

## Effects of $\text{Cd}^{++}$ on Short-Circuit Current across Epithelial Membranes

### I. Interactions with $\text{Ca}^{++}$ and Vasopressin on Frog Skin

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*Summary.* Cadmium ion ( $\text{Cd}^{++}$ ) significantly increased potential difference (PD) and short-circuit current (SCC) across isolated frog skin when added to the outside Ringer's solution at  $10^{-4}$ ,  $10^{-3}$  and  $5 \times 10^{-3}$  M concentration. Resistance was reduced by  $10^{-4}$  M  $\text{Cd}^{++}$  but not significantly changed by the higher concentrations. When SCC was first stimulated by vasopressin,  $10^{-4}$  and  $10^{-3}$  M  $\text{Cd}^{++}$  produced additive stimulation which was reversible by washing with  $\text{Cd}^{++}$ -free Ringer's. If SCC was first stimulated by  $\text{Cd}^{++}$ , further stimulation by vasopressin was additive with  $10^{-4}$  M  $\text{Cd}^{++}$  but completely inhibited by  $10^{-3}$  M  $\text{Cd}^{++}$ . Elevating the calcium ion ( $\text{Ca}^{++}$ ) concentration of the outer Ringer's from  $10^{-3}$  M to  $5 \times 10^{-3}$  M or  $10^{-2}$  M prior to  $\text{Cd}^{++}$  treatment did not reduce the magnitude of SCC stimulation by  $\text{Cd}^{++}$ . Removal of  $\text{Ca}^{++}$  from the outside Ringer's with  $2 \times 10^{-3}$  M EDTA increased SCC as predicted. Subsequent addition of  $5 \times 10^{-3}$  M  $\text{Cd}^{++}$  drastically reduced SCC below control levels while equimolar concentrations of  $\text{Cd}^{++}$  and EDTA reduced SCC only to control levels. These results suggest that  $\text{Cd}^{++}$  interacts with the components of the apical plasma membranes of epithelial cells which are associated with the stimulation of SCC by vasopressin and  $\text{Ca}^{++}$  removal and may be a useful probe for elucidating these components.

Divalent cations have been shown to affect the rate of sodium transport, as measured by short-circuit current (SCC), across isolated frog skin. Total removal of  $\text{Ca}^{++}$  from the solution bathing the outer surface of the skin stimulates SCC in a manner suggesting facilitated entry of sodium into the cells (Curran & Gill, 1961). This effect is rapid, with maximal elevation of SCC being observed within 10–15 min, and is reversible by subsequent replacement of  $\text{Ca}^{++}$ . Stimulation of SCC by  $\text{Ca}^{++}$  removal is additive with the elevation of SCC produced by vasopressin and is believed to involve a separate mechanism in the apical plasma membrane (Herrera & Curran, 1963). Recently,  $\text{Cd}^{++}$  added to the outside

of the skin has been shown to stimulate SCC across isolated frog skin (Borghraef, Stymans & Van Driessche, 1971; Banks, 1974). As with  $\text{Ca}^{++}$  removal, the maximal elevation in SCC following  $\text{Cd}^{++}$  treatment is rapid and can be reversed by removal of  $\text{Cd}^{++}$ .

The purpose of the present study was the examination of the interaction between the effects of  $\text{Cd}^{++}$ ,  $\text{Ca}^{++}$  and vasopressin on SCC across the isolated frog skin, in an attempt to more clearly define the nature of  $\text{Cd}^{++}$  stimulation of SCC.

## Materials and Methods

### *Measurement of Short-Circuit Current*

Short-circuit current (SCC) was measured across the isolated ventral skin of *Rana pipiens* (Los Angeles Biologicals) with the technique of Ussing and Zerhan (1951). Three chambers were bored into the Ussing-type cell such that simultaneous measurements could be made on three adjacent regions of the same piece of skin. Each chamber had a cross-sectional area of  $1 \text{ cm}^2$ . Potential difference was measured with agar-Ringer's bridges and paired calomel reference electrodes connected to an Orion Research Model 801 digital voltmeter. SCC was applied with Ag/AgCl electrodes via agar-Ringer's bridges to the Ringer's chambers. After mounting the skin between the chamber halves, one hour was allowed for equilibration of SCC. At this time, potential (PD) was monitored constantly (open circuit). SCC was applied at 10-min intervals in all experiments. No electrical coupling was observed between the chambers as short-circuiting one chamber failed to alter the voltage across the skin in the other two chambers. When SCC varied by less than 10% during three consecutive intervals (control period), the experimental treatments were begun. The Ringer's used during the control period contained NaCl 111 mM, KCl 2.0 mM,  $\text{NaHCO}_3$  2.4 mM,  $\text{CaCl}_2$  1.0 mM and glucose 5.0 mM (standard Ringer's). The pH was 7.5–7.6 and the osmotic pressures 220 mOsm/liter. If the control SCC of the three chambers varied by more than 25% of one another or if the SCC of any of the chambers was less than  $15 \mu\text{A}/\text{cm}^2$ , the preparation was discarded.

