

PRENATAL AND POSTNATAL IMMUNE
RESPONSES OF THE BEEF-TYPE CALF
TO ESCHERICHIA COLI O26:K60:NM

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This is to certify that the
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TO ESCHERICHIA COLI 026:K60:NM

presented by
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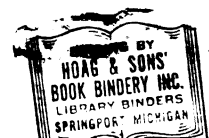
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ABSTRACT

PRENATAL AND POSTNATAL IMMUNE RESPONSES OF THE BEEF-TYPE CALF TO *ESCHERICHIA COLI* 026:K60:NM

By

David P. Olson

The humoral and local intestinal responses of fetuses and neonates to *Escherichia coli* 026:K60:NM were studied in 26 crossbred beef-type calves. *Escherichia coli* bacterin (5.0×10^{10} organisms) was injected *in utero* by a nonsurgical technique into the amniotic fluid of 17, 7- to 8.5-month-old fetuses (principals). Saline was injected in the same manner into 9 control fetuses. The colostrum-free newborn calves were removed from their dams after natural delivery and were maintained in separate pens and fed a milk replacer diet. Calves were divided into 10 unequally sized groups. Calves in one principal and one control group were each given an oral challenge inoculum at birth. Similarly, calves in one principal group (reimmunized at birth) and one control group each were challenged at 3 days of age. The challenge doses were 1.5×10^{10} , 1.0×10^{11} or 1.5×10^{11} live, unwashed homologous *E. coli* organisms. Calves were euthanatized at 1.5 to 5 days after challenge. Calves of the remaining 3 principal groups were either euthanatized at birth or were reimmunized at birth and euthanatized at 5 to 7 days or at

2 weeks of age. Control calves (3 groups) were also euthanatized at the above corresponding times.

Immunologic tests included direct bacterial and passive hemagglutination (PHA) of sera and intestinal washings; hemolytic plaque assays of intestine, mesenteric lymph nodes and spleen; and single radial immunodiffusion, radioimmunoassay and qualitative immunoelectrophoresis of sera. Antiglobulin, monospecific against bovine IgM, IgG₁ or IgG₂ and antiglobulin against whole bovine serum were produced in guinea pigs or rabbits and used in the appropriate immunologic tests. Other tests included histologic and bacteriologic examination of tissues and partial compositional analysis of amniotic fluids.

The resistance of calves to challenge was a function of previous *in utero* injection of bacterin, age when challenged and the dose of challenge organisms used. Clinical disease was observed after inoculation of newborn calves with the intermediate or the high challenge dose in one principal and one control calf, respectively. The low challenge dose failed to produce clinical disease in either the newborn principal or the control calves. Clinical disease was not observed after giving the high challenge dose to 2 other newborn principal calves or in the 3-day-old principal calves, previously reimmunized at birth, or in the 3-day-old control calves. Clinical signs after challenge were those associated with colisepticemia and toxemia. The gross and histologic lesions, however, were mild and not consistent with those usually associated with septicemia. Bacteriologic examination of tissues from the challenged calves revealed a light growth of *E. coli*.

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Principal calves, tested at birth, had serum PHA titers against the 026 antigen of *E. coli* ranging from 0 to 512, whereas all but 2 control calves were negative. It was suspected that one of the control calves had suckled and the passively acquired colostral antibody was the most probable cause for the PHA response to the test antigen. The PHA titers of intestinal washings against the same antigen were either low or negative. Similarly, the PHA titers of serum and intestinal washings against the K60 antigen of *E. coli* were either low or negative. Qualitative and quantitative analysis by radioimmunoassay of sera from selected calves revealed that the antibody activity against the 026 antigen was primarily IgM although there was also increased activity of either IgG₁ or IgG₂ or both. Immuno-electrophoretograms confirmed the presence of these classes of antibody when compared to whole bovine serum.

Reimmunization with bacterin and use of the high challenge dose given to both principal and control calves caused either a conversion of serum from negative to sero-positive or as much as a 4-fold increase in the PHA titers. The intermediate or low challenge doses caused little or no increase in the PHA serum titers. Sera from all but one of the calves was serotype specific for the 026 antigen and did not react by the PHA test with 4 other O serotypes.

Results of the hemolytic plaque assay provided evidence of the important role of IgM in the early development of the local intestinal immune system. IgM producing cells predominated and were nearly evenly distributed throughout the intestinal tissues and corresponding mesenteric lymph nodes of the majority of the calves tested.

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The plaque forming response in the spleens tested was weak and inconsistent compared to the intestinal tissues. There was no direct relationship between the PHA titers of intestinal washings and the plaque forming assays from intestinal segments. Reimmunization with bacterin at birth had some stimulatory effect on the plaque forming responses whereas the major increases in plaque forming activity in the intestine occurred after challenge with the high dose. The intermediate or low challenge doses stimulated either the plaque forming or the humoral immune responses whereas the high challenge dose stimulated both responses. The principal target organs for antigenic stimulation by the test organisms were the intestine and the mesenteric lymph nodes, and these immunocompetent organs were primarily responsible for the immune responses observed.

Immunoelectrophoretograms of serum from all control calves tested at birth showed the presence of low levels of IgG₁ and/or IgG₂. This gamma globulin probably represented natural or nonspecific antibody. Immunoelectrophoretograms also showed the presence of an unidentified gamma globulin in whole bovine serum which may represent a subclass of either IgG₁ or IgG₂.

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PRENATAL AND POSTNATAL IMMUNE RESPONSES OF THE BEEF-TYPE
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INTRODUCTION

Neonatal diseases of young calves cause great economic losses to the livestock industry each year. Associated with many epizootics in young calves are various pathogenic strains of *Escherichia coli* (*E. coli*). The disease producing strains of *E. coli* are either primary or secondary pathogens and may cause enteritis or septicemia. Enteric colibacillosis, or calf scours, is probably the most common disease of young calves resulting in eventual death or reduced growth rate and stunting. Colisepticemia is also common in young calves and often results in acute deaths.

Little progress has been made in developing effective chemotherapeutic drugs to directly inhibit or kill pathogenic strains of *E. coli*. The apparent failure in developing reliable and effective chemotherapeutic drugs for treatment or prevention of colibacillosis may be due to several factors, such as 1) the complex pathogenesis of the disease, 2) development of resistance to drugs by the organisms, and 3) nonspecific mode of action of many of the commonly used drugs.

Considerable interest and important advances have developed in the field of immunobiology during the past 15 years. As a result, much has been learned about the ontogeny of the humoral and cellular immune systems of man and animals. Bovine fetuses are capable of

developing detectable immune responses to a variety of antigens.

The purpose of the present research was to study the immunocompetence of bovine fetuses and neonates to *E. coli* and to evaluate prenatal and postnatal immunization as a means of preventing infection.

OBJECTIVES

The objectives of this research were:

1. To induce a primary intestinal and humoral immune response in bovine fetuses to a killed inoculum of *Escherichia coli* (*E. coli*) 026:K60:NM bacterin by *in utero* injection into the amniotic fluid.
2. To induce a secondary intestinal and humoral immune response in bovine neonates by oral reinjection with the homologous organism.
3. To compare the resistance to oral challenge of neonatal calves previously injected *in utero* with either *E. coli* bacterin or saline or reinjected with bacterin at birth.
4. To quantitate and qualitate the immune responses of calves by selected immunoassays.

REVIEW OF LITERATURE

Escherichia coli Infection in Calves

Colibacillosis is a term used to identify a group of diseases of domestic livestock, poultry and man. These diseases are either caused by or are associated with several pathogenic strains of *Escherichia coli* (*E. coli*) which is a gram-negative, rod-shaped bacterium, classified under the Family *Enterobacteriaceae*. Jensen, in 1893, was the first to observe the association of *E. coli* with white scours in calves (Sojka, 1965b). Colibacillosis usually refers to the disease as it occurs in the young animal and is often regarded as one of the most important clinical infections of neonatal calves, lambs and piglets. Newborn animals can be exposed to pathogenic strains of *E. coli* from the environment at a very young age, even when the fetus is passing through the birth canal at parturition (Smith and Orcutt, 1925; Dunne et al., 1956; Gay, 1965). Gay (1964a) stated that under most ordinary farm conditions, it was impossible to successfully isolate the newborn calf from contamination from the herd environment. The use of the term colibacillosis has more recently been broadened to include other diseases of young animals such as gut edema in weaned pigs and infection of young birds (Barnum et al., 1967). *Escherichia coli* can also cause infections of the mammary gland and urinary tract

of adult animals. The incidence of these other types of infections in older animals is generally infrequent and the term colibacillosis is usually not applied to them.

Colibacillosis has been recognized since the eighteenth century as an economically important disease of calves. A number of investigators have recorded the incidence of colibacillosis and other causes of mortality in calves from various countries throughout the early 1900's (cited by Sojka, 1965b). A review by Lovell (1955) also included a survey of other published data on the early incidence of colibacillosis in calves. The conclusion was that colibacillosis caused the most serious economic losses in newborn animals. Gay (1965) stated that diseases in young calves are responsible for economic losses and that colibacillosis caused by *E. coli* is the most common neonatal infection. Similarly, Sojka (1965b), referring to colienteritis as calf scours or white scours, stated that this disease was probably the most common disorder of young calves. This opinion was also supported by Amstutz (1965) and Fey (1972).

Colibacillosis in young calves has been divided into three forms according to clinical signs, bacteriology and possible pathogenesis (Gay, 1965). The 3 forms include: 1) septicemia or colisepticemia, 2) enteritis, white scours, infectious calf scours or colienteritis, and 3) enteritis-toxemia. The clinical signs of each of the 3 forms may at times be distinctive enough to be helpful in making a differential diagnosis (Gay, 1965). The clinical signs of colisepticemia in young calves are those of an acute disease and

include sudden anorexia, rapid dehydration, increased cardiac and respiratory rates, prostration and death. Diarrhea may or may not accompany the acute clinical episode. The predominant clinical signs of the enteric form are mild to severe diarrhea, anorexia and dehydration. The feces have a pasty to watery consistency and are also malodorous and colored yellow to grey-white. Calves may die after several days of scouring or they may slowly recover but remain unthrifty. The enteritis-toxemia form is characterized by sudden collapse, extreme prostration and death within 6 to 16 hours after clinical onset. There is no diarrhea or bacteremia but, rather, a massive proliferation of mucoid strains of *E. coli* of the A type of K antigen in the small intestine (Fey, 1972).

The gross lesions of the three forms of naturally occurring colibacillosis are not distinctive but variable and dependent on the severity of the clinical disease. Often there are signs of generalized dehydration with sunken eyes, smearing of diarrhea fluid around the perianal region and distention of the intestine with pasty to watery, straw-colored feces. The microscopic lesions of colisepticemia may include multiple petechial and ecchymotic hemorrhages of the spleen, epicardium and endocardium, catarrhal enteritis and enlarged, hemorrhagic lymph nodes. A fibrinous peritonitis and polyarthrititis may also be seen. In cases of colisepticemia resulting in acute deaths, there may be few of the above lesions. In addition to the above lesions, purulent meningoencephalitis has been reported in animals that have lived for several days with colisepticemia. In mild cases of colienteritis, the only

lesions are congestion of the lungs, intestine and mesentery. More severe colienteritis results in either a catarrhal, mucopurulent or hemorrhagic enteritis (Barnum et al., 1967). Osborne (1967) used multiple injections of a composite inoculum of *E. coli* to produce experimental colibacillosis. The lesions included severe gastroenteritis and multiple lesions of the microvasculature such as vascular stasis, thromboemboli, edema and hemorrhage.

There are reports of natural and experimental cases of colibacillosis in calves in which most or all of the common dairy and beef breeds of cattle are affected (Amstutz, 1965). This would suggest "...that colibacillosis is a disease that affects calves of every breed" (Fey, 1972). There seems, however, to be a common impression among many researchers of calf diseases and veterinary laboratory diagnosticians that colibacillosis occurs more frequently in calves of the dairy breeds than in the beef or dual-purpose breeds of cattle. This would further suggest that dairy calves are more susceptible (less resistant) to colibacillosis than beef or dual-purpose calves and that the latter may have some sort of natural resistance to infection. Sojka (1965b) has stated that "There appears to be a lower death rate in beef and dual purpose herds..." when referring to calf mortality in general rather than specifically to colibacillosis. There is little information to support an hypothesis of a possible interbreed difference in susceptibility or resistance to colibacillosis (Gyles, C. G., personal communication, 1974). Fey (1972) cited an example in Denmark of a higher incidence of colisepticemia in one dairy breed

as compared to another. A recent survey (Olson, D. P., unpublished data, 1975) of data from The Missouri Veterinary Diagnostic Laboratory showed a significantly higher ($P = <0.05$) incidence of colibacillosis in dairy calves compared to beef or dual-purpose calves examined from 1970 through 1973. Additional information such as sex, management factors and colostrum intake was not available.

The clinical signs of infectious diseases caused by other bacteria, viruses, protozoa or parasites may be confused with those of colibacillosis and make a differential diagnosis difficult. For example, "...white scours, diarrhea in the newborn calf, infectious calf diarrhea, etc., are not necessarily coli infections" (Fey, 1972). Likewise, acute septicemias caused by *Streptococcus*, *Diplococcus*, *Pasteurella* and *Salmonella* spp. may also appear clinically similar to colisepticemia (Gay, 1965). A definitive diagnosis in these cases must be made by isolation and identification of the primary causative organism(s) whenever possible.

Theobald Smith was one of the early workers to study the bacterial flora of calves affected with diarrhea and confirmed the importance of *E. coli* as a causative organism. However, further research since that time has shown that there are a number of other noninfectious factors which can contribute to the cause of colibacillosis and illustrate the complexity of this disease syndrome. Accordingly, colibacillosis has been referred to as a complex of etiologies rather than an entity by itself (Lovell, 1955; Dunne et al., 1956). Other factors which may influence the incidence of colibacillosis include those directly affecting the host, such as

age, species, genetics, nutritional levels of the dam and calf, pre-existing disease and season of the year. Included are husbandry factors such as sanitation, crowding, cold and dampness and feeding equipment (Reisinger, 1965; Barnum et al., 1967).

Nonpathogenic *E. coli* are normally found in the intestinal tract of animals and man along with other microorganisms and protozoa, and together they comprise the normal intestinal microflora. Consequently, *E. coli* are routinely isolated from the intestine and feces of calves that are sick or have died from diseases similar or dissimilar to colibacillosis.

"Because of this, it is extremely difficult to assess the significance of an isolation of *E. coli* from a specimen, and there is even greater difficulty in assessing reports in the literature dealing with such isolations."

(Gay, 1965).

It became evident that laboratory methods were necessary to provide for a classification scheme between and within pathogenic and non-pathogenic groups of *E. coli*. Methods for classification of *E. coli* organisms into different strains have been developed and are based on serological typing of the dominant antigens of the organisms, namely the somatic (O), capsular (K) and flagellar (H) antigens. Briefly, unknown isolates are reacted separately with typing antisera of known specificity against particular antigenic determinants. After suitable incubation, test samples are examined for presence or absence of agglutination (Glantz et al., 1959; Edwards and Ewing, 1962; Sojka, 1965a; Glantz, 1971). The current scheme of serological typing of *E. coli* is based on the early work of Kauffmann (1947) and presently includes 150 O, 91 K and 49 H serotypes (Ørskov,

1971). Extensive works by Glantz et al. (1959), Sojka (1965a) and Glantz (1971) have provided useful information regarding the nature, specificity and relationship of *E. coli* antigens. Other methods of biotyping *E. coli* include phage typing, colicin production and hemolysin production (Fey, 1972). Fermentation experiments have also been used to achieve a more precise identification of different serotypes of *E. coli* (Fey, 1957b). The serotypes and biotypes remain constant for any given isolate (Fey, 1972). Complete typing of *E. coli* isolates according to the Kauffmann-Knipschildt-Vahlne serological scheme makes it possible to show that certain serotypes of *E. coli* are more often associated with the various forms of colibacillosis. Researchers have found that the septicemic form of colibacillosis is usually associated with an *E. coli* bacteremia and that pure cultures of the invasive strain of the organism can usually be isolated from many internal organs (Gay, 1965), including joint cavities and leptomeninges (Fey, 1972), but excluding intestine. Fey and Margadant (1961a) elucidated the pathogenesis of colisepticemia by studying the distribution of the septicemia-producing organisms in different organs. By culturing selected organs and using the slide agglutination test, they found that most of the organs tested, including urine, were positive for the septicemic strains.

The O antigens, or endotoxins, are not single antigens, but rather are composed of several antigenic components. They are therefore often referred to as O group antigens (Gay, 1965). In *Enterobacteriaceae*, the O antigens are thermostable and include

polysaccharide-phospholipid complexes and protein fractions (Sojka, 1965a). The O antigens are an integral part of the cell wall of many pathogenic and nonpathogenic organisms and can be liberated in soluble form by the use of solvents, heating or rapid freeze thawing (Sojka, 1965a). Going and Kaiser (1969) found that the endotoxin complex can be extracted from the bacteria in the amount of 5 to 10% by weight. The complex was found to contain 45 to 60% polysaccharide, 5 to 15% lipoid A, 15 to 20% protein and 10% lipoid B. The toxic activity was associated with the entire endotoxin complex and also the polysaccharide-lipoid A fraction. Certain antigenic components may be present in more than one O serotype resulting in antigenic relationships between related O serotypes. As a result, certain O specific antisera and O antigens will cross-react either reciprocally or unilaterally (Sojka, 1965a). According to field investigations of colibacillosis in calves in several countries, certain O serotypes have been isolated from serum and internal organs in pure culture and have predominated in cases of colisepticemia. Predominant serotypes included 078, 015, 0115, 08, 09, 0117, 086, 0137, 055 and 0101 (Fey, 1972). The 026 serotype was also reported by Bokhari and Ørskov (1952), Willinger and Mathois (1965) and Glantz (1971) as being associated with naturally occurring cases of colisepticemia. In contrast, it was found by Glantz et al. (1959) that 026 as well as several other O serotypes caused a typical fatal scours when experimentally fed to colostrum deprived calves. Smith (1962) stated that

"Studies on the *E. coli* strains recovered from the blood and the results of experimental oral infections indicated that the essential property of a potentially bacteriaemic strain was the ability to grow in fresh pre-colostral serum. Bactericidal substances in the serum of colostrum-fed calves appeared to play an important part in protecting them against invasion by *E. coli*."

Gay (1965) has also tabulated many of the above serotypes and other serotypes as being important in association with colisepticemia but expressed caution in inferring that only a relatively few O groups are selectively and highly pathogenic for calves. He further stated that

"...the significance of the *E. coli* isolations from calves can be truly assessed only by a comparison with the distribution of these O groups in the normal *E. coli* environment of the calf."

The K antigens are a class of thermolabile polysaccharides which occur as envelopes, capsules, or sheaths around the bacterial cell wall. They also inhibit the agglutination of the live suspensions of *E. coli* with homologous antiserum (Sojka, 1965a). The K surface antigens have been subdivided into L, A and B varieties according to differences in heat stability and agglutinin-binding capacity (Sojka, 1965a). Normally, serotypes of *E. coli* containing K antigen have either the L, A or B form present (Sojka, 1965a). However, Ørskov et al. (1961) have shown a new type of antigenic variation in the K antigens and also that certain *E. coli* strains can possess more than one form of K antigen. Less information is available regarding the direct association of the different K serotypes of *E. coli* with the various forms of colibacillosis in calves despite the fact that "The majority of strains of *E. coli* isolated from cases of colibacillosis possess K antigens" (Gay et al., 1964a).

There has been some confusion in the literature regarding the association of K antigen with pathogenicity. For example, early work by Wramby (1948) showed that 76.1% of *E. coli* strains isolated from calves with colisepticemia had no K antigen as determined by slide agglutination with homologous O serum. Later, Fey (1957a) showed that 98.9% of O groupable strains from calves with colisepticemia had K antigen. He further pointed out that the surest method to show absence of K antigen is if the living strain absorbs out only O antibodies from an homologous OK serum leaving K antibodies unabsorbed. This would explain the results reported by Wramby (1948) as being incorrect when the only criterion used for assuming the presence of K antigen was O inagglutinability. Besides, "...O inagglutinability is quantitatively dependent on the presence of more or less K antigen rather than an all or none-phenomenon" (Fey, 1972). An alternate explanation of Wramby's results was offered by Gay (1965), who stated, "...it is quite possible that calves which died from conditions other than colibacillosis were sent to him for examination." Briggs (1951) reported serological evidence relating pathogenicity of several strains of *E. coli* with K antigens present. Gay (1965) has cited several examples of an increase in virulence of pathogenic strains of *E. coli* with K antigen present when tested *in vivo* in laboratory animals. Strains of *E. coli* with no K antigen were less virulent. Jones and Rutter (1972) reported that K88 positive strains of *E. coli* (Stirm et al., 1967) adhered to the mucosa of the small intestine of gnotobiotic piglets, whereas K88 negative strains did not adhere. The K88 negative strains were

distributed throughout the intestinal lumen. Their conclusion was that the adhesion activity is essential for the virulence of K88 positive bacteria in conventionally reared piglets. Kauffmann (1947) concluded in his early work that the K antigens were important. He found that *E. coli* strains with K antigens were more toxic than strains without K antigen, especially when the strains were isolated from pathogenic material. The toxicity of the K strain was constant and characteristic but differed in the individual types of an O group. Furthermore, he found that K antigens were particularly resistant to the defensive forces of the host and also to bacteriophages. Overall, there are variations in the pathogenicity of various strains of O or K serotypes such that some strains may be pathogenic and others nonpathogenic. Also, some serotypes may be pathogenic for one host species and nonpathogenic for another (Gay, 1965).

There have been few reports regarding the development and distribution of the normal intestinal flora of young calves. In contrast, a number of studies have been reported on the development of the normal intestinal flora of the pig (Gay, 1965). One study (Smith and Crabb, 1961) showed similarities in the initial development and various alterations of the fecal flora in all young animals of the same species studied including calves. Several factors influence the relationship and distribution of the normal intestinal flora and they include age, diet, pH, oxidation-reduction potentials and antagonism and synergism between and within various bacterial species present (Gay, 1965). Furthermore, near maximum

numbers of bacteria such as *E. coli*, *Streptococcus* spp., *Clostridium perfringens*, *Lactobacillus* spp. and *Bacteroides* spp. are known to colonize the intestine by the second day of life. Less information is known about the distribution of pathogenic strains of *E. coli* in the intestinal tract of calves with colisepticemia and particularly colienteritis. A study by Fey (1957b) suggested that infectious strains of *E. coli* are not ubiquitous in the intestinal tract or environment of calves but, when present, they seem to be selectively pathogenic for newborn calves. In studies by Wramby (1948) and Fey and Margadant (1961a) it was found that the strains of *E. coli* isolated from many of the internal organs of calves with colisepticemia differed from the strains isolated from the intestine. In these cases the serotype of *E. coli* causing the septicemia could not be isolated from the feces. The conclusion was that the feces are not always responsible for the spread of infection. Gay (1965) has stated that "There is little significant data on serotypes isolated from the enteric form of colibacillosis..." and, furthermore, "These strains may be part of the normal flora of the calf...." Glantz et al. (1959) identified several strains of *E. coli* by bacteriologic methods from naturally occurring cases of colienteritis. They were unable to definitely group the strains as pathogenic or nonpathogenic on the basis of biochemical reactions.

"The main difficulty in establishing *E. coli* as an enteric pathogen is its presence in the intestine and feces....The establishment of a new coli type as an enteric pathogen is an enormous task, but there is no doubt that additional types are potentially pathogenic, but hitherto not recognized as such....Once statistical and epidemiological evidence for pathogenicity of a given strain seems to be acceptable, one

still has to exercise great caution in branding any *coli* type as the cause of enteritis...." (Fey, 1972)

Similarly, Gay (1965) has reported:

"There have been few serological studies on *E. coli* associated with the enteric forms of colibacillosis and the serotypes associated with these syndromes are, therefore, largely unknown. This is partly owing to the difficulty in determining the etiological significance of an isolation of *E. coli* from the intestine of a scouring calf....However,...there is at present no means by which the enteric form of colibacillosis can be differentiated from other causes of diarrhea in calves. Because of this, no great significance can be placed on reports of the isolation of given serotypes of *E. coli* from the intestine of individual scouring calves. If a sufficient number of such isolations were made, it is possible that a comparison of the incidence of a given serotype in this material with its incidence in *E. coli* isolated from the intestines of healthy calves might give an indication of its pathogenicity."

