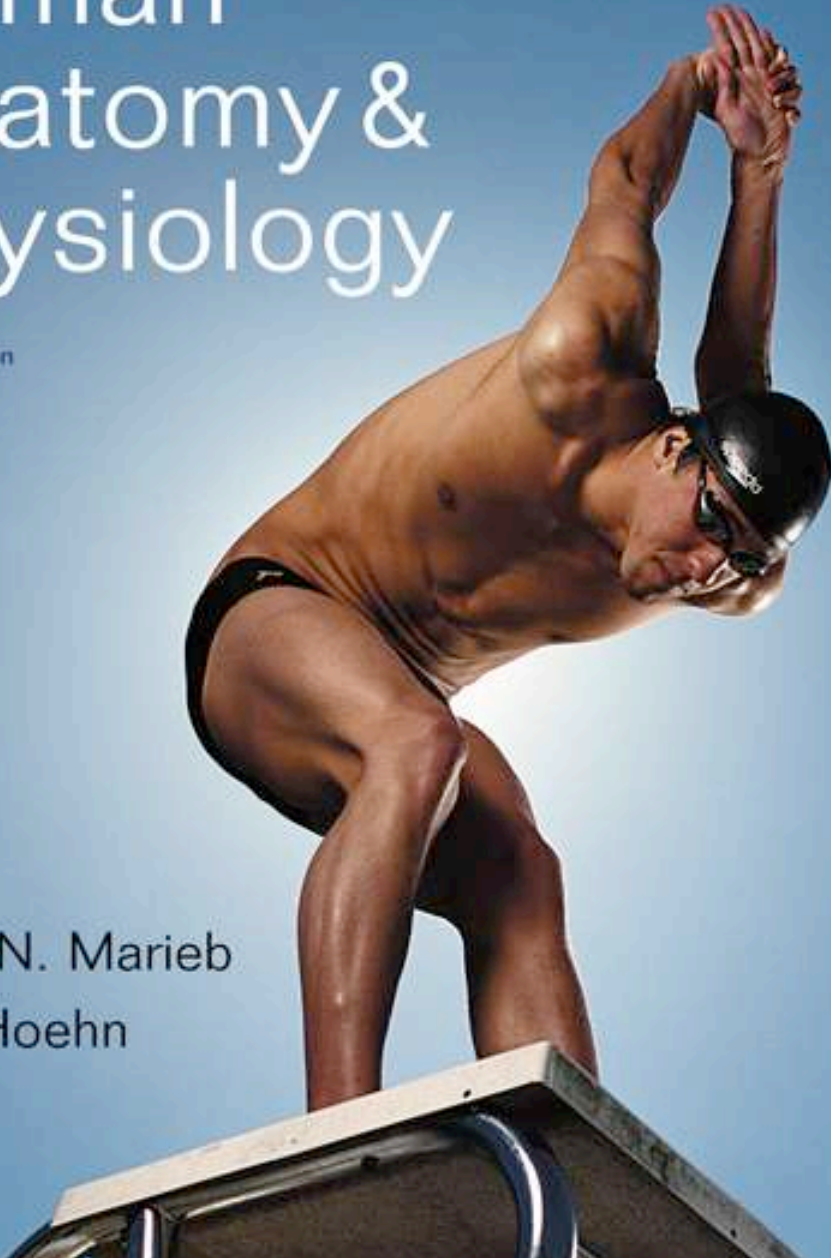


Human Anatomy & Physiology

Eighth Edition

Elaine N. Marieb
Katja Hoehn



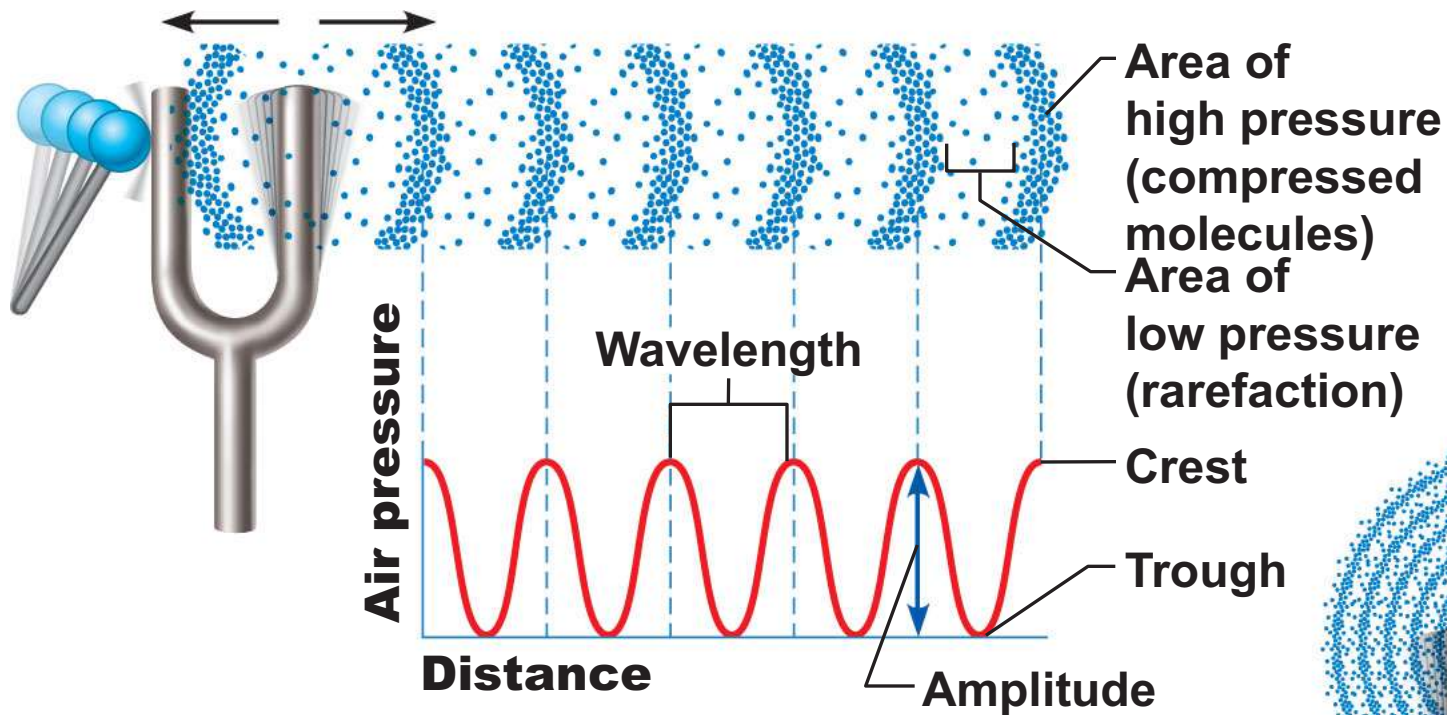
PowerPoint® Lecture Slides
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Janice Meeking,
Mount Royal College

CHAPTER 15

The Special Senses: Part D

Properties of Sound

- Sound is
 - A pressure disturbance (alternating areas of high and low pressure) produced by a vibrating object
- A sound wave
 - Moves outward in all directions
 - Is illustrated as an S-shaped curve or sine wave



A struck tuning fork alternately compresses and rarefies the air molecules around it, creating alternate zones of high and low pressure.



