

tion under action of physical, chemical or biological agents, etc. The detailed account of these investigations will be published elsewhere.

L. MARTON

DIVISION OF ELECTRON OPTICS,  
STANFORD UNIVERSITY

### A WORKING MODEL OF THE HUMAN CIRCULATION

THE circulation schema here pictured and described has proved helpful in explaining the complexities of the circulation to beginners in physiology. Its construction is simple and inexpensive<sup>1</sup> and its relation to the human body is much more direct than that of commercial models.

Most of the essential features are visible in the illustration. The heart consists of four rubber bulbs operated by cross-bars attached to a central rod, the sequence of events being as in the heart itself. Small

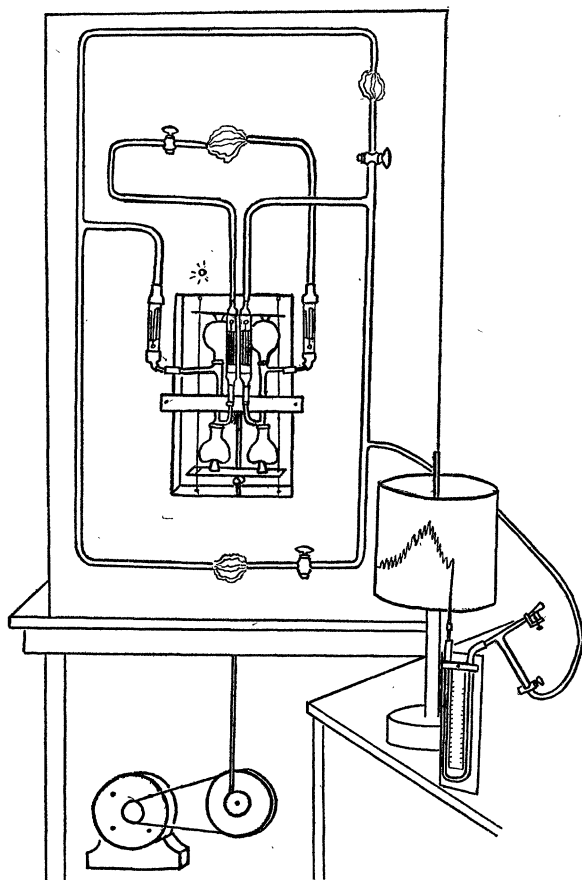


FIG. 1. This drawing shows how the effects of a simulated injection of adrenalin may be demonstrated. The motor has been speeded up and the stop-cocks in the systemic circulation narrowed.

<sup>1</sup> The device may be purchased from the Denver Fire Clay Company.

light bulbs flash on at the proper times to represent the activation of the S. A. and A. V. nodes. The connection of blood vessels with heart is through one-way valves, glass flutter valves being employed which can be seen in operation. Glass tubing is used for blood vessels, the fluid being appropriately colored, methylene blue for venous and Congo Red for arterial blood. Peripheral resistance is obtained by stop-cocks representing arterioles; in the systemic circulation one serves muscle tissue, the other is located in the splanchnic region. Anatomic regions of the body are painted in lightly, as background, on the panel. Beyond the arterioles a capillary network is indicated and by a proper arrangement of the tubes the emerging blood has the opposite color of that entering, *i.e.*, changes from blue to red in the pulmonary, and from red to blue in the systemic circulation. The aorta is cannulated and connected to a manometer writing on a kymograph drum. Heart sounds are reproduced by electrical contacts and a loud speaker.

Among the physiologic events which can readily be demonstrated are the sequence of events in the cardiac cycle, the details of the circulation and the effect of various factors on the blood pressure, such as alterations in the cardiac output, variations in the peripheral resistance, the shunting of blood from visceral regions to muscles during exercise, the loss of blood in hemorrhage, etc.

It is evident that, except for motor, kymograph and loud speaker, no expensive items are required. The motor can be dispensed with, manual operation being satisfactory, a kymograph is available in most laboratories and a loud speaker can be found in almost any basement.

FRED E. D'AMOUR

UNIVERSITY OF DENVER

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