Hemoglobin

Its Precursors

and

Metabolites

Edited by

F. W. Sunderman

and

F. W. Sunderman, Jr.

# Hemoglobin Its Precursors and Metabolites

### Edited by

F. WILLIAM SUNDERMAN, M.D., Ph.D., Sc.D.

Director, Division of Metabolic Research and Clinical Professor of Medicine Jefferson Medical College, Philadelphia, Pa.

F. WILLIAM SUNDERMAN, JR., M.D.

Associate in Medicine, Jefferson Medical College, Philadelphia;
Consultant in Clinical Pathology, Harrisburg Hospital, Harrisburg, Pa.,
City of Kingston Laboratory, Kingston, NY., and
U.S. Naval Hepptat, Stations, N.Y.

Applied Seminar of the Association of Clinical Scientists



## J. B. LIPPINCOTT COMPANY

Philadelphia

Montreal

### COPYRIGHT @ 1964, BY J. B. LIPPINCOTT COMPANY

This book is fully protected by copyright and, with the exception of brief extracts for review, no part of it may be reproduced in any form without the written permission of the publishers.

Distributed in Great Britain by Pitman Medical Publishing Co., Limited, London

Library of Congress Catalog Card Number 64-14457

Printed in The United States of America

## Seminar Faculty

#### DIRECTOR OF SEMINAR

F. WILLIAM SUNDERMAN, M.D., Ph.D., Sc.D.

Jefferson Medical College, Philadelphia, Pa.

## \* \* \*

ERNEST C. ADAMS, JR., Ph.D.

Ames Research Laboratory, Elkhart, Ind.

GONZALO E. APONTE, M.D.

Jefferson Medical College, Philadelphia, Pa.

HOWARD A. BAKERMAN, Ph.D.

National Institute of Arthritis and Metabolic Diseases, NIH, Bethesda, Md.

WILLIAM R. BEST, M.D.

University of Illinois College of Medicine, Chicago, Ill.

NATHANIEL I. BERLIN, M.D.

National Cancer Institute, NIH, Bethesda, Md.

BARUCH S. BLUMBERG, M.D.

National Institute of Arthritis and Metabolic Diseases, NIH, Bethesda, Md.

HERBERT S. BOWMAN, M.D.

Harrisburg Hospital, Harrisburg, Pa.

CHARLES E. BRODINE, M.D.

U.S. Naval Medical School, Bethesda, Md.

JOSEPH S. BURKLE, M.D.

U.S. Naval Medical School, Bethesda, Md.

ALBERT H. CANNON, M.D.

Medical College of South Carolina, Charleston, S.C.

ABRAHAM CANTAROW, M.D.

Jefferson Medical College, Philadelphia, Pa.

MADISON CAWEIN, M.D.

University of Kentucky School of Medicine, Lexington, Ky.

RONALD F. COBURN, M.D.

Medical School of the University of Pennsylvania, Philadelphia, Pa.

#### HERBERT DERMAN, M.D.

City of Kingston Laboratory, Kingston, N.Y.

PRENTISS M. DETTMAN, M.D.

U.S. Naval Medical School, Bethesda, Md.

KURT M. DUBOWSKI, Ph.D.

University of Oklahoma School of Medicine, Oklahoma City, Okla.

ALLAN J. ERSLEV, M.D.

Jefferson Medical College, Philadelphia, Pa.

BEN FISHER, M.D.

Deaconess Hospital, Buffalo, N.Y.

ALFRED H. FREE, Ph.D.

Ames Research Laboratory, Elkhart, Ind.

RICHARD H. GADSDEN, Ph.D.

Medical College of South Carolina, Charleston, S.C.

ROBERT E. GREENFIELD, M.D.

National Cancer Institute, NIH, Bethesda, Md.

FARID I. HAURANI, M.D.

Jefferson Medical College, Philadelphia, Pa.

EMMANUEL S. HELLMAN, M.D.

District of Columbia General Hospital, Washington, D.C.

RICHARD J. HENRY, M.D.

Bio-Science Laboratories, Los Angeles, Calif.

ARTHUR T. HERTIG, M.D.

Harvard Medical School, Boston, Mass.

J. DE LA HUERGA, M.D., Ph.D.

Grant Hospital, Northwestern University Medical School, Chicago, Ill.