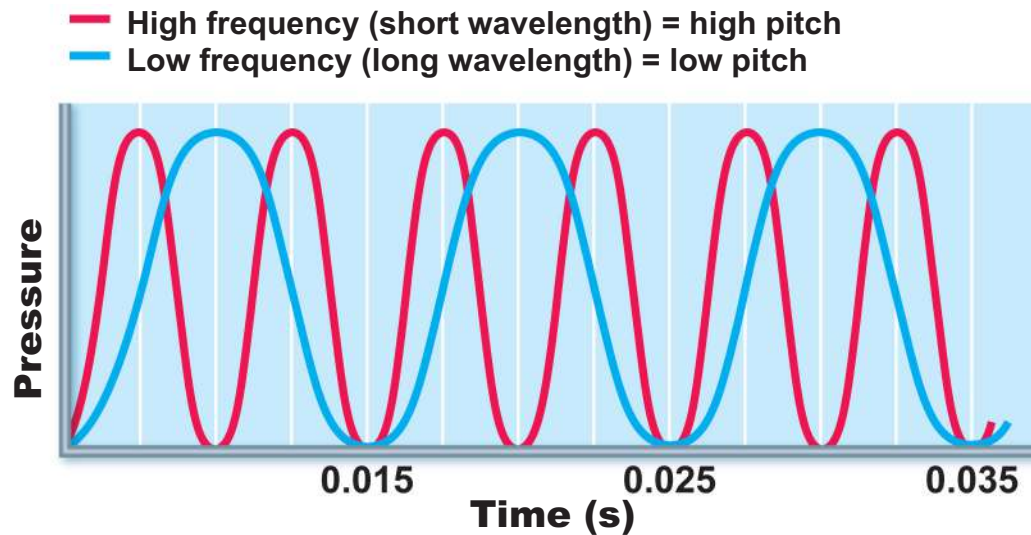
(b) Sound waves radiate outward in all directions.

Properties of Sound Waves

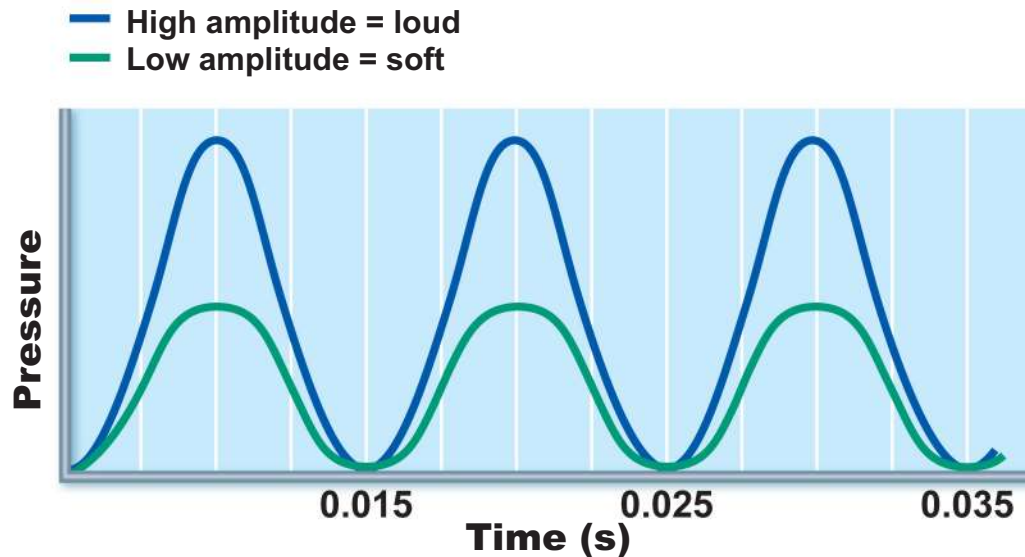
- Frequency
 - The number of waves that pass a given point in a given time
- Wavelength
 - The distance between two consecutive crests
- Amplitude
 - The height of the crests

Properties of Sound

- Pitch
 - Perception of different frequencies
 - Normal range is from 20–20,000 Hz
 - The higher the frequency, the higher the pitch
- Loudness
 - Subjective interpretation of sound intensity
 - Normal range is 0–120 decibels (dB)



(a) Frequency is perceived as pitch.



(b) Amplitude (size or intensity) is perceived as loudness.

Transmission of Sound to the Internal Ear

- Sound waves vibrate the tympanic membrane
- Ossicles vibrate and amplify the pressure at the oval window
- Pressure waves move through perilymph of the scala vestibuli

Transmission of Sound to the Internal Ear

- Waves with frequencies below the threshold of hearing travel through the helicotrema and scala tympani to the round window
- Sounds in the hearing range go through the cochlear duct, vibrating the basilar membrane at a specific location, according to the frequency of the sound