On the basis of early work by Carpenter and Woods (1924) and Smith and Orcutt (1925), it was assumed for many years that there was an endogenous ascension and proliferation of pathogenic *E. coli* organisms from the lower small intestine proximally into the upper small intestine in cases of colienteritis. Smith (1960) and Smith and Crabb (1961), however, made differential bacterial counts on the feces of healthy calves and showed that *E. coli* organisms were prevalent throughout the small intestine. Their studies also indicated a similarity between the fecal flora of calves with colienteritis and healthy calves but that changes occurred in the dominant serotypes present during the scouring period. Smith (1962) concluded that neither *E. coli* nor any other bacteria are directly responsible for calf scours and that many cases of calf diarrhea are probably of noninfectious origin and may occur as a result of harsh environmental

factors. Smith (1962) summarized as follows the evidence suggesting that neither pathogenic *E. coli* nor any other intestinal bacteria are responsible for causing scours: 1) the absence of incriminating serological findings, 2) the diversity of phage types of *E. coli* found in the small intestine of scouring calves, 3) the finding of the same types in healthy calves, 4) the phage type of an *E. coli* found in the intestine of a scouring calf may change several times during the scouring period, and 5) negative results in many transmission experiments. One exception to the above involved a field study of the enteritis-toxemia form of colibacillosis of calves in which several noninvasive serotypes of *E. coli* with an A-type K antigen were found in large numbers in the large and small intestine and associated lymph nodes, but not in the internal organs (Gay et al., 1964b,c).

Enteric diseases in young calves can also be caused by certain viruses (Amstutz, 1965). The viral enteric pathogens that have been reported include bovine viral diarrhea (Lambert and Fernelius, 1968; Steck et al., 1971; Lambert et al., 1974), infectious bovine rhinotracheitis (Amstutz, 1965), parainfluenza 3 (Steck et al., 1971), rhinoviruses, enteroviruses (Mayr, Kalich and Mehnert, 1964), adenoviruses (Steck et al., 1971), reovirus-like agent (White et al., 1970; Mebus et al., 1971, 1973) and coronavirus-like agent (Mebus et al., 1973). All the viruses mentioned were reported to have caused a primary enteritis. Two factors have been recognized as important in determining whether viruses infect young calves. These factors are age (Amstutz, 1965) and ingestion of protective

colostrum prior to exposure. Steck *et al.* (1971) found that high colostral antibody titers against bovine virus diarrhea were not protective for calves. It has been suggested, although not conclusively documented, that a virus and *E. coli* may both be involved in some cases of diarrhea in young calves (Amstutz, 1965; Mebus *et al.*, 1971, 1973).

There is confusion regarding the pathogenesis of colibacillosis which is compounded by various hypotheses and many forms of the disease. The pathogenesis of colienteritis seems particularly unclear because, as Gay reported (1965), there is little evidence confirming the ability of *E. coli* to produce diarrhea in calves. Part of the problem in assessing the significance of *E. coli* isolates from scouring calves is due to the normal habitation of *E. coli* in the intestinal tract (Gay, 1965). Despite this, certain strains of *E. coli* have been reported (Glantz *et al.*, 1959; Gossling *et al.*, 1964) as causing scours in calves. It has been shown that there is an antagonism or interference effect of the established intestinal flora to the implantation and multiplication of exogenous bacteria including enteropathogenic *E. coli*. Experimentally, it was found necessary to suppress the normal intestinal flora with antibiotics before infecting with the test organism (Rauss and Ketyi, 1960; Ashburner and Mushin, 1962). Gay (1965) has suggested that the enteropathogenic strains of *E. coli* must have an unknown mechanism for becoming established as a part of the intestinal flora and later causing an enteritis. The accepted hypothesis to explain the pathogenesis of colisepticemia has been the following, as reported by Fey (1972).

"The infective coli strain is ingested and established in the intestine, or endogenous colibacteria ascend from the lower to the upper part of the intestine. For reasons unknown they begin to proliferate massively, causing an enteritis. The consequence of inflammation is an increased permeability of the gut wall, which enables the colibacteria to spread within the whole body. Colisepticemia would then be the consequence of the preceding colienteritis."

Fey and Margadant (1961a) and Fey et al. (1962) reported evidence suggesting that virulent strains of *E. coli* associated with septicemia do not necessarily have to be ingested and later invade the intestinal tract to cause disease. They transected and ligated the esophagus of 3 calves and then challenged them by the nasal route with live *E. coli* organisms. All 3 calves died of severe septicemia and the same strain of challenge organism was isolated from all organs and the bile or intestine or both. The conclusions from these studies were that 1) *E. coli* organisms can become septicemic by invading the nasopharynx, 2) septicemia organisms can gain entrance to the intestine via either the bile or the blood stream, and 3) the enteritis seen with colisepticemia was a consequence of the septicemia. Payne and Derbyshire (1963) showed that bacteria can also enter the body of newborn calves from the tonsils and lungs. The pathogenesis of the enteritis-toxemia form of colibacillosis as reported by Gay (1964b) apparently involves a massive proliferation of the particular strain of *E. coli* which is limited to the small and large intestine and associated lymph nodes. Bacteremia occurred in some cases but not with the same strain of organism that caused the enteritis-toxemia.

Early reports by Smith and Little (1922a, 1923, 1924) and Smith and Orcutt (1925) showed a direct association between ingestion of colostrum and protection of calves against white scours and septicemia. Smith and Little (1922b) also found some protective benefit from the feeding of serum from normal lactating cows to calves.

This and other studies prompted them to conclude that

"The rapid absorption into the blood of agglutinins towards *Brucella abortus* ingested in the colostrum indicated that the immunity of the calves receiving colostrum is due to the protective antibodies which tend to accumulate in the colostrum up to the time of parturition."

These early observations regarding the protective immune function of colostrum were confirmed by Aschaffenburg and co-workers (1949a,b, 1951a). They fed whole colostrum, colostrum containing (non-fat) fractions or colostrum substitutes to unsuckled newborn calves. The calves survived when given the diets with the aqueous phase of the colostrum containing the immune lactoglobulins, whereas the colostrum-deprived calves either failed to grow well or died. They also observed a poorer performance in newborn calves that were fed postpartum lacteal secretions from cows that had been pre-milked before parturition (Aschaffenburg et al., 1951b). It was originally shown by Orcutt and Howe (1922) and Howe (1924) and later confirmed by others (Blakemore et al., 1948; Aschaffenburg, 1949c; Reisinger, 1965; Fey, 1967) that there was a direct association between the appearance of certain protein fractions (euglobulin and pseudoglobulin I) in the serum of newborn calves with the simultaneous absorption from the intestine of agglutinins and globulins of colostrum. Studies also showed that agglutinins and globulins were

absent from calf serum when only milk was fed. Famulener (1912) made early and similar observations of the antibody content of colostrum by studying the hemolysins against sheep red blood cells in the colostrum from immunized adult goats and the serum of newborn goats after suckling. Since that time many researchers, including McEwen (1950), Glantz et al. (1959, 1966), Fey (1962) and Gay et al. (1964c), have demonstrated difficulty in reproducing colisepticemia in calves previously fed colostrum soon after birth or within 1 or 2 hours after oral challenge. In contrast, they were able to reproduce colisepticemia in colostrum deprived calves provided virulent *E. coli* challenge strains were used. Smith (1962) reported that diarrhea can occur in young calves that have been fed colostrum but in such cases there was no bacteremia. Fey (1972) has stated that

"If colostrum is given too late it is obvious that the virulent colibacteria have time to establish themselves in the still unprotected animal and thus 'win the race.'"

Gay et al. (1964c) stated that the enteritis-toxemia form of colibacillosis could not be reproduced experimentally regardless of whether the calves had been given colostrum or not.

The immune lactoglobulins of colostrum and milk whey from several animal species, including bovine, have been fractionated and characterized electrophoretically in studies by Smith (1946a,b, 1948), Pierce and Feinstein (1965) and Deutsh (1947). The immune lactoglobulins normally account for about 10% of milk whey protein (Smith, 1946b) and about 55% of the total protein of colostrum at parturition (Smith, 1946a). Smith (1948) reviewed the available

information regarding the biochemical composition and electrophoretic properties of colostrum proteins and emphasized the important function of colostrum in enhancing the resistance of the newborn to infections. The transfer of immune globulins from maternal serum to the lacteal secretions begins about 4 weeks before parturition and reaches a maximum a few days before parturition (Larson, 1958). According to Pierce and Feinstein (1965) and Porter (1973a), the mammary gland had a highly selective ability to transport from the blood and concentrate in the lacteal secretions the electrophoretically fastest gamma G globulin. Therefore, the electrophoretically fastest gamma G globulin was found in lower concentration in maternal serum but in highest concentration of all the immune globulins in the colostrum. The other immune globulins of serum with fast or slow electrophoretic mobility were transported into the colostrum at different rates such that the fastest immune globulin was found in higher concentration in colostrum than in serum and the slowest immune globulin was a minor component of colostrum. The immune globulin content of colostrum rapidly decreases to a low level of activity after the first few days of lactation (Larson and Kendal, 1957; Porter, 1973). Larson and Kendal (1957) and Larson (1958) showed that in adult cattle there was a quantitative decrease in the blood serum proteins and subsequent increase in the protein content of lacteal secretions before parturition. These changes in serum were directly associated with the B_2 and the γ_1 globulin fractions and corresponded to the time that colostrum containing the immune lactoglobulins was being formed in the mammary gland. It

has been shown that the immune lactoglobulins of colostrum and the immune globulins in the serum from suckled calves have the same electrophoretic characteristics (Hansen and Phillips, 1947, 1949; Smith and Holm, 1948; Johnson and Pierce, 1959). The immune lactoglobulins of colostrum, with the 3 electrophoretic mobilities, are normally absorbed nonselectively from the intestinal lumen of the newborn suckled calf at equal rates (Pierce and Feinstein, 1965). Further, they are absorbed through the epithelium of the small intestine by the process of pinocytosis (El-Nageh, 1967) and reach the blood primarily via the intestinal lymphatics and thoracic duct (Comline et al., 1951, 1952) rather than by the portal circulation. The nonselective absorption of undegraded proteins and other macromolecules from colostrum by the intestine of the suckled newborn calf normally continues for the first 24 to 36 hours of life (Hansen and Phillips, 1947; Comline et al., 1951; Smith and Erwin, 1959; Gay et al., 1965). Not all the immune globulins are equally absorbed throughout the entire 24 to 36 hour period. As an example, there is a 50% reduction in absorption of antibody against an *E. coli* somatic antigen by 16 hours after birth (Kaeckenbeeck et al., 1961). Similarly, Gay et al. (1965) found that the capacity of some calves to absorb immune lactoglobulins from colostrum was lacking by 4 to 6 hours after birth. The absorbed immune lactoglobulins appear in the calf serum in from 1 to 3 hours after ingestion and reach maximum levels in 24 hours (McDiarmid, 1946). Further, they have a mean half-life ranging from 21.5 (McEwan et al., 1970a) to 23 days (Colinet et al., 1961) in the serum of suckled calves and

recede as a logarithmic curve over varying periods depending on the antigen(s) they are directed against (Smith and Holm, 1948) and the initial titer in the colostrum (McDiarmid, 1946). McEwan *et al.* (1970b) described the use of the zinc sulphate turbidity test on neonatal calf serum as an inexpensive, rapid and simple method for the relative estimation of serum immune globulins. They found a highly significant correlation between the zinc sulphate turbidity reactions and the specific immune globulins when measured singly and in combination. Generally, it is thought that the value of the absorbed immune lactoglobulins is to provide rapid and specific or nonspecific immune protection for the newborn calf against a variety of infectious organisms. Several studies (Gay *et al.*, 1965; McEwan *et al.*, 1970a; Selman *et al.*, 1971b) have shown a close association between serum immune globulin levels as measured by the zinc sulphate turbidity test and death of calves from colisepticemia and other causes. The highest death rates were found in the calves that had zinc sulphate colorimeter readings below 10 indicating very low or negligible serum immune globulin levels. Calves with low immune globulin levels also seemed to be predisposed to death from the effects of diarrhea. Other findings included extreme variations in the average serum globulin concentrations with different seasons of the year and the environment and management factors affecting the newborn calves. There is no active or passive transplacental transfer of antibodies from the maternal to the fetal circulation during normal gestation in the bovine species, and the newborn ruminant is either hypogammaglobulinemic (Hansen

and Phillips, 1949; Johnson and Pierce, 1959; McEwan et al., 1970a) or agammaglobulinemic (Orcutt and Howe, 1922; McDiarmid, 1946; Smith and Holm, 1948; Lovell, 1955; Gay, 1965; Penhale et al., 1970). Therefore, the newborn calf must receive protective antibody from the colostrum during a critical and limited period of time (Brambell, 1970) before the onset of "closure" and the beginning of selective absorption by the intestine.

Based on experiments with laboratory animals, researchers have shown that K antibodies in serum and coloserum prevented infection with *E. coli* (Gay et al., 1964a; Barnum et al., 1967). On the basis of other studies in calves (Aschaffenburg et al., 1951a; Briggs, 1951), it has become generally accepted by many that specific agglutinating antibody against the K antigens of *E. coli* is the factor in colostrum that protects calves against colibacillosis (Fey, 1971). Gay (1965), however, disagreed with this hypothesis and inferred that the value of K specific colostrum antibody in preventing colibacillosis in calves is not yet clear.

"It is most unlikely, however, that K agglutinins are the factor in colostrum which protects calves against colisepticemia, for it has been shown in field studies that although calves normally receive in the colostrum agglutinins against the somatic antigens of *E. coli* associated with colibacillosis, they do not usually receive the agglutinins against the K antigens of these strains. Furthermore, colostrum-fed calves are resistant to experimental infection with serotypes of *E. coli* associated with colisepticemia regardless of the presence or absence in their serum of specific agglutinins against these serotypes. Further, it was ...found that the serum bactericidal activity is of some importance in protecting calves from colisepticemia....Although specific agglutinins do not appear to be the factor in colostrum which protect calves against colisepticemia, there is some evidence that the presence of specific agglutinins in the serum of

the calf protects it from the enteric form of colibacillosis. And finally...Although there are indications that the presence of specific agglutinins and bactericidal activity in the serum of the calf confers resistance to infection with *E. coli*, it is also apparent that the full protective nature of colostrum is yet unknown."

Calves are resistant to experimental colisepticemia if they have absorbed and acquired sufficient colostral antibody to achieve a certain minimum level of circulating gammaglobulins. These passively acquired circulating gammaglobulins may be serotype specific (O and K) or nonspecific. The nonserotype specific antibody in colostrum is postulated as the more important gammaglobulin associated with the acquired minimum serum levels in newborn calves and also is the same gammaglobulin that prevents colisepticemic epizootics in all ages of calves. In support of this postulation, it has been argued that if resistance to colisepticemia soon after birth was totally dependent on serotype specific antibody, newborn calves would have to passively acquire a great variety of this serotype specific antibody in the colostrum. However, most natural colostrum probably does not contain serotype specific antibody against all the prevailing serotypes of *E. coli* which might pose a threat of exposure to the newborn calves. Alternately, if serotype specific antibody was not the protective antibody, newborn calves would have to be exposed to a wide variety of pathogenic strains of *E. coli* at birth sufficient to stimulate a primary immune response of their own which would be detectable 10 to 14 days later. It is unlikely that this exacting set of circumstances of multiple exposures routinely occurs. Moreover, under such circumstances many calves would probably die of colisepticemia. In summary, the nonserotype specific

antibody is produced in response to whatever *E. coli* serotypes happen to stimulate the adult cow or colonize the intestinal tract of the newborn calf. The nonserotype specific antibody would have universal protective properties and would normally be available to the calf in the colostrum or through *de novo* production by the calf itself. Preliminary studies showed that this nonserotype specific antibody was an incomplete antibody and seemed to fulfill the criteria for antibody which would protect calves against natural outbreaks of colibacillosis (Gay, 1971).

McEwen (1950) suggested that resistance or immunity enjoyed by calves may not necessarily be attributable to ingestion of colostrum or resistance acquired in other ways, but rather may be due to an immunity comparable to a species resistant animal.

It had been generally accepted that colibacillosis occurred in calves after exposure to a pathogenic strain of *E. coli* because the calves had acquired no protective antibody in the colostrum against that serotype. However, calves were known to have died from colisepticemia despite having been given colostrum soon after birth in the conventional manner. Fey and Margadant (1961b) and Fey (1962) pursued this problem further and discovered that a severe and persistent hypogammaglobulinemia or agammaglobulinemia was present in most colostrum fed calves that died of colisepticemia. In contrast, healthy calves, who were usually agammaglobulinemic at birth, had normal gammaglobulin levels soon after the first feeding of colostrum. These findings have been confirmed (Klaus et al., 1969; McEwan et al., 1970a) and have led Fey and Margadant

(1962), Smith (1962), Gay et al. (1965) and Fey (1971) to postulate that one of the most important predisposing factors in the pathogenesis of colisepticemia may be the failure of some colostrum-fed calves to acquire gammaglobulins in their serum from the colostrum thus resulting in persistent agammaglobulinemia or hypogammaglobulinemia. Not all hypogammaglobulinemic calves have died from colisepticemia, especially if they were never exposed to a pathogenic strain of *E. coli* during the first several weeks of life. However, the results would strongly suggest that hypogammaglobulinemia was an important predisposing condition for infection with a virulent *coli* strain at the critical time. Theories have been proposed (Fey, 1966, 1971), but attempts (Fey, 1971) have yet failed, to clearly explain the mechanism of the early loss of absorption capacity of the intestine resulting in persistent agammaglobulinemia in newborn calves despite colostrum feeding. In answer to the problem of agammaglobulinemia, it has been suggested that colostrum be fed to calves in the first 6 hours or less of life (Gay et al., 1965; Reisinger, 1965; Fisher, 1971), and that at least 2 kg be fed twice daily for 4 days (Kruse, 1969). Selman et al. (1971a) investigated the feasibility of producing uniform absorption of immune lactoglobulins in newborn calves by standardizing the conditions of feeding pooled colostrum and also the conditions of calf maintenance. Results showed a marked uniformity in the 48 hour serum concentrations of absorbed immune lactoglobulins and that all of the calves studied were able to absorb immune lactoglobulins. Friesian-Ayrshire cross calves and mothered calves attained

significantly higher 48 hour serum concentrations of absorbed immune lactoglobulins than did Ayrshire or unmothered calves, respectively.

Treatment of colibacillosis in calves has resulted in variable success because of the different forms of the disease, age of the host and other complicating factors. Treatment of the septicemic form is complicated by the usual rapid course of the disease plus the bacteremia, whereas more success has been shown in treatment of the enteric form. Sulfonamides and a variety of antibiotic compounds including nitrofurans, neomycin, tetracyclines, dihydrostreptomycin and chloramphenicol have been extensively used in the past both therapeutically and prophylactically. Field studies on white scours in calves by Smith (1958) showed a greater number of drug resistant strains of *E. coli* in the feces of calves that had been given drugs therapeutically or prophylactically than in calves from herds in which chemotherapy had not been practiced. Furthermore, it was more difficult to establish successful chemotherapeutic control of white scours in herds where the disease frequently occurred because of the emergence of multiple resistant strains of *E. coli* which eventually became the predominant flora. It was also shown that drug sensitive cultures of *E. coli* could be made drug resistant *in vivo*. Finally, Smith (1958) established the value of basing the treatment of white scours on prior drug sensitivity tests.

Other studies by Smith (1960) have shown that

"Antibiotics have a profound effect on the emergence of resistant strains of *E. coli* in the faeces of treated and in-contact calves. The widespread use of these agents is now being reflected in the increased incidence of resistant strains in the general calf population."

Further,

"The efficiency of chemotherapeutic agents in eliminating sensitive strains of *E. coli* is matched by the extreme speed at which resistant strains may replace them during chemotherapy."

In addition to antibiotics, other supportive treatment measures have been recommended for affected calves (Radostits, 1965). In many cases it was found that fluid replacement therapy with balanced electrolyte solutions and a source of energy (acetate or lactate) was also essential, particularly in treating the effects of prolonged diarrhea.

The successful prevention of many animal diseases often involves implementing a variety of established methods and practices which include improved management and sanitation, prophylactic measures and immunization. It is difficult to place colibacillosis among the group of diseases that readily responds to the benefits of preventive methods because of the complex of factors that contribute to the cause of the disease and the unsettled dispute over the exact causative organism(s). Barnum et al. (1967) and Fey (1972) have summarized the recommendations of others regarding prevention of colibacillosis according to husbandry, management and immunization procedures. Fey (1972) expressed caution in attributing unqualified value and success to disease prevention methods without critical evaluation by adequately controlled field trials.

Smith (1930) and Smith and Little (1930) were the first to report the significance of the passive protection of specific hyper-immune colostrum and adult serum titrated in guinea pigs. They showed that colostrum and serum antibody can be directed against

E. coli by prior active immunization of the dam, although the protective antibody content of serum was below that of colostrum of the same animal. Calves treated with either the specific hyperimmune serum or colostrum from the vaccinated dams withstood challenge with the homologous *E. coli* organism. Calves fed milk alone, even from hyperimmunized dams, were not protected from challenge.

According to Gay (1971) there are few reports in the literature and there is still a conflict of opinion as to the value of vaccination of the dam as a means of protection of calves against colibacillosis. The reports cited by Gay (1971) were conflicting because 1) several studies were only partially controlled or had no controls, 2) spontaneous remissions of colibacillosis occurred, and 3) the criteria for establishing a diagnosis of colibacillosis in the herds studied were seldom stated. Another problem may have been that the studies were conducted without the present knowledge of the pathogenesis of the various forms of colibacillosis. Fey and Hunyady (1962) and Fey et al. (1963) studied the benefits of passive immunization of calves with preformed antibodies from pooled colostrum whey administered parenterally. Ten of 14 calves survived challenge with a septicemic strain of *E. coli* and 4 died from diarrhea without septicemia. These experiments prompted the subsequent production and sale of commercial serotype-specific antisera for parenteral administration in calves against colisepticemia. Gay (1971) stated that this serotype-specific antisera would protect calves only against the homologous serotype of *E. coli* and would probably not be effective against most natural

epizootics involving other serotypes. More recently, Gay et al. (1964a) reported that a formalin-killed *E. coli* vaccine, emulsified in oil, caused significantly higher O and K antibody titers in the colostrum of vaccinated dams than in control dams. Likewise, the calves from vaccinated dams had significantly higher levels of O and K serum antibodies to the vaccine strain than did the control calves. A few calves had no demonstrable O or K agglutinins despite receiving high levels of these antibodies in the colostrum and were either hypogammaglobulinemic or agammaglobulinemic. In a subsequent field study in 8 herds, Gay et al. (1964b) attempted to show the efficacy of vaccination of the dams with a single strain of *E. coli* isolated from a single epizootic from each of the respective herds as a means of preventing colibacillosis in the calves. It was impossible to evaluate the protective value to the calves of specific colostral antibody for 2 reasons. First, the vaccination of the dams did not alter the incidence pattern of colibacillosis in the herds because deaths continued to occur in vaccinated and control calves of some of the herds due to strains of *E. coli* antigenically distinct from those used in preparation of the vaccines. Secondly, there was a spontaneous remission of colibacillosis in some herds due to factors other than specific immunization. Barnum et al. (1967) stated that evaluation of the use of colostral antibody or hyperimmune serum in the newborn against naturally occurring colibacillosis is complicated by several factors. They include:

- 1) spontaneous cessation of the disease in a given herd, 2) variable morbidity and mortality within and between herds, and 3) variation in pathogenic serotypes of *E. coli* within a herd.

Gay (1971) was one of the first to attempt active oral immunization of calf fetuses with a single colisepticemic serotype of *E. coli* and attempt to show resistance of the same immunized neonatal calves to colisepticemia when challenged with other colisepticemic strains of *E. coli*. Calves responded by producing serotype specific antibody and some also produced heterogenetic antibody to the other *E. coli* strains tested. The resistance observed to challenge was mediated by the nonserotype specific antibody. Gay suggested that fetal immunization without surgery could be developed into a method of protecting calves against colisepticemia.