BERNARD T. KAUFMAN, Ph.D.

National Institute of Arthritis and Metabolic Diseases, NIH, Bethesda, Md.

E. J. LAPPAT, M.D.

University of Kentucky School of Medicine, Lexington, Ky.

HARRISON A. LEFFLER, M.D.

Professional Laboratories, Washington,
D.C.

ROBERT P. MacFATE, Ph.D.

Division of Laboratories, Board of Health, Chicago, Ill.

VERNON E. MARTENS, M.D.

Washington Hospital Center, Washington, D.C.

PAUL R. McCURDY, M.D.

District of Columbia General Hospital,
Washington, D.C.

JOHN B. MIALE, M.D.

University of Miami School of Medicine,
Coral Gables, Fla.

MAKIO MURAYAMA, Ph.D.

National Institute of Arthritis and Metabolic Diseases, NIH, Bethesda, Md.

HANS N. NAUMANN, M.D.

Veterans Administration Hospital, Memphis, Tenn.

WENDELL F. ROSSE, M.D.

National Institute of Allergy and Infectious Diseases, NIH, Bethesda, Md.

ARTHUR L. SCHADE, Ph.D.

National Institute of Allergy and Infectious Diseases, NIH, Bethesda, Md.

STEVEN O. SCHWARTZ, M.D.

Northwestern University School of Medicine, Chicago, Ill.

JOSEPH C. SHERRICK, M.D.

Passavant Memorial Hospital and Northwestern University Medical School,
Chicago, Ill.

JENO E. SZAKACS, M.D.

U.S. Naval Hospital, St. Albans, Long
Island, N.Y.

F. WILLIAM SUNDERMAN, JR., M.D. Jefferson Medical College, Philadelphia, Pa.

FRANK TIETZE, Ph.D.

National Institute of Arthritis and Metabolic Diseases, NIH, Bethesda, Md.

LEANDRO M. TOCANTINS, M.D. (deceased)

Jefferson Medical College, Philadelphia,
Pa

DONALD P. TSCHUDY, M.D.

National Cancer Institute, NIH, Bethesda, Md.

THOMAS A. WALDMANN, M.D.

National Cancer Institute, NIH, Bethesda, Md.

ROBERT W. WOODS, M.D.

Community Memorial General Hospital,

LaGrange, Ill.

## \* \* \*

## ASSISTING MEMBERS OF THE ASSOCIATION OF CLINICAL SCIENTISTS

MELVIN BOROWSKY, M.D.

Bethesda, Md.

JASPER G. CHEN SEE, M.D.

Reading, Pa.

O. Costa Mandry, M.D.

San Juan, Puerto Rico

Donald R. Fox, M.D. Chicago, Ill.

PHILIP H. GEISLER, M.D.

Philadelphia, Pa.

E. CLIFFORD HEINMILLER, M.D. Oak Park, Ill.

OSCAR KANNER, M.D. Oteen, N.C.

Frank W. Konzelmann, M.D.

Somers Point, N.J.

Dora A. Newson, M.D.

Edmonton, Canada

Irene E. Roeckel, M.D.

Washington, D.C.

Robert J. Sager, M.D.

Canton, Ill.

Earl B. Wert, M.D.

Mobile, Ala.

Asher Yaguda, M.D. Newark, N.J.

ROBERT E. ZIPF, M.D.

Dayton, Ohio

## Preface

This book contains the edited proceedings of an Applied Seminar on the Clinical Pathology of Hemoglobin, Its Precursors and Metabolites, held in Washington, D.C. under the auspices of the Association of Clinical Scientists. In organization and format this volume is similar to the published proceedings of three previous seminars—Lipids and the Steroid Hormones in Clinical Medicine; Measurements of Exocrine and Endocrine Functions of the Pancreas; and Evaluation of Thyroid and Parathyroid Functions.

The topic of the present seminar was selected to acquaint clinical scientists with the rapid advances in knowledge of hemoglobin metabolism within the past five years. In editing the proceedings for this seminar a judicious selection of material has been attempted. Although a number of the analytical procedures contained in this book are not currently being undertaken in most clinical laboratories, it is our opinion that many of them will assume an important role in future years for the diagnosis of disturbances of hemoglobin metabolism. For example, clinical recognition of the numerous hemoglobinopathies will depend in large measure upon the availability of specific laboratory procedures.

