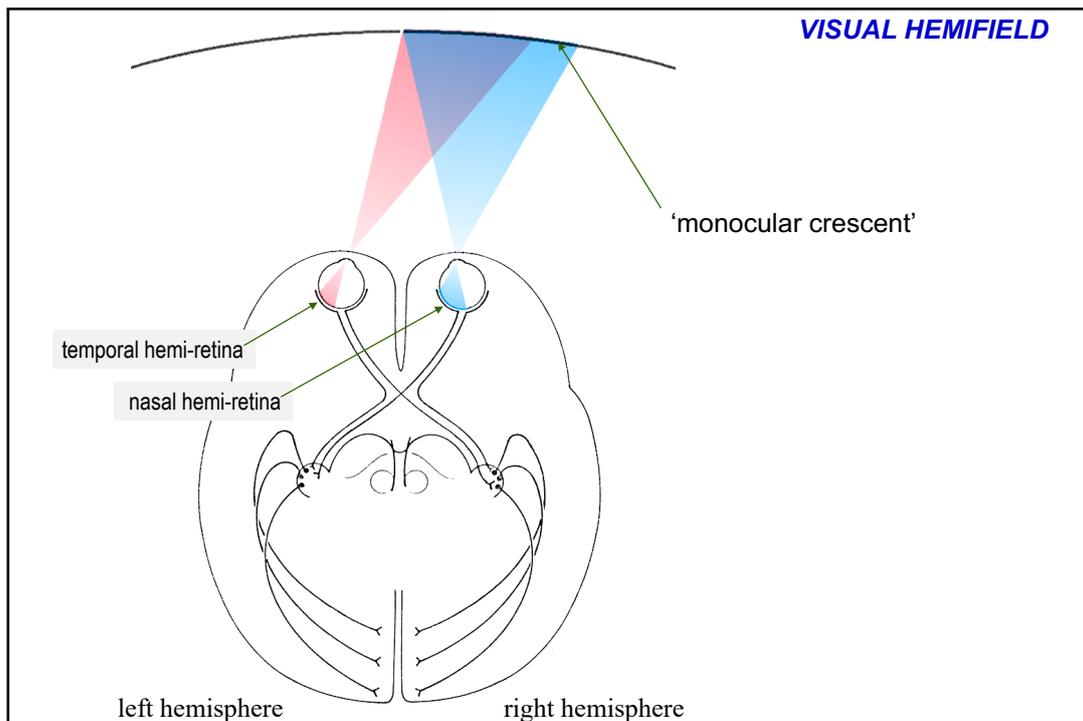
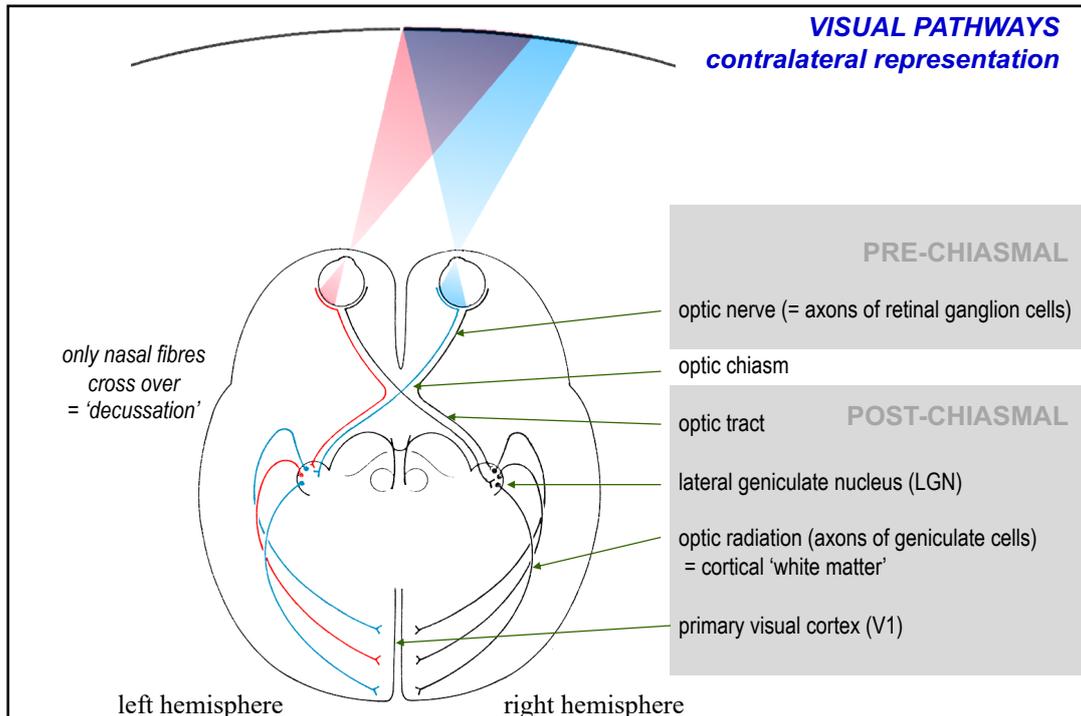


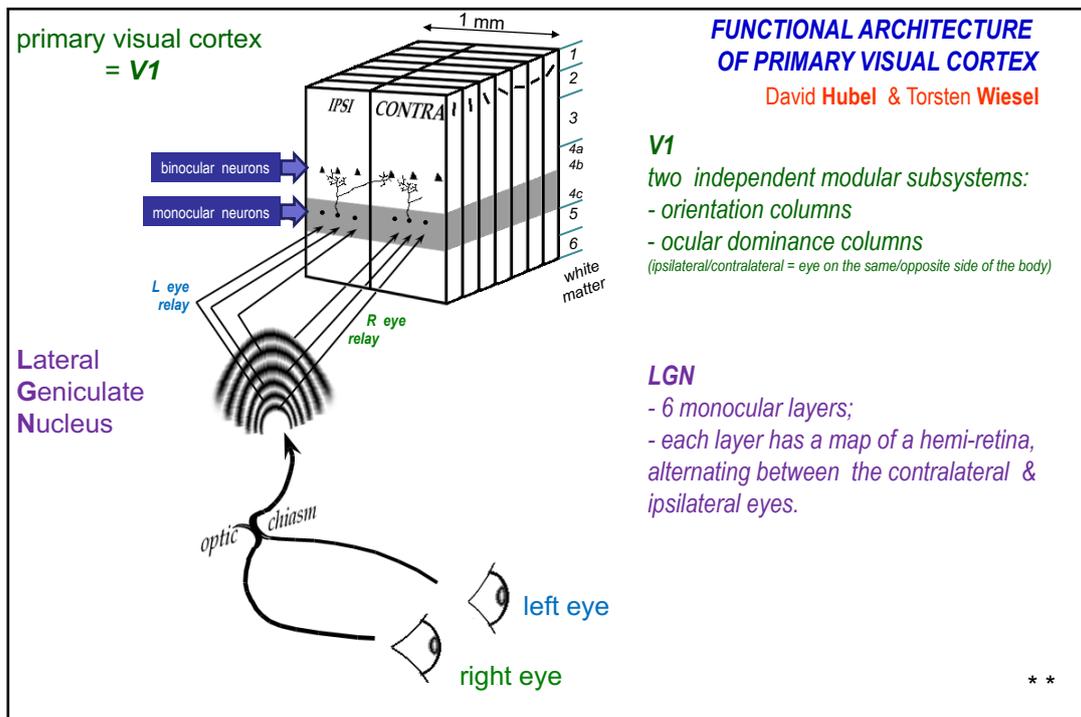
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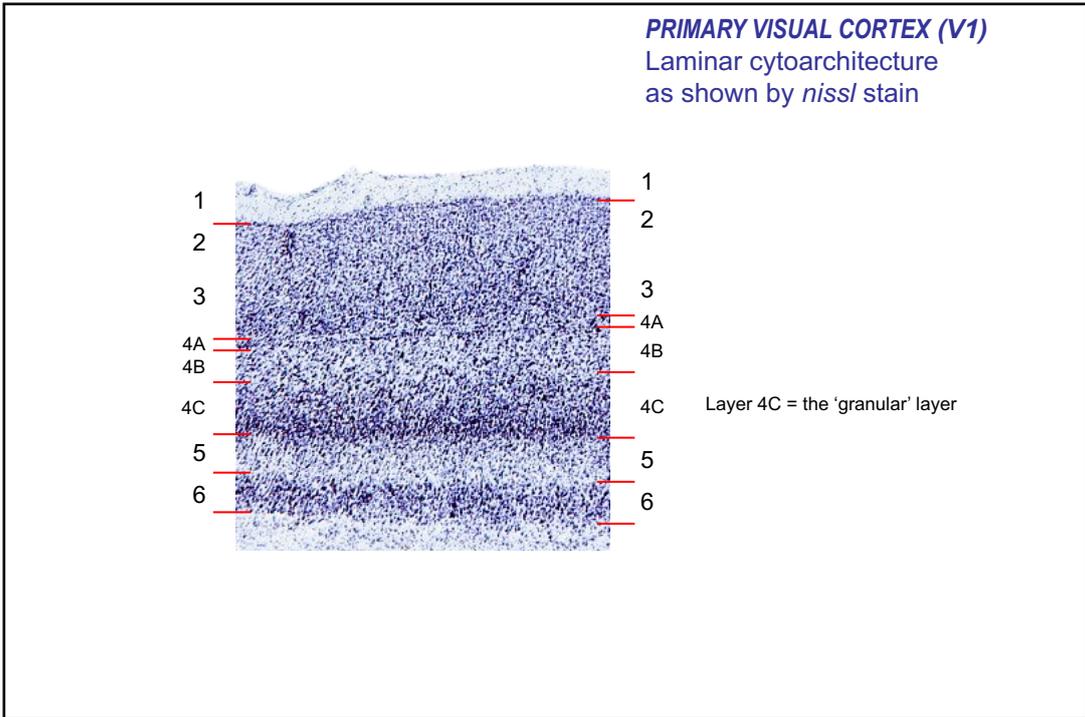
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5

