

## Ca<sup>2+</sup> OSCILLATIONS AND Ca<sup>2+</sup> INFLUX IN *XENOPUS* OOCYTES EXPRESSING A NOVEL 5-HYDROXYTRYPTAMINE RECEPTOR

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### SUMMARY

1. We expressed a novel 5-hydroxytryptamine receptor (SRL) in *Xenopus* oocytes and monitored cytosolic Ca<sup>2+</sup> through the endogenous Ca<sup>2+</sup>-dependent Cl<sup>-</sup> channel activity using the double electrode voltage-clamp technique.

2. 5-Hydroxytryptamine (5-HT; 200 nM) led to an initial rapid oscillatory current followed by a pronounced secondary one, which lasted long after 5-HT wash-out (20–40 min) and was not affected by the receptor antagonist yohimbine.

3. Both phases of the current were abolished by heparin demonstrating a key role for IP<sub>3</sub>-induced Ca<sup>2+</sup> release.

4. Caffeine (10 mM) alone did not evoke a current but reduced both phases of the current evoked by 5-HT. Ryanodine had no effect. No evidence for Ca<sup>2+</sup>-induced Ca<sup>2+</sup> release was found.

5. The secondary current activated by 5-HT was sensitive to changes in extracellular Ca<sup>2+</sup>, suggesting it was evoked by Ca<sup>2+</sup> influx. Reducing external Na<sup>+</sup> did not affect this current, demonstrating that it was rather specific for Ca<sup>2+</sup>.

6. The Ca<sup>2+</sup> influx pathway was much more sensitive to Cd<sup>2+</sup> than other divalent ions (Co<sup>2+</sup>, Mn<sup>2+</sup>, Sr<sup>2+</sup>, Ba<sup>2+</sup>). It was insensitive to verapamil.

7. Injection of D-*myo*-inositol 1,4,5-trisphosphate,3-deoxy-3-fluoro (IP<sub>3</sub>-F; an analogue not metabolized to D-*myo*-inositol 1,3,4,5-tetrakisphosphate (IP<sub>4</sub>)), evoked either an oscillatory current or a rapid current followed by a sustained secondary one. The latter was sensitive to external Ca<sup>2+</sup> and was blocked by Cd<sup>2+</sup>. Heparin dramatically reduced the IP<sub>3</sub>-F-evoked current.

8. Perfusion in Ca<sup>2+</sup>-free solution, once a secondary current had been generated, significantly decreased the amount of intracellular Ca<sup>2+</sup> mobilized by 5-HT, indicating that the Ca<sup>2+</sup> influx pathway plays an important role in pool refilling.

9. Block of Ca<sup>2+</sup> influx by Cd<sup>2+</sup> in cells that were oscillating transiently increased the amplitude and then either abolished the oscillations or made them irregular. This effect was also elicited by increasing external Ca<sup>2+</sup>.

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10. These results demonstrate that 5-HT, acting via  $IP_3$ , both releases  $Ca^{2+}$  from internal stores and evokes a pronounced  $Ca^{2+}$  influx. This last step is activated by pool depletion and is important for both refilling of the agonist-sensitive stores and modifying the oscillatory pattern.

#### INTRODUCTION

Activation of receptors linked to inositol 1,4,5-trisphosphate ( $IP_3$ ) are capable of evoking oscillatory increases in cytosolic free  $Ca^{2+}$  in a variety of cell types (Berridge & Irvine, 1989). This form of signalling has several advantages over a simple elevation of free  $Ca^{2+}$  because information will be carried not only in the amplitude of each spike but also in its frequency. The mechanism of generating oscillations is therefore of widespread interest and several models have been put forward (reviewed by Tsien & Tsien, 1990). *Xenopus* oocytes represent a convenient system for studying oscillations and  $Ca^{2+}$  wave propagation (Berridge, 1988, 1991; Lechleiter & Clapham, 1992) because first they have numerous  $Ca^{2+}$ -dependent  $Cl^-$  channels in the plasma membrane (Barish, 1983; Takahashi, Neher & Sakmann, 1987) enabling rapid measurement of free  $Ca^{2+}$  and second, due to their large size, various components of the  $Ca^{2+}$  signalling system can be easily injected into oocytes (e.g. receptor RNA, drugs) without dialysing the cell and losing cytoplasmic components.

The mechanism of generating oscillations in *Xenopus* oocytes is unclear but  $IP_3$  plays a central role since its injection is capable of evoking the oscillations (Oron, Dascal, Nadler & Lupu, 1985). Oscillations are present in  $Ca^{2+}$ -free solution (Parker & Miledi, 1986) suggesting intracellular  $Ca^{2+}$  is required for their generation. Fluctuations in the levels of  $IP_3$  do not seem to be necessary because injection of non-metabolizable analogues of  $IP_3$  evoke oscillations (Delisle, Krause, Denning, Potter & Walsh, 1990). Various intracellular models have been proposed. All require interaction between  $Ca^{2+}$  and  $IP_3$ , but differ in the nature of the interaction. One version suggests interaction through two intracellular  $Ca^{2+}$  pools via the process of  $Ca^{2+}$ -induced  $Ca^{2+}$  release (Berridge, 1988, 1991). Another postulates negative feedback by  $Ca^{2+}$  on the  $IP_3$ -induced  $Ca^{2+}$  release step (i.e. one store; Parker & Ivorra, 1990).

In this report, we have investigated the changes in cytosolic  $Ca^{2+}$  evoked by SRL, a novel 5-hydroxytryptamine receptor recently cloned from rat smooth muscle (Foguet *et al.* 1992). Our results suggest that  $IP_3$  has two roles. First, it evokes  $Ca^{2+}$  oscillations which can be most easily accounted for in terms of a one pool model and second,  $IP_3$ -induced  $Ca^{2+}$  release activates a pharmacologically unusual  $Ca^{2+}$  influx pathway which refills the  $IP_3$  pools, the signal for activation being the state of pool depletion. This  $Ca^{2+}$  influx modifies the oscillatory pattern.

#### METHODS

##### *Preparation of complementary RNA*

Complementary RNA (cRNA) was synthesized as described previously (Foguet *et al.* 1992).

##### *Preparation of Xenopus oocytes*

Oocytes were prepared using a protocol essentially as previously described (Methfessel, Witzemann, Takahashi, Mishina, Numa & Sakmann, 1986). Frogs were anaesthetized with tricaine and bundles of oocytes were removed after an abdominal incisure. The incision was then

surgically closed. Using such a procedure, frogs could be repeatedly used at intervals of 1 month or more.

Oocytes were incubated in nominally  $Ca^{2+}$ -free Barth's medium (composition below) with 2.8 mg  $ml^{-1}$  Worthingtons collagenase (type II) for around 3 h at room temperature (18–22 °C), in order to remove the follicular layer. Oocytes were then washed several times in normal Barth's medium and healthy ones selected under a microscope (sometimes parts of the follicular layer remained, and this was removed mechanically with fine forceps). The vitelline membrane was not removed.

Oocytes were injected manually with 20–30 ng cRNA using finely pulled microelectrodes. The oocytes were incubated in Barth's medium at 18 °C for 3–6 days. We have found that good expression occurs around this time following injection.

