **39**, 59 (1972)]. Thus, the relevance of their observations to our results cannot be assessed.
15. T. A. Chen and C. H. Liao, *Science* **188**, 1015 (1975).
16. I. Schneider, *J. Embryol. Exp. Morphol.* **27**, 353 (1972). Schneider's *Drosophila* medium was obtained from Grand Island Biological Company, Grand Island, N.Y. Mention of a proprietary or commercial product in this report does not constitute an endorsement of the product by the U.S. Department of Agriculture.
17. Difco Laboratories, Detroit, Mich.
18. Millipore Corp. Bedford, Mass.
19. J. G. Tully, R. F. Whitcomb, J. M. Bové, P. Saglio, *Science* **182**, 827 (1973).

20. L. Hayflick, *Tex. Rep. Biol. Med.* **23** (Suppl. 1), 285 (1965).
21. J. H. McBeath and T. A. Chen, *Phytopathology* **63**, 803 (1973).
22. R. R. Granados and D. J. Meehan, *J. Invertebr. Pathol.*, in press.
23. D. G. ff. Edward et al., *Int. J. Syst. Bacteriol.* **22**, 184 (1972).
24. R. F. Whitcomb, J. G. Tully, J. M. Bové, P. Saglio, *Science* **182**, 1251 (1973); P. G. Markham and R. Townsend, in *Proceedings of the International*

*Congress on Mycoplasmas of Man, Animals, Plants, and Insects*, J. M. Bové and J. F. Duplan, Eds. (Institut National de la Santé et de la Recherche Médicale, Paris, 1974), pp. 201-206.

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## Genetic Linkage between the HL-A System and a Deficit of the Second Component (C2) of Complement

Abstract. From a family of 14 individuals, evidence was obtained suggesting linkage between the HL-A haplotypes and the transmission of a 50 percent deficit in the functional activity of the C2 component of complement.

Deficit of various complement (C) components is rare and is inherited in several species (1-10). In man, deficiencies of C1r (1), C2 (2), C3 (3), and C6 (4) are considered to be inherited as autosomal recessive traits (5). Deficiencies of C5 in mice (6), C6 in rabbits (7), and C4 in guinea pigs (8) are also reported to be inherited as autosomal recessive traits. Hinzová et al. (9) demonstrated that the H-2 gene complex in the mouse affects the level of serum complement and later showed a genetic association of the Ss-Slp mouse histocompatibility region with the production of the complement proteins (10). We now report data suggesting that the genes controlling

C2 deficiency are linked to the genes controlling the HL-A system.

The proband, a patient with total functional C2 deficiency, is a 17-year-old Caucasian female who has been intermittently ill since 1960 with an immune complex disease similar to systemic lupus erythematosus (SLE) (11). She initially was studied in greater detail because she consistently showed a total hemolytic complement (CH<sub>50</sub>) too low to measure (12), no measurable renal disease, but consistently normal amounts of C4 and C3 (13). Her serum was totally deficient in hemolytically active C2 molecules (14). Addition of her serum to normal human serum

