16 | THE BODY'S SYSTEMS

Figure 16.1 An arctic fox is a complex animal, well adapted to its environment. (credit: Keith Morehouse, USFWS)

Chapter Outline

Introduction

The arctic fox, a complex animal that has adapted to its environment, illustrates the relationships between an animal's form and function. The multicellular bodies of animals consist of tissues that make up more complex organs and organ systems. The organ systems of an animal maintain homeostasis within the multicellular body. These systems are adapted to obtain the necessary nutrients and other resources needed by the cells of the body, to remove the wastes those cells produce, to coordinate the activities of the cells, tissues, and organs throughout the body, and to coordinate the many responses of the individual organism to its environment.

16.1 | Homeostasis and Osmoregulation

By the end of this section, you will be able to:

- Explain the concept of homeostasis
- Describe thermoregulation of endothermic and ectothermic animals
- Explain how the kidneys serve as the main osmoregulatory organs in the human body

Homeostasis refers to the relatively stable state inside the body of an animal. Animal organs and organ systems constantly adjust to internal and external changes in order to maintain this steady state. Examples of internal conditions maintained homeostatically are the level of blood glucose, body temperature, blood calcium level. These conditions remain stable because of physiologic processes that result in negative feedback relationships. If the blood glucose or calcium rises, this sends a signal to organs responsible for lowering blood glucose or calcium. The signals that restore the normal levels are examples of negative feedback. When homeostatic mechanisms fail, the results can be unfavorable for the animal. Homeostatic mechanisms keep the body in dynamic equilibrium by constantly adjusting to the changes that the body's systems encounter. Even an animal that is apparently inactive is maintaining this homeostatic equilibrium. Two examples of factors that are regulated homeostatically are temperature and water content. The processes that maintain homeostasis of these two factors are called thermoregulation and osmoregulation.

Homeostasis

The goal of homeostasis is the maintenance of equilibrium around a specific value of some aspect of the body or its cells called a **set point**. While there are normal fluctuations from the set point, the body's systems will usually attempt to go back to this point. A change in the internal or external environment is called a stimulus and is detected by a receptor; the response of the system is to adjust the activities of the system so the value moves back toward the set point. For instance, if the body becomes too warm, adjustments are made to cool the animal. If glucose levels in the blood rise after a meal, adjustments are made to lower them and to get the nutrient into tissues that need it or to store it for later use.

When a change occurs in an animal's environment, an adjustment must be made so that the internal environment of the body and cells remains stable. The receptor that senses the change in the environment is part of a feedback mechanism. The stimulus—temperature, glucose, or calcium levels—is detected by the receptor. The receptor sends information to a control center, often the brain, which relays appropriate signals to an effector organ that is able to cause an appropriate change, either up or down, depending on the information the sensor was sending.

Thermoregulation

Animals can be divided into two groups: those that maintain a constant body temperature in the face of differing environmental temperatures, and those that have a body temperature that is the same as their environment and thus varies with the environmental temperature. Animals that do not have internal control of their body temperature are called **ectotherms**. The body temperature of these organisms is generally similar to the temperature of the environment, although the individual organisms may do things that keep their bodies slightly below or above the environmental temperature. This can include burrowing underground on a hot day or resting in the sunlight on a cold day. The ectotherms have been called cold-blooded, a term that may not apply to an animal in the desert with a very warm body temperature.

An animal that maintains a constant body temperature in the face of environmental changes is called an **endotherm**. These animals are able to maintain a level of activity that an ectothermic animal cannot because they generate internal heat that keeps their cellular processes operating optimally even when the environment is cold.

Watch this **Discovery Channel video (http://openstaxcollege.org/l/thermoregulate2)** on thermoregulation to see illustrations of the process in a variety of animals.

Animals conserve or dissipate heat in a variety of ways. Endothermic animals have some form of insulation. They have fur, fat, or feathers. Animals with thick fur or feathers create an insulating layer of air between their skin and internal organs. Polar bears and seals live and swim in a subfreezing environment and yet maintain a constant, warm, body temperature. The arctic fox, for example, uses its fluffy tail as extra insulation when it curls up to sleep in cold weather. Mammals can increase body heat production by shivering, which is an involuntary increase in muscle activity. In addition, arrector pili muscles can contract causing individual hairs to stand up when the individual is cold. This increases the insulating effect of the hair. Humans retain this reaction, which does not have the intended effect on our relatively hairless bodies; it causes "goose bumps" instead. Mammals use layers of fat as insulation also. Loss of significant amounts of body fat will compromise an individual's ability to conserve heat.

Ectotherms and endotherms use their circulatory systems to help maintain body temperature. Vasodilation, the opening up of arteries to the skin by relaxation of their smooth muscles, brings more blood and heat to the body surface, facilitating radiation and evaporative heat loss, cooling the body. Vasoconstriction, the narrowing of blood vessels to the skin by contraction of their smooth muscles, reduces blood flow in peripheral blood vessels, forcing blood toward the core and vital organs, conserving heat. Some animals have adaptions to their circulatory system that enable them to transfer heat from arteries to veins that are flowing next to each other, warming blood returning to the heart. This is called a countercurrent heat exchange; it prevents the cold venous blood from cooling the heart and other internal organs. The countercurrent adaptation is found in dolphins, sharks, bony fish, bees, and hummingbirds.

Some ectothermic animals use changes in their behavior to help regulate body temperature. They simply seek cooler areas during the hottest part of the day in the desert to keep from getting too warm. The same animals may climb onto rocks in the evening to capture heat on a cold desert night before entering their burrows.

Thermoregulation is coordinated by the nervous system (**Figure 16.2**). The processes of temperature control are centered in the hypothalamus of the advanced animal brain. The hypothalamus maintains the set point for body temperature through reflexes that cause vasodilation or vasoconstriction and shivering or sweating. The sympathetic nervous system under control of the hypothalamus directs the responses that effect the changes in temperature loss or gain that return the body to the set point. The set point may be adjusted in some instances. During an infection, compounds called pyrogens are produced and circulate to the hypothalamus resetting the thermostat to a higher value. This allows the body's temperature to increase to a new homeostatic equilibrium point in what is commonly called a fever. The increase in body heat makes the body less optimal for bacterial growth and increases the activities of cells so they are better able to fight the infection.

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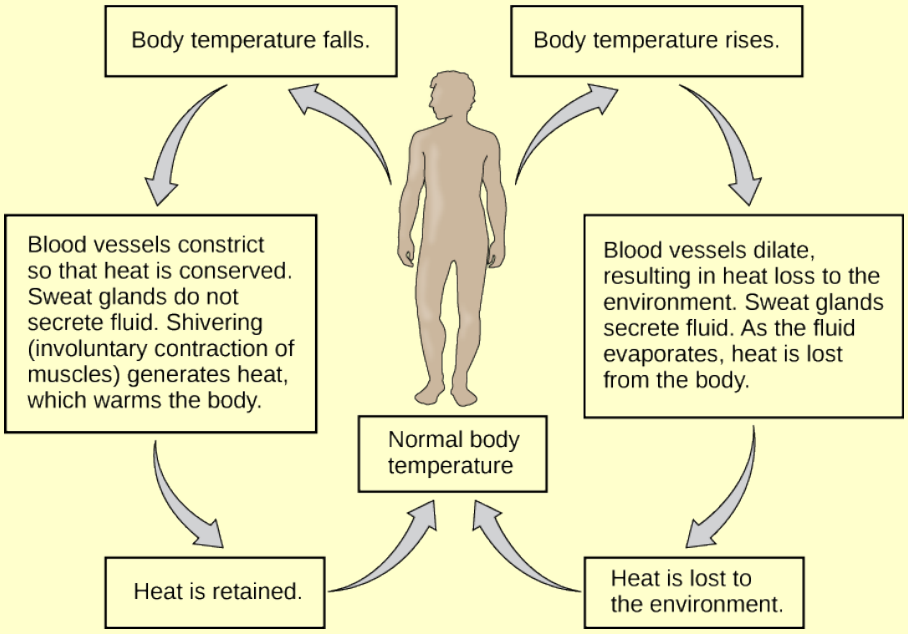

Figure 16.2 The body is able to regulate temperature in response to signals from the nervous system.

When bacteria are destroyed by leukocytes, pyrogens are released into the blood. Pyrogens reset the body's thermostat to a higher temperature, resulting in fever. How might pyrogens cause the body temperature to rise?

Osmoregulation

Osmoregulation is the process of maintaining salt and water balance (**osmotic balance**) across membranes within the body. The fluids inside and surrounding cells are composed of water, electrolytes, and nonelectrolytes. An electrolyte is a compound that dissociates into ions when dissolved in water. A nonelectrolyte, in contrast, does not dissociate into ions in water. The body's fluids include blood plasma, fluid that exists within cells, and the **interstitial fluid** that exists in the spaces between cells and tissues of the body. The membranes of the body (both the membranes around cells and the "membranes" made of cells lining body cavities) are semipermeable membranes. Semipermeable membranes are permeable to certain types of solutes and to water, but typically cell membranes are impermeable to solutes.

The body does not exist in isolation. There is a constant input of water and electrolytes into the system. Excess water, electrolytes, and wastes are transported to the kidneys and excreted, helping to maintain osmotic balance. Insufficient fluid intake results in fluid conservation by the kidneys. Biological systems constantly interact and exchange water and nutrients with the environment by way of consumption of food and water and through excretion in the form of sweat, urine, and feces. Without a mechanism to regulate osmotic pressure, or when a disease damages this mechanism, there is a tendency to accumulate toxic waste and water, which can have dire consequences.

Mammalian systems have evolved to regulate not only the overall osmotic pressure across membranes, but also specific concentrations of important electrolytes in the three major fluid compartments: blood plasma, interstitial fluid, and intracellular fluid. Since osmotic pressure is regulated by the movement of water across membranes, the volume of the fluid compartments can also change temporarily. Since blood plasma is one of the fluid components, osmotic pressures have a direct bearing on blood pressure.

Excretory System

The human excretory system functions to remove waste from the body through the skin as sweat, the lungs in the form of exhaled carbon dioxide, and through the urinary system in the form of urine. All three of these systems participate in osmoregulation and waste removal. Here we focus on the urinary system, which is comprised of the paired kidneys, the ureter, urinary bladder and urethra (**Figure 16.3**). The **kidneys** are a pair of bean-shaped structures that are located just below the liver in the body cavity. Each of the kidneys contains more than a million tiny units called nephrons that filter

blood containing the metabolic wastes from cells. All the blood in the human body is filtered about 60 times a day by the kidneys. The nephrons remove wastes, concentrate them, and form urine that is collected in the bladder.

Internally, the kidney has three regions—an outer cortex, a medulla in the middle, and the renal pelvis, which is the expanded end of the ureter. The renal cortex contains the **nephrons**—the functional unit of the kidney. The renal pelvis collects the urine and leads to the **ureter** on the outside of the kidney. The ureters are urine-bearing tubes that exit the kidney and empty into the **urinary bladder**.

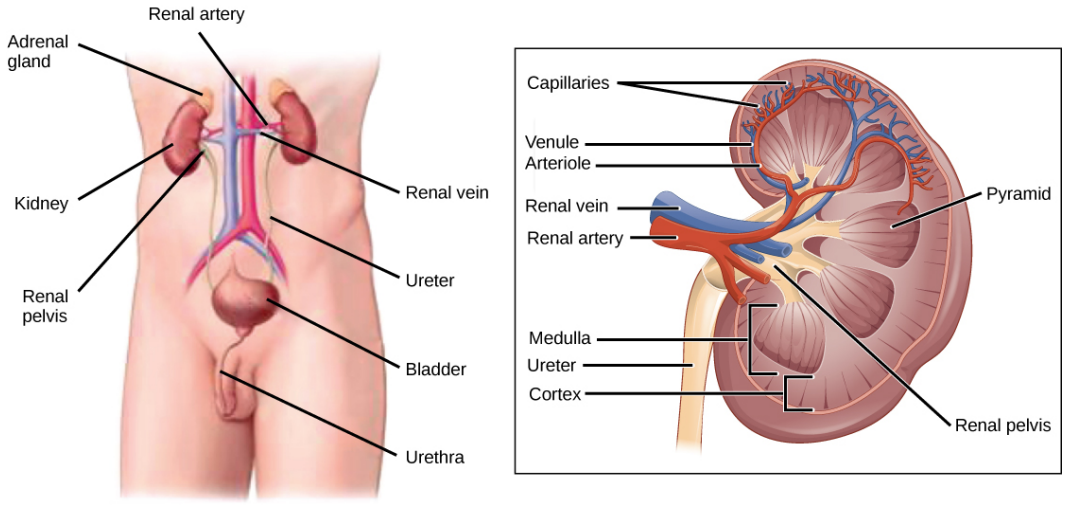

Figure 16.3 The human excretory system is made up of the kidneys, ureter, urinary bladder, and urethra. The kidneys filter blood and form urine, which is stored in the bladder until it is eliminated through the urethra. On the right, the internal structure of the kidney is shown. (credit: modification of work by NCI, NIH)

Blood enters each kidney from the aorta, the main artery supplying the body below the heart, through a **renal artery**. It is distributed in smaller vessels until it reaches each nephron in capillaries. Within the nephron the blood comes in intimate contact with the waste-collecting tubules in a structure called the glomerulus. Water and many solutes present in the blood, including ions of sodium, calcium, magnesium, and others; as well as wastes and valuable substances such as amino acids, glucose and vitamins, leave the blood and enter the tubule system of the nephron. As materials pass through the tubule much of the water, required ions, and useful compounds are reabsorbed back into the capillaries that surround the tubules leaving the wastes behind. Some of this reabsorption requires active transport and consumes ATP. Some wastes, including ions and some drugs remaining in the blood, diffuse out of the capillaries into the interstitial fluid and are taken up by the tubule cells. These wastes are then actively secreted into the tubules. The blood then collects in larger and larger vessels and leaves the kidney in the renal vein. The **renal vein** joins the inferior vena cava, the main vein that returns blood to the heart from the lower body. The amounts of water and ions reabsorbed into the circulatory system are carefully regulated and this is an important way the body regulates its water content and ion levels. The waste is collected in larger tubules and then leaves the kidney in the ureter, which leads to the bladder where urine, the combination of waste materials and water, is stored.

The bladder contains sensory nerves, stretch receptors that signal when it needs to be emptied. These signals create the urge to urinate, which can be voluntarily suppressed up to a limit. The conscious decision to urinate sets in play signals that open the sphincters, rings of smooth muscle that close off the opening, to the **urethra** that allows urine to flow out of the bladder and the body.

careers IN ACTION

Dialysis Technician

Dialysis is a medical process of removing wastes and excess water from the blood by diffusion and ultrafiltration. When kidney function fails, dialysis must be done to artificially rid the body of wastes and fluids. This is a vital process to keep patients alive. In some cases, the patients undergo artificial dialysis until they are eligible for a kidney transplant. In others who are not candidates for kidney transplants, dialysis is a lifelong necessity.

Dialysis technicians typically work in hospitals and clinics. While some roles in this field include equipment development and maintenance, most dialysis technicians work in direct patient care. Their on-the-job duties, which typically occur under the direct supervision of a registered nurse, focus on providing dialysis treatments. This can include reviewing patient history and current condition, assessing and responding to patient needs before and during treatment, and monitoring the dialysis process. Treatment may include taking and reporting a patient's vital signs, preparing solutions and equipment to ensure accurate and sterile procedures.

16.2 | Digestive System

By the end of this section, you will be able to:

- Explain the processes of digestion and absorption
- Explain the specialized functions of the organs involved in processing food in the body
- Describe the ways in which organs work together to digest food and absorb nutrients
- Describe the essential nutrients required for cellular function that cannot be synthesized by the animal body
- Describe how excess carbohydrates and energy are stored in the body

All living organisms need nutrients to survive. While plants can obtain nutrients from their roots and the energy molecules required for cellular function through the process of photosynthesis, animals obtain their nutrients by the consumption of other organisms. At the cellular level, the biological molecules necessary for animal function are amino acids, lipid molecules, nucleotides, and simple sugars. However, the food consumed consists of protein, fat, and complex carbohydrates. Animals must convert these macromolecules into the simple molecules required for maintaining cellular function. The conversion of the food consumed to the nutrients required is a multistep process involving digestion and absorption. During digestion, food particles are broken down to smaller components, which are later absorbed by the body. This happens by both physical means, such as chewing, and by chemical means.

One of the challenges in human nutrition is maintaining a balance between food intake, storage, and energy expenditure. Taking in more food energy than is used in activity leads to storage of the excess in the form of fat deposits. The rise in obesity and the resulting diseases like type 2 diabetes makes understanding the role of diet and nutrition in maintaining good health all the more important.

The Human Digestive System

The process of digestion begins in the mouth with the intake of food (**Figure 16.4**). The teeth play an important role in masticating (chewing) or physically breaking food into smaller particles. The enzymes present in saliva also begin to chemically break down food. The food is then swallowed and enters the **esophagus**—a long tube that connects the mouth to the stomach. Using **peristalsis**, or wave-like smooth-muscle contractions, the muscles of the esophagus push the food toward the stomach. The stomach contents are extremely acidic, with a pH between 1.5 and 2.5. This acidity kills microorganisms, breaks down food tissues, and activates digestive enzymes. Further breakdown of food takes place in the small intestine where bile produced by the liver, and enzymes produced by the small intestine and the pancreas, continue the process of digestion. The smaller molecules are absorbed into the blood stream through the epithelial cells lining the walls of the small intestine. The waste material travels on to the large intestine where water is absorbed and the drier waste material is compacted into feces; it is stored until it is excreted through the anus.

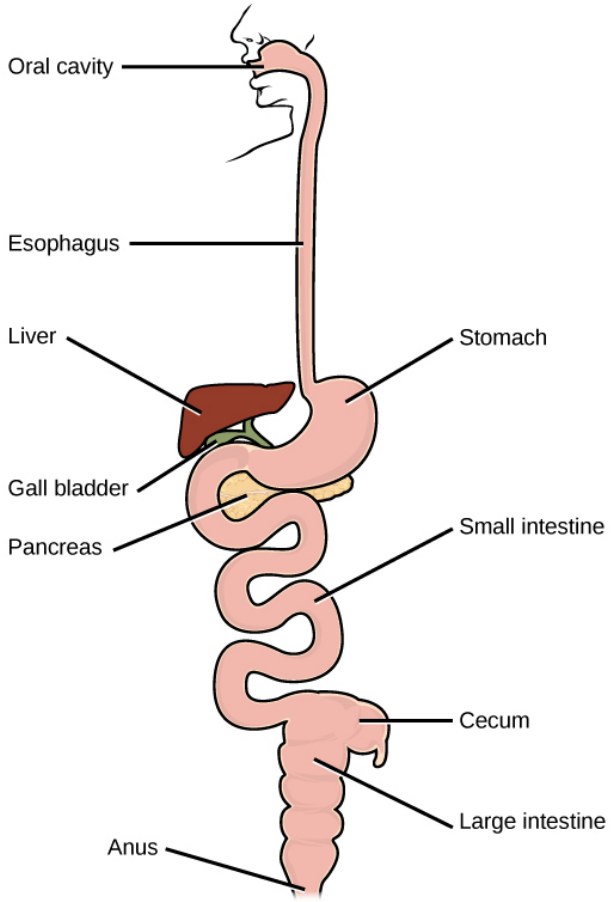

Figure 16.4 The components of the human digestive system are shown.

Oral Cavity

Both physical and chemical digestion begin in the mouth or **oral cavity**, which is the point of entry of food into the digestive system. The food is broken into smaller particles by mastication, the chewing action of the teeth. All mammals have teeth and can chew their food to begin the process of physically breaking it down into smaller particles.

The chemical process of digestion begins during chewing as food mixes with saliva, produced by the **salivary glands** (**Figure 16.5**). Saliva contains mucus that moistens food and buffers the pH of the food. Saliva also contains lysozyme, which has antibacterial action. It also contains an enzyme called salivary **amylase** that begins the process of converting starches in the food into a disaccharide called maltose. Another enzyme called lipase is produced by cells in the tongue to break down fats. The chewing and wetting action provided by the teeth and saliva prepare the food into a mass called the **bolus** for swallowing. The tongue helps in swallowing—moving the bolus from the mouth into the pharynx. The pharynx opens to two passageways: the esophagus and the trachea. The esophagus leads to the stomach and the trachea leads to the lungs. The epiglottis is a flap of tissue that covers the tracheal opening during swallowing to prevent food from entering the lungs.

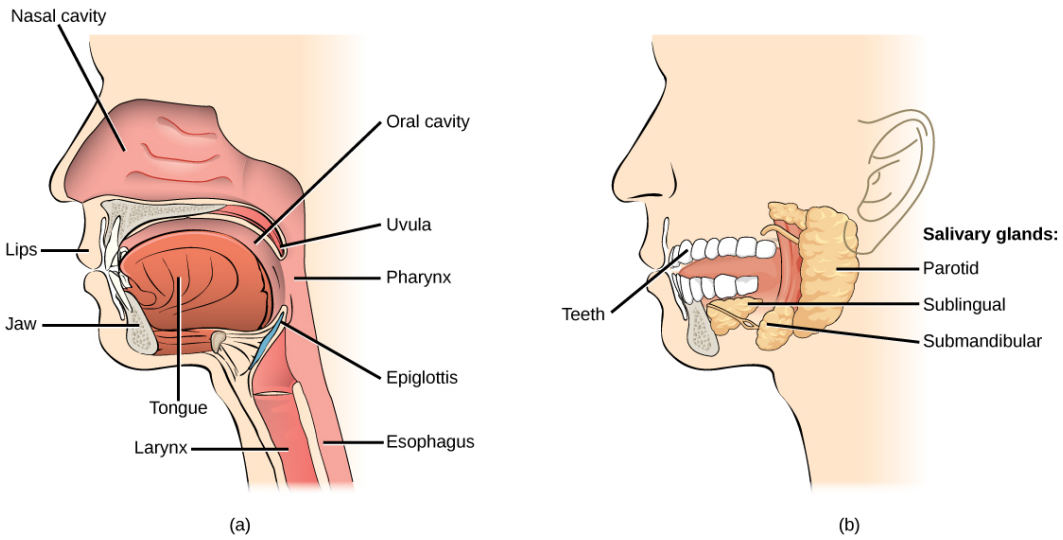

Figure 16.5 (a) Digestion of food begins in the mouth. (b) Food is masticated by teeth and moistened by saliva secreted from the salivary glands. Enzymes in the saliva begin to digest starches and fats. With the help of the tongue, the resulting bolus is moved into the esophagus by swallowing. (credit: modification of work by Mariana Ruiz Villareal)

Esophagus

The esophagus is a tubular organ that connects the mouth to the stomach. The chewed and softened food passes through the esophagus after being swallowed. The smooth muscles of the esophagus undergo peristalsis that pushes the food toward the stomach. The peristaltic wave is unidirectional—it moves food from the mouth the stomach, and reverse movement is not possible, except in the case of the vomit reflex. The peristaltic movement of the esophagus is an involuntary reflex; it takes place in response to the act of swallowing.

Ring-like muscles called sphincters form valves in the digestive system. The gastro-esophageal sphincter (or cardiac sphincter) is located at the stomach end of the esophagus. In response to swallowing and the pressure exerted by the bolus of food, this sphincter opens, and the bolus enters the stomach. When there is no swallowing action, this sphincter is shut and prevents the contents of the stomach from traveling up the esophagus. Acid reflux or "heartburn" occurs when the acidic digestive juices escape into the esophagus.

Stomach

A large part of protein digestion occurs in the stomach (**Figure 16.7**). The **stomach** is a saclike organ that secretes gastric digestive juices.

Protein digestion is carried out by an enzyme called **pepsin** in the stomach chamber. The highly acidic environment kills many microorganisms in the food and, combined with the action of the enzyme pepsin, results in the catabolism of protein in the food. Chemical digestion is facilitated by the churning action of the stomach caused by contraction and relaxation of smooth muscles. The partially digested food and gastric juice mixture is called **chyme**. Gastric emptying occurs within two to six hours after a meal. Only a small amount of chyme is released into the small intestine at a time. The movement of chyme from the stomach into the small intestine is regulated by hormones, stomach distension and muscular reflexes that influence the pyloric sphincter.

The stomach lining is unaffected by pepsin and the acidity because pepsin is released in an inactive form and the stomach has a thick mucus lining that protects the underlying tissue.

Small Intestine

Chyme moves from the stomach to the small intestine. The **small intestine** is the organ where the digestion of protein, fats, and carbohydrates is completed. The small intestine is a long tube-like organ with a highly folded surface containing finger-like projections called the villi. The top surface of each villus has many microscopic projections called microvilli. The epithelial cells of these structures absorb nutrients from the digested food and release them to the bloodstream on the other side. The villi and microvilli, with their many folds, increase the surface area of the small intestine and increase absorption efficiency of the nutrients.

The human small intestine is over 6 m (19.6 ft) long and is divided into three parts: the duodenum, the jejunum and the ileum. The duodenum is separated from the stomach by the pyloric sphincter. The chyme is mixed with pancreatic juices, an alkaline solution rich in bicarbonate that neutralizes the acidity of chyme from the stomach. Pancreatic juices contain several digestive enzymes that break down starches, disaccharides, proteins, and fats. **Bile** is produced in the liver and stored

and concentrated in the gallbladder; it enters the duodenum through the bile duct. Bile contains bile salts, which make lipids accessible to the water-soluble enzymes. The monosaccharides, amino acids, bile salts, vitamins, and other nutrients are absorbed by the cells of the intestinal lining.

The undigested food is sent to the colon from the ileum via peristaltic movements. The ileum ends and the large intestine begins at the ileocecal valve. The vermiform, "worm-like," appendix is located at the ileocecal valve. The appendix of humans has a minor role in immunity.

Large Intestine

The **large intestine** reabsorbs the water from indigestible food material and processes the waste material (Figure 16.6). The human large intestine is much smaller in length compared to the small intestine but larger in diameter. It has three parts: the cecum, the colon, and the rectum. The cecum joins the ileum to the colon and is the receiving pouch for the waste matter. The colon is home to many bacteria or "intestinal flora" that aid in the digestive processes. The **colon** has four regions, the ascending colon, the transverse colon, the descending colon and the sigmoid colon. The main functions of the colon are to extract the water and mineral salts from undigested food, and to store waste material.

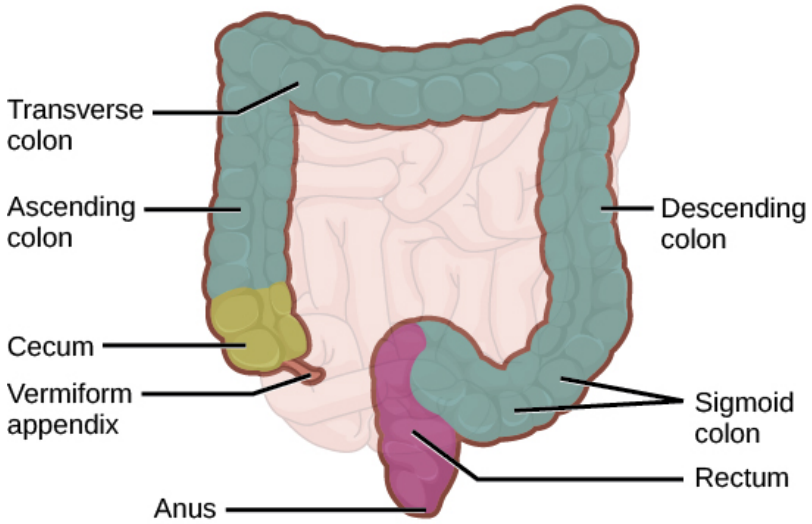

Figure 16.6 The large intestine reabsorbs water from undigested food and stores waste until it is eliminated. (credit: modification of work by Mariana Ruiz Villareal)

The **rectum** (Figure 16.6) stores feces until defecation. The feces are propelled using peristaltic movements during elimination. The **anus** is an opening at the far-end of the digestive tract and is the exit point for the waste material. Two sphincters regulate the exit of feces, the inner sphincter is involuntary and the outer sphincter is voluntary.

Accessory Organs

The organs discussed above are the organs of the digestive tract through which food passes. Accessory organs add secretions and enzymes that break down food into nutrients. Accessory organs include the salivary glands, the liver, the pancreas, and the gall bladder. The secretions of the liver, pancreas, and gallbladder are regulated by hormones in response to food consumption.

The **liver** is the largest internal organ in humans and it plays an important role in digestion of fats and detoxifying blood. The liver produces bile, a digestive juice that is required for the breakdown of fats in the duodenum. The liver also processes the absorbed vitamins and fatty acids and synthesizes many plasma proteins. The **gallbladder** is a small organ that aids the liver by storing bile and concentrating bile salts.

The **pancreas** secretes bicarbonate that neutralizes the acidic chyme and a variety of enzymes for the digestion of protein and carbohydrates.

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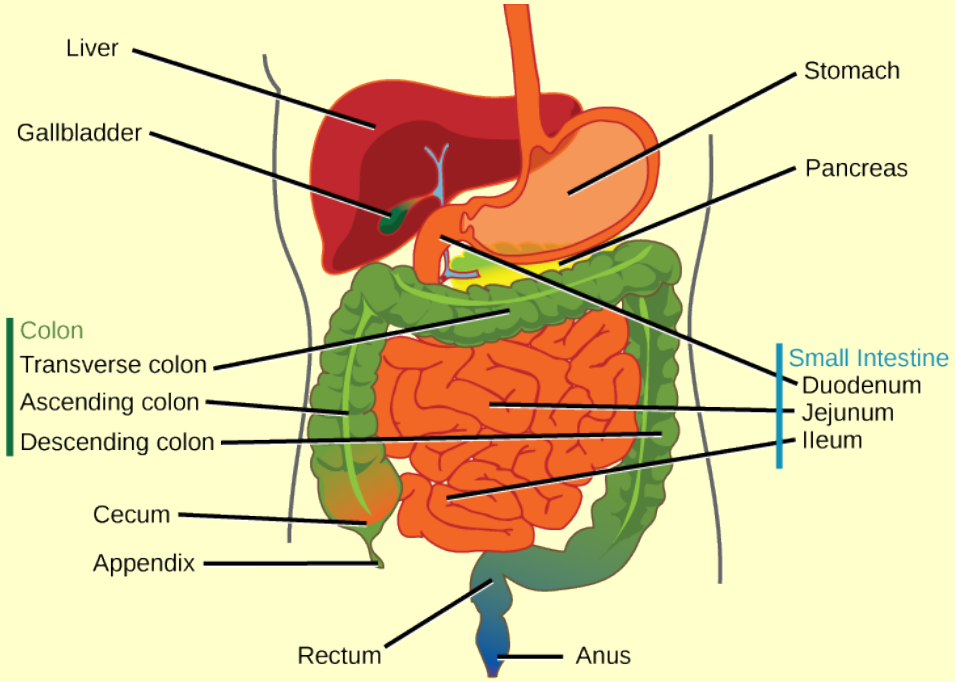

Figure 16.7 The stomach has an extremely acidic environment where most of the protein gets digested. (credit: modification of work by Mariana Ruiz Villareal)

Which of the following statements about the digestive system is false?

a. Chyme is a mixture of food and digestive juices that is produced in the stomach.
b. Food enters the large intestine before the small intestine.
c. In the small intestine, chyme mixes with bile, which emulsifies fats.
d. The stomach is separated from the small intestine by the pyloric sphincter.

