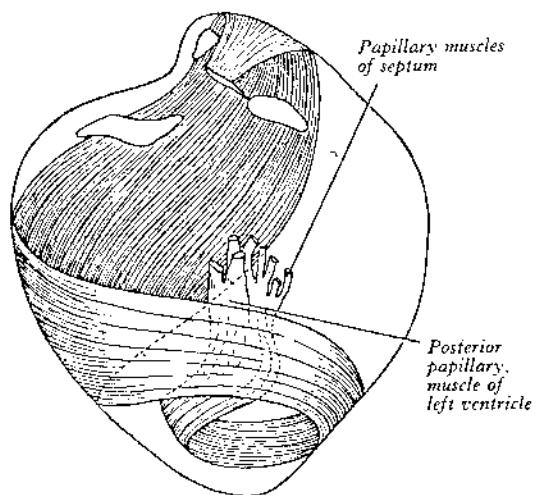
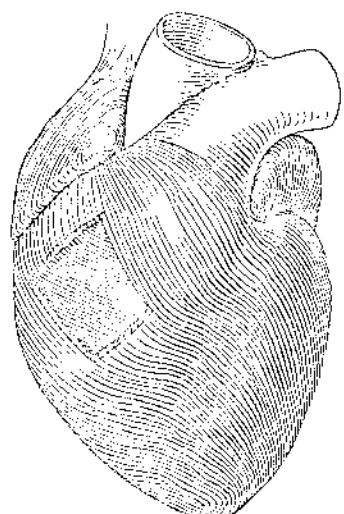
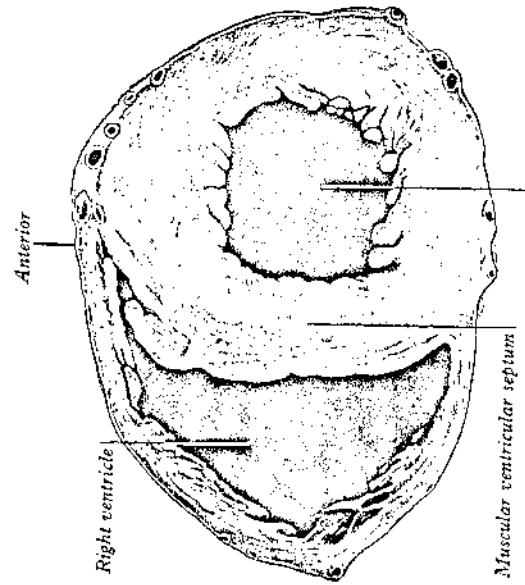
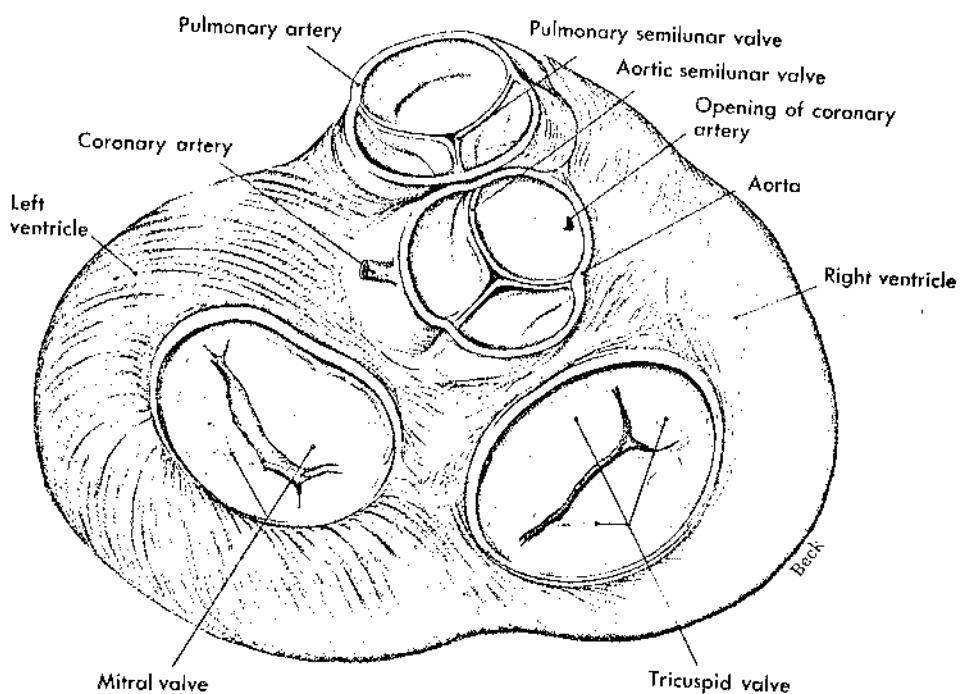
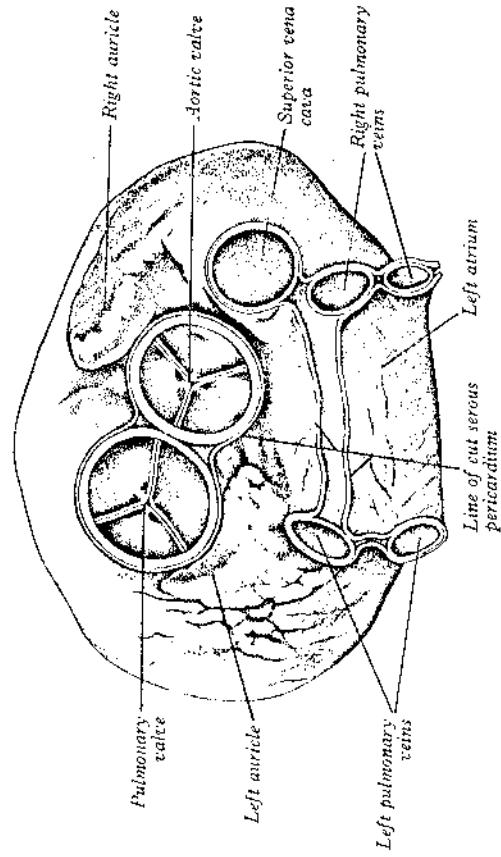


