Different regulation by pH_i and osmolarity of the rabbit ileum brush-border and parietal cell basolateral anion exchanger

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- 1. The purpose of this study was to look for evidence of a pH-sensitive modifier site on the parietal cell basolateral anion exchanger, determine the pH range in which allosteric regulation takes place, investigate the effect of the osmolarity on internal pH (pH_i) dependence and compare it with that of the ileum brush-border anion exchanger.
- 2. When the pH_i in parietal cell basolateral membrane (BLM) vesicles was increased, the rate of Cl⁻-gradient-driven ³⁶Cl⁻ uptake increased from 6.03 ± 2.24 to 38.09 ± 3.33 nmol (mg) protein)⁻¹ with the steep increase in anion exchange rates occurring within a narrow p H range between pH_i 7.0 and 7.5. This was due to allosteric activation by internal OH⁻ and not due to a change in driving force, since the driving force for maximal exchange rates was provided by the outwardly directed Cl⁻ gradient.
- 3. The pH_i dependency curve of parietal cell BLM anion exchange rates was shifted to the left by 0-25 pH units by increasing the osmolarity of the intra- and extravesicular solutions from 300 to 380 mosmol I^{-1} . Thus cell shrinking may activate the parietal cell anion exchanger without a change in pH_i and without phosphorylation of the anion exchanger protein.
- 4. In ileum brush-border membranes, the pH_i -dependent increase in the rate of Cl⁻gradient-driven 36 Cl⁻ uptake was more gradual and the half-maximal anion exchange rate was attained at lower pH_i ($pH 6.5$). Increasing the osmolarity from 300 to 500 mosmol l^{-1} had no effect on pH dependence.
- 5. We conclude that the parietal cell basolateral and ileum brush-border anion exchangers possess an internal modifier site for allosteric activation by OH-, but the pH range in which allosteric regulation occurs differs between the two exchangers, as does the effect of an increase in osmolarity. Since current evidence suggests that both the parietal cell basolateral and the ileum brush-border anion exchanger are encoded by the AE2 gene, the differences in pH_i dependence between the two may be due to alternative splicing, post-transcriptional modification, or the different membrane environment.
- 6. The $\rm pH_i$ range for allosteric activation found in this study would suggest that for both the ileum and the parietal cell anion exchanger, but especially for the latter, a potentiating effect of the allosteric activation and the HCO_3^- availability occurs within the physiological pH_i range and can cause dramatic increases in maximal anion exchange rates with increasing pH_i .

Gastric parietal cells secrete HCl by proton secretion Silen, 1992), and different theories have been developed through the K^+ , H^+ -ATPase and the concomitant secretion regarding the mode of activation: (1) direct stimulusof Cl⁻ through a Cl⁻ channel (Forte & Machen, 1986). The mediated change of activity (Muallem *et al.* 1988; Paradiso basolateral parietal cell anion exchanger is necessary for et al. 1989; Yanaka et al. 1990); (2) a decrease in intrabase extrusion and Cl^- uptake during acid secretion cellular Cl^- (Thomas & Machen, 1991); and (3) a rise in (Rehm & Sanders, 1975). It has been shown that anion internal pH (pHi), mediated by the operation of the exchange activity increases during stimulation of acid basolateral $Na⁺-H⁺$ exchanger (Muallem *et al.* 1988) or the secretion (Muallem, Blissard, Cragoe & Sachs, 1988; apical $K^{\text{+}}-H^{\text{+}}$ pump which in turn increases the anion Paradiso, Townsley, Wenzl & Machen, 1989; Yanaka, exchange rate by either raising the intracellular $HCO₃$ Carter, Lee & Silen, 1990; Seidler, Roithmaier, Classen & concentration and thus the driving force (Michelangeli,

1978; Hersey, 1979; Ekblad, 1980; Debellis, Curci & Frömter, 1992) or by shifting the pH_i value from one in which the exchanger is inactive to one in which it is highly active (Muallem et al. 1988). The latter theory is very attractive because a pH_i dependence of the anion exchanger has been shown in all cell types investigated so far (Olsnes, Tonessen & Sandvig, 1986; Olsnes, Tonessen, Ludt & Sandvig, 1987; Mason, Smith, de Jesus Garcia-Soto & Grinstein, 1989; Wenzl & Machen 1989; Lin, Ahluwalia & Gruenstein, 1990; Green, Yamaguchi, Cleeman & Muallem, 1990; Mugharbil, Knickelbein, Aronson & Dobbins, 1990; Lambert, Bradley & Mircheff, 1991). Both the pH_i range and the magnitude of the pH_1 -dependent activation vary widely, however, when different studies in different cell types are compared. We wondered whether this was due to different experimental approaches or due to differences in the regulation of the anion exchangers. Therefore we designed and evaluated a method which allowed us to assess the pH, dependence of the parietal cell anion exchanger without a change in the driving force for anion exchange. This was achieved by preparing parietal cell basolateral membranes from rabbit gastric mucosa and measuring the initial rates of 4,4'-diisothiocyanostilbene- 2^{\prime} ,2-disulphonic acid (DIDS)-inhibitable 3^{6} Cl⁻ uptake into CF-loaded vesicles with intravesicular pH ranging from 5.5 to 8.0 .

