## **RESEARCH COMMUNICATION**

# Ins $(1,3,4,5)P_4$ promotes sustained activation of the Ca<sup>2+</sup>-dependent Cl<sup>-</sup> current in isolated mouse lacrimal cells

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Infusion of 50  $\mu$ M-Ins(1,3,4,5) $P_4$  in addition to 500  $\mu$ M-Ins(1,4,5) $P_3$  into mouse lacrimal cells via a patch-clamp pipette promoted sustained activation of the Ca<sup>2+</sup>-dependent Cl<sup>-</sup> current, which could not be achieved with 500  $\mu$ M-Ins(1,4,5) $P_3$ alone. It has been proposed that Ins(1,3,4,5) $P_4$  facilitates Ca<sup>2+</sup> influx in the presence of Ins(1,4,5) $P_3$  [Morris, Gallacher, Irvine & Petersen (1987) Nature (London) **330**, 653–655], but a subsequent study in mouse lacrimal cells [Bird, Rossier, Hughes, Shears, Armstrong & Putney (1991) Nature (London) **352**, 162–165] showed that a high concentration of Ins(1,4,5) $P_3$  could mobilize both intra- and extra-cellular Ca<sup>2+</sup> in the absence of Ins(1,3,4,5) $P_4$ . My data confirm these findings, but also show that Ins(1,3,4,5) $P_4$  can stimulate additional Ca<sup>2+</sup> influx even when the Ins(1,4,5) $P_3$ -dependent intracellular Ca<sup>2+</sup> pools have been depleted.

#### **INTRODUCTION**

Receptor-mediated activation of phospholipase C and cleavage of phosphatidylinositol 4,5-bisphosphate to give  $Ins(1,4,5)P_3$  and diacylglycerol is the first step of the inositol phosphate cascade, which has been widely implicated in stimulus-secretion coupling. Of the 63 or so possible inositol phosphate derivatives [1], only  $Ins(1,4,5)P_3$  has a clearly defined function, as a soluble second messenger communicating receptor activation to release of Ca<sup>2+</sup> from intracellular Ca<sup>2+</sup> pools by means of an  $Ins(1,4,5)P_3$ dependent Ca<sup>2+</sup> channel [2,3]. The role of Ins(1,3,4,5)P<sub>4</sub> in Ca<sup>2+</sup> mobilization is less clear. Receptors for  $Ins(1,3,4,5)P_{4}$  [4-7] have been identified, and there have been reports that  $Ins(1,3,4,5)P_A$  is able to cause mobilization of intracellular Ca<sup>2+</sup>, either by acting in synergism with  $Ins(1,4,5)P_3$ , to release  $Ca^{2+}$  from  $Ca^{2+}$  stores which are inaccessible to  $Ins(1,4,5)P_a$  alone [8,9], or by releasing  $Ca^{2+}$  directly by a mechanism independent of  $Ins(1,4,5)P_3$  [10–12]. However, there are some cell types which mobilize Ca<sup>2+</sup> without any  $Ins(1,3,4,5)P_{4}$  involvement [13]. Previous work with mouse lacrimal cells revealed that they were unusually insensitive to Ins(1,4,5)P<sub>3</sub> and that 10–100  $\mu$ M-Ins(1,4,5)P<sub>3</sub> applied by internal perfusion via a patch-clamp recording pipette produced only small transient Ca<sup>2+</sup> release [8,14]. In the same cells,  $Ins(1,3,4,5)P_A$ together with  $Ins(1,4,5)P_3$  allowed entry of extracellular Ca<sup>2+</sup> under conditions where  $Ins(1,4,5)P_3$  alone did not, and it was concluded that  $Ins(1,3,4,5)P_4$  was necessary to gate the influx of extracellular Ca<sup>2+</sup> in these cells. More recently Bird et al. [15] have suggested that complete Ca2+ mobilization may also be achieved in lacrimal cells without the assistance of  $Ins(1,3,4,5)P_4$ , by increasing the intracellular concentration of  $Ins(1,4,5)P_{3}$ to 500  $\mu$ M. It is surprising that such a high concentration of  $Ins(1,4,5)P_3$  was required for complete Ca<sup>2+</sup> mobilization, as  $Ins(1,4,5)P_a$  concentrations as low as 5  $\mu$ M have been found to be maximally effective in other exocrine cells [16], and in hepatocytes maximal binding of  $Ins(1,4,5)P_3$  to the  $Ins(1,4,5)P_3$ receptor under near physiological conditions is slightly less than 1  $\mu$ M [17]. It is clear, however, that the previous studies [8,14] did not apply  $Ins(1,4,5)P_a$  at the sufficiently high concentration necessary to mobilize intra- and extra-cellular Ca<sup>2+</sup> fully in this preparation. In the present study the patch-clamp whole-cell technique has been employed both to introduce inositol polyphosphates into the cell and to measure Ca<sup>2+</sup>-activated membrane currents, in order to assess Ca<sup>2+</sup> mobilization caused by

