

Intestinal serotonin acts as a paracrine substance to mediate vagal signal transmission evoked by luminal factors in the rat

J. X. Zhu, X. Y. Wu, C. Owyang and Y. Li

Gastroenterology Research Unit, Department of Internal Medicine, University of Michigan Health System, Ann Arbor, MI, USA

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1. The vagus nerve conveys primary afferent information produced by a meal to the brainstem. Serotonin (5-HT), which abounds in intestinal enterochromaffin cells, is released in response to various stimuli. We have recently demonstrated that 5-HT released from intestinal enterochromaffin cells activates 5-HT₃ receptors on vagal afferent fibres to mediate luminal non-cholecystokinin-stimulated pancreatic secretion. The present study was designed to evaluate the responses of vagal sensory neurons to intraluminal osmotic stimulation and luminal infusion of maltose, glucose or 5-HT. We investigated the role of endogenous 5-HT in signal transmission evoked by luminal stimuli to activate vagal sensory neurons.
2. The discharges of vagal primary afferent neurons innervating the intestine were recorded from rat nodose ganglia. Luminal factors such as intestinal osmotic stimuli and perfusion of carbohydrates elicited powerful vagal nodose responses. Electrical subdiaphragmatic vagal stimulation activated 364 single units; 40 of these responded to intestinal mucosal stimuli. Of these 40, 30 responded to intraduodenal perfusion of hyperosmolar NaCl (500 mosmol l⁻¹), 27 responded to tap water (5 mosmol l⁻¹) and 20 and 19 responded to maltose (300 mM) and glucose (277.5 mM), respectively. The 5-HT_{3/4} antagonist tropisetron (ICS 205-930) or 5-HT₃ antagonist granisetron abolished luminal stimuli-evoked nodose neuronal responses.
3. Intraluminal infusion of 10⁻⁵ and 10⁻⁴ M 5-HT elicited increases in vagal afferent discharge in 25 and 31 units, respectively, by activating the 5-HT₃ receptors. Acute subdiaphragmatic vagotomy, intestinal mucosal application of the local anaesthetic lidocaine (lignocaine) or administration of 5-HT₃ antagonist each abolished the luminal 5-HT-induced nodose neuronal responses. In contrast, distension-sensitive neurons did not respond to duodenal infusion of 5-HT.
4. Pharmacological depletion of 5-HT stores using *p*-chlorophenylalanine (PCPA), a 5-HT-synthesis inhibitor, abolished luminal factor-stimulated nodose neuronal responses. In contrast, pretreatment with 5,7-dihydroxytryptamine (5,7-DHT), a specific 5-HT neurotoxin that destroys 5-HT-containing neurons without affecting 5-HT-containing mucosal cells, had no effect on these responses.
5. These results suggested that the nodose neuronal responses to luminal osmolarity and to the digestion products of carbohydrates are dependent on the release of endogenous 5-HT from the mucosal enterochromaffin cells, which acts on the 5-HT₃ receptors on vagal afferent fibres to stimulate vagal sensory neurons.

The vagus nerve conveys primary afferent information from the intestinal mucosa to the brainstem. Stimulation of vagal afferent fibres results in inhibition of food intake, gastric emptying and pancreatic secretion (Ritter *et al.* 1992; Li & Owyang, 1993, 1996*a*; Schwartz & Moran, 1998). Electrophysiological studies have confirmed the presence of vagal mucosal afferents in many species. The majority of vagal afferent fibres possess polymodal sensitivity and thus are capable of responding to a variety of mechanical and chemical stimuli (Mei, 1985;

Grundy & Scratcherd, 1989). Increased firing rates in peripheral afferent vagal neurons have been recorded in response to intestinal osmotic stimuli and perfusion of carbohydrates (Mei, 1978; Mei & Garnier, 1986). However, the mechanisms responsible for stimulation of vagal primary afferent neurons by such luminal factors remain largely unknown.

Serotonin (5-HT), which abounds in enterochromaffin cells throughout the gastrointestinal mucosa, is released

in response to a wide variety of stimuli (Racke & Schworer, 1991). 5-HT has been shown to be a signalling molecule, participating in mucosal sensory transduction (Bülbring & Lin, 1958; Bülbring & Crema, 1959; Kirchgessner *et al.* 1992). 5-HT stimulated the firing of vagal afferent fibres from the stomach and proximal intestine of ferrets (Andrews *et al.* 1990; Blackshaw & Grundy, 1993). We have shown that under physiological conditions, cholecystokinin (CCK) and non-CCK luminal factors (e.g. osmolarity, disaccharides and mechanical stimulation) stimulate pancreatic secretion via the vagal afferent fibres in the duodenal mucosa (Li & Owyang, 1993, 1996*a*). These stimuli induced 5-HT release from intestinal enterochromaffin (EC) cells, which activated the 5-HT₃ and 5-HT₂ receptors on vagal afferent fibres to mediate pancreatic secretion (Zhu *et al.* 1998; Li *et al.* 2000*b*).

We hypothesize that 5-HT released from the intestinal mucosal EC cells, which act as sensors to detect luminal contents, plays a major role in vagal signal transmission to stimulate vagal nodose neurons. In this study, we performed electrophysiological studies in rats to determine the nodose neuronal responses to intestinal luminal stimulation. The discharges of vagal primary afferent neurons innervating the intestine were recorded from the nodose ganglia neurons following intraduodenal perfusion of maltose, glucose, hyperosmolar saline, tap water and 5-HT. In addition, the effects of acute subdiaphragmatic vagotomy or intestinal mucosal application of the local anaesthetic lidocaine on nodose neuronal responses elicited by luminal stimuli were examined. Furthermore, we investigated the role of endogenous 5-HT in the mediation of nodose neuronal responses, and show that pharmacological depletion of 5-HT stores using *p*-chlorophenylalanine (PCPA), a 5-HT-synthesis inhibitor, abolishes luminal factor-stimulated nodose neuronal responses. In contrast, pretreatment with 5,7-dihydroxytryptamine (5,7-DHT), a specific 5-HT neurotoxin that destroys 5-HT-containing neurons without affecting 5-HT-containing mucosal cells (Fuller, 1978; Gershon *et al.* 1980), has no effect on these responses. Studies using 5-HT receptor subtype antagonists characterized the 5-HT receptors involved in the mediation of nodose neuronal responses to luminal stimulation.

METHODS

Materials

5-Hydroxytryptamine (5-HT), maltose, PCPA and 5,7-DHT were purchased from Sigma Chemical Co. (St Louis, MO, USA). CR-1409, tropisetron (ICS 205-930) and ketanserin were purchased from Research Biochemicals International (Natick, MA, USA). Granisetron was purchased from SmithKline Beecham Pharmaceuticals (Philadelphia, PA, USA).

Animal preparation

Experiments were performed on adult male Sprague-Dawley rats (Harlan, Indianapolis, IN, USA) weighing 270–350 g. All

experimental procedures were approved by the University of Michigan Animal Use Committee. The animals were allowed free access to food and water. They were anaesthetized with a mixture of xylazine and ketamine (13 and 87 mg (kg body weight)⁻¹, respectively). Supplemental doses of the anaesthetic agents were administered as needed to maintain a deep level of anaesthesia and muscle relaxation. Under these experimental conditions, the animals exhibited no reflex response to tail pinching, and respiration was markedly depressed (shallow, irregular, < 50 breaths min⁻¹). An overdose of anaesthetic was administered to kill the animals at the end of the experiment.