Nutrition

The human diet should be well balanced to provide nutrients required for bodily function and the minerals and vitamins required for maintaining structure and regulation necessary for good health and reproductive capability (**Figure 16.8**).

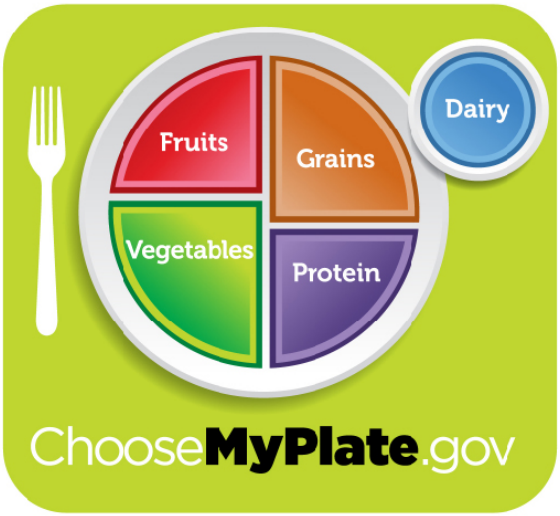

Figure 16.8 For humans, a balanced diet includes fruits, vegetables, grains, protein, and dairy. (credit: USDA)

CONCEPT in ACTION

Explore this **interactive United States Department of Agriculture website (http://openstaxcollege.org/l/food_groups2)** to learn more about each food group and the recommended daily amounts.

The organic molecules required for building cellular material and tissues must come from food. During digestion, digestible carbohydrates are ultimately broken down into glucose and used to provide energy within the cells of the body. Complex carbohydrates, including polysaccharides, can be broken down into glucose through biochemical modification; however, humans do not produce the enzyme necessary to digest cellulose (fiber). The intestinal flora in the human gut are able to extract some nutrition from these plant fibers. These plant fibers are known as dietary fiber and are an important component of the diet. The excess sugars in the body are converted into glycogen and stored for later use in the liver and muscle tissue. Glycogen stores are used to fuel prolonged exertions, such as long-distance running, and to provide energy during food shortage. Fats are stored under the skin of mammals for insulation and energy reserves.

Proteins in food are broken down during digestion and the resulting amino acids are absorbed. All of the proteins in the body must be formed from these amino-acid constituents; no proteins are obtained directly from food.

Fats add flavor to food and promote a sense of satiety or fullness. Fatty foods are also significant sources of energy, and fatty acids are required for the construction of lipid membranes. Fats are also required in the diet to aid the absorption of fat-soluble vitamins and the production of fat-soluble hormones.

While the animal body can synthesize many of the molecules required for function from precursors, there are some nutrients that must be obtained from food. These nutrients are termed **essential nutrients**, meaning they must be eaten, because the body cannot produce them.

The fatty acids omega-3 alpha-linolenic acid and omega-6 linoleic acid are essential fatty acids needed to make some membrane phospholipids. **Vitamins** are another class of essential organic molecules that are required in small quantities. Many of these assist enzymes in their function and, for this reason, are called coenzymes. Absence or low levels of vitamins can have a dramatic effect on health. **Minerals** are another set of inorganic essential nutrients that must be obtained from food. Minerals perform many functions, from muscle and nerve function, to acting as enzyme cofactors. Certain amino acids also must be procured from food and cannot be synthesized by the body. These amino acids are the "essential" amino acids. The human body can synthesize only 11 of the 20 required amino acids; the rest must be obtained from food.

biology IN ACTION

Obesity

With obesity at high rates in the United States, there is a public health focus on reducing obesity and associated health risks, which include diabetes, colon and breast cancer, and cardiovascular disease. How does the food consumed contribute to obesity?

Fatty foods are calorie-dense, meaning that they have more calories per unit mass than carbohydrates or proteins. One gram of carbohydrates has four calories, one gram of protein has four calories, and one gram of fat has nine calories. Animals tend to seek lipid-rich food for their higher energy content. Greater amounts of food energy taken in than the body's requirements will result in storage of the excess in fat deposits.

Excess carbohydrate is used by the liver to synthesize glycogen. When glycogen stores are full, additional glucose is converted into fatty acids. These fatty acids are stored in adipose tissue cells—the fat cells in the mammalian body whose primary role is to store fat for later use.

The rate of obesity among children is rapidly rising in the United States. To combat childhood obesity and ensure that children get a healthy start in life, in 2010 First Lady Michelle Obama launched the Let's Move! campaign. The goal of this campaign is to educate parents and caregivers on providing healthy nutrition and encouraging active lifestyles in future generations. This program aims to involve the entire community, including parents, teachers, and healthcare providers to ensure that children have access to healthy foods—more fruits, vegetables, and whole grains—and consume fewer calories from processed foods. Another goal is to ensure that children get physical activity. With the increase in television viewing and stationary pursuits such as video games, sedentary lifestyles have become the norm. Visit www.letsmove.gov to learn more.

16.3 | Circulatory and Respiratory Systems

By the end of this section, you will be able to:

- Describe the passage of air from the outside environment to the lungs
- Describe the function of the circulatory system
- Describe the cardiac cycle
- Explain how blood flows through the body

Animals are complex multicellular organisms that require a mechanism for transporting nutrients throughout their bodies and removing wastes. The human circulatory system has a complex network of blood vessels that reach all parts of the body. This extensive network supplies the cells, tissues, and organs with oxygen and nutrients, and removes carbon dioxide and waste compounds.

The medium for transport of gases and other molecules is the blood, which continually circulates through the system. Pressure differences within the system cause the movement of the blood and are created by the pumping of the heart.

Gas exchange between tissues and the blood is an essential function of the circulatory system. In humans, other mammals, and birds, blood absorbs oxygen and releases carbon dioxide in the lungs. Thus the circulatory and respiratory system, whose function is to obtain oxygen and discharge carbon dioxide, work in tandem.

The Respiratory System

Take a breath in and hold it. Wait several seconds and then let it out. Humans, when they are not exerting themselves, breathe approximately 15 times per minute on average. This equates to about 900 breaths an hour or 21,600 breaths per day. With every inhalation, air fills the lungs, and with every exhalation, it rushes back out. That air is doing more than just inflating and deflating the lungs in the chest cavity. The air contains oxygen that crosses the lung tissue, enters the bloodstream, and travels to organs and tissues. There, oxygen is exchanged for carbon dioxide, which is a cellular waste material. Carbon dioxide exits the cells, enters the bloodstream, travels back to the lungs, and is expired out of the body during exhalation.

Breathing is both a voluntary and an involuntary event. How often a breath is taken and how much air is inhaled or exhaled is regulated by the respiratory center in the brain in response to signals it receives about the carbon dioxide content of the blood. However, it is possible to override this automatic regulation for activities such as speaking, singing and swimming under water.

During inhalation the **diaphragm** descends creating a negative pressure around the lungs and they begin to inflate, drawing in air from outside the body. The air enters the body through the **nasal cavity** located just inside the nose (**Figure 16.9**). As the air passes through the nasal cavity, the air is warmed to body temperature and humidified by moisture from mucous membranes. These processes help equilibrate the air to the body conditions, reducing any damage that cold, dry air can cause. Particulate matter that is floating in the air is removed in the nasal passages by hairs, mucus, and cilia. Air is also chemically sampled by the sense of smell.

From the nasal cavity, air passes through the **pharynx** (throat) and the **larynx** (voice box) as it makes its way to the **trachea** (**Figure 16.9**). The main function of the trachea is to funnel the inhaled air to the lungs and the exhaled air back out of the body. The human trachea is a cylinder, about 25 to 30 cm (9.8–11.8 in) long, which sits in front of the esophagus and extends from the pharynx into the chest cavity to the lungs. It is made of incomplete rings of cartilage and smooth muscle. The cartilage provides strength and support to the trachea to keep the passage open. The trachea is lined with cells that have cilia and secrete mucus. The mucus catches particles that have been inhaled, and the cilia move the particles toward the pharynx.

The end of the trachea divides into two bronchi that enter the right and left lung. Air enters the lungs through the **primary bronchi**. The primary bronchus divides, creating smaller and smaller diameter **bronchi** until the passages are under 1 mm (.03 in) in diameter when they are called **bronchioles** as they split and spread through the lung. Like the trachea, the bronchus and bronchioles are made of cartilage and smooth muscle. Bronchi are innervated by nerves of both the parasympathetic and sympathetic nervous systems that control muscle contraction (parasympathetic) or relaxation (sympathetic) in the bronchi and bronchioles, depending on the nervous system's cues. The final bronchioles are the respiratory bronchioles. Alveolar ducts are attached to the end of each respiratory bronchiole. At the end of each duct are alveolar sacs, each containing 20 to 30 **alveoli**. Gas exchange occurs only in the alveoli. The alveoli are thin-walled and look like tiny bubbles within the sacs. The alveoli are in direct contact with capillaries of the circulatory system. Such intimate contact ensures that oxygen will diffuse from the alveoli into the blood. In addition, carbon dioxide will diffuse from the blood into the alveoli to be exhaled. The anatomical arrangement of capillaries and alveoli emphasizes the structural and functional relationship of the respiratory and circulatory systems. Estimates for the surface area of alveoli in the lungs vary around 100 m^2. This large area is about the area of half a tennis court. This large surface area, combined with the thin-walled nature of the alveolar cells, allows gases to easily diffuse across the cells.

art CONNECTION

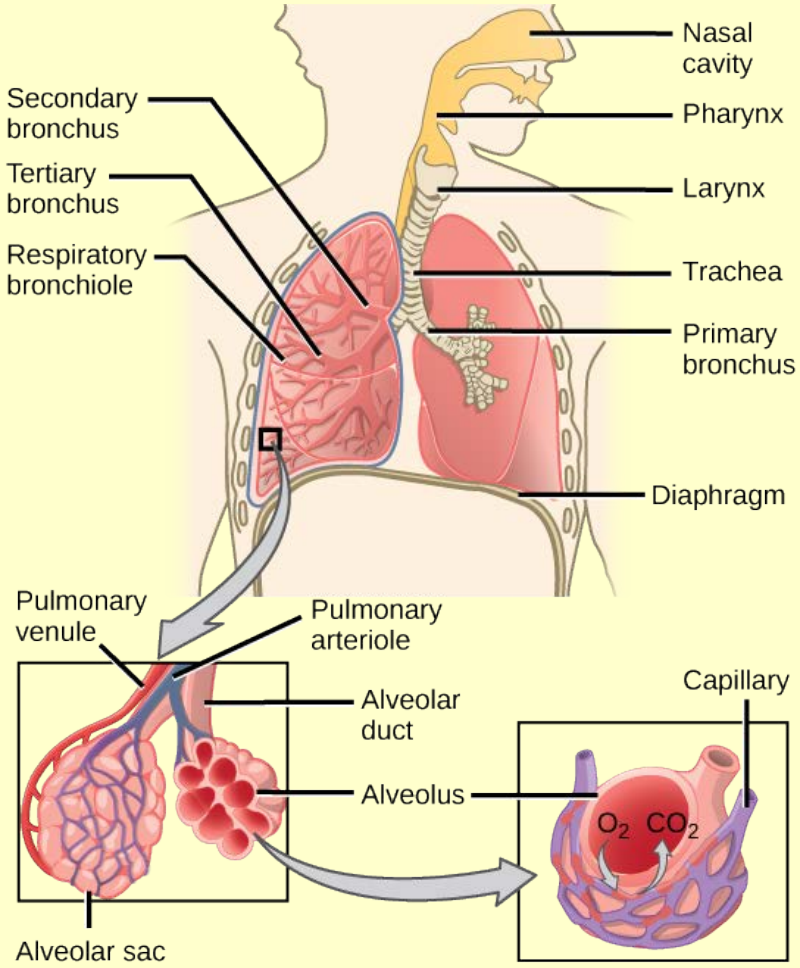

Figure 16.9 Air enters the respiratory system through the nasal cavity, and then passes through the pharynx and the trachea into the lungs. (credit: modification of work by NCI)

Which of the following statements about the human respiratory system is false?

a. When we breathe in, air travels from the pharynx to the trachea.
b. The bronchioles branch into bronchi.
c. Alveolar ducts connect to alveolar sacs.
d. Gas exchange between the lungs and blood takes place in the alveolus.

CONCEPT in ACTION

Watch this **video (http://openstaxcollege.org/l/lungs_pulmonar2)** for a review of the respiratory system.

The Circulatory System

The circulatory system is a network of vessels—the arteries, veins, and capillaries—and a pump, the heart. In all vertebrate organisms this is a closed-loop system, in which the blood is largely separated from the body's other extracellular fluid compartment, the interstitial fluid, which is the fluid bathing the cells. Blood circulates inside blood vessels and circulates unidirectionally from the heart around one of two circulatory routes, then returns to the heart again; this is a **closed circulatory system**. **Open circulatory systems** are found in invertebrate animals in which the circulatory fluid bathes the internal organs directly even though it may be moved about with a pumping heart.

The Heart

The heart is a complex muscle that consists of two pumps: one that pumps blood through **pulmonary circulation** to the lungs, and the other that pumps blood through **systemic circulation** to the rest of the body's tissues (and the heart itself).

The heart is asymmetrical, with the left side being larger than the right side, correlating with the different sizes of the pulmonary and systemic circuits (**Figure 16.10**). In humans, the heart is about the size of a clenched fist; it is divided into four chambers: two atria and two ventricles. There is one **atrium** and one **ventricle** on the right side and one atrium and one ventricle on the left side. The right atrium receives deoxygenated blood from the systemic circulation through the major veins: the **superior vena cava**, which drains blood from the head and from the veins that come from the arms, as well as the **inferior vena cava**, which drains blood from the veins that come from the lower organs and the legs. This deoxygenated blood then passes to the right ventricle through the **tricuspid valve**, which prevents the backflow of blood. After it is filled, the right ventricle contracts, pumping the blood to the lungs for reoxygenation. The left atrium receives the oxygen-rich blood from the lungs. This blood passes through the **bicuspid valve** to the left ventricle where the blood is pumped into the **aorta**. The aorta is the major artery of the body, taking oxygenated blood to the organs and muscles of the body. This pattern of pumping is referred to as double circulation and is found in all mammals. (**Figure 16.10**).

art CONNECTION

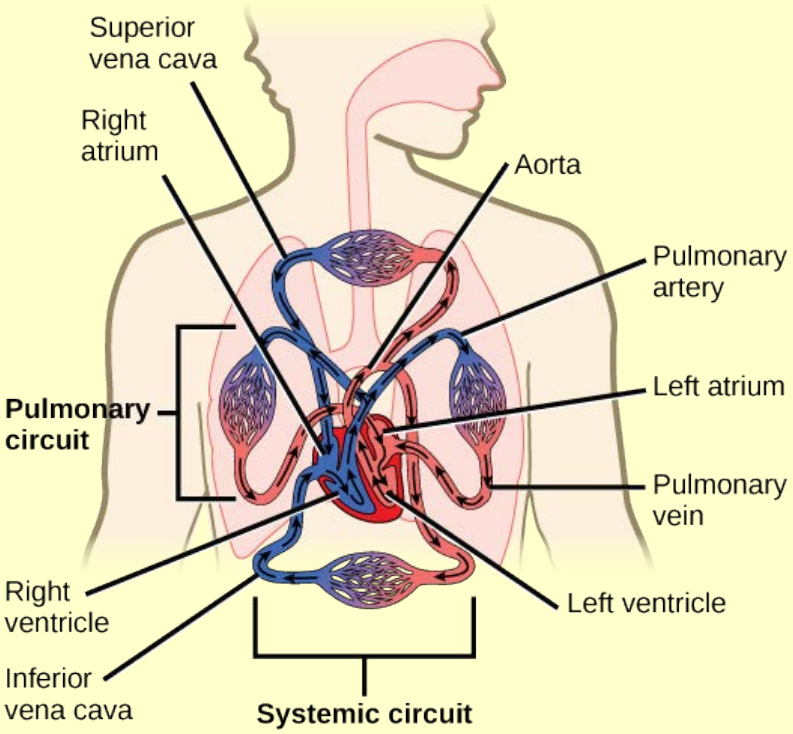

Figure 16.10 The heart is divided into four chambers, two atria, and two ventricles. Each chamber is separated by one-way valves. The right side of the heart receives deoxygenated blood from the body and pumps it to the lungs. The left side of the heart pumps blood to the rest of the body.

Which of the following statements about the circulatory system is false?

a. Blood in the pulmonary vein is deoxygenated.
b. Blood in the inferior vena cava is deoxygenated.
c. Blood in the pulmonary artery is deoxygenated.
d. Blood in the aorta is oxygenated.

The Cardiac Cycle

The main purpose of the heart is to pump blood through the body; it does so in a repeating sequence called the cardiac cycle. The **cardiac cycle** is the flow of blood through the heart coordinated by electrochemical signals that cause the heart muscle to contract and relax. In each cardiac cycle, a sequence of contractions pushes out the blood, pumping it through the body; this is followed by a relaxation phase, where the heart fills with blood. These two phases are called the **systole** (contraction) and **diastole** (relaxation), respectively (**Figure 16.11**). The signal for contraction begins at a location on the outside of the right atrium. The electrochemical signal moves from there across the atria causing them to contract. The contraction of the atria forces blood through the valves into the ventricles. Closing of these valves caused by the contraction of the ventricles produces a "lub" sound. The signal has, by this time, passed down the walls of the heart, through a point between the right atrium and right ventricle. The signal then causes the ventricles to contract. The ventricles contract together forcing blood into the aorta and the pulmonary arteries. Closing of the valves to these arteries caused by blood being drawn back toward the heart during ventricular relaxation produces a monosyllabic "dub" sound.

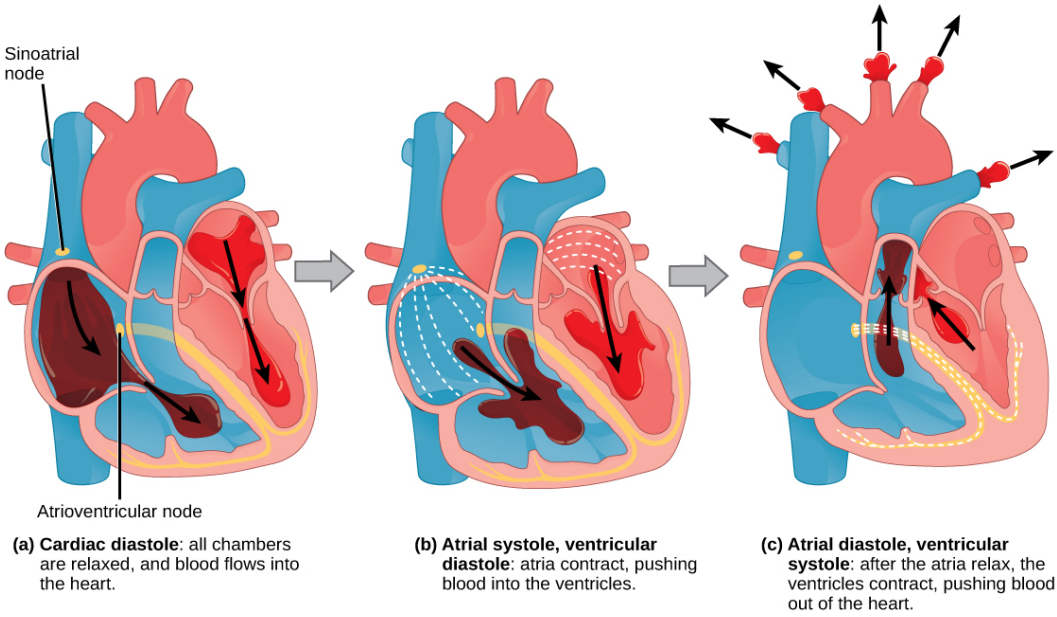

Figure 16.11 In each cardiac cycle, a series of contractions (systoles) and relaxations (diastoles) pumps blood through the heart and through the body. (a) During cardiac diastole, blood flows into the heart while all chambers are relaxed. (b) Then the ventricles remain relaxed while atrial systole pushes blood into the ventricles. (c) Once the atria relax again, ventricle systole pushes blood out of the heart.

The pumping of the heart is a function of the cardiac muscle cells, or cardiomyocytes, that make up the heart muscle. Cardiomyocytes are distinctive muscle cells that are striated like skeletal muscle but pump rhythmically and involuntarily like smooth muscle; adjacent cells are connected by intercalated disks found only in cardiac muscle. These connections allow the electrical signal to travel directly to neighboring muscle cells.

The electrical impulses in the heart produce electrical currents that flow through the body and can be measured on the skin using electrodes. This information can be observed as an **electrocardiogram (ECG)** a recording of the electrical impulses of the cardiac muscle.

Visit the following **website (http://openstaxcollege.org/l/electric_heart2)** to see the heart's pacemaker, or electrocardiogram system, in action.

Blood Vessels

The blood from the heart is carried through the body by a complex network of blood vessels (**Figure 16.12**). **Arteries** take blood away from the heart. The main artery of the systemic circulation is the aorta; it branches into major arteries that take blood to different limbs and organs. The aorta and arteries near the heart have heavy but elastic walls that respond to and smooth out the pressure differences caused by the beating heart. Arteries farther away from the heart have more muscle tissue in their walls that can constrict to affect flow rates of blood. The major arteries diverge into minor arteries, and then smaller vessels called arterioles, to reach more deeply into the muscles and organs of the body.

Arterioles diverge into capillary beds. Capillary beds contain a large number, 10's to 100's of **capillaries** that branch among the cells of the body. Capillaries are narrow-diameter tubes that can fit single red blood cells and are the sites for the exchange of nutrients, waste, and oxygen with tissues at the cellular level. Fluid also leaks from the blood into the interstitial space from the capillaries. The capillaries converge again into venules that connect to minor veins that finally connect to

major veins. **Veins** are blood vessels that bring blood high in carbon dioxide back to the heart. Veins are not as thick-walled as arteries, since pressure is lower, and they have valves along their length that prevent backflow of blood away from the heart. The major veins drain blood from the same organs and limbs that the major arteries supply.

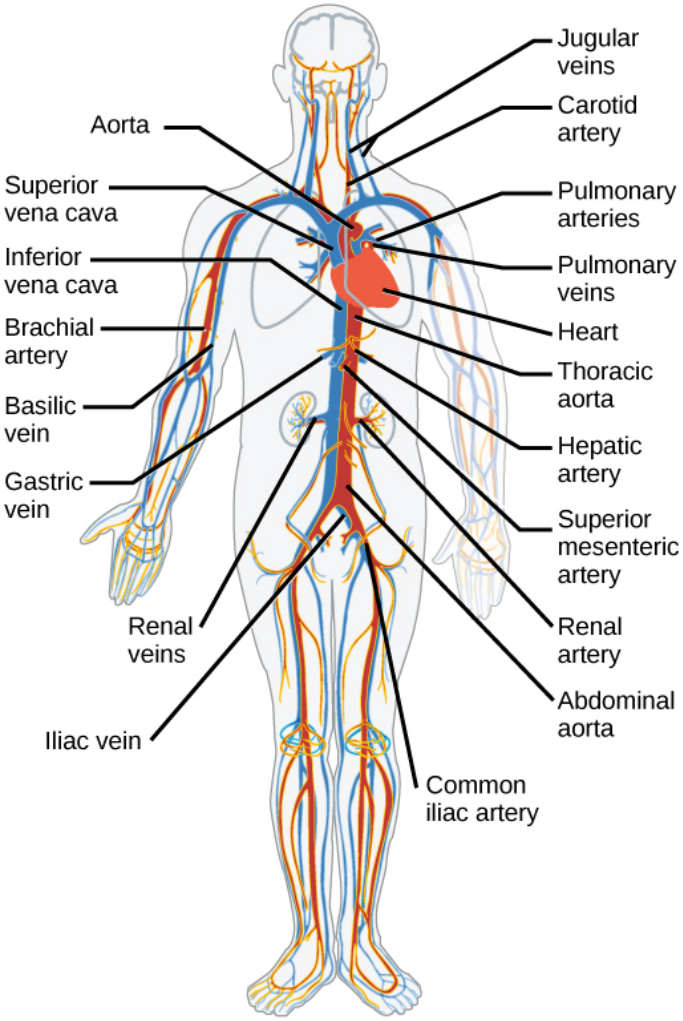

Figure 16.12 The arteries of the body, indicated in red, start at the aortic arch and branch to supply the organs and muscles of the body with oxygenated blood. The veins of the body, indicated in blue, return blood to the heart. The pulmonary arteries are blue to reflect the fact that they are deoxygenated, and the pulmonary veins are red to reflect that they are oxygenated. (credit: modification of work by Mariana Ruiz Villareal)

16.4 | Endocrine System

By the end of this section, you will be able to:

- List the different types of hormones and explain their roles in maintaining homeostasis
- Explain how hormones work
- Explain how hormone production is regulated
- Describe the role of different glands in the endocrine system
- Explain how the different glands work together to maintain homeostasis

The endocrine system produces hormones that function to control and regulate many different body processes. The endocrine system coordinates with the nervous system to control the functions of the other organ systems. Cells of the endocrine system produce molecular signals called hormones. These cells may compose endocrine glands, may be tissues or

may be located in organs or tissues that have functions in addition to hormone production. Hormones circulate throughout the body and stimulate a response in cells that have receptors able to bind with them. The changes brought about in the receiving cells affect the functioning of the organ system to which they belong. Many of the hormones are secreted in response to signals from the nervous system, thus the two systems act in concert to effect changes in the body.

Hormones

Maintaining homeostasis within the body requires the coordination of many different systems and organs. One mechanism of communication between neighboring cells, and between cells and tissues in distant parts of the body, occurs through the release of chemicals called hormones. **Hormones** are released into body fluids, usually blood, which carries them to their target cells where they elicit a response. The cells that secrete hormones are often located in specific organs, called **endocrine glands**, and the cells, tissues, and organs that secrete hormones make up the endocrine system. Examples of endocrine organs include the pancreas, which produces the hormones insulin and glucagon to regulate blood-glucose levels, the adrenal glands, which produce hormones such as epinephrine and norepinephrine that regulate responses to stress, and the thyroid gland, which produces thyroid hormones that regulate metabolic rates.

The endocrine glands differ from the exocrine glands. **Exocrine glands** secrete chemicals through ducts that lead outside the gland (not to the blood). For example, sweat produced by sweat glands is released into ducts that carry sweat to the surface of the skin. The pancreas has both endocrine and exocrine functions because besides releasing hormones into the blood. It also produces digestive juices, which are carried by ducts into the small intestine.

careers IN ACTION

Endocrinologist

An endocrinologist is a medical doctor who specializes in treating endocrine disorders. An endocrine surgeon specializes in the surgical treatment of endocrine diseases and glands. Some of the diseases that are managed by endocrinologists include disorders of the pancreas (diabetes mellitus), disorders of the pituitary (gigantism, acromegaly, and pituitary dwarfism), disorders of the thyroid gland (goiter and Graves' disease), and disorders of the adrenal glands (Cushing's disease and Addison's disease).

Endocrinologists are required to assess patients and diagnose endocrine disorders through extensive use of laboratory tests. Many endocrine diseases are diagnosed using tests that stimulate or suppress endocrine organ functioning. Blood samples are then drawn to determine the effect of stimulating or suppressing an endocrine organ on the production of hormones. For example, to diagnose diabetes mellitus, patients are required to fast for 12 to 24 hours. They are then given a sugary drink, which stimulates the pancreas to produce insulin to decrease blood-glucose levels. A blood sample is taken one to two hours after the sugar drink is consumed. If the pancreas is functioning properly, the blood-glucose level will be within a normal range. Another example is the A1C test, which can be performed during blood screening. The A1C test measures average blood-glucose levels over the past two to three months. The A1C test is an indicator of how well blood glucose is being managed over a long time.

Once a disease such as diabetes has been diagnosed, endocrinologists can prescribe lifestyle changes and medications to treat the disease. Some cases of diabetes mellitus can be managed by exercise, weight loss, and a healthy diet; in other cases, medications may be required to enhance insulin's production or effect. If the disease cannot be controlled by these means, the endocrinologist may prescribe insulin injections.

In addition to clinical practice, endocrinologists may also be involved in primary research and development activities. For example, ongoing islet transplant research is investigating how healthy pancreas islet cells may be transplanted into diabetic patients. Successful islet transplants may allow patients to stop taking insulin injections.

How Hormones Work

Hormones cause changes in target cells by binding to specific cell-surface or **intracellular hormone receptors**, molecules embedded in the cell membrane or floating in the cytoplasm with a binding site that matches a binding site on the hormone molecule. In this way, even though hormones circulate throughout the body and come into contact with many different cell types, they only affect cells that possess the necessary receptors. Receptors for a specific hormone may be found on or in many different cells or may be limited to a small number of specialized cells. For example, thyroid hormones act on many different tissue types, stimulating metabolic activity throughout the body. Cells can have many receptors for the

same hormone but often also possess receptors for different types of hormones. The number of receptors that respond to a hormone determines the cell's sensitivity to that hormone, and the resulting cellular response. Additionally, the number of receptors available to respond to a hormone can change over time, resulting in increased or decreased cell sensitivity. In **up-regulation**, the number of receptors increases in response to rising hormone levels, making the cell more sensitive to the hormone and allowing for more cellular activity. When the number of receptors decreases in response to rising hormone levels, called **down-regulation**, cellular activity is reduced.

Endocrine Glands

The endocrine glands secrete hormones into the surrounding interstitial fluid; those hormones then diffuse into blood and are carried to various organs and tissues within the body. The endocrine glands include the pituitary, thyroid, parathyroid, adrenal glands, gonads, pineal, and pancreas.

The **pituitary gland**, sometimes called the hypophysis, is located at the base of the brain (**Figure 16.13a**). It is attached to the hypothalamus. The posterior lobe stores and releases oxytocin and antidiuretic hormone produced by the hypothalamus. The anterior lobe responds to hormones produced by the hypothalamus by producing its own hormones, most of which regulate other hormone-producing glands.

