

1 ***Spontaneous neural synchrony links intrinsic spinal sensory and motor networks during***
2 ***unconsciousness.***

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13
14 **Abstract**

15
16 Purposeful functional connectivity during unconsciousness is a defining feature of supraspinal networks.
17 However, its generalizability to intrinsic spinal networks remains incompletely understood. Previously, Barry
18 et al. (2014) used fMRI to reveal bilateral resting state functional connectivity within sensory-dominant and,
19 separately, motor-dominant regions of the spinal cord. Here, we record spike trains from large populations
20 of spinal interneurons *in vivo* and demonstrate that spontaneous functional connectivity also links sensory-
21 and motor-dominant regions during unconsciousness. The spatiotemporal patterns of connectivity could
22 not be explained by latent afferent activity or by populations of interconnected neurons spiking randomly.
23 We also document connection latencies compatible with mono- and di-synaptic interactions and putative
24 excitatory and inhibitory connections. The observed activity is consistent with a network policy in which
25 salient, experience-dependent patterns of neural transmission introduced during behavior or by
26 injury/disease are reactivated during unconsciousness. Such a spinal replay mechanism could shape
27 circuit-level connectivity and ultimately behavior.

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30 **Keywords:** spinal cord; neural circuit; neural plasticity; sensorimotor integration

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33 **Abbreviations:** dDH: deep dorsal horn; fMRI: functional magnetic resonance imaging; IG: intermediate
34 gray; sDH: superficial dorsal horn; VH: ventral horn
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36

37 **Introduction**

38

39 Synchronous neural activity across functionally and spatially distinct brain structures, i.e., functional
40 connectivity, is a hallmark of sensorimotor integration, cognition, and behavior during periods of attentive
41 wakefulness. Recent elucidation of brain networks intrinsically active during unconsciousness and
42 inattentive wakefulness has led to a substantially more nuanced view of brain function(Demertzi et al.,
43 2019; Fox et al., 2005; Greicius et al., 2003; Mashour and Hudetz, 2018; Raichle et al., 2001; Steriade et al.,
44 1993; Wenzel et al., 2019). Unconscious network activity spans multiple spatiotemporal scales and has
45 known functions ranging from circuit-level synaptic stabilization(Puentes-Mestril and Aton, 2017; Tsodyks
46 et al., 1999; Wei et al., 2016) to maintenance of ongoing physiological processes(Sanchez-Vives et al.,
47 2017). Although the finding of purposeful spontaneous network activity during unconsciousness appears to
48 be robust across different functional regions of the brain, it has yet to be unequivocally confirmed whether
49 this phenomenon is a conserved feature of complex neural systems that generalizes to the spinal cord.

50 Patterns of resting state functional connectivity in the spinal cord have only been preliminarily
51 characterized(Barry et al., 2014; Chen et al., 2015; Conrad et al., 2018; Eippert et al., 2016; Kong et al.,
52 2014; Wu et al., 2019). The most reliable findings to-date have been correlations between spontaneous
53 BOLD signals in the left and right dorsal horns, and, separately, the left and right ventral horns(Barry et al.,
54 2014; Eippert et al., 2016; Kong et al., 2014; Wu et al., 2019). Spontaneous connectivity between the
55 dorsal and ventral horns, between the intermediate gray and the ventral horn, and within the ventral horn
56 itself have yet to be reliably delineated.

57 Other gaps also exist. For example, it is unknown whether network topologies evinced by spinal BOLD
58 signals mirror those drawn from spike trains of individual neurons. Indeed, BOLD signals are only indirectly
59 linked to spiking activity,(Logothetis et al., 2001; Murayama et al., 2010; Vakorin et al., 2007) which is
60 compounded by the relatively coarse spatiotemporal resolution of fMRI in the spinal cord. It is also not
61 readily apparent whether structured activity at the single-unit level actually persists in spinal networks
62 during unconsciousness in the absence of evoked neural transmission. The most relevant evidence, which
63 suggests that aggregate multi-unit and local field potential activity in the dorsal horn is broadly correlated

64 with dorsal horn BOLD fluctuations, was made during mechanical probing of the dermatome.(Wu et al.,
65 2019)

66 The potential function(s) of resting state intraspinal connectivity are likewise unknown. An intriguing
67 possibility is that it plays a role in adaptive or maladaptive neural plasticity through a form of reactivation
68 and synaptic stabilization during unconsciousness. This hypothesis is drawn from the function of
69 supraspinal network activity during sleep,(Abel et al., 2013; Puentes-Mestril and Aton, 2017; Wei et al.,
70 2016) and is supported by the finding of altered patterns of BOLD-based intraspinal functional connectivity
71 in conditions associated with maladaptive neural plasticity in spinal networks.(Chen et al., 2015; Conrad et
72 al., 2018) To have a direct role in shaping neural plasticity, however, a necessary substrate would be the
73 tandem presence of synchronous discharge amongst populations of individual units spanning multiple
74 spatial and functional regions.

75 Given the critical role played by the spinal cord in sensorimotor integration (broadly) and reflexes
76 (specifically), we reasoned that spontaneous functional connectivity between neurons in sensory-dominant
77 and motor-dominant regions of the gray matter would be a precondition for purposeful network activity
78 during unconsciousness, regardless of its function. And for the reasons noted above, such a finding would
79 have important implications for both the physiological and pathophysiological states. Several fundamental
80 questions remain unresolved, however. Here, we address three. First, is neuron-level functional
81 connectivity evident in regions of the spinal gray matter not traditionally associated with primary afferent
82 inflow? Second, is spontaneous functional connectivity evident between sensory and motor regions of the
83 gray matter? And third, does the proportion of spontaneously active neurons exhibiting correlated
84 discharge, as well as their topology, depart from that which would be expected amongst an interconnected
85 population of statistically similar neurons firing uncooperatively (i.e., randomly)?

86 We addressed these questions *in vivo* in rats, recording large populations of single units throughout the
87 dorso-ventral extent of the lumbar enlargement. We find that robust spontaneous neural activity is
88 prevalent throughout the gray matter during unconsciousness and that neurons in sensory and motor
89 regions exhibit significant, non-random correlations in their spatiotemporal discharge patterns. We also find
90 a substantial portion of connection latencies consistent with mono- and di-synaptic interactions, offering
91 clues to a possible mechanism by which intrinsic network activity could directly shape synaptic plasticity.

92

93 **Materials and methods**

94

95 All experiments were approved by the Institutional Animal Care and Usage Committees at Florida

96 International University and Washington University in St. Louis.

97

98 Surgical procedures, electrode implantation

99

100 Experiments were performed in adult male Sprague-Dawley rats ($N = 22$; weight), divided across two
101 cohorts. Thirteen animals received urethane anesthesia (1.2 g/Kg i.p.). The remaining 9 animals received
102 inhaled isoflurane anesthesia (2-4% in O_2). Heart rate, respiration rate, body temperature, and SpO_2 were
103 monitored continuously during the experiments (Kent Scientific, Inc.) and temperature was regulated via
104 controlled heating pads.

105 In a terminal, aseptic procedure, a skin incision was made over the dorsal surface of the T1 – S1
106 vertebrae and the exposed subcutaneous tissue and musculature were retracted. The T13 – L3 vertebrae
107 were cleaned of musculotendonous attachments using a microcurette and the vertebral laminae were
108 removed to expose spinal segments L4-6. The rat and surgical field were then transferred to an anti-
109 vibration air table (Kinetic Systems, Inc.) enclosed in a dedicated Faraday cage.

110 Clamps were secured to the vertebrae rostral and caudal to the laminectomy site, and the rat's
111 abdomen was elevated such that respiration cycles did not result in upwards or downwards movement of
112 the chest cavity or spinal cord. Under a surgical microscope (Leica Microsystems, Inc.), the exposed spinal
113 meninges were incised rostrocaudally and reflected. The spinal cord was then covered in homeothermic
114 physiological ringer solution.

115 A custom 4-axis motorized micromanipulator with sub-micron resolution (Siskiyou Corp.) was then
116 coarsely centered over the laminectomy site. A silicon microelectrode array (NeuroNexus, Inc.) custom
117 electrodeposited with activated platinum-iridium electrode contacts (Platinum Group Coatings, Inc.) was
118 mated via Omnetics nano connectors to a Ripple Nano2+Stim headstage (Ripple Neuro, Inc). The
119 microelectrode array contained two shanks, each with 16 individual electrode contacts spaced uniformly at

120 100 μm intervals (**Figure 1a**). Electrode impedance ranged from $\sim 1\text{-}4\text{K}\Omega$ per contact. The headstage was
121 then securely fastened to the micromanipulator for implantation. During implantation, the data acquisition
122 system was configured for online visualization of multi-unit and spiking activity from all 32 electrodes.
123 Neural waveforms for specific electrode channels were also patched into an audio monitor (A-M Systems,
124 Inc.) for additional real-time feedback.

125 The electrode implantation site targeted the tibial branch of the sciatic nerve, with particular emphasis
126 on sensitivity to receptive fields on the glabrous skin of the plantar surface of the ipsilateral hindpaw toes.
127 The implantation site corresponded closely to the L5 spinal nerve dorsal root entry zone in all animals.
128 Initial implantation site verification was performed by mechanically probing the L5 dermatome, specifically
129 on the plantar aspect of the ipsilateral hindpaw, with the bottom-most electrodes of the microelectrode
130 array being in contact with the dorsal roots at their entry zone. If clearly correlated multi-unit neural activity
131 was evident, the probe was slowly advanced ventrally in $25\mu\text{m}$ increments until the deepest row of
132 electrodes was $\sim 200\mu\text{m}$ deep to the dorsal surface of the spinal cord. The L5 dermatome was again
133 probed to verify alignment between neural activity at the implantation site and the dermatome. If correlated
134 multi-unit activity was again observed, the electrode continued to be advanced ventrally in $25\mu\text{m}$
135 increments until the ventral-most row of electrode contacts was $1,600\text{-}1,800\mu\text{m}$ deep to the dorsal surface
136 (and correspondingly, the dorsal-most row of electrode contacts, i.e., the most superficial, was $100\text{-}200\mu\text{m}$
137 deep to the dorsal surface of the spinal cord).

138 In cases where multi-unit dorsal root activity was *not* clearly correlated with the desired hindpaw
139 receptive field, but rather was correlated with a different receptive field (e.g., on the hairy skin of the leg),
140 the electrode was repositioned prior to implantation. In cases where *no* discernable correlation could be
141 observed between a receptive field and dorsal root activity, yet the electrode was positioned over the L5
142 dorsal root entry zone, the electrode was advanced in $25\mu\text{m}$ increments to a depth of $200\mu\text{m}$ ventrally into
143 the spinal cord and the receptive field mapping procedures was performed again. If appropriate activity was
144 observed, the electrode was tracked fully; if not, it was removed and a new track was made.

145 In all cases, electrodes were advanced slowly to the target depth to avoid compression of the spinal
146 cord and to minimize intraspinal trauma from shear. After every $\sim 100\text{-}200\mu\text{m}$ of penetration, electrode

147 advancement was paused momentarily. Penetration was resumed when neural activity (evinced by multi-
148 unit and spiking data from implanted channels) stabilized.

149 Upon completion of surgical procedures and data collection, all animals were humanely euthanized in
150 accordance with AVMA guidelines via overdose of sodium pentobarbital (i.p. injection of Fatal Plus
151 solution).

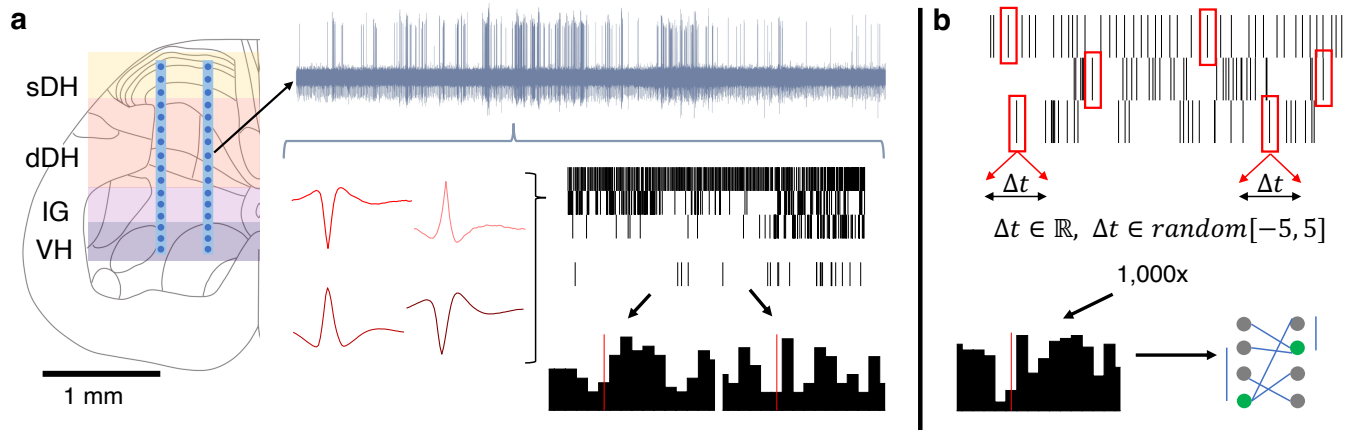
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153 Experimental procedure

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155 We established resting motor threshold for each animal prior to recording spontaneous neural
156 transmission. We delivered single pulses of charge-balanced current (cathode leading, 200 μ s/phase, 0s
157 inter-phase interval) to electrodes located in the ventral horn, with current intensity increasing in increments
158 of 5 μ A until a muscle twitch was detected in the L5 myotome (toe twitch on ipsilateral hindpaw). Current
159 intensity was then reduced in 1 μ A steps until the twitch was undetectable. Subsequently, we increased
160 current intensity again in 1 μ A increments until a twitch was recovered. The lowest current at which a twitch
161 was detected, across all electrodes, was considered to be resting motor threshold.

162 We recorded 10-20 trials of spontaneous neural transmission per animal. Each trial lasted for ~2-5
163 minutes. Raw, broad-band neural activity was sampled continuously from the microelectrode array at
164 30KHz. Electrical line noise and harmonics were removed via hardware filters prior to digitization. During
165 data acquisition epochs, data from all 32 electrode channels was streamed in real-time to a 60" flat screen
166 monitor. These data were high-pass filtered at 750Hz to reveal multi-unit neural activity (e.g., **Fig. 1a**). On
167 channels in which single unit activity was readily observable, dual-window time-amplitude discriminators
168 were used to discriminate and visualize real-time single-unit spiking activity. Prior to each trial, the
169 dermatome was mechanically probed to ensure ongoing consistency between electrode placement and
170 receptive field location and to assess qualitatively the overall degree of neural excitability. The latter
171 assessment in particular was used in conjunction with vital and other physiological signs to control depth of
172 anesthesia and to ensure that neural excitability did not become progressively depressed during the data
173 acquisition session.