General Immunology

Man and animals are continually exposed to a wide variety of foreign substances and microorganisms which may or may not be harmful. Resistance of an immunologically competent host to harmful substances or microorganisms may be due either to evoking an immune response by the specific immune mechanisms or by nonspecific resistance mechanisms, or both. Nonspecific or innate resistance is determined by such factors as genetic and hormonal influences, age and humoral and cellular mechanisms (Humphrey and White, 1971a). The majority of the harmful substances or microorganisms which gain entrance into a susceptible host are made harmless and are eliminated by the phagocytic cells of the nonspecific cellular immune system. The cell types of this system include the macrophages or the polymorphonuclear neutrophilic and eosinophilic leukocytes and the macrophages represented by connective tissue histiocytes, blood monocytes, microglial cells of the central nervous system, sinus

lining cells of the spleen, liver and bone marrow and reticulum cells of lymphoreticular tissues (Humphrey and White, 1971a). The specific actively acquired immune system has been divided into the cellular, humoral (Humphrey and White, 1971b) and the secretory immune systems (Tomasi, 1971). Much of what is known about the specific immune systems is based upon hypotheses gained from experimentation with laboratory animals. The cellular and humoral immune systems involve lymphocytic cells found in blood, lymph nodes and in lymphoid tissues. There is evidence that the cellular and the humoral immune systems are functional in the spleen and peripheral lymph nodes. The secretory immune system is confined to external secretory epithelial surfaces such as the intestinal, respiratory and urinary tracts and the lacrimal and salivary glands. It is generally agreed that there are at least 2 functionally distinct populations of lymphocytes found circulating in blood or within tissues depending upon their course of development and maturation (Feldman, 1973; Raff, 1973). These 2 populations of lymphocytes are morphologically indistinguishable, however. The cellular immune system is mediated by so-called T lymphocytes that originate from bone marrow stem cells and have undergone final maturation in the thymus. The T lymphocytes are long-lived and are found in lymphatic organs such as lymph nodes, spleen and gut associated lymphatic tissue (Raff, 1973) as well as recirculating between blood and lymph (Gowans, 1971). The T lymphocytes produce and secrete biologically potent chemical mediators (lymphokines) which affect mainly phagocytes and other lymphocytes (David, 1971; Raff, 1973).

The lymphokines have no specificity for the eliciting antigen (Williamson, 1972). The T lymphocytes are not progenitors of antibody secreting cells (Williamson, 1972) and thus do not secrete antibody in the usual sense (Raff, 1973). Cellular immunity thus involves an interaction between sensitized T lymphocytes and macrophages and has been recognized by various clinical manifestations such as delayed hypersensitivity, autoimmune diseases and graft rejection (David, 1971; Feldman, 1973). The humoral immune system is mediated by antibodies and involves antibody forming cell precursors or B lymphocytes (Miller and Sprent, 1971) that also originate from bone marrow stem cells but have undergone maturation in some organ other than the thymus (Feldman, 1973; Raff, 1973). The B lymphocytes are also found in blood, lymph, spleen and lymph nodes (Williamson, 1972). The humoral immune system also depends to a certain extent on T lymphocytes as helper cells (Feldman, 1973; Raff, 1973) and macrophages although certain antigens may stimulate B lymphocytes directly both *in vivo* and *in vitro*. The B lymphocytes undergo blast cell transformation and successive divisions and some eventually differentiate into plasma cells. Plasma cells are morphologically distinct from the B lymphocyte precursors. The plasma cells are short-lived terminal cells that are found in clones in tissues and which actively produce and secrete antibody. It is still not clear whether one plasma cell produces antibody of only one class or whether it may be capable of producing 2 or more classes of antibody. Radioiodination studies have shown that both T and B lymphocytes have antigen-specific receptors bound to their outer

cell membrane surfaces and these receptors are believed to be antibody molecules (Uhr and Vitetta, 1973). Further studies have suggested that lymphocytes and plasma cells produce and transport intracellular immunoglobulin in a similar manner. The question of whether cell surface immunoglobulin and conventionally secreted immunoglobulin are produced and transported within the cell by the same or different processes remains unanswered (Uhr and Vitetta, 1973). It is also believed that the attachment of a critical amount of specific antigen onto the cell surface receptors is a necessary step leading to activation and blast cell transformation of both T and B lymphocytes. This is believed to be important in the primary immune response because as the clonal selection theory of antibody formation suggests, there are many small populations of lymphocytes (clones) with antigen specific membrane-bound receptors on their surface. These cell-bound receptors are present independent of any previous antigen stimulation. When contact is made between specific complementary antigen and the cell-surface receptors, there is a selective proliferation of those cells capable of production of the required antibody (Williamson, 1972; Raff, 1973). Experimental evidence strongly supports the clonal selection hypothesis for both T and B lymphocytes (Raff, 1973), although it has been more clearly defined for B lymphocytes (Williamson, 1972). The results of *in vitro* studies of lymphocytes treated with mitogenic substances indicated that there is more to lymphocyte activation than simple binding of an antigen to the cell surface receptors (Raff, 1973). Once T and B lymphocytes have been primarily sensitized with specific

antigen molecules, there develops a subpopulation of both T and B lymphocytes referred to as memory cells which affect the immune responses to subsequent exposures to the same antigens (Miller and Sprent, 1971). For example, the secondary humoral immune response is often more rapid, of a greater magnitude and sometimes qualitatively different than the primary immune response (Raff, 1973). It has also been suggested that immunologic memory cells may originate from stem cell precursors in the bone marrow (Miller and Cudkowicz, 1972). The B lymphocyte memory cells retain the property of self-regeneration as well as the ability to differentiate into antibody secreting cells (Williamson, 1972).

Important advances in research have been made during the past 10 to 15 years toward a better understanding of antibodies and their association with the specific humoral and the secretory immune systems of man and animals. Knowledge gained from the isolation and characterization of the immunoglobulins has been particularly helpful in explaining the mechanisms of the reactions between antigens and antibodies (Cebra, 1969). Early work classified the plasma proteins into the euglobulins and the pseudoglobulins depending upon their insolubility or solubility, respectively, in distilled water or in dilute salt solutions at or near their isoelectric points. Other studies classified the globulin proteins of plasma into α , β and γ fractions in order of descending mobility in an electrical field on paper, gel or other support medium. It was found that the γ globulins had the lowest net negative charge compared to the other serum proteins when examined in an alkaline

medium and thus migrated the shortest distance toward the anode. Also it was shown that the α and γ globulins carried the antibody activity and were thus referred to as the immunoglobulins. Modern techniques presently used for distinguishing the immunoglobulins of various classes and subclasses include protein analysis and fractionation procedures such as gel diffusion, density gradient ultracentrifugation and chromatography, immunoelectrophoresis, gel filtration and ion-exchange chromatography (Pierce, 1966). During the rapid development of information concerning the immunoglobulins, there developed some confusion regarding the nomenclature to be used when referring to the various classes of immunoglobulins (Edelman and Marchalonis, 1967). By subsequent agreement (Bull. W.H.O. Meeting on Nomenclature of Human Immunoglobulins; Edelman and Marchalonis, 1967) the immunoglobulins were collectively called Ig and the major classes were subdivided into IgG, IgM and IgA. Other minor classes included IgE and IgD.

The molecular structures of the immunoglobulins have been extensively studied because of an increasing interest in a better understanding of the specificity of the reaction between antibody molecules and antigens. Chemical degradation with reducing and alkylating agents and limited hydrolysis with proteolytic enzymes are 2 methods that were developed to dissociate the immunoglobulin molecules into constituent polypeptide chains which represent subunits of the parent molecules. These analytical methods also allowed the subunits to retain or to be reconstituted and regain their biological activity (Olins and Edelman, 1964; Edelman and Marchalonis, 1967;

Hammer et al., 1968). Other techniques involving the structural analysis of immunoglobulin molecules included amino acid sequencing of single polypeptide chains. According to present understanding, all immunoglobulins consist of 2 kinds of polypeptide chains, heavy (H) chains and light (L) chains which are linked together by disulfide bonds, hydrophobic bonds, and electrostatic forces.

In the bovine species, there are 3 major classes of immunoglobulins (Butler, 1973) and the molecules of each class consist of 2 identical H and 2 identical L chains or, in some cases, multiples thereof. In all cases, the L chains are of the same type (κ or λ), whereas the H chains of each class of immunoglobulin are structurally and antigenically different. The property of structural and antigenic differences in H chains of the immunoglobulin classes is helpful in distinguishing the different classes from one another. Immunoglobulin G consists of 2 H and 2 L chains symmetrically arranged into a monomeric unit (Williamson, 1972). The monomer has a sedimentation coefficient of 7S and a molecular weight of approximately 160,000 Daltons. Two subclasses of IgG have been described in the bovine species as IgG₁ and IgG₂, which differ in immunoelectrophoretic mobility, biological reactions (Porter, 1973b) and mean concentrations in normal serum and colostrum (Butler, 1973). Immunoglobulin G is the major immunoglobulin found in normal bovine serum, colostrum (Porter, 1973b) and other fluids that are completely confined within the body (Tomasi, 1971). Immunoglobulin M consists of a pentamer of 5 subunits arranged in a starfish-like configuration and linked together by a polypeptide or J chain. Each subunit of the IgM

pentamer is in the shape of a single IgG monomer. Immunoglobulin M has a sedimentation coefficient of 19 S and a molecular weight of approximately 900,000 Daltons. Immunoglobulin M has an intermediate immunoelectrophoretic mobility and is found primarily in serum and occasionally in external secretions (Allen and Porter, 1970).

Immunoglobulin A in serum consists of 1 to 3 subunits linked together by a polypeptide J chain similar to IgM (Tomasi, 1971). Immunoglobulin A is also found in most external secretions as the principal immunoglobulin of the secretory immune system (Duncan et al., 1972) and is in the form of a dimer with an additional nonimmunoglobulin component called secretory piece. The sedimentation coefficients and molecular weights of serum and secretory IgA are 6.9S and 11.4S and 170,000 and 390,000 Daltons, respectively (Tomasi, 1971).

Immunoglobulin molecules contain localized regions in the amino terminal ends of both H and L chains which help to stabilize the structure of the molecule at that site and also participate directly in the specific binding with antigen molecules (Grossberg, 1973). The antibody activity of an immunoglobulin is specified by the antigen binding site. The amino acid sequences of the antigen binding regions of immunoglobulin molecules are similar (conservative region) in some areas and variable in other areas in both H and L chains (Singer and Doolittle, 1966). The contact amino acids of the immunoglobulin binding site are those that are associated directly with the specificity of the site by virtue of their being in close contact with the structure against which the site is directed (Grossberg, 1973). The contact sites of the immunoglobulin molecules

constitute only a small portion of the mass of the entire molecule, however (Singer and Doolittle, 1966). It has been suggested that the reaction between an antibody molecule and an antigen at the binding site may be due to a conformational change at some other locus of the antibody molecule (Pressman, 1973). Naturally occurring antigens consist of a variety of variable and repeating molecular configurations which may result in production of a corresponding heterogeneous population of immunoglobulins of more than one class. Kinetics and thermodynamic studies by such techniques as equilibrium dialysis, fluorescence quenching and electron-spin resonance (Kabat, 1968a) to determine the strength of the bond between antigen and antibody have shown that there is a primary point of attachment of an antigenic determinant to an antibody molecule which involves the antigen grouping that contributes the highest proportion of the binding energy. This determinant group has been called the immunodominant group and association constants have been determined for a number of them (Kabat, 1968b). Other studies have attempted to determine the maximum size and shapes of antigen binding sites of immunoglobulin molecules (Kabat, 1968b; Singer and Doolittle, 1966). It has been suggested that the antigen binding activity of an antibody molecule is probably independent of its other biological functions such as complement fixation, reagenic activity and transport across membranes (Pierce, 1966).

Several factors have been reported as important in determining the nature and magnitude of the primary and secondary humoral immune responses to a foreign antigen. These factors include 1) whether

the antigen is living or dead, 2) whether the antigen is immunogenic, 3) the amount of antigen presented to the host, 4) the route of entry into the host, 5) the extent to which the antigen remains in the host (Humphrey and White, 1971b), and 6) the immunocompetence of the host.

Antibody formation has been divided into inductive and productive phases. The inductive phase is that period soon after introduction of an antigen when no antibody can be detected either within immunocompetent cells or in serum. It has been suggested that antibodies cannot be detected either because of the small amount formed at that time which is below the limits of sensitivity of quantitative methods or that the antibody formed is immediately complexed with excess antigen present. The productive phase of antibody production is when antibody can be detected by the usual analytical methods. The inductive phase also differs from the productive phase in that the former is more sensitive to the action of cortisone, prednisolone, X-irradiation and antibiotics (Sterzl, 1963).

In the primary immune response, immunogens will usually elicit a 19S followed by a 7S antibody response during the productive phase. The 19S response is usually more transient and of a lower magnitude than the 7S response. During this time, memory cells are generated so that the result of a second exposure to the same antigen is marked by more rapid 19S and 7S responses. Also, the total 19S and 7S antibody produced is greater than the primary response and the 7S antibody persists for a longer time (Hammer *et al.*, 1968; Humphrey and White, 1971b).

Methods in ImmunologySeparation of Macromolecules by Precipitation Techniques, Chromatography on Cellulose Ion Exchangers and Porous Gels and Immunoseparations in Agar-Gel

The proteins of normal serum have been divided into the albumin and the globulin fractions based on electrophoretic mobility. Antibodies most commonly occur in the β and the γ globulin fractions of the serum. For various immunological procedures, it becomes necessary to separate the immunoglobulins from other components of serum or samples of crude biological mixtures by either specific or nonspecific methods. The specific methods of separation are based on the addition of either a soluble or insoluble specific antigen or anti-globulin to a sample resulting in the precipitation, agglutination or binding of the specific antibody. The antibody can be dissociated from the antigen by adjusting the pH or by other means and then separated (Campbell et al., 1970b). Nonspecific methods of separation are based on the physical properties of antibody molecules and usually produce high yields of low purity material (Campbell et al., 1970b). Methods frequently used for nonspecific separation of proteins include salting-out procedures and chromatography on cellulose ion exchangers and porous gels.

It has been found advantageous to initially precipitate out globulins from crude sample mixtures so as to decrease the complexity of the material to be separated later by chromatography (King, 1968). The most versatile precipitant used in salting-out procedures is ammonium sulfate (Chase and Williams, 1968). Serum globulins may be

precipitated at one-half saturation (Chase and Williams, 1968) by slowly mixing equal volumes of sample with saturated ammonium sulfate at 25 C (Campbell et al., 1970b). The precipitated globulins may then be dissolved in a desired buffer and the sulfate eliminated from the sample by dialysis (Craig, 1968; Campbell et al., 1970a). Gammaglobulins can be reprecipitated several times in the same manner to separate them in fairly pure form (Campbell et al., 1970b).

The separation of proteins by cellulose ion exchange chromatography is believed to depend on the electrostatic interactions of the polyelectrolyte proteins of the sample with the oppositely charged adsorbent (King, 1968). Proteins can carry positive and/or negative charges or no charge at all (isoelectric point) depending on the pH of the solvent. Most proteins have a net negative (anionic) charge in basic solutions and will migrate in an electric field or be attracted toward the anode, whereas the opposite is true in an acidic solution (cations migrating in an electric field or be attracted toward the cathode) (Pierce, 1966). The relative affinity of the charged protein molecules for the immunoadsorbent depends on their charge density. Two cellulose ion exchangers have been widely used, namely DEAE-cellulose (diethyl amino ethyl linked to cellulose) and CM-cellulose (carboxy-methyl linked to cellulose). The DEAE-cellulose has a positive charge at pH values ranging from neutral to about 9 and is used as an anionic exchanger, whereas the CM-cellulose has a negative charge at pH values ranging from neutral to 3 and is used as a cationic exchanger. The ion exchangers are normally used as chromatographic columns equilibrated with a

selected buffer of known pH and ionic strength (Chase, 1968b) depending upon the type of ion exchanger used and the stability of the protein under study. Two methods are used for the sequential displacement and elution of the sample proteins from the ion exchanger: first by changing the pH of the solvent buffer and thereby making the sample proteins isoelectric, and secondly by increasing the ionic strength of the buffer which will then compete with the sample proteins for binding sites on the exchanger. Gradient changes in pH and/or ionic strength of elution buffers can be made in a step-wise or a linear manner depending upon the critical nature of the separation. The techniques of ion exchange chromatography have been adequately described (King, 1968).

The separation of proteins based principally on molecular size and sometimes shape can be carried out on chromatography columns composed of macromolecular sized beads of cross linked dextran which is available under the trade name of Sephadex. A high degree of cross linkage of the dextran beads creates a matrix of low porosity which can only be penetrated by low molecular weight proteins. Conversely, low cross linkage allows penetration by larger molecular weight proteins. Dextrans of different degrees of cross linkage are commercially available and are suitable for separation of solutes with molecular weights ranging from several hundred to several hundred thousand. The principle behind the separation by this method is that a dextran preparation is selected which will not allow the larger molecules to penetrate the gel. These larger molecules are thus excluded from the gel and are confined to the

exclusion or void volume (fluid outside the gel beads) whereby they are eluted first. Smaller molecules enter the gel, have a larger volume of solvent available to them and are eluted more slowly. The efficiency of separation of solutes by chromatography on Sephadex is dependent primarily upon the ratio of the column's height to the diameter, the volume of sample and the elution rate. High ratio columns operated at slow elution rates and charged with sample volumes no greater than 1% of the total bed volume result in the most complete separations. For these reasons, sample elutions often require 1 to several days and are often carried out in a cold room to avoid natural fluctuations in ambient temperature and growth of contaminating microorganisms in the dextran exchanger or eluant. Generally, chromatography on Sephadex columns is insensitive to slight changes in pH and ionic strength of the eluant. Proper choice of an eluant depends on the stability of the sample in the eluant and the stability of the eluant at the elution temperature (Chase, 1968b). The techniques of chromatography on porous gels have been adequately described (Pierce, 1966; King, 1968).

It is sometimes difficult to separate the immunoglobulins from one another or from other contaminating substances in a mixed sample by nonspecific methods. One example of where it becomes important to be able to separate a class of immunoglobulin from all other contaminants is when one wishes to use that class of immunoglobulin as an antigen for the production of class-specific antiglobulin. A specific method of separation of a single class of immunoglobulin from a semipurified sample has been described. This method combined

both immunoelectrophoresis and double diffusion in agar-gel. The agar-gel was extensively washed to remove any unprecipitated material and the immunoprecipitate was then cut out of the washed agar-gel. The material was either injected directly or first emulsified in adjuvant and then injected into a heterologous species of laboratory animal for the production of class-specific antiglobulin. It was concluded that relatively large quantities of class-specific antiglobulin could be produced conveniently and simply by injecting small quantities of the agar-gel immunoprecipitate material into laboratory animals. Furthermore, the antigen (in this case the immunoglobulin) in the form of an agar-gel immunoprecipitate was apparently a more powerful antigen than if it had been in a soluble form, although it was found that various precipitates differed in their ability to induce antibody production (Smith et al., 1964; Shivers and James, 1967; Nansen et al., 1971).

Immunoassays in Agar-Gel

Several immunodiffusion methods have been developed in semi-solid agar-gel to facilitate quantitative and qualitative determinations of immunoglobulins. They include 1) double diffusion in 2 dimensions, 2) single radial diffusion and 3) immunoelectrophoresis. The immunodiffusion methods are similar in several ways and basically they allow soluble antigen(s) and antibodies to react at optimal concentrations by diffusion in agar-gel. The result is the formation of visible single or multiple precipitates depending upon the number of antigen-antibody systems that are present. It has been reported, however, that in some cases a single antigen-antibody

system may give rise to more than one band in gel diffusion. The immunodiffusion methods differ with respect to the different combinations of reactants used, the patterns cut in the agar-gel and the physical forces used to cause a reaction. The most commonly used stabilizing substance for immunodiffusion analyses has been agar-gel, although other materials such as pectin, alginate and cellulose acetate have also been used. Preparations ranging in concentrations of agar-gel from 1.3 to 1.5% (w/v) in 0.85% saline or buffered saline (pH variable) (Chase, 1968) have been used and will not interfere with normal diffusion of immunological reactants, antibodies and antigens of moderate molecular size and shape. Tests are usually incubated at a constant temperature of either 4, 18 or 37 C and in a humid atmosphere to avoid excessive drying of the agar-gel and possible distortion of the immunoprecipitates. Preservatives have been added to the agar-gel buffer mixtures to prevent the growth of contaminating microorganisms. Once the immunoprecipitates have developed to maximum size and intensity, they may be photographed using special equipment, lighting and film. If the immunoprecipitate preparations are to be preserved, it has been recommended that they be washed in several changes of 2% (w/v) sodium chloride followed by deionized distilled water for 24 to 48 hours each to remove any unprecipitated materials from the agar-gel. The washed preparations may then be slowly dried at 25 C by placing moistened filter paper cut to size onto the agar-gel surface. The dried, permanently mounted immunoprecipitates can be stained with one of several stains. The stained preparations are washed in

several changes of 5% (v/v) glacial acetic acid to remove excess stain and then air dried. The stained immunoprecipitates can also be photographed using special methods and equipment (Ouchterlony, 1968; Campbell et al., 1970c).

Three methods of double diffusion in 2 dimensions have been described; 2 of them are tube methods and the third is carried out either on agar-gel layered onto glass plates or microscope slides (micromethod). In either the plate or the micromethod, various patterns of wells (or basins) are cut into the agar-gel depending upon the amount and concentration of the reactants, the thickness of the agar-gel layer, the size of the wells and the desired distance between wells. The wells are loaded with different antigens, antibody preparations or serial dilutions of either depending upon the purpose of the test. The preparations are then incubated until the immunoprecipitates form. The main advantages of this method are that it can detect more than one antigen-antibody system and its sensitivity, being able to detect 40 µg/ml of antibody (Ouchterlony, 1968; Campbell et al., 1970c; Gill, 1970).

Numerous methods have been described for quantitating individual immunoglobulins by immunodiffusion in agar-gel (Fahey and McKelvey, 1965). Mancini et al. (1965) have developed a system of incorporating a monospecific antiglobulin throughout heated agar-gel and pouring the mixture into a special mold so as to obtain an agar-gel layer of uniform thickness. Test samples of antigen of known (standard) and unknown immunoglobulin concentrations are placed into small wells cut in the agar-gel and allowed to diffuse. An antigen-

antibody precipitin ring forms around the well and the diameter of the ring reflects the concentration of the antigen. The diameters of the rings formed by the standard and the unknown samples can be measured directly and compared. Sometimes the rings formed are not perfectly round, in which case the images of either the unstained or stained rings can be projected onto white paper. The images are then traced, cut out individually, weighed and compared. This quantitative method has the advantages of a simple test suitable for testing large numbers of samples, small amounts of reactants are needed, and the least amount of immunoglobulin that can be detected is from 3 to 10 $\mu\text{g/ml}$ (Fahey and McKelvey, 1965; Gill, 1970). More recently a modified technique for quantitating immunoglobulins has been developed which combines the principles of double diffusion in 2 dimensions and single radial immunodiffusion (Kim, 1970). It was found that tests were simple to perform, required small amounts of reactants and were more sensitive than the qualitative double diffusion method (Koller et al., 1974).

Immunoelectrophoresis is a technique used to study antigens and antibodies which involves the principle of immunodiffusion in agar-gel and the mobility of proteins in an electrical field. The procedure as originally described was modified by one of the earlier investigators (Scheidegger, 1955) into a microtechnique using glass microscope slides. Immunoelectrophoresis has several useful functions such as 1) detecting and identifying individual components in a multiple-component system, 2) determining the purity of a one component substance, 3) determining the efficacy of a fractionation

procedure, and 4) recognizing atypical proteins (Campbell et al., 1970c). The antigen sample is first placed in a small well cut in the agar-gel and separated into its component parts by electrophoresis. Antiserum is then placed in a trough cut in the agar-gel parallel to the path of electrophoretic migration. The separated components of the antigen and the antiserum are allowed to diffuse until immunoprecipitates form. The principles associated with the electromigration and diffusion of proteins in agar-gel in immunoelectrophoresis have been described (Campbell et al., 1970c). Several factors are important to the successful operation of the technique. They include: 1) the size and shape of the well, 2) the distance between the well and trough, 3) the concentrations of antigen and antibody, 4) the purity, type and concentration of agar-gel, 5) the pH and ionic strength of the buffer, 6) the strength and the amount of time of the applied current, and 7) temperature (Campbell et al., 1970c). Variations of the basic technique such as quantitative, qualitative and comparative immunoelectrophoresis, electrosyneresis (Ouchterlony, 1968) and a technique for facilitating the identification of specific precipitin arcs (Osserman, 1960) have been described. Immunoelectrophoresis can detect antibody in a sample at a concentration of 100 $\mu\text{g/ml}$ or more (Gill, 1970).