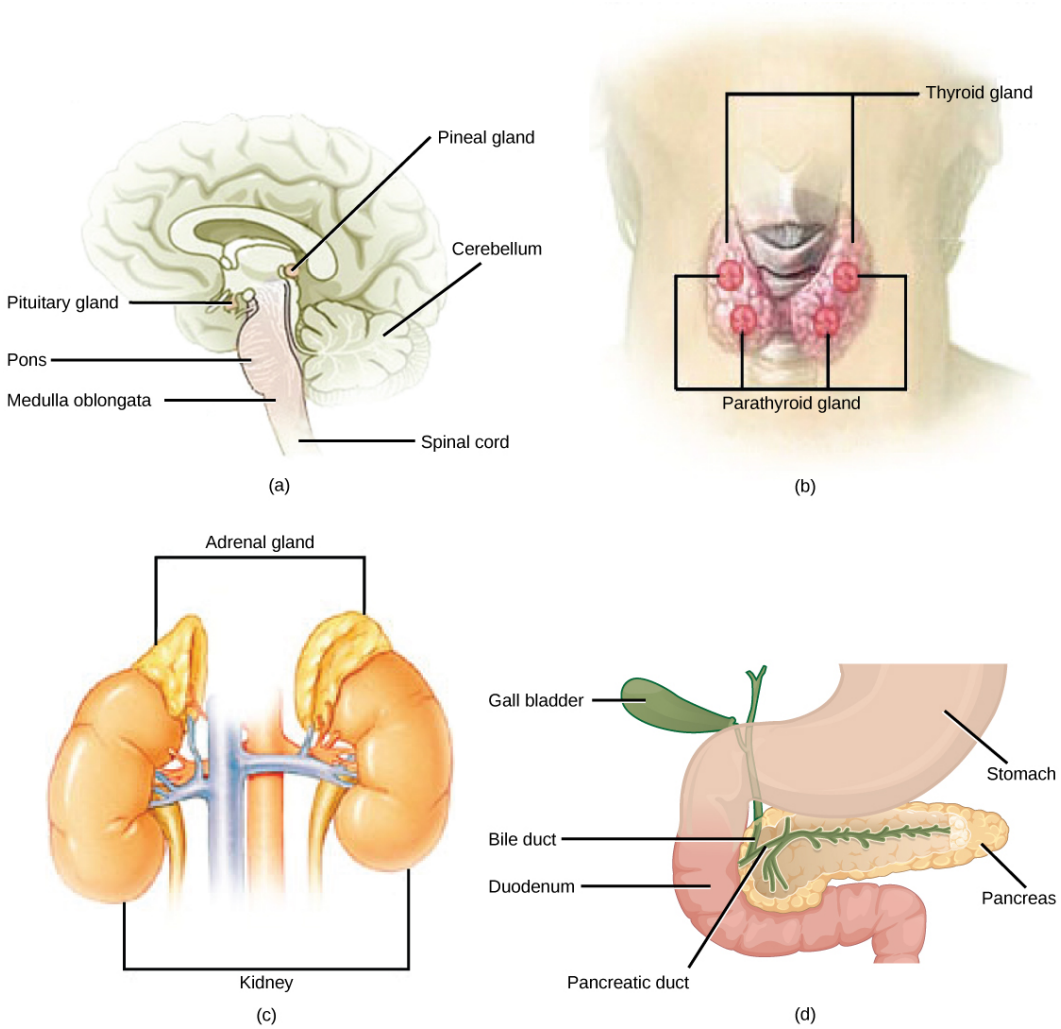

Figure 16.13 (a) The pituitary gland sits at the base of the brain, just above the brain stem. (b) The parathyroid glands are located on the posterior of the thyroid gland. (c) The adrenal glands are on top of the kidneys. d) The pancreas is found between the stomach and the small intestine. (credit: modification of work by NCI, NIH)

The anterior pituitary produces six hormones: growth hormone, prolactin, thyroid-stimulating hormone, adrenocorticotropic hormone, follicle-stimulating hormone, and luteinizing hormone. Growth hormone stimulates cellular activities like protein synthesis that promote growth. Prolactin stimulates the production of milk by the mammary glands. The other hormones produced by the anterior pituitary regulate the production of hormones by other endocrine tissues (**Table 16.1**). The

posterior pituitary is significantly different in structure from the anterior pituitary. It is a part of the brain, extending down from the hypothalamus, and contains mostly nerve fibers that extend from the hypothalamus to the posterior pituitary.

The **thyroid gland** is located in the neck, just below the larynx and in front of the trachea (**Figure 16.13b**). It is a butterfly-shaped gland with two lobes that are connected. The thyroid follicle cells synthesize the hormone thyroxine, which is also known as T_4 because it contains four atoms of iodine, and triiodothyronine, also known as T_3 because it contains three atoms of iodine. T_3 and T_4 are released by the thyroid in response to thyroid-stimulating hormone produced by the anterior pituitary, and both T_3 and T_4 have the effect of stimulating metabolic activity in the body and increasing energy use. A third hormone, calcitonin, is also produced by the thyroid. Calcitonin is released in response to rising calcium ion concentrations in the blood and has the effect of reducing those levels.

Most people have four **parathyroid glands**; however, the number can vary from two to six. These glands are located on the posterior surface of the thyroid gland (**Figure 16.13b**).

The parathyroid glands produce parathyroid hormone. Parathyroid hormone increases blood calcium concentrations when calcium ion levels fall below normal.

The **adrenal glands** are located on top of each kidney (**Figure 16.13c**). The adrenal glands consist of an outer adrenal cortex and an inner adrenal medulla. These regions secrete different hormones.

The adrenal cortex produces mineralocorticoids, glucocorticoids, and androgens. The main mineralocorticoid is aldosterone, which regulates the concentration of ions in urine, sweat, and saliva. Aldosterone release from the adrenal cortex is stimulated by a decrease in blood concentrations of sodium ions, blood volume, or blood pressure, or by an increase in blood potassium levels. The glucocorticoids maintain proper blood-glucose levels between meals. They also control a response to stress by increasing glucose synthesis from fats and proteins and interact with epinephrine to cause vasoconstriction. Androgens are sex hormones that are produced in small amounts by the adrenal cortex. They do not normally affect sexual characteristics and may supplement sex hormones released from the gonads. The adrenal medulla contains two types of secretory cells: one that produces epinephrine (adrenaline) and another that produces norepinephrine (noradrenaline). Epinephrine and norepinephrine cause immediate, short-term changes in response to stressors, inducing the so-called fight-or-flight response. The responses include increased heart rate, breathing rate, cardiac muscle contractions, and blood-glucose levels. They also accelerate the breakdown of glucose in skeletal muscles and stored fats in adipose tissue, and redirect blood flow toward skeletal muscles and away from skin and viscera. The release of epinephrine and norepinephrine is stimulated by neural impulses from the sympathetic nervous system that originate from the hypothalamus.

The **pancreas** is an elongate organ located between the stomach and the proximal portion of the small intestine (**Figure 16.13d**). It contains both exocrine cells that excrete digestive enzymes and endocrine cells that release hormones.

The endocrine cells of the pancreas form clusters called pancreatic islets or the islets of Langerhans. Among the cell types in each pancreatic islet are the alpha cells, which produce the hormone glucagon, and the beta cells, which produce the hormone insulin. These hormones regulate blood-glucose levels. Alpha cells release glucagon as blood-glucose levels decline. When blood-glucose levels rise, beta cells release insulin. Glucagon causes the release of glucose to the blood from the liver, and insulin facilitates the uptake of glucose by the body's cells.

The gonads—the male testes and female ovaries—produce steroid hormones. The testes produce androgens, testosterone being the most prominent, which allow for the development of secondary sex characteristics and the production of sperm cells. The ovaries produce estrogen and progesterone, which cause secondary sex characteristics, regulate production of eggs, control pregnancy, and prepare the body for childbirth.

There are several organs whose primary functions are non-endocrine but that also possess endocrine functions. These include the heart, kidneys, intestines, thymus, and adipose tissue. The heart has endocrine cells in the walls of the atria that release a hormone in response to increased blood volume. It causes a reduction in blood volume and blood pressure, and reduces the concentration of Na^+ in the blood.

The gastrointestinal tract produces several hormones that aid in digestion. The endocrine cells are located in the mucosa of the GI tract throughout the stomach and small intestine. They trigger the release of gastric juices, which help to break down and digest food in the GI tract.

The kidneys also possess endocrine function. Two of these hormones regulate ion concentrations and blood volume or pressure. Erythropoietin (EPO) is released by kidneys in response to low oxygen levels. EPO triggers the formation of red blood cells in the bone marrow. EPO has been used by athletes to improve performance. But EPO doping has its risks, since it thickens the blood and increases strain on the heart; it also increases the risk of blood clots and therefore heart attacks and stroke.

The **thymus** is found behind the sternum. The thymus produces hormones referred to as thymosins, which contribute to the development of the immune response in infants. Adipose tissue, or fat tissue, produces the hormone leptin in response to food intake. Leptin produces a feeling of satiety after eating, reducing the urge for further eating.

Endocrine Glands and Their Associated Hormones

Endocrine Gland	Associated Hormones	Effect
Pituitary (anterior)	growth hormone	promotes growth of body tissues
	prolactin	promotes milk production
	thyroid-stimulating hormone	stimulates thyroid hormone release
	adrenocorticotropic hormone	stimulates hormone release by adrenal cortex
	follicle-stimulating hormone	stimulates gamete production
	luteinizing hormone	stimulates androgen production by gonads in males; stimulates ovulation and production of estrogen and progesterone in females
Pituitary (posterior)	antidiuretic hormone	stimulates water reabsorption by kidneys
	oxytocin	stimulates uterine contractions during childbirth
Thyroid	thyroxine, triiodothyronine	stimulate metabolism
	calcitonin	reduces blood Ca^{2+} levels
Parathyroid	parathyroid hormone	increases blood Ca^{2+} levels
Adrenal (cortex)	aldosterone	increases blood Na^{+} levels
	cortisol, corticosterone, cortisone	increase blood-glucose levels
Adrenal (medulla)	epinephrine, norepinephrine	stimulate fight-or-flight response
Pancreas	insulin	reduces blood-glucose levels
	glucagon	increases blood-glucose levels

Table 16.1

Regulation of Hormone Production

Hormone production and release are primarily controlled by negative feedback, as described in the discussion on homeostasis. In this way, the concentration of hormones in blood is maintained within a narrow range. For example, the anterior pituitary signals the thyroid to release thyroid hormones. Increasing levels of these hormones in the blood then give feedback to the hypothalamus and anterior pituitary to inhibit further signaling to the thyroid gland (**Figure 16.14**).

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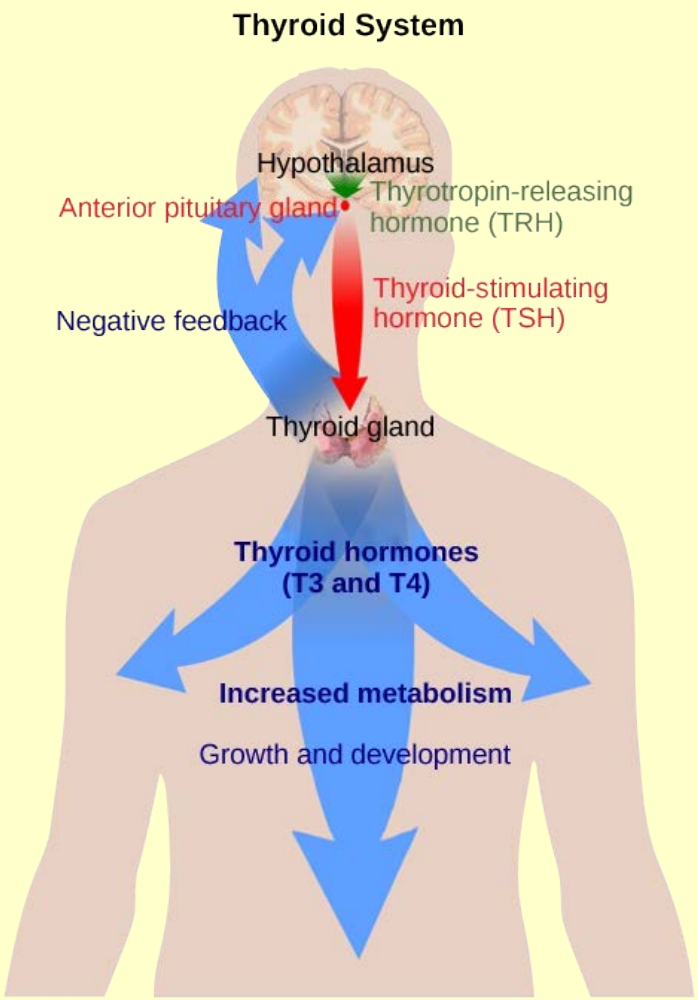

Figure 16.14 The anterior pituitary stimulates the thyroid gland to release thyroid hormones T_3 and T_4. Increasing levels of these hormones in the blood result in feedback to the hypothalamus and anterior pituitary to inhibit further signaling to the thyroid gland. (credit: modification of work by Mikael Häggström)

Goiter, a disease caused by iodine deficiency, results in the inability of the thyroid gland to form T_3 and T_4. The body typically attempts to compensate by producing greater amounts of TSH. Which of the following symptoms would you expect goiter to cause?

a. Hypothyroidism, resulting in weight gain, cold sensitivity, and reduced mental activity.
b. Hyperthyroidism, resulting in weight loss, profuse sweating, and increased heart rate.
c. Hyperthyroidism, resulting in weight gain, cold sensitivity, and reduced mental activity.
d. Hypothyroidism, resulting in weight loss, profuse sweating, and increased heart rate.

16.5 | Musculoskeletal System

By the end of this section, you will be able to:

- Discuss the axial and appendicular parts of the skeletal system
- Explain the role of joints in skeletal movement
- Explain the role of muscles in locomotion

The muscular and skeletal systems provide support to the body and allow for movement. The bones of the skeleton protect the body's internal organs and support the weight of the body. The muscles of the muscular system contract and pull on the bones, allowing for movements as diverse as standing, walking, running, and grasping items.

Injury or disease affecting the musculoskeletal system can be very debilitating. The most common musculoskeletal diseases worldwide are caused by malnutrition, which can negatively affect development and maintenance of bones and muscles. Other diseases affect the joints, such as arthritis, which can make movement difficult and, in advanced cases, completely impair mobility.

Progress in the science of prosthesis design has resulted in the development of artificial joints, with joint replacement surgery in the hips and knees being the most common. Replacement joints for shoulders, elbows, and fingers are also available.

Skeletal System

The human skeleton is an endoskeleton that consists of 206 bones in the adult. An endoskeleton develops within the body rather than outside like the exoskeleton of insects. The skeleton has five main functions: providing support to the body, storing minerals and lipids, producing blood cells, protecting internal organs, and allowing for movement. The skeletal system in vertebrates is divided into the axial skeleton (which consists of the skull, vertebral column, and rib cage), and the appendicular skeleton (which consists of limb bones, the pectoral or shoulder girdle, and the pelvic girdle).

Explore the human skeleton by viewing the following **video (http://openstaxcollege.org/l/human_skeleton)** with digital 3D sculpturing.

The **axial skeleton** forms the central axis of the body and includes the bones of the skull, ossicles of the middle ear, hyoid bone of the throat, vertebral column, and the thoracic cage (rib cage) (**Figure 16.15**).

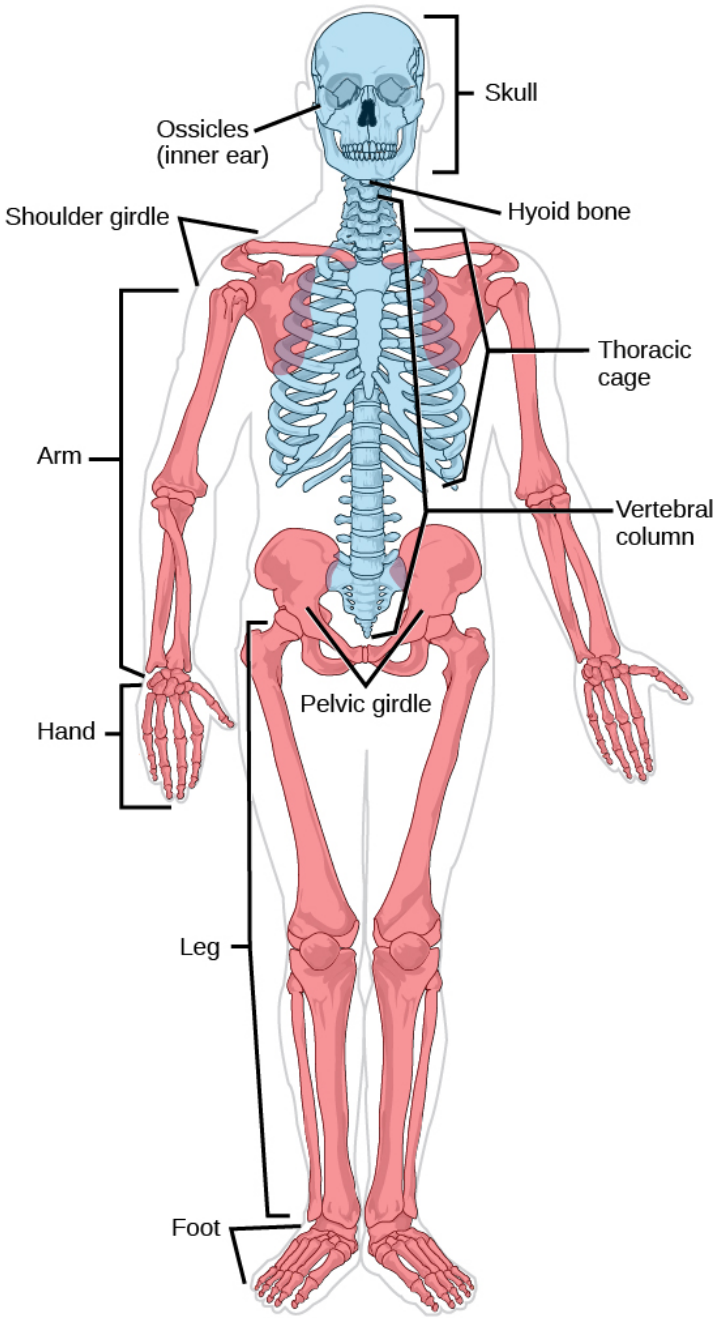

Figure 16.15 The axial skeleton, shown in blue, consists of the bones of the skull, ossicles of the middle ear, hyoid bone, vertebral column, and thoracic cage. The appendicular skeleton, shown in red, consists of the bones of the pectoral limbs, pectoral girdle, pelvic limb, and pelvic girdle. (credit: modification of work by Mariana Ruiz Villareal)

The bones of the **skull** support the structures of the face and protect the brain. The skull consists of cranial bones and facial bones. The cranial bones form the cranial cavity, which encloses the brain and serves as an attachment site for muscles of the head and neck. In the adult they are tightly jointed with connective tissue and adjoining bones do not move.

The **auditory ossicles** of the middle ear transmit sounds from the air as vibrations to the fluid-filled cochlea. The auditory ossicles consist of two malleus (hammer) bones, two incus (anvil) bones, and two stapes (stirrups), one on each side. Facial bones provide cavities for the sense organs (eyes, mouth, and nose), and serve as attachment points for facial muscles.

The **hyoid bone** lies below the mandible in the front of the neck. It acts as a movable base for the tongue and is connected to muscles of the jaw, larynx, and tongue. The mandible forms a joint with the base of the skull. The mandible controls the opening to the mouth and hence, the airway and gut.

The **vertebral column**, or spinal column, surrounds and protects the spinal cord, supports the head, and acts as an attachment point for ribs and muscles of the back and neck. It consists of 26 bones: the 24 vertebrae, the sacrum, and the coccyx. Each vertebral body has a large hole in the center through which the spinal cord passes down to the level of the first lumbar vertebra. Below this level, the hole contains spinal nerves which exit between the vertebrae. There is a notch on each side of the hole through which the spinal nerves, can exit from the spinal cord to serve different regions of the body. The vertebral column is approximately 70 cm (28 in) in adults and is curved, which can be seen from a side view.

Intervertebral discs composed of fibrous cartilage lie between adjacent vertebrae from the second cervical vertebra to the sacrum. Each disc helps form a slightly moveable joint and acts as a cushion to absorb shocks from movements such as walking and running.

The **thoracic cage**, also known as the rib cage consists of the ribs, sternum, thoracic vertebrae, and costal cartilages. The thoracic cage encloses and protects the organs of the thoracic cavity including the heart and lungs. It also provides support for the shoulder girdles and upper limbs and serves as the attachment point for the diaphragm, muscles of the back, chest, neck, and shoulders. Changes in the volume of the thorax enable breathing. The sternum, or breastbone, is a long flat bone located at the anterior of the chest. Like the skull, it is formed from many bones in the embryo, which fuse in the adult. The ribs are 12 pairs of long curved bones that attach to the thoracic vertebrae and curve toward the front of the body, forming the ribcage. Costal cartilages connect the anterior ends of most ribs to the sternum.

The **appendicular skeleton** is composed of the bones of the upper and lower limbs. It also includes the pectoral, or shoulder girdle, which attaches the upper limbs to the body, and the pelvic girdle, which attaches the lower limbs to the body (**Figure 16.15**).

The **pectoral girdle** bones transfer force generated by muscles acting on the upper limb to the thorax. It consists of the clavicles (or collarbones) in the anterior, and the scapulae (or shoulder blades) in the posterior.

The upper limb contains bones of the arm (shoulder to elbow), the forearm, and the hand. The humerus is the largest and longest bone of the upper limb. It forms a joint with the shoulder and with the forearm at the elbow. The forearm extends from the elbow to the wrist and consists of two bones. The hand includes the bones of the wrist, the palm, and the bones of the fingers.

The **pelvic girdle** attaches to the lower limbs of the axial skeleton. Since it is responsible for bearing the weight of the body and for locomotion, the pelvic girdle is securely attached to the axial skeleton by strong ligaments. It also has deep sockets with robust ligaments that securely attach to the femur. The pelvic girdle is mainly composed of two large hip bones. The hip bones join together in the anterior of the body at a joint called the pubic symphysis and with the bones of the sacrum at the posterior of the body.

The lower limb consists of the thigh, the leg, and the foot. The bones of the lower limbs are thicker and stronger than the bones of the upper limbs to support the entire weight of the body and the forces from locomotion. The femur, or thighbone, is the longest, heaviest, and strongest bone in the body. The femur and pelvis form the hip joint. At its other end, the femur, along with the shinbone and kneecap, form the knee joint.

Joints and Skeletal Movement

The point at which two or more bones meet is called a **joint**, or articulation. Joints are responsible for movement, such as the movement of limbs, and stability, such as the stability found in the bones of the skull.

There are two ways to classify joints: based on their structure or based on their function. The structural classification divides joints into fibrous, cartilaginous, and synovial joints depending on the material composing the joint and the presence or absence of a cavity in the joint. The bones of **fibrous joints** are held together by fibrous connective tissue. There is no cavity, or space, present between the bones, so most fibrous joints do not move at all, or are only capable of minor movements. The joints between the bones in the skull and between the teeth and the bone of their sockets are examples of fibrous joints (**Figure 16.16a**).

Cartilaginous joints are joints in which the bones are connected by cartilage (**Figure 16.16b**). An example is found at the joints between vertebrae, the so-called "disks" of the backbone. Cartilaginous joints allow for very little movement.

Synovial joints are the only joints that have a space between the adjoining bones (**Figure 16.16c**). This space is referred to as the joint cavity and is filled with fluid. The fluid lubricates the joint, reducing friction between the bones and allowing for greater movement. The ends of the bones are covered with cartilage and the entire joint is surrounded by a capsule. Synovial joints are capable of the greatest movement of the joint types. Knees, elbows, and shoulders are examples of synovial joints.

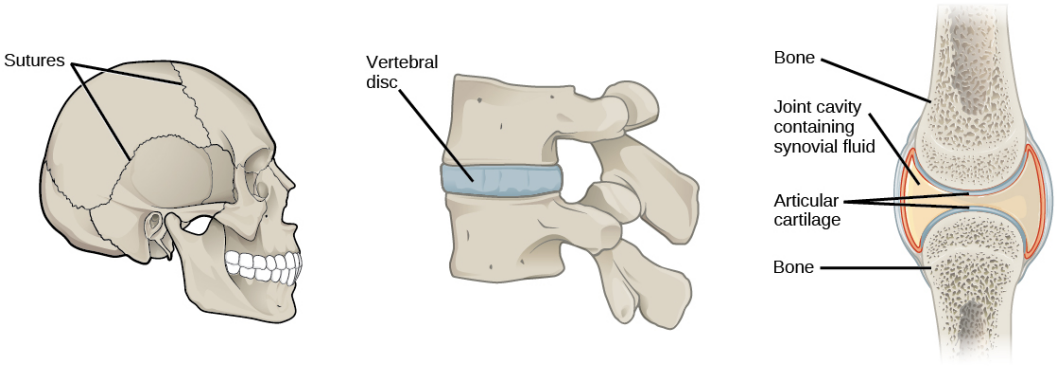

Figure 16.16 (a) Sutures are fibrous joints found only in the skull. (b) Cartilaginous joints are bones connected by cartilage, such as between vertebrae. (c) Synovial joints are the only joints that have a space or "synovial cavity" in the joint.

The wide range of movement allowed by synovial joints produces different types of movements. Angular movements are produced when the angle between the bones of a joint changes. Flexion, or bending, occurs when the angle between the bones decreases. Moving the forearm upward at the elbow is an example of flexion. Extension is the opposite of flexion in that the angle between the bones of a joint increases. Rotational movement is the movement of a bone as it rotates around its own longitudinal axis. Movement of the head as in saying "no" is an example of rotation.

careers IN ACTION

Rheumatologist

Rheumatologists are medical doctors who specialize in the diagnosis and treatment of disorders of the joints, muscles, and bones. They diagnose and treat diseases such as arthritis, musculoskeletal disorders, osteoporosis, plus autoimmune diseases like ankylosing spondylitis, a chronic spinal inflammatory disease and rheumatoid arthritis.

Rheumatoid arthritis (RA) is an inflammatory disorder that primarily affects synovial joints of the hands, feet, and cervical spine. Affected joints become swollen, stiff, and painful. Although it is known that RA is an autoimmune disease in which the body's immune system mistakenly attacks healthy tissue, the exact cause of RA remains unknown. Immune cells from the blood enter joints and the joint capsule causing cartilage breakdown and swelling of the joint lining. Breakdown of cartilage causes bones to rub against each other causing pain. RA is more common in women than men and the age of onset is usually between 40 to 50 years.

Rheumatologists can diagnose RA based on symptoms such as joint inflammation and pain, x-ray and MRI imaging, and blood tests. Arthrography is a type of medical imaging of joints that uses a contrast agent, such as a dye that is opaque to x-rays. This allows the soft tissue structures of joints—such as cartilage, tendons, and ligaments—to be visualized. An arthrogram differs from a regular x-ray by showing the surface of soft tissues lining the joint in addition to joint bones. An arthrogram allows early degenerative changes in joint cartilage to be detected before bones become affected.

There is currently no cure for RA; however, rheumatologists have a number of treatment options available. Treatments are divided into those that reduce the symptoms of the disease and those that reduce the damage to bone and cartilage caused by the disease. Early stages can be treated with rest of the affected joints through the use of a cane, or with joint splints that minimize inflammation. When inflammation has decreased, exercise can be used to strengthen muscles that surround the joint and to maintain joint flexibility. If joint damage is more extensive, medications can be used to relieve pain and decrease inflammation. Anti-inflammatory drugs that may be used include aspirin, topical pain relievers, and corticosteroid injections. Surgery may be required in cases where joint damage is severe. Physicians are now using drugs that reduce the damage to bones and cartilage caused by the disease to slow its development. These drugs are diverse in their mechanisms but they all act to reduce the impact of the autoimmune response, for example by inhibiting the inflammatory response or reducing the number of T lymphocytes, a cell of the immune system.

Muscles

Muscles allow for movement such as walking, and they also facilitate bodily processes such as respiration and digestion. The body contains three types of muscle tissue: skeletal muscle, cardiac muscle, and smooth muscle (Figure 16.17).

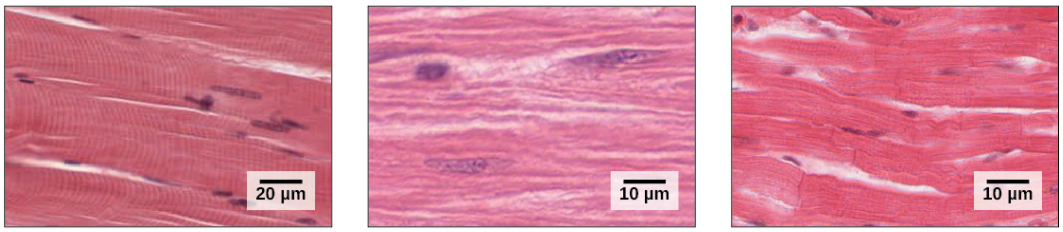

Figure 16.17 The body contains three types of muscle tissue: skeletal muscle, smooth muscle, and cardiac muscle. Notice that skeletal muscle cells are long and cylindrical, they have multiple nuclei, and the small, dark nuclei are pushed to the periphery of the cell. Smooth muscle cells are short, tapered at each end, and have only one nucleus each. Cardiac muscle cells are also cylindrical, but short. The cytoplasm may branch, and they have one or two nuclei in the center of the cell. (credit: modification of work by NCI, NIH; scale-bar data from Matt Russell)

Skeletal muscle tissue forms skeletal muscles, which attach to bones and sometimes the skin and control locomotion and any other movement that can be consciously controlled. Because it can be controlled intentionally, skeletal muscle is also called voluntary muscle. When viewed under a microscope, skeletal muscle tissue has a striped or striated appearance. This appearance results from the arrangement of the proteins inside the cell that are responsible for contraction. The cells of skeletal muscle are long and tapered and have multiple nuclei on the periphery of each cell.

Smooth muscle tissue occurs in the walls of hollow organs such as the intestines, stomach, and urinary bladder, and around passages such as in the respiratory tract and blood vessels. Smooth muscle has no striations, is not under voluntary control, and is called involuntary muscle. Smooth muscle cells have a single nucleus.