### *Effects of $\text{Cd}^{++}$ on SCC, PD and Resistance*

After a stable control period, the Ringer's bathing the outer surface of one section of the skin was replaced with fresh Ringer's containing  $10^{-4} \text{ M Cd}^{++}$  while a second section was similarly treated with  $10^{-3} \text{ M Cd}^{++}$ . The outer Ringer's bathing the third section of the skin was exchanged with fresh Ringer's containing no  $\text{Cd}^{++}$ . In a separate series of experiments the outer Ringer's was replaced with Ringer's containing  $5 \times 10^{-3} \text{ M Cd}^{++}$ . PD and SCC were recorded for 30 min after the addition of  $\text{Cd}^{++}$ . Skin resistance was calculated as the ratio of PD/SCC in each experiment.

Since  $\text{Cd}^{++}$  will precipitate with the bicarbonate ions in the frog Ringer's it was necessary to mix  $\text{Cd}^{++}$  with Ringer's just prior to its addition. This was done by mixing 4 ml of frog Ringer's made to 5/4 strength with 1 ml of distilled water containing the appropriate amounts of  $\text{CdCl}_2$  to give final concentrations of  $10^{-4}$ ,  $10^{-3}$  and  $5 \times 10^{-3} \text{ M}$ . No precipitation was visible during the time course of any of the experiments.

*Cadmium and Calcium*

Two series of experiments were conducted to examine the interaction of  $\text{Cd}^{++}$  and  $\text{Ca}^{++}$ . Since both are divalent cations, some common site of action at the outer surface of the skin might be expected. In the first series the effects of increasing the  $\text{Ca}^{++}$  concentration of the outer Ringer's from  $10^{-3}$  M to  $5 \times 10^{-3}$  M and  $10^{-2}$  M were examined on the stimulation of SCC that is normally produced by  $10^{-3}$  M  $\text{Cd}^{++}$ . In this series, following the control period, the outer Ringer's of two of the chambers received fresh Ringer's containing  $5 \times 10^{-3}$  M and  $10^{-2}$  M  $\text{Ca}^{++}$ . The third chamber was refilled with standard Ringer's and SCC was recorded for 30 min.  $\text{Cd}^{++}$ ,  $10^{-3}$  M, was then added to the three outer chambers and SCC recorded for a final 30 min.

In the second series the effect of  $\text{Cd}^{++}$  was examined in the absence of  $\text{Ca}^{++}$  in the outer Ringer's. After the control period, the outer Ringer's in two of the chambers was replaced with Ringer's having no  $\text{Ca}^{++}$  and containing  $2 \times 10^{-3}$  M EDTA; the pH of this solution was adjusted to 7.5 prior to use with concentrated NaOH. Thirty minutes after the removal of  $\text{Ca}^{++}$  one of the outer chambers was re-filled with a Ringer's solution containing  $5 \times 10^{-3}$  M  $\text{Cd}^{++}$  in addition to  $2 \times 10^{-3}$  M EDTA. The higher dose of  $\text{Cd}^{++}$  was used to insure that some free  $\text{Cd}^{++}$  would be present. The second chamber was re-filled with fresh 2 mM EDTA Ringer's. SCC was recorded for an additional 30 min whereupon the outer chambers were filled with standard Ringer's and SCC recorded for a final 30 min. In a separate experiment equimolar amounts ( $2 \times 10^{-3}$  M) of  $\text{Cd}^{++}$  and EDTA were added after the initial EDTA treatment in order to assess the effects of the EDTA-bound  $\text{Cd}^{++}$ .

