Regulation of intracellular pH in the smooth muscle of guinea-pig ureter: Na+ dependence

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- 1. Mechanisms involved in the regulation of intracellular $pH(pH_i)$ in smooth muscle cells of guinea-pig ureter have been investigated using double-barrelled pH-sensitive microelectrodes in isolated strips of tissue.
- 2. Removal of $CO_2-HCO_3^-$ from the superfusing solution caused a fall in the steady-state pH₁ except in a few cells which had been excised from the animal for many hours (usually >24 h). The pH_i value was 7.22 ± 0.09 ($n = 89$; mean \pm s.p. of an observation) in solution buffered with 5% $CO₂-21$ mm $HCO₃⁻$, compared with 6.92 \pm 0.24 (n = 67) in the nominal absence of $CO₂-HCO₃⁻$. Recovery from experimentally induced acidosis was faster in the presence, rather than nominal absence, of $CO_2-HCO_3^-$ (mean halftimes of 2.7 ± 0.7 min, $n = 41$, and 4.6 ± 1.3 min, $n = 12$, respectively). These results suggest the presence of both HCO_3^- -dependent and -independent mechanisms for the effective extrusion of acid equivalents.
- 3. Recovery from acidosis was dependent on external Na^+ (Na^+) in both the presence and nominal absence of $CO₂-HCO₃⁻$, with an apparent half-maximal activation at approximately 4 and 20 mm Na_0^+ , respectively. Removal of Na_0^+ in the steady state caused a fall in pH_{1} which proceeded at a faster rate in the presence rather than in the nominal absence of $CO₂-HCO₃⁻$.
- 4. Amiloride (100 μ m-1 mm) reversibly inhibited the recovery from acidosis and caused a fall in the steady-state pH_i when applied in the nominal absence of $CO₂-HCO₃^-$, but had no measurable effect on either the recovery from acidosis or steady-state pH_i in the presence of $CO_2-HCO_3^-$. These results suggest that $Na^+ - H^+$ exchange was responsible for extrusion of acid equivalents in the nominal absence of CO_2 and HCO_3^- , but that it played little part under more physiological conditions.
- 5. Although Na^+-H^+ exchange appeared to be activated below a pH_i of about 7.2, it was incapable of maintaining a 'normal' pH_i in the nominal absence of $CO₂-HCO₃⁻$ in freshly excised cells, where values between 6-06 and 6-89 were recorded. Only in aged preparations, in which the intrinsic intracellular acid loading was substantially reduced (as judged from the rate of acidification on application of amiloride in the nominal absence of $CO_2-HCO_3^-$ did the steady-state value approximate to that observed in the presence of $CO_2-HCO_3^-$, at about 7.2.

Intracellular $pH(pH_i)$ is a fundamentally important parameter to the physiology of all cells. Enzyme activity, and hence cell function, is critically dependent on pH and, conversely, changes in metabolic rate directly affect cellular pH. Therefore, mechanisms for regulation of pH_i are paramount and have been found to maintain a considerably more alkaline level than that predicted by a passive distribution of H^+ ions in the vast majority of cells (see Roos & Boron, 1981). However, unlike the universal nature of the $Na⁺$ pump for active extrusion of $Na⁺$ ions,

the effective active extrusion of H^+ ions has proved to be mediated by several different mechanisms. Pioneering work in invertebrate preparations revealed a $Na⁺$, $HCO₃$ ⁻, and Cl⁻-dependent mechanism (see Roos & Boron, 1981) but this has subsequently been only infrequently identified in vertebrate preparations, where an amiloride-sensitive $Na^+ - H^+$ exchange has been universally found (see Aickin, 1986). It is therefore essential to characterize the mechanism or mechanisms involved in the regulation of pH_i in any given preparation

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in order to understand how changes in pH may affect other intracellular ions and vice versa. Smooth muscle is of particular interest because the small size of the cells, together with their high metabolic rate, would suggest that large and rapid changes in pH_i may occur. Consequently, cellular function may be modulated by pH_i . For example, changes in pH_i caused by accumulation of metabolites may contribute to autoregulation of the peripheral circulation (e.g. see Harder, 1982). Recently, it has also been suggested that the action of many pharmacological agents, including catecholamines (Owen, 1986) and angiotensin (Hatori, Fine, Nakamura, Cragoe & Aviv, 1987), may be mediated via alteration of pH_1 .

Regulation of pH_i in mammalian smooth muscle has only recently been investigated, principally because of the technical problems imposed by the physical dimensions of the cells. Microelectrodes are difficult to use because of the sharpness required for successful impalement, whereas indirect methods, such as the distribution of weak acids (e.g. Gerstheimer, Miihleisen, Nehring & Kreye, 1987) or nuclear magnetic resonance (e.g. Dawson & Wray, 1985), are severely limited by their poor time resolution. Such problems have recently been circumvented with the development of intracellular fluorescent pH indicators and these have now been used by several groups in various smooth muscles. Nevertheless, the first indication of the nature of a mechanism which might be involved in the effective extrusion of acid equivalents in smooth muscle came indirectly from the finding of a substantial amiloridesensitive fraction of $Na⁺$ uptake (Smith & Brock, 1983); amiloride was assumed to have inhibited $Na^+ - H^+$ exchange. Further indirect evidence for the involvement of Na+-H+ exchange in extrusion of acid equivalents came from the observation that amiloride slowed the decline in tension from a contracture induced by intracellular acidosis (Ighoroje & Spurway, 1985). Shortly afterwards, direct investigation of the regulation of pH_i in smooth muscle confirmed the role of $Na^+ - H^+$ exchange with the demonstration that recovery from acidosis was Na+ dependent (Aickin, 1985; Weissberg, Little, Cragoe & Bobik, 1987) and sensitive to the potent amiloride analogue EIPA (ethylisopropylamiloride; Weissberg et al. 1987). Virtually all of these experiments, however, were conducted in the nominal absence of the biological buffer $CO₂-HCO₃$.

Every subsequent investigation of the regulation of pH_i in smooth muscle has confirmed the Na⁺ dependence and amiloride sensitivity of the recovery from acidosis in non- $CO₂-HCO₃⁻$ buffers, but there is no such consistency in the results obtained in the presence of $CO₂-HCO₃$. Some cells show an initially surprising steady-state alkalosis in the presence of $CO₂-HCO₃⁻$ (Aickin, 1984; Korbmacher, Helbig, Stahl & Wiederholt, 1988; Boyarsky, Ganz, Sterzel & Boron, 1988; Putnam & Grubbs, 1990) while others exhibit essentially the same steady-state pH_i in both the

presence and nominal absence of $CO₂-HCO₃⁻$ (Aalkjær & Cragoe, 1988; Vigne, Breittmayer, Frelin & Lazdunski, 1988; Baro, Eisner, Raimbach & Wray, 1989). Furthermore, in some cells, the rate of recovery of pH ₁ from acidosis is accelerated by the presence of $CO₂-HCO₃⁻$ (Aalkjær & Cragoe, 1988; Boyarsky et al. 1988; Baro et al. 1989; Putnam, 1990) while in others the rate is unaffected by their presence or nominal absence (Korbmacher et al. 1988; Vigne et al. 1988).