Our appreciation is expressed to the lecturers and assisting physicians who have generously contributed their time and energies to the success of the Applied Seminar and to the preparation of these proceedings. Our thanks are given to our publishers, and particularly to Mr. J. Brooks Stewart and Mr. Stanley A. Gillet for their gracious cooperation.

F. WILLIAM SUNDERMAN, M.D. F. WILLIAM SUNDERMAN JR., M.D.

## Contents

## SECTION I

## HEMOGLOBIN

1.	THE CHEMICAL STRUCTURE OF HEMOGLOBIN Makio Murayama, Ph.D.	1
2.	SELECTED ASPECTS OF CLINICAL HEMOGLOBINOMETRY	10
3.	MEASUREMENT OF HEMOGLOBIN IN BLOOD	31
	A. General Considerations B. Methods	31 36
4.	THE MEASUREMENT OF HEMOGLOBIN IN PLASMA Hans N. Naumann, M.D.	40
5.	MEASUREMENTS OF HEMOGLOBIN DERIVATIVES  Kurt M. Dubowski, Ph.D.	49
	<ul> <li>A. Spectrophotometric Determination of Carboxyhemoglobin</li> <li>B. Spectroscopic Determination of Methemoglobin</li> <li>C. Spectroscopic Estimation of Sulfhemoglobin</li> <li>D. Spectroscopic Estimation of Methemalbumin</li> </ul>	50 53 56 58
6.	A. Endogenous Carbon Monoxide Production as a Measure of Hemoglobin Catabolism	61
	B. Infrared Method for the Measurement of Blood Carboxyhemo- globin	67
	Ronald F. Coburn, M.D.	01
7.	DETECTION OF OCCULT BLOOD IN FECES AND URINE .  Herbert Derman, M.D., and Stephen Pauker	70
8.	IMMUNOCHEMICAL RECOGNITION OF HEMOGLOBIN AND MYOGLOBIN IN	
	URINE  Ernest C. Adams, Jr., Ph.D.,  Margaret J. Rozman, B.S., and  Alfred H. Free, Ph.D.	81
9.	DIFFERENTIATION OF MYOGLOBINURIA FROM HEMOGLOBINURIA	90
	A. Procedure Based Upon Differential Solubility B. Electrophoretic Procedure	90 91
0.	ELECTROPHORETIC IDENTIFICATION OF HEMOGLOBINS  F. William Sunderman, Jr., M.D.	94

10.	<ul> <li>ELECTROPHORETIC IDENTIFICATION OF HEMOGLOBINS—(Continued)</li> <li>A. General Considerations of Hemoglobin Electrophoresis with Comments on the Quantitation of Hemoglobin A<sub>2</sub></li> <li>B. Procedure for Electrophoretic Fractionation of Hemoglobins in Starch Gel, with Quantitation of Hemoglobin A<sub>2</sub></li> </ul>	94
11.	A. The Measurement of Ferrohemoglobin Solubility F. William Sunderman, Jr., M.D.	109
	B. Measurement of Alkali-Resistant Hemoglobin in Blood Jeno E. Szakacs, M.D.	110
12.	FRACTIONATION OF HEMOGLOBINS BY COLUMN CHROMATOGRAPHY Frank Tietze, Ph.D.	113
13.	PEPTIDE PATTERNS ("FINGERPRINTING") OF HEMOGLOBIN	120
14.	GENETICS AND CLINICAL MANIFESTATIONS OF THE HEMOGLOBINOPATHIES Paul R. McCurdy, M.D., Charles E. Rath, M.D., and John L. Fahey, M.D.	123
15	HEMOGLOBIN A <sub>2</sub> MEASUREMENTS IN THE EVALUATION OF HYPOCHROMIC	
13.	ANEMIAS  Ben Fisher, M.D., and Selahattin Bursali, M.D.	130
	SECTION II	
	A. EMDOCEMOUS CARRON MONI PRODUCTION AS A MINASTRE DE	
16.	A. SERUM IRON AND IRON-BINDING CAPACITY IN RELATION TO THE TISSUE	
	UTILIZATION OF IRON Arthur L. Schade, Ph.D.	135
	B. METHODS FOR MEASUREMENT OF SERUM IRON AND IRON-BINDING CAPACITY	140
	Arthur L. Schade, Ph.D.	140
17.	DISEASES OF IRON METABOLISM WITH EMPHASIS ON EFFECTIVE REUTILI-	
	Farid I. Haurani, M.D., and L. M. Tocantins, M.D.	144
18.	IRON OVERLOAD—HEMOSIDEROSIS AND HEMOCHROMATOSIS	151
	SECTION III	
	PORPHYRINS	
19.	PORPHYRIN BIOSYNTHESIS Donald P. Tschudy, M.D.	159
20.	MEASUREMENTS OF PORPHYRINS AND PORPHYRIN PRECURSORS  A. Identification of Porphyrins in Urine and Feces F. William Sunderman, Jr., M.D.	164 164