We then determined the pH_1 dependence of the ileum brush-border anion exchanger. This anion exchanger was chosen because there is evidence that the parietal cell basolateral and the ileum brush-border anion exchanger are both encoded by the gene for the AE2 isoform of the anion exchanger gene family (Kudrycki, Newman & Shull, 1990; Chow, Dobbins, Aronson & Igarashi, 1992; Rossmann, Seidler & Classen, 1993), although the reported molecular weight of both is different (Thomas, Machen, Smolka, Boron & Kopito, 1989; Chow et al. 1992), as is the described pHi dependency (Wenzl & Machen, 1989; Mugharbil et al. 1990; Thomas & Machen, 1991; Seidler et al. 1992). Since different methodological approaches may play a role in these reported discrepancies, we used identical techniques to compare the properties of both anion exchangers.

A part of this work was presented at ^a meeting of the American Gastroenterology Association in May ¹⁹⁹² (Nader, Seidler & Classen, 1992).

METHODS

Preparation of parietal cell basolateral membranes

Male New Zealand White rabbits (2-3 kg) were anaesthetized and pretreated as previously described (Seidler et al. 1992; Lamprecht, Seidler & Classen, 1993). In brief, the rabbit was anaesthetized using a mixture of ¹⁰⁰ mg ketamine, ⁰'5 mg atropine and ⁸ mg 5,6-dihydro-2-(2,6-xylidino)4H-1,3-thiazin (Rompun; Bayer), given I.M. An ear vein was then cannulated and, 50 mg ranitidine was given I.v. 45 min before killing to ensure that parietal cell ultrastructure was in the 'resting

state'. After opening the abdomen, the rabbit was killed with an overdose of 50-100 mg phenobarbitone i.v., the aorta was cannulated and the stomach was perfused under high pressure as previously described (Lamprecht et al. 1993). Preparation of rabbit parietal cell basolateral membranes was done exactly as described in detail recently (Lamprecht et al. 1993), by a combination of differential, Ficoll-step and linear sucrose gradient centrifugation. The final membrane pellet was suspended in ³⁰⁰ mm sucrose, ¹⁰ mm N-2-hydroxyethylpiperazine- N' -2-ethanesulphonic acid (Hepes), pH 7.5, and used on the same day or stored in liquid nitrogen until further use.

Preparation of ileum brush-border membranes

For the preparation of ileum brush-border membranes animals were pretreated and killed as above, and 1-5 m of the terminal ileum were removed, opened and washed thoroughly with ice-cold 0.9% saline solution. The mucosa was scraped off and transferred to ice-cold preparation buffer C (300 mM mannitol, ¹⁰ mm tris(hydroxymethyl)aminomethane (Tris), ¹⁶ mm Hepes, at pH 7-4). All the following steps were performed at 4 °C in buffer C. Homogenization was performed using a Polytron homogenizer at low speed for 3 min followed by homogenization in a Teflon-glass homogenizer, twenty strokes at 1000 r.p.m. Further preparation was done according to the method of Knickelbein, Aronson, Atherton & Dobbins (1983). After homogenization $CaCl₂$ was added to a final concentration of ¹⁰ mm and the suspension was incubated for 15 min. Then the homogenate was centrifuged at 3000 q for 10 min, the pellet was discarded, the supernatant centrifuged at $27000 g$ for 60 min and the resulting pellet was resuspended. Magnesium gluconate was added to the suspension at ^a final concentration of ¹⁰ mm and the procedure was repeated twice. The final pellet, P, was further treated and used for uptake studies the same day as described later. The entire membrane preparation was done at 4 °C.

Enzyme assays

Protein determination was performed by the method of Lowry with modifications as described by Peterson (1983). $Na^+, K^-.ATPase$ activity, used as a marker enzyme for basolateral membranes, was measured as described by Forbush (1983). The method of Hirst & Forte (1985) was used for measuring $K^+, H^-.ATP$ ase activity, a marker enzyme for tubulovesicles. The activity of alkaline phosphatase was used as a marker for brush-border (BB) membranes since, although there is a small quantity of alkaline phosphatase activity on basolateral membranes, most alkaline phosphatase activity is located on the BB membrane. Enzyme activity can be assayed conveniently, and was determined by measuring the hydrolysis of p -nitrophenyl phosphate at pH 10-3 (Hanna, Mircheff & Wright, 1979). In addition, the activity of sucrase, as a pure brush-border enzyme, was determined as described by Dahlquist (1964).