Another technique has been described (Jerne et al., 1963) which combines immunodiffusion of antibody in gel and a hemolytic indicator system to detect and enumerate antibody producing cells from host tissues after *in vivo* stimulation with antigen. Modifications have been described (Bernovska et al., 1963; Cunningham and Szenberg,

1968) to improve the original procedure. Basically, the technique involves harvesting viable antibody producing cells from lymphoid or other tissues of a host that had previously been injected with a test antigen. The concentration of cells is standardized and they are then added to a mixture of gel material and red blood cells. Agarose gel material and sheep red blood cells are most often used. The tissue cells-agarose-sheep red blood cells mixture is then poured onto a Petri dish or a glass slide and incubated at 37 C. During incubation, antibody is secreted by the antibody producing cells, diffuses into the agarose and reacts with the antigen. Antibodies to red blood cell surface antigens or other antigens that can be absorbed onto the surface of these cells will be detected (Bernovska et al., 1963). After incubation, diluted guinea pig complement is added and allowed to diffuse into the gel resulting in lysis of the sheep red blood cells coated with the antigen-antibody complexes. The zone of diffusing antibodies surrounding each antibody producing cell is recognized as a hemolytic plaque midst a uniform sheet of nonlysed sheep red blood cells. Each hemolytic plaque observed represents a single antibody producing cell which can most probably be classified within the plasma cell series. Hemolytic plaques may vary in number and size depending upon a number of factors (Jerne et al., 1963). The procedure described above is the direct method and has been interpreted as useful in detecting cells capable of producing and secreting IgM antibody. The indirect method for the detection of other classes of antibody requires the addition of a monospecific antiglobulin to the agarose after the initial

incubation and before the addition of complement. Hemolytic plaques may be counted with low-power magnifying equipment either directly or as stained preparations. The hemolytic plaque assay has been used to determine the plaque forming activity during the inductive phase of antibody formation (Sterzl and Mandel, 1964) and also activity from various organs such as spleen, lymph nodes, thymus and blood (Schultz *et al.*, 1971); lung (Kaltreider *et al.*, 1974); and intestine (Robertson and Cooper, 1972).

Other Assays and Procedures Commonly Used in Immunology

Other immunological assays have been developed in which the antigen is reacted directly with the antibody in an aqueous medium or with the use of an insoluble matrix. The primary reaction of antibody with a soluble homologous antigen results in the secondary formation of a precipitate, whereas combination of antibody with a particulate antigen can result in the formation of an agglutinate. A theoretical lattice hypothesis has been proposed for precipitin reactions to explain the interactions between optimal concentrations of antigen and antibody molecules resulting in a macromolecular lattice network and eventual formation of a precipitate. The same principle more or less holds true for the agglutination reaction (Humphrey and White, 1971c). The hemagglutination test involving red blood cells has been divided into direct and indirect methods. In humans, the direct method provides the basis for typing of blood into the A, B, O and AB groups by using specific antisera. The indirect (or passive) hemagglutination method involves adsorption

of an antigen onto the surface of red blood cells and then reacting the modified cells with heat-inactivated antibody directed against the adsorbed antigen. Bacterial polysaccharide antigens (Westphal *et al.*, 1964) may be directly adsorbed onto red blood cells by one of several alternate methods (Neter *et al.*, 1956; Buxton, 1959; Sharpe, 1965; Wilson and Svendsen, 1971), whereas cells must first be pretreated with a dilute solution of tannic acid before adsorbing protein antigens (Boyden, 1951). Both direct and indirect hemagglutination tests can be conducted by a standard tube method (Campbell *et al.*, 1970d) or by a microtitration method (Sever, 1962). The advantages of the microtechnique include an 8-fold saving of reagents, rapid performance of microdilutions and reliability and validity of the system compared to other standard systems (Sever, 1962). The indirect hemagglutination test has been reported as a sensitive assay and can be used to detect as little as 0.02 to 0.04 µg/ml of antibody (Campbell *et al.*, 1970d; Gill, 1970).

Antigens and antisera are important reagents that are routinely used in immunologic studies. Several procedures have been described for the preparation and use of antigens and the production of antisera in laboratory animals depending on the type of antigens, the immunization procedures employed and the uses intended for the antisera (Williams and Chase, 1967).

Ontogeny of the Immune System

Many advances have been made during the past 2 decades toward a better understanding of the immune mechanisms and responses of man and animals. Part of this development in knowledge has come

from studies on the ontogenesis of the immune systems. Ontogenetic studies have also increased the understanding of congenital and neonatal diseases commonly encountered (Osburn, 1973). For many years it was thought that the mammalian fetus was incapable of responding in a normal manner to any antigenic stimulus (the so-called immunologic null state) (Silverstein and Kraner, 1965). This theory was disproven because of numerous studies in fetuses and neonates of many species showing that the development of immunologic competence is an important feature of embryonic development (Ingram and Smith, 1965; Thorbeck and Van Furth, 1967; Sterzl and Silverstein, 1967; Schultz, 1973b). Recent surgical techniques have been developed for the study of immune responses of intrauterine fetal animals (Kraner and Parshall, 1968). The attainment of immunologic competence appears to be a complex series of events depending on the host species and the suitability of the antigen being considered. Evidence has been reported that fetuses of various species are capable of both humoral and cellular immune responses (Silverstein and Kraner, 1965). Silverstein (1967) indicated that there is a wide range of developmental ages at which different species attain immunologic competence. Depending on the antigen, a developing fetus is incapable of responding to antigenic stimulus prior to a critical age. A deleterious consequence of exposure to an antigen during the early period of immunologic unresponsiveness may be the development of tolerance by the fetus to the antigen. Early studies in fetal monkeys and lambs (Silverstein, 1967), however, showed that the earliest immunological responses to antigens are in no way

immature responses, but are characteristic of those found in the normal adult animal. More recently, Schultz et al. (1971) and Schultz (1973a) have reported on the times at which different lymphoid tissues developed, the times at which immunoglobulins appeared and the sequence of immunoglobulin development in the bovine fetus. Quantitative determinations of immunoglobulins by single radial immunodiffusion from fetal and precolostral calf sera provided practical detection methods of *in utero* infections and further showed that IgM and IgG₁ are the most reliable indicators of antigenic stimulation of the fetal host (Schultz, 1973a).

Gay (1971) was one of the first researchers to investigate the possible practical application of immunization of bovine fetuses by parenteral and oral injections of *E. coli* antigen. Other similar studies in fetal lambs and calves by surgical methods have been reported by Richardson and Conner (1972) and Conner et al. (1973). Recently, a nonsurgical technique has been developed that permits oral fetal immunization with antigen and eliminates the costly and time consuming requirements of surgery (Conner, G. H., Michigan State University, personal communications). Schultz (1973a,b) has suggested that similar studies should be continued and expanded to investigate the feasibility of the procedure to control or prevent diseases of the fetus and the newborn calf.

Summary

Colibacillosis continues to be a common and serious disease causing great economic losses of young animals. It is a complex disease syndrome and many factors have been reported as contributing

to the cause. Numerous attempts at prevention and control of colibacillosis based on the vast amount of information already known about the disease have only resulted in temporary, limited or no success, and in many cases the disease has still reached epizootic proportions.

Significant advances in research have been made during the past 2 decades in studies of the immune systems of man and animals. Much has been learned about the mechanisms of specific immunity and nonspecific resistance, both normal and abnormal. Ontogenetic studies have shown that fetuses and neonates of several animal species are immunocompetent to a variety of antigenic substances. Further, the evidence from these studies suggests that fetal immunizations may provide an effective and suitable method for the prevention of colibacillosis.

MATERIALS AND METHODS

Animals

Thirty commercial Hereford cows bred by artificial insemination or natural service to either Aberdeen Angus or Beef Friesian bulls, were obtained as a source of calves.^a Reproductive examinations showed that the pregnant cows ranged from 7 to 8.5 months of gestation. The cows were confined to a pole barn and an adjoining lot where they were placed under 24 hour observation after arrival of the first calf and for the duration of the calving period. The diet consisted of brome-alfalfa hay fed twice daily and water.

The calves were born by natural delivery and were removed from the cows as soon after birth as possible and before suckling. The calves were transported to an enclosed calf barn where each was dried, weighed and placed in a separate pen. Daily observations were made of the calves to note appetites and evidence of clinical signs. Blood samples were taken from the jugular vein within one-half to two hours after birth and before oral inoculation or first feeding. Serum was derived by the procedures described elsewhere. Blood samples were also taken at death. The calves were divided into principal and control groups depending on whether they were given *in utero* injections of *E. coli* 026:K60:NM bacterin or saline,

^aKindly supplied by Premier Corp., Fowlerville, Michigan.

respectively. The principal and control groups were further subdivided depending on the procedure followed after birth. The experimental design is summarized in Figure 1. Calves were reimmunized at birth by oral inoculation of 5×10^{10} killed, washed *E. coli* organisms (1 ml), whereas challenge of calves consisted of an oral inoculation of live, unwashed *E. coli* organisms. The challenge doses were 1.5×10^{10} , 1.0×10^{11} or 1.5×10^{11} organisms (5, 30 or 50 ml, respectively). The calves were fed 1/2 cupful of a milk replacer diet^a in 1/2 quart of warm water twice daily. Feed was withheld for 1 hour after oral reimmunization or challenge.

Laboratory animals were used for the production of antisera and consisted of 12 male Dutch Belted rabbits averaging 2.36 kg and 18 male Hartley-White guinea pigs averaging 600 gm each. Preliminary control tests on sera from these animals by the Ouchterlony method were negative for antibody activity against bovine serum.

Six additional crossbred cows were used as a source of whole bovine serum (WBS). Whole blood was collected into sterile, 250 ml vacuum flasks^b and allowed to clot overnight at 4 C. The serum from the donor animals and calves was separated by centrifugation at 100 g at 4 C for 20 minutes. The serum from the donor animals was pooled, divided into 2 ml and 40 ml aliquots in sterile vials and stored at -70 C. The serum from the calves was stored in individual vials as above.

^aMMPA Premium Calf Milk Replacer, Michigan Milk Prod. Assoc., Detroit, Michigan.

^bAbbo-Vac single dose containers, Abbott Labs, North Chicago, Illinois.

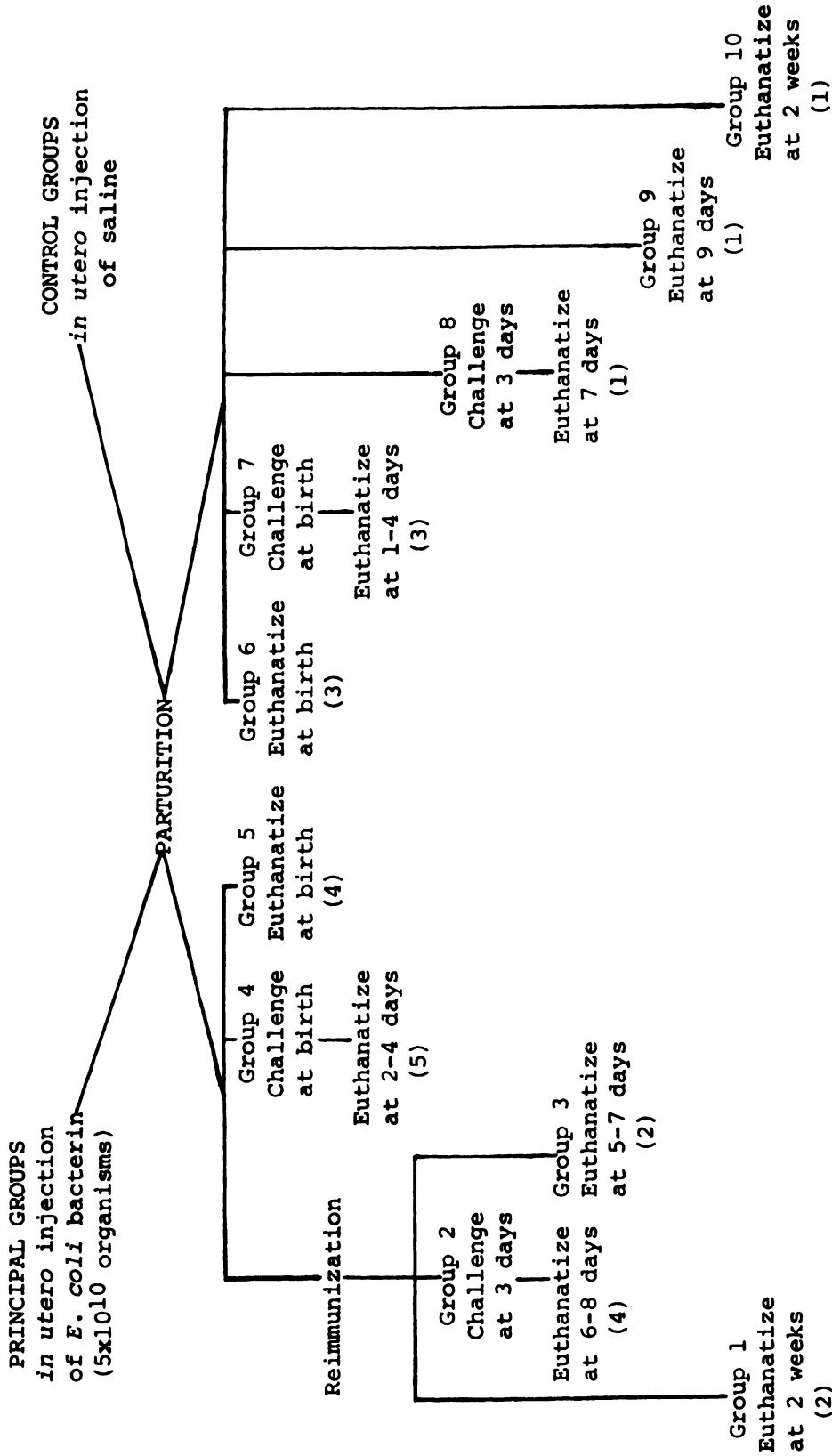


Figure 1. Experimental groups of calves and ages at reimmunization, challenge and euthanasia. The number of animals in each group is indicated in parentheses.

Fetal Injection

The technique used for injection into the amniotic fluid was one developed by Dr. G. H. Conner of Michigan State University (unpublished data) and was accomplished without surgery. Briefly, a cow was confined in a standing position in a cattle chute which allowed working access to the right flank. Ropes were wrapped and tied around the flank and also used to tie the right rear leg and the tail. The fetus was located through the lower right abdominal wall by deep external palpation and gentle ballotment, and the exact position was noted. Generally, fetuses were located in an area approximately 2.5 to 5 cm dorsal to the fold of the flank and 30 cm anterior to the division between the front and rear quarters of the udder. The area was clipped and cleansed with a preparative scrub.^a A small area of skin, muscle layers and peritoneum was then anesthetized.^b The area was given a final scrub with a sanitizing solution^a and sterile gauze. All needles and syringes used in the procedure were either disposable and packaged in sterile dispensers or nondisposable and prepared in a sterilized pack. The operator making the fetal injections wore sterile rubber gloves. A small skin incision was made over the anesthetized area. A 12 G, 5 cm cannula needle was then inserted through the abdominal wall including the peritoneum. The cannula needle was stabilized with

^a Betadine Scrub and Solution, The Purdue Frederick Co., Norwalk, Connecticut.

^b Procaine HCl Solution, 2.5%, Bio-ceutic Lab, Inc., St. Joseph, Missouri.

one hand in a position pointing straight in while another needle (16 G, 30 cm) with an empty 10 ml syringe attached was used to complete the procedure. The longer needle was passed through the cannula and slowly directed inward toward the fetus. The gravid uterus was usually located 2 to 4 cm within the abdominal cavity. The operator usually met slight resistance as the needle was passed through the uterine wall. The needle was carefully inserted a short distance further until the tip struck a part of the body of the fetus which was noted by a much firmer resistance. Often the fetus moved violently in response to the needle stimulus. The needle was withdrawn slightly and negative pressure was applied with the attached syringe in an attempt to withdraw a sample of amniotic fluid. If amniotic fluid could not be withdrawn or if the fluid that appeared resembled allantoic fluid, the longer needle was then redirected until amniotic fluid could be retrieved. Once amniotic fluid was obtained, the syringe was exchanged for another syringe containing 1 ml of *E. coli* bacterin (5×10^{10} organisms) which was then injected. The needles were withdrawn and the site of injection was treated with an antibiotic powder. Occasionally it was difficult, and in one case it was impossible, to locate the fetus with the long needle. In the latter instance, the fetus was injected successfully several days later. Effort was made to randomly divide the bacterin and saline fetal injections according to the length of time before expected date of calving. The cows were routinely inspected for 2 to 3 days after fetal injections and rectal temperatures were recorded after 2 days. A portion of each amniocentesis sample was

cultured for bacterial growth and the remainder was then placed in sterile vials. The samples were analyzed later for physical and biochemical properties as described elsewhere.

Collection of Specimens

Calves were euthanatized by exposure for 30 seconds to 110 v of electricity. They were placed in dorsal recumbency and the sternum and ventral abdominal wall were incised and reflected caudally exposing the abdominal viscera. Blood was collected into sterile vials by severing the brachial artery at the time the carcass was opened. Sections of liver, spleen, kidney and mesenteric lymph nodes were taken by aseptic methods for bacteriologic culturing from certain calves. The small intestine was divided into segments, each approximately 40 cm long, by incising along the mesenteric attachment. Samples were taken at each of 4 locations. The first segment was taken from the duodenum starting 5.0 cm from the pylorus and progressing caudally and the last was taken from the ileum starting at the ileocecal valve and progressing anteriorly. The middle segments (upper and lower jejunum) were taken $\frac{1}{3}$ and $\frac{2}{3}$, respectively, of the distance from the pylorus to the ileocecal valve. Each segment was clamped with a surgical forceps at the distal end and the proximal end was incised. Twenty milliliters of a chilled mixture of phosphate buffered saline (PBS) (0.01M phosphate, pH 7.2; 0.15M NaCl) and dithiothrietol^a (0.001M final concentration) was pipetted into the lumen of each segment and the proximal end was clamped. The

^aDTT, Sigma Chemical Corp., St. Louis, Missouri.

fluid was mixed with the contents of the intestinal lumen by gentle massage and then thoroughly drained into a stoppered flask after removing the clamps. The intestinal washings were kept on ice until further processing. Each segment of intestine was removed and the mucosal surface was exposed by cutting along the mesenteric border. Paired, adjacent full-thickness sections were cut; one was prepared for histopathologic examination and the other, approximately 12 cm long, was placed in a beaker containing chilled Hanks' balanced salt solution (HBSS) (Kalter, 1963) and kept on ice until further processing. Samples of mesenteric lymph node, adjacent to the intestinal segments, were also taken. Cut sections of lymph nodes were prepared for histopathologic examination and samples of whole nodes, approximately 3 gm total wet weight, were placed in the same sample beakers containing the corresponding sections of intestine and HBSS. The spleen was removed and sections were prepared for histopathologic examination. Six triangular sections of spleen, approximately 12 gm total wet weight, were also cut from the edge at equal intervals around the circumference of the organ, placed in HBSS and kept on ice until further processing. Sections of thymus were prepared for histopathologic examination. Serum was derived by the procedure described elsewhere. The intestinal washings were centrifuged at 10,000 g for 10 minutes at 4 C. The supernates were dialyzed in 6 liters of PBS at 4 C for 48 hours, concentrated^a to 2 to 4 ml and stored at -70 C.

^a Polyethylene Glycol 20,000, Fisher Scientific Co., Fairlawn, New Jersey.

Sheep red blood cells were aseptically collected from a donor and stored for 1 week at 4 C in sterile Alsevers' solution (Campbell et al., 1970e) before use.

Immunologic Procedures

Immunoprecipitation in Agar-Gel

Immuno-electrophoresis. Immuno-electrophoresis (IEP) was carried out according to the micromethod of Scheidegger (1955). The equipment used^a included a buffer chamber, power source, slide frames, agar pattern and trough cutters, frame holders, moist chambers, buffer wicks and filter paper strips. Barbitol buffer (Chase, 1968) (0.05M barbitol, pH 8.2) was used in the buffer chamber and also to make the agar-gel.^b One percent agar-gel (w/v) was prepared by melting the dried agar in the barbitol buffer and boiling the mixture until all the agar had melted. Merthiolate (1:10,000) was added to a concentration of 1% (v/v) as a preservative. Fourteen milliliters of melted agar in buffer were pipetted into stoppered tubes which were stored at 4 C until used. Six microscope slides (25 mm x 75 mm) were placed end to end on a slide frame by forming 2 rows of 3 slides each. Two tubes of melted agar-gel were poured onto each slide frame and allowed to harden in a moist chamber for 30 to 45 minutes before the wells and troughs were cut. Samples were placed in the wells with capillary pipettes and the material was

^aGelman Instruments Co., Ann Arbor, Michigan.

^bNoble Agar, Difco Laboratories, Detroit, Michigan.

electrophoresed using 12 ma of current per frame for 90 minutes. Afterwards, antiserum was placed in the troughs and the slides were incubated at 25 C for 24 to 48 hours in a moist chamber depending on the rate of development of the immunoprecipitates. Preparations to be preserved and stained were washed in 2% (w/v) sodium chloride and in deionized distilled water for 48 hours each. Changes of washing solutions were made every 12 hours. The preparations were removed from the final wash and dried at 25 C by placing moistened filter paper strips cut to size onto the agar-gel. The dried preparations were stained^a for 10 minutes, washed in 3 changes of 5% (v/v) glacial acetic acid to remove excess stain and air dried.

Double diffusion in 2 dimensions (Ouchterlony method). The same 1% agar-gel preparation was used on microscope slides for the Ouchterlony method as was used for IEP. The agar wells were 3 mm in diameter and were spaced 6 mm apart, center to center. The well pattern used was 1 center well and 4 outside wells evenly spaced. Two well patterns were cut on each microscope slide and slides were either prepared singly or in groups of 6 on IEP slide frames. Incubation conditions and preservation by drying and staining were the same as described previously for IEP.

^aAnaline Blue Black, Matheson, Coleman and Bell, Norwood, Ohio.

Separation of Immunoglobulins and the Production of Antiglobulins

Some of the tests used to determine the quantitative and qualitative immune responses of calves required the use of antiglobulins. The antiglobulins, produced in laboratory animals, reacted monospecifically against one class of bovine immunoglobulin. The classes of immunoglobulins that were tested for in the calves were IgM, IgG₁ and IgG₂. Antiwhole bovine serum (AWBS) was also used to test for the composition, purity and monospecificity of samples by the IEP and Ouchterlony methods.

The three classes of immunoglobulins (IgM, IgG₁ and IgG₂) were separated from WBS into semipurified fractions by nonspecific methods and finally into a pure immunoprecipitate form by a specific immunodiffusion method. The final products were injected into laboratory animals for the production of monospecific antiglobulins. Whole bovine serum was used as a crude source of immunoglobulins M, G₁ and G₂. All three immunoglobulins were first precipitated from WBS by salting-out procedures. Immunoglobulin M was semipurified by gel filtration chromatography and IgG₁ and IgG₂ were semipurified first by ion exchange and then gel filtration chromatography.

Salting-out procedure. Thirty milliliters of saturated ammonium sulfate were slowly added to an equal volume of WBS with stirring. Stirring was continued for 3 hours at 25 C and the mixture was then centrifuged at 10,000 g for 30 minutes at 4 C. The supernatant was decanted and the precipitate was dissolved in PBS to 1/3 the starting volume. The dissolved precipitate was dialyzed with

stirring in PBS for 24 hours at 4 C. The dialyzed protein was reprecipitated with saturated ammonium sulfate and dissolved in the starting buffer used for column chromatography. The sample was then dialyzed in 4 to 6 liters of starting buffer for 48 hours at 4 C. A small volume of the final material was tested for the presence of sulfate by adding 1 to 2 drops of 10% barium chloride (w/v). Absence of a precipitate meant that no sulfate was present. Finally, the dialyzed protein was filtered^a (0.45 μ m) before further separation by column chromatography.

Ion exchange chromatography. Ion exchange chromatography was carried out at 25 C with samples applied to glass columns^b (1.5 cm x 60 cm) packed with the microgranular form of the ion exchanger.^c The procedure followed for preparative washing of the ion exchanger for chromatographic separations has been previously described (King, 1968). Phosphate buffered saline was used to equilibrate the ion exchanger and for step-wise elution of the samples. Buffer concentrations of phosphate and pH values used for step-wise elution were 0.005M, 0.01M, 0.05M, pH 7.9 and 0.05M and 0.1M, pH 5.8. Two molar sodium chloride was used to elute any remaining material from the ion exchanger. Fractions of eluate were collected in 3 ml volumes in a fraction collector^d at a flow rate of 40 ml/hr and monitored at

^aMetrical GA-6, 25mm, Gelman Instrument Co., Ann Arbor, Michigan.