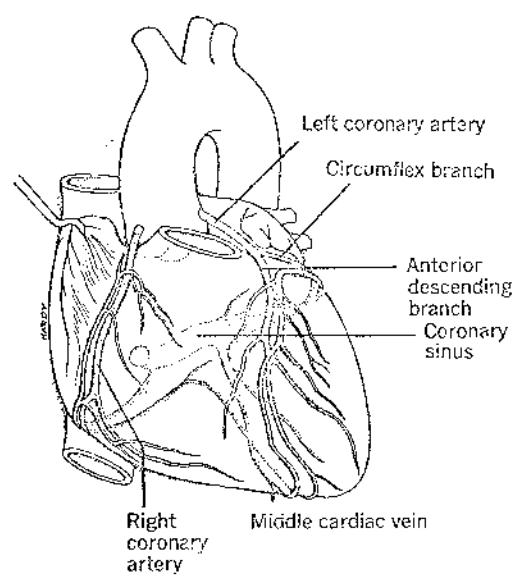
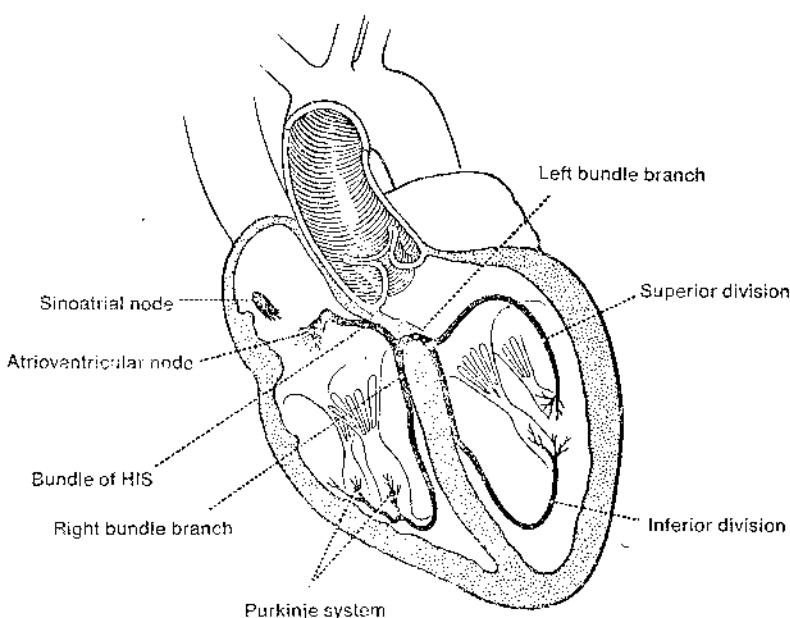
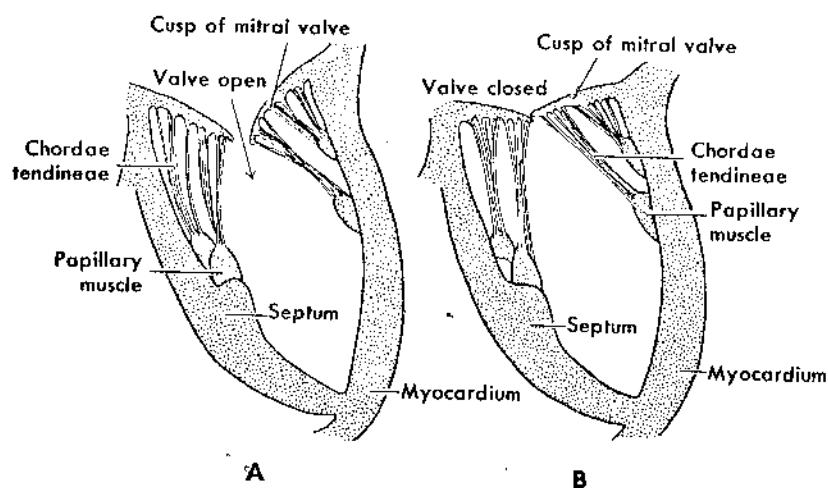
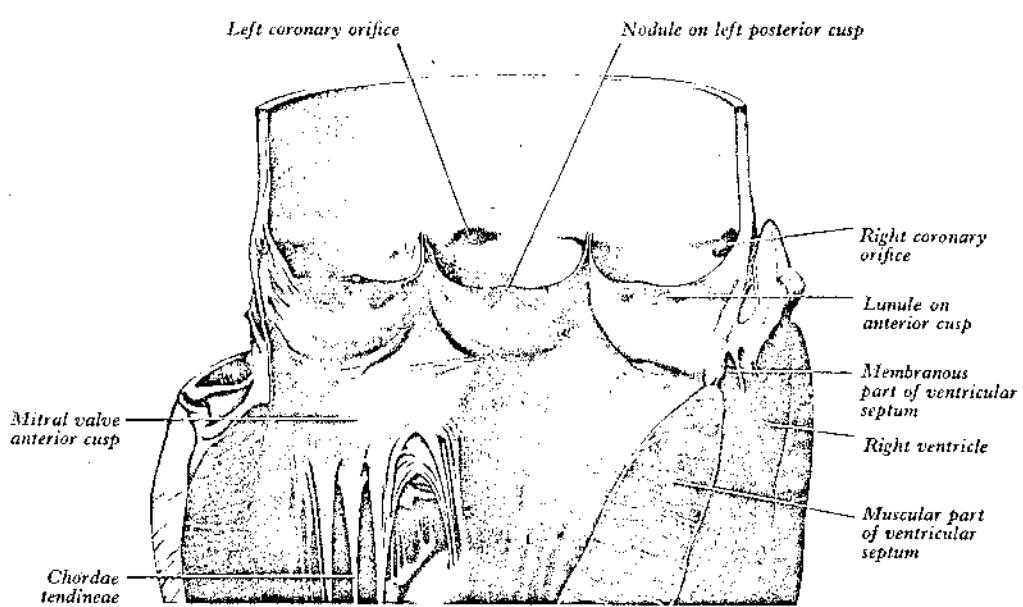
Anterior View



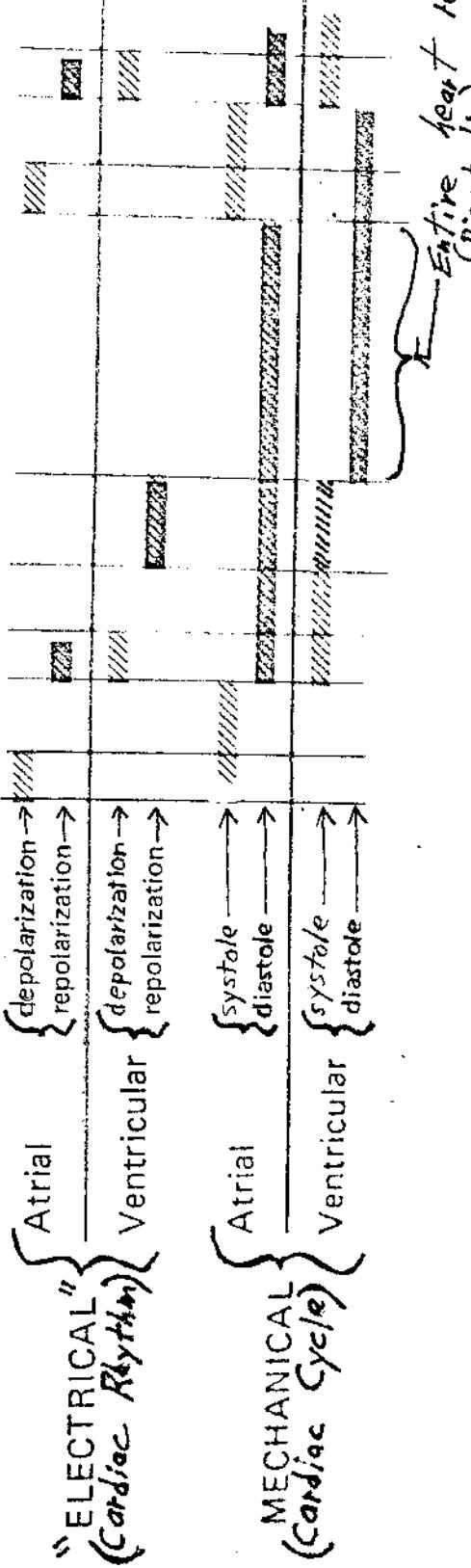
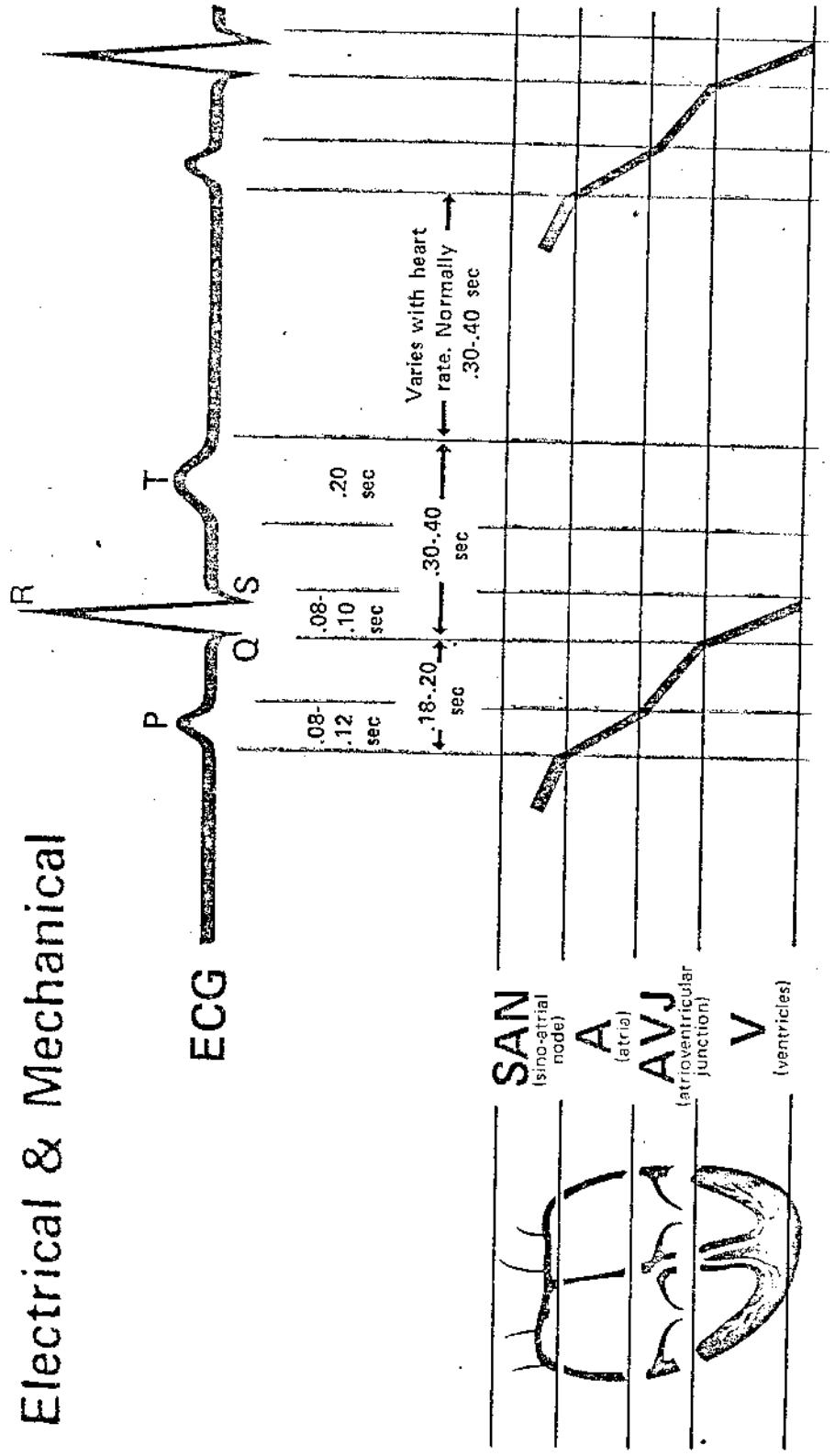


