Physiology of the Gastrointestinal Tract

Volume 1

Editor-in-Chief
Leonard R. Johnson, Ph.D.

Physiology of the Gastrointestinal Tract

Volume 1

Editor-in-Chief

Leonard R. Johnson, Ph.D.

Professor of Physiology University of Texas Medical School Houston, Texas

Associate Editors

James Christensen, M.D.

Professor and Director
Division of Gastroenterology-Hepatology
Department of Internal Medicine
University of Iowa Hospitals and Clinics
Iowa City, Iowa

Morton I. Grossman, M.D., Ph.D.

Professor of Medicine and Physiology
University of California School of
Medicine, Los Angeles; and
Director, Center for Ulcer Research
and Education
VA Wadsworth Medical Center
Los Angeles, California

Eugene D. Jacobson, M.D.

Associate Dean, Basic Science and Research University of Cincinnati College of Medicine Cincinnati, Ohio Stanley G. Schultz, M.D.

Professor and Chairman
Department of Physiology and Cell Biology
University of Texas Medical School
Houston, Texas

Raven Press, 1140 Avenue of the Americas, New York, New York 10036

© 1981 by Raven Press Books, Ltd. All rights reserved. This book is protected by copyright. No part of it may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior written permission of the publisher.

Made in the United States of America

Great care has been taken to maintain the accuracy of the information contained in the volume. However, Raven Press cannot be held responsible for errors or for any consequences arising from the use of the information contained herein.

Materials appearing in this book prepared by individuals as part of their official duties as U.S. Government employees are not covered by the above-mentioned copyright.

Library of Congress Cataloging in Publication Data Main entry under title:

Physiology of the gastrointestinal tract.

Includes bibliographies and index.

1. Gastrointestinal system. I. Johnson, Leonard R.,

1942- [DNLM: 1. Gastrointestinal system—

Physiology. WI 102 P578]

QP145.P492 612'.32

79-65145

ISBN 0-89004-440-6

AACR2

Preface

As with any publishing venture and especially one of this magnitude, one must first ask, "Why?" The Associate Editors and I were motivated primarily to collect in one set of volumes the most up-to-date and comprehensive knowledge in our field. Nothing comparable has been attempted in the area of gastrointestinal physiology during the past fourteen years. During this time, there has been a rapid expansion of knowledge and many new areas of investigation have been initiated.

More than fifty leading scientists—physiologists, clinical specialists, morphologists, pharmacologists, immunologists, and biochemists—have contributed chapters on their various areas of expertise for these volumes. Our original goal was to review the entire field of gastrointestinal physiology in one work. After examining all of the chapters, however, it was apparent that the final product encompassed more than physiology. The chapters reflect the backgrounds of the authors and the approaches of their different disciplines. As such, these volumes contain information for not only the investigator working in these fields but for the clinician or graduate student interested in the function of the gastrointestinal tract. Anyone involved in teaching gastrointestinal physiology or pathophysiology can readily find the latest and most pertinent information on any area in the discipline.

This work is divided into five sections. The first consists of topics, such as growth, the enteric nervous system and gastrointestinal peptides, each of which relates to all areas of the GI tract. The second section contains material describing smooth muscle physiology and gastrointestinal motility. The third section presents treatment of the functions of the stomach and pancreas. The fourth series of chapters treats the entire field of digestion and absorption. These chapters vary from basic electrophysiology and membrane transport to reviews of mechanisms leading to clinical conditions of malabsorption. The final section contains chapters on areas peripheral to physiology (such as immunology, parasitology, and prostaglandins) yet necessary for a comprehensive understanding of the subject.

No one person can presume to organize and edit a scientific work of this scope. I was fortunate to enlist the aid of four preeminent scientists whose expertises cover the entire field. James Christensen was primarily responsible for the chapters on smooth muscle and motility. Eugene D. Jacobson solicited and edited most of the chapters dealing with secretory mechanisms as well as those covering many of the general topics. Chapters relating to secretory regulation were primarily handled by Morton I. Grossman, and those covering aspects of digestion and absorption were organized and reviewed by Stanley G. Schultz. I am exceedingly grateful to these four men without whom this work would not have been possible.