20	Measurements of Porphyrins and Porphyrin Precursors—(Continued B. Measurements of Delta-aminolevulinic Acid and Porphobilinogen in	)
	Urine Tolas Paralle day norroughs arrought will	4.44
	Emanual C II allows W D	171
21	Porphyria and Porphyrinuria  Donald P. Tschudy, M.D.	174
	SECTION IV SECTION AND ADDRESS OF THE SECTION IV	
	FOLIC ACID AND VITAMIN B <sub>12</sub>	
22.	BIOCHEMISTRY AND MICROBIOLOGIC ASSAY OF FOLIC ACID  Bernard T. Kaufman, Ph.D.	179
23.	METHODS FOR THE MICROBIOLOGIC ASSAY OF FOLIC ACID Bernard T. Kaufman, Ph.D., and Howard A. Bakerman, Ph.D.	187
24.	DETERMINATION OF URINARY FORMIMINOGLUTAMIC ACID (FIGLU) IN THE EVALUATION OF FOLIC ACID DEFICIENCY	878
	Charles E. Brodine, M.D., and Kenneth M. Vertrees	195
25.	MEASUREMENT OF THE ABSORPTION OF COBALT <sup>57</sup> LABELED VITAMIN B <sub>12</sub> .  Charles E. Brodine, M.D., and Joseph S. Burkle, M.D.	199
26.	DIAGNOSIS OF VITAMIN B <sub>12</sub> AND FOLIC ACID DEFICIENCIES  Charles E. Brodine, M.D.	203
	SECTION V	
	BILE PIGMENTS	
27.	METABOLISM OF HEMOGLOBIN AND BILE PIGMENTS	208
	MEASUREMENT OF BILIRUBIN IN SERUM  J. de la Huerga, M.D., Ph.D., and J. C. Sherrick, M.D.	215
29.	FRACTIONATION OF FREE AND CONJUGATED BILIRUBINS . Richard J. Henry, M.D.	225
30.	UROBILINOGEN IN URINE AND FECES Harrison H. Leffler, M.D.	230
	A. General Considerations B. Methods	230 231
31.	NONHEMOLYTIC HYPERBILIRUBINEMIAS Gonzalo E. Aponte, M.D.	236

## SECTION VI

	ERYTHROCYTE PRODUCTION AND DESTRUCTION	
32.	CONTROL OF ERYTHROPOIESIS BY ERYTHROPOIETIN	263
33.	BIO-ASSAYS OF ERYTHROPOIETIN  A. Method Using Transfused Polycythemic Mice  Wendell F. Rosse, M.D., and Thomas A. Waldmann, M.D.	269 269
	B. Method Using Transfused Polycythemic Rats Allan J. Erslev, M.D.	273
34.	TUMORS PRODUCING ERYTHROPOIESIS-STIMULATING FACTORS Thomas A. Waldmann, M.D., and Wendell Rosse, M.D.	276
35.	QUANTITATION OF ERYTHROPOIESIS  Nathaniel I. Berlin, M.D.	281
36.	RADIOISOTOPIC METHOD FOR MEASUREMENT OF FERROKINETICS Charles E. Brodine, M.D., and Prentiss M. Dettman, M.D.	287
37.	RADIOISOTOPIC MEASUREMENT OF ERYTHROCYTE LIFESPAN  Joseph S. Burkle, M.D.	292
38.	DETERMINATION OF THE AGE DISTRIBUTION OF ERYTHROCYTES Robert E. Greenfield, M.D.	295
	A. General Considerations B. Method	295 298
39.	DIFFERENTIAL DIAGNOSIS OF POLYCYTHEMIAS Robert W. Woods, M.D.	301
40.	DIFFERENTIAL DIAGNOSIS OF HEMOLYTIC ANEMIAS	307
41.	CLINICAL SIGNIFICANCE OF SERUM HAPTOGLOBINS Baruch S. Blumberg, M.D.	318
42.	Typing and Quantitation of Serum Haptoglobins	325
	A. General Considerations  B. Electrophoretic Method	325
43.	MEASUREMENT OF ERYTHROCYTE GLUCOSE-6-PHOSPHATE DEHYDROGENASE ACTIVITY Richard H. Gadsden, Ph.D., and Albert Cannon, M.D.	332
44.	HEREDITARY METHEMOGLOBINEMIA  Madison Cawein, M.D., and E. J. Lappat, M.D.	337
285		251

