

days, which resulted in reticulocyte increases from 6% to 14%, the longevity of the reticulocyte was found to be remarkably constant. It ranged from 4 to 6 days. This value is in close agreement with those obtained by Heath and Daland<sup>3</sup> for the *in vitro* and *in vivo* maturation of reticulocytes of pernicious anemia patients.‡

*Summary.* 1. The red cell longevity in normal guinea pigs ranges from 22-28 days. 2. This value increases after splenectomy, reaching a maximum of 32-38 days approximately a month following the operation, and then falls off, becoming normal in about 2½ months. 3. The longevity of the circulating reticulocyte ranges from 4 to 6 days in both normal and splenectomized animals.

## 9855

**Decreased Choline-Esterase Activity of Serum in Jaundice and in Biliary Disease.\***

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In a previous communication,<sup>1</sup> the choline-esterase activity of human serum was determined by the Ammon method<sup>2</sup> with the reaction continuing over a 2-hour period at 30°C. Choline-esterase activity was expressed in cubic millimeters of CO<sub>2</sub> liberated, in a total volume of 2 cc., from 7.5 mg. acetylcholine chloride by 0.5 cc. of diluted serum (diluted 50 times). It was found that in a control group of 60 normal adults, the average reading was 67.6 mm.<sup>3</sup> CO<sub>2</sub> liberated, and that all of the cases, except 7, fell between 44 and 80 mm.<sup>3</sup> In a series of over 500 determinations in pathological conditions it was stated that in cases of jaundice there was a tendency toward depressed values.<sup>1</sup>

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<sup>3</sup> Heath, C. W., and Daland, G. A., *Arch. Int. Med.*, 1930, **46**, 533.

‡ The close correspondence between Heath and Daland's values for the *in vitro* maturation of reticulocytes and ours for the *in vivo* longevity would further support the contention that marrow hyperactivity ceases quite abruptly after withdrawal of the stimulus.

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<sup>1</sup> Antopol, W., Tuchman, L., and Schifrin, A., *Proc. Soc. Exp. Biol. and Med.*, 1937, **36**, 46.

<sup>2</sup> Ammon, R., and Voss, G., *Pflüger's Arch. f. d. ges. Physiol.*, 1935, **235**, 393.

TABLE I.  
Choline-esterase Activity of Serum in Jaundice.

| Case | Age | Diagnosis                                   | Choline-esterase activity† | Van den Berg       | Icteric Index | Hb % | Patient Temp. °F. | Ratio of esterified cholesterol to total cholesterol* |
|------|-----|---|----------------------------|--------------------|---------------|------|-------------------|---|
| 1    | 38  | Cirrhosis of liver                          | 10                         | 1:67,000           | 14            | 63   | 99.4              | 40/250  |
| 2    | 56  | " with hepatitis                            | 13                         | 1:250,000          | 27            | 85   | 98.6              | 30/205  |
| 3    | 62  | Toxic hepatitis                             | 15                         | 1:17,000           | 35            | 70   | 101.              | 125/375   |
| 4    | 54  | " in pernicious anemia                      | 18                         | —                  | 20            | 98   | 100.2             | 61/200  |
|      |     |   |                            |                    | 56            |      | 99.               |   |
| 5    | 54  | Cirrhosis of liver                          | 19                         | 1:500,000          | 2             | 96   | 98.6              | 50/200  |
|      |     |   |                            | (subicteric clin.) |               |      |                   |   |
| 6    | 59  | " ; cholemia                                | 20                         | 1:100,000          | 12            | 86   | 98.6              | 46/315  |
| 7    | 48  | " ; toxic hepatitis                         | 22                         | 1:100,000          | 14            | 46   | 99.8              | —   |
| 8    | 13  | Liver abscess; actinomycosis                | 24                         | 1:50,000           | 17            | 78   | 99.               | —   |
| 9    | 51  | Acute hemolytic icterus                     | 29                         | 1:100,000          | 12            | 30   | 99.               | trace/110   |
|      |     |   |                            |                    |               |      | 103.              |   |
| 10   | 23  | Tertian malaria                             | 30                         | 1:80,000           | 15            | 75   | 98.               | trace/85  |
| 11   | 63  | Carcinoma of pancreas                       | 31                         | 1:60,000           | 23            | 70   | 100.              | 150   |
| 12   | 56  | " "   | 34                         | 1:80,000           | 50            | 85   | 99.               | 146/270   |
| 13   | 42  | Acute pancreatitis                          | 38                         | 1:14,000           | 40            | —    | 102.4             | —   |
| 14   | 46  | Cholelithiasis; common duct stone           | 40                         | 1:60,000           | 32            | 72   | 98.6              | —   |
| 15   | 56  | Chronic cholecystitis, cholelithiasis       | 46                         | 1:250,000          | 27            | 78   | 98.6              | —   |
|      |     |   |                            | (subicteric clin.) |               |      |                   |   |
| 16   | 50  | Carcinoma of pancreas                       | 48                         | 1:17,000           | 42            | 85   | 98.6              | 315/515   |
| 17   | 71  | Hypertension; cholecystitis, cholelithiasis | 55                         | 1:100,000          | 12            | 72   | 102.              | —   |
| 18   | 26  | Hepatosplenomegaly                          | 57                         | —                  | 36            | 75   | 99.               | 76/240  |
| 19   | 25  | Catarrhal jaundice                          | 63                         | 1:80,000           | 13            | 80   | 98.6              | 105/200   |
| 20   | 8   | " "   | 64                         | 1:110,000          | 18            | 90   | 100.              | 25/200  |
| 21   | 17  | Hodgkin's                                   | 76                         | 1:70,000           | 20            | 90   | 99.               | —   |