high concentrations of  $Ins(1,4,5)P_3$  and to determine whether or not  $Ins(1,3,4,5)P_4$  is effective in  $Ca^{2+}$  mobilization when the  $Ins(1,4,5)P_3$  concentration has been raised to a level at which it alone can stimulate entry of extracellular  $Ca^{2+}$ .

### MATERIALS AND METHODS

Adult male outbred Swiss mice were killed by cervical dislocation and lacrimal cells were isolated by collagenase (Worthington Diagnostic, Freehold, NJ, U.S.A.) digestion [14]. Cells were allowed to attach to a plastic Petri dish and were viewed at  $\times 400$  magnification. The whole-cell configuration [14] was achieved with single cells by using 2-5 M $\Omega$  patch-clamp pipettes pulled from Assistant haematocrit tubing. Access resistance through the patch pipette was approx. 3 times that of the pipette itself. Cells were voltage-clamped to -30 mV by using the List EPC7 (List Electronics, Darmstadt, Germany) patch-clamp amplifier. K<sup>+</sup> and Cl<sup>-</sup> currents were measured by pulsing to 0 mV and -80 mV respectively for 100 ms twice a second. Currents were digitized by using the CED 1401 interface (Cambridge Electronics Design, Cambridge, U.K.) and stored and analysed with an IBM AT compatible computer [18]. The mean steadystate current elicited in response to each voltage step was calculated and these values were then plotted against time. Fig. 1 shows data averaged over several experiments by using a spreadsheet program. The digitized currents from 5-15 experiments were averaged to give the mean and S.E.M. Values in the text show means  $\pm$  s.e.m. (n = number of experiments). Probabilities were calculated by Student's t test.

Lacrimal cells have both Cl<sup>-</sup> channels and non-selective channels which, in the standard intra- and extra-cellular bathing solutions used in these experiments, could contribute to the inward current measured at -80 mV. A series of experiments were performed in which the outward current was blocked by 10 mM-tetraethylammonium and the Cl<sup>-</sup> and non-selective currents were separated by lowering the extracellular Na<sup>+</sup> concentration (Na<sup>+</sup> was replaced by *N*-methyl-D-glucamine). With this protocol, the inward current induced by acetylcholine and Ins(1,4,5)P<sub>3</sub> or Ins(1,4,5)P<sub>3</sub>/Ins(1,3,4,5)P<sub>4</sub> was observed to be a Cl<sup>-</sup> current which could be clearly distinguished from current through the non-selective channel activated by ATP [19] (results not shown).

