ANATOMY & PHYSIOLOGY II GHC 2013 / NMS 2012 / OHC 3013 / PTAP 1123

CHAPTER 3 SPECIAL SENSE ORGANS



Topic Outlines

3.1 Introduction to Special Sense Organs
3.2 Olfaction
3.3 Gustation
3.4 Vision
3.5 Hearing & Equilibrium
3.6 General Senses

Learning Outcomes

At the end of this chapter, students should be able to:

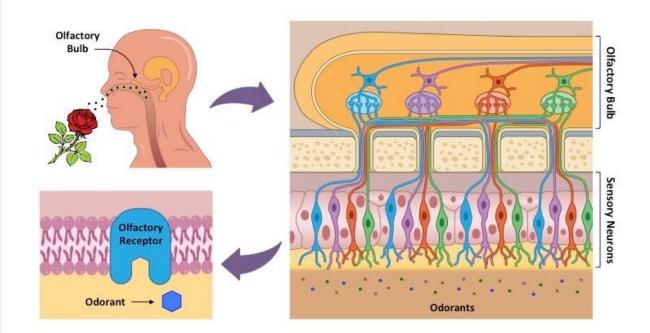
- Describe the structures of special sense organs
- Explain the main functions for each structures of special sense organs
- Explain the basic physiological process of special sense organs

3.1 Introduction to Special Sense Organs

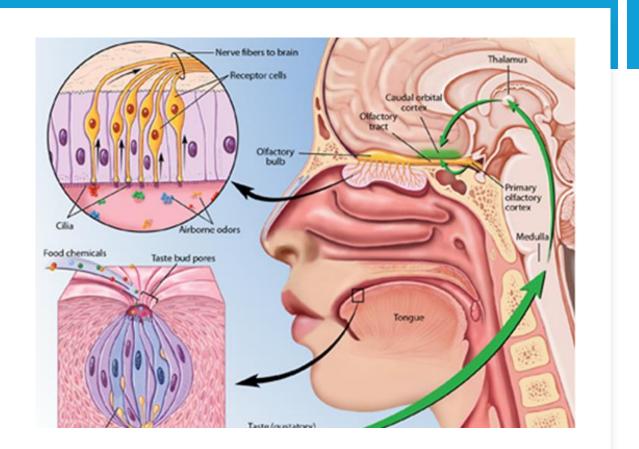
- The sensory system protects a person by detecting changes in the environment.
- A **special sense** have specialised sensory receptors, located within specific sense organs:
- **Vision** from receptors in the eye
- □ Hearing & Equilibrium from receptors in the internal ear
- **Taste** from the tongue receptors
- □ Smell from receptors in the upper nasal cavities
- □ Pressure, temperature, pain and touch from receptors in the skin & internal organs

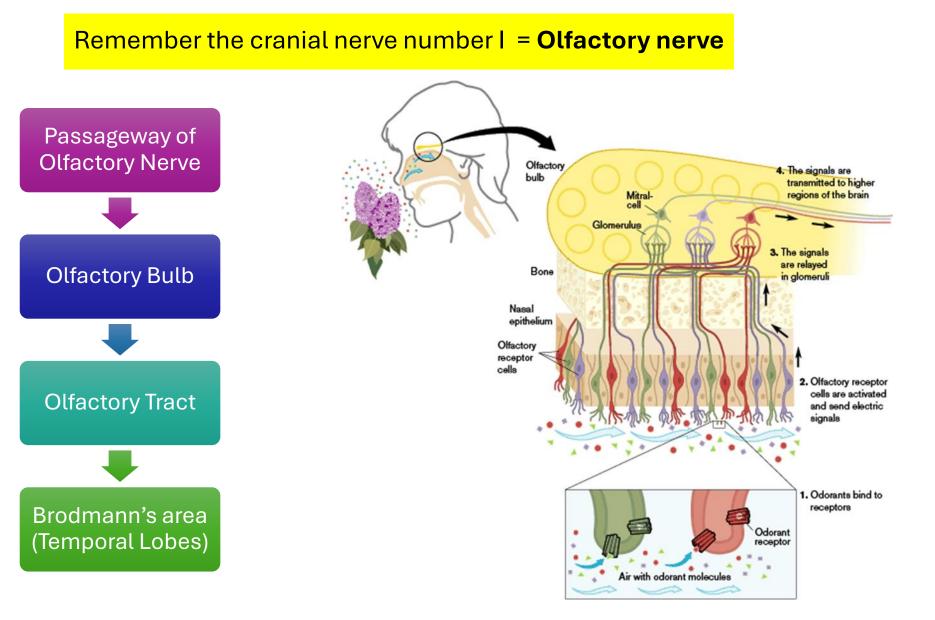


- Receptor for the sense of smell = olfactory
- Receptors located in the epithelium of the superior part of the nasal cavity
- Helps to detect gases and other harmful substances (are in spoiled food)
- Impulses from receptors for smell are carried by olfactory nerve which leads to olfactory centre in the brain (temporal cortex)



- Smell stimulates appetite and flow of digestive juice.
- Inflammation of the nasal mucosa prevent smells from reaching the olfactory centre. Common cause is a cold.
- Olfactory receptors deteriorate with age.
- Closely linked to the sense of taste

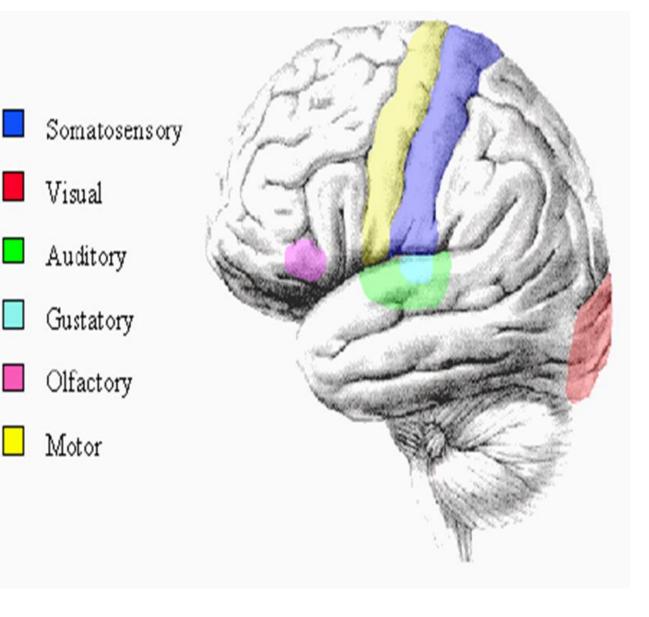




Brodmann's area

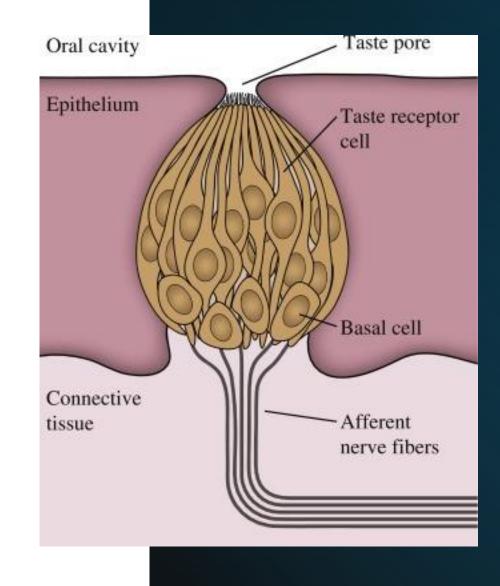
receive impulse of smell & process it

We can detect 10,000 odors



3.3 Gustation (Sense of Taste)

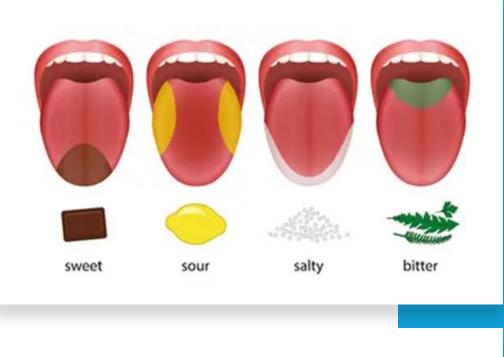
- Receptor for the sense of taste = gustatory receptor cells
- Gustatory receptor cells locate inside taste buds
- Involves receptors in the tongue and two different nerves that carry taste impulses to the brain.
- Taste receptors are known as taste buds, located along the edges of the tongue.
- Taste buds is stimulated when the substance to be tasted is in solution or dissolves in fluids of the mouth (saliva)