174

175 **Figure 1. Experimental setup, design.** (a) Dual-shank microelectrode arrays with 32 independent recording contacts were implanted into the
176 spinal cord at the L5 dorsal root entry zone. Electrodes spanned the superficial dorsal horn (sDH), deep dorsal horn (dDH), intermediate gray
177 matter (IG), and the ventral horn (VH). Multi-unit neural activity was recorded from each electrode (e.g., upper gray trace) and discriminated offline
178 into spike trains of individual units (red single unit waveforms and spike train raster plots). Temporal synchrony between spontaneously co-active
179 units was then analyzed via correlation-based approaches (histograms below rasters). (b) Illustration of procedure for generating the synthetic
180 dataset. Each spike, from every identified neuron in every trial, was randomly shuffled by ± 5 ms. The shuffled data were then reconstructed,
181 forming synthetic trials containing neurons with firing properties that were statistically matched to the observed data. This process was then
182 repeated over 1,000x to generate a large synthetic dataset from which to sample. Spatiotemporal correlation analyses then proceeded on this
183 synthetic dataset to benchmark the empirically observed data.

184

185 Discrimination of units, correlation and functional connectivity analyses

186

187 Single-unit neural activity was discriminated offline using an unsupervised, wavelet-based clustering
188 approach.(Quiroga et al., 2004) The veracity of discriminated units was verified manually both
189 quantitatively (e.g., predominance of ISI < 2msec) and visually (e.g., non-physiological shape,
190 inappropriate duration). Spurious and/or duplicative units were identified and eliminated, with particular
191 focus on units discriminated on the same or adjacent electrodes (**Fig. 1a**). Functional connectivity analyses
192 then proceeded as follows on a per-trial basis, where pairs of units found to exhibit statistically significant
193 temporal synchrony were deemed 'functionally connected.'

194 First, we computed the cross correlation of all unique pairs of admissible units from the 32-channel
195 microelectrode array, effectively analogous to computing peri-spike time histograms for each pair (**Fig. 1a**).
196 These computations were performed without regard to the anatomical/spatial location of the units and
197 without defining each units of a pair as either pre- or post-synaptic. Connection latency was taken to be the
198 time to peak correlation strength. Connection polarity (excitatory or inhibitory) was inferred using the
199 normalized cross correlation approach.(Pastore et al., 2018; Shao and Chen, 1987)

200 We then quantified the strength of correlation by adapting an approach originally developed to be
201 compatible with spike trains containing a relatively small numbers of spikes.(Gerstein and Aertsen, 1985;
202 Shao and Tsau, 1996) This calculation led to a correlation coefficient analogous to the Pearson correlation
203 coefficient common in linear regression. If the number of spikes per train is sufficiently low ($N \leq \sim 50$), it is
204 possible to use this approach to compute p-values via Fisher's exact test.(Shao and Tsau, 1996) However,
205 our surprisingly vigorous spontaneous neural transmission (see Results), coupled with the length of each
206 trial, rendered Fisher's exact test largely intractable. As the number of spikes in a train increases, however,
207 the distribution of spike times approximates the Chi-square distribution, and enables that statistic and
208 associated degrees of freedom to be used for computation of p-values associated with each correlation
209 coefficient.

210 Given the large number of neurons discriminated per trial (~ 55 on average), and thus the large number
211 of unit-pair combinations in which we computed correlation strength, careful attention was paid to multiple
212 comparison corrections to minimize the prevalence of falsely concluding that a pair of units was
213 significantly correlated. Controlling the family-wise error rate by applying Bonferroni correction to each test,
214 as is often used for post-hoc multiple comparisons corrections in statistical inference, is inappropriate for
215 datasets such as ours with trials containing extremely large numbers of non-independent
216 comparisons.(Shao and Tsau, 1996) Therefore, we instead used the Benjamini-Hochberg procedure to
217 control the false discovery rate of our data on a per-trial basis. This approach ensures that the proportion of
218 false positive findings amongst all findings deemed to be significant is no more than specified level (in our
219 case, 5%). The Benjamini-Hochberg procedure is applied at the trial-level, and the specific p-value deemed
220 to indicate statistical significance is a function of the data from which the statistics are being inferred. Thus,
221 the significant p-value may be relatively more or less across different trials. Controlling the false discovery
222 rate is a validated method for multiple comparisons corrections with datasets containing large numbers of
223 comparisons, and it is particularly effective for situations in which certain elements being compared in a
224 trial are likely to be more or less correlated than others due to factors such as anatomical connectivity (e.g.,
225 voxel-wise comparisons of fMRI data, where distance between voxels may influence correlation strength
226 based on the anatomy/structure-function relationships of the sampled neural structures).(Lindquist and
227 Mejia, 2015)

228 To characterize topological aspects of functional connectivity, we classified the significantly correlated
229 unit pairs based on their gross anatomical locations as well as the electrode from which their correlated
230 units were discriminated. Gross anatomical locations included the superficial dorsal horn (sDH), ranging
231 from the dorsal surface of the spinal cord to ~400 μm in depth and corresponding approximately to Rexed's
232 Laminae I-III; the deep dorsal horn (dDH), ranging from ~500-1000 μm and corresponding approximately to
233 Rexed's Laminae III/IV – VI; the intermediate gray (IG), ranging from ~1100-1300 μm , corresponding to
234 Rexed's Laminae VII-VIII; and the ventral horn (VH), ranging from ~1400-1600+ μm and including Rexed's
235 Laminae VIII-IX. We define the 'most connected nodes' for a given trial as the electrodes containing a
236 significantly greater number of significant unit-pair connections than the mean number of connections
237 across all electrodes in the microelectrode array.

238

239 Synthetic data

240

241 We generated a large synthetic dataset that matched the broad statistical properties of our observed
242 data to use as an additional means of comparison and analyses (**Fig. 1b**). The details of our approach to
243 creating this synthetic dataset have been described previously.(Fujisawa et al., 2008) Briefly, however, we
244 randomly jittered the spike times of each neuron within every observed trial. Specifically, we added $\pm[0, 1,$
245 $2, 3, 4, \text{ or } 5]$ msec to each spike time drawn randomly from a uniform distribution on this interval. Using this
246 synthetic data, we then recomputed the correlation matrices and topological connections described above
247 as if it was an additional experimental trail. This process was repeated over 1,000X, matching the relative
248 proportion of synthetic trials per animal to the number of trials actually collected per animal during the
249 experimental sessions. From this overall synthetic dataset, it was possible to generate confidence intervals
250 and perform additional statistical comparisons to the observed data.

251

252 Statistical methods

253

254 Statistical inference beyond that required for determination of significant temporal connections between
255 pairs of co-active units (described above) is largely based on analysis of variance (ANOVA) techniques for

256 both the urethane and isoflurane cohorts. The normality of each dataset was confirmed prior to performing
257 ANOVAs. For within-cohort comparisons, a main effect of anatomical region on the mean number of units,
258 proportion of significant connections, or proportion of most connected nodes (respectively) was inferred
259 using 1-way repeated measures ANOVA formulations. Assessment of the potential significance of
260 anatomical region (within-subjects factor), anesthetic (between-subjects factor) and their interaction on the
261 proportion of excitatory and inhibitory connections was conducted using a 2-way repeated measures
262 ANOVA design. If data violated the assumption of sphericity, Greenhouse-Geisser correction was applied.
263 The family-wise error rate of post-hoc testing was controlled through Bonferroni correction for all
264 comparisons. Student's t-tests were used to determine differences between individual (non-repeated)
265 factors. This included comparisons of the proportion of within-region vs. between-region connections for a
266 given cohort, comparisons of the mean number of units discriminated per animal between the cohorts, and
267 excitatory vs. inhibitory latencies for a given cohort. For both ANOVA-based and t-test-based analyses,
268 comparisons were considered significant at the $\alpha = 0.05$ level. Data are presented in text as mean \pm
269 standard error unless otherwise noted. All statistical tests were performed in the IBM SPSS environment.

270

271

272 **Results**

273

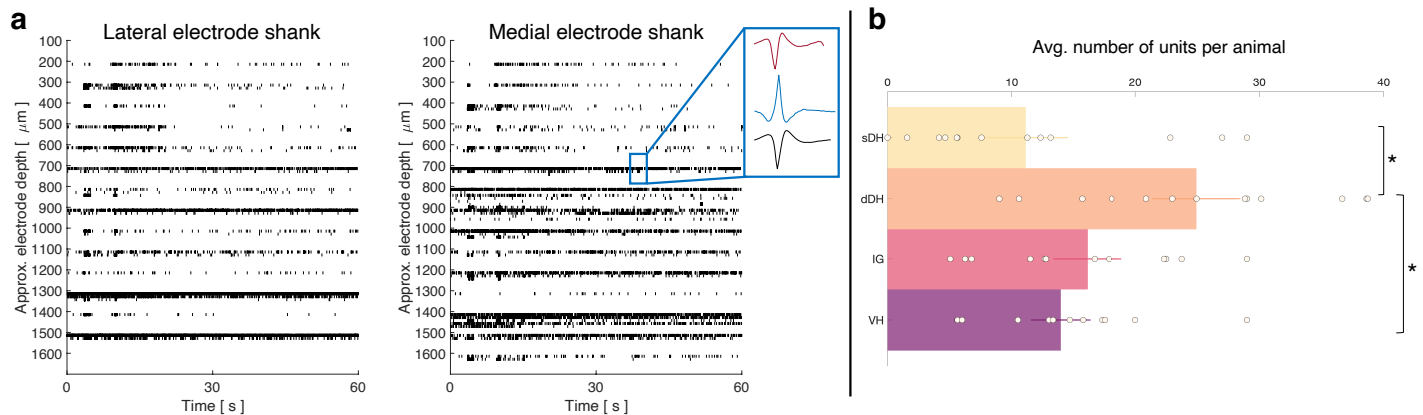
274 *Vigorous spontaneous activity in single units remains evident throughout sensory and motor regions of the*
275 *spinal gray matter during unconsciousness.*

276

277 We focus on urethane anesthetized animals because urethane potently suppresses spontaneous
278 discharge in the dorsal roots (minimizing undue afferent activity) while only modestly impacting resting
279 membrane potential, GABA-ergic, and excitatory amino acid transmission.(Daló and Hackman, 2013; Hara
280 and Harris, 2002) Thus, urethane enables characterization of the spinal cord in a state more representative
281 of physiological activity than many other anesthetic agents.

282 First, we quantified the gross anatomical distribution of spontaneously active units. In total, we recorded
283 from approximately 860 well-isolated units across 13 urethane-anesthetized rats, averaging 66 ± 8 units

284 per trial (e.g., **Fig. 1a**). A representative raster plot from one trial is shown in **Figure 2a**. Spontaneously
285 active units can be observed throughout the dorso-ventral extent of the sampled region. Broadly
286 distributed, robust discharge was a consistent feature of all animals. Across the urethane cohort, the mean
287 number of spontaneously active units discriminated per gross anatomical region per trial was: sDH: 11 ± 3 ;
288 dDH: 25 ± 3 ; IG: 16 ± 2 ; VH: 14 ± 2 (**Fig. 2b**). We found a significant main effect of region on connection
289 number ($F = 6.368$, $P = 0.001$), which was driven by a significantly greater number of units in the dDH than
290 the sDH or VH. No other regions differed from one another (**Supplementary Table 1**).
291



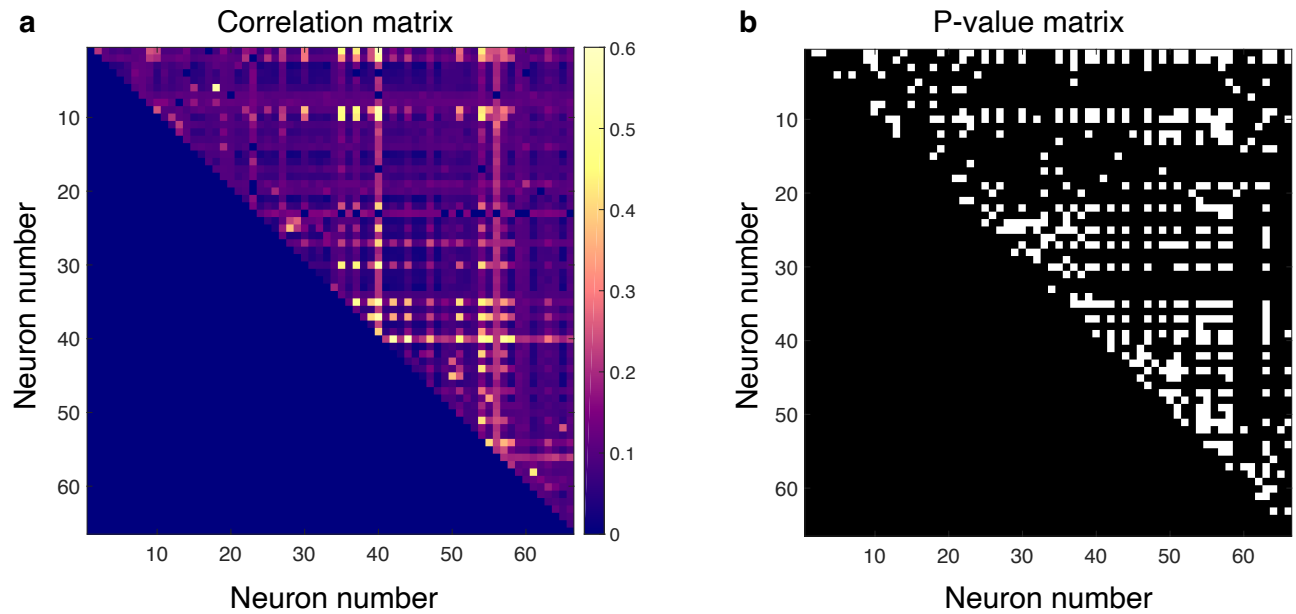
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293 **Figure 2. Spontaneous neural transmission is broadly evident across all spatial and functional regions of the spinal gray matter.** (a)
294 Raster plot of spontaneously active neurons. Each row of hatches represents a discrete neuron. Inset depicts representative spike waveforms
295 discriminated from a single electrode. X-axes (time) are synchronized across the two subplots. (b) Distribution of spontaneously active units per
296 gross anatomical region across animals in the urethane cohort ($N=13$ animals). The dDH contained significantly more spontaneously active units on
297 average than the sDH or VH, driving an overall main effect of region ($P=0.001$).
298

299 Spontaneous functional connectivity remains evident in intrinsic spinal networks during unconsciousness,
300 enabling persistent communication between functionally and spatially diverse regions of the spinal gray
301 matter.

302

303 Next, we asked whether pairs of spontaneously active units exhibited correlated discharge patterns.
304 Statistical matrices of unit-pair correlations for a representative 5 min epoch can be seen in **Figure R3**. In
305 **Fig. 3a**, each pixel's color represents the magnitude of correlation between the two units defined by an x-y
306 pair; connection polarity is not indicated (although see **Figure 4c**). **Fig. 3b** indicates the P -values of the
307 correlations. Across all animals and epochs in the urethane cohort, $4.2 \pm 0.8\%$ of unit pairs exhibited
308 significantly correlated temporal discharge patterns.