#### *Electrophysiology*

Currents were recorded using the standard double electrode voltage-clamp technique, held at –80 mV unless otherwise indicated. Electrodes (resistance 1–3 M $\Omega$  and filled with 2 M KCl) were generally Sylgard-coated to a third of the distance down the shank to reduce electrode capacitance. Oocytes were perfused with normal frog Ringer (NFR) solution for at least 10 min before application of 5-HT. 5-HT was always applied for 1 min at 200 nM (since this concentration did not induce long-lasting desensitization). At least 15 min recovery time was allowed between 5-HT applications, depending on the degree of recovery of the holding current.

#### *Solutions*

The normal frog Ringer solution had the following composition (mM): NaCl, 115; KCl, 2.5;  $CaCl_2$ , 1.8; Hepes, 10 (pH 7.2 with NaOH at room temperature).

The Barth's medium, in which the cells were incubated, contained (mM): NaCl, 88; KCl, 1;  $NaHCO_3$ , 2.4;  $MgSO_4$ , 0.82;  $Ca(NO_3)_2$ , 0.3;  $CaCl_2$ , 0.41; Tris-HCl, 7.5; pH 7.4.

#### *Injection of drugs into oocytes*

In some experiments, drugs were injected directly into oocytes. This was achieved by removing the cell from the experimental chamber and injecting using a protocol identical to that for cRNA injection. At least 15 min was allowed before subsequent voltage clamping. For injections of  $Ca^{2+}$  or  $IP_3$ , a third electrode containing the solution was impaled whilst recordings were still being made from the cell. This method was used because the responses to these agents were rapid in onset.

#### *Drugs used*

5-Hydroxytryptamine (creatinine sulphate complex), yohimbine, caffeine, heparin (low molecular weight), niflumic acid, manganese chloride, guanosine 5'-*O*-(2-thiodiphosphate) (GDP $\beta$ S), ethyleneglycol-bis-( $\beta$ -aminoethylether)*N,N,N,N*-tetraacetic acid (EGTA), verapamil, barium and strontium chloride were all purchased from Sigma (Germany), cadmium and cobalt chloride from Merck (USA), and ryanodine and D-*myo*-inositol 1, 4, 5, trisphosphate, 3-deoxy-3-fluoro ( $IP_3$ -F) from Calbiochem (La Jolla, CA, USA). Thyrotrophin-releasing hormone receptor cRNA was a generous gift from Dr Barros, University of Oviedo, Spain.

## RESULTS

### *Variability among oocytes*

Those *Xenopus* oocytes that had been injected with SRL cRNA generally responded in one of two ways. The most common response (48 of 78 cells) consisted of a rapid inward current (range 40–900 nA) with a few oscillatory currents on the peak, a partial decline and then a smaller sustained secondary current (range 20–100 nA, duration 5–40 min, e.g. Fig. 1A). Other cells (8 of 78) exhibited a rapid initial current which then declined into a series of sustained oscillations (amplitude 20–400 nA). Such cells generally did not show a clear secondary current (Fig. 1B). A few cells (17 of 78) responded in a way intermediate between the above two extremes (Fig. 1C). Five cells responded with a transient non-oscillatory current and no secondary phase. There was no obvious correlation between the type of response

and membrane potential, cell size, morphology or the number of days after injection (3–6). Although the pattern of the current did not differ much during the time course of an experiment, the peak amplitudes tended to run down with time. For

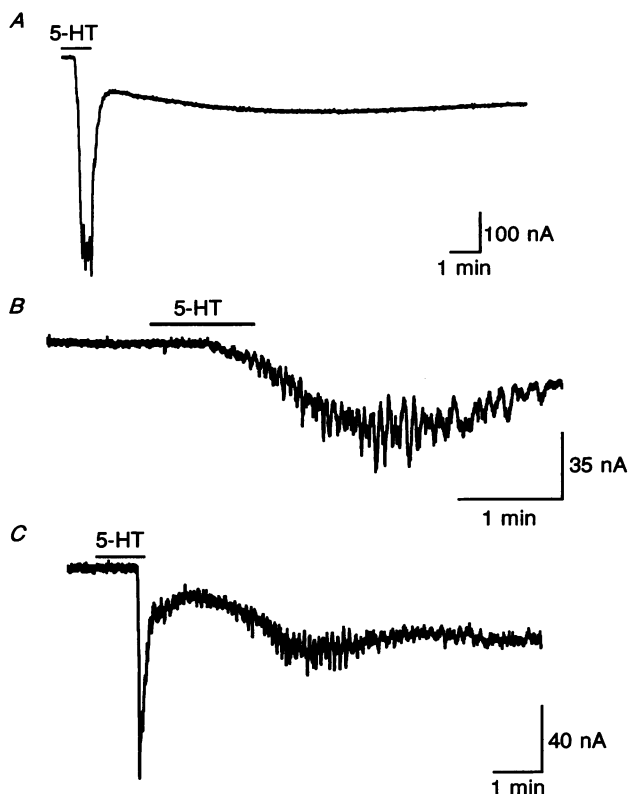


Fig. 1. Different patterns of current evoked by 200 nM 5-HT applied for 1 min as indicated. See text for details. A, B and C are from different cells. Inward current is depicted as downward.

example, the third application of 5-HT (at 30 min intervals) evoked currents which had peaks of 70–90 % of the first control. Run-down was more pronounced in those cells whose first response was large. Uninjected oocytes or those injected with distilled water consistently failed to respond to 5-HT ( $n = 4$  and 8 respectively).

#### *5-Hydroxytryptamine activates $Ca^{2+}$ -dependent $Cl^-$ channels*

Activation of certain exogenous receptors can link to a transduction system endogenous to the oocyte resulting in an elevation of cytosolic free  $Ca^{2+}$  and subsequent activation of the  $Cl^-$  channels. SRL is also able to link into this endogenous transduction system for the following reasons. First, the currents reversed around  $-25$  mV ( $n = 3$ ). This corresponds to the chloride reversal potential ( $E_{Cl}$ ) in oocytes under our conditions (Barish, 1983). Second, injection of the  $Ca^{2+}$

chelator EGTA (final concentration *ca* 1 mM) abolished the currents. Third, the  $Ca^{2+}$ -dependent chloride channel blocker niflumic acid reversibly blocked the responses to 5-HT (250  $\mu$ M,  $n = 3$ ).

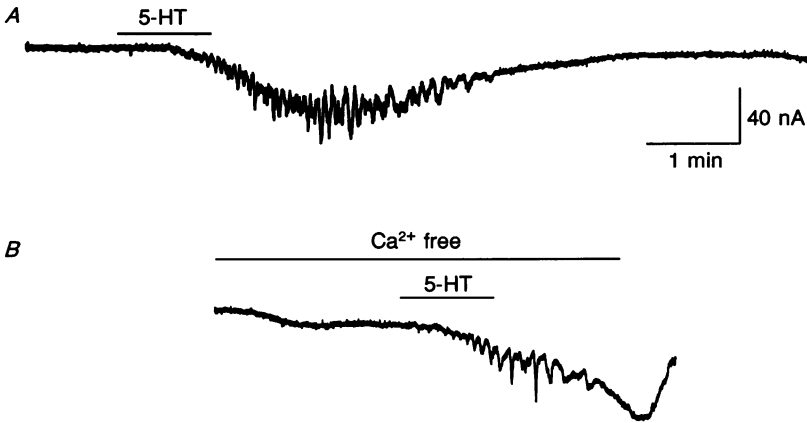


Fig. 2. Effects of  $Ca^{2+}$  removal on the 5-HT current. *A*, control response to 5-HT. *B*, after 2 min perfusion in  $Ca^{2+}$ -free 0.1 mM EGTA solution, 5-HT was applied in  $Ca^{2+}$ -free EGTA for 1 min followed by wash in the EGTA-containing solution.