L. R. J.

Acknowledgments

From the organizational stage to actual production Dr. Alan Edelson and his staff at Raven Press provided much help, many excellent suggestions, and a great deal of support. Their role has certainly been more than that of the usual publishing house, and I express my thanks to them. I am especially grateful to my own secretary, Ms. Barbara Suttle, who handled correspondence, kept track of chapters, contacted authors, and typed numerous chapters.

We as editors are especially grateful to the individual authors who took the time and effort to make their knowledge available. As such, almost all of the chapters are more than reviews of past contributions to a field; they synthesize, criticize, and point out those areas where voids exist in our knowledge. Many of the chapters are superb presentations of information in fields that never have been reviewed comprehensively before.

It is our expectation that in due course, a second edition will encompass what constraint of time has forced us to omit here as well as new advances in this rapidly progressing field.

L. R. J.

Contributors

Siamak A. Adibi, Clinical Nutrition Center, University of Pittsburgh School of Medicine, Gastrointestinal and Nutrition Unit, Montefiore Hospital, Pittsburgh, Pennsylvania 15213

Adrian Allen, Department of Physiology Medical School, The University of Newcastle-upon-Tyne, NE1 7RU Newcastle-upon-Tyne, England

Kathryn W. Ballard, Department of Medicine, University of California at Los Angeles, Los Angeles, California 90073

T. Berglindh, Department of Membrane Biology, University of Alabama at Birmingham, The Medical Center, Birmingham, Alabama 35294

Henry J. Binder, Yale University School of Medicine, New Haven, Connecticut 06510

John H. Bond, University of Minnesota Medical School, Department of Medicine, Veterans Administration Hospital, Minnesota 55417

James Boyer, Department of Medicine, Yale University School of Medicine, New Haven, Connecticut, 06510

Roberto Buffa, Institute of Anatomy, University of Pavia, 27100 Pavia, Italy

Thomas F. Burks, Department of Pharmacology, University of Arizona School of Medicine, Tucson, Arizona 85724

Carlo Capella, Institute of Anatomy, University of Pavia, 27100 Pavia, Italy

Gilbert A. Castro, Department of Physiology, The University of Texas Medical School, Houston, Texas 77025

James Christensen, Division of Gastroenterology-Hepatology, Department of Internal Medicine, University of Iowa College of Medicine, Iowa City, Iowa 52242 .

Blaine W. Cobb, Gastroenterology Service, Guthrie Clinic Ltd., Sayre, Pennsylvania 18840; formerly Department of Internal Medicine, University of Texas Health Science Center, San Antonio, Texas 78284

Alastair M. Connell, College of Medicine, University of Nebraska Medical Center, Omaha, Nebraska 68105

John M. Dietschy, Department of Internal Medicine, University of Texas Health Science Center, Southwestern Medical School, Dallas, Texas 75235

Robert M. Donaldson, Jr., Department of Internal Medicine, Yale University School of Medicine, Veterans Administration Medical Center, West Haven, Connecticut 06516

Mark Feldman, Department of Internal Medicine, University of Texas Health Science Center, Southwestern Medical School, Dallas, Texas 75235

Michael Field, Departments of Medicine and Pharmacological and Physiological Sciences, University of Chicago, Chicago, Illinois 60637

Roberto Fiocca, Institute of Anatomy, University of Pavia, 27100 Pavia, Italy

Gunnar Flemström, Department of Physiology and Medical Biophysics, University of Uppsala Biomedical Center, S-751 23 Uppsala, Sweden

David Fromm, Department of Surgery, State University of New York, Upstate Medical Center, Syracuse, New York 13210

Giorgio Gabella, Department of Anatomy, University College of London, London, WCIE6BT, England

Jerry D. Gardner, Digestive Diseases Branch, National Institute of Arthritis, Metabolism, and Digestive Diseases, National Institutes of Health, Bethesda, Maryland 20205

Jean Gonella, CNRS, Department of Vegetative Neurophysiology, Institute of Neurophysiology and Psychophysiology, 13274 Marseilles, Cedex 2, France

Sherwood L. Gorbach, Infectious Disease Section, Department of Medicine, Tufts-New England Medical Center, Boston, Massachusetts 02111

Frederick S. Gorelick, Department of Medicine, Yale University School of Medicine, New Haven, Connecticut 06510

Raj K. Goyal, Department of Medicine, Division of Gastroenterology, University of Texas Health Sciences Center, San Antonio, Texas 78284

Gary M. Gray, Department of Medicine, Stanford University, School of Medicine, Palo Alto, California 94305

