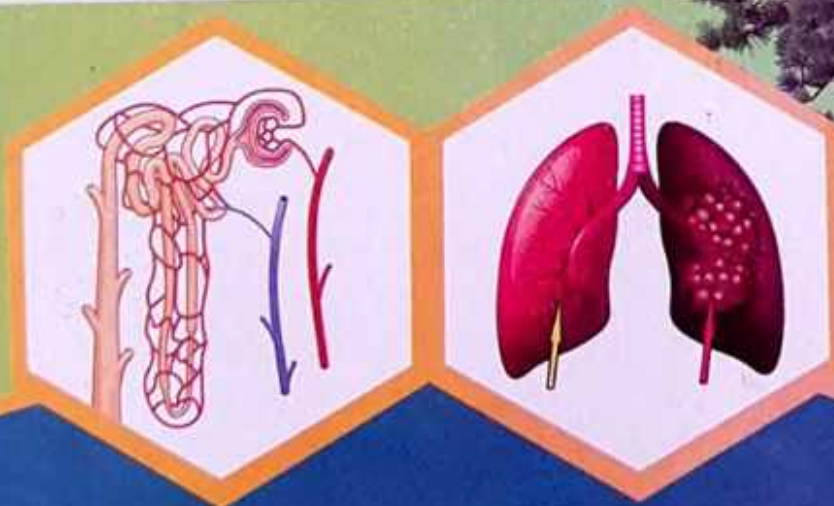
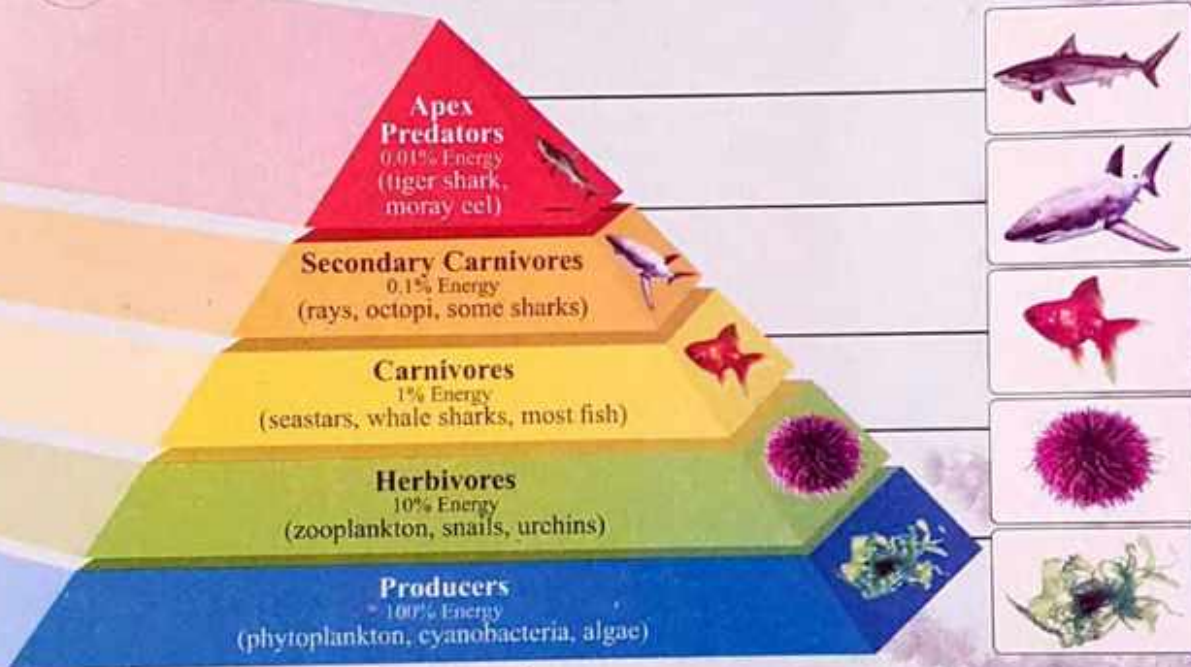


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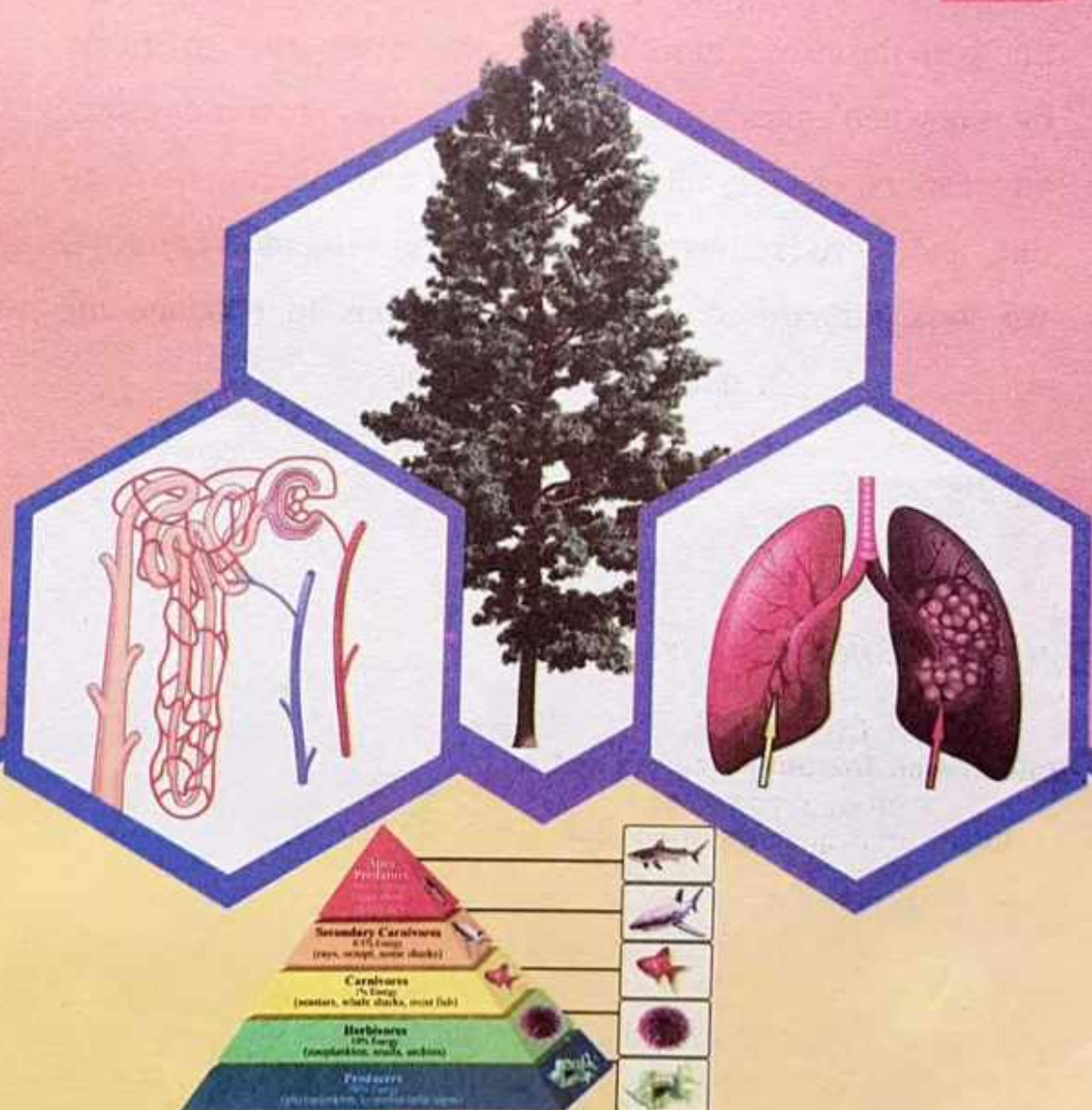
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A Textbook of BIOLOGY

Grade
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Authors



Preface

Biological Research is in the midst of a revolutionary change due to the integration of powerful technologies along with new concepts and methods derived from inclusion of Physical Sciences, Mathematics, Computational Science and Engineering.

We are living in the 21st century where the role of science and technology cannot be denied. Biology as subject is playing a pivotal role to explain the complex nature of life. Now, there is a need for every individual to know the worth of scientific saturations, and in this regard it's Biology which is going to help every individual of a society in today's world.

It is essential that we learn the Morphology and Physiology of all living things. How to live in harmony with the other residents of earth. Thus study and teaching of Biological Science at each and every level of education has become inevitable.

The text for class XII has been developed in accordance with the demand of national curriculum 2006, which is based on attainment of standard benchmarks and learning outcomes.

The special features of this book are:

- Each chapter begins with the brief introduction of topic.
- The headings and sub-headings of each topic is written in different colours which help the students to differentiate between topics and sub topics.
- For the first time new informative pattern is introduced e.g., extra and interesting information, tables or boxes, STS connection etc.
- The exercise of each chapter is written according to the pattern of paper as prescribed by educational board that is section 1 is comprising of objective questions which include MCQs and completion of blank spaces. Section 2 includes short questions and section 3 includes long questions.
- SLOs of each chapter are given in the beginning of the chapter while summary is given at the end of each chapter in order to assist students recall their knowledge about said chapter.
- Biological names of organisms are written in italics letter.

At the end of this book:

- Glossary has been provided to understand the biological terms.
- Index is also given for the convenience of students to locate different topics.

Your kind guidance will be appreciated:

- Despite our earnest efforts there can be certain errors and omissions in this book as human limitations, suggestions and positive criticism, therefore, from our colleagues, teachers and students will definitely inculcate a new spirit in us for further improvement of the textbook.

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CONTENTS

Unit		Page
14	RESPIRATION	17
	14.1 Respiratory System of Man	18
	14.1.1 Properties of Respiratory Surfaces in Animals and Human	18
	14.1.2 Components of Respiratory System of Man	18
	14.1.3 Nose or Nasal Cavities	19
	14.1.4 Pharynx	19
	14.1.5 Larynx	20
	14.1.6 Trachea and Bronchi	20
	14.1.7 Alveolar ducts and Alveoli	21
	14.1.8 Respiratory Organs (Lungs)	22
	14.1.9 The Mechanism of Breathing (Ventilation)	23
	14.1.10 Lungs / Respiratory Volumes and Capacities	24
	14.1.11 Controlling Centres of Breathing	24
	14.2 Mechanism of Transport of Respiratory Gases	24
	14.2.1 Respiratory Pigments and their Role	26
	14.2.2 Transport of Oxygen in Blood	26
	14.2.3 Transport of Carbon Dioxide	29
	14.3 Respiratory Disorders	29
	14.3.1 Upper Respiratory Tract Infections	30
	14.3.2 Lower Respiratory Tract Infections	33
	14.3.3 Effects of Smoking on human Health	35
	SUMMARY	36
	EXERCISE	39
15	HOMEOSTASIS	40
	15.1 Homeostasis	40
	15.1.1 Mechanism of Homeostasis	41
	15.1.2 Concept of Feed Back Mechanism in Homeostasis	41
	15.1.3 Negative Feedback Mechanism	42
	15.1.4 Positive Feedback Mechanism	42
	15.2 Osmoregulation	42
	15.2.1 Osmoregulator and Osmoconformers	43
	15.2.2 Osmoregulatory Adaptations in Animals	45
	15.3 Excretion	45
	15.3.1 Relationship between Excretory Products and Habitats	46
	15.4 Excretory System of Man	46
	15.4.1 Structure and Function of Kidney	46
	15.5 Disorders of Urinary Tract	53

Unit		Page
	15.5.1 Urinary Tract Infections (UTI)	53
	15.5.2 Kidney Stones (Nephrolithiasis)	53
	15.5.3 Kidney Failure	54
	15.5.4 Dialysis	55
	15.5.5 Kidney Transplant: Process and Problems	56
15.6	Thermoregulation	57
	15.6.1 Classification of Animals on the Basis of Temperature (Thermo-regulation)	57
	15.6.2 Thermoregulatory Strategies in Man	58
	SUMMARY	59
	EXERCISE	60
16	SUPPORT AND MOVEMENT	63
16.1	Human Skeleton	64
	16.1.1 Structure of Bone	64
	16.1.2 Cartilage	66
	16.1.3 Functions of Human Skeleton	67
	16.1.4 Joints	75
16.2	Disorders (Deformities) of Skeleton	76
	16.2.1 Common Disorder of Skeleton	76
	16.2.2 Bone Fracture	78
	16.2.3 Healing process of a simple fracture	79
	16.2.4 Injuries to joints	80
	16.2.5 First aid treatment for fractures	81
16.3	Muscles	81
	16.3.1 Types of Muscle	81
	16.3.2 Structure of skeletal muscles	83
	16.3.3 Muscle contraction – sliding filament model	85
	16.3.4 Antagonistic arrangement of Skeletal Muscle	86
	16.3.5 Muscle Disorders	87
	SUMMARY	89
	EXERCISE	90
17	NERVOUS COORDINATION	94
17.1	Nervous System of Man	95
	17.1.1 Steps Involved in Nervous Coordination	95
	17.1.2 Receptors or Transducers	96
	17.1.3 Processing / Analysis of Information	96
	17.1.4 Effectors	96
17.2	Neurons	97
	17.2.1 Structure of Neuron	97