Ins $(1,3,4,5)P_4$  was used at 50  $\mu$ M throughout this study, as preliminary experiments showed this concentration to be slightly



Fig. 1. Averaged outward K<sup>+</sup> currents measured at 0 mV and inward Cl<sup>-</sup> currents measured at −80 mV in acutely isolated mouse lacrimal cells over 2.5 min immediately after establishing the whole-cell configuration (shown by the bar)

The broken line indicates the zero current level. The s.E.M. is shown at 10 s intervals. Panel (a) shows the average of 15 controls in which the patch pipette contained no inositol polyphosphates. In (b) the cells were preincubated for 3-5 min in a Ca<sup>2+</sup>-free solution containing 0.5 mM-EGTA. EGTA was present for the duration of the experiment and the patch-clamp pipette contained 500  $\mu$ M-Ins(1,4,5)P<sub>3</sub> (n = 5). Panel (c) shows the response to 100  $\mu$ M-Ins(1,4,5)P<sub>3</sub> alone in the patch pipette (n = 5) and (d) the response to 500  $\mu$ M-Ins(1,4,5)P<sub>3</sub> (n = 14). In (e) and (f) the patch pipette contained 50  $\mu$ M-Ins(1,3,4,5)P<sub>4</sub> in addition to 100  $\mu$ M- (n = 5) and 500  $\mu$ M-Ins(1,4,5)P<sub>3</sub> (n = 11) respectively.

more effective than  $10 \,\mu\text{M}$  and no less effective than  $100 \,\mu\text{M}$ . However, no systematic attempt was made to determine the maximally effective  $\text{Ins}(1,3,4,5)P_4$  concentration (results not shown).

The patch-clamp pipette contained (in mM) 140 KCl, 1.13 MgCl<sub>2</sub>, 10 glucose, 0.5 EGTA and 1 ATP, buffered to pH 7.2 with 10 mM-Hepes. The external bathing solution contained (in mM) 140 NaCl, 4.7 KCl, 1.13 MgCl<sub>2</sub>, 1.2 CaCl<sub>2</sub> and 10 glucose buffered to pH 7.2 with 10 mM-Hepes. Cells were superfused continuously at 0.5 ml/min from one of several parallel superfusion pipettes. The solution bathing the cell could be changed in 1-2 s. All experiments were carried out at  $24\pm 2$  °C.

#### **RESULTS AND DISCUSSION**

In lacrimal cells both the K<sup>+</sup> and the Cl<sup>-</sup> channels are Ca<sup>2+</sup>dependent, but the K<sup>+</sup> channel is sensitive to Ca<sup>2+</sup> in a lower range than the Cl<sup>-</sup> current [20,21]. Therefore it is possible to see small changes in [Ca<sup>2+</sup>]<sub>i</sub> reflected in the K<sup>+</sup> current, and elevation of [Ca<sup>2+</sup>]<sub>i</sub> past the point where the K<sup>+</sup> current is maximally activated is manifest as changes in the Cl<sup>-</sup> current. Fig. 1(*a*) shows that in the absence of any inositol polyphosphate both the K<sup>+</sup> and Cl<sup>-</sup> currents stabilized within 2–3 s of establishing the whole-cell configuration, and stable currents were maintained over the experimental period. Inclusion of 50  $\mu$ M-Ins(1,3,4,5)P<sub>4</sub> in the patch-clamp pipette did not alter either the K<sup>+</sup> or Cl<sup>-</sup> currents from those seen under control conditions (results not shown). The data in Fig. 1(b) were obtained in the absence of extracellular Ca<sup>2+</sup> and confirm that  $Ins(1,4,5)P_3$  mobilizes intracellular Ca<sup>2+</sup>. Following a lag of 0.5-1 s after establishment of the whole cell, which is probably the time required for the  $Ins(1,4,5)P_3$  to diffuse into the cell, the K<sup>+</sup> current rose rapidly and stabilized in 20-30 s. The Cl<sup>-</sup> current also increased rapidly and reached a peak in 2-3 s. Activation of both the K<sup>+</sup> and the Cl<sup>-</sup> currents was transient, and both currents declined to control values within 2 min. In the presence of 1.2 mm extracellular Ca<sup>2+</sup> both 100  $\mu$ M- and 500  $\mu$ M-Ins(1,4,5)P<sub>3</sub> induced a small sustained K<sup>+</sup>-current component in addition to the transient activation of both the  $K^+$  and  $Cl^-$  currents. The mean  $K^+$  current measured after 2.5 min was  $156.1 \pm 24$  pA (n = 15) under control conditions,  $98.8 \pm 41$  pA (n = 5) after stimulation by 500  $\mu$ M-Ins(1,4,5) $P_3$  in the absence of extracellular Ca<sup>2+</sup> and 335.1 ± 63 pA (n = 14) after stimulation by 500  $\mu$ M-Ins $(1,4,5)P_3$  in the presence of extracellular Ca<sup>2+</sup>. The K<sup>+</sup> current was significantly (P < 0.01) elevated above control values after 2.5 min and remained elevated on average for 4-5 min and on some occasions for up to 10-15 min. Ins(1,4,5)P, did not activate any significant Cl<sup>-</sup> current when applied at 100  $\mu$ M (Fig. 1c), and 500  $\mu$ M-Ins(1,4,5) $P_3$ produced only a transient activation of the Cl- current (Fig. 1d); preincubation in the absence of extracellular  $Ca^{2+}$  had no effect on this transient Cl<sup>-</sup> current (Fig. 1b). Ins(1,3,4,5) $P_4$  (50  $\mu$ M) potentiated the action of both 100  $\mu$ M- and 500  $\mu$ M-Ins(1,4,5)P<sub>3</sub>. When applied with 100  $\mu$ M-Ins(1,4,5) $P_3$ , the predominant effect of 50  $\mu$ M-Ins(1,3,4,5) $P_4$  was to stimulate a transient Cl<sup>-</sup> current;