With the exception of Aalkjaer & Cragoe (1988), all of the work in the studies cited above was done in isolated or cultured cells. Although this approach allows acquisition of data that would be very much more difficult to obtain from smooth muscle cells in situ, it is open to question how representative of the normal physiological state the results are. In culture, smooth muscle loses at least one fundamental property, that of contractility. Therefore, I have used a double-barrelled microelectrode in freshly excised strips of smooth muscle. This method also has the clear advantage over fluorescent indicators of giving simultaneous measurement of membrane potential, which not only indicates the physiological state of the cell but also can provide invaluable information about the electrical coupling of transport processes. In this and the following paper (Aickin, $1994a$), I have attempted to characterize the mechanisms responsible for regulation of $pH₁$ in the smooth muscle cells of guinea-pig ureter. In this paper, I have demonstrated the presence of both HCO_3^- . dependent and -independent mechanisms for the effective extrusion of acid equivalents and have investigated their Na⁺ dependence and amiloride sensitivity. In the steady state in the nominal absence of $CO₂-HCO₃$, pH₁ generally falls and recovery from acidosis is then brought about by $Na^+ - H^+$ exchange. In the presence of $CO_2-HCO_3^-$, $Na^+ - H^+$ exchange is apparently switched off and recovery from acidosis is then dominated by the Na⁺- and HCO₃⁻dependent mechanism. This mechanism has been characterized in the following paper as an electroneutral Na^+ -HCO₃⁻ cotransport (Aickin, 1994a). This situation, however, does not hold for all freshly excised smooth muscles. In the third paper of this series (Aickin, 1994b), I describe results from similar experiments performed in the smooth muscle cells of guinea-pig femoral artery which indicate that $Na^+ - H^+$ exchange dominates the recovery from acidosis in both the presence and nominal absence of $CO₂-HCO₃$.

Some of these results have been communicated to the Physiological Society (Aickin, 1985) and have been published in preliminary form (Aickin, 1988,1989).

METHODS

These experiments were performed on isolated strips of smooth muscle from the central portion of the ureter of albino male guinea-pigs. The animals were stunned and bled before the ureters were removed and maintained in modified Krebs solution, as given below. One of the ureters was usually stored in a refrigerator for use on the following day. Each ureter was bisected down its long axis, and a short length (approximately 5 mm) of endothelium peeled away. This section, together with approximately ⁵ mm at either end was then mounted, inner surface uppermost, with the complete thickness of the ureter wall in rotatable clamps. The preparation could then be well stretched over a silicone rubber wedge.

Double-barrelled microelectrodes (Aickin, 1981) were used to measure membrane potential (E_m) and pH_1 simultaneously within a single cell. In brief, micropipettes, pulled from two heat-fused filamented glass capillaries, were rendered hydrophobic by treatment with dimethyltrimethylsilylamine vapour (Fluka, Gillingham, Dorset, UK) at 180° C. The micropipettes were removed from the oven 2-4 days later and immediately backfilled, first with a proton cocktail (Ammann, Lanter, Steiner, Schulthess, Shijo & Simon, 1981; Fluka) in one barrel and then with a reference liquid ion exchanger (Thomas & Cohen, 1981) in the other. They were then usually left overnight under reduced pressure, to facilitate formation of uninterupted columns, before ^a citrate buffer (58 mm NaCl, ³⁸ mm sodium citrate and ¹⁹ mm citric acid saturated with 100% $CO₂$) was placed above the proton cocktail and 500 mm KCl above the reference liquid ion exchanger. Electrical contact to varactor bridge diodes (model 311J; Analog Devices, Walton-on-Thames, Surrey, UK) was made via Ag-AgCl wires. Electrodes made using ion-selective ligands mostly suffer from interference and the response of these electrodes was therefore checked. Problems related to the $CO₂$ sensitivity of the proton cocktail were avoided by ensuring that the citrate buffer remained saturated with 100% CO₂. No pH sensitivity was found in response to ammonium salts (up to 7.5 mm) or trimethylamine (up to 5 mm) in either the presence or nominal absence of $CO₂-HCO₃$. However, the reference liquid ion exchanger showed an apparent 0-4 mV depolarization in the presence of an ammonium salt (up to 7.5 mM) and trimethylamine (up to 5 mm). No correction has been made to the intracellular recordings. Thus, both the depolarization and the alkalinization observed on application of these substances may be overestimated by up to ⁴ mV. The proton cocktail was found to show significant sensitivity to weak organic acids, but only in the presence of $CO₂-HCO₃$. Sodium butyrate (10 mm) added to the standard $CO₂-HCO₃$ buffered solution caused an apparent alkaline shift of 0.20 ± 0.05 pH units (10 electrodes) but when added to nominally $CO₂$ -free solution it caused, at most, an apparent 0-02 pH unit alkaline shift.

The modified Krebs solution had the following composition (mm): NaCl, 115; KCl, 5.9; CaCl₂, 2.5; MgCl₂, 1.2; NaHCO₃, 21; glucose, 11; $\text{Na}_2\text{HPO}_4/\text{NaH}_2\text{PO}_4$ at pH 7.35, 0.1; equilibrated with nominally 5% $CO₂-95% O₂$ at 35 °C. The pH of this solution varied between 7-36 and 7-47 with different gas cylinders (BOC, Guildford, UK). Nominally $CO₂-HCO₃$ -free solution was buffered with ²¹ mm NaHepes to the same pH as the $CO₂$ -containing solution and was equilibrated with 100% O_2 . Low-Na⁺ and Na⁺-free solutions were prepared by equimolar substitution with N-methyl-D-glucamine (NMDG) or Tris, where necessary the $HCO₃^-$ salts (21 mm) being produced by prolonged bubbling with gas from the 5% CO₂ cylinder. Ammonium salts were added from ¹ M stock solutions immediately prior to use. The drugs, amiloride (Sigma Chemical Co., Poole, Dorset, UK) and acetazolamide (Sigma), were added directly to the experimental solution immediately prior to use.

All values are given as means \pm s.D. with the number of observations (n).

RESULTS Modification of intracellular pH

Figure ¹ illustrates the effects of standard procedures for the displacement of pH_i (for a full description see Thomas, 1984) in a smooth muscle cell of the guinea-pig ureter. Predictably, both removal of $CO₂-HCO₃$ ⁻ from the superfusing solution and addition of an ammonium salt caused immediate intracellular alkalosis, while readdition of $CO₂-HCO₃⁻$ and removal of the ammonium salt each caused an immediate intracellular acidosis. Each of these displacements, assumed to be due to the chemical consequences of the free passage of $CO₂$ or $NH₃$ across the cell membrane, was followed by a recovery. Recovery from acidosis induced by either method, recorded in $CO₂-HCO₃$ -buffered solution, could be described by a single exponential with a mean half-time of 2.7 ± 0.7 min $(n = 41)$ and restored pH_i to the control level (i.e. the steady-state value previously recorded in $CO₂-HCO₃$. buffered solution). This recovery must reflect the effective extrusion of acid equivalents against their electrochemical gradient and, in common with many earlier studies, has been used to investigate the nature of the mechanisms responsible. Notably, this recovery was accompanied by a transient hyperpolarization.