3.3 Gustation (Sense of Taste)

- FOUR (4) major classes of stimuli:
 - 1) **sweet =** most acute at tip
 - 2) **salty =** most acute at the anterior sides
 - 3) **sour =** located laterally
 - 4) **bitter =** located at the posterior

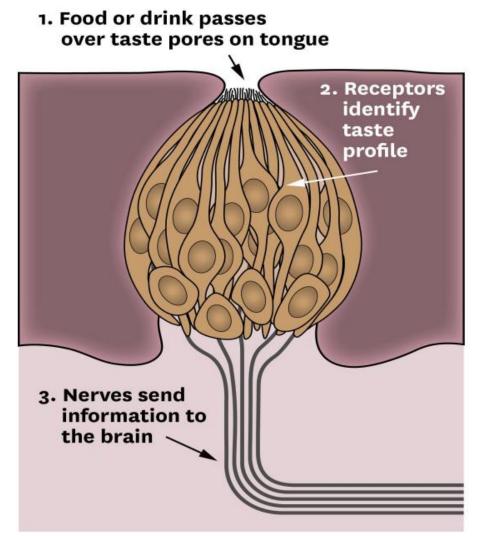
#nearly 10000 taste buds on the tongue



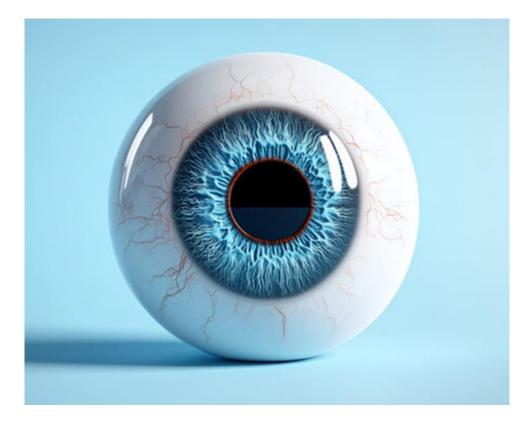


3.3 Gustation (Sense of Taste)

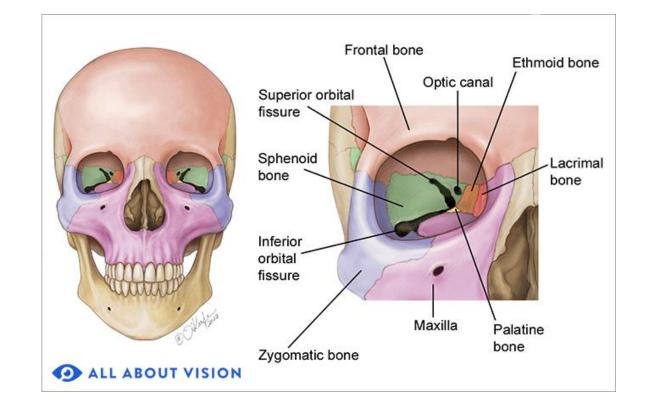
HOW TASTE BUDS WORK



3.4 Vision



- A delicate and spherical organ protected by a number of structures
- The skull bones form the walls of the eye orbit (cavity) and protect the posterior part of the eyeball





Eyelid

 protect the anterior part during sleep and protects the eyes from excessive light & foreign object



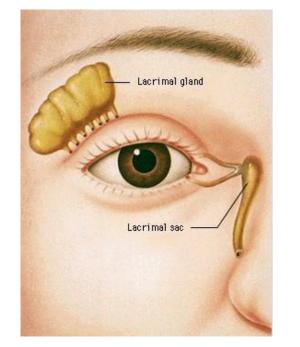
Conjunctiva

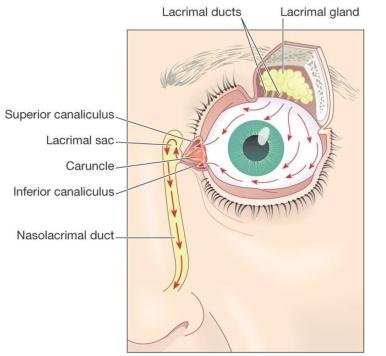
- lines the inner surface of the eyelids and covers the visible white of the eye (sclera)
- secretes mucus, which helps to lubricate the eye (blinking)



Eyelashes/Eyebrow

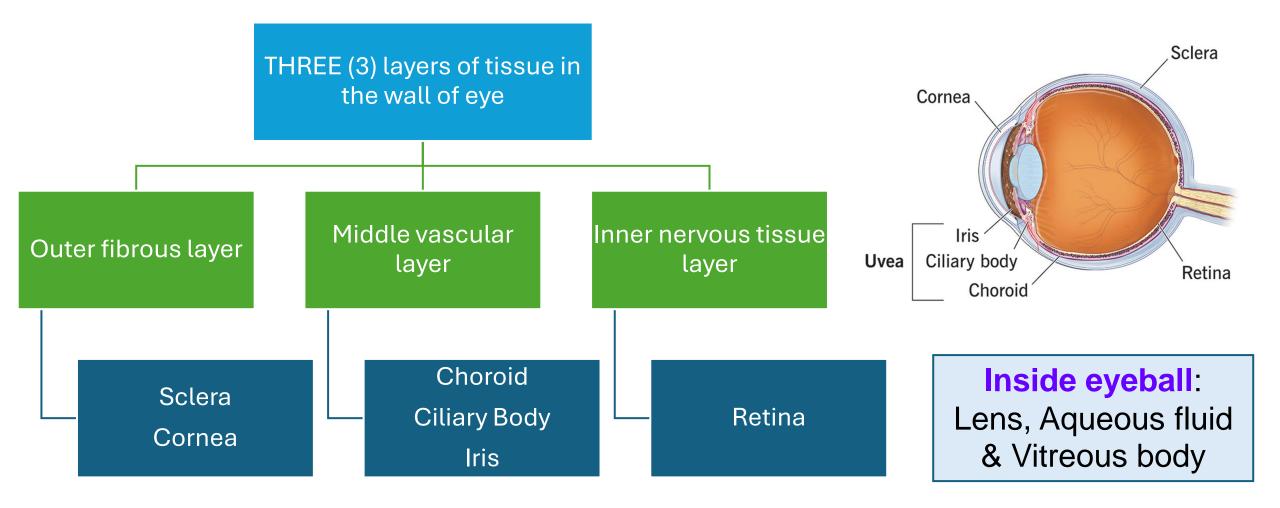
• help to keep foreign matter out of the eye