#### *Both intracellular and extracellular $Ca^{2+}$ are required*

The source of  $Ca^{2+}$  mobilized by 5-HT could be intracellular and/or extracellular. To discriminate between these possibilities, oocytes were perfused with  $Ca^{2+}$ -free 0.1 mM EGTA Ringer solution for 2 min. This resulted in a reversible increase in the holding current (20–400 nA) required to maintain the voltage clamp (see also Lupu-Meir, Shapira & Oron, 1990) and may reflect a need for  $Ca^{2+}$  in maintaining membrane stability. Application of 5-HT in  $Ca^{2+}$ -free solution still evoked an oscillatory current (Fig. 2) but the amplitude was reduced by 20–45% ( $33.5 \pm 10.0\%$ , mean  $\pm$  s.d.,  $n = 4$ ). This suggests that first, both intracellular and extracellular  $Ca^{2+}$  are required to maintain the size of the current and second, the basic mechanism for generating oscillations is intracellular in origin.

#### *Role for $IP_3$ : sensitivity to heparin*

Since the diffusible second messenger  $IP_3$  provides a link between receptor activation in the plasma membrane and  $Ca^{2+}$  release from internal stores (Berridge & Irvine, 1989), we injected heparin (an inhibitor of the  $IP_3$  receptor; Ghosh, Eis, Mullaney, Ebert & Gill, 1988) to see whether  $IP_3$  was involved in the currents to 5-HT. Prior injection of heparin (final concentration around 1 mg ml<sup>-1</sup> which is supramaximal in many cell types) abolished the currents in four cells and reduced it by 90% in a fifth (Fig. 3A). Oocytes injected with distilled water instead still responded to 5-HT ( $86 \pm 24\%$  of control,  $n = 4$ ). In three of these latter oocytes, subsequent injection of heparin abolished the currents in two cells and reduced it to 8% in the third. Activation of the thyrotrophin-releasing hormone (TRH) receptor,

once exogenously expressed in oocytes, evokes an oscillatory current and also increases  $IP_3$  levels in oocytes (Oron, Gillo, Straub & Gershengorn, 1987). If heparin is working by blocking the  $IP_3$  receptor, one predicts that the TRH current will also be blocked. Injection of the same stock solution of heparin that abolished the 5-

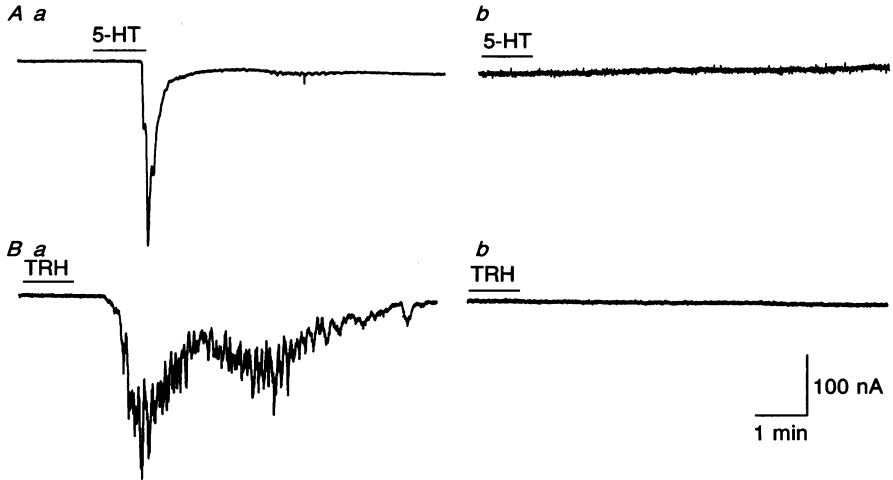


Fig. 3. The inhibitory effect of heparin on receptor-activated currents. *Aa* and *b*, responses to 5-HT before and 30 min after injection of *ca* 1 mg ml<sup>-1</sup> heparin, respectively. *Ba* and *b*, responses to 1  $\mu$ M thyrotrophin-releasing hormone (TRH; following expression of the thyrotrophin-releasing hormone receptor) before and after injection of the same stock solution of heparin as in *A*).

HT currents also abolished the currents to TRH (3 of 3 cells, Fig. 3*B*). These results demonstrate that activation of the  $IP_3$  receptor plays a pivotal role in all phases of the 5-HT currents.

#### *Role for a G protein*

Since receptor activation usually links to  $IP_3$  production via a G protein, we reasoned that the SRL receptor also coupled to a G protein. Injection of the poorly hydrolysable GDP analogue, GDP $\beta$ S (final concentration 500  $\mu$ M), reduced the 5-HT currents to  $11.7 \pm 3.0\%$  ( $n = 3$ ).

#### *Caffeine sensitivity*

Caffeine is capable of evoking intracellular  $Ca^{2+}$  release in a variety of cell types through the mechanism of  $Ca^{2+}$ -induced  $Ca^{2+}$  release (CICR) (Endo, 1977).

Cells were perfused with 10 mM caffeine for 4 min before application of 5-HT in the continuous presence of caffeine. In four cells the currents to 5-HT were abolished. If the cells were maintained in caffeine following 5-HT wash-out, the secondary current was also barely detectable. In four other cells, a small response was elicited by 5-HT (10–35% of control) but the latency (after washing out 5-HT) was

increased from 40–63 s (measured from the onset of application of 5-HT) to 90–150 s. In these cells, the secondary current was also reduced (Fig. 4).

We altered the protocol such that caffeine was applied 4–8 min after 5-HT wash-out in ten cells expressing either a sustained secondary current or an oscillatory

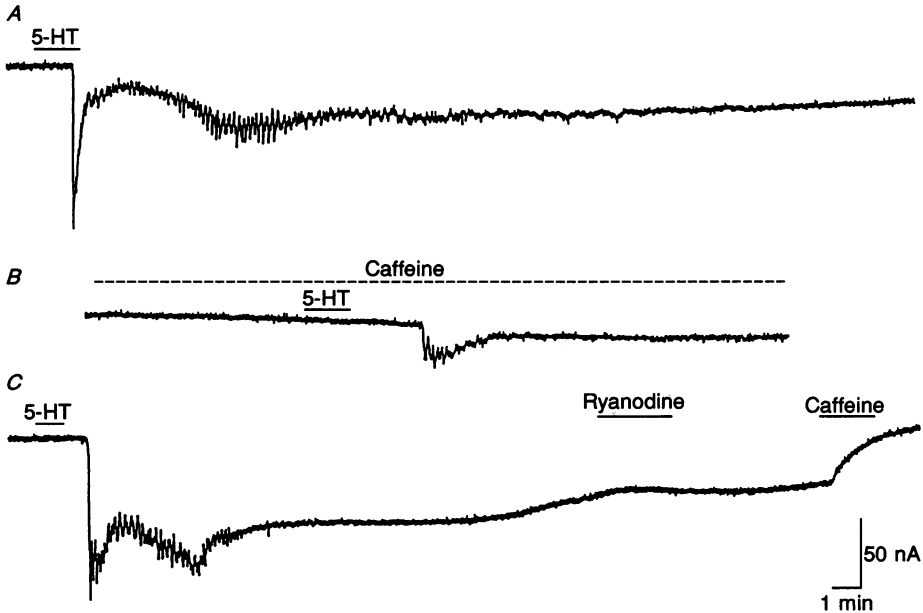


Fig. 4. Effects of caffeine on currents evoked by 5-HT. *A*, control current. This returned to the prestimulation value after 26 min. *B*, after 4 min pretreatment with 10 mM caffeine. Note the lack of effect of caffeine itself. *A* and *B* are from the same cell. *C*, comparison of ryanodine (100  $\mu$ M) and caffeine (10 mM) on the same cell.

response. Caffeine (10 mM) rapidly attenuated the current (abolished in 3 cells and reduced by 50–85% in the others) although the rate at which this occurred varied (between 1 and 4 min). This effect was reversible. The caffeine block is therefore not a process which has brief kinetics following receptor stimulation.

