only after an incubation period of 5 min. The potentiation is even stronger than that obtained with potassium cyanide. The contraction height is 3-6 times higher than the control instead of 1.9-3.7 times with cyanide, for potassium chloride concentrations ranging from 1 to 1.5 g per 1,000 (13.5–20 mM).

Fig. 1 curves describe muscle shortening (in millimetres) as a function of potassium chloride concentration in the bath, in normal conditions without any inhibitor, with cyanide and with fluoride.

Guinea-pig ileum. We observed that both enzymatic inhibitors previously used have the same influence on smooth muscle fibre potassium contracture as well as on skeletal muscle fibre.

Our experiments were performed on guinea-pig ileum, which is more sensitive than frog rectus abdominis: we obtained the same shortening with doses of potassium chloride 3-4 times weaker than in the previous experiments. Furthermore, the smooth muscle is more sensitive to the inhibitors, active doses of which did not exceed more than 1 per cent of those used on rectus abdominis. Also, it has been possible to reduce incubation period to 30 sec. So, in 0.03-mM potassium cyanide Tyrode, guineapig ileum shortening by potassium chloride is increased three-fold at a salt concentration less than 5.3 mM and two-fold at higher concentrations. At low potassium chloride concentrations the results are even more obvious with sodium fluoride, but at higher concentrations the potentiation is only $1 \cdot 2 - 1 \cdot 3$ times.

We tried other enzymatic inhibitors with the same method: 2,4-dinitrophenol, sodium iodoacetate, sodium nitrite. No definite conclusion can be drawn from these later experiments because the results were irregular.

As a whole, the results reported here show that enzymatic inhibitors are able to sensitize smooth and striated muscle fibres to contracture produced by potassium chloride, by influencing either cellular oxidation phenomenon (cyanide) or glycolysis (fluoride).

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PHARMACOLOGY

A New Antiviral Agent : 4-Bromo-3-methylisothiazole-5-carboxaldehyde thiosemicarbazone, M and B 7714

STIMULATED by reports of the antiviral activity of some thiosemicarbazones1, and particularly of the activity against neurovaccinia of isatin β -thiosemicarbazone^{2,3}, we sought to enhance the activity of these compounds by structural modification. Thus we synthesized N-ethylisatin β-thiosemicarbazone independently of, but somewhat later than, Bauer and Sadler⁴. At the same time, we had been making a systematic study of the chemistry and chemotherapeutic properties of derivatives of the new monocyclic ring system, 1,2-thiazole (isothiazole), and we observed that 3-methylisothiazole-5-carboxaldehyde thiosemicarbazone (M and B 7453) also protected mice infected intracerebrally with neurovaccinia. The relatively high toxicity of this compound (acute $LD_{50} = 0.7 \text{ mg/g}$ orally in mice) led us to examine related thiosemicarbazones, one of which, 4-bromo-3-methylisothiazole-5-carboxaldehyde thiosemicarbazone (M and B 7714), is considerably less toxic (acute $LD_{50} = 4.3 \text{ mg/g}$ orally in mice).

4-Bromo-3-methylisothiazole-5-carboxaldehyde thiosemicarbazone is a yellow crystalline solid, m.p. 228°-230° $(decomp.)^{5}$. It is less than 0.1 per cent w/v soluble in water at 37°, but dissolves as a salt in alkaline solutions.

In mice infected intracerebrally with neurovaccinia (IHD strain) and dosed orally once daily for four days, a marked protection was observed (Table 1).

Table 1. THERAPEUTIC ACTIVITY OF M AND B ADMINISTERED ORALLY TO MICE INFECTED INTRACEREBRALLY WITH NEUROVACCINIA

	Daily dose mg/kg (×4)	Mean survival time (days)	Animals surviving at 10 days
Controls	Nil	4.6	0/30
M and B 7714	500	9.4	22/30
M and B 7714	250	9.0	18/29
M and B 7714	120	8.0	12/29

Table 2. EFFECT OF DELAYED DOSAGE WITH M AND B 7714 ON THE SUBVILLE OF MICE INTEGENED INTRACEPERTALLY WITH NEUROPACCINIA

DORATAND OF	MICE INFECTED INTRACEREDIALDI			WITH MEDICOVACCINIA	
	Dose mg/kg	Delay before treatment (days)	No. of doses given	Median survival times	Animals surviving at 14 days
Controls M and B 7714 M and B 7714 M and B 7714 M and B 7714	Nil 1,000 1,000 1,000 1,000	0 1 2 3	- 4 3 2 1	$\begin{array}{r} 4.8 \\ 12.7 \\ 13.2 \\ 11.1 \\ 8.4 \end{array}$	0/10 8/10 9/10 7/10 4/10

Protection was still observed when treatment was delayed (Table 2). Surviving treated animals were immune to challenge from $10^5 LD_{50}$ infecting doses of virus. During treatment, the circulating virus titre was below that in the infected, untreated, controls. The degree of meningo-encephalitis was less after treatment.

The compound has been tested against variola major in baby mice and found to be active⁶.

M and B 7714 also shows high activity in rabbits infected intranasally with rabbit pox (Utrecht strain), but is inactive against influenza, encephalomyocarditis (Columbia SK), and rift valley fever viruses.

Details of a fuller laboratory investigation, including toxicological studies, and the results of an extended therapeutic and prophylactic trial will be published in due course.

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Distribution of Homovanillic Acid in the Human Brain

HOMOVANILLIC acid (3-methoxy-4-hydroxyphenylacetic acid, HVA) is formed by the action of the enzymes monoamine oxidase and catechol-O-methyl-transferase as a final product of dopamine metabolism, and its occurrence in urine has been described¹⁻⁶. From other investigations^{7,8} it may be concluded that in experimental conditions the HVA level in the brain tissue reflects the dopamine turnover, although with a certain delay. It also seems likely that for the normal brain tissue a similar statement may be made. The actual HVA concentration in the normal brain tissue, therefore, might be a suitable index in the evaluation of the local dopamine turnover. Sharman[®] has recently demonstrated the presence of HVA in the caudate nucleus of animals of several species. This seems consistent with the high dopamine concentration in this brain area¹⁰. Detailed investigations have been performed on the local distribution of dopamine in the human brain¹¹⁻¹⁵. This account describes the occurrence and local distribution of HVA in the human brain.

Human brains were selected in the autopsy room, from patients not having suffered from cerebral or mental