

## Effects of Brain Pique on the First and Second Ovipositions of the Hen's 2-Egg Sequence. (32164)

H. OPEL (Introduced by R. M. Fraps)

*United States Department of Agriculture, Animal Husbandry Research Division, ARS, Beltsville, Md.*

A previous study(1) has shown that electrical stimulation of the hen's preoptic brain evoked premature lay of the terminal ( $C_t$ ) egg of a sequence during a 2-hour period on the day of  $C_t$  lay. Tests within the time that preoptic stimulation was completely effective disclosed that the response could be obtained by the mere insertion of electrodes (pique) into any of several brain sites.

In apparent conflict with my observations on  $C_t$  lay, Juhász and van Tienhoven(2) reported that electrical stimulation of the telencephalon delays oviposition of the first ( $C_1$ ) egg of a sequence. Since major differences in technique and in brain areas examined preclude meaningful comparisons of the two studies, and because endocrine mechanisms governing  $C_1$  and  $C_t$  lay are not entirely comparable(3), it seemed important to extend my earlier experiments to the  $C_1$  egg and to include tests of the telencephalon.

*Materials and methods.* White Leghorn hens were caged individually in laying batteries under electric lights from 6 a.m. to 8 p.m. Hourly records of lay, maintained from 8 a.m. to 4 p.m. for a flock of 800-900 hens, allowed selection of hens laying in 2-egg sequences with a lapse of 1 day between sequences. In such sequences,  $C_1$  lay occurs between 9 a.m. and noon,  $C_t$  ovulation occurs within 1 hour after  $C_1$  lay and  $C_t$  lay takes place between 1 and 4 p.m. on the next day.

*Operations.* The general operative procedures, type of electrode and parameters of electrical stimulation used are described elsewhere(1). Electrodes were placed stereotaxically with the aid of a brain atlas(4). The electrical stimulus was applied for 10 minutes. For pique, electrodes were inserted for 1 minute.

*Experiment 1.* To establish a basis of comparison with available data on  $C_t$  lay(1), pique and electrical stimulation were tested for effect on  $C_1$  lay, and possible correla-

tions between these effects and effects on the associated  $C_t$  ovulation were examined. Electrodes were placed bilaterally at stereotaxic coordinates  $A_{9.5}H_{4.5}L_{0.5}$  in that area of the preoptic brain used as standard in the study on  $C_t$  lay(1). Groups of 8 hens were subjected to pique or stimulation during 1 of 5 consecutive 3-hour intervals covering the period from 6 p.m. on the night before to 9 a.m. on the morning of  $C_1$  lay. Operated hens were checked hourly for  $C_1$  and  $C_t$  lay. The hour of  $C_t$  ovulation was estimated by appropriately scheduled digital palpations for the oviducal egg. All hens were sacrificed on the day of normal  $C_t$  lay for macroscopic examination of the ovaries and preparation of the brains for histological verification of the sites of electrode placement by methods previously described(1).

*Experiment 2.* In this experiment, the effects of time and site of brain pique on  $C_1$  and  $C_t$  lay were compared. Brain sites tested were the standard preoptic site(1), a site in the thalamus ( $A_{7.0}H_{8.5}L_{1.0}$ ) used in the study on  $C_t$  lay and a site in the telencephalon ( $A_{8.5}H_{7.5}L_{3.0}$ ) where Juhász and van Tienhoven(2) found electrical stimulation to delay  $C_1$  lay. Times used were 9 to 11 p.m. on the night before lay, an optimal time of preoptic pique for effect on  $C_1$  lay, and 6 to 8 a.m. on the morning of lay, an optimal time for pique for effect on  $C_t$  lay. Groups of 10 hens were subjected to pique of 1 of the 3 sites during 1 of the 2 times for effect on *either*  $C_1$  or  $C_t$  lay. Postoperative observations were identical with those outlined for Experiment 1.