Acuity and Hyperacuity

Retinal cone mosaic

Resolution = acuity

Localisation = hyperacuity

V1: layer 4C
'granule cell' mosaic

Resolution

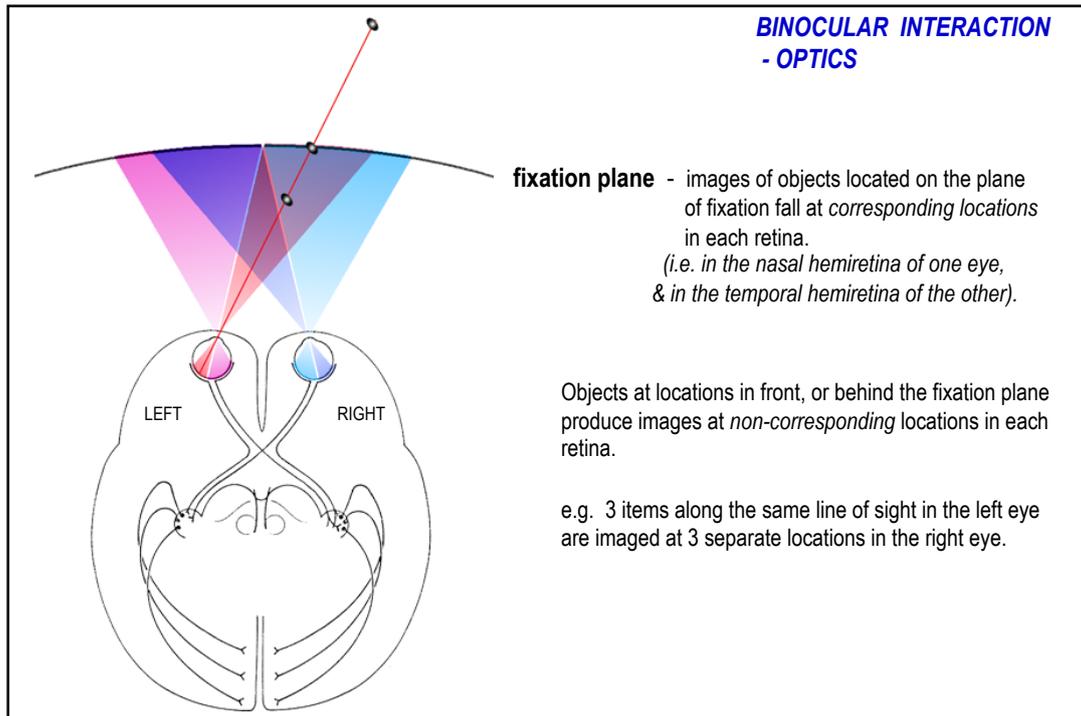
Localisation

Snellen chart
to measure acuity

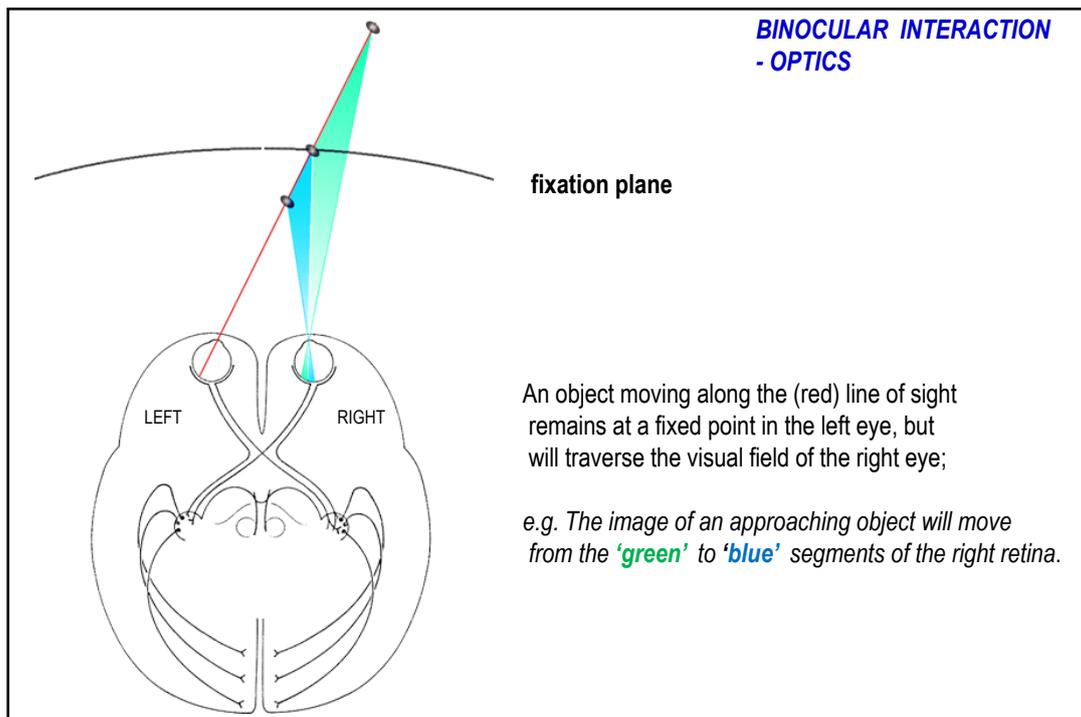
Vernier acuity, the judgment of co-linearity

distance = 5.6

6



7



8

**BINOCULAR INTERACTION
- PERCEPTION**

Panum's zone of fusion

fixation plane

There is a limited range of depths in front, and behind, of the fixation plane in which a single image is seen; outside this range there is double vision.

= Panum's zone of fusion (c. 1860)

Peter Panum
Professor of Physiology
University of Kiel 1853-1864

9

**BINOCULAR INTERACTION
- NEURAL CIRCUITRY**

Panum's zone of fusion

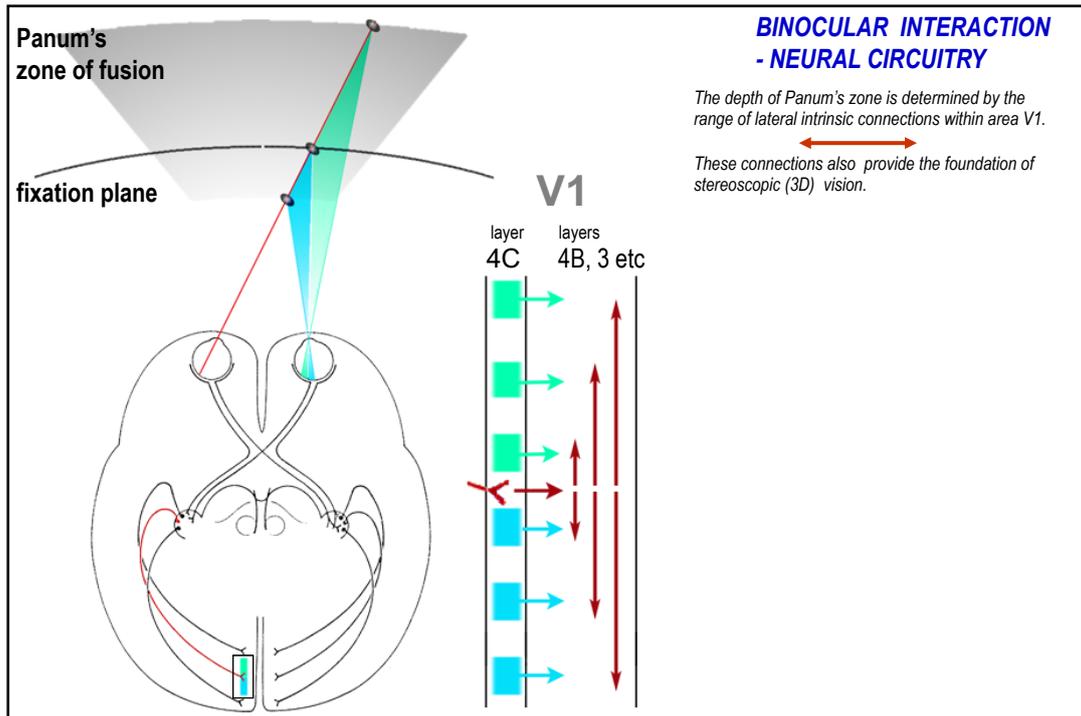
fixation plane

Binocular single vision is achieved by creating binocular cells outside layer 4C of primary visual cortex (V1).