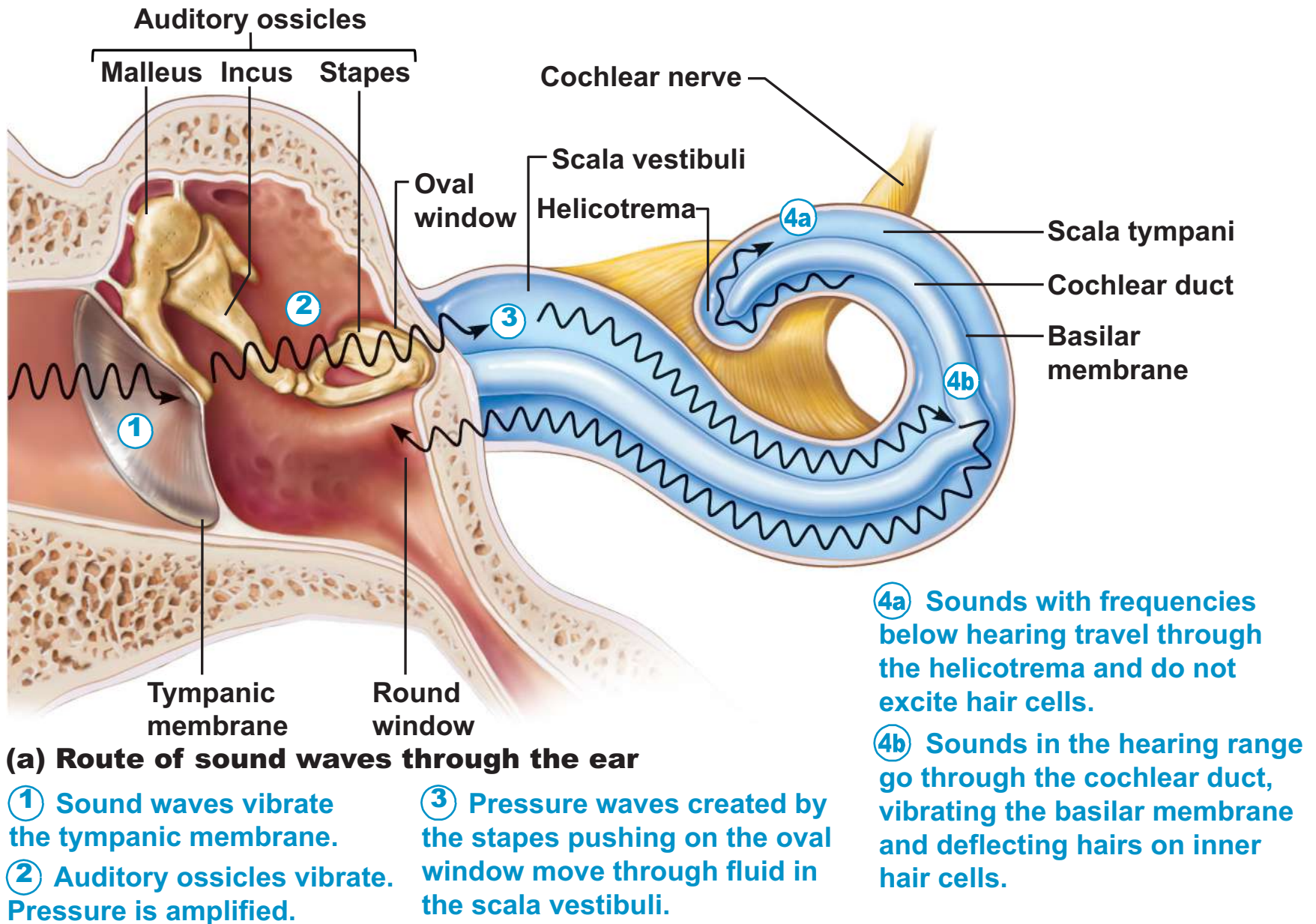
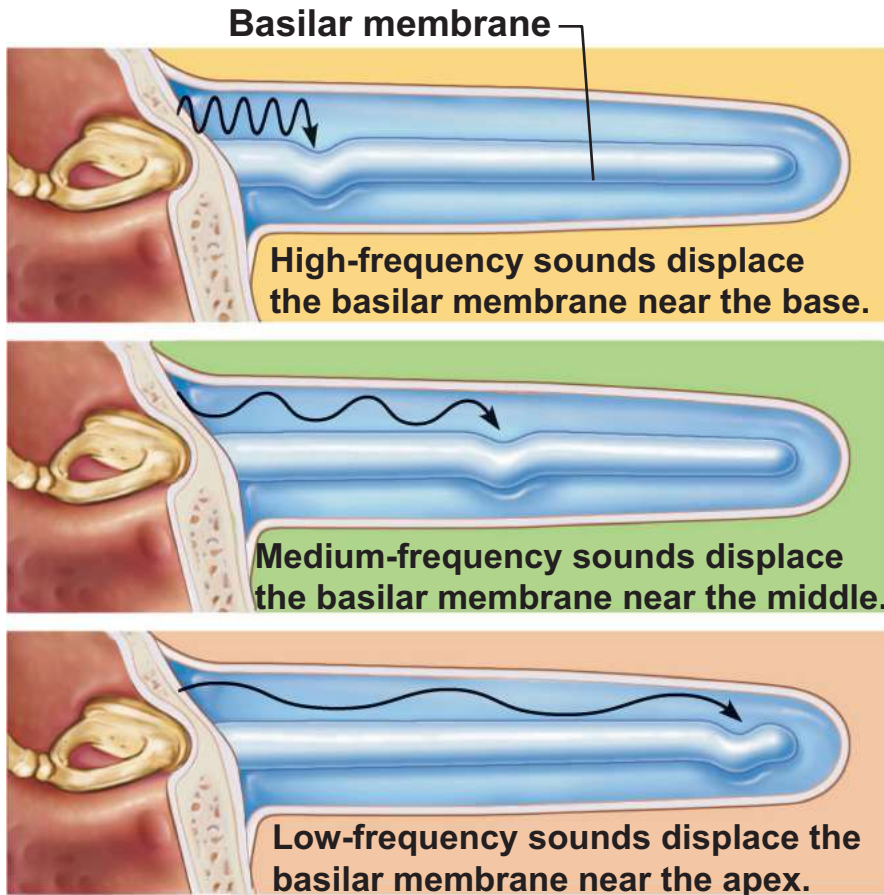


Figure 15.31a

Resonance of the Basilar Membrane

- Fibers that span the width of the basilar membrane are short and stiff near oval window, and resonate in response to high-frequency pressure waves.
- Longer fibers near the apex resonate with lower-frequency pressure waves



(b) Different sound frequencies cross the basilar membrane at different locations.

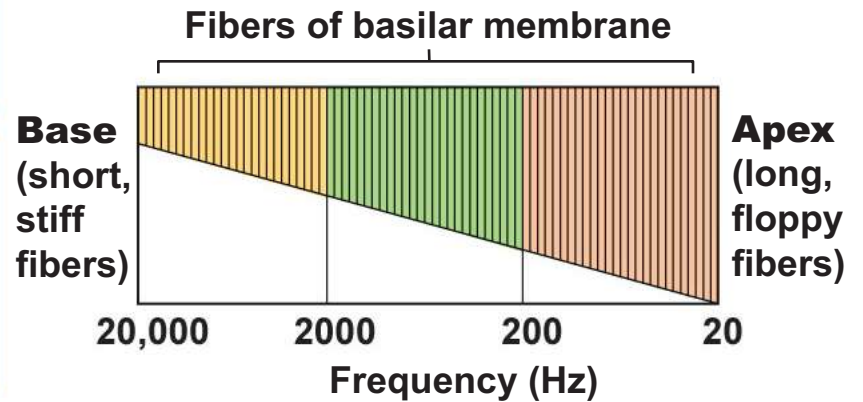


Figure 15.31b

Excitation of Hair Cells in the Spiral Organ

- Cells of the spiral organ
 - Supporting cells
 - Cochlear hair cells
 - One row of inner hair cells
 - Three rows of outer hair cells
- Afferent fibers of the cochlear nerve coil about the bases of hair cells