^bGlenco Scientific Inc., Houston, Texas.

^cWhatman DE 52, Reeve Angel, Clifton, New Jersey.

^dVolumetric Fractionator, Model V-10, Gilson Medical Elect., Middleton, Wisconsin.

280 m μ of ultraviolet light in a spectrophotometer.^a Individual tubes from selected peaks were examined by IEP to determine the protein composition and were held at 4 C. The sample was placed in one well, WBS in the other well for comparison and AWBS in the trough after electrophoresis. Individual tubes containing the highest concentrations of immunoglobulin desired were concentrated by ultrafiltration in a vacuum (Craig, 1968) and then dialyzed for 48 hours at 4 C in 4 to 6 liters of the buffer used for gel filtration chromatography.

Gel filtration chromatography. Gel filtration chromatography was carried out in a cold room (4 C) on glass columns^b (2.5 cm x 90 cm) packed with a fine grade of porous gel.^c Dried gel was weighed out in an amount estimated to be 15 to 20% in excess of that required to fill a column and then swelled by boiling in distilled water for 3 hours. The gel was allowed to settle and to cool to room temperature, the supernatant was decanted and the gel was resuspended in chilled Tris-HCl buffer^d (0.1M Trizma, pH 8.2) to which sodium azide (400 mg/l) had been added as a preservative. The gel was degassed in a vacuum for 3 hours at 4 C with gentle stirring. After settling, the gel was resuspended in 1.5 times the

^aModel DB, Beckman Instruments Co., Fullerton, California.

^bGlenco Scientific Inc., Houston, Texas.

^cSephadex G 200, Pharmacia Fine Chemicals, Piscataway, New Jersey.

^dSigma Technical Bulletin No. 106B, Sigma Chemical Co., St. Louis, Missouri.

settled volume with chilled Tris-HCl buffer and poured into a column as previously described (King, 1968) using an attached packing reservoir. After packing, the flow rate of buffer was adjusted and maintained throughout (9 ml/hr) to that used during sample elutions and at least 2 total bed volumes of buffer were passed through before use. Gel filtration columns were calibrated^a before application of samples. Once the columns were stabilized and calibrated, buffer was passed through continuously whether the columns were in use or not. Samples were filtered and sucrose was dissolved in the filtrate to a concentration of 3% (w/v) before being applied onto the columns. The sample-sucrose mixture (total volume did not exceed 1% of the total bed volume) was carefully layered onto the surface of the gel with a Pasteur pipette and sample fractions were collected in 3 ml volumes with a collector and monitored as previously described. Selected fractions were examined for composition by IEP and the Ouchterlony methods, dialyzed in PBS, concentrated, filtered and stored at 4 C as previously described. Additional samples were applied to the gel filtration columns after the spectrophotometric optical density readings returned to zero.

Preparation of antigens and production of antisera. Six rabbits were used for the production of monospecific antiglobulin against bovine IgM. Each rabbit was injected with 36 immunoprecipitate bands which were formed on 18 IEP slides by reacting semipurified bovine

^aCalibration Kit, Pharmacia Fine Chemicals, Piscataway, New Jersey.

IgM with rabbit antiserum monospecific for bovine IgM.^a The bands were extensively washed as previously described and cut out of agar-gel. They were then minced in a small volume of PBS and used as antigen for injection.

Four rabbits were used for the production of AWBS by injection of 2.15 mg of WBS total protein diluted in PBS into each rabbit.

Nine guinea pigs each were used for the production of monospecific antiglobulin against bovine IgG₁ and IgG₂. Immunoprecipitate bands were produced by IEP using semipurified IgG₁ and IgG₂ and guinea pig antisera monospecific for bovine IgG₁ and IgG₂, respectively.^a Each animal was injected with 24 bands (12 slides on IEP) of washed and minced material as a primary dose and 12 bands (6 slides on IEP) for the second injection.

All minced immunoprecipitate band material was emulsified with an equal volume of a repository adjuvant^b before injection into laboratory animals. Bilateral injections of 1/2 the volume of material were made intramuscularly in the thigh and the rest was injected subcutaneously at several sites in the anterior thoracic region. Animals were bled after 2 weeks and sera were tested by the Ouchterlony and IEP methods for monospecificity of the antiglobulin activity. Animals with a negative or poor serologic response after primary injection were reinjected and retested in 10 days. Blood from rabbits showing a strong serologic response was collected from

^aKindly supplied by Dr. R. D. Schultz, Cornell University, Ithaca, New York.

^bFreund Complete Adjuvant, Difco Laboratories, Detroit, Michigan.

the marginal ear vein whereas guinea pigs showing a strong serologic response were anesthetized with ether and exsanguinated from the heart. All unpooled antiglobulin sera were divided into 2 ml aliquots in sterile vials and stored at -70 C. Animals failing to show a strong response after 2 injections of antigen were discontinued from the experiment. Antisera that were not monospecific were absorbed to remove activity against light chains or other globulins that may have contaminated the original antigen.

Qualitative and Quantitative Procedures

Agar plaque technique. The agar plaque technique as originally described by Jerne *et al.* (1963) was used with modifications to quantitate the number of cells and qualitate the class of antibody produced by the cells from spleen, intestinal sections and corresponding lymph nodes. A microtechnique on microscope slides and agarose^a gel was used for the procedure. Tissue cell suspensions of the surface epithelium and lamina propria of the intestinal segments were made by scraping the mucosa with a razor blade and mixing the coarse suspension of cells in chilled HBSS. Similar cell suspensions of lymph nodes and spleen were made by teasing the cells from the tissue with a scalpel and forceps. All coarse cell suspensions were forced once through a No. 120 fine mesh stainless steel screen, suspended in chilled HBSS and centrifuged (750 g for 10 minutes at 4 C). Spleen cells were washed and centrifuged first in 0.83% (w/v) ammonium

^aAgarose A 45, Fisher Scientific, Livonia, Michigan.

chloride (Schultz et al., 1971) to lyse the red blood cells present and then washed again in HBSS. The washed packed cells were resuspended in HBSS to obtain the desired concentration and held on ice until used. Examination of cells by the trypan blue exclusion test showed 85 to 90% viability and that a majority of the cells were suspended as single cells. Cells were counted with a hemacytometer before dilution and the average number/mm³ was 1.7×10^7 for intestinal sections, 1.3×10^8 for mesenteric lymph nodes and 2.6×10^8 for spleen. Agarose was diluted to a final concentration of 0.5% (w/v) with HBSS and 0.4 ml aliquots were pipetted into tubes and held in a 60 C water bath. Tanned (Boyden, 1951) sheep red blood cells (SRBC) were coated with O26 antigen of *E. coli* O26:K60:NM as previously described (Wilson and Svendsen, 1971) and were diluted to a 20% (v/v) suspension in saline. A 20% suspension of uncoated SRBC used as control cells was also prepared. Microscope slides were coated in advance by dipping in hot 0.1% (w/v) agarose in distilled water and air dried. Coated slides were placed in 2 rows on 4 slide frames constructed so that the ends of the slides were supported by strips of tape placed lengthwise on the frame and the center of the slides were raised off the frame surface. For conducting the test, 0.05 ml of 20% coated SRBC were pipetted into a tube containing the agarose-HBSS mixture. Then 0.1 ml of the tissue cell suspension was pipetted into the mixture, lightly shaken to avoid bubble formation and quickly poured onto a slide. Duplicate tests were made of each tissue suspension with coated SRBC and single tests were made with each tissue suspension and uncoated SRBC as controls.

After hardening, all slides were turned over, agarose side down, and held for 1 hour in a humid (37 C) CO₂ incubator. Guinea pig complement^a diluted 1:10 in HBSS was added to one frame used for the direct plaque assay (IgM) and the frame containing the control test samples by pipetting the material into the space between the agarose and the frame surface. Heat inactivated (56 C for 30 minutes) monospecific antiglobulin (anti-IgG₁ or -IgG₂) diluted 1:100 in HBSS was pipetted onto the remaining 2 frames (one per frame) for the indirect plaque assay and reincubated as above. After the second incubation of the indirect plaque assays, excess anti-globulin was removed and complement was added. All frames with complement added were reincubated for 1 hour, then held overnight at 4 C. Unstained hemolytic plaques were counted with either a dissecting microscope or a regular microscope under a low power objective lens. Any detectable clearing (hemolysis) around an identifiable cell was counted as a plaque. The direct (IgM) plaque counts were recorded by subtracting the average count from each tissue sample from the control count. The indirect counts (IgG₁ and IgG₂) were recorded by subtracting the average count for each sample from the average direct count and the control count.

Single radial immunodiffusion. The technique of Mancini et al. (1965) was used for quantitating immunoglobulins M and G₂ from calf sera by single radial immunodiffusion. Immunoglobulin G₁ was

^aDifco Laboratories, Inc., Detroit, Michigan.

not quantitated in calf sera because of difficulty in obtaining IgG₁ in pure form for use as a standard in the test. A 2% (w/v) agar-gel was made with barbital buffer (0.1M barbital, pH 8.6) to which sodium azide (0.05%, w/v) had been added as a preservative. Equal volumes of 2% agar-gel and diluted monospecific antiglobulin were mixed and pipetted into the frames as described. Preliminary tests with purified IgM^a and IgG₂ used as standard antigens of known concentrations were run to determine the optimal dilutions of monospecific antiglobulin to incorporate into the agar-gel and the serial dilutions of standard antigen to be made. Five serial dilutions of standard antigen were placed in wells (2.4 mm) spaced 12 mm apart across the top of each plate and unknown samples of calf sera were placed in the remaining wells. Plates were incubated for 48 hours in a moist chamber and stained as previously described for IEP. Stained immunoprecipitates were recorded by projecting the ring images with an overhead projector onto white paper. The images were traced, cut out and weighed and compared to the standards on graph paper.

Qualitative immunoelectrophoresis. Immunoelectrophoresis was used to qualitate the electrophoretic profile of sera from calves. Calf serum was placed in the upper well, WBS in the lower well for comparison and AWBS in the trough. The technique of IEP has been previously described.

^aKindly supplied by Dr. B. I. Osburn, University of California, Davis, California.

Direct bacterial agglutination. The method described by Conner et al. (1973) was used for the direct bacterial agglutination test. The macrotitration (tube method) and the microtitration^a (Sever, 1962) methods were used to test duplicate samples of calf sera and intestinal washings for agglutinin activity against 026 or K60 *E. coli* antigens. Control tests included a suspension of bacterial cells in saline.

Passive hemagglutination assay. Calf sera and intestinal washings were tested by the passive hemagglutination (PHA) assay (microtitration method) as described by Wilson and Svendsen (1971). Untanned SRBC were coated with 026 or K60 antigen of *E. coli* and used as a 0.25% cell suspension in PBS. The method used for the isolation of K60 antigen from *E. coli* has been previously described (Nowotny, 1969). All calf sera and intestinal washings were heat inactivated (56 C for 30 minutes) before being tested. Serial 2-fold dilutions of sample, in 0.025 ml amounts, were made in duplicate in saline starting with 1:2 and through 1:1024. Control tests included coated and uncoated SRBC with saline and uncoated SRBC and test samples. Tests were incubated for 1 hour at 25 C, then overnight at 4 C before recording the results. A separate series of PHA assays was used to test for cross reactivity, only this time by testing all calf sera with 4 different *E. coli* serotypes.^b Those used contained the following serotypes: 04, 035, 068 and 0117. The PHA titers were

^aMicrotiter, Cooke Engineering Co., Alexandria, Virginia.

^bKindly supplied by Dr. P. Glantz, The Pennsylvania State University, College Station, Pennsylvania.

determined as the highest dilution of sample in which the coated SRBC formed a broad disc with a serrated margin across the bottom of the well. A negative reading was recorded when the coated SRBC formed a dense compact button at the bottom of the well.

Radioimmunoassay. Preliminary attempts at reacting different combinations of calf sera with 026 antigen directly in a precipitin tube test or an immunoprecipitation test in agar-gel, including radioimmuno-electrophoresis, resulted in no visible evidence that an antigen-antibody reaction had occurred. The intent was to develop a qualitative and semiquantitative assay to demonstrate what class(es) of immunoglobulin and their quantity in calf sera had activity against the *E. coli* 026 antigen. Preliminary tests on selected calf sera by the passive hemagglutination inhibition assay indicated that a dilution of at least 1:16 of 026 antigen was still sufficient to cause complete inhibition of PHA. The results also gave indirect evidence that anti-026 antibodies in calf sera were complexing with 026 antigen but that the complex remained in soluble form. A radio-immunoassay tube method was developed as a modification of the radio-immuno-electrophoresis assay in agar-gel (Campbell et al., 1970c). Briefly, 5 ml of soluble *E. coli* 026 antigen was radiolabeled by incubation with 0.5 ml of $\text{Na}_2\text{Cr}^{51}\text{O}_4^a$ (11.7×10^6 CPM total - diluted in saline) at 37 C with stirring for 48 hours (Braude et al., 1955). The mixture was extensively dialyzed in several changes of distilled water until there was no further significant loss of

^a New England Nuclear, Boston, Massachusetts.

radioactivity into the dialysate. The preparation was centrifuged (5,000 g for 10 minutes at 4 C) and the Cr⁵¹-labeled supernatant was monitored on a gamma scintillation spectrophotometer^a for specific activity before use in the test. All monospecific anti-globulins used in the test were first adsorbed with Cr⁵¹-labeled 026 antigen to remove any nonspecific activity. Initially, 3 0.25 ml aliquots of selected calf sera were mixed in tubes with 0.1 ml of undiluted Cr⁵¹-labeled 026 antigen. Similarly, 3 aliquots of 2 selected calf sera were mixed with 0.1 ml of Cr⁵¹-labeled 026 antigen diluted 1:5 in saline. The mixtures were incubated at 37 C for 30 minutes and then at 4 C for 72 hours. Adsorbed antiglobulin, previously centrifuged, was added (0.15 ml/tube) to different tubes and the mixtures were reincubated as above. The precipitates formed were washed and centrifuged (10,000 g for 10 minutes at 4 C) 5 times in saline until there was no further radioactivity in the supernatants and until the radioactivity of the precipitates had stabilized. The precipitates were drained dry and monitored as before. A control tube consisted of saline and Cr⁵¹-labeled 026 antigen.

Bacteriologic Procedures

Stock cultures of *E. coli* 026:K60:NM^b were stored in the dark at ambient room temperature in sealed slant tubes containing

^aPackard Gamma Scintillation Spectrometer, Model 578, Packard Instrument Co., Inc., Downers Grove, Illinois.

^bKindly supplied by Dr. G. H. Conner, Michigan State University, East Lansing, Michigan.

trypticase soy agar with no dextrose. Subcultures were prepared at regular intervals, incubated overnight at 37 C, sealed and stored as above. Bacterin, used for injecting fetuses and neonates and suspensions of live challenge organisms were prepared according to the procedures described by Conner et al. (1973). The formalinized bacterin was washed 3 times in saline, resuspended in sterile saline to a concentration of 5×10^{10} organisms/ml and stored at 4 C in a sterile vial. Merthiolate (0.02%, w/v) was added as a preservative. Fresh 100 ml suspensions of 24 hour broth cultures containing unwashed challenge organisms were prepared every 48 hours and stored in the dark at 25 C. The viable count of challenge organisms in the broth after incubation was approximately 3×10^9 /ml.

Organ tissues and amniocentesis samples were cultured for the presence of bacterial organisms by streaking the material onto blood agar plates and incubating at 37 C for 24 hours. Isolates were identified by standard biochemical tests. No attempts were made to identify *E. coli* isolates according to serotype.

Histopathologic Technique

Sections were fixed in 10% (v/v) formalin-sodium acetate solution and stained with hematoxylin and eosin according to established procedures (Luna, 1968).

Protein Analysis

The concentration of total protein in WBS and fractions from chromatographic separations was determined either by the biuret

(Coles, 1974a) or the Lowry (Lowry et al., 1951) chemical methods of analysis or by a refractometer.^a

Photographic Recording

Unstained immunoprecipitates in agar-gel were photographed by the use of a multipurpose industrial view camera^b and black and white film.^c

Analysis of Amniotic Fluids

Amniotic fluid samples were analyzed for pH,^d relative viscosity^e (constant temperature water bath maintained at 38 C) and glucose (Cole, 1974b). The refractive index of each sample was also measured^a to calculate the specific gravity.

^aAmerican Optical Company, Buffalo, New York.

^bPolaroid MP-3 Land Camera, Polaroid Corp., Cambridge, Massachusetts.

^cPolaroid Land Roll Film Type 47, Polaroid Corp., Cambridge, Massachusetts.

^dBeckman Expanded Scale pH Meter, Beckman Instruments, Inc., Fullerton, California.

^eThe Cannon-Ubbelohde Semi-Micro Viscometer, Cannon Instrument Co., State College, Pennsylvania.

RESULTS

Production of Monospecific Antiglobulins

The preliminary phase of this study involved the production of monospecific antiglobulin for use in the immunoassays of various samples from experimental calves. Gamma globulins IgG₁ and IgG₂, previously precipitated and concentrated from WBS, were fractionated in semipurified form with different elution buffers on an ion exchanger. Generally, IgG₂ was eluted in highest concentration in the ascending portion of the first peak with the starting buffer (Figure 2). Semipurified immunoglobulin G₁ was eluted in highest concentration in the descending portion of the third peak with the 0.01M buffer (Figure 3). Chromatographic separation of immunoglobulin by filtration on porous gel resulted in elution of semipurified IgM in the ascending portion of the first (fall through) peak (Figure 4), whereas semipurified IgG₁ and IgG₂ eluted in the second peak. The semipurified eluates were reacted with the respective antiglobulins by the Ouchterlony and IEP methods to identify and determine the purity of the immunoglobulin fractions obtained (Figures 5 through 9). Immunoglobulin G₂ was fractionated in apparently pure form (Figures 2 and 6), whereas IgG₁ was contaminated with IgG₂ (Figures 3 and 8) and IgM was contaminated with α 2 macroglobulin (Figure 4). In most cases, the antiglobulin sera

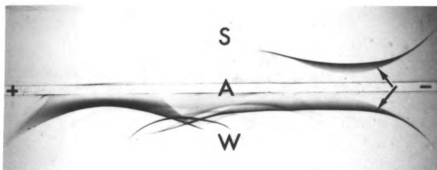


Figure 2. Immunoelectrophoretogram of a semipurified fraction of bovine IgG₂ obtained by ion-exchange chromatography. Semipurified sample (S), WBS (W), AWBS (A) and IgG₂ (arrows). Notice the single IgG₂ immunoprecipitate band which has the same electrophoretic mobility as that of IgG₂ of WBS. Analine blue black stain.

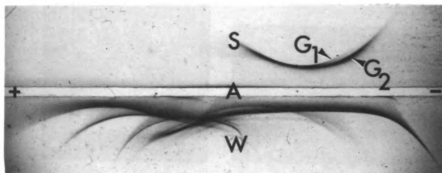


Figure 3. Immunoelectrophoretogram of a semipurified fraction of bovine IgG₁ obtained by ion-exchange chromatography. Semipurified sample (S), WBS (W), AWBS (A), IgG₁ (G₁) and IgG₂ (G₂). Notice that the IgG₁ sample was heavily contaminated with IgG₂. Analine blue black stain.

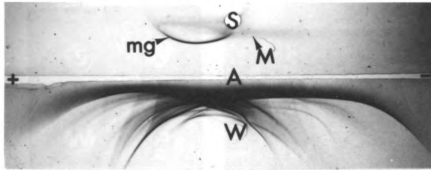


Figure 4. Immunoelectrophoretogram of a semipurified fraction of bovine IgM obtained by porous gel filtration. Semipurified sample (S), WBS (W), AWBS (A), IgM (M). Notice that the IgM sample is contaminated with α_2 macroglobulin (mg). Analine blue black stain.

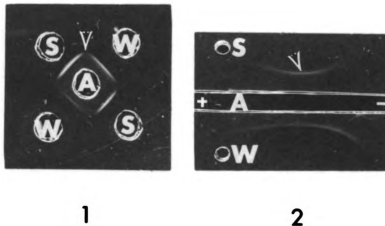


Figure 5. Photographs of Ochterlony (1) and immunoelectrophoresis (2) assays for the identification of semipurified bovine IgG₂. Semipurified sample (S), WBS (W) and monospecific antibovine IgG₂ (A). Notice that the sample IgG₂ forms a single immunoprecipitate band of identity and has a similar immunoelectrophoretic mobility (arrows) to that of IgG₂ of WBS. Unstained.

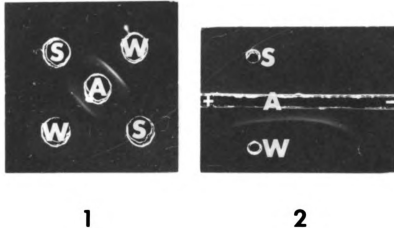


Figure 6. Photographs of Ouchterlony (1) and immunoelectrophoresis (2) assays to determine the purity of a bovine IgG₂ fraction. IgG₂ sample (S), WBS (W) and monospecific anti-bovine IgG₁ (A). Notice that there is no immunoprecipitate band formation between the sample and the monospecific anti-IgG₁ in either assay indicating the absence of IgG₁ as a contaminant. Unstained.

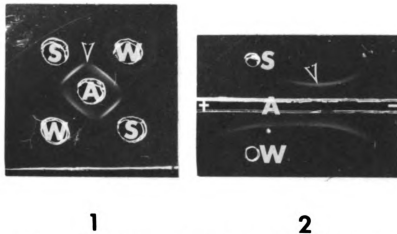


Figure 7. Photographs of Ouchterlony (1) and immunoelectrophoresis (2) assays for the identification of semipurified bovine IgG₁. IgG₁ sample (S), WBS (W) and monospecific anti-bovine IgG₁ (A). Notice that the sample IgG₁ forms a single immunoprecipitate band of identity and has a similar immunoelectrophoretic mobility (arrows) to that of IgG₁ of WBS. Unstained.

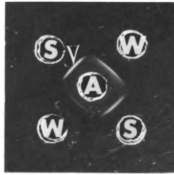
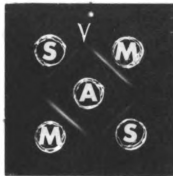
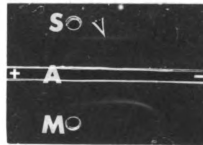


Figure 8. Photograph of an Ouchterlony assay to determine the purity of a fraction of bovine IgG₁. IgG₁ sample (S), WBS (W) and monospecific anti-bovine IgG₂ (A). Notice the immunoprecipitate band formation (arrow) between the sample and monospecific anti-IgG₂ indicating contamination of the sample with IgG₂. Unstained.



1



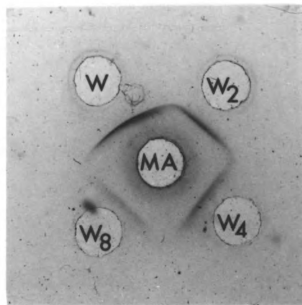
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Figure 9. Photographs of Ouchterlony (1) and immunoelectrophoresis assays (2) for the identification of semipurified bovine IgM. IgM sample (S), IgM standard (M) and monospecific anti-bovine IgM (A). Notice that the sample IgM forms a single immunoprecipitate band of identity and has a similar immunoelectrophoretic mobility (arrows) to that of the IgM standard. Unstained.

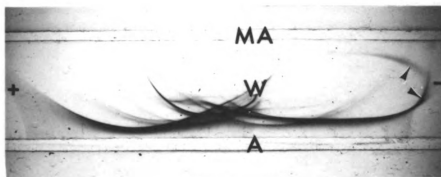
produced in laboratory animals had monospecific activity when tested by the Ouchterlony and the IEP methods (Figures 10 through 12). These antiglobulins met the criteria for monospecificity by forming only single immunoprecipitate bands with the respective immunoglobulin M, G₁ and G₂. Antiglobulins produced in some animals were not monospecific, however, and required absorption to eliminate the undesirable activity (Figure 13).