Cardiac muscle tissue is only found in the heart. The contractions of cardiac muscle tissue pump blood throughout the body and maintain blood pressure. Like skeletal muscle, cardiac muscle is striated, but unlike skeletal muscle, cardiac muscle cannot be consciously controlled and is called involuntary muscle. The cells of cardiac muscle tissue are connected to each other through intercalated disks and usually have just one nucleus per cell.

Skeletal Muscle Fiber Structure and Function

Each skeletal muscle fiber is a skeletal muscle cell. Within each muscle fiber are **myofibrils**, long cylindrical structures that lie parallel to the muscle fiber. Myofibrils run the entire length of the muscle fiber. They attach to the plasma membrane, called the **sarcolemma**, at their ends, so that as myofibrils shorten, the entire muscle cell contracts (Figure 16.18).

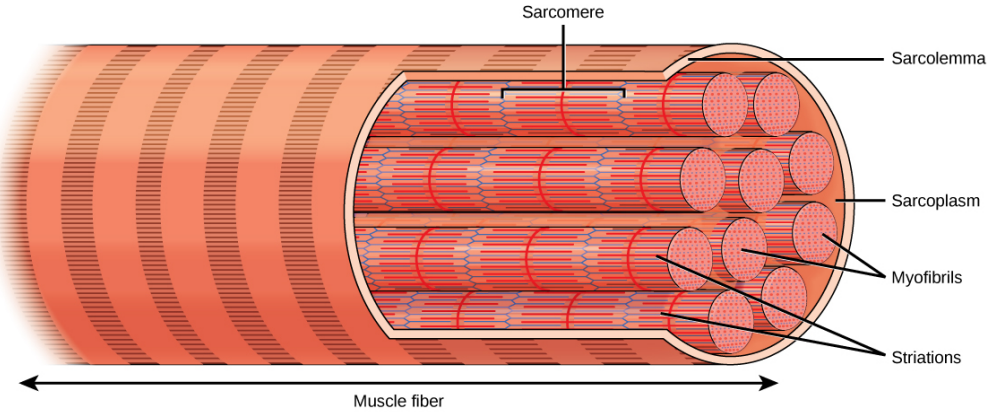

Figure 16.18 A skeletal muscle fiber is surrounded by a plasma membrane called the sarcolemma, with a cytoplasm called the sarcoplasm. A muscle fiber is composed of many fibrils packaged into orderly units. The orderly arrangement of the proteins in each unit, shown as red and blue lines, gives the cell its striated appearance.

The striated appearance of skeletal muscle tissue is a result of repeating bands of the proteins actin and myosin that occur along the length of myofibrils.

Myofibrils are composed of smaller structures called **myofilaments**. There are two main types of myofilaments: thick filaments and thin filaments. Thick filaments are composed of the protein myosin. The primary component of thin filaments is the protein actin.

The thick and thin filaments alternate with each other in a structure called a **sarcomere**. The sarcomere is the unit of contraction in a muscle cell. Contraction is stimulated by an electrochemical signal from a nerve cell associated with the muscle fiber. For a muscle cell to contract, the sarcomere must shorten. However, thick and thin filaments do not shorten. Instead, they slide by one another, causing the sarcomere to shorten while the filaments remain the same length. The sliding is accomplished when a molecular extension of myosin, called the myosin head, temporarily binds to an actin filament next to it and through a change in conformation, bends, dragging the two filaments in opposite directions. The myosin head then releases its actin filament, relaxes, and then repeats the process, dragging the two filaments further along each other. The combined activity of many binding sites and repeated movements within the sarcomere causes it to contract. The coordinated contractions of many sarcomeres in a myofibril leads to contraction of the entire muscle cell and ultimately the muscle itself. The movement of the myosin head requires ATP, which provides the energy for the contraction.

View this **animation (http://openstaxcollege.org/l/skeletal_muscl2)** to see how muscle fibers are organized.

16.6 | Nervous System

By the end of this section, you will be able to:

- Describe the form and function of a neuron
- Describe the basic parts and functions of the central nervous system
- Describe the basic parts and functions of the peripheral nervous system

As you read this, your nervous system is performing several functions simultaneously. The visual system is processing what is seen on the page; the motor system controls your eye movements and the turn of the pages (or click of the mouse); the prefrontal cortex maintains attention. Even fundamental functions, like breathing and regulation of body temperature, are controlled by the nervous system. The nervous system is one of two systems that exert control over all the organ systems of the body; the other is the endocrine system. The nervous system's control is much more specific and rapid than the hormonal system. It communicates signals through cells and the tiny gaps between them rather than through the circulatory system as in the endocrine system. It uses a combination of chemical and electrochemical signals, rather than purely chemical signals used by the endocrine system to cover long distances quickly. The nervous system acquires information from sensory organs, processes it and then may initiate a response either through motor function, leading to movement, or in a change in the organism's physiological state.

Nervous systems throughout the animal kingdom vary in structure and complexity. Some organisms, like sea sponges, lack a true nervous system. Others, like jellyfish, lack a true brain and instead have a system of separate but connected nerve cells (neurons) called a "nerve net." Flatworms have both a central nervous system (CNS), made up of a ganglion (clusters of connected neurons) and two nerve cords, and a peripheral nervous system (PNS) containing a system of nerves that extend throughout the body. The insect nervous system is more complex but also fairly decentralized. It contains a brain, ventral nerve cord, and ganglia. These ganglia can control movements and behaviors without input from the brain.

Compared to invertebrates, vertebrate nervous systems are more complex, centralized, and specialized. While there is great diversity among different vertebrate nervous systems, they all share a basic structure: a CNS that contains a brain and spinal cord and a PNS made up of peripheral sensory and motor nerves. One interesting difference between the nervous systems of invertebrates and vertebrates is that the nerve cords of many invertebrates are located ventrally (toward the stomach) whereas the vertebrate spinal cords are located dorsally (toward the back). There is debate among evolutionary biologists

as to whether these different nervous system plans evolved separately or whether the invertebrate body plan arrangement somehow "flipped" during the evolution of vertebrates.

The nervous system is made up of **neurons**, specialized cells that can receive and transmit chemical or electrical signals, and **glia**, cells that provide support functions for the neurons. There is great diversity in the types of neurons and glia that are present in different parts of the nervous system.

Neurons and Glial Cells

The nervous system of the common laboratory fly, *Drosophila melanogaster*, contains around 100,000 neurons, the same number as a lobster. This number compares to 75 million in the mouse and 300 million in the octopus. A human brain contains around 86 billion neurons. Despite these very different numbers, the nervous systems of these animals control many of the same behaviors—from basic reflexes to more complicated behaviors like finding food and courting mates. The ability of neurons to communicate with each other as well as with other types of cells underlies all of these behaviors.

Most neurons share the same cellular components. But neurons are also highly specialized—different types of neurons have different sizes and shapes that relate to their functional roles.

Like other cells, each neuron has a cell body (or soma) that contains a nucleus, smooth and rough endoplasmic reticulum, Golgi apparatus, mitochondria, and other cellular components. Neurons also contain unique structures for receiving and sending the electrical signals that make communication between neurons possible (**Figure 16.19**). **Dendrites** are tree-like structures that extend away from the cell body to receive messages from other neurons at specialized junctions called **synapses**. Although some neurons do not have any dendrites, most have one or many dendrites.

The bilayer lipid membrane that surrounds a neuron is impermeable to ions. To enter or exit the neuron, ions must pass through ion channels that span the membrane. Some ion channels need to be activated to open and allow ions to pass into or out of the cell. These ion channels are sensitive to the environment and can change their shape accordingly. Ion channels that change their structure in response to voltage changes are called voltage-gated ion channels. The difference in total charge between the inside and outside of the cell is called the membrane potential.

A neuron at rest is negatively charged: the inside of a cell is approximately 70 millivolts more negative than the outside (–70 mV). This voltage is called the resting membrane potential; it is caused by differences in the concentrations of ions inside and outside the cell and the selective permeability created by ion channels. Sodium-potassium pumps in the membrane produce the different ion concentrations inside and outside of the cell by bringing in two K^+ ions and removing three Na^+ ions. The actions of this pump are costly: one molecule of ATP is used up for each turn. Up to 50 percent of a neuron's ATP is used in maintaining its membrane resting potential. Potassium ions (K^+), which are higher inside the cell, move fairly freely out of the neuron through potassium channels; this loss of positive charge produces a net negative charge inside the cell. Sodium ions (Na^+), which are low inside, have a driving force to enter but move less freely. Their channels are voltage dependent and will open when a slight change in the membrane potential triggers them.

A neuron can receive input from other neurons and, if this input is strong enough, send the signal to downstream neurons. Transmission of a signal between neurons is generally carried by a chemical, called a neurotransmitter, which diffuses from the axon of one neuron to the dendrite of a second neuron. When neurotransmitter molecules bind to receptors located on a neuron's dendrites, the neurotransmitter opens ion channels in the dendrite's plasma membrane. This opening allows sodium ions to enter the neuron and results in **depolarization** of the membrane—a decrease in the voltage across the neuron membrane. Once a signal is received by the dendrite, it then travels passively to the cell body. A large enough signal from neurotransmitters will reach the axon. If it is strong enough (that is, if the **threshold of excitation**, a depolarization to around –60mV is reached), then depolarization creates a positive feedback loop: as more Na^+ ions enter the cell, the axon becomes further depolarized, opening even more sodium channels at further distances from the cell body. This will cause voltage dependent Na^+ channels further down the axon to open and more positive ions to enter the cell. In the axon, this "signal" will become a self-propagating brief reversal of the resting membrane potential called an **action potential**.

An action potential is an all-or-nothing event; it either happens or it does not. The threshold of excitation must be reached for the neuron to "fire" an action potential. As sodium ions rush into the cell, depolarization actually reverses the charge across the membrane form -70mv to +30mV. This change in the membrane potential causes voltage-gated K^+ channels to open, and K^+ begins to leave the cell, repolarizing it. At the same time, Na^+ channels inactivate so no more Na^+ enters the cell. K^+ ions continue to leave the cell and the membrane potential returns to the resting potential. At the resting potential, the K^+ channels close and Na^+ channels reset. The depolarization of the membrane proceeds in a wave down the length of the axon. It travels in only one direction because the sodium channels have been inactivated and unavailable until the membrane potential is near the resting potential again; at this point they are reset to closed and can be opened again.

An **axon** is a tube-like structure that propagates the signal from the cell body to specialized endings called axon terminals. These terminals in turn then synapse with other neurons, muscle, or target organs. When the action potential reaches the axon terminal, this causes the release of neurotransmitter onto the dendrite of another neuron. Neurotransmitters released at axon terminals allow signals to be communicated to these other cells, and the process begins again. Neurons usually have one or two axons, but some neurons do not contain any axons.

Some axons are covered with a special structure called a **myelin sheath**, which acts as an insulator to keep the electrical signal from dissipating as it travels down the axon. This insulation is important, as the axon from a human motor neuron can be as long as a meter (3.2 ft)—from the base of the spine to the toes. The myelin sheath is produced by glial cells. Along the axon there are periodic gaps in the myelin sheath. These gaps are called nodes of Ranvier and are sites where the signal is "recharged" as it travels along the axon.

It is important to note that a single neuron does not act alone—neuronal communication depends on the connections that neurons make with one another (as well as with other cells, like muscle cells). Dendrites from a single neuron may receive synaptic contact from many other neurons. For example, dendrites from a Purkinje cell in the cerebellum are thought to receive contact from as many as 200,000 other neurons.

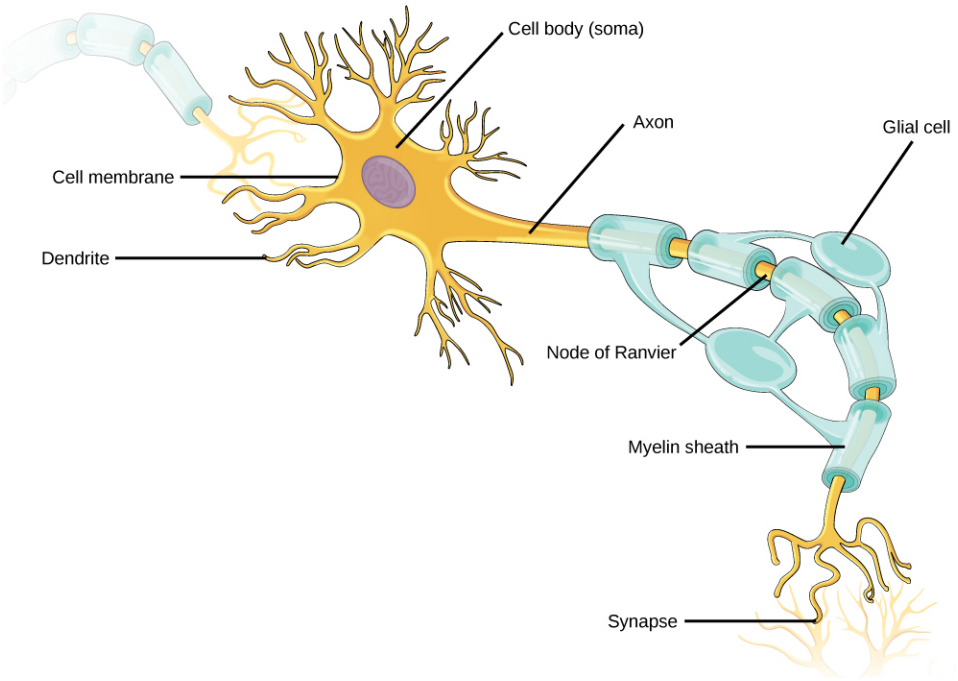

Figure 16.19 Neurons contain organelles common to other cells, such as a nucleus and mitochondria. They also have more specialized structures, including dendrites and axons.

biology IN ACTION

Neurogenesis

At one time, scientists believed that people were born with all the neurons they would ever have. Research performed during the last few decades indicates that neurogenesis, the birth of new neurons, continues into adulthood. Neurogenesis was first discovered in songbirds that produce new neurons while learning songs. For mammals, new neurons also play an important role in learning: about 1,000 new neurons develop in the hippocampus (a brain structure involved in learning and memory) each day. While most of the new neurons will die, researchers found that an increase in the number of surviving new neurons in the hippocampus correlated with how well rats learned a new task. Interestingly, both exercise and some antidepressant medications also promote neurogenesis in the hippocampus. Stress has the opposite effect. While neurogenesis is quite limited compared to regeneration in other tissues, research in this area may lead to new treatments for disorders such as Alzheimer's, stroke, and epilepsy.

How do scientists identify new neurons? A researcher can inject a compound called bromodeoxyuridine (BrdU) into the brain of an animal. While all cells will be exposed to BrdU, BrdU will only be incorporated into the DNA of newly generated cells that are in S phase. A technique called immunohistochemistry can be used to attach a fluorescent label to the incorporated BrdU, and a researcher can use fluorescent microscopy to visualize the presence of BrdU, and thus new neurons, in brain tissue (**Figure 16.20**).

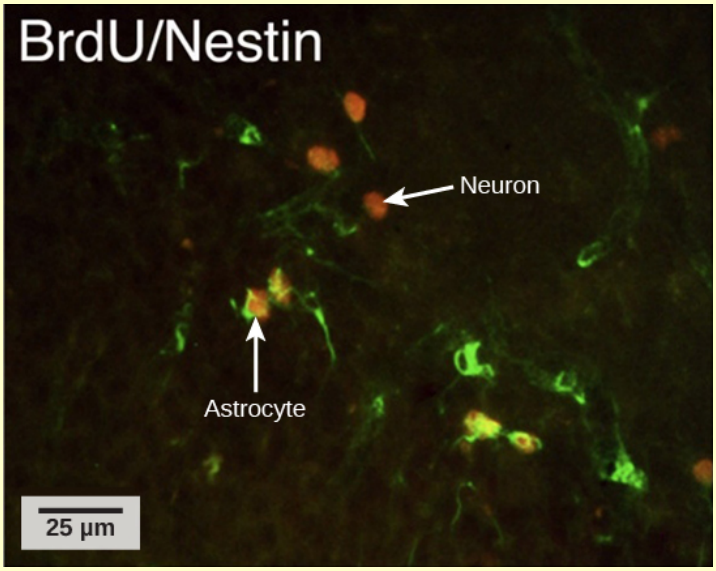

Figure 16.20 This image shows new neurons in a rat hippocampus. New neurons tagged with BrdU glow red in this micrograph. (credit: modification of work by Dr. Maryam Faiz, University of Barcelona)

CONCEPT in ACTION

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Visit this link **interactive lab (http://openstaxcollege.org/l/neurogenesis2)** to see more information about neurogenesis, including an interactive laboratory simulation and a video that explains how BrdU labels new cells.

While glial cells are often thought of as the supporting cast of the nervous system, the number of glial cells in the brain actually outnumbers the number of neurons by a factor of 10. Neurons would be unable to function without the vital roles that are fulfilled by these glial cells. Glia guide developing neurons to their destinations, buffer ions and chemicals that

would otherwise harm neurons, and provide myelin sheaths around axons. When glia do not function properly, the result can be disastrous—most brain tumors are caused by mutations in glia.

How Neurons Communicate

All functions performed by the nervous system—from a simple motor reflex to more advanced functions like making a memory or a decision—require neurons to communicate with one another. Neurons communicate between the axon of one neuron and the dendrites, and sometimes the cell body, of another neuron across the gap between them, known as the **synaptic cleft**. When an action potential reaches the end of an axon it stimulates the release of neurotransmitter molecules into the synaptic cleft between the synaptic knob of the axon and the post-synaptic membrane of the dendrite or soma of the next cell. The neurotransmitter is released through exocytosis of vesicles containing the neurotransmitter molecules. The neurotransmitter diffuses across the synaptic cleft and binds to receptors in the post-synaptic membrane. These receptor molecules are chemically regulated ion channels and will open, allowing sodium to enter the cell. If sufficient neurotransmitter has been released an action potential may be initiated in the next cell, but this is not guaranteed. If insufficient neurotransmitter is released the nerve signal will die at this point. There are a number of different neurotransmitters that are specific to neuron types that have specific functions.

The Central Nervous System

The **central nervous system (CNS)** is made up of the brain and spinal cord and is covered with three layers of protective coverings called **meninges** ("meninges" is derived from the Greek and means "membranes") (**Figure 16.21**). The outermost layer is the dura mater, the middle layer is the web-like arachnoid mater, and the inner layer is the pia mater, which directly contacts and covers the brain and spinal cord. The space between the arachnoid and pia maters is filled with **cerebrospinal fluid (CSF)**. The brain floats in CSF, which acts as a cushion and shock absorber.

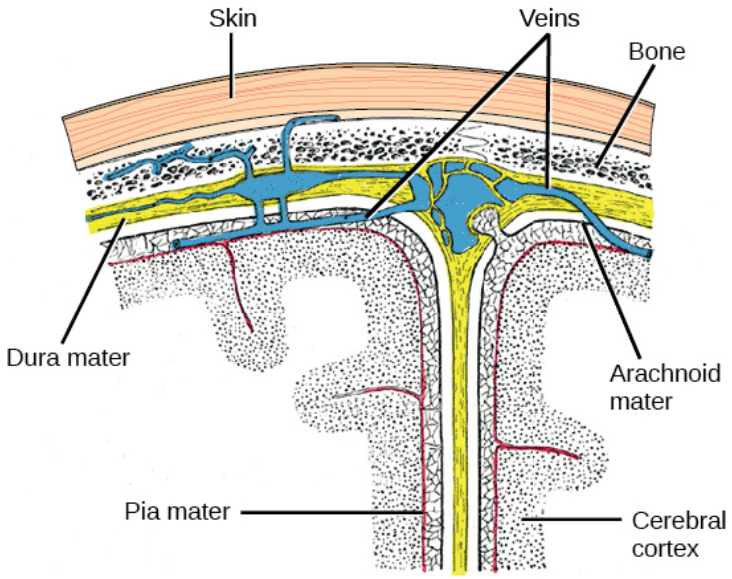


Figure 16.21 The cerebral cortex is covered by three layers of meninges: the dura, arachnoid, and pia maters. (credit: modification of work by Gray's Anatomy)

The Brain

The brain is the part of the central nervous system that is contained in the cranial cavity of the skull. It includes the cerebral cortex, limbic system, basal ganglia, thalamus, hypothalamus, cerebellum, brainstem, and retinas. The outermost part of the brain is a thick piece of nervous system tissue called the **cerebral cortex**. The cerebral cortex, limbic system, and basal ganglia make up the two cerebral hemispheres. A thick fiber bundle called the **corpus callosum** (corpus = "body"; callosum = "tough") connects the two hemispheres. Although there are some brain functions that are localized more to one hemisphere than the other, the functions of the two hemispheres are largely redundant. In fact, sometimes (very rarely) an entire hemisphere is removed to treat severe epilepsy. While patients do suffer some deficits following the surgery, they can have surprisingly few problems, especially when the surgery is performed on children who have very immature nervous systems.

In other surgeries to treat severe epilepsy, the corpus callosum is cut instead of removing an entire hemisphere. This causes a condition called split-brain, which gives insights into unique functions of the two hemispheres. For example, when an

object is presented to patients' left visual field, they may be unable to verbally name the object (and may claim to not have seen an object at all). This is because the visual input from the left visual field crosses and enters the right hemisphere and cannot then signal to the speech center, which generally is found in the left side of the brain. Remarkably, if a split-brain patient is asked to pick up a specific object out of a group of objects with the left hand, the patient will be able to do so but will still be unable to verbally identify it.

CONCEPT in ACTION

Visit the following **website (http://openstaxcollege.org/l/split-brain2)** to learn more about split-brain patients and to play a game where you can model split-brain experiments yourself.

Each hemisphere contains regions called lobes that are involved in different functions. Each hemisphere of the mammalian cerebral cortex can be broken down into four functionally and spatially defined lobes: frontal, parietal, temporal, and occipital (**Figure 16.22**).

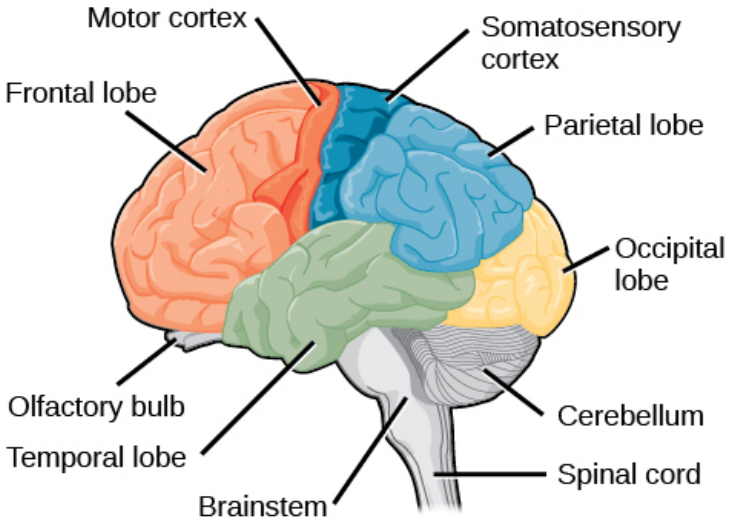


Figure 16.22 The human cerebral cortex includes the frontal, parietal, temporal, and occipital lobes.

The **frontal lobe** is located at the front of the brain, over the eyes. This lobe contains the olfactory bulb, which processes smells. The frontal lobe also contains the motor cortex, which is important for planning and implementing movement. Areas within the motor cortex map to different muscle groups. Neurons in the frontal lobe also control cognitive functions like maintaining attention, speech, and decision-making. Studies of humans who have damaged their frontal lobes show that parts of this area are involved in personality, socialization, and assessing risk. The **parietal lobe** is located at the top of the brain. Neurons in the parietal lobe are involved in speech and also reading. Two of the parietal lobe's main functions are processing somatosensation—touch sensations like pressure, pain, heat, cold—and processing proprioception—the sense of how parts of the body are oriented in space. The parietal lobe contains a somatosensory map of the body similar to the motor cortex. The **occipital lobe** is located at the back of the brain. It is primarily involved in vision—seeing, recognizing, and identifying the visual world. The **temporal lobe** is located at the base of the brain and is primarily involved in processing and interpreting sounds. It also contains the **hippocampus** (named from the Greek for "seahorse," which it resembles in shape) a structure that processes memory formation. The role of the hippocampus in memory was partially determined by studying one famous epileptic patient, HM, who had both sides of his hippocampus removed in an attempt to cure his epilepsy. His seizures went away, but he could no longer form new memories (although he could remember some facts from before his surgery and could learn new motor tasks).

Interconnected brain areas called the **basal ganglia** play important roles in movement control and posture. The basal ganglia also regulate motivation.

The **thalamus** acts as a gateway to and from the cortex. It receives sensory and motor inputs from the body and also receives feedback from the cortex. This feedback mechanism can modulate conscious awareness of sensory and motor inputs depending on the attention and arousal state of the animal. The thalamus helps regulate consciousness, arousal, and sleep states.

Below the thalamus is the **hypothalamus**. The hypothalamus controls the endocrine system by sending signals to the pituitary gland. Among other functions, the hypothalamus is the body's thermostat—it makes sure the body temperature is kept at appropriate levels. Neurons within the hypothalamus also regulate circadian rhythms, sometimes called sleep cycles.

The **limbic system** is a connected set of structures that regulates emotion, as well as behaviors related to fear and motivation. It plays a role in memory formation and includes parts of the thalamus and hypothalamus as well as the hippocampus. One important structure within the limbic system is a temporal lobe structure called the **amygdala**. The two amygdala (one on each side) are important both for the sensation of fear and for recognizing fearful faces.

The **cerebellum** (cerebellum = "little brain") sits at the base of the brain on top of the brainstem. The cerebellum controls balance and aids in coordinating movement and learning new motor tasks. The cerebellum of birds is large compared to other vertebrates because of the coordination required by flight.

The **brainstem** connects the rest of the brain with the spinal cord and regulates some of the most important and basic functions of the nervous system including breathing, swallowing, digestion, sleeping, walking, and sensory and motor information integration.

Spinal cord

Connecting to the brainstem and extending down the body through the spinal column is the spinal cord. The spinal cord is a thick bundle of nerve tissue that carries information about the body to the brain and from the brain to the body. The spinal cord is contained within the meninges and the bones of the vertebral column but is able to communicate signals to and from the body through its connections with spinal nerves (part of the peripheral nervous system). A cross-section of the spinal cord looks like a white oval containing a gray butterfly-shape (**Figure 16.23**). Axons make up the "white matter" and neuron and glia cell bodies (and interneurons) make up the "gray matter." Axons and cell bodies in the dorsa spinal cord convey mostly sensory information from the body to the brain. Axons and cell bodies in the spinal cord primarily transmit signals controlling movement from the brain to the body.

The spinal cord also controls motor reflexes. These reflexes are quick, unconscious movements—like automatically removing a hand from a hot object. Reflexes are so fast because they involve local synaptic connections. For example, the knee reflex that a doctor tests during a routine physical is controlled by a single synapse between a sensory neuron and a motor neuron. While a reflex may only require the involvement of one or two synapses, synapses with interneurons in the spinal column transmit information to the brain to convey what happened (the knee jerked, or the hand was hot).

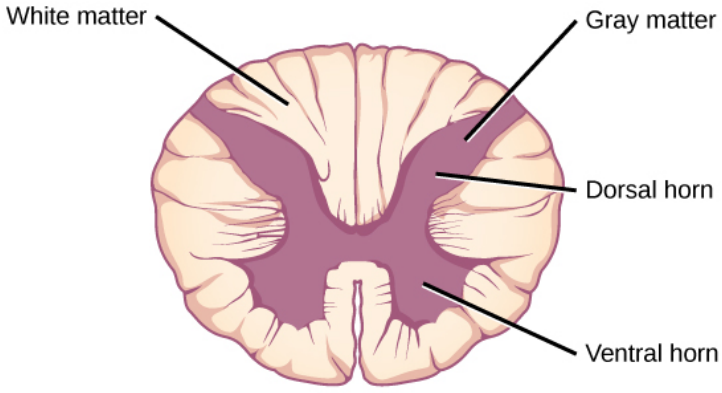


Figure 16.23 A cross-section of the spinal cord shows gray matter (containing cell bodies and interneurons) and white matter (containing myelinated axons).

The Peripheral Nervous System

The **peripheral nervous system (PNS)** is the connection between the central nervous system and the rest of the body. The PNS can be broken down into the **autonomic nervous system**, which controls bodily functions without conscious control, and the **sensory-somatic nervous system**, which transmits sensory information from the skin, muscles, and sensory organs to the CNS and sends motor commands from the CNS to the muscles.

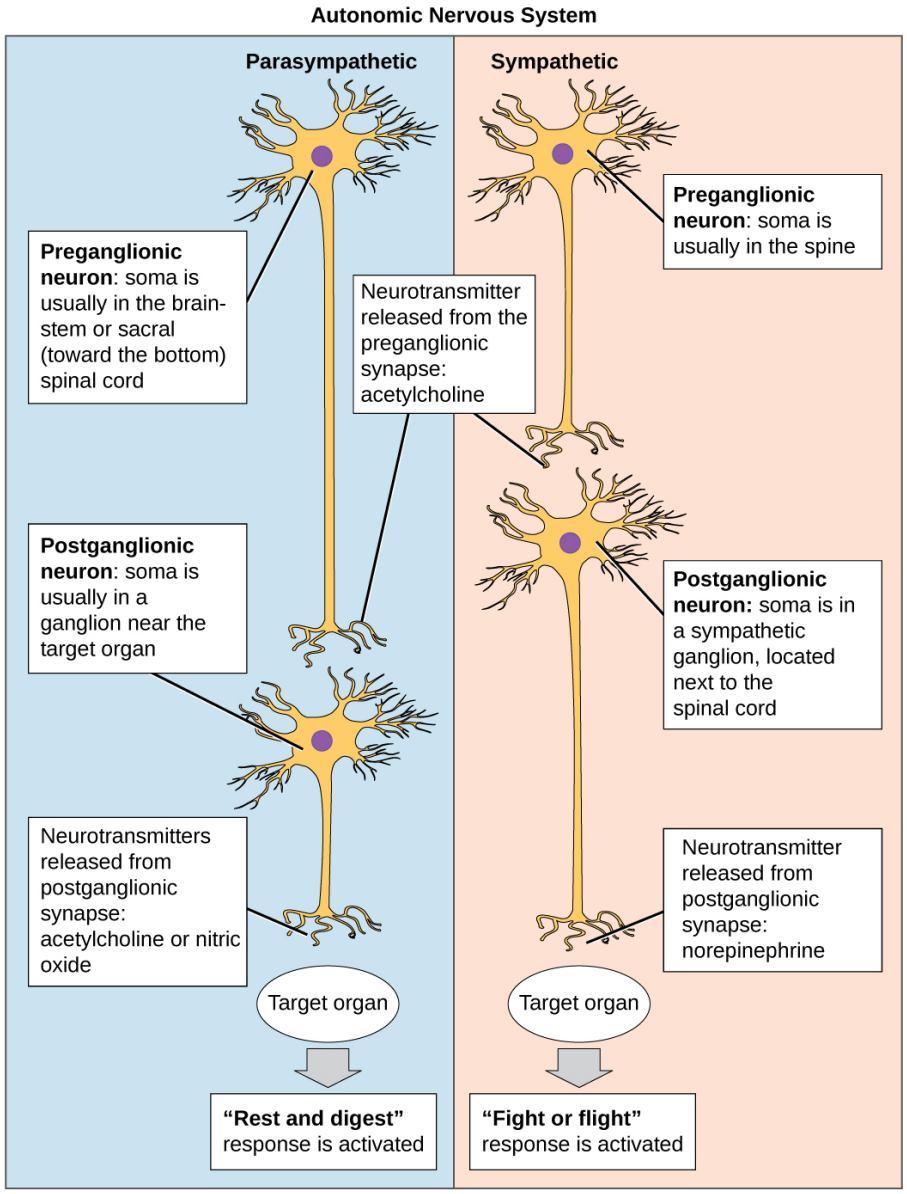


Figure 16.24 In the autonomic nervous system, a preganglionic neuron (originating in the CNS) synapses to a neuron in a ganglion that, in turn, synapses on a target organ. Activation of the sympathetic nervous system causes release of norepinephrine on the target organ. Activation of the parasympathetic nervous system causes release of acetylcholine on the target organ.

