

# Are There any Differences in the Excitation-Contraction Coupling of the Working Myocardium of Adult and Newborn Guinea-Pigs?

P. FIALA

Department of Physiology, Medical Faculty, Charles University, Plzeň, Czech Republic

Received February 20, 1992

Accepted March 19, 1993

## Summary

Action potentials (APs) and the force of isometric contractions of the right ventricular papillary muscles were measured in adult and newborn guinea-pigs. The measurements were carried out in the steady state with the rate of stimulation of 0.1, 1, and 2 Hz, and further some measurements were done in which  $\text{Sr}^{2+}$  was substituted for  $\text{Ca}^{2+}$ . The duration of APs of the newborn animals without pharmacological treatment was significantly shorter in comparison with that of the adults at all the used stimulation frequencies. An analogous sensitivity was found in the contractile force to increased stimulation frequency and when the steady state stimulation was discontinued by the insertion of interpolated extrasystoles in papillary muscles of adult or newborn animals. The biphasic contractions of papillary muscles were evoked in both groups of animals by the incomplete substitution of  $\text{Sr}^{2+}$  by  $\text{Ca}^{2+}$  in the presence of isoprenaline. The early component of the biphasic contractions had a faster course as compared to the late component and disappeared in the presence of caffeine in both groups of animals. Our results suggest that the heart cells of newborn guinea-pigs probably possess the sarcoplasmic reticulum (SR), whose function does not differ in quality from that of the adult guinea-pigs. The postnatal prolongation of APs is therefore not probably the result of postnatal development changes of the functions of SR, but could be related to changes in the relations between the surface and volume of the heart cell during its growth.

## Key words

Guinea-pig – Ontogeny – Action Potential – Contractility – Excitation-contraction Coupling

## Introduction

The development of heart cell structures is not terminated by the time of birth. This results from the fact that the myocardium of newborn mammals usually exhibits different features as compared with the adults. The volume of heart cells of newborn animals is smaller than that of the adults and increases postnatally more rapidly than their surface (Friedman 1972, Sheridan *et al.* 1979). The difference in the surface/volume relation between adult and newborn mammal diminishes in consequence of the development of T-tubules in most of them (Hoerter *et al.* 1981, Maylie 1982). In case of the guinea-pig myocardium, the development of the T-tubules can not play a significant role in the surface/volume ratio, since the T-tubules are already developed at the time of birth (Forbes and Sperelakis 1976).

The sarcoplasmic reticulum (SR) of many mammals is not yet fully developed in the perinatal period and it does not therefore function as an intracellular store of  $\text{Ca}^{2+}$  (Seguchi *et al.* 1986). This fact is of great significance in the postnatal development of excitation-contraction coupling. The result of the morphological and functional immaturity of the SR is the smaller sensitivity of the contractile force of immature myocardial fibres to the drugs which decrease SR function (Hoerter *et al.* 1981, Tanaka and Shigenobu 1989) and, on the other hand, the greater dependence of the contractile force on the transmembrane  $\text{Ca}^{2+}$  influx ( $I_{\text{Ca}}$  and  $\text{Na}^{+}\text{-Ca}^{2+}$  exchange) (Artman *et al.* 1985, Králíček *et al.* 1987). The functional SR immaturity is characterized by the rate insensitivity of the newborn cat myocardium

(Maylie 1982) and newborn rabbits respectively (Pučelík and Fiala 1990).

On the other hand, the morphological study of Forbes and Sperelakis (1976) suggests that the ventricular myocardium of newborn guinea-pigs possess a developed system of T-tubules, myofibrils and SR. In the present paper, we have tried to demonstrate whether the morphological maturity of these heart cell structures is also accompanied by functional maturity.