Clinical Responses to Fetal and Neonatal Injections

Two calves died at parturition; one (No. 392) was stillborn and the other (No. 2170) died as a result of dystocia. A third fetus (No. 1762) was aborted 3 days after *in utero* injection, apparently due to injury to the cow and the fetus on the day of injection. Of the remaining 27 calves, 21 were born unassisted and 6 required manual assistance because of delayed delivery or dystocia. Fetal membranes were retained in the first 8 cows that calved but were an infrequent problem in the remaining cows. There was difficulty in correlating the available breeding data with the physical findings on rectal palpation. Consequently, it was not always possible to determine the exact stage of gestation at the time of fetal injections. The results of the clinical responses to fetal injections and the challenge of neonates are summarized in Table 1. Breeding data were not available for 5 cows and birth weights were not recorded for 4 calves. Newborn calves were assigned to groups according to the kind of (bacterin or saline) *in utero* injection made, the number of days between *in utero* injection and birth and the clinical responses observed in calves previously challenged. Calf No. 1939 was not

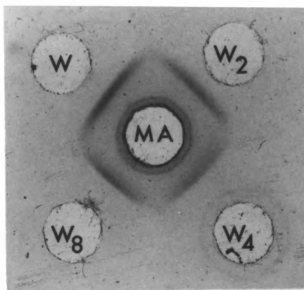


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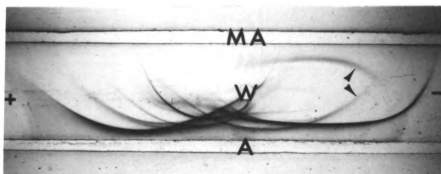


2

Figure 10. Photograph of the Ouchterlony assay (1) and immunelectrophoretogram (2) of monospecific antbovine IgG₂ produced in guinea pigs. Monospecific antiglobulin (MA); WBS undiluted (W), 1:2 (W₂), 1:4 (W₄) and 1:8 (W₈) and AWBS (A). Notice that the antiglobulin is monospecific and forms only a single immunoprecipitate band with IgG₂ of WBS (arrows). Aniline blue black stain.

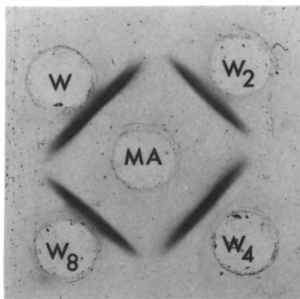


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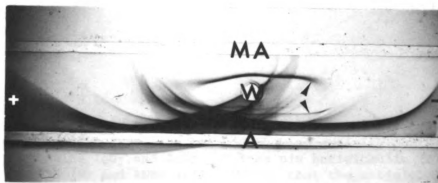


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Figure 11. Photograph of the Ouchterlony assay (1) and immunelectrophoretogram (2) of monospecific anti-bovine IgG₁ produced in guinea pigs. Monospecific anti-globulin (MA); WBS undiluted (W), 1:2 (W₂), 1:4 (W₄) and 1:8 (W₈) and AWBS (A). Notice that the anti-globulin is monospecific and forms only a single immunoprecipitate band with IgG₁ of WBS (arrows). Aniline blue black stain.



1



2

Figure 12. Photograph of the Ouchterlony assay (1) and immunoelectrophoretogram (2) of monospecific antibovine IgM produced in rabbits. Monospecific antiglobulin (MA); WBS undiluted (W), 1:2 (W₂), 1:4 (W₄) and 1:8 (W₈) and AWBS (A). Notice that the antiglobulin is monospecific and forms only a single immunoprecipitate band with IgM of WBS (arrows). Analine blue black stain.

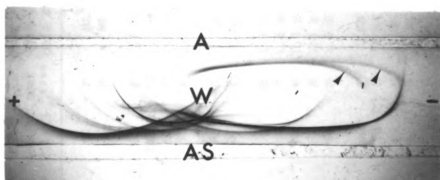


Figure 13. Immunoelectrophoretogram of anti-globulin from a guinea pig showing activity against bovine IgG₁ and IgG₂. Guinea pig antiglobulin (A), WBS (W) and AWBS (AS). Notice that the antiglobulin is not monospecific and forms at least 2 immunoprecipitate bands (arrows). Aniline blue black stain.

Table 1. Details of *in utero* injections of bovine fetuses with *E. coli* 026:K60:NM bacterin or saline and responses in neonatal calves

Group no.*	Cow and calf no.	Type of <i>in utero</i> injection**	Time of injection (days before birth)	Gestation period (days)***	Birth weight (lbs.)	Sex	Oral challenge dose (viable <i>E. coli</i> org.)	Signs of clinical dis. after oral chal. δ	Time of euthanasia (age or days post-challenge)
1	1429	B	44	282	60	F	NA ^{††}	NA	14
	2042	B	49	281	70	M	NA	NA	14
2	1322	B	8	265	DNA [†]	F	1.5 x 10 ¹⁰	--	4 PC ^{II}
	67	B	8	270	DNA	M	1.5 x 10 ¹⁰	--	5 PC
	1214	B	15	284	62	F	1.0 x 10 ¹¹	--	3 PC
	2036	B	47	275	70	F	1.5 x 10 ¹¹	--	4 PC
3	2116	B	11	278	55	F	NA	NA	5
	4	B	44	DNA	62	F	NA	NA	7
4	1459	B	10	274	72	M	1.5 x 10 ¹⁰	--	3 PC
	2510	B	11	272	DNA	F	1.5 x 10 ¹⁰	--	3 PC
	1377	B	18	282	64	M	1.0 x 10 ¹¹	+	2 PC
	2459	B	34	DNA	72	M	1.5 x 10 ¹¹	--	4 PC
	1534	B	28	282	64	M	1.5 x 10 ¹¹	--	4 PC
5	2290	B	10	281	33	F	NA	NA	at birth
	1690	B	20	273	58	F	NA	NA	at birth
	1518	B	20	DNA	44	M	NA	NA	at birth
	2452	B	28	281	67	M	NA	NA	at birth
6	334	S	34	274	50	M	NA	NA	at birth
	2816	S	36	DNA	64	F	NA	NA	at birth
	1717	S	62	287	66	M	NA	NA	at birth

Table 1 (continued)

Group no.*	Cow and calf no.	Type of in utero injection**	Time of in- jection (days before birth)	Gestation period (days)***	Birth weight (lbs.)	Sex ****	Oral chal- lenge dose (viable <i>E. coli</i> org.)	Signs of clinical dis. after oral chal. δ	Time of eu- thanasia (age or days post- challenge)
7	4657	S	12	280	68	M	1.5×10^{10}	--	3 PC
	299	S	25	278	89	M	1.0×10^{11}	--	4 PC
	1912	S	26	276	82	M	1.5×10^{11}	+	1.5 PC
8	1567	S	39	280	84	F	1.5×10^{11}	--	4 PC
9	2085	S	5	268	DNA	F	NA	NA	9
10	2201	S	45	DNA	72	F	NA	NA	14

92

* See Figure 1.

** B=bacterin and S=saline.

*** Normal gestation period assumed to be 280 days.

**** F=female and M=male.

† Data not available.

++ Not applicable.

 δ -- = no clinical disease and + = clinical disease.

†† Postchallenge.

included in any group because 2 attempts were necessary before successful fetal injection of bacterin was achieved and also because the calf was born only 2 days after injection.

Six fetuses (Nos. 1939, 1322, 67, 1459, 2510 and 2085) were injected between 2 and 11 days before birth. These fetuses were born from 6 to 15 days earlier than expected. The gestation period was not affected, however, for 3 other cows (Nos. 2116, 2290 and 4657), whose fetuses were injected between 10 and 12 days before birth. All other fetuses, with known calving dates and injected more than 12 days before birth, were born within the normal expected range of gestation (Table 1).

The dose of unwashed viable *E. coli* organisms used for oral challenge varied from 1.5×10^{10} (5 ml) to 1.5×10^{11} (50 ml). Initially, the lower challenge dose given to newborn calves, previously injected in utero with bacterin (Nos. 1459 and 2510) or saline (No. 4657) failed to produce clinical disease. The same low challenge dose also failed to produce clinical disease in 2 other principal calves reimmunized at birth (Nos. 1322 and 67) and challenged at 5 days of age. An intermediate challenge dose (1.0×10^{11}) produced clinical disease in one newborn principal calf (No. 1377) but not in an older reimmunized principal calf (No. 1214) or a control calf (No. 299). Two newborn principal calves (Nos. 2459 and 1534), one reimmunized principal calf (No. 2036) and one 3-day-old control calf (No. 1567) withstood the high challenge dose whereas clinical disease was produced with the high challenge dose in one newborn control calf (No. 1912) (Table 1).

The clinical signs observed in challenged calves were those associated with colisepticemia and toxemia and included anorexia, depression, dehydration and generalized weakness. A mild diarrhea with mucous- and blood-covered feces was observed in association with the adjustment to the liquid milk replacer diet and also in some cases of clinical disease. At birth, one calf (No. 2116) had severe respiratory distress which persisted until euthanasia. The appetite of this animal was normal, although the calf remained recumbent at all times. There were no apparent clinical signs of other infectious diseases observed in the calves.

The gross lesions in calves with clinical disease were mild and consisted of edema and swelling of mesenteric lymph nodes, congestion of mesenteric blood vessels, petechiation of the spleen and thymus and occasional swelling of the liver. The histopathologic lesions observed in calves with clinical disease were confined primarily to the lamina propria of the intestinal villi and included edema beneath the mucosal epithelium, congestion of capillaries in the lamina propria, dilatation of central lacteals and infiltration with inflammatory cells (Figure 14A and B). There were no apparent differences in the histologic appearance of tissues of calves injected *in utero* with bacterin and reinjected at birth compared to control calves. The normal histologic appearance of tissues from unexposed principal and control calves changed with age. For example, there was an increase in the formation and size of lymphoid follicles in the mesenteric lymph nodes (Figures 15 and 16). Also, intra-epithelial lymphocytes and goblet cells were observed in the mucosa of the intestinal villi of older calves (Figure 17).

Figure 14A and B. Photomicrographs of the lower jejunum of principal calf No. 1377 (Group 4) previously challenged at birth with *E. coli* 026:K60:NM and euthanatized at 2 days of age. Notice the edema beneath the mucosal epithelium (1), congestion of capillaries in the lamina propria (2) and dilatation of central lacteals (3). H&E stain; X 135 (A) and 540 (B).

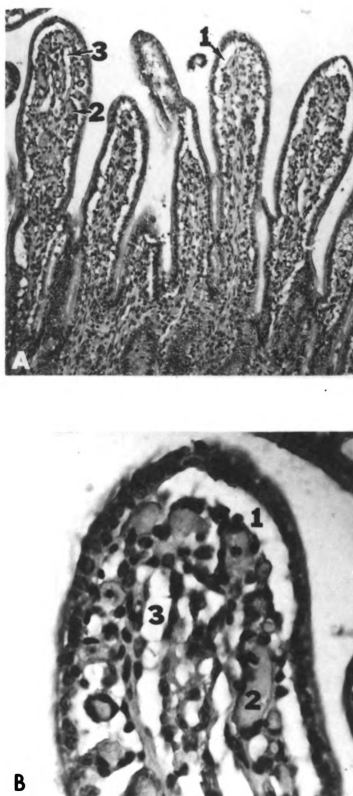


Figure 14

Figure 15. Photomicrograph of the mesenteric lymph node in the region of the ileum from principal calf No. 2290 (Group 5) euthanatized at birth. Notice the random distribution of lymphocytes in the cortical area (arrows) and also the sinusoidal structures in the medulla (S). H&E stain; X 135.

Figure 16. Photomicrograph of the mesenteric lymph node in the region of the ileum from principal calf No. 4 (Group 4) euthanatized at 7 days of age. Notice the lymphoid follicles in the cortical area (arrows). H&E stain; X 135.

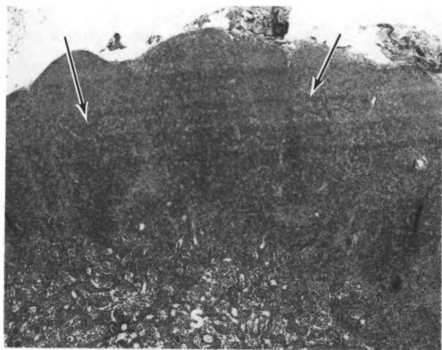


Figure 15

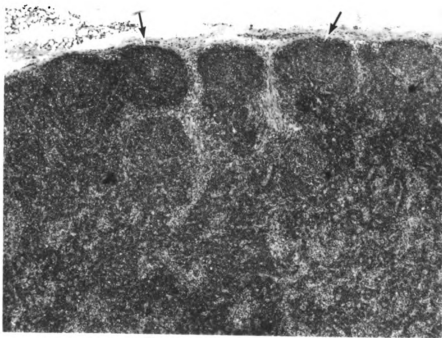


Figure 16

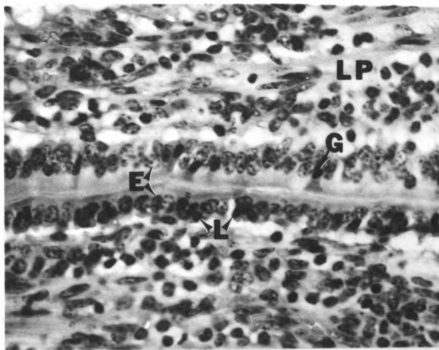


Figure 17. Photomicrograph of the lower jejunum of principal calf No. 2042 (Group 1) euthanatized at 2 weeks of age. Notice the goblet cell (G) and occasional lymphocytes (L) positioned between columnar epithelial cells (E) of the mucosae of 2 adjoining intestinal villi; lamina propria (LP). H&E stain; X 540.

The results of the bacteriologic examination of calves infected orally with an unwashed suspension of live *E. coli* organisms 026:K60:NM are summarized in Table 2. Calves selected for examination were those that showed clinical signs of disease after challenge or those challenged with the moderate or high challenge dose of *E. coli*. Bacteriologic examination of amniocentesis samples showed either no bacterial growth or very light growth of *Micrococcus* sp., *Bacillus* sp. or *Enterobacter* sp., which probably represented contamination of the samples by saprophytic organisms.

Table 2. Results of bacteriologic examination of neonatal calves previously injected in utero with *E. coli* 026:K60:NM bacterin or saline and orally challenged with the homologous organism

Group no.	Calf no.	Oral challenge dose (viable <i>E. coli</i> org.)	Tissues examined			
			Heart	Liver	Spleen	Kidney
4	1377	1.0×10^{11}	LGNH* <i>E. coli</i>	LGNH <i>E. coli</i>	LGNH <i>E. coli</i>	LGNH <i>E. coli</i> <i>Strep.</i> sp.
	2459	1.5×10^{11}	NG**	NG	NG	NG
	1534	1.5×10^{11}	NG	NG	NG	NG
7	299	1.0×10^{11}	LGNH <i>E. coli</i> <i>Strep.</i> sp. <i>Prot.</i> sp.	LGNH <i>E. coli</i> <i>Strep.</i> sp.	LGNH <i>E. coli</i> <i>Strep.</i> sp. <i>Prot.</i> sp.	LGNH <i>E. coli</i> <i>Strep.</i> sp.
	1912	1.5×10^{11}	LGNH <i>E. coli</i>	LGNH <i>E. coli</i>	LGNH <i>E. coli</i>	LGNH <i>E. coli</i>
8	1567	1.5×10^{11}	NG	NG	NG	NG

* Light growth of nonhemolytic.

** No growth.

Immunologic Responses to Fetal and Neonatal InjectionsDirect Bacterial Agglutination and
Passive Hemagglutination Assays

The results of the direct bacterial agglutination and PHA tests on calf sera with 026 and K60 *E. coli* antigens are summarized in Table 3. Preliminary testing by the PHA method showed that serum from 7 calves caused hemagglutination of uncoated SRBC. These samples were subsequently absorbed with uncoated SRBC to remove the nonspecific hemagglutinating activity and then retested. Three serum samples, with known hemagglutinating titers but no nonspecific activity against uncoated SRBC, were also absorbed in the same manner. Results of the latter absorption control tests showed that absorption with uncoated SRBC had no effect on the 026 hemagglutination titers. There was general agreement between the direct agglutination and the PHA assays in detecting 026 agglutinins in serum. However, the passive 026 hemagglutinin titers were generally greater than the direct 026 agglutinin titers and in some cases there was a 5-fold difference. There was little K60 agglutinin or hemagglutinin activity as measured by either the direct or the PHA methods. All control calves had negative 026 agglutinin titers at birth with the exception of Nos. 299 and 1567.

Only the serum from calf No. 299 had passive hemagglutination titers with the 4 *E. coli* O serotypes other than 026. The titers of serum taken at birth ranged from 4 to 16, whereas the titers of serum taken at necropsy were either 64 or 128. The serum from all other calves showed either incomplete PHA or were negative.

Table 3. Direct bacterial agglutination and passive hemagglutination titers* of serum from neonatal calves previously injected in utero with *E. coli* 026:K60:NM bacterin (Groups 1-5) or saline (Groups 6-10)

Group no.	Calf no.	026 Antigen				K60 Antigen			
		Direct		Passive		Direct		Passive	
		b**	n**	b	n	b	n	b	n
1	1429	32	32	512	64	2	4	-	-
	2042	-	4	2	4	- ^{††}	-	-	-
2	1322	-	-	4	4	-	2	-	-
	67	2	16	4	32	-	-	-	-
	1214	-	128	-	256	-	-	-	-
	2036	-	-	-	2	-	-	-	-
3	2116	-	4	-	4	2	2	2	2
	4	8	128	64	128	-	2	-	-
4	1459	2	4	2	-	-	-	-	-
	2510	-	2	2	2	2	2	2	2
	1377	-	2	16	16	-	-	-	-
	2459	16	32	64	64	2	4	-	-
	1534	4	64	64	1024	-	-	-	-
5	2290	-		32		-		-	
	1690	-		4		-		-	
	1518	-		32		-		-	
	2452	2		8		-		-	
6	334	-		-		-		-	
	2816	-		-		-		-	
	1717	-		-		-		-	
7	4657	-	-	-		-	-	-	-
	299	4	32	16	64	-	4	2	-
	1912	-	2	-	64	-	-	-	-
8	1567	2	8	2	32	-	2	-	2
9	2085	NT [†]	-	NT	-	NT	-	NT	-
10	2201	-	2	-	4	-	-	-	-

* Titers are expressed as the reciprocal of the highest dilution showing agglutination. Numbers represent the highest titers observed by either macro- or microtitration methods.

** b=sample taken at birth, n=sample taken at necropsy.

† not tested

†† negative

The results of the PHA assay of intestinal washings with 026 antigen of *E. coli* are summarized in Table 4. Several intestinal washing samples initially caused either a rapid hemolysis of antigen coated and uncoated SRBC or nonspecific agglutination of uncoated SRBC. It was necessary to absorb these samples from 1 to 4 times with uncoated SRBC to remove the hemolytic and the nonspecific agglutinin activity. Also, during the testing, several intestinal washing samples became cloudy. Microscopic examination of stained smears of this material showed the presence of large numbers of rod-shaped microorganisms. The PHA test with duplicate samples of intestinal washings was rerun later and the 026 hemagglutinin titers were either decreased or negative.

All intestinal washing samples were negative, with the exception of calf No. 67 when tested by the PHA assay with K60 antigen of *E. coli*. The poor responses of intestinal washings to the K60 antigen of *E. coli* could have resulted from the following causes: 1) the K60 antigen was destroyed during the preparation of the bacterin or 2) the possible enzymatic activity of the intestinal washings could have denatured the antigen. To test the former possibility, direct bacterial agglutination tests (macro and micro) were run in duplicate by reacting serial 2-fold dilutions of bacterin, left over from fetal injections, with monospecific anti-026 or anti-K60 typing sera diluted 1:2.^a A live suspension of homologous *E. coli* organisms was also tested in the same manner as a control. The results indicated

^aKindly supplied by Dr. P. Glantz, The Pennsylvania State University, College Station, Pennsylvania.

Table 4. Passive hemagglutination titers* of intestinal washings from neonatal calves previously injected *in utero* with *E. coli* 026:K60:NM bacterin (Groups 1-5) or saline (Groups 6-10)

Group no.	Calf no.	Source of Intestinal Washings**			
		D	UJ	LJ	I
1	1429	4	4	16	4
	2042	-	-††	-	-
2	1322	-	-	-	-
	67	-	2	8	-
	1214	-	16	-	4
	2036	-	-	-	-
3	2116	-	-	-	-
	4	4	16	8	64
4	1459	2	-	-	-
	2510	2	-	-	-
	1377	-	-	-	-
	2459	-	4	32	8
	1534	NT [†]	NT	NT	NT
5	2290	-	2	2	-
	1690	-	-	-	-
	1518	-	-	-	-
	2452	-	-	-	-
6	334	-	-	-	-
	2816	-	-	-	-
	1717	-	-	-	-
7	4657	-	-	-	NT
	299	-	-	-	-
	1912	-	-	-	-
8	1567	-	4	2	2
9	2085	2	-	-	-
10	2201	-	-	-	-

* Titers are expressed as the reciprocal of the highest dilution showing hemagglutination of SRBC coated with 026 antigen of *E. coli*.

** D=duodenum, UJ=upper jejunum, LJ=lower jejunum and I=ileum.

† Not tested

†† Negative

the presence of K60 antigen in the bacterin (1:64) and also in the suspension of live organisms (1:128). Preparation methods apparently caused only a 2-fold decrease in the K60 antigen content of bacterin. The 026 antigen was also present (1:32) in both the bacterin and the live bacterial suspension.

Agar Plaque Assay

The agar plaque assay was conducted on single cell suspensions of selected tissues from 21 calves. The results of the tests are summarized in Table 5. The number of calves with plaque forming responses in the various tissues tested is summarized in Table 6. The hemolytic plaques were identified as a clearing within a uniform suspension of coated SRBC in the agar-gel (Figure 18). Often there was a structure identifiable as a cell within the plaque area (Figure 19). The IgM producing cells predominated, were found in the tissues of a greater number of calves and were nearly evenly distributed throughout the intestinal tissues and corresponding mesenteric lymph nodes (Table 6). Indirect plaque forming cells were also observed in tissues from all but 5 calves. Immunoglobulin G₁ plaque forming cells were observed in tissues with intermediate frequency and IgG₂ plaque forming cells were observed with the least frequency (Table 6). There were also direct plaque forming cells in the control samples tested from the intestine of many calves. In many cases, where there was a direct (IgM) plaque response, there were also indirect (IgG₁ and IgG₂) responses. The plaque forming responses observed in the spleen were, in some cases, inconsistent

Table 5. Results of the agar plaque assay of selected tissues from 21 neonatal calves previously injected *in utero* with *E. coli* 026:K60:NM bacterin (Groups 1-5) or saline (Groups 6-10)

Group no.	Calf no.	Total Number of Plaques from Selected Tissues								
		Small Intestine (no./10 ⁸ cells)			Mesenteric L.N. (no./10 ⁸ cells)			Spleen (no./10 ⁸ cells)		
		IgM	IgG ₁	IgG ₂	IgM	IgG ₁	IgG ₂	IgM	IgG ₁	IgG ₂
1	1429	10,800	--*	--	--	--	--	--	--	--
	2042	12,600	18,500	300	--	--	--	--	--	--
2	1322	250	--	--	--	--	--	--	--	--
	67	3,750	250	500	225	--	125	325	--	--
	1214	950	850	--	15	--	--	--	--	--
	2036	53,350	--	--	--	--	--	--	--	--
3	4	16,900	--	--	--	--	--	--	--	--
4	1459	8,250	250	--	50	--	25	--	--	25
	1377	39,050	16,100	6,350	1,465	530	--	550	--	--
	2459	113,000	--	--	15	1,100	45	--	630	30
	1534	152,650	850	--	--	--	--	--	--	--
5	2290	5,500	500	2,250	225	--	50	--	--	25
	1690	1,000	--	--	--	--	75	50	--	--
	1518	1,950	350	--	65	15	--	15	--	15
	2452	6,100	3,850	700	345	--	--	50	65	--
6	334	18,600	--	--	215	--	--	230	--	--
	2816	--	1,100	950	--	30	30	--	--	--
	1717	--	5,950	2,800	--	--	--	--	--	--
7	299	10,450	--	--	530	65	15	--	--	--
8	1567	53,100	25,150	4,000	--	--	--	--	--	--
10	2201	10,150	--	--	--	--	--	--	--	--

* Either no plaque formation or the number of plaques formed did not exceed the number of control plaques.

Figure 18. Photograph of an agar plaque assay of a single cell suspension of tissue from a neonatal calf. A hemolytic plaque can be seen as a clear area (arrow) within a uniform suspension of coated SRBC in agar-gel. Unstained.

Figure 19. Photograph of an agar plaque assay of a single cell suspension of tissue from a neonatal calf showing a cell (arrow) in the center of a single plaque. Unstained.

