COUPAR, I. M. & TURNER, P. (1969). Rel muscle. Br. J. Pharmac., 36, 213P.
 DAY, M. D. & RAND, M. J. (1964). Son Br. J. Pharmac. Chemother., 22, 72-86 Relative potencies of sympathetic amines in human smooth

Some observations on the pharmacology of *a*-methyldopa.

KOPIN, I. J. (1968). False adrenergic transmitters. Ann. rev. Pharmac., 8, 377–393. MUSCHOLL, E. & MAITRE, L. (1963). Release by sympathetic stimulation of a-methylnoradrenaline stored in the heart after administration of a methyldopa. *Experientia*, 19, 658-659. THOENEN, H., HURLIMANN, K. F., GEY, K. F. & HAEFELY, W. (1966). Liberation of *p*-hydroxy-

norephedrine from the cat spleen by sympathetic nerve stimulation after pretreatment with an amphetamine. Life Sci., Oxford, 5, 1715-1722.

## Further evidence for an electrogenic sodium pump in a mammalian sympathetic ganglion.

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After ganglion cells of superior cervical ganglia from rabbit, rat or kitten have been depolarized by acetylcholine or carbachol, removal of the depolarizing agent results in a large hyperpolarization (Pascoe, 1956; Brown, 1966; Kosterlitz, Lees & Wallis, 1968). Since Kosterlitz et al. (1968) found that the rates of onset and decay of this hyperpolarization recorded by the sucrose-gap method were reduced in a potassiumfree solution, they suggested that the potential was generated as a result of active extrusion of Na $^+$  by an electrogenic sodium pump, which requires extracellular K $^+$ .

Further evidence shows that: (a) the hyperpolarization is still present when the membrane potential approaches  $E_{\kappa}$  and its magnitude is not linearly related to the ratio  $[K^+]_{,}/[K^+]_{\circ}$ ; (b) it cannot be attributed to movement of C1<sup>-</sup>; (c) is prevented by ouabain (10 µM); (d) it is reduced when [Na<sup>+</sup>]<sub>o</sub> or [Ca<sup>2+</sup>]<sub>o</sub> is reduced; (e) its rates of onset and decay are reduced in a glucose-free solution.

However, a diffusion barrier round the cells might allow an electrically neutral pump to generate the potential if the potassium ion concentration within the barrier fell. This possibility is excluded by the following experiment: in potassium-free solution, acetylcholine causes a depolarization, which is followed slowly by a small hyperpolarization; when now  $[K^+]_0$  is raised to 6 mM, a large, rapid hyperpolarization



FIG. 1. Activation of sodium pump by extracellular potassium ions. Sucrose-gap method of recording; depolarization of ganglion upwards. Ganglion bathed in potassium-free Krebs solution for 23 min before commencement of record. Eserine (60  $\mu$ M) present throughout the experiment. Black bar, ganglion exposed to acetylcholine 110  $\mu$ M. White bar, [K+] of Krebs solution bathing ganglion raised to 6 mM. Note that the resting potential in the presence of 6 mM K<sup>+</sup> was eventually -4.6 mV, of which beart 40% was due to do do for which about 40% was due to d.c. drift.

occurs (Fig. 1). We conclude that an electrogenic sodium pump is operating which requires extracellular  $K^+$  to activate it. Cs<sup>+</sup> is much less effective than  $K^+$  in stimulating the pump as has been shown for the rat superior cervical ganglion by Brown, Brownstein & Scholfield (1969).

By the sucrose-gap method, the mechanism underlying the production of the drug-induced hyperpolarization is compared with the hyperpolarization of ganglion cells evoked by orthodromic excitation, the P wave or slow IPSP. Unlike the druginduced hyperpolarization, the P wave has a component whose amplitude increases in potassium-free solution (Kosterlitz et al., 1968). Furthermore, in confirmation of the findings of Kobayashi & Libet (1968) and Libet & Kobayashi (1969), the amplitude of the P wave is not readily diminished by ouabain.

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## REFERENCES

- BROWN, D. A. (1966). Depolarization of normal and preganglionically denervated superior cervical ganglia by stimulant drugs. Br. J. Pharmac. Chemother., 26, 511-520.
- BROWN, D. A., BROWNSTEIN, M. J. & SCHOLFIELD, C. N. (1969). On the nature of the drug-induced after-hyperpolarization in isolated rat ganglia. *Br. J. Pharmac.*, 37, 511–513*P*.
  KOBAYASHI, H. & LIBET, B. (1968). Generation of slow postsynaptic potentials without increases in
- ionic conductance. Proc. natn. Acad. Sci. U.S.A., 60, 1304-1311.
- KOSTERLITZ, H. W., LEES, G. M. & WALLIS, D. I. (1968). Resting and action potentials recorded by the sucrose-gap method in the superior cervical ganglion of the rabbit. J. Physiol., Lond., 195, 39-53.
- LIBET, B. & KOBAYASHI, H. (1969). Generation of adrenergic and cholinergic potentials in sympathetic ganglion cells. Science, N.Y., 164, 1530–1532. PASCOE, J. E. (1956). The effects of acetylcholine and other drugs on the isolated superior cervical
- ganglion. J. Physiol., Lond., 132, 242-255.

The effects of morphine-like substances and their antagonists on transmission at the neuro-effector junction of the myenteric plexus-longitudinal muscle preparation of the guinea-pig ileum.

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It has been shown (Gyang & Kosterlitz, 1966; Kosterlitz & Watt, 1968) that, in the guinea-pig ileum, narcotic analgesic drugs have both agonist and antagonist properties and that the pharmacological effects depend on the ratio of agonist to antagonist potency. There are only a few compounds which are pure antagonists devoid of agonist activity, for example, naloxone. The order of agonist and antagonist potencies as determined on the guinea-pig ileum are in good agreement with observations made in man. This fact has made it possible to use the guinea-pig ileum for the prediction of agonist and antagonist activities of new compounds (Kosterlitz & Watt, personal communication).

Since this method depends on the effects of the narcotic analgesic drugs on impulse transmission at the myenteric plexus-longitudinal muscle junction, it was of interest to investigate more fully the factors which influence the release of acetylcholine and the response of the longitudinal muscle to the transmitter. It has been shown (Paton & Zar, 1968; Cowie, Kosterlitz & Watt, 1968) that morphine in low concentrations depresses the acetylcholine output when the myenteric plexus-longitudinal muscle