6.19. A transverse section through the ventricles of the heart, viewed from below.





# "Normal" Activity of the Heart— Electrical & Mechanical



## Summary of the Events of the Cardiac Cycle and "electrical" rhythm

1. Cycle initiated by tonic discharge of the SA node.
2. Depolarization spreads over atrial muscle.
3. P wave of electrocardiogram (ECG), 0.08 sec.
4. Ejection of blood into ventricles. Contraction of atria—P-R interval of ECG, 0.1 sec.
5. Depolarization stimulus arrives at AV node and spreads rapidly through bundle of His and Purkinje fibers.
6. Atrial contraction ends—relaxation begins—lasts 0.7 sec.
7. QRS complex developed, 0.08 sec.
8. Contraction of ventricles begin.
9. T wave of ECG, repolarization begins.
10. Ventricular contraction ends—Q-T interval of ECG, 0.3 sec.
11. Ventricular relaxation begins, lasts 0.5 sec.
12. Overlap of ventricular relaxation and atrial relaxation—T-P interval of ECG—0.4 sec; called cardiac pause.
13. Cycle repeats; total cycle time 0.8 sec.

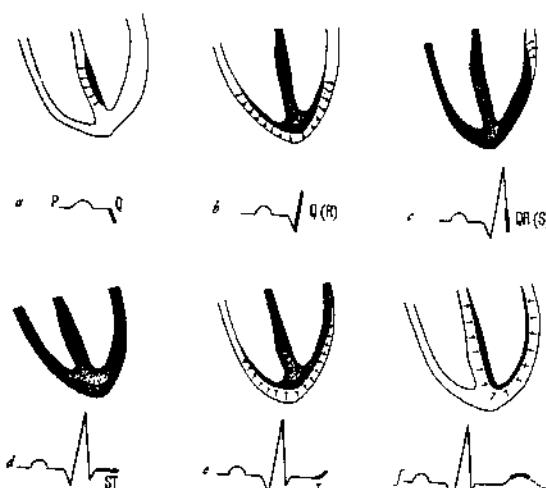
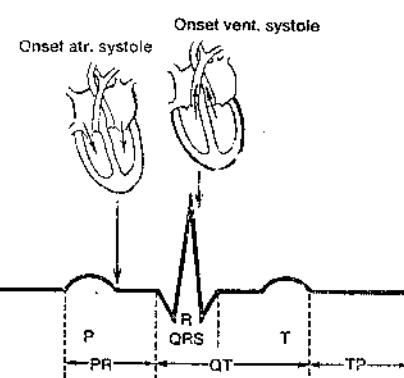
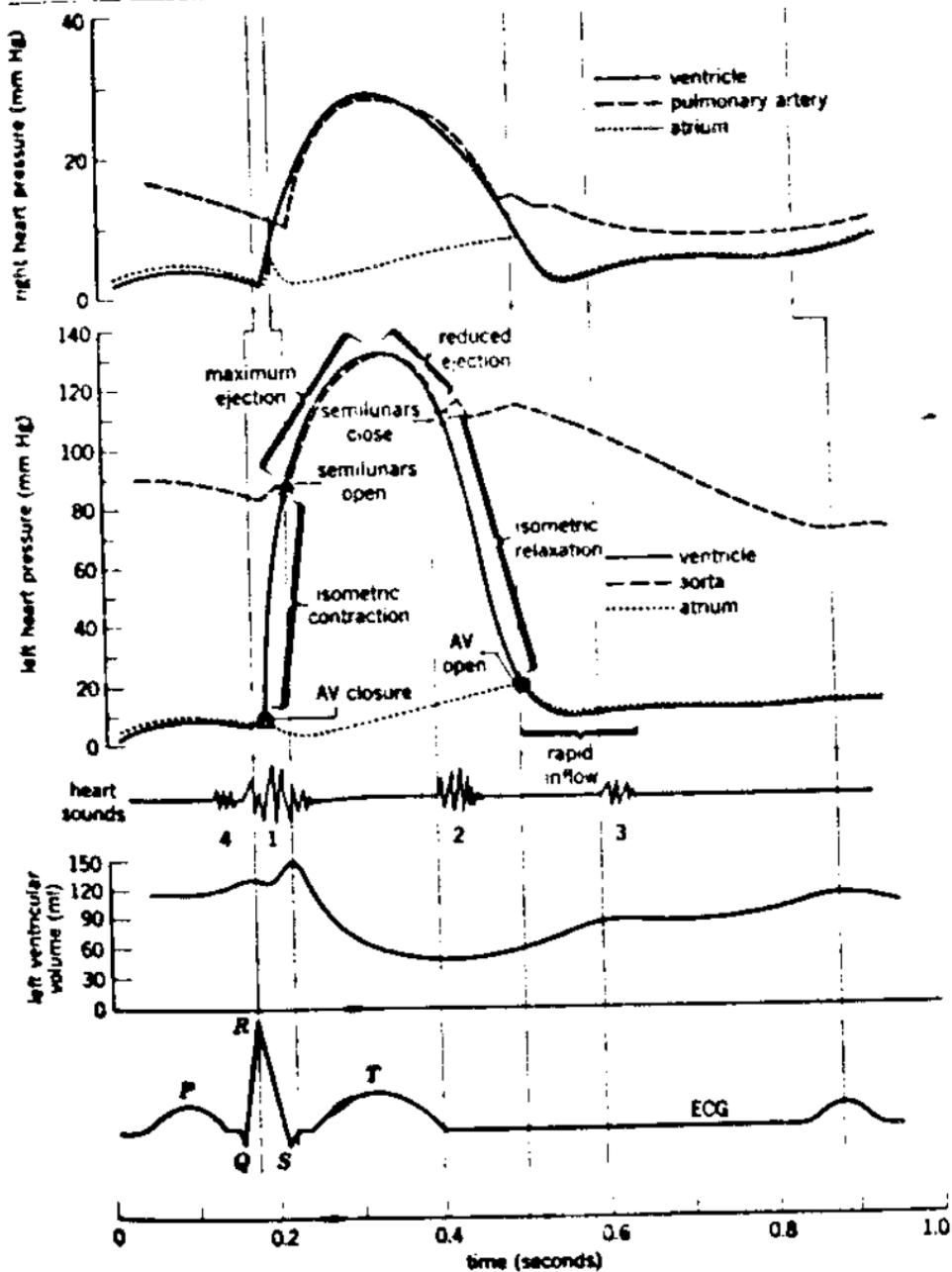
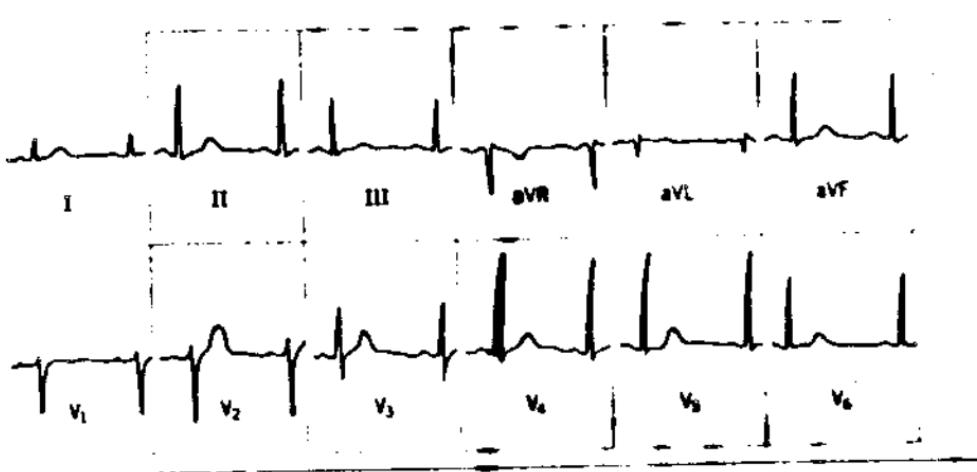
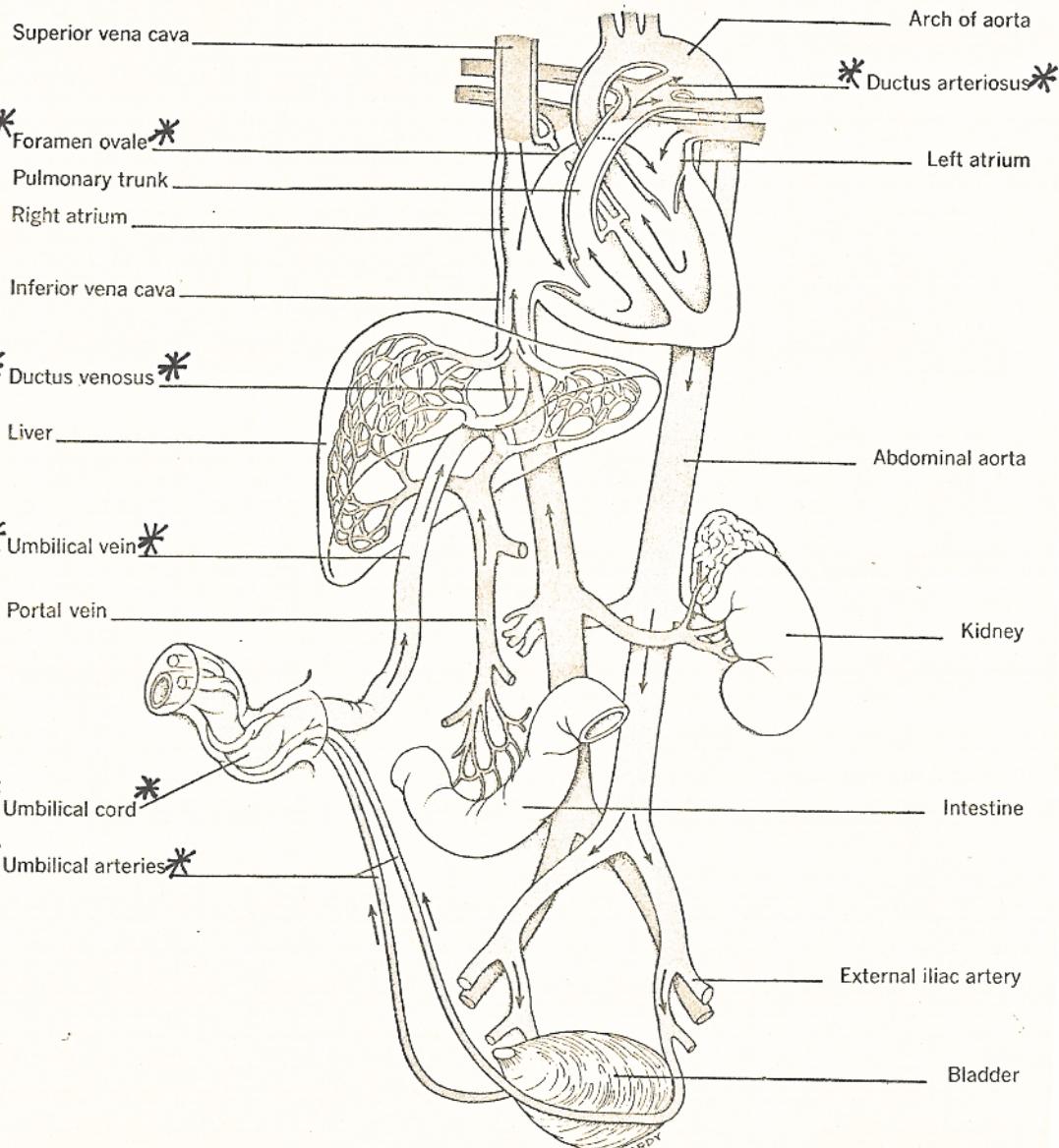
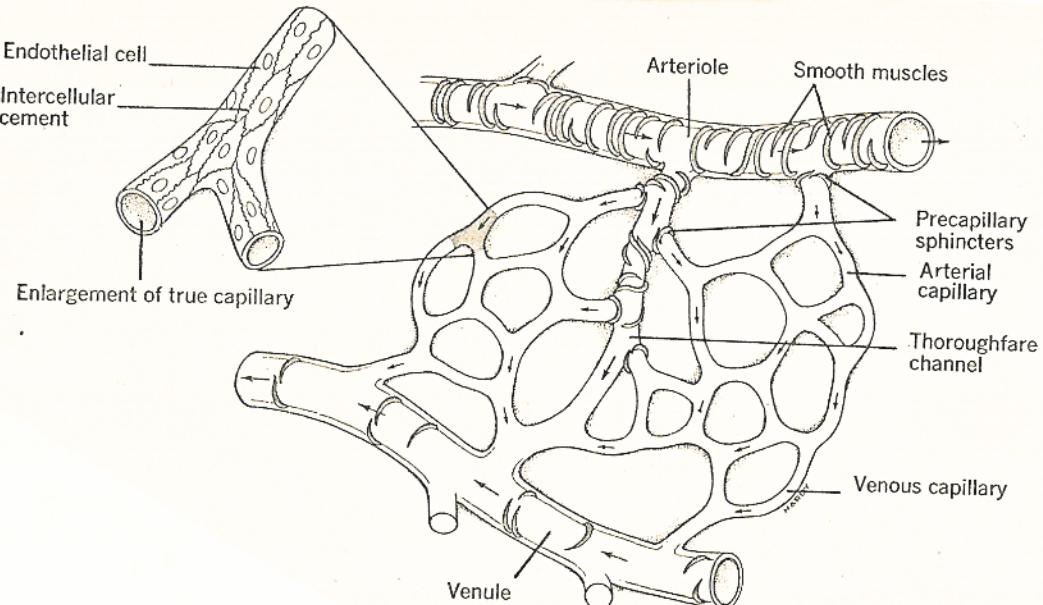