## Methods

The experiments were carried out on papillary muscles from the right heart ventricles of twenty adult guinea-pigs (body weight more than 300 g, older than 3 months) and eighteen newborn ones (younger than 3 days). The diameter of papillary muscles was  $0.8 \pm 1.2$  mm in adult animals and  $0.6 \pm 1.4$  mm in those of newborn guinea-pigs. After decapitation of the animals the chest was opened and the heart was rapidly removed and further preparation was done in a warm oxygenated Tyrode's solution of the following composition (mmol.l<sup>-1</sup>): NaCl 137, KCl 4.5, CaCl<sub>2</sub> 2, MgCl<sub>2</sub> 1.0, Na<sub>2</sub>HPO<sub>4</sub> 0.5, NaHCO<sub>3</sub> 11.0, glucose 10.0. The solution was saturated with a mixture of 96 % O<sub>2</sub> and 4 % CO<sub>2</sub>, its pH was 7.4; during the experiment it flowed through the measuring bath at a rate of 6–10 ml.min<sup>-1</sup>, its temperature was 36 °C. In case of incomplete substitution of Sr<sup>2+</sup> for Ca<sup>2+</sup> the concentration of Sr<sup>2+</sup> was 1.8 mmol.l<sup>-1</sup>, the concentration of Ca<sup>2+</sup> was simultaneously decreased to 0.2 mmol.l<sup>-1</sup>. Isoprenaline was applied in the concentration of 10<sup>-6</sup> mol.l<sup>-1</sup>. The stimulation of beta-adrenergic receptors increases the sarcolemmal permeability for Ca<sup>2+</sup> and further enhances the uptake of Ca<sup>2+</sup> into the SR (Callewaert *et al.* 1988). The utilization of this effect was shown necessary in respect to the weak contractile force in preceding experiments which resulted from the lower concentration of Ca<sup>2+</sup> in the incubation medium. Caffeine was used in the concentration of 10<sup>-2</sup> mol.l<sup>-1</sup> in these experiments, which is sufficient to rule out the SR from its function of storing intracellular Ca<sup>2+</sup> (Rasmussen *et al.* 1987). After each change in the composition of the solution, the preparation was always stimulated for at least 30 min before starting the actual measurement.

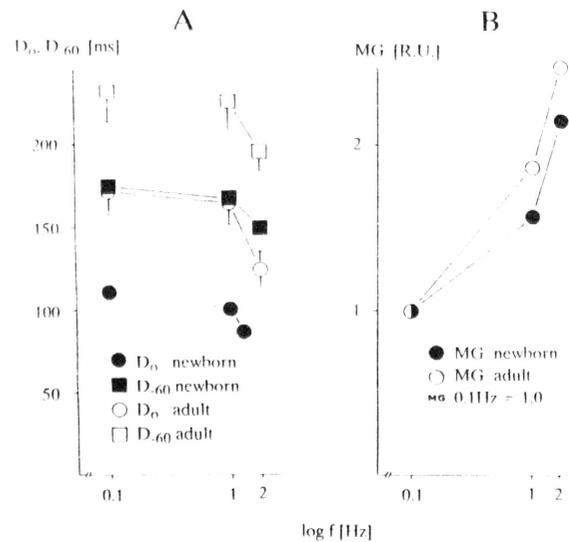
The preparations were stimulated with rectangular electric pulses of 0.1 ms duration and double the threshold stimulation voltage. In the introductory stabilization phase, the preparation was stimulated one hour at a frequency of 1 Hz and then we proceeded with the actual measurements. In case of the steady state stimulation programme the preparation was stimulated at a frequency of 0.1, 1 and 2 Hz. In case of the extrasystole programme an impulse was inserted always after 10 regular APs in the defined

time interval. This interval was designed as T<sub>E</sub> (Fig. 2). These evaluations were being done: 1) the last regular AP and contraction of the previous serie, 2) extrasystolic AP and beat, 3) postextrasystolic AP and beat – the first of the following serie.

The course of membrane voltage changes was recorded with glass microelectrodes. Using a mechano-electrical transducer, the force of isometric contractions (MG) was measured. The derivation of contraction and relaxation dT/dt was obtained electronically. After amplification, electrical membrane manifestations, together with the mechano-electrical transducer output were recorded by the graphic unit of a conventional polygraph (NEK RTF 6 G).

From the recording we obtained: 1) the duration of the action potential at electrical zero level (D<sub>0</sub>; ms), 2) the duration of AP at repolarization level to -60 mV (D<sub>-60</sub>; ms), 3) the peak of the contractile force (MG; r.u.). The contractile force in the steady state was equal to that at the stimulation frequency of 0.1 Hz. In the stimulation programme of interpolated extrasystoles, the force of contraction was equal to that at the basal stimulation frequency of 1 Hz. In case of biphasic contractions we evaluated: 1) the time from the beginning of AP to the peak of the early component of contraction (ms) and the time from the beginning of AP to the peak of contractile force in the presence of caffeine (ms).