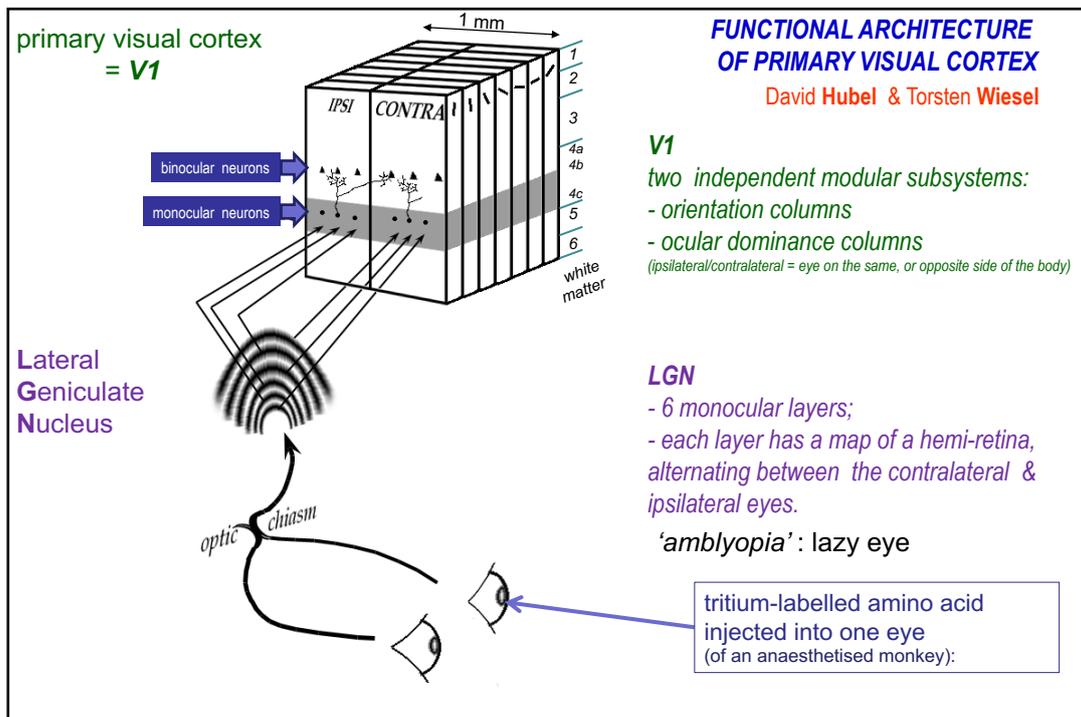
The depth of Panum's zone is determined by the range of intrinsic connections across the visual map of V1, that create binocular neurons - e.g. within layer 3 of area V1.

*

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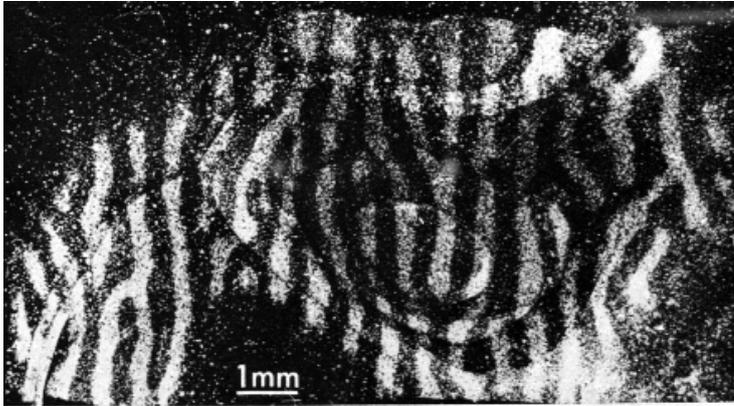


11



12

Anatomical demonstration of ocular dominance columns in layer 4C of monkey visual cortex



David Hubel & Torsten Wiesel

Nobel Prize winners 1981

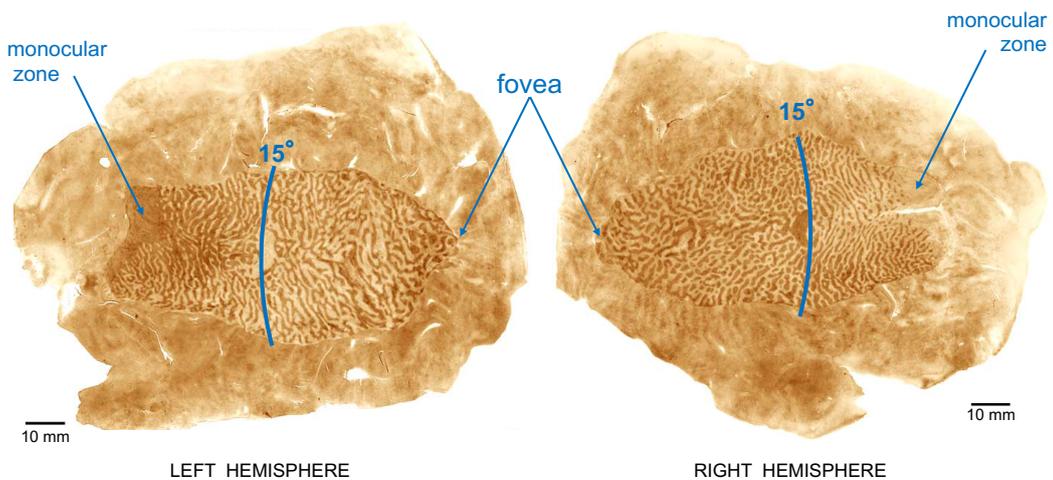
This is a slice through cortical tissue parallel to layer 4C. The white stripes show the location of a neural tracer that was injected into one eye, taken up by retinal ganglion cell axons and transported across the LGN to reach V1.

13

Ocular dominance columns in human V1

Adams *et al* (2007) [ref 1]

Unfolded, flattened human cortex stained for cytochrome oxidase activity. This is post-mortem tissue from a subject who was blind in the left eye.



14

Hubel & Wiesel set out to investigate the neural consequences of congenital cataract.

The standard ophthalmological treatment at that time was not to remove the cataract immediately after birth, but to wait for a year or so, when the infant would be better able to tolerate eye surgery. Although this resulted in perfectly clear optical media, the operated eye did not regain full visual function. It gave a blurred image and poor binocular fusion.

This is the condition termed amblyopia, or colloquially 'lazy eye'.



cataract = cloudy lens

'amblyopia': lazy eye

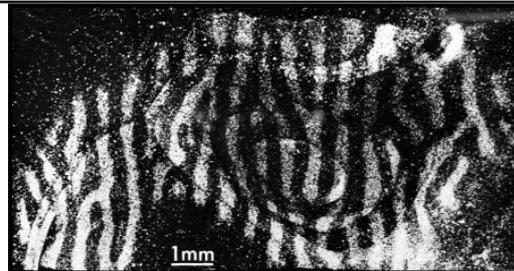
15

The effect of monocular deprivation on ocular dominance patterns in primate layer 4C

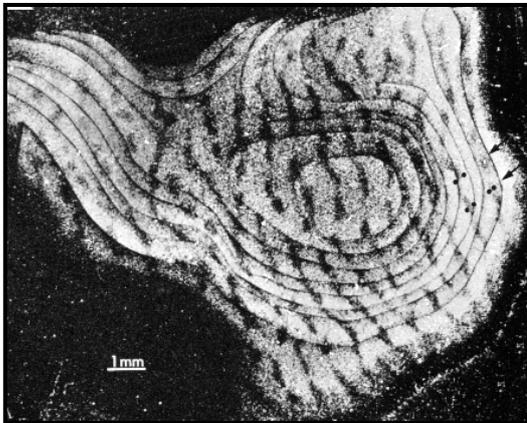
Hubel *et al* (1977) [ref 2]

One eyelid of a newborn animal is sutured to remain shut - this is an experimental 'model' of congenital cataract.

What is found when the eye is re-opened 18 months later ?



↑ Normal pattern of ocular sharing in layer 4C



← **Effect of monocular deprivation**

from age 2 weeks – 18 months;
(tracer placed in non-deprived eye).

- contraction of territory in layer 4C receiving LGN axons fed by the deprived eye;
- expansion of territory in layer 4C receiving LGN axons fed by the 'good' eye.