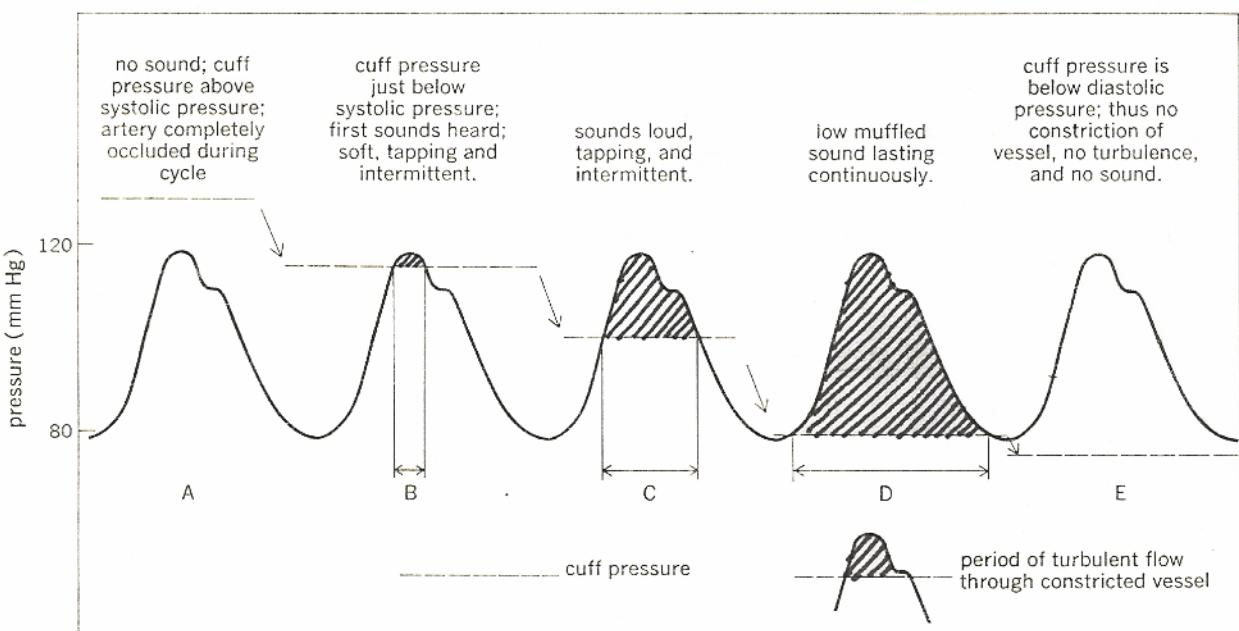
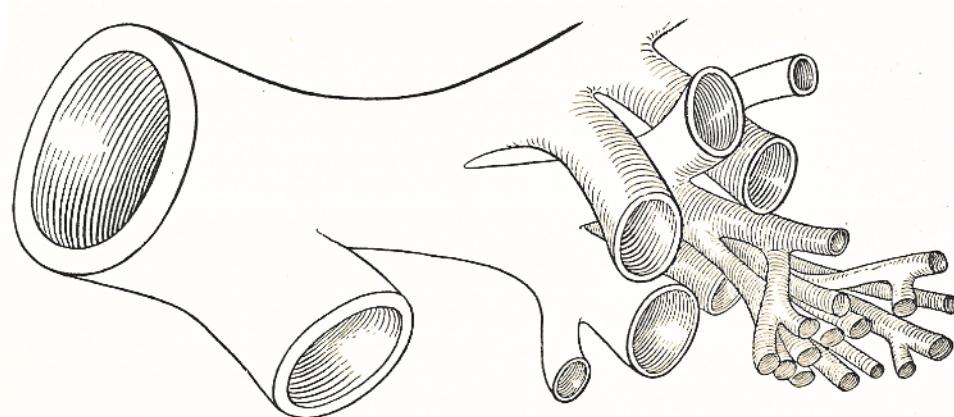
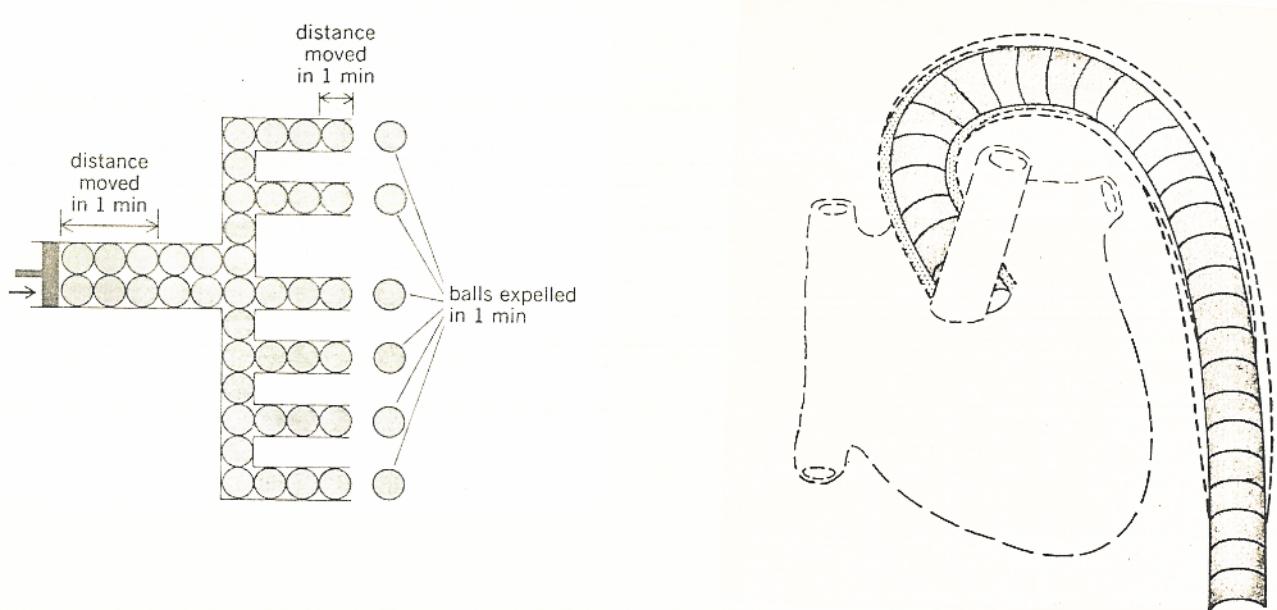
Fig. 3. The spread (depolarization) and regression (repolarization) of activation in the ventricular muscle and their relationship to the ECG. (Modified from Rusman.)