*Controls.* Estimates of lay and ovulation were subject to certain naturally occurring errors, previously described in detail(1), arising out of the failure of an occasional hen, no matter how regular her previous record, to lay the expected 2-egg sequence. The probable frequency of such errors was estimated by following the performance at 100

TABLE I. Effects of Pigure of the Preoptic Brain on C<sub>1</sub> Oviposition, the Associated C<sub>t</sub> Ovulation and C<sub>t</sub> Lay.

Time of pigure	Hr before period of C <sub>1</sub> lay	No. of hens	No. of C <sub>1</sub> ovipositions premature*	No. of C <sub>t</sub> ovulations delayed*	No. of C <sub>t</sub> ovipositions premature*
6-9 p.m.	12-15	16	5 <sup>b</sup>	6 <sup>a</sup>	2 <sup>a</sup>
9 p.m.-12 m.	9-12	16	9 <sup>a</sup>	8 <sup>a</sup>	1 <sup>b</sup>
12 m.-3 a.m.	6-9	16	6 <sup>b</sup>	7 <sup>a</sup>	0 <sup>c</sup>
3-6 a.m.	3-6	16	5 <sup>b</sup>	3 <sup>b</sup>	2 <sup>a</sup>
6-9 a.m.	0-3	16	2 <sup>c</sup>	2 <sup>b</sup>	2 <sup>a</sup>
Unoperated controls		100	2 <sup>d</sup>	11 <sup>b</sup>	2 <sup>c</sup>

\* Values in each column not having the same superscript differ significantly ( $P < .01$ ).

unoperated hens selected on the same basis as experimental hens.

The data were analyzed by analysis of variance with significant differences between means determined by the method of Duncan (5).

*Results. Experiment 1.* No significant differences were found between the effects of pigure and electrical stimulation of the preoptic brain on C<sub>1</sub> lay, the associated C<sub>t</sub> ovulation and subsequent C<sub>t</sub> lay. The data are therefore pooled and presented in Table I as effects of pigure.

Pigure during any interval tested advanced C<sub>1</sub> lay. The greatest incidence of premature ovipositions, 56%, occurred with treatment between 9 p.m. and midnight; the frequency of the response then fell off gradually with advancing time of pigure (Table I). These results are in contrast with the earlier results on C<sub>t</sub> lay, where the frequency of premature lay increased with advancing time of treatment from 9 p.m. to 9 a.m., attaining 100% with pigure between 6 and 9 a.m.

Independently of the time of pigure, 25 of 27 premature C<sub>1</sub> ovipositions occurred between 5 and 8 a.m. Based on past records of the individual hens, eggs laid during this period were premature by 1 to 6 hours (mean 2.5 hours). The two exceptions noted were laid between 1 and 4 a.m. In 2 other hens, C<sub>1</sub> lay was delayed by 20-22 hours.

Preoptic pigure before 3 a.m. induced a significant number ( $P < .01$ ) of delayed ovulations (Table I). The period of delay was 3-6 hours in 6 hens and 24-48 hours in 15 hens. Such delays are believed to result from interference with LH release for ovulation (6). Nine hens treated before 3 a.m. did

not ovulate the C<sub>t</sub> egg. Atresia of large ovarian follicles was seen in these hens at autopsy as well as in 16 hens showing normal or delayed ovulation.

When C<sub>t</sub> ovulation was not affected by treatment, C<sub>t</sub> lay either occurred as expected (31 hens) or was premature by 1-13 hours (7 hens). If ovulation was delayed, the ensuing interval from ovulation to C<sub>t</sub> lay was normal. No statistically significant correlations were found among the effects of preoptic pigure on C<sub>1</sub> lay, C<sub>t</sub> ovulation and C<sub>t</sub> lay.

*Experiment 2.* Pigure of the thalamus or telencephalon had no effect on C<sub>1</sub> lay. The frequencies of premature C<sub>1</sub> lay following preoptic pigure between 9 and 11 p.m. and 6 and 8 a.m. were similar to those recorded for the same treatment in Experiment 1 (Table II). Seven of the 8 premature eggs were laid between 5 and 8 a.m.