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The effect of monocular deprivation: duration of the 'critical period'
Horton & Hocking 1997 [ref 3]

Deprivation commenced...

at age 1 week

at age 3 weeks

at age 12 weeks
(= normal)

at age 7 weeks

Monocular deprivation by eyelid suture for a period of 8 months.

Deprivation commenced later after birth has progressively less effect.

The *critical period* for neural wiring in layer 4C is from birth to age 3 months (in monkeys).

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Some important concepts...

PLASTICITY
The ability of the nervous system to adapt its structure (or 'wiring') in response to changing patterns of input and neural activity.

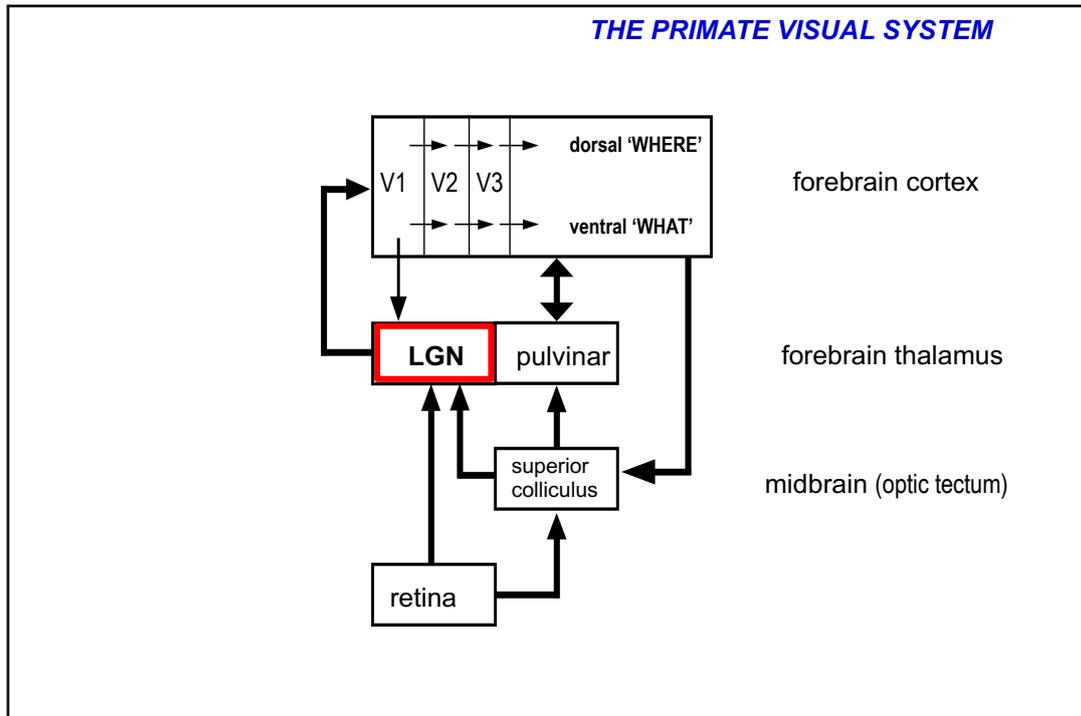
CRITICAL PERIOD
A phase during development in which the 'wiring' of the nervous system is critically dependent on *experience* i.e. upon the pattern of neural activity induced by behavioural interaction with the animal's environment.
- Different neural systems mature at different times; hence there are many different, overlapping critical periods during childhood; the adult brain is much less plastic.

What governs plasticity ? HEBB'S POSTULATE (1949)
If presynaptic activity frequently coincides with postsynaptic depolarisation, and spiking, the potency of the synapse will increase;
But, if presynaptic activity rarely coincides with postsynaptic activity, the potency of the synapse will diminish.

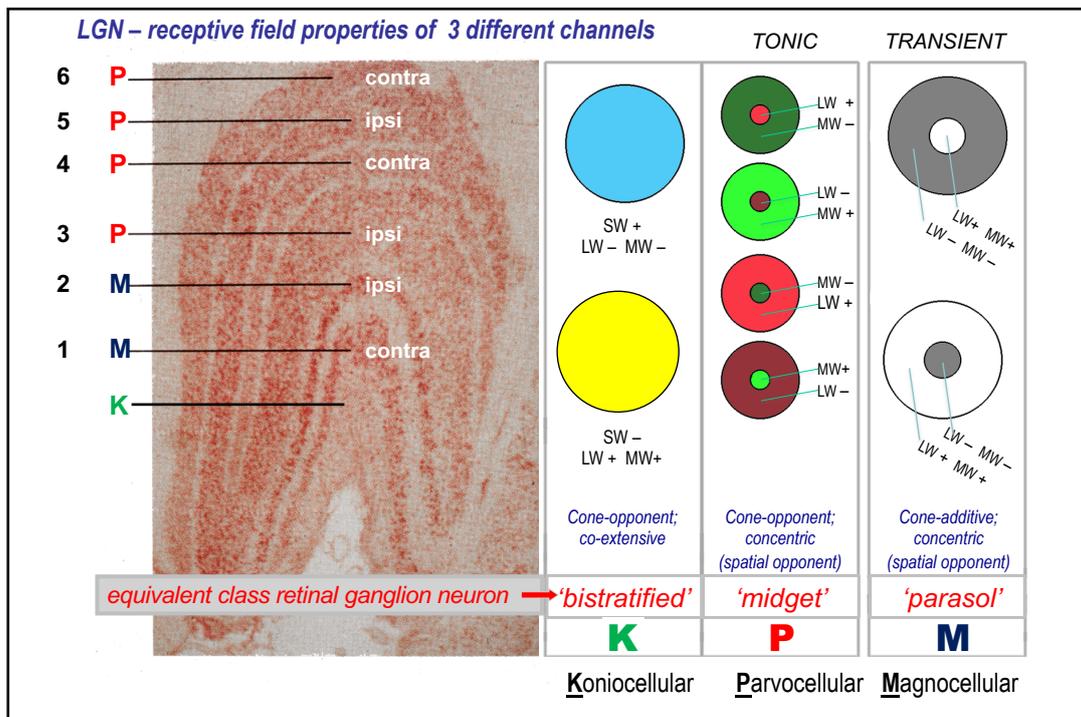
'Cells that fire together wire together' : Hebb's Law

Donald Hebb 1904-1985

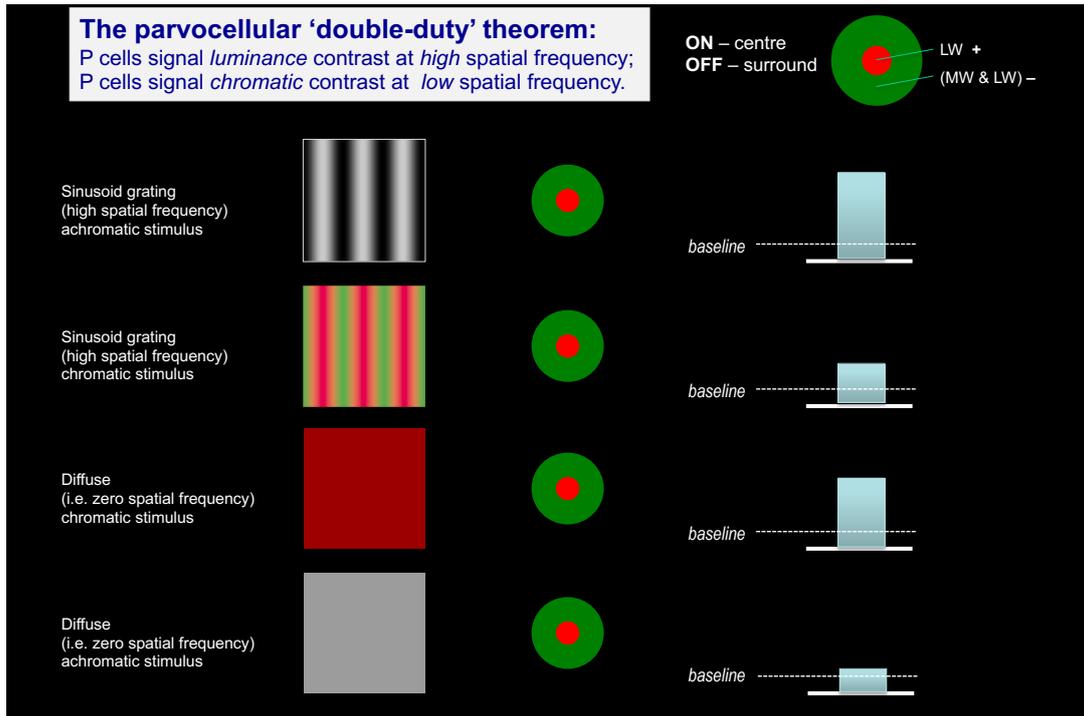
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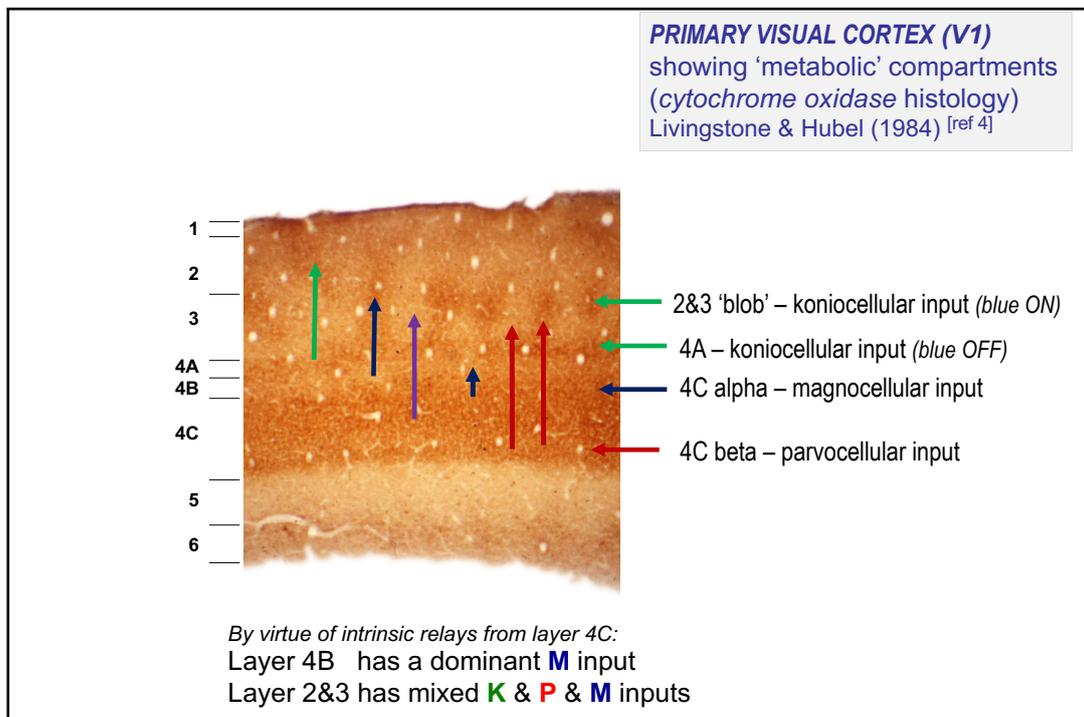
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21



