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29. ANTHRAQUNONE GLYCOSIDES FROM POLYGONUM CUSPIDATUM SIEB ET. ZUCC Tai-Shun Liu, Sheau-Farn Yeh, Institute of Biochemistry, National Yang-Ming Medical College, Taipei, R. O. C.

The bark of <u>Polygonum cuspidatum</u> Sieb et. Zucc has been known as a folk medicine in China and Taiwan. Two new anthraquinone glycosides 1 and 2 have been isolated from the bark of <u>P. cuspidatum</u>. Their structures have been determined by the spectroscopic, chemical and enzymatic reactions. The structure determination as well as their biological activity of other anthraquinone type compounds from <u>P. cuspidatum</u> will also be discussed.

© 30. DETERMINATION OF GALACTOSE-1-PHOSPHATE URIDYLTRANSFERASE IN HUMAN ERYTHROCYTES FOR DIAGNOSIS AND HETEROZYGOTE DETECTION OF GALACTOSEMIA.

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Congenital galactosemia is an autosomal recessive disease. Most galactosemia is caused by a deficiency of galactose-l-phosphate (Gal-1-P) uridyltransferase. Early diagnosis and institution of a galactose-free diet will prevent mental retardation, liver damage, and blindness. An isotope method has been established to determine the enzyme activity in erythrocytes. The hemolysate was incubated with the substrates, <sup>14</sup>C-Gal-l-P and UDP-Glucose, for 1 hour at 37°C. After the reaction was stopped by heating to  $100^{\circ}$ C, alkaline phosphatase was used to hydrolyze excess Gal-l-P. 20ul of the final reaction mixture was then applied to a DEAE paper strip, and the product,  $^{14}\text{C-UDP-galactose}$ , was purified by chromatographic elution. The amount of 14C-UDP-galactose remaining at the origin was determined by a  $\beta$ -counter. The reference range of erythrocyte Gal-l-P uridyltransferase activity in Chinese is estimated to be 290-470 mU/gHb. enzymic activity of a galactosemic newborn, detected by neonatal screening of blood galactose, was determined to be 0.04 mU/gHb. The parents (obligatory heterozygotes) had the activity at 48.0 mU/gHb and 156.0 mU/gHb. The enzymic activity of the patient's brother was 168.9 mU/gHb, which indicates that he might be a heterozygote. The results suggest that this method can be used for confirmatory diagnosis and heterozygote detection of galactosemia.