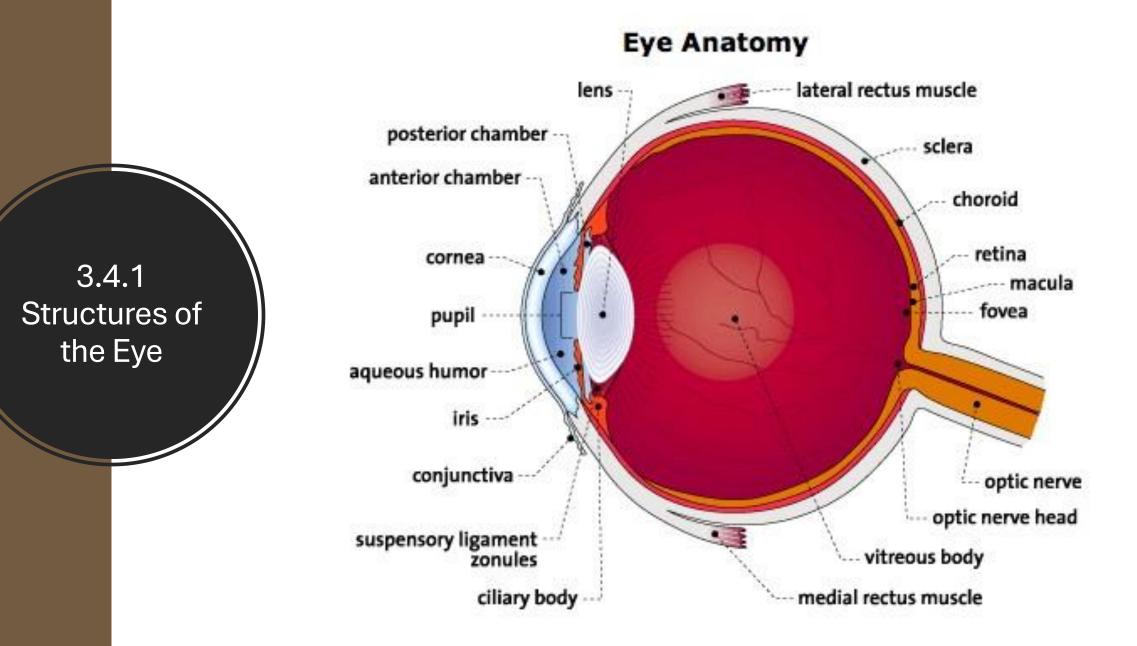


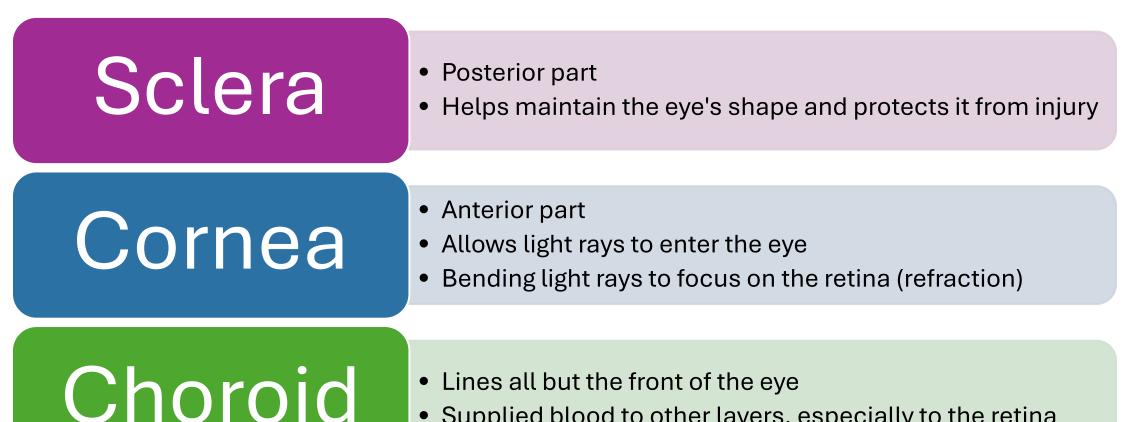


Lacrimal Apparatus

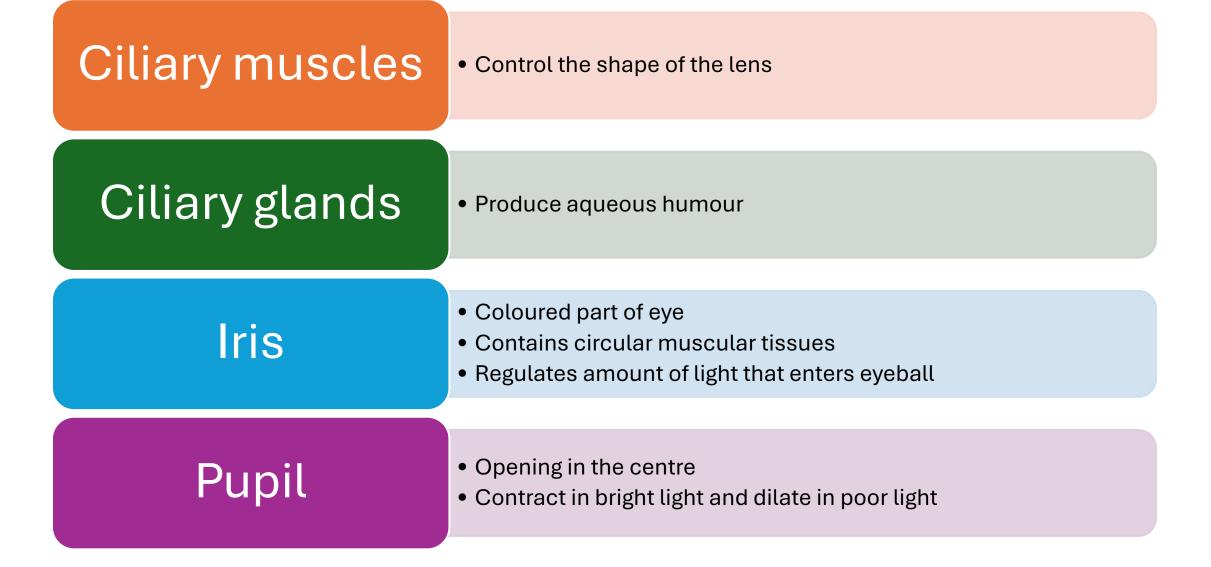
- A group of structures that produces & drains tears
- The **lacrimal glands** are located above the lateral end of each eye
- They secrete a salt solution (tears) onto the anterior surface of eyeball
- Tears flow across the eye to lacrimal duct and then into the nasolacrimal duct and then into nasal cavity.
- Tears consists of **salt**, **mucus and lysozyme**



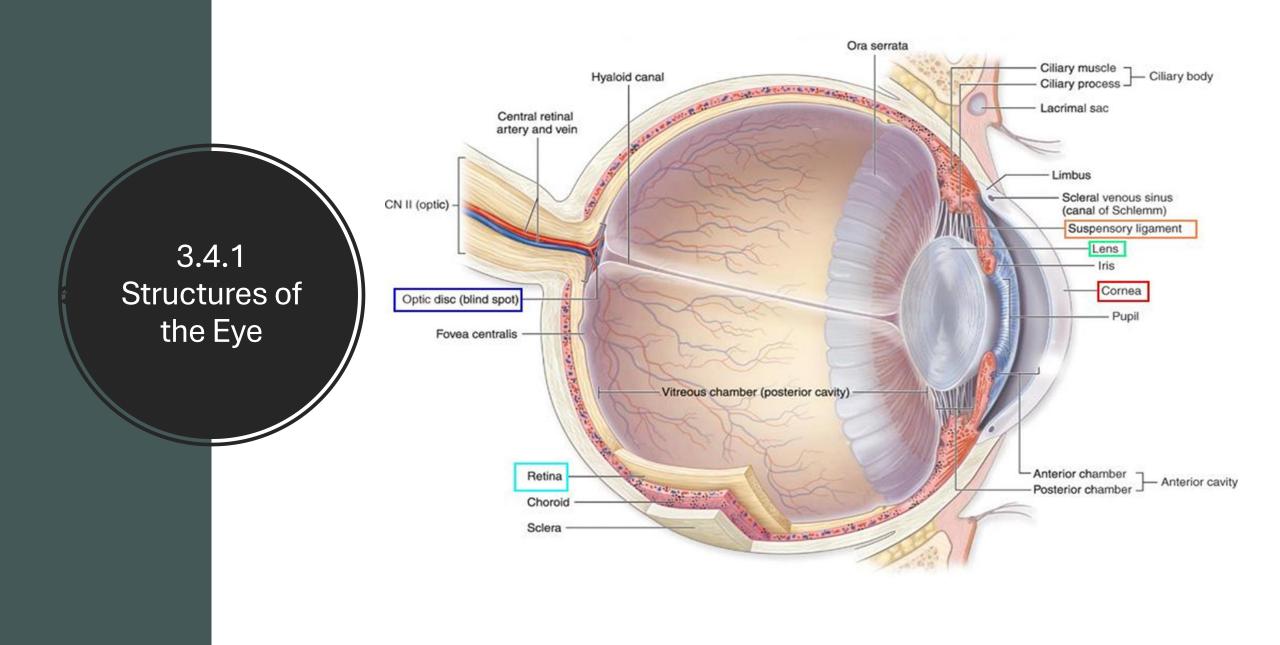




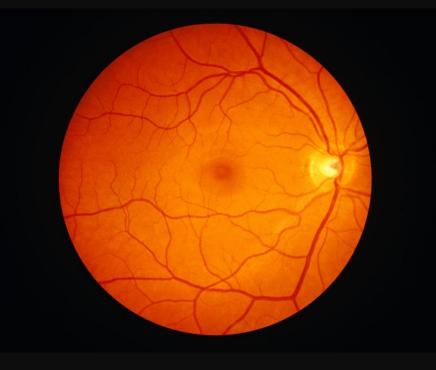
• Supplied blood to other layers, especially to the retina