The results are presented as the mean values ± S.E.M.



**Fig. 1**

The dependence of the duration of AP (A) and the contractile force (B) on the stimulation frequency (expressed as log frequency) in adult (empty symbols) and newborn (full symbols) guinea-pigs. The duration of AP is plotted on the zero electric level (D<sub>0</sub>, ms) and on the level of -60 mV (D<sub>-60</sub>, ms). The number of papillary muscles was 9 in adult animals and 8 in newborn animals.

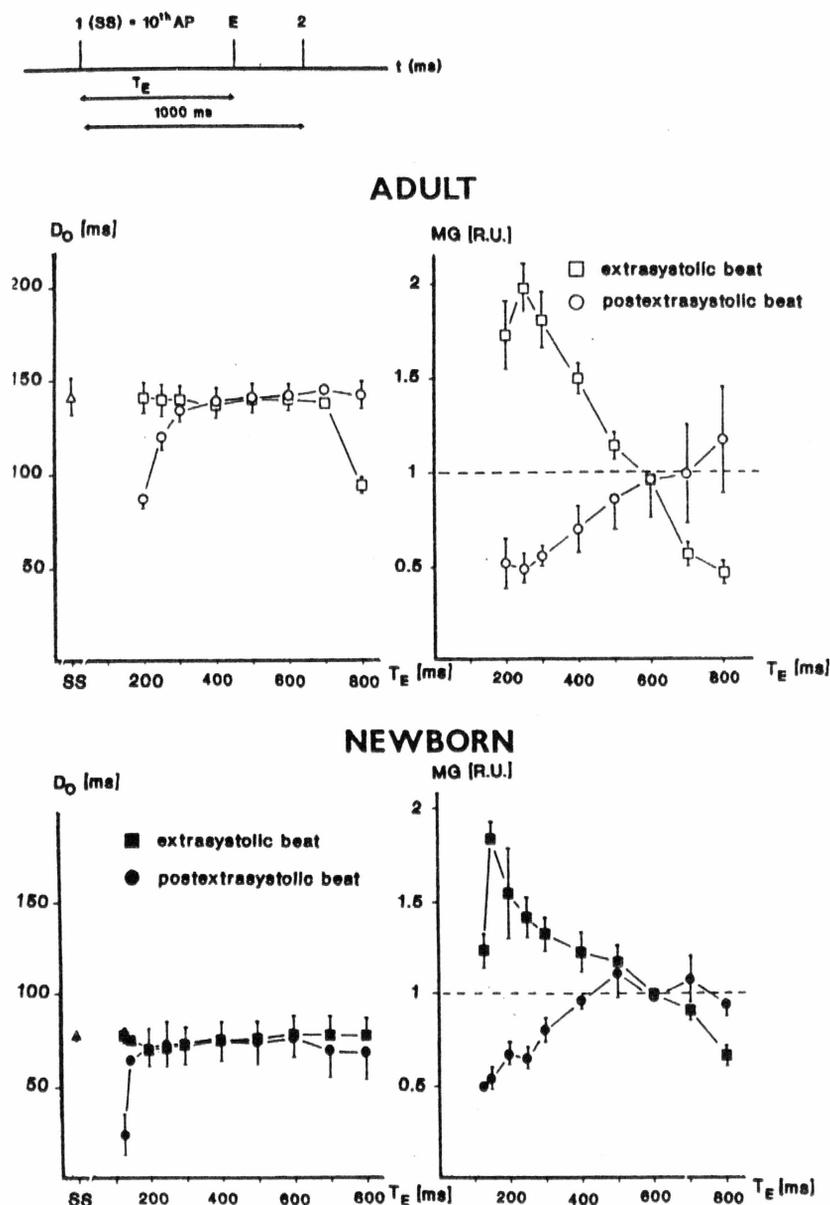


Fig. 2

The dependence of the duration of AP on the zero electric level ( $D_0$ , ms) and of the force of isometric contractions (MG, r.u.) on the extrasystolic interval ( $T_E$ ) in papillary muscles of 7 adult and 6 newborn guinea-pigs. The experimental protocol is shown above. The values of adult animals are indicated by empty symbols and that of newborn animals by full symbols. The magnitude of the contractile force in the steady state was equal to one.

