

Under these circumstances the number of T-TSL, which were mainly suppressor T cells [8] was reduced:  $30 \pm 3.2\%$  after treatment of the cells with patients' serum and  $44 \pm 3.5\%$  on incubation of lymphocytes with normal serum.

The results are evidence that the effect of antilymphocytic antibodies obtained from patients with various diseases is aimed at the suppressor T-cell population, whose functional activity is significantly depressed under the influence of antibodies, in agreement with the data in the literature on the antissuppressor orientation of autolympocytic antibodies in systematic lupus erythematosus [6] and rheumatoid arthritis [10].

The appearance of antibodies against T lymphocytes in various diseases, described by the present writers and others [9], is not pathognomonic for a particular disease but is a general phenomenon, reflecting the state of the regulatory mechanisms of homeostasis as a whole.

#### LITERATURE CITED

1. M. E. Vartanyan, Vestn. Akad. Med. Nauk SSSR, No. 1, 51 (1974).
2. A. G. Kalinkovich, B. V. Pinegin, and E. L. Luganskaya, Immunologiya, No. 3, 38 (1983).
3. E. I. Shvarts. "Metabolic bases of immunologic disturbances in cells with trisomy for chromosome 21," Author's Abstract of Dissertation for the Degree of Doctor of Medical Sciences, Leningrad (1981).
4. N. K. Jerne and A. A. Nordin, Science, 140, 405 (1963).
5. M. Jondall, G. Holm, and H. Wigzell, J. Exp. Med., 136, 207 (1972).
6. O. Kunio and T. Kiyooki, Int. Arch. Allergy, 71, 346 (1983).
7. M. T. Lavastida and J. C. Daniels, Fed. Proc., 37, 1669 (1978).
8. S. Limatibul, A. Shora, H. M. Dosch, and E. W. Gelfand, Clin. Exp. Immunol., 33, 503 (1978).
9. P. I. Terasaki, V. D. Mottironi, and E. V. Barnett, New Engl. J. Med., 283, 724 (1970).
10. T. Sakane, S. Takada, Y. Murakawa, et al., J. Immunol., 129, 1972 (1982).

#### ROLE OF $G_0$ - AND $G_1$ -SPLENCYTES AND OF ANTIGEN-BINDING LYMPHOCYTES PRODUCING ANTIGEN-DEPENDENT NONSPECIFIC IMMUNOGLOBULINS

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Induction of the specific immune response and the appearance of antibody-forming cells (AFC) are accompanied both *in vivo* and *in vitro* by an increase in the number of nonspecific immunoglobulin-forming cells (NIGFC) [4, 11]. In particular, we do not know whether antigen-dependent NIGFC (adNIGFC) are formed from resting precursor cells ( $G_0$  cells) or from immunoglobulin-producing cells already present in the body (IGFC). These "background" IGFC in the mouse spleen account for usually 0.1-0.2% of the total number of cells. Most of them are B cells, in the  $G_1$  phase of the cell cycle, i.e., they are blast cells. In addition, the writers showed previously that antigen-binding cells (ABC) participate in the formation of adNIGFC [1]. To elucidate the role of "background" IGFC in the formation of adNIGFC, in the investigation described below NIGFC formation was studied in a suspension of normal splenocytes and of splenocytes from which  $G_1$  cells had been removed. It was also interesting to determine how removal of ABC affects the ability of splenocytes, after exhaustion of all  $G_1$  cells, to form adNIGFC.

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## EXPERIMENTAL METHOD

Female CBA mice weighing 16-18 g, obtained from the Stolbovaya nursery, Academy of Medical Sciences of the USSR, were used. The animals were lethally irradiated in a dose of 900-1100 rads and were restored with syngeneic splenocytes, injected intravenously in a dose of  $(25-50) \cdot 10^6$  per mouse simultaneously with antigen—sheep's red blood cells (SRBC) in a dose of  $(125-250) \cdot 10^6$  per mouse — or without antigen. Unrestored irradiated mice were used as the control. On the 5th day after transfer of the cells the number of IgM-AFC [6] and of IGFC [7] in the spleens of individual mice was determined. The number of MIGFC was calculated as the difference between the number of IGFC and the number of AFC per  $10^6$  splenocytes. The results are presented in the form  $M \pm m$ .