# The Chemical Structure of Hemoglobin

MAKIO MURAYAMA, Ph.D.

"Amino acids in chains
Are the cause, so the x-ray explains,
Of the stretching of the wool
And its strength when you pull,
And show why it shrinks when it rains."

So wrote A. L. Patterson nearly 30 years ago. His name is intimately associated with a method of x-ray analysis of protein structure. Today the primary structure of a few proteins is known, including that of human hemoglobin. The primary structure refers to the amino acid sequence of the protein. The secondary structure refers to the alpha-helix, which was described by Linus Pauling in 1950. The tertiary structure is synonymous with the 3-dimensional structure; it is now being vigorously investigated by Perutz of Cambridge University, using the x-ray diffraction technic.

#### PRIMARY STRUCTURE

The amino acid sequence study of the normal adult hemoglobin was elaborated by the group of workers in Munich under the leadership of Braunitzer at the Max Plank Institute for Biochemistry.<sup>1</sup> The alpha chain was found to contain 142 amino acid residues; the amino terminal residues are Val. Leu . . . and the carboxyl terminal residues are Tyr. Arg. (Table 1 and Fig. 1). The beta chain contains 146 amino acid residues; the amino terminal

Table 1. Amino Acid Sequence of  $\alpha$  Chain

T BEET	u CI	IAL.W	
Alanine	ALA	Leucine	LEU
Arginine	ARG	Lysine	LYS
Aspartic Acid	ASP	Methionine	MET
Asparagine	AspN	Phenylalanine	PHE
Cystein	CySH	Proline	PRO
Glutamic Acid	GLU	Serine	SER
Glutamine	GIN	Threonine	THR
Glycine	GLY	Tryptophan	TRY
Histidine	HIS	Tyrosine	TYR
soleucine	ILEU	Valine	VAL
A- 1 V	AL	7 AI	Δ.
	EU		EU
	ER	STATE OF STA	LU
	RO		RG
	LA		ET
	SP	12 PH	
	TIC	13 LI	
	THR	14 SE	
	spN	15 PI	
THE THE THE PERSON OF THE PERS	AL		RO
	YS		HR
	LA		HR
	LA	4 L	
	RY	5 TI	
	LY		YR
	YS		HE
	AL		20
	LY	2 H	the same of
	LA		HE
	LA		SP
	HIS	5 LI	
	LA	6 SI	
B— 1 C	LY	7 H	IS
	LU	8 G	
	YR		ER
4 0	LY	10 Al	LA
	LA	E- 1 Gl	LU
	LY	2 V	AL

....

	3 LYS		5 AspN	6 LEU	3 VAL
	4 GLY		6 ALA	7 LEU	4 HIS
	5 HIS-		7 LEU	8 SER	5 ALA
	6 GLY	F	1 SER	9 HIS	6 SER
	7 LYS		2 ALA	10 CySH	7 LEU
	8 LYS		3 LEU	11 LEU	8 ASP
	9 VAL		4 SER	12 LEU	9 LYS
	10 ALA		5 ASP	13 VAL	10 PHE
	11 ASP		6 LEU	14 THR	11 LEU
	12 ALA	F—	7 HIS-Fe	15 LEU	12 ALA
	13 LEU		8 ALA	16 ALA	13 SER
	14 THR		9 HIS	17 ALA	14 VAL
	15 AspN	FG-	1 LYS	18 HIS	15 SER
	16 ALA		2 LEU	GH— 1 LEU	16 THR
	17 VAL		3 ARG	2 PRO	17 VAL
	18 ALA		4 VAL	3 ALA	18 LEU
	19 HIS		5 ASP	4 GLU	19 THR
	20 VAL	G—	1 PRO	5 PHE	20 SER
EF—			2 VAL	6 THR	21 LYS
	2 ASP		3 AspN	H— 1 PRO	22 TYR
	3 MET		4 PHE	2 ALA	23 ARG
	4 PRO		5 LYS	2 RLA	23 ARG