As a final check on the foregoing results, 10 hens were subjected to electrical stimulation of the telencephalic site between 9 and 11 p.m. on the night before C<sub>1</sub> lay. The results were negative.

TABLE II. Effects of Site and Time of Brain Pigure on C<sub>1</sub> and C<sub>t</sub> Lay.

Time of pigure	Brain site	Incidence of premature lay	
		C <sub>1</sub>	C <sub>t</sub>
9-11 p.m.	Preoptic brain	5/10*	3/10*
	Thalamus	0/10	0/10
	Telencephalon	0/10	0/10
6-8 a.m.	Preoptic brain	3/10*	10/10*
	Thalamus	0/10	6/10*
	Telencephalon	0/10	2/10*
—	Unoperated controls	2/100	2/100

\* Significantly different from controls ( $P < .01$ ).

The effects of brain pique on  $C_t$  lay were clearly time dependent. Pique of the thalamus or telencephalon had no effect when applied between 9 and 11 p.m., but advanced  $C_t$  lay in significant numbers of hens ( $P < .01$ ) when applied between 6 and 8 a.m. (Table II). Preoptic pique was only 30% effective between 9 and 11 p.m., but was completely effective between 6 and 8 a.m.

Of the 21 premature  $C_t$  ovipositions evoked by all treatments, 19 occurred between 9 a.m. and noon. Eggs laid during this time were premature by 2-6 hours. The facilitory period for  $C_t$  lay was about 1 hour longer than previously reported(1). This discrepancy may reflect the use of different strains of hens or of seasonal differences in the two studies.

*Discussion.* The results confirm and extend the previous finding(1) that brain pique evokes premature oviposition during restricted hours of the day. Further, they establish clearly that electrical stimulation does not accentuate the response. How simple mechanical injury to the brain can lead to premature oviposition during restricted hours remains unknown.

My negative findings on pique or stimulation of the telencephalon cannot be taken as evidence against the report of Juhász and van Tienhoven(2) that stimulation of this area delays  $C_1$  lay. The discrepant results may be traced to major differences in the timing and techniques of stimulation.

In the 2-egg sequence,  $C_1$  lay normally occurs between 9 a.m. and noon and  $C_t$  lay ensues during 1 to 4 p.m. on the next day. Irrespective of the time of pique, 96% of the premature  $C_1$  ovipositions in Exp. 1 occurred between 5 and 8 a.m. and 95% of the premature  $C_t$  ovipositions in Exp. 2 occurred between 9 a.m. and noon. That this resulted from restriction in the hours of pique-evoked lay, rather than from a uniform advance in the time of lay, is shown by the fact that the interval from premature to normal lay in the individual hens ranged from 1 to 6 hours for the  $C_1$  egg and from 2 to 6 hours for the  $C_t$  egg.

The fact that the periods of premature lay stand in the same relationship to each

other as the periods of normal lay indicates that the dominant factor in the timing of the pique-evoked oviposition, as in normal oviposition(7), is the cyclic release of pituitary gonadotrophin for ovulation. The lack of any correlation between the effects of preoptic pique on  $C_1$  lay and the associated  $C_t$  ovulation argues against a direct action of brain pique on mechanisms controlling the ovulatory cycle. An alternate possibility is that pique activates some secondary mechanism whose influence can be expressed only after some diurnally recurrent change in the cycle.

The data thus far show several important differences in the effect of brain pique on  $C_1$  and  $C_t$  lay.  $C_t$  lay was advanced by pique of any brain site tested, but  $C_1$  lay was advanced only by pique of the preoptic brain. In general, preoptic pique was far more effective on  $C_t$  than on  $C_1$  lay. Further, the relationships between time of preoptic pique and frequency of premature lay were markedly different for the two ovipositions. A possible explanation of these differences is that threshold of brain sensitivity to pique depends on circulating levels of ovarian steroids. Steroid feedback on brain centers modulating gonadotrophin release has been used to explain cyclic ovulation and oviposition in the hen(7). Experiments by Rothchild and Fraps(8) suggest that  $C_1$  lay is influenced by secretions from both the last ruptured and ovulating ovarian follicles; while  $C_t$  lay, which occurs on a day of no ovulation, is timed primarily by secretions of the ruptured follicle. It is not illogical to assume, therefore, that higher blood steroid levels and consequent lowered thresholds of brain sensitivity to pique on the day of ovulation may account for the differences in the effects of pique on  $C_1$  and  $C_t$  lay. If the assumption is correct, the pique-evoked oviposition should be readily blocked by appropriately timed steroid injections.