## Results

An increase in the stimulation frequency (0.1, 1, 2 Hz) induced a slight shortening of the action potential in the phase of AP plateau ( $D_0$  - the duration of AP at the zero electrical level) as in the phase of terminal repolarisation ( $D_{-60}$  - the duration of AP at the level of  $-60$  mV) both in the adult and newborn guinea-pigs (Fig. 1A). It may be seen from this figure that the duration of AP was shorter at all the used stimulation frequencies in the newborn animals in the agreement with the results of Pučelík (1983). It is shown in Fig. 1B that the contractile force increased simultaneously with the increase of stimulation frequency analogically in both the animal groups, while the duration of AP slightly decreased with increasing stimulation frequency and the contractile force was markedly enhanced.

It is accepted for the ventricular myocardium of most adult mammals that the insertion of an

extrasystole in the steady state results in characteristic changes of the course of AP and contraction of extrasystolic and postextrasystolic beats. There is a conspicuous increase of the contractile force following an extrasystole - postextrasystolic potentiation. Fig. 2 shows that this phenomenon is present both in adult and newborn animals. At the short  $T_E$  the contractile force of extrasystolic beats was small in comparison with the regular beats and became progressively enhanced with increasing  $T_E$ ; it reached values of the steady state with the  $T_E$  duration of 500 ms in both groups of animals. The course of changes of the contractile force was quite analogous in the newborn and adult guinea-pigs. The dependence of  $D_0$  on  $T_E$  is shown in the left part of Fig. 2. At very short  $T_E$  (shorter than the duration of  $D_0$  of regular beats), the duration of APs was shorter than in the steady state and it increased with the prolongation of  $T_E$ . At  $T_E$  longer than the duration of AP there was no difference between  $D_0$  of the extrasystolic and regular beats. We

found no prolongation of APs of extrasystolic beats either in the adult or in the newborn guinea-pigs as was found in the papillary muscles of adult rabbits (Pučelík *et al.* 1983). This is probably due to the absence of the transient outward current of potassium ( $I_{to}$ ) in the ventricular cells of guinea-pigs (McDonald *et al.* 1984). This assumption is supported by the finding of Šimurda *et al.* (1988) that after the blockade of  $I_{to}$  the prolongation of extrasystolic AP disappeared in the ventricle fibres of the dog.

The changes of  $dT/dt$  were the result of increased stimulation frequency and insertion of an extrasystole were analogous to the changes of contractile force in both groups of animals. For technical reasons, we could not determine  $dT/dt$  in all the preparations and therefore these values are not shown.

Using incomplete substitution of  $Sr^{2+}$  for  $Ca^{2+}$  in the presence of isoprenaline we evoked biphasic contractions. Fig. 3 shows the curves drawn from the original APs, contractile force and time derivation of contraction and relaxation. The parameters in the absence of caffeine are designed as a and in the presence of caffeine as b. It is evident from this figure that in newborn and as well as adult guinea-pigs two components of contraction can be determined

(Fig. 3a). The early component reached the peak in  $59 \pm 2$  ms from the beginning of the AP in the adult and in  $45 \pm 2$  ms in newborn guinea-pigs respectively. The second, late phase of contraction had a substantially smaller amplitude and, since it fluently followed the early phase, its peak can not be determined with sufficient accuracy. The addition of caffeine caused the early component of contraction to disappear in both groups of animals (Fig. 3b). The late phase of contraction had a clearly differentiable peak, which is reached within  $222 \pm 2$  after the beginning of AP in adult and in  $152 \pm 6$  ms in newborn guinea-pigs. The course of the early component of contraction is also more rapid than that of the late one in adult and newborn guinea-pig papillary muscles (see  $dT/dt$  in Fig. 3).