Results shown in (a) and (b) are each typical of three experiments.

given that the transient component of the Cl- current was independent of extracellular Ca2+, these data suggest that  $Ins(1,3,4,5)P_{4}$  can assist in mobilization of intracellular Ca<sup>2+</sup>. The potentiating effect of 50  $\mu$ M-Ins(1,3,4,5) $P_4$  on the action of 500  $\mu$ M-Ins(1,4,5)P<sub>3</sub> is shown in Fig. 1(f). The duration of both the K<sup>+</sup>- and the Cl<sup>-</sup>-current responses was extended in the presence of  $Ins(1,3,4,5)P_4$ ; this enhancement was most pronounced in the Cl<sup>-</sup> current, where  $Ins(1,4,5)P_3$  and  $Ins(1,3,4,5)P_4$ together stimulated a significant sustained component which was not seen with  $Ins(1,4,5)P_3$  alone. The Cl<sup>-</sup> current measured after 2.5 min was  $-51.8 \pm 11$  pA (n = 15) under control conditions,  $-77.8 \pm 10$  pA (n = 14) after stimulation by 500  $\mu$ M- $Ins(1,4,5)P_3$  alone and  $376 \pm 128$  pA (n = 11) (P < 0.01 compared with control) after stimulation by 500  $\mu$ M-Ins(1,4,5)P<sub>3</sub> and 50  $\mu$ M-Ins(1,3,4,5) $P_4$  together. The Cl<sup>-</sup> current measured after 10 min was  $-290 \pm 133$  pA (n = 5), still significantly (P < 0.01) elevated above control.

Fig. 2 shows directly that the sustained component of the K<sup>+</sup>current response, induced by  $Ins(1,4,5)P_3$  alone, and the sustained K<sup>+</sup> and Cl<sup>-</sup> currents induced by  $Ins(1,4,5)P_3$  and  $Ins(1,3,4,5)P_4$ 



Fig. 3. (a) K<sup>+</sup> current and no Cl<sup>-</sup> current stimulated by 500  $\mu$ M-Ins(2,4,5) $P_3$ in the patch pipette and (b) activation of the Cl<sup>-</sup> current in addition to the K<sup>+</sup> current by inclusion of 50  $\mu$ M-Ins(1,3,4,5) $P_4$  in addition to 500  $\mu$ M-Ins(2,4,5) $P_3$  in the patch pipette

Results shown in (a) and (b) are each typical of three experiments.

together were dependent on extracellular  $Ca^{2+}$ . All the sustained currents were abolished by replacement of  $Ca^{2+}$  in the external bathing solution by 0.5 mm-EGTA. The effects of a short (1–5 min) exposure to EGTA were always reversible, but on some occasions the effects of a prolonged (5–10 min) exposure were not, and the currents did not recover when  $Ca^{2+}$  was readmitted to the bathing solution.