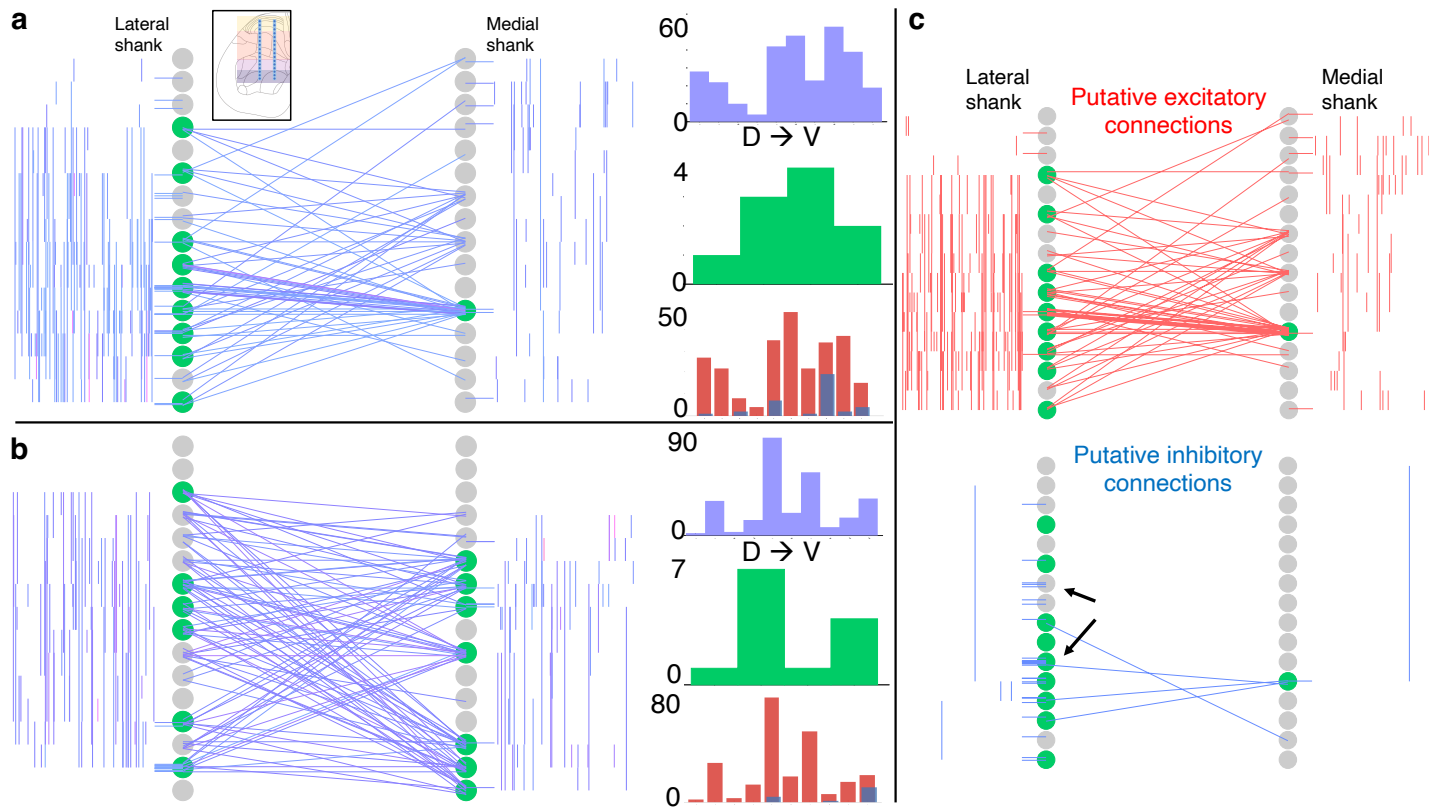


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310 **Figure 3. Spontaneously active units exhibit temporal synchrony.** For both plots, rows and columns are ordered from 1- N , where N is the total
311 number of units discriminated for a given trial. (a) Strength of temporal correlation between pairs co-active units, indicated by pixel color. Pixels
312 below identity line are omitted because reciprocal connections were not considered. (b) Static matrix of correlation strength show in panel a.
313 White pixels represent statistically significant correlations, here defined as those with P values ≤ 0.02 . Of the 66 total spontaneously active units
314 discriminated in this epoch, and thus 2145 possible unique connections (ignoring reciprocal connections), 438 pairs exhibited significantly
315 correlated temporal discharge.
316

317 We then sought to determine the gross anatomical organization of synchronous unit pairs. To do so, we
318 constructed functional connectivity maps that enabled topological aspects of the correlation structure to be
319 visualized in the context of the microelectrode array geometry and location within the spinal cord. Because
320 it is not possible to know if the units were synaptically coupled, we adopt the term *functional* connectivity to
321 refer to significant temporal synchrony between unit pairs.

322 **Figure 4** depict examples of such intraspinal functional connectivity maps from two representative
323 animals. **Figure 4a, b** depict *all* significant connections, regardless of polarity; **Figure 4c** highlights the
324 topology of excitatory and inhibitory connections from **Fig. 4a**. In **Figure 4c** (red), we show only the
325 significant excitatory connections from the animal in **Fig. 4a**; in **Figure 4c** (blue), we show putative inhibitory
326 connections, also from the animal in **Fig. 4a**. In both figures, gray circles represent each electrode on the
327 microelectrode array, referred to as ‘nodes.’ Green highlighted circles in **Fig. 4** were determined to be the
328 most connected nodes of the array (see Methods). Qualitatively, it is evident from **Fig. 4** that pairs of
329 temporally correlated, spontaneously active units can be found (a) at all sampled dorso-ventral depths, (b)
330 within each gross anatomical region, and (c) between all anatomical regions.



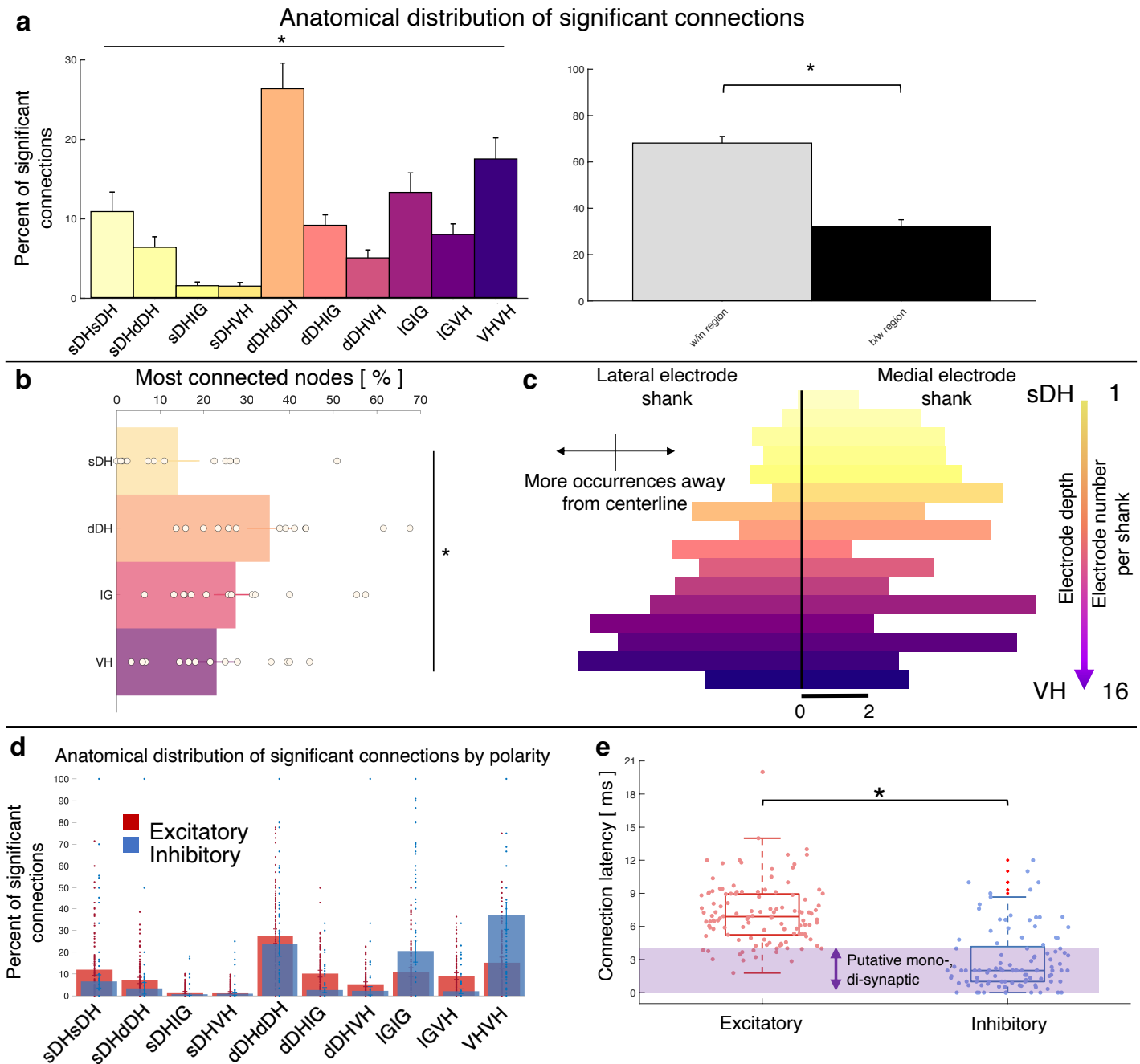
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332 **Figure 4. Topology of spontaneously synchronous unit pairs is not relegated to regions of primary afferent terminations, rather it links**
 333 **sensory- and motor-dominant regions of the spinal cord.** Representative functional connectivity maps from two animals (panels a and c from
 334 same animal; panel c from separate animal). For all topology plots (a, b, c): Spinal cord inset image in panel a shows electrode location. Gray
 335 circles represent individual electrodes on the microelectrode array. Green highlighted circles were determined to be the most connected nodes of
 336 the recording. Colored lines represent significantly correlated temporal discharge between pairs of spontaneously active units at the indicated
 337 locations (note: horizontal lines indicate connections between units discriminated from a single electrode, vertical lines are connections between
 338 units on the same shank). For panels a, b: line color delineates increasing correlation strength from blue to violet; for panel c: red lines indicate
 339 putative excitatory connections, blue lines indicate putative inhibitory connections. In panels a, b: histograms depict the following (top to bottom):
 340 purple histograms indicate the overall anatomical distribution of significant connections (in order left to right: sDH-sDH, sDH-dDH, sDH-IG, sDH-VH,
 341 dDH-dDH, dDH-IG, dDH-VH, IG-IG, IG-VH, VH-VH; abbreviated as "D→V" for "dorsal to ventral"); green histograms indicate the gross anatomical
 342 distribution of most connected nodes (in order left to right: sDH, dDH, IG, VH); and red/blue histograms indicate the distribution of putative
 343 excitatory and inhibitory connections, respectively, in same order as purple histograms above. Black arrows on panel c, inhibitory connections, are
 344 intended simply to highlight the preponderance of within-electrode connections.
 345

346

347 Summary functional connectivity data from all animals in the urethane cohort can be seen in **Figure 5**
 348 and **Fig. 5 – figure supplement 1**. The proportion of significant connections *within* regions, at 68.9%, was
 349 significantly greater than the proportion of between-region connections, 31.1%. ($P < 0.0001$; **Fig. 5a**). We
 350 also found a main effect of anatomical region on the proportion of significant connections detected across
 351 all regions ($F = 9.277$, $P < 0.0001$; **Fig. 5a**, **Fig. 5 – figure supplement 1**; **Supplementary Table 2**). This
 352 effect was driven (a) by pairs of units *within* the dDH, IG, and VH, which accounted for the highest overall
 353 proportion of connections (24.9 ± 3.6 , 17.3 ± 3.7 , and $17.4 \pm 3.7\%$, respectively), and (b) by sDH-IG and sDH-
 354 VH pairs, which exhibited the lowest proportion of significant connections (1.5 and 1.2%, respectively).
 355 Predictably, the proportion of significant connections was inversely related to connection distance. For

356 example, sDH-sDH, sDH-dDH, sDH-IG, and sDH-VH connections account for 9.3, 6.3, 1.5, and 1.2% of
 357 overall significant connections.



358

359 **Figure 5. Summary topological data for urethane-anesthetized animals.** (a) Proportion of significant connections by anatomical region ($N = 13$
 360 animals). From left to right, bar plots indicate connections from sDH-sDH, sDH-dDH, sDH-IG, sDH-VH, dDH-dDH, dDH-IG, dDH-VH, IG-IG, IG-VH,
 361 VH-VH. Darkening color gradient from left to right qualitatively indicates depth from dorsal surface of spinal cord. Grayscale plots are the proportion
 362 of within and between-region connections, respectively. Significant connections are not uniformly distributed anatomically, with an overall main
 363 effect of connection location ($P < 0.0001$) and significantly more within region than between region connections ($P < 0.0001$). (b) Gross anatomical
 364 distribution of the most connected nodes ($N = 13$ animals). From top to bottom (light to dark): sDH, dDH, IG, and VH. Significant main effect of
 365 anatomical region on proportion of most connected nodes, $P=0.009$. (c) Histogram of most connected nodes across electrodes on each shank.
 366 Bars to left of vertical black line reflect lateral electrode shank and bars to right of vertical black line reflect medial electrode shank; from top to
 367 bottom (light to dark), each row represents one electrode (16 total rows). Bar length indicates number of occurrences that electrode was
 368 determined to be in the 'most connected' subset. (d) Spatial distribution: proportion of significant connections by polarity (excitatory, inhibitory) and
 369 anatomical region. Red bars: putative excitatory connections; blue bars: putative inhibitory connections. Purple shaded region intended to highlight latencies compatible with potential
 370 monosynaptic or disynaptic connections. Inhibitory latencies were significantly shorter than excitatory latencies on average ($P=0.0003$).
 371

372

373 The gross anatomical connectivity results were also reflected in the distribution of the most connected
374 nodes. Nodes in the dDH were classified as belonging to the most connected group in a greater proportion
375 of trials ($35.4 \pm 4.6\%$) than nodes in the sDH ($14.1 \pm 4.3\%$), IG ($27.4 \pm 4.4\%$) or VH ($23.0 \pm 3.9\%$), driving an
376 overall main effect of anatomical region on the distribution of most connected nodes ($F = 4.333$, $P = 0.009$;
377 **Fig. 5b, Supplementary Table 3**). It should be noted, however, that the dDH comprised a relatively larger
378 dorso-ventral extent than did the other regions, and thus contained a greater number of nodes. This
379 contributed to the greater proportion of connections attributed to it. To this point, in **Fig. 5c**, we show a
380 histogram of the most connected nodes across the 32-channel microelectrode array. While a clear increase
381 in counts is evident moving from dorsal-most to ventral-most, many individual electrodes in the IG or VH
382 exhibited a higher occurrence of being 'most connected' than those in the dDH (and see Discussion).