In all cells (18), we failed to observe a current in response to caffeine alone. Particularly in those cells where caffeine abolished the responses, one would have anticipated a large current if the drug was acting through CICR. Previous experiments on the actions of caffeine in *Xenopus* oocytes have led to rather different conclusions, although actions on the  $Cl^-$  channel and through cAMP phosphodiesterase inhibition have been ruled out. Berridge (1991) suggested that caffeine triggered CICR from an  $IP_3$ -insensitive store whereas Parker & Ivorra (1991) proposed that the drug was a low-affinity antagonist of the  $IP_3$  receptor. Although we also failed to observe a current to caffeine, one could argue that this inability by caffeine to evoke a current itself is not due to the absence of CICR but reflects low cytosolic free  $Ca^{2+}$ . This possibility arises because caffeine increases the sensitivity of the release mechanism to  $Ca^{2+}$ . Hence in low cytosolic  $Ca^{2+}$ , the rate of  $Ca^{2+}$  efflux

may be such that pool emptying occurs at a rate slow enough for the released  $\text{Ca}^{2+}$  to be adequately buffered by the cell. The following experiments were designed to see if CICR was occurring in our oocytes.

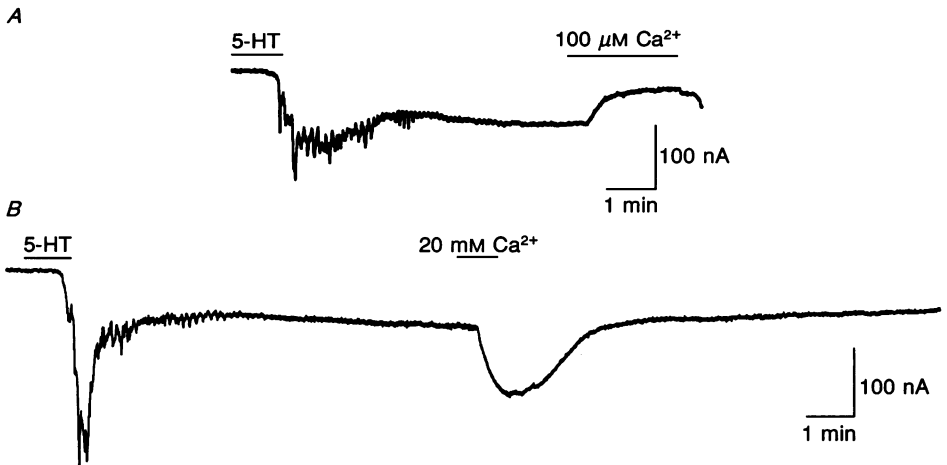


Fig. 5. The dependence of the secondary current on the external  $\text{Ca}^{2+}$  concentration. *A*,  $100\ \mu\text{M}\ \text{Ca}^{2+}$  reduced the current; *B*,  $20\ \text{mM}\ \text{Ca}^{2+}$  increased the current. This latter effect was the largest we observed. Note that the effects of  $\text{Ca}^{2+}$  were present more than 4 min after 5-HT wash-out. *A* and *B* are from different cells.

First, we perfused cells with high  $\text{Ca}^{2+}$ -containing Ringer solution ( $20\ \text{mM}$ ) in an attempt to increase cytosolic  $\text{Ca}^{2+}$ . In five of fifteen cells, this manoeuvre reversibly increased the  $\text{Ca}^{2+}$ -activated  $\text{Cl}^-$  current by 20–50 nA. In all cells, even those where the  $\text{Cl}^-$  current was activated,  $10\ \text{mM}$  caffeine was without effect.

Second, we applied ryanodine, an agent that locks the CICR channel in an open state of lowered conductance, thereby depleting the store (Rousseau, Smith & Meissner, 1987). When applied during the secondary current, after 5-HT wash-out, ryanodine had only a weak effect yet, once again,  $10\ \text{mM}$  caffeine rapidly reduced the currents in the same cells (Fig. 4*C*). These results indicate that the site of action of caffeine is different to the ryanodine receptor, which is widely taken as the CICR channel.

#### *Properties of the secondary current*

##### *An increase in membrane $\text{Ca}^{2+}$ permeability*

Reducing external  $\text{Ca}^{2+}$  (to  $100\ \mu\text{M}$ ) reduced the secondary current (by 30–70%;  $n = 4$ , Fig. 5*A*). Perfusion with  $\text{Ca}^{2+}$ -free  $0.1\ \text{mM}$  EGTA solution (containing  $5\ \text{mM}\ \text{Mg}^{2+}$  to stabilize the membrane) reduced the current by around 80–90% ( $n = 3$ ). The remaining current presumably reflects declining intracellular  $\text{Ca}^{2+}$  release. Increasing the external  $\text{Ca}^{2+}$  ( $20\ \text{mM}$ ) generally increased the current (10–46%) (6 of 9 cells, Fig. 5*B*). In three cells,  $20\ \text{mM}\ \text{Ca}^{2+}$  alone did not evoke a current whereas it



did after 5-HT treatment. This suggests that 5-HT is increasing membrane permeability to  $Ca^{2+}$ . This effect was time dependent in that 20 mM  $Ca^{2+}$  increased inward current shortly after 5-HT exposure (2–20 min), but was without effect a

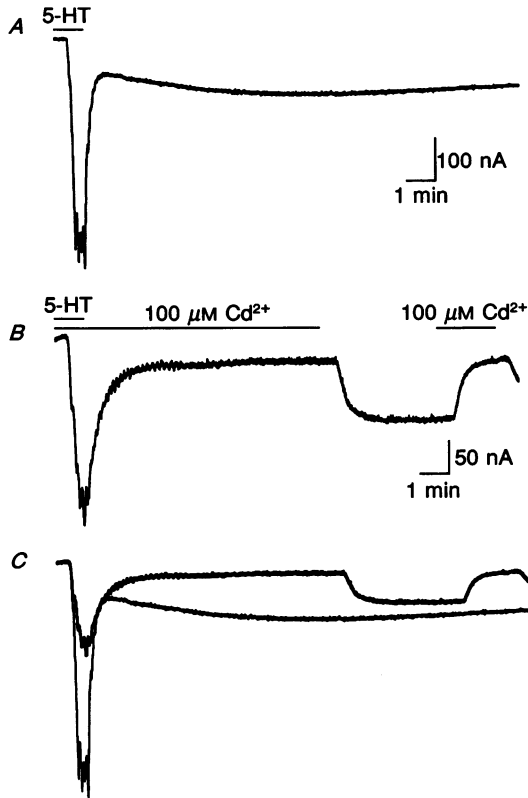


Fig. 6. Inhibitory effects of  $Cd^{2+}$  on the secondary current. *A*, control response to 5-HT. *B*, response in the same cell after simultaneous exposure to 5-HT and  $Cd^{2+}$ . The cell was maintained in  $Cd^{2+}$  for the time shown. *C*, superposition of the currents from *A* and *B*. Upper record is *B* and lower is *A*.

long time after 5-HT wash-out (*ca* 30 min). The secondary current therefore reflects  $Ca^{2+}$  influx which is maintained long after 5-HT wash-out.