The autonomic nervous system serves as the relay between the CNS and the internal organs. It controls the lungs, the heart, smooth muscle, and exocrine and endocrine glands. The autonomic nervous system controls these organs largely without conscious control; it can continuously monitor the conditions of these different systems and implement changes as needed. Signaling to the target tissue usually involves two synapses: a preganglionic neuron (originating in the CNS) synapses to a neuron in a ganglion that, in turn, synapses on the target organ (**Figure 16.24**). There are two divisions of the autonomic nervous system that often have opposing effects: the sympathetic nervous system and the parasympathetic nervous system.

The **sympathetic nervous system** is responsible for the immediate responses an animal makes when it encounters a dangerous situation. One way to remember this is to think of the "fight-or-flight" response a person feels when encountering a snake ("snake" and "sympathetic" both begin with "s"). Examples of functions controlled by the sympathetic nervous system include an accelerated heart rate and inhibited digestion. These functions help prepare an organism's body for the physical strain required to escape a potentially dangerous situation or to fend off a predator.

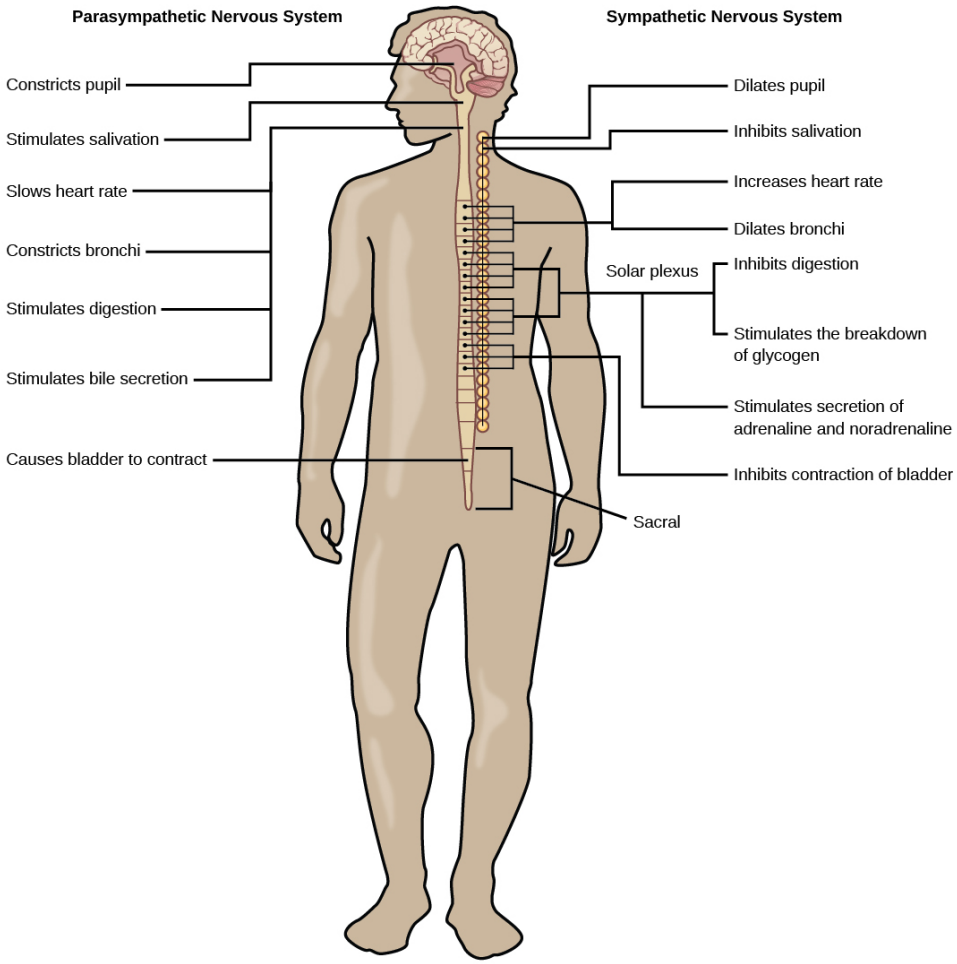


Figure 16.25 The sympathetic and parasympathetic nervous systems often have opposing effects on target organs.

While the sympathetic nervous system is activated in stressful situations, the **parasympathetic nervous system** allows an animal to "rest and digest." One way to remember this is to think that during a restful situation like a picnic, the parasympathetic nervous system is in control ("picnic" and "parasympathetic" both start with "p"). Parasympathetic preganglionic neurons have cell bodies located in the brainstem and in the sacral (toward the bottom) spinal cord (**Figure 16.25**). The parasympathetic nervous system resets organ function after the sympathetic nervous system is activated including slowing of heart rate, lowered blood pressure, and stimulation of digestion.

The sensory-somatic nervous system is made up of cranial and spinal nerves and contains both sensory and motor neurons. Sensory neurons transmit sensory information from the skin, skeletal muscle, and sensory organs to the CNS. Motor neurons transmit messages about desired movement from the CNS to the muscles to make them contract. Without its sensory-somatic nervous system, an animal would be unable to process any information about its environment (what it sees, feels, hears, and so on) and could not control motor movements. Unlike the autonomic nervous system, which usually has two synapses between the CNS and the target organ, sensory and motor neurons usually have only one synapse—one ending of the neuron is at the organ and the other directly contacts a CNS neuron.

KEY TERMS

action potential a momentary change in the electrical potential of a neuron (or muscle) membrane

adrenal gland the endocrine gland associated with the kidneys

alveolus (plural: alveoli) (also, air sacs) the terminal structure of the lung passage where gas exchange occurs

amygdala a structure within the limbic system that processes fear

amylase an enzyme found in saliva and secreted by the pancreas that converts carbohydrates to maltose

anus the exit point of the digestive system for waste material

aorta the major artery that takes blood away from the heart to the systemic circulatory system

appendicular skeleton the skeleton composed of the bones of the upper limbs, which function to grasp and manipulate objects, and the lower limbs, which permit locomotion

artery a blood vessel that takes blood away from the heart

atrium (plural: atria) a chamber of the heart that receives blood from the veins

auditory ossicles (also, middle ear bones) the bones that transduce sounds from the air into vibrations in the fluid-filled cochlea

autonomic nervous system the part of the peripheral nervous system that controls bodily functions

axial skeleton skeleton that forms the central axis of the body and includes the bones of the skull, the ossicles of the middle ear, the hyoid bone of the throat, the vertebral column, and the thoracic cage (ribcage)

axon a tube-like structure that propagates a signal from a neuron's cell body to axon terminals

basal ganglia an interconnected collections of cells in the brain that are involved in movement and motivation

bicuspid valve a one-way opening between the atrium and the ventricle in the left side of the heart

bile a digestive juice produced by the liver; important for digestion of lipids

bolus a mass of food resulting from chewing action and wetting by saliva

brainstem a portion of brain that connects with the spinal cord; controls basic nervous system functions like breathing and swallowing

bronchi (singular: bronchus) smaller branches of cartilaginous tissue that stem off of the trachea; air is funneled through the bronchi to the region where gas exchange occurs in the alveoli

bronchiole an airway that extends from the main bronchus to the alveolar sac

capillary the smallest blood vessel that allows the passage of individual blood cells and the site of diffusion of oxygen and nutrient exchange

cardiac cycle the filling and emptying the heart of blood caused by electrical signals that cause the heart muscles to contract and relax

cardiac muscle tissue the muscle tissue found only in the heart; cardiac contractions pump blood throughout the body and maintain blood pressure

cartilaginous joint a joint in which the bones are connected by cartilage

central nervous system (CNS) the nervous system made up of the brain and spinal cord; covered with three layers of protective meninges

cerebellum the brain structure involved in posture, motor coordination, and learning new motor actions

cerebral cortex the outermost sheet of brain tissue; involved in many higher-order functions

cerebrospinal fluid (CSF) a clear liquid that surrounds the brain and fills its ventricles and acts as a shock absorber

chyme a mixture of partially digested food and stomach juices

closed circulatory system a system that has the blood separated from the bodily interstitial fluid and contained in blood vessels

colon the largest portion of the large intestine consisting of the ascending colon, transverse colon, and descending colon

corpus callosum a thick nerve bundle that connects the cerebral hemispheres

dendrite a structure that extends away from the cell body to receive messages from other neurons

depolarization a change in the membrane potential to a less negative value

diaphragm a skeletal muscle located under lungs that encloses the lungs in the thorax

diastole the relaxation phase of the cardiac cycle when the heart is relaxed and the ventricles are filling with blood

down-regulation a decrease in the number of hormone receptors in response to increased hormone levels

ectotherm an organism that relies primarily on environmental heat sources to maintain its body temperature

electrocardiogram (ECG) a recording of the electrical impulses of the cardiac muscle

endocrine gland the gland that secretes hormones into the surrounding interstitial fluid, which then diffuse into blood and are carried to various organs and tissues within the body

endotherm an organism that relies primarily on internal heat sources to maintain its body temperature

esophagus a tubular organ that connects the mouth to the stomach

essential nutrient a nutrient that cannot be synthesized by the body; it must be obtained from food

exocrine gland the gland that secretes chemicals through ducts that lead to skin surfaces, body cavities, and organ cavities.

fibrous joint a joint held together by fibrous connective tissue

frontal lobe the part of the cerebral cortex that contains the motor cortex and areas involved in planning, attention, and language

gallbladder the organ that stores and concentrates bile

glia (also, glial cells) the cells that provide support functions for neurons

hippocampus the brain structure in the temporal lobe involved in processing memories

hormone a chemical released by cells in one area of the body that affects cells in other parts of the body

hyoid bone the bone that lies below the mandible in the front of the neck

hypothalamus the brain structure that controls hormone release and body homeostasis

inferior vena cava the major vein of the body returning blood from the lower parts of the body to the right atrium

interstitial fluid the fluid found between cells in the body, similar in constitution to the fluid component of blood, but without the high concentrations of proteins

intracellular hormone receptor a hormone receptor in the cytoplasm or nucleus of a cell

joint the point at which two or more bones meet

kidney the organ that performs excretory and osmoregulatory functions

large intestine a digestive system organ that reabsorbs water from undigested material and processes waste matter

larynx the voice box, located within the throat

limbic system a connected brain area that processes emotion and motivation

liver an organ that produces bile for digestion and processes vitamins and lipids

membrane potential a difference in electrical potential between the inside and outside of a cell

meninges (singular: meninx) the membranes that cover and protect the central nervous system

mineral an inorganic, elemental molecule that carries out important roles in the body

myelin sheath a cellular extension containing a fatty substance produced by glia that surrounds and insulates axons

myofibril the long cylindrical structures that lie parallel to the muscle fiber

myofilament the small structures that make up myofibrils

nasal cavity an opening of the respiratory system to the outside environment

nephron the functional unit of the kidney

neuron a specialized cell that can receive and transmit electrical and chemical signals

occipital lobe the part of the cerebral cortex that contains visual cortex and processes visual stimuli

open circulatory system a circulatory system that has the blood mixed with interstitial fluid in the body cavity and directly bathes the organs

oral cavity the point of entry of food into the digestive system

osmoregulation the mechanism by which water and solute concentrations are maintained at desired levels

osmotic balance the appropriate values of water and solute concentrations for a healthy organism

pancreas a gland that secretes digestive juices

pancreas the organ located between the stomach and the small intestine that contains exocrine and endocrine cells

parasympathetic nervous system the division of autonomic nervous system that regulates visceral functions during relaxation

parathyroid gland the gland located on the surface of the thyroid that produces parathyroid hormone

parietal lobe the part of the cerebral cortex involved in processing touch and the sense of the body in space

pectoral girdle the bones that transmit the force generated by the upper limbs to the axial skeleton

pelvic girdle the bones that transmit the force generated by the lower limbs to the axial skeleton

pepsin an enzyme found in the stomach whose main role is protein digestion

peripheral nervous system (PNS) the nervous system that serves as the connection between the central nervous system and the rest of the body; consists of the autonomic nervous system and the sensory-somatic nervous system

peristalsis wave-like movements of muscle tissue

pharynx the throat

pituitary gland the endocrine gland located at the base of the brain composed of an anterior and posterior region; also called hypophysis

primary bronchus (also, main bronchus) a region of the airway within the lung that attaches to the trachea and bifurcates to form the bronchioles

pulmonary circulation the flow of blood away from the heart through the lungs where oxygenation occurs and then back to the heart

rectum the area of the body where feces is stored until elimination

renal artery the artery that delivers blood to the kidney

renal vein the vein that drains blood from the kidney

salivary gland one of three pairs of exocrine glands in the mammalian mouth that secretes saliva, a mix of watery mucus and enzymes

sarcolemma the plasma membrane of a skeletal muscle fiber

sarcomere the functional unit of skeletal muscle

sensory-somatic nervous system the system of sensory and motor nerves

set point the target value of a physiological state in homeostasis

skeletal muscle tissue forms skeletal muscles, which attach to bones and control locomotion and any movement that can be consciously controlled

skull the bone that supports the structures of the face and protects the brain

small intestine the organ where digestion of protein, fats, and carbohydrates is completed

smooth muscle tissue the muscle that occurs in the walls of hollow organs such as the intestines, stomach, and urinary bladder, and around passages such as the respiratory tract and blood vessels

spinal cord a thick fiber bundle that connects the brain with peripheral nerves; transmits sensory and motor information; contains neurons that control motor reflexes

stomach a saclike organ containing acidic digestive juices

superior vena cava the major vein of the body returning blood from the upper part of the body to the right atrium

sympathetic nervous system the division of autonomic nervous system activated during stressful "fight-or-flight" situations

synapse a junction between two neurons where neuronal signals are communicated

synaptic cleft a space between the presynaptic and postsynaptic membranes

synovial joints the only joints that have a space between the adjoining bones

systemic circulation the flow of blood away from the heart to the brain, liver, kidneys, stomach, and other organs, the limbs, and the muscles of the body, and then back to the heart

systole the contraction phase of cardiac cycle when the ventricles are pumping blood into the arteries

temporal lobe the part of the cerebral cortex that processes auditory input; parts of the temporal lobe are involved in speech, memory, and emotion processing

thalamus the brain area that relays sensory information to the cortex

thoracic cage (also, ribcage) the skeleton of the chest, which consists of the ribs, thoracic vertebrae, sternum, and costal cartilages

threshold of excitation the level of depolarization needed for an action potential to fire

thymus the gland located behind the sternum that produces thymosin hormones that contribute to the development of the immune system

thyroid gland an endocrine gland located in the neck that produces thyroid hormones thyroxine and triiodothyronine

trachea the cartilaginous tube that transports air from the throat to the lungs

tricuspid valve a one-way opening between the atrium and the ventricle in the right side of the heart

up-regulation an increase in the number of hormone receptors in response to increased hormone levels

ureter the urine-bearing tubes coming out of the kidney

urethra the tube that conducts urine from the urinary bladder to the external environment

urinary bladder the structure that the ureters empty the urine into

vein a blood vessel that brings blood back to the heart

ventricle (of the heart) a large chamber of the heart that pumps blood into arteries

vertebral column (also, spine) the column that surrounds and protects the spinal cord, supports the head, and acts as an attachment point for ribs and muscles of the back and neck

vitamin an organic substance necessary in small amounts to sustain life

CHAPTER SUMMARY

16.1 Homeostasis and Osmoregulation

Homeostasis is a dynamic equilibrium that is maintained in body tissues and organs. It is dynamic because it is constantly adjusting to the changes that the systems encounter. It is an equilibrium because body functions are kept within a normal range, with some fluctuations around a set point. The kidneys are the main osmoregulatory organs in mammalian systems; they function to filter blood and maintain the dissolved ion concentrations of body fluids. They are made up internally of three distinct regions—the cortex, medulla, and pelvis. The blood vessels that transport blood into and out of the kidneys arise from and merge with the aorta and inferior vena cava, respectively. The nephron is the functional unit of the kidney, which actively filters blood and generates urine. The urine leaves the kidney through the ureter and is stored in the urinary bladder. Urine is voided from the body through the urethra.

16.2 Digestive System

There are many organs that work together to digest food and absorb nutrients. The mouth is the point of ingestion and the location where both mechanical and chemical breakdown of food begins. Saliva contains an enzyme called amylase that breaks down carbohydrates. The food bolus travels through the esophagus by peristaltic movements to the stomach. The stomach has an extremely acidic environment. The enzyme pepsin digests protein in the stomach. Further digestion and absorption take place in the small intestine. The large intestine reabsorbs water from the undigested food and stores waste until elimination.

Carbohydrates, proteins, and fats are the primary components of food. Some essential nutrients are required for cellular function but cannot be produced by the animal body. These include vitamins, minerals, some fatty acids, and some amino acids. Food intake in more than necessary amounts is stored as glycogen in the liver and muscle cells, and in adipose tissue. Excess adipose storage can lead to obesity and serious health problems.

16.3 Circulatory and Respiratory Systems

Animal respiratory systems are designed to facilitate gas exchange. In mammals, air is warmed and humidified in the nasal cavity. Air then travels down the pharynx and larynx, through the trachea, and into the lungs. In the lungs, air passes

through the branching bronchi, reaching the respiratory bronchioles. The respiratory bronchioles open up into the alveolar ducts, alveolar sacs, and alveoli. Because there are so many alveoli and alveolar sacs in the lung, the surface area for gas exchange is very large.

The mammalian circulatory system is a closed system with double circulation passing through the lungs and the body. It consists of a network of vessels containing blood that circulates because of pressure differences generated by the heart.

The heart contains two pumps that move blood through the pulmonary and systemic circulations. There is one atrium and one ventricle on the right side and one atrium and one ventricle on the left side. The pumping of the heart is a function of cardiomyocytes, distinctive muscle cells that are striated like skeletal muscle but pump rhythmically and involuntarily like smooth muscle. The signal for contraction begins in the wall of the right atrium. The electrochemical signal causes the two atria to contract in unison; then the signal causes the ventricles to contract. The blood from the heart is carried through the body by a complex network of blood vessels; arteries take blood away from the heart, and veins bring blood back to the heart.

16.4 Endocrine System

Hormones cause cellular changes by binding to receptors on or in target cells. The number of receptors on a target cell can increase or decrease in response to hormone activity.

Hormone levels are primarily controlled through negative feedback, in which rising levels of a hormone inhibit its further release.

The pituitary gland is located at the base of the brain. The anterior pituitary receives signals from the hypothalamus and produces six hormones. The posterior pituitary is an extension of the brain and releases hormones (antidiuretic hormone and oxytocin) produced by the hypothalamus. The thyroid gland is located in the neck and is composed of two lobes. The thyroid produces the hormones thyroxine and triiodothyronine. The thyroid also produces calcitonin. The parathyroid glands lie on the posterior surface of the thyroid gland and produce parathyroid hormone.

The adrenal glands are located on top of the kidneys and consist of the adrenal cortex and adrenal medulla. The adrenal cortex produces the corticosteroids, glucocorticoids and mineralocorticoids. The adrenal medulla is the inner part of the adrenal gland and produces epinephrine and norepinephrine.

The pancreas lies in the abdomen between the stomach and the small intestine. Clusters of endocrine cells in the pancreas form the islets of Langerhans, which contain alpha cells that release glucagon and beta cells that release insulin. Some organs possess endocrine activity as a secondary function but have another primary function. The heart produces the hormone atrial natriuretic peptide, which functions to reduce blood volume, pressure, and Na^+ concentration. The gastrointestinal tract produces various hormones that aid in digestion. The kidneys produce erythropoietin. The thymus produces hormones that aid in the development of the immune system. The gonads produce steroid hormones, including testosterone in males and estrogen and progesterone in females. Adipose tissue produces leptin, which promotes satiety signals in the brain.

16.5 Musculoskeletal System

The human skeleton is an endoskeleton that is composed of the axial and appendicular skeleton. The axial skeleton is composed of the bones of the skull, ossicles of the ear, hyoid bone, vertebral column, and ribcage. The skull consists of eight cranial bones and 14 facial bones. Six bones make up the ossicles of the middle ear, while the hyoid bone is located in the neck under the mandible. The vertebral column contains 26 bones and surrounds and protects the spinal cord. The thoracic cage consists of the sternum, ribs, thoracic vertebrae, and costal cartilages. The appendicular skeleton is made up of the upper and lower limbs. The pectoral girdle is composed of the clavicles and the scapulae. The upper limb contains 30 bones in the arm, the forearm, and the hand. The pelvic girdle attaches the lower limbs to the axial skeleton. The lower limb includes the bones of the thigh, the leg, and the foot.

The structural classification of joints divides them into fibrous, cartilaginous, and synovial joints. The bones of fibrous joints are held together by fibrous connective tissue. Cartilaginous joints are joints in which the bones are connected by cartilage. Synovial joints are joints that have a space between the adjoining bones. The movement of synovial joints includes angular and rotational. Angular movements are produced when the angle between the bones of a joint changes. Rotational movement is the movement of a bone as it rotates around its own longitudinal axis.

The body contains three types of muscle tissue: skeletal muscle, cardiac muscle, and smooth muscle. Muscles are composed of individual cells called muscle fibers. Muscle fibers consist of myofilaments composed of the proteins actin and myosin arranged in units called sarcomeres. Contraction of the muscle occurs by the combined action of myosin and actin fibers sliding past each other when the myosin heads bind to the actin fiber, bend, disengage, and then repeat the process.

16.6 Nervous System

The nervous system is made up of neurons and glia. Neurons are specialized cells that are capable of sending electrical as well as chemical signals. Most neurons contain dendrites, which receive these signals, and axons that send signals to other neurons or tissues. Glia are non-neuronal cells in the nervous system that support neuronal development and signaling. There are several types of glia that serve different functions.

Neurons have a resting potential across their membranes and when they are stimulated by a strong enough signal from another neuron an action potential may carry an electrochemical signal along the neuron to a synapse with another neuron. Neurotransmitters carry signals across synapses to initiate a response in another neuron.

The vertebrate central nervous system contains the brain and the spinal cord, which are covered and protected by three meninges. The brain contains structurally and functionally defined regions. In mammals, these include the cortex (which can be broken down into four primary functional lobes: frontal, temporal, occipital, and parietal), basal ganglia, thalamus, hypothalamus, limbic system, cerebellum, and brainstem—although structures in some of these designations overlap. While functions may be primarily localized to one structure in the brain, most complex functions, like language and sleep, involve neurons in multiple brain regions. The spinal cord is the information superhighway that connects the brain with the rest of the body through its connections with peripheral nerves. It transmits sensory and motor input and also controls motor reflexes.

The peripheral nervous system contains both the autonomic and sensory-somatic nervous systems. The autonomic nervous system provides unconscious control over visceral functions and has two divisions: the sympathetic and parasympathetic nervous systems. The sympathetic nervous system is activated in stressful situations to prepare the animal for a "fight-or-flight" response. The parasympathetic nervous system is active during restful periods. The sensory-somatic nervous system is made of cranial and spinal nerves that transmit sensory information from skin and muscle to the CNS and motor commands from the CNS to the muscles.

ART CONNECTION QUESTIONS

1. **Figure 16.2** When bacteria are destroyed by leukocytes, pyrogens are released into the blood. Pyrogens reset the body's thermostat to a higher temperature, resulting in fever. How might pyrogens cause the body temperature to rise?

2. **Figure 16.7** Which of the following statements about the digestive system is false?

a. Chyme is a mixture of food and digestive juices that is produced in the stomach.
b. Food enters the large intestine before the small intestine.
c. In the small intestine, chyme mixes with bile, which emulsifies fats.
d. The stomach is separated from the small intestine by the pyloric sphincter.

3. **Figure 16.9** Which of the following statements about the human respiratory system is false?

a. When we breathe in, air travels from the pharynx to the trachea.
b. The bronchioles branch into bronchi.
c. Alveolar ducts connect to alveolar sacs.
d. Gas exchange between the lungs and blood takes place in the alveolus.

4. **Figure 16.10** Which of the following statements about the circulatory system is false?

a. Blood in the pulmonary vein is deoxygenated.
b. Blood in the inferior vena cava is deoxygenated.
c. Blood in the pulmonary artery is deoxygenated.
d. Blood in the aorta is oxygenated.

5. **Figure 16.14** Goiter, a disease caused by iodine deficiency, results in the inability of the thyroid gland to form T_3 and T_4. The body typically attempts to compensate by producing greater amounts of TSH. Which of the following symptoms would you expect goiter to cause?

a. Hypothyroidism, resulting in weight gain, cold sensitivity, and reduced mental activity.
b. Hyperthyroidism, resulting in weight loss, profuse sweating and increased heart rate.
c. Hyperthyroidism, resulting in weight gain, cold sensitivity, and reduced mental activity.
d. Hypothyroidism, resulting in weight loss, profuse sweating and increased heart rate.

REVIEW QUESTIONS

6. When faced with a sudden drop in environmental temperature, an endothermic animal will _____.

a. experience a drop in its body temperature
b. wait to see if it goes lower
c. increase muscle activity to generate heat
d. add fur or fat to increase insulation

7. How are wastes carried to the kidney for removal?

a. in cells

b. in the urine
c. in blood
d. in interstitial fluid

8. What is the cause of a fever of 38.3 °C (101 °F)?

a. too much heat produced by the body
b. upward adjustment of the body temperature set point
c. inadequate cooling mechanisms in the body
d. the heat caused by a viral or bacterial infection

9. Where does the majority of fat digestion take place?

a. mouth
b. stomach
c. small intestine
d. large intestine

10. The bile from the liver is delivered to the _____.

a. stomach
b. liver
c. small intestine
d. colon

11. Which of the following statements is not true?

a. Essential nutrients can be synthesized by the body.
b. Vitamins are required in small quantities for bodily function.
c. Some amino acids can be synthesized by the body, while others need to be obtained from diet.
d. Vitamins come in two categories: fat-soluble and water-soluble.

12. The respiratory system _____.
a. provides body tissues with oxygen
b. provides body tissues with oxygen and carbon dioxide
c. establishes how many breaths are taken per minute
d. provides the body with carbon dioxide

13. Which is the order of airflow during inhalation?

a. nasal cavity, trachea, larynx, bronchi, bronchioles, alveoli
b. nasal cavity, larynx, trachea, bronchi, bronchioles, alveoli
c. nasal cavity, larynx, trachea, bronchioles, bronchi, alveoli
d. nasal cavity, trachea, larynx, bronchi, bronchioles, alveoli

14. Where does the right ventricle send blood?
a. the head
b. the upper body
c. the lungs
d. the lower body

15. During the systolic phase of the cardiac cycle, the heart is _____.
a. contracting
b. relaxing
c. contracting and relaxing
d. filling with blood

16. How do arteries differ from veins?
a. Arteries have thicker wall layers to accommodate the changes in pressure from the heart.
b. Arteries carry blood.
c. Arteries have thinner wall layers and valves and move blood by the action of skeletal muscle.
d. Arteries are thin walled and are used for gas exchange.

17. Most of the hormones produced by the anterior pituitary perform what function?
a. regulate growth
b. regulate the sleep cycle
c. regulate production of other hormones
d. regulate blood volume and blood pressure

18. What is the function of the hormone erythropoietin?

a. stimulates production of red blood cells
b. stimulates muscle growth
c. causes the fight-or-flight response
d. causes testosterone production

19. Which endocrine glands are associated with the kidneys?
a. thyroid glands
b. pituitary glands
c. adrenal glands
d. gonads

20. Among other bones, the axial skeleton includes the _____.
a. thoracic cage and vertebral column
b. thoracic cage and pectoral girdle
c. skull and pelvic girdle
d. pectoral and pelvic girdles

21. The pectoral girdle supports the _____.
a. arms
b. legs
c. skull
d. thoracic cage

22. Which component is responsible for initially stimulating a muscle contraction?
a. proteins
b. electrochemical signals
c. plasma membranes
d. striations

23. What kind of muscle tissue is found surrounding the urinary bladder?
a. cardiac
b. skeletal
c. striated

d. smooth

24. Neurons contain _____, which can receive signals from other neurons.
a. axons
b. mitochondria
c. dendrites
d. Golgi bodies

25. The part of the brain that is responsible for coordination during movement is the _____.
a. limbic system
b. thalamus
c. cerebellum
d. parietal lobe

26. Which part of the nervous system directly controls the digestive system?
a. parasympathetic nervous system
b. central nervous system
c. spinal cord
d. sensory-somatic nervous system

CRITICAL THINKING QUESTIONS

27. Describe how the body's mechanisms maintain homeostasis?

28. Why is excretion important in order to achieve osmotic balance?

29. What is the role of the accessory organs in digestion?

30. What is the role of minerals in maintaining good health?

31. Discuss why obesity is a growing epidemic.

32. Describe the function of these terms and describe where they are located: main bronchus, trachea, alveoli.

33. How does the structure of alveoli maximize gas exchange?

34. Describe the cardiac cycle.

35. What is a similarity and a difference between an exocrine gland and an endocrine gland?

36. Describe how hormone receptors can play a role in affecting the size of the responses of tissues to hormones.

37. Many hormone systems regulate body functions through opposing hormone actions. Describe how opposing hormone actions regulate blood-glucose levels?