22

PRIMARY VISUAL CORTEX (V1)
 showing 'metabolic' compartments
 (cytochrome oxidase histology)
 Livingstone & Hubel (1984) [ref 4]

'blob' compartments are specialised for colour processing;
 'interblob' compartments are specialised for high resolution form processing (i.e. orientation selective cells).

*

23

Two-photon imaging of monkey V1 blobs v interblobs
 Garg et al. (2019) [ref 7]

viral vector AAV-TRE-GCaMP6f:
 AAV = adeno-associated virus; TRE = promoter sequence, to induce transcription of viral genome;
 GCaMP6f = a genetically encoded, artificial calcium indicator; in the presence of Ca²⁺ ions, the GCaMP protein undergoes a change in conformation, becoming a potent fluorescent intracellular indicator of neuronal spiking activity.

Visual stimuli: squarewave gratings, isoluminant with grey background, of varying hue & orientation; or achromatic, high contrast equivalent.

Responses to gratings of varying hue

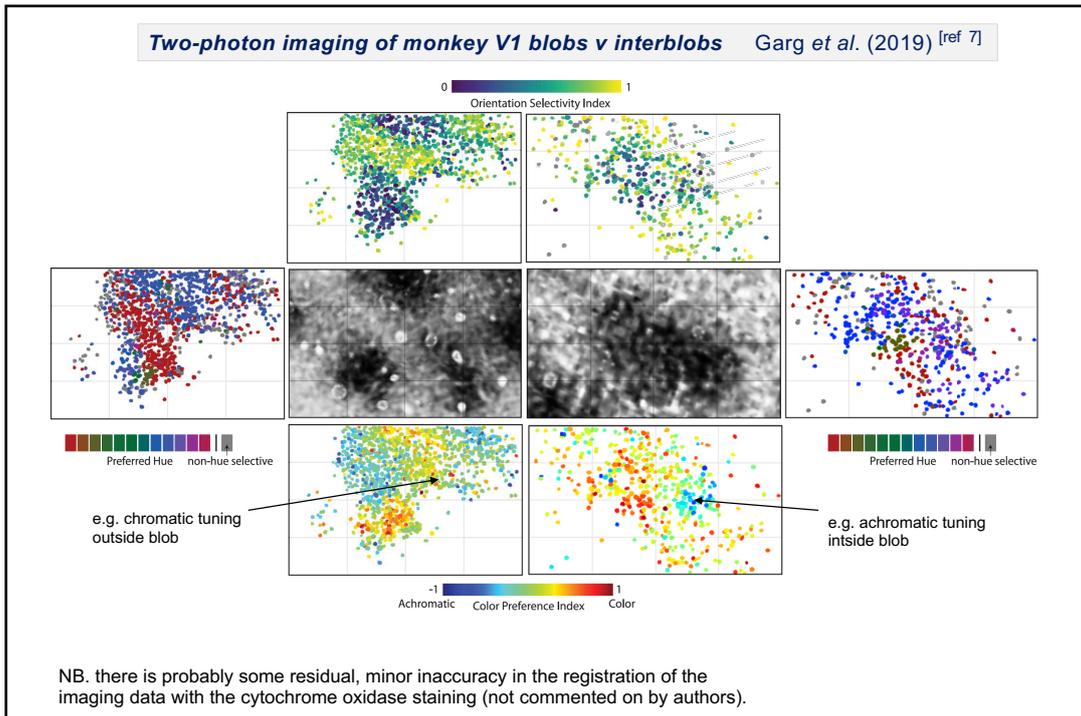
Determine each cell's stimulus selectivity by it's relative response to gratings of varied hue, orientation and direction of drift; also to achromatic gratings.

4351 cells were characterised !

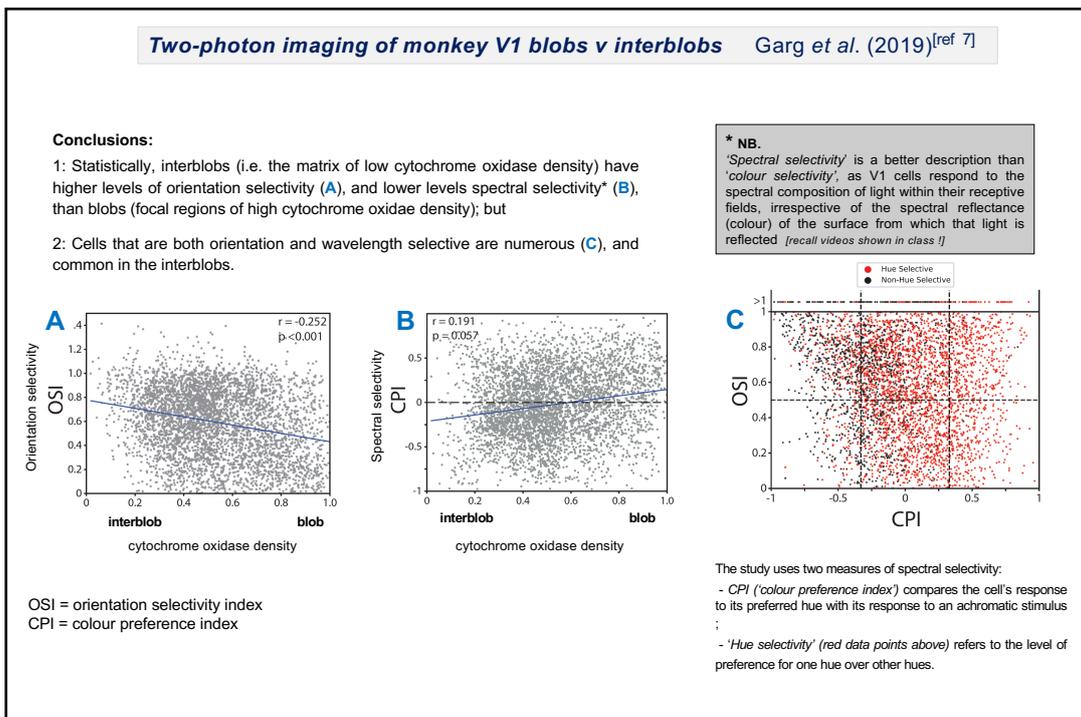
The pattern of cytochrome oxidase blobs is revealed by post-mortem histology.

Cell position with respect to blobs is determined by co-registration with pia-surface vasculature, and blood vessels seen in histological sections

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Two-photon excitation fluorescence microscopy

The two-photon microscope emits light at the excitatory wavelength, focused at a certain depth within the tissue, and images fluorescent light collected from this focal plane.

Single-photon elicited fluorescence:

- uses more energetic, short wavelength excitation (e.g. 360nm);
- undergoes more scatter within tissue;
- causes more photobleaching;
- less image resolution & contrast.