	17.2.2 Types of Neurons	98
	17.2.3 Reflex action and Reflex arc	100
17.3	Nerve Impulse	100
	17.3.1 Resting Membrane Potential	101
	17.3.2 Action Membrane Potential (AMP) (Depolarized State)	103
	17.3.3 The role of Local Circuits in Saltatory Conduction of Nerve Impulse	104
17.4	Synapses	105
	17.4.1 Classification of Neurotransmitters	107
17.5	Human Nervous System	107
	17.5.1 Architecture of Brain and Spinal Cord and their functions	108
	17.5.2 Spinal Cord	111
	17.5.3 Architecture of Human Brain and compare its sectional view with that of spinal cord	112
	17.5.4 Peripheral Nervous System	113
	17.5.5 Structure and Functioning of Receptors of Smell, Taste, Touch and Pain	115
17.6	Effects of Drugs on Nervous Coordination	117
	17.6.1 Heroin	117
	17.6.2 <i>Cannabis sativa</i> (Marijuana, Hashish)	118
	17.6.3 Nicotine	118
	17.6.4 Alcohol	118
	17.6.5 Inhalants	118
	17.6.6 Drugs Addiction	118
	17.6.7 Drug Tolerance	118
	17.6.8 Effects of Drug Addiction and Drugs Tolerance on CNS	119
17.7	Disorders of Nervous System and Diagnostic Tests	119
	17.7.1 Vascular Disorder of Central Nervous system	119
	17.7.2 Infectious Disorders of Central Nervous System	120
	17.7.3 Structural Disorders of CNS	120
	17.7.4 Degenerative Disorders of CNS	121
	17.7.5 Diagnostic Tests for Nervous Disorders	121
	SUMMARY	124
	EXERCISE	125
18	CHEMICAL COORDINATION	128
	18.1 Hormones- The Chemical Messengers	129

	18.1.1 Chemical Nature of Hormones	129
	18.1.2 Mode of Hormone Action	130
18.2	Endocrine Glands (System) of Human	131
	18.2.1 Pituitary Gland	131
	18.2.2 Hypothalamus	135
	18.2.3 Thyroid Gland	136
	18.2.4 Parathyroid Glands	137
	18.2.5 Pancrease: (Islet's of Langerhan's)	138
	18.2.6 Adrenal Gland: (ad; beside, renal; kidney)	140
	18.2.7 Gonads (Sex Organs)	141
	18.2.8 Thymus Gland	143
	18.2.9 Pineal Gland	143
	18.2.10 Other Endocrine Tissues/cells	144
18.3	Feedback Mechanism: (FBM)	145
	18.3.1 Negative feedback mechanism	145
	18.3.2 Positive Feed Back Mechanism	146
	18.3.3 Similarities between Nervous coordination and chemical co-ordination	146
	SUMMARY	147
	EXERCISE	148
19	BEHAVIOR	151
19.1	The Nature of Behaviour	152
	19.1.1 Relationship between Stimuli and Behaviour	153
	19.1.2 Relationship between Heredity and Behaviour	153
	19.1.3 Biological Rhythms and their examples	153
19.2	Innate Behaviour (Inborn or Instinct Behaviour)	154
	19.2.1 Types of Innate Behaviour	154
	19.2.2 Reflexes or Reflex Action: (L. reflector, to bend back)	155
	19.2.3 Instincts: (Fixed action patterns)	155
19.3	Learning	158
	19.3.1 Habituation	159
	19.3.2 Imprinting	159
	19.3.3 Difference between Habituation and Imprinting	159
	19.3.4 Classical conditioning (Conditioned reflex Type-I)	159
	19.3.5 Instrumental Learning (Trial and Error or Operant Learning)	160
	19.3.6 Latent Learning (Spatial Learning)	160
	19.3.7 Insight Learning	161
19.4	Social Behaviour	161

	19.4.1 Animal Societies and Aggregation	161
	19.4.2 Hostile and Helpful Intraspecific Interaction	162
	19.4.3 Agonistic Behaviour (Gk, agon, struggle)	162
	19.4.4 Altruism (Altruistic Behaviour)	164
	SUMMARY	165
	EXERCISE	166
20	REPRODUCTION	169
	20.1 Reproductive System of Human	169
	20.1.1 Male Reproductive System	170
	20.1.2 Female Reproductive System	173
	20.1.3 Female Reproductive Cycle and its Hormonal Regulation	174
	20.2 Disorders of Reproductive System	177
	20.2.1 Causes of Male Infertility	177
	20.2.2 Causes of Female Infertility	177
	20.2.3 Treatment of Infertility	177
	20.2.4 Miscarriage	178
	20.3 Sexually Transmitted Diseases (STDs)	179
	SUMMARY	180
	EXERCISE	181
21	DEVELOPMENT AND AGEING	184
	21.1 Embryonic Development	185
	21.1.1 Cleavage	186
	21.1.2 Different Patterns of Cleavage Based on Amount of Yolk	186
	21.1.3 Gastrulation	188
	21.1.4 Neurulation in Human Embryo	190
	21.1.5 The Formation of Neural Crest and its derivatives	190
	21.1.6 Organogenesis	190
	21.1.7 Growth	191
	21.2 Control of Development	191
	21.2.1 Role of Nucleus in Development	191
	21.2.2 Differentiation and Embryonic Induction	194
	21.3 Human Embryonic Development	195
	21.3.1 Development of Human Fetus in first Trimester	196
	21.3.2 Twins and Quadruplets	199
	21.3.3 The Placenta and Umbilical Cord	200
	21.3.4 Difference between Gestation and Pregnancy	201
	21.4 Birth and Nursing	201

Unit**Page**

21.4.1	Role of Fetal and Maternal Hormones in Controlling Birth	201
21.4.2	The Premature Birth	203
21.4.3	Colostrum, Lactation or Nursing	204
21.5	Disorders during Embryonic Development	205
21.5.1	Maternal Derived Abnormalities	205
21.5.2	Genetic Abnormalities related to Spontaneous Abortions	206
21.5.3	Fetal Surgery and defected fetal Development Problems	206
21.6	Postnatal Development	207
21.6.1	Allometric Growth	207
21.7	Ageing	207
21.7.1	Genetic and extrinsic factors responsible for ageing	208
21.7.2	Signs and Symptoms	208
21.7.3	Cell Level Changes in Aging	209
21.7.4	System Level Changes in Aging	209
	SUMMARY	210
	EXERCISE	211
22	INHERITANCE	214
22.1	Mendelian Inheritance	216
22.1.1	Association of Inheritance with Laws of Mendel	217
22.1.2	Inheritance and Mathematical Probabilities	221
22.2	Exceptions to Mendelian Inheritance	221
22.2.1	Incomplete Dominance	221
22.2.2	Co-dominance	222
22.3	Blood Group System	223
22.3.1	ABO Blood Group System	223
22.4	Rh Blood Group System and Erthroblastosis Foetalis	226
22.4.1	Erythroblastosis Foetalis	227
22.5	Polygenic Inheritance and Epistasis	228
22.5.1	Wheat Grain Colour (an example of polygenic inheritance)	288
22.5.2	Inheritance of Human Skin Colour	229
22.5.3	Epistasis	231
22.6	Gene Linkage and Crossing Over	234
22.6.1	Gene Linkage	234
22.7	Sex Determination	238
22.7.1	Genetic Identification of Sex Phenotype	238

	22.7.2 Patterns of Sex Determination	239
22.8	Sex Linkage	241
	22.8.1 Sex Linkage in Drosophila	241
	22.8.2 Sex Linkage in Humans	242
	22.8.3 Sex Linked Disorders in Human	243
	22.8.4 Sex Related Traits	245
	SUMMARY	247
	EXERCISE	248
23	CHROMOSOME AND DNA	252
23.1	Chromosomal Theory of Inheritance	253
	23.1.1 Origin of Chromosomal Theory of Inheritance	253
	23.1.2 Contribution of T. H. Morgan	255
	23.1.3 Structure of Chromosomes	256
	23.1.4 Chemical Composition of Chromosomes	258
	23.1.5 Molecular Concept of a Gene	260
	23.1.6 Alleles as the Alternative form of Gene	260
23.2	DNA as the Hereditary Material	261
	23.2.1 Experiment of Griffith	261
	23.2.2 Work of Avery, Macleod and McCarty	262
	23.2.3 Hershey and Chase Experiment	263
23.3	DNA Replication	264
	23.3.1 Models of DNA Replication	264
	23.3.2 Meselson and Stahl Experiments	264
	23.3.3 Process / Mechanism of DNA Replication	266
23.4	Central Dogma of Biology (Gene Expression)	268
	23.4.1 Gene and Genetic Code	269
	23.4.2 Characteristics of Codons	270
	23.4.3 Transcription	271
	23.4.4 Post Transcriptional Modification of mRNA (mRNA processing)	273
	23.4.5 Translation (Protein Synthesis)	274
23.5	Regulation of Gene Expression	277
	23.5.1 Importance of Regulation of Gene Expression	278
	23.5.2 Methods of Gene Regulation	278
	23.5.3 Lac Operon (An Example of Negative and Positive Control of Gene Expression)	278
	23.5.4 Relationship of Gene Expression with Introns and Exons (in Eukaryotes)	281
23.6	Mutation	281

Unit		Page
	23.6.1 Sources of Mutation	282
	23.6.2 Types of Mutation	282
	23.6.3 Change in Chromosome Numbers	283
	23.6.4 Importance of Mutations	284
	23.6.5 Chromosomal Mutation or Chromosomal Aberrations	284
	23.6.6 Gene Mutation	286
	SUMMARY	289
	EXERCISE	290
24	EVOLUTION	293
	24.1 The Evolution of the Concept of Evolution	294
	24.1.1 Concept of Special Creation	294
	24.1.2 Concept of Evolution	294
	24.1.3 Origin of Life According to Concept of Evolution	295
	24.1.4 Origin of Life According to Concept of Evolution	296
	24.2 Evidences of Evolution	297
	24.3 Evolution from Prokaryotes to Eukaryotes	300
	24.3.1 Membrane Invagination Theory	300
	24.3.2 Endosymbiosis Theory	301
	24.4 Lamarckism	302
	24.4.1 Lamarck's theory of Evolution	302
	24.4.2 Drawbacks of Lamarckism	303
	24.5 Darwinism	303
	24.5.1 Darwin's Observations During his Voyage	303
	24.5.2 Development of the theory of Evolution	305
	24.5.3 Darwin's Theory of Natural Selection	306
	24.6 Neo-Darwinism	307
	24.6.1 Hardy-Weinberg Theorem	307
	24.6.2 Genetic Drift	309
	24.6.3 Speciation	311
	SUMMARY	313
	EXERCISE	314
25	MAN AND HIS ENVIRONMENT	317
	25.1 Biogeochemical Cycle	318
	25.1.1 Primary Reservoirs of Nutrients	319
	25.1.2 Nitrogen Cycle	320
	25.2 The Flow of Energy in Ecosystem	322
	25.2.1 Concept of Trophic Levels	322
	25.2.2 Concept of Productivity	323
	25.2.3 Energy Flow between the Trophic Levels	324

25.3	Ecological Succession	326
25.4	Population Dynamics	329
25.4.1	Characteristics of a Population	329
25.5	Human Impacts on Environment	330
25.5.1	Nuclear Power	330
25.5.2	Carbon Dioxide and Global Warming	331
25.5.3	Acid Rain	332
25.5.4	Ozone Depletion	333
25.6	Environmental Resources and their Depletion	335
25.6.1	Kinds of Natural Resources	335
25.6.2	Conventional and Non-conventional Energy sources	335
25.6.3	Protection of Environmental Resources	337
	SUMMARY	339
	EXERCISE	340
26	BIOTECHNOLOGY	343
26.1	Cloning of Genes	345
26.1.1	Gene Cloning through Recombinant DNA Technology	345
26.1.2	Role of Molecular Scissors and DNA Ligase	345
26.1.3	Polymerase Chain Reaction (PCR)	349
26.1.4	Genomic Library	351
26.2	DNA Sequencing	353
26.2.1	Gel Electrophoresis	353
26.2.2	DNA sequencing Techniques	354
26.2.3	Methods of DNA sequencing	354
26.3	DNA analysis	358
26.3.1	Use/ Applications/ Purposes of DNA Analysis	359
26.3.2	Procedure/ Mechanism of DNA Analysis	359
26.4	Genome Maps	360
26.4.1	Human Genome Project (HGP)	361
26.4.2	Major Goals of Human Genome Project	362
26.5	Tissue Culture	362
26.5.1	Methods of Tissue Culture	363
26.5.2	Methods of Animal Cell Culture	365
26.6	Transgenic Organisms (Bacteria Plants and Animals)	366
26.6.1	Transgenic Bacteria	366
26.6.2	Transgenic Plants	368
26.6.3	Transgenic Animals	370
26.6.4	Importance of Genetic Engineered Farm Animals	371

