

pattern of $\gamma\delta$ T cells must be an important clue to the function of this T cell sublineage¹⁶. However, the distinctive tissue localization pattern is not strictly an epithelial tropism. The preferential homing of $\gamma\delta$ T cells to the epidermis that is seen in the mouse, is not observed in either chickens or humans. Furthermore, we have observed a selective homing pattern in the spleen that is phylogenetically conserved. In both chickens and humans^{4,15} the $\gamma\delta$ T cells preferentially localize in the splenic red pulp rather than the periarteriolar lymphoid sheath, which contains the majority of the splenic $\alpha\beta$ T cells. Since the relationship of the splenic red pulp to a system of epithelial defence is not obvious, these observations suggest a more general function for $\gamma\delta$ T cells rather than a defence role restricted to the epithelial boundaries of the body.

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SIR—We would like to contribute to the discussion concerning the preferential localization of $\gamma\delta$ T cells in human epithelia. In the murine system it has been observed that $\gamma\delta$ T cells are present in epidermis and intestinal epithelium in much higher frequency than $\alpha\beta$ T cells. Janeway in particular, has elaborated on this finding and put forward the general suggestion that $\gamma\delta$ T cells could play a particular role in immunosurveillance at these sites^{5,16}.

We have looked into the distribution of $\gamma\delta$ T cells versus $\alpha\beta$ T cells in a variety of normal human tissues of lymphoid and non-lymphoid nature. Serial sections of freshly frozen tissue were acetone fixed, incubated with anti-CD3, anti-TCR $\gamma\delta$ -1 (ref. 9) and β F1 (anti-TCR $\alpha\beta$) (ref. 17) monoclonal antibodies and stained according to a highly sensitive immuno-alkaline phosphatase method. We studied bone marrow; fetal and neonatal liver; fetal and neonatal thymus; fetal, neonatal and adult lymph nodes; adult spleen and tonsil; neonatal and adult skin^{18,21}, oesophagus, stomach, small and large intestine, lung and trachea, testis, epididymis, uterus, vagina, kidney and brain.

At all sites within these organs $\alpha\beta$ T cells constituted over ninety per cent of CD3⁺ cells. $\gamma\delta$ T cells comprised less than ten per cent of CD3⁺ cells. Therefore, we conclude that there is no evidence for preferential homing or localization of $\gamma\delta$ T cells in human epithelia. However, in none of the organs were $\gamma\delta$ T cells observed in lymph follicles (of lymph nodes, tonsil, spleen, Peyer's patches or lung). Also, the percentage of $\gamma\delta$ T cells in epidermis seemed on average higher than in papillary dermis. Therefore, there may still be a difference in migration of

$\gamma\delta$ versus $\alpha\beta$ T cells, but this does not result in their preferential localization in epithelia. With respect to morphology of $\gamma\delta$ T cells and $\alpha\beta$ T cells, we find that generally they cannot be distinguished, but occasional CD3⁺ cells with dendritic appearance always proved to express $\gamma\delta$ TCR.

In view of these findings, great caution should be taken in ascribing a special function to $\gamma\delta$ T cells in immunosurveillance of human epithelia. Future intensive and thorough investigation should reveal what contribution these cells make to the immune system.

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JANEWAY REPLIES—The above letters raise two questions. First, do T cells bearing $\gamma\delta$ TCR have a special tropism for epithelia, and second, is this tropism seen in man? In addition, the letters appear to contain a misapprehension of the content of two articles^{5,16} that I have written on this topic. These articles propose that one role $\gamma\delta$ T cells might have is defence of epithelia from intracellular infection and/or transformation, and that such cells might recognize not foreign antigen but an alteration in the host cell surface induced by infection. Both articles clearly state that such T cells are also found in other sites where they must mediate other functions. Thus, I do not take issue with the conclusion of the above letters that epithelial defence is not the only role such cells play. There are, however, strong data arguing that some T cells of this class exhibit this specialization.

Since this proposal was made, we and others have shown that T cells bearing $\gamma\delta$ TCR are in fact the dominant population in murine intestine^{2,3}. More importantly, we have shown that such cells express receptors encoded by the $V_{\gamma 7}$ gene V_{γ} not expressed by $\gamma\delta$ T cells in any other tissue^{3,19}. S. Tonegawa *et al.* have

shown that the $V_{\gamma 6}$ gene, again not expressed by $\gamma\delta$ T cells in other tissues, is used in reproductive epithelium (personal communication), while Allison *et al.*²⁰ have shown that the $V_{\gamma 5}$ gene is expressed only by $\gamma\delta$ T cells in epidermis. Thus, in addition to tropism to epithelia, there is a marked restriction in the specificity of $\gamma\delta$ T cells found in these tissues. This does not prove that T cells with $\gamma\delta$ TCR are specialized for epithelial defence, but it certainly is most readily explained in the context of our earlier hypothesis. Recently, experiments with mice transgenic for $\gamma\delta$ TCR show that epithelial homing is a property of the $\gamma\delta$ T cell lineage and not of particular $\gamma\delta$ TCR specificities. Specificity appears to reflect ligand recognition in the epithelia (M. Bonneville *et al.* personal communication). This further supports a functional role for those $\gamma\delta$ T cells in epithelia. Perhaps studies of V -gene usage in $\gamma\delta$ TCR in humans would show similarly specific localization.

The human studies cited show predominance of T cells with $\alpha\beta$ TCR in intestinal epithelium. From examining photographs of such sections, however, Bucy notes (above) that the T cells with $\gamma\delta$ TCR show tropism for the epithelial layer whereas T cells with $\alpha\beta$ TCR do not. Thus, the human data on tropism of $\gamma\delta$ TCR-bearing cells to epithelia do not conflict with those in the mouse. Rather, this tropism is masked by the presence of large numbers of T cells with $\alpha\beta$ TCR found in humans but not mice or chickens, where similar studies show 20–40% of T cells with $\alpha\beta$ TCR. Thus, the obvious species difference may reflect differences in the behaviour of $\alpha\beta$ cells and/or differences in the actual $\gamma\delta$ receptors, rather than differences in function or tropism of T cells with $\gamma\delta$ TCR. Until these issues are resolved, it is as unwise to state that T cells with $\gamma\delta$ TCR are *not* specialized for epithelial immunity as it is to state that this is their only function, or that only $\gamma\delta$ T cells can perform such functions, neither of which I have claimed (although such claims have been attributed to me).

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