*Cadmium and Vasopressin*

Two final series of experiments were conducted to examine the relationship between the stimulation of SCC produced by  $\text{Cd}^{++}$  and that produced by vasopressin (ADH). In the first series, after a stable control period, ADH (Pitressin, Parke-Davis) was added to the inner Ringer's of all three chambers to give a final concentration of 100 mU/ml. SCC was monitored for 30 min after ADH treatment whereupon Ringer's containing 0,  $10^{-4}$  or  $10^{-3}$  M  $\text{Cd}^{++}$  was added to the outer chambers. SCC was measured for an additional 30 min at which time the  $\text{Cd}^{++}$  in the outer chambers was washed out with standard Ringer's; SCC was then measured for a final 30 min.

The second series of experiments was an extension of the dose-response study. Skins that had been pretreated with 0,  $10^{-4}$  or  $10^{-3}$  M  $\text{Cd}^{++}$  in the outer Ringer's were treated with 100 mU/ml ADH in the inner Ringer's of the three chambers. SCC was recorded for 30 min following ADH treatment at which time the  $\text{Cd}^{++}$  in the outer Ringer's was washed out with standard Ringer's and SCC recorded for a final 30 min.

*Analysis of Results*

Changes in SCC produced by the experimental treatments were normalized as the percentage change from the control period in each individual experiment. Statistical comparisons utilized Student's *t*-test, except where indicated.

**Results**

In Table 1, the changes in PD, SCC and resistance produced by treating the outer surface of the skins with  $10^{-4}$ ,  $10^{-3}$  and  $5 \times 10^{-3}$  M

Table 1. The effect of cadmium ion on potential difference, PD (mV), short-circuit current, SSC ( $\mu\text{A}$ ), and resistance, R (Ohms) across isolated frog skin<sup>a</sup>

	Cadmium Concentration							
	0		$10^{-4}$ M		$10^{-3}$ M		$5 \times 10^{-3}$ M	
	C	E	C	E	C	E	C	E
<b>PD</b>								
Mean	45	45	55	66	47	69	51	99
SE	$\pm 12$	$\pm 12$	$\pm 16$	$\pm 17$	$\pm 13$	$\pm 10$	$\pm 8$	$\pm 8$
Percent	0		+20		+47		+94	
<i>p</i>	NS		<0.025		<0.001		<0.001	
<b>SCC</b>								
Mean	82	80	73	102	77	128	73	133
SE	$\pm 17$	$\pm 17$	$\pm 12$	$\pm 10$	$\pm 17$	$\pm 21$	$\pm 14$	$\pm 24$
Percent	-3		+40		+66		+82	
<i>p</i>	NS		<0.025		<0.001		<0.001	
<b>R</b>								
Mean	703	702	731	627	635	579	782	809
SE	$\pm 229$	$\pm 221$	$\pm 153$	$\pm 129$	$\pm 097$	$\pm 082$	$\pm 148$	$\pm 090$
Percent	0		-14		-9		+3	
<i>p</i>	NS		<0.025		NS		NS	

<sup>a</sup> Each value represents the mean of five observations  $\pm$  one standard error of the mean (SE) during a control period (C) and 30 min after cadmium addition to the outer bathing solution (E). When the change following cadmium treatment is significant, the level of significance (*p*) is given, while insignificant change is termed NS.

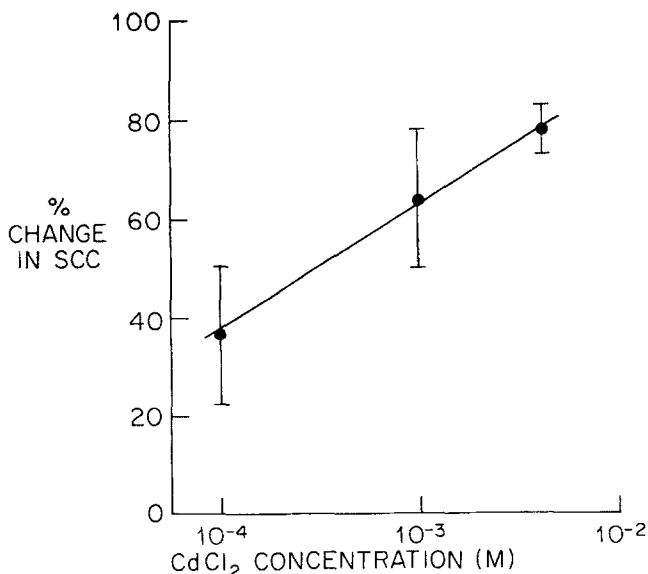


Fig. 1. The percent stimulation of short-circuit current (SCC) produced by  $10^{-4}$ ,  $10^{-3}$  and  $5 \times 10^{-3}$  M cadmium chloride added to the outer surface of the skin. Each point is the mean of five experiments and the vertical bar  $\pm 1$  standard error (SE)