Unit**Page**

26.7	Biotechnology and Healthcare	371
26.7.1	Development of vaccine in biotechnology	371
26.7.2	Role of Biotechnology in diagnosis of diseases	372
26.7.3	Gene Therapy	372
26.7.4	Cystic Fibrosis	373
	SUMMARY	379
	EXERCISE	380
27	BIOLOGY AND HUMAN WELFARE	383
27.1	Vaccination and Integrated Disease Management	384
27.1.1	Integrated Disease Management	384
27.1.2	Vaccination	385
27.1.3	Role of vaccines in Preventing Diseases	386
27.1.4	Schedule of Vaccination of Common Infectious Disease	387
27.2	Animal Husbandry	387
27.3	Latest Techniques applied to Enhance Crop and Fruit Yields	388
27.3.1	Plant Breeding	388
27.4	Role of Microbes in Human Welfare	390
27.4.1	Role of Microbes in Household Food Processing	391
27.4.2	Role of Microbes in Industrial Production	391
27.4.3	Role of Microbes in sewage treatments	391
27.4.4	Role of Microbes in Energy Production	393
	SUMMARY	394
	EXERCISE	395
	GLOSSARY	398
	INDEX	415

UNIT 14

RESPIRATION

Major Concept

- 14.1 Respiratory System of Man
- 14.2 Mechanism of Transport of Respiratory Gases
- 14.3 Respiratory Disorders

Learning Outcomes

Students will be able to:

- Define the respiratory surface and list its properties
- Describe the main structural features and functions of the components of human respiratory system
- Describe the ventilation mechanism in humans
- State lung volumes and capacities
- Explain how breathing is controlled
- Describe the transport of oxygen and carbon dioxide through blood
- Describe the role of respiratory pigments
- State the causes, symptoms and treatment of upper Respiratory Tract Infections (sinusitis, otitis media) and lower Respiratory Tract Infections (pneumonia, pulmonary tuberculosis)
- Describe the disorders of lungs (emphysema and lung cancer)
- List the effects of smoking on respiratory system

Introduction

For normal functioning of organisms chemical substances are needed, which must be transported into and around the body, while waste substances must be transported from where they are produced to outside.

Respiration is the one of most important processes in this respect. There are two levels of respiration *i.e.* external respiration and internal respiration.

External Respiration is also known as breathing which is the process of taking fresh air (containing more oxygen) into the respiratory organs (lungs) then to cells and removal of stale air (containing more CO_2) from respiratory surfaces or organs.

Internal Respiration is also known as cellular respiration. It is a catabolic process, releases energy from organic food molecules. The energy is released in the form of Adenosine Triphosphate (ATP) that is used for development, growth various bodily activities, repair damage parts and reproduction.

14.1 Respiratory System of Man

Respiratory system is responsible for the gaseous exchange between cells, body fluids (blood), respiratory surfaces and outer environment.

14.1.1 Properties of Respiratory Surfaces in Animals and Human

Respiratory surface are the areas where gaseous exchange between animals and environment occur. These surfaces in various animals are skin, tracheas, gills and lungs. The respiratory surfaces show following characteristics for readily exchange of gases through diffusion.

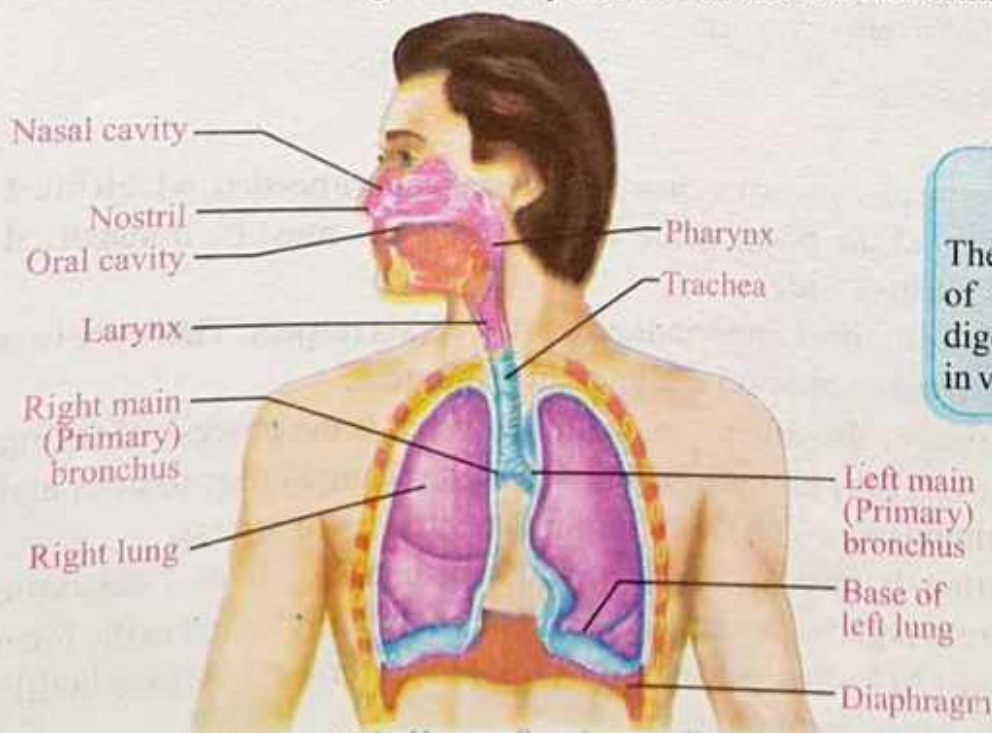
1. It should be large, moist and highly permeable for easy exchange of gases.
2. It should be thin epithelium (1mm or less) and also possess network of blood capillaries, which facilitate rapid transport and diffusion of gases between respiratory surface and blood.
3. A good ventilation mechanism should be present to maintain a steep diffusion gradient.

14.1.2 Components of Respiratory System of Man

This system can be divided into two main parts, the respiratory tract or air passage way and respiratory organs. The **respiratory tract** consists of external nostrils, nasal sacs or cavities, internal nares, pharynx, larynx, trachea, bronchi, bronchioles and alveolar ducts that terminate into the alveoli while respiratory organs are a pair of lungs.

14.1.3 Nose or Nasal Cavities

The human **nose** is the only externally visible parts of respiratory tract which is made of bones, cartilages and fatty muscle tissues. The external opening of nose is called



Extra Information

The throat or pharynx is part of the both respiratory and digestive system. It also helps in vocalization.

Fig. 14.1: Human Respiratory System

external nostrils. There is a nasal septum which separates two **nasal cavities** or **vestibules** from each other. These cavities contain a network of hair, lined by mucous membranes (secrete mucus) along with cilia, which serves as a defense mechanism against pathogens, trap dust and solid particulate substances present in the air. These substances are pushed to pharynx by cilia for removal.

The mucus also moistens the air and brings the temperature of inhaled air close to body temperature about 30°C depending upon external temperature. (Fig. 14.1)

14.1.4 Pharynx

The internal nostrils at the back of nose, opens the nose into the pharynx, which is muscular mucus secreting passage, cone shaped, connects oral cavity and nasal cavities to the oesophagus and larynx. It consists of three sections, the **nasopharynx**, **oropharynx** and **laryngopharynx**. The inter connection of oral and pharyngeal cavity is medically beneficial to us, which allows to breathe both by mouth and nose. (Fig. 14.2)

14.1.5 Larynx

Larynx is also called **voice** or **sound box**. It is composed of cartilages and muscles, one of the cartilages that acts as a lid called **epiglottis**. During swallowing the epiglottis automatically covers the opening and cavity of larynx known as glottis. Two **vocal cords**, made of elastic fibres, placed horizontally in the lower side of glottis. The vibration of these cords produces voice. In adult male these cords are larger thus usually produce low pitched voices. (Fig. 14.3)

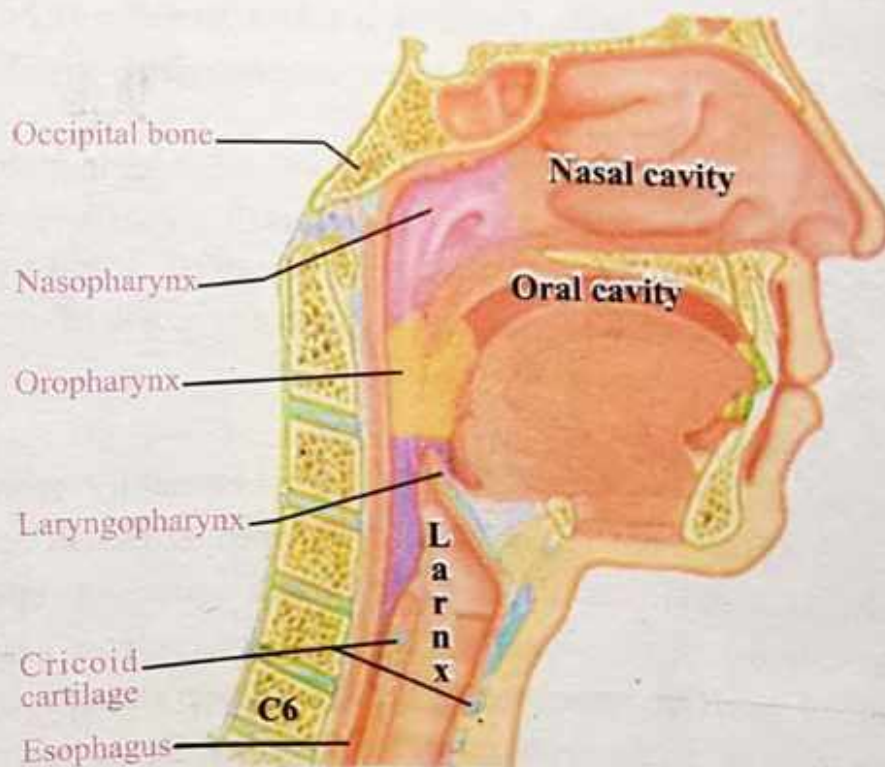


Fig. 14.2: Nasal Passage

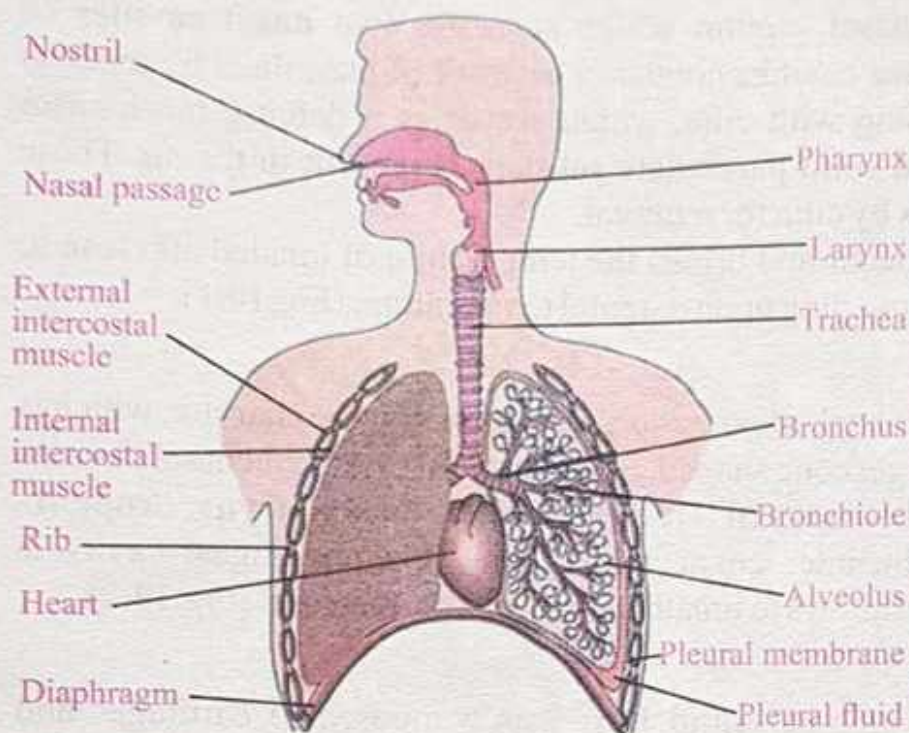


Fig. 14.3: Larynx, Trachea and Bronchi

Extra Information

Larynx also acts as an air canal to the lungs and organ of phonation. **Adam's apple** is a feature of the human (mostly male) neck and is the protrusion formed by the angle of thyroid cartilage surrounding the larynx. In female, larynx does not grow as much as male therefore, most female do not possess Adam's apple.