#### *Cd<sup>2+</sup> block*

Cadmium is widely used as a blocker of  $Ca^{2+}$  influx (Hille, 1992) and in *Xenopus* oocytes it appears to be a potent blocker of endogenous  $Ca^{2+}$  channels (Lory, Rassendren, Richard, Tiaho & Nargeot, 1990). In nine of eleven cells, 100  $\mu M$   $Cd^{2+}$  reversibly reduced the secondary current (abolished in 5 cells and reduced by  $52.8 \pm 16\%$  in the other 4; Fig. 6). In four cells where we applied  $Cd^{2+}$  simultaneously with 5-HT, the early peak current was reduced by 20–45% (Fig.

6 C). The subsequent controls ran down less than this (5–20%), suggesting the  $\text{Cd}^{2+}$ -sensitive step is activated soon after receptor stimulation.

These divalents are not blocking the  $\text{Cl}^-$  channel because they do not affect the ability of  $\text{Ca}^{2+}$  injections to evoke a  $\text{Cl}^-$  current ( $\text{Mn}^{2+}$ , Miledi & Parker, 1984;  $\text{Cd}^{2+}$ , data not shown, this study).

### *Ion selectivity*

In some non-excitabile cells,  $\text{Ca}^{2+}$  influx following  $\text{IP}_3$ -induced  $\text{Ca}^{2+}$  release permeates a non-selective cation channel (von Tscharner, Prod'hom, Baggiolini & Reuter, 1986). If such a channel was activated by SRL, then one would expect a significant decrease in the current if external  $\text{Na}^+$  were to be reduced. Lowering  $\text{Na}^+$  (from 115 to 10 mM, replaced by TrisCl), once the secondary current had been evoked, produced a small but reversible decrease in the current (5–20%,  $n = 4$ ). If KCl replaced TrisCl as the salt substituting for NaCl, then the decrease was more or less prevented, indicating that  $\text{K}^+$  could replace  $\text{Na}^+$ . The current we are measuring, however, has two components; that activated by 5-HT and the background leak current. To see whether the small changes obtained on reducing  $\text{Na}^+$  could be attributed to changes in the leak current, we lowered  $\text{Na}^+$  in cells that had not been exposed to 5-HT. In five out of five cells, lowering  $\text{Na}^+$  (115 to 10 mM, replaced by TrisCl), reduced the holding current by around 10–30 nA, which was similar to the reduction achieved on lowering  $\text{Na}^+$  for the 5-HT-activated current. If  $\text{K}^+$  replaced Tris as the substituting cation, then the current not only recovered but slightly increased further (4 of 5 cells). Lowering  $\text{Ca}^{2+}$  did not discernibly change the leak current. These results suggest that both a  $\text{Na}^+$  and  $\text{K}^+$  permeability contribute to the background current and it is this that causes the small reduction in the 5-HT current when  $\text{Na}^+$  is reduced. Hence the influx pathway activated by 5-HT is rather selective for  $\text{Ca}^{2+}$ .

### *Pharmacology of the $\text{Ca}^{2+}$ influx*

Since we were voltage clamping at  $-80$  mV, a contribution of voltage-gated  $\text{Ca}^{2+}$  channels to the  $\text{Ca}^{2+}$  influx was unlikely. Consistent with this was that verapamil, an organic blocker of voltage-gated  $\text{Ca}^{2+}$  channels, did not affect the secondary current ( $n = 3$ ). Because  $\text{Cd}^{2+}$  blocked the  $\text{Ca}^{2+}$  influx (see above), we compared the actions of a series of divalent cations to gain some understanding of the  $\text{Ca}^{2+}$  entry pathway. Each divalent was compared to  $\text{Cd}^{2+}$  (to correct for differing sensitivities). The potency series was (all at 200  $\mu\text{M}$ , and each tested in 3 cells):  $\text{Cd}^{2+} \gg \text{Co}^{2+} = \text{Mn}^{2+} > \text{Ba}^{2+} = \text{Sr}^{2+}$ .

It should be stressed that these currents were rather small (30–70 nA) and therefore small differences between divalents would not be picked up. What is clear is the much larger block by  $\text{Cd}^{2+}$  compared to both  $\text{Mn}^{2+}$  and  $\text{Co}^{2+}$ , which are widely used as  $\text{Ca}^{2+}$  channel blockers (Hille, 1992).

### *Yohimbine does not block the secondary current*

Yohimbine is a potent receptor blocker of SRL (Foguet *et al.* 1992). To see whether the secondary current was independent of receptor stimulation and not due to slow

wash-out of agonist (arising from the diffusion barriers of vitelline and plasma membranes), we applied 1  $\mu$ M yohimbine 2–3 min after washing out 5-HT. The currents were unaltered ( $n = 3$ ). This suggests that, once initiated, the currents become receptor independent.

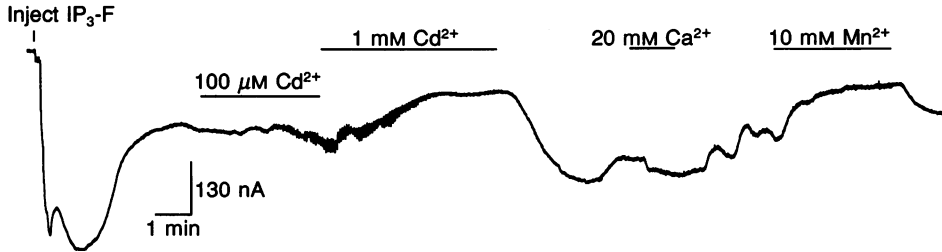


Fig. 7. Currents arising from the injection of  $IP_3$ -F and the sensitivity to divalent cations. 20 nl of 360  $\mu$ M  $IP_3$ -F was injected at the bar. The initial small deflection (ca 20 nA) is the injection artifact. In this cell, the injection electrode was not withdrawn after injection.