Recovery from intracellular alkalosis did not exhibit the same invariable characteristics as that from acidosis, but it should be stressed that, in this case, the recovery could result from a combination of passive leakage (either inwards of H^+ , or in the case of exposure to an ammonium salt, NH_4^+ , or outwards of OH^- or HCO_3^- ions), metabolic production of acid equivalents, and possibly effective inward transport of acid equivalents. The fall in pH_i following alkalosis on removal of $CO₂-HCO₃⁻$ from the superfusing solution was particularly variable, both in initial rate and extent. In the majority of cells, pH, initially fell quite rapidly and stabilized at a considerably lower level than recorded in the presence of $CO₂-HCO₃$, but in some (11 of 60 cells) pH_i fell fairly slowly to stabilize at approximately the same level (see Fig. 8). This latter behaviour was more common in preparations which had been stored overnight at 7° C (7 of 16 cells) but was also seen to develop over a period of several hours in fresh preparations (4 of 44 cells), as illustrated in Fig. 2. This behaviour was not affected by altering the buffering capacity of the solutions, either by reducing the NaHepes concentration in the nominally $CO₂-HCO₃$ -free solution from ²¹ to ⁵ mm or by adding ²¹ mm NaHepes to the $CO₂-HCO₃$ -buffered solution. The mean pH₁ recorded in the nominal absence of $CO₂-HCO₃⁻$ was 6.92 ± 0.24 $(n = 67, \text{ range } 6.06 - 7.37)$ with a mean membrane potential

Figure 1. Pen recordings of the membrane potential (E_m) and intracellular pH (pH_i) in a smooth muscle cell of guinea-pig ureter, recorded using a double-barrelled microelectrode, illustrating the effects of cellular acid and alkaline loading by alteration of the external CO_2 level and by application and removal of an ammonium salt

 $E_{\rm m}$ was recorded using the reference liquid ion exchanger and pH₁ was recorded using the proton cocktail. The preparation was superfused with modified Krebs solution buffered with 5% $CO₂-21$ mm $HCO₃⁻$ except during the interval indicated when it was replaced with nominally CO_2-HCO_3 ⁻free solution, equilibrated with 100% O_2 and buffered with 21 mm NaHepes. (NH₄)₂SO₄ (25 mM) was added to the modified Krebs solution during the 12 min interval indicated. Spontaneous action potentials are reduced in amplitude due to the low frequency response of the reference liquid ion exchanger and the pen recorder and appear in the $\rm pH$, trace due to inequality in the resistance of the two barrels of the microelectrode.

Figure 2. Pen recordings of parts of an experiment showing the effect of removal and readdition of $CO_2-HCO_3^-$ to the superfusing solution in a single cell over a period of several hours

The first removal and readdition was made 1.5 h after impalement of the cell, about 3 h after the preparation had been excised from the animal. The second removal and readdition was performed after a further interval of 2-5 h and the third, after another 3 h. The preparation was maintained in modified Krebs solution buffered with 5% $\text{CO}_2 - 21$ mm HCO_3 ⁻ except during the intervals indicated when it was replaced with a solution equilibrated with 100% O_2 , buffered to the same pH with ²¹ mm NaHepes.

 $(E_{\rm m})$ of -49.6 ± 7.6 mV (range -38 to -60 mV) compared with a mean pH_i of 7.22 ± 0.09 ($n = 89$, range $7.03 - 7.45$) at a mean E_m of -57.5 ± 4.3 mV (range -40 to -65 mV) in the presence of 5% CO₂.

Effect of the nominal absence of $CO_2-HCO_3^$ on the recovery from intracellular acidosis

The low pH_i usually recorded in the nominal absence of $CO₂-HCO₃$ ⁻ may result from an increased rate of intracellular acid loading and/or from a decreased capacity for the effective extrusion of acid equivalents. Although observations in this and the following paper (Aickin, 1994a) suggest that the former may occur (see Discussion), the latter would also be involved if a HCO_3^- dependent mechanism contributed to the normal extrusion of acid equivalents. This possibility was therefore investigated, as illustrated in Fig. 3. Recovery from an acid load induced by application and removal of an ammonium salt was slower in the nominal absence of $CO₂-HCO₃⁻$ than in their presence. The mean half-time of the recovery was 4.6 ± 1.3 min (n = 12) compared with 2.7 ± 0.7 min (n = 41) in the presence of $\text{CO}_2-\text{HCO}_3^-$. In six cells where recoveries were directly compared, as in Fig. 3, the half-times were significantly different $(P = 0.003$, Student's paired t test).

This result suggests the presence of a $HCO₃⁻$ -dependent mechanism for the effective extrusion of acid equivalents and, since the cells still showed a fairly brisk recovery from acidosis in the nominal absence of $\mathrm{CO}_2-\mathrm{HCO}_3^-$, it also indicates the presence of a $HCO₃⁻$ -independent process. Estimation of the relative contribution of each process,

however, requires a knowledge of the intracellular buffering power.

Determination of intracellular buffering power

Measurement of intracellular buffering power, the capacity of the cellular constituents to resist a change in pH on application of an acid or alkali, is best made when an applied acid or alkaline load is not followed by any further change in pH_i . This condition was difficult to achieve on acidosis, since inhibition of the mechanisms responsible for effective acid extrusion resulted in a very low pH_i and unstable impalements, but was relatively simple to achieve on alkalosis. Addition of ⁵ mM trimethylamine, as shown in Fig. 4, caused an immediate intracellular alkalosis followed by little (in the presence of $CO_2-HCO_3^-$ or no (in the nominal absence of $CO_2-HCO_3^-$) recovery. Consequently, on removal of trimethylamine there was little or no overshoot in pH_{i} , in contrast to the marked overshoot observed on removal of an ammonium salt (e.g. Figs ¹ and 3). Furthermore, the slow recovery from alkalosis observed in the presence but not nominal absence of $CO₂-HCO₃$, presumably reflecting $HCO₃$ permeability or a $HCO₃⁻$ -dependent transport process, could be inhibited by the presence of DIDS (4,4'-diisothiocyanatostilbene-2,2' disulphonic acid). Thus, changes in pH_i observed on application and removal of trimethylamine seemed ideally suited for determination of the intracellular buffering power. It is clear from the experiment shown in Fig. 4 that the change in pH_i induced by application of a given alkaline load at a given

Figure 3. Pen recordings of an experiment to investigate the effect of the nominal absence of $CO_2-HCO_3^-$ on the recovery of pH_i from an acid load induced by application and removal of 2.5 mm $(NH_4)_2SO_4$

The preparation was superfused with modified Krebs solution buffered with $5\% \text{ CO}_2-21 \text{ mm HCO}_3$ except during the interval indicated when it was replaced with a solution equilibrated with 100% $O₂$, buffered to the same pH with 21 mm NaHepes.

 pH_i was the same in the presence as in the nominal absence of $CO₂$. In other words, the intracellular buffering power was apparently unaffected by the presence or nominal absence of CO₂. The mean value calculated from application and removal of trimethylamine was 13.4 \pm 4.8 mequiv H⁺ (pH unit)⁻¹ l⁻¹ (n = 20) in the presence of 5% CO₂ and 14·1 \pm 4·7 mequiv H⁺ (pH unit)⁻¹ l⁻¹ (n = 21) in the nominal absence of $CO₂$.