It is further evident from Fig. 3 that duration of APs also remained longer in the adult guinea-pigs in comparison with the newborn animals after incomplete substitution of  $Sr^{2+}$  for  $Ca^{2+}$ . After the early component of contraction had disappeared under the influence of caffeine the AP in both groups of animals became prolonged. While  $Sr^{2+}$  was substituted for  $Ca^{2+}$  the value of resting membrane potential decreased by about 8 mV, similarly as in the experiments of King and Bose (1983).

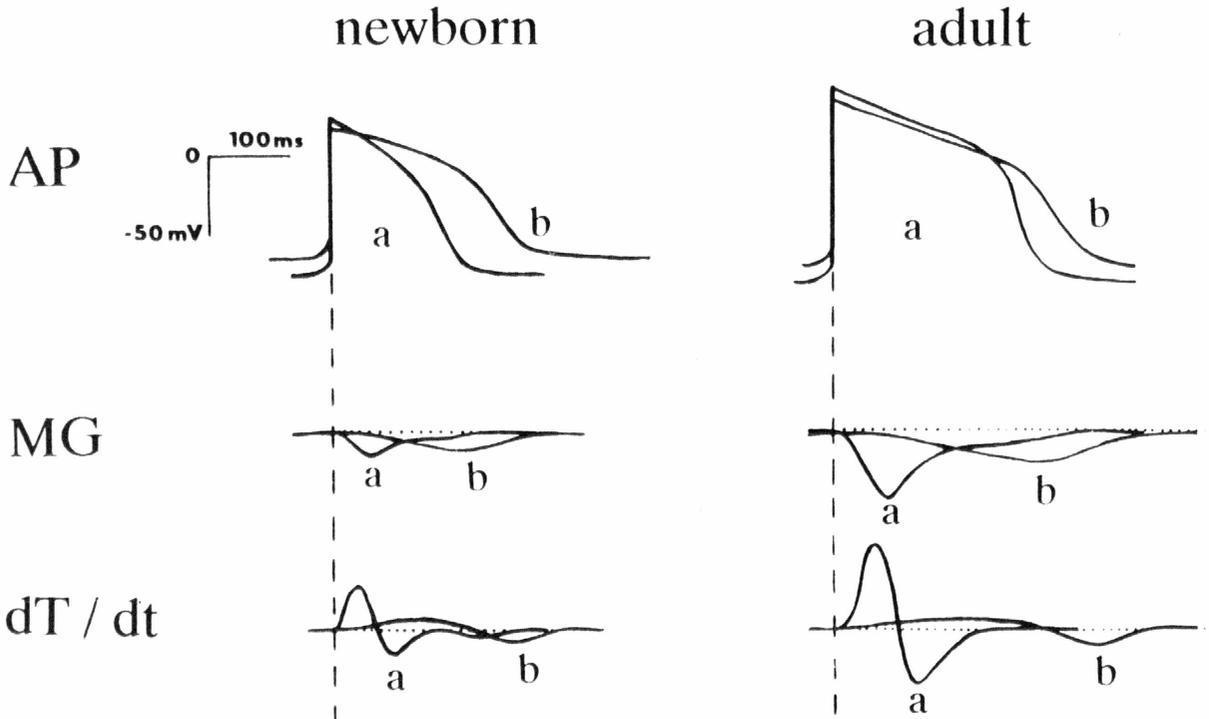


Fig. 3

The drawn original record of AP, biphasic contractions and time derivation of contraction during the incomplete substitution of  $Sr^{2+}$  for  $Ca^{2+}$  in the presence of isoprenaline without caffeine (a) and in the presence of caffeine (b). Closely analogous traces were obtained in three other experiments in a group of adult and newborn animals.

## Discussion

A special feature of the myocardium of adult mammals is the dependence of the contractile force on the interval between individual beats (Kruta and Bravený 1961). The increase of the contractile force following the increase of stimulation frequency is in accord with this (Fig. 1B). The positive inotropic effect of the increase of stimulation frequency is probably caused by the accumulation of  $\text{Ca}^{2+}$  in SR (Blaustein 1989). The increase of contractile force due to this accumulation of  $\text{Ca}^{2+}$  in the heart cells is associated with a decrease of the slow inward current (Arlock and Wohlfart 1990). The shortening of  $D_0$  in our experiments, is in agreement with this fact, since the duration of the phase plateau of APs depends on the duration of the opening of the  $\text{I}_{\text{Ca}}$  channels (Carmeliet and Vereecke 1979). By its frequency sensitivity, the myocardium of adult mammals differs markedly from the myocardium of amphibians, whose myocytes do not contain a functionally significant SR (Morad and Cleemann 1987). It also differs from the myocardium of newborn mammals, which is similar to the myocardium of the amphibians with the character of excitation-contraction coupling (the predominance of voltage control of contraction above reticular control). Since the increase of the contractile force due to increased stimulation frequency in the steady state (Fig. 1B) requires the presence of a functional SR, the presence of this phenomenon serves as evidence for the functional maturity of SR in the papillary muscles of newborn guinea-pigs.