Transport studies

The membranes were suspended in the appropriate 'intravesicular' buffer solution and pelleted at 30000 g. The pellet was revesiculated by twenty-five passes through a 25 gauge needle in the intravesicular buffer solution plus 0.2 mm valinomycin and the suspension was incubated for 1-5 h at room temperature. A 5 μ l aliquot of vesicles was added to 45 μ l extravesicular buffer containing ³⁶Cl⁻. At varying time intervals isotope uptake was stopped by the addition of 3 ml ice-cold stop solution. The solution was filtered immediately through $0.45 \mu m$ Millipore HAWP filters and washed twice with 3 ml stop solution. Filters were transferred to 5 ml scintillation cocktail and radioactivity was measured using a β -scintillation counter. All media were gassed with 100% N₂ except those containing $HCO₃⁻$, which were gassed with the appropriate mixture of N_2 -CO₂. The compositions of the intra- and extravesicular solutions and the stop solution are listed in detail in the figure legends. Unless specifically mentioned, the concentration of extravesicular $Cl^{-} (Cl^{-}C)$ is calculated as the Cl⁻ concentration after mixing the extravesicular solution (containing ³⁶Cl⁻) with the vesicle suspension (containing only unlabelled Cl⁻). The osmolarity of each solution was checked with an osmometer and it was ensured that the respective intra- and extravesicular solutions had exactly the same osmolarity. To clamp the transvesicular membrane potential to zero the K^+ ionophore valinomycin was added as mentioned above and the K^+ concentration was always the same in the intra- and extravesicular solution. For the determination of pH_i dependence, different pH values of the intravesicular buffer were obtained by appropriate mixtures of Tris, 2-(N-morpholino)ethanesulphonic acid (Mes) and Hepes while the $\text{[Cl}^{-}\text{]}_i$ was kept constant over the tested pH range. The pH of the extravesicular solution (pH_0) was titrated to ^a predetermined value, so that the indicated pH. was achieved after mixing with the vesicle suspension. All transport studies were performed at room temperature.

Each experiment was performed at least in triplicate on each of at least three separate membrane preparations; n is the number of separate rabbit membrane preparations. Values are given as means \pm s.e.m. Error bars are not shown when included within the symbol. Statistical analysis was performed using Student's t test and $P < 0.05$ was considered significant, if the approprate number of experiments required for statistical evaluation had been performed. Many experiments, however, were repeated only three times, since they served the purpose of validation of our methodology and were not done to generate new data.

Materials

H36CI was obtained from Amersham-Buchler (Braunschweig, Germany), HAWP filters from Millipore (Eschborn, Germany), scintillation cocktail from Packard (Frankfurt/ Main, Germany) and Ficoll from Pharmacia (Uppsala, Sweden). Valinomycin and 4,4'-diisothiocyanostilbene-2',2 disulphonic acid (DIDS) were obtained from Sigma (Deisenhofen, Germany) and all other chemicals were purchased from Merck (Darmstadt, Germany) at the highest purity available

RESULTS

Basolateral membrane (BLM) preparation

Our aim was to obtain a highly enriched basolateral membrane fraction with little contamination by other cell organelles. The final 'basolateral membrane' pellet $(n = 21)$ consisted of $0.94 \pm 0.07\%$ of the initial protein in the postnuclear supernatant and its $Na⁺, K⁺$ -ATPase activity was enriched 16.5 ± 0.9 -fold. K^+ , H^+ -ATPase activity was enriched 3.74 ± 0.7 -fold in that fraction and all other intracellular membranes were present only in minor quantities, as has been reported in detail previously (Lamprecht et al. 1993).

Brush-border membrane (BBM) preparation

Pilot experiments of ileum brush-border membrane preparations ($n = 6$) yielded a pellet, P, which consisted of $2.59 \pm 0.49\%$ initial mucosal homogenate protein and its alkaline phosphatase activity was enriched 10.80 ± 0.87 fold and sucrase activity $10.00 + 0.57$ -fold, both brushborder marker enzymes. Little contamination by basolateral membranes occurred as indicated by a 2.08 ± 0.48 -fold enrichment of Na⁺,K⁺-ATPase activity. This BBM preparation could be purified further on ^a sucrose gradient, with almost complete removal of basolateral membrane contaminants. We found that the kinetic parameters obtained using these highly enriched BBM vesicles were not better but worse than when the original procedure described by Knickelbein et al. (1983) was used, probably because of the longer time required for preparation. Therefore, we did not pursue this higher purification method further. All other BBM preparations (excluding the pilot experiments) were tested only for alkaline phosphatase activity (since the sucrase activity had always paralleled the alkaline phosphatase activity in the pilot experiments) and discarded when the enrichment was lower than 9-fold. The mean enrichment of alkaline phosphatase activity for the experiments reported in this paper was 11.9 ± 1.7 -fold (n = 18) and is in good agreement with the enrichment of brush-border membranes used for transport studies in other laboratories (Knickelbein et al. 1983; Mugharbil et al. 1990).

Transport studies

Time course of 36 Cl⁻-Cl⁻ and 36 Cl⁻-HCO₃⁻ exchange in parietal cell BLM and ileum BBM vesicles

Figure 1A shows the time course of ${}^{36}Cl^-$ uptake into parietal cell BLM vesicles with a [Cl] of 50 and 100 mm. The plateau was the same, but the initial rise in $Cl^$ uptake was somewhat faster with 100 mm [Cl⁻]₁. The possibility of 36 Cl⁻ uptake through a Cl⁻ conductance was eliminated by measuring CI^- uptake against its concentration gradient and using valinomycin and equal $transmembrane$ K^+ gradients to clamp the transmembrane voltage to zero. The initial rapid uptake of ³⁶Cl⁻ was blocked by 2 mm of the known anion exchange inhibitor DIDS.