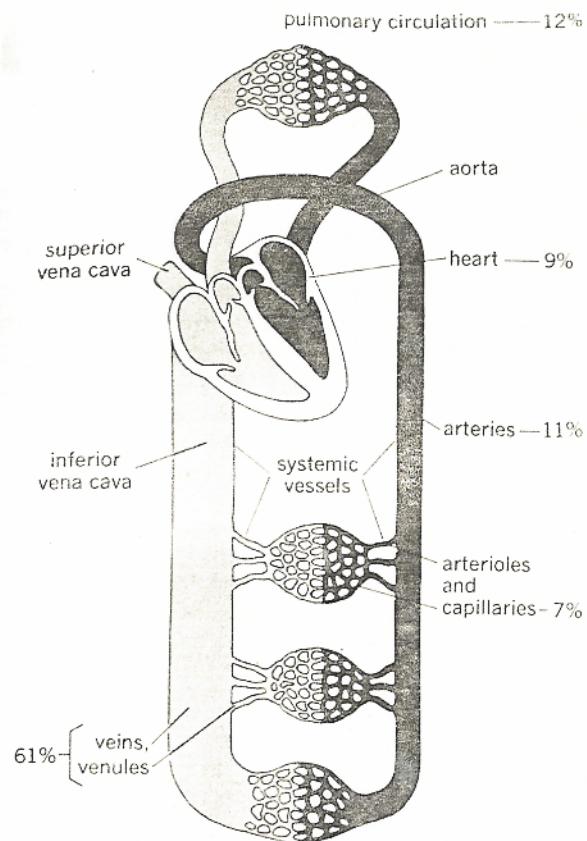
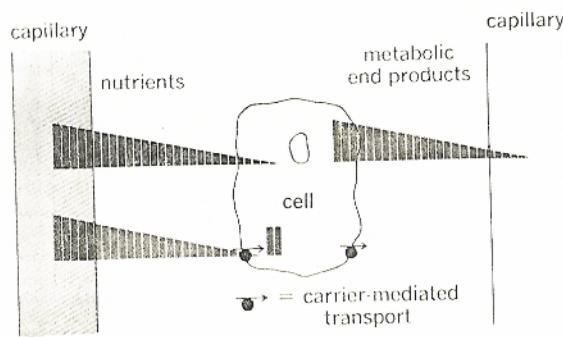
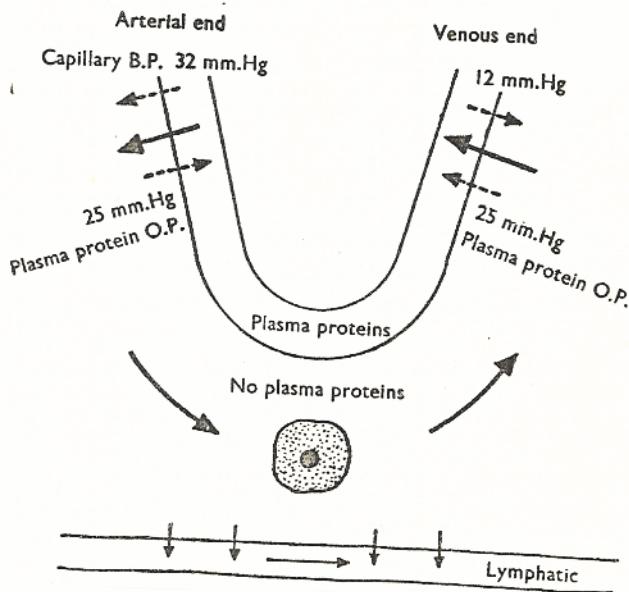
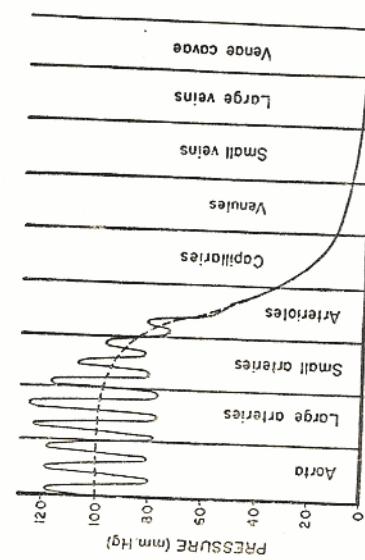
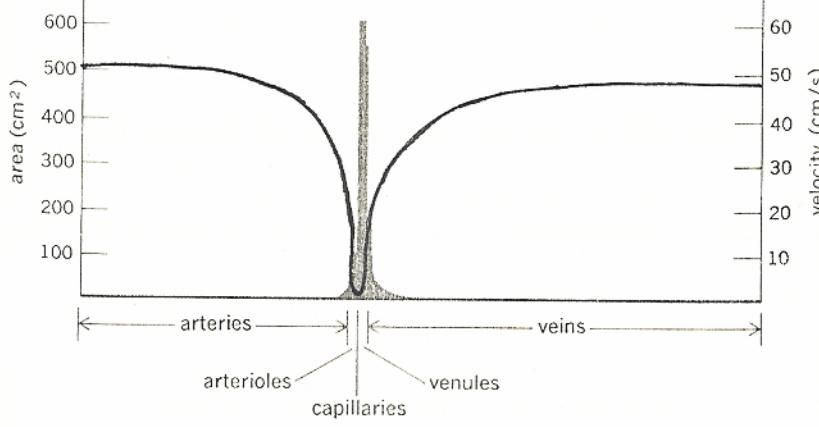
**Ventricular depolarization (ECG: QRS complex).** a Depolarization of the atria (ECG: P complete; repolarization [ $T_a$ ] in process [not shown]). Commencement of ventricular depolarization in the left part of the septum (ECG: Q). Commencement of ventricular systole. b Spread of the impulse from the endocardium to the epicardium and apex; septum completely depolarized (ECG: Q and first part of R). c Spread of activation almost complete except in the basal region of the left ventricular wall (ECG: terminal part of R). d Ventricular muscle completely depolarized; no action current (ECG: ST).

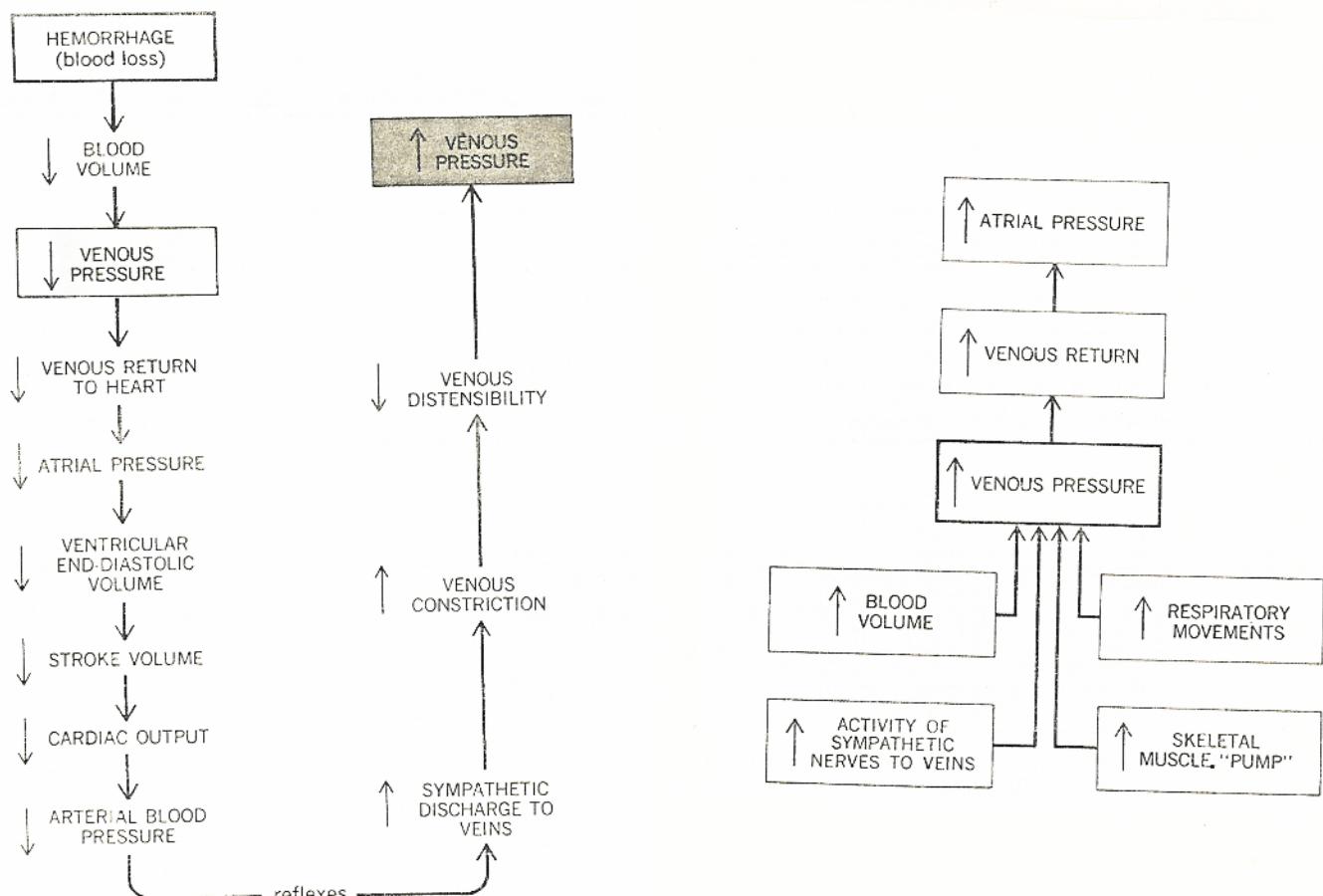
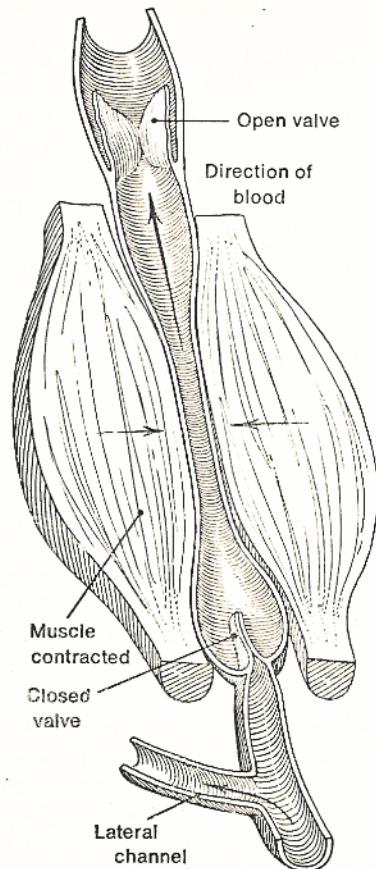
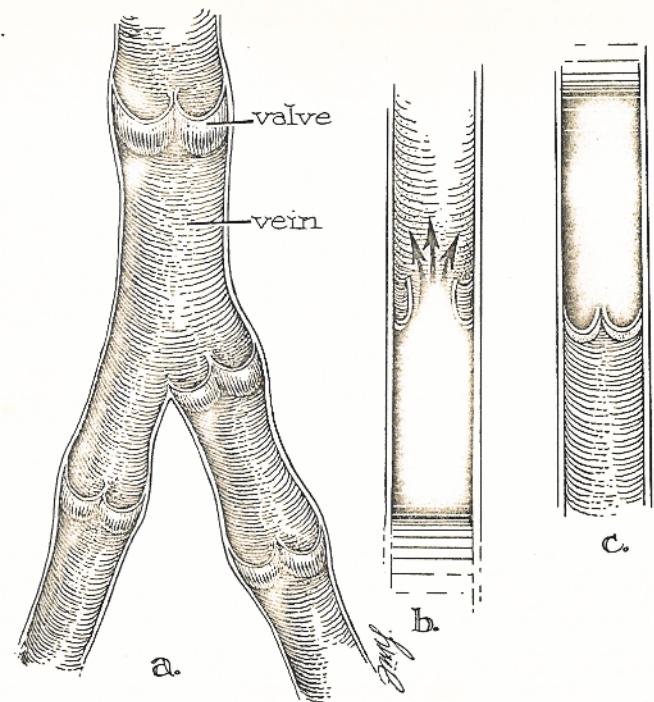
**Ventricular repolarization (ECG: T wave).** e Initial repolarization in the epicardial layers (ECG: start of T). f Repolarization almost complete except in the endocardial layers of the left ventricle, the last to be repolarized (ECG: middle part of T). After complete repolarization the ventricular muscle is contracted and ventricular systole ended.