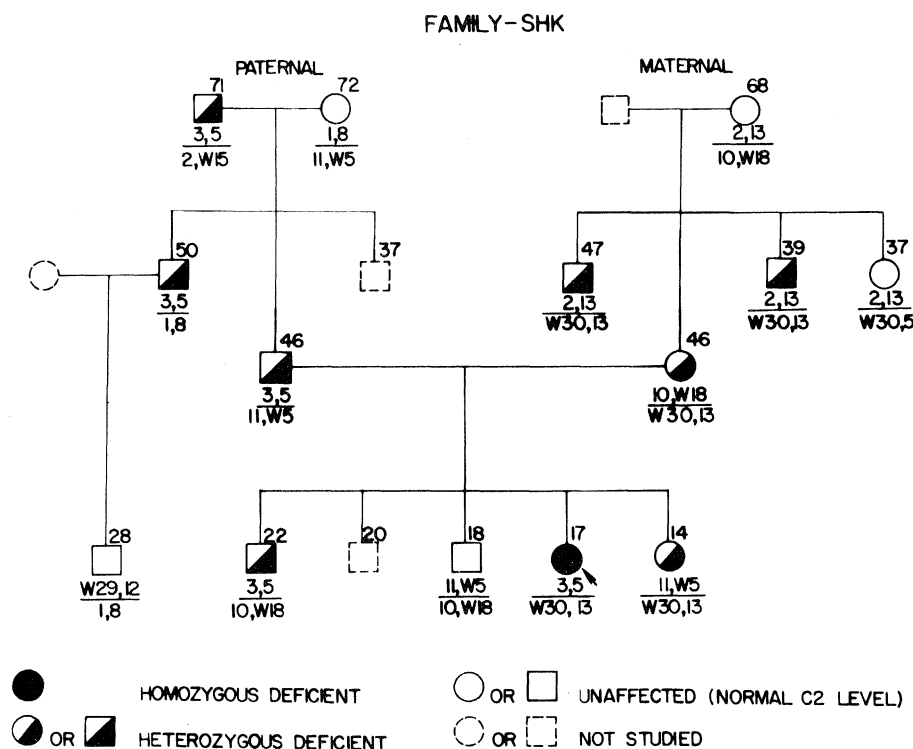


Fig. 1. Representation of linkage between the HL-A system and the C2 deficiency in family K. Circles and squares are symbols for females and males, respectively. Numbers above the symbols indicate age.

did not alter the complement value, indicating that her serum contained no inhibitor to C2. Addition of purified C2 (15) to her serum returned the number of CH<sub>50</sub> units to control values, indicating she lacked only the functional C2 protein (16).

The patient, five members of her immediate family, four paternal relatives, and four maternal relatives were then examined for the C2 levels (14) and for the inheritance of the HL-A antigens (17) on two different occasions. Results of these determinations (double blind) were decoded after all data had been collected on each occasion. The C2 in serums of seven additional unrelated healthy individuals was determined on two separate occasions. We tested for HL-A antigens by the lymphocyte microcytotoxic test (17) with 112 well-characterized alloantisera to HL-A representing the following specificities: HL-A1, HL-A2, HL-A3, HL-A9, HL-A10, HL-A11, W28, W29, W30, and W32 of the first segregant series and HL-A5, HL-A7, HL-A8, HL-A12, HL-A13, W5, W10, W14, W15, W16, W17, W18, W21, W22, and W27 of the second segregant series of the HL-A system (18). The HL-A genotypes and the respective C2 levels of all individuals tested are given in Table 1.

In this family, five individuals have normal C2 levels ranging from  $2325 \times 10^8$  to  $3489 \times 10^8$  effective or functional molecules per milliliter of serum (average  $2961 \times 10^8$  molecules per milliliter), comparable to those observed in seven controls, whose values ranged from  $2030 \times 10^8$  to  $3601 \times 10^8$  effective molecules per milliliter of serum and averaged to  $2424 \times 10^8$  molecules per milliliter. In eight other members, including both parents and two of the three siblings of the patient, the C2 ranged from  $930 \times 10^8$  to  $1415 \times 10^8$  molecules per milliliter, averaging to  $1104 \times 10^8$ . These values have been considered nearly half the normal C2 level (Table 1). The patient is the only individual in this group with a 100 percent functional deficit of C2 molecules.

If normal C2 level in man is a result of additive and codominant expression of two "normal" alleles at a single locus, each contributing equally to the total number of C2 molecules, then absence or suppression of one allele may lead to a 50 percent deficit in the total number of C2 molecules. If both of these genes were absent (substituted by "mutant") or suppressed, it could lead to a 100 percent deficit of the C2 molecules. If, instead, the C2 deficiency locus consists of a dominant normal gene (N) and a mutant (50 percent) recessive allele (D), heterozygotes would still exhibit full activity. Results in Table 1 support the

Table 1. HL-A genotypes and C2 levels in members of family K.