The interpolated extrasystole is an other manifestation of the frequency sensitivity of the mammalian myocardium. This influence on the steady state causes a marked increase of contractile force of the postextrasystolic contraction of heart fibres in adult mammals (Wohlfart and Noble 1982, Pučelík *et al.* 1983, Anderson 1987). The postextrasystolic potentiation depends on the ability of SR to accumulate  $\text{Ca}^{2+}$ , because this phenomenon disappears in the presence of various drugs blocking this accumulation (Wier and Yue 1985, Pučelík and Fiala 1990). The prominent postextrasystolic potentiation of approximately equal size in the adult as well as newborn guinea-pigs serves as evidence of the maturity of SR in this animal species already in the perinatal period of development.

By using various methods, biphasic contractions could be evoked in heart fibres (Rieter 1988, Beyer *et al.* 1988, Honoré *et al.* 1987). Irrespectively of the way in which the biphasic contractions are evoked, it has been shown that the magnitude of the early component of contraction is determined by  $\text{Ca}^{2+}$  released from the SR, while the magnitude of the late one depends on the transmembrane influx of  $\text{Ca}^{2+}$  into the heart cell (Honoré *et al.* 1987). The early phase of contraction is

present in adult as well as in newborn guinea-pigs and it can be abolished with caffeine in both cases.

The slow course of contraction in the presence of caffeine ( $dT/dt$ , see Fig. 3) shows a retardation of the saturation process of the contractile apparatus of heart cells, since the first derivation of the time course of contraction ( $dT/dt$ ) reflects the offer of calcium as the activator of contraction (Blinks and Jewel 1972). The peak of both components of contraction is reached later in the adult than in the newborn animals. The longer diffusion distance for  $\text{Ca}^{2+}$  between the sarcolemma and myofibrils could be the reason for this fact, respecting the greater volume of the heart cells of adult animals, while the difference in the diffusion distance between SR and myofibrils is less significant. Our unpublished microscopic observations suggest that in the guinea-pig the volume of the heart cells of the adult is also longer than that of newborn guinea-pigs, similarly as in the other mammals (Friedman 1972, Sheridan 1979, Hoerter *et al.* 1981). The increase of the late component of contraction in the presence of caffeine can be result of the effect of caffeine on intracellular structures other than SR (Clusin 1985, Chiu *et al.* 1989).

If the function of the SR does not change appreciably in the guinea-pig myocardium and the intracellular economy does not differ from the myocardium of adults, it is not clear why the APs become prolonged postnatally (Fig. 1A). This seems to be analogous to the change of AP duration which results from artificially induced hypertrophy of the myocardium of the guinea-pig (Nordin *et al.* 1989) or cat (Kleiman and Houser 1988). However, this has a number of limitations, since in the case of the hypertrophic myocardium there is not only an increase in the size of cells (Anderson 1987). Nevertheless, the increased size of heart cells, which occurs during postnatal development (Friedman 1972, Maylie 1982) and during the hypertrophy of heart cells is connected with the prolongation of APs. Kleiman and Houser (1988) found that the hypertrophy of the heart cells induces the prolongation of APs as a consequence of decreased outward current sensitive to cesium and to the slowing down of the voltage dependent inactivation of  $\text{I}_{\text{Ca}}$ . This seems to be, at least in part, a mechanism independent of the intracellular accumulation of  $\text{Ca}^{2+}$  and its release from the SR during the contraction. Our results also suggest that the AP prolongation is independent of the function of SR. The substitution of  $\text{Sr}^{2+}$  for  $\text{Ca}^{2+}$ , even if partial, does not result in changes between the duration of APs in adult and newborn guinea-pigs. Furthermore, the functional exclusion of the SR evoked by caffeine does not cause differences in prolongation of APs between adult and newborn animals. Nevertheless, the relationship between the volume of heart cells and the duration of their APs requires further detailed analysis.