14.1.6 Trachea and Bronchi

Trachea is a ciliated membranous wind pipe, runs ventral to oesophagus and extends to thoracic cavity up to 5th thoracic vertebrae (about 10-12 cm long). It contains **15-22 C-shaped cartilaginous rings**. Each ring is with a diameter of 2 cm. These rings prevent the trachea from collapsing and keep an open air passage way. The trachea first divides into two primary bronchi.

Each **bronchus** enters into its side lung where it redivides in many bronchi. It is also made of cartilages but these instead of C-shaped become plate like cartilages.

The bronchi finally give rise to smaller membranous tubes that are less than 1 cm in diameter known as **bronchioles**, which lack cartilages, made of ciliated **cuboidal epithelium** and a layer of circular smooth muscles.

14.1.7 Alveolar ducts and Alveoli

The bronchioles divide and subdivide to form respiratory bronchioles which eventually terminate into **alveolar ducts**. These ducts open into small collections of air sacs known as **alveoli**. The air sacs are made of simple **squamous epithelium**, only 0.1 cm thick and have rich network of capillaries, thus these are sites of gaseous exchange between air and blood. Each lung possesses about **350 million alveoli**, so these increase the surface area for gaseous exchange. Alveoli also contain collagen and elastin proteins which allow them to expand and recoil easily during breathing. (Fig. 14.4)

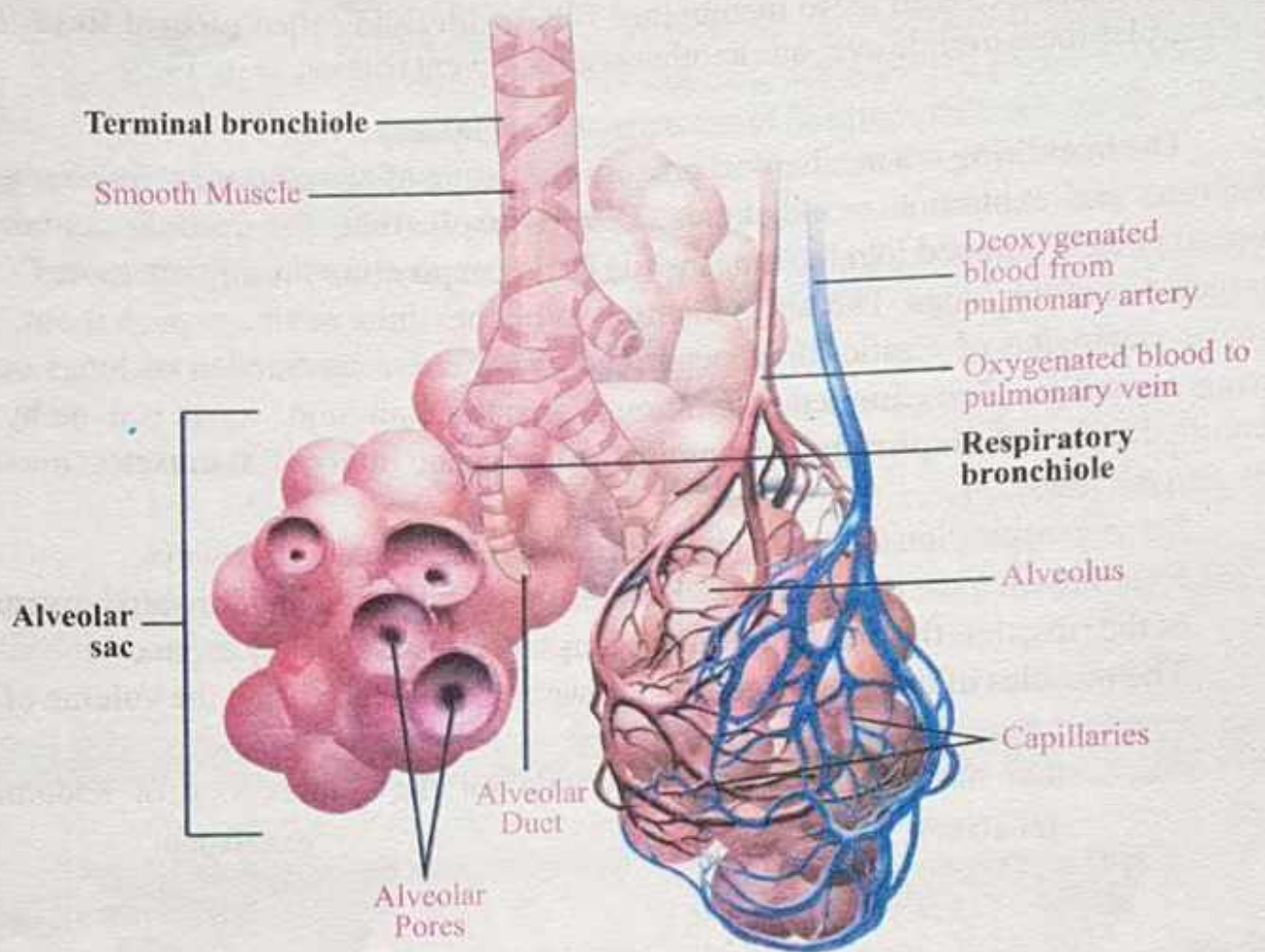


Fig. 14.4: Alveolar Ducts and Alveoli

14.1.8 Respiratory Organs (Lungs)

In human, respiratory organs are a pair of spongy **lungs**, located in the thoracic cavity, bonded dorsally and ventrally by twelve pairs of ribs. The floor of thoracic cavity is called diaphragm. The lungs are conical in shape, left lung possesses two lobes while right lung has three lobes. Both lungs are separated from each other by a membrane known as **mediastinum**. Each lung is covered by double pleural membrane.

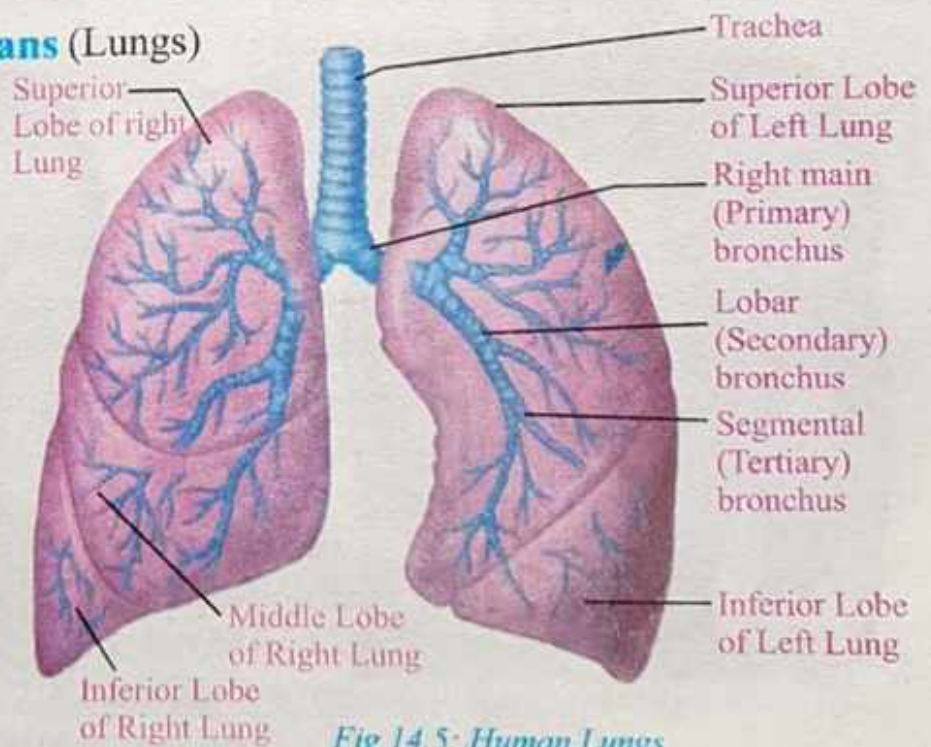


Fig 14.5: Human Lungs

There is a space between these membranes filled with fluid called **pleural fluid**. This fluid enables them to slide over one another and to prevent friction. (Fig. 14.5)

14.1.9 The Mechanism of Breathing (Ventilation)

The **breathing** is a mechanical process consisting of two phases *i.e.* inspiration or inhalation and expiration or exhalation. During **inspiration**, the fresh air containing more oxygen is pumped into the lungs while during **expiration** the air with more CO_2 is pumped out of the lungs. The lungs themselves neither draw in air nor push it out. The passive expansion of elastic lungs occur and also passive contraction of lungs occur during expiration. The complete expiration and contraction of the lungs is done by the combined action of **diaphragm**, **abdominal muscles** and **intercostal muscles** (muscles between the ribs).

During inspiration the space inside the chest is increased by two ways.

- External rib muscles contract, which result in the upward and forward movement of the ribs, thus the pressure from the lungs is released and they expand.
- The muscles of diaphragm contract, lowering it and increasing the volume of the chest cavity.

Abdominal muscles relax to compensate for the compression of abdominal

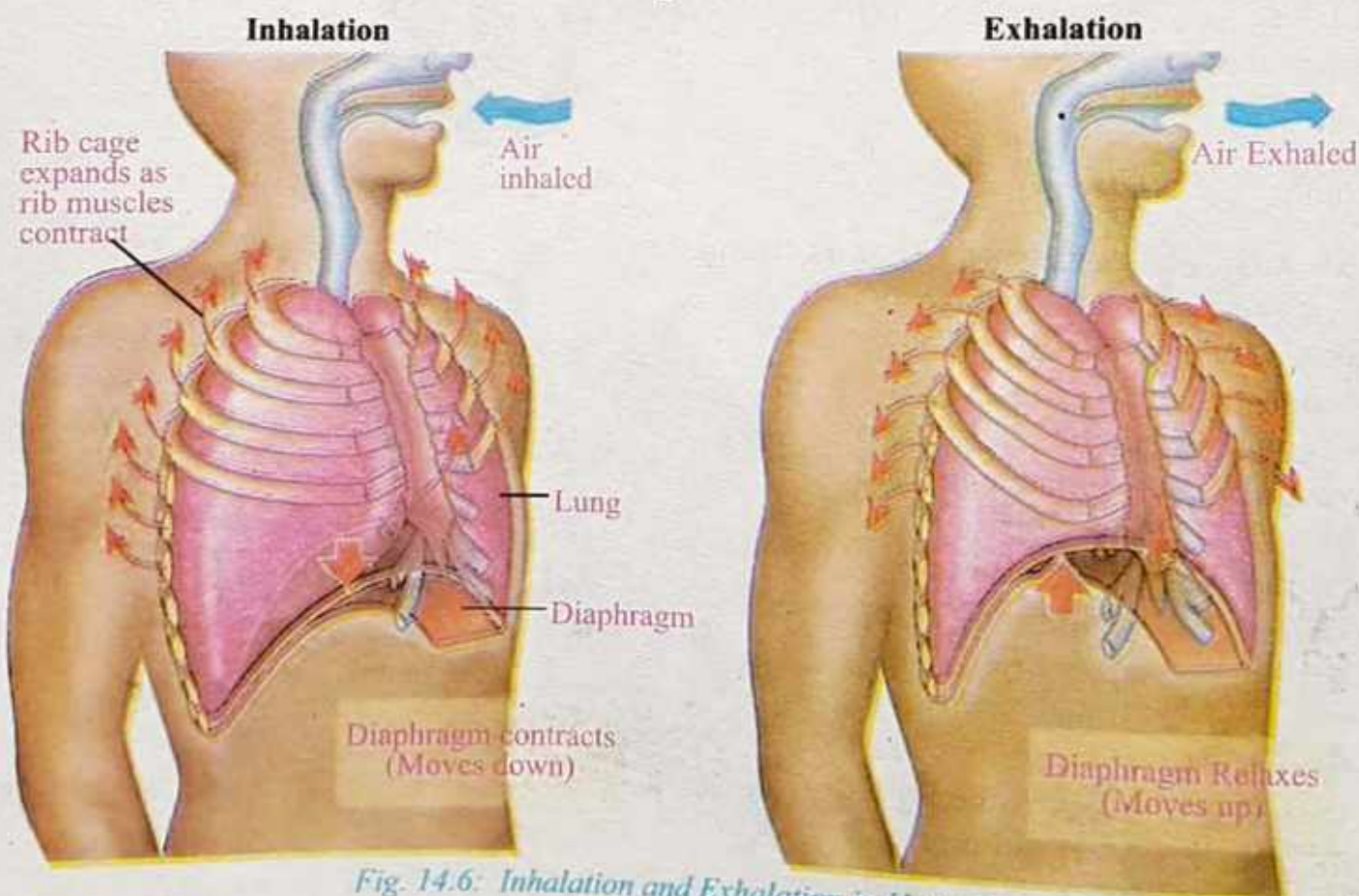


Fig. 14.6: Inhalation and Exhalation in Human

organs. The release of pressure from lungs by upward movement of ribs and increase in the chest cavity by downward movement of diaphragm causes the pressure in the chest cavity to drop below the atmospheric pressure and thus air rushes through the respiratory passage into the lungs to equalize the pressure inside and outside.