#### *Injection of $IP_3$ -F*

Since heparin abolished both the oscillatory currents (which are due to intracellular  $Ca^{2+}$  release) and the sustained secondary current (due to  $Ca^{2+}$  influx), it seems reasonable to suppose that  $IP_3$  binding to its intracellular receptor is activating both these processes. We are not the first to inject  $IP_3$  into oocytes. Other groups have done this and observed a pronounced  $Ca^{2+}$  influx (Snyder, Krause & Welsh, 1988; Lupu-Meiri *et al.* 1990). Although not investigated, these results have all been interpreted in terms of  $IP_3$  directly gating a  $Ca^{2+}$  influx pathway. If our interpretation is true, then it makes the testable prediction that  $IP_3$ -induced  $Ca^{2+}$  release, independent of receptor activation, should activate a  $Cd^{2+}$ -sensitive  $Ca^{2+}$  influx pathway and this should be reduced by heparin. We tested this by injection of  $IP_3$ -F, a new analogue that is as potent as  $IP_3$  in evoking intracellular  $Ca^{2+}$  release, but is not a substrate for the 3-kinase that produces  $IP_4$  (Kozikowski, Faruq, Aksoy, Seewald & Powis, 1990). Hence an effect would be due to  $IP_3$  and not  $IP_4$  or  $IP_3$ - $IP_4$  synergy. Injection of a large concentration of  $IP_3$ -F (final concentration ca 12  $\mu$ M) evoked one of two types of current. One type, resembling the common 5-HT current, consisted of a rapid transient current (range 80–350 nA, mean  $193 \pm 64$  nA) followed by a pronounced, sustained secondary phase (range 60–250 nA, mean  $140 \pm 21$  nA) (Fig. 7). The other type of response consisted of a series of oscillations with no clear sustained phase. The type of response seemed to be determined by the donor frog, in that oscillations were generally predominant in certain donors whereas the sustained current was typical of others. For the latter type of current, the secondary phase was sensitive to the external  $Ca^{2+}$  concentration in that 100  $\mu$ M  $Ca^{2+}$  perfusion reduced the current (by 30–60 %) and elevating  $Ca^{2+}$  (20 mM) increased it (by 10–40 %). The currents were sensitive to  $Cd^{2+}$ , although less so than the receptor-activated current (Fig. 7).  $Cd^{2+}$  at a concentration of 100  $\mu$ M had variable effects in that it slightly decreased the current in three cells but did not have much of an

effect in two others. In four of these cells,  $100 \mu\text{M}$   $\text{Cd}^{2+}$  induced a series of small oscillations. This may reflect  $\text{Ca}^{2+}$  inhibition of  $\text{Ca}^{2+}$  release (see below).  $\text{Cd}^{2+}$  (1 mM) clearly reduced the current (abolished in 2 cells, reduced by almost 70 % in a third). Consistent with the properties of the receptor-activated current, much higher

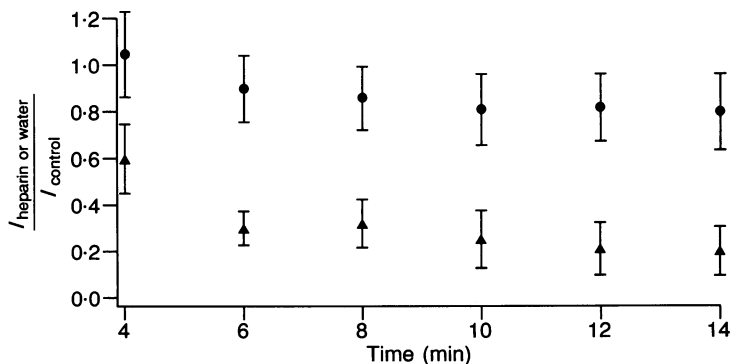


Fig. 8. Plot of the ratio of current obtained after  $\text{IP}_3\text{-F}$  injection in the absence and then presence of heparin (final concentration *ca*  $1 \text{ mg ml}^{-1}$ ) or water (control). ●, water; ▲, heparin.

concentrations of  $\text{Mn}^{2+}$  were required to achieve the same block. Analysis of the oscillatory current is described later.

We took two approaches to study the effects of heparin on the  $\text{IP}_3\text{-F}$  currents. First, we compared responses of control cells with those injected with heparin taken from the same donor. Eight out of eight control cells responded to  $\text{IP}_3\text{-F}$  injection (5 cells gave oscillatory responses whereas 3 gave long-lasting secondary currents). Three of the eight cells injected with heparin failed to respond and in the other five, only oscillatory currents were observed. These results suggest that heparin reduces the probability that  $\text{IP}_3\text{-F}$  evokes a current. This sort of protocol where one compares responses between different cells has, however, the drawback that one does not know what the control current to  $\text{IP}_3\text{-F}$  was in the heparin-treated cells. This makes it difficult to accurately quantify the effect. We therefore compared the effects of  $\text{IP}_3\text{-F}$  in the absence then presence of heparin in the same cell. In these experiments, we first obtained a current to  $\text{IP}_3\text{-F}$ . Then the cell was removed and heparin (or water, in which the heparin had been dissolved) injected. Around 1 h later, the cell was reimpaled and  $\text{IP}_3\text{-F}$  injected again. Figure 8 is a plot of the ratio of the current in heparin (or water) to the control current as a function of time (data from 4 cells in each). It is evident that the current in heparin is dramatically reduced compared to those cells where water has been injected and this is more pronounced at longer times. Since heparin is a competitive antagonist of the  $\text{IP}_3$  receptor, the relatively larger currents at short time intervals may reflect a high local  $\text{IP}_3\text{-F}$  concentration which displaces heparin before  $\text{IP}_3\text{-F}$  diffuses away and is diluted to a level unable to significantly displace the heparin from other stores.

*Role of  $Ca^{2+}$  influx**Refilling the intracellular stores*

The obvious question is the role of this pronounced  $Ca^{2+}$  influx. One simple possibility is that it refills the  $IP_3$ -sensitive stores, which have been emptied by

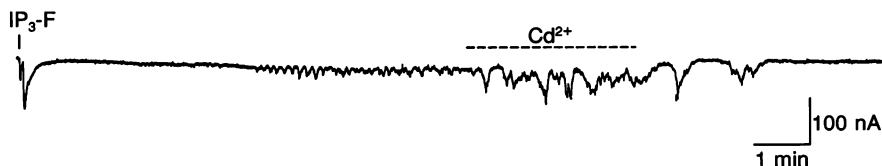


Fig. 9. Effect of  $200 \mu M$   $Cd^{2+}$  on the oscillatory currents evoked by  $IP_3$ -F. Note the increase in size as well as the irregular nature after  $Cd^{2+}$  application. This cell gave the biggest effect we observed.

agonist. To test this, we exposed cells to  $Ca^{2+}$ -free EGTA solution once a secondary current had been evoked. Cells were maintained in  $Ca^{2+}$ -free solution for around 30 min (recovery time between applications of 5-HT) before 5-HT was applied in  $Ca^{2+}$ -free solution. After exposure to  $Ca^{2+}$ -free solution, the time for onset of the current was increased (from  $40 \pm 3$  to  $83 \pm 10$  s, measured from time of 5-HT application) and the current (measured after 2 min) was reduced (from  $85 \pm 8$  to  $41 \pm 10$  %). For this analysis, we compared the currents (in the presence of  $Ca^{2+}$ ) before and after exposure to  $Ca^{2+}$ -free solution with those in  $Ca^{2+}$ -free solution to correct for run-down. These results demonstrate a role for the  $Ca^{2+}$  influx pathway in pool refilling. After 5-HT wash-out, no clear current was seen at times of 4 min or longer in  $Ca^{2+}$ -free solution (i.e. no sustained  $Ca^{2+}$  influx), as expected if  $Ca^{2+}$  was the major permeating species. Readmission of  $Ca^{2+}$  around 10 min after 5-HT wash-out evoked a current with a similar time course to the secondary current (in  $Ca^{2+}$ ) which would have been obtained at that time. This lends additional support to the idea that 5-HT increases membrane permeability to  $Ca^{2+}$ .