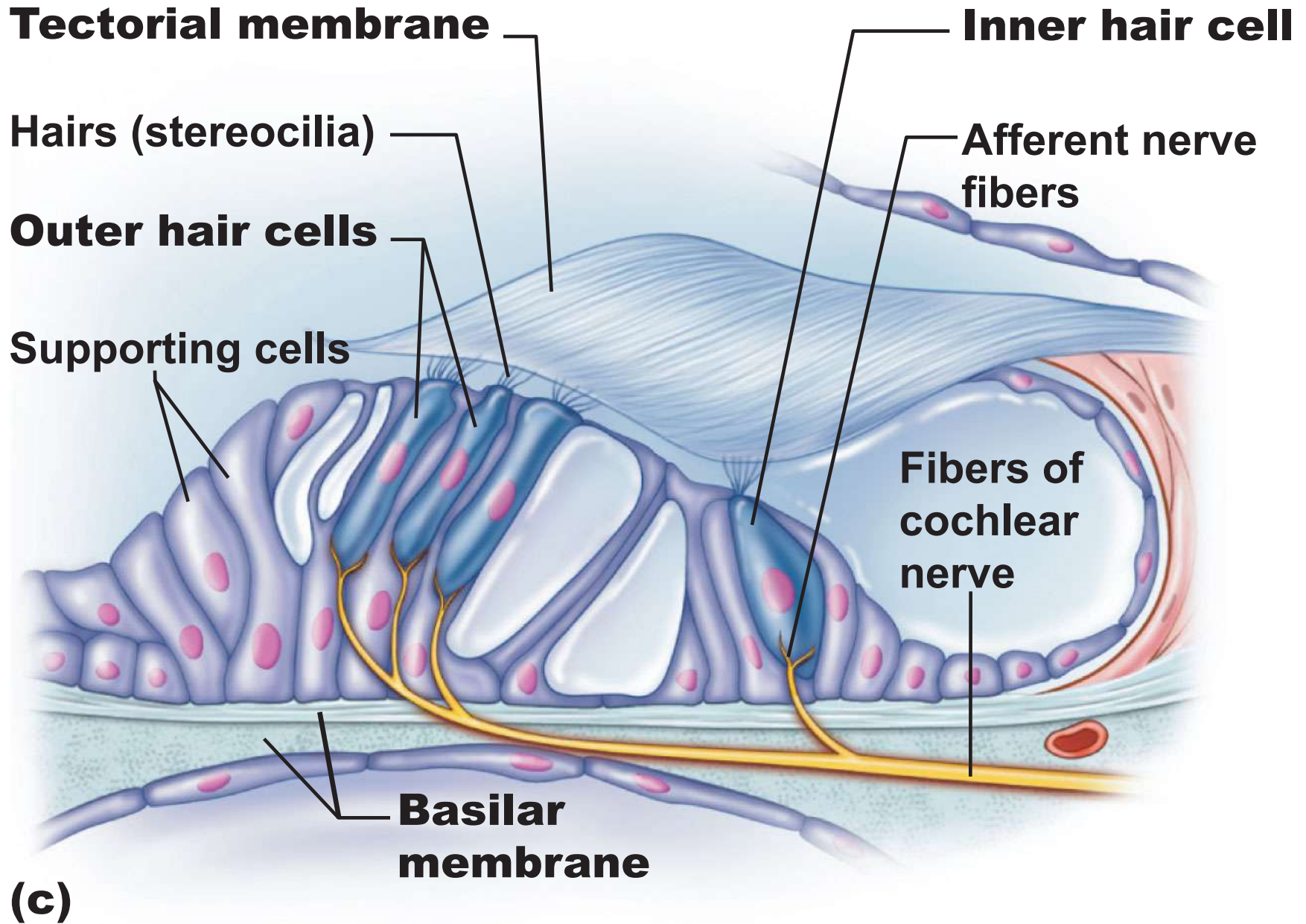


Figure 15.28c

Excitation of Hair Cells in the Spiral Organ

- The stereocilia
 - Protrude into the endolymph
 - Enmeshed in the gel-like tectorial membrane
- Bending stereocilia
 - Opens mechanically gated ion channels
 - Inward K^+ and Ca^{2+} current causes a graded potential and the release of neurotransmitter glutamate
- Cochlear fibers transmit impulses to the brain

Auditory Pathways to the Brain

- Impulses from the cochlea pass via the spiral ganglion to the cochlear nuclei of the medulla
- From there, impulses are sent to the
 - Superior olivary nucleus
 - Inferior colliculus (auditory reflex center)
- From there, impulses pass to the auditory cortex via the thalamus
- Auditory pathways decussate so that both cortices receive input from both ears