Aqueous humour	 Maintains the intraoccular pressure and provides nutrition 	
Vitreous humour	• Colourless, transparent jelly-like substance which maintains shape of eye	
Lens	 Transparent, biconvex body enclosed in a transparent, elastic capsule 	

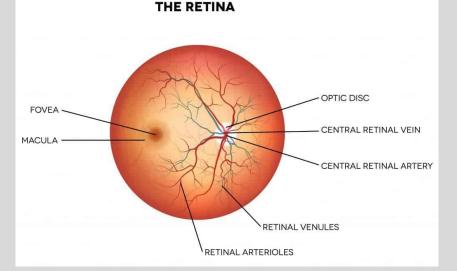


- The inner coat of the eyeball
- Surface landmark \rightarrow optic disc (blind spot)
 - \rightarrow fovea centralis
- 3 layers of retinal neurons:
 - 1) photoreceptor layer (Rods & Cones)
 - 2) bipolar cell layer
 - 3) ganglion cell layer



- Other types of cells present in retina are horizontal cells & amacrine cells
- Nerve impulses from rods and cones flow into sensory neurons that merge to form the optic nerve

HUMAN EYE ANATOMY



RETINA (physiology)

• Optic disc

• site where the optic nerve exits the eyeball. Contains no rods or cones. Cannot see image that strike optic disc.

• Fovea centralis

contains only cones. Area of highest acuity or resolution (sharpness of vision)

• Photoreceptor layer

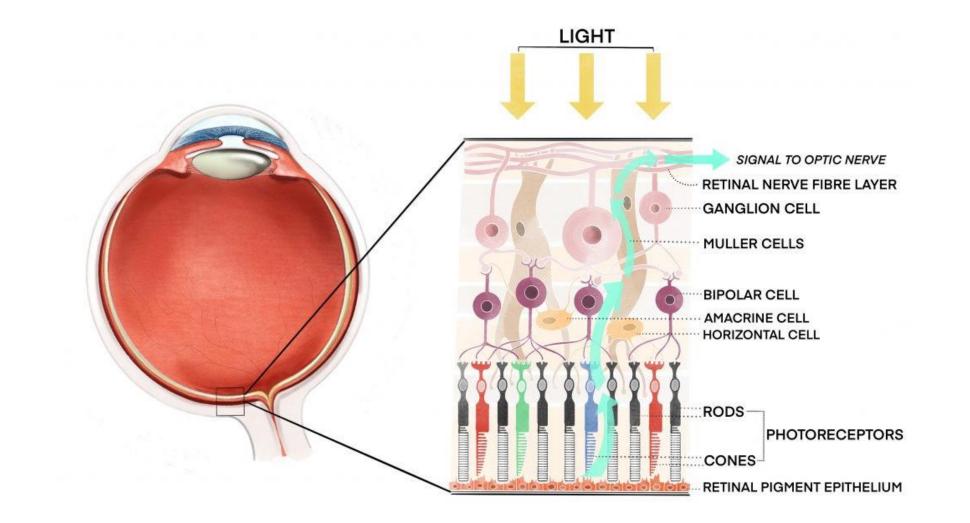
• transduce light ray into receptor potentials.

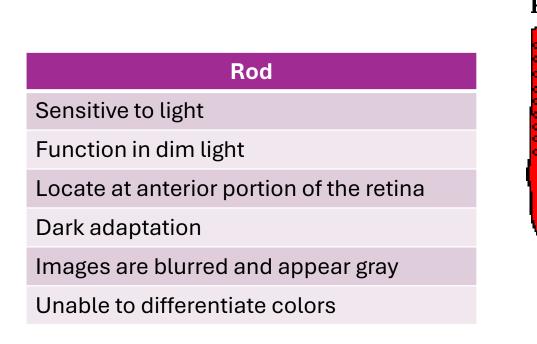
• Rods cells

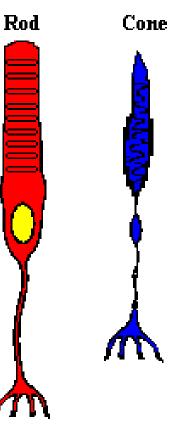
• low light threshold, allowing us to see in dim light. Do not provide colour vision.

• Cones cells

- high light threshold, produce colour vision.
- Each retina contain 6 million cones & 120 million rods







Cones Sensitive to color (either red, green or blue light) Function in bright light Locate at the centre of the retina Light adaptation Images are sharp Able to differentiate colors

Color blindness – lack of retinal cones

Light Adaptation

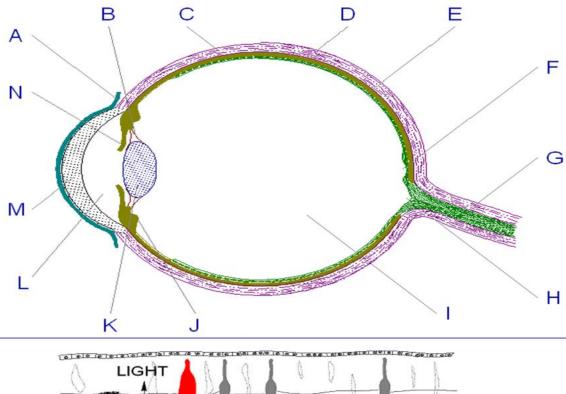
- Suddenly from dark surrounding to light surrounding
- Visual system adjusts in seconds to the brighter environment by decreasing its sensitivity.
- Circular muscles of eye contract = pupil constrict
- Activate of cones.

Dark Adaptation

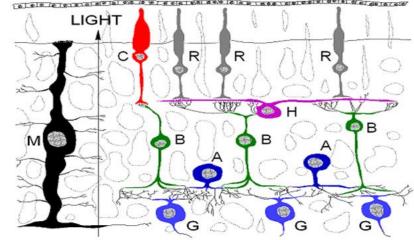
- Suddenly from light surrounding to dark surrounding.
- Visual system adjusts in seconds to the darker environment by increasing its sensitivity.
- Radial muscles contract = pupil dilate
- Activate of rods.