| Individual*               | Age (yr) | HL-A genotype† | C2 in serum‡ (10 <sup>8</sup> molecule/ml) | Deficit of C2‡ | C2-deficiency genotype§ |
|---------------------------|----------|----------------|--------------------------------------------|----------------|-------------------------|
| <i>Immediate family</i>   |          |                |                                            |                |                         |
| Father                    | 46       | 3,5/11,W5      | 1061                                       | Half           | D/N                     |
| Mother                    | 46       | 10,W18/W30,13  | 1007                                       | Half           | D/N                     |
| Patient                   | 17       | 3,5/W30,13     | 0                                          | Total          | D/D                     |
| Brother                   | 22       | 3,5/10,W18     | 1085                                       | Half           | D/N                     |
| Brother                   | 18       | 11,W5/10,W18   | 2325                                       | None           | N/N                     |
| Sister                    | 14       | 11,W5/W30,13   | 930                                        | Half           | D/N                     |
| <i>Paternal relatives</i> |          |                |                                            |                |                         |
| Grandfather               | 71       | 3,5/2,W15      | 1085                                       | Half           | D/N                     |
| Grandmother               | 72       | 1,8/11,W5      | 3489                                       | None           | N/N                     |
| Uncle                     | 50       | 3,5/1,8        | 1415                                       | Half           | D/N                     |
| Cousin                    | 28       | W29,12/1,8     | 3179                                       | None           | N/N                     |
| <i>Maternal relatives</i> |          |                |                                            |                |                         |
| Grandmother               | 68       | 2,13/10,W18    | 2946                                       | None           | N/N                     |
| Uncle                     | 47       | 2,13/W30,13    | 1085                                       | Half           | D/N                     |
| Uncle                     | 39       | 2,13/W30,13    | 1162                                       | Half           | D/N                     |
| Aunt                      | 37       | 2,13/W30,5     | 2868                                       | None           | N/N                     |

\*Individuals identified by relationship to patient.

†The HL-A haplotype carrying the C2-deficiency gene (D) is given in italics.

‡The number of C2 molecules ( $\times 10^8$ ) per milliliter of serum in seven unrelated normal persons ranged from 2030 to 3601, and averaged to 2424. In this family, persons with values ranging from 2325 to 3489 have been considered "C2 normal," while those with values ranging from 930 to 1415 have been considered "nearly half C2-deficient."

§The gene for normal C2 is named N and the gene for nearly half C2-deficiency is named D.

former concept. The proband is homozygote D/D, has inherited one mutant gene from each parent, and consequently has a 100 percent deficit. Two siblings, both parents, three uncles, and the paternal grandfather are heterozygous D/N, and have a 50 percent deficit. One brother, one cousin, one aunt, and the two grandmothers are homozygous N/N and have no C2 deficiency.

All four HL-A antigens were identified and both haplotypes were determined in all 14 individuals. A striking finding is the association between the presence of one or the other of the patient's two haplotypes, namely HL-A3-HL-A5 and W30-HL-A13, with the incidence of C2 deficiency among eight individuals in this family. All those individuals who shared an HL-A haplotype in common with the patient had nearly half the number of C2 molecules per milliliter of serum, while all those who had both HL-A haplotypes different from those of the patient had normal C2 levels (Fig. 1). This clear and definitive observation leads us to suggest that a genetic linkage exists between the C2 deficiency factors and the HL-A genes.

Since both haplotypes of the proband carried different HL-A alleles and each haplotype carried a C2 deficiency allele, no population association between any given HL-A antigen and C2 deficiency can as yet be suspected from our results or from these together with those recently published (19). This does not, however, exclude the possibility of finding such an association when a

large number of C2-deficient patients are tested for HL-A antigens. A genetic linkage between the HL-A system and the glycine-rich  $\beta$ -glycoprotein factor of the properdin system has been reported (20).

Chromosomal linkage of genes determining the HL-A antigens to those controlling C2 deficiency in man provides HL-A typing as a unique method for prognostic detection of C2 deficiency among relatives of patients with known C2 deficiency. Further studies of this linkage between the two systems may reveal significant, mutual functional or evolutionary relationships or both.

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#### References and Notes

1. M. M. E. de Bracco, D. Windhorst, R. M. Stroud, B. Moncada, *Clin. Exp. Immunol.* **16**, 1 (1974).
2. M. R. Klemperer, H. C. Woodworth, F. S. Rosen, K. F. Austen, *J. Clin. Invest.* **45**, 880 (1966); M. R. Klemperer, K. F. Austen, F. S. Rosen, *J. Immunol.* **98**, 72 (1967); N. R. Cooper, R. ten Bensel, P. F. Kohler, *ibid.* **101**, 1176 (1968); S. Ruddy, M. R. Klemperer, F. S. Rosen, *Immunology* **18**, 943 (1970); V. Angenello, M. M. E. de Bracco, H. G. Kunkel, *J. Immunol.* **108**, 837 (1972).
3. C. A. Alper, H. R. Colten, F. S. Rosen, A. R. Rabson, G. Macnab, J. S. S. Gear, *Lancet* **1972-II**, 1179 (1972).
4. R. M. Stroud, *Transplant. Proc.* **6**, 59 (1974).
5. C1q and C1r-C1s deficiencies have also been described, but their mode of inheritance has not been established (1).