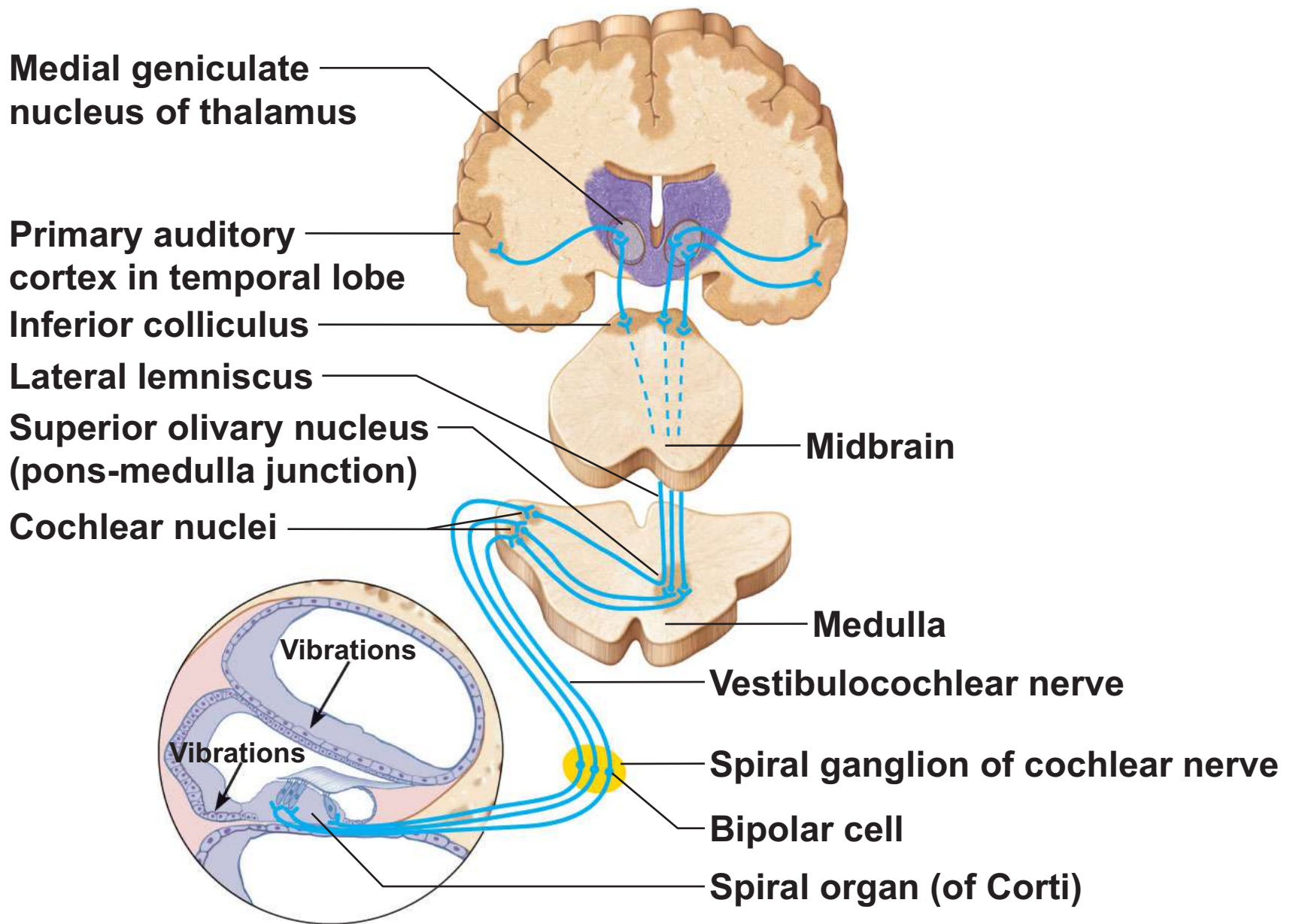


Figure 15.33

Auditory Processing

- Impulses from specific hair cells are interpreted as specific pitches
- Loudness is detected by increased numbers of action potentials that result when the hair cells experience larger deflections
- Localization of sound depends on relative intensity and relative timing of sound waves reaching both ears

Homeostatic Imbalances of Hearing

- Conduction deafness
 - Blocked sound conduction to the fluids of the internal ear
 - Can result from impacted earwax, perforated eardrum, or otosclerosis of the ossicles
- Sensorineural deafness
 - Damage to the neural structures at any point from the cochlear hair cells to the auditory cortical cells

Homeostatic Imbalances of Hearing

- Tinnitus: ringing or clicking sound in the ears in the absence of auditory stimuli
 - Due to cochlear nerve degeneration, inflammation of middle or internal ears, side effects of aspirin
- Meniere's syndrome: labyrinth disorder that affects the cochlea and the semicircular canals
 - Causes vertigo, nausea, and vomiting

Equilibrium and Orientation

- Vestibular apparatus consists of the equilibrium receptors in the semicircular canals and vestibule
 - Vestibular receptors monitor static equilibrium
 - Semicircular canal receptors monitor dynamic equilibrium

Maculae

- Sensory receptors for static equilibrium
- One in each saccule wall and one in each utricle wall
- Monitor the position of the head in space, necessary for control of posture
- Respond to linear acceleration forces, but not rotation
- Contain supporting cells and hair cells
- Stereocilia and kinocilia are embedded in the otolithic membrane studded with otoliths (tiny CaCO_3 stones)

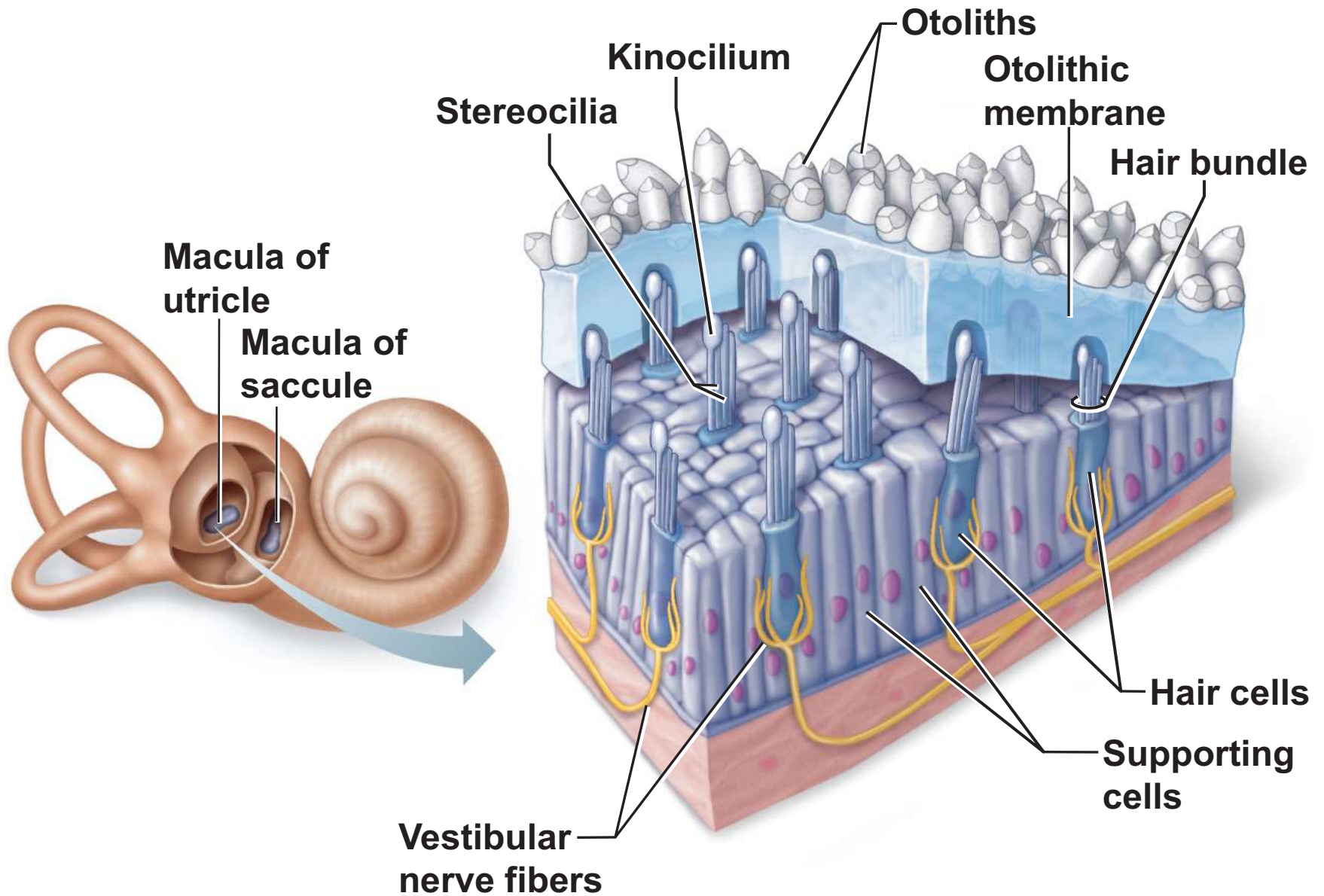


Figure 15.34

Maculae

- Maculae in the utricle respond to horizontal movements and tilting the head side to side
- Maculae in the saccule respond to vertical movements