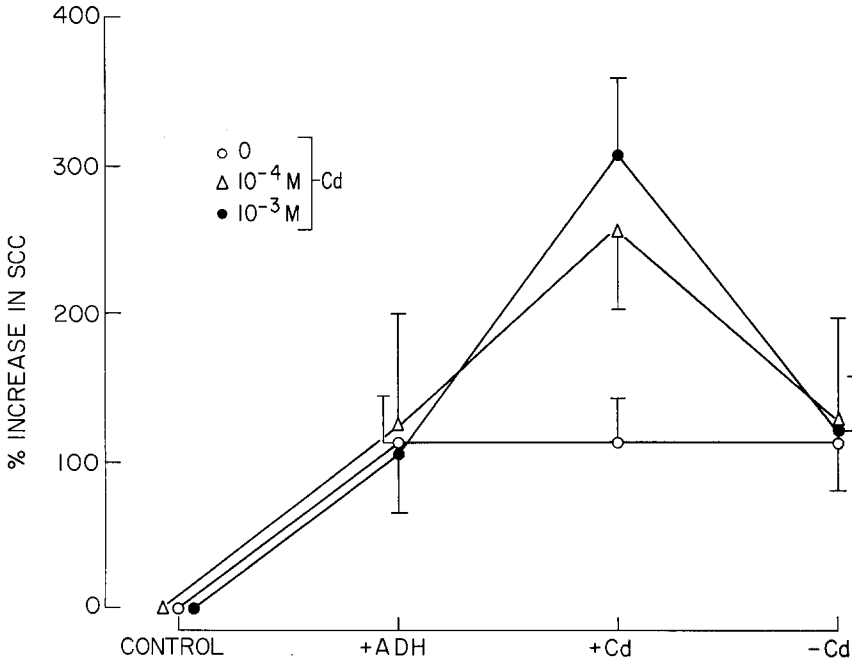


Fig. 2. The changes in SCC produced by sequentially adding vasopressin (ADH), cadmium and then removing cadmium during three consecutive 30-min periods. The data are normalized as the percent change in SCC relative to the control period for five experiments. For clarity, only one standard error bar is drawn in Figs. 2-5 and it may be in either the plus or minus direction. The cadmium concentrations are indicated in the figure legend

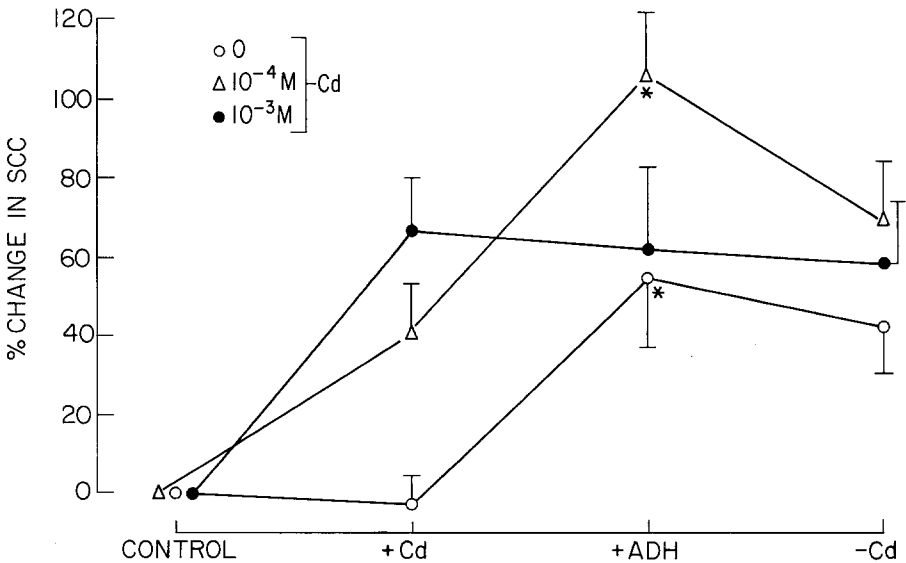


Fig. 3. The changes in SCC produced by first adding cadmium, then ADH and finally removing the cadmium. As in Fig. 2 each point represents the mean of five experiments and the cadmium concentrations are indicated in the figure legend. The asterisk (\*) indicates significant elevation of SCC relative to the cadmium treatment value ( $p < 0.025$ )