38. What movements occur at the hip joint and knees as you bend down to pick something up?

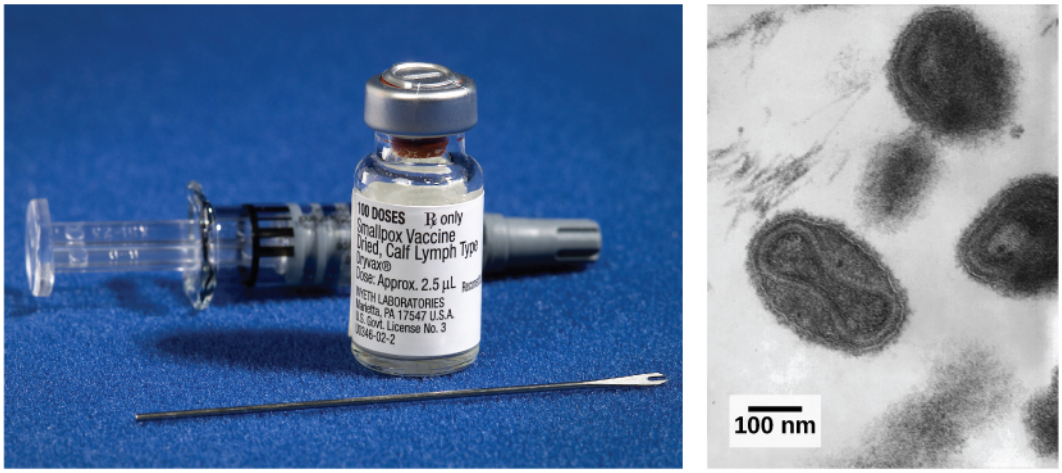
39. How are neurons similar to other cells? How are they unique?

40. What are the main functions of the spinal cord?

41. What are the main differences between the sympathetic and parasympathetic branches of the autonomic nervous system?

42. What are the main functions of the sensory-somatic nervous system?

17 | THE IMMUNE SYSTEM AND DISEASE



(a) (b)

Figure 17.1 (a) This smallpox (variola) vaccine is derived from calves exposed to cowpox virus. Vaccines provoke a reaction in the immune system that prepares it for a subsequent infection by smallpox. (b) Viewed under a transmission electron microscope, you can see the variola's dumbbell-shaped structure that contains the viral DNA. (credit a: modification of work by James Gathany, CDC; credit b: modification of work by Dr. Fred Murphy; Sylvia Whitfield, CDC; scale-bar data from Matt Russell)

Chapter Outline

Introduction

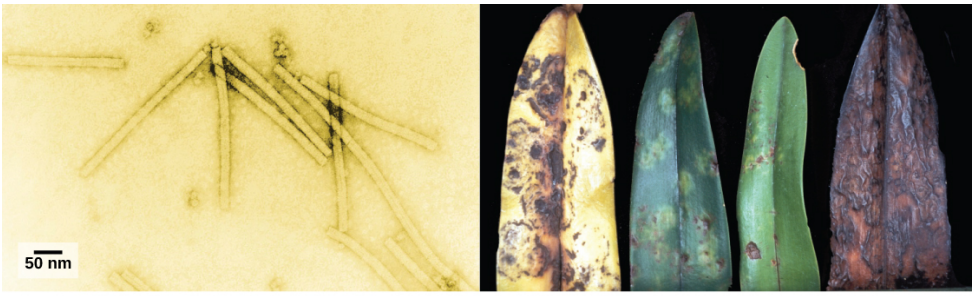
Organisms have a wide array of adaptations for preventing attacks of parasites and diseases. The vertebrate defense systems, including those of humans, are complex and multilayered, with defenses unique to vertebrates. These unique vertebrate defenses interact with other defense systems inherited from ancestral lineages, and include complex and specific pathogen recognition and memory mechanisms. Research continues to unravel the complexities and vulnerabilities of the immune system.

Despite a poor understanding of the workings of the body in the early 18th century in Europe, the practice of inoculation as a method to prevent the often-deadly effects of smallpox was introduced from the courts of the Ottoman Empire. The method involved causing limited infection with the smallpox virus by introducing the pus of an affected individual to a scratch in an uninfected person. The resulting infection was milder than if it had been caught naturally and mortality rates were shown to be about two percent rather than 30 percent from natural infections. Moreover, the inoculation gave the individual immunity to the disease. It was from these early experiences with inoculation that the methods of vaccination were developed, in which a weakened or relatively harmless (killed) derivative of a pathogen is introduced into the individual. The vaccination induces immunity to the disease with few of the risks of being infected. A modern understanding of the causes of the infectious disease and the mechanisms of the immune system began in the late 19th century and continues to grow today.

17.1 | Viruses

By the end of this section, you will be able to:

- Describe how viruses were first discovered and how they are detected
- Explain the detailed steps of viral replication
- Describe how vaccines are used in prevention and treatment of viral diseases



(a) (b)

Figure 17.2 (a) The tobacco mosaic virus, seen by transmission electron microscopy, was the first virus to be discovered. (b) The leaves of an infected plant are shown. (credit a: scale-bar data from Matt Russell; credit b: modification of work by USDA, Department of Plant Pathology Archive, North Carolina State University)

No one knows exactly when viruses emerged or from where they came, since viruses do not leave historical footprints such as fossils. Modern viruses are thought to be a mosaic of bits and pieces of nucleic acids picked up from various sources along their respective evolutionary paths. Viruses are **acellular**, parasitic entities that are not classified within any domain because they are not considered alive. They have no plasma membrane, internal organelles, or metabolic processes, and they do not divide. Instead, they infect a host cell and use the host's replication processes to produce progeny virus particles. Viruses infect all forms of organisms including bacteria, archaea, fungi, plants, and animals. Living things grow, metabolize, and reproduce. Viruses replicate, but to do so, they are entirely dependent on their host cells. They do not metabolize or grow, but are assembled in their mature form.

Viruses are diverse. They vary in their structure, their replication methods, and in their target hosts or even host cells. While most biological diversity can be understood through evolutionary history, such as how species have adapted to conditions and environments, much about virus origins and evolution remains unknown.

How Viruses Replicate

Viruses were first discovered after the development of a porcelain filter, called the Chamberland-Pasteur filter, which could remove all bacteria visible under the microscope from any liquid sample. In 1886, Adolph Meyer demonstrated that a disease of tobacco plants, tobacco mosaic disease, could be transferred from a diseased plant to a healthy one through liquid plant extracts. In 1892, Dmitri Ivanowski showed that this disease could be transmitted in this way even after the Chamberland-Pasteur filter had removed all viable bacteria from the extract. Still, it was many years before it was proven that these "filterable" infectious agents were not simply very small bacteria but were a new type of tiny, disease-causing particle.

Virions, single virus particles, are very small, about 20–250 nanometers (1 nanometer = 1/1,000,000 mm). These individual virus particles are the infectious form of a virus outside the host cell. Unlike bacteria (which are about 100 times larger), we cannot see viruses with a light microscope, with the exception of some large virions of the poxvirus family (**Figure 17.3**).

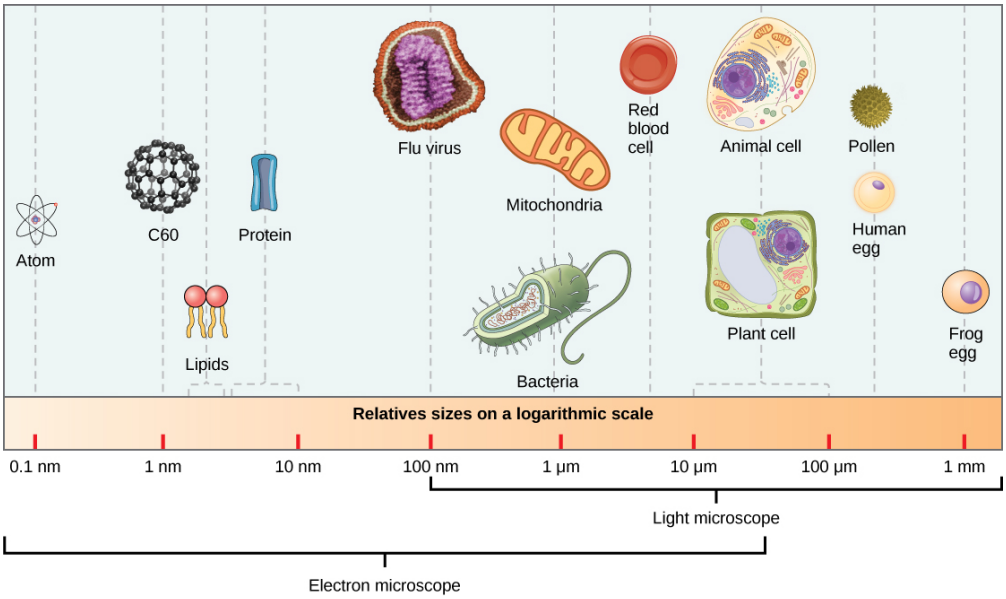


Figure 17.3 The size of a virus is very small relative to the size of cells and organelles.

It was not until the development of the electron microscope in the 1940s that scientists got their first good view of the structure of the tobacco mosaic virus (**Figure 17.2**) and others. The surface structure of virions can be observed by both scanning and transmission electron microscopy, whereas the internal structures of the virus can only be observed in images from a transmission electron microscope (**Figure 17.4**).

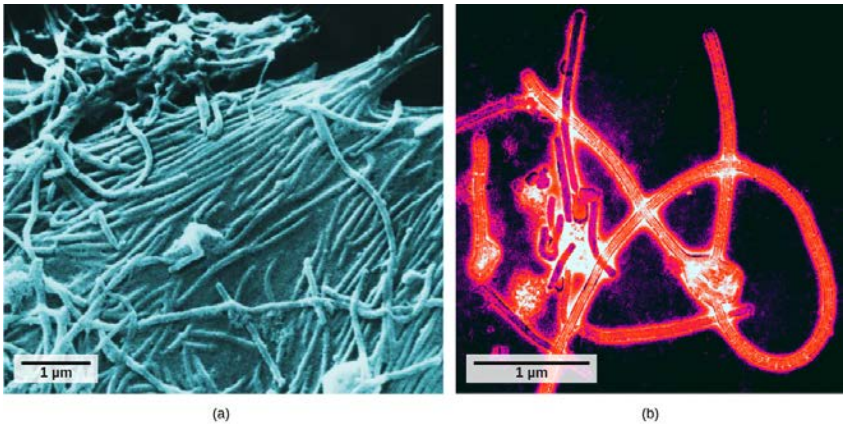


Figure 17.4 The ebola virus is shown here as visualized through (a) a scanning electron micrograph and (b) a transmission electron micrograph. (credit a: modification of work by Cynthia Goldsmith, CDC; credit b: modification of work by Thomas W. Geisbert, Boston University School of Medicine; scale-bar data from Matt Russell)

The use of this technology has allowed for the discovery of many viruses of all types of living organisms. They were initially grouped by shared morphology, meaning their size, shape, and distinguishing structures. Later, groups of viruses were classified by the type of nucleic acid they contained, DNA or RNA, and whether their nucleic acid was single- or double-stranded. More recently, molecular analysis of viral replication cycles has further refined their classification.

A **virion** consists of a nucleic-acid core, an outer protein coating, and sometimes an outer envelope made of protein and phospholipid membranes derived from the host cell. The most visible difference between members of viral families is their morphology, which is quite diverse. An interesting feature of viral complexity is that the complexity of the host does not correlate to the complexity of the virion. Some of the most complex virion structures are observed in bacteriophages, viruses that infect the simplest living organisms, bacteria.

Viruses come in many shapes and sizes, but these are consistent and distinct for each viral family (**Figure 17.5**). All virions have a nucleic-acid genome covered by a protective layer of protein, called a **capsid**. The capsid is made of protein subunits called capsomeres. Some viral capsids are simple polyhedral “spheres,” whereas others are quite complex in structure. The outer structure surrounding the capsid of some viruses is called the **viral envelope**. All viruses use some sort of **glycoprotein** to attach to their host cells at molecules on the cell called viral receptors. The virus exploits these cell-surface

molecules, which the cell uses for some other purpose, as a way to recognize and infect specific cell types. For example, the measles virus uses a cell-surface glycoprotein in humans that normally functions in immune reactions and possibly in the sperm-egg interaction at fertilization. Attachment is a requirement for viruses to later penetrate the cell membrane, inject the viral genome, and complete their replication inside the cell.

The T4 bacteriophage, which infects the *E. coli* bacterium, is among the most complex virion known; T4 has a protein tail structure that the virus uses to attach to the host cell and a head structure that houses its DNA.

Adenovirus, a nonenveloped animal virus that causes respiratory illnesses in humans, uses protein spikes protruding from its capsomeres to attach to the host cell. Nonenveloped viruses also include those that cause polio (poliovirus), plantar warts (papillomavirus), and hepatitis A (hepatitis A virus). Nonenveloped viruses tend to be more robust and more likely to survive under harsh conditions, such as the gut.

Enveloped virions like HIV (human immunodeficiency virus), the causative agent in AIDS (acquired immune deficiency syndrome), consist of nucleic acid (RNA in the case of HIV) and capsid proteins surrounded by a phospholipid bilayer envelope and its associated proteins (**Figure 17.5**). Chicken pox, influenza, and mumps are examples of diseases caused by viruses with envelopes. Because of the fragility of the envelope, nonenveloped viruses are more resistant to changes in temperature, pH, and some disinfectants than enveloped viruses.

Overall, the shape of the virion and the presence or absence of an envelope tells us little about what diseases the viruses may cause or what species they might infect, but is still a useful means to begin viral classification.

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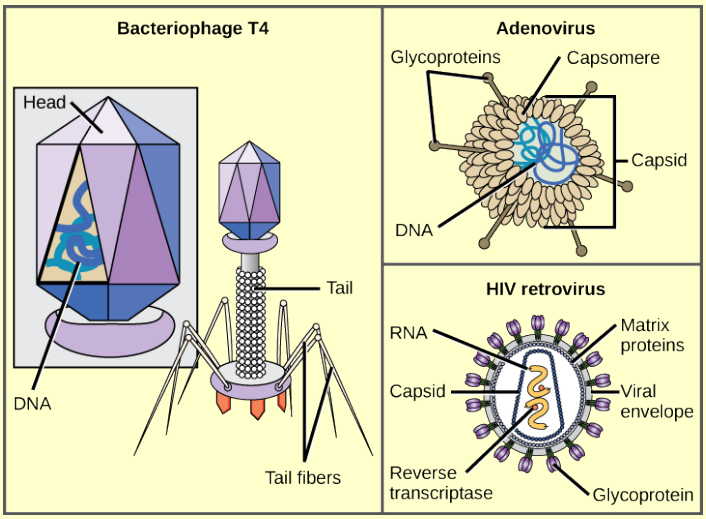

Figure 17.5 Viruses can be complex in shape or relatively simple. This figure shows three relatively complex virions: the bacteriophage T4, with its DNA-containing head group and tail fibers that attach to host cells; adenovirus, which uses spikes from its capsid to bind to the host cells; and HIV, which uses glycoproteins embedded in its envelope to do so. Notice that HIV has proteins called matrix proteins, internal to the envelope, which help stabilize virion shape. HIV is a retrovirus, which means it reverse transcribes its RNA genome into DNA, which is then spliced into the host's DNA. (credit "bacteriophage, adenovirus": modification of work by NCBI, NIH; credit "HIV retrovirus": modification of work by NIAID, NIH)

Which of the following statements about virus structure is true?

a. All viruses are encased in a viral membrane.
b. The capsomere is made up of small protein subunits called capsids.
c. DNA is the genetic material in all viruses.
d. Glycoproteins help the virus attach to the host cell.

Unlike all living organisms that use DNA as their genetic material, viruses may use either DNA or RNA as theirs. The virus core contains the genome or total genetic content of the virus. Viral genomes tend to be small compared to bacteria or eukaryotes, containing only those genes that code for proteins the virus cannot get from the host cell. This genetic material

may be single-stranded or double-stranded. It may also be linear or circular. While most viruses contain a single segment of nucleic acid, others have genomes that consist of several segments.

DNA viruses have a DNA core. The viral DNA directs the host cell's replication proteins to synthesize new copies of the viral genome and to transcribe and translate that genome into viral proteins. DNA viruses cause human diseases such as chickenpox, hepatitis B, and some venereal diseases like herpes and genital warts.

RNA viruses contain only RNA in their cores. To replicate their genomes in the host cell, the genomes of RNA viruses encode enzymes not found in host cells. RNA polymerase enzymes are not as stable as DNA polymerases and often make mistakes during transcription. For this reason, mutations, changes in the nucleotide sequence, in RNA viruses occur more frequently than in DNA viruses. This leads to more rapid evolution and change in RNA viruses. For example, the fact that influenza is an RNA virus is one reason a new flu vaccine is needed every year. Human diseases caused by RNA viruses include hepatitis C, measles, and rabies.

Viruses can be seen as obligate intracellular parasites. The virus must attach to a living cell, be taken inside, manufacture its proteins and copy its genome, and find a way to escape the cell so the virus can infect other cells and ultimately other individuals. Viruses can infect only certain species of hosts and only certain cells within that host. The molecular basis for this specificity is that a particular surface molecule, known as the viral receptor, must be found on the host cell surface for the virus to attach. Also, metabolic differences seen in different cell types based on differential gene expression are a likely factor in which cells a virus may use to replicate. The cell must be making the substances the virus needs, such as enzymes the virus genome itself does not have genes for, or the virus will not be able to replicate using that cell.

Steps of Virus Infections

A virus must "take over" a cell to replicate. The viral replication cycle can produce dramatic biochemical and structural changes in the host cell, which may cause cell damage. These changes, called **cytopathic** effects, can change cell functions or even destroy the cell. Some infected cells, such as those infected by the common cold virus (rhinovirus), die through lysis (bursting) or **apoptosis** (programmed cell death or "cell suicide"), releasing all the progeny virions at once. The symptoms of viral diseases result from the immune response to the virus, which attempts to control and eliminate the virus from the body, and from cell damage caused by the virus. Many animal viruses, such as HIV (human immunodeficiency virus), leave the infected cells of the immune system by a process known as budding, where virions leave the cell individually. During the budding process, the cell does not undergo lysis and is not immediately killed. However, the damage to the cells that HIV infects may make it impossible for the cells to function as mediators of immunity, even though the cells remain alive for a period of time. Most productive viral infections follow similar steps in the virus replication cycle: attachment, penetration, uncoating, replication, assembly, and release.

A virus attaches to a specific receptor site on the host-cell membrane through attachment proteins in the capsid or proteins embedded in its envelope. The attachment is specific, and typically a virus will only attach to cells of one or a few species and only certain cell types within those species with the appropriate receptors.

View this **video (http://openstaxcollege.org/l/influenza2)** for a visual explanation of how influenza attacks the body.

Unlike animal viruses, the nucleic acid of bacteriophages is injected into the host cell naked, leaving the capsid outside the cell. Plant and animal viruses can enter their cells through endocytosis, in which the cell membrane surrounds and engulfs the entire virus. Some enveloped viruses enter the cell when the viral envelope fuses directly with the cell membrane. Once inside the cell, the viral capsid is degraded and the viral nucleic acid is released, which then becomes available for replication and transcription.

The replication mechanism depends on the viral genome. DNA viruses usually use host cell proteins and enzymes to make additional DNA that is used to copy the genome or be transcribed to messenger RNA (mRNA), which is then used in protein synthesis. RNA viruses, such as the influenza virus, usually use the RNA core as a template for synthesis of viral genomic RNA and mRNA. The viral mRNA is translated into viral enzymes and capsid proteins to assemble new virions (**Figure 17.6**). Of course, there are exceptions to this pattern. If a host cell does not provide the enzymes necessary for viral replication, viral genes supply the information to direct synthesis of the missing proteins. Retroviruses, such as HIV, have

an RNA genome that must be reverse transcribed to make DNA, which then is inserted into the host's DNA. To convert RNA into DNA, retroviruses contain genes that encode the virus-specific enzyme reverse transcriptase that transcribes an RNA template to DNA. The fact that HIV produces some of its own enzymes, which are not found in the host, has allowed researchers to develop drugs that inhibit these enzymes. These drugs, including the reverse transcriptase inhibitor AZT, inhibit HIV replication by reducing the activity of the enzyme without affecting the host's metabolism.

The last stage of viral replication is the release of the new virions into the host organism, where they are able to infect adjacent cells and repeat the replication cycle. Some viruses are released when the host cell dies and other viruses can leave infected cells by budding through the membrane without directly killing the cell.

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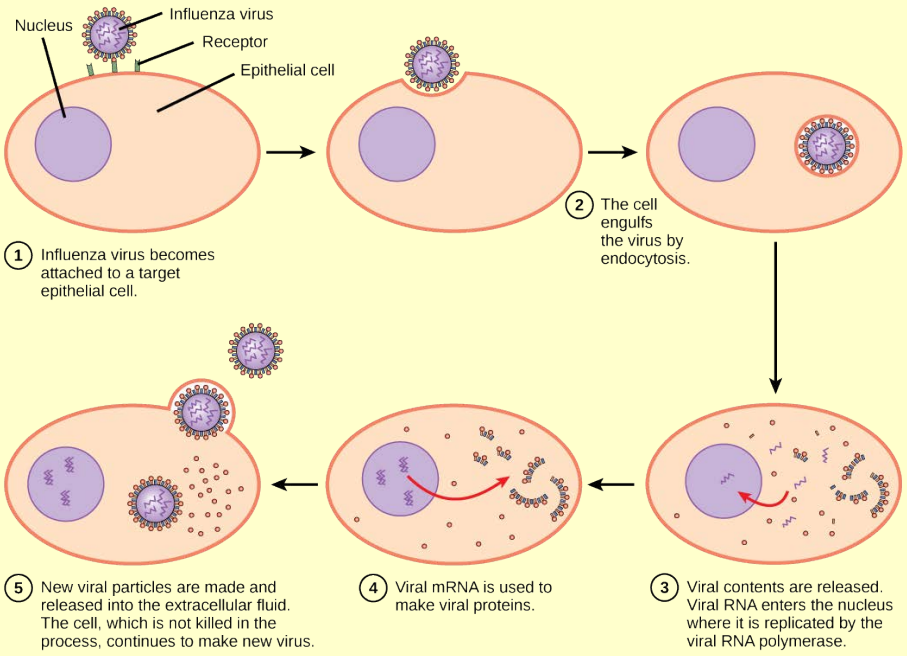

Figure 17.6 In influenza virus infection, glycoproteins attach to a host epithelial cell. As a result, the virus is engulfed. RNA and proteins are made and assembled into new virions.

Influenza virus is packaged in a viral envelope, which fuses with the plasma membrane. This way, the virus can exit the host cell without killing it. What advantage does the virus gain by keeping the host cell alive?

CONCEPT in ACTION

Click through this **tutorial (http://openstaxcollege.org/l/viruses2)** on viruses to identify structures, modes of transmission, replication, and more.

Viruses and Disease

Viruses cause a variety of diseases in animals, including humans, ranging from the common cold to potentially fatal illnesses like meningitis (**Figure 17.7**). These diseases can be treated by antiviral drugs or by vaccines, but some viruses, such as HIV, are capable of avoiding the immune response and mutating so as to become resistant to antiviral drugs.

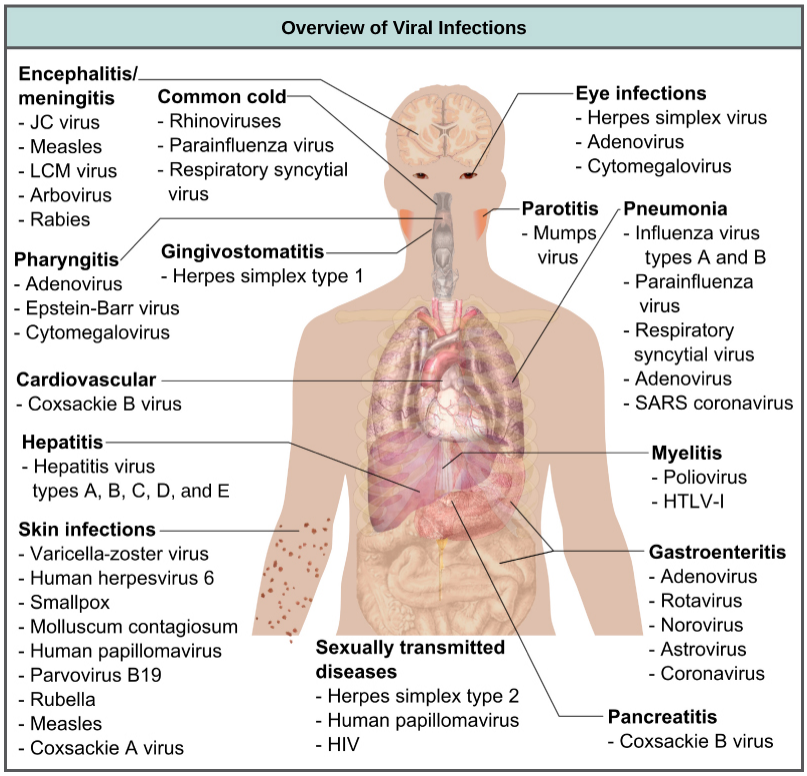

Figure 17.7 Viruses are the cause of dozens of ailments in humans, ranging from mild illnesses to serious diseases. (credit: modification of work by Mikael Häggström)

Vaccines for Prevention

While we do have limited numbers of effective antiviral drugs, such as those used to treat HIV and influenza, the primary method of controlling viral disease is by vaccination, which is intended to prevent outbreaks by building immunity to a virus or virus family. A **vaccine** may be prepared using weakened live viruses, killed viruses, or molecular subunits of the virus. In general, live viruses lead to better immunity, but have the possibility of causing disease at some low frequency. Killed viral vaccine and the subunit viruses are both incapable of causing disease, but in general lead to less effective or long-lasting immunity.

Weakened live viral vaccines are designed in the laboratory to cause few symptoms in recipients while giving them immunity against future infections. Polio was one disease that represented a milestone in the use of vaccines. Mass immunization campaigns in the U.S. in the 1950s (killed vaccine) and 1960s (live vaccine) essentially eradicated the disease, which caused muscle paralysis in children and generated fear in the general population when regional epidemics occurred. The success of the polio vaccine paved the way for the routine dispensation of childhood vaccines against measles, mumps, rubella, chickenpox, and other diseases.

Live vaccines are usually made by **attenuation** (weakening) of the “wild-type” (disease-causing) virus by growing it in the laboratory in tissues or at temperatures different from what the virus is accustomed to in the host. For example, the virus may be grown in cells in a test tube, in bird embryos, or in live animals. The adaptation to these new cells or temperature induces mutations in the virus’ genomes, allowing them to grow better in the laboratory while inhibiting their ability to cause disease when reintroduced into the conditions found in the host. These attenuated viruses thus still cause an infection, but they do not grow very well, allowing the immune response to develop in time to prevent major disease. The danger of using live vaccines, which are usually more effective than killed vaccines, is the low but significant risk that these viruses will revert back to their disease-causing form by back mutations. Back mutations occur when the vaccine undergoes mutations in the host such that it readapts to the host and can again cause disease, which can then be spread to other humans in an epidemic. This happened as recently as 2007 in Nigeria where mutations in a polio vaccine led to an epidemic of polio in that country.

Some vaccines are in continuous development because certain viruses, such as influenza and HIV, have a high mutation rate compared to other viruses or host cells. With influenza, mutation in genes for the surface molecules helps the virus evade the protective immunity that may have been obtained in a previous influenza season, making it necessary for individuals to get vaccinated every year. Other viruses, such as those that cause the childhood diseases measles, mumps, and rubella, mutate so little that the same vaccine is used year after year.

Vaccines and Antiviral Drugs for Treatment

In some cases, vaccines can be used to treat an active viral infection. In the case of rabies, a fatal neurological disease transmitted in the saliva of rabies virus-infected animals, the progression of the disease from the time of the animal bite to the time it enters the central nervous system may be two weeks or longer. This is enough time to vaccinate an individual who suspects being bitten by a rabid animal, and the boosted immune response from the vaccination is enough to prevent the virus from entering nervous tissue. Thus, the fatal neurological consequences of the disease are averted and the individual only has to recover from the infected bite. This approach is also being used for the treatment of Ebola, one of the fastest and most deadly viruses affecting humans, though usually infecting limited populations. Ebola is also a leading cause of death in gorillas. Transmitted by bats and great apes, this virus can cause death in 70–90 percent of the infected within two weeks. Using newly developed vaccines that boost the immune response, there is hope that immune systems of affected individuals will be better able to control the virus, potentially reducing mortality rates.

Another way of treating viral infections is the use of antiviral drugs. These drugs often have limited ability to cure viral disease but have been used to control and reduce symptoms for a wide variety of viral diseases. For most viruses, these drugs inhibit the virus by blocking the actions of one or more of its proteins. It is important that the targeted proteins be encoded for by viral genes and that these molecules are not present in a healthy host cell. In this way, viral growth is inhibited without damaging the host. There are large numbers of antiviral drugs available to treat infections, some specific for a particular virus and others that can affect multiple viruses.

Antivirals have been developed to treat genital herpes (herpes simplex II) and influenza. For genital herpes, drugs such as acyclovir can reduce the number and duration of the episodes of active viral disease during which patients develop viral lesions in their skins cells. As the virus remains latent in nervous tissue of the body for life, this drug is not a cure but can make the symptoms of the disease more manageable. For influenza, drugs like Tamiflu can reduce the duration of “flu” symptoms by one or two days, but the drug does not prevent symptoms entirely. Other antiviral drugs, such as Ribavirin, have been used to treat a variety of viral infections.

By far the most successful use of antivirals has been in the treatment of the retrovirus HIV, which causes a disease that, if untreated, is usually fatal within 10–12 years after being infected. Anti-HIV drugs have been able to control viral replication to the point that individuals receiving these drugs survive for a significantly longer time than the untreated.

Anti-HIV drugs inhibit viral replication at many different phases of the HIV replicative cycle. Drugs have been developed that inhibit the fusion of the HIV viral envelope with the plasma membrane of the host cell (fusion inhibitors), the conversion of its RNA genome to double-stranded DNA (reverse transcriptase inhibitors), the integration of the viral DNA into the host genome (integrase inhibitors), and the processing of viral proteins (protease inhibitors).

