

1. What is the mechanism of action of interferon?
 - Alert neighboring cells and protect them from becoming infected
 - Bind to surface receptors on those cells and activate second-messenger systems within
 - This induces synthesis of dozens of antiviral proteins that defend a cell by such means as breaking down viral genes or preventing viral replication
 - Also activate NK cells and macrophages which destroy infected cells before they can liberate a swarm of newly replicated viruses
 - Also confer resistance to cancer
2. When are complement proteins produced? When do they become active?
 - Activated in the presence of pathogens
3. When do neutrophils become phagocytic?
 - As they encounter bacteria
4. What cells attack virus-infected cells and cancer cells?
 - Lymphocytes
5. What is the purpose of fever?
 - Promotes interferon activity, elevates metabolic rate and accelerates tissue repair, and inhibits reproduction of bacteria and viruses
6. What are the non-specific defense mechanisms?
 - Guard against a broad range of pathogens and their effectiveness does not depend on prior exposure; Present from birth
7. How are neutrophils attracted to inflamed sites?
 - Chemical messengers released by basophils, mast cells, blood plasma, and damaged tissue
 - These inflammatory chemicals stimulate
 - Leukocyte margination - adhesion to capillary walls
 - Diapedesis - crawling through capillary walls
 - Chemotaxis - movement toward source of inflammatory chemicals
 - Phagocytosis - engulfing bacteria and other pathogens
8. Which body system carries out immune responses?
 - Lymphatic system
9. What are the functions of helper T-cells? Suppressor T-cells? Cytotoxic T-cells? NK cells?
 - Helper T-cells: Promote the action of cytotoxic cells as well as key in humoral immunity and nonspecific resistance. Only T cell not involved in cellular immunity only.
 - Suppressor (Regulatory) T-cells: limit the immune response by inhibiting multiplication and cytokine secretion by other T cells. Seem important in preventing autoimmune diseases.
 - Cytotoxic T-cells: Carry out attack on foreign cells. The "effectors" of cellular immunity.
 - NK cells: Attack and destroy bacteria, transplanted tissues, and host cells (cells of one's own body) that have either become infected with viruses or turned cancerous. Responsible for a mode of defense called immune surveillance - patrol body for pathogens and diseased host cells.
10. What do helper T-cells do during recognition in humeral immunity?
 - Binds to Ag-MHCP and secretes interleukins to activate the B cell, triggering clonal selection

11. What activates an immune response?
 - **Antigens/pathogens entering the body. Region of antigen called epitope stimulates immune response**
12. What is the term for the first encounter between an immunocompetent lymphocyte and an invading antigen?
 - **Antigen Challenge**
13. What is the difference between a complete antigen and hapten?
 - **Complete antigen: any molecule that triggers an immune response**
 - **Haptens are too small to be antigenic themselves; can stimulate immune response by binding to a host macromolecule and creating a unique complex that the body recognizes as foreign**
14. Which Ig crosses the placenta?
 - **IgG**
15. Which Ig is a potent agglutinator?
 - **IgM**
16. Which Ig is primarily involved in allergic reactions?
 - **IgE**
17. Which Ig is found in body secretions?
 - **IgA**
18. Actual site of gas exchange in the lungs is the:
 - **Alveoli**
19. The movement of air in and out of the lungs is due to:
 - **Air Pressure**
 - **Inspiration**
 - **Lungs expand, increasing space inside**
 - **Less air particles per square inch in the lung (smaller concentration) than outside so air moves into the lungs by diffusion**
 - **Expiration**
 - **Lungs contract, increasing air pressure**
 - **More particles per square inch (more squashed together) than outside so air moves out of the lungs by diffusion**
20. How does the pleura and pleural fluid create a pressure gradient and reduce friction?
 - **Reduces friction by acting as lubricant that enables lungs to expand and contract with minimal friction**
 - **Creates pressure gradient by**
21. What changes occur as the bronchial tree becomes smaller?
 - **Walls lose cartilaginous support**
22. What will a pneumothorax result in?
 - **The presence of air in the pleural cavity**
 - **Visceral and parietal pleurae separate**
 - **No negative intrapleural pressure - lungs recoil and collapse (atelectasis)+**
23. Define the respiratory membrane.
 - **Barrier between alveolar air and blood**

Brainstem Respiratory Centers

- Automatic, unconscious cycle of breathing is controlled by three pairs of respiratory centers in the reticular formation of the medulla oblongata and the pons
- Respiratory nuclei in medulla
 - Ventral respiratory group (VRG)
 - Primary generator of the respiratory rhythm
 - Inspiratory neurons in quiet breathing (eupnea) fire for about 2 seconds
 - Expiratory neurons in eupnea fire for about 3 seconds allowing inspiratory muscles to relax
 - Produces a respiratory rhythm of 12 breaths per minute
 - Dorsal respiratory group (DRG)
 - Modifies the rate and depth of breathing
 - Receives influences from external sources
 - Pons (Pontine RG)
 - Modifies rhythm of the VRG by outputs to both the VRG and DRG
 - Adapts breathing to special circumstances such as sleep, exercise, vocalization, and emotional responses