### Acknowledgments

I would like to thank doc. Dr. P. Pučelík, Ph.D. and Ing. F. Barták for the helpful discussion of these results and to M. Bláhová for excellent technical assistance.

### References

- ANDERSON P.A.V.: Force-interval relationship and activator calcium availability: similarities of sympathetic stimulation and hypertrophy and heart failure. In: *The Stressed Heart*, M.J. LEGATO (ed.), Martinus Nijhoff Publishing, Boston, 1987, pp. 169–218.
- ARLOCK P., WOHLFART B.: Force production following transient potential changes in voltage-clamped myocardium. *Acta Physiol. Scand.* **140**: 63–72, 1990.
- ARTMAN M., GRAHAM T.P., BOUCEK R.J.: Effects of postnatal maturation on myocardial contractile responses to calcium antagonists and changes in contraction frequency. *J. Cardiovasc. Pharmacol.* **7**: 850–855, 1985.
- BEYER T., HERGERÖDER W., RAVENS U.: Effects of divalent cations on post-rest adaptation in guinea-pig heart muscle. *Gen. Physiol. Biophys.* **7**: 329–344, 1988.
- BLAUSTEIN M.P.: Sodium-calcium exchange in cardiac, smooth, and skeletal muscles: key role to control of contractility. In: *Current Topics in Membranes and Transport*, vol. 34, Cellular and Molecular Biology of Sodium Transport, Chapter 15, J.F. HOFFMAN, G. GLEIBISCH (eds), Guest ed. S.G. SCHULTZ, San Diego: Academic Press, Inc., 1989, pp. 289–330.
- BLINKS J.R., JEWEL B.R.: The meaning and measurement of myocardial contractility. In: *Cardiovascular Fluid Dynamics*, vol. 1, D.H. BERGEL (ed.), London and New York: Academic Press, 1972, pp. 225–260.
- CALLEWAERT G., CLEEMAN L., MORAD M.: Epinephrine enhances  $Ca^{2+}$  current-regulated  $Ca^{2+}$  release and  $Ca^{2+}$  reuptake in rat ventricular myocytes. *Proc. Natl. Acad. Sci. USA* **85**: 2009–2013, 1988.
- CARMELET E., VEREECKE J.: Electrogenesis of the action potential and automaticity. In: *Handbook of Physiology*, Chapter 7, Cardiovascular system 1, American Physiological Society, Bethesda, 1979, pp. 269–334.
- CLUSIN W.T.: Do caffeine and metabolic inhibitors increase free calcium in the heart? Interpretation of conflicting intracellular calcium measurements. *J. Mol. Cell. Cardiol.* **17**: 213–220, 1985.
- CHIU Y.CH., WALLEY K.R., FORD L.E.: Comparison of the effects of different inotropic interventions on force, velocity, and power in rabbit myocardium. *Circ. Res.* **65**: 1161–1171, 1989.
- FORBES M.S., SPERELAKIS N.: The presence of transverse and axial tubules in ventricular myocardium of embryonic and neonatal guinea pigs. *Cell. Tiss. Res.* **166**: 83–90, 1976.
- FRIEDMAN W.F.: The intrinsic physiologic properties of the developing heart. *Progress in Cardiovasc. Dis.* **15**: 87–111, 1972.
- HOERTER J., MAZET F., VASSORT G.: Perinatal growth of the rabbit cardiac cell: possible implications for the mechanisms of relaxation. *J. Mol. Cell. Cardiol.* **13**: 725–740, 1981.
- HONORE E., ADAMANTIDIS M.M., DUPUIS B.A., CHALLICE C.E., GUILBAULT P.: Calcium channels and excitation-contraction coupling in cardiac cells. II. A pharmacological study of the biphasic contraction in guinea-pig papillary muscle. *Can. J. Physiol. Pharmacol.* **65**: 1832–1839, 1987.
- KING B.W., BOSE D.: Mechanism of biphasic contraction in strontium-treated ventricular muscle. *Circ. Res.* **52**: 65–75, 1983.
- KLEIMAN R.B., HOUSER S.R.: Calcium currents in normal and hypertrophied isolated feline ventricular myocytes. *Am. J. Physiol.* **255**: H1434–H1442, 1988.
- KRÁLÍČEK P., PUČELIK P., FIALA P.: The influence of different concentrations of extracellular  $Ca^{2+}$  on the contractility of papillary muscles of newborn and adult cats. *Physiol. Bohemoslov.* **36**: 540, 1987.
- KRUTA V., BRAVENÝ P.: Restitution de la contractilité du myocarde entre les contractions et les phénomènes de potentiation. *Arch. Internat. Physiol. Bioch.* **69**: 645–667, 1961.
- MAYLIE J.G.: Excitation-contraction coupling in neonatal and adult myocardium of cat. *Am. J. Physiol.* **242** (Heart Circ. Physiol. **11**): H834–H843, 1982.
- MCDONALD T.F., PELZER D., TRAUTWEIN W.: Cat ventricular muscle treated with D600: Effects on calcium and potassium currents. *J. Physiol. (London)* **352**: 203–216, 1984.
- MORAD M., CLEEMANN L.: Role of  $Ca^{2+}$  channel in development of tension in heart muscle. *J. Mol. Cell. Cardiol.* **19**: 527–553, 1987.
- NORDIN CH., SIRI F., ARONSON R.S.: Electrophysiologic characteristics of single myocytes isolated from hypertrophied guinea-pig hearts. *J. Mol. Cell. Cardiol.* **21**: 729–739, 1989.