*Modulation of  $Ca^{2+}$  oscillations*

Since  $Cd^{2+}$  is a blocker of  $Ca^{2+}$  influx, we studied its effects on the pattern of oscillations following injection of  $IP_3$ -F in eight cells.  $Cd^{2+}$  ( $200 \mu M$ ) produced a transient increase in amplitude of the oscillations ( $1.83 \pm 0.30$ -fold increase, we measured 5 spikes before and around 30 s after onset of the  $Cd^{2+}$  effect; Fig. 9).  $Cd^{2+}$  alone prior to  $IP_3$ -F injection did not have this effect. In three cells, the continuous presence of  $Cd^{2+}$  subsequently resulted in rapid loss of the oscillations whereas in the five others the oscillations tended to become more irregular (Fig. 9). Elevating  $Ca^{2+}$  to 20 mM, once oscillations had been evoked, resulted in a large inward current and this either abolished the oscillations ( $n = 2$ ) or converted them into a series of irregular fluctuations ( $n = 2$ ). These results demonstrate that  $IP_3$ -induced  $Ca^{2+}$  influx through the  $Cd^{2+}$ -sensitive pathway can modify the pattern of the  $Ca^{2+}$  oscillations.

## DISCUSSION

Our main findings are that (i) 5-HT, acting through  $IP_3$ , induces oscillations in cytosolic  $Ca^{2+}$  that can be adequately explained in terms of one internal  $Ca^{2+}$  pool; (ii) the increase in  $IP_3$  leads to a prolonged  $Ca^{2+}$  influx which is activated by  $IP_3$ -induced  $Ca^{2+}$  release; (iii) this  $Ca^{2+}$  influx pathway is rather selective for  $Ca^{2+}$  and has an unusual pharmacology; and (iv) the  $Ca^{2+}$  influx makes a significant contribution to store refilling and also modifies the pattern of oscillations.

*Limitations of our approach*

We have used the  $Ca^{2+}$ -dependent  $Cl^-$  channel endogenous to the *Xenopus* oocyte to monitor cytosolic free  $Ca^{2+}$ . This is an indirect method and only measures  $Ca^{2+}$  below the surface membrane. Changes in  $Ca^{2+}$  deep in the oocyte will be sensed less accurately, if at all.

We also observed much variability in the response pattern between cells (either injected or uninjected). Several sequential steps link receptor activation to the  $Cl^-$  channel. If these steps are expressed to various degrees in different cells, then such variability will be inevitable.

*Mechanism for generating oscillations*

Of the models describing oscillations in cytosolic free  $Ca^{2+}$ , we have been unable to demonstrate CICR in oocytes, at least in the conventional sense (activation by  $Ca^{2+}$ , ryanodine-sensitive, store depletion by caffeine with a resulting inward current). Nakai, Imagawa, Hakamata, Shigekawa, Takeshima & Numa (1990) only observed currents to caffeine following injection of RNA coding for the cardiac ryanodine receptor, suggesting little endogenous release mechanisms. The key question is how caffeine interferes with  $Ca^{2+}$  signalling. A direct action by caffeine on the  $IP_3$  channel has been demonstrated in rat cerebellum (Brown, Sayers, Kirk, Michell & Michelangeli, 1992). Although this can explain why the currents to 5-HT were more or less abolished by caffeine pretreatment in our study, it cannot convincingly explain all our observations. Caffeine reduced the currents even 8 min after agonist wash-out. Some cells were still oscillating 8 min after removal of 5-HT. Under these conditions, one would expect  $IP_3$  levels to have returned to prestimulation levels, since the second messenger has a half-life of the order of tens of seconds (e.g. PC12 cells, Fasolato, Pandiella, Meldolesi & Pozzan, 1988) and in oocytes  $IP_3$  returns to basal within 5 min (Nomura, Kaneko, Kato, Yamagishi & Sugiyama, 1987). In the absence of  $IP_3$ , it is difficult to see how the  $IP_3$  channel is still conducting  $Ca^{2+}$ . These difficulties may be reconciled by considering a model recently proposed by Lechleiter & Clapham (1992). A consequence of the bell-shaped dependence of  $IP_3$ -induced  $Ca^{2+}$  release on  $Ca^{2+}$  could be that, despite lowered levels of  $IP_3$ , the sensitivity to  $IP_3$  is enhanced such that release continues (Bezprozvanny, Watras & Ehrlich, 1991; Finch, Turner & Goldin, 1991). This could therefore confer the prolonged caffeine sensitivity. It is interesting that an increase in cytosolic  $Ca^{2+}$  through  $Ca^{2+}$  injection (Miledi & Parker, 1984), elevating extracellular  $Ca^{2+}$ , or through the  $Cd^{2+}$ -sensitive  $Ca^{2+}$  influx pathway (this study) did not evoke

oscillations despite the current being of a similar size to that of an oscillation (suggesting that this level of  $Ca^{2+}$  was not inhibiting  $IP_3$ -induced  $Ca^{2+}$  release). A simple interpretation is that an increase in cytosolic free  $Ca^{2+}$  alone is not sufficient to trigger  $IP_3$ -induced  $Ca^{2+}$  release (i.e. it cannot shift the sensitivity of  $IP_3$ -induced release to such an extent that release occurs at resting levels of  $IP_3$ ). Instead it may require some elevation (or recent prior increase) in  $IP_3$ .

Although extracellular  $Ca^{2+}$  was not necessary for generating oscillations, it modified them. Reduction of  $Ca^{2+}$  influx with  $Cd^{2+}$  transiently increased the size of oscillations. This can be explained by  $Ca^{2+}$  influx contributing to  $Ca^{2+}$  feedback inhibition on  $IP_3$ -induced  $Ca^{2+}$  release. Removal of this block by  $Cd^{2+}$  enables more  $Ca^{2+}$  to be released. In a few cells, the oscillations were rapidly abolished by  $Cd^{2+}$  whereas in others they became more irregular. This would suggest that the  $Ca^{2+}$  influx pathway not only modifies the pattern of the oscillations but also contributes to rapid refilling of the stores so that oscillations can be sustained. We observed the converse of this when  $Ca^{2+}$  was increased, namely increased  $Ca^{2+}$  influx reduced the oscillations. This result is consistent with that of Delisle *et al.* (1990), who used a different approach in which, on readmitting external  $Ca^{2+}$  to a cell oscillating in response to  $IP_3$ , the oscillations were lost.  $IP_3$ -mediated  $Ca^{2+}$  influx may therefore play an important role in regulating the spatio-temporal pattern of  $Ca^{2+}$  signalling.

#### *Link between the $IP_3$ -sensitive store and $Ca^{2+}$ influx*

We found that 5-HT activated a  $Ca^{2+}$  influx pathway that functioned for a considerable time after agonist removal. It therefore cannot be regulated directly by a receptor (i.e. not a ligand-gated channel). Possibilities whereby this influx could be activated include the following. First, interaction between  $IP_3$  and  $IP_4$  to promote  $Ca^{2+}$  entry (Morris, Gallacher, Irvine & Petersen, 1987). Second,  $IP_3$  itself directly gates a  $Ca^{2+}$  channel (Kuno & Gardner, 1987). Third,  $IP_3$ -induced  $Ca^{2+}$  release directly activates a  $Ca^{2+}$ -permeable non-selective cation channel (von Tschärner *et al.* 1986). Fourth, some factor links the extent of pool depletion to a  $Ca^{2+}$  influx mechanism (Putney, 1986). Let us consider each in turn.