ALPHA CHAIN contains 142 of the amino acid links in the massive hemoglobin molecule

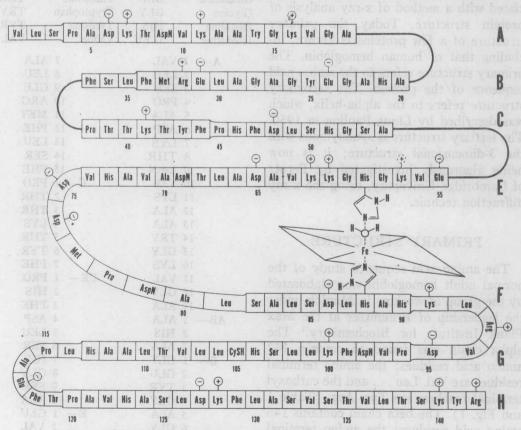
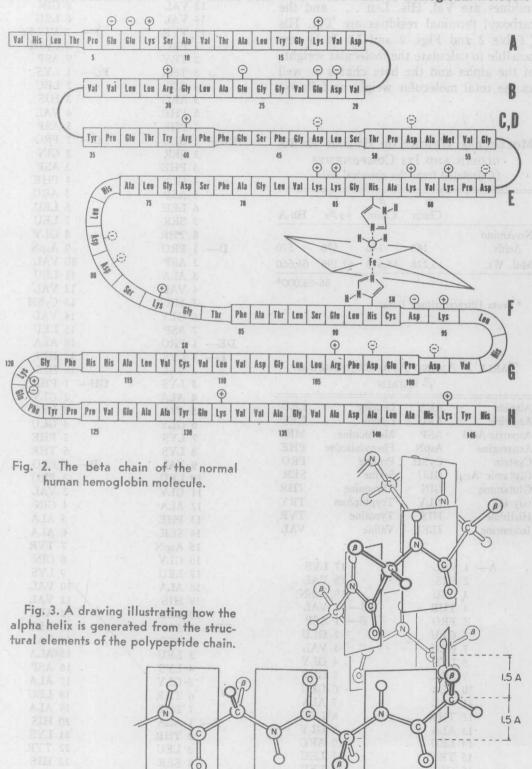


Fig. 1. The alpha chain of the normal human hemoglobin molecule.