During expiration the volume of chest cavity is decreased. Muscles of the ribs are relaxed and the ribs move downward and inward, in this way from the side of the chest cavity the space becomes less.

At the same time the muscles of diaphragm also relax, the diaphragm projects into the thoracic cavity and become dome-shaped, therefore, the chest cavity is also reduced from the floor as well.

The abdominal muscles contract to push the abdominal organs against the diaphragm. The elastic lungs also contract and force the air to expel out. The reduction of space of the chest cavity exert pressure on the lungs thus the air inside the lungs move out of the lungs and this is known as expiration. (Fig. 14.6)

Table: 14.1 Differences between internal and external respiration

S.No.	External Respiration	Internal Respiration
i)	It is the exchange of respiratory gases (O_2 and CO_2) between the organism and its environment.	It is a biochemical process occurs within the cell to oxidize food molecules.
ii)	It is exchange of gases between circulatory fluid and external environment.	It is exchange of gases between the cell and circulatory fluid.
iii)	No ATP, H_2O are formed.	ATP, CO_2 and H_2O are produced.
iv)	It is aerobic respiration.	It may be aerobic or anaerobic respiration.

14.1.10 Lungs Respiratory Volumes and Capacities

The **respiratory volume** is also known as **pulmonary volume**, which is the amount of air inspired, expired and stored within lungs at any given time. It is the amount of air during breathing.

Tidal volume is the amount of air moved in and out with each quiet breath which is normally 500 ml during deep breath. We can increase the inspiration by as much as 3000 to 4000 ml of air during forced inspiration. This is known as **inspiratory reserve volume**. About 1200 – 1500 ml air always remains in the lungs (even during deep breath), this is called **residual volume**. (Fig. 14.7)

Extra Information

Spirometer is a device which helps to measure the respiratory volume and the process.

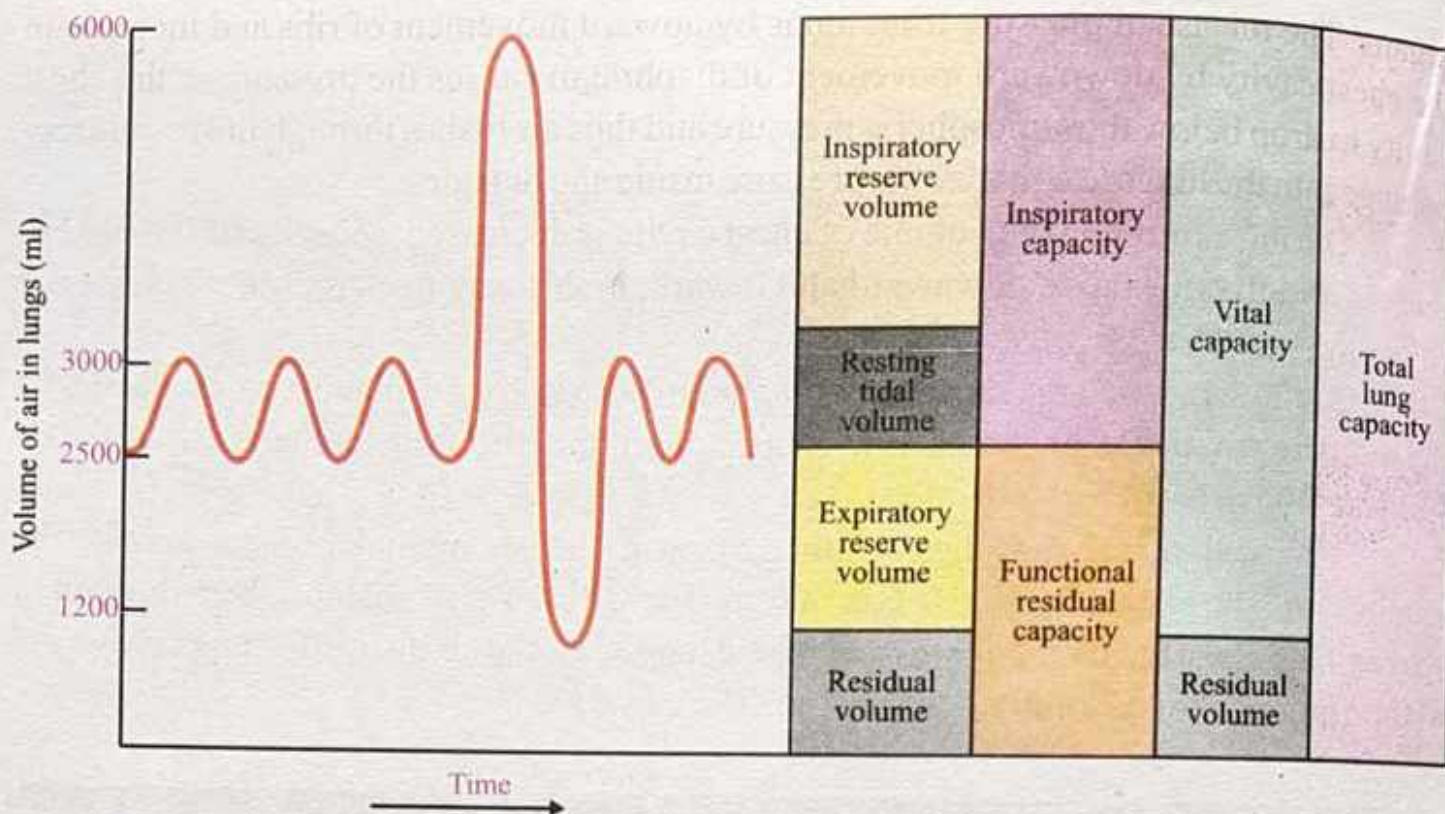


Fig. 14.7: Respiratory Volume

14.1.11 Controlling Centres of Breathing

Breathing is controlled both involuntarily and voluntarily. The **medulla** of our brain is controlling centre for involuntary breathing. The normal breathing rate is 15–20 times per minute. The voluntary or consciously control centre is **cerebral cortex of cerebrum** while **limbic system** of the brain also acts as respiratory centre during emotional acts.

Extra Information

The lower portion of medulla acts as inspiratory centre while upper and lateral portions acts as expiratory centres.

14.2 Mechanism of Transport of Respiratory Gases

Respiratory gases (CO_2 and O_2) are transported to various body regions by means of blood.

14.2.1 Respiratory Pigments and their Role

i) **Haemoglobin** is the most important respiratory pigment present in many animals including man. It is a complex protein consisting of four polypeptide chains *i.e.* 2 alpha chains and 2-beta chains having 574 amino acids. Each chain is associated with an haeme group. Haeme group is an iron containing group, which consists of **porphin** with a central atom of ferrous (iron) between four pyrrole rings. (Fig. 14.8)

Function of Haemoglobin

Haemoglobin is an iron containing protein in the red blood cells of vertebrates. It

transport oxygen to the tissues. Haemoglobin increases the oxygen carrying capacity of the blood in human to about 75 times. Iron in haemoglobin combines loosely with oxygen in the red blood cells (RBC) of pulmonary capillaries to form oxyhaemoglobin. This bright red blood containing oxyhaemoglobin is then circulates and reaches tissue and cells of the body where oxyhaemoglobin releases oxygen. This happens because haemoglobin has a property to release its oxygen where there is low concentration of oxygen and color of blood become purple red. After releasing oxygen, the haemoglobin returns back to the lungs with deoxygenated blood, to become again oxyhaemoglobin.

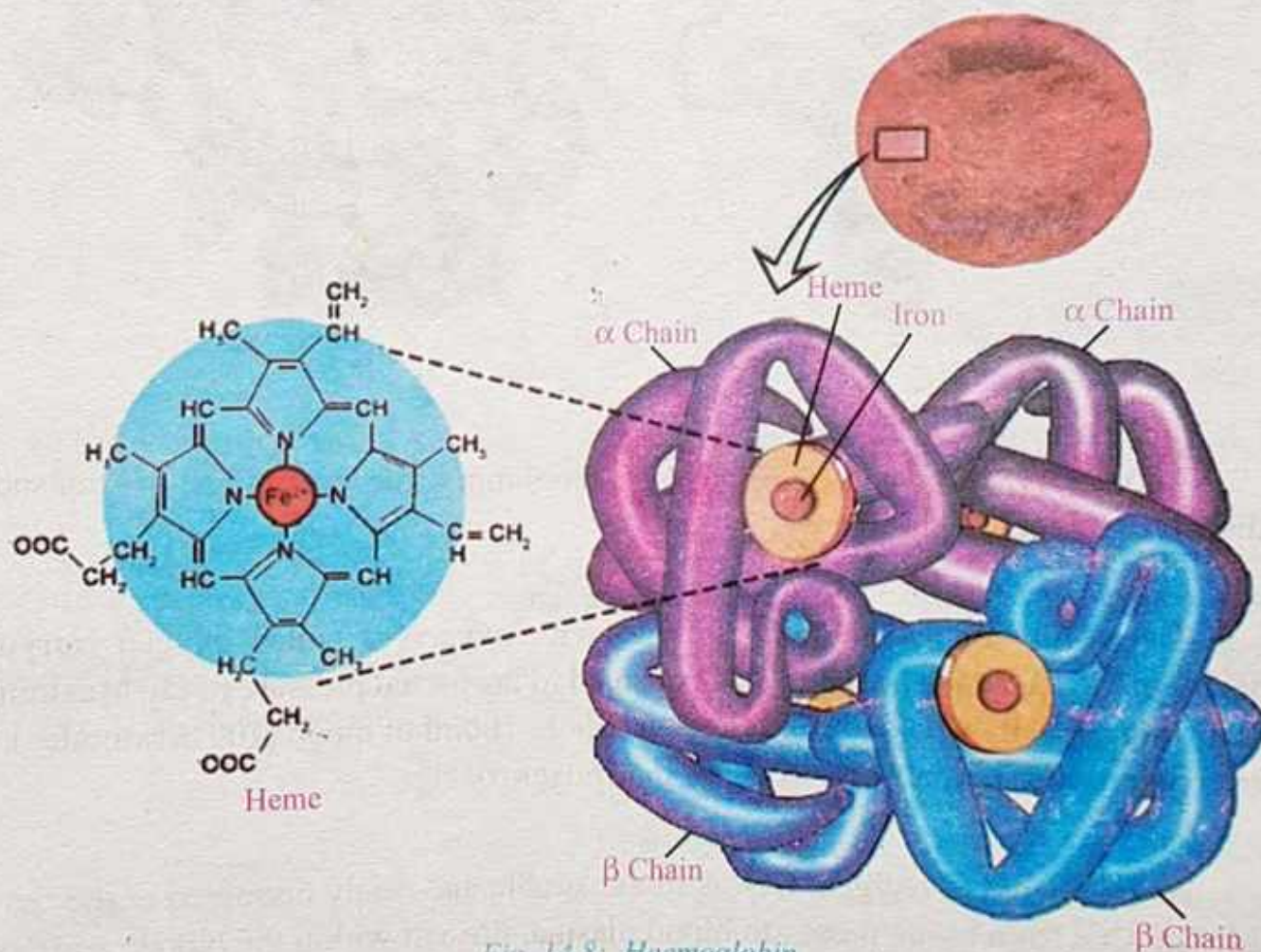


Fig. 14.8: Haemoglobin

ii) **Myoglobin** is another respiratory pigment in man, which is present in the muscle of human and other mammals. Therefore, meat is red. It is made of one iron containing polypeptide chain (contain 154 amino acids and bind only one molecule of oxygen).