†Choline-esterase activity of serum expressed in mm<sup>3</sup>. CO<sub>2</sub> developed in 2 hours at 30°C.

\*Figures expressed in mg. %.

TABLE II.  
Choline-esterase Activity of Serum in Biliary Disease.

| Case | Age | Diagnosis   | Choline-esterase activity† | Van den Berg | Icteric Index | Hb % | Patient Temp. °F. | Ratio of esterified cholesterol to total cholesterol* |
|------|-----|---|----------------------------|--------------|---------------|------|-------------------|---|
| 22   | 31  | Liver abscess; actinomycosis                                      | 11                         | —            | —             | 58   | 103.              | —   |
| 23   | 66  | Secondary anemia; cirrhosis of liver; heart failure               | 17                         | 1:500,000    | 4             | 11   | 98.6              | —   |
| 24   | 71  | Acute cholecystitis   | 25                         | 1:300,000    | 5             | 70   | 99.2              | —   |
| 25   | 65  | Splenic vein thrombosis   | 29                         | 1:500,000    | 6             | 36   | 98.6              | 45/180  |
| 26   | 27  | Bilharzia of liver  | 42                         | 1:300,000    | 12            | 50   | 100.4             | 40/130  |
| 27   | 45  | Chronic cholecystitis with cholelithiasis                         | 48                         | 1:500,000    | 8             | 85   | 99.               | 150/325   |
| 28   | 51  | Essential hypertension; chronic cholecystitis with cholelithiasis | 65                         | 1:300,000    | 5             | 83   | 98.6              | —   |

†Choline-esterase activity of serum expressed in mm<sup>3</sup>. CO<sub>2</sub> developed in 2 hours at 30°C.

\*Figures expressed in mg. %.

Twenty-one cases of jaundice (Table I) and 7 other instances of liver and biliary tract disease without jaundice (Table II) were investigated. Since fever and anemia also influence the choline-esterase activity,<sup>1</sup> we have tabulated the temperature at the time of drawing of the blood and have recorded the hemoglobin. It is obvious from these figures that there is a tendency to depressed values in cases of hepatic and biliary tract disease. The mechanism of this depression has not as yet been elucidated. However, a series of experiments which were suggested by these data showed that bile acids,<sup>3</sup> added to the reaction mixture in the form of their sodium salts, caused inhibition ranging from moderate effects to almost complete inhibition of enzymatic hydrolysis.

It was stated in the original publication that the choline-esterase activity in the serum may be a factor which is inversely related to the vagotonicity of the individual. In view of this, it is of interest to speculate on the relation of the depressed choline-esterase activity to the sweating, bradycardia, and fall in respiration, vagotonic symptoms which not infrequently occur in cases of hepatic disease with and without jaundice.

*Summary.* The choline-esterase activity of the serum in patients with jaundice or biliary tract disease was found to be depressed.

## 9856

### Passage of Sulfanilamide from Mother to Fetus.

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Recent reports by Marshall and his associates<sup>1, 2</sup> indicate clearly that sulfanilamide when administered to animals and men is rapidly and uniformly distributed in different tissues. It is thus easy to conceive that the drug may also be detected in fetal circulation and amniotic fluid among pregnant animals. In order to substantiate this assumption, the following experiments were carried out.

Pregnant rabbits of not less than 3 weeks' duration were employed.

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<sup>3</sup> Sobotka, H., and Antopol, W., *Enzymologica*, 1937, **4**, 189.

<sup>1</sup> Marshall, E. K., Jr., Emerson, K., Jr., and Cutting, W. C., *J. A. M. A.*, 1937, **108**, 953.

<sup>2</sup> Marshall, E. K., Jr., Emerson, K., Jr., and Cutting, W. C., *J. Pharm. and Exp. Therap.*, 1937, **61**, 196.