When any of these drugs are used individually, the virus’ high mutation rate allows the virus to rapidly evolve resistance to the drug. The breakthrough in the treatment of HIV was the development of highly active anti-retroviral therapy (HAART), which involves a mixture of different drugs, sometimes called a drug “cocktail.” By attacking the virus at different stages of its replication cycle, it is difficult for the virus to develop resistance to multiple drugs at the same time. Still, even with the use of combination HAART therapy, there is concern that, over time, the virus will evolve resistance to this therapy. Thus, new anti-HIV drugs are constantly being developed with the hope of continuing the battle against this highly fatal virus.

17.2 | Innate Immunity

By the end of this section, you will be able to:

- Describe the body’s innate physical and chemical defenses
- Explain the inflammatory response
- Describe the complement system

The vertebrate, including human, immune system is a complex multilayered system for defending against external and internal threats to the integrity of the body. The system can be divided into two types of defense systems: the innate immune system, which is nonspecific toward a particular kind of pathogen, and the adaptive immune system, which is specific (**Figure 17.8**). **Innate immunity** is not caused by an infection or vaccination and depends initially on physical and chemical barriers that work on all pathogens, sometimes called the first line of defense. The second line of defense of the innate system includes chemical signals that produce inflammation and fever responses as well as mobilizing protective cells and other chemical defenses. The adaptive immune system mounts a highly specific response to substances and organisms that do not belong in the body. The adaptive system takes longer to respond and has a memory system that allows it to respond with greater intensity should the body reencounter a pathogen even years later.

Vertebrate Immunity		
Innate Immune System		Adaptive Immune System
Physical Barriers	Internal Defenses	
• Skin, hair, cilia • Mucus membranes • Mucus and chemical secretions • Digestive enzymes in mouth • Stomach acid	• Inflammatory response • Complement proteins • Phagocytic cells • Natural killer (NK) cells	• Antibodies and the humoral immune response • Cell-mediated immune response • Memory response

Figure 17.8 There are two main parts to the vertebrate immune system. The innate immune system, which is made up of physical barriers and internal defenses, responds to all pathogens. The adaptive immune system is highly specific.

External and Chemical Barriers

The body has significant physical barriers to potential pathogens. The skin contains the protein keratin, which resists physical entry into cells. Other body surfaces, particularly those associated with body openings, are protected by the mucous membranes. The sticky mucus provides a physical trap for pathogens, preventing their movement deeper into the body. The openings of the body, such as the nose and ears, are protected by hairs that catch pathogens, and the mucous membranes of the upper respiratory tract have cilia that constantly move pathogens trapped in the mucus coat up to the mouth.

The skin and mucous membranes also create a chemical environment that is hostile to many microorganisms. The surface of the skin is acidic, which prevents bacterial growth. Saliva, mucus, and the tears of the eye contain an enzyme that breaks down bacterial cell walls. The stomach secretions create a highly acidic environment, which kills many pathogens entering the digestive system.

Finally, the surface of the body and the lower digestive system have a community of microorganisms such as bacteria, archaea, and fungi that coexist without harming the body. There is evidence that these organisms are highly beneficial to their host, combating disease-causing organisms and outcompeting them for nutritional resources provided by the host body. Despite these defenses, pathogens may enter the body through skin abrasions or punctures, or by collecting on mucosal surfaces in large numbers that overcome the protections of mucus or cilia.

Internal Defenses

When pathogens enter the body, the innate immune system responds with a variety of internal defenses. These include the inflammatory response, phagocytosis, natural killer cells, and the complement system. White blood cells in the blood and lymph recognize pathogens as foreign to the body. A **white blood cell** is larger than a red blood cell, is nucleated, and is typically able to move using amoeboid locomotion. Because they can move on their own, white blood cells can leave the blood to go to infected tissues. For example, a **monocyte** is a type of white blood cell that circulates in the blood and lymph and develops into a macrophage after it moves into infected tissue. A **macrophage** is a large cell that engulfs foreign particles and pathogens. **Mast cells** are produced in the same way as white blood cells, but unlike circulating white blood cells, mast cells take up residence in connective tissues and especially mucosal tissues. They are responsible for releasing chemicals in response to physical injury. They also play a role in the allergic response, which will be discussed later in the chapter.

When a pathogen is recognized as foreign, chemicals called cytokines are released. A **cytokine** is a chemical messenger that regulates cell differentiation (form and function), proliferation (production), and gene expression to produce a variety of immune responses. Approximately 40 types of cytokines exist in humans. In addition to being released from white blood cells after pathogen recognition, cytokines are also released by the infected cells and bind to nearby uninfected cells, inducing those cells to release cytokines. This positive feedback loop results in a burst of cytokine production.

One class of early-acting cytokines is the interferons, which are released by infected cells as a warning to nearby uninfected cells. An **interferon** is a small protein that signals a viral infection to other cells. The interferons stimulate uninfected cells to produce compounds that interfere with viral replication. Interferons also activate macrophages and other cells.

The Inflammatory Response and Phagocytosis

The first cytokines to be produced encourage **inflammation**, a localized redness, swelling, heat, and pain. Inflammation is a response to physical trauma, such as a cut or a blow, chemical irritation, and infection by pathogens (viruses, bacteria, or fungi). The chemical signals that trigger an inflammatory response enter the extracellular fluid and cause capillaries to dilate (expand) and capillary walls to become more permeable, or leaky. The serum and other compounds leaking from

capillaries cause swelling of the area, which in turn causes pain. Various kinds of white blood cells are attracted to the area of inflammation. The types of white blood cells that arrive at an inflamed site depend on the nature of the injury or infecting pathogen. For example, a **neutrophil** is an early arriving white blood cell that engulfs and digests pathogens. Neutrophils are the most abundant white blood cells of the immune system (Figure 17.9). Macrophages follow neutrophils and take over the phagocytosis function and are involved in the resolution of an inflamed site, cleaning up cell debris and pathogens.

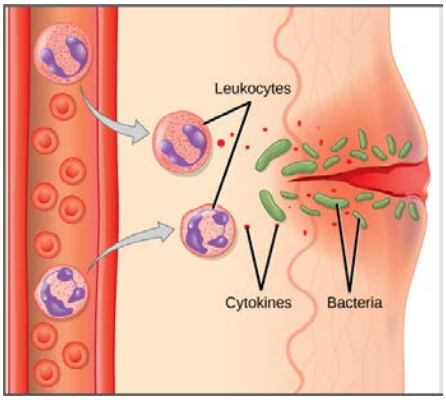

Figure 17.9 White blood cells (leukocytes) release chemicals to stimulate the inflammatory response following a cut in the skin.

Cytokines also send feedback to cells of the nervous system to bring about the overall symptoms of feeling sick, which include lethargy, muscle pain, and nausea. Cytokines also increase the core body temperature, causing a fever. The elevated temperatures of a fever inhibit the growth of pathogens and speed up cellular repair processes. For these reasons, suppression of fevers should be limited to those that are dangerously high.

CONCEPT in ACTION

Check out this **23-second, stop-motion video (http://openstaxcollege.org/l/neutrophil)** showing a neutrophil that searches and engulfs fungus spores during an elapsed time of 79 minutes.

Natural Killer Cells

A **lymphocyte** is a white blood cell that contains a large nucleus (Figure 17.10). Most lymphocytes are associated with the adaptive immune response, but infected cells are identified and destroyed by natural killer cells, the only lymphocytes of the innate immune system. A **natural killer (NK) cell** is a lymphocyte that can kill cells infected with viruses (or cancerous cells). NK cells identify intracellular infections, especially from viruses, by the altered expression of **major histocompatibility class (MHC) I molecules** on the surface of infected cells. MHC class I molecules are proteins on the surfaces of all nucleated cells that provide a sample of the cell's internal environment at any given time. Unhealthy cells, whether infected or cancerous, display an altered MHC class I complement on their cell surfaces.

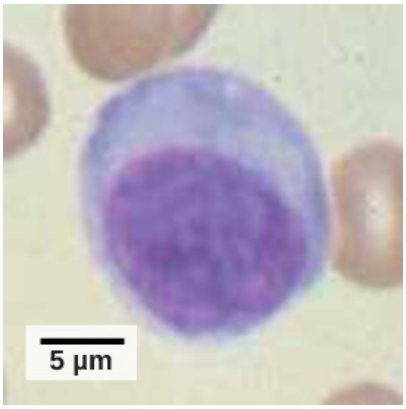

Figure 17.10 Lymphocytes, such as NK cells, are characterized by their large nuclei that actively absorb Wright stain and therefore appear dark colored under a microscope. (credit: scale-bar data from Matt Russell)

After the NK cell detects an infected or tumor cell, it induces programmed cell death, or apoptosis. Phagocytic cells then come along and digest the cell debris left behind. NK cells are constantly patrolling the body and are an effective mechanism for controlling potential infections and preventing cancer progression. The various types of immune cells are shown in **Figure 17.11**.

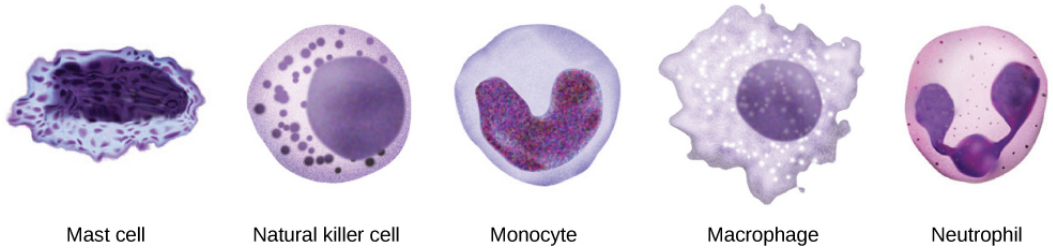

Figure 17.11 Cells involved in the innate immune response include mast cells, natural killer cells, and white blood cells, such as monocytes, macrophages and neutrophils.

Complement

An array of approximately 20 types of proteins, called a **complement system**, is also activated by infection or the activity of the cells of the adaptive immune system and functions to destroy extracellular pathogens. Liver cells and macrophages synthesize inactive forms of complement proteins continuously; these proteins are abundant in the blood serum and are capable of responding immediately to infecting microorganisms. The complement system is so named because it is complementary to the innate and adaptive immune system. Complement proteins bind to the surfaces of microorganisms and are particularly attracted to pathogens that are already tagged by the adaptive immune system. This “tagging” involves the attachment of specific proteins called antibodies (discussed in detail later) to the pathogen. When they attach, the antibodies change shape providing a binding site for one of the complement proteins. After the first few complement proteins bind, a cascade of binding in a specific sequence of proteins follows in which the pathogen rapidly becomes coated in complement proteins.

Complement proteins perform several functions, one of which is to serve as a marker to indicate the presence of a pathogen to phagocytic cells and enhance engulfment. Certain complement proteins can combine to open pores in microbial cell membranes and cause lysis of the cells.

17.3 | Adaptive Immunity

By the end of this section, you will be able to:

- Explain adaptive immunity
- Describe cell-mediated immune response and humoral immune response
- Describe immune tolerance

The adaptive, or acquired, immune response takes days or even weeks to become established—much longer than the innate response; however, adaptive immunity is more specific to an invading pathogen. **Adaptive immunity** is an immunity that occurs after exposure to an antigen either from a pathogen or a vaccination. An **antigen** is a molecule that stimulates a response in the immune system. This part of the immune system is activated when the innate immune response is insufficient to control an infection. In fact, without information from the innate immune system, the adaptive response could not be mobilized. There are two types of adaptive responses: the **cell-mediated immune response**, which is controlled by activated **T cells**, and the **humoral immune response**, which is controlled by activated **B cells** and antibodies. Activated T and B cells whose surface binding sites are specific to the molecules on the pathogen greatly increase in numbers and attack the invading pathogen. Their attack can kill pathogens directly or they can secrete antibodies that enhance the phagocytosis of pathogens and disrupt the infection. Adaptive immunity also involves a memory to give the host long-term protection from reinfection with the same type of pathogen; on reexposure, this host memory will facilitate a rapid and powerful response.

B and T Cells

Lymphocytes, which are white blood cells, are formed with other blood cells in the red bone marrow found in many flat bones, such as the shoulder or pelvic bones. The two types of lymphocytes of the adaptive immune response are B and T cells (**Figure 17.12**). Whether an immature lymphocyte becomes a B cell or T cell depends on where in the body it matures. The B cells remain in the bone marrow to mature (hence the name “B” for “bone marrow”), while T cells migrate to the thymus, where they mature (hence the name “T” for “thymus”).

Maturation of a B or T cell involves becoming immunocompetent, meaning that it can recognize, by binding, a specific molecule or antigen (discussed below). During the maturation process, B and T cells that bind too strongly to the body’s own cells are eliminated in order to minimize an immune response against the body’s own tissues. Those cells that react weakly to the body’s own cells, but have highly specific receptors on their cell surfaces that allow them to recognize a foreign molecule, or antigen, remain. This process occurs during fetal development and continues throughout life. The specificity of this receptor is determined by the genetics of the individual and is present before a foreign molecule is introduced to the body or encountered. Thus, it is genetics and not experience that initially provides a vast array of cells, each capable of binding to a different specific foreign molecule. Once they are immunocompetent, the T and B cells will migrate to the spleen and lymph nodes where they will remain until they are called on during an infection. B cells are involved in the humoral immune response, which targets pathogens loose in blood and lymph, and T cells are involved in the cell-mediated immune response, which targets infected cells.

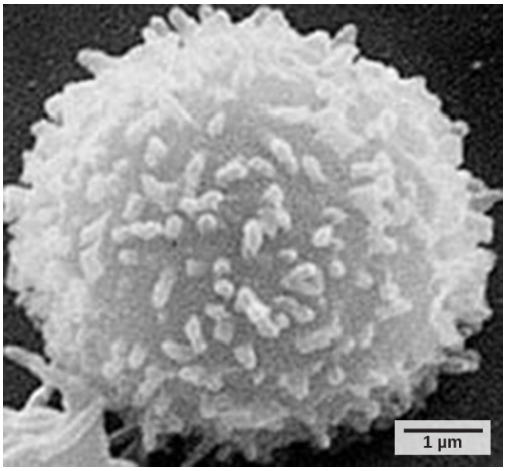

Figure 17.12 This scanning electron micrograph shows a T lymphocyte. T and B cells are indistinguishable by light microscopy but can be differentiated experimentally by probing their surface receptors. (credit: modification of work by NCI; scale-bar data from Matt Russell)

Humoral Immune Response

As mentioned, an antigen is a molecule that stimulates a response in the immune system. Not every molecule is antigenic. B cells participate in a chemical response to antigens present in the body by producing specific antibodies that circulate throughout the body and bind with the antigen whenever it is encountered. This is known as the humoral immune response. As discussed, during maturation of B cells, a set of highly specific B cells are produced that have many antigen receptor molecules in their membrane (**Figure 17.13**).

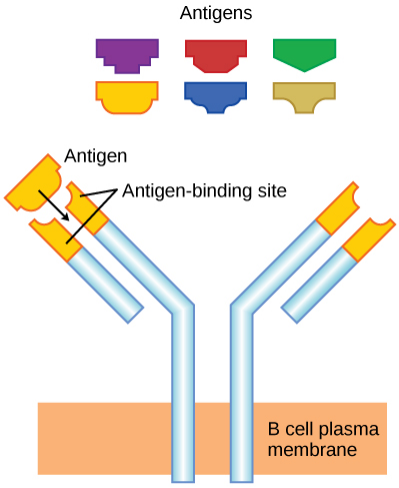

Figure 17.13 B cell receptors are embedded in the membranes of B cells and bind a variety of antigens through their variable regions.

Each B cell has only one kind of antigen receptor, which makes every B cell different. Once the B cells mature in the bone marrow, they migrate to lymph nodes or other lymphatic organs. When a B cell encounters the antigen that binds to its receptor, the antigen molecule is brought into the cell by endocytosis and reappears on the surface of the cell bound to an **MHC class II molecule**. When this process is complete, the B cell is sensitized. In most cases, the sensitized B cell must then encounter a specific kind of T cell, called a helper T cell, before it is activated. The helper T cell must already have been activated through an encounter with the antigen (discussed below).

The helper T cell binds to the antigen-MHC class II complex and is induced to release cytokines that induce the B cell to divide rapidly, which makes thousands of identical (clonal) cells. These daughter cells become either plasma cells or memory B cells. The memory B cells remain inactive at this point, until another later encounter with the antigen, caused by a reinfection by the same bacteria or virus, results in them dividing into a new population of plasma cells. The plasma cells, on the other hand, produce and secrete large quantities, up to 100 million molecules per hour, of antibody molecules. An **antibody**, also known as an immunoglobulin (Ig), is a protein that is produced by plasma cells after stimulation by an antigen. Antibodies are the agents of humoral immunity. Antibodies occur in the blood, in gastric and mucus secretions, and in breast milk. Antibodies in these bodily fluids can bind pathogens and mark them for destruction by phagocytes before they can infect cells.

These antibodies circulate in the blood stream and lymphatic system and bind with the antigen whenever it is encountered. The binding can fight infection in several ways. Antibodies can bind to viruses or bacteria and interfere with the chemical interactions required for them to infect or bind to other cells. The antibodies may create bridges between different particles containing antigenic sites clumping them all together and preventing their proper functioning. The antigen-antibody complex stimulates the complement system described previously, destroying the cell bearing the antigen. Phagocytic cells, such as those already described, are attracted by the antigen-antibody complexes, and phagocytosis is enhanced when the complexes are present. Finally, antibodies stimulate inflammation, and their presence in mucus and on the skin prevents pathogen attack.

Antibodies coat extracellular pathogens and neutralize them by blocking key sites on the pathogen that enhance their infectivity (such as receptors that “dock” pathogens on host cells) (**Figure 17.14**). Antibody neutralization can prevent pathogens from entering and infecting host cells. The neutralized antibody-coated pathogens can then be filtered by the spleen and eliminated in urine or feces.

Antibodies also mark pathogens for destruction by phagocytic cells, such as macrophages or neutrophils, in a process called opsonization. In a process called complement fixation, some antibodies provide a place for complement proteins to bind. The combination of antibodies and complement promotes rapid clearing of pathogens.

The production of antibodies by plasma cells in response to an antigen is called **active immunity** and describes the host’s active response of the immune system to an infection or to a vaccination. There is also a **passive immune** response where antibodies come from an outside source, instead of the individual’s own plasma cells, and are introduced into the host. For example, antibodies circulating in a pregnant woman’s body move across the placenta into the developing fetus. The child benefits from the presence of these antibodies for up to several months after birth. In addition, a passive immune response is possible by injecting antibodies into an individual in the form of an antivenom to a snake-bite toxin or antibodies in blood

serum to help fight a hepatitis infection. This gives immediate protection since the body does not need the time required to mount its own response.

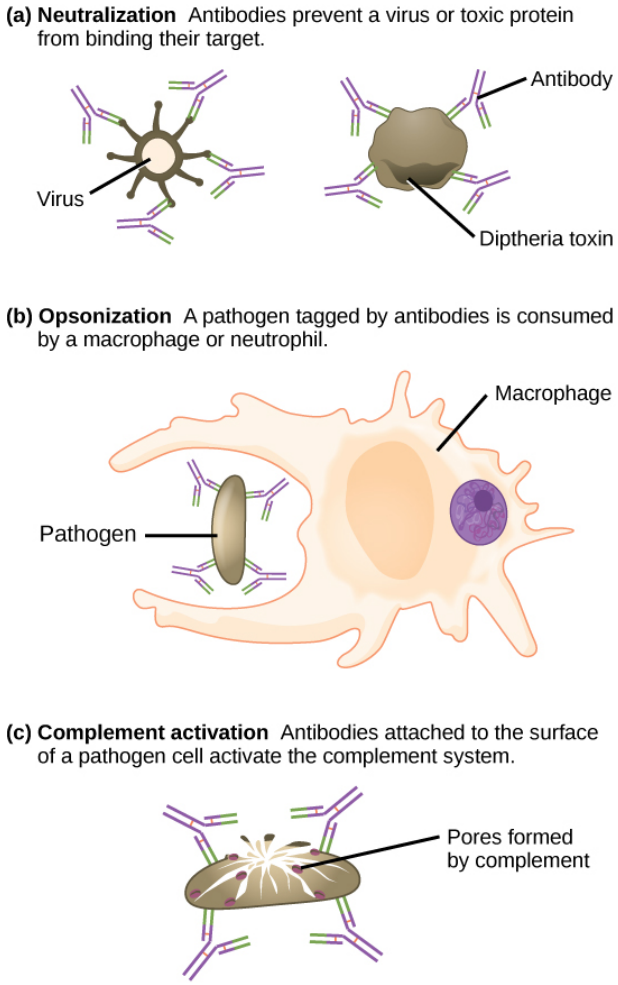

Figure 17.14 Antibodies may inhibit infection by (a) preventing the antigen from binding its target, (b) tagging a pathogen for destruction by macrophages or neutrophils, or (c) activating the complement cascade.

Cell-Mediated Immunity

Unlike B cells, T lymphocytes are unable to recognize pathogens without assistance. Instead, dendritic cells and macrophages first engulf and digest pathogens into hundreds or thousands of antigens. Then, an **antigen-presenting cell (APC)** detects, engulfs, and informs the adaptive immune response about an infection. When a pathogen is detected, these APCs will engulf and break it down through phagocytosis. Antigen fragments will then be transported to the surface of the APC, where they will serve as an indicator to other immune cells. A **dendritic cell** is an immune cell that mops up antigenic materials in its surroundings and presents them on its surface. Dendritic cells are located in the skin, the linings of the nose, lungs, stomach, and intestines. These positions are ideal locations to encounter invading pathogens. Once they are activated by pathogens and mature to become APCs they migrate to the spleen or a lymph node. Macrophages also function as APCs. After phagocytosis by a macrophage, the phagocytic vesicle fuses with an intracellular lysosome. Within the resulting phagolysosome, the components are broken down into fragments; the fragments are then loaded onto MHC class II molecules and are transported to the cell surface for antigen presentation (**Figure 17.15**). Helper T cells cannot properly respond to an antigen unless it is processed and embedded in an MHC class II molecule. The APCs express MHC class II on their surfaces, and when combined with a foreign antigen, these complexes signal an invader.

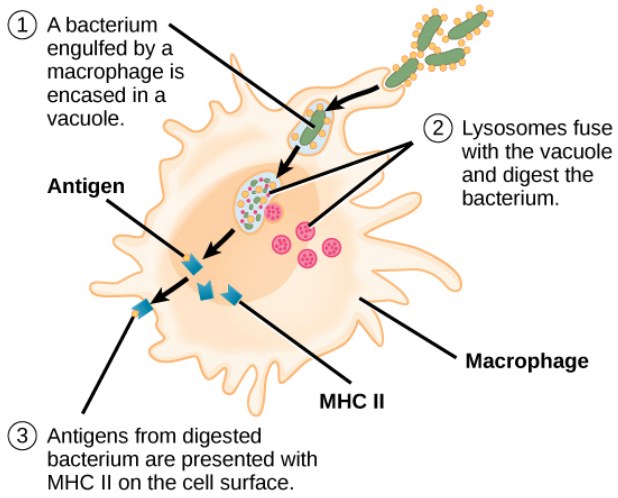

Figure 17.15 An antigen-presenting cell (APC), such as a macrophage, engulfs a foreign antigen, partially digests it in a lysosome, and then embeds it in an MHC class II molecule for presentation at the cell surface. Lymphocytes of the adaptive immune response must interact with antigen-embedded MHC class II molecules to mature into functional immune cells.

CONCEPT in ACTION

View this **animation from Rockefeller University (http://openstaxcollege.org/l/immune_system2)** to see how dendritic cells act as sentinels in the body's immune system.

T cells have many functions. Some respond to APCs of the innate immune system and indirectly induce immune responses by releasing cytokines. Others stimulate B cells to start the humoral response as described previously. Another type of T cell detects APC signals and directly kills the infected cells, while some are involved in suppressing inappropriate immune reactions to harmless or "self" antigens.

There are two main types of T cells: helper T lymphocytes (T_H) and the cytotoxic T lymphocytes (T_C). The T_H lymphocytes function indirectly to tell other immune cells about potential pathogens. T_H lymphocytes recognize specific antigens presented by the MHC class II complexes of APCs. There are two populations of T_H cells: T_H1 and T_H2. T_H1 cells secrete cytokines to enhance the activities of macrophages and other T cells. T_H2 cells stimulate naïve B cells to secrete antibodies. Whether a T_H1 or a T_H2 immune response develops depends on the specific types of cytokines secreted by cells of the innate immune system, which in turn depends on the nature of the invading pathogen.

Cytotoxic T cells (T_C) are the key component of the cell-mediated part of the adaptive immune system and attack and destroy infected cells. T_C cells are particularly important in protecting against viral infections; this is because viruses replicate within cells where they are shielded from extracellular contact with circulating antibodies. Once activated, the T_C creates a large clone of cells with one specific set of cell-surface receptors, as in the case with proliferation of activated B cells. As with B cells, the clone includes active T_C cells and inactive memory T_C cells. The resulting active T_C cells then identify infected host cells. Because of the time required to generate a population of clonal T and B cells, there is a delay in the adaptive immune response compared to the innate immune response.

T_C cells attempt to identify and destroy infected cells before the pathogen can replicate and escape, thereby halting the progression of intracellular infections. T_C cells also support NK lymphocytes to destroy early cancers. Cytokines secreted by the T_H1 response that stimulates macrophages also stimulate T_C cells and enhance their ability to identify and destroy infected cells and tumors. A summary of how the humoral and cell-mediated immune responses are activated appears in **Figure 17.16**.

B plasma cells and T_C cells are collectively called **effector cells** because they are involved in "effecting" (bringing about) the immune response of killing pathogens and infected host cells.

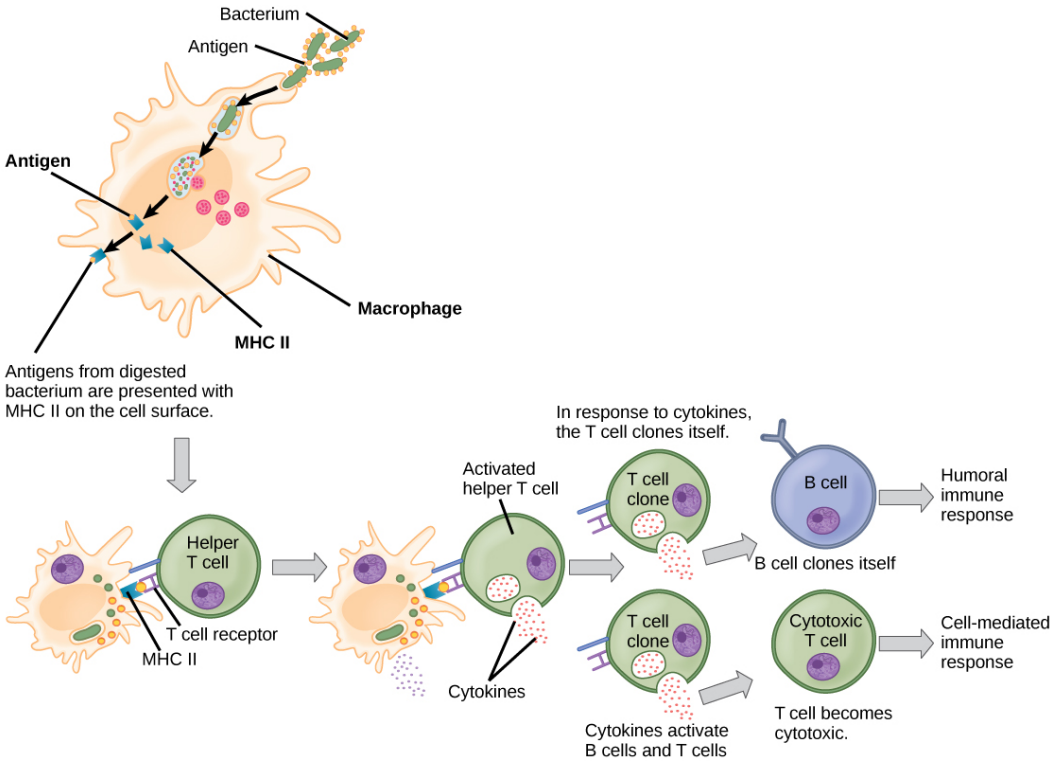

Figure 17.16 A helper T cell becomes activated by binding to an antigen presented by an APC via the MHCII receptor, causing it to release cytokines. Depending on the cytokines released, this activates either the humoral or the cell-mediated immune response.

Immunological Memory

The adaptive immune system has a memory component that allows for a rapid and large response upon reinvasion of the same pathogen. During the adaptive immune response to a pathogen that has not been encountered before, known as the **primary immune response**, plasma cells secreting antibodies and differentiated T cells increase, then plateau over time. As B and T cells mature into effector cells, a subset of the naïve populations differentiates into B and T memory cells with the same antigen specificities (**Figure 17.17**). A **memory cell** is an antigen-specific B or T lymphocyte that does not differentiate into an effector cell during the primary immune response, but that can immediately become an effector cell on reexposure to the same pathogen. As the infection is cleared and pathogenic stimuli subside, the effectors are no longer needed and they undergo apoptosis. In contrast, the memory cells persist in the circulation.

art CONNECTION

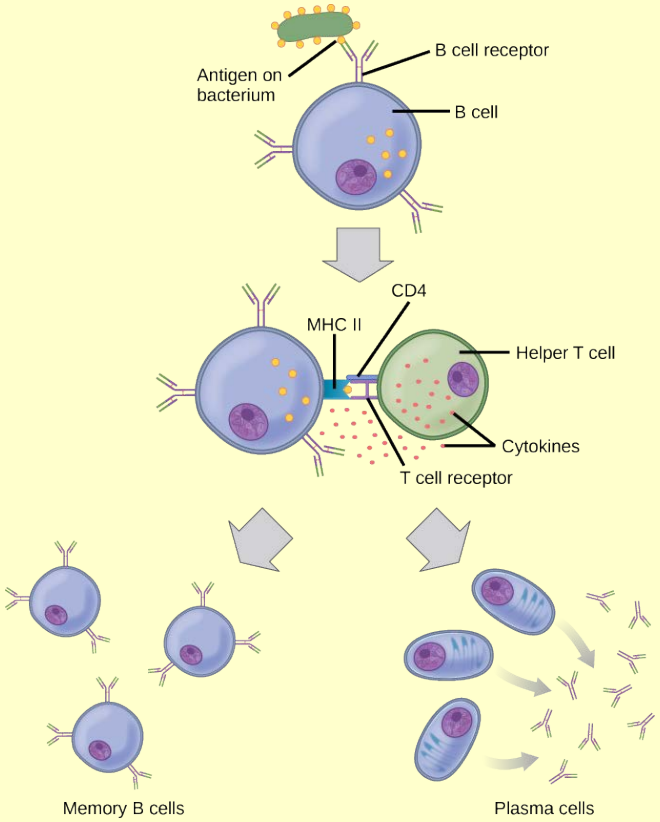

Figure 17.17 After initially binding an antigen to the B cell receptor, a B cell internalizes the antigen and presents it on MHC class II. A helper T cell recognizes the MHC class II- antigen complex and activates the B cell. As a result, memory B cells and plasma cells are made.