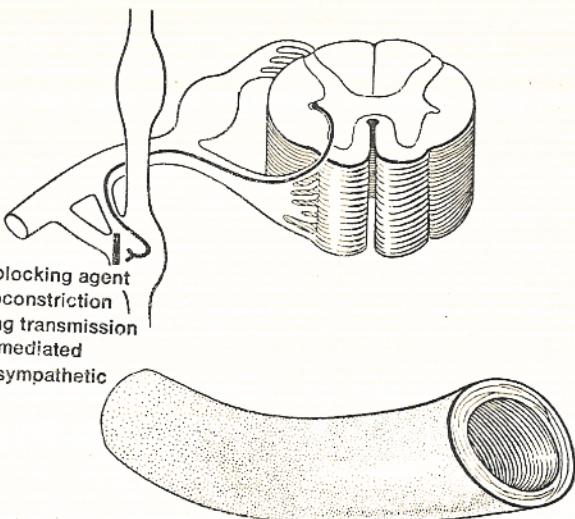






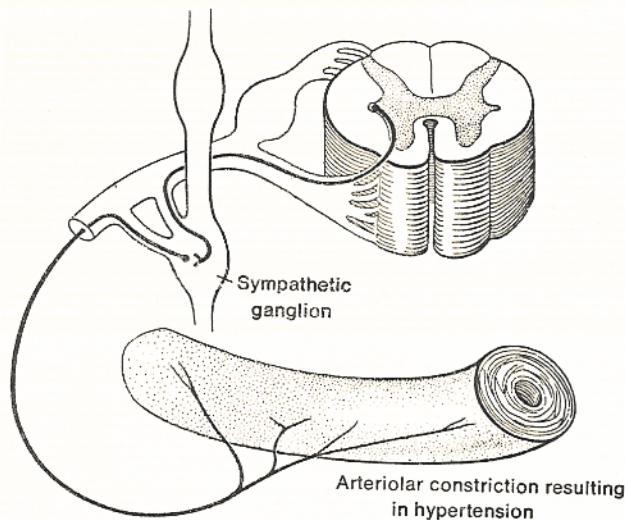






Ganglionic blocking agent inhibits vasoconstriction by depressing transmission of impulses mediated through the sympathetic ganglion

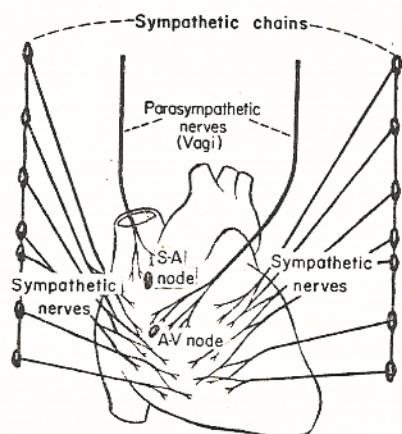
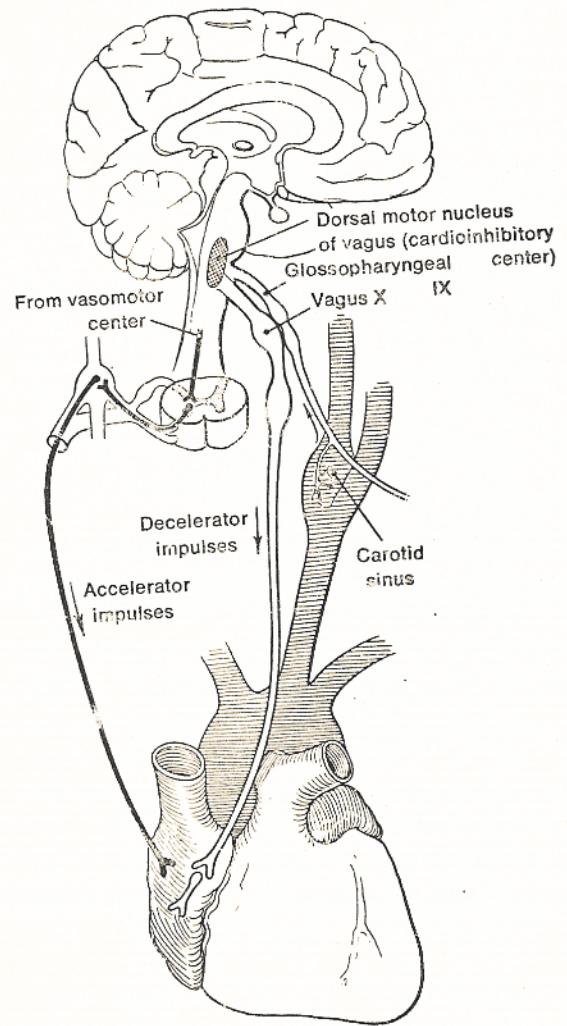
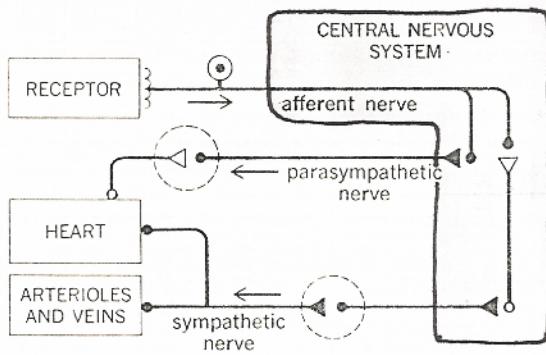
Arteriole Dilation