Intracellular buffering power has also been calculated from experiments in which the recovery from alkalosis on application of an ammonium salt (and thus the overshoot on its removal) was inhibited by the presence of DIDS (see Fig. 9 of Aickin, 1994a) or by the prolonged absence of Cl_0^- (see Fig. 8 of Aickin, 1994a). Mean values obtained after equilibration with DIDS were 12.7 ± 3.9 mequiv H⁺ $(pH \text{ unit})^{-1}$ \vert ⁻¹ $(n=9)$ in the presence of 5% CO₂ and 13.6 \pm 3.4 mequiv H⁺ (pH unit)⁻¹ l⁻¹ (n = 8) in its nominal absence, and after prolonged exposure to Cl^- -free solutions was 13.8 ± 3.7 mequiv H⁺ (pH unit)⁻¹ l⁻¹ (n = 12) in the presence of 5% CO₂. It should, however, be noted that the cellular buffering power is generally assumed to be increased in the presence of an extracellular $CO₂-HCO₃$

buffer by 2.3 times $[HCO_3^-]_1$ (see Roos & Boron, 1981). Thus, if the $CO₂-HCO₃$ system contributed to intracellular buffering as expected, the buffering power should be increased by about 35 mequiv H^+ (pH unit)⁻¹ l⁻¹ at the normal steady-state pH_i . It is therefore very surprising that an increase of this magnitude was not detected.

The contribution of $CO₂-HCO₃⁻$ to intracellular buffering depends not only on there being an open system, conferred by the supposed free passage of $CO₂$ across cell membranes and by the essentially clamped external $CO₂$ level, but also on the rapid hydration and dehydration of $CO₂$. This reaction is catalysed by carbonic anhydrase in many cell types but apparently not in smooth muscle (e.g. Mühleisen $\&$ Kreye, 1985). It is notable that in cells where $CO₂$ contributes greatly to the intracellular buffering power and carbonic anhydrase is present, inhibition of carbonic anhydrase reduces the functional buffering power (Thomas, 1984). Therefore, it seemed possible that, if there was a lack of carbonic anhydrase in the ureter, slow equilibration of the $CO₂$ hydration reaction might be partly responsible for the apparent failure of $CO₂-HCO₃$

Trimethylamine (5 mM) was added to the superfusing solution during the intervals indicated and towards the end of the experiment $130 \mu \text{m}$ DIDS was added to the superfusing solution. Buffering power, calculated from the observed changes in pH_1 , was 10.2, 10.1, 13.9 and 13.8 mequiv H⁺ (pH unit)⁻¹ l⁻¹ in the presence of 5% CO₂ and 12.0, 9.9, 11.6 and 10.6 mequiv H⁺ (pH unit)⁻¹ l⁻¹ in the nominal absence of $CO_2-HCO_3^-$ (values given from left to right in each case). Note that if the $CO₂-HCO₃$ system did contribute to intracellular buffering as expected theoretically, the buffering power should have been increased by about 48 mequiv H^+ (pH unit)⁻¹ l^{-1} . In other words, the changes observed in the presence of $CO_2-HCO_3^-$ should have been about 6 times smaller. The preparation was superfused with modified Krebs solution buffered with 5% $CO₂-21$ mm $HCO₃$. except during the interval indicated when it was replaced with a solution equilibrated with 100% $O₂$, buffered to the same pH with 21 mm NaHepes.

Figure 5. Pen recordings of an experiment to investigate the effect of the carbonic anhydrase inhibitor, acetazolamide on pH_i transients induced by alteration of the external CO_2 level and by application and removal of 3.75 mm (NH₄)₂SO₄

The preparation was superfused with modified Krebs solution buffered with 5% $CO₂-21$ mm $HCO₃$ except during the intervals indicated when it was replaced with solution buffered to the same pH with 21 mm NaHepes, equilibrated with 100% O₂.

to contribute to cellular buffering. The presence of carbonic anhydrase was therefore tested by investigating the effect of acetazolamide. Application of $100 \mu \text{m}$ acetazolamide caused a small acidification, as shown in Fig. 5, which was reversible on removal of the drug (not illustrated). But the continued presence of acetazolamide had no effect on any transient changes in pH_i induced

either by alteration of the $CO₂$ level or by application and removal of an ammonium salt. This would tend to confirm the absence of carbonic anhydrase in the smooth muscle of the ureter. Nevertheless, it is difficult to see how a lack of carbonic anhydrase could prevent contribution to buffering power over the long steady-state periods illustrated in Fig. 4 (up to 8 min).

Figure 6. Pen recordings of an experiment to investigate the effect of 10% Na_o^+ (replaced by Tris) on the recovery of pH₁ from an acid load induced by application and removal of 2.5 mm $(NH_4)_2SO_4$ in the nominal absence of $CO_2-HCO_3^-$

Note that recovery from acidosis induced by application of solution buffered with 5% $CO₂-21$ mm $HCO₃^-$ was faster than the recovery from acidosis in the nominal absence of $CO₂$. The preparation was superfused with solution equilibrated with 100% O_2 and buffered with 21 mm NaHepes except where indicated otherwise.

Figure 7. Pen recordings of an experiment showing the effect of 10% Na₂ and the absence of Na' (replaced by Tris) on the recovery from acidosis induced by application and removal of 2.5 mm (NH₄)₂SO₄ in the presence of 5% CO₂-21 mm HCO_3^-

Figure 8. Pen recordings of an experiment to investigate the effect of 10% Na_c and the absence of Na⁺ (replaced by NMDG⁺) on the pH_i transients induced by changing between solutions equilibrated with 5% CO₂, 95% O₂ and 100% O₂

The preparation was superfused with solution equilibrated with 5% CO₂ except during the intervals indicated otherwise.

The effect of reduction or removal of external Na⁺ on the recovery from intracellular acidosis

Previous studies of the ionic mechanisms responsible for regulation of pH, have almost universally demonstrated Na+-dependent processes for the effective extrusion of acid equivalents (see Bock & Marsh, 1988). The Na⁺ requirement of both the $HCO₃$ -independent and -dependent recoveries from acidosis was therefore tested. In the nominal absence of $CO₂-HCO₃$, recovery from an acid load induced by application and removal of an ammonium salt was substantially slowed when Na_0^+ was reduced to 10%, as shown in Fig. 6. Restoration of the normal $Na_o⁺$ then accelerated the recovery to a greater rate than that observed under control conditions. The mean half-time for recovery was 26.9 ± 4.6 min $(n=3)$ in 10% Na₆ and 1.6 ± 0.1 min $(n=3)$ on reapplication of 100% Na₀⁺ compared with 4.6 ± 0.8 min (n=3, paired data) in the continual presence of 100% Na₀.