A tracheal tube permitted artificial ventilation with room air (75–85 strokes min⁻¹, 3.5–4.0 cm³ tidal volume). A mid-line abdominal incision exposed the abdominal vagus nerve, the stomach and the duodenum. Stimulation of the subdiaphragmatic vagus nerve was accomplished by placing a pair of Teflon-coated, pure gold wire stimulating electrodes (outside diameter, 76 µm) around the anterior and the posterior trunks, approximately 2–3 cm above the gastro-oesophageal junction and above the accessory and coeliac branches of the vagus nerve. These stimulating electrodes were loosely sutured to the oesophagus to limit displacement.

Recording of single-unit nodose neuronal activity

Rats were placed in a small Kopf animal stereotaxic frame. Body temperature was maintained with a special heating pad. The right nodose ganglion was exposed by a short dorsal approach. Using an operating microscope, the ganglion sheath was removed and separated from the adjacent cervical sympathetic trunk and carotid artery. The discharges of the vagal primary afferent neurons supplying the gastrointestinal tract were recorded from the nodose ganglion by means of extracellular glass-coated tungsten microelectrodes (DC resistance 3–5 MΩ). The recording microelectrode was progressively driven into the ganglion while the vagus nerve was stimulated electrically (0.5 ms duration, 3–8 V, 1 Hz, isolated pulse stimulator with biphasic pulse sign; Model 2100 A-M system, Everett, WA, USA). A reference electrode was placed on a skin incision near the recording electrode. Only gastrointestinal C-fibres were recorded, which were identified according to the following parameters measured in response to electrical stimulation of the abdominal vagus nerve: latency (60–80 ms), conduction distance between the stimulating electrode and the nodose ganglion (0.06 m), and conduction velocity (< 1.0 m s⁻¹) (Fig. 1*A*). Vagal afferent unit discharges were amplified by an A-M system high-input impedance that was preamplified and monitored with an oscilloscope and audio monitor. Single-unit discharges were extracted online from the multiunit signal using a window discriminator. The upper and lower limits of the window discriminator were set until the range encompassed the activity of a single unit (Figs 1*B*, 3, 4 and 5). The discharges were displayed and stored electronically using AxoTape software (Axon Instruments) and a 166 MHz Pentium processor. The basic discharge was monitored for 5 min to confirm the stability of the basal firing frequency. Deep anaesthesia and the absence of electrocardiographic and electromyographic interference due to the proximity of the reference electrode to the recording electrode prevented movement artifacts. Consistent monitoring of each unit was ensured by careful study of the firing pattern produced by each unit, and also by studying the amplitude and waveform of each spike. During the study and at its termination, the firing pattern of the spikes was re-evaluated to ensure that it was identical to the original spike pattern (Fig. 2). This technique of recording nodose ganglia responses was previously validated by demonstrating vagal afferent responses to endogenously released CCK in rats (Li *et al.* 1999).

Experimental design

Vagal nodose neuronal responses to duodenal perfusion of test solutions and to volume distension. A 20 cm segment of small

intestine, including the entire duodenum and the proximal jejunum, was isolated between two cannulas positioned at 4 cm (PE 60; 0.76 mm i.d., 1.22 mm o.d.) and 24 cm (PE 190; 1.19 mm i.d., 1.7 mm o.d.) from the pylorus. The cannulas were fixed in the intestine with sutures. After a 15 min basal period, 2 ml NaCl (500 mosmol l⁻¹, pH 6.0), tap water (5 mosmol l⁻¹), maltose (300 mM) or glucose (277.5 mM) was administered intraduodenally. The distal cannula was kept open to permit drainage, thus avoiding an increase in intraluminal pressure. The various test solutions were delivered randomly over 1 min and then washed out using a syringe filled with isotonic NaCl. Recording of the nodose ganglia neurons was continued for 5 min with a 20 min resting period between experiments. When a positive response to luminal stimulation was observed, the same neurons were subjected to an intraluminal infusion of 5-HT. 5-HT (10⁻⁴ and 10⁻⁵ M, 1.5 ml) was administered intraduodenally over 1 min. In a separate study, distension of the closed intestinal loop was achieved by closing the distal cannula and infusing 3 ml isotonic saline. This method has been used as the standard stimulus for the mechanical tension receptor (Fogel *et al.* 1996).

Mucosal application of local anaesthetic. To investigate if vagal afferent nerve fibres terminating in the intestinal mucosa are responsible for the mediation of nodose neuronal responses evoked by luminal stimuli, we examined the effect of applying anaesthetic to the mucosa. Lidocaine (1%) was applied (0.5 ml bolus plus 0.2 ml min⁻¹ for 3 min) 5 min before intraduodenal perfusion of the test solutions. This treatment has been shown to inhibit the release of CCK-releasing peptide induced by intraduodenal perfusion of 5% peptone (Li & Owyang, 1996b).

Bilateral subdiaphragmatic vagotomy. To demonstrate that 5-HT acts via subdiaphragmatic vagal pathways, acute bilateral subdiaphragmatic vagotomy was performed. Before rats were placed in a stereotaxic frame, the subdiaphragmatic vagal trunks were exposed below the stimulating electrodes. The anterior and posterior trunks of the vagus nerve were carefully dissected and 3.0 silk sutures were passed around the nerve trunks. Once nodose responses to 5-HT were observed, vagal transections were performed by removing the sutures. Recording of the nodose activities was repeated after surgery.

5-HT receptor antagonist studies. The 5-HT receptor subtypes involved in the mediation of nodose responses to luminal stimuli were characterized by examining the effects of three 5-HT receptor antagonists: the 5-HT_{3/4} receptor antagonist tropisetron (ICS 205-930, 250 µg kg⁻¹ h⁻¹, intravenous) (Richardson *et al.* 1985), the 5-HT_{2A} receptor antagonist ketanserin (250 µg kg⁻¹ h⁻¹, intravenous) (Leysen *et al.* 1981) and the specific 5-HT₃ receptor antagonist granisetron (0.5 mg kg⁻¹, intravenous) (Hillsley *et al.* 1998). Nodose neuronal responses to luminal applications of maltose, glucose, hyperosmolar saline, tap water and 5-HT were tested 30 min after administration of the 5-HT antagonists.

Effects of CCK-A receptor antagonist CR-1409 on the vagal afferent response to maltose. Previous studies have shown that CCK-A receptor antagonists abolish the inhibitory effects induced by intraluminal infusion of maltose on sham feeding (Raybould & Hölzer, 1992). To determine if the vagal nodose neuronal response evoked by maltose involved the CCK-A receptor, we examined the effects of the CCK-A receptor antagonist CR-1409. It has been shown in the anaesthetized rat that CR-1409 abolishes cerulein-stimulated pancreatic secretion in a dose-dependent manner. At a dose of 10 mg kg⁻¹, CR-1409 abolished the pancreatic response stimulated by a near-maximum dose of cerulein (Niederer *et al.* 1989). In the present study, CR-1409 (10 mg kg⁻¹, dissolved in 0.005 M NaOH) was administered as a bolus intravenous injection, 30 min before perfusion of maltose or hypertonic NaCl. Vagal unitary responses were monitored as previously described.