Both normal splenocytes and cells fractionated in a Percoll density gradient into  $G_0$  and  $G_1$  cells [10] were used for adoptive transfer. To fractionate the splenocytes ( $200 \cdot 10^6$  in 0.5 ml of medium) they were layered on a three-step Percoll gradient with densities of 1.03 g/cm<sup>3</sup> (5 ml), 1.072-1.074 g/cm<sup>3</sup> (30 ml), and 1.09 g/cm<sup>3</sup> (5 ml) and centrifuged at 2000g for 20 min at 20°C. In the majority of experiments the fractionation procedure was undertaken twice. After centrifugation once or twice in a density gradient, cells which were not present in the layers 1.072-1.074 g/cm<sup>3</sup> ( $G_1$ ) and 1.09 g/cm<sup>3</sup> ( $G_0$ ) were washed 5 times with Eagle's medium, and their separation into  $G_0$ - and  $G_1$ -populations was verified by determining the number of IGFC in each fraction. Fractions enriched with  $G_0$ - and  $G_1$ -lymphocytes respectively were injected into irradiated recipients in a dose of  $(25-50) \cdot 10^6$  cells together with or without  $(125-250) \cdot 10^6$  SRBC.

To obtain splenocytes containing neither  $G_1$  cells nor ABC, from a population enriched with  $G_0$  cells, rosette-forming cells specific for SRBC were removed [1] by centrifugation in a Percoll gradient. As a result, additional removal of  $G_1$  cells and also removal of ABC took place.

## EXPERIMENTAL RESULTS

On average  $9 \pm 2$  AFC to SRBC and  $2342 \pm 321$  NIGFC per  $10^6$  cells were found in the spleen of the irradiated recipient mice (Table 1). Restoration of the lethally irradiated animals with syngeneic normal splenocytes itself led to an increase in the number of AFC and NIGFC in the spleen on the 5th day. Immunization of the restored mice with SRBC, even against the background of this increase, induced a sharp increase in the number of both AFC and NIGFC in these animals (Table 1). Thus in the adoptive transfer system, just as previously in experiments *in vivo* [4] and *in vitro* [1, 11], together with a specific immune response, a marked nonspecific immune response also was observed. The increase in the number of adNIGFC under these circumstances amounted to 22,954 NIGFC per  $10^6$  cells (Table 1).

To study the role of  $G_0$  and  $G_1$  cells in adNIGFC formation, irradiated recipients were restored with suspensions of splenocytes after removal of  $G_1$  or  $G_0$  cells. Twofold removal of  $G_1$  cells from the suspension caused a reduction in the number of "background" IGFC in it from 0.22 to 0.014%. Transfer of these suspensions, deprived of  $G_1$  (i.e., resting cells) or of  $G_0$  lymphocytes into irradiated recipients led to the appearance of a rather smaller number of ARC in their spleens ( $38 \pm 17$  per  $10^6$  cells) and of a much smaller number of NIGFC ( $3983 \pm 522$  per  $10^6$  cells) than transfer of normal splenocytes (compare groups 2 and 4 in Table 1). This indicates that NIGFC formation, observed during restoration with normal splenocytes, is due mainly to  $G_1$  cells. Injection of antigen into animals restored with  $G_0$  cells caused the formation of  $691 \pm 119$  AFC to SRBC and of  $16,337 \pm 3479$  IGFC per  $10^6$  cells (see Table 1, group 5), i.e., both the formation of specific AFC and an increase in the number of adNIGFC were at about only half the level as during transfer of normal spleen cells (see Table 1, groups 3 and 5). This is evidence that the formation of AFC and adNIGFC is linked at least partially with  $G_1$  cells. Participation of the latter was discovered in direct experiments with transfer of  $G_1$  cells. It was shown that on the 5th day the recipients' spleens contained  $417 \pm 59$  AFC and  $62,020 \pm 5192$  NIGFC. Injection of antigen increased both of these values highly insignificantly.

An antigen-dependent increase in the number of NIGFC thus cannot be detected as a result of transfer of  $G_1$  cells (by contrast with what is observed with transfer of  $G_0$  cells). These data confirmed our hypothesis that the appearance of the majority of NIGFC during restoration of irradiated mice with normal splenocytes (in the absence of antigen) is due to  $G_1$  cells which, in the absence of exogenous antigen, can differentiate into IGFC (we know that the number of blast cells in a suspension of normal mouse splenocytes is about 5-9%).