383 Finally, we characterized the distribution of putative excitatory and inhibitory connections. In **Fig. 5d**, we
384 highlight their anatomical distribution. We found that connections within the dDH, within the IG, and within
385 the VH contained the highest proportion of putative inhibitory connections ($22.7 \pm 5.3\%$, $24.1 \pm 7.3\%$,
386 $37.8 \pm 9.0\%$, respectively), with the dDH containing the highest proportion of excitatory connections
387 ($25.9 \pm 3.7\%$). Interestingly, only the dDH displayed an approximately balanced proportion of excitation and
388 inhibition – i.e., nearly the same proportion of the overall number of putative excitatory connections as
389 overall putative inhibitory connections.

390 Although it is striking that the highest percentage of inhibitory connections were all within specific
391 regions rather than between regions, this may be a practical consequence of the extracellular recording
392 technique: detection of inhibitory connections via correlation-based approaches is notoriously challenging,
393 in part because both cells must have a relatively high and stable base firing rate to detect a reduction in
394 firing. Functional connectivity, which includes many polysynaptic pathways, makes detection more difficult
395 still. Thus, some of the difference we observed in the within vs. between-region distribution of inhibitory
396 connections may reflect these experimental elements and should not be interpreted exclusively as a
397 physiological feature of spinal network structure. The relative balance of inhibitory connections may also
398 change with sensorimotor reflex activation, volitional movement, nociceptive transmission, etc., even using
399 extracellular recording techniques.

400 The distribution of latencies between each statistically significant connection is shown in **Fig. 5e**. Mean
401 excitatory latency was significantly longer than the mean inhibitory latency, at 6.4 ± 0.6 msec vs. 2.7 ± 0.4
402 msec ($P = 0.0003$), with both categories including latencies consistent with putative mono-, di-, and poly-
403 synaptic pathways. Interestingly, we find a subset of both excitatory and inhibitory connections with
404 latencies between 0-1msec. While some of these connections could indeed be monosynaptic and the lower
405 than expected delay merely related to binning spikes, the most likely interpretation for coincidentally firing
406 unit pairs would be a shared presynaptic input. While the distribution of inhibitory latencies contained was
407 skewed towards an increased probability of observing putative mono- and di-synaptic connections, this
408 apparent disparity may also be related to the aforementioned challenging of detecting inhibition via
409 extracellular recording techniques.

410

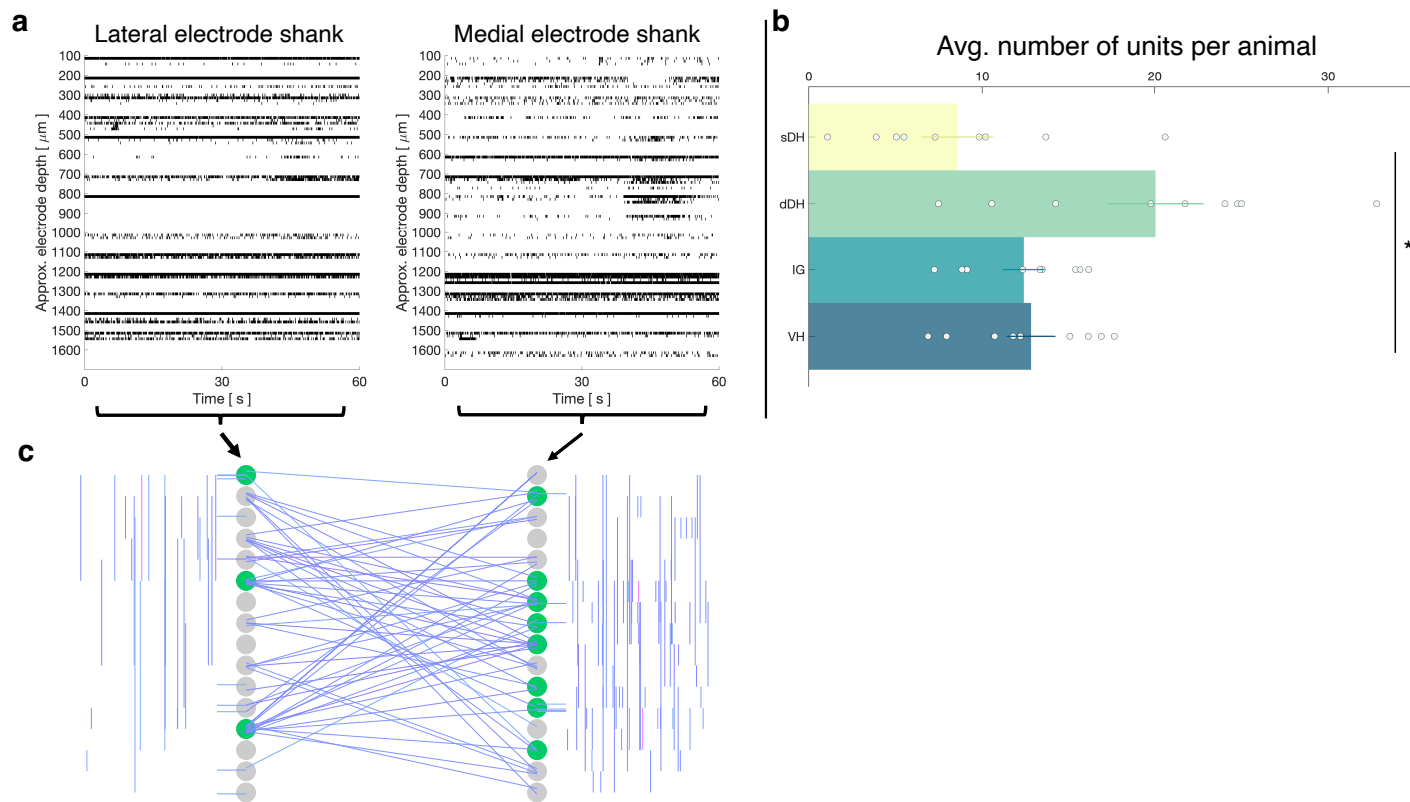
411 Functional connectivity within and between deep regions of the spinal gray matter is not abolished by
412 preferential pharmacological depression.

413

414 The finding of robust functional connectivity between sensory-dominant dorsal horn regions and the IG
415 and VH was unexpected. Especially intriguing was the presence of vigorous neural transmission within the
416 IG and VH themselves. Although urethane profoundly depresses spontaneous discharge in the dorsal root
417 ganglia, it exerts less of a depressive effect on cells deep in the gray matter (i.e., the IG and VH). (Daló and
418 Hackman, 2013; Hara and Harris, 2002) To control for the potential influence of this anesthetic gradient on
419 our findings, we conducted an additional set of experiments in a cohort of 8 rats anesthetized with
420 isoflurane. Isoflurane is a more potent depressant of spinal motor activity than urethane, with an overall
421 gradient of depression that increases from the dorsal horn to the ventral horn. (Kim et al., 2007) For
422 example, while nociceptive pathways in the superficial dorsal horn remain largely uninhibited by isoflurane,
423 premotor interneurons and motoneurons in the ventral horn are markedly depressed. (Grasshoff and
424 Antkowiak, 2006) Mean intraspinal resting motor threshold confirmed the greater depression of ventral horn
425 cells by isoflurane than urethane (isoflurane threshold: $20.4 \mu\text{A}$; urethane threshold $14.0 \mu\text{A}$).

426 In total, we recorded from 484 well-isolated units across the 9 rats, translating to $\sim 51 \pm 2$ units per trial.
427 The mean number of units recorded per trial did not differ between the urethane and the isoflurane cohorts

428 ($P = 0.0718$). A representative raster plot of spontaneous neural activity from one trial is shown in **Figure**
 429 **6a**. Surprisingly, spontaneously active units were observed throughout the dorso-ventral extent of the
 430 sampled region in all animals, including the IG and VH. The mean numbers of units per region are as
 431 follows: sDH: 9 ± 2 , dDH: 20 ± 3 , IG: 12 ± 1 , VH: 13 ± 1 (main effect of region: $F = 6.650$, $P=0.001$; **Fig. 6b**,
 432 **Supplementary Table 4**). In **Fig. 6c**, we show a representative functional connectivity map for the
 433 isoflurane cohort.



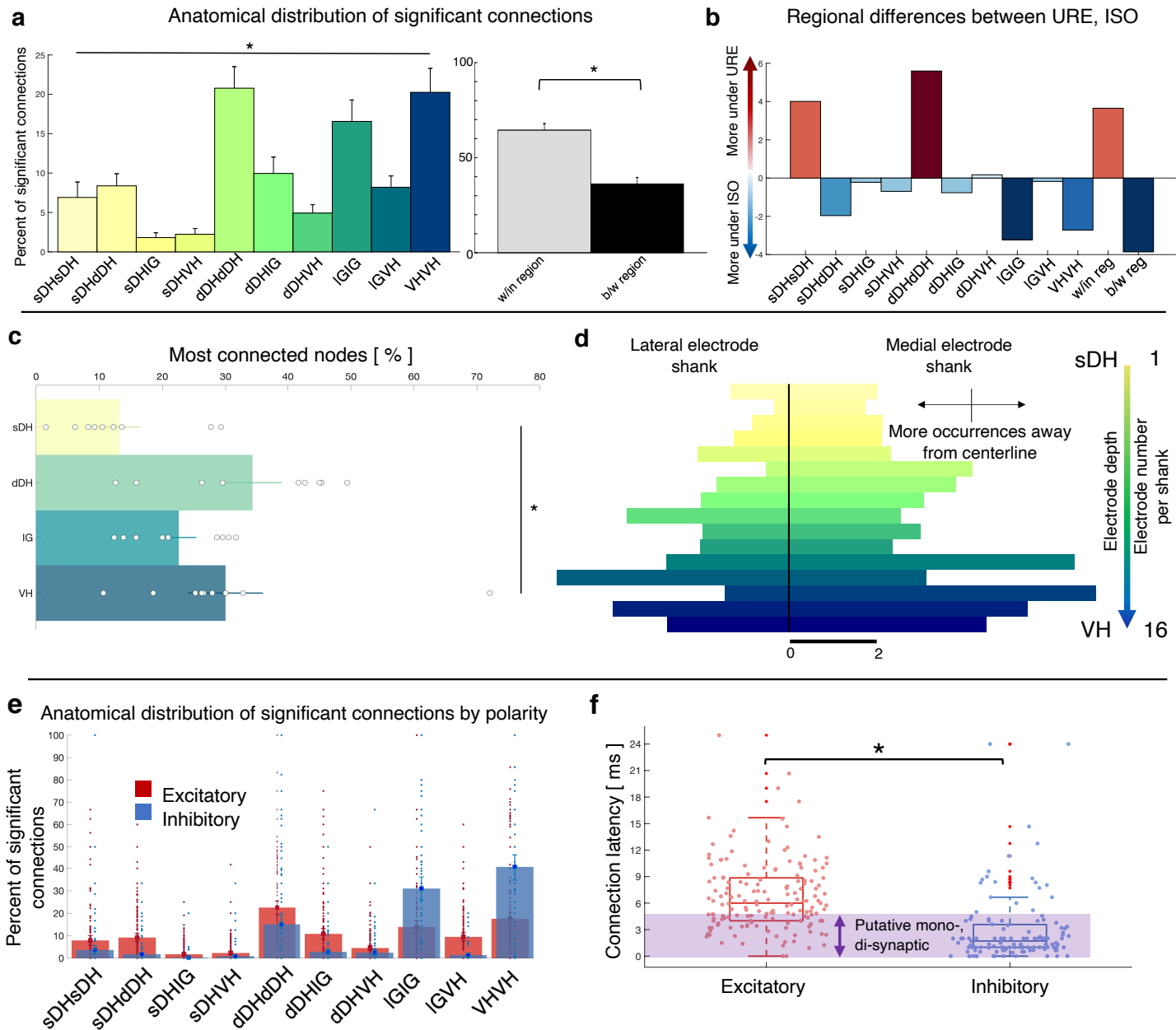
434

435 **Figure 6. Vigorous spontaneous sensorimotor functional connectivity persists despite preferential depression of ventral horn cells.** (a)
 436 Raster plot of spontaneously active neurons from a representative isoflurane-anesthetized animal. Each row of hatches represents a discrete
 437 neuron. X-axes (time) are synchronized across the two subplots. (b) Distribution of spontaneously active units per gross anatomical region across
 438 animals in the isoflurane cohort ($N=9$ animals). The dDH contained significantly more spontaneously active units on average than the sDH or VH,
 439 driving an overall main effect of region ($P=0.001$). (c) Representative functional connectivity map from panel a. Gray circles represent individual
 440 electrodes on the microelectrode array (as in Fig. 4). Green highlighted circles were determined to be the most connected nodes of the recording.
 441 Colored lines represent significantly correlated temporal discharge between pairs of spontaneously active units at the indicated locations (note:
 442 horizontal lines indicate connections between units discriminated from a single electrode, vertical lines are connections between units on the same
 443 shank). Line color delineates increasing correlation strength from blue to violet.
 444

445 Summary data from the isoflurane cohort can be seen in **Figure 7** and **Fig. 7 – figure supplement 1**.

446 In **Fig. 7a** and **Fig. 7 – figure supplement 1**, we show the gross anatomical distribution of significant
 447 connections. Similar to the urethane cohort, we observed a significantly greater proportion of connections
 448 *within* regions (66.4%) than across regions (33.6%) ($P = 0.005$), and an overall main effect of anatomical
 449 region (e.g., sDH-sDH, sDH-dDH, etc.) on the proportion of significant connections ($F = 6.517$, $P<0.0001$;

450 **Supplementary Table 5**). Interestingly, despite the different mechanisms of action and depressive profiles
451 of the two anesthetics, we found no systematic difference in the proportion of significant connections per
452 region across the urethane and isoflurane cohorts (anesthetic by region interaction: $F=0.369$, $P=0.949$;
453 main effect of anesthetic: $F=0.631$, $P=0.436$); rather, all were within 1.8% of one another on average
454 (range, 4-6%, **Fig. 7b**). The distribution of most connected nodes in the isoflurane cohort also mirrored that
455 of the urethane cohort. Specifically, the largest proportion of most connected nodes was found in the dDH
456 (34.2%), the lowest in the sDH (13.2%), with 22.6% in the IG and 30.0% in the VH. There was a significant
457 main effect of region on most connected node ($F = 4.935$, $P = 0.006$; **Supplementary Table 6, Fig 7c, d**).
458 Together, these findings provide additional confirmation of the presence of persistent, synchronous
459 discharge between functionally and spatially different regions of the spinal gray matter during
460 unconsciousness. That such activity persisted in the IG and VH with isoflurane also underscores the
461 apparent robustness of the finding.