Figure 1B shows the time course of 36 Cl⁻ uptake into Cl⁻-loaded ileum BBM vesicles with a [Cl⁻]_i of 100 mm. The Cl⁻ uptake into ileum BBM vesicles was somewhat slower than into parietal cell BLM vesicles. Therefore, we selected two different uptake times (5 and 9 s) to evaluate the pH_i dependency of anion exchange into BBM vesicles. This set of experiments was performed under the conditions used by Mugharbil et al. (1989), that is with hypertonic solutions, which are thought to be superior for isotope flux studies into membrane vesicles. However, there was no significant difference in the time course or

Figure 1. Time course of ³⁶Cl⁻ uptake into parietal cell BLM and ileum BBM vesicles preloaded with Cl-

A, parietal BLM vesicles preloaded with ⁵⁰ (open symbols, dashed lines) or ¹⁰⁰ mm (filled symbols, continuous lines) Cl⁻. [Cl⁻l_o, 19 mm after diluting 5 μ l vesicles in 45 μ l extravesicular buffer solution. Vesicles were loaded with ⁶⁰ mm mannitol, ⁵⁰ or ¹⁰⁰ mm KCl, ⁵⁰ mm or no potassium gluconate, and the appropriate mixture of ⁴⁰ mm Tris-Hepes-Mes at pH 7-5. Extravesicular buffer consisted of 40 mm mannitol, 100 mm potassium gluconate, 15 or 10 mm 36 Cl⁻ (the final [Cl⁻]₀ was reached after mixing the vesicle suspension with the extravesicular medium) and ⁴⁰ or ⁴⁵ mm Tris-Hepes at pH 5-5 with (triangles) or without (squares) ² mm DIDS. In the absence of DIDS, sodium was kept constant at ⁴ mm with sodium gluconate. DIDS-inhibitable uptake is indicated by circles. Stop solution contained 60 mm mannitol, 100 mm potassium gluconate, 40 mm Mes-Tris at pH 5.5. $n = 3$. B, ileum BBM vesicles preloaded with Cl^- under the same conditions as used by Mugharbil et al. (1989). $\text{[CI}^{-1}_{\text{loc}}$, 14 mm. Vesicles were loaded with 150 mm mannitol, 50 mm potassium gluconate, ¹⁰⁰ mM KCl and ⁴⁰ mm Tris-Hepes-Mes, at pH 7-5. Extravesicular buffer consisted of ³⁵ mM mannitol, 150 mm potassium gluconate, 5 mm^{-36} Cl⁻, 16 mm Tris, 20 mm Hepes, 104 mm Mes at pH 5-5 with or without ⁷ mm DIDS (symbols as for A). In the absence of DIDS, sodium concentration was kept constant at ¹⁴ mm with sodium gluconate. Stop solution consisted of ¹⁷⁰ mM mannitol, 150 mm potassium gluconate, 16 mm Hepes and 10 mm Tris, at pH 7.5. $n = 3$.

maximal values for Cl⁻ uptake into BBM vesicles in Fig. 4B, in which we have used isotonic conditions.

We next compared $^{36}\mathrm{Cl}^{-}-\mathrm{HCO}_{3}^{-}$ and $^{36}\mathrm{Cl}^{-}-\mathrm{OH}^{+}$ exchange with ³⁶Cl⁻-Cl⁻ exchange in parietal cell BLM vesicles. Figure 2 shows the DIDS (2 mm)-inhibitable Cluptake into BLM membrane vesicles loaded with either 100 mm Cl⁻, HCO_3^- or gluconate. We found a rapid DIDSinhibitable 36 Cl⁻ uptake into the vesicles loaded with Cl⁻ or HCO_3^- , but little DIDS-inhibitable $^{36}Cl^-$ uptake into gluconate-loaded vesicles. The small portion of DIDSsensitive ³⁶Cl⁻ uptake into gluconate-loaded vesicles probably represents 36 Cl⁻-OH⁻ exchange, but may also be

Figure 2. DIDS (2 mm)-inhibitable Cl⁻ uptake into parietal cell BLM vesicles loaded with 100 mm Cl⁻ (m), $HCO₃⁻$ (\bullet) or gluconate (A)

Intravesicular buffer contained ⁶⁰ mm mannitol, ¹⁰⁰ mm KCI or KHCO₃ or potassium gluconate and 40 mm Tris-Hepes at pH 8.0. $\left[\text{Cl}^-\right]_0$, 19 mm. Extravesicular buffer consisted of 50 mm mannitol, 100 mm potassium gluconate, 10 mm 36 Cl⁻ and 40 mm Tris-Mes at pH 5.5. Stop solution contained 100 mm potassium gluconate, ⁶⁰ mm mannitol, ⁴⁰ mm Mes-Tris at pH 5.5. $n = 3$.

due to another membrane-altering effect of DIDS, since we consistently observed a smaller apparent intravesicular volume in DIDS-treated vesicles (Lamprecht et al. 1993). The absolute ${}^{36}Cl^-$ uptake values in these experiments are lower than those in Fig. 1, because we cannot take into account the extravesicular anions (other than CI⁻) which are added to the uptake medium with the vesicle suspension. Since the added $HCO₃$, Cl⁻ or gluconate will compete with 36 Cl⁻ for uptake, the overall ³⁶Cl⁻ uptake values are lower and anion exchange rates are underestimated.