TABLE 1. Induction of Immune Response in Irradiated Recipients, Restored by Various Subpopulations of Syngeneic Splenocytes ( $M \pm m$ )

| No. of group | Cells injected                    | Number of AFC and NIGFC per $10^6$ cells |                      | Increase in number of adNIGFC | Inhibition of increase in number of adNIGFC, % |
|--------------|-----------------------------------|--|----------------------|-------------------------------|--|
|              |                                   | AFC to SRBC                              | NIGFC                |                               |  |
| 1 ( $n=36$ ) | —                                 | $9 \pm 2$                                | $2\ 342 \pm 321$     | —                             | —  |
| 2 ( $n=36$ ) | Normal splenocytes                | $49 \pm 13$                              | $10\ 746 \pm 1\ 078$ | —                             | —  |
| 3 ( $n=36$ ) | Normal splenocytes + SRBC         | $1\ 240 \pm 145$                         | $33\ 700 \pm 3\ 417$ | 22954                         | 0  |
| 4 ( $n=23$ ) | $G_0$ lymphocytes                 | $38 \pm 17$                              | $3\ 983 \pm 522$     | —                             | —  |
| 5 ( $n=23$ ) | $G_0$ lymphocytes + SRBC          | $691 \pm 119$                            | $16\ 337 \pm 3\ 479$ | 12354                         | 46,2   |
| 6 ( $n=7$ )  | $G_1$ lymphocytes                 | $417 \pm 59$                             | $62\ 020 \pm 5\ 192$ | —                             | —  |
| 7 ( $n=8$ )  | $G_1$ lymphocytes + SRBC          | $770 \pm 83$                             | $70\ 983 \pm 7\ 567$ | —                             | —  |
| 8 ( $n=11$ ) | $G_0$ , not containing ABC        | $98 \pm 14$                              | $3\ 616 \pm 880$     | —                             | —  |
| 9 ( $n=11$ ) | $G_0$ , not containing ABC + SRBC | $117 \pm 18$                             | $5\ 388 \pm 1\ 498$  | 1772                          | 92,3   |

Note. n) Number of animals in group.

Since the writers showed previously in experiments *in vitro* [1] that ABC participate in adNIGFC formation, it was interesting to study how simultaneous removal of  $G_1$  cells and ABC affects this process. During transfer of a cell suspension containing neither blast cells nor ABC specific for SRBC, we observed the appearance of  $98 \pm 14$  AFC and  $3616 \pm 880$  NIGFC in the recipients' spleen (Table 1, group 8). Injection of the antigen induced virtually no immune response in them. The number of AFC to SRBC did not exceed  $117 \pm 18$  per  $10^6$  cells; the increase in the number of adNIGFC also was not significant (Table 1, group 9).

Thus removal of ABC from the  $G_0$ -cell population led to a decrease in NIGFC formation by 67% and to inhibition of the increase in the number of adNIGFC by 92.3%. Since the method of rosette formation which we used does not enable T rosettes to be obtained [5], it can be tentatively suggested that the inhibition of NIGFC formation observed in the case of transfer of  $G_0$  splenocytes after removal of ABC from them is connected mainly with removal of ABC of B-cell origin. Hence it follows that adNIGFC formed from ABC ought to be cells which secrete either low-affinity or "defective" antibodies. Since it was shown previously that antigen-dependent nonspecific immunoglobulins are not low-affinity antibodies [12], we are left with the second possibility. The formation of "defective" antibodies may be due to fine differences in the structure of the antigen-specific receptors of ABC-precursors of AFC and NIGFC, which the writers postulated previously [1]. A certain number of adNIGFC is undoubtedly formed from B blast cells that produce antibodies to various nonhomologous antigens. It is interesting to note that these cells proliferate and differentiate under the influence of non-specific blockers, released from activated T cells, and in the absence of specific antigen [3, 8]. Our data on  $G_1$ -cell transfer confirm this hypothesis.

We can thus propose the following simplified scheme of the mechanism of adNIGFC formation during antigenic stimulation *in vivo*. Antigen entering the body binds with specific  $G_0$ -B cells ( $G_0$ B-ABC) and helper T cells, which recognize processed antigen on the surface of the accessory cells. After binding antigen the  $G_0$ C-ABC are converted into  $G_1$ -B cells ( $G_1$ B-ABC) [9], capable of receiving signals from helper T cells [13]. In turn, activation of specific helper T cells for this antigen leads to the production of several T factors [2], which "trigger" not only "their own" but also "foreign" B cells, which are already in the  $G_1$  stage (blasts). As a result the  $G_1$ B-ABC differentiate into producers both of antibodies specific for the injected antigen (AFC) and of "defective" antibodies (NIGFC). Some  $G_1$ B lymphocytes of other specificities may also be triggered by nonspecific T factors and they also differentiate into NIGFC. The latter probably produce antibodies to certain extraneous antigens.

The sources of adNIGFC are thus both  $G_0$ B cells that specifically bind the injected antigen and  $G_1$ B lymphocytes pre-existing in the body.