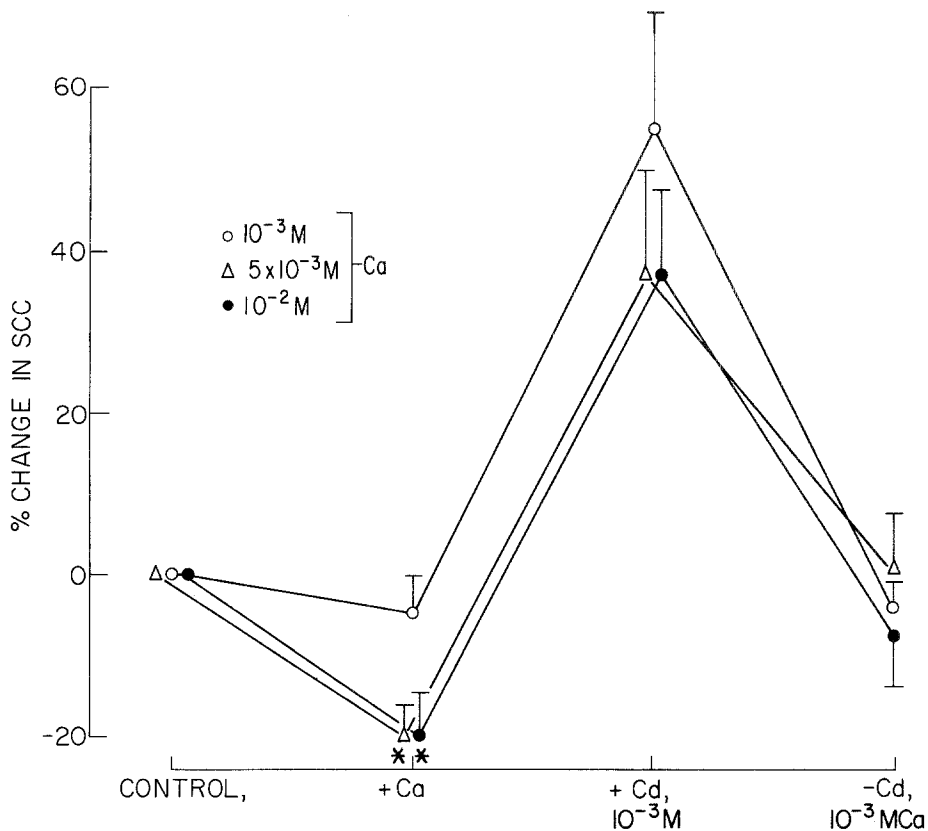


Fig. 4. The effect of increasing the external calcium ion concentration from  $10^{-3}$  to  $5 \times 10^{-3}$  and  $10^{-2}$  M on SCC and on the elevation in SCC produced by subsequent addition of  $10^{-3}$  M cadmium. Each point is the mean of six experiments. The asterisk (\*) indicates significant reduction of SCC by the elevated calcium concentrations ( $p < 0.001$ )

$\text{Cd}^{++}$  are compared with the changes in these parameters occurring in untreated control skins over the same time interval. Neither PD, SCC nor resistance changed significantly during two consecutive 30-min periods in the control skins while PD and SCC were significantly elevated by  $\text{Cd}^{++}$  at all concentrations tested. The stimulation of SCC by  $\text{Cd}^{++}$ , expressed as percent elevation from the control period, increased linearly with the log of the  $\text{Cd}^{++}$  concentration in the range  $10^{-4}$  M to  $5 \times 10^{-3}$  M (Fig. 1). Mean resistance (calculated from each individual experiment) was significantly reduced by  $10^{-4}$  M  $\text{Cd}^{++}$ , but not significantly altered by  $10^{-3}$  or  $5 \times 10^{-3}$  M  $\text{Cd}^{++}$ .