6. L. T. Rosenberg and D. K. Tachibara, *J. Immunol.* **89**, 861 (1962).
7. U. Rother and K. Rother, *Z. Immunitätsforsch.* **121**, 224 (1961).
8. L. Ellman, I. Green, M. Frank, *Science* **170**, 74 (1970).
9. E. Hinzová, P. Démant, P. Iványi, *Folia Biol. (Prague)* **18**, 237 (1972).
10. P. Démant, J. Capková, E. Hinzová, B. Voráčová, *Proc. Natl. Acad. Sci. U.S.A.* **70**, 863 (1973).
11. The diagnosis of SLE in this patient was made on the basis of a typical butterfly rash, otherwise unexplained intermittent pleuritis, repeated biologic false-positive tests for syphilis, titer of antibody to cell nuclei of 1:1024, and cryoglobulinemia. She had had repeatedly negative lupus erythematosus cell clot tests.
12. Modified after E. A. Kabat and M. M. Mayer, *Experimental Immunochimistry* (Thomas, Springfield, Ill., ed. 2, 1961), p. 149.
13. C4 immunodiffusion plates from Melloy Laboratories, Springfield, Va.; C3 immunodiffusion plates from Hyland Laboratories, Costa Mesa, Calif.
14. H. J. Rapp and T. Borsos, *Molecular Basis of Complement Action* (Appleton-Century-Crofts, New York, 1970), p. 103.
15. Cordis Laboratories, Miami, Fla.
16. The patient, both parents, and three other siblings had normal C1 inhibitor content as measured by radial immunodiffusion (Behring Diagnostic). Both parents and the three other siblings had normal C4 and C3 levels (13).
17. K. K. Mittal, M. R. Mickey, D. P. Singal, P. I. Terasaki, *Transplantation* **6**, 904 (1968). Briefly, 1  $\mu$ l of an antiserum and 1  $\mu$ l of suspension containing 1500 lymphocytes were incubated (22°C) for 30 minutes before addition of 5  $\mu$ l of rabbit C. After incubation (22°C) for an additional 60 minutes, the reaction mixtures were stained with 5 percent aqueous eosin solution, fixed with 40 percent formaldehyde, and examined by phase-contrast microscopy. A 40 percent or greater increase in the number of dead cells compared to negative controls was considered a positive reaction.
18. K. K. Mittal, T. Hasegawa, A. Ting, M. R. Mickey, P. I. Terasaki, in *Histocompatibility Testing 1972*, J. Dausset and J. Colombani, Eds. (Munksgaard, Copenhagen, 1973), p. 187.
19. S. M. Fu, H. G. Kunkel, H. P. Brusman, F. H. Allen, Jr., M. Fotino, *J. Exp. Med.* **140**, 1108 (1974).
20. F. H. Allen, Jr., *Vox Sang.* **27**, 382 (1974).
21. We thank A. Suarez, J. Kuchibhotla, and M. J. Murphy for technical assistance. Supported in part by PHS grant AM 11513, the Arthritis Foundation grant for a Clinical Research Center, NIH contract 1-HB-3-2958, and the Tissue Typing Research Fund.

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## Rates of Protein Evolution: A Function of Amino Acid Composition

**Abstract.** *Conservation of secondary and tertiary structure in proteins suggests that rates of sequence variation reflect differences in the total number of amino acid replacements that are compatible with preservation of structure. Consequently, rates of sequence variation depend on whether the constituent amino acids of individual proteins are, overall, more subject or less subject to evolutionary substitution than normal. Such rates correlate well with a mutability term based on amino acid composition.*

The rates of evolution of different proteins vary greatly. At one extreme is histone IV; only two changes in amino acid sequence have been accepted since the divergence of the calf and pea ancestral lines  $1.5 \times 10^9$  years ago (1). Toward the other extreme is pancreatic ribonuclease; although the bovine and pig lines have diverged relatively recently, the sequences of their ribonucleases differ by 22 percent (2). Rates of such protein evolution can be expressed quantitatively as the number of accepted mutations per 100 residues per 100 million years. Such rates vary over three orders of magnitude (2, 3).

