



FIG. 1. Horizontal component of exploratory activity. Rats received i.p. distilled water (controls), diethylthiocarbamate (DDC) 500 mg/kg, amphetamine (AMPH) 4 mg/kg and combination of DDC and AMPH respectively. Each pair of columns represent the first and second measurement. The mean value \pm s.e. and the significance of differences (against the time corresponding control group) calculated by *t*-test are given, ** $P < 0.01$, * $P < 0.05$.

Amphetamine stereotyped movements were perceptible (see Table 1) in most of the treated rats during 90 to 120 min after the AMPH, 5 mg/kg. DDC pretreatment, 30 min before AMPH, produced an earlier start, and a longer duration of these movements ($P < 0.01$); and they were seen in 4 rats in the DDC-pretreated group, but in none of the non-pretreated group at 210 min after AMPH.

Imipramine pretreatment, 30 min before AMPH, delayed the start of the movements ($P < 0.05$) but prolonged their duration beyond the limit of 240 min; all rats of the imipramine group, but none of the non-pretreated group, showed the movements 210 and 240 min after AMPH.

DDC possesses neither an antitremorine (Pfeifer, Galambos & György, 1966) nor an anticonvulsive action (since we have found that the amount of leptazol intravenously infused into mice to give convulsions remained unchanged after DDC, 500 mg/kg given 1 h before the infusion) but prolongs hexobarbitone sleep (Lange, Kästner & Jung, 1970; Pfeifer, Galambos & György, 1966). This is seen indirectly in that the administration of doses up to 500 mg/kg, as used in most experiments (ours; those of Pfeifer, Galambos & György, 1966; Krantz & Seiden, 1968; Scheel-Krüger & Randrup, 1968; Przegalinski & Kleinrok, 1970), is unlikely to provoke a non-specific CNS depression of a toxic character. The hexobarbitone-potentiating effect is rather to be attributed to an inhibition of the liver microsomal oxidation by DDC (Lange & others, 1970).

The DDC effects on animal behaviour may be explained as an alteration of the dopamine- β -hydroxylase activity in the brain. The noradrenaline content is decreased after a single administration of DDC (Przegalinski & Kleinrok, 1970).

The dopamine content rises after repeated administration of DDC (Scheel-Krüger, & Randrup, 1968) or when given directly into the lateral ventricle of the brain (Kleinrok, Žebrowska & Wielosz, 1970). The changes are the result of dopamine- β -hydroxylase inhibition. Moreover, an increase of the tyrosine content in the brain probably caused by the feedback mechanism has been described (Magos & Jarvis, 1970). We found DDC to depress exploratory activity both in untreated and AMPH-stimulated rats on the one hand, while on the other it prolonged the duration of amphetamine stereotyped behaviour. Analogous results have been obtained by D'Encarnacao, D'Encarnacao & Tapp (1969) with AMPH-stimulated animals. These experiments support the hypothesis that large locomotory movements (AMPH-hypermotility) are provoked by release of noradrenaline, while the small movements, of stereotypic character, result from dopamine release (D'Encarnacao & others, 1969; Randrup & Scheel-Krüger, 1966). The DDC effects we found may be similarly explained in terms of the decrease of noradrenaline content (with a decrease of exploratory activity), and at same time, a dopamine rise (with a prolongation of amphetamine stereotyped behaviour).

DDC is considered to increase lethality in aggregated mice (Przegalinski & Kleinrok, 1970) and combined with pargyline provokes aggressiveness in rats that is accompanied by a decrease in brain noradrenaline and a rise in dopamine (Scheel-Krüger & Randrup, 1968).

It seems that the elevated dopamine concentration in the brain should play a specific role in the phenomenon of adrenergic excitation described by Lapin & Shchelkunov (1963); hence it may be noted that the antidepressants like imipramine prolong the duration of amphetamine stereotypes and potentiate the toxicity of AMPH in aggregated mice (Simon, 1965).

The authors thank Dr Žalud and his colleagues of the Department of Pathophysiology, Charles University Medical Faculty, Plzeň, Czechoslovakia, for supplying the laboratory facilities.

*Pharmacological Department,
Medical Faculty of Charles University,
Pilsen, Czechoslovakia.*

O. MAYER
V. EYBL

May 25, 1971

REFERENCES

- CARLSSON, A., FUXE, K. & HÖKFELT, T. (1967). *J. Pharm. Pharmac.*, **19**, 481-483.
 D'ENCARNACAO, P. S., D'ENCARNACAO, P. & TAPP, J. T. (1969). *Archs int. Pharmacodyn. Thér.*, **182**, 186-189.
 KLEINROK, Z., ŽEBROWSKA, I. & WIELOSZ, M. (1970). *Neuropharmacology*, **9**, 451-455.
 KRANTZ, K. D. & SEIDEN, L. S. (1968). *J. Pharm. Pharmac.*, **20**, 166-167.
 LANGE, P., KÄSTNER, D. & JUNG, F. (1970). *Acta biol. med. germ.*, **24**, K 29-33.
 LAPIN, I. P. & SCHELKUNOV, E. L. (1963). Proceedings of the Second International Pharmacological Meeting, Vol. 1, Pharmacology of Conditioning, Learning and Retention, p. 205. Pergamon Press, Czechoslovak Medical Press.
 LIPPMANN, W. & LLOYD, K. (1969). *Biochem. Pharmac.*, **18**, 2507-2516.
 MAGOS, L. & JARVIS, J. A. E. (1970). *J. Pharm. Pharmac.*, **22**, 936-938.
 PFEIFER, A. K., GALAMBOS, E. & GYÖRGY, L. (1966). *Ibid.*, **18**, 254.
 PRZEGALINSKI, E. & KLEINROK, Z. (1970). *Psychopharmacologia*, **16**, 409-418.
 RANDRUP, A. & SCHEEL-KRÜGER, J. (1966). *J. Pharm. Pharmac.*, **18**, 752.
 SCHEEL-KRÜGER, J. & RANDRUP, A. (1968). *Ibid.*, **20**, 948-949.
 SIMON, P. (1965). *Thérapie*, **20**, 1123-1147.
 ŽALUD, V., MYSLIVÉČEK, J., SEMIGINOVSKÝ, B. & TILLER, M. (1970). *Activitas. nerv. sup.*, **12**, 157.