Dependence of 36 Cl⁻-Cl⁻ exchange rates on pH_i

Time course experiments. In a $CO₂-HCO₃$ -buffered system it is impossible to change pH_i without changing $[HCO₃⁻]$ _i and thus the driving force for Cl^- - $HCO₃$ exchange. As we have demonstrated that Cl^- and $HCO_3^$ are transported equally well by both anion exchangers tested, we determined the pH_i dependence of 36 Cl⁻-Cl⁻ instead of 36 Cl⁻-HCO₃⁻ exchange. This allowed us to establish identical transmembrane Cl⁻ concentration gradients over the whole tested pH range and therefore selectively measure the influence of pH_i on exchange rates, but only if our assumptions were correct that the outwardly directed Cl⁻ gradient provided the driving force for 36 Cl⁻-Cl⁻ exchange and that a transmembrane pH gradient per se is not necessary to activate anion exchange. We therefore repeated the time course experiments for both types of membrane vesicles with $(pH_0 5.5-pH_1 7.5)$ and without $(pH_0 7.5-pH_1 7.5$ and pH_0 $5.5-pH$, 5.5) a transmembrane pH gradient. The results for parietal cell BLM vesicles are shown in Fig. 3A. There is no significant difference in ${}^{36}Cl^-$ uptake rates with or without a pH gradient when the intravesicular pH is 7.5 . The inhibition of ${}^{36}Cl^-$ uptake by DIDS is less when pH₀ is 7.5. We do not know the reason for this finding, but there may be several explanations. (1) DIDS inhibits anion exchange less at higher pH values. This is supported by our finding that increasing the DIDS concentration at this high pH value from 2 to 4 and 7 mm increased the DIDS inhibition of anion exchange at 20 ^s uptake time from 40 to 60%, which is approximately the same as found at $\rm pH_{o}$ 5-5. (2) Our BLM vesicles may have ^a mixed orientation (Kinne, Haase, Gmaj & Murer, 1978), and DIDS binds to an extracellular site (Jesse, Sjoholm & Hoffmann, 1986). In the inside-out vesicles, the DIDS binding site is hidden, and therefore 36 Cl⁻-Cl⁻ exchange is not inhibited at high pH. but is inhibited at low pH. because of inactivation of the modifier site. In this case, however, one would expect the Cl⁻ uptake to be higher in the pH_i 7.5-pH_o 7.5 (all vesicles take part in anion exchange) than in the pH_1 7-5-pH. 5-5 vesicles (only the right side-out vesicles take part in anion exchange), which was not the case. At a $\rm pH_i$ of 5.5 36 Cl⁻ uptake is distinctively less and lacks the rapid initial uptake, indicating inhibition of the anion exchanger at low pH_i. For ileum BBM vesicles (illustrated in Fig. 3B) the lack of ^a pH gradient also does not influence the ${}^{36}Cl^-$ uptake rates at pH_i 7.5. DIDS inhibition at pH $_{0}$ 7.5 is also not complete at 4 mm, but at 7 mm shows no significant difference to the values at $\rm pH_{o}$

Figure 3. Time course of Cl⁻ uptake into Cl⁻-loaded parietal cell BLM and ileum BBM vesicles with (pH_i 7.5-pH₀ 5.5; squares) and without (pH_i = pH₀ = 7.5 (triangles) or 5.5 (circles)) transmembrane pH gradient

A, parietal cell BLM vesicles. B , ileum BBM vesicles. For both A and B , intravesicular buffer contained 60 mm mannitol, 100 mm KCl and 40 mm Tris-Hepes-Mes at pH 7.5 or 5.5. $\left[\text{Cl}^{-}\right]_{0}$, 19 mm. Extravesicular buffer consisted of 40 mm mannitol, 100 mm potassium gluconate, 10 mm $^{36}Cl^{-}$ and ⁴⁰ mM Tris-Hepes-Mes at pH 7-5 or 5-5. Stop solution contained ¹⁰⁰ mm potassium gluconate, ⁶⁰ mm mannitol, ⁴⁰ mm Mes-Tris at pH 5.5 with (open symbols) or without (filled symbols) ² (A) or $4 \text{ mm } (B)$ DIDS. $n=4$.

Figure 4 Time course of Cl⁻ uptake into parietal cell BLM (A) and ileum BBM (B) vesicles loaded with Cl⁻ at pH_1 7.5 (\blacksquare) or gluconate at pH_1 5.5 (\bigcirc) or 7.5 (\bigcirc). [Cl⁻]₀, 19 mm. For exact composition of media see the legend to Fig. 3. $n = 3$.

5-5 (data not shown), supporting the first explanation discussed above, since in BBM vesicles the vesicle orientation is presumably right-side out (Haase, Schäfer, Murer & Kinne, 1978). As in BLM vesicles there is very little 36 Cl⁻⁻ uptake at pH_i 5.5. These experiments demonstrate that ^a transmembrane pH gradient per se is

not a necessary requirement for maximal obtainable anion exchange rates in our model.