Effects of PCPA. To further confirm that endogenous 5-HT plays a critical role in the mediation of nodose neuronal responses to luminal stimuli, we examined the effects of PCPA, a 5-HT synthesis inhibitor. PCPA inhibits tryptophan hydroxylase, the enzyme acting at the rate-limiting step of 5-HT synthesis. Depletion of 5-HT stores in the brain, intestinal tissue and blood has been shown following PCPA treatment (Koe & Weissman, 1966; Van de Kar, 1991). PCPA (500 mg kg⁻¹) suspended in 2 ml gum arabic solution was administered intraperitoneally on two consecutive days. Controls received only gum arabic. Studies of nodose neuronal responses to luminal agents were conducted as previously described.

Effect of destroying peripheral serotonergic neurons. To preclude the contribution of a neural source of 5-HT to the mediation of the nodose response evoked by luminal stimuli, we evaluated the effect of 5,7-DHT, a specific neurotoxin that destroys 5-HT-containing neurons without affecting 5-HT-containing mucosal cells (Gershon *et al.* 1980). One group of rats received an intraperitoneal injection of 5,7-DHT (300 mg kg⁻¹) dissolved in saline plus 0.1% ascorbic acid to deplete 5-HT from peripheral (including enteric) neurons. The control group of rats was treated with 0.1% ascorbic acid in saline. 5,7-DHT does not cross the blood-brain barrier. It is structurally similar to 5-HT and can be taken up into the nerve terminals by the 5-HT uptake mechanism (Van de Kar, 1991). Inside the nerve, 5,7-DHT causes degeneration of the 5-HT-containing nerve terminal. 5,7-DHT is taken up by noradrenergic and, to a lesser extent, dopaminergic nerve terminals. This effect can be avoided by treating the rats with a noradrenaline-uptake-inhibiting drug such as

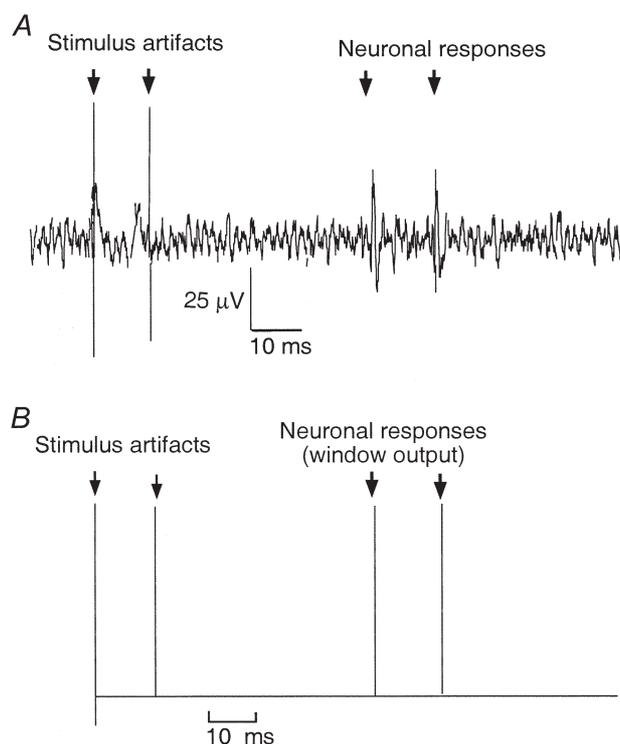


Figure 1

A, neurography of the action potential elicited from a nodose ganglion cell in response to 2 consecutive electrical subdiaphragmatic vagal stimulations. Conductive distance = 0.06 m, latency = 70 ms, conductive velocity = 0.86 m s⁻¹. *B*, the action potential triggered the window discriminator to generate a standard pulse.

desipramine (Bjorkland *et al.* 1975). In this study, rats were pretreated with desipramine (25 mg kg^{-1} intraperitoneal) 60 min before intraperitoneal injection of 5,7-DHT. Electrophysiological studies were performed 7 days after 5,7-DHT administration.

Data analysis

The single-unit neuronal responses extracted from the multiunit signal through a window discriminator were examined using the Datapac software system 2000 (Run Technologies, Laguna Hills, CA, USA) (Li *et al.* 1999). Prestimulus discharge frequency was assessed over 1 min for quantification of the resting discharge. Discharge frequency following intestinal luminal perfusion of various test solutions was measured over 5 min. Time histograms were constructed for the 1 min period before intestinal infusion of test solutions and for the 2 min period after the infusion. The results were compared with those obtained after the surgical and after the pharmacological interventions.

Results were expressed as means \pm S.E.M. Significance tests were carried out using the appropriate Student's paired or unpaired *t* test with the Newman-Keuls tests (InStat Biostatistics 2.01, GraphPad Software, Inc.) when multiple comparisons were made. $P < 0.01$ was considered statistically significant.

RESULTS

Effects of intraluminal infusions of hypertonic NaCl, tap water, maltose and glucose on nodose neuronal activity

Data were collected from 364 unitary recordings of nodose ganglia neurons in 54 rats. All 364 units activated by electrical stimulation of the vagus nerve were tested with intraduodenal perfusion of each of $500 \text{ mosmol l}^{-1}$ NaCl, tap water, 300 mM maltose and 277.5 mM glucose. All units displayed either silent or very low spontaneous activity ($0\text{--}3 \text{ impulses min}^{-1}$) before infusion of the agent. A total of 40 units responded to intraluminal application of various stimuli (Table 1). Of the 40 units, 30 and 27 units responded to hyperosmolar NaCl and tap water, respectively (Figs 3 and 4); 20 and 19 units responded to maltose (Fig. 5) and glucose, respectively.

Thirteen of the 40 units responded to all the test solutions. Intestinal infusion of $500 \text{ mosmol l}^{-1}$ NaCl solution evoked an increase in discharge frequency from a basal level of 0 ± 1 to $26 \pm 6 \text{ impulses (20 s)}^{-1}$ (Fig. 4). The activation of these units always occurred with a short latency (mean, $9 \pm 0.7 \text{ s}$). Intestinal perfusion of tap water (Fig. 3), isotonic maltose (Fig. 5) and isotonic glucose increased nodose neuronal discharges to 21 ± 3 , 16 ± 6 and $17 \pm 4 \text{ impulses (20 s)}^{-1}$, respectively. The test solutions were delivered randomly over 1 min. After rinsing the intestinal lumen with buffer solution, the discharge frequency always decreased gradually. The units exhibiting an increased basal discharge frequency ($> 5 \text{ impulses (20 s)}^{-1}$) were not tested further and their data were not reported. The means of discharge frequency of nodose ganglia neurons in response to various stimuli are presented in Figs 8 and 9.