- PUČELÍK P.: Do differences develop in electrogenesis of action potentials of the right and left ventricle of the guinea-pig heart during postnatal development? *Physiol. Bohemoslov.* **32**: 193–202, 1983.
- PUČELÍK P., FIALA P. : Postextrasystolic potentiation depends on the function ability of the sarcoplasmic reticulum. *Physiol. Bohemoslov.* **39**: 592, 1990.
- PUČELÍK P., FIALA P., BARTÁK F.: Electromechanical relationship of rabbit papillary muscle under interpolated extrasystole conditions and after a pause. *Physiol. Bohemoslov.* **32**: 295–306, 1983.
- RASMUSSEN C.A.F.Jr., SUTKO J.L., BARRY W.H.: Effects of ryanodine and caffeine on contractility, membrane voltage, and calcium exchange in cultured heart cells. *Circ. Res.* **60**: 495–504, 1987.
- REITER M.: Calcium mobilization and cardiac inotropic mechanism. *Pharmacol. Rev.* **40**: 189–217, 1988.
- SEGUCHI M., JARMAKANI J.M., GEORGE B.L., HARDING J.A.: Effect of  $Ca^{2+}$  antagonists on mechanical function in the neonatal heart. *Ped. Res.* **20**: 838–842, 1986.
- SHERIDAN, J., CULLEN M.J., TYNAN M.J.: Qualitative and quantitative observations on ultrastructural changes during postnatal development in the cat myocardium. *J. Mol. Cell. Cardiol.* **11**: 1173–1181, 1979.
- ŠIMURDA J., ŠIMURDOVÁ M., ČUPERA P.: 4-Aminopyridine sensitive transient outward current in dog ventricular fibres. *Pflügers Arch.* **411**: 442–449, 1988.
- TANAKA H., SHIGENOBU K.: Effect of ryanodine on neonatal and adult rat heart: developmental increase in sarcoplasmic reticulum function. *J. Mol. Cell. Cardiol.* **21**: 1305–1313, 1989.
- WIER V.G., YUE D.T.: Intracellular calcium transients underlying the short-term force-interval relationship in ferret ventricular myocardium. *J. Physiol. (London)* **376**: 507–530, 1985.
- WOHLFART B., NOBLE M.I.M.: The cardiac excitation-contraction cycle. *Pharmac. Ther.* **16**: 1–43, 1982.

---

#### Reprint Requests

Dr. P. Fiala, Department of Nuclear Medicine, University Hospital, Alej Svobody 80, 305 99 Plzeň, Czech Republic