

the twig morph directly, or as Faeth and Hammon suggest, through their interaction and binding with proteins, thus lowering the amount of digestible protein. The feeding experiments (1, table 2) do not distinguish between these two alternatives.

The main purpose of the paper (1) was to report the existence of this diet-induced developmental polymorphism. Although I suggested that polyphenolic compounds may be important, I had hoped to make it clear that we still do not know what it is that induces the development of the different morphs by stating, "This developmental polymorphism may be triggered by the con-

centration of defensive secondary compounds in the larval diet" (emphasis added) and "a possible mechanism is that receptors respond to tannin levels. . . ." I thank Faeth and Hammon for clarifying these points and for stating more explicitly another hypothesis concerning the mechanism involved.

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## Does Voltage Affect Excitation-Contraction Coupling in the Heart?

In their report of experiments investigating excitation-contraction coupling in cardiac muscle, Nábauer *et al.* (1) say they have demonstrated that "it is *exclusively*  $\text{Ca}^{2+}$  influx through calcium channels . . . that regulates  $\text{Ca}^{2+}$  release in cardiac myocytes (emphasis added)." The experiments they present demonstrate that internal  $\text{Ca}^{2+}$  release can occur when the membrane is depolarized under conditions that permit calcium influx and that if  $\text{Ca}^{2+}$  influx is prevented,  $\text{Ca}^{2+}$  release does not occur. Their experiments therefore confirm previous work demonstrating that membrane depolarization alone cannot trigger release of  $\text{Ca}^{2+}$  from internal stores (2-4). However, they did not examine the effects of varying membrane potential under conditions that allow  $\text{Ca}^{2+}$  influx. Thus their data do not contradict the records of Cannell *et al.* (3), which show that repolarization can switch off calcium release from the sarcoplasmic reticulum (3, 4), nor do they refute our suggestion (3) that " $\text{Ca}^{2+}$  release may be mediated by a mechanism that requires a  $\text{Ca}^{2+}$  influx but which may be modulated by changes in voltage directly." (We did not suggest that voltage alone can trigger  $\text{Ca}^{2+}$  release, as might be inferred from the context of the citation to our work.) Since modulation of calcium release by voltage can explain all experimental data to date, more critical tests of this hypothesis are needed.

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*Response:* The main issue addressed in our report (1) is the regulation of  $\text{Ca}^{2+}$  release from the sarcoplasmic reticulum in cardiac myocytes. Our experiments showed that there is no  $\text{Ca}^{2+}$  release when there is no  $\text{Ca}^{2+}$  current through the  $\text{Ca}^{2+}$  channel. Nor was there any release if  $\text{Na}^+$  or  $\text{Ba}^{2+}$  carried the charge through the  $\text{Ca}^{2+}$  channel [this finding was independent of holding potentials in the range from -60 mV to -90 mV, which rules out possible inactivation of gating charge (2)]. We feel justified, therefore, in maintaining that it is exclusively the influx of  $\text{Ca}^{2+}$  through the  $\text{Ca}^{2+}$  channel which regulates  $\text{Ca}^{2+}$  release in cardiac cells.

Our findings also suggest that membrane potential plays no direct role in the release process. Previously we showed that the voltage dependence of the intracellular  $\text{Ca}^{2+}$

transients closely follows that of the inward  $\text{Ca}^{2+}$  current (3). It is not correct, therefore, to say that we "did not examine the effects of varying membrane potentials." In addition, others have also found that early estimates of the  $\text{Ca}^{2+}$  transients are well correlated with the inward  $\text{Ca}^{2+}$  current, even when a more slowly developing  $\text{Ca}^{2+}$  transient is present (as it may be in  $\text{Na}^+$ -loaded cardiac cells) (4). The confusion surrounding the voltage dependence of the  $\text{Ca}^{2+}$  transient may result from comparison of the  $\text{Ca}^{2+}$  current with the much later occurring maximum value of the  $\text{Ca}^{2+}$  transient (5). Such a comparison may be flawed, not only because of the presence of other  $\text{Ca}^{2+}$  transport mechanisms, but also because of saturation of the  $\text{Ca}^{2+}$  indicator dye or exhaustion of the releasable  $\text{Ca}^{2+}$  pools.

As for the question of whether membrane potential plays a limited modulatory role, Cannell *et al.* point to their observation that the rising phase of the  $\text{Ca}^{2+}$  transient at 0 mV is interrupted by early repolarization to the holding potential (-40 to -80 mV). We repeated these experiments and found in addition that the rising phase of the  $\text{Ca}^{2+}$  transient could also be interrupted by further depolarization to +80 mV (ECa), where  $\text{Ca}^{2+}$  transients are generally completely suppressed. We interpret this as indicating that the  $\text{Ca}^{2+}$  release is stopped when the  $\text{Ca}^{2+}$  current is interrupted either by repolarization-induced deactivation or by depolarization to the reversal potential. Repolarizing pulses to -80 mV, in addition, would activate the  $\text{Na}^+$ - $\text{Ca}^{2+}$  exchange to extrude  $\text{Ca}^{2+}$  and help suppress the  $\text{Ca}^{2+}$  transients. Therefore, even these experiments support our basic idea that it is not the membrane potential as such which is important for  $\text{Ca}^{2+}$  release; rather it is the degree to which the membrane potential activates the  $\text{Ca}^{2+}$  current.

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