The maximal proportion of 36 Cl⁻ uptake in exchange for OH_{1}^{-} that may take place in addition to $^{36}Cl^{-}$ uptake in exchange for CI^-_i was determined for our experimental setting. Figure $4A$ and B shows 36 Cl⁻ uptake into parietal

Figure 5. Effect of pH_i on Cl⁻ uptake into Cl⁻-loaded parietal cell BLM (A) and ileum BBM (B) vesicles at pH₀ 5.5

Various pH_i values were obtained by using appropriate mixtures of Tris, Hepes and Mes. $\left[Cl^{-}\right]_{0}$, 19 mm. Uptake time was $5 s. \Box$, with $2(A)$ or $4 \text{ mm}(B)$ DIDS; \blacksquare , without DIDS; \spadesuit , DIDS-inhibitable uptake. For exact composition of media see the legend to Fig. 3. $n = 5$

Figure 6. Influence of the osmolarity on the pH_i dependence of Cl^- uptake into parietal cell BLM (A) and ileum BBM vesicles (B)

[Cl⁻]₀, 19 mm. Osmolarity in the intra- and extravesicular buffer was adjusted to the desired value with mannitol (in A: 300 (\bullet) and 380 mosmol l^{-1} (\bullet); in B: 300 (\bullet) and 500 mosmol l^{-1} (\bullet)). Uptake time was 5 s. For composition of media see legend to Fig. 3. $n = 5$.

cell BLM and ileum BBM vesicles loaded with gluconate at pH₁ 5.5 and 7.5 in comparison with 36 Cl⁻ uptake into Cl⁻loaded vesicles at pH $_1$ 7.5. It is evident that the maximal proportion of 36 CI $-OH^-$ exchange at 5 and 9s is one- tenth of the ${}^{36}\text{Cl}^--\text{Cl}^-$ exchange. We can therefore presume that if we do observe changes in anion uptake rates at different pH_i values, it is not due to activation of anion exchange by the transmembrane pH gradient per se, and not due to a change in the driving force provided by the additional presence of OH^- anions for ${}^{36}Cl^-$ -OH⁻ exchange at high pH,.

Initial 36Cl--Cl- exchange rate at intravesicular pH 5.5-8.0. The effect of intravesicular pH on 36 Cl⁻ uptake into ClF-loaded parietal cell BLM vesicles is illustrated in Fig. 5A. When the intravesicular pH was increased from 5-5 to 8-0 the DIDS-inhibitable uptake rates of 36 Cl⁻ were increased approximately 5-fold in an S-shaped manner. The steep increase of ${}^{36}Cl^-$ -uptake rates occurred in a narrow pH_i range between 70 and 7.5. Increasing the pH_i above 7.5 had little influence on uptake rates, indicating full activation of the anion exchanger at this pH value.

Figure 5B shows the influence of pH_i on ${}^{36}Cl^-$ uptake into ileum brush-border membrane vesicles. ${}^{36}Cl^-$ uptake increased 3.5-fold from pH, 5.25 to 8.0. However the pH_idependent rise in activity occurred over a much wider pH_i range between 5-75 and 7-5. Half-maximal inhibition of anion exchange rates occurred at distinctively lower pH, values than in parietal cell basolateral membrane vesicles, pH 6.5 versus pH 7.25. An identical pH, dependency was obtained when the uptake times were 9 instead of 5 ^s (data not shown).

Influence of the osmolarity on the pH_i dependence of 36 Cl⁻-Cl⁻ exchange. We next studied the effect of increasing the osmolarity of both the intra- and extravesicular solution from 300 to 380 and 500 mosmol l^{-1} . The resulting DIDS-inhibitable uptake rates are compared in Fig. 6A for parietal cell BLM vesicles and Fig. 6Bfor ileum BBM vesicles. In parietal cell BLM vesicles, the pH, dependency was significantly $(P < 0.02)$ shifted to the left, that is to more acidic values. Half-maximal 36 Cl⁻ uptake was shifted from 7.25 to 7.0 with an increase in osmolarity from 300 to 380 mosmol l^{-1} . The time course of ${}^{36}Cl^$ uptake at pH 7-5 was not different at 300 and 380 mosmol l^{-1} . Surprisingly, there was no shift in the pH, dependency for ileum BBM vesicles with an increase in the osmolarity up to 500 mosmol l^{-1} (Fig. 6B).

DISCUSSION

In this study, we investigated the pH_i dependence of two gastrointestinal anion exchangers, the basolateral parietal cell and the ileum brush-border anion exchanger under identical experimental conditions, and measured the effect of an increase in osmolarity on this pH_1 dependence. What we found was a marked pH_i sensitivity of 36 Cl⁻-Cl⁻ exchange rates both in parietal cell basolateral and ileum brush-border membrane vesicles. The parietal cell anion exchanger displayed a strong increase in 36 Cl⁻-Cl⁻ exchange rates over the narrow pH range between very low activity below pH ⁷ ⁰ and almost maximal activity at pH 7-5 for intra- and extravesicular solutions of 300 mosmol l^{-1} . The ileum brush-border anion exchanger also showed a strong increase in exchange rates with increasing pH_i , but surprisingly, the increase in activity was more gradual, and the half-maximal activation was reached at a lower pH value (pH 6.5). For both anion exchangers the pH_i at which half-maximal allosteric activation was seen was lower than previously described (Mugharbil et al. 1989; Thomas et al. 1991). This is probably due to the fact that we measured only 36 Cl⁻ -Cl⁻ exchange and largely ruled out interference with HCO_3^- or base exchange, the availability of which is strongly pH dependent. In the physiological pH range, ${}^{36}Cl^- - HCO_3^-$ (but not ${}^{36}Cl^- - Cl^-$) exchange depends on pH_i in a 2-fold fashion, because of the allosteric activation of anion exchange by pH_i and the increase of $HCO₃⁻$ concentration with increasing pH_i. The pH_i range for allosteric activation found in this study would suggest that for both the ileum and the parietal cell anion exchanger, but especially for the latter, a potentiating effect of the allosteric activation and the $HCO₃^-$ availability occurs within the physiological pH_i range and can cause dramatic increases in maximal anion exchange rates with increasing pH_i . A shortcoming of our study is that we have not ruled out the possibility that changes in the Michaelis-Menten constant (K_m) values for Cl⁻ and $HCO₃$ ⁻ in the opposite direction occur with $decreasing pH₁$.