residues are	Val. H	is. Leu a	nd the	1.	3 VAL	5 GlN
carboxyl ter	minal r	esidues are Ty	r His	1	4 VAL	6 LEU
No. of the last of		The second secon		. 1	5 TYR	F— 7 HIS-Fe
		2 and 3). It		C-	1 PRO	8 CySH
		the molecular			TRY	9 ASP
of the alpha	and the	e beta chains	as well		3 THR	FG— 1 LYS
		ar weight as f			4 GIN	2 LEU
do the total	111010041	ar weight as r	onows.		ARG	3 HIS
					6 PHE	4 VAL
					PHE	5 ASP
3/	***	Last strain last	**			
		T OF HUMAN			GLU	
GLOBIN	AND IT	S COMPONENT	S		SER	2 GlN
(Calcula	ted from	the chemical data	a)		3 PHE	3 ASP
Zalle Let	91 11 19	At all talk and there is	I Flet bar F		4 GLY	4 PHE
	α	β			5 ASP	5 ARG
	Chain	Chain $\alpha_2 \beta_2$	Hb-A		5 LEU	6 LEU
NT. A .					7 SER	7 LEU
No Amino					3 THR	8 GLY
Acids	142	146 576	576	D-	PRO	9 AspN
Mol. Wt.	15,228	15,870 62,196	64,660		2 ASP	10 VAL
		66			ALA	11 LEU
		00	-68,000*		VAL	12 VAL
* From Ultra	centrifuge	Data			MET	13 CySH
		and full out but h			GLY	14 VAL
					ASP	15 LEU
					PRO	
						16 ALA
TABLE 2.	AMINO .	ACID SEQUENC	E OF		LYS	17 HIS
		HAIN			VAL	18 HIS
	PC	IIAIIV			LYS	GH— 1 PHE
Alanine .	ALA	Leucine	LEU		ALA	2 GLY
Arginine	ARG	Lysine	LYS		HIS-	3 LYS
Aspartic Acid	ASP	Methionine	MET		GLY	4 GLU
Asparagine	AspN	Phenylalanine	PHE		LYS	5 PHE
Cystein	CySH	Proline	PRO		LYS	6 THR
Glutamic Acid		Serine	SER	Same S	VAL	H— 1 PRO
Glutamine	GIN	Threonine	THR	10	LEU	2 PRO
Glycine	GLY			11	GLY	3 VAL
Histidine	HIS	Tryptophan	TRY	12	ALA	4 GIN
Isoleucine		Tyrosine	TYR	13	PHE	5 ALA
Isoleucine	ILEU	Valine	VAL	14	SER	6 ALA
				13	AspN	7 TYR
A- 1 V	7 <b>A</b> T	17 LY	70		GLY	8 GIN
	HIS				LEU	9 LYS
		18 VA			ALA	10 VAL
	EU	19 As			HIS	11 VAL
	THR	AB— 1 VA			LEU	
	PRO	B— 1 AS				12 ALA
	GLU	2 GI		EF— 1		13 GLY
	LU	3 VA				14 VAL
	YS	4 GI	LY		LEU	15 ALA
	ER	5 GI	Y		LYS	16 ASP
10 A	LA	6 GI	LU		GLY	17 ALA
11, V		7 AI			THR	18 LEU
12 7	HR	8 LE			PHE	19 ALA
13 A		9 GI			ALA	20 HIS
14 I		10 AF		2	THR	21 LYS
15 7		11 LE		3	LEU	22 TYR
16 (		12 LE		4	SER	23 HIS
		DI				



## SECONDARY STRUCTURE—THE ALPHA HELIX

Linus Pauling in 1950<sup>3</sup> formulated the fundamental dimensions and the structural principles of polypeptide chains. Pauling and his group solved the problem in an indirect way, namely, through the determination of the dimensions of amino acids and simple peptides and the formulation of structural principles which, together with the experimentally determined dimension, could be used with confidence in the derivation of acceptable configurations (conformations) of polypeptide chains.

From a series of determinations of crystal structure many data pertinent to polypeptide chains were derived. First, the dimensions, the bond lengths and the bond angles associated with the amide group were obtained and are now known within a probable error of  $\pm 0.01$  Å and  $\pm 2^{\circ}$ , respectively. Second, the planarity of the amide group, predicted by Pauling, was confirmed experimentally. The lengths of the C-N and the C-O bonds correspond to about 40 and 60 per cent double-bond character in these bonds, respectively. theoretical considerations Therefore. would ascribe the planar configuration to the amide group. This prediction was amply confirmed by the crystal analyses. All of the crystals of amino acids and peptides analyzed were characterized by the formation of the maximum possible number of N-H . . . O hydrogen bonds. Most of these bonds have the length 2.70  $\pm$ 0.12 Å. There appears to be a strong tendency of N-H . . . O hydrogen bonds to be essentially linear.

In 1950 all of this structural information was used to derive the alpha helical structure for polypeptide chains. In the derivation of these configurations the following basic assumptions were made by Pauling *et al.*: 3 (1) the dimensions of the polypeptide chain are those derived from

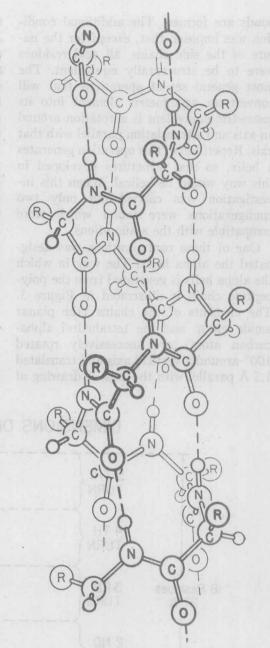


Fig. 4. A drawing of a portion of an alpha helix.

crystals of amino acids and simple peptides, (2) the amide group is planar and is in the *trans* configuration, (3) the maximum number of N—H . . . O hydrogen

6

bonds are formed. The additional condition was imposed that, except for the nature of the side chains, all acid residues were to be structurally equivalent. The most general set of operations that will convert an asymmetric element into its geometric equivalent is a rotation around an axis and a translation parallel with that axis. Repetition of this operation generates a helix, so that structures developed in this way would be helical. When this investigation was carried out only two configurations were found which were compatible with the assumptions.