Function of Myoglobin:- It stores oxygen in the muscle and gives oxygen when partial pressure of oxygen is below 20 mm of Hg. It has more affinity to combine with oxygen than haemoglobin. (Fig. 14.9)

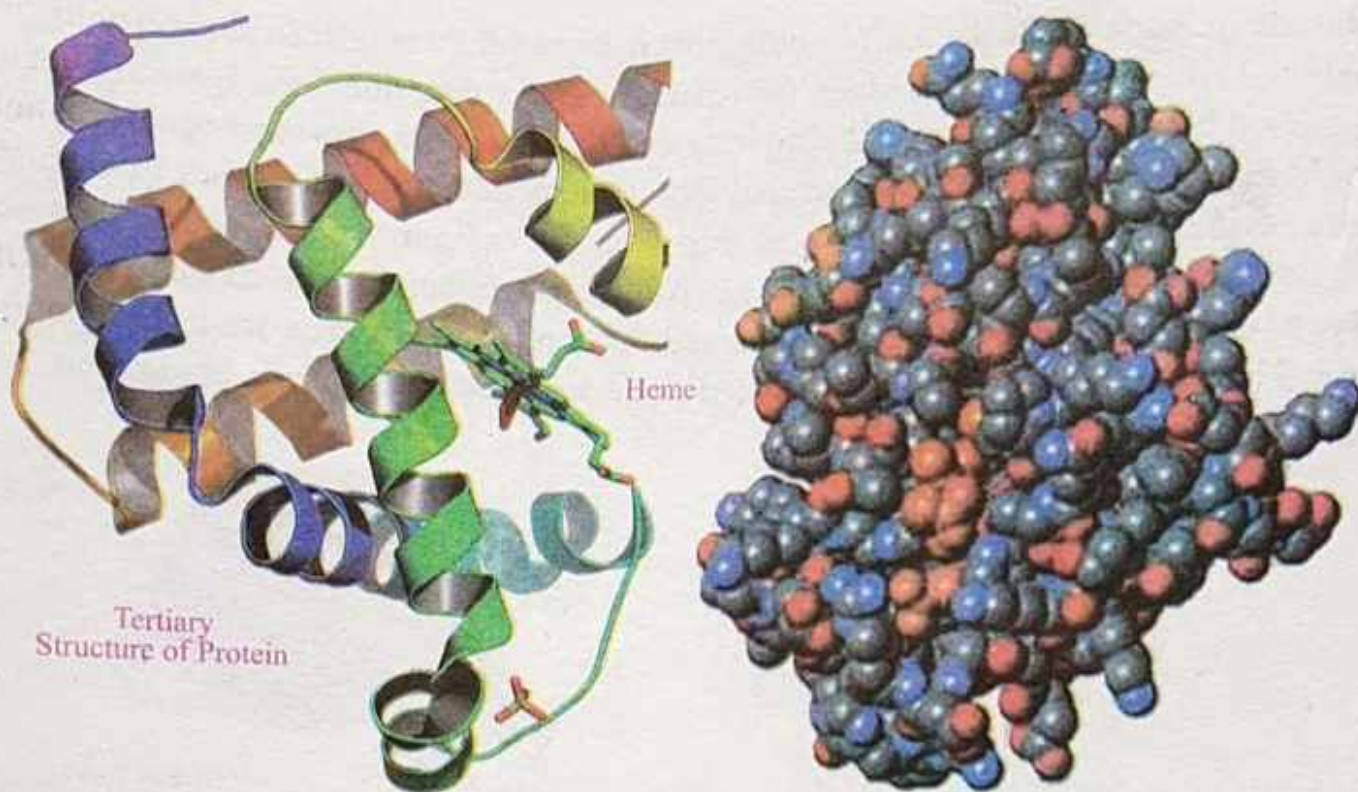
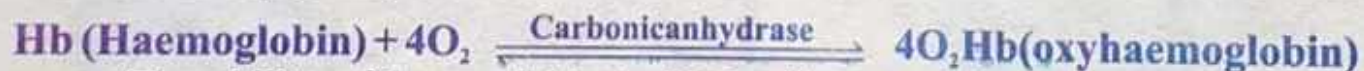


Fig. 14.9: Myoglobin

14.2.2 Transport of Oxygen in Blood

About 97-98% oxygen is carried by haemoglobin while remaining 2-3% transport as dissolved oxygen in plasma.



The ability of haemoglobin to bind with oxygen is called oxygen carrying capacity of blood, which is directly proportional to the partial pressure of O_2 . Maximum O_2 carrying capacity of blood at sea level is 20ml / 100ml of blood (100% saturated). It loses oxygen when partial pressure is less than 60 mm of Hg.

14.2.3 Transport of Carbon Dioxide

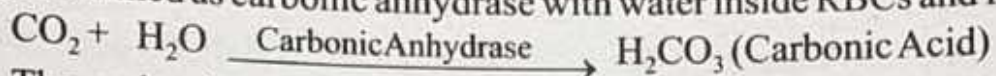
As compared to oxygen, CO_2 is more soluble and easily dissolved in the tissue fluid. The CO_2 from tissue passes to blood plasma, present within the blood capillaries where its transport occurs by three ways.

- i) As bicarbonate ions (about 70%)
- ii) As carboxyhaemoglobin (about 23%)
- iii) As dissolved CO_2 in plasma (about 7%)

i) As bicarbonate ions (HCO_3^-)

First of all, the CO_2 is released as a result of oxidation reduction reaction and enters the plasma of the blood in tissue fluid. In blood, CO_2 combines in the presence of

an enzyme named as carbonic anhydrase with water inside RBCs and form carbonic acid.

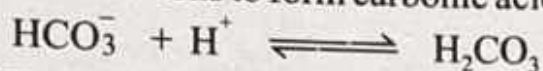


The carbonic acid splits quickly and ionizes to form hydrogen ions (H^+) and bicarbonate ions (HCO_3^-).

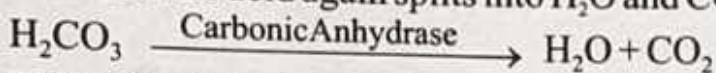


All these reactions are reversible. When the blood leaves the capillaries and comes into blood vessel all the CO_2 is now in the form of bicarbonates. Bicarbonates diffuse out of the red blood cells and carried by the plasma and H^+ is absorbed by the globin protein of haemoglobin.

When the blood reaches the alveoli of lungs capillaries, the bicarbonate ions again combine with H^+ ions to form carbonic acid again.



The carbonic acid again splits into H_2O and CO_2



This CO_2 diffuses out of the capillaries into alveoli of lungs from where it is expelled out by the process of expiration. (Fig. 14.10)

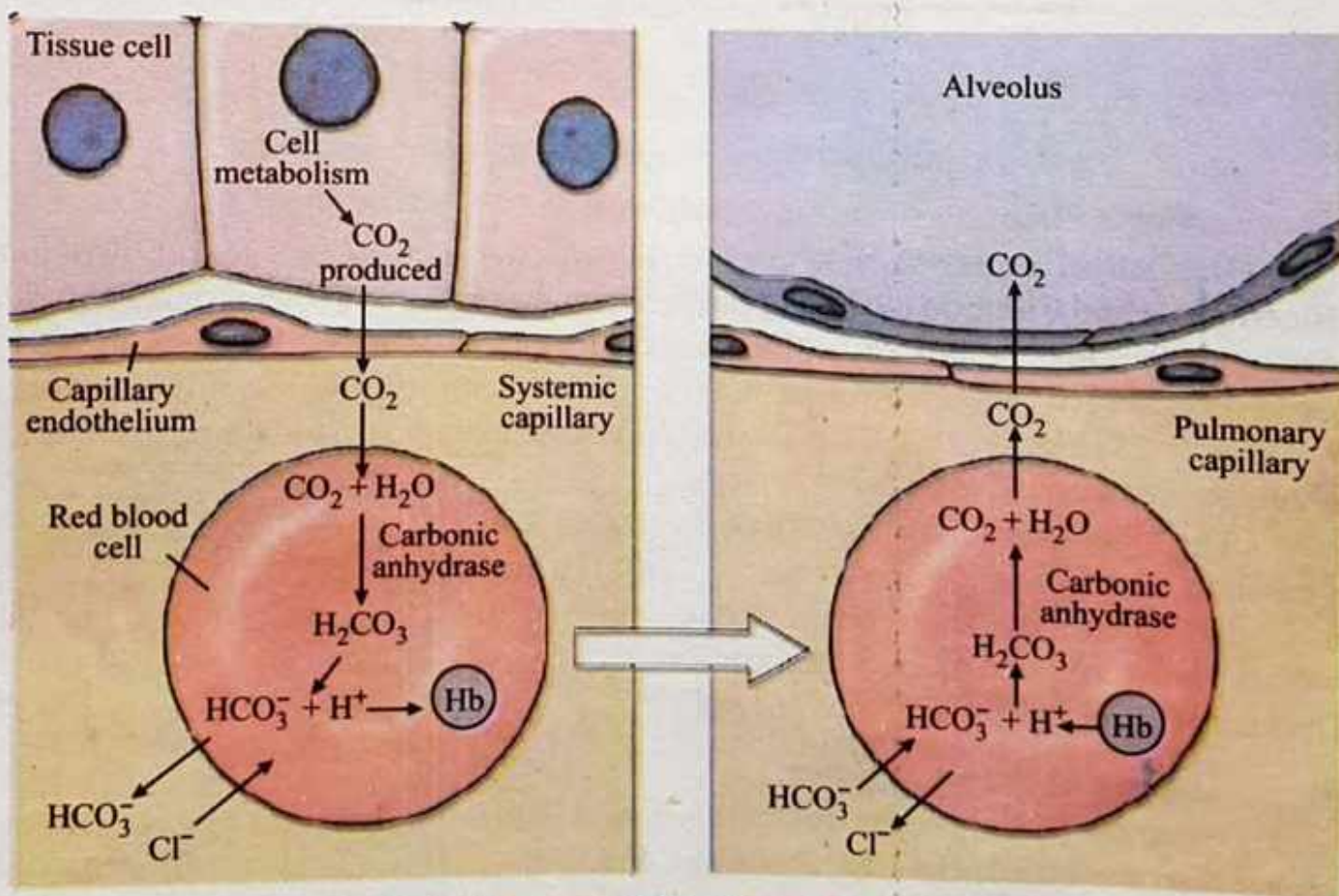


Fig. 14.10: Transport of CO_2 (From Cells to Alveolus)

Role of Hydrogen Ions

The pH of blood may decrease due to H^+ ions in the blood, but it does not occur since haemoglobin acts as a buffer for Hydrogen ions. The oxyhaemoglobin readily combines with hydrogen ions to become reduced into **haemoglobin acid (HHb)** and oxygen is released to the tissues. (Fig. 14.11)

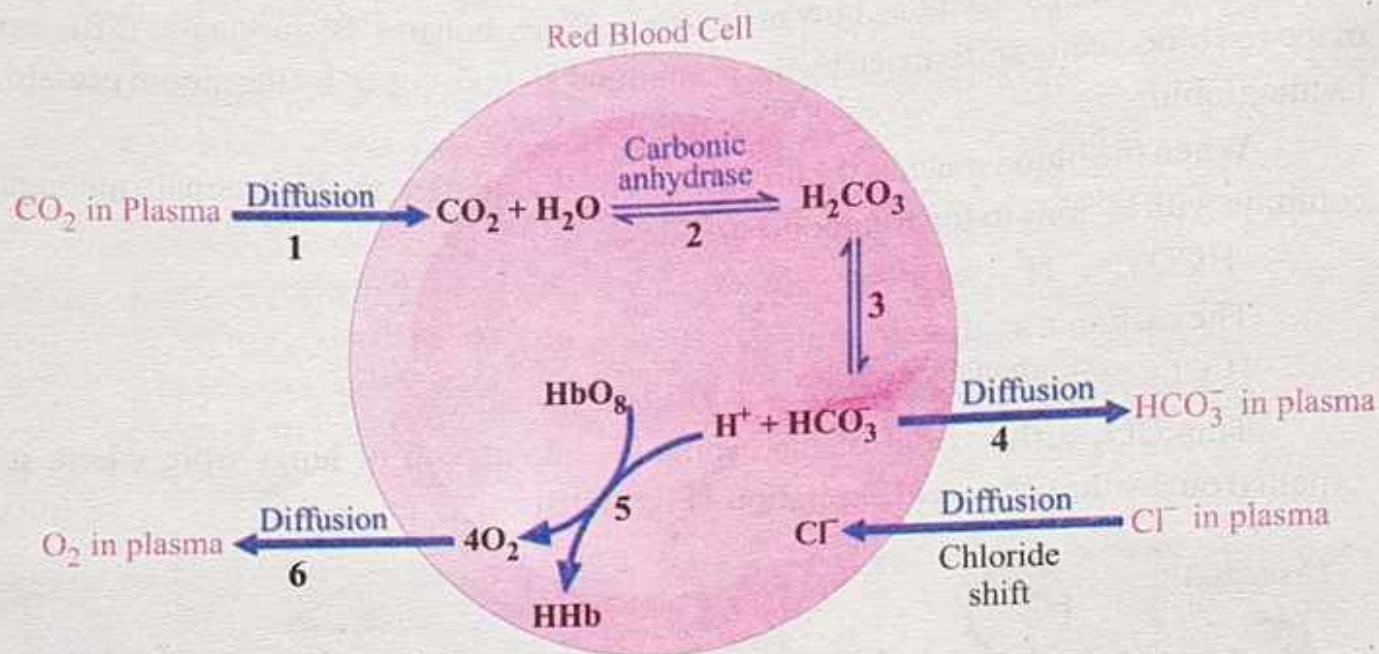


Fig. 14.11: Release of O_2 and Absorption in Blood Plasma and RBC

Hamburger's Phenomenon or chloride shift

Hamburger's phenomenon explains the maintenance of balance of two ions (Bicarbonate and Chloride Ions) in opposite directions, by a special bicarbonate chloride carrier protein that is located in the plasma membrane of RBC. When negatively charged bicarbonate ions (HCO_3^-) diffuse out into the plasma, this is balanced by diffusion of chloride ions in RBCs in opposite direction thus maintaining the balance of ions on either side of the plasma membrane.