In $CO_2-HCO_3^-$ -buffered solutions, reduction of Na₀⁺ to 10% had a much smaller effect on the rate of recovery from

acidosis than it did in the nominal absence of $CO₂-HCO₃$. This is illustrated for application of an acid load both by addition and removal of an ammonium salt in the continuous presence of 5% $CO₂$ (Fig. 7) and by changing from nominally $CO₂$ -free solution to one equilibrated with 5% CO₂ (Fig. 8). The mean half-time of the recoveries in 10% Na_o^+ was 4.4 ± 0.9 min $(n = 11)$ compared with 2.8 ± 0.6 min (n = 11, paired data) in 100% Na₀. Recovery from acidosis in $CO₂-HCO₃$ -buffered solution could, nonetheless, be inhibited by complete removal of $Na_o⁺$. As shown in Fig. 7, acidosis following removal of an ammonium salt in the absence of $Na_o⁺$ was followed by a further slow fall in pH_i . However, when extremely low pH_i levels were achieved (below about 6.4), there was some $Na⁺$ -independent recovery of pH_i in the presence of $CO₂-HCO₃$, whereas there was none in the nominal absence of $CO_2-HCO_3^-$ (see Fig. 8). In the absence of Na_0^+ and nominal absence of $CO₂-HCO₃⁻$, pH_i continued to fall, even below a value of about 6-0 (see also Fig. 3 of Aickin, 1994a). Reapplication of $Na_o⁺$ in the presence of $CO₂-HCO₃^-$ caused an immediate and rapid recovery of pH_i (mean half-time of 1.1 ± 0.5 min, $n = 3$) with an

Figure 9. Relationship of the rate of change of pH_i to $Na_o⁺$

Data in the presence \circledcirc and nominal absence \circledcirc of CO₂ were obtained from recoveries of pH₁ following acidosis induced by application and removal of ammonium salts and have been normalized to the mean rate of change of pH₁ in 100% Na₀⁺ (136 mm) and 5% CO₂. They are given at 0.4 pH units acid displacement from the appropriate steady-state pH₁, i.e. that recorded in the experimental solution or, in the case of Na⁺-free solutions, in 6.8 mm Na⁺ with the same buffer system and Na⁺ substitute. Data between 6.8 and 68 mm Na⁺ were obtained from acid loads applied after pH_i had stabilized in the lowered Na_0^+ solution. This period will also have allowed equilibration of the transmembrane Na⁺ gradient (Aickin, 1987). For Na⁺ concentrations lower than 6.8 mm, acid loads were applied while pH_i was still falling (e.g. Fig. 7) but after the transmembrane Na⁺ gradient should have stabilized. The rate of change of pH_i was calculated from the first differential $(-Ke^{-Kx})$ of the exponential describing the recovery $(y = e^{-Kx})$, where K is the rate constant of the recovery), except for the Na'-free data where the rate was measured directly. It should be noted that this data does not represent net flux of acid equivalents, which would be derived from multiplication by the buffering power. Standard error is indicated by the vertical bars, except where it is within the size of the symbol; $n = 3-11$.

Figure 10. Pen recordings of an experiment showing the effect of 100 μ m amiloride on the recovery from acidosis induced by application and removal of 2.5 mm (NH $_{2.5}$ SO₄ in the presence of 5% CO_2-21 mm HCO_3^- and in solution equilibrated with 100% O_2 , buffered to the same pH with ²¹ mm NaHepes

increase of as much as ¹ pH unit in 4 min. This recovery overshot the pH, previously recorded under control conditions and was followed by a slow decline back to the control value. Both in the presence and nominal absence of $CO₂-HCO₃$, recovery of pH_i on reapplication of Na₀⁺ was accompanied by a marked hyperpolarization (see Figs 6, 7 and 8).

It should be noted that reduction of $Na_o⁺$ affected pH_i. Reduction from 100% always caused acidosis, although the extent was greater when Tris (Figs 6 and 7), rather than $NMDG^+$ (Fig. 8), was used as the Na⁺ substitute (see also Deitmer & Schlue, 1988). Reduction from 10% $Na₀⁺$ frequently caused a transient alkalosis (e.g. Fig. 7, see also Fig. ¹ of Aickin, 1985). The cause of these changes, particularly the alkalosis, is not clear. Reversal of Na+ dependent acid extrusion mechanisms may contribute to the acidosis, as also could reversal of $Na⁺-Ca²⁺$ exchange via raising the intracellular Ca^{2+} concentration (Aickin,

Brading & Walmsley, 1987; see also Meech & Thomas, 1977). But since the intracellular Na⁺ stabilizes on reduction of $Na_o⁺$ in under 10 min (Aickin, 1987), such reversals cannot account for the continuing acidosis observed in $Na⁺$ -free solutions (e.g. Figs 7 and 8). This would seem likely to reflect metabolic production of acid equivalents since, at least in the nominal absence of $CO₂-HCO₃$, pH_i fell well below the level predicted by a passive distribution of protons, i.e. pH_i continued to fall when any passive movement of acid equivalents would tend to raise pH_i .

Apparent Na⁺ affinities of the $HCO₃$ dependent and -independent mechanisms for effective extrusion of acid equivalents

Comparison of the effect of 10% $Na_o⁺$ on the recovery from acidosis in the presence (Figs 7 and 8) and nominal absence (Fig. 6) of $CO_2-HCO_3^-$ would suggest that the HCO_3^- -

Figure 11. Relationship of the initial rate of fall of pH_i on application of amiloride (100 μ M or 1 mM) to the steady-state pH₁ in the nominal absence of $\mathrm{CO}_{2} - \mathrm{HCO}_{3}$.

Each point represents the result of an individual application. Filled symbols depict data from eleven different cells while open symbols depict data obtained in a single cell over a period of several hours (see text).

dependent mechanism had a greater apparent affinity for Na_o^+ than the HCO_3^- -independent mechanism. Indeed Na_o^+ had to be reduced to 1 or 2% in the presence of 5% $CO₂$ (e.g. see Fig. ¹ of Aickin, 1985) to induce a similar degree of slowing of the pH, recovery as observed on reduction to 10% in the nominal absence of $CO₂-HCO₃$. However, inhibition of the $Na⁺$ -dependent mechanisms by complete removal of $Na_o⁺$ did not result in an essentially clamped pH_i following application of a moderate acid load, as it does in many other preparations (see Roos & Boron, 1981). The continued fall in pH_i observed in the absence of Na_{α}^+ , at least to a pH_i of approximately 6.4, indicates that significant extrusion of acid equivalents would be required even to maintain a constant pH_i , above about 6.4, and it should be noted that the fall in pH_1 was faster in the nominal absence than in the presence of $CO₂$ (see Fig. 8). Figure 9 shows the relationship between the rate of change of pH_1 and $Na_o⁺$ in both the presence and nominal absence of $CO₂$ at 0.4 pH units acid displacement from the steadystate pH_1 recorded under the appropriate conditions (see legend to Fig. 9). This would suggest an apparent halfmaximal activation for the $HCO₃⁻$ -independent mechanism of about 20 mm $Na_o⁺$ and for the $HCO₃⁻$ -dependent recovery of about 4 mm Na^+ .