Sensitivity of vagal nodose ganglia to intraluminal infusion of 5-HT

The response to intraluminal infusion of 5-HT was examined in each of the 40 units that responded to intraluminal hyperosmolar NaCl, tap water, maltose and glucose. Intraluminal infusion of 5-HT (10^{-5} and 10^{-4} M) elicited increases in vagal afferent discharge in 25 and 31 units, respectively, from a basal level of 0 ± 1 to 21 ± 4 and $38 \pm 5 \text{ impulses (20 s)}^{-1}$ (Fig. 6). These responses were not affected by the administration of atropine or hexamethonium (data not shown).

Sensitivity of intestinal distension-sensitive neurons to luminal 5-HT

Twelve units tested in a separate study showed a response to intestinal volume distension. The majority of tension receptors showed a resting discharge of $6 \pm 4 \text{ impulses (20 s)}^{-1}$ in the absence of any intestinal stimulation. Volume distension elicited a much shorter latency and a powerful increase in discharge frequency

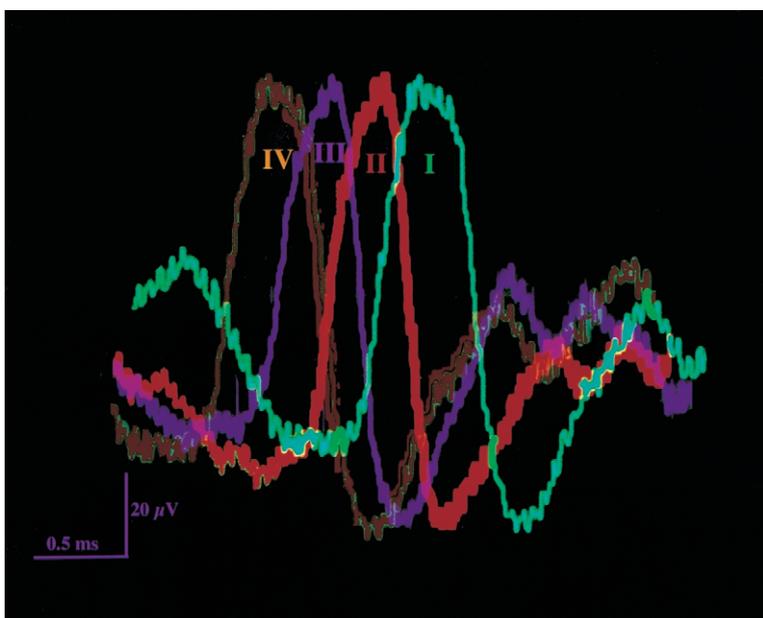


Figure 2

Waveforms of a unitary action potential evoked by electrical vagal stimulation (I), and by intraduodenal infusion of 5-HT (II), $500 \text{ mosmol l}^{-1}$ NaCl (III), and 300 mM maltose (IV). Note the similarity of all 4 firing patterns.

Table 1. Summary of responses of individual units

Unit	Hyperosmolar NaCl	Tap water	Maltose	Glucose	10 ⁻⁵ M 5-HT	10 ⁻⁴ M 5-HT	Treatment
1	+	+	+	+	0	+	Vehicle
2	+	+	+	+	+	+	Vehicle
3	+	+	+	+	+	+	Vehicle
4	0	+	0	0	0	+	Vehicle
5	+	0	+	+	+	+	CR-1409
6	+	+	+	+	0	0	CR-1409
7	+	+	+	0	0	+	CR-1409
8	0	+	0	0	+	+	Vagotomy
9	+	0	0	0	0	0	—
10	+	+	0	+	+	+	Lidocaine
11	—	+	—	—	+	+	Vagotomy
12	+	0	0	0	0	+	Lidocaine
13	+	0	0	0	+	+	Vagotomy
14	0	+	0	0	+	+	Vagotomy
15	+	+	+	+	0	+	CR-1409
16	+	0	0	0	+	+	Lidocaine
17	0	+	0	0	+	+	ICS 205-930
18	+	+	+	+	+	+	Lidocaine
19	+	+	+	+	0	+	Lidocaine
20	+	+	+	+	+	+	ICS 205-930
21	+	+	0	0	+	+	ICS 205-930
22	+	+	+	+	+	+	ICS 205-930
23	+	+	0	0	+	+	Granisetron
24	0	+	0	0	+	+	Ketanserin
25	+	0	+	0	0	+	Ketanserin
26	+	0	0	+	0	0	Ketanserin
27	+	+	+	+	0	+	Ketanserin
28	+	+	0	+	0	+	Ketanserin
29	0	+	+	0	+	0	Lidocaine
30	+	+	+	+	0	0	Lidocaine
31	+	0	+	0	+	+	CR-1409
32	0	+	0	0	+	+	Vehicle
33	+	0	0	+	+	+	Vagotomy
34	0	+	0	0	0	—	—
35	0	+	+	0	+	0	Granisetron
36	+	+	+	+	+	0	Granisetron
37	+	0	+	0	+	+	Granisetron
38	+	0	0	+	+	+	Granisetron
39	+	0	0	+	+	0	Granisetron
40	+	0	+	0	0	+	CR-1409

+, response to a stimulus; 0, no response; —, not tested.

(32 ± 7 impulses (20 s)⁻¹), which was maintained throughout the period of distension (Fig. 7). In contrast to the vagal osmo- and chemoreceptors that were activated by 5-HT administration, all 12 units sensitive to intestinal volume distension failed to respond to intraluminal administration of 5-HT (Fig. 7).

Effects of mucosal application of lidocaine

Seven units were tested in this study. Mucosal application of lidocaine completely abolished nodose neuronal responses to intraduodenal infusion of maltose, glucose,

hyperosmolar NaCl, tap water and 5-HT (Figs 8 and 9), indicating that vagal afferent fibres terminating in the intestinal mucosa are responsible for the nodose neuronal responses. Distension-induced nodose neuronal responses persisted (data not shown) indicating that the local anaesthetic had not penetrated to the muscle layers.

Effects of subdiaphragmatic vagotomy

Data were collected from five unitary recordings. After acute vagotomy, all units previously activated by intraluminal infusion of 5-HT were retested with

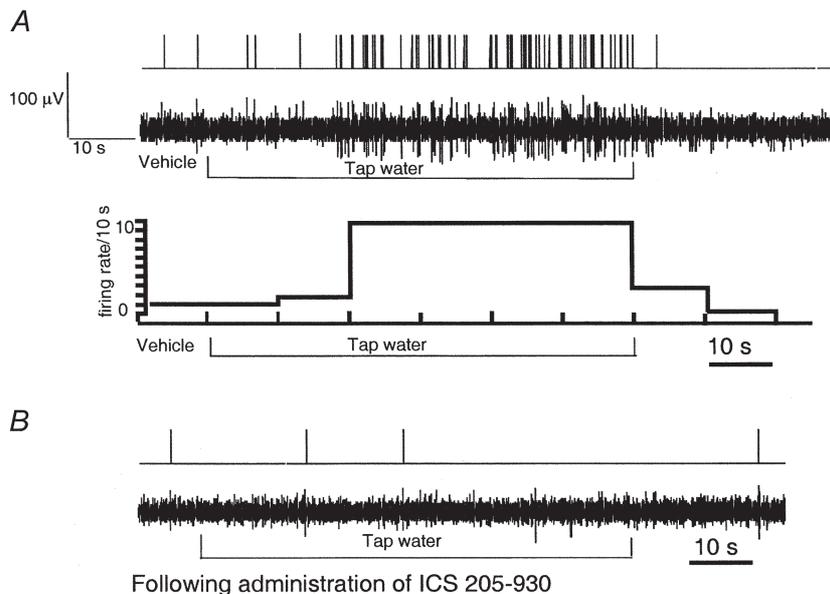


Figure 3

A, response of nodose ganglia neurons to intraduodenal infusion of tap water (5 mosmol l⁻¹) (unit 20). Intraduodenal infusion of tap water (2 ml min⁻¹) resulted in a marked increase of vagal afferent discharges, reaching a peak within 20 s and returning to basal levels after rinsing the lumen with isotonic saline. The action potential was converted to a standard pulse (top), and presented as an original tracing (middle), or a histogram (bottom, firing rate, spikes bin⁻¹, versus time, bin width = 10 s). B, administration of the 5-HT_{3/4} receptor antagonist ICS 205-930 abolished nodose neuronal response evoked by tap water.