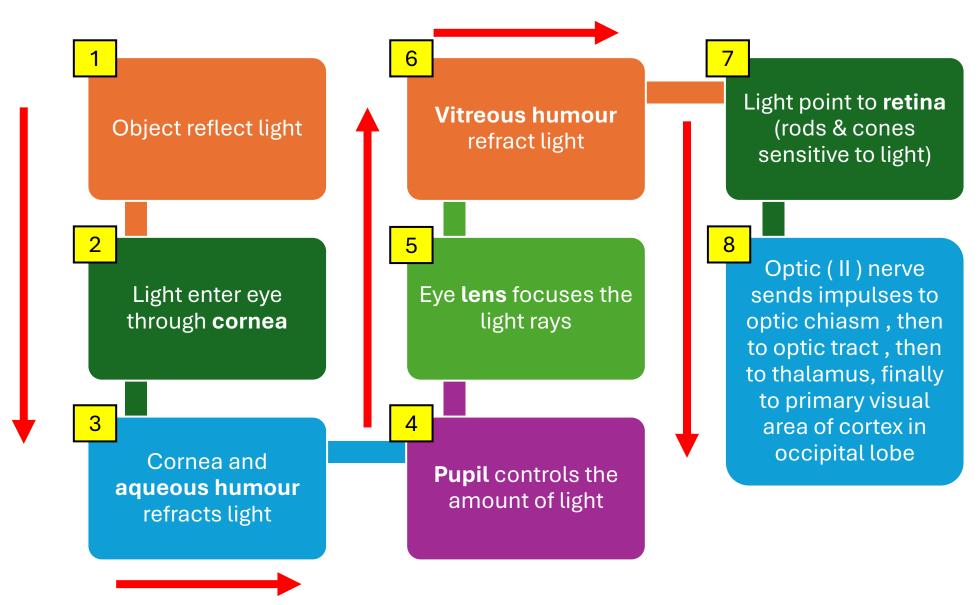


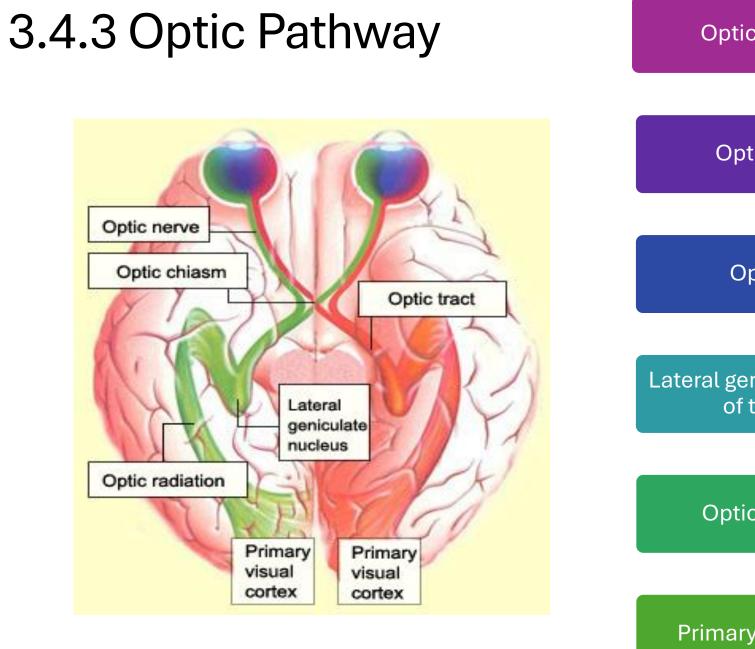
A-CONJUNCTIVA B-SUSPENSORY LIGAMENT C-SCLERA D-CHOROID E-RETINA FOVEA CENTRALIS G-OPTIC NERVE H-BLIND SPOT I-POSTERIOR CHAMBER J-CILIARY BODY K-LENS L-ANTERIOR CHAMBER M-CORNEA N-IRIS

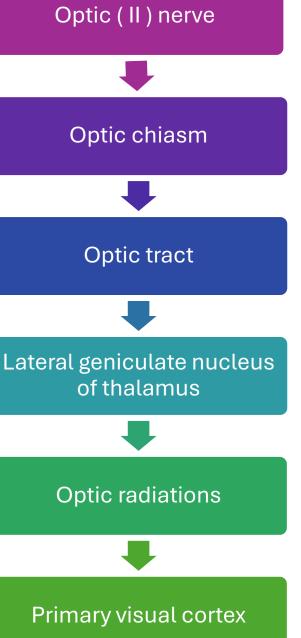


C-CONE CELL R-ROD CELL H-HORIZONTAL CELL B-BIPOLAR CELL A-AMACRINE CELL G-GANGLION CELL M-MELANOCYTE

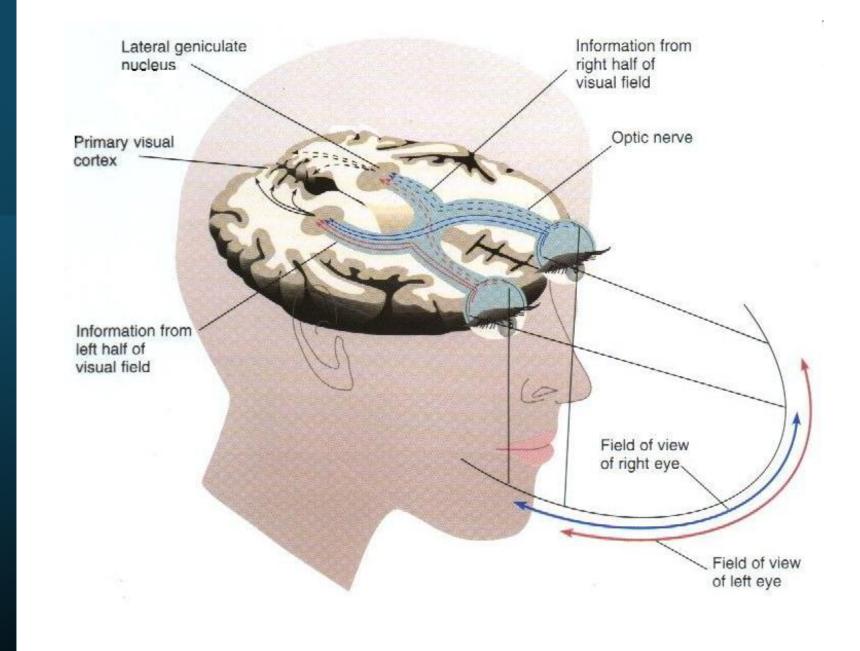
3.4.2 Basic Sequences Of Image Formation



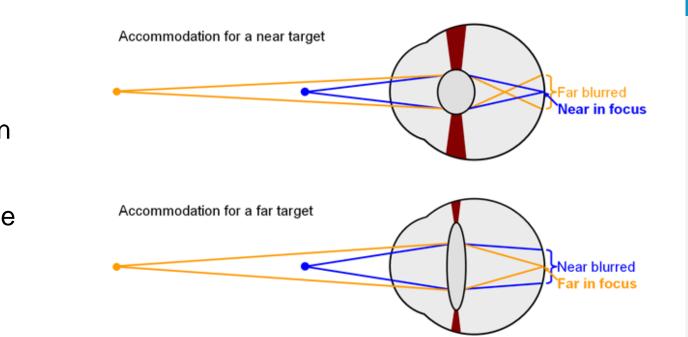




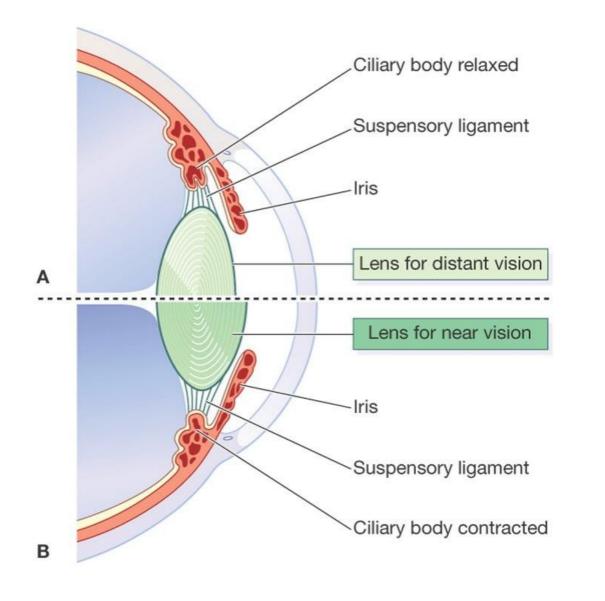
3.4.3 Optic Pathway



3.4.4 Mechanism of Sight



 Effective vision is dependent upon the coordination of refraction, change in size of pupils and accommodation (adjustment of the lens for near vision)