Effect of amiloride on the recovery from acidosis

The finding of a Na⁺-dependent recovery from acidosis in the nominal absence of $CO₂-HCO₃⁻$ with an apparent half-maximal activation at about 20 mm Na⁺ suggests that $Na⁺-H⁺$ exchange may be the underlying mechanism (see Aronson, 1985). I therefore tested the effect of amiloride, a well-established inhibitor of $Na^+ - H^+$ exchange, in many preparations. Figure 10 shows that in the nominal absence of $CO_2-HCO_3^-$, 100 μ M amiloride greatly slowed the recovery from acidosis (mean half-time 17.5 ± 5.8 min compared with 4.0 ± 1.0 min, $n = 5$, in the absence of the drug; paired data). This inhibition was reversible immediately on removal of the drug when recovery proceeded at the same rate as observed without prior drug treatment. Interestingly, amiloride did not cause as profound an inhibition of the recovery from intracellular acidosis as did removal of $Na_o⁺$. Some recovery was observed at moderate acidosis (approximately pH 6.8) in the presence of amiloride, whereas pH_i continued to fall in the absence of Na_o^+ (see Fig. 8). This may reflect incomplete inhibition by amiloride or some residual activity of the $HCO₃$ -dependent mechanism in Hepes-buffered solutions due to metabolic production of $CO₂$ (see Aickin & Brading, 1984).

Application of amiloride in the steady state in the nominal absence of $CO₂-HCO₃⁻$ caused a fall in pH₁ (see Fig. 4 of Aickin, 1989) at a rate dependent upon the steady-state pH_i , as illustrated in Fig. 11. Cells in which a relatively low pH_i was recorded in Hepes-buffered solution showed a rapid fall in pH_i on application of amiloride, whereas those in which pH_i in Hepes-buffered solution was close to that recorded in $CO₂-HCO₃$ -buffered solution

Figure 12. Pen recordings of an experiment to investigate the effect of ¹ mm amiloride on the recovery from considerable acidosis in the presence of 5% CO₂-21 mm HCO₃-Acidosis was induced, after equilibration in nominally $CO₂-HCO₃$ -free solution, by application

and removal of 2.5 mm (NH₄)₂SO₄ with simultaneous return to $CO_2-HCO_3^-$ -buffered solution on removal of the ammonium salt in the first two instances. Recovery from the third acidosis was recorded in the nominal absence of $CO₂-HCO₃$.

showed only a very slow fall. The relationship of the rate of fall of pH_i to the steady-state pH_i was particularly well demonstrated by the data obtained in a single cell (open symbols in Fig. 11) where the effect of removal of $CO₂$ from the superfusing solution and subsequent application of amiloride was repeatedly tested over a period of several hours (cf. Fig. 2). At first, pH, fell to ^a very low level in the nominal absence of $CO₂-HCO₃⁻$ (6.71) and application of amiloride caused a dramatic fall in pH_i , but 3 and 7 h later, pH_i stabilized at progressively higher values (7.03) and 7-15, respectively) and application of amiloride had progressively smaller effects. On the assumption that application of amiloride in the nominal absence of $CO₂-HCO₃$ leaves a largely unopposed intrinsic intracellular acid loading, this would suggest that the degree of intrinsic acid loading decreased with time from excision of the preparation from the animal. Consequently, this also suggests that, in the nominal absence of $CO₂-HCO₃$, pH₁ is dictated by the degree of intracellular acid loading and that the capacity of the $Na^+ - H^+$ exchanger alone is insufficient to maintain the 'normal' pH_i in a freshly excised preparation. Nevertheless, the data illustrated in Fig. 11 indicate that $Na⁺-H⁺$ exchange was stimulated by decreasing pH_i and probably reflect the activation of $Na^+ - H^+$ exchange by internal H^+ .

Although- amiloride caused considerable inhibition of the recovery from acidosis in the nominal absence of $CO₂-HCO₃$, it had no discernable effect on the recovery from a similar experimental acid load in the presence of $CO₂-HCO₃$, as shown in Fig. 10. However, in this experiment and others like it (see Fig. 3 of Aickin, 1988

and Fig. ¹ of Aickin, 1989), acidosis in the presence of $CO₂-HCO₃$ ⁻ decreased pH₁ to a value similar to the steady-state pH_i recorded in the nominal absence of $CO₂-HCO₃$, i.e. to a pH₁ at which Na⁺-H⁺ exchange no longer caused an alkalosis in the nominal absence of $CO₂-HCO₃$. I therefore investigated the effect of amiloride in the presence of $CO₂-HCO₃⁻$ at a sufficiently acidic pH_1 for $Na^+ - H^+$ exchange to cause an alkalosis in Hepes-buffered solution. In the experiment illustrated in Fig. 12, acid loading was induced by application of an ammonium salt in the nominal absence of $CO₂-HCO₃⁻$, followed by removal of the ammonium salt together with simultaneous return to solution buffered with 5% $CO₂-21$ mm $HCO₃$. The pH₁ fell to about 6.6, but 1 mm amiloride still had no discernable effect on the rate of recovery. Recovery from a similar pH_1 in the nominal absence of $CO₂-HCO₃⁻$ was substantially inhibited by the presence of amiloride.

Since inhibition of the $Na^+ - H^+$ exchanger by amiloride is through an essentially competitive interaction with Na+ (Kinsella & Aronson, 1981; Ives, Yee & Warnock, 1983), another possible explanation for the failure of amiloride to inhibit the recovery from acidosis in the presence of $\text{CO}_2-\text{HCO}_3^-$ is that the apparent affinity of the exchanger for Na+ was increased (note that the apparent halfmaximal activation for the recovery from acidosis in the presence of $\mathrm{CO}_2\mathrm{-HCO}_3^-$ was about 4 mm compared with about 20 mm in the nominal absence of $CO₂-HCO₃⁻$). However, reduction of Na_0^+ to 5% (Fig. 13) or even 2% (not shown) did not reveal any inhibition by amiloride in the presence of the $CO₂-HCO₃$ ⁻ buffer.

Figure 13. Pen recordings of an experiment to determine whether increased affinity for Na+ and hence competition with amiloride was responsible for the failure of amiloride to inhibit recovery from acidosis in the presence of $CO₂-HCO₃$.

Acid loading was induced by application and removal of 3.75 mm ($NH₄$)₂SO₄. Na⁺ was replaced by NMDG+. The preparation was superfused with modified Krebs solution equilibrated with 5% $CO₂-21$ mm $HCO₃⁻$ except during the interval indicated when it was replaced with solution buffered to the same pH with 21 mm NaHepes, equilibrated with 100% $O₂$.