The fact that an alkaline pH_i increases anion exchange rates has been demonstrated in a number of cell types and experimental systems (Olsnes et al. 1986, 1987; Mason et $al. 1989$; Wenzl et al. 1989; Lin et al. 1990; Mugharbil et al. 1990; Green et al. 1990; Lambert et al. 1991; Seidler et at. 1992). The $\rm pH_i$ range in which activation occurred and the degree of activation varied considerably, however. If these differences were cell-type or anion exchanger isoform specific, it could mean that different cell types have different modes of pH_i -dependent anion exchange regulation serving their specific functions. On the other hand, the differences could be due to methodological differences. In most studies in which anion exchange rates were studied in intact cells, a constant and maximal driving force (transmembrane concentrations gradients for Cl^- and base together) over the tested pH_i range was not present (Olsnes et al. 1986, 1987; Mason et al. 1989; Green et al. 1990; Lambert et al. 1991), the concentration of exchangeable base might have been rate limiting for anion exchange (Wenzl et al. 1989; Seidler et al. 1992), or it was impossible to keep the driving force constant due to the strong pH_i dependency of HCO_3^- availability (Thomas et

at. 1991; Seidler, Lamprecht, Roithmeier & Classen, 1991). Thus, all studies performed in intact cells have the problem that due to a limited manipulability of the intracellular ionic environment, the transmembrane anion concentrations cannot be strictly controlled. Furthermore, the manipulations of the extracellular anion concentrations needed to stimulate maximal anion exchange rates (e.g. external Cl⁻ removal and readdition) are known to induce cell volume changes, which in turn may activate anion exchange (Hoffmann & Simonsen, 1989).

Mugharbil et al. (1990) used an ileum brush-border membrane vesicle preparation to measure the pH_1 dependence of Cl^- uptake into HCO_3^- -loaded vesicles. Although their study definitely showed that allosteric activation of the ileum anion exchanger by the pH , takes place, they did not show in which pH range allosteric regulation occurs, since HCO_3^- availability below pH 7.0 is too low to create a driving force for ³⁶CI⁻ uptake in the experimental settings used. This explains why they found the steep rise in CI^- uptake at a pH_i of approximately 7.3, where $HCO₃⁻$ concentration is in the range for halfmaximal saturation of the transport site.

Therefore, we validated and applied a method that would allow us to measure the dependence of maximal anion exchange rates on pH_i in the absence of significant changes in driving force or the concentration of exchangeable anions. This was done by measuring the uptake of 36 Cl⁻ into Cl⁻-loaded membrane vesicles at different intravesicular pH. The driving force for ${}^{36}Cl^$ uptake was created by the outwardly directed Cl⁻ gradient. To test the feasibility of this approach, we had to clarify several points: (1) since we wanted to measure $36CI$ - Cl^- instead of $36CI$ - HCO_3^- exchange, we had to ascertain that Cl⁻ was exchanged equally as well as or better than $HCO₃⁻$; (2) we had to ascertain that the Cl⁻ gradient and not the pH gradient, or the Cl⁻ gradient in conjunction with ^a pH gradient, was sufficient to establish the maximal anion exchange rate; and (3) we had to find out what percentage of 36 Cl⁻-OH⁻ exchange may increase overall Cl^- uptake rates in the high pH_i range. The results of the experiments are found in the Results section and indicated to us that: (1) internal Cl^- is exchanged equally as well as $HCO₃⁻$; (2) a transmembrane pH gradient per se does not significantly increase anion exchange rates; (3) the potential percentage of 36 Cl⁻-OH⁻ exchange is at best onetenth of the ${}^{36}Cl^-$ -Cl⁻ exchange rate at a pH_i of 7.5. Thus, we should be able to determine selectively the effect of pH_1 on maximal anion exchange rates.

In a number of cell types, anion exchange is activated during volume regulation (Hoffmann et al. 1988). Hypertonicity of the external solution results in a shift of the pH_i dependence of anion exchange rates in Xenopus
occytes that express AE2 (S. Alper, personal oocytes that express AE2 (S. Alper, personal communication). Therefore, we tested whether a high osmolarity per se influences the pH_i dependence of anion exchange rates. In our experimental setting, the

osmolarity was increased in both the intra- and extravesicular solutions and no transmembrane gradient existed. Interestingly, the pH_i dependence of the parietal cell BLM anion exchanger was shifted to more acidic values by an increase in osmolarity from 300 to 380 mosmol I^{-1} , whereas we found no change in the pH_i dependence of the ileum BBM anion exchanger. This shows that hypertonicity per se influences the pH_i dependence of the parietal cell anion exchanger. Thus cell shrinking could activate the anion exchanger without a change in pH, and without phosphorylation of the anion exchanger protein.