Two-photon elicited fluorescence:

- uses less energetic, longer wavelength excitation (e.g 720nm);
- undergoes less scatter within tissue, hence penetrates deeper;
- causes less photobleaching;
- higher image resolution & contrast;
- can examine greater depths within tissue.

The green shading signifies the vertical zone of tissue emitting fluorescence.

Single-photon fluorescence is proportional to the intensity of the illumination. Two-photon excitation depends upon the simultaneous absorption of two photons, so the resultant fluorescence emission intensity depends on the *square* of the illumination intensity; this property means that the fluorescent signals diminish at shorter distances above and below the focal plane, where the illumination intensity is greatest. Hence the image is more sharply focused in depth.

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The parvocellular 'double-duty' theorem:
P cells signal chromatic contrast at low spatial frequency.
Extraction of chromatic contrast by cortex (V1)

Hypothetical scheme for combination of parvo geniculate afferents

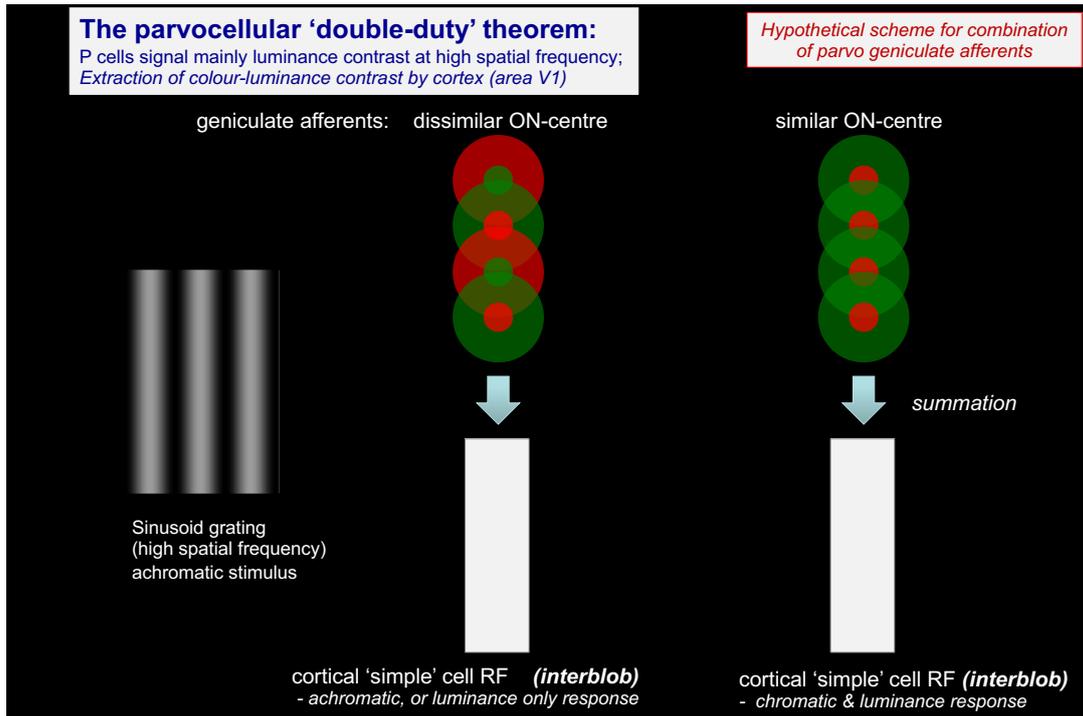
Diffuse
(i.e. zero spatial frequency)
chromatic stimulus

geniculate afferents

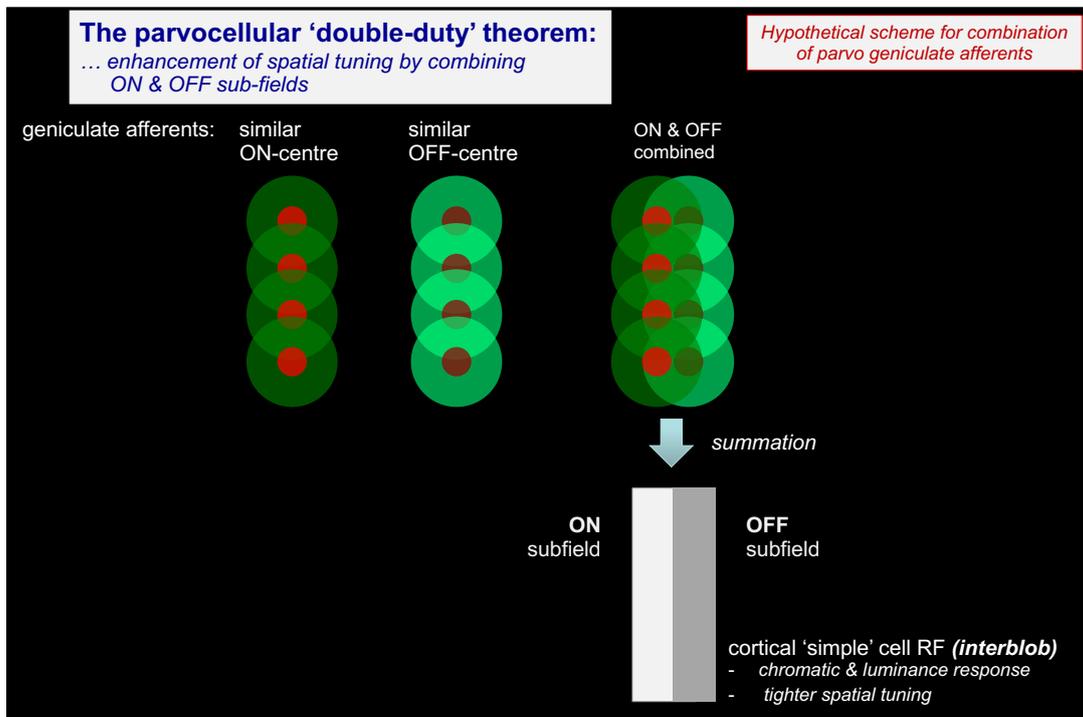
↓ summation

cortical colour ('single opponent') cell (*blob*)