Activating Maculae Receptors

- Bending of hairs in the direction of the kinocilia
 - Depolarizes hair cells
 - Increases the amount of neurotransmitter release and increases the frequency of action potentials generated in the vestibular nerve

Activating Maculae Receptors

- Bending in the opposite direction
 - Hyperpolarizes vestibular nerve fibers
 - Reduces the rate of impulse generation
- Thus the brain is informed of the changing position of the head

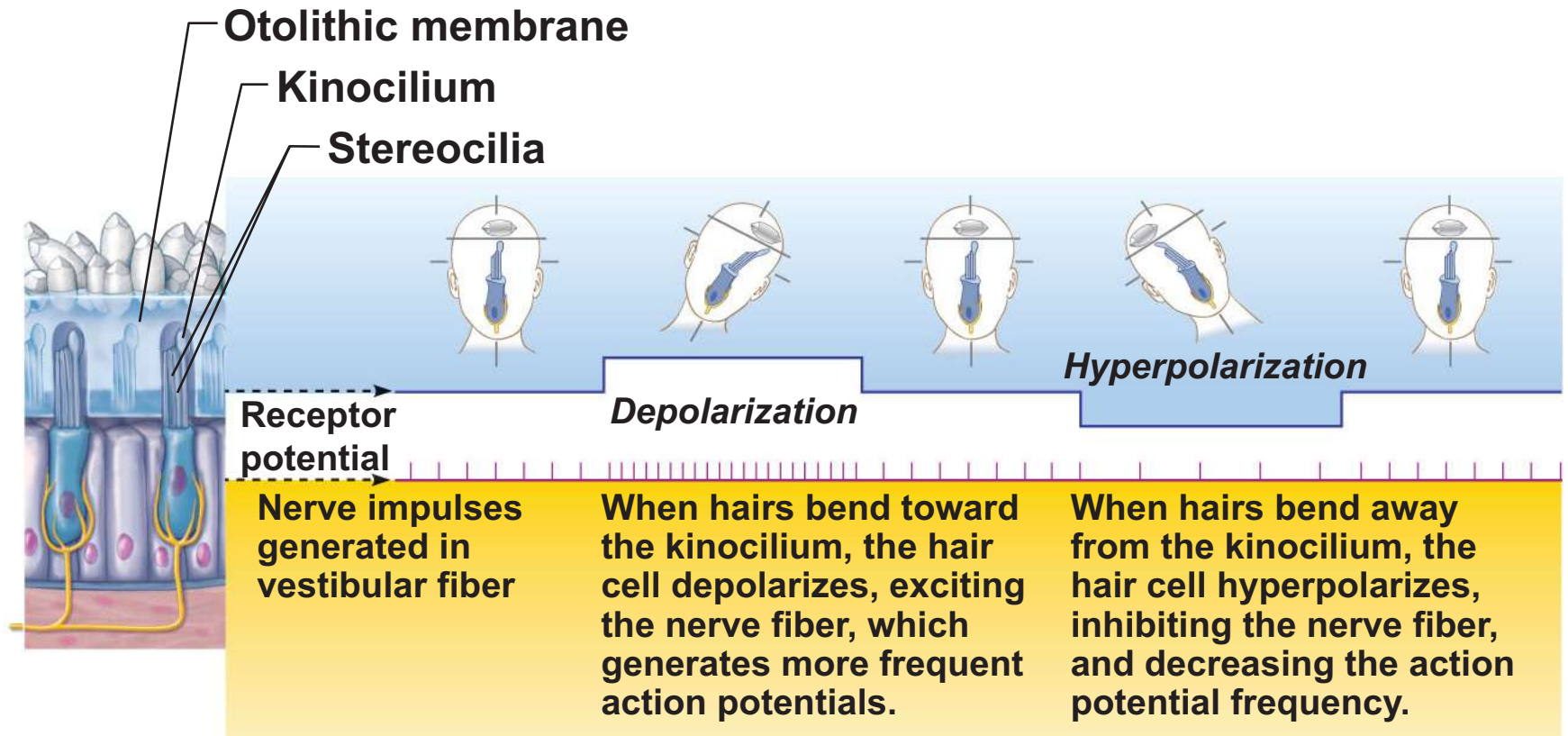
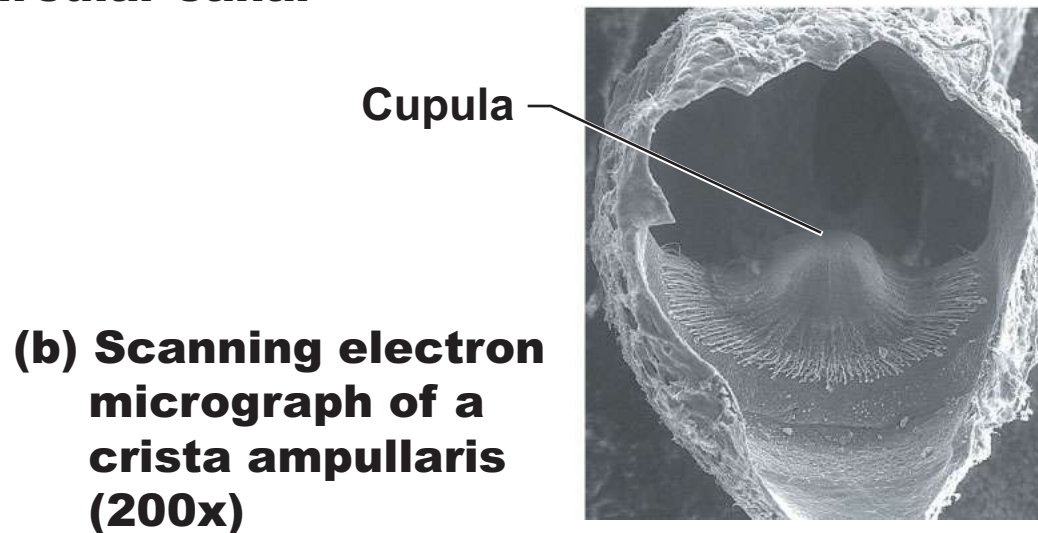
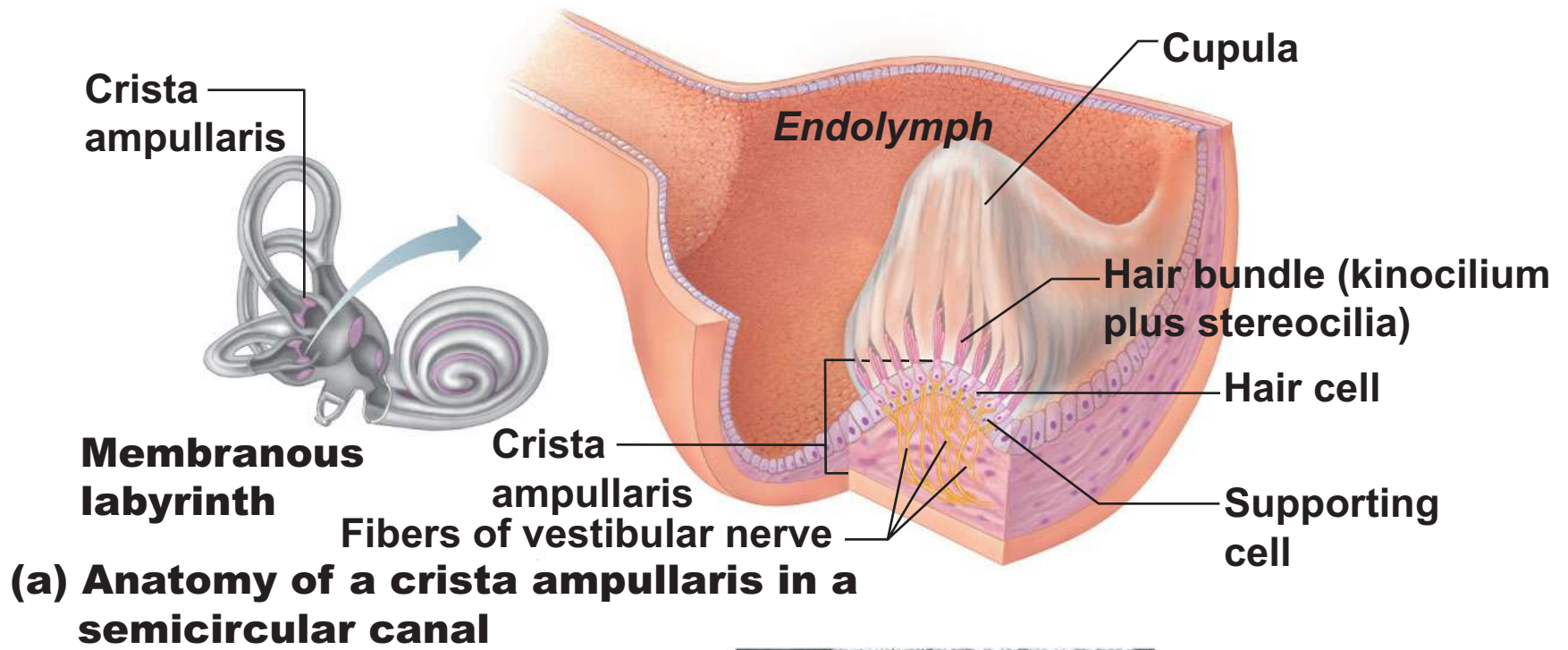