3.4.4 Mechanism of Sight

3.4.5 Vision Abnormality

Myopia = near-sightedness

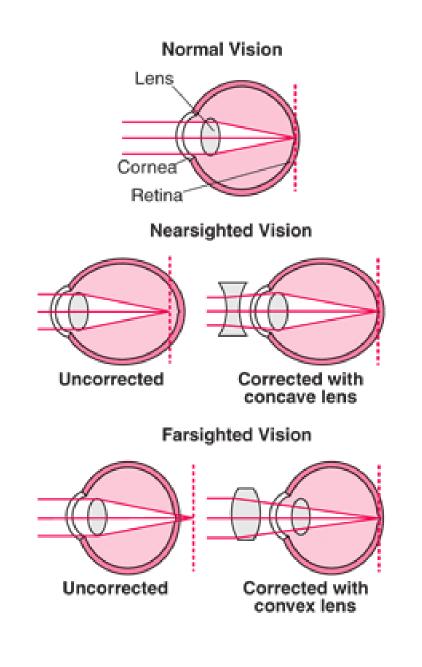
Hyperopia = far-sightedness

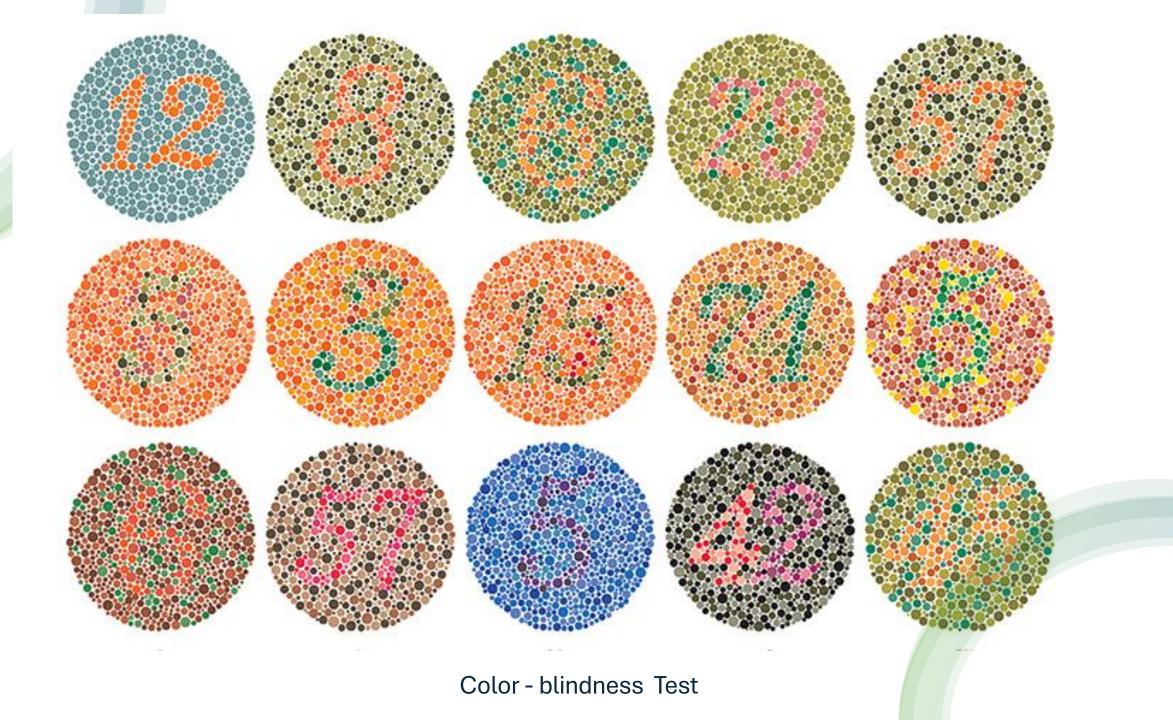
Color-blindness

Nyctalopia = night blindness

Cataract = loss of transparency of the lens

Glaucoma = an abnormally high intraocular pressure (IOP ↑)



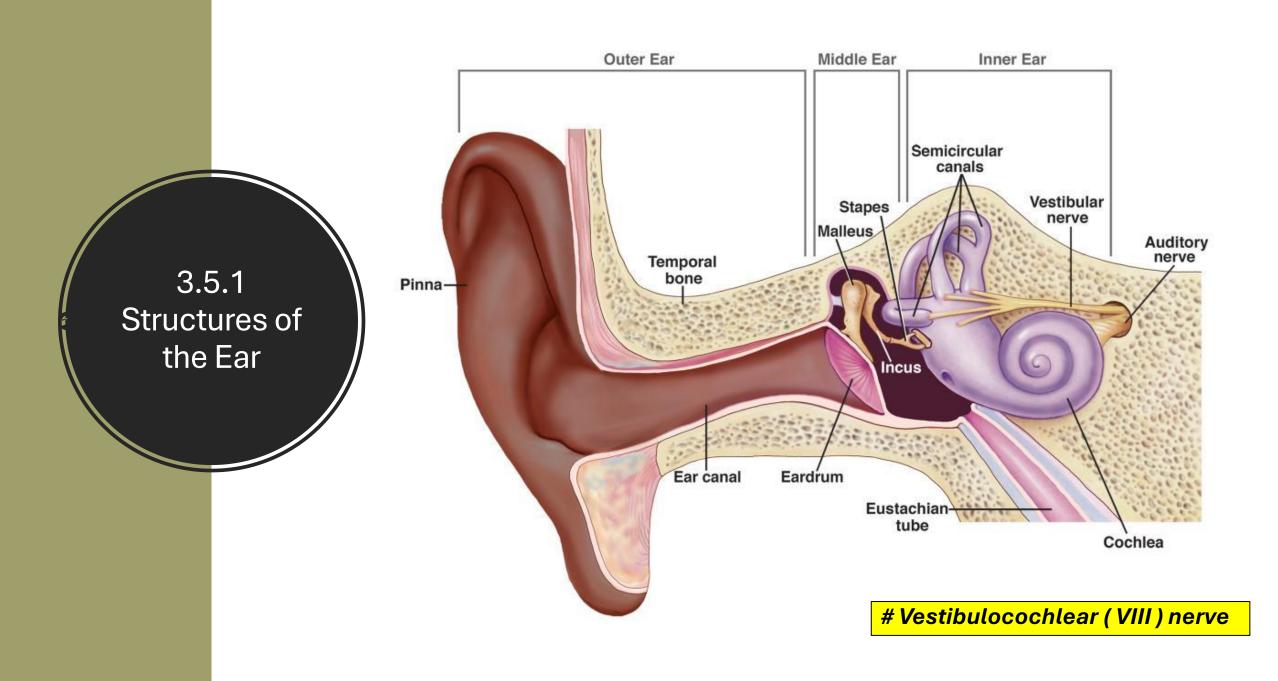


3.4.5 Extraocular Muscles of the Eye

Eye Muscles	Action	Superior rectus Superior muscle
Medial rectus	Rotates eyeball inwards	oblique muscle
Lateral rectus	Rotates eyeball outwards	ledial ectus
Superior rectus	Rotates eyeball upwards	uscle Latera
Inferior rectus	Rotates eyeball downwards	muscle
Superior oblique	Rotates eyeball downwards and outwards	Inferior oblique
Inferior oblique	Rotates eyeball upwards and outwards	muscle Inferior rectus muscle

3.5 Hearing & Equilibrium

- The ear is the sense organ for both hearing and equilibrium (balance)
- Divided into **three main** sections:
- a) Outer ear (pinna and auditory canal)
- **b) Middle ear** (air space with 3 small bones malleus, incus and stapes)
- c) Inner ear (sensory receptors for hearing and equilibrium, *divide into vestibule, semicircular canals, cochlea*)



3.5.1 Structures of the Ear

Structure	Function
Auricle (Pinna)	Collect sound waves
External auditory canal (meatus)	Direct sound waves to eardrum
Eardrum (tympanic membrane)	Sound wave make it to vibrate, then malleus will vibrate
Auditory ossicles (malleus, incus and stapes)	Transmit & amplify vibrations from eardrum to oval window (transmit sounds to the inner ear)
Eustachian tube	Equalizes air pressure on both side of eardrum
Cochlea	Transmit vibrations to the spiral organ (organ of Corti)
Hair cells in organ of Corti	Produce receptor potentials (nerve impulses)

