

Inspiration

Diaphragm contracted, ribs and sternum raised

Increase in thoracic and pulmonary volume resulting in decrease in intrapulmonary pressure

Expiration

Diaphragm relaxed and arched upwards, ribs and sternum returned to original position

Decrease in thoracic and pulmonary volume resulting in increase in intrapulmonary pressure

Tidal volume

Volume of air inspired or expired normally

500 ml

Inspiratory reserve
volume (IRV)

Additional air inspired by
a forcible inspiration

2500-3000 ml

Inspiratory capacity (IC) =
 $TV + IRV$

Expiratory reserve
volume (ERV)

Additional air expired by
a forcible expiration, 1000
-1100 ml

Expiratory capacity (EC)
= $TV + ERV$

Residual volume
(RV)

Air remaining in the lungs
after forcible
expiration, 1100 - 1200 ml

Functional residual
capacity = $ERV + RV$

Vital capacity (VC)

The maximum volume of air that can be inspired or expired = $ERV + TV + IRV$

Total lung capacity = $VC + RV$

Oxygen transport

Formation of oxyhaemoglobin in alveoli - high pO_2 , low pCO_2 , H^+ and temp

Dissociation of oxyhaemoglobin in tissues - low pO_2 , high pCO_2 , H^+ and temp

Carbon dioxide transport

Carbamino-haemoglobin - 20-25%

Bicarbonate - 70%

Dissolved in plasma - 7%

Neural regulation of
respiration

Rhythm centre - medulla
region

Pneumotaxic centre -
pons region

Chemical control of
respiration

Chemosensitive area in
medulla oblongata -
sensitive to CO_2 and H^+
conc.

Receptors in aortic arch and
carotid artery - sense
changes in CO_2 and H^+
conc.

Emphysema

Due to damage in
alveolar walls

Alveoli

Thin squamous epithelium of pneumocyte cells

Type I - smaller and help in gaseous exchange

Type II - larger and secrete lecithin, which acts as a surfactant and decreases surface tension

Diffusion membrane

Alveolar thin squamous epithelium

Middle basement membrane

Endothelium of blood capillaries