Finally, the results suggest that the zone of the preoptic brain previously implicated in ovulation(6) may also be a primary center in the control of oviposition, but that the mechanisms involved in the two processes are not necessarily the same. However, much

additional work, particularly in delimiting the areas in which brain manipulations evoke  $C_1$  lay, is needed before these notions can be accepted.

*Summary.* Pique of the hen's brain evoked premature lay of the  $C_1$  and  $C_t$  eggs of a 2-egg sequence during restricted periods which stood in the same relationship to each other as the periods of normal lay for the respective eggs.  $C_t$  lay was advanced by pique of any of several brain sites, but  $C_1$  lay was advanced only by pique of the preoptic brain. The frequency of premature lay in relation to time of preoptic pique differed markedly for the two eggs.

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1. Opel, H., *Endocrinology*, 1964, v74, 1963.
2. Juhász, L. P., van Tienhoven, A., *Am. J. Physiol.*, 1964, v207, 286.
3. van Tienhoven, A., In *Sex and Internal Secretions*, Young, W. C., Ed., Williams & Wilkins Co., Baltimore, 1961, v2, 1088.
4. van Tienhoven, A., Juhász, L. P., *J. Comp. Neur.*, 1962, v118, 185.
5. Duncan, D. R., *Biometrics*, 1955, v11, 1.
6. Opel, H., *Proc. Soc. Exp. Biol. & Med.*, 1963, v133, 488.
7. Fraps, R. M., *Endocrinology*, 1965, v77, 5.
8. Rothchild, I., Fraps, R. M., *Proc. Soc. Exp. Biol. & Med.*, 1944, v56, 79.

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### Comparative Evaluation of the Influence of Opsonins on Hepatic, Splenic and Pulmonary Phagocytosis.\* (32165)

THOMAS M. SABA<sup>†</sup> AND N. R. DI LUZIO

*Department of Physiology and Biophysics, University of Tennessee Medical Units, Memphis*

The ability of the reticuloendothelial system (RES) to phagocytize circulating foreign particulate material is well established(1,2). However, the diffuse anatomical nature of the RES, as well as the multiplicity of factors(3-5) which can independently or collectively alter RE activity have enabled this system to elude complete quantitative analysis. Quantification of RE phagocytosis has been most successfully accomplished by determining the intravascular clearance rate of previously injected particulate material (6-8). In conjunction with such studies, tissue distribution of the injected colloids(9) has provided some insight as to relative participation of various organs. Studies of this nature have demonstrated that the greatest phagocytic activity resides in the cell populations comprising the fixed macrophages of the liver, spleen, and lung which collectively represent the major segment of the reticuloendothelial system.

That phagocytic activity can be enhanced by non-specific serum factors called "opsonins" has been well established(10-15). Indeed, the interaction of a specific serum component(s) with foreign particulate material appears to be a prerequisite for cellular recognition and subsequent phagocytosis of foreign macromolecules(16,17). Early experiments by Manwaring and Coe(18) as well as Manwaring and Fritschen(19) have demonstrated that serum can augment hepatic phagocytosis of bacteria. Filkins and Smith (12) have shown that opsonic activity will enhance hepatic phagocytosis of colloidal carbon. In addition, recent studies from our laboratory(14,15) have established the existence of an opsonic system which can stimulate *in vitro* Kupffer cell phagocytosis. In contrast to these observations on liver, very little is known concerning the role of serum factors or "opsonins" in the phagocytic activity of fixed macrophages localized in the lung and spleen. In view of this apparent lack of information, the present studies were conducted to evaluate the influence of op-

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