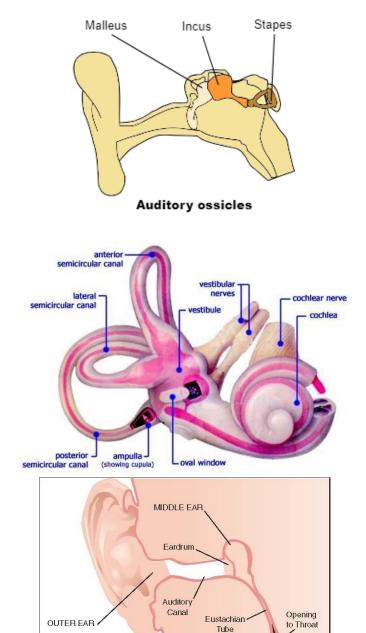
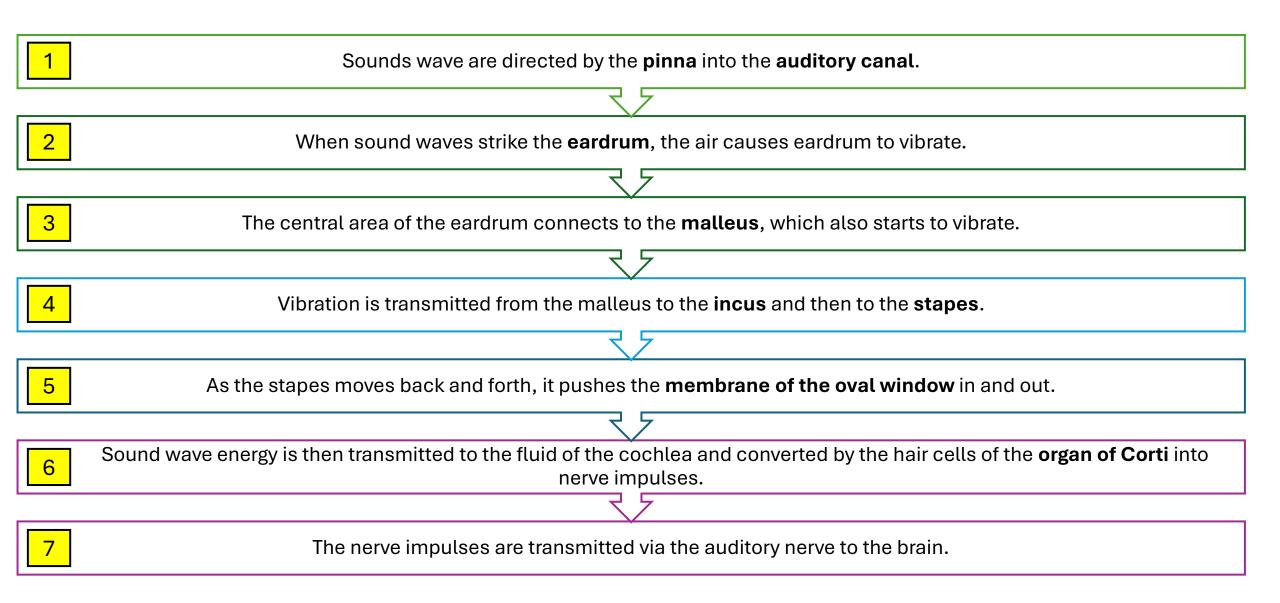
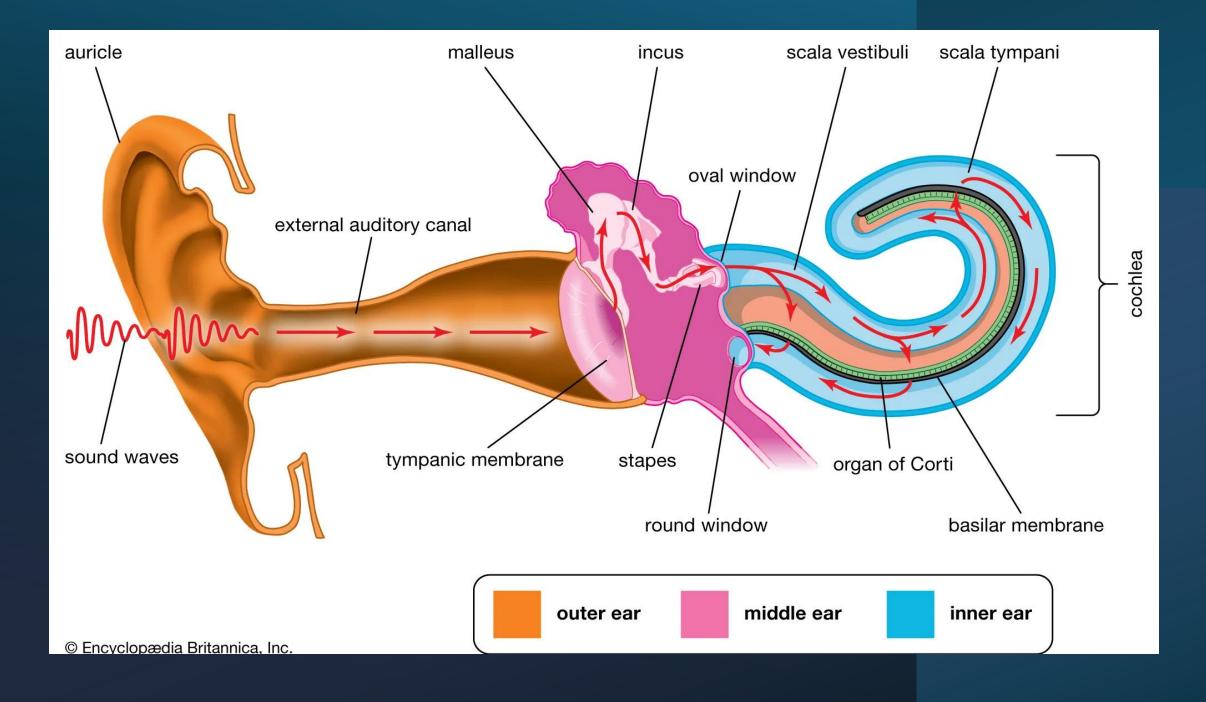


Figure 15-2. The eustachian tube allows air pressure to equalize in the middle ear.