One plausible explanation for such variation is that constraints are placed on the overall structures of proteins and that these structural constraints are less stringent for the more rapidly evolving proteins. This argument works well for some proteins. In other cases, however, the argument may not be quite as applicable. Although at first there would seem to be only one major constraint for ribonuclease (that of maintaining activity), there is at least one other plausible constraint, namely, resistance to ready digestion by the various proteolytic enzymes found in the small intestine. Consequently, one would expect a somewhat slow rate of evolution for ribonuclease, whereas its rate is actually one of the fastest.

Other evidence also suggests that varia-

tion in structural constraint may not, in general, be sufficient to explain the variation in rates of protein evolution. X-ray crystallography has shown that there is a great conservation of secondary and tertiary structure in certain sets of proteins despite large variations in primary structure. Two examples will be cited here. One, the overall structures of myoglobin and of the individual chains of hemoglobin are similar despite changes in 80 percent of the amino acids (2, 4, 5). Two, the structures of trypsin, chymotrypsin, and elastase are quite similar despite their divergence in the

remote past by gene duplication (2, 6). These two examples are sets of different, though similar, proteins; conservation of secondary and tertiary structure would be expected to be even greater for a single protein as long as its function is unchanged.

Other considerations also suggest fairly stringent conservation of secondary and tertiary structure for most proteins. The active sites of enzymes contain essential moieties whose relative arrangement would seem necessary for catalysis. His<sup>12</sup>, his<sup>119</sup>, and lys<sup>41</sup> are such moieties in ribonuclease and his<sup>57</sup>, asp<sup>102</sup>, and ser<sup>195</sup> are part of the catalytic site of chymotrypsin (7). Mutations that would alter the secondary or tertiary structure of these enzymes should either disrupt the positioning of these groups or at least make their arrangement less stable; such mutations would very likely be rejected by the evolutionary process.

The above considerations lead to a second plausible explanation for the variation in rates of protein evolution: Stringent constraints on the secondary and tertiary structure of most proteins limit accepted mutations primarily to those in which an amino acid is replaced by another amino acid with similar properties. Consequently, proteins that evolve more rapidly should contain an increased percentage of the amino acids that have the greatest number of acceptable replacements.

In this report, I present a correlation between the rates of protein evolution and a

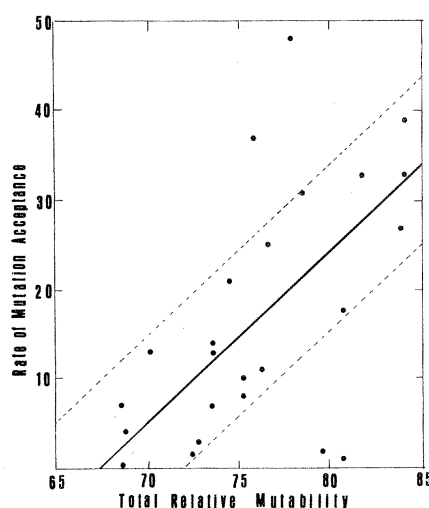


Fig. 1. Rate of mutation acceptance as a function of total relative mutability. Rates of mutation acceptance are in PAM's per 100 million years (one PAM = one accepted point mutation per 100 residues) (2). In the case of conflicting rates of evolution (trypsinogen) (2, 10), the data used are based on a comparison of mammalian sequences, which is the basis for most of the rates. The total relative mutabilities were calculated from average amino acid compositions of sequenced proteins; for simplicity, insertions and deletions were ignored. When available, the average amino acid compositions given by Dayhoff (2) were used; for the other proteins used, average amino acid compositions were calculated with the use of all the complete sequences listed in references (2, 3, 10). The immunoglobulin sequences used were those given in the alignments in Dayhoff (2). The proteins used were (in order of increasing rate of mutation acceptance): histone IV, glucagon, corticotropin, glyceraldehyde-3-phosphate dehydrogenase, cytochrome c, insulin, melanotropin beta chain, myelin membrane encephalitogenic protein, gastrin, lysozyme, pancreatic secretory trypsin inhibitor, luteinizing hormone beta chain, myoglobin, hemoglobin, trypsinogen, luteinizing hormone alpha chain, lactalbumin, lambda chain C region, gamma chain C regions, kappa chain V region, pancreatic ribonuclease, growth hormone, kappa chain C region, and amyloid protein A.