electrical vagal stimulation to confirm that identical units were monitored. Acute vagotomy abolished the response to 5-HT in all five units (Fig. 6D).

Effects of 5-HT receptor subtypes antagonists

Data were collected from 15 of 40 unitary recordings that showed responses to intraluminal infusion of hyperosmolar NaCl, maltose and 5-HT (from a basal level of 1 ± 1 to 26 ± 4, 16 ± 3 and 38 ± 6 impulses (20 s)⁻¹, respectively). We showed that intravenous administration of the 5-HT_{3/4}

antagonist tropisetron (ICS 205-930) abolished the responses to these luminal stimuli in 4/4 units tested. Administration of a specific 5-HT₃ antagonist, granisetron, abolished these responses in another 6/6 units recorded. Examples of original action potential records are presented in Figs 3, 4 and 6. In contrast, administration of the 5-HT_{2A} antagonist ketanserin did not significantly affect the nodose response in 5/5 others units tested. The means of discharge frequencies of nodose neurons are shown in Figs 8 and 9.

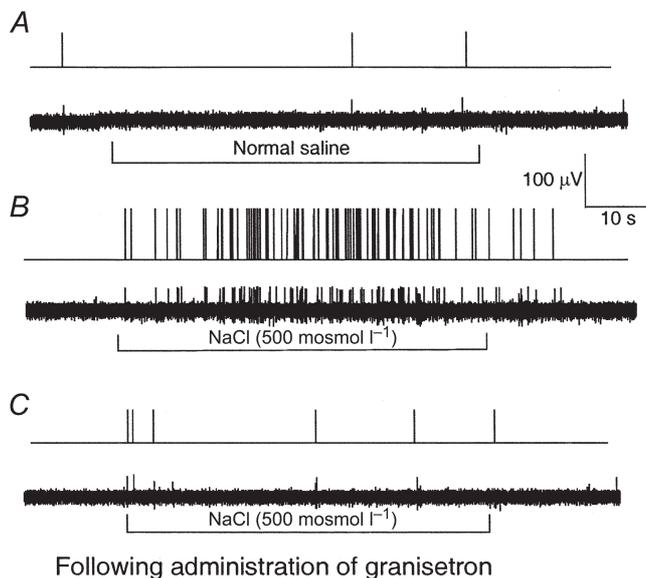


Figure 4. Recording of the action potentials of nodose ganglia neurons innervating the duodenal mucosa in response to intraduodenal infusion of hyperosmolar NaCl (unit 23)

A, control. The nodose neuron innervating the duodenal mucosa has a very low basal level of activity. Duodenal infusion of normal saline did not affect the vagal afferent discharges. B, duodenal infusion of hypertonic NaCl (500 mosmol l⁻¹, 2 ml min⁻¹) produced a marked increase of vagal afferent discharges, peaking at 26 impulses (20 s)⁻¹ within 20 s, and returning to basal levels 20 s after rinsing of the lumen with isotonic saline. C, administration of the 5-HT₃ receptor antagonist granisetron abolished the nodose neuronal response evoked by hyperosmolar NaCl. The action potential was converted to a standard pulse (top) and presented as an original tracing (bottom).

Following administration of granisetron

Effects of the CCK-A receptor antagonist CR-1409 on maltose-induced nodose neuronal responses

Of the 20 units that responded to maltose, six units were tested following intravenous injection of the CCK-A receptor antagonist CR-1409 at a dose of 10 mg kg^{-1} . This dose has been shown to abolish the pancreatic response stimulated by a near-maximum dose of cerulein (Niederau *et al.* 1989). Administration of CR-1409 did not affect the nodose response to intraluminal infusion of maltose (from a basal level of 0 ± 1 to 18 ± 2 impulses $(20 \text{ s})^{-1}$) (Figs 5*B* and 8).

Effects of PCPA

Five rats received PCPA (500 mg kg^{-1} intraperitoneal injection on 2 consecutive days) and four rats were pretreated with vehicle (gum arabic) solution. In the vehicle-treated rats, discharges increased in 6 of 20 units tested in response to duodenal hyperosmolar NaCl, tap water and maltose, from a basal level of 1 ± 2 to a peak of 24 ± 3 , 19 ± 2 and 14 ± 4 impulses $(20 \text{ s})^{-1}$, respectively. In contrast, in the PCPA-treated rats, none of the 20 units that responded to electrical stimulation of the subdiaphragmatic vagus nerve responded to luminal infusion of hyperosmolar NaCl, tap water and maltose (Figs 8 and 9). However, intraluminal infusion of 5-HT

increased nodose neuronal firing in 6 of the 20 units tested (Fig. 9).

Effects of 5,7-DHT

Five rats received 5,7-DHT (300 mg kg^{-1} , intraperitoneal injection) and four rats were treated with vehicle. Four of 24 units tested in the vehicle-treated group, and 5 of 22 units tested in the 5,7-DHT-treated group showed increased firing in response to intraduodenal infusion of hyperosmolar NaCl, or tap water (Fig. 9), and maltose (Fig. 8). These observations suggest that peripheral neuronal 5-HT does not play a significant role in the mediation of vagal nodose activity in response to luminal stimulation.