3.5.2 Mechanism of Hearing

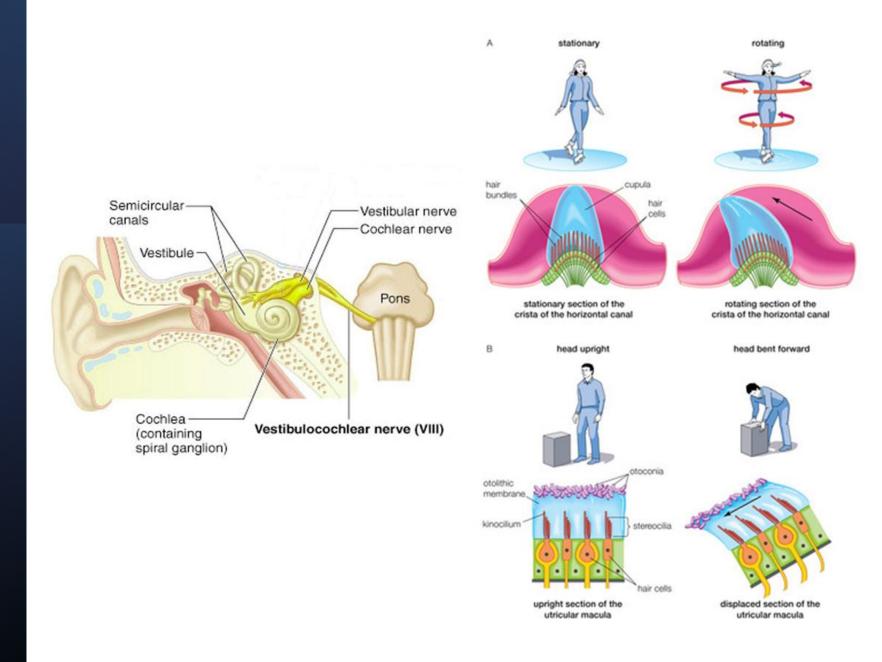


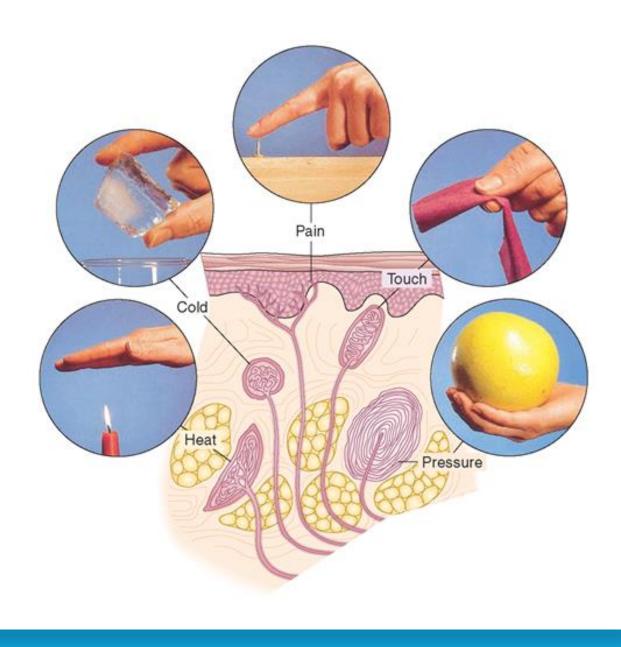


3.5.3 Physiology of Balance

- The **semicircular canals** and the **vestibule** are concerned with **balance**.
- Any change of position of the head causes movement and stimulates the sensory receptors in the utricle, saccule and ampullae.
- The nerve impulses are then pass to cerebellum.
- The cerebellum also receives nerve impulse from the eyes and sensory receptors of skeletal muscles and joints
- Impulses from the three are coordinated and pass to the cerebrum and to skeletal muscles.
- This results in awareness of body position, maintenance of upright position and fixing of eyes on one point, regardless of head movements

3.5.3 Physiology of Balance

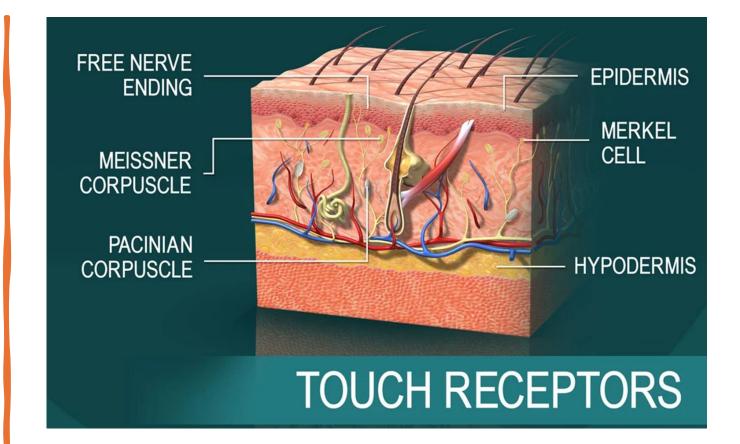




3.6 General Senses

- The general sensory receptors are scattered throughout the body.
- These includes receptors for touch, pressure, heat, cold and pain.

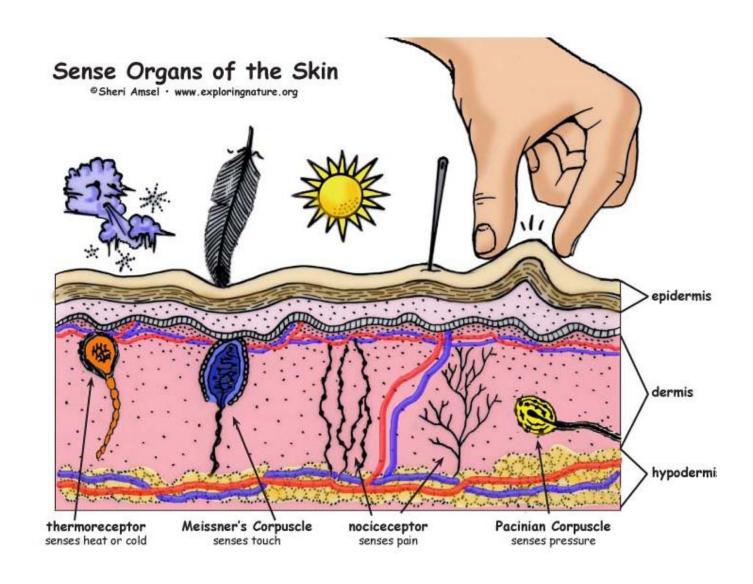
3.6.1 Sense of Touch



- Touch receptors, tactile corpuscles (Meissner's corpuscle), are found mostly in the dermis of the skin and around hair follicles.
- Numerous in the tips of the fingers and the toes

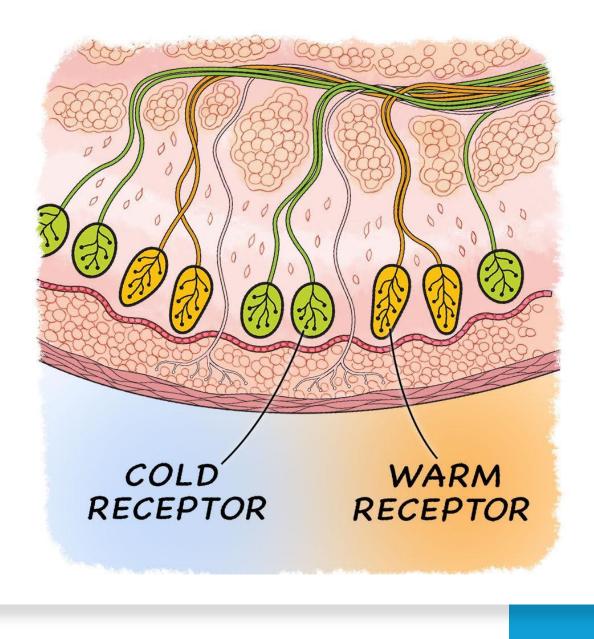
3.6.2 Sense of Pressure

- Receptors for deep pressure are in the subcutaneous tissues and near joints, muscles and other deep tissues.
- Even when the skin is anesthetized, it can still respond to pressure stimuli



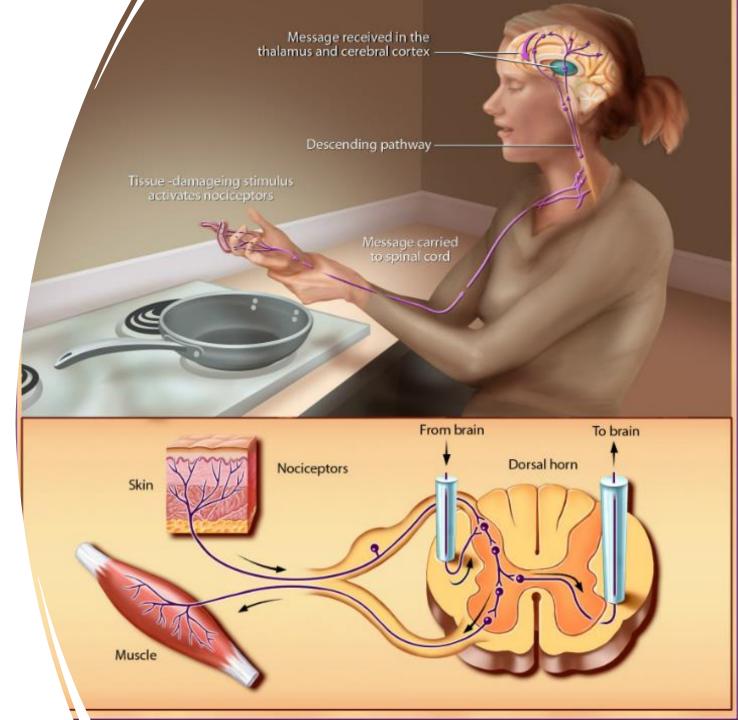
3.6.3 Sense of Temperature

- Temperature receptors are free nerve endings, widely distributed in the skin.
- There are separate receptors for heat and cold.
- Internally, there are temperature receptors in the hypothalamus of the brain, which help to adjust body temperature according to blood temperature.



3.6.4 Sense of Pain

- Pain is the most important protective sense.
- Receptors for pain are widely distributed free nerve endings
- Found in skin, muscles, joints and most internal organs.
- Two pathways transmit pain to CNS. One is for acute sharp pain and the other for slow, chronic pain



References

- Human Anatomy & Physiology, 11th edition. Marieb E.N & Hoehn K (2018), USA: Benjamin Cummings
- Fundamentals of Anatomy & Physiology, 11th edition. Martini FH (2017): Pearson Benjamin Cummings, USA

THANK YOU