In skins treated with ADH, SCC was elevated by more than 100% over the control levels and remained so for 90 min (Fig. 2). When  $\text{Cd}^{++}$  was subsequently added to the outer Ringer's, SCC was further elevated

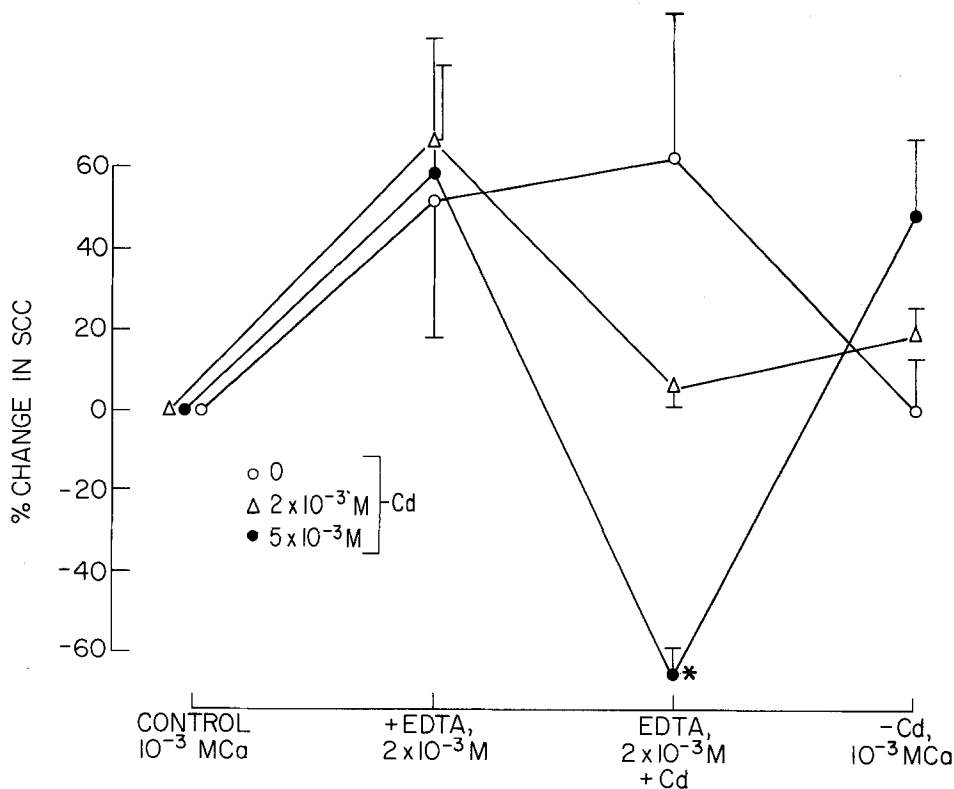


Fig. 5. The changes in SCC produced by first removing calcium in the outer solution with  $2 \times 10^{-3}$  M EDTA and then adding  $5 \times 10^{-3}$  or  $2 \times 10^{-3}$  M cadmium to the calcium-free preparation or continuing the EDTA (o Cd) treatment. The outer solutions of both pieces of skin then received standard Ringer's containing  $10^{-3}$  M calcium and no cadmium. The asterisk (\*) indicates a significant reduction of SCC below the control level ( $p < 0.001$ )

in a dose-dependent manner,  $10^{-3}$  M stimulating SCC significantly more than  $10^{-4}$  M ( $p < 0.05$ ). When the skins were first treated with 0,  $10^{-4}$  M and  $10^{-3}$  M Cd<sup>++</sup>, SCC increased as shown in Fig. 1. If ADH was then added to the inner Ringer's, SCC was significantly increased in the skins treated with 0 and  $10^{-4}$  M Cd<sup>++</sup> but not significantly changed in the skins pretreated with  $10^{-3}$  M Cd<sup>++</sup> (Fig. 3). The percentage increase in SCC produced by ADH in this series of experiments was smaller than shown in Fig. 2, probably due to the higher control levels of SCC ( $73\text{--}82 \mu\text{A}/\text{cm}^2$ ).

The control level of SCC was significantly reduced by 20% when the Ca<sup>++</sup> concentration of the outer Ringer's was elevated from  $10^{-3}$  M to  $5 \times 10^{-3}$  M or  $10^{-2}$  M while continued treatment with  $10^{-3}$  M Ca<sup>++</sup> (Standard Ringer's) did not change SCC over a period of 60 min (Fig. 4).