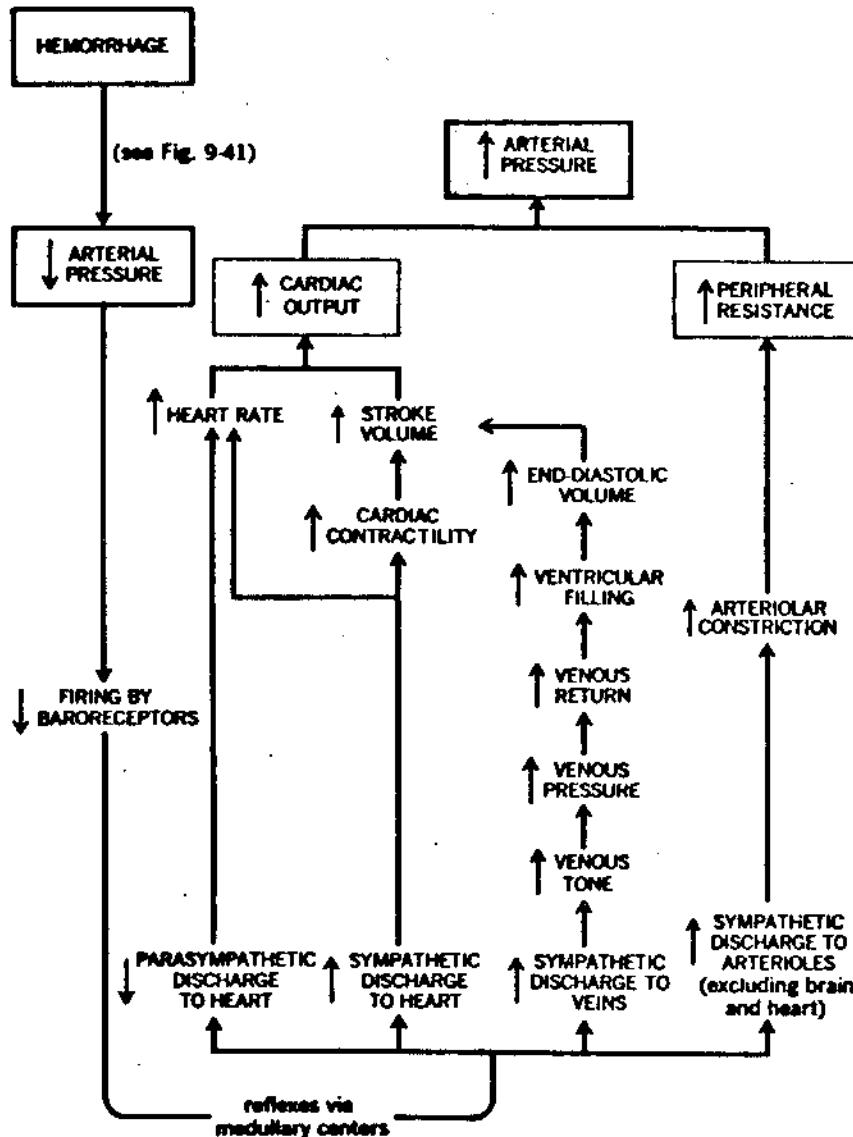


Arteriolar constriction resulting in hypertension

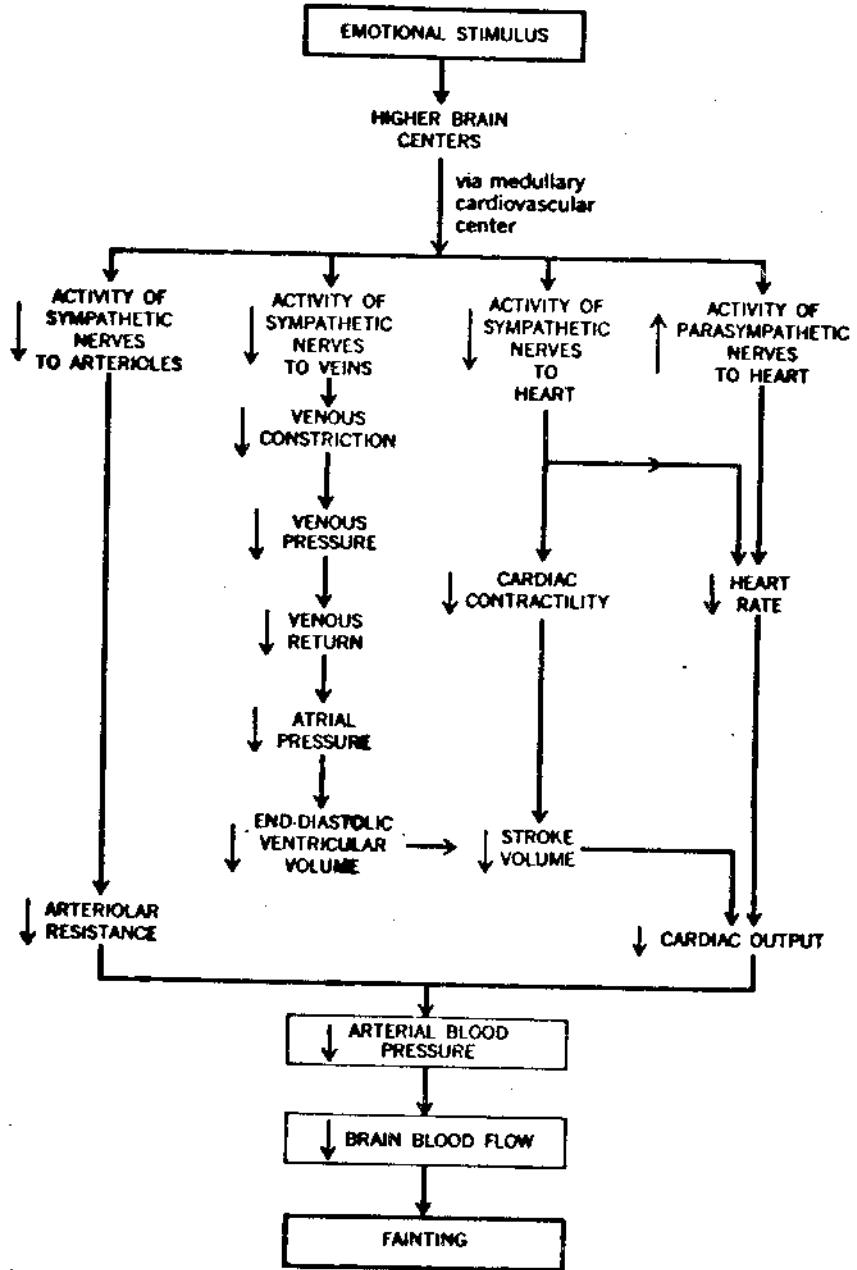
►● neurons which stimulate

►○ neurons which inhibit





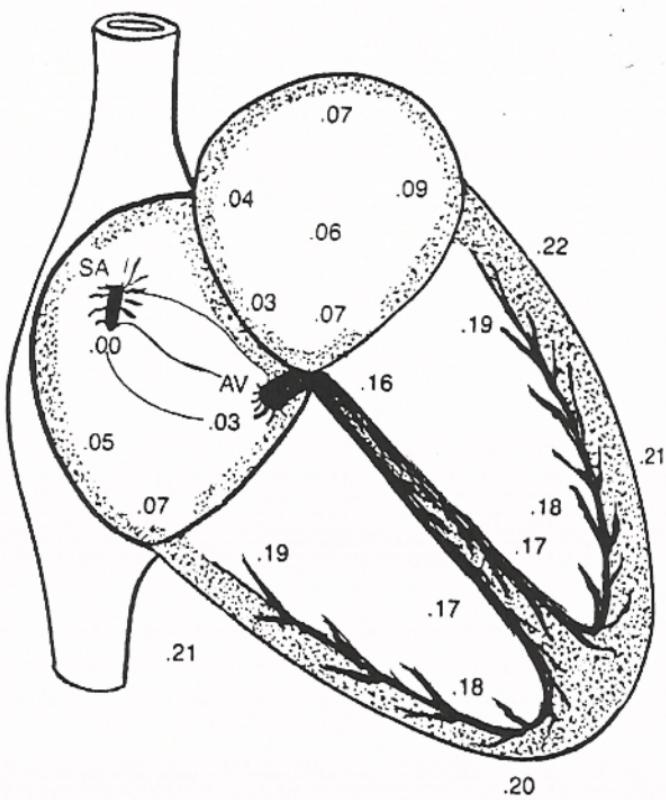
Reflex mechanisms by which lower arterial pressure following blood loss is brought back toward normal. The compensatory mechanisms do not restore arterial pressure completely to normal.



Mechanisms inducing fainting in response to a strong emotional stimulus.

**U tube.** In effect, the gravitational pressures in the two arms of the U tube cancel each other out, leaving no net pressure to cause flow. The flow through any curved tube depends upon the difference in pressure between the two ends of the tube and not upon the orientation of the tube

in space. In the body the heart produces the pressure difference between aorta and right atrium which leads to a blood flow, and changing the position of the blood vessels when changing from a lying to a standing position does not directly alter the relationship between pressure



Internodal pathways