Figure 15.35

Crista Ampullaris (Crista)

- Sensory receptor for dynamic equilibrium
 - One in the ampulla of each semicircular canal
 - Major stimuli are rotatory movements
- Each crista has support cells and hair cells that extend into a gel-like mass called the cupula
- Dendrites of vestibular nerve fibers encircle the base of the hair cells



Activating Crista Ampullaris Receptors

- Cristae respond to changes in velocity of rotatory movements of the head
- Bending of hairs in the cristae causes
 - Depolarizations, and rapid impulses reach the brain at a faster rate

Activating Crista Ampullaris Receptors

- Bending of hairs in the opposite direction causes
 - Hyperpolarizations, and fewer impulses reach the brain
- Thus the brain is informed of rotational movements of the head

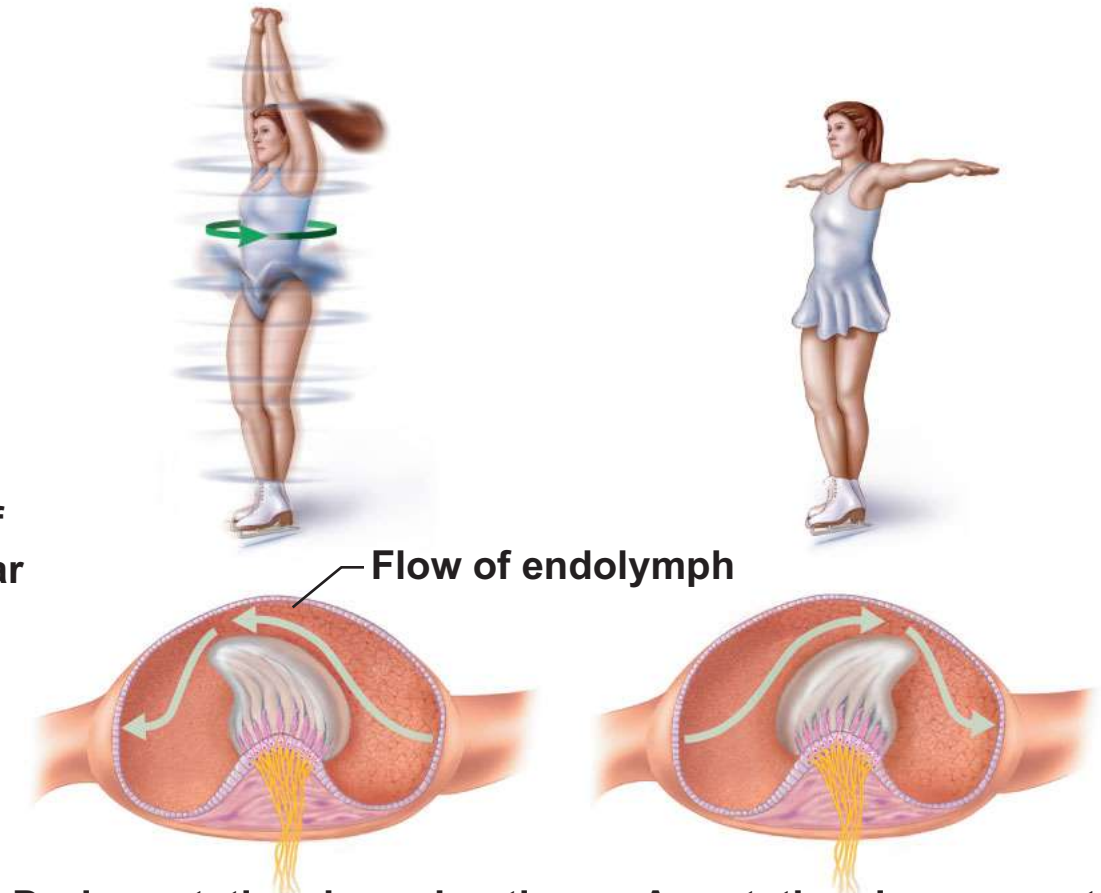
Section of
ampulla,
filled with
endolymph