Morton I. Grossman, Departments of Medicine and Physiology, University of California School of Medicine; and Center for Ulcer Research and Education, Veterans Administration Wadsworth Medical Center, Los Angeles, California 90073

Paul H. Guth, Center for Ulcer Research and Education, Veterans Administration Wadsworth Medical Center, Los Angeles, California 90073

David J. Hartshorne, Departments of Biochemistry and Nutrition and Food Sciences, University of Arizona, Tucson, Arizona 85721

Susumo Ito, Department of Anatomy, Harvard Medical School, Boston, Massachusetts 02115

- Michael J. Jackson, Department of Physiology, George Washington University Medical Center, Washington, D.C. 20037
- Eugene D. Jacobson, College of Medicine, University of Cincinnati, Cincinnati, Ohio 45267
- **James D. Jamieson**, Department of Cell Biology, Yale University School of Medicine, New Haven, Connecticut 06510
- Robert T. Jensen, Digestive Diseases Branch, National Institute of Arthritis, Metabolism, and Digestive Diseases, National Institutes of Health, Bethesda, Maryland 20205
- **Leonard R. Johnson**, Department of Physiology, University of Texas Medical School, Houston, Texas 77025
- Martin I. Kagnoff, School of Medicine M-013, University of California, San Diego, La Jolla, California 92023
- Keith A. Kelly, Section of Surgery, Mayo School of Medicine, Rochester, Minnesota 55901
- Young S. Kim, Department of Medicine, University of California at San Francisco, Gastrointestinal Research Laboratory, Veterans Administration Medical Center, San Francisco, California 94121
- George A. Kimmich, Department of Radiation Biology and Biophysics, University of Rochester, School of Medicine and Dentistry, Rochester, New York 14642
- **David G. Levitt,** Department of Physiology, University of Minnesota Medical School, Minnesota 55417
- Michael D. Levitt, Department of Medicine, Veterans Administration Medical Center, Minneapolis, Minnesota 55417
- Martin Lipkin, Memorial Sloan-Kettering Cancer Center, New York, New York 10021
- Enzo O. Macagno, Division of Energy Engineering, Institute of Hydraulic Research, University of Iowa, Iowa City, Iowa 52242
- James L. Madara, Department of Medicine, Peter Bent Brigham Hospital; and Harvard Medical School, Boston, Massachusetts 02115
- Gabriel M. Makhlouf, Division of Gastroenterology, Department of Medicine, Medical College of Virginia, Virginia Commonwealth University, Richmond, Virginia 23298
- Juan-Ramon Malagelada, Gastroenterology Unit, Mayo Clinic and Mayo Foundation, Saint Mary's Hospital, Rochester, Minnesota 55901
- James H. Meyer, Gastroenterology Section, Veterans Administration Hospital, Sepulveda, California 91343

Bjarne G. Munck, Institute of Medical Physiology Department A, University of Copenhagen, The Panum Institute, Copenhagen North, Denmark

John S. Patton, Department of Microbiology, University of Georgia, Athens, Georgia 30602

Richard J. Paul, Department of Physiology, College of Medicine, University of Cincinnati, Cincinnati, Ohio 45221

O. H. Petersen, Department of Physiology, The University of Dundee, Dundee, DD1 4HN Scotland

Charles T. Richardson, Department of Internal Medicine, University of Texas Health Science Center, Southwestern Medical School, Dallas, Texas 75235

André Robert, Department of Experimental Biology, The Upjohn Company, Kalamazoo, Michigan 49001

Claude Roman, Faculty of Sciences, Department of Physiology and Neurophysiology, 13397 Marseilles, France

Richard C. Rose, Department of Physiology, Hershey Medical Center, Pennsylvania State University, Hershey, Pennsylvania 17033

Irwin H. Rosenberg, Department of Medicine, Gastroenterology Section, University of Chicago Hospitals and Clinics, Chicago, Illinois 60637

James P. Ryan, Department of Physiology, Temple University School of Medicine, Philadelphia, Pennsylvania 19140

George Sachs, Laboratory of Membrane Biology, University of Alabama in Birmingham, The Medical Center, Birmingham, Alabama 35294

Irene Schulz, Max Planck Institute for Biophysics, 6000 Frankfurt a.m. 70, West Germany

Stanley G. Schultz, Department of Physiology and Cell Biology, University of Texas Medical School, Houston, Texas 77025