DISCUSSION

These results demonstrate that recovery of pH_i from acidosis in the smooth muscle of guinea-pig ureter is almost entirely Na⁺ dependent. Two mechanisms have been revealed by their different dependence on $CO₂-HCO₃$, apparent affinity for Na_p and sensitivity to amiloride. These data indicate that $Na⁺-H⁺$ exchange is solely responsible for the recovery from an experimentally induced acid load in the nominal absence of $CO₂-HCO₃⁻$. In this unphysiological condition, the pH_i of freshly excised cells falls to relatively low steady-state levels $(6.06-6.89)$, although the Na⁺-H⁺ exchanger appears to be activated at about $7.2-7.3$ (see Fig. 11). Only when the $HCO₃$ ⁻-dependent mechanism is operative in $CO₂-HCO₃$ ⁻buffered solution, can the pH_i of freshly excised cells be maintained at the normal, relatively alkaline level (7.03-7.45), although under these conditions $Na^+ - H^+$ exchange appears to play little part.

$Na⁺-H⁺$ exchange

The Na⁺ dependence and amiloride sensitivity of the recovery from acidosis in the nominal absence of $\text{CO}_2-\text{HCO}_3^-$ are characteristic of the operation of $\text{Na}^+\text{-H}^+$ exchange for H^+ efflux and add to the body of evidence for the presence of this exchanger in smooth muscle (see Introduction). More detailed analysis of the properties of the $HCO₃$ -independent recovery from acidosis also shows close similarities with the $Na^{+}-H^{+}$ exchanger so well characterized in a wide variety of plasma membranes (for review see Aronson, 1985). The apparent half-maximal activation of the $HCO₃⁻$ -independent recovery at about ²⁰ mm Na+ compares well with that found in other preparations. In addition, the amiloride-sensitive mechanism in the ureter appears to have a steep activation with decreasing pH_1 below about 7.2 (Fig. 11), closely matching the activation curve found in sheep heart Purkinje fibres (Kaila & Vaughan-Jones, 1987) and also in lymphocytes (Grinstein, Cohen & Rothstein, 1984). Finally, reduction of intracellular Na⁺ would appear to stimulate the $HCO₃⁻$ -independent recovery from acidosis, indicated by acceleration of $\rm pH_{1}$ recovery when 100% $\rm Na_{0}^{+}$ was restored after a period in low $Na_o⁺$ (when intracellular Na+ would have been lowered; Aickin, 1987) over and above that observed when $Na_o⁺$ was maintained at 100% (Fig. 6). This property has also been found for the $Na⁺-H⁺$ exchanger in lymphocytes (Grinstein et al. 1984).

Although $Na^+ - H^+$ exchange is clearly capable of regulating pH_i to a level more alkaline than that predicted by a passive distribution of H^+ ions in the nominal absence of $CO₂-HCO₃⁻$ in the vast majority of cells tested, it does not necessarily follow that the exchanger forms an important part of the pH_i regulating mechanism under more physiological conditions. Even in the nominal absence of $CO₂-HCO₃⁻$, this exchanger seems inadequate to maintain pH_i at its 'normal' level in freshly excised

preparations. Despite apparent activation of the exchanger at pH_i values below about 7.2 (Fig. 11), pH_i in Hepesbuffered solution was always below 6-9 in freshly excised preparations and in some cells was even more acidic than predicted by a passive distribution of protons. Only many hours later, most noticeably after 24 h cold storage, did pH_i approximate to 7.2 in Hepes-buffered solutions. Deterioration of the preparation might be expected to: (1) decrease the capacity of active transport, (2) increase passive leaks and (3) decrease the metabolic rate. Only the last of these can explain the increase in steady-state pH_i with time. Furthermore, it is notable that the lower the steady-state pH, in Hepes-buffered solution, the faster was the fall in pH_i on application of amiloride, i.e. the greater was the apparent rate of intrinsic intracellular acid loading. It is worth emphasizing that intracellular production of acid equivalents must be largely responsible for the acidosis observed when extrusion mechanisms were inhibited since, at least in the nominal absence of $CO₂-HCO₃^-$, pH₁ continued to fall below the level predicted for a passive distribution of H^+ ions.

The failure of amiloride to affect the rate of pH_i recovery detectably, even from considerable acidosis, in $CO₂-HCO₃$ -buffered solutions suggests that the Na⁺-H⁺ exchanger plays little role under physiological conditions. At first sight, this result seems easy to explain. If the use of $CO₂-HCO₃$ -buffered solutions increased the intracellular buffering capacity as predicted on theoretical grounds, the effective rate of extrusion of acid equivalents could be up to 6 times greater in the presence than in the nominal absence of $CO₂-HCO₃$. Thus, the contribution from $Na⁺-H⁺$ exchange could be below the level of detection. However, determination of the intracellular buffering power very surprisingly revealed that it was the same in both the presence and nominal absence of $CO₂-HCO₃$. This result is difficult to rationalize. If the intracellular compartment behaved as a closed system, intracellular buffering would not be much affected by the presence of the $CO_2-HCO_3^-$ buffer in the superfusing solution. But it would appear that $CO₂$ both enters and exits the intracellular space readily, judged from the speed of the initial changes in pH_{1} on alteration of the external CO_{2} level, certainly rapidly enough for $CO₂$ to reach equilibrium across the sarcolemma during the time course of the changes used for estimation of cellular buffering. Thus, it would seem that the conditions for an open system should prevail. Likewise, although the apparent lack of carbonic anhydrase in this preparation, indicated by the lack of effect of prolonged exposure to acetazolamide (see also Miihleisen & Kreye, 1985), would decrease the contribution of the $CO₂-HCO₃$ system to instantaneous buffering, it should have no effect on its contribution to the maintained alkaline loads used. Diffusional delays may complicate the pH_1 transients recorded in this multicellular preparation and hence affect the calculated values of intracellular buffering power (see

Bountra, Powell & Vaughan-Jones, 1990). Such delays would tend to cause the values to be overestimated but it should be noted that particularly low values were obtained $(12-14 \text{~mequiv~H}^+ \text{~(pH unit)}^{-1} \text{~l}^{-1})$. Slower equilibration of ammonia and trimethylamine in Hepes-buffered solution could perhaps be implicated (see Bountra et al. 1990), but this would have to be matched by a slow effective influx of acid equivalents such that after an initial change, pH , was held constant. The records, however, provide no evidence for a difference in the rate of ammonia or trimethylamine entry, nor is there any obvious reason why the presence or nominal absence of $CO₂-HCO₃$ should influence the permeation of these species.