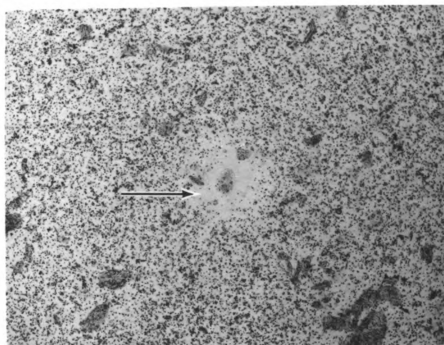


Figure 18

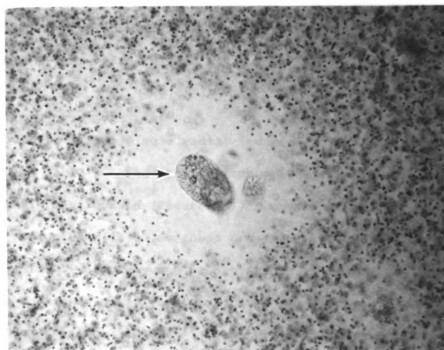


Figure 19

Table 6. Results of the plaque forming responses of the intestine and mesenteric lymph nodes of 21 neonatal calves previously injected *in utero* with *E. coli* 026:K60:NM bacterin (Groups 1-5) or saline (Groups 6-10)

Plaque Assay	Tissue Samples**						
	Intestine				Mesenteric lymph nodes		
	D	UJ	LJ	I	UJ	LJ	I
Direct (IgM)	17	12	12	10	7	7	9
Indirect (IgG ₁)	7	6	5	2	4	3	1
Indirect (IgG ₂)	2	2	5	1	4	5	6

* Figures represent the total number of calves with responses in the respective tissues tested.

** D=duodenum, UJ=upper jejunum, LJ=lower jejunum and I=ileum.

with the responses observed in the intestine and mesenteric lymph nodes from the same animal (Table 5).

Single Radial Immunodiffusion

The results of the single radial immunodiffusion assay are summarized in Table 7. The stained immunoprecipitate rings formed were not uniformly rounded (Figure 20), thus requiring that the images be projected with an overhead projector, traced onto paper and then cut out. Samples with no detectable ring formation were assumed to be either negative or to contain quantities of immunoglobulin less than the limits of sensitivity of the assay. The points made on graph paper for the standard antigens assumed nearly a straight line. Therefore, a straight line curve was drawn free hand to best fit the data rather than to determine the line by

Table 7. Results of single radial immunodiffusion of serum from neonatal calves previously injected *in utero* with *E. coli* 026:K60:NM bacterin (Groups 1-5) or saline (Groups 6-10)

Group no.	Calf no.	Quantity of Immunoglobulins*			
		IgM		IgG ₂	
		b**	n**	b	n
1	1429	-	0.52	0.50	0.65
	2042	0.51	2.02	-††	0.85
2	1322	0.37	0.45	-	-
	67	0.38	0.75	-	-
	1214	-	0.79	-	-
	2036	-	0.58	-	-
3	2116	0.67	0.79	-	-
	4	-	1.23	-	-
4	1459	-	0.31	1.28	1.44
	2510	0.89	0.56	-	-
	1377	0.37	0.40	-	-
	2459	-	0.35	-	-
	1534	-	0.77	-	-
5	2290	1.90		0.80	
	1690	-		-	
	1518	1.06		0.64	
	2452	0.29		-	
6	334	0.43		0.55	
	2816	-		-	
	1717	-		-	
7	4657	-	0.28	-	-
	299	0.35	1.36	0.85	2.90
	1912	-	-	-	-
8	1567	0.35	1.55	-	1.40
9	2085	NT [†]	1.08	NT	0.81
10	2201	-	0.61	-	-

* Quantities of immunoglobulins are expressed as mg/ml.

** b=birth and n=necropsy

† not tested

†† Either negative or present at a concentration less than the sensitivity of the assay.

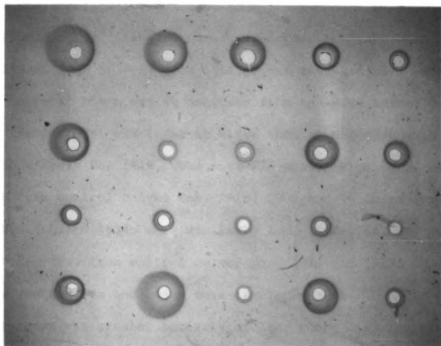


Figure 20. Results of the quantitative determination of bovine IgM in calf sera by single radial immunodiffusion. Standard antigen (IgM) was placed in the row of wells across the top and calf sera were placed in the remaining wells. The concentrations of standard antigen from left to right in mg/ml were 1.75, 1.35, 0.95, 0.55 and 0.15, respectively. Analine blue black stain.

regression methods. Of the two immunoglobulin classes quantitated, the major immunoglobulin present in the serum of most calves was IgM.

Radioimmunoassay

The results of the radioimmunoassay of serum from selected calves are summarized in Table 8. The results showed in part that the response was quantitative but also that the response was dependent on the amount of Cr⁵¹-labeled 026 antigen used to react with calf serum (1534[n] and 1534-1:5[n]; 1912[n] and 1912-1:5[n]). Where samples taken at birth and at necropsy from the same animal were tested, the response was lower at birth than at necropsy with the exception of calf No. 1429. The anti-026 activity of serum taken at birth from control calves Nos. 2816, 299b and 1912b and principal calves Nos. 4b and 1534b were similarly low. Likewise, the serum taken at necropsy from control calves Nos. 299n and 1912n and principal calves Nos. 4n and 1534n were similarly high. In most cases, wherever there was greater activity of IgM, there was also increased activity of either IgG₁ or IgG₂ or both.

Qualitative Immuno-electrophoresis

The immuno-electrophoretograms of serum from selected calves are shown in Figures 21 and 22. The IEP profiles of normal WBS and serum from selected calves were similar, and the albumin and globulin fractions were readily identifiable in all samples tested. The globulin proteins of serum from calves tested at birth were generally not as prominent in the immuno-electrophoretograms as the globulin proteins in serum from older calves and in adult serum, although

Table 8. Results of the radioimmunoassay of serum from selected calves previously injected *in utero* with *E. coli* 026:K60:NM bacterin (Groups 1-5) or saline (Groups 6-10)

Group no.	Calf no. [†]	Gamma Radiation Counts of Precipitates Formed by the Respective Antiglobulins**		
		IgM	IgG ₁	IgG ₂
1	1429 (b)	1,631	1,373	900
	1429 (n)	1,986	777	834
2	67 (n)	2,916	1,001	1,077
	1214 (n)	3,194	1,593	1,548
3	4 (b)	433	488	423
	4 (n)	3,263	1,206	2,430
4	2459 (b)	587	572	768
	2459 (n)	2,008	1,489	1,926
	1534 (b)	250	423	471
	1534 (n)	2,849	2,115	6,396
	1534-1:5 (n)	695	450	1,827
5	2290 (n-b)	1,237	446	1,659
	1518 (n-b)	1,598	450	660
6	2816 (n-b)	238	152	708
7	299 (b)	594	353	588
	299 (n)	3,199	1,828	3,237
	1912 (b)	256	195	735
	1912 (n)	2,844	1,166	2,112
	1912-1:5 (n)	630	299	527
8	1567 (n)	5,777	728	1,308

* ^{51}Cr -labeled 026 antigen was used as the primary antigen in the test.

** Figures represent CPM of ^{51}Cr gamma radiation.

[†] b=birth, n=necropsy, n-b=necropsy at birth.

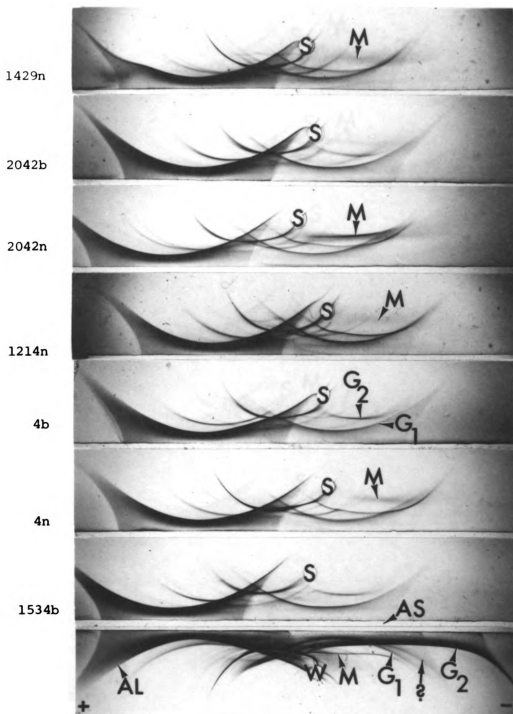


Figure 21. Immunoelectrophoretograms of sera taken at birth or at death from selected calves; Calf serum sample (S), WBS (W), AWBS (AS), IgM (M), IgG₁ (G₁), IgG₂ (G₂) and Albumin (AL). Notice that the IEP profiles of calves at birth are not as prominent as in older calves or adult serum although IgG₁ and IgG₂ are present in all sera. Also notice the immunoprecipitate band between IgG₁ and IgG₂ (?). Analine blue black stain.



2816n-b

299b

299n

1567b

1567n

Figure 22. Immuno-electrophoretograms of sera taken at birth or at death from selected calves; Calf serum sample (S), WBS (W), AWBS (AS), IgM (M), IgG₁ (G₁), IgG₂ (G₂), IgA (A) and Albumin (AL). Notice the similarity of the IEP profiles of calves No. 299 and 1567 at death to adult serum. Also, the IgM immunoprecipitate band is especially prominent in calf No. 2290. Notice the immunoprecipitate band between IgG₁ and IgG₂ (?). Analine blue black stain.

immunoglobulins G_1 and G_2 were always detectable at birth. The IEP profiles of the serum gammaglobulins of calves tested at necropsy were not necessarily identical to those of adult serum, with the exception of control calves Nos. 299 and 1567 (Figure 22). The serum of most calves tested at necropsy reflected an apparent increase in concentration of immunoglobulins M, G_1 and G_2 over what was observed at birth as shown by the appearance, size and intensity of the respective immunoprecipitate bands. Serum immunoglobulin A was also observed in control calf No. 299 when tested at necropsy (Figure 22). A third immunoprecipitate band in the gamma region between IgG_1 and IgG_2 was consistently observed in the immunoelectrophoretograms of normal adult WBS (Figures 21 and 22).

Analysis of Amniotic Fluids

The results of the analysis of the amniotic fluid samples are summarized in Table 9.

Table 9. Results of the analysis of amniotic fluid samples obtained from 30 cows at the time of *in utero* injection of the fetuses

Test	Results*
Specific gravity	1.0095 \pm .1985
pH	8.065 \pm 1.116
Relative viscosity	2.258 \pm 1.038
Glucose	2.28 \pm 0.09 mg/ml
Refractive index	1.3366 \pm 0.0019

* Mean \pm s.e.

DISCUSSION

Production of Monospecific Antiglobulins

Several immunological and analytical procedures were used to attempt to fulfill the objectives of the present study. Conventional immunological laboratory procedures were used to characterize the humoral and local immune responses of bovine fetuses and neonates to *E. coli* antigen.

Some of the assays used in the present study to qualitate and quantitate the immune responses of bovine fetuses and neonates required the use of antiglobulins which were special immunological reagents that reacted with or "recognized" only one class of immunoglobulin protein from whole calf serum. The laboratory procedures involved in the nonspecific isolation of semipurified and purified globulin fractions from WBS were technically complicated and did not always yield a pure product (Figures 3, 4 and 8). The monospecificity of the final antiglobulin produced in laboratory animals was only as good as the purity of the globulin antigens used for primary and/or secondary immunization (Figures 10 through 12). The method used for finally obtaining purified globulins as antigens by immunoprecipitation in agar-gel with known monospecific antiglobulin represented one of the most direct methods for antigen purification. Additional advantages of this final purification procedure were 1) the agar-gel

was a convenient medium for emulsification of the immunoprecipitates with adjuvant, 2) agar-gel had adjuvant properties of its own (Chase, 1968a) and 3) the laboratory animals produced antibody primarily against the bovine globulin component of the immunoprecipitate since the known antiglobulin portion of the immunoprecipitate was from the same animal species. There may, however, have been allotypes of the antiglobulin which could have caused an additional immune response. Preparation of a purified globulin fraction is important for conducting the single radial immunodiffusion test since serial dilutions of a purified globulin must be used as a standard antigen. Nonspecific methods for purification of IgM or IgG₁ often result in products contaminated with α 2 macroglobulin (Figure 4) or IgG₂ (Figure 3), respectively. Alternate methods of obtaining either of these 2 globulins in pure form from semipurified preparations would have been either affinity chromatography or electrophoresis in Sephadex G-25 on Perspex plates as described by Porter (1972). Sufficient quantities of antiglobulins of known monospecificity to absorb out the contaminating materials from a semipurified sample were not available for use with affinity chromatography.

Experimental Design and Procedures

The original experimental plan was to divide the calves such that there would have been 4 calves in each principal group and 2 calves in each control group and then to subject all the calves in the same group to the same respective treatment. This planned distribution of calves and like treatment within groups would have resulted in sufficient data to make a statistical comparison between

similar principal and control groups according to the clinical responses to challenge and other immunological responses. Due to the limited number of calves originally available and variations in treatments given to calves within the same group, necessitated by variations in observed clinical responses, it was necessary to deviate from the original plan and divide the calves into unequally sized groups. As a result, the data generated from the small numbers of calves subjected to the same treatment could not be applied to a statistical comparison. Nonetheless, differences and similarities in clinical and immunological responses were observed and are noted later.

Experimental injection and immunization of bovine fetuses have not progressed to the same degree of sophistication that has been achieved in other animal species (Sterzl and Silverstein, 1967). This is due in part to the ease of handling of smaller animal species in the surgical techniques involved and the costs incurred in using cattle for experimentation. Limited studies with fetal immunization have shown that the bovine fetus is immunocompetent to a variety of antigenic substances (Osburn, 1973; Schultz, 1973a) and that clinical application can possibly be made of these findings. Furthermore, Porter (1973a) has stated that

"...in the local immune system the mechanisms of active synthesis and secretion of antibody in the intestinal mucosa start functioning in the first week of life, although the high levels of passively-acquired maternal antibodies produce a potentially suppressive effect. This suggests that there are opportunities for oral immunization while the young animal is suckled, with the attractive prospect of increasing the protective characteristics of the local epithelial defence mechanisms before weaning."

Proper selection of a combination of immunizing substances used to immunize fetuses could result in newborn calves which are resistant to the respective diseases that often affect neonates. Also, Gay (1971) found that neonatal calves, previously immunized *in utero*, had cross immunity when exposed to nonhomologous challenge organisms.

The nonsurgical technique of fetal immunization required that fetal development had progressed well into the third trimester of pregnancy to assure the proper positioning and size of the fetus for accurate placement of the antigen. In addition, near-mature fetuses are more likely to be immunocompetent than younger fetuses (Osburn, 1973; Schultz, 1973a). The original plan was to obtain females that had advanced to the same stage of pregnancy so that fetal injections could be made as close as possible to the beginning of the 8th month of gestation. As noted in the Results, there was difficulty in assessing the exact stage of pregnancy at the time fetal injections were made. As a result, data indicate (Table 1) that the time of *in utero* injection before birth varied from 5 to 62 days. This wide variation may have affected the immune responses observed in neonates. It is doubtful, however, that the injections made in the younger fetuses resulted in tolerance of those fetuses to the antigen.

The requirement of advanced pregnancy for fetal injections poses some practical problems with beef breeding cattle maintained under range conditions because the majority of these animals are pasture bred by natural service and precise breeding data are usually not available. Furthermore, it is often difficult to accurately estimate the time of gestation in advanced pregnancies by rectal palpation.

This problem could be lessened by maintaining beef breeding cattle under dry lot management systems or by the use of artificial insemination. Neither of these management practices is currently used to any great extent by either commercial or purebred beef cattle producers.

R. D. Schultz (personal communications, 1974) indicated that fetal injections made during the advanced stages of gestation may result in the shortening of the normal gestation period by as much as 2 weeks. With the exception of 3 animals (67, 1322 and 2085), results (Table 1) indicated that the cows calved within the limits of the normal range expected for gestation regardless of the type of injections made and when they were made during the gestation period. Although fetal injection may in some circumstances have an effect on the normal bovine gestation, the data from the present study do not support this hypothesis. The fetal injections were made several days after the cattle had been shipped a long distance.

Colibacillosis most commonly occurs as an enteric or septicemic disease of young calves. Limited data indicate that the disease is more prevalent in dairy than in beef or dual-purpose breeds of calves (Olson, D. P., unpublished data, 1975). One reason for the greater incidence of colibacillosis in dairy calves may be management practices which result in forced confinement and a greater concentration of neonatal calves in a small area and thus an increased opportunity for exposure to pathogenic strains of *E. coli*. Beef calves are often raised in less confined areas and it is presumed have less opportunity for concentrated exposure to pathogenic *E. coli*. A beef breed was

chosen in the present study because colibacillosis nonetheless does pose as a threat of disease to young beef calves and because of experimental interest in determining the immune responses of the beef-type animal to the antigen.

In a recent study of fetal immunization in dairy calves, Conner *et al.* (1973) injected *E. coli* bacterin into the amniotic fluid and later demonstrated an immune response to the homologous antigen in the serum of neonates. It was assumed that immunization occurred as a result of oral ingestion of the antigen by the fetus with subsequent development of either local and/or humoral immunity. The exact fate and distribution of the ingested antigen in the fetus is unclear. Apparently, some of the antigenic material remains in the intestine and the rest is nonselectively absorbed by the intestine resulting in the potential for stimulation of both the local and humoral immune systems. The nonsurgical method of fetal immunization into amniotic fluid seems more desirable than surgical intervention and parenteral injection of antigen into the fetus (Schultz *et al.*, 1971) partly because of uncertainty of where the parenteral injection is actually being made. Further, there is the potential danger with parenteral injection of injuring a vital fetal organ such as the eye. By carefully following the procedures of *in utero* injection by nonsurgical methods, as described in the Materials and Methods section, one should be reasonably assured of avoiding injury to vital fetal organs and of placement of the antigen into the amniotic fluid.

Data regarding the compositional analysis of the amniocentesis samples obtained (Table 9) agreed fairly well with the values reported by Needham (1931). However, it was not clear how the values reported by the latter were determined. The purpose of analyzing amniotic fluids was to obtain additional evidence beyond visual evaluation of the material that the fetal injections were actually made into the amniotic fluid as intended. There would have been little or no chance for oral ingestion by the fetus to have occurred if the injections had been made into the allantoic fluid because of no direct contact between this material and the fetus. It is possible that the negative PHA results on serum from principal calves Nos. 1214, 2036 and 2116 could have been due to injection into the allantoic cavity although records kept during the time that fetal injections were made indicated that the material aspirated resembled amniotic more than allantoic fluid. Based primarily on the appearance, character and consistency of the material and secondarily on the compositional analysis, it can only be concluded that the samples obtained in the present study were amniotic fluid.

Clinical Responses to Fetal and Neonatal Injections

The original dose of *E. coli* used to challenge certain neonatal calves (1.5×10^{10} live organisms/ml) was determined on the basis of an earlier report by Conner et al. (1973) which involved dairy calves. The unexpected failure of this challenge dose to produce clinical disease when given at birth to the first control calf born (No. 4657) resulted in the final adjustment of the challenge dose given to calf No. 1912 to 1.5×10^{11} unwashed organisms/ml. This

was 10 times the dose used initially. It was possible that bacterial endotoxins present in the unwashed challenge inoculum may have also contributed to the clinical disease observed. The calves were maintained under environmental conditions almost identical to those used by Conner et al. (1973). These results and the data summarized from the Missouri Veterinary Diagnostic Laboratory support the hypothesis that there are breed differences in natural susceptibility (or resistance) to *E. coli* infection in neonatal calves. The clinical responses of control calf No. 299 to an intermediate challenge dose given at birth represents a special case and will be discussed later in light of other data. The clinical responses of principal calves 1459 and 2510 challenged at birth with the low dose of challenge organisms were meaningless since the same dose failed to cause clinical disease in a comparable control calf (No. 4657). The apparent resistance of principal calves Nos. 2459 and 1534 to the high challenge dose was more consistent with expected results and was likely enhanced by an artificially acquired immunity resulting from fetal injection (Table 3). Principal calf No. 1377 did not survive an intermediate challenge dose primarily because of a poorer immune response to fetal injection (Table 3). The results of the oral challenge of 3-day-old control and principal calves indicated an association between age and resistance. Further, these results suggested that older calves (3 days and older) may have been naturally more resistant to the strain of *E. coli* used than were younger calves. This conclusion becomes more valid when one considers that the calves were raised without colostrum.

The results of the bacteriologic examination of neonatal calves challenged with live unwashed *E. coli* organisms (Table 2) indicated that *E. coli* were the predominant organisms isolated and identified. Only a light growth of *E. coli* was noted, however. This is not what one would expect from calves suffering from colisepticemia. Nonetheless, calves with clinical disease (Nos. 1377 and 1912) did show signs consistent with septicemia and/or toxemia. It was assumed that the *E. coli* isolated from these calves were of the same serotype as that of the challenge organisms, although this was not proven since isolates were not serotyped. Young calves may be naturally exposed to high concentrations of pathogenic *E. coli* organisms and endotoxins together, and it can be reasoned that the method of challenge used approximated these natural conditions.

Immunologic Responses to Fetal and Neonatal Injections

The procedures used to prepare the antigen substances for *in vitro* immunological tests may result in changes of the antigens such that they are structurally different than the antigens used for immunization. As a result, the *in vivo* immune responses may be different than the responses that are measured by *in vitro* methods because the antibody will not react optimally to the altered antigen. This becomes more important when experimental procedures are designed to measure specific antigen and antibody interactions as in hapten-antihapten systems. It was assumed that this was not a problem since the methods used to prepare *E. coli* antigens as immunological reagents were standard and accepted procedures even though they probably resulted in rather crude preparations of antigen.

Tables 3, 7 and 8 and Figures 21 and 22 contain data which quantitate and qualitate the humoral responses of the calves. Although the results of the direct bacterial agglutination and the PHA assays are expressed as titers of antibody present in serum, these assays are usually not considered as actual quantitative measures of antibody. Rather, the single radial immunodiffusion and the radioimmunoassay tests, by convention, represent more direct methods of quantitating antibody. There was an association between the direct bacterial agglutination, PHA and the radioimmunoassays in that all 3 tests measured direct activity of antibody present against the *E. coli* test antigen. In contrast, the single radial immunodiffusion and IEP assays quantitated and qualitated, respectively, the total antibody present in serum which had activity against all antigenic substances, including *E. coli*. Despite these differences, it can be concluded that the assays were interrelated and in many cases supportive of one another.

The radioimmunoassay used was especially useful as both a qualitative and quantitative test of immune responses against the 026 antigen of *E. coli*. Chromium⁵¹-labeled 026 antigen and monospecific antiglobulins both were used to measure the induced antibody responses in calf sera. The radioactivity of the precipitates formed was interpreted as a direct reflection of the antibody activity against *E. coli* 026 antigen, and the response measured was dependent on the amount of 026 antigen used in the test. One of the purposes of the preliminary PHA inhibition test was to approximate the amount of 026 antigen to use in order to work with a system of antigen

excess. Although the excess of antigen in the test system may not have allowed for an optimal interaction of antigen and antibody within the zone of equivalence, it did circumvent the possibility of an antibody excess and did assure that sufficient antigen was initially present to interact with all the homologous antibody that may have been present for the formation of soluble antigen-antibody complexes. The absorbed antiglobulin also contained Cr^{51} -labeled 026 antigen which also contributed an additional small amount of antigen to the test system. It is assumed that the radioactivity measured in the final precipitates came from 3 sources: 1) the Cr^{51} -labeled 026 antigen, 2) Cr^{51} unbound and nonspecifically bound to the antiglobulin molecules, and 3) nonspecifically "trapped" Cr^{51} in the precipitates. It was further assumed that the amount of radioactivity from the latter 2 sources was constant in all samples and that any major differences in radioactivity observed between control and principal sera or serum taken at birth and at death from the same animal were due to the primary interactions between Cr^{51} -labeled 026 antigen and antibody in the calf sera. Likewise, it was assumed that the low counts observed in serum taken at birth from control calves Nos. 2816 and 1912 represented nonspecific or "background" radioactivity. The figures reported in Table 8 represent the total radioactivity observed in each sample and include the radioactivity resulting from antigen-antibody interactions plus "background."

