of blood pressure, then a fall to a fairly constant low level, which is maintained until the release of the cerebral vessels. After release a rise, but only slight, occurs before stimulation of afferent pressor or depressor nerves becomes effective.

This result indicates that the vaso-motor centre possesses a less degree of automatism than the respiratory, but also that some at least of its tone is independent of reflex causes.

The Cardio-Inhibitory Centre. Occlusion leads to rapidity of heart-beat, (loss of inhibitory influence) even during the early rise of blood pressure.

After resuscitation the tone of the centre is long in re-appearing as shown by an unaltered rate on section of the vagi: but earlier than this, stimulation of the upper end of the vagus gave rise to slight cardiac inhibition.

In a later paper in the same journal, Stewart gives some results of double vagotomy where he finds that in animals surviving for some time after vagus section, the respiratory rate remains slow, whereas the pulse rate, at first slow, gradually approaches the normal.

This constancy of the respiratory rate, he attributed to the assertion of the fundamental respiratory rate, in the absence of impulse through the Hering-Brewer fibres of the vagus. Here double vagotomy closely resembles vascular occlusion.

In connection with the vaso-motor centre, Porter, Marks and Swift, in the Amer. Journ. of Phys., discuss the possibility of the dangerous lowering of the blood pressure through fatigue of the vaso-motor centre from prolonged stimulation, as in a severe surgical operation.

In a considerable number of animals they stimulated on an average for 3 hours, the central end of sciatic and brachial, posterior spinal roots, and various sympathetic fibres. In no case did they find from this procedure a fall of pressure, as compared with controls not so treated.

From a rather lengthy article by Erlanger, upon the relative rhythmicity and conductivity of the auricles in the mammalian heart, one may point a few of the conclusions as follows:—The region of the right auricle in the vicinity of the mouths of the great veins is possessed of the highest degree of rhythmicity. In the majority of instances this region sets the pace for the whole heart.

The sudden withdrawal of the influence of this region results in transitory stoppage of the parts below it, which after recovery usually beat at a permanently slowed rate. The right auricle possesses a grade of rhythmicity second only to the great veins, all parts of it beat when functionally isolated from the rest of the heart.