#### LITERATURE CITED

1. M. G. Agadzhanian, T. B. Megrabyan, and E. V. Sidorova, Byull. Éksp. Biol. Med., No. 9, 327 (1985).
2. B. D. Brondz and O. V. Rokhlin, Molecular and Cellular Bases of Immunologic Recognition [in Russian], Moscow (1978).
3. J. Andersson, M. Schreier, and F. Melchers, Proc. Natl. Acad. Sci. USA, 77, 1612 (1980).
4. J. C. Antoine and S. Avrameas, Immunology, 30, 537 (1976).
5. D. D. Elliott, J. S. Haskill, and M. A. Axelrad, J. Exp. Med., 138, 1133 (1973).

6. N. K. Jerne and A. A. Nordin, *Science*, 140, 405 (1963).
7. N. R. Ling, S. Bishop, and R. Jefferis, *J. Immunol. Methods*, 15, 279 (1977).
8. F. Melchers and J. Andersson, *Cell*, 37, 715 (1984).
9. B. L. Pike, D. L. Vaux, and G. J. V. Nossal, *J. Immunol.*, 2, 554 (1983).
10. J. G. Salisbury, J. M. Graham, and C. A. Pasternac, *J. Biochem. Biophys. Methods*, 1, 341 (1979).
11. E. V. Sidorova, M. G. Agadzhanian (M. G. Agadjanian), A. A. Korukova, and A. E. Gurvich, *Immunol. Lett.*, 3, 21 (1981).
12. E. V. Sidorova, L. V. Chernomordik, and A. E. Gurvich, *Immunochemistry*, 12, 397 (1975).
13. A. Singer and R. J. Hodes, *Annu. Rev. Immunol.*, 1, 211 (1983).

PROPHYLACTIC EFFECTS OF SODIUM AND LITHIUM HYDROXYBUTYRATE DURING STRESS-  
INDUCED DEPRESSION OF NORMAL KILLER CELL ACTIVITY IN MICE

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Natural or normal killer (NK) cells play an important role in the maintenance of tissue homeostasis [7], in antitumor and anti-infectious protection [10, 11], and in regulation of a number of important biological processes [9, 11]. NK cell activity can be changed as a result of injury to various parts of the brain and, in particular, the hypothalamus [8], and under the influence of hormones, especially glucocorticoids [6]. It was shown previously that NK cell activity is significantly inhibited during emotional-painful [4] and immobilization stress [5], and that this inhibition can be abolished prophylactically by the cyclic derivative of delta-sleep peptide [3]. A marked prophylactic effect also is produced by sodium hydroxybutyrate (Na-OHBA) [3]. The high antistressor efficacy of a new preparation, namely lithium hydroxybutyrate (Li-OHBA), used for the treatment of various nervous and mental disorders, has recently been established [1, 2]. The aim of this investigation was to compare the prophylactic effect of these two substances — Na-OHBA and Li-OHBA — against stress-induced depression of NK cell activity.

#### EXPERIMENTAL METHOD

Experiments were carried out on male CBA mice aged 12 weeks. Immobilization stress for 6 h was induced by fixing the animals by their limbs in the supine position. The compounds for testing were given as a single intraperitoneal injection, 30 min before the beginning of exposure to stress, in the following doses: Na-OHBA 50, 100, and 200 mg/kg, Li-OHBA 50 mg/kg, and lithium chloride (LiCl) 10 mg/kg. The animals were divided into five groups: 1) mice receiving an injection of physiological saline (control); 2) stress (immobilization for 6 h); 3) Na-OHBA + stress; 4) Li-OHBA + stress; 5) LiCl + stress.

The animals were decapitated 24 h after the end of exposure to stress. A suspension of splenocytes, obtained by gentle mechanical destruction of the spleen in a glass homogenizer with Teflon pestle, followed by filtration of the cells through a nylon filter and by washing twice in Eagle's medium, was used as the source of NK cells. The cell concentration was adjusted to  $20 \cdot 10^6$ /ml and the cells were transferred to culture medium (RPMI 1640 medium with 10% embryonic calf serum and 1% glutamine). NK cell activity was determined by the test based on release of  $^{51}\text{Cr}$  from labeled YAC-1 target cells (TC; a T-cell mouse lymphoma, maintained by subculture *in vitro*). For this purpose, to  $5 \cdot 10^6$  YAC-1 cells in a volume of 1 ml of culture fluid was added 100  $\mu\text{Ci}$  of  $\text{Na}_2^{51}\text{CrO}_4$  (specific activity 300–500 mCi/mg, from Amersham International, England) and incubated on a water bath at  $37^\circ\text{C}$  for 60 min. The TC

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