which are not accessible to neurally released noradrenaline. One site for this action may be the β adrenoceptors situated on the longitudinal muscle (Kosterlitz & Watt, 1965). Most of the sympathetic fibres terminate in Auerbach's plexus (Norberg, 1964) and the response to perivascular stimulation is hardly affected by β -adrenoceptor antagonists (Watt. 1971).

Possible explanations for the greater part of the postsynaptic action of prostaglandin are potentiation of the response to acetylcholine (Harry, 1968, Kadlec, Masek & Seferna, 1974) or an increase in the acetylcholine released from the Auerbach's plexus. However, in our experiments the response of guineapig ileum to acetylcholine was not affected by indomethacin (7 µM) confirming the findings of Bennett, Eley & Stockley (1975) and indicating that the effects observed in the presence of indomethacin were not due to inhibition of the response to acetylcholine.

G.J.S. is a Science Research Council scholar.

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The effect of subcutaneous injections of adrenaline on platelet MAO activity

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Gentil, Greenwood & Lader (1975) have recently reported large increases in platelet monoamine oxidase

(MAO) activity following the subcutaneous injection of adrenaline and suggested that "stress" might produce rapid changes in the activity of the enzyme. In view of the relevance of this finding to the conflicting reports of a reduction of platelet MAO activity in schizophrenia (Murphy & Wyatt, 1972; Meltzer & Stahl, 1974; Shaskan & Becker, 1975; Bailey, Crow, Johnstone & Owen, 1975) we have attempted to verify the observations of Gentil and his colleagues and to improve the experimental design by (a) more frequent blood samples using an in-dwelling

The effect of adrenaline and placebo on platelet MAO activity Table 1

Benzylamine concentration	Injection received			
	Sample	Placebo (n=6)	Adrenaline (n = 6)	* t
1 mM	Pre-injection	27.8 ± 2.7	33.2 + 6.3	
1 mM	+20 min	27.7 ± 3.9	37.3 + 5.9	4.61†
1 mm	+40 min	31.0 ± 4.8	33.5 + 5.6	0.32
1 mM	+60 min	29.4 + 4.3	33.7 + 6.4	0.21
1 mM	+80 min	29.8 ± 4.3	35.1 ± 6.6	0.11
2.1 × 10 ⁻⁵ м	Pre-injection	1.70 ± 0.30	1.82 ± 0.44	
2.1 × 10 ^{−5} M	+20 min	1.82 ± 0.26	2.08 ± 0.37	1.93
	Age (yrs)	28.2 ± 5.6	27.5 <u>+</u> 3.0	0.25

^{* &#}x27;t' values refer to a comparison between pre- and post-injection samples of subjects receiving adrenaline only. † P < 0.05.

Results, mean \pm s.d. expressed as nmoles product formed per mg protein 30 min $^{-1}$.

catheter, (b) determination of platelet counts on all samples and (c) the inclusion of a group receiving placebo.

Twelve male volunteers received subcutaneous injections of either water or adrenaline tartrate (1:1000 solution, 1 ml/70 kg body weight). Blood samples (20 ml) were collected into a citric acid-sodium citrate-dextrose buffer (ACD; 5 ml) for platelet MAO assay and 5 ml into disodium ethylenediamine tetraacetate (EDTA) for platelet count determination. Samples were taken, from an indwelling catheter in the ante-cubital vein, immediately prior to injection and at 20, 40, 60 and 80 min post-injection. Platelet MAO activity was assayed by the method of Robinson, Lovenberg, Keiser & Sjoerdsma (1968) with benzylamine as substrate at a concentration of 1 M for all samples, and at the much lower concentration of 2.1×10^{-5} M used by Gentil et al. (1975) for the first two samples only. Platelet counts were determined with a Technicon Autocounter. The results of the platelet MAO assays are presented in Table 1.

There was a small but significant increase (P < 0.05, paired 't') test) in platelet MAO activity of the group receiving adrenaline in the 20 min post-injection samples only, with benzylamine as substrate at 1 mM concentration. There was a small but not significant increase in the activity of platelet MAO, in both groups of subjects, with benzylamine at a concentration of 2.1×10^{-5} M. Platelet counts were significantly increased in the 20 min (P < 0.001) 40 min (P < 0.05) and 60 min (P < 0.05) only in the group receiving adrenaline. As suggested by Gentil et al. (1975) the efflux of a different population of

platelets from the spleen may account for the increase in platelet MAO activity observed in the 20 min postinjection samples.

We were unable, therefore, to fully confirm the findings of Gentil and his co-workers. The small changes in platelet MAO activity attributable to 'stress', at least in as far as it is mimicked by injections of adrenaline seem unlikely to have an important bearing on the current controversy over the activity of the enzyme in schizophrenia.

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Role of lymphocytes in accumulation of fibrin in rabbit skin homografts

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Indomethacin-like drugs relieve joint pain and stiffness in rheumatoid arthritis but do not reduce the swelling. Further insight into this problem has been obtained by investigating the mechanisms influencing the fibrin content of homografts, as suggested by Jasani, Lewis & Tweed (1974).

Fibrin accumulation was studied by administering iodinated ¹²⁵I-labelled human fibrinogen (100 μCi in 1 ml water, i.v.) to New Zealand White rabbits bearing

six homografts (from Norfolk donors) of the right hind limb and an equal number of autografts on the left leg. One homograft and its corresponding autograft were removed daily from day four. ¹²⁵I-labelled fibrinogen was given on day five and a blood sample taken daily thereafter. Grafts were kept frozen (-20°C), homogenized (Jasani, 1973) and the water-insoluble radioactivity determined and expressed as a fraction of blood radioactivity according to Colvin & Dvorak (1975), thus minimizing inter-animal variations.

Figure 1a shows that the insoluble ¹²⁵I-labelled fibrinogen content, although similar at first in both types of graft, began to increase significantly in the homografts following the appearance of cyanosis. determined and expressed as a fraction of blood radioactivity according to Colvin & Dvorak (1975), thus minimizing inter-animal variations.

Figure 1a shows that the insoluble ¹²⁵I-fibrinogen content, although similar at first in both types of graft,