DISCUSSION

In the present study, using the nodose ganglia recording technique in anaesthetized rats, the vagal primary afferent neurons were characterized as mucosal osmoreceptors, chemoreceptors, or intestinal tension receptors on the basis of their responses to luminal infusion of various test solutions and to luminal volume distension. The response of vagal primary afferent neurons to exogenous infusion of 5-HT was also evaluated and 5-HT receptor subtypes were characterized. The role

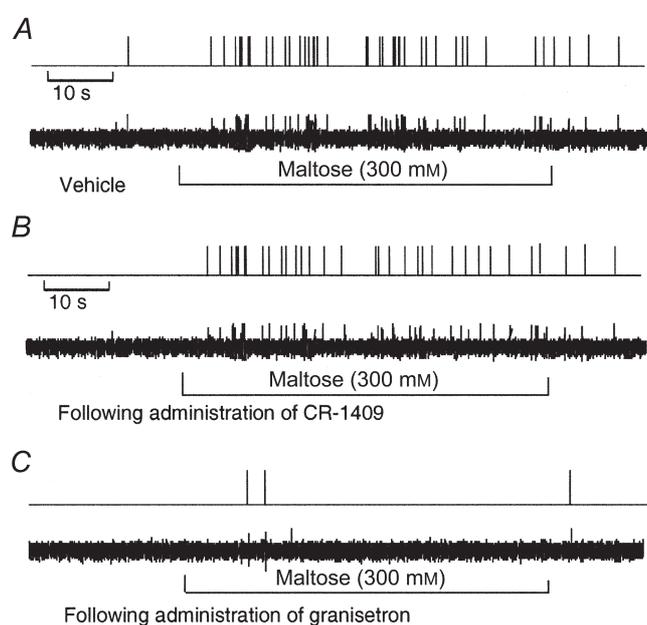


Figure 5. Response of nodose ganglia neurons to intraduodenal infusion of maltose

A, the neurons responded to maltose after a latency of 10 s. Activity was maintained for the duration of the stimulus and ceased after rinsing the lumen with isotonic saline. *B*, administration of the CCK-8 antagonist CR-1409 had no effect on the nodose neuronal response to maltose (unit 15). *C*, administration of the 5-HT₃ receptor antagonist granisetron abolished the nodose neuronal response evoked by maltose (unit 36).

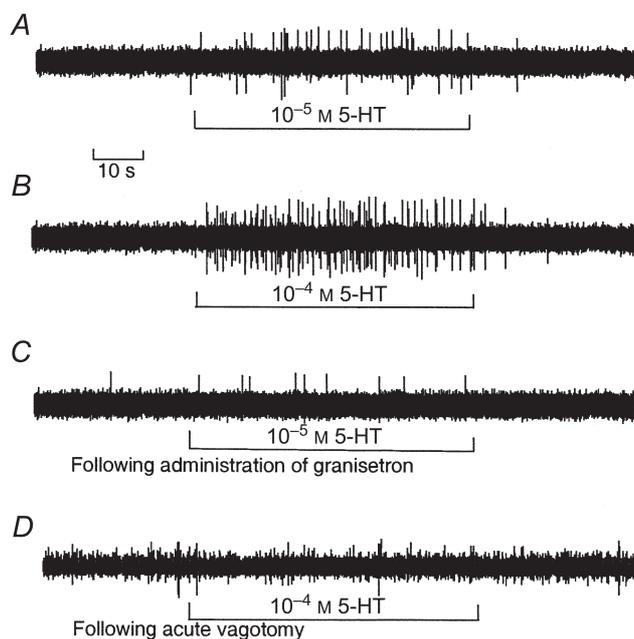


Figure 6. Response of nodose ganglia neurons to intraduodenal infusion of 5-HT

In the rats with intact vagus nerves, intraduodenal infusion of 10^{-5} M 5-HT (unit 37) (*A*) and 10^{-4} M 5-HT (unit 14) (*B*) increased the discharge frequency in a dose-dependent manner. *C*, following administration of granisetron, the same unit shown in *A* failed to respond to intraduodenal infusion of 5-HT. *D*, acute vagotomy abolished responses to intraduodenal infusion of 5-HT in the same unit shown in *B*.

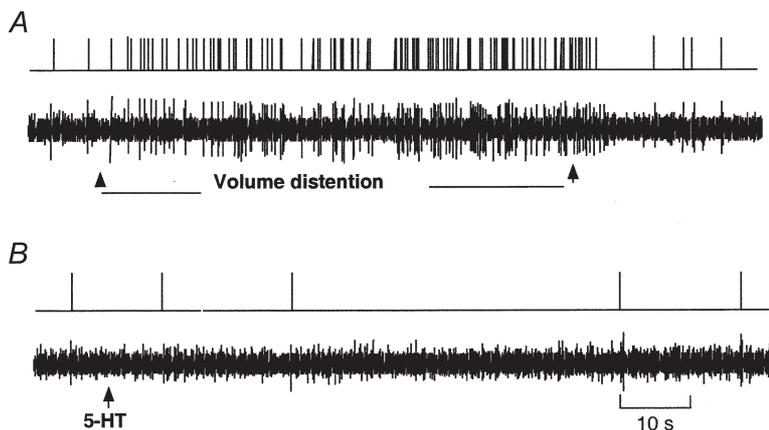


Figure 7. Response of nodose ganglia neurons to intestinal distension and intraduodenal infusion of 5-HT

A, intestinal volume distension elicited a powerful increase in discharge frequency; latency was much shorter and the activity was maintained throughout the period of distension. *B*, the same unit shown in *A* failed to respond to 5-HT.

of endogenous 5-HT in signal transmissions evoked by luminal stimuli to activate vagal primary afferent neurons was investigated. The principal findings are as follows: (1) intraduodenal infusion of hyperosmolar NaCl, tap water, maltose and glucose elicited powerful vagal nodose responses; (2) intraluminal infusion of 5-HT elicited dose-dependent responses in the same neurons that were activated by intraduodenal infusion of test solutions; (3) distension-sensitive neurons did not respond to duodenal infusion of hyperosmolar NaCl, maltose, or 5-HT; (4) acute vagotomy, intestinal mucosal application of lidocaine, and the administration of the 5-HT₃ receptor antagonist granisetron abolished the nodose neuronal responses evoked by luminal stimuli; (5) administration of PCPA, a 5-HT synthesis inhibitor, abolished the nodose neuronal responses to duodenal infusion of hyperosmolar

NaCl, tap water and maltose, but did not affect the nodose response to exogenous infusion of 5-HT; (6) administration of 5,7-DHT, a specific neurotoxin, had no effect on nodose responses to intestinal infusion of various test solutions. Our results suggest that the nodose neuronal responses to luminal osmolarity and to the digestion products of carbohydrates are dependent on the release of endogenous 5-HT from the mucosal EC cells, which acts on the 5-HT₃ receptors on vagal afferent fibres to stimulate vagal primary afferent neurons.

Using the nodose ganglia recording technique in anaesthetized rats, we recently demonstrated the exquisite sensitivity of vagal primary afferent neurons to endogenously released CCK after diversion of bile-pancreatic juice. The vagal CCK receptors are present on

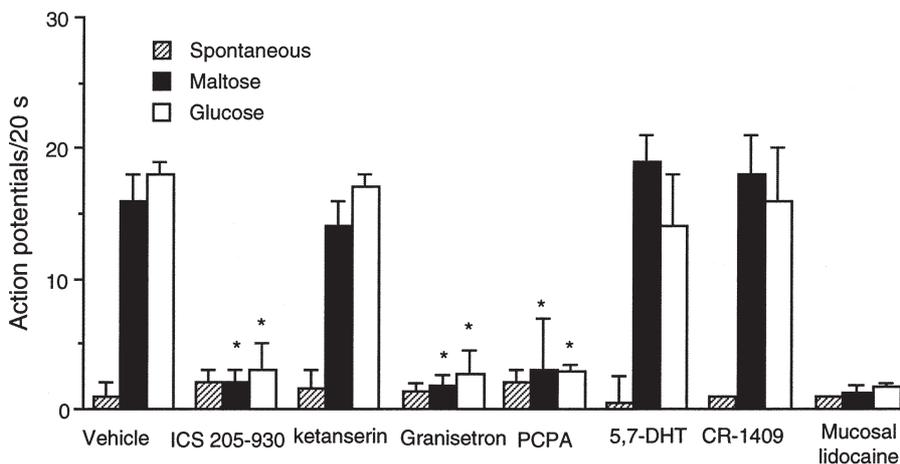


Figure 8. Discharge of nodose ganglia neurons in response to intraluminal infusion of maltose and glucose