Fausto Sessa, Institute of Anatomy, University of Pavia, 27100 Pavia, Italy

Gary L. Simon, Infectious Disease Section, Department of Medicine, George Washington University Medical Center, Washington, D.C. 20037; formerly Infectious Disease Section, Department of Medicine, Tufts-New England Medical Center, Boston, Massachusetts 02111

Enrico Solcia, Institute of Anatomy, University of Pavia, 27100 Pavia, Italy

Andrew H. Soll, Center for Ulcer Research and Education, Veterans Administration Wadsworth Medical Center, and University of California at Los Angeles School of Medicine, Los Angeles, California 90073

Travis E. Solomon, Center for Ulcer Research and Education, Veterans Administration Wadsworth Medical Center, and University of California at Los Angeles School of Medicine, Los Angeles, California 90073

Joseph Szurszewski, Department of Physiology and Biophysics, Mayo Medical School Rochester, Minnesota 55901

Barry L. Tepperman, Department of Physiology, University of Western Ontario Health Sciences Center, London, Ontario, Canada 76A 5Cl

Alan B. R. Thomson, Division of Gastroenterology, Department of Internal Medicine, University of Alberta, Edmonton, Alberta, Canada

Jerry S. Trier, Department of Medicine, Peter Bent Brigham Hospital; and Harvard Medical School, Boston, Massachusetts 02115

Luciana Usellini, Institute of Anatomy, University of Pavia, 27100 Pavia, Italy

W. Allen Walker, Department of Pediatrics, Harvard Medical School; and Pediatric Gastrointestinal and Nutrition Unit, Massachusetts General Hospital, Boston, Massachusetts 02114

John H. Walsh, Department of Medicine, University of California at Los Angeles, Center for Ulcer Research and Education, Veterans Administration Wadsworth Medical Center, Los Angeles, California 90073

Norman W. Weisbrodt, Department of Physiology and Pharmacology, The University of Texas Medical School at Houston, Houston, Texas 77030

Jack D. Wood, Department of Physiology, School of Medicine Sciences, University of Nevada, Reno, Nevada 89557; formerly Department of Physiology, University of Kansas Medical Center, Kansas City, Kansas 66103

Contents

Volume 1

General

1	Physiology of the Enteric Nervous System	1
2	Endocrine Cells of the Digestive System	39
3	Gastrointestinal Hormones and Peptides	59
4	Proliferation and Differentiation of Gastrointestinal Cells in Normal and Disease States	145
5	Regulation of Gastrointestinal Growth	169
	Motility	
6	Structure of Muscles and Nerves in the Gastrointestinal Tract	197
7	Biochemistry of the Contractile Process in Smooth Muscle David J. Hartshorne	243
8	Smooth Muscle: Mechanochemical Energy Conversion Relations Between Metabolism and Contractility	269
9	Extrinsic Control of Digestive Tract Motility	289
10	Fluid Mechanics of Gastrointestinal Flow	335
11	Motility of the Pharynx, Esophagus, and the Esophageal Sphincters	359
12	Motility of the Stomach and Gastroduodenal Junction	393
13	Motility of the Small Intestine	411

14	Motility of the Colon James Christensen	445
15	Motility of the Gallbladder and Biliary Tree	473
16	Actions of Drugs on Gastrointestinal Motility Thomas F. Burks	495
	Functions of the Stomach and Pancreas	
17	Functional Gastric Morphology	517
18	Electrolyte Composition of Gastric Secretion	551
19	Physiology of the Parietal Cell	567
20	Gastric Secretion of Bicarbonate	603
21	Structure and Function of Gastrointestinal Mucus	617
22	Intrinsic Factor and the Transport of Cobalamin	641
23	Regulation of Gastric Acid Secretion	659
24	Physiology of Isolated Canine Parietal Cells: Receptors and Effectors Regulating Function	.673
25	Gastric Acid Secretion in Humans	693
26	Physiology of the Gastric Circulation	709
27	Gastric Mucosal "Barrier" David Fromm	733
28	Electrophysiology of Exocrine Gland Cells	749
Vo	olume 2	
29	Structure-Function Relationships of the Pancreas Frederick S. Gorelick and James D. Jamieson	773

