

tryptophan/ml and rose linearly during the perfusion to reach a concentration of $4.6 \pm 0.2 \mu\text{g/ml}$ at 60 minutes.

At the end of a 60 min perfusion and when 0.1 mM tryptophan was perfused the mean concentration of kynurenine was $6.64 \mu\text{g/g}$ liver (wet weight) and when 1.0 mM tryptophan was in the medium the final mean concentration of kynurenine in the medium was $31.1 \mu\text{g/g}$ liver. Pretreatment of the rats with hydrocortisone (5 mg/kg) 3 h before the start of the perfusion resulted in a threefold increase of pyrrolase activity as measured *in vitro* and increased the concentration of kynurenine in the medium at the end of the 60 min perfusion to $14.45 \pm 2.82 \mu\text{g/g}$ when 0.1 mM tryptophan was perfused and $145 \pm 13.3 \mu\text{g/g}$ when 1.0 mM tryptophan was perfused.

When allopurinol (20 mg/kg) was injected with the hydrocortisone (5 mg/kg) and also added to the 0.1 mM tryptophan medium (4 mg allopurinol/100 ml medium) it totally inhibited the hydrocortisone-induced rise in kynurenine concentration in the medium. The rise in pyrrolase activity (measured *in vitro*) produced by hydrocortisone injection was totally inhibited by the simultaneous injection of allopurinol (20 mg/kg).

The disappearance of tryptophan from the medium did not always reflect the activity of pyrrolase measured either *in vitro* or by the appearance of kynurenine in the medium. This is

in agreement with the observations of Kim & Miller (1969). Unlike these authors, however, we find that hydrocortisone pretreatment increases subsequent kynurenine production by the isolated perfused rat liver. Furthermore, we observed that changes in pyrrolase activity measured *in vitro* were of the same order as the changes in kynurenine concentration in the perfusion medium.

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Role of platelet aggregation in bronchoconstriction in guinea-pigs

J. LEFORT & B.B. VARGAFTIG*

Merrell International Research Centre, Strasbourg, France

Non-steroidal anti-inflammatory drugs (NSAID) prevent bronchoconstriction due to bradykinin (B) (Collier & Shorley, 1960), ATP and ADP (Collier, James & Schneider, 1966), arachidonic acid (AA) (Berry, 1966) and slow reacting substances (Berry & Collier, 1964; Vargaftig, Miranda & Lacoume, 1969). Since some of these agents cause platelet aggregation which is inhibited by NSAID, we tested the hypothesis that bronchoconstriction by B, by AA and by ADP or ATP are mediated by platelet release reaction occurring when clumps are trapped in lung vessels. This possibility was investigated in pentobarbitone anaesthetized guinea-pigs prepared for recording of bronchial

resistance to inflation (Konzett-Rössler method) and of carotid blood pressure. Acetylcholine ($5\text{--}20 \mu\text{g kg}^{-1}$ i.v.) was injected 3-5 times, until constant responses were obtained, after which other drugs were given. Platelet counts were made on arterial blood, and aggregation was studied by standard techniques (Born & Cross, 1963; Vargaftig, Tranier & Chignard, 1974) on guinea-pig platelet rich plasma obtained from citrated blood. Anti-platelet plasma (APP) was prepared by injecting thrice washed broken guinea-pig platelets in complete Freund's adjuvant into both fore paws of a rabbit. Two further s.c. injections were made at weekly intervals, blood was collected in citrate on the 21st day. APP lysed guinea-pig platelets placed on the aggregometer, which was inhibited by Na_2EDTA (2.5 mM) but unaffected by indomethacin (0.5 mM). Lyophilized APP was reconstituted to its initial volume with 0.9% NaCl (w/v) and injected slowly (1 h) i.v. into the guinea-pig (1 ml kg^{-1}).

Circulating platelets decreased $62 \pm 4.8\%$

(mean \pm s.e. mean) 10 s after ADP ($100 \mu\text{g kg}^{-1}$; $n = 22$) administration. One minute later the drop was 21 ± 7 and the count returned to basal levels within 5-10 minutes. Higher doses of ATP (0.5 - 1 mg kg^{-1}) were required for similar effects. AA ($500 \mu\text{g kg}^{-1}$) decreased the number of platelets by $70\% \pm 4.4$ ($n = 11$). Bronchoconstriction and the platelet decrease were suppressed by 10 mg kg^{-1} of aspirin i.v. B (0.5 - $1 \mu\text{g/kg}^{-1}$) had no effect on platelet counts. Platelet depletion resulted in suppression of ADP- and of ATP-induced bronchoconstriction, whereas the effect of B and of AA was maintained or only slightly reduced. Administration of propranolol ($5 \text{ mg/kg}^{-1} + 2 \text{ mg/kg}^{-1}$ i.v.) restored responses to B demonstrating that the reduction of its effect was due to antagonism by released adrenaline and not to platelet depletion (Collier, 1966). B failed to aggregate guinea-pig platelets in presence of the kininase inhibitor BPP9A ($250 \mu\text{g/ml}^{-1}$), whereas ATP induced a marked aggregation, probably via conversion to ADP. In conclusion, agents likely to start the release reaction and thus to activate prostaglandin synthesis (Zucker & Peterson, 1968; Smith, Ingberman, Kocsis & Silver, 1974) with formation of bronchoconstrictor substances (Vargaftig & Dao Hai, 1972a) interact with different sites, all of them subject to blockade by aspirin. In the case of ADP and of ATP, this site is circulating platelets. Bradykinin probably induces formation of bronchoconstrictor substances by activating release of prostaglandin precursors directly from the lungs (Vargaftig & Dao Hai, 1972b).

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The effect of sulphinpyrazone, sodium aspirin and oxprenolol on the formation of arterial platelet thrombi

G.P. LEWIS & J. WESTWICK*

Department of Pharmacology, Royal College of Surgeons, Lincoln's Inn Fields, London WC2A 3PN

Platelets play a major role in the formation of arterial thrombi (see Mustard, Kinlough-Rathbone & Packham, 1974). In an effort to study the reaction *in vivo*, various methods of injuring the

microcirculation have been examined to produce platelet thrombosis (white body formation) (see Didisheim, 1972).

In the present study we have used the hamster cheek pouch as described by Duling, Berne & Born (1968) and perfused with a modified Krebs solution at 5 ml/min as described by Duling & Staples (1974). The following parameters were found to be optimal for producing white body formation. After a 30 min equilibration period, a glass micropipette with a $3 \mu\text{m}$ tip filled with 1 M KCl was placed in contact at approximately 90° with the wall of an arteriole of 40 - $60 \mu\text{m}$