The stimulation of SCC produced by  $10^{-3}$  M  $\text{Cd}^{++}$  (57–60%) was not significantly affected by increasing the  $\text{Ca}^{++}$  concentration (Fig. 4)<sup>1</sup>. Removal of  $\text{Ca}^{++}$  from the outer Ringer's by pretreatment with EDTA elevated SCC by over 50% (Fig. 5). In the absence of  $\text{Cd}^{++}$ , SCC remained elevated, returning to the control level when the outer chamber was refilled with standard Ringer's. If, however,  $5 \times 10^{-3}$  M  $\text{Cd}^{++}$  was added to the outer chamber in the continued presence of  $2 \times 10^{-3}$  M EDTA, SCC was markedly reduced. Replacement of this  $\text{Ca}^{++}$ -free Ringer's containing  $5 \times 10^{-3}$  M  $\text{Cd}^{++}$  with standard Ringer's caused SCC to rise to a level significantly above that of control and comparable to the level produced by pretreatment with EDTA. On the other hand, when equimolar amounts ( $2 \times 10^{-3}$  M) of  $\text{Cd}^{++}$  and EDTA were added to the outer Ringer's the SCC returned to a value ( $6 \pm 5\%$ ) not significantly different from control.

### Discussion

The present study verifies the observations of Borghraef *et al.* (1971) and Banks (1974) that  $\text{Cd}^{++}$  in the outer bathing solution stimulates SCC across isolated frog skin and extends their observations to lower concentrations of  $10^{-4}$  and  $10^{-3}$  M. In the cited studies and in the present experiments the assumption is made that SCC reflects active transepithelial sodium transport, as originally demonstrated by Ussing and Zerahn (1951). However, as isotopic sodium fluxes were not measured, it is possible that changes in SCC may not be accompanied by equivalent changes in net sodium transport.

In both the earlier experiments and in the present study PD rose concomitantly with SCC; however, the resistance across the skin was reduced by  $10^{-4}$  M  $\text{Cd}^{++}$  and unaffected by  $10^{-3}$  and  $5 \times 10^{-3}$  M  $\text{Cd}^{++}$ . Borghraef *et al.* (1971) found resistance to increase by 11.7% following  $2.5 \times 10^{-3}$  M  $\text{Cd}^{++}$  exposure, while Banks (1974) found resistance to increase by 45% after exposure to  $10^{-2}$  M  $\text{Cd}^{++}$ . Thus, at high doses there appears to be a direct relationship between the concentration of  $\text{Cd}^{++}$  and the increases in both resistance and SCC. At the lower dosage used in the present experiments, however, the increase in SCC occurred independently of changes in resistance. The effect of  $\text{Cd}^{++}$  on SCC then appears to be unrelated to a change in resistance. As we did not attempt to minimize edge damage, there may have been changes in resist-

<sup>1</sup> Significance evaluated by analysis of variance.



ance which were not detected. Banks (1974) has shown that the increase in resistance observed with  $10^{-2}$  M  $\text{Cd}^{++}$  is largely related to reduced Cl-conductance. Hence, the  $\text{Cd}^{++}$  concentration required to reduce Cl-conductance, such that skin resistance is elevated, is greater than that required to stimulate SCC.

The effect of  $\text{Cd}^{++}$  on SCC closely resembles that of  $\text{Ca}^{++}$  removal with EDTA (Curran & Gill, 1961; Herrera & Curran, 1963) in that the rise in SCC is very rapid and completely reversible by washing with  $\text{Ca}^{++}$ -containing Ringer's. Owing to the rapid onset of the stimulation of SCC by  $\text{Cd}^{++}$  and the reversibility of this effect, it seems reasonable to assume that the site of action of  $\text{Cd}^{++}$  is at the apical membranes of the epithelial cells where increased sodium entry will promote an increase in transepithelial transport.  $\text{Cd}^{++}$  may also have some effect on the paracellular shunting of ions across the skin as suggested by the experiments of Ferreira (1969) with  $\text{Cu}^{++}$ , which increases the passive outfluxes of both sodium and chloride across the isolated skin of *Rana ridibunda*. In these same experiments sodium fluxes increased proportionally with SCC following treatment with  $\text{Cu}^{++}$ , indicating that the entry of sodium across the apical membranes into the transport compartment was increased and that SCC provided an accurate estimate of transepithelial sodium transport despite alterations in the shunt pathways.

It might be anticipated that  $\text{Cd}^{++}$  and  $\text{Ca}^{++}$ , as divalent cations, have some common site of action on the apical membranes. Elevated  $\text{Ca}^{++}$  levels, however, failed to diminish the effect of  $\text{Cd}^{++}$  (Fig. 4) suggesting that these ions do not compete for binding sites. The study of the effects of  $\text{Cd}^{++}$  in the absence of  $\text{Ca}^{++}$  was initially attempted with standard Ringer's containing no calcium chloride. Experimentally, we found it necessary to add EDTA to the outer Ringer's in order to produce the elevation in SCC observed by Curran and Gill (1961). EDTA presumably acts by removing sufficient  $\text{Ca}^{++}$  from the apical plasma membranes of the epithelial cells to increase the entry of sodium into the cells. EDTA ( $2 \times 10^{-3}$  M) was, therefore, retained in the outer Ringer's to assure that minimal  $\text{Ca}^{++}$  was present and an excess of  $\text{Cd}^{++}$  ( $5 \times 10^{-3}$  M) was added. It was then necessary to control for the effect of the chelated  $\text{Cd}^{++}$ -EDTA complex by adding equimolar ( $2 \times 10^{-3}$  M) quantities of  $\text{Cd}^{++}$  and EDTA to a separate piece of skin.