CONTENTS

X

30	Electrolyte and Fluid Secretion in the Exocrine Pancreas
31	Control of Pancreatic Exocrine Secretion
32	Regulation of Pancreatic Enzyme Secretion In Vitro
33	Regulation of Exocrine Pancreatic Cell Proliferation and Enzyme Synthesis 873 Travis E. Solomon
34	Gastric, Pancreatic and Biliary Responses to a Meal
	Digestion and Absorption
35	Functional Morphology of the Mucosa of the Small Intestine
36	Secretion by the Small Intestine
37	Salt and Water Absorption by Mammalian Small Intestine
38	Ion Transport by Mammalian Large Intestine
39	Colonic Secretion
40	Absorptive Functions of the Gallbladder
41	Intestinal Absorption of Sugar
42	Carbohydrate Absorption and Malabsorption
43	Peptide Absorption and Hydrolysis
44	Intestinal Absorption of Amino Acids
45	Gastrointestinal Lipid Digestion
46	Intestinal Lipid Absorption: Major Extracellular and Intracellular Events
47	Intestinal Absorption of Folate
48	Intestinal Absorption of Water-Soluble Vitamins

CONTENTS

49	Michael J. Jackson		
50	Intestinal Transport of Macromolecules		
51	Dietary Fiber		
52	Gastrointestinal Gas		
53	Mesenteric Circulation		
General			
54	Immunology of the Digestive System		
55	Intestinal Flora in Health and Disease		
56	Physiology of the Gastrointestinal Tract in the Parasitized Host		
57	Prostaglandins and the Gastrointestinal Tract		
58	Electrophysiological Basis for Gastrointestinal Motility		
Suh	viect Index for Volumes 1 and 2		

Chapter 1

Physiology of the Enteric Nervous System

J. D. Wood

Histochemistry and Neurochemistry, 2 Electrical Properties of Enteric Ganglion Cells, 2

Electrophysiological Methods, 3

Properties Determined by Extracellular Recording, 4

Burst-Type Neurons, 5

Mechanosensitive Neurons, 8

Single-Spike Neurons, 10

Properties Determined by Intracellular Recording, 11

Membrane Properties of Enteric Neurons, 11

Topographic Heterogeneity in Entric Neurons, 12

Chemical Neurotransmission, 13

Fast Synaptic Potentials, 14

Slow Synaptic Exitation, 14

Inhibitory Postsynaptic Potentials, 19

Peptidergic Neurotransmission, 19

Enkephalins and Endorphins, 20

Somatostatin, 21

Vasoactive Intestinal Polypeptide, 21

Presynaptic Inhibition, 21

Neural Control of Effector Function, 22

Effector Systems, 22

Functional Properties of the Intestinal Musculature, 22

Neuromuscular Transmission, 23

Enteric Sensory Receptors, 24

Final Common Pathways, 25

Cholinergic Motor Neurons, 25

Intrinsic Inhibitory Neurons, 25

Internuncial Integrative Circuitry, 27

Neural Control of Motility Patterns, 28

Spasm, 29

Segmentation, 29

Peristalsis, 30

Extrinsic Nervous Input, 32

Parasympathetic Input, 32

Vagal Input, 32

Sacral Input, 33

Sympathetic Input, 33

References, 33

Langley (104) introduced the term "enteric nervous system" to describe the neural elements that are distributed within the wall of the gastrointestinal tract. Langley coined the term because he believed that the enteric ganglia had unique structural and functional characteristics that distinguished them from autonomic ganglia outside the gut. The results of subsequent histoanatomical and electrophysiological studies have established this concept to the extent that the enteric ganglia are no longer considered to be simple-relay distribution centers where a multitude of parasympathetic postganglionic neurons relay excitatory signals from relatively few vagal or pelvic nerve fibers to the gastrointestinal effector systems. Current concepts regard the enteric nervous system as an independent integrative system with structural and functional properties analogous to the central nervous system. Command signals from the central nervous system are transmitted to the enteric nervous system along sympathetic and parasympathetic pathways; however, this represents only one kind of input to an integrative network that also contains circuitry for processing information supplied by various kinds of sensory receptors along the gut and synaptic circuitry that generates precise patterns of neural outflow.