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Figure 7. Summary topological data for isoflurane-anesthetized animals. (a) Proportion of significant connections by anatomical region ($N = 9$ animals). From left to right, bar plots indicate connections from sDH-sDH, sDH-dDH, sDH-IG, sDH-VH, dDH-dDH, dDH-IG, dDH-VH, IG-IG, IG-VH, VH-VH. Darkening color gradient from left to right qualitatively indicates depth from dorsal surface of spinal cord. Grayscale plots are the proportion of within and between-region connections, respectively. Significant connections are not uniformly distributed anatomically, with an overall main effect of connection location ($P < 0.0001$) and significantly more within region than between region connections ($P < 0.005$). (b) Difference in proportion of significant connections per anatomical region between the urethane (URE) and isoflurane (ISO) cohorts. Vertical axis represents the difference in proportion of connections between the two cohorts; positive values: more significant connections in the urethane cohort; negative values: more significant connections in the isoflurane cohort. Overall, there was no statistically significant difference between the anatomical distribution of significant connections between the two cohorts. (c) Gross anatomical distribution of the most connected nodes ($N = 9$ animals). From top to bottom (light to dark): sDH, dDH, IG, and VH. Significant main effect of anatomical region on proportion of most connected nodes, $P=0.006$. (d) Histogram of most connected nodes across electrodes on each shank. Bars to left of vertical black line reflect lateral electrode shank and bars to right of vertical black line reflect medial electrode shank; from top to bottom (light to dark), each row represents one electrode (16 total rows). Bar length indicates number of occurrences that electrode was determined to be in the 'most connected' subset. (e) Spatial distribution: proportion of significant connections by polarity (excitatory, inhibitory) and anatomical region in the isoflurane cohort. Red bars: putative excitatory connections; blue bars: putative inhibitory connections. (f) Temporal distribution: latencies of significant excitatory (red) and inhibitory (blue) connections in the isoflurane cohort. Purple shaded region intended to highlight latencies compatible with potential monosynaptic or disynaptic connections. Inhibitory latencies were significantly shorter than excitatory latencies on average within the isoflurane cohort ($P=0.017$). We found no systematic differences in the spatiotemporal profiles of excitatory and inhibitory connections between the urethane and isoflurane cohorts, which preferentially depress the dorsal and ventral horns, respectively.

483 The anatomical distribution of excitatory and inhibitory links also remained remarkably stable between
484 urethane and isoflurane (**Figure 7e**). There was no main effect of anesthetic agent nor an interaction of
485 drug by region for either the proportion of excitatory or inhibitory links in each region (Excitatory: Region:
486 $F=13.981$, $P=0.000$; region*drug: $F=0.348$, $P=0.819$; drug: $F=0.030$, $P=0.865$, **Supplementary Table 7**;
487 Inhibitory: Region: $F=19.403$; $P=0.000$; region*drug: $F=0.231$, $P=0.794$; drug: $F=0.611$, $P=0.444$, **Table**
488 **Supplementary Table 8**). The mean latency of excitatory and inhibitory connections also did not change
489 from the urethane to the isoflurane cohorts (excitatory: 6.4 ± 0.5 vs. 6.7 ± 1 msec, $P = 0.8188$; inhibitory:
490 2.6 ± 0.4 vs. 3.1 ± 0.6 msec, $P = 0.5389$). Within the isoflurane cohort, inhibitory latencies were significantly
491 shorter than excitatory latencies ($P=0.017$; **Fig. 7f**), which was also reflected when pooling data across
492 both cohorts (i.e., inhibitory latencies were significantly shorter than excitatory latencies on average at 2.9
493 vs. 6.5 msec, $P<0.0001$).

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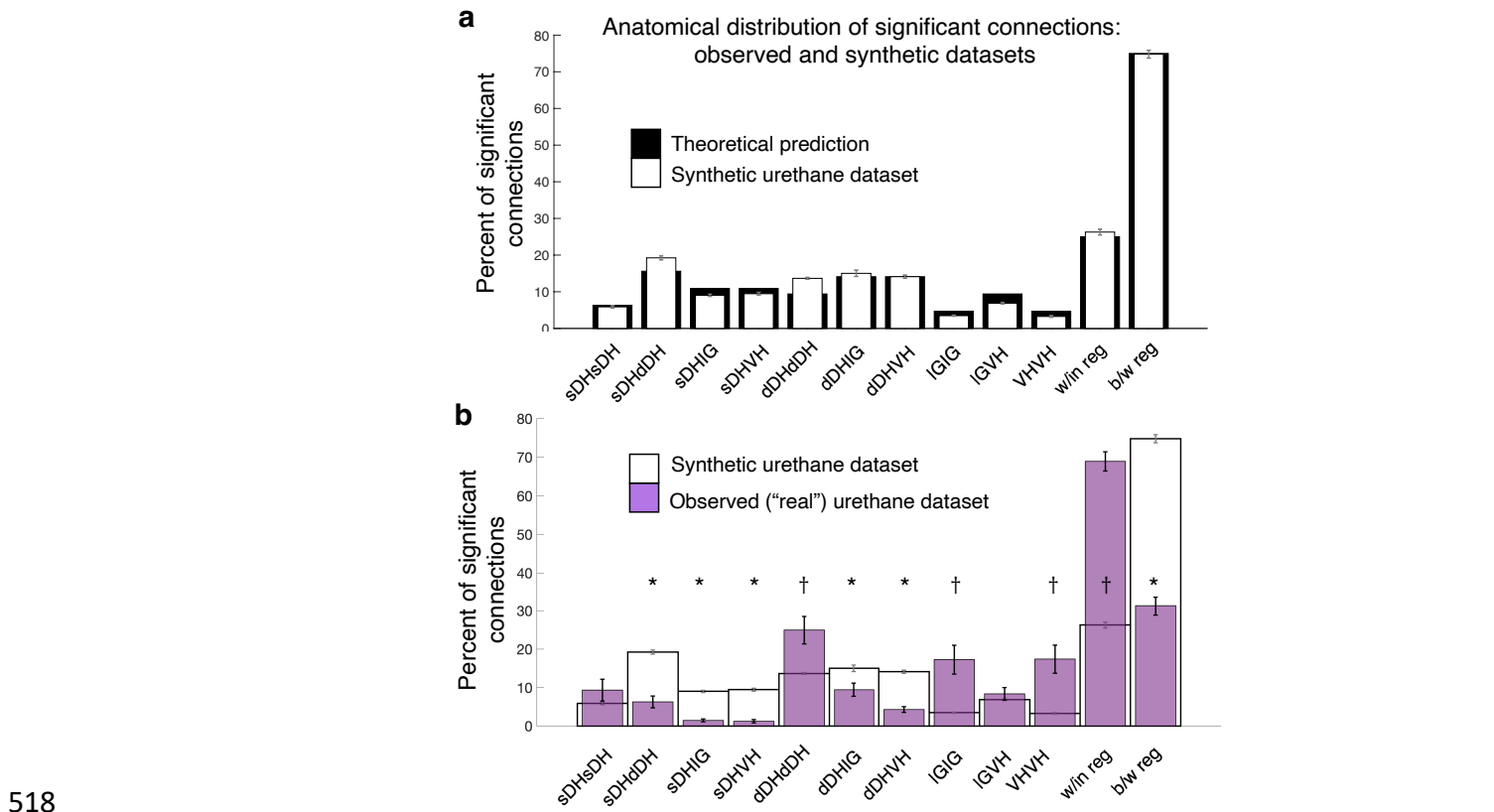
495 *The magnitude and spatiotemporal profile of unconscious intraspinal functional connectivity are not*
496 *explained by random network activity.*

497

498 Because these experiments characterize spontaneous rather than evoked network activity, it is
499 reasonable to question whether the activity is likely to emerge merely by chance. To address this question,
500 we first asked whether the proportion of significantly correlated unit pairs was greater than that which would
501 be expected by an interconnected population of statistically-matched neurons firing randomly. Across
502 animals, we find that the mean proportion of significantly correlated unit pairs in the synthetic dataset was
503 significantly lower than that observed experimentally (Urethane: $2.7\% \pm 0.4$ vs $4.2 \pm 0.8\%$, respectively, $P =$
504 0.0053 ; Isoflurane: 2.7 ± 1.1 vs. 3.9 ± 1.3 , $P=0.0033$). On a per-animal level, we find that the proportion of
505 significant connections in the observed data always exceeded its synthetic counterpart; that is, in no
506 animals did we detect only as few (or fewer) significant connections than would be expected at random
507 when controlling for the uniqueness of each animal's own data. These findings indicate that the overall
508 degree of temporal synchrony was highly unlikely to be observed at random.

509 Next, we asked whether the spatial patterns of connectivity – i.e., the topology of the significantly
510 correlated unit pairs – differed from a random structure. Given the consistent surgical placement of our

511 microelectrode arrays in each experiment, their known geometry, and our definitions of the approximate
 512 boundaries between gross anatomical regions in the spinal gray matter, it is possible to directly compute
 513 the probabilities that significant connections will exist within or between regions if neurons are distributed at
 514 random. These probabilities are: sDH-sDH: 6.3%; sDH-dDH: 15.6%; sDH-IG: 10.9%; sDH-VH: 10.9%;
 515 dDH-dDH: 9.4%; dDH-IG: 14.1%; dDH-VH: 14.1%; IG-IG: 4.7%; IG-VH: 9.4%, and VH-VH: 4.7%. For within
 516 and between region connections, the probabilities are 25% and 75%, respectively. We then verified that the
 517 bootstrapped synthetic data indeed converged to these theoretical predictions (**Figure 8a**).



518
 519 **Figure 8. Experimentally realized spatial patterns of functional connectivity diverge from predictions of random network interactions.** (a)
 520 Proportion of significant connections by anatomical region. From left to right, bar plots indicate connections from sDH-sDH, sDH-dDH, sDH-IG,
 521 sDH-VH, dDH-dDH, dDH-IG, dDH-VH, IG-IG, IG-VH, VH-VH. Black bars indicate theoretical predictions; white bars indicate results of simulations \pm
 522 sem (i.e., synthetic data). The synthetic dataset, generated from randomly shuffling by \pm 0-5ms each spike time of each neuron in each trial, then
 523 repeating $>1,000x$, converges to theoretical predictions. Theoretical predictions are based upon the number and anatomical distribution of
 524 electrodes throughout the gray matter. (b) Anatomical distribution of synthetic data (white, as in panel a) compared to experimentally realized
 525 urethane data ($N=13$, purple bars). We found a significant interaction of cohort by anatomical region (real vs. synthetic, $P<0.0001$), indicating the
 526 divergence of the real dataset from that which would be expected by a population of interconnected neurons that are statistically similar but spiking
 527 at random. Asterisks indicate connections in which the synthetic data was overrepresented relative to the real data; crosses indicate connections in
 528 which the real data was overrepresented relative to the synthetic data. Most notably, we found significantly more within-region connections in the
 529 real data compared to the synthetic ($P<0.0001$), and significantly fewer between region connections in the real compared to the synthetic data
 530 ($P<0.0001$).
 531

532 We found an overall main effect of anatomical region on connectivity patterns between the
 533 bootstrapped synthetic data and the observed data (Urethane: $F=10.571$, $P<0.0001$, **Figure 8b**,
 534 **Supplementary Table 9**; Isoflurane: $F=7.251$, $P=0.001$, **Supplementary Table 10**) and, notably, a

535 significant interaction of region by cohort (i.e., real or synthetic urethane data; $F = 16.168$; $P < 0.0001$
536 **Supplementary Table 9**; isoflurane: $F = 11.561$, $P < 0.0001$, **Supplementary Table 10**). Post-hoc testing
537 across regions revealed a lower proportion of significant sDH-dDH, sDH-IG, sDH-VH, dDH-IG, and dDH-
538 VH connections in the real compared to the synthetic dataset and a significantly greater proportion of dDH-
539 dDH, IG-IG, and VH-VH connections in the observed compared to the synthetic dataset (**Figure 8b**).
540 Overall, we found a significantly greater proportion of within-region connections in the observed dataset
541 than the synthetic dataset (68.9 vs. 26.3%, $P < 0.0001$) and a significantly lower proportion of between-
542 region connections in the observed dataset compared to the synthetic dataset (31.1 vs. 73.7%, $P < 0.0001$).

543

544 Discussion

545

546 Presence of an intrinsic spinal network active during unconsciousness

547

548 Our primary finding is that neural transmission persists in the spinal cord during unconsciousness at a
549 level and with a structure that appears to be non-random. We interpret our findings as supporting the
550 emerging view that the spinal cord possesses intrinsic networks that maintain purposeful activity during
551 unconsciousness and in the absence of evoked neural transmission (Barry et al., 2014; Eippert and Tracey,
552 2014).

553 In intrinsic *surpraspinal* networks, purposeful neural transmission during unconsciousness involves
554 patterned activity within local and regional circuits as well as communication between functionally and
555 spatially distributed neural structures. (Demertzi et al., 2019; Fox et al., 2005; Greicius et al., 2003; Mashour
556 and Hudetz, 2018; Raichle et al., 2001; Steriade et al., 1993; Wenzel et al., 2019) Thus, we reasoned that
557 persistence of correlated discharge at multiple spatial scales would also be a necessary precondition for
558 intrinsic spinal networks to maintain purposeful activity during unconsciousness. Central to this idea would
559 be the presence of functional connectivity within sensorimotor regions deep in the gray matter (in addition
560 to connectivity within and between the predominantly sensory regions of the dorsal horn), as the spinal
561 cord plays a key role in sensorimotor integration and motor output.

562 To this point, we found a greater proportion of connectivity within the VH than within or between any
563 other region(s) except within the dDH, despite a lack of motor output. Connections within the IG were the
564 third most represented (behind dDH-dDH and VH-VH). Of particular note is the proportion of VH-VH
565 connections relative to dDH-dDH connections. While it is perhaps not surprising that the dDH exhibited the
566 greatest interconnectivity given that it forms both local and distributed circuits and receives direct primary
567 afferent input, it is however surprising that, when normalized for anatomical area, the dDH exhibits only
568 ~60% as much within-region connectivity as the VH.

569 Previous studies have found resting state functional connectivity within the dorsal horns and the ventral
570 horns, respectively, but it has been an enduring question whether functional connectivity exists between
571 the dorsal horn and other regions of the spinal gray matter during unconsciousness, particularly in the
572 absence of evoked responses.(Barry et al., 2014; Eippert et al., 2016; Kong et al., 2014; Wu et al., 2019)
573 Remarkably, we found that >20% of all significant connections were between the sDH or dDH and the IG or
574 VH (e.g., **Fig. 5a**). To the best of our knowledge, this is the first such demonstration of single-neuron level
575 spontaneous functional connectivity between sensory and motor regions of the spinal gray matter during
576 unconsciousness. From these findings, we can conclude that spontaneous synchronous discharge of
577 spinal neurons during unconsciousness is not confined to local, sensory-dominant circuits in the dorsal
578 horn; rather, it spans spatially and functionally distinct regions of the spinal gray matter, reflecting the
579 integrative nature of spinal neural transmission during periods of wakeful behavior.

580 Determining whether the connectivity we see truly reflects the presence of orderly activity in an intrinsic
581 spinal network during unconsciousness is a complex process, in part because of the potential role of
582 sensory afferent inflow. On the other hand, the presence of nominal sensory inflow does not itself exclude
583 the possibility that intrinsic activity was maintained; merely that the observed activity reflects the interaction
584 of the two. This would be analogous to studies of resting state functional connectivity in the brain during
585 inattentive wakefulness (e.g., the default mode network), where environmental stimuli and sensory
586 feedback are continuously present, but lack saliency.(Raichle et al., 2001) Nevertheless, several lines of
587 experimental controls and results support our conclusion that the observed connectivity was not due
588 merely to sensory afferent inflow.