One of these configurations was designated the alpha helix. The way in which the alpha helix is generated from the polypeptide chain is illustrated in Figure 3. The elements of the chains (the planar amide group and the tetrahedral alphacarbon atom) are successively rotated 100° around a vertical axis and translated 1.5 Å parallel with the axis. A drawing of

a portion of an alpha helix is shown in Figure 4. In this helix each amide group is connected by hydrogen bonds to the 3rd amide group from it along the polypeptide chain. There are about 3.6 residues per turn of the helix, and each residue is spaced about 1.5 Å above or below its neighbor in the direction along the axis of the helix. The total rise of the helix per turn—the pitch of the helix-is 5.4 Å. A model of the helix is shown in Figure 5. In this model the polypeptide chain represents polyglycine, since there are no side chains attached to the alpha carbon atoms. The helix is packed very firmly, and there is no space at its center. Nearly 70 per cent of the hemoglobin molecule is now known to be in alpha helix conformation.

#### THE TERTIARY STRUCTURE

By the isomorphous replacement technic of x-ray crystallography, Kendrew

## DIMENSIONS OF AN a HELIX

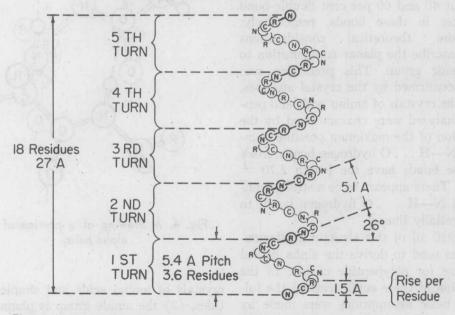


Fig. 5. A conventional representation of the alpha helix with 3.6 residues per turn.

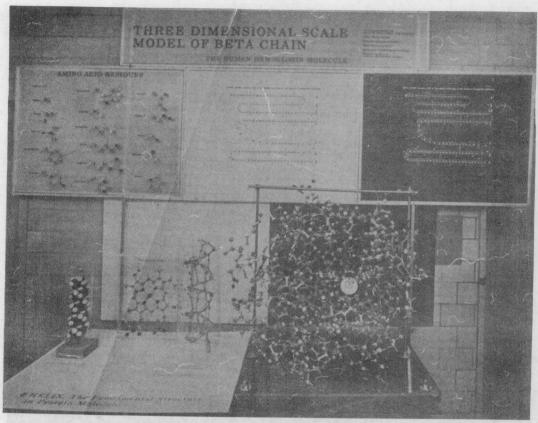


Fig. 6. Three dimensional scale moder or the beta chain of hemoglobin.

succeeded in elucidating the tertiary structure of sperm whale myoglobin.2 By this technic the 3-dimensional molecular structure of sperm whale myoglobin is brought into sharp focus. The alpha helix is now known to have the right-hand configuration (i.e., its screw sense is right-handed). Some of the larger amino acid residues like tryptophan, lysine, phenylalanine, etc., are clearly visible. The position of the heme is well delineated. The 3-dimensional picture of horse hemoglobin is still blurred; it will take some time before Perutz can obtain a sharply focused picture. Nevertheless, it is useful enough to obtain much of its detail by homology; the position of the heme appears to be identical with that in myoglobin. Angles between chain segments have been calculated by Perutz, as follows:

## ANGLES BETWEEN CHAIN SEGMENTS

	Немо	Myoglobin	
Chain	Black	White	
Segments	Chain	Chain	
GB	125°	127°	127°
GH	158°	156°	162°
HB	68°	67°	67°
AB	90°	94°	102°
BE	117°	117°	103°
GE	89°	97°	92°

The isomorphous replacement technic of x-ray crystallography requires at least 2 heavy metal atoms per molecule of protein. It was found in our laboratory that at low temperatures (O° to 27°) only about one half of the binding sites are available to mercuric ions. However, all of the binding sites (sulfhydryl groups)