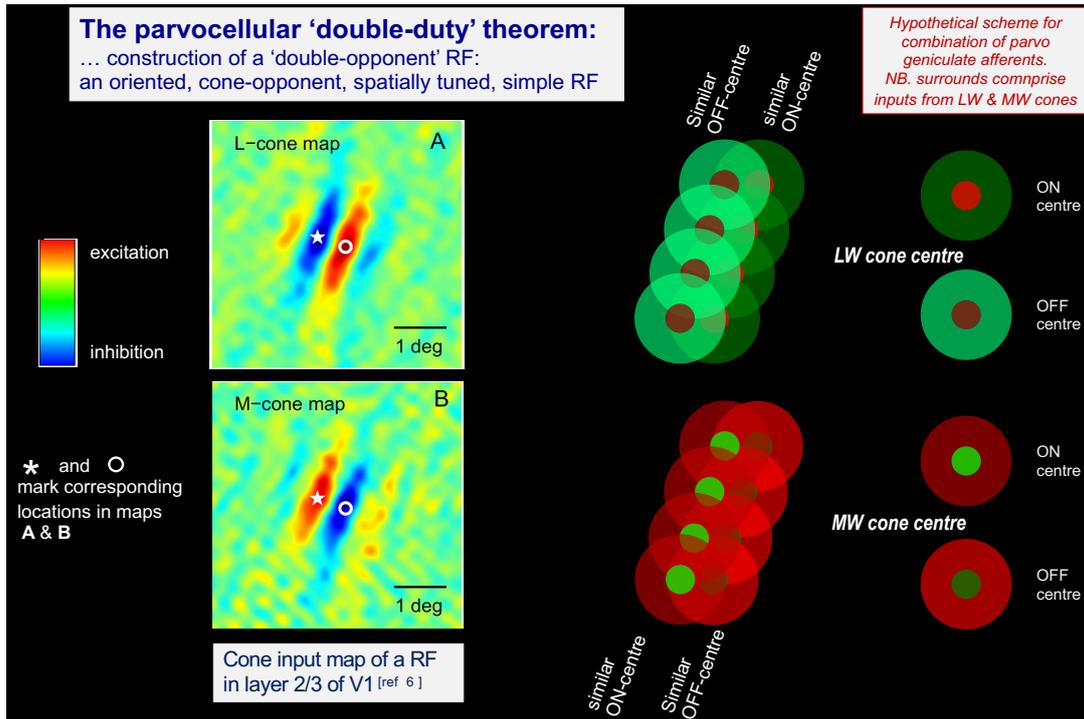
28



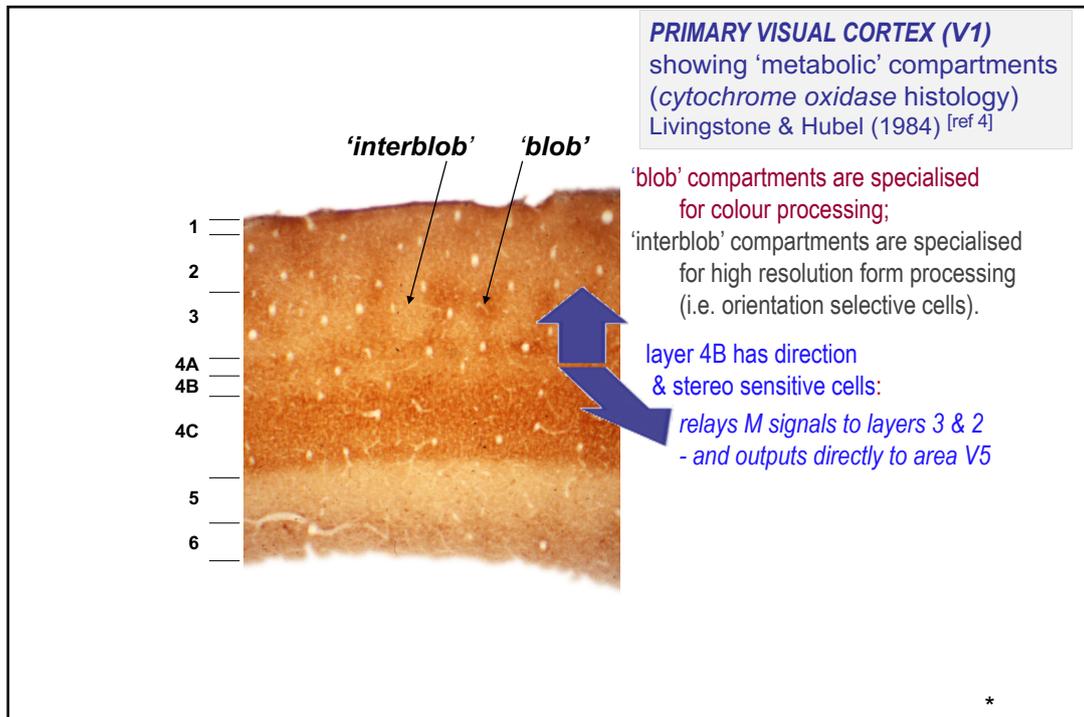
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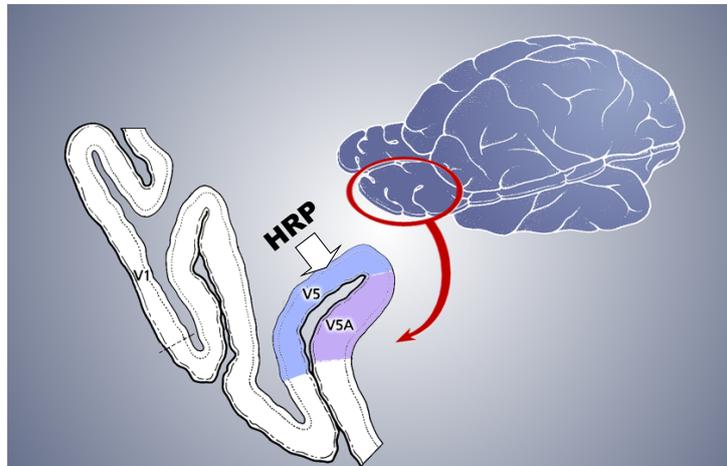


31



32

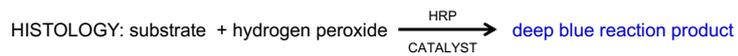
What is the source of input to area V5 ?



HRP (horseradish peroxidase) is a bidirectional tracer of connections: it is taken up by axonal terminals and transported retrogradely to cell bodies; it is also taken up by cell bodies, and transported anterogradely to axonal terminals.

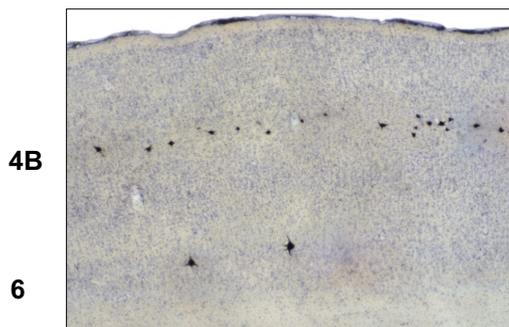
HRP is an enzyme (extracted from the horseradish plant) that catalyses chemical reactions of peroxide.

Procedure: inject tracer, & allow 2-3 days survival for axon transport, prior to histology (incubate brain sections with substrate & peroxide)

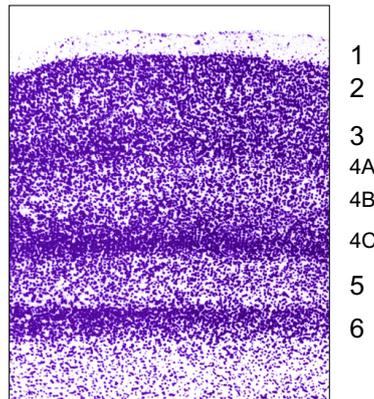


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V1 – laminar source of projections to V5
Shipp & Zeki 1989 [ref 8]



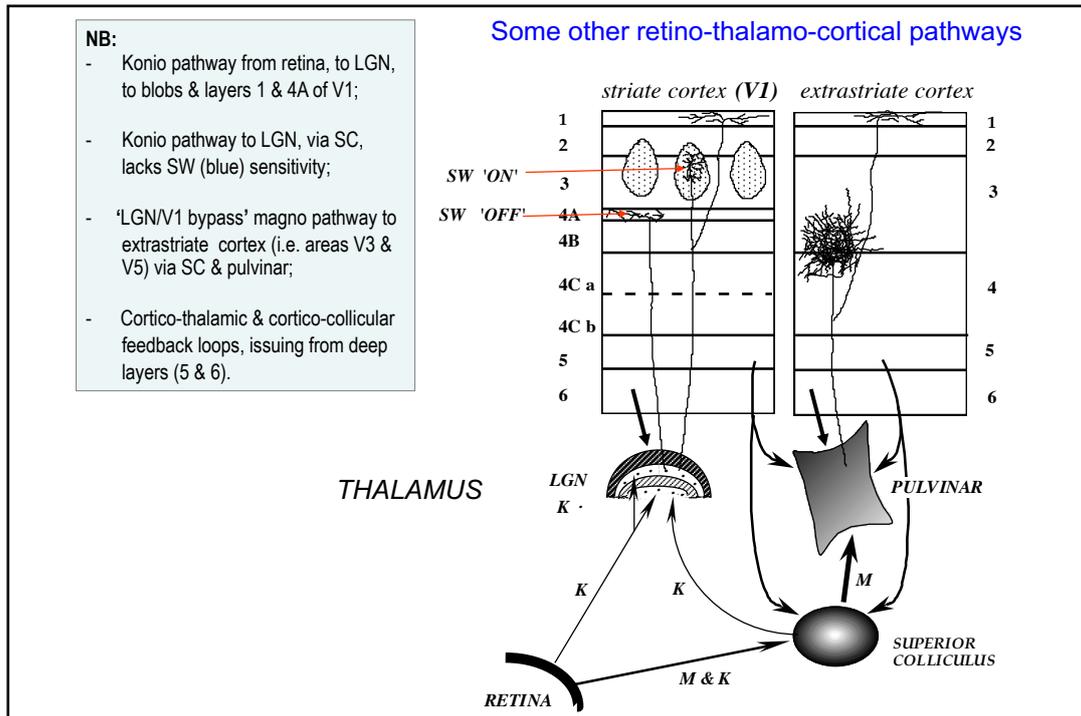
Retrogradely-labelled cells in layers 4B & 6 of area V1;
- axons of these cells project to area V5.