589 First, we return to the finding of connectivity within and between the IG and VH. These regions would
590 not be expected to receive meaningful direct afferent input in our preparation. The primary source of such
591 input would be muscle afferents, in particular the 1a, 1b, and group II fibers. While 1a afferents indeed
592 synapse directly onto motoneurons, in our preparation muscle length was held constant. Activity in 1b and
593 Group II afferents would likewise be negligible in our preparation, as muscles were not developing tension
594 and were held in a neutral, unstrained position.

595 A stronger argument against an exclusive role of sensory afferent feedback driving our connectivity
596 results and in support of a role for persistent activity in an intrinsic network is that sDH and dDH
597 connectivity was robust in animals anesthetized with urethane. As mentioned in Results, we chose
598 urethane specifically for its documented ability to block spontaneous dorsal root activity.(Daló and
599 Hackman, 2013; Hara and Harris, 2002) It is also worth reiterating that we chose an electrode implantation
600 site whose corresponding dermatome primarily included the glabrous skin of the plantar surface of the
601 hindpaw. This region had no physical contact with the surgical field, instruments, etc., further minimizing
602 undue afferent feedback. Although deafferentation would have wholly eliminated natural sensory afferent
603 activity, it could have paradoxically increased discharge in the residual dorsal roots, 2nd order neurons, or
604 local dorsal horn neurons.(Eschenfelder et al., 2000)

605 A counterpoint to this interpretation would be that the activity we observed within and between the IG
606 and VH is related to polysynaptic activation of premotor interneurons and other interneurons intercalated
607 amongst motor pools from latent connections to the sDH and dDH. We addressed this potential confound
608 by characterizing functional connectivity in a separate cohort of rats anesthetized with isoflurane, an
609 anesthetic known to preferentially depress ventral horn cells relative to the dorsal horn cells, including
610 premotor interneurons.(Kim et al., 2007; Kohno and Wakai, 2005) We found that functional connectivity in
611 the IG and VH (as well as the sDH and dDH) persisted largely unchanged in animals administered
612 isoflurane, and therefore choice of anesthetic agent could not explain our findings. In fact, we find the
613 spatiotemporal patterns of connectivity to be remarkably consistent across the two anesthetic agents. This
614 finding, in conjunction with other experimental controls, further supports the notion that the results are not
615 merely an epiphenomenon or primarily reflective of afferent transmission.

616 Separate from afferent feedback, some degree of spontaneous, possibly random, neural transmission
617 would presumably be expected in the spinal cord regardless of whether a structured intrinsic network is
618 active during unconsciousness. Therefore, it was important to understand how the proportion of functionally
619 connected units we observed and their topology compared to that which might be expected by populations
620 of statistically matched, interconnected neurons firing randomly. We found, on average, 105% *more* pairs
621 of functionally connected units across rats in the observed compared to the synthetic dataset, indicating
622 that the observed proportion of functionally connected units was unlikely to occur due to chance. This
623 finding reinforces the view that the spinal cord indeed possesses intrinsic networks active during
624 unconsciousness, which appear to be involved in multimodal neural processing.

625 Regarding topological aspects of the correlated units, we also find a marked departure from a random
626 structure. However, it should be reiterated that the random topology is based on the number of electrodes
627 in each gross anatomical region, not the physiological characteristics of the regions themselves (e.g., the
628 putative function of neurons in a given region during unconsciousness, direct measures of regional neuron
629 density, etc.). Many of these parameters (or their influence) cannot be directly quantified. An additional
630 consideration is that we did not characterize or predict higher-order connectivity patterns (e.g., 3, 4, 5 link
631 connections, etc.). Thus, while we can conclude from the pairs of significantly correlated units (and their
632 accompanying latencies) that multiple local and distant regions are functionally connected, we cannot
633 delineate the specific pathways through which these polysynaptic connections are mediated.

634 One of the most pronounced topological features of the observed data, particularly compared to
635 theoretical benchmarks, was the difference in within-region vs. between-region connectivity. We found
636 significantly greater within-region connectivity than between-region connectivity (~70 vs ~30%), opposite
637 our prediction. This finding appears to be driven in part by the sDH. While the sDH contains the most
638 theoretical between-region connections, it is a particularly challenging region to study *in vivo* using
639 implanted microelectrode arrays. Indeed, its proximity to the electrode insertion site increases the likelihood
640 of tissue damage, which is compounded by the small size and fragility of the cells it contains (e.g., in the
641 SG). The sDH also contains a preponderance of between-region circuits dedicated to transmission of
642 nociceptive neural activity from the periphery, but nociception was not a component of our protocol. These
643 considerations presumably reduced the overall proportion of between-region connections we observed,

644 which was shifted further towards a majority of within-region connections by the four-fold

645 overrepresentation of VH-VH connections.

646

647 *Possible function(s) of neural transmission in intrinsic spinal networks during unconsciousness*

648

649 One potential explanation for the presence of persistent activity during unconsciousness could be re-
650 activation of salient experience-dependent patterns of neural transmission to stabilize circuit-level synaptic
651 connectivity. During sleep, for example, specific patterns of hippocampal and cortical activation emerge
652 that mirror those experienced during wakefulness.(Puentes-Mestril and Aton, 2017; Wei et al., 2016)
653 Persistence of these patterns is believed to be integral to memory encoding and consolidation. It is
654 reasonable to think that such a mechanism might be a generalized feature of complex neural circuits.

655 Several of our findings are consistent with this idea and suggest putative mechanisms by which it could
656 occur. First, our finding of functional connectivity between superficial and deep regions indicates that the
657 pathways nominally required for stabilization of multimodal patterns of neural transmission remain active
658 during unconsciousness. Next, we find a substantial portion of connection latencies compatible with mono-
659 and di-synaptic interactions, offering a link between broad, network-level neural synchrony and the
660 millisecond-timescale synaptic interactions necessary for driving plasticity and shaping behavior.(Brzosko
661 et al., 2019; Feldman, 2012) And finally, we show that both excitatory and inhibitory connections with the
662 full complement of latencies are widely distributed throughout the gray matter, providing another
663 mechanism for bi-directional modification of synaptic interactions (besides spike-timing-dependent
664 plasticity) to precisely shape circuit-level neural transmission and behavior.

665 Although our study cannot confirm or refute whether this is indeed the purpose of the persistent
666 network activity we observed, it is a useful framework for developing new hypotheses to probe this
667 potential functionality. For example, we would hypothesize that if a specific salient pattern of neural
668 transmission was introduced and reinforced prior to unconsciousness, whether naturally or as part of a
669 targeted, plasticity-promoting rehabilitation intervention,(Jo and Perez, 2020; McPherson et al., 2015;
670 Thompson et al., 2013) we may find evidence of this pattern in the topology of active neurons during
671 unconsciousness. We would also hypothesize that specific patterns of functional connectivity during

672 unconsciousness may play a role in the chronification process after trauma or disease. Here, network
673 activity could potentially lead either to adaptive or maladaptive reinforcement of (in)appropriate patterns of
674 neural activity, contributing to amelioration or persistence of debilitating sensory and motor impairments
675 (e.g., spinal cord injury-related neuropathic pain; movement impairments after stroke, spinal cord injury, or
676 multiple sclerosis, etc.).

677 Other possible functions of persistent spontaneous connectivity during unconsciousness also exist. For
678 example, it could reflect latent activity in spinal central pattern generators (although evidence for
679 unconscious activity in these circuits has yet to be introduced to the literature). Alternatively, it could play a
680 role in mediating inattentive physiological processes, qualitatively analogous to the default mode (or task-
681 negative) network in the brain (Fox et al., 2005; Greicius et al., 2003; Raichle et al., 2001) or interoceptive
682 networks. (Damasio and Carvalho, 2013; Gilam et al., 2020; Sternson, 2020) However, it is difficult to
683 extrapolate our results to these latter two constructs because we interrogated rather granular connectivity
684 within a single spinal segment and did not directly consider transmission between spinal and supraspinal
685 centers or sympathetic outflow. Studies of spinal BOLD signaling may offer additional evidence in support
686 of or against these theories. It is also possible that the persistent spontaneous activity is not directly
687 involved in synaptic stabilization or in maintenance of ongoing physiological processes. Rather, it may
688 reflect a nominal basal state of activity required simply to prevent undue extinction of learned patterns of
689 neural transmission. (Dunsmoor et al., 2015) Nevertheless, our results suggest that structured spontaneous
690 activity during unconsciousness is a fundamental property of complex neural systems and is not relegated
691 to supraspinal networks.

692
693 **Author contributions:** JGM: conceptualization, data curation, formal analysis, funding acquisition,
694 investigation, methodology, project administration, resources, software, supervision, validation, writing and
695 editing. MFB: data curation, formal analysis, investigation, methodology, validation.

696
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700 **Competing interests:** The authors declare competing interests.

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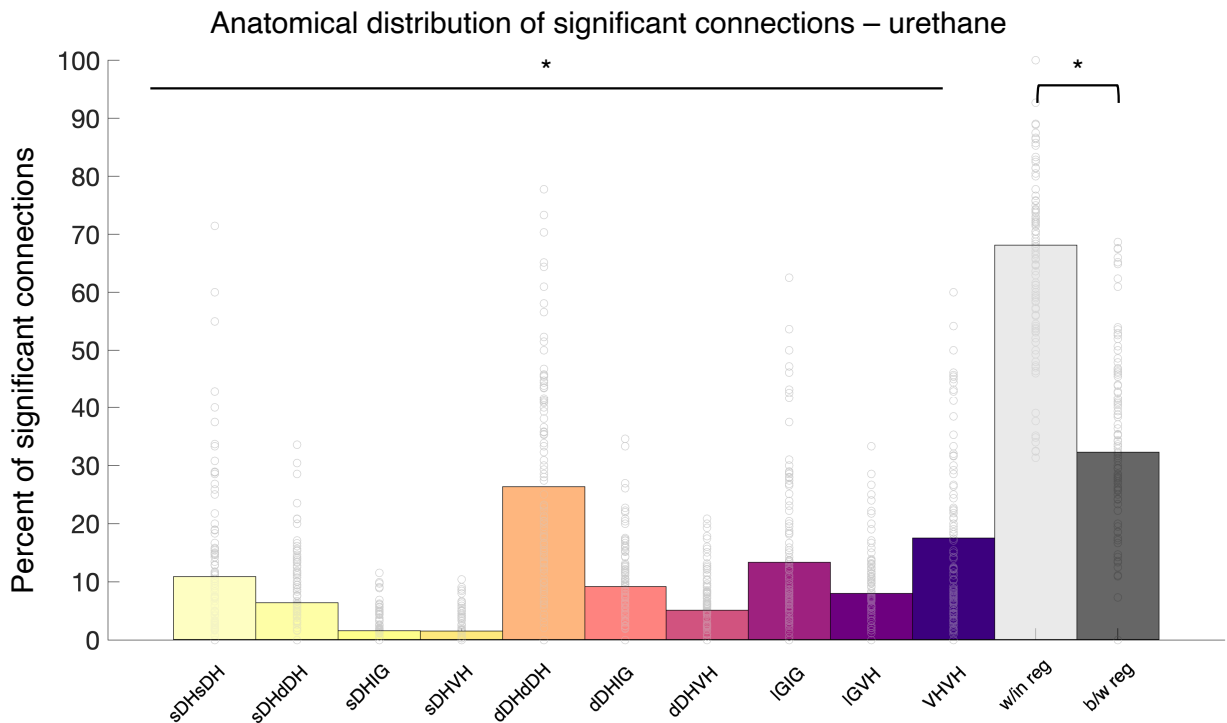
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Supplementary Materials

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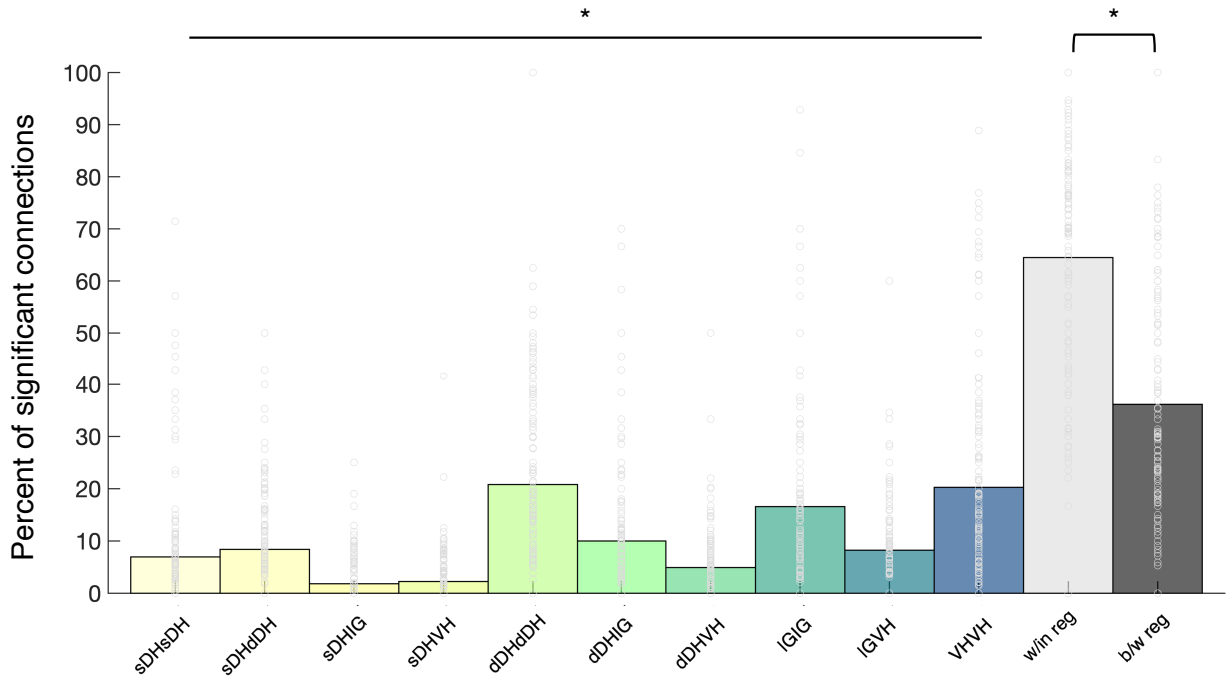
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Figure 5 – figure supplement 1. Summary topological data for urethane-anesthetized animals. (a) Proportion of significant connections by anatomical region ($N = 13$ animals). From left to right, bar plots indicate connections from sDH-sDH, sDH-dDH, sDH-IG, sDH-VH, dDH-dDH, dDH-IG, dDH-VH, IG-IG, IG-VH, VH-VH. Darkening color gradient from left to right qualitatively indicates depth from dorsal surface of spinal cord. Grayscale plots are the proportion of within and between-region connections, respectively. Significant connections are not uniformly distributed anatomically, with an overall main effect of connection location ($P < 0.0001$) and significantly more within region than between region connections ($P < 0.0001$). (b) Gross anatomical distribution of the most connected nodes ($N = 13$ animals). From top to bottom (light to dark): sDH, dDH, IG, and VH. Significant main effect of anatomical region on proportion of most connected nodes, $P=0.009$. This figure is analogous to Figure 5a in the main body, however here we present raw data (gray circles) superimposed onto the summary bar plots.