When  $\text{Cd}^{++}$  and EDTA were added to the outer Ringer's in equimolar amounts, SCC returned from EDTA-stimulated values to control values. The stability constants (Martell, 1964) of  $\text{Ca}^{++}$  and  $\text{Cd}^{++}$  for EDTA show  $\text{Cd}^{++}$  to have a much higher affinity for the chelator.

Therefore, effectively no  $\text{Ca}^{++}$  would be bound by EDTA, and  $\text{Ca}^{++}$  diffusing from the inner Ringer's would be free to bind to the apical plasma membranes and reduce sodium entry. When  $\text{Cd}^{++}$  was added in excess of EDTA, SCC was reduced by 66% of the control value, demonstrating that free  $\text{Cd}^{++}$  inhibits SCC across the EDTA-pretreated skin. Thus, EDTA treatment reverses the stimulating effect of  $\text{Cd}^{++}$  on SCC. On the other hand, when both  $\text{Cd}^{++}$  and EDTA are washed out and replaced with standard Ringer's (Fig. 5), SCC returns to stimulated levels, indicating a residual effect of  $\text{Cd}^{++}$  on the apical surface of the skin.

When the skin was first treated with ADH and  $\text{Cd}^{++}$  subsequently added to the outer surface, the stimulatory effects on SCC were additive, implying that under these circumstances these substances acted independently. ADH also stimulated the SCC of skins pretreated with  $10^{-4}$  M  $\text{Cd}^{++}$ . When  $\text{Cd}^{++}$  was added first at a concentration of  $10^{-3}$  M, however, further increase in SCC produced by ADH was prevented. Thus, at this higher concentration  $\text{Cd}^{++}$  may have interacted with the apical surface of the skin in such a way as to prevent the increase in sodium permeability normally produced by ADH (Biber & Cruz, 1974). It is of interest that  $\text{Zn}^{++}$  added to the apical surface of the isolated toad bladder also inhibits the effect of ADH on SCC (Bentley, 1967). Also,  $\text{Zn}^{++}$  prevents the dephosphorylation reaction of the 49,000 dalton protein which Walton *et al.* (1975) have found coincides with the stimulation of SCC by ADH in toad bladder. As  $\text{Cd}^{++}$  is believed to be highly reactive with sulfhydryl groups of proteins (Kagi *et al.*, 1974) this ion could also bind directly to a membrane protein which affects permeability. It seems less likely, under the conditions of our experiments, that  $\text{Cd}^{++}$  interacts with intracellular enzymes associated with permeability changes or active transport.

When  $\text{Cd}^{++}$  is injected into the circulation of dogs *in vivo* proximal tubular reabsorption of sodium is increased (Vander, 1962*a,b*). Thus,  $\text{Cd}^{++}$  acutely increases sodium transport across the proximal kidney tubule as well as the frog skin, although it is not known whether the renal effect is produced by an increased entry of sodium from the tubular lumen into the cells or an increased transport of sodium out of the cells into the peritubular space. With chronic injection,  $\text{Cd}^{++}$  produces Fanconi syndrome, a disorder in which proximal tubular reabsorption of sodium and other ions is inhibited, possibly by the inhibition of Na-K-ATPase activity (Indraprasit & Gonick, 1972). Neither Banks (1974) nor ourselves were able to show consistent inhibition of SCC

when Cd<sup>++</sup> was applied to the inside of the frog skin even though it is a powerful inhibitor of the transport enzyme Na-K-ATPase *in vitro* (Rifkin, 1965). Banks (1974) was able to demonstrate inhibition of SCC when Cd<sup>++</sup> and cysteine were added simultaneously, suggesting that this ion can reach the transport mechanism when associated with cysteine. The frog skin may thus provide a useful model for evaluating the acute and chronic effects of Cd<sup>++</sup> on the kidney.

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