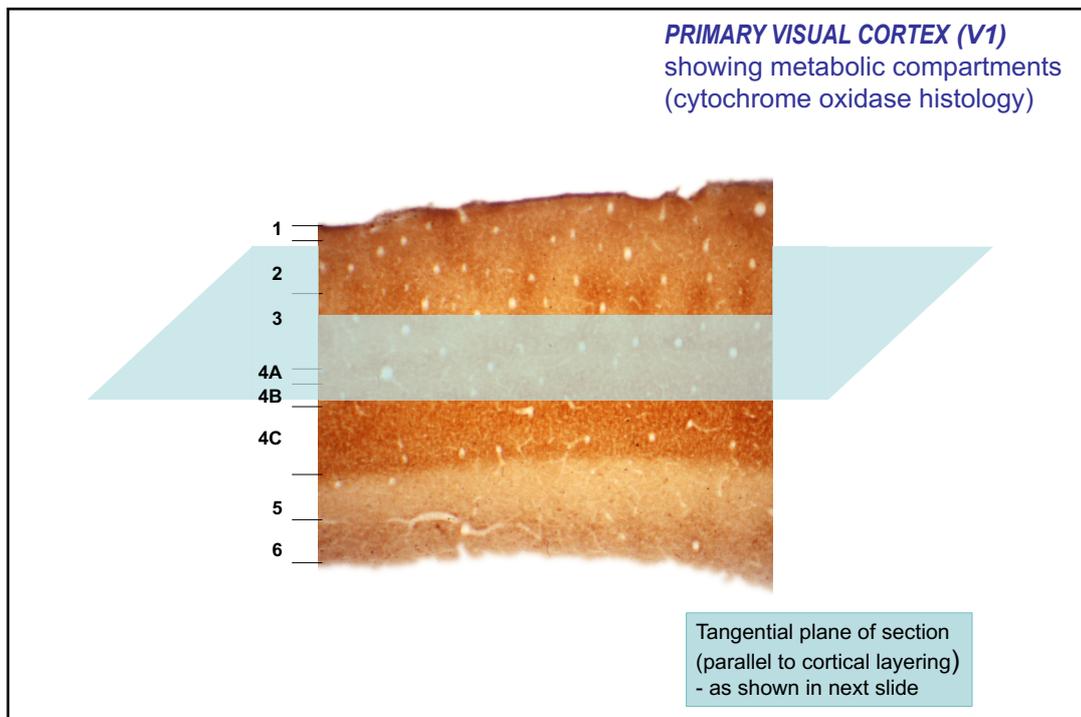
Cytoarchitecture of V1 to show layers.

This is a demonstration of retrograde connections using the neural tracer 'HRP' (horseradish peroxidase).

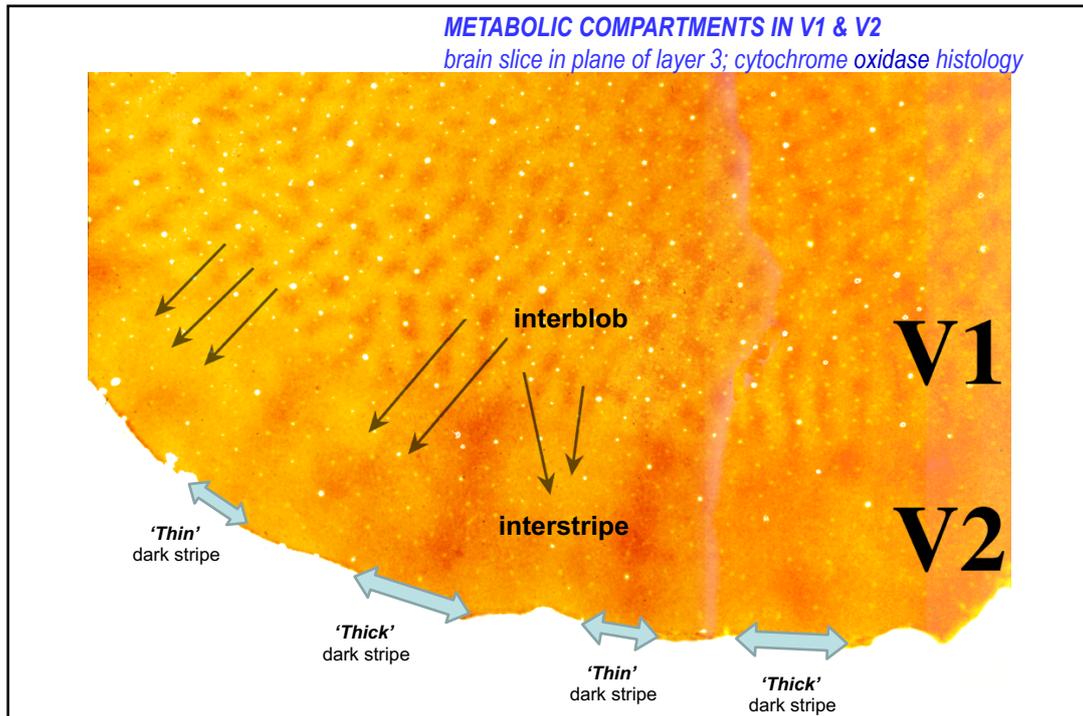
34



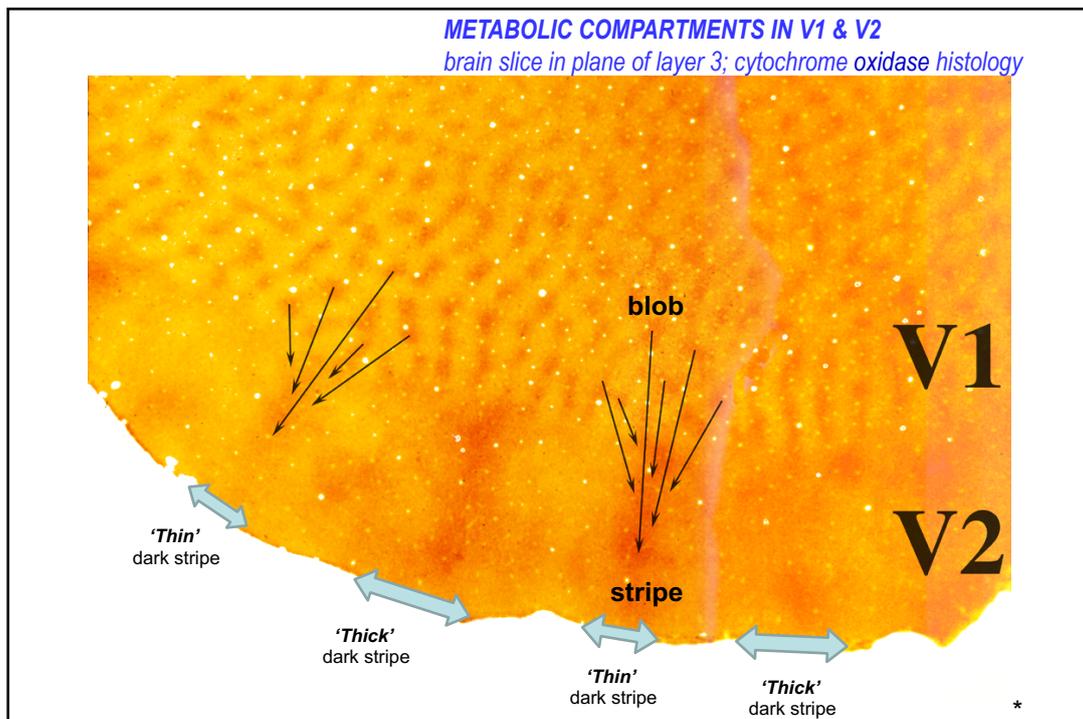
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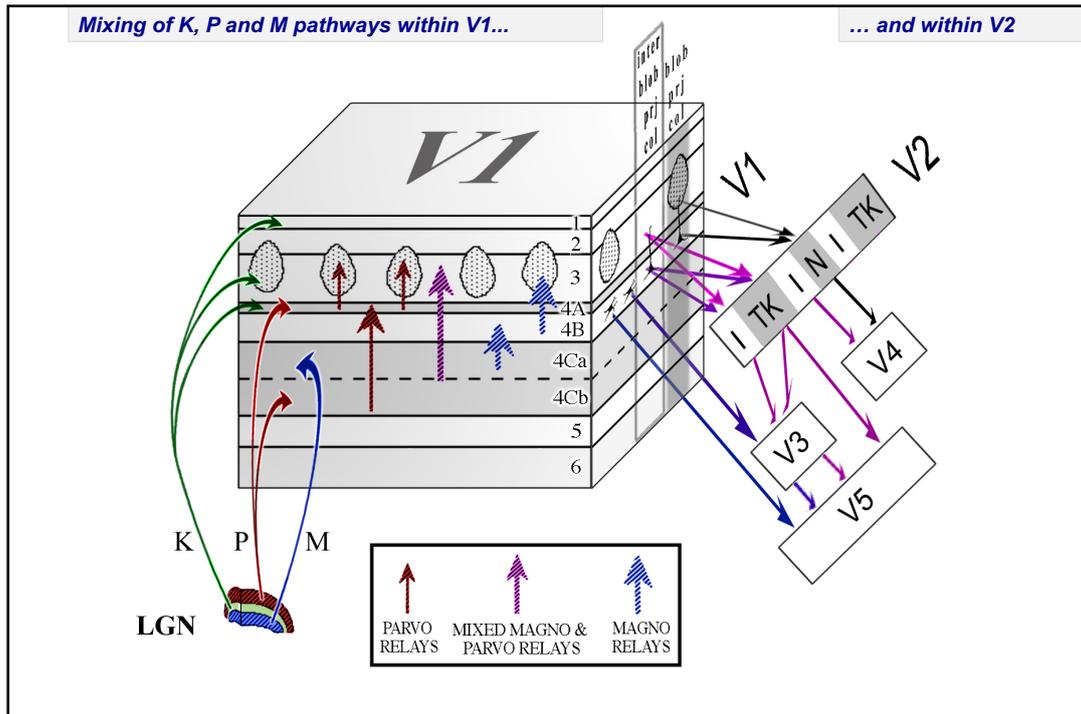
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