The chloride ion in the RBC combines with potassium (K^+) to form potassium chloride (KCl) whereas in the plasma, the bicarbonate ions combine with sodium (Na^+) to form sodium bicarbonate ($NaHCO_3$). Thus the pH of blood is maintained at 7.4.

ii) As Carboxyhaemoglobin

When the partial pressure of CO_2 is higher in the tissues than the blood, the CO_2 combines with the amino group of haemoglobin to form carboxyhaemoglobin. In

Extra Information

The CO_2 concentration in arterial blood is 50 ml / 100 ml of blood while venous blood contains 54 ml / 100 ml of blood, thus only 4 ml of CO_2 as it passes through the tissues and gives off 4 ml of CO_2 / 100 ml of blood as it passes through the lungs.

the lungs the partial pressure of CO_2 is less than blood, it again breaks and releases CO_2 .

iii) As Plasma Protein

Some CO_2 (about 7%) transported from tissue fluids to the lungs with the help of plasma proteins, which is rather inefficient way to carry CO_2 .

14.3 Respiratory Disorders

Many problems in respiratory system can take place if inner lining of respiratory organs exposed continuously to unhealthy air, containing poisonous gases. (Such as smoke and other pollutants). Some common respiratory disorders are as under.

14.3.1 Upper Respiratory Tract Infections

i) Sinusitis

The **sinuses** are holes in the skull between the facial bones and inflammation in these holes is called sinusitis. So the **sinusitis** may be **acute** (if symptoms last 2-8 weeks) or **chronic** (slowly progress and symptoms last much longer).

The sinuses are lined with mucus secreting membrane, which secretes antibody rich mucus, helps to trap and prevent entry of irritants.

Interesting Information

There are four large sinuses, two maxillary lie inside the cheek bones and two frontal sinuses, lies above the eyes.

Causes: It is generally caused by atmospheric pollution, dust, smoke, cold and wet climate, excessive dryness and bacterial or viral infections, etc.

Treatment: Antibiotics or sulfa drugs are recommended for bacterial infection. Antiallergic and decongestants are also prescribed by doctors. Steam inhalation called **nebulization** is also useful to treat sinusitis.

ii) Otitis Media

It is an inflammation of the middle ear in which **Eustachian tube** (tube between middle ear and pharynx) filled with fluid and become close. If this fluid is not clear up after three months or more, then it becomes **chronic otitis media**.

Causes: The main causes of otitis media are infection, allergy, recurrent attacks of common cold, blockage of Eustachian tube, nutritional deficiency and sinusitis, measles, etc.

Symptoms: The common symptoms of this disease are sudden and severe ear ache, deafness, fever, headache, sense of fullness of ear, **tinnitus** (ringing or buzzing in the ear), fluid leaking from ear, difficulty in speaking and hearing, etc. Sometime even eardrum can burst, which causes a discharge of pus and relief of pain.

Treatment: Mostly (around 80% patients) treated by clearing up the fluid within three to four days, **ear drum** has self-repairing ability. However, for complicated cases antibiotic therapy is prescribed. Pain killers may be given to relieve pain and fever.

14.3.2 Lower Respiratory Tract Infections

i) Pneumonia

It is serious disorder of lower respiratory tract. Pneumonia is characterized by inflammation of alveolar wall and accumulation of fluid and pus in alveolar sacs of one or both lungs. (Fig.14.12)

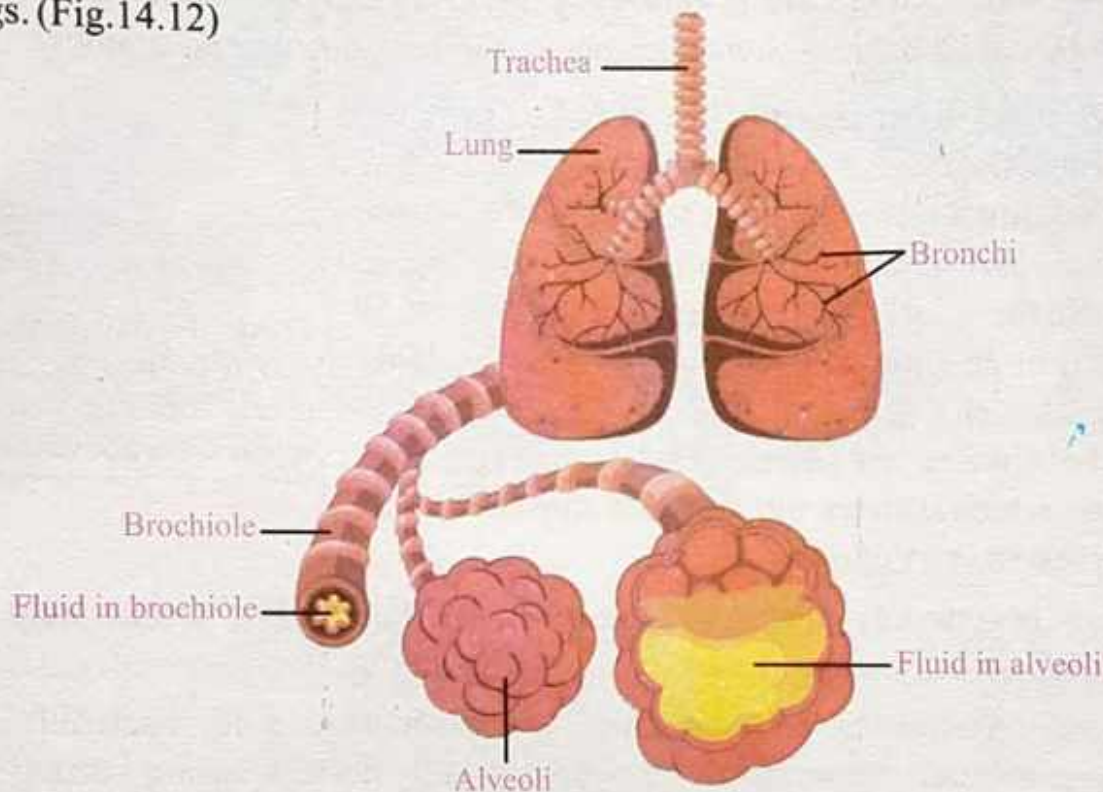


Fig. 14.12: Pneumonia of the Lungs

Causes: Mostly caused by bacterial genera such as *Streptococcus pneumoniae*, *Staphylococcus aureus*, *Haemophilus influenza* and *Mycoplasma*, etc. Sometime it also occurs due to viral, fungal or protozoan infection.

Symptoms: The person with bacterial pneumonia may experience with chill, chattering teeth, shaking, chest pain, sweating due to high fever, increase pulse rate and breathing, violent coughing (due to *Mycoplasma*). In viral and other form dry cough, headache, fever and muscle pain, bluish color of lips, and red brown rusty color sputum are also symptoms of pneumonia.

Treatment: Mostly antibiotic treatment is prescribed.

ii) Lung Cancer

Cancer is **malignant tumor** which may develop due to uncontrolled cell division.

It is one of the most common cancer in the world.

Causes: Smoking and inhalation of unhealthy air. The chances of lung cancer are ten times more in those persons who smoke or live in crowded smoky areas. It is estimated that 90% of lung cancer is caused by smoking. (Fig.14.13)

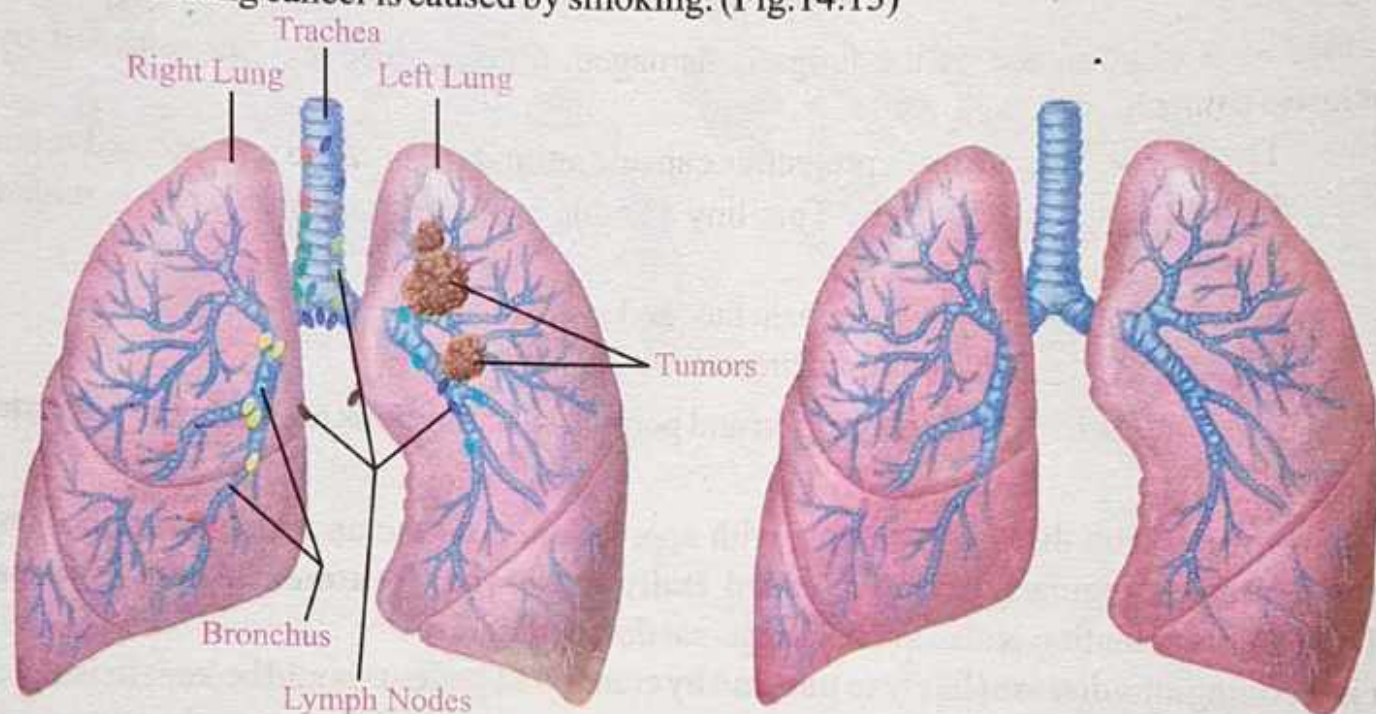


Fig.14.13: Lung Cancer (Cancerous and Healthy Lungs)

Symptoms: In initial stages the thickening and **callusing** (hardening) of cells occur, which are present in the lining of bronchi. The cilia in nasal passage (to prevent dust and dirt from seating in the lungs) are destroyed. The tumor consisting of disordered cells, spread and penetrates to other tissues known as **metastases**. These tumors grow until the bronchus is blocked and cutting off the supply of air to lung. The secretions are trapped in the spaces of lungs and become infected known as pneumonia or a lung abscess (swelling area containing pus) or only lung abscess result.

Treatment: To remove the tumor or the lung completely before the secondary growth has to occur.

This operation is called **pneumonectomy**. **Chemotherapy** and **radiotherapy** may treat cancer.

iii) **Pulmonary Tuberculosis (TB)**

It is infectious bacterial disease of lower respiratory system. It is more common in

Extra Information

Pneumonectomy: Surgical removal of lung or part of lung.

Chemotherapy: The use of chemical agents to treat or control diseases.

Radiotherapy: A therapy (Treatment) using ionizing radiation, generally as a part of cancer treatment to control or kill malignant cell.

poor people due to poor living conditions and malnutrition.

Causes: Pulmonary tuberculosis is caused by a *Bacillus* bacterium known as *Mycobacterium tubercle*. Although about 15% develop TB of lymph nodes, joints and gastro intestinal tract.

Symptoms: The inside of the lungs is damaged, alveoli burst and are replaced by inelastic connective tissue.

- The cells of lungs form a protective capsule around the bacteria and isolated them from the rest of the body. This tiny capsule is called tubercle (small rounded swelling).
- The patient has cough, fever, pale face and sweating at night.
- In severe form, chest pain and breathlessness may occur.

Facilitating Condition: Malnutrition and poor living conditions facilitate the bacteria to grow.

Treatment: The disease is curable with appropriate drug therapy such as antibodies (for 9 months regularly). This is called **Daily Observed Treatment Short Course (DOTS)**. Vaccination is also available against the bacteria.