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Anatomical distribution of significant connections – isoflurane



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Figure 7 – figure supplement 1. Summary topological data for isoflurane-anesthetized animals. (a) Proportion of significant connections by anatomical region ($N = 9$ animals). From left to right, bar plots indicate connections from sDH-sDH, sDH-dDH, sDH-IG, sDH-VH, dDH-dDH, dDH-IG, dDH-VH, IG-IG, IG-VH, VH-VH. Darkening color gradient from left to right qualitatively indicates depth from dorsal surface of spinal cord. Grayscale plots are the proportion of within and between-region connections, respectively. Significant connections are not uniformly distributed anatomically, with an overall main effect of connection location ($P < 0.0001$) and significantly more within region than between region connections ($P < 0.005$). This figure is analogous to Figure 7a in the main body, however here we present raw data (gray circles) superimposed onto the summary bar plots.

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Supplementary Table 1.

Average number of units per anatomical region – urethane

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
sDH	13	11.1288	9.54466	2.64721	5.3610	16.8966	.00	29.00
dDH	13	24.9359	9.94266	2.75760	18.9276	30.9442	9.00	38.71
IG	13	16.1181	7.63001	2.11618	11.5073	20.7289	5.05	29.00
VH	13	13.9456	6.49604	1.80168	10.0201	17.8711	5.63	29.00
Total	52	16.5321	9.77324	1.35530	13.8112	19.2530	.00	38.71

ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
Anatomical region	1386.855	3	462.285	6.368	.001
Within Groups	3484.472	48	72.593		
Total	4871.327	51			

Bonferroni

(I) region	(J) region	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
sDH	dDH	-13.80711*	3.34188	.001	-23.0040	-4.6102
	IG	-4.98928	3.34188	.852	-14.1862	4.2077
	VH	-2.81677	3.34188	1.000	-12.0137	6.3802
dDH	sDH	13.80711*	3.34188	.001	4.6102	23.0040
	IG	8.81782	3.34188	.067	-.3791	18.0148
	VH	10.99034*	3.34188	.011	1.7934	20.1873
IG	sDH	4.98928	3.34188	.852	-4.2077	14.1862
	dDH	-8.81782	3.34188	.067	-18.0148	.3791
	VH	2.17252	3.34188	1.000	-7.0244	11.3695
VH	sDH	2.81677	3.34188	1.000	-6.3802	12.0137
	dDH	-10.99034*	3.34188	.011	-20.1873	-1.7934
	IG	-2.17252	3.34188	1.000	-11.3695	7.0244

*. The mean difference is significant at the 0.05 level.

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869 **Supplementary Table 2.**

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Anatomical region of synchronous unit pairs – urethane

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	
Anatomical region of synchronous unit pairs	Sphericity Assumed	6899.267	9	766.585	9.277	.000
	Greenhouse-Geisser	6899.267	3.077	2242.502	9.277	.000
	Huynh-Feldt	6899.267	4.258	1620.313	9.277	.000
	Lower-bound	6899.267	1.000	6899.267	9.277	.010
Error(region)	Sphericity Assumed	8924.109	108	82.631		
	Greenhouse-Geisser	8924.109	36.919	241.721		
	Huynh-Feldt	8924.109	51.096	174.654		
	Lower-bound	8924.109	12.000	743.676		

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Proportion of significant connections per region – urethane

region	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
sDH-sDH	9.326	2.841	3.136	15.515
sDH-dDH	6.266	1.531	2.931	9.601
sDH-IG	1.463	.359	.681	2.246
sDH-VH	1.230	.422	.309	2.150
dDH-dDH	24.947	3.575	17.158	32.736
dDH-IG	9.446	1.704	5.732	13.159
dDH-VH	4.286	.755	2.642	5.930
IG-IG	17.267	3.743	9.111	25.422
IG-VH	8.374	1.653	4.771	11.976
VH-VH	17.397	3.672	9.395	25.398

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Pairwise Comparisons

(I) region	(J) region	Mean Difference (I-J)	Std. Error	Sig. ^a	95% Confidence Interval for Difference ^a	
					Lower Bound	Upper Bound
sDH-sDH	sDH-dDH	3.059	2.429	1.000	-7.285	13.404
	sDH-IG	7.862	2.790	.699	-4.019	19.744
	sDH-VH	8.096	2.835	.651	-3.977	20.169
	dDH-dDH	-15.621	4.431	.188	-34.490	3.248
	dDH-IG	-.120	3.927	1.000	-16.842	16.602
	dDH-VH	5.040	3.099	1.000	-8.158	18.238
	IG-IG	-7.941	5.112	1.000	-29.710	13.828
	IG-VH	.952	3.672	1.000	-14.685	16.589
	VH-VH	-8.071	5.648	1.000	-32.119	15.977
sDH-dDH	sDH-sDH	-3.059	2.429	1.000	-13.404	7.285
	sDH-IG	4.803	1.363	.188	-.999	10.605
	sDH-VH	5.037	1.351	.130	-.716	10.789
	dDH-dDH	-18.681*	3.426	.007	-33.271	-4.090
	dDH-IG	-3.179	2.410	1.000	-13.443	7.085
	dDH-VH	1.980	1.429	1.000	-4.104	8.065
	IG-IG	-11.000	4.512	1.000	-30.213	8.213
	IG-VH	-2.108	2.625	1.000	-13.286	9.071
	VH-VH	-11.130	4.921	1.000	-32.083	9.822
sDH-IG	sDH-sDH	-7.862	2.790	.699	-19.744	4.019
	sDH-dDH	-4.803	1.363	.188	-10.605	.999
	sDH-VH	.234	.209	1.000	-.656	1.124
	dDH-dDH	-23.483*	3.513	.001	-38.442	-8.525
	dDH-IG	-7.982*	1.756	.030	-15.458	-.506
	dDH-VH	-2.823	.683	.062	-5.729	.084
	IG-IG	-15.803	3.823	.062	-32.082	.476
	IG-VH	-6.910	1.767	.093	-14.435	.614
	VH-VH	-15.933	3.897	.068	-32.526	.659
sDH-VH	sDH-sDH	-8.096	2.835	.651	-20.169	3.977
	sDH-dDH	-5.037	1.351	.130	-10.789	.716
	sDH-IG	-.234	.209	1.000	-1.124	.656
	dDH-dDH	-23.717*	3.577	.001	-38.950	-8.485
	dDH-IG	-8.216*	1.710	.019	-15.496	-.937
	dDH-VH	-3.056*	.670	.029	-5.909	-.203
	IG-IG	-16.037	3.883	.063	-32.571	.497
	IG-VH	-7.144	1.753	.069	-14.607	.318
	VH-VH	-16.167	3.843	.055	-32.530	.196
dDH-dDH	sDH-sDH	15.621	4.431	.188	-3.248	34.490

	sDH-dDH	18.681*	3.426	.007	4.090	33.271
	sDH-IG	23.483*	3.513	.001	8.525	38.442
	sDH-VH	23.717*	3.577	.001	8.485	38.950
	dDH-IG	15.501	4.090	.116	-1.915	32.917
	dDH-VH	20.661*	3.177	.001	7.132	34.190
	IG-IG	7.680	6.741	1.000	-21.022	36.383
	IG-VH	16.573	4.657	.177	-3.256	36.402
	VH-VH	7.550	5.877	1.000	-17.476	32.577
dDH-IG	sDH-sDH	.120	3.927	1.000	-16.602	16.842
	sDH-dDH	3.179	2.410	1.000	-7.085	13.443
	sDH-IG	7.982*	1.756	.030	.506	15.458
	sDH-VH	8.216*	1.710	.019	.937	15.496
	dDH-dDH	-15.501	4.090	.116	-32.917	1.915
	dDH-VH	5.160	1.781	.602	-2.423	12.742
	IG-IG	-7.821	4.459	1.000	-26.810	11.168
	IG-VH	1.072	2.854	1.000	-11.079	13.223
	VH-VH	-7.951	3.330	1.000	-22.128	6.227
dDH-VH	sDH-sDH	-5.040	3.099	1.000	-18.238	8.158
	sDH-dDH	-1.980	1.429	1.000	-8.065	4.104
	sDH-IG	2.823	.683	.062	-.084	5.729
	sDH-VH	3.056*	.670	.029	.203	5.909
	dDH-dDH	-20.661*	3.177	.001	-34.190	-7.132
	dDH-IG	-5.160	1.781	.602	-12.742	2.423
	IG-IG	-12.981	4.184	.412	-30.799	4.838
	IG-VH	-4.088	2.010	1.000	-12.645	4.469
	VH-VH	-13.111	3.940	.271	-29.887	3.665
IG-IG	sDH-sDH	7.941	5.112	1.000	-13.828	29.710
	sDH-dDH	11.000	4.512	1.000	-8.213	30.213
	sDH-IG	15.803	3.823	.062	-.476	32.082
	sDH-VH	16.037	3.883	.063	-.497	32.571
	dDH-dDH	-7.680	6.741	1.000	-36.383	21.022
	dDH-IG	7.821	4.459	1.000	-11.168	26.810
	dDH-VH	12.981	4.184	.412	-4.838	30.799
	IG-VH	8.893	2.963	.497	-3.723	21.509
	VH-VH	-.130	5.434	1.000	-23.270	23.010
IG-VH	sDH-sDH	-.952	3.672	1.000	-16.589	14.685
	sDH-dDH	2.108	2.625	1.000	-9.071	13.286
	sDH-IG	6.910	1.767	.093	-.614	14.435
	sDH-VH	7.144	1.753	.069	-.318	14.607
	dDH-dDH	-16.573	4.657	.177	-36.402	3.256
	dDH-IG	-1.072	2.854	1.000	-13.223	11.079

	dDH-VH	4.088	2.010	1.000	-4.469	12.645
	IG-IG	-8.893	2.963	.497	-21.509	3.723
	VH-VH	-9.023	3.915	1.000	-25.693	7.648
VH-VH	sDH-sDH	8.071	5.648	1.000	-15.977	32.119
	sDH-dDH	11.130	4.921	1.000	-9.822	32.083
	sDH-IG	15.933	3.897	.068	-.659	32.526
	sDH-VH	16.167	3.843	.055	-.196	32.530
	dDH-dDH	-7.550	5.877	1.000	-32.577	17.476
	dDH-IG	7.951	3.330	1.000	-6.227	22.128
	dDH-VH	13.111	3.940	.271	-3.665	29.887
	IG-IG	.130	5.434	1.000	-23.010	23.270
	IG-VH	9.023	3.915	1.000	-7.648	25.693

Based on estimated marginal means

a. Adjustment for multiple comparisons: Bonferroni.

*. The mean difference is significant at the alpha = 0.05 level.

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875 **Supplementary Table 3.**

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Most connected nodes – urethane

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
sDH	13	14.1166	15.35972	4.26002	4.8348	23.3983	.00	50.90
dDH	13	35.4323	16.58153	4.59889	25.4122	45.4524	13.70	67.59
IG	13	27.4337	15.69728	4.35364	17.9479	36.9195	6.41	57.40
VH	13	23.0176	13.83545	3.83726	14.6569	31.3782	3.33	44.57
Total	52	25.0000	16.84245	2.33563	20.3111	29.6890	.00	67.59

ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
Anatomical region	3082.758	3	1027.586	4.333	.009
Within Groups	11384.309	48	237.173		
Total	14467.067	51			

Post-hoc comparisons

Bonferroni

(I) region	(J) region	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
sDH	dDH	-21.31574*	6.04054	.006	-37.9395	-4.6920
	IG	-13.31714	6.04054	.194	-29.9409	3.3066
	VH	-8.90100	6.04054	.883	-25.5247	7.7227
dDH	sDH	21.31574*	6.04054	.006	4.6920	37.9395
	IG	7.99860	6.04054	1.000	-8.6251	24.6223
	VH	12.41475	6.04054	.272	-4.2090	29.0385
IG	sDH	13.31714	6.04054	.194	-3.3066	29.9409
	dDH	-7.99860	6.04054	1.000	-24.6223	8.6251
	VH	4.41615	6.04054	1.000	-12.2076	21.0399
VH	sDH	8.90100	6.04054	.883	-7.7227	25.5247
	dDH	-12.41475	6.04054	.272	-29.0385	4.2090
	IG	-4.41615	6.04054	1.000	-21.0399	12.2076

*. The mean difference is significant at the 0.05 level.

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879 **Supplementary Table 4.**

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Average number of units per anatomical region – isoflurane

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval		Minimum	Maximum
					for Mean			
					Lower Bound	Upper Bound		
sDH	9	8.5643	5.87902	1.95967	4.0453	13.0833	1.08	20.60
dDH	9	20.0476	7.98828	2.66276	13.9072	26.1879	7.48	32.80
IG	9	12.3987	3.28324	1.09441	9.8750	14.9224	7.24	16.20
VH	9	12.8159	3.89571	1.29857	9.8214	15.8104	6.88	17.67
Total	36	13.4566	6.79243	1.13207	11.1584	15.7549	1.08	32.80

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ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
Anatomical region	620.145	3	206.715	6.650	.001
Within Groups	994.653	32	31.083		
Total	1614.798	35			

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Bonferroni

(I) Region	(J) Region	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
sDH	dDH	-11.48326*	2.62818	.001	-18.8746	-4.0919
	IG	-3.83439	2.62818	.926	-11.2257	3.5569
	VH	-4.25161	2.62818	.693	-11.6429	3.1397
dDH	sDH	11.48326*	2.62818	.001	4.0919	18.8746
	IG	7.64887*	2.62818	.039	.2575	15.0402
	VH	7.23164	2.62818	.058	-.1597	14.6230
IG	sDH	3.83439	2.62818	.926	-3.5569	11.2257
	dDH	-7.64887*	2.62818	.039	-15.0402	-.2575
	VH	-.41722	2.62818	1.000	-7.8086	6.9741
VH	sDH	4.25161	2.62818	.693	-3.1397	11.6429
	dDH	-7.23164	2.62818	.058	-14.6230	.1597
	IG	.41722	2.62818	1.000	-6.9741	7.8086

*. The mean difference is significant at the 0.05 level.