It has been suggested that  $Ins(1,3,4,5)P_4$  does not have any specific role in Ca<sup>2+</sup> mobilization, but rather that it enhances the action of  $Ins(1,4,5)P_3$  by protecting it from degradation. This was tested by using  $Ins(2,4,5)P_3$ , which is poorly metabolized [22] and therefore would not benefit from any protection by  $Ins(1,3,4,5)P_4$ . Fig. 3(a) shows that 500  $\mu$ M-Ins(2,4,5)P<sub>3</sub> evoked transient and sustained K<sup>+</sup> currents, but caused no stimulation of the Cl<sup>-</sup> current. These data differ from the response to 500  $\mu$ M-Ins(1,4,5)P<sub>2</sub> because of the lower activity of  $Ins(2,4,5)P_3$ .  $Ins(2,4,5)P_3$  is thought to be approx. 4-6-fold less effective in mobilizing Ca<sup>2+</sup> than is  $Ins(1,4,5)P_{2}$  [12,22]; this is consistent with the data in Fig. 1(c), which show that a 5-fold lower  $Ins(1,4,5)P_3$  concentration (100  $\mu$ M) also produced K<sup>+</sup>-current activation but no significant stimulation of the Cl<sup>-</sup> current. The data in Fig. 3(b) show that the additional presence of 50  $\mu$ M-Ins(1,3,4,5) $P_4$  with 500  $\mu$ M- $Ins(2,4,5)P_3$  stimulated a significant transient Cl<sup>-</sup>-current activation, very similar to the potentiation of the Cl- current caused by 50  $\mu$ M-Ins(1,3,4,5) $P_4$  with 100  $\mu$ M-Ins(1,4,5) $P_3$  (Fig. 1e). Potentiation of  $Ins(2,4,5)P_3$ -dependent currents by  $Ins(1,3,4,5)P_4$  is unlikely to be due to any non-specific protection of  $Ins(2,4,5)P_3$ against degradation by  $Ins(1,3,4,5)P_4$ , therefore this action of  $Ins(1,3,4,5)P_4$  is likely to be the result of a real synergism between the two inositol polyphosphates.

A common factor in most models to account for  $Ca^{2+}$  influx into non-electrically excitable cells is depletion of the  $Ca^{2+}$ contained in the intracellular  $Ca^{2+}$  pools. In the 'capacitance model', emptying of intracellular  $Ca^{2+}$  pools, by whatever mechanism, is deemed a full and sufficient signal for influx of intracellular  $Ca^{2+}$  [23,24]. Experiments using thapsigargin have shown that this  $Ca^{2+}$ -ATPase inhibitor [25] can mobilize intracellular  $Ca^{2+}$  from pools insensitive to  $Ins(1,4,5)P_3$  as well as from  $Ins(1,4,5)P_3$ -sensitive pools, and that increased mobilization of intracellular  $Ca^{2+}$  causes increased  $Ca^{2+}$  influx [23]. This is taken into account in the most recent version of the 'capacitance model' [23], where it was suggested that the  $Ca^{2+}$  pools which regulate  $Ca^{2+}$  influx could include a population which lack  $Ins(1,4,5)P_3$  receptors. My data show that  $Ins(1,3,4,5)P_4$  is able to enhance both the release of intracellular  $Ca^{2+}$  caused by  $100 \ \mu M$ -Ins $(1,4,5)P_3$  [9,8] and the  $Ca^{2+}$  influx evoked by  $500 \ \mu M$ -Ins $(1,4,5)P_3$ . These data can be accommodated by the 'capacitance model' if the apparently  $Ins(1,4,5)P_3$ -insensitive population of  $Ca^{2+}$  pools includes those which are stimulated to release  $Ca^{2+}$  by  $Ins(1,4,5)P_3$  when  $Ins(1,3,4,5)P_4$  is also present. Thus, like thapsigargin,  $Ins(1,4,5)P_3$  and  $Ins(1,3,4,5)P_4$  together (Fig. 1f) can cause greater  $Ca^{2+}$  influx than  $Ins(1,4,5)P_3$  alone (Fig. 1d) by causing greater release of intracellular  $Ca^{2+}$ .