Although I can offer no explanation of why $\mathrm{CO_2-HCO_3}^$ does not apparently increase the intracellular buffering capacity as expected, it is notable that this finding has been made in other smooth muscle cells when the buffering power has been determined experimentally in both the presence and nominal absence of $CO₂-HCO₃⁻$. Aalkjær & Hughes (1991) have reported values of ¹⁷ and 20 mequiv H+ $(pH unit)^{-1}$ 1⁻¹ in the nominal absence and presence of 5% $CO₂$, respectively, in segments of rat mesenteric arteries, while Baro and co-workers (Baro et al. 1989) have given a preliminary report of a value around 14 mequiv H^+ $(pH unit)^{-1}$ in isolated vascular smooth muscle cells. Measurements in a smooth muscle-like cell line have given a mean value of 10 mequiv H^+ (pH unit)⁻¹ l⁻¹ in the nominal absence of $CO₂$ (Putnam & Grubbs, 1990) while the published records in the presence of 5% CO₂ (Putnam, 1990) suggest a value of 11 mequiv H^+ (pH unit)⁻¹ l⁻¹. Significantly, all these results were obtained using a fluorescent indicator to measure pH_i , thus suggesting that this puzzling finding is not an artifact of the doublebarrelled pH-sensitive microelectrode. It is also notable that estimation of buffering power in guinea-pig vas deferens, from changes in pH_i that were followed by minimal recovery on alteration of the $CO₂$ level from 3-7%, gave a mean value of 8.6 mequiv H^+ (pH unit)⁻¹ l⁻¹ (Aickin, 1984). This value should have included the buffering capacity due to the $CO₂-HCO₃⁻$ system at 3% $CO₂$, at $HCO₃^-$ concentrations up to 8 mm, which alone would have given a value of up to 18 mequiv H^+ $(pH unit)^{-1}$ ¹⁻¹. Finally, it should be noted that the observations of essentially equal rates of recovery from acidosis and effectiveness of inhibition by amiloride in both the presence and nominal absence of $CO₂-HCO₃⁻$ in the smooth muscle cells of the guinea-pig femoral artery (Aickin, 1994b) are consistent with the hypothesis that $CO₂-HCO₃$ ⁻ does not apparently contribute to intracellular buffering.

If the intracellular buffering power is not increased in the presence of $CO₂-HCO₃⁻$, then the failure of amiloride to affect the rate of recovery from acidosis in the presence of CO₂ must be explained either by $Na⁺-H⁺$ exchange not being inhibited by amiloride in this condition, or by it being inoperative. An increase in the affinity of the

exchanger for $Na_o⁺$ (consistent with the lower $Na⁺$ concentration for apparent half-maximal activation in the presence rather than nominal absence of $CO₂-HCO₃⁻$ and hence decrease in the efficacy of amiloride was ruled out by the continued lack of effect of amiloride when $Na_o⁺$ was reduced to 5 or even 2%. Certainly in other preparations $Na⁺-H⁺$ exchange remains sensitive to amiloride in $CO₉-HCO₃$ -buffered solution (see Aickin, 1986, 1992b). It would therefore seem more likely that $Na⁺-H⁺$ exchange was 'switched off' in the presence of $CO₂-HCO₃$.

Steady-state pH_i in the presence and nominal absence of $CO₂-HCO₃$.

Given the presence of both HCO_3^- -dependent and -independent mechanisms for the effective extrusion of acid equivalents, it is perhaps surprising that such different steady-state pH_i values are recorded in the presence and nominal absence of $CO₂-HCO₃⁻$ in freshly excised preparations. Steady-state acidosis in the nominal absence of $CO_2-HCO_3^-$ was first reported in guinea-pig vas deferens (Aickin, 1984) and has since been found in other smooth muscles (e.g. Korbmacher et al. 1988; Boyarksy et al. 1988; Putnam & Grubbs, 1990) and glial cells (Kettenmann & Schlue, 1988; Deitmer & Schlue, 1989). Although now accepted as a familiar pattern of behaviour, its underlying cause has not been established.

The most likely explanation of this phenomenon is that the capacity of the $HCO₃⁻$ -independent mechanism, the $Na⁺-H⁺$ exchanger, is by itself inadequate to counteract the rate of intrinsic intracellular acid loading. Certainly the exchanger is operative at the low steady-state pH , recorded in the nominal absence of $CO₂$, as indicated by the fall in pH_i on application of amiloride. This rules out the possibility that a low threshold of the $Na^+ - H^+$ exchanger could account for the low pH_i in the nominal absence of $CO_2-HCO_3^-$. Indeed the Na⁺-H⁺ exchanger appears to be geared to regulate pH_i close to the relatively alkaline level recorded in the presence of $CO₂-HCO₃$, as indicated by the approximation of steady-state values in the presence and nominal absence of $CO₂-HCO₃⁻$ in aged cells and by the negligible effect of amiloride when applied in the nominal absence of $CO₂-HCO₃⁻$ in these cells.

The fact that fresh cells could maintain a higher pH_i in the presence rather than nominal absence of $CO₂-HCO₃$ could simply reflect operation of the additional $HCO₃^-$. dependent mechanism, characterized in the following paper (Aickin, 1994a). The possibility that application of $CO₂-HCO₃⁻$ may stimulate the Na⁺-H⁺ exchanger, either by alteration of its kinetics or by insertion of more exchangers into the membrane, seems unlikely because of the decreased sensitivity to amiloride in the presence of $CO₂-HCO₃$. Indeed the failure of amiloride to affect the rate of pH_i recovery from acidosis in the presence of $CO₂-HCO₃$ suggests that the $HCO₃$ -dependent mechanism was considerably more potent than $Na^+ - H^+$ exchange. Recovery from acidosis occurred at the same

rate when the $HCO₃⁻$ -dependent mechanism was operative $(CO_2-HCO_3^-$ -buffered solutions) whether or not the exchanger was functional (presence and absence of amiloride), whereas recovery was faster when both the exchanger and $HCO₃^-$ -dependent mechanism were functional $(CO₂-HCO₃$ -buffered solutions) rather than when the exchanger alone was operative (in the nominal absence of $\mathrm{CO}_2-\mathrm{HCO}_3^-$). Note that, if $\mathrm{CO}_2-\mathrm{HCO}_3^-$ did add to the intracellular buffering capacity, the contribution of the $HCO₃⁻$ -dependent mechanism would be even greater than is apparent from the recordings of pH_i . However, the rate of recovery from acidosis and the steady-state pH_i are not only dependent on the rate of effective acid extrusion but also on the rate of intrinsic intracellular acid loading. The latter was quite considerable in these experiments and appeared to be greater in the nominal absence of $CO₉-HCO₃⁻$ rather than in their presence. pH_i fell notably faster in the nominal absence rather than presence of $CO₂-HCO₃⁻$ after removal of Na⁺ (until passive pH₁ was reached; Figs 8 and 3 of Aickin, 1994a) and after removal of Cl_0^- (until normal pH_i was reached; Fig. 1 of Aickin, 1994a). Even if $CO₂-HCO₃⁻$ contributed to cellular buffering, as expected theoretically, these data would reflect up to 4 times greater flux of acid equivalents in the nominal absence of $CO₂-HCO₃⁻$.

Finally, it is worth considering whether alteration of the extracellular buffering capacity and hence of the pH at the immediate surface of the preparation influences the pH, transients and steady-state values in the presence and nominal absence of $CO₂-HCO₃$ (see de Hemptinne, Morranne & Vanheel, 1987). Increased intracellular acid loading and hence acid extrusion in the nominal absence of $CO₂-HCO₃⁻$ may lead to a lower surface pH and hence contribute to the slower recovery and lower steady-state pH_i. If this were the case, decreasing the extracellular buffering (i.e. reducing the NaHepes concentration from 21 to 5 mM) should further decrease the rate of recovery from acidosis and the steady-state pH_i , but this was not observed. Indeed changes in surface pH do not appear to play a significant role in these experiments since increasing the buffering power of the $CO₂$ -containing solution (by addition of 21 mm NaHepes) was also without effect on pH_i transients or steady-state values.

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