

( $321 \pm 104$  mm/min,  $n=7$ ) and had fallen markedly by day one post-partum ( $8.6 \pm 1.8$  mm/min,  $n=4$ ). Prostaglandin  $F_{2\alpha}$  ( $\text{PGF}_{2\alpha}$ ;  $2 \times 1$  mg/kg, s.c.) given on day 18 produced a doubling of cervical extensibility compared to controls on day 19. Following bilateral ovariectomy on day 16, cervical extensibility had not increased on days 18 and 20. Most fetuses had resorbed by day 20.  $17\beta$ -oestradiol benzoate ( $0.5$   $\mu\text{g/kg}$ ) plus progesterone ( $10$  mg/kg) s.c. twice daily to ovariectomized rats allowed fetal survival and growth but cervical extensibility was not altered. An ovarian hormone may be necessary for the terminal

increase in cervical extensibility in the pregnant rat. Using this method, the mechanism of the cervical action of  $\text{PGF}_{2\alpha}$  can be investigated both *in vivo* and *in vitro*.

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### The *in vitro* and *in vivo* effects of oxotremorine on the phosphatidylcholine content of washes of neonatal rabbit lungs

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By using a modification of methods of perfusing isolated and ventilated lungs (Delaunios, 1964; Leary & Ledingham, 1969), the effects of drugs on the secretion of phosphatidylcholine, the major chemical component of lung surfactant, from the parenchyma into the alveoli can be studied.

The lungs of neonatal rabbits (1-3 days old) were tracheotomized under sodium pentobarbitone ( $45$  mg/kg) anaesthesia and removed into a well-sealed, water-heated ( $38^\circ\text{C}$ ) perspex box. They were perfused with Krebs-Henseleit solution ( $37^\circ\text{C}$ ) bubbled with 95% oxygen and 5% carbon dioxide at  $2.9$  ml/min via the pulmonary artery. Successful perfusion was assessed by removal of blood from the lung. The perfusate collected in the lung chamber and maintained the humidity. It was removed at 5 min intervals. The box was evacuated 140 times a min to a negative pressure of about  $37$  mmHg ( $1$  mmHg  $\approx 133$  Pa). At 5 min intervals ventilation was stopped,  $1.5$  ml of saline injected slowly into the lungs via the tracheal cannula and after 1 min as much saline as possible withdrawn.

The phosphatidylcholine content of the lung washes was determined by a slight modification of the methods of Chen, Toribara & Warner (1956) and Hodge (1973).

Oxotremorine ( $0.2$  mg/kg) was injected i.p. into neonatal rabbits. It produced salivation, tremor and hypothermia. 30 min later the lungs were removed and the total phosphatidylcholine content of 6 washes ( $50.4 \pm 6.9$  mg/g dry lung weight, mean  $\pm$  s.e. mean;  $n=7$ ) was significantly greater ( $2 P < 0.01$ ) than those of saline controls ( $25.7 \pm 6.0$  mg/g;  $n=5$ ) or non-injected controls ( $20.6 \pm 4.6$  mg/g;  $n=8$ ). The phosphatidylcholine content of the residual lung tissue was similar in all groups.

Infusion of oxotremorine ( $0.01$ ,  $0.1$  and  $1$   $\mu\text{g/ml}$ ) *in vitro* for 1 min immediately before the 6<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> washes respectively did not increase the lung wash content of phosphatidylcholine.

The *in vivo* experiments suggest that oxotremorine caused secretion of phosphatidylcholine into alveoli rather than affecting production. A direct muscarinic action on cells within the parenchyma of the lung is unlikely.

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