The results of the single radial immunodiffusion tests (Table 7) are incomplete in that IgG_1 was not quantitated in calf sera for

reasons discussed elsewhere. In most cases, there was agreement between the quantities of IgM measured and the appearance of IgM on IEP, except that IgM bands were not observed on IEP when serum IgM values were less than approximately 0.50 mg/ml (Figures 21 and 22). This discrepancy probably reflects the differences in sensitivity of the 2 assays. In contrast, there was not consistent agreement between the quantities of IgG₂ measured and the appearance of IgG₂ on IEP. Immunoglobulin G₂ was observed as either a light or a dense immunoprecipitate band in all the sera tested (Figures 21 and 22). The reason for this discrepancy is not clear, except for the possibility that the monospecific antiglobulin used in the single radial immunodiffusion assay may have had a low antigen binding capacity (low avidity).

To facilitate the interpretation and conclusions made from tests run on serum from individual animals or groups of animals, it was felt that comparisons should be made of the results obtained by the different assays. Factors which may have influenced the results obtained included 1) the kind of *in utero* injection and the time before birth that the *in utero* injections were made, 2) dose of challenge organisms, 3) ages of the animals, and 4) individual variations in responses.

Regarding the calves in Groups 5 and 6 euthanatized at birth (Figure 1), all the principal calves in Group 5 had demonstrable PHA titers whereas none of the control calves in Group 6 had demonstrable PHA titers against 026 antigen. The principal calves with PHA titers of 32 (Nos. 2290 and 1518) had high levels of IgM (Tables

7 and 8; Figure 22). The radioimmunoassays of calves Nos. 2290 and 1518 were similar, except that calf No. 2290 had greater IgG₂ activity than did No. 1518 (Tables 7 and 8; Figure 22). It was assumed that these were primary immune responses since the calves had been injected *in utero* either 10 or 20 days earlier (Table 1), respectively. The other principal calves in Group 5 (Nos. 1690 and 2452) had weak immune responses (Tables 3 and 7) for reasons that are unclear.

The calves that were challenged at birth (Groups 4 and 7) had similar differences in PHA titers against 026 antigen at birth and at death (Table 3) with the exception of control calf No. 299. The data on calf No. 299 from Tables 3, 7 and 8 and Figure 22 provide considerable evidence suggesting that this animal may have suckled before it was removed from its dam. The PHA titers (Table 3) and the quantities of immunoglobulins M and G₂ (Table 7) at birth and at death were comparable to or greater than other principal calves. Similarly, there was anti-026 antigen activity, somewhat higher than "background", of immunoglobulins M, G₁ and G₂ at birth. These developed into much higher levels at death (Table 8). If serum had been taken several hours after birth, it is probable that the PHA titer and the other tests would have been even higher due to more complete absorption of colostral lactoglobulins. The IEP profiles also showed the presence of strong immunoglobulin bands not normally seen at birth and a serum profile at death which was very similar to adult serum. Also, a strong IgA band, which could only have come from colostrum, was present at death (Figure 22). Final evidence

for colostrum intake by calf No. 299 is that the animal withstood an intermediate challenge dose of *E. coli* (Table 1), and serum from this calf was the only one which had activity against 4 other serotypes of *E. coli* tested. It is presumed that the passively acquired colostral antibodies were primarily responsible for the resistance of the calf to the challenge and also the source of humoral antibody activity against the other *E. coli* serotypes. Data do not support that ingestion of colostrum occurred in any of the remaining calves. Control calf No. 1912 had an unexpected and rapid immune response (Tables 3 and 8) to a high challenge dose of *E. coli* (Table 1) despite the fact that the animal was near death and had to be euthanized at only 1.5 days of age. This suggests either that calves have the capacity to mount rapid immune responses at a very young age or that there was hemoconcentration of serum protein, including gamma globulins, due to rapid dehydration. There was a direct relationship between the PHA responses of principal calves in Group 4 tested at birth and the time between *in utero* injection and birth. There was also a direct relationship between the challenge dose given to these calves and the PHA titers at death (Tables 1 and 3). The radioimmunoassays and immunoelectrophoretograms of sera from calves Nos. 2459 and 1534 of Group 4 were similar and showed anti-026 antigen activity above "background" at birth and increased responses at death (Table 8 and Figures 21 and 22). Immunoglobulin M in calf No. 1534 was below detectable levels in serum taken at birth (Table 7; Figure 21) and was barely above detectable levels in serum taken at death (Table 7; Figure 22). In contrast, IgG₂ in calf No. 1534

appeared to account for the majority of the response at death (Tables 3 and 8), although this was not confirmed by single radial immunodiffusion (Table 7). There was a discrepancy between the immune responses, as measured by the PHA and radioimmunoassay methods, in serum from calf No. 2459 at birth and at death (Tables 3 and 8). There may have been a dilution error with the PHA assay since the direct bacterial agglutination test did show an increase in titer. With the exception of principal calf No. 1377, it appeared that the immune responses observed in the serum of principal calves Nos. 2459 and 1534 and control calf No. 1912 at death were dependent on the challenge dose given. The 2 principal calves were immune from previous *in utero* injection with bacterin and probably reacted to the challenge organisms with a secondary immune response.

The purpose of Group 2 was to determine the resistance of calves revaccinated at birth and later challenged whereas Group 3 was to determine the immune responses resulting only from revaccination at birth. Group 8 was to serve as a control for revaccination and challenge of older principal calves. Considering the response of all the calves in Groups 2, 3 and 8, and especially control calf No. 1567, it is apparent that there was an age dependence factor with regard to challenge. Consequently, it was not possible to evaluate the resistance of calves revaccinated at birth and challenged at 3 days of age regardless of the challenge dose used in the present study. It appeared that control calf No. 1567 reacted to challenge in a way similar to a normal primary immune response (Tables 3, 7 and 8; Figure 22), whereas principal calves Nos. 67 and 1214 probably

responded with a secondary immune response. The IgM and IgG₂ responses of calf No. 1567 were particularly noticeable (Tables 7 and 8; Figure 22). The PHA responses of calves in Groups 2 and 3 tested at birth were highly variable (Table 3) and were most likely influenced by the time lapse between *in utero* injection and birth (Tables 1, 3, 7 and 8). Revaccination at birth caused either a conversion of serum from negative to sero-positive or a 2-fold increase in the PHA titer (Group 3). Revaccination at birth and challenge at 3 days of age also caused a conversion of serum from sero-negative to sero-positive or an increase in the PHA titers in Group 2 depending on the challenge dose used. Calves Nos. 1322 and 2036 (Group 2) seemed refractory to immunization and challenge perhaps because of individual differences in primary immune responsiveness.

The PHA responses of calves Nos. 1429 and 2042 in Group 1 were not similar (Table 3) in spite of the fact that both calves had been given *in utero* injections about the same time before birth (Table 1). The unusually high PHA titer observed in calf No. 1429 at birth (Table 3) was in contrast to the results obtained by single radial immunodiffusion and radioimmunoassay (Tables 7 and 8). Further, the high PHA titer observed at birth in calf No. 1429 would suggest a stronger than expected fetal immune response that was not influenced by revaccination and continued to decline with age.

The results of the PHA assay with K60 antigen indicated poor humoral (Table 3) and local responses. This could have been caused by nonspecific enzymatic destruction of the K60 antigen in the intestinal lumen resulting in no immunological stimulation.

Apparently, the 026 antigen remained intact and appeared to be the dominant antigen of the test organism although this may not actually be the case when both antigenic components are naturally present. It is possible that parenteral injection of the bacterin into fetuses or neonates would have induced a greater immune response to the K60 antigen. As a result of the poor PHA responses to K60 antigen, no attempt was made to conduct the radioimmunoassay to qualitate and quantitate the immune responses in serum and intestinal washings to the same antigen.

Discussion of the results of the PHA assay of intestinal washings and the agar plaque assay of intestinal segments and mesenteric lymph nodes is considered separately since these tests were intended to assess the immune responses of the local immune system of calves for the production of immunoglobulins M, G_1 and G_2 . It is widely accepted that IgA is the principal protective immunoglobulin normally produced and secreted from the intestine, although recent work by Porter et al. (1970) in pigs indicated that a common mechanism may be operative for the secretion of IgM and IgA in the intestine of very young animals. Whereas IgA is primarily produced and secreted locally, it has been postulated that immunoglobulins M, G_1 and G_2 are also produced locally in small quantities and either remain in the intestinal tissues or are secreted. Immunoglobulin M, however, has also been found in the intestinal secretions in significant amounts (Porter et al., 1970).

The results of the PHA assay of intestinal washings indicated a poor local immune response to 026 antigen compared to the humoral

response. However, the results were subject to variations, possibly due in part to the experimental procedures, and suggest that further refinements be made of the techniques employed. The experimental variables included: 1) the amount of dithiothriitol used as a reducing agent may not have been sufficient to interact with the intestinal surface-bound immunoglobulin molecules and free them into the intestinal lumen, 2) the volume of dialysate used to dialyze the intestinal washing samples may not have been sufficient; thus the undialyzed dithiothriitol may have reduced and degraded the immunoglobulin molecules further, 3) the contamination of some samples with a heavy growth of bacteria may have caused a breakdown of proteins in the sample, and 4) the samples, after dialysis, may not have been concentrated enough even though the final volume of concentrate was approximately that of the original fluid from the intestinal lumen. Another possibility for explaining the low level of antibody activity in intestinal secretions has nothing to do with experimental procedures but is associated with the fact that IgM, unlike IgA, is released into the intestinal secretions but is not bound to the mucous coating on the surface of the intestinal epithelium (Porter *et al.*, 1972). Instead, IgM is degraded by proteolytic intestinal enzymes similar to those that may have caused the rapid nonspecific hemolysis of SRBC with the PHA assay of intestinal washings. The PHA assay of intestinal washings measured total antibody activity and did not qualitate the local immune response. Therefore, it was not possible to determine the class(es) of antibody present in the intestinal washings from the tests conducted. In comparing the PHA assays of serum (Table 3) and

intestinal washings (Table 4), with few exceptions it was found that the calves with the highest serum 026 hemagglutinin titers at death also had demonstrable titers in the intestinal washings. This would suggest either that high levels of humoral antibody may have "spilled over" into the local intestinal secretions or that antigenic stimulation resulted in the responses of 2 separate immune systems that operated independently of one another. There was no direct relationship between the PHA titers of intestinal washings (Table 4) and the agar plaque assay (Table 5). This finding was unexpected since it was assumed that the PHA assay of intestinal washings and the agar plaque assay from intestinal segments together would reflect the responsiveness of the local immune system. A more direct relationship between the 2 assays may have been observed if the plaque formation assay had been conducted to test for the presence of IgA producing cells although development of the IgA system usually requires 1 to 2 weeks in young animals. Thus the PHA titers in the intestinal washings most likely represented IgA and/or IgM from the early developing local secretory immune system. On the other hand, the agar plaque assays, as conducted in the present study, represented immunoglobulin M, G_1 and G_2 producing cells whose secreted antibody either remained in the local intestinal tissues or was transported and found in diluted concentrations in the intestinal secretions (IgM).

The agar plaque assay is usually conducted on spleen, lymph node or bone marrow since these tissues are normally rich in lymphoid tissue and antibody producing plasma cells. By contrast, the intestinal tract has concentrations of lymphocytes in the form of Peyer's

patches located primarily in the ileum. The remainder of the small intestine has only scattered lymphocytes and plasma cells in the lamina propria of the villi and in the submucosa and contains a heterogeneous population of cell types which is not dominated by immunocytes. Any major change in the number of plaque-forming cells in a tissue that is not ordinarily as rich in immunocompetent cells as lymph nodes are, for example, would indicate that a significant antigenic stimulation had occurred. Other than for a recent study by Robertson and Cooper (1972), there have been few other reports which have used the agar plaque assay to test scrapings from the intestinal mucosa under similar experimental conditions as were used in the present study.

The results of the agar plaque assays of intestine and mesenteric lymph node tissues are a direct measure of the responses to the test antigen of the IgM, IgG₁ and IgG₂ antibody forming cells present as a part of the local immune system (Table 5). Revaccination with bacterin at birth had some stimulatory effect on the plaque forming responses. For example, the plaque forming responses of tissues from revaccinated calves Nos. 1429, 2042 and 4 were greater than the responses observed in calves injected with bacterin *in utero* and killed at birth (Group 5) and also greater in control calves killed at birth with the exception of calf No. 334 (Group 6). The plaque forming responses recorded for tissues from principal calves in Group 2 also included the responses that may have resulted from revaccination at birth. With the exception of calf No. 2036, the remainder of the calves in Group 2 had a comparatively poor plaque

forming tissue response in spite of revaccination or challenge. The large number of calves with tissues that had plaque forming activity against uncoated SRBC in the control tests was indicative of "background" or nonspecific activity against heterologous antigens by antibody secreted from plaque forming cells. In contrast, the humoral antibody of all the calves, except control calf No. 299, was quite specific, and did not cross react with the 4 other 0 serotypes of *E. coli* tested.

The major plaque forming responses of tissues in some principal and control calves seemed to be dependent on the challenge dose used such that the higher challenge doses stimulated greater plaque forming responses in tissues. There was also either an inverse or a direct relationship between the plaque forming responses of intestinal and mesenteric lymph node tissues and the PHA responses of serum depending on the challenge dose. A comparison of the agar plaque and the PHA assays including the challenge doses used and the clinical responses observed to oral challenge of selected neonatal calves are summarized in Table 10. Assuming that the live challenge organisms were infectious and also resulted in a stimulatory effect on the antibody immune system in general, it would appear that the intermediate or low challenge doses primarily stimulated either the plaque forming or the humoral immune responses but not both. The high challenge dose, however, stimulated both plaque forming and humoral immune responses (Table 10). In either case, one or both immune systems were involved which affected the immune status of the animals and/or contributed to resistance to challenge.

Table 10. Summary and comparison of the immune responses of selected neonatal calves to immunization and oral challenge with *E. coli* 026:K60:NM as determined by the PHA and agar plaque assays

Group no.	Calf no.	Immunological Assays*		Oral challenge dose	Signs of clinical dis. after oral challenge†
		PHA	Agar Plaque		
1	1429	high	low	NA**	NA
	2042	low	high	NA	NA
2	67	high	low	1.5×10^{10}	--
	1214	high	low	1.5×10^{11}	--
	2036	low	high	1.5×10^{11}	--
3	4	high	low	NA	NA
4	1377	intermed.	high	1.0×10^{11}	CD
	2459	high	high	1.5×10^{11}	--
	1534	high	high	1.5×10^{11}	--
7	299	high	low	1.0×10^{11}	--
8	1567	high	high	1.5×10^{11}	--

* Subjective evaluation of the immune responses.

** Not applicable.

† -- = no clinical disease; CD=clinical disease.

The plaque forming responses of the spleen were weak and inconsistent compared to those of the intestinal and mesenteric lymph node tissues. This may have occurred because of sampling error since only a fraction of the entire organ was tested. However, considering the results of the bacteriologic examination of certain calves (Table 2) and the gross lesions observed, it appeared that the antigenic material from the bacterin and the live challenge organisms rarely got beyond the intestine or mesenteric lymph nodes to any great degree. This suggests that the primary target organs of immune stimulation were the intestine and mesenteric lymph nodes and that these organs were primarily responsible for the local and humoral immune responses observed.

Recent evidence in young pigs (Allen and Porter, 1973) and calves (Porter *et al.*, 1972) has shown that IgM producing cells in the lamina propria of the intestine and free IgM molecules in the intestinal tissues and secretions apparently play an important role in the early development of the local immune system prior to and during the eventual switchover to the IgA secretory system (Porter, 1973a,b). Since the early maturation of the local intestinal immune system is dependent upon antigenic stimulation from the growing bacterial flora of the gut (Porter, 1973b), the tendency of man (van Oss, 1973) and animals (Berman, 1973) to respond immunologically to bacterial lipopolysaccharide by the production of IgM provides a possible explanation for the "'homing' of primed IgM immunocytes to the gut" (Berman, 1973) during early life. Also,

"It is interesting that in the secretory immune system in the early period of its development IgM predominates in the lamina propria and IgA predominates in the intestinal secretions." (Porter, 1973a)

The results of the hemolytic plaque assay (Table 5) clearly showed a predominance of IgM producing cells in the intestine of immunized and challenged calves and provide further supportive evidence of the important functional role of IgM in the primary immune response of the external secretory immune system of the young calf as has been suggested by others (Porter *et al.*, 1972; Porter, 1973b; Allen and Porter, 1973). A consequence of having IgM predominate in the early development of the secretory immune system is that IgM in combination with antigen is an efficient activator of complement (Berman, 1973). Activated complement may result in undesirable side effects in local tissues and could play a role in the pathogenesis of neonatal enteric diseases. Unfortunately, "adequate data on the level and functional activity of the complement system in the neonatal calf are not available and are badly needed" (Berman, 1973).

In a study of the early development of the local immune system in 2- to 6-week-old preruminant calves, Porter *et al.* (1972) found IgG₂ in higher concentrations in the intestinal secretions than IgG₁. This suggests that both IgG₁ and IgG₂ are present and may be secondarily involved in early local immune defense. The data from the hemolytic plaque assay in intestinal tissues (Table 5) are not consistent or conclusive in support of the predominance of one γ G antibody class of producing cells over another. The fact that the calves used were younger than those studied by Porter *et al.* (1972) could explain this lack of supportive evidence.

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Schultz (1973a) recently reported on testing fetal bovine sera by single radial immunodiffusion as a means of detecting *in utero* infections. It was found that immunoglobulins M and G₁ were the most reliable indicators of antigenic stimulation and that IgG₂ and IgA were present either in low quantities or were absent from fetal sera. The results of the radioimmunoassays of calf sera taken at birth (Table 8) indicated that fetal injections with bacterin did result in an immune response but did not consistently cause a predominance of production of one class of immunoglobulin G over another. However, revaccination and/or challenge of neonates did cause greater quantities of IgG₂ than IgG₁ in 10 of the 12 serum samples taken at death although many of the observed differences did not appear to be significant (Table 8). A comparison of immunoglobulin production in bovine fetuses in the present study and the results reported by Schultz (1973a) cannot be made since the latter involved serum from fetuses infected with live organisms whereas the present study involved fetuses immunized with killed bacterin. Likewise, it is probable that the naturally-infected fetuses (Schultz, 1973a) were septicemic and underwent a greater immune stimulation than did the calves in the present study. Further, it has been stated that "The response of an animal to an inactivated microbial agent may be quite different from that to the infectious microorganism" (Kaeberle, 1973). The predominance of IgG₂ over IgG₁ in revaccinated or challenged calves in the present study is similar to findings in the intestinal secretions of older calves as reported by Porter *et al.* (1972). This similarity suggests that IgG₂ may also be important in both the local and the humoral immune responses of young calves.

The immunoelectrophoretograms of control calves tested at birth (2816 n-b and 1567b, Figure 22) showed the presence of immunoprecipitate bands resembling immunoglobulins G_1 and G_2 and suggests that these calves were not agammaglobulinemic at birth. Based on the size and intensity of these immunoprecipitate bands (Figure 22), however, the quantity of these immunoglobulins must have been low. Immunoglobulins present in low levels at birth have been considered as nonspecific antibody, incomplete immunoglobulin or natural antibody (Sterzl and Silverstein, 1967). This natural or incomplete antibody may be important in nonspecific immunity of neonates to certain diseases (Gay, 1971).

The immunoprecipitate band which consistently appeared between immunoglobulins G_1 and G_2 in immunoelectrophoretograms of WBS (Figures 21 and 22) was not specifically identifiable. The immunoelectrophoretic mobility of the substance was somewhat greater than IgG_2 and only slightly less than IgG_1 . This suggests that the substance could be a subclass of either IgG_1 or IgG_2 and could represent a finding which has not previously been reported. Attempts at further characterization and identification of the unidentified immunoprecipitate band were beyond the scope of the present study. However, an effort should be made to characterize the physicochemical and biological properties of this substance since it may represent an important element in the bovine immune system.

SUMMARY

The humoral and local intestinal responses of fetuses and neonates to *Escherichia coli* 026:K60:NM were studied in 26 crossbred beef-type calves. *Escherichia coli* bacterin (5.0×10^{10} organisms) was injected *in utero* by a nonsurgical technique into the amniotic fluid of 17, 7- to 8.5-month-old fetuses (principals). Saline was injected in the same manner into 9 control fetuses. The colostrum-free newborn calves were removed from their dams after natural delivery and were maintained in separate pens and fed a milk replacer diet. Calves were divided into 10 unequally sized groups. Calves in one principal and one control group were each given an oral challenge inoculum at birth. Similarly, calves in one principal group (reimmunized at birth) and one control group each were challenged at 3 days of age. The challenge doses were 1.5×10^{10} , 1.0×10^{11} or 1.5×10^{11} live, unwashed homologous *E. coli* organisms. Calves were euthanatized at 1.5 to 5 days after challenge. Calves of the remaining 3 principal groups were either euthanatized at birth or were reimmunized at birth and euthanatized at 5 to 7 days or at 2 weeks of age. Control calves (3 groups) were also euthanatized at the above corresponding times.

Immunologic tests included direct bacterial and passive hemagglutination (PHA) of sera and intestinal washings; hemolytic plaque

assays of intestine, mesenteric lymph nodes and spleen; and single radial immunodiffusion, radioimmunoassay and qualitative immunoelectrophoresis of sera. Antiglobulin, monospecific against bovine IgM, IgG₁ or IgG₂ and antiglobulin against whole bovine serum were produced in guinea pigs or rabbits and used in the appropriate immunologic tests. Other tests included histologic and bacteriologic examination of tissues and partial compositional analysis of amniotic fluids.

The resistance of calves to challenge was a function of previous *in utero* injection of bacterin, age when challenged and the dose of challenge organisms used. Clinical disease was observed after inoculation of newborn calves with the intermediate or the high challenge dose in one principal and one control calf, respectively. The low challenge dose failed to produce clinical disease in either the newborn principal or the control calves. Clinical disease was not observed after giving the high challenge dose to 2 other newborn principal calves or in the 3-day-old principal calves, previously reimmunized at birth, or in the 3-day-old control calves. Clinical signs after challenge were those associated with colisepticemia and toxemia. The gross and histologic lesions, however, were mild and not consistent with those usually associated with septicemia. Bacteriologic examination of tissues from the challenged calves revealed a light growth of *E. coli*.

Principal calves, tested at birth, had serum PHA titers against the 026 antigen of *E. coli* ranging from 0 to 512, whereas all but 2 control calves were negative. It was suspected that one of the

control calves had suckled and the passively acquired colostral antibody was the most probable cause for the PHA response to the test antigen. The PHA titers of intestinal washings against the same antigen were either low or negative. Similarly, the PHA titers of serum and intestinal washings against the K60 antigen of *E. coli* were either low or negative. Qualitative and quantitative analysis by radioimmunoassay of sera from selected calves revealed that the antibody activity against the 026 antigen was primarily IgM although there was also increased activity of either IgG₁ or IgG₂ or both. Immuno-electrophoretograms confirmed the presence of these classes of antibody when compared to whole bovine serum.

Reimmunization with bacterin and use of the high challenge dose given to both principal and control calves caused either a conversion of serum from negative to sero-positive or as much as a 4-fold increase in the PHA titers. The intermediate or low challenge doses caused little or no increase in the PHA serum titers. Sera from all but one of the calves was serotype specific for the 026 antigen and did not react by the PHA test with 4 other O serotypes.

Results of the hemolytic plaque assay provided evidence of the important role of IgM in the early development of the local intestinal immune system. IgM producing cells predominated and were nearly evenly distributed throughout the intestinal tissues and corresponding mesenteric lymph nodes of the majority of the calves tested. The plaque forming response in the spleens tested was weak and inconsistent compared to the intestinal tissues. There was no direct relationship between the PHA titers of intestinal washings and the

plaque forming assays from intestinal segments. Reimmunization with bacterin at birth had some stimulatory effect on the plaque forming responses whereas the major increases in plaque forming activity in the intestine occurred after challenge with the high dose. The intermediate or low challenge doses stimulated either the plaque forming or the humoral immune responses whereas the high challenge dose stimulated both responses. The principal target organs for antigenic stimulation by the test organisms were the intestine and the mesenteric lymph nodes, and these immunocompetent organs were primarily responsible for the immune responses observed.

Immuno-electrophoretograms of serum from all control calves tested at birth showed the presence of low levels of IgG₁ and/or IgG₂. This gamma globulin probably represented natural or nonspecific antibody. Immuno-electrophoretograms also showed the presence of an unidentified gamma globulin in whole bovine serum which may represent a subclass of either IgG₁ or IgG₂.

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VITA

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