The enteric nervous system functions like a "brain" that coordinates and programs gastrointestinal functions. An eminent neurophysiologist once responded to this statement with the frivolous question of what did I consider to be the "smartest" part of the gut. The reversal of the direction of peristaltic propulsion when the advancing bolus encounters an intestinal obstruction (16) immediately came to mind as "smart" behavior, because this involves mechanoreceptor detection of the halt in forward progress of the bolus, processing of the sensory information by internuncial circuitry, and finally neural outflow that coordinates contractile activity of the muscle layers to achieve retropulsion. Nevertheless, with more reflection on the question, it seemed that the stomach and esophagus of raptorial birds must certainly be the "smartest" part of all gastrointestinal tracts. After a great horned owl has ingested a mouse, the neural control system first programs for strong stomach contractions which crush, macerate, and mix the contents with gastric secretions. As digestion proceeds, information on the state of the lumen is furnished by sensory detectors to the integrative networks that interpret the information and command a reduction from strong gastric contractions to gentle mixing waves. The stomach then empties the liquid content into the small bowel and forceful muscular contractions manipulate and compact the remaining bone and hair into a pellet. The final phase of the process is egestion of the pellet by coordinated movements and reverse peristalsis within the esophagus (100). Other gastrointestinal physiologists might justifiably argue for equally sophisticated neural control in specialized alimentary systems such as those of ruminant animals; however, the point is that the enteric nervous system is indeed "smart."

Although the enteric nervous system offers the most accessible source of neurons for biopsy to evaluate certain nervous disorders in humans, the system is deeply embedded within the gut wall and is not readily accessible for experimental purposes. It is apparent, in spite of this, that gastrointestinal function cannot be well understood without understanding the neurophysiology of the enteric nervous system. The most promising way to this understanding is to apply the same neurophysiological principles and techniques of study that are applied to the brain and spinal cord. During the past decade, many of the problems of inaccessibility of the system have been overcome and standard neurophysiological techniques have been utilized to study the functional properties of enteric ganglion cells. The results that have been obtained from electrophysiological studies of enteric neurons and the relevance of this information to gastrointestinal function constitute the remainder of this chapter.

HISTOANATOMY AND NEUROCHEMISTRY

The morphology of the enteric nervous system is described in another section of this volume. The purpose here is to point out that many histoanatomical and histochemical similarities exist between the enteric nervous system and the brain. This is emphasized because it is consistent with the view that information processing and integrative function are developed to a higher degree in enteric ganglia than in other autonomic ganglia.

The first in the series of similarities is the compact organization of neural and glial elements and paucity of extracellular space that are common characteristics of both enteric ganglia and the brain (52). The significance of this with respect to integrative function is unknown; however, there is evidence that close packing of glial and neural elements in the brain may be related to the glial functions of uptake and release of chemical transmitter substances and buffering of extracellular potassium concentration.

A dense synaptic neuropil exists within both enteric ganglia and central nervous systems. This is significant because in all integrative nervous systems, the bulk of information processing occurs in microcircuits within a synaptic neuropil (146). In invertebrate animals, most of the cell bodies of neurons in the central nervous system do not receive synaptic input and the information handling associated with behavior of the organism occurs within a synaptic neuropil. Axoaxonal and axodendritic synapses occur within the neuropil of enteric ganglia, and an ultrastructural study of this region within myenteric ganglia revealed at least eight morphologically distinct types of axon terminals based on the appearance of the synaptic vesicles (30). Synapses occur also on the somas of enteric neurons, and up to three morphologically distinct kinds of endings have been described at the neuronal soma (52).

Blood vessels do not enter the enteric ganglia, and a blood-ganglion barrier analogous to the blood-brain barrier has been demonstrated in the myenteric plexus (57). This blood-ganglion barrier to date has been demonstrated only for macromolecules. It appears to reside within the capillary endothelial layer and is unlike the blood-brain barrier in this respect. Nevertheless, it is characteristic of the distinction of the enteric nervous system and should be considered by investigators who feel that there is some advantage to close intra-arterial injection of neuroactive drugs in pharmacological experiments on the bowel.

The synaptic chemistry of the enteric nervous system bears a striking resemblance to the neurochemistry of the brain in that most putative neurotransmitters within the brain also have been implicated as enteric neurotransmitters. Below is a list of putative neurotransmitters or neuromodulators that are located in both the central nervous system and the enteric nervous system:

acetylcholine norepinephrine 5-hydroxytryptamine purine nucleotides dopamine

somatostatin
vasoactive intestinal peptide
enkephalin
substance P
bombesin

This lengthy list, which is probably far from complete, suggests that chemical transfer of information in the enteric nervous system utilizes as diverse an array of messenger molecules for chemical transfer of information as the brain. Because chemical transmission is highly vulnerable to malfunction and to interference by exogenous substances, it suggests many sites for disease mechanisms to operate as well as numerous sites at which therapeutic drugs could be designed to operate.

ELECTRICAL PROPERTIES OF ENTERIC GANGLION CELLS

Although reports on the electrophysiology of the enteric nervous system have appeared at an increasing rate

over the past decade, relatively few laboratories are involved with this research, and the only region of the gastrointestinal tract that has received extensive study is the small intestine. Studies of the large intestine have been limited to extracellular recording and no work on enteric neurons of the stomach, esophagus, or specialized regions such as sphincters and the cecum has been reported. Consequently, all of the following discussion directly relates only to the small bowel.

Electrophysiological Methods

Important information on properties and functions of enteric neurons has been obtained with both extracellular and intracellular methods of recording neuronal electrical activity. Several different kinds of metal microelectrodes (169,180) and suction electrodes (39,141) for extracellular recording from enteric neurons have yielded essentially similar results. With extracellular recording, the electrode tip may be designed to be small enough to detect the action potential discharge of portions of single neurons (single-unit recording) or the electrode tip may be sufficiently large to obtain "multiunit" recordings. Because the electrode tip is in the extraneuronal space, this kind of recording provides information only on the occurrence of action potentials within a particular time domain. The principal advantage of extracellular recording is that discharge patterns of single units can be studied over prolonged time spans and several units can be recorded simultaneously for analysis of neuronal interactions. Additional information is obtained by testing the effects of pharmacological agents on the neural activity and by comparing neural activity with behavior of the effector system.

Intracellular recording is technically more difficult than extracellular recording, but it yields a greater variety of information about the membrane properties of the neurons. Information on resting membrane potential, membrane constants, synaptic potentials, and changes in ionic conductances can be obtained only by intracellular recording. A significant advantage of intracellular recording is that the experimenter can control the membrane potential of a neuron by injecting electrical current into the cell through the recording microelectrode (Fig. 1). Depolarizing current can be injected to excite the cell or hyperpolarizing current can be used to move the membrane potential away from action potential threshold and to reduce excitability. The amount of injected current and the corresponding change in transmembrane voltage are measurable parameters with which the ohmic equation (R = V/I) can be used to compute the electrical resistance of the cell membrane. The resistance of a membrane is determined by its permeability to ions; consequently, changes in ionic conductance of the membrane produced by synaptic transmitter substances, sensory stimuli, drugs, etc.

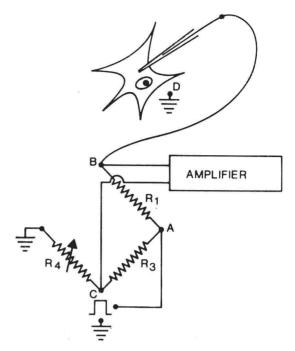


FIG. 1. Wheatstone bridge circuit used to pass electrical current across the membrane of neurons. A single microelectrode is used to inject current into the cell and to record the resulting electrotonic potential across the membrane. The current pulses are passed between points A and D (ground), and the bridge circuit functions to null out the voltage drop that occurs across the resistance of the microelectrode so that only the potential change across the membrane is recorded between points B and C. This is accomplished by adjusting B_4 until the current between A and B equals the current between point B and ground, and the current between A and C equals the current between C and ground. When this is done, the bridge is said to be balanced, and the current pulse between point B and C.

are reflected by changes in membrane resistance. The resistance measured by intracellular current injection is referred to as input resistance because it is not a precise measure of the specific resistance of any given patch of cell membrane. The input resistance is determined not only by the specific membrane resistance, but also by geometric variables such as size of the cell body, number of processes projecting from the cell body, and extent of branching of the processes—all of which are usually unmeasurable. Changes in the electrical characteristics of the microelectrode after impalement of the cell can also distort measurements of input resistance in unpredictable ways. Consequently, most measurements are estimates and only relative changes in input resistance produced by experimental manipulation are of consequence.

Dissection of the gastrointestinal wall is a prerequisite for electrical recording from neurons in the myenteric or submucous plexus (Fig. 2). Two methods are generally used to expose the myenteric plexus for electrical recording. The first method is to strip away the longitudinal muscle coat to expose the plexus on the underlying circular muscle. This preparation has the advan-