Other models allow for control of Ca<sup>2+</sup> influx by factors in addition to depletion of the Ca2+ pools; Irvine [26] has suggested that the  $Ins(1,4,5)P_3$  receptor connects intracellular Ca<sup>2+</sup> pools to the plasma membrane by interacting with a plasma-membrane protein, possibly the  $Ins(1,3,4,5)P_4$  receptor.  $Ca^{2+}$  influx is stimulated by dissociation of the  $Ins(1,4,5)P_3$  receptor from the plasma membrane. This mechanism predicts that low [Ca<sup>2+</sup>] within the  $Ca^{2+}$  pool and raised concentrations of  $Ins(1,4,5)P_3$  or  $Ins(1,3,4,5)P_A$  will all contribute to the degree of dissociation of the two receptors, and therefore Ca2+ influx. My data are equally well explained by this model, which contains a fundamental, but not obligate, role for  $Ins(1,3,4,5)P_4$ . A very high concentration of  $Ins(1,4,5)P_3$  could deplete the Ca<sup>2+</sup> pools to the point at which the two receptors dissociate and allow Ca2+ influx in the absence of  $Ins(1,3,4,5)P_4$  (Fig. 1). In both models  $Ins(1,3,4,5)P_4$  cannot cause  $Ca^{2+}$  influx in the absence of  $Ins(1,4,5)P_3$ , because  $Ins(1,3,4,5)P_4$ alone does not cause the Ca<sup>2+</sup> pool to empty.

The key difference between these two hypotheses, i.e. whether potentiation of  $Ca^{2+}$  influx by  $Ins(1,3,4,5)P_4$  is a direct result of  $Ca^{2+}$  gating at the plasma membrane by  $Ins(1,3,4,5)P_4$ , or is secondary to increased mobilization of intracellular  $Ca^{2+}$  by  $Ins(1,3,4,5)P_4$  acting synergistically with  $Ins(1,4,5)P_3$ , cannot be resolved by my data.

These studies and those of Bird et al. [15] have employed inositol phosphate concentrations far in excess of those ever likely to be produced by receptor activation, in order to mimic the release of intracellular Ca<sup>2+</sup> and influx of Ca<sup>2+</sup> stimulated by agonist. Although it is possible that there are variations  $Ins(1,4,5)P_3$  concentration throughout the cell, and in the  $Ins(1,4,5)P_3$  concentration immediately adjacent to the Ins(1.4,5)  $P_{\rm s}$ -sensitive store could rise to 500  $\mu$ M after agonist stimulation, it seems more likely that 500  $\mu$ M-Ins(1,4,5)P<sub>3</sub> represents a supramaximal stimulus which has no physiological counterpart. Therefore, although these data may provide useful insights into the pharmacology of  $Ins(1,4,5)P_3$ - and  $Ins(1,3,4,5)P_4$ receptor activation and may even help resolve what can stimulate Ca<sup>2+</sup> influx, the observation that very high concentrations of  $Ins(1,4,5)P_{3}$  can stimulate  $Ca^{2+}$  influx in the absence of Ins $(1,3,4,5)P_4$  probably has little physiological relevance. These data, in conjunction with previous studies using lower Ins $(1,4,5)P_3$  concentrations, do show that Ins $(1,3,4,5)P_4$  potentiates both release of intracellular Ca<sup>2+</sup> and influx of extracellular Ca<sup>2+</sup> stimulated by a wide range of Ins $(1,4,5)P_3$  concentrations and that, particularly in lacrimal cells, which have a low sensitivity to Ins $(1,4,5)P_3$ , the synergism between Ins $(1,4,5)P_3$  and Ins $(1,3,4,5)P_4$  is likely to be a vital part of the physiological response to agonist stimulation.

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