Chow et al. (1992) have cloned a cDNA from rabbit ileum cells with high homology to the AE2 isoform of the anion exchanger gene family, and we have strong evidence from our laboratory that parietal cells express the AE2 mRNA (U. Seidler, unpublished data). Moreover, both our functional data suggest that the parietal cell anion exchanger is an AE2 isoform, and an antibody directed against a fusion protein constructed with the help of the ileum AE2 sequence stains the basolateral membrane of the parietal cell (but not the ileum BB membrane). Unless Chow et al. (1992) happened to clone an ileum basolateral anion exchanger, one must conclude that both the parietal cell BLM and the ileum BBM anion exchangers are encoded by the AE2 gene. The different pH dependencies of allosteric activation and the different effect of an increase in osmolarity between the parietal cell and the ileum brush-border anion exchanger therefore seemed surprising to us. A similar controversy has recently been resolved: type A intercalated cells in the collecting duct secrete protons via vacuolar-type H^+ pumps, and extrude base via a basolateral anion exchanger protein which is an alternative splice variant of the AE1 gene. Type B intercalated cells secrete base via an apical anion exchanger. This apical anion exchanger protein was not recognized by a variety of antibodies against band 3 and other AE isoform epitopes, had ^a different stilbene sensitivity and a different dissociation constant (K_d) for Cl_{o}^- than the basolateral anion exchanger of type A cells, and was therefore believed to be encoded by a different gene (Kopito, 1990). A recent publication by van Adelsberg, Edwards & Al-Awqati (1993) has convincingly demonstrated that the apical anion exchanger of type B intercalated cells is also an AEI isoform. This is, to our knowledge, the first demonstration of apically and basolaterally localized ion exchanger proteins being the identical gene product. In the $Na^+ - H^+$ exchanger gene family, different isoforms have been localized to the apical and basolateral domains of epithelial cells. The different kinetic parameters of anion exchange in type A and B intercalated cells are as difficult to explain as the different characteristics of the parietal cell and ileum anion exchanger. Van Adelsberg et al. (1993) speculated that the binding of inhibitors and substrates may be altered by the characteristics of the plasma membrane domain in which

the protein is located, and a similar situation may exist for the ileum brush-border and the parietal cell basolateral anion exchanger. Another explanation may be differences in post-translational modification. Northern blot hybridization of parietal cell mRNA with AE2 cDNA yields two bands (Rossmann et al. 1993), and these two bands are exclusively found in the stomach (Kudrycki et al. 1990). Thus, the parietal cell anion exchanger may be an alternative splice variant with some unique properties.

What might be the physiological significance of the observed pHi dependence of the ileum brush-border and parietal cell anion exchanger? The ileum villus cell anion exchanger is involved in NaCl reabsorption, and the coupling of brush-border $Na^+ - H^+$ exchange and 36° CI⁻-HCO₃⁻ exchange activities is believed to occur via slight changes in the pH_i (Knickelbein, Aronson, Atherton & Dobbins, 1985). The crypt cell anion exchanger is involved in Cl⁻ secretion. The physiological relevance of pH_i dependency in such a low pH_i range is difficult to understand, since the base availability in that pH_i range is rather low. On the other hand, potentiating activation of anion exchange rates by allosteric activation and $HCO₃$ ⁻ avaliability would also occur in a pH_i range below 7 and, since the pH_i in the ileum cells may be variable, may allow greater flexibility of NaCl absorption and Cl⁻ secretion.

The parietal cell anion exchanger is involved in contralateral base extrusion during apical HCI secretion. Could the allosteric regulation contribute to the known activation of 36 Cl⁻-HCO₃⁻ exchange upon stimulation of the parietal cell? The first prerequisite for an answer to this question is to know parietal cell pH_i and the change in pH_i during stimulation. The available data vary widely. For example, in frog oxyntic cells, the findings range from a resting pH_i in 5% $CO₂/HCO₃$ of 7.02 (Yanaka, Carter, Goddard & Silen, 1991) to pH₁ 7.4 (Debellis, Curci & Frömter, 1992) and a change in pH_i during stimulation from no change at all (Saario, Carter & Silen, 1987) to rather dramatic increases in $\rm pH$ ₁ of 0.5 to 1.0 units (Hersey, 1979; Ekblad, 1980). Our own pH_i measurements have demonstrated that in a population of freshly isolated parietal cells, changes in parietal cell acid formation and an increase in the basolateral Cl⁻-base exchange rate can occur in the complete absence of changes in overall pH_i in that population (Seidler et al. 1992). However, recent measurements in our laboratory have shown that pH_i in single parietal cells in culture varies considerably within cells from the same rabbit under identical culture conditions, as does the response to secretagogues, both in changes in acid formation as well as in pH_1 (U. Seidler, unpublished observations). The pH_i of the majority of cells was clearly in the pH_i range between 7.0 and 7.5 , in which allosteric regulation is maximal. Thus, it is likely that under physiological conditions, a secretagogue-induced shift in pH_i and a subsequent allosteric activation of anion exchange will be one of several modes of anion exchange regulation during stimulation of acid formation. We are

presently working on the establishment of experimental models in which we can study pH_i and acid formation simultaneously in the same cell in culture, and in the same intact epithelium. If these models become available, one will be better able to delineate the mechanisms of ion homeostasis in the parietal cell.

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