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885 **Supplementary Table 5.**

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Anatomical region of synchronous unit pairs – isoflurane

Measure: MEASURE_1

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	
Anatomical region of synchronous unit pairs	Sphericity Assumed	4450.184	9	494.465	6.517	.000
	Greenhouse-Geisser	4450.184	2.479	1795.061	6.517	.004
	Huynh-Feldt	4450.184	3.679	1209.568	6.517	.001
	Lower-bound	4450.184	1.000	4450.184	6.517	.034
Error(region)	Sphericity Assumed	5463.208	72	75.878		
	Greenhouse-Geisser	5463.208	19.833	275.460		
	Huynh-Feldt	5463.208	29.433	185.614		
	Lower-bound	5463.208	8.000	682.901		

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Proportion of significant connections per region – isoflurane

region	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
sDH-sDH	6.865	2.387	1.360	12.370
sDH-dDH	8.403	1.654	4.588	12.219
sDH-IG	1.678	.487	.556	2.800
sDH-VH	2.352	.471	1.266	3.439
dDH-dDH	21.819	3.825	12.998	30.641
dDH-IG	7.813	2.025	3.143	12.482
dDH-VH	4.579	.611	3.170	5.988
IG-IG	15.605	2.844	9.047	22.164
IG-VH	8.741	1.578	5.103	12.379
VH-VH	22.144	6.107	8.061	36.227

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Pairwise Comparisons

Measure: MEASURE_1

(I) region	(J) region	Mean Difference (I-J)	Std. Error	Sig. ^a	95% Confidence Interval for Difference ^a	
					Lower Bound	Upper Bound
sDH-sDH	sDH-dDH	-1.538	2.839	1.000	-15.610	12.534
	sDH-IG	5.187	2.297	1.000	-6.198	16.572
	sDH-VH	4.513	2.297	1.000	-6.875	15.900
	dDH-dDH	-14.954	4.892	.704	-39.202	9.294
	dDH-IG	-.948	3.512	1.000	-18.354	16.459
	dDH-VH	2.286	2.343	1.000	-9.327	13.900
	IG-IG	-8.740	2.810	.649	-22.668	5.188
	IG-VH	-1.876	3.505	1.000	-19.251	15.500
	VH-VH	-15.279	7.234	1.000	-51.137	20.580
sDH-dDH	sDH-sDH	1.538	2.839	1.000	-12.534	15.610
	sDH-IG	6.725	1.476	.084	-.590	14.040
	sDH-VH	6.051	1.282	.067	-.301	12.404
	dDH-dDH	-13.416	3.871	.383	-32.607	5.775
	dDH-IG	.591	2.067	1.000	-9.655	10.836
	dDH-VH	3.824	1.600	1.000	-4.106	11.755
	IG-IG	-7.202	3.403	1.000	-24.069	9.665
	IG-VH	-.338	1.524	1.000	-7.893	7.217
	VH-VH	-13.740	7.460	1.000	-50.719	23.238
sDH-IG	sDH-sDH	-5.187	2.297	1.000	-16.572	6.198
	sDH-dDH	-6.725	1.476	.084	-14.040	.590
	sDH-VH	-.674	.436	1.000	-2.834	1.485
	dDH-dDH	-20.141*	3.604	.023	-38.005	-2.277
	dDH-IG	-6.135	1.977	.656	-15.933	3.664
	dDH-VH	-2.901*	.558	.037	-5.666	-.136
	IG-IG	-13.927	3.027	.079	-28.932	1.078
	IG-VH	-7.063	1.763	.176	-15.801	1.675
	VH-VH	-20.466	6.413	.575	-52.255	11.323
sDH-VH	sDH-sDH	-4.513	2.297	1.000	-15.900	6.875
	sDH-dDH	-6.051	1.282	.067	-12.404	.301
	sDH-IG	.674	.436	1.000	-1.485	2.834
	dDH-dDH	-19.467*	3.700	.034	-37.806	-1.128
	dDH-IG	-5.460	2.005	1.000	-15.401	4.480
	dDH-VH	-2.227	.694	.559	-5.666	1.212
	IG-IG	-13.253	2.955	.092	-27.901	1.395
	IG-VH	-6.389	1.469	.110	-13.672	.895
	VH-VH	-19.791	6.474	.704	-51.881	12.298

dDH-dDH	sDH-sDH	14.954	4.892	.704	-9.294	39.202
	sDH-dDH	13.416	3.871	.383	-5.775	32.607
	sDH-IG	20.141*	3.604	.023	2.277	38.005
	sDH-VH	19.467*	3.700	.034	1.128	37.806
	dDH-IG	14.007	4.389	.575	-7.749	35.762
	dDH-VH	17.240	3.832	.090	-1.757	36.238
	IG-IG	6.214	5.674	1.000	-21.910	34.338
	IG-VH	13.078	4.137	.602	-7.429	33.586
	VH-VH	-.324	8.565	1.000	-42.781	42.132
dDH-IG	sDH-sDH	.948	3.512	1.000	-16.459	18.354
	sDH-dDH	-.591	2.067	1.000	-10.836	9.655
	sDH-IG	6.135	1.977	.656	-3.664	15.933
	sDH-VH	5.460	2.005	1.000	-4.480	15.401
	dDH-dDH	-14.007	4.389	.575	-35.762	7.749
	dDH-VH	3.234	1.901	1.000	-6.187	12.655
	IG-IG	-7.793	3.668	1.000	-25.976	10.391
	IG-VH	-.928	2.089	1.000	-11.285	9.429
	VH-VH	-14.331	7.187	1.000	-49.957	21.295
dDH-VH	sDH-sDH	-2.286	2.343	1.000	-13.900	9.327
	sDH-dDH	-3.824	1.600	1.000	-11.755	4.106
	sDH-IG	2.901*	.558	.037	.136	5.666
	sDH-VH	2.227	.694	.559	-1.212	5.666
	dDH-dDH	-17.240	3.832	.090	-36.238	1.757
	dDH-IG	-3.234	1.901	1.000	-12.655	6.187
	IG-IG	-11.026	3.085	.326	-26.318	4.266
	IG-VH	-4.162	1.786	1.000	-13.015	4.691
	VH-VH	-17.565	6.306	1.000	-48.823	13.693
IG-IG	sDH-sDH	8.740	2.810	.649	-5.188	22.668
	sDH-dDH	7.202	3.403	1.000	-9.665	24.069
	sDH-IG	13.927	3.027	.079	-1.078	28.932
	sDH-VH	13.253	2.955	.092	-1.395	27.901
	dDH-dDH	-6.214	5.674	1.000	-34.338	21.910
	dDH-IG	7.793	3.668	1.000	-10.391	25.976
	dDH-VH	11.026	3.085	.326	-4.266	26.318
	IG-VH	6.864	3.702	1.000	-11.487	25.216
	VH-VH	-6.538	7.109	1.000	-41.776	28.700
IG-VH	sDH-sDH	1.876	3.505	1.000	-15.500	19.251
	sDH-dDH	.338	1.524	1.000	-7.217	7.893
	sDH-IG	7.063	1.763	.176	-1.675	15.801
	sDH-VH	6.389	1.469	.110	-.895	13.672
	dDH-dDH	-13.078	4.137	.602	-33.586	7.429

	dDH-IG	.928	2.089	1.000	-9.429	11.285
	dDH-VH	4.162	1.786	1.000	-4.691	13.015
	IG-IG	-6.864	3.702	1.000	-25.216	11.487
	VH-VH	-13.403	6.521	1.000	-45.726	18.920
VH-VH	sDH-sDH	15.279	7.234	1.000	-20.580	51.137
	sDH-dDH	13.740	7.460	1.000	-23.238	50.719
	sDH-IG	20.466	6.413	.575	-11.323	52.255
	sDH-VH	19.791	6.474	.704	-12.298	51.881
	dDH-dDH	.324	8.565	1.000	-42.132	42.781
	dDH-IG	14.331	7.187	1.000	-21.295	49.957
	dDH-VH	17.565	6.306	1.000	-13.693	48.823
	IG-IG	6.538	7.109	1.000	-28.700	41.776
	IG-VH	13.403	6.521	1.000	-18.920	45.726

Based on estimated marginal means

a. Adjustment for multiple comparisons: Bonferroni.

*. The mean difference is significant at the alpha = 0.05 level.

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892 **Supplementary Table 6.**

Most connected nodes – isoflurane

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for		Minimum	Maximum
					Mean			
					Lower Bound	Upper Bound		
sDH	9	13.1643	9.36661	3.12220	5.9644	20.3641	1.54	29.28
dDH	9	34.2617	13.64588	4.54863	23.7725	44.7508	12.56	49.39
IG	9	22.5847	7.63018	2.54339	16.7196	28.4497	12.36	31.69
VH	9	29.9894	17.08246	5.69415	16.8587	43.1202	10.66	72.05
Total	36	25.0000	14.44310	2.40718	20.1132	29.8869	1.54	72.05

ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
Anatomical region	2309.323	3	769.774	4.935	.006
Within Groups	4991.788	32	155.993		
Total	7301.111	35			

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Post-hoc Comparisons

Bonferroni

(I) region	(J) region	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
sDH	dDH	-21.09740*	5.88772	.007	-37.6557	-4.5391
	IG	-9.42040	5.88772	.717	-25.9787	7.1379
	VH	-16.82518*	5.88772	.045	-33.3835	-.2669
dDH	sDH	21.09740*	5.88772	.007	4.5391	37.6557
	IG	11.67700	5.88772	.336	-4.8813	28.2353
	VH	4.27222	5.88772	1.000	-12.2861	20.8305
IG	sDH	9.42040	5.88772	.717	-7.1379	25.9787
	dDH	-11.67700	5.88772	.336	-28.2353	4.8813
	VH	-7.40478	5.88772	1.000	-23.9631	9.1535
VH	sDH	16.82518*	5.88772	.045	.2669	33.3835
	dDH	-4.27222	5.88772	1.000	-20.8305	12.2861
	IG	7.40478	5.88772	1.000	-9.1535	23.9631

*. The mean difference is significant at the 0.05 level.

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Supplementary Table 7.

Anatomical region, anesthetic agent, and connection polarity: excitatory connections only

Source		Type III Sum of Squares	df	Mean Square	F	Sig.
Anatomical region	Sphericity Assumed	9734.823	9	1081.647	13.981	.000
	Greenhouse-Geisser	9734.823	3.479	2798.368	13.981	.000
	Huynh-Feldt	9734.823	4.511	2157.870	13.981	.000
	Lower-bound	9734.823	1.000	9734.823	13.981	.001
Anatomical region * Anesthetic agent	Sphericity Assumed	242.113	9	26.901	.348	.957
	Greenhouse-Geisser	242.113	3.479	69.598	.348	.819
	Huynh-Feldt	242.113	4.511	53.668	.348	.866
	Lower-bound	242.113	1.000	242.113	.348	.562
Error(region)	Sphericity Assumed	13925.524	180	77.364		
	Greenhouse-Geisser	13925.524	69.575	200.151		
	Huynh-Feldt	13925.524	90.226	154.340		
	Lower-bound	13925.524	20.000	696.276		

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Tests of Between-Subjects Effects

Measure: Anesthetic agent

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Intercept	21272.691	1	21272.691	8.574E11	.000
Anesthetic agent	7.351E-10	1	7.351E-10	.030	.865
Error	4.962E-7	20	2.481E-8		

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Pairwise Comparisons

(I) Urethane	(J) Isoflurane	Mean Difference (I-J)	Std. Error	Sig. ^a	95% Confidence Interval for Difference ^a	
					Lower Bound	Upper Bound
Urethane	Isoflurane	3.718E-6	.000	.865	-4.134E-5	4.877E-5
Isoflurane	Urethane	-3.718E-6	.000	.865	-4.877E-5	4.134E-5

Based on estimated marginal means

a. Adjustment for multiple comparisons: Bonferroni.

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Supplementary Table 8.

Anatomical region, anesthetic agent, and connection polarity: inhibitory connections only

Source		Type III Sum of Squares	df	Mean Square	F	Sig.
Anatomical region	Sphericity Assumed	36025.330	9	4002.814	19.403	.000
	Greenhouse-Geisser	36025.330	2.001	18007.668	19.403	.000
	Huynh-Feldt	36025.330	2.334	15434.465	19.403	.000
	Lower-bound	36025.330	1.000	36025.330	19.403	.000
Anatomical region * Anesthetic agent	Sphericity Assumed	429.771	9	47.752	.231	.990
	Greenhouse-Geisser	429.771	2.001	214.826	.231	.794
	Huynh-Feldt	429.771	2.334	184.128	.231	.827
	Lower-bound	429.771	1.000	429.771	.231	.636
Error(region)	Sphericity Assumed	37134.276	180	206.302		
	Greenhouse-Geisser	37134.276	40.011	928.099		
	Huynh-Feldt	37134.276	46.682	795.479		
	Lower-bound	37134.276	20.000	1856.714		

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Tests of Between-Subjects Effects

Measure: Anesthetic agent

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Intercept	21272.744	1	21272.744	1.006E12	.000
Anesthetic agent	1.291E-8	1	1.291E-8	.611	.444
Error	4.230E-7	20	2.115E-8		

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Pairwise Comparisons

(I) Urethane	(J) Isoflurane	Mean Difference (I-J)	Std. Error	Sig. ^a	95% Confidence Interval for Difference ^a	
					Lower Bound	Upper Bound
Urethane	Isoflurane	-1.558E-5	.000	.444	-5.718E-5	2.602E-5
Isoflurane	Urethane	1.558E-5	.000	.444	-2.602E-5	5.718E-5

Based on estimated marginal means

a. Adjustment for multiple comparisons: Bonferroni.

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910 **Supplementary Table 9.**

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Effects of anatomical region and region*data type on connectivity patterns – urethane

Source		Type III Sum of Squares	df	Mean Square	F	Sig.
Anatomical region	Sphericity Assumed	4049.246	9	449.916	10.571	.000
	Greenhouse-Geisser	4049.246	3.226	1255.053	10.571	.000
	Huynh-Feldt	4049.246	3.942	1027.262	10.571	.000
	Lower-bound	4049.246	1.000	4049.246	10.571	.003
Anatomical region * data type (real or synthetic)	Sphericity Assumed	6193.021	9	688.113	16.168	.000
	Greenhouse-Geisser	6193.021	3.226	1919.511	16.168	.000
	Huynh-Feldt	6193.021	3.942	1571.122	16.168	.000
	Lower-bound	6193.021	1.000	6193.021	16.168	.000
Error(Region)	Sphericity Assumed	9193.034	216	42.560		
	Greenhouse-Geisser	9193.034	77.432	118.723		
	Huynh-Feldt	9193.034	94.603	97.175		
	Lower-bound	9193.034	24.000	383.043		

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914 **Supplementary Table 10.**

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Effects of anatomical region and region*data type on connectivity patterns – isoflurane						
Source		Type III Sum of Squares	df	Mean Square	F	Sig.
Anatomical region	Sphericity Assumed	2499.975	9	277.775	7.251	.000
	Greenhouse-Geisser	2499.975	2.520	992.123	7.251	.001
	Huynh-Feldt	2499.975	3.216	777.273	7.251	.000
	Lower-bound	2499.975	1.000	2499.975	7.251	.016
Anatomical region * data type (real or synthetic)	Sphericity Assumed	3985.935	9	442.882	11.561	.000
	Greenhouse-Geisser	3985.935	2.520	1581.831	11.561	.000
	Huynh-Feldt	3985.935	3.216	1239.277	11.561	.000
	Lower-bound	3985.935	1.000	3985.935	11.561	.004
Error(Region)	Sphericity Assumed	5516.596	144	38.310		
	Greenhouse-Geisser	5516.596	40.317	136.830		
	Huynh-Feldt	5516.596	51.461	107.199		
	Lower-bound	5516.596	16.000	344.787		

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