The Rh antigen is found on Rh-positive red blood cells. An Rh-negative female can usually carry an Rh-positive fetus to term without difficulty. However, if she has a second Rh-positive fetus, her body may launch an immune attack that causes hemolytic disease of the newborn. Why do you think hemolytic disease is only a problem during the second or subsequent pregnancies?

If the pathogen is never encountered again during the individual's lifetime, B and T memory cells will circulate for a few years or even several decades and will gradually die off, having never functioned as effector cells. However, if the host is re-exposed to the same pathogen type, circulating memory cells will immediately differentiate into plasma cells and T_C cells without input from APCs or T_H cells. This is known as the **secondary immune response**. One reason why the adaptive immune response is delayed is because it takes time for naïve B and T cells with the appropriate antigen specificities to be identified, activated, and proliferate. On reinfection, this step is skipped, and the result is a more rapid production of immune defenses. Memory B cells that differentiate into plasma cells output tens to hundreds-fold greater antibody amounts than were secreted during the primary response (**Figure 17.18**). This rapid and dramatic antibody response may stop the infection before it can even become established, and the individual may not realize they had been exposed.

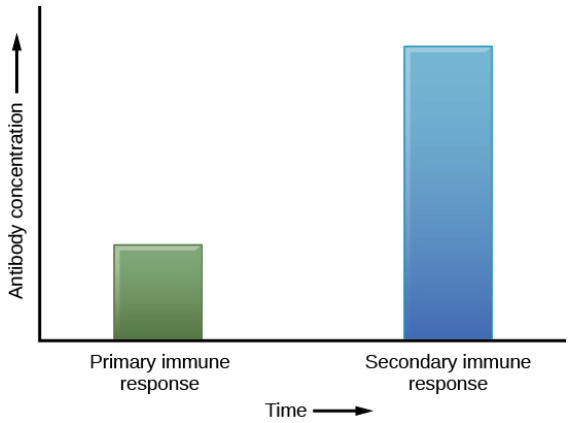

Figure 17.18 In the primary response to infection, antibodies are secreted first from plasma cells. Upon re-exposure to the same pathogen, memory cells differentiate into antibody-secreting plasma cells that output a greater amount of antibody for a longer period of time.

Vaccination is based on the knowledge that exposure to noninfectious antigens, derived from known pathogens, generates a mild primary immune response. The immune response to vaccination may not be perceived by the host as illness but still confers immune memory. When exposed to the corresponding pathogen to which an individual was vaccinated, the reaction is similar to a secondary exposure. Because each reinfection generates more memory cells and increased resistance to the pathogen, some vaccine courses involve one or more booster vaccinations to mimic repeat exposures.

The Lymphatic System

Lymph is the watery fluid that bathes tissues and organs and contains protective white blood cells but does not contain erythrocytes. Lymph moves about the body through the lymphatic system, which is made up of vessels, lymph ducts, lymph glands, and organs, such as tonsils, adenoids, thymus, and spleen.

Although the immune system is characterized by circulating cells throughout the body, the regulation, maturation, and intercommunication of immune factors occur at specific sites. The blood circulates immune cells, proteins, and other factors through the body. Approximately 0.1 percent of all cells in the blood are leukocytes, which include monocytes (the precursor of macrophages) and lymphocytes. Most cells in the blood are red blood cells. Cells of the immune system can travel between the distinct lymphatic and blood circulatory systems, which are separated by interstitial space, by a process called extravasation (passing through to surrounding tissue).

Recall that cells of the immune system originate from stem cells in the bone marrow. B cell maturation occurs in the bone marrow, whereas progenitor cells migrate from the bone marrow and develop and mature into naïve T cells in the organ called the thymus.

On maturation, T and B lymphocytes circulate to various destinations. Lymph nodes scattered throughout the body house large populations of T and B cells, dendritic cells, and macrophages (**Figure 17.19**). Lymph gathers antigens as it drains from tissues. These antigens then are filtered through lymph nodes before the lymph is returned to circulation. APCs in the lymph nodes capture and process antigens and inform nearby lymphocytes about potential pathogens.

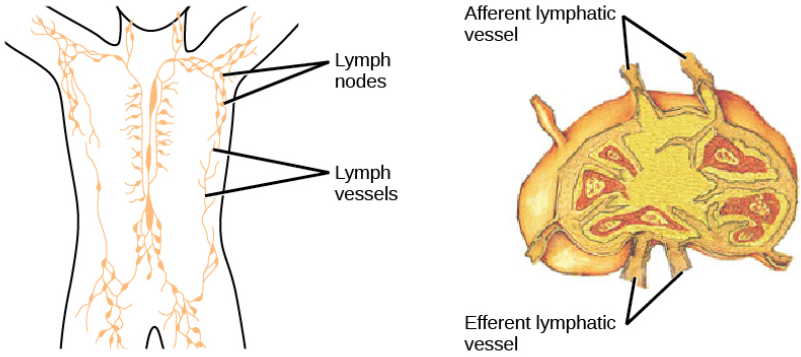

Figure 17.19 (a) Lymphatic vessels carry a clear fluid called lymph throughout the body. The liquid passes through (b) lymph nodes that filter the lymph that enters the node through afferent vessels and leaves through efferent vessels; lymph nodes are filled with lymphocytes that purge infecting cells. (credit a: modification of work by NIH; credit b: modification of work by NCI, NIH)

The spleen houses B and T cells, macrophages, dendritic cells, and NK cells (**Figure 17.20**). The spleen is the site where APCs that have trapped foreign particles in the blood can communicate with lymphocytes. Antibodies are synthesized and secreted by activated plasma cells in the spleen, and the spleen filters foreign substances and antibody-complexed pathogens from the blood. Functionally, the spleen is to the blood as lymph nodes are to the lymph.

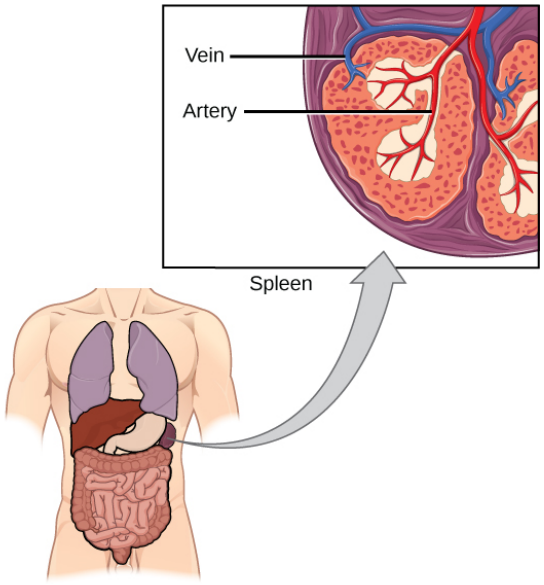

Figure 17.20 The spleen functions to immunologically filter the blood and allow for communication between cells corresponding to the innate and adaptive immune responses. (credit: modification of work by NCI, NIH)

Mucosal Immune System

The innate and adaptive immune responses compose the systemic immune system (affecting the whole body), which is distinct from the mucosal immune system. Mucosa associated lymphoid tissue (MALT) is a crucial component of a functional immune system because mucosal surfaces, such as the nasal passages, are the first tissues onto which inhaled or ingested pathogens are deposited. The mucosal tissue includes the mouth, pharynx, and esophagus, and the gastrointestinal, respiratory, and urogenital tracts.

Mucosal immunity is formed by MALT, which functions independently of the systemic immune system, and which has its own innate and adaptive components. MALT is a collection of lymphatic tissue that combines with epithelial tissue lining the mucosa throughout the body. This tissue functions as the immune barrier and response in areas of the body with direct contact to the external environment. The systemic and mucosal immune systems use many of the same cell types. Foreign particles that make their way to MALT are taken up by absorptive epithelial cells and delivered to APCs located directly below the mucosal tissue. APCs of the mucosal immune system are primarily dendritic cells, with B cells and macrophages

having minor roles. Processed antigens displayed on APCs are detected by T cells in the MALT and at the tonsils, adenoids, appendix, or the mesenteric lymph nodes of the intestine. Activated T cells then migrate through the lymphatic system and into the circulatory system to mucosal sites of infection.

Immune Tolerance

The immune system has to be regulated to prevent wasteful, unnecessary responses to harmless substances, and more importantly, so that it does not attack "self." The acquired ability to prevent an unnecessary or harmful immune response to a detected foreign substance known not to cause disease, or self-antigens, is described as **immune tolerance**. The primary mechanism for developing immune tolerance to self-antigens occurs during the selection for weakly self-binding cells during T and B lymphocyte maturation. There are populations of T cells that suppress the immune response to self-antigens and that suppress the immune response after the infection has cleared to minimize host cell damage induced by inflammation and cell lysis. Immune tolerance is especially well developed in the mucosa of the upper digestive system because of the tremendous number of foreign substances (such as food proteins) that APCs of the oral cavity, pharynx, and gastrointestinal mucosa encounter. Immune tolerance is brought about by specialized APCs in the liver, lymph nodes, small intestine, and lung that present harmless antigens to a diverse population of regulatory T (T_{reg}) cells, specialized lymphocytes that suppress local inflammation and inhibit the secretion of stimulatory immune factors. The combined result of T_{reg} cells is to prevent immunologic activation and inflammation in undesired tissue compartments and to allow the immune system to focus on pathogens instead.

17.4 | Disruptions in the Immune System

By the end of this section, you will be able to:

- Describe hypersensitivity
- Define autoimmunity

A functioning immune system is essential for survival, but even the sophisticated cellular and molecular defenses of the mammalian immune response can be defeated by pathogens at virtually every step. In the competition between immune protection and pathogen evasion, pathogens have the advantage of more rapid evolution because of their shorter generation time, large population sizes and often higher mutation rates. Thus pathogens have evolved a diverse array of immune escape mechanisms. For instance, *Streptococcus pneumoniae* (the bacterium that causes pneumonia and meningitis) surrounds itself with a capsule that inhibits phagocytes from engulfing it and displaying antigens to the adaptive immune system. *Staphylococcus aureus* (the bacterium that can cause skin infections, abscesses, and meningitis) synthesizes a toxin called leukocidin that kills phagocytes after they engulf the bacterium. Other pathogens can also hinder the adaptive immune system. HIV infects T_H cells using their CD4 surface molecules, gradually depleting the number of T_H cells in the body (**Figure 17.21**); this inhibits the adaptive immune system's capacity to generate sufficient responses to infection or tumors. As a result, HIV-infected individuals often suffer from infections that would not cause illness in people with healthy immune systems but which can cause devastating illness to immune-compromised individuals.

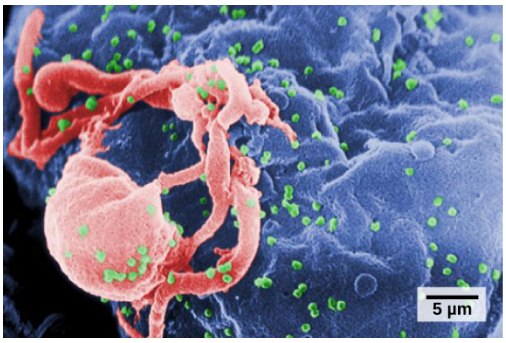

Figure 17.21 HIV (green) is shown budding from a lymphocyte cell (red) in culture. (credit: modification of work by C. Goldsmith, CDC; scale-bar data from Matt Russell)

Inappropriate responses of immune cells and molecules themselves can also disrupt the proper functioning of the entire system, leading to host-cell damage that can become fatal.

Immunodeficiency

Immunodeficiency is a failure, insufficiency, or delay in the response of the immune system, which may be acquired or inherited. Immunodeficiency can allow pathogens or tumor cells to gain a foothold and replicate or proliferate to high enough levels so that the immune system becomes overwhelmed. Immunodeficiency can be acquired as a result of infection with certain pathogens that attack the cells of the immune system itself (such as HIV), chemical exposure (including certain medical treatments such as chemotherapy), malnutrition, or extreme stress. For instance, radiation exposure can destroy populations of lymphocytes and elevate an individual's susceptibility to infections and cancer. Rarely, primary immunodeficiencies that are present from birth may also occur. For example, severe combined immunodeficiency disease (SCID) is a condition in which children are born without functioning B or T cells.

Hypersensitivities

A maladaptive immune response toward harmless foreign substances or self-antigens that occur after tissue sensitization is termed a **hypersensitivity**. Types of hypersensitivities include immediate, delayed, and autoimmune. A large proportion of the human population is affected by one or more types of hypersensitivity.

Allergies

The immune reaction that results from immediate hypersensitivities in which an antibody-mediated immune response occurs within minutes of exposure to a usually harmless antigen is called an **allergy**. In the United States, 20 percent of the population exhibits symptoms of allergy or asthma, whereas 55 percent test positive against one or more allergens. On initial exposure to a potential allergen, an allergic individual synthesizes antibodies through the typical process of APCs presenting processed antigen to T_H cells that stimulate B cells to produce the antibodies. The antibody molecules interact with mast cells embedded in connective tissues. This process primes, or sensitizes, the tissue. On subsequent exposure to the same allergen, antibody molecules on mast cells bind the antigen and stimulate the mast cell to release histamine and other inflammatory chemicals; these chemical mediators then recruit eosinophils (a type of white blood cell), which also appear to be adapted to responding to parasitic worms (**Figure 17.22**). Eosinophils release factors that enhance the inflammatory response and the secretions of mast cells. The effects of an allergic reaction range from mild symptoms like sneezing and itchy, watery eyes to more severe or even life-threatening reactions involving intensely itchy welts or hives, airway constriction with severe respiratory distress, and plummeting blood pressure caused by dilating blood vessels and fluid loss from the circulatory system. This extreme reaction, typically in response to an allergen introduced to the circulatory system, is known as anaphylactic shock. Antihistamines are an insufficient counter to anaphylactic shock and if not treated with epinephrine to counter the blood pressure and breathing effects, this condition can be fatal.

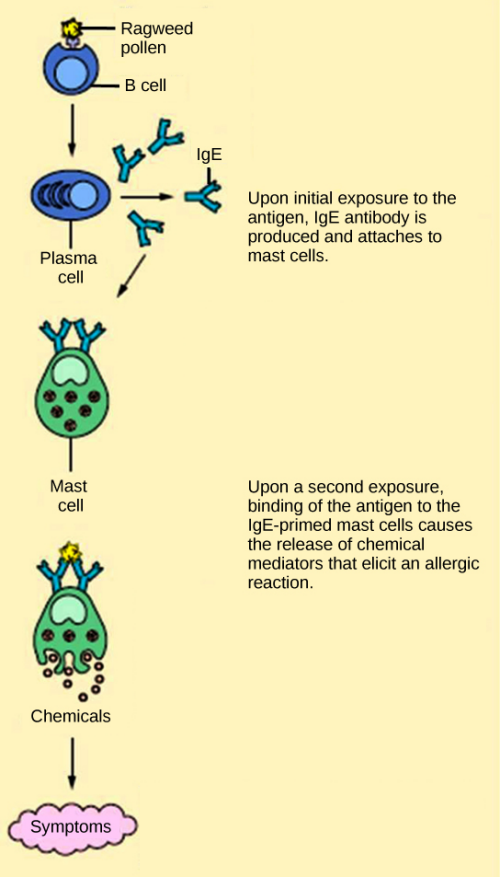

Figure 17.22 On first exposure to an allergen, an antibody is synthesized by plasma cells in response to a harmless antigen. The antibodies bind to mast cells, and on secondary exposure, the mast cells release histamines and other modulators that cause the symptoms of allergy. (credit: modification of work by NIH)

Delayed hypersensitivity is a cell-mediated immune response that takes approximately one to two days after secondary exposure for a maximal reaction. This type of hypersensitivity involves the T_H1 cytokine-mediated inflammatory response and may cause local tissue lesions or contact dermatitis (rash or skin irritation). Delayed hypersensitivity occurs in some individuals in response to contact with certain types of jewelry or cosmetics. Delayed hypersensitivity facilitates the immune response to poison ivy and is also the reason why the skin test for tuberculosis results in a small region of inflammation on individuals who were previously exposed to *Mycobacterium tuberculosis*, the organism that causes tuberculosis.

CONCEPT in ACTION

Try your hand at diagnosing an allergic reaction by selecting one of the **interactive case studies (http://openstaxcollege.org/l/world_allergy)** at the World Allergy Organization website.

Autoimmunity

Autoimmunity is a type of hypersensitivity to self-antigens that affects approximately five percent of the population. Most types of autoimmunity involve the humoral immune response. An antibody that inappropriately marks self-components as foreign is termed an **autoantibody**. In patients with myasthenia gravis, an autoimmune disease, muscle-cell receptors that induce contraction in response to acetylcholine are targeted by antibodies. The result is muscle weakness that may include

marked difficultly with fine or gross motor functions. In systemic lupus erythematosus, a diffuse autoantibody response to the individual's own DNA and proteins results in various systemic diseases (**Figure 17.23**). Systemic lupus erythematosus may affect the heart, joints, lungs, skin, kidneys, central nervous system, or other tissues, causing tissue damage through antibody binding, complement recruitment, lysis, and inflammation.

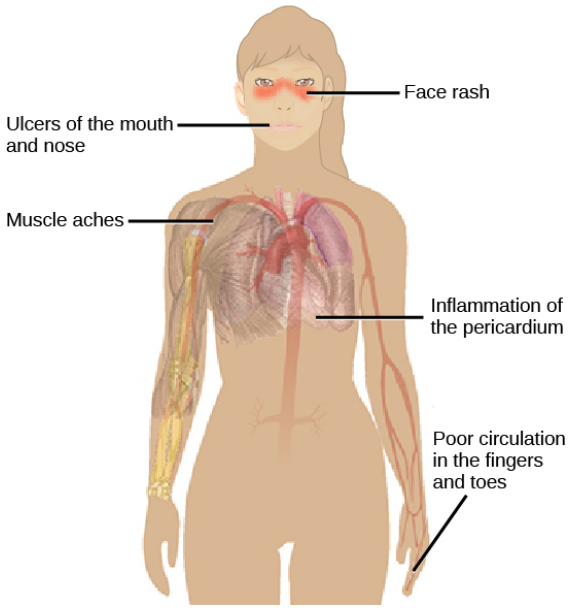

Figure 17.23 Systemic lupus erythematosus is characterized by autoimmunity to the individual's own DNA and/or proteins, which leads to varied dysfunction of the organs. (credit: modification of work by Mikael Häggström)

Autoimmunity can develop with time and its causes may be rooted in molecular mimicry, a situation in which one molecule is similar enough in shape to another molecule that it binds the same immune receptors. Antibodies and T-cell receptors may bind self-antigens that are structurally similar to pathogen antigens. As an example, infection with *Streptococcus pyogenes* (the bacterium that causes strep throat) may generate antibodies or T cells that react with heart muscle, which has a similar structure to the surface of *S. pyogenes*. These antibodies can damage heart muscle with autoimmune attacks, leading to rheumatic fever. Insulin-dependent (Type 1) diabetes mellitus arises from a destructive inflammatory T_H1 response against insulin-producing cells of the pancreas. Patients with this autoimmunity must be treated with regular insulin injections.

KEY TERMS

acellular lacking cells

active immunity an immunity that occurs as a result of the activity of the body's own cells rather than from antibodies acquired from an external source

adaptive immunity a specific immune response that occurs after exposure to an antigen either from a pathogen or a vaccination

allergy an immune reaction that results from immediate hypersensitivities in which an antibody-mediated immune response occurs within minutes of exposure to a harmless antigen

antibody a protein that is produced by plasma cells after stimulation by an antigen; also known as an immunoglobulin

antigen a macromolecule that reacts with cells of the immune system and which may or may not have a stimulatory effect

antigen-presenting cell (APC) an immune cell that detects, engulfs, and informs the adaptive immune response about an infection by presenting the processed antigen on its cell surface

apoptosis the cell death caused by induction of a cell's own internal mechanisms either as a natural step in the development of a multicellular organism or by other environmental factors such as signals from cells of the immune system

attenuation the weakening of a virus during vaccine development

autoantibody an antibody that incorrectly marks "self" components as foreign and stimulates the immune response

autoimmunity a type of hypersensitivity to self-antigens

B cell a lymphocyte that matures in the bone marrow

capsid the protein coating of the viral core

cell-mediated immune response an adaptive immune response that is controlled by T cells

complement system an array of approximately 20 soluble proteins of the innate immune system that enhance phagocytosis, bore holes in pathogens, and recruit lymphocytes

cytokine a chemical messenger that regulates cell differentiation, proliferation, and gene expression to effect immune responses

cytopathic causing cell damage

cytotoxic T lymphocyte (T_C) an adaptive immune cell that directly kills infected cells via enzymes, and that releases cytokines to enhance the immune response

dendritic cell an immune cell that processes antigen material and presents it on the surface of its cell in MHC class II molecules and induces an immune response in other cells

effector cell a lymphocyte that has differentiated, such as a B cell, plasma cell, or cytotoxic T cell

glycoprotein a protein molecule with attached carbohydrate molecules

helper T lymphocyte (T_H) a cell of the adaptive immune system that binds APCs via MHC class II molecules and stimulates B cells or secretes cytokines to initiate the immune response

humoral immune response the adaptive immune response that is controlled by activated B cells and antibodies

hypersensitivity a spectrum of inappropriate immune responses toward harmless foreign particles or self-antigens; occurs after tissue sensitization and includes immediate-type (allergy), delayed-type, and autoimmunity

immune tolerance an acquired ability to prevent an unnecessary or harmful immune response to a detected foreign body known not to cause disease

immunodeficiency a failure, insufficiency, or delay at any level of the immune system, which may be acquired or inherited

inflammation the localized redness, swelling, heat, and pain that results from the movement of leukocytes through opened capillaries to a site of infection

innate immunity an immunity that occurs naturally because of genetic factors or physiology, and is not caused by infection or vaccination

interferon a cytokine that inhibits viral replication

lymph the watery fluid present in the lymphatic circulatory system that bathes tissues and organs with protective white blood cells and does not contain erythrocytes

lymphocyte a type of white blood cell that includes natural killer cells of the innate immune system and B and T cells of the adaptive immune system

macrophage a large phagocytic cell that engulfs foreign particles and pathogens

major histocompatibility class (MHC) I a group of proteins found on the surface of all nucleated cells that signals to immune cells whether the cell is normal or is infected or cancerous; it also provides the appropriate sites into which antigens can be loaded for recognition by lymphocytes

major histocompatibility class (MHC) II molecule a protein found on the surface of antigen-presenting cells that signals to immune cells whether the cell is normal or is infected or cancerous; it provides the appropriate template into which antigens can be loaded for recognition by lymphocytes

mast cell a leukocyte that produces inflammatory molecules, such as histamine, in response to large pathogens

memory cell an antigen-specific B or T lymphocyte that does not differentiate into an effector cell during the primary immune response but that can immediately become an effector cell on reexposure to the same pathogen

monocyte a type of white blood cell that circulates in the blood and lymph and differentiates into a macrophage after it moves into infected tissue

natural killer (NK) cell a lymphocyte that can kill cells infected with viruses or tumor cells

neutrophil a phagocytic leukocyte that engulfs and digests pathogens

passive immunity an immunity that does not result from the activity of the body’s own immune cells but by transfer of antibodies from one individual to another

primary immune response the response of the adaptive immune system to the first exposure to an antigen

secondary immune response the response of the adaptive immune system to a second or later exposure to an antigen mediated by memory cells

T cell a lymphocyte that matures in the thymus gland

vaccine a weakened solution of virus components, viruses, or other agents that produce an immune response

viral envelope a lipid bilayer that envelops some viruses

virion an individual virus particle outside a host cell

white blood cell a nucleated cell found in the blood that is a part of the immune system; also called leukocytes

CHAPTER SUMMARY

17.1 Viruses

Viruses are acellular entities that can usually only be seen with an electron microscope. Their genomes contain either DNA or RNA, and they replicate using the replication proteins of a host cell. Viruses are diverse, infecting archaea, bacteria, fungi, plants, and animals. Viruses consist of a nucleic-acid core surrounded by a protein capsid with or without an outer lipid envelope.

Viral replication within a living cell always produces changes in the cell, sometimes resulting in cell death and sometimes slowly killing the infected cells. There are six basic stages in the virus replication cycle: attachment, penetration, uncoating, replication, assembly, and release. A viral infection may be productive, resulting in new virions, or nonproductive, meaning the virus remains inside the cell without producing new virions.

Viruses cause a variety of diseases in humans. Many of these diseases can be prevented by the use of viral vaccines, which stimulate protective immunity against the virus without causing major disease. Viral vaccines may also be used in active viral infections, boosting the ability of the immune system to control or destroy the virus. Antiviral drugs that target enzymes and other protein products of viral genes have been developed and used with mixed success. Combinations of anti-HIV drugs have been used to effectively control the virus, extending the lifespan of infected individuals.

17.2 Innate Immunity

The innate immune system consists first of physical and chemical barriers to infection including the skin and mucous membranes and their secretions, ciliated surfaces, and body hairs. The second line of defense is an internal defense system designed to counter pathogenic threats that bypass the physical and chemical barriers of the body. Using a combination of cellular and molecular responses, the innate immune system identifies the nature of a pathogen and responds with inflammation, phagocytosis, cytokine release, destruction by NK cells, or the complement system.

17.3 Adaptive Immunity

The adaptive immune response is a slower-acting, longer-lasting, and more specific response than the innate response. However, the adaptive response requires information from the innate immune system to function. APCs display antigens on MHC molecules to naïve T cells. T cells with cell-surface receptors that bind a specific antigen will bind to that APC. In response, the T cells differentiate and proliferate, becoming T_H cells or T_C cells. T_H cells stimulate B cells that have engulfed and presented pathogen-derived antigens. B cells differentiate into plasma cells that secrete antibodies, whereas T_C cells destroy infected or cancerous cells. Memory cells are produced by activated and proliferating B and T cells and persist after a primary exposure to a pathogen. If re-exposure occurs, memory cells differentiate into effector cells without input from the innate immune system. The mucosal immune system is largely independent of the systemic immune system but functions in parallel to protect the extensive mucosal surfaces of the body. Immune tolerance is brought about by T_{reg} cells to limit reactions to harmless antigens and the body’s own molecules.

17.4 Disruptions in the Immune System

Immune disruptions may involve insufficient immune responses or inappropriate immune responses. Immunodeficiency increases an individual's susceptibility to infections and cancers. Hypersensitivities are misdirected responses either to harmless foreign particles, as in the case of allergies, or to the individual’s own tissues, as in the case of autoimmunity. Reactions to self-components may be the result of molecular mimicry.

ART CONNECTION QUESTIONS

1. **Figure 17.5** Which of the following statements about virus structure is true?

a. All viruses are encased in a viral membrane.
b. The capsomere is made up of small protein subunits called capsids.
c. DNA is the genetic material in all viruses.
d. Glycoproteins help the virus attach to the host cell.

2. **Figure 17.6** Influenza virus is packaged in a viral envelope, which fuses with the plasma membrane. This way, the virus can exit the host cell without killing it. What advantage does the virus gain by keeping the host cell alive?

3. **Figure 17.17** The Rh antigen is found on Rh-positive red blood cells. An Rh-negative female can usually carry an Rh-positive fetus to term without difficulty. However, if she has a second Rh-positive fetus, her body may launch an immune attack that causes hemolytic disease of the newborn. Why do you think hemolytic disease is only a problem during the second or subsequent pregnancies?

REVIEW QUESTIONS

4. Which statement is true?
- a. A virion contains DNA and RNA.
- b. Viruses are acellular.
- c. Viruses replicate outside of the cell.
- d. Most viruses are easily visualized with a light microscope.

5. The viral _____ plays a role in attaching a virion to the host cell.
- a. core
- b. capsid
- c. envelope
- d. both b and c

6. Which statement is true of viral replication?
- a. In the process of apoptosis, the cell survives.
- b. During attachment, the virus attaches at specific sites on the cell surface.
- c. The viral capsid helps the host cell produce more copies of the viral genome.
- d. mRNA works outside of the host cell to produce enzymes and proteins.

7. Which of the following is a barrier against pathogens provided by the skin?
- a. low pH
- b. mucus
- c. tears
- d. cilia

8. Although interferons have several effects, they are particularly useful against infections with which type of pathogen?
- a. bacteria
- b. viruses
- c. fungi
- d. helminths

9. Which innate immune system component uses MHC class I molecules directly in its defense strategy?
- a. macrophages
- b. neutrophils
- c. NK cells
- d. interferon

10. The humoral immune response depends on which cells?
- a. T_C cells
- b. B cells
- c. B and T_H cells
- d. T_C and T_H cells

11. The fact that the body does not normally mount an immune response to the molecules in food is an example of _____.
- a. secondary immune response
- b. immunological memory
- c. immune tolerance
- d. passive immunity

12. Foreign particles circulating in the blood are filtered by the _____.
- a. spleen
- b. lymph nodes
- c. MALT
- d. lymph

13. Allergy to pollen is classified as _____.
- a. an autoimmune reaction
- b. immunodeficiency
- c. delayed hypersensitivity
- d. immediate hypersensitivity

14. A potential cause of acquired autoimmunity is _____.
- a. tissue hypersensitivity
- b. molecular mimicry
- c. histamine release
- d. radiation exposure

15. Autoantibodies are probably involved in _____.
- a. reactions to poison ivy
- b. pollen allergies
- c. systemic lupus erythematosus
- d. HIV/AIDS

CRITICAL THINKING QUESTIONS

16. Why can’t dogs catch the measles?

17. Why is immunization after being bitten by a rabid animal so effective?

18. Different MHC class I molecules between donor and recipient cells can lead to rejection of a transplanted organ or tissue. Suggest a reason for this.

19. If a series of genetic mutations prevented some, but not all, of the complement proteins from binding antibodies or pathogens, would the entire complement system be compromised?

20. How do B and T cells differ with respect to antigens that they bind?

21. Why is the immune response after reinfection much faster than the adaptive immune response after the initial infection?

22. Some photographers develop a sensitivity to certain film developing chemicals leading to severe rashes on their hands such that they are unable to work with them. Explain what is probably happening.