Cupula

Fibers of
vestibular
nerve

At rest, the cupula stands
upright.

**(c) Movement of the
cupula during
rotational
acceleration
and deceleration**



During rotational acceleration,
endolymph moves inside the
semicircular canals in the
direction opposite the rotation
(it lags behind due to inertia).
Endolymph flow bends the
cupula and excites the hair
cells.

As rotational movement
slows, endolymph keeps
moving in the direction
of the rotation, bending
the cupula in the
opposite direction from
acceleration and
inhibiting the hair cells.

Figure 15.36c

Equilibrium Pathway to the Brain

- Pathways are complex and poorly traced
- Impulses travel to the vestibular nuclei in the brain stem or the cerebellum, both of which receive other input
- Three modes of input for balance and orientation
 - Vestibular receptors
 - Visual receptors
 - Somatic receptors

Input: Information about the body's position in space comes from three main sources and is fed into two major processing areas in the central nervous system.

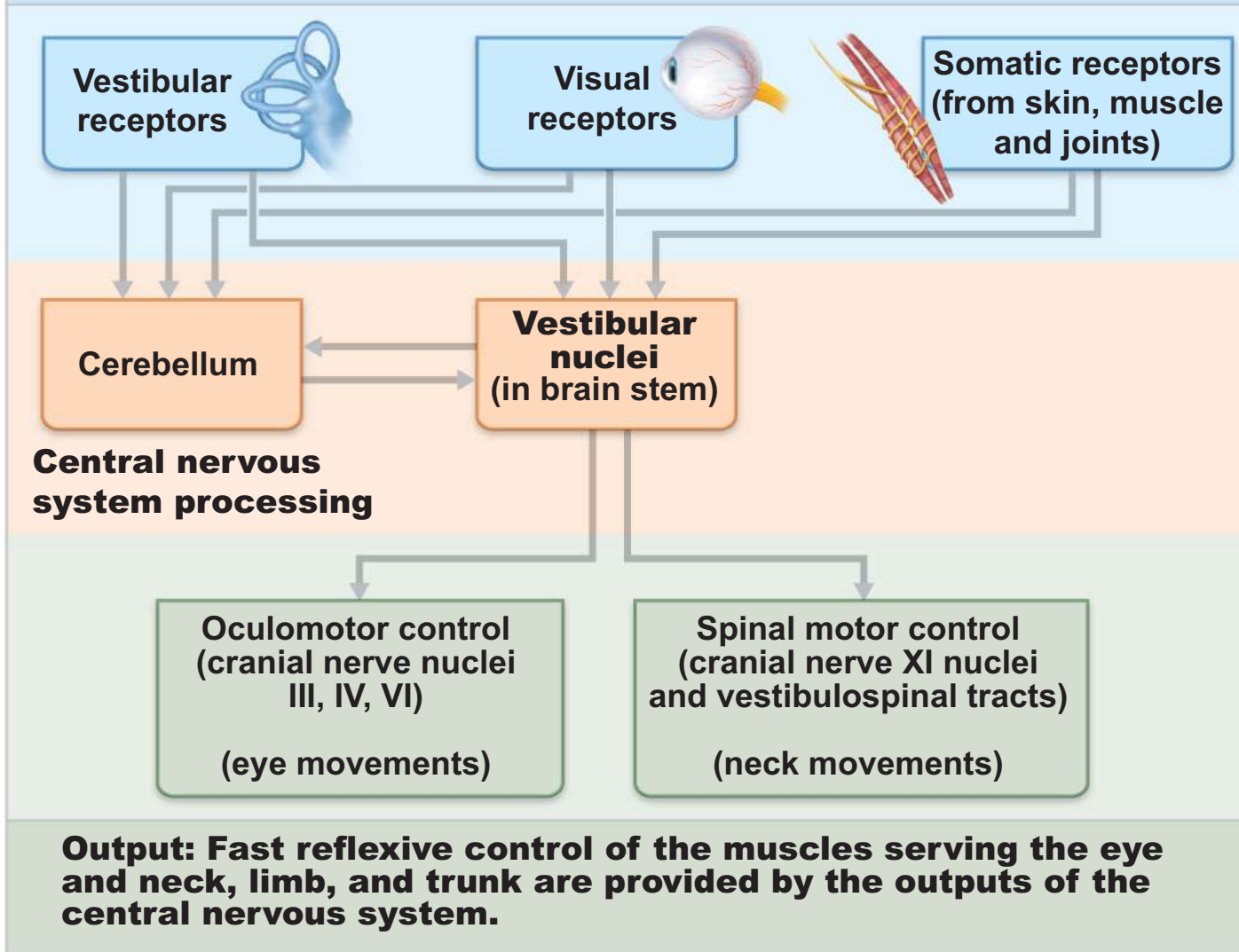


Figure 15.37

Developmental Aspects

- All special senses are functional at birth
- Chemical senses—few problems occur until the fourth decade, when these senses begin to decline
- Vision—optic vesicles protrude from the diencephalon during the fourth week of development
 - Vesicles indent to form optic cups; their stalks form optic nerves
 - Later, the lens forms from ectoderm

Developmental Aspects

- Vision is not fully functional at birth
- Babies are hyperopic, see only gray tones, and eye movements are uncoordinated
- Depth perception and color vision is well developed by age five
- Emmetropic eyes are developed by year six
- With age
 - The lens loses clarity, dilator muscles are less efficient, and visual acuity is drastically decreased by age 70

Developmental Aspects

- Ear development begins in the three-week embryo
- Inner ears develop from otic placodes, which invaginate into the otic pit and otic vesicle
- The otic vesicle becomes the membranous labyrinth, and the surrounding mesenchyme becomes the bony labyrinth
- Middle ear structures develop from the pharyngeal pouches
- The branchial groove develops into outer ear structures