It is a contagious disease (likely to transmit by contact) so patient should be kept in isolate environment to prevent infection.

iv) Emphysema

It is a lung disorder in which the air sacs (alveoli) degenerate and the elastic fibers present in them are destroyed. As a result, alveolar wall degenerate and small alveoli combine to form larger alveoli. This results in less alveoli with an increased volume and decrease surface area for complete gaseous exchange.

Symptoms: Increasing breathlessness, patient faces difficulty in walking. Lung loses elasticity, so it becomes more difficult to exhale air and lot of air remains in the lung during expiration. Inflammation and narrowing of bronchioles occur. The patient feel fatigue, coughing and **cyanosis** (blue skin). (Fig. 14.14)

Causes: The root cause of emphysema is the long term irritation of the lungs by cigarette smoke, polluted air or industrial dust and exposure of lungs to certain drugs, coal, etc. The substances present in the smoke of tobacco weakens the walls of alveoli.

Treatment: There is no cure of emphysema but some care may be helpful.

- Avoid smoking.
- All kinds of respiratory infections should be treated immediately.
- Oxygen equipment and respiratory devices are helpful.

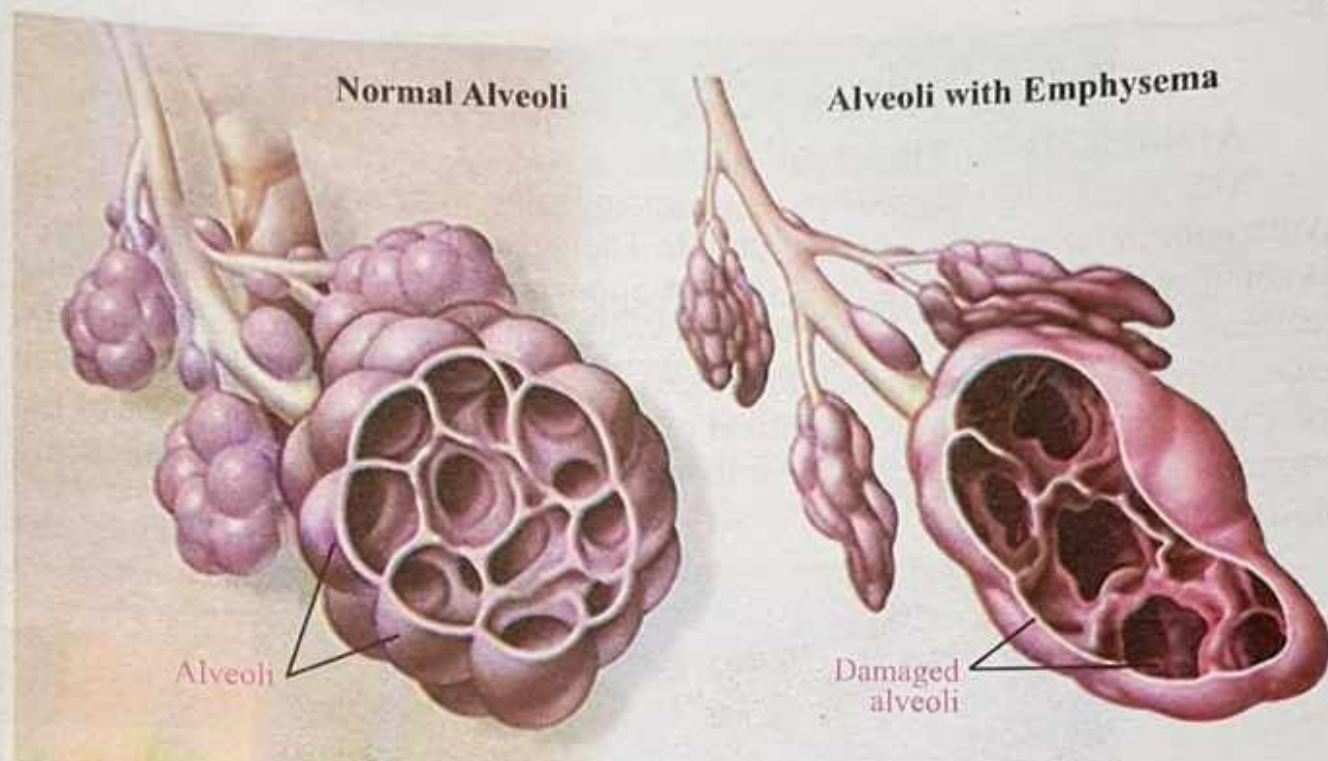


Fig. 14.14: Alveoli (Normal and Emphysema)

14.3.3 Effects of Smoking on Human Health

There are many effects of smoking on our respiratory system such as 87% of cigarette smokers also develop lung cancer. The smoking causes cancer of mouth, larynx and oesophagus. Smoking also causes many other diseases such as chronic bronchitis and emphysema.

The smoke of cigarette contains chemicals which irritate the respiratory tract and lung which results in early morning coughing and wheezing. It is indirect cause of pneumonia because cigarette smoke damages or destroys cilia. Thus microbes cannot be trapped and are easily settled in respiratory system. (Fig.14.15)



Fig.14.15: Effects of Smoking

Artificial Breathing Apparatus

This apparatus is used when we swim under the water and the areas with low oxygen concentration such as at high altitude. The apparatus is also used by fire fighter. It is commonly called **aqua-lung** or **SCUBA apparatus** (Self Contained Under Water Breathing Apparatus). It contains compressed air that is a mixture called **nitrox**, contains about 35% oxygen and 65% Nitrogen. The pressure of compressed air is much less than ambient pressure (The **ambient pressure** on an object is the pressure of the surrounding medium, such as a gas or liquid, in contact with the object), thus divers could breathe readily at any depth of water or areas with low oxygen.



Respiratory system in birds is the most efficient and elaborate. Why?

Respiratory system in birds is the most efficient than other animals due the following features. There is one way of the air through the lungs and air is renewed after inspiration and also no foul air is left in the lungs.

The direction of the blood flow in the lungs is opposite to the air flow, the parabronchi. This counter current exchange increases the amount of oxygen which enters the blood.

Also birds have air sacs which reach into all parts of the body and even penetrates some bones. These air sacs store air and act as balloons and blow air into parabronchi for exchange of gases. This system provides a large amount of oxygen for the high metabolic rate, and birds can breathe and fly on high altitude of about 6000 meter or more.

Relate the transportation of gases to hiccups, sneezing and snoring.

The hiccups, sneezing and snoring are the conditions which are related to breathing.

Hiccups:- It is sharp respiratory sound produced by the spasmodic contraction of the diaphragm while the glottis is closed. It is reflexive and serve no known functions but person feels difficulty in breathing.

Sneezing:- Deep inspiration followed by a closure of the glottis. The forceful expiration that results abruptly opens the glottis, sending a blast air through the nasal cavity. The eyelids close

reflexively during sneeze. Sneezing is a reflexive response to irritating stimulus of the nasal mucosa. Sneezing clears the upper respiratory passages.

Snoring:- It is rough, raspy noise that can occur when a sleeping person inhales through the mouth and nose. The noise usually is made by vibration of the soft plate which may occur as a result of vocal cord vibration.

- **Describe the carbon monoxide poisoning (caused by gas heaters left on overnight in closed environments).**

Gases that have undergone incomplete combustion produce CO and toxic fumes (hydrogen cyanide). In carbon monoxide poisoning caused by gas heaters, left on overnight in closed environments, CO binds to haemoglobin preventing the uptake of oxygen by haemoglobin. The symptoms of CO poisoning are nausea, vomiting, headache, mental status changes and ability of haemoglobin to release oxygen to tissue.

SUMMARY

- Breathing or ventilation or external respiration is the phenomenon of taking in of fresh air (with more O_2) into the lungs and removal of the air (with more CO_2) out of the lungs.
- An extensive network of capillaries around alveoli help in rapid exchange of gases.
- Upper respiratory tract includes nostrils, nasal cavities and pharynx.
- Lower respiratory tract includes larynx, trachea, bronchi and bronchioles.
- Respiratory organs in human and all terrestrial vertebrates are a pair of lungs.
- Hair, cilia and mucus in the nostrils trap large dust particles and microbes.
- Air sac is the functional unit of lungs.
- Each alveolar sac is made of simple squamous epithelium.
- Each lung is surrounded by a double fluid filled membrane called pleura.
- Inter costal muscles located between ribs contract and relax and cause the rib cage to move downward and backward.
- Respiratory volume is the amount of air inhaled, exhaled and stored within the lungs at a given time.
- Myoglobin is an iron containing respiratory proteinaceous pigment, present in muscle fibres to store oxygen.
- Sinusitis is an inflammation of the nasal sinuses.
- Cancer is malignant tumor which may develop due to uncontrolled cell division.
- *Pulmonary tuberculosis* is caused by *mycobacterium tubercle*.
- Pneumonectomy is the surgery of lung.
- Cigarette smoking is the major cause of lung cancer and chronic obstructive disease (bronchitis and emphysema).
- *Streptococcus pneumoniae* cause pneumonia.
- Otitis media is an inflammation of the middle ear.

EXERCISE

SECTION-I: OBJECTIVE QUESTIONS

Multiple Choice Questions (MCQs)

A. Select the correct answer.

1. Pleura is a double layered thin membrane that covers:
(a) Heart (b) Liver
(c) Kidney (d) Lungs
2. Hemoglobin in man increases the oxygen carrying capacity of the blood to about:
(a) 75 times (b) 50 times
(c) 60 times (d) 100 times
3. Plasma proteins are involved in the release of CO_2 .
(a) 70% (b) 7%
(c) 30% (d) 20%
4. Structure, which closes the passage to lungs when food is coming, is called:
(a) Glottis (b) Epiglottis
(c) Uvula (d) Pharynx
5. Myoglobin loses oxygen at:
(a) 60 mm Hg (b) 19.6 mm Hg
(c) 90 mm Hg (d) 20 mm Hg
6. Breathing is an example of:
(a) Diffusion (b) Osmosis
(c) Ventilation (d) Cellular Respiration
7. The structure which prevents entry of food to wind pipe is called:
(a) Glottis (b) Epiglottis
(c) Tongue (d) Soft palate
8. Which one of the following lacks cartilage?
(a) Trachea (b) Bronchioles
(c) Bronchi (d) Larynx
9. The pleural fluid surround the:
(a) Liver (b) Kidneys
(c) Heart (d) Lungs
10. The percentage of CO_2 carried in the form of bicarbonate is:
(a) 85% (b) 60%
(c) 70% (d) 65%

11. Each molecule of myoglobin combines with one molecule of:
 - (a) Oxygen
 - (b) Carbon dioxide
 - (c) Nitrogen
 - (d) Sulphur
12. In human, respiratory pigment is:
 - (a) Haemocyanin
 - (b) Haemoerythrin
 - (c) Chlorocruin
 - (d) Haemoglobin
13. The residual volume of air in human lung is
 - (a) 2.5 liter
 - (b) 5.0 liter
 - (c) 1.5 liter
 - (d) 3.0 liter
14. Chemotherapy and radiotherapy may help in the treatment of:
 - (a) Flu
 - (b) Emphysema
 - (c) Lung cancer
 - (d) Asthma
15. *Mycobacterium tubercle* causes:
 - (a) Emphysema
 - (b) Sinusitis
 - (c) Pneumonia
 - (d) Pulmonary tuberculosis

B. Fill in the blanks.

1. Respiratory surface must be permeable, so that can pass through it.
2. The pharynx is part of both the respiratory and system.
3. The trachea divides into two primary
4. Each lung contains about 35 millions
5. About 97- 98 % of O_2 is carried by the RBC as
6. The chloride shift is also called phenomenon.
7. Sinusitis is an inflammation of nasal
8. Haemoglobin can carry oxygen.
9. media is an inflammation of middle ear.
10. Mycoplasma cause lower respiratory infection named

SECTION-II: SHORT QUESTIONS

C. Give the short answers of the following questions.

1. Differentiate between internal respiration and external respiration.
2. Write three properties of respiratory surfaces.
3. Describe briefly about the functions of nasal cavities.
4. Define Bronchi, bronchioles and alveolar ducts.
5. Write any three differences between inspiration and expiration.
6. Difference between tidal volume and inspiratory reserve volume.

7. Write short note on myoglobin.
8. Describe transport of CO_2 as carboxyhaemoglobin.
9. Write causes and symptoms of sinusitis.
10. Describe the treatment of lung cancer.

SECTION-III: EXTENSIVE QUESTIONS

D. Give detailed answers of the following questions.

1. Explain breathing mechanism in humans.
2. Describe respiratory tract up to bronchi.
3. Explain causes, symptoms and treatment of tuberculosis.
4. Write a detail note on transport of CO_2 in human.
5. Write a detail note on transport of Oxygen in human.
6. Explain causes, symptoms and treatment of emphysema.
7. Illustrate the effects of smoking on human health.
8. Write note on otitis media.
9. Explain alveolar duct and alveoli.
10. Write a note on lung cancer.