Since  $IP_3$ -F (which is not metabolized to  $IP_4$ ) was capable of activating the  $Ca^{2+}$  influx pathway,  $IP_4$  is not necessary for this process. This does not rule out a contribution of this latter metabolite in the response evoked by receptor stimulation, however. It has been suggested that  $Ca^{2+}$  influx enhances metabolism of  $IP_3$  to  $IP_4$  (Delisle, Pittet, Potter, Lew & Welsh, 1992). This mechanism may be involved during the early stages of the 5-HT-activated  $Ca^{2+}$  influx but it is unlikely to account for the long sustained influx because  $IP_3$  would have returned to resting values with the consequences of first, there would be no substrate for  $IP_4$ , and second, in the study of Delisle *et al.*  $IP_4$  alone was ineffective and required the presence of  $IP_3$ .

It has been suggested that  $IP_3$  directly gates the  $Ca^{2+}$  influx mechanism (Snyder *et al.* 1988; Lupu-Meiri *et al.* 1990). Although this may contribute to the early phase of the current, we find it unlikely that this is the only action of  $IP_3$ . Even 20–40 min after brief receptor stimulation, the current was present. The metabolism of  $IP_3$  is incompatible with such a direct action. Moreover, the pronounced  $Ca^{2+}$  influx

evoked by injection of  $IP_3$ -F could be dramatically reduced by preinjection of heparin. Interpretation is not so simple because heparin can inhibit  $IP_3$ -gated  $Ca^{2+}$  channels in neuronal plasma membranes (Fadool & Ache, 1992). If the latter mechanism is operating in the oocyte, it means that  $Ca^{2+}$  influx through plasma membrane  $Ca^{2+}$  channels evokes the secondary current. In its simplest form this postulates  $Ca^{2+}$ -induced  $Ca^{2+}$  influx.

$Ca^{2+}$ -induced  $Ca^{2+}$  influx has been observed in a variety of cells (e.g. von Tscharner *et al.* 1986; Lückhoff & Clapham, 1992). However, it is unlikely to have a major role since  $Ca^{2+}$  injections into oocytes evoke transient currents and not the characteristic long-lasting secondary ones described here (Miledi & Parker, 1984; our unpublished observations).

In his capacitance model, Putney proposed that depletion of the  $IP_3$ -sensitive store will trigger secondary  $Ca^{2+}$  influx (Putney, 1986). This has been observed in several cell types but not all (e.g. Jacob, 1990; Bird, Rossier, Hughes, Shears, Armstrong & Putney, 1991; but see Shuttleworth, 1990). Our results demonstrate that a similar mechanism is operating in oocytes. One obvious question is the nature of the regulatory system that relates the  $Ca^{2+}$  state of the store to the plasma membrane. Although the regulatory system is unknown, it is unlikely to be an inositol polyphosphate, judging from the kinetics (Takemura, Hughes, Thastrup & Putney, 1989; this study). A fascinating model has been suggested by Irvine (1990), who proposes that the  $IP_3$  receptor links to an  $IP_4$  receptor (or a  $Ca^{2+}$  pathway) in the plasma membrane, thereby linking the internal store to the membrane. This is analogous to the coupling in skeletal muscle of the ryanodine-sensitive  $Ca^{2+}$  release channel in the sarcoplasmic reticulum with the dihydropyridine-sensitive  $Ca^{2+}$  channel in the T-tubules. It is interesting that  $IP_3$ -sensitive stores have been observed close to the membrane in oocytes (Parker & Yao, 1992). It is not clear what turns off the  $Ca^{2+}$  influx. A straightforward mechanism would be refilling of the store. Although one would expect subplasmalemmal pool refilling to occur faster than the 20–40 min duration of the  $Ca^{2+}$  influx, especially since  $Ca^{2+}$  can be of the order of several tens of micromolar here, after an increase in  $Ca^{2+}$  conductance (Augustine & Neher, 1992), pools more distal to the membrane will also be activated (through interaction of the diffusing  $IP_3$  and released  $Ca^{2+}$ ) and will refill more slowly, as the cytosolic  $Ca^{2+}$  will be more effectively buffered. The duration of the  $Ca^{2+}$  influx may therefore reflect a summation of signals from depleted pools dispersed throughout the cytoplasm.

#### *Nature of the $Ca^{2+}$ influx pathway*

Since the currents evoked by 5-HT reversed at  $E_{Cl}$  and were markedly reduced by  $Cl^-$  channel block, it is clear that the  $Ca^{2+}$  influx must be rather small. Calculations show that a whole-cell  $Ca^{2+}$ -selective current of only 2 pA can increase cytosolic  $Ca^{2+}$  at a rate of  $100 \text{ nM s}^{-1}$  in a typical cell of  $10 \mu\text{m}$  diameter (Neher, 1992). Assuming the same  $Ca^{2+}$  current density and buffering capacity, this would correspond to a whole-cell current of around 200 nA in the oocyte. This is well below the pure  $Ca^{2+}$  current we detected ( $<10 \text{ nA}$ ). Indeed,  $Ca^{2+}$  currents in oocytes are only revealed following replacement of  $Ca^{2+}$  with high concentrations of  $Ba^{2+}$ ,



an unphysiological situation (Lory *et al.* 1990). We therefore used indirect approaches to probe the nature of the  $\text{Ca}^{2+}$  influx pathway. In contrast to lowering external  $\text{Ca}^{2+}$ , a reduction in  $\text{Na}^+$  led to only a minor decrease in the current (this was in the opposite direction to what one would expect if a  $\text{Na}^+$ - $\text{Ca}^{2+}$  exchanger were compromised) and this decrease was predominantly on the background leak current. This suggests that the influx pathway is rather selective for  $\text{Ca}^{2+}$  and is not a non-selective cation channel. This  $\text{Ca}^{2+}$  influx pathway is rather different from conventional voltage-gated  $\text{Ca}^{2+}$  channels in that lowering  $\text{Ca}^{2+}$  did not render the pathway non-selective (i.e. increased permeability to  $\text{Na}^+$ ; Hess, 1990). Consistent with this was the insensitivity of the  $\text{Ca}^{2+}$  influx to organic  $\text{Ca}^{2+}$  channel blockers. Reduction of the current by divalents showed that  $\text{Cd}^{2+}$  was much better than other divalents. A  $\text{Ca}^{2+}$  current has been found in mast cells following  $\text{IP}_3$  pool depletion (Hoth & Penner, 1992 *a*) which has a divalent sensitivity similar to that observed for the  $\text{Ca}^{2+}$  influx in the oocyte (Hoth & Penner, 1992 *b*). An endogenous voltage-dependent  $\text{Ca}^{2+}$  channel has been characterized in oocytes (Lory *et al.* 1990), and it has an almost identical pharmacology to the  $\text{Ca}^{2+}$  entry following pool depletion found here. If this is indeed the same channel, then pool depletion is not only activating a voltage-gated  $\text{Ca}^{2+}$  channel but also dramatically shifting its gating such that it conducts at  $-80$  mV.

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