Values are means + s.e.m. Of 364 units activated by electrical vagal stimulation, 20 and 19 units responded to maltose and glucose, respectively. Administration of the 5-HT_{3/4} receptor antagonist ICS 205-930 (units 20–22), the 5-HT₃ antagonist granisetron (units 35–39), or the mucosal application of lidocaine (units 10, 18, 19, 29 and 30) each abolished nodose responses to intraduodenal infusion of maltose and glucose. In contrast, administration of the 5-HT_{2A} antagonist ketanserin (units 25–28) or the CCK-A receptor antagonist CR-1409 (units 5, 6, 15, 31 and 40) had no effect on the nodose responses induced by maltose or glucose. In a separate study, none of the 20 units tested after PCPA treatment responded to maltose and glucose. In contrast, after administration of 5,7-DHT, 5 of 22 units tested showed normal responses to intraduodenal administration of maltose and glucose. **P* < 0.01 (compared with Vehicle).

the vagal gastric, coeliac and hepatic branches in high- and low-affinity states (Li *et al.* 1999). It has been demonstrated that intestinal perfusion of various solutions with osmolarities ranging from 4 to 1100 mosmol l⁻¹ and intestinal perfusion of carbohydrates increases the firing rate in afferent vagal neurons (Mei, 1978; Mei & Garnier, 1986). However, the mechanisms responsible for signal transmission in vagal afferent fibres remain largely unknown. Theoretically, the luminal stimuli could act directly on the afferent nerve terminals (i.e. free nerve endings) either by means of a non-specific change in membrane permeability or by binding to a specific receptor on afferent terminals (e.g. 'glucoreceptors') (Mei, 1978). These neurons thus act both as sensory receptors and as primary afferent neurons. Alternatively, the primary afferent neurons themselves may not be responsive to sensory modalities, but may instead be driven by other non-neuronal cells that are sensory receptors, for example the auditory and vestibular ganglia (Hudspeth, 1989). Visualization of the vagal sensory innervation of the duodenal mucosa by injecting the dye Dil into nodose ganglia showed no direct contact between vagal afferent terminals and epithelial cells (Berthoud *et al.* 1995). Therefore, the mechanisms by which signal transmission activates the vagal afferent neuron may involve a chemical messenger released by luminal stimuli. A high concentration of 5-HT exists in mammalian intestinal mucosa, with more than 95% found in intestinal EC cells. The morphology of these EC cells is consistent with a paracrine 'sensory' role (Fujita *et*

al. 1979). EC cells have been shown to secrete 5-HT spontaneously (Schworer *et al.* 1987) and in response to a wide variety of stimuli (Bulbring & Crema, 1959; Nilsson *et al.* 1985; Racke & Schworer, 1991; Li *et al.* 2000*c*). 5-HT then crosses the basolateral membrane into the lamina propria where afferent nerve terminals are abundant (Wade & Westfall, 1985). Some of these nerve terminals are unmyelinated and have their cell bodies in the nodose ganglia. These nerve endings may well be the targets for the 5-HT released by the EC cells. 5-HT has been shown to depolarize isolated vagus nerves in the rat and the soma of nodose ganglion cells in the rabbit (Rhodes *et al.* 1992; Peters *et al.* 1993). In addition, there is evidence that 5-HT receptor subtypes are involved in the modulation of vagal afferent excitability (Yoshioka *et al.* 1992; Peters *et al.* 1992, 1993). In the present study, we provide direct electrophysiological evidence that 5-HT released from intestinal mucosa plays a major role in the signal transmission evoked by luminal stimuli to activate vagal primary afferent neurons.

The osmolarity of the duodenal contents is equivalent to the energy density of the duodenal contents. In rats, the osmolarity of chyme was 400–800 mosmol l⁻¹ following ingestion of a liquid diet (Vita, Ross Laboratories; J. X. Zhu, X. Y. Wu, C. Owyang & Y. Li, unpublished observations). Ingested polysaccharides are hydrolysed to the monosaccharides glucose, galactose and fructose. We recently demonstrated that luminal factors such as osmolarity, disaccharides, and mechanical stimulation induced the release of 5-HT from intestinal EC cells,

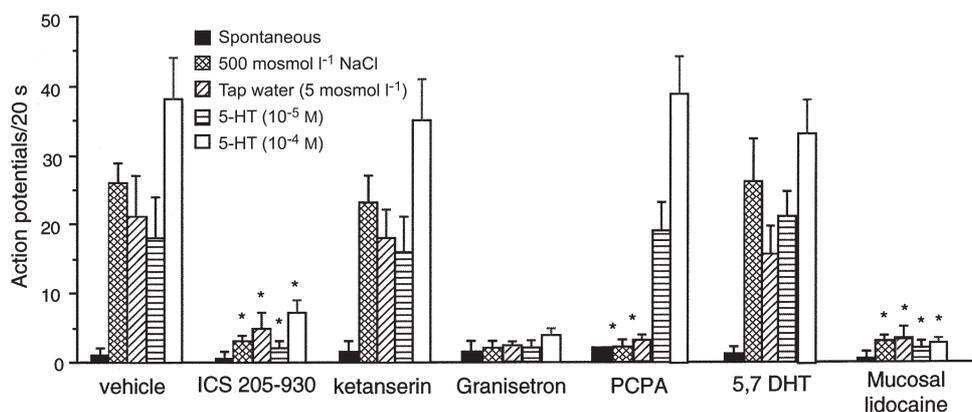


Figure 9. Discharge of nodose ganglia neurons in response to intraluminal osmotic stimulation and to 5-HT

Values are means + S.E.M. Of 364 units activated by electrical vagal stimulation, 30 units responded to intraluminal infusion of hypertonic saline, 27 units responded to tap water, and 25 and 31 units responded to intraluminal infusion of 5-HT (10⁻⁵ or 10⁻⁴ M, respectively). Administration of the 5-HT_{3/4} receptor antagonist ICS 205-930 (units 17 and 20–22), the 5-HT₃ antagonist granisetron (units 23 and 35–39) or mucosal application of lidocaine (units 10, 12, 16, 18, 19, 29 and 30) but not the 5-HT_{2A} receptor antagonist ketanserin (units 24–28) each abolished nodose neuronal responses evoked by osmotic or 5-HT stimulation. In separate groups of rats treated with PCPA, 20 units were tested. None responded to luminal osmotic stimuli. In contrast, 6 of these 20 units showed an increase in discharge frequency in response to intraluminal infusion of 5-HT. In another study, 22 units were tested following administration of 5,7-DHT. Five of 22 units responded to luminal osmotic stimuli and exogenous infusion of 5-HT. **P* < 0.01 (compared with vehicle).

which in turn activated 5-HT₃ receptors on vagal afferent fibres to mediate pancreatic secretion (Zhu *et al.* 1998; Li *et al.* 2000*b*). We have shown that luminal perfusion of maltose (300 mM) or hyperosmolar NaCl (600 mosmol l⁻¹) resulted in a 2- and 1.8-fold increase of 5-HT levels in the intestinal effluent perfusates, respectively. In contrast, these treatments had no effect on circulating 5-HT concentration. Intraluminal perfusion of 5-HT (10⁻⁵ M, 2 ml h⁻¹) produced similar increase in luminal 5-HT concentration (Li *et al.* 2000*c*). 5-HT is likely to act as a local paracrine substance to stimulate pancreatic secretion via a vagal afferent pathway. In the present study, we evaluated the sensitivity of vagal sensory neurons to luminal osmolarity, disaccharides and 5-HT. We showed that intraduodenal infusion of osmotic solutions, maltose and glucose elicited powerful vagal nodose neuronal responses, and that infusion of 5-HT activated the same nodose neurons. Treatment of intestinal mucosa with lidocaine blocked the nodose neuronal responses to luminal stimuli, suggesting that vagal afferent fibres terminating in the intestinal mucosa contribute to these responses.

Previous biochemical studies (Weber, 1970) and fluorescence histochemical studies (Grube, 1976) have described the effects of PCPA treatment on 5-HT-containing cells in the gastrointestinal tract. We showed recently that PCPA treatment reduced duodenal mucosal 5-HT levels from 22.5 to 0.8 µg (g tissue)⁻¹ (Li *et al.* 2000*b*). In this study, we showed that nodose neuronal responses to luminal stimuli were completely abolished in rats pretreated with PCPA, indicating that endogenously released 5-HT plays a critical role in the mediation of vagal afferent responses evoked by duodenal stimuli. It is important to note that 5-HT in the intestinal myenteric plexus may mediate local reflexes. To determine the source of 5-HT responsible for mediating nodose responses evoked by luminal stimuli, we studied the effect of 5,7-DHT. Gershon *et al.* (1980) have shown that the indoleamine neurotoxin 5,7-DHT selectively and irreversibly destroys the enteric serotonergic neurons when administered by peripheral injection. A previous immunohistochemical study showed that tissue from rats treated with 5,7-DHT was depleted of 5-HT-like immunoreactivity within the myenteric plexus neurons and this treatment caused marked disruption of the activity of the migrating myoelectric complex (Pineiro-Carrero *et al.* 1991). We showed recently that in the control rats, nerve fibres containing 5-HT-like immunoreactivities formed a mesh around the vessels in the interlobular connective tissue of the pancreas. Intraperitoneal administration of 5,7-DHT ablated the nerve fibres containing 5-HT-like immunoreactivity (Li *et al.* 2000*b*) indicating the successful destruction of intestinal 5-HT neurons following administration of 5,7-DHT. Because pancreatic ganglia contain no serotonergic nerve cell bodies, all intrapancreatic serotonergic fibres are of enteric origin (Kirchgessner &

Gershon, 1990). In this study, we demonstrated that intraperitoneal injection of 5,7-DHT did not affect nodose responses evoked by luminal stimuli. Thus, 5-HT released from the mucosal EC cells, which are well situated for sensing intraluminal chemical events, but not 5-HT released from the myenteric plexus neurons, plays an important role in the mediation of vagal afferent responses to luminal stimuli. To characterize the 5-HT receptor subtypes involved in the mediation of nodose responses evoked by luminal factors, we examined the effects of the 5-HT_{3/4} receptor antagonist tropisetron, the specific 5-HT₃ receptor antagonist granisetron and the 5-HT_{2A} antagonist ketanserin. The selectivity of these receptor antagonists has been well demonstrated (Mawe *et al.* 1986; Kilpatrick *et al.* 1987; Gershon *et al.* 1990; Gershon 1999). In this study, we showed that administration of ICS 205-930 abolished the nodose responses to luminal stimuli indicating that both 5-HT₃ and 5-HT₄ receptors might be involved. Furthermore, administration of the specific 5-HT₃ antagonist granisetron also completely abolished these responses. In contrast, administration of the 5-HT_{2A} antagonist ketanserin did not affect nodose neuronal responses to luminal stimuli. These observations indicated that 5-HT acts on the 5-HT₃ receptors on vagal afferent fibres to stimulate nodose neurons.

Food ingestion stimulates CCK release from the proximal intestine. Recent studies of rats indicate that a trypsin-sensitive CCK-releasing peptide mediates the postprandial release of CCK (Li & Owyang, 1996*b*; Li *et al.* 2000*a*). A previous study using a perfusion system containing isolated mucosal cells from rat duodeno-jejunum showed that glucose and starch did not stimulate CCK release (Sharara *et al.* 1993). We have shown that intestinal perfusion of maltose and hyperosmolar NaCl solution did not change basal plasma CCK levels, and that administration of the CCK receptor antagonist L364,718 did not affect pancreatic secretion evoked by these luminal stimuli (Li & Owyang, 1996*a*). Interestingly, a CCK-A receptor antagonist has been reported to reduce the vagal afferent-mediated inhibitory effects on gastric emptying induced by intrainstestinal infusion of maltose (Raybould & Hölzer, 1992), leading to the suggestion that carbohydrates may stimulate CCK release, which acts locally in a paracrine fashion to stimulate vagal afferent fibres. However, our evidence argues against this hypothesis, as the CCK-A receptor antagonist did not affect the vagal sensory neuronal response to intraduodenal infusion of maltose. It is conceivable that certain CCK receptor antagonists may act centrally to affect gastric emptying induced by gastric infusion of maltose.

Andrews & Davison (1990), Andrews *et al.* (1990) and Blackshaw & Grundy (1993) have shown that 5-HT and 2-methyl-5-HT activate 5-HT₃ receptors located on the nerve terminals within the mucosa of ferret stomach and duodenum, leading to the firing of vagal afferent fibres.

More recently, Hillsley *et al.* (1998) reported that 5-HT activated different groups of afferent fibres innervating the rat jejunum: one group of mucosal nerve fibres was activated directly by stimulation of 5-HT₃ receptors, while another group responded to contractile activities induced by stimulating 5-HT_{2A} receptors on smooth muscle cells (i.e. mechanosensitive afferents). Our current study of nodose ganglia in rats showed that intraduodenal infusion of 5-HT did not stimulate intestinal tension-sensitive vagal afferent neurons. Administration of the 5-HT_{2A} antagonist ketanserin did not affect nodose neuronal responses to luminal stimuli.

We conclude that postprandial factors such as osmolarity and the digestion products of carbohydrates elicit powerful vagal nodose neuronal responses. These responses appear to be mediated by 5-HT released from the mucosal EC cells, which act as sensors to detect the luminal contents. The released 5-HT acts on vagal afferent 5-HT₃ receptors and thereby plays a major role in the signal transmission evoked by luminal stimuli to activate vagal nodose neurons.

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Corresponding author

Y. Li: Division of Gastroenterology, University of Michigan, 6510 Medical Sciences Research Building I, 1150 West Medical Center Drive, Ann Arbor, MI 48109-0682, USA.

Email: yli@umich.edu