# The Medical and Biological Application of Mass Spectrometry

J. P. PAYNE, J. A. BUSHMAN and D. W. HILL

# The Medical and Biological Application of Mass Spectrometry

Edited by

J. P. PAYNE, J. A. BUSHMAN and D. W. HILL

Research Department of Anaesthetics, The Royal College of Surgeons of England

1979



**ACADEMIC PRESS** 

London New York San Francisco

A Subsidiary of Harcourt Brace Jovanovich, Publishers

#### ACADEMIC PRESS (LONDON) LTD 24/28 Oval Road London NW1

United States Edition published by ACADEMIC PRESS INC. 111 Fifth Avenue New York, New York 10003

Copyright © 1979 by ACADEMIC PRESS (LONDON) LTD

All Rights Reserved

No part of this book may be reproduced in any form by photostat, microfilm, or any other means, without written permission from the publishers

British Library Cataloguing in Publication Data
The medical and biological application of mass spectrometry.

- 1. Chemistry, Clinical—Congresses
- 2. Mass spectrometry—Congresses
- 3. Biological chemistry—Congresses
- I. Payne, J. P. II. Bushman, J. A. III. Hill, D.
- 610′.28 RB40 78-67906

ISBN 0-12-547950-6

Filmset by Eta Services (Typesetters) Ltd., Beccles, Suffolk Printed in Great Britain

### **Contributors**

- A. BAILEY Chemical Defence Establishment, Porton Down, Salisbury, Wiltshire SP4 0JQ, England.
- J. D. BUCKINGHAM Edwards Instruments, 15 Marshall Road, Eastbourne, Sussex, England.
- G. CUMMING Department of Pediatrics, Medical School, Box 184, Mayo Memorial Building, Minneapolis, Minnesota 55455, USA.
- D. T. DELPY University College Hospital, Department of Medical Physics and Bio-Engineering, 11-20 Capper Street, London WC1E 6JA, England.
- M. R. FARNCOMBE Royal Air Force Institute of Aviation Medicine, Farnborough, Hampshire, England.
- A. FRIGERIO Istituto di Ricerche Farmacologiche "Mario Negri", 20157 Milano, Via Eritrea 62, Italy.
- T. M. GIBSON Royal Air Force Institute of Aviation Medicine, Farnborough, Hampshire, England.
- D. H. GLAISTER Royal Air Force Institute of Aviation Medicine, Farnborough, Hampshire, England.
- B. GOODWIN Department of Child Health, Alder Hey Children's Hospital, Eaton Road, Liverpool L12 2AP, England.
- P. HUGH-JONES Chest Unit, King's College Hospital Medical School, Denmark Hill, London SE5 8RX, England.
- 1. H. LECK Department of Electrical Engineering and Electronics, Brownlow Hill, PO Box 147, Liverpool L69 3BX, England.
- I. M. LOCKHART Analytical Services Department, BOC Limited, Deer Park Road, London SW19 3UF, England.

- S. E. R. MABLE Research Department of Anaesthetics, Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PN, England.
- S. MARLOWE Department of Electrical Engineering Science, University of Essex, Engineering Science, Wivenhoe Park, Colchester CO4 3SQ, Essex, England.
- D. PARKER University College Hospital, Department of Medical Physics and Bio-Engineering, Gower Street, London WC1E 6AU, England.
- R. PATTERSON Department of Physical Meaicine and Rehabilitation, Medical School, Mayo Memorial Building, Box 297, 420 Delaware Street SE Minneapolis, Minnesota 55455, USA.
- J. W. REED King's College Hospital Medical School, Chest Unit, Denmark Hill, London SE5 8RX, England.
- M. SLAZENGER Research Department of Anaesthetics, Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PN, England.
- W. J. WARWICK Department of Pediatrics, Medical School, Box 184, Mayo Memorial Building, Minneapolis, Minnesota 55455, USA.
- P. J. F. WATKINS Finnigan Instruments Limited, Paradise, Hemel Hempstead, Hertfordshire HP2 4TG, England.

### **Participants**

- W. AL-SIAIDY Research Department of Anaesthetics, Royal College of Surgeons of England, Lincoln's Inn Fields, London WC2A 3PN, England.
- H. ARENSON Research Department of Anaesthetics, Royal College of Surgeons of England, Lincoln's Inn Fields, London WC2A 3PN, England.
- J. A. BUSHMAN Research Department of Anaesthetics, Royal College of Surgeons of England, Lincoln's Inn Fields, London WC2A 3PN, England.
- V. A. BISHOP Research. Department of Anaesthetics, Royal College of Surgeons of England, Lincoln's Inn Fields, London WC2A 3PN, England.
- P. M. EDWARDS Research Department of Anaesthetics, Royal College of Surgeons of England, Lincoln's Inn Fields, London WC2A 3PN, England.
- H. J. EPSTEIN Harlake Cyprane Inc., 182 Wales Avenue, Tonawanda, New York 14150, USA.
- J. P. FERNANDEZ 318 South Main Street, Albion, New York 14411, USA.
- T. GAMBLE Research Department of Anaesthetics, Royal College of Surgeons of England, Lincoln's Inn Fields, London WC2A 3PN, England.
- K. S. GILL The Medishield Corporation Limited, Hammersmith House, London W6 9DX, England.
- D. W. HILL Research Department of Anaesthetics, Royal College of Surgeons of England, Lincoln's Inn Fields, London WC2A 3PN, England.
- P. JOHNSON Nuffield Institute, Headly Wray, Headington, Oxford, England.
- W. MAPLESON Department of Anaesthetics, Welsh National School of Medicine, Heath Park, Cardiff CF4 4XW, Wales.
- D. A. NEEDHAM The Medishield Corporation Limited, Hammersmith House, London W6 9DX, England.

- J. NORMAN Southampton General Hospital, Tremona Road, Southampton, England.
- T. PAGDIN BOC Medishield, Priestley House, Priestley Way, London NW2 7AC, England.
- D. PARKER University College Hospital, Department of Medical Physics and Bio-Engineering, Gower Street, London WC1E 6AU, England.
- J. P. PAYNE Research Department of Anaesthetics, Royal College of Surgeons of England, Lincoln's Inn Fields, London WC2A 3PN, England.
- C. R. PIAZZA Harlake Cyprane Inc., 182 Wales Avenue, Tonawanda, New York 14150, USA.
- R. J. PIRIE The Medishield Corporation Limited, Hammersmith House, London W6 9DX.
- J. REED Chest Unit, King's College Hospital Medical School, Denmark Hill, London SE5 8RX, England.
- P. ROLFE Head of Bio-Engineering Unit, The John Radcliffe Hospital, Headington, Oxford OX3 9VD, England.
- S. L. SNOWDON Department' of Anaesthetics, Liverpool Royal Infirmary, Pembroke Place, Liverpool 3, England.
- R. WORSLEY Research Department of Anaesthetics, Royal College of Surgeons of England, Lincoln's Inn Fields, London WC2A 3PN, England.
- N. CAIS The Medishield Corporation Limited, Hammersmith House, London W6 9DX, England.
- E. SHACKLETON The Medishield Corporation Limited, Hammersmith House, London W6 9DX, England.

#### **Preface**

Almost ten years have passed since Fowler first specified the requirements of a mass spectrometer suitable for clinical use. Since then, a number of instruments have been developed and these have been used in a wide range of clinical conditions. In the light of this experience, it is now possible to review those features which are essential to a machine which will operate satisfactorily in a clinical environment and to indicate the applications which are most likely to be beneficial to patients and to advance research.

The knowledge which has been gained from past experience in the application of mass spectrometry in medicine can now be put to good use. Technically, both magnetic segment and quadrupole instrument are now easier to produce. Much more is known about both ion sources and detectors. Vacuum systems have become more reliable and compact, and the manufacturers have succeeded in producing safety interlocks which prevent catastrophic failures of the system despite the combined efforts of both clinical and technical staff.

The special requirements associated with the analysis of respiratory gases have been successfully met. The properties of the inlet system, together with its associated leak, are now well understood and it is possible to design systems with fast response times, including that for water vapour. Multiple inlet systems have also been designed and these are capable of measuring sequentially the gas exchange of a number of patients connected to a single mass spectrometer. Methods for measuring the blood gases in vitro and in vivo both intra-arterially and transcutaneously are now well advanced and some are even now undergoing clinical assessment.

The electronics have become very much smaller and more reliable with the advent of the integrated circuit. Recent work indicates that the clinical potential of the mass spectrometer can be greatly enhanced when run online to a computer and though for the present this must be regarded as a research project the advent of the microprocessor will allow the application of this work in a clinical environment within the next few years.

Apart from its direct application to clinical problems, mass spectrometry

has become virtually indispensible in a wide variety of disciplines including biochemistry, pharmacology and toxicology. In particular, it has become an analytical method of primary importance in the identification and structural analysis of organic compounds. For some problems, such as the identification of components separated by gas chromotography, it is one of the few techniques able to give specific data from a sample at the nanogram level.

This coupling of the gas chromatograph with the mass spectrometer has extended the applications of both techniques. The two methods are highly complementary to each other: the gas chromatograph can give excellent separation of the constituents of a mixture but not always a full identification, whereas the mass spectrometer can identify a single compound but is less efficient at identifying individual components in a complex mixture.

The accuracy and precision of this combined technique is further increased by the use of stable isotopes; as natural constituents of organic molecules, deuterium, carbon-13, nitrogen-15, and oxygen-17 and -18 offer important advantages in those clinical situations where radioactivity is best avoided. They are particularly suitable for the location and structural identification of metabolites and for the elucidation of biosynthetic pathways, and they are being increasingly widely used in studies of drug metabolism.

The papers presented in this monograph review these aspects, and others, and hopefully provide a definitive account of the present status of mass spectrometry in biology and medicine.

J. P. Payne
J. A. Bushman
D. W. Hill

December, 1978.

## **Contents**

	List of Contributors	V
	List of Participants	vii
	Preface	18
l.	The Evolution of Mass Spectrometers. By J. H. Leck	1
2.	Analogue Control Circuits for Quadrupole Mass Spectrometers in Medicine. By S. E. R. Mable	11
3.	Digital Control Circuits for Quadrupole Mass Spectrometers. By S. Marlowe	21
4.	Vacuum System Requirements for a Mass Spectrometer Gas Analyser System. By J. D. Buckingham	35
5. ,	Factors Influencing the Accuracy of Mass Spectrometer Measurements. By B. Goodwin	49
6.	Separation and Use of Stable Isotopes. By I. M. Lockhart	67
7.	Recent Advances in Instrumentation for Analytical Mass Spectrometry. By Peter Watkins	85
8.	Computer-aided Mass Spectrometry. By A. Bailey	93
9.	The Place of Mass Fragmentography in Pharmacological Research. By Alberto Frigerio	99

10.	The Use of a Quadrupole Mass Spectrometer in Pulmonary Physiology Investigations. J. W. Reed and P. Hugh-Jones	109
11.	The Design and Application of a Mass Spectrometer-based Metabolic Function Analyser. By Robert Patterson	119
12.	Mass Spectrometry with a Man-carrying Centrifuge. By D. H. Glaister and M. R. Farncombe	141
	General Discussion	151
13.	Mass Spectrometer Measurements of Respiratory Variables during Normocapnic Hyperventilation. By T. M. Gibson	155
14.	The Measurement of Water Vapour in the Expired Breath: End Tidal and End Vital Capacity Humidity in Normal Adults. By Warren J. Warwick and Gordon Cumming	165
15.	In-vivo and Transcutaneous Blood-Gas Measurement by Mass Spectrometry. By D. T. Delpy and D. Parker	179
16.	Computer Programs for Clinical Mass Spectrometry. By M. Slazenger	193
	Index	201

## 1 The Evolution of Mass Spectrometers

#### J. H. LECK

Department of Electrical Engineering and Electronics, The University of Liverpool, England

Although the earliest practical mass spectrometer was described by Dempster as long ago as 1918, it is interesting that many instruments in common use today follow closely his design. The principle of Dempster's magnetic deflection instrument is outlined in Fig. 1. This, like all mass spectrometers, operates in a vacuum system so that the influence of molecular collisions is negligible. The action starts in the ionization chamber, where positive ions are produced from gaseous molecules. These ions are all accelerated through the same potential difference, thus all gaining the same energy before being projected into a magnetic field as a slightly convergent beam. They move in a homogeneous magnetic field (perpendicular to the plane of the paper in Fig. 1) following circular

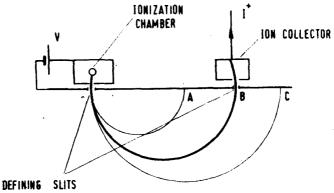


Fig. 1. The Dempster type mass spectrometer.

trajectories. The light ions are constrained to paths having small radii, the heavier ions following longer trajectories; the lightest ions being refocused at A and the heavy ions at C in Fig. 1. The ions refocusing at B pass through a defining aperture and are collected in a metal box (Faraday cage). The passage of the ions to the box creates an ion current,  $I^+$ , proportional to the ion beam intensity. If the field strength is increased the radius of each trajectory decreases. The pattern of trajectories therefore contracts and the heavy ions successively pass through the aperture and are collected. From this action we have the concept of a mass spectrometer.

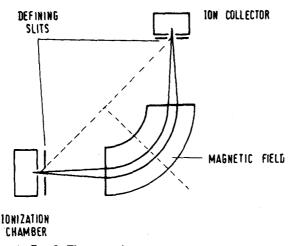


Fig. 2. The magnetic sector mass spectrometer.

The instrument outlined in Fig. 1 is expensive in magnetic materials so that further developments have led naturally to the sector field instrument, a typical example of which is shown in Fig. 2. The working principle is the same as the Dempster instrument. Molecules of the sample gas are ionized by electron bombardment within the ionization chamber, accelerated through a potential difference and projected in a slightly divergent beam into the electric field. In this case the field is defined precisely by a particular shaped pole piece. In the design illustrated, ions are deflected through 90 to refocus at the ion collector. Ions of a heavier mass will focus at points to the right of the collector defining slit, lighter ions focusing on the left.

With an instrument of the type illustrated in Fig. 2, ion beams can be separated with a resolution\* of the order of 10 000. The limit to the

<sup>\*</sup> A resolution of  $10\,000$  means that ions differing in mass by one part in  $10\,000$  can be distinguished.

resolution is set because instruments are truly momentum rather than mass analysers. In the discussion above, it has been assumed that all ions emerge from the source with precisely the same energy. This ideal condition is not achieved in practice so that ions having the same mass can have slightly different momentum, causing the focusing to be smeared rather like chromatic aberration in a lens system. The resolution cannot therefore be perfect, being limited in practice by the spread of momentum of ions of the

TABLE I. Eighteen compounds all with nominal mass 100 amu (Data from Kratos Ltd.)

lon	Mass
$C_2H_2N_3O_2$	100.0466
$C_2H_4N_4O$	100.0705
$C_3H_2NO_3$	100.0354
$C_3H_4N_2O_2$	100.0592
$C_3H_6N_3O$	100.0831
$C_3H_8N_4$	100.1069
$C_{4}H_{4}O_{3}$	100.0480
$C_4H_6NO_3$	100.0718
$C_4^{\dagger}H_8^{\prime}N_2\tilde{O}$	100.0956
$C_4H_{10}N_3$	100.1195
$C_5H_8O_7$	100.0844
$C_5H_{10}NO$	100.1082
$C_5H_{12}N_2$	100.1321
$C_6H_{12}O$	100.1208
$C_6H_{14}N$	100.1446
$C_7H_2N$	100.0507
$C_7^{'}H_{16}^{'}$	100.1572
C <sub>8</sub> H <sub>4</sub>	100.0633

same mass. Since the observation of ions of molecular mass greater than 1000 is rarely required, it would seem that the instrument outlined in Fig. 2 would meet all needs. In practice, however, there are many different compounds that have almost identical molecular masses. Table I lists 18 different molecules having the same nominal mass of 100 amu (atomic mass units). To separate all these masses requires an instrument with a resolution of about 100 000. A double focusing technique is needed to meet resolutions of this order. The ions must first be resolved in respect of their velocity and then with respect to their mass. A double focusing instrument is shown in Fig. 3. Ions formed by electron bombardment from the source are accelerated through a potential difference, as described earlier, and then through an electrostatic analyser. All ions emerging from this analyser

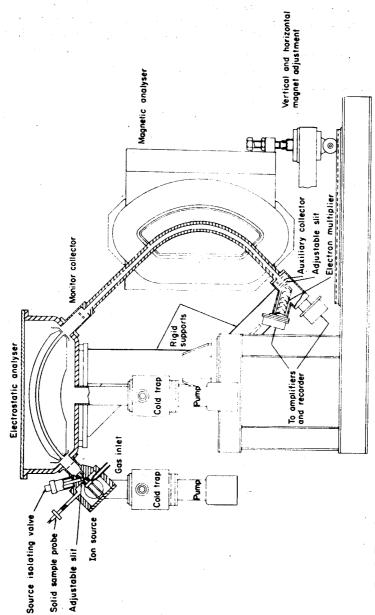


Fig. 3. The tube assembly for the double focusing mass spectrometer MS 9. (Published by kind permission of Kratos Ltd.)

have the same energy, there being a severe loss of intensity, of course, because all those ions with a slightly higher or slightly lower energy than the mean are extracted from the beam. In the second part of the instrument the ion beam is mass analysed in the conventional manner. In this instrument 90° has been chosen, an electro-magnet being used to generate the field.

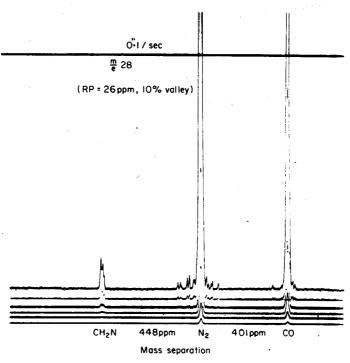


FIG. 4. Mass spectrum at 28 amu showing the separation of nitrogen and carbon monoxide in a double focusing instrument. (Published by kind permission of Kratos Ltd.)

In the double focusing instrument the path length is normally about 2 metres, the resolution being controlled by the width of the collimating slits. Because, for high resolution, these slits must be very narrow and because the initial ion beam intensity is reduced by the electrostatic analyser, the instruments usually need an electron multiplier to detect the very tiny currents reaching the collector. In practice the multiplier has a gain sufficiently high to allow the detection of individual ions.

Examples of the capabilities of double focusing instruments are shown in Figs 4 and 5. The two large peaks in Fig. 4 correspond to nitrogen and

carbon monoxide, both having a nominal mass of 28 amu. These are difficult to separate on a single focusing instrument. In Fig. 5 the peak on the left occurs at 211.07280 amu and the one on the right at 211.07436 amu. The difference in mass between these two peaks is about 0.001 amu. The machine described in Fig. 4, having a resolution of about 140 000, is adequate to differentiate between the two peaks. (This is an important example from chemical analysis as it differentiates between two

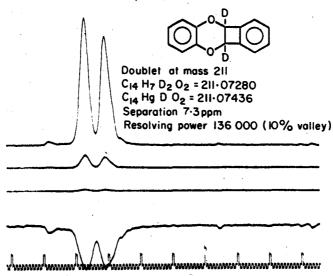


FIG. 5. A portion of the spectrum from a high resolution, double focusing mass spectrometer (MS 50), showing a doublet at mass 211. (Published by kind permission of Krato Ltd.)

atoms, one of which has a deuterium tag. The peak at the lower mass is from a molecule with two hydrogen atoms; the one at the higher mass is from a molecule in which one of the hydrogen atoms has been replaced by a deuterium atom, the other lost in the ionization process.)

Fortunately much of practical mass spectrometry does not require the expensive double focusing technique. For many applications, particularly when using instruments in connection with gas chromatography (GC/MS), a resolving power of the order of 1000 is quite adequate. The use of such modest resolving powers is possible because the bombardment of simple molecules by the electron beam in the ion source causes all large molecules to fragment, producing characteristic arrays of peaks in the mass spectrum. The mass spectrum of any given large molecule is, in fact, a "fingerprint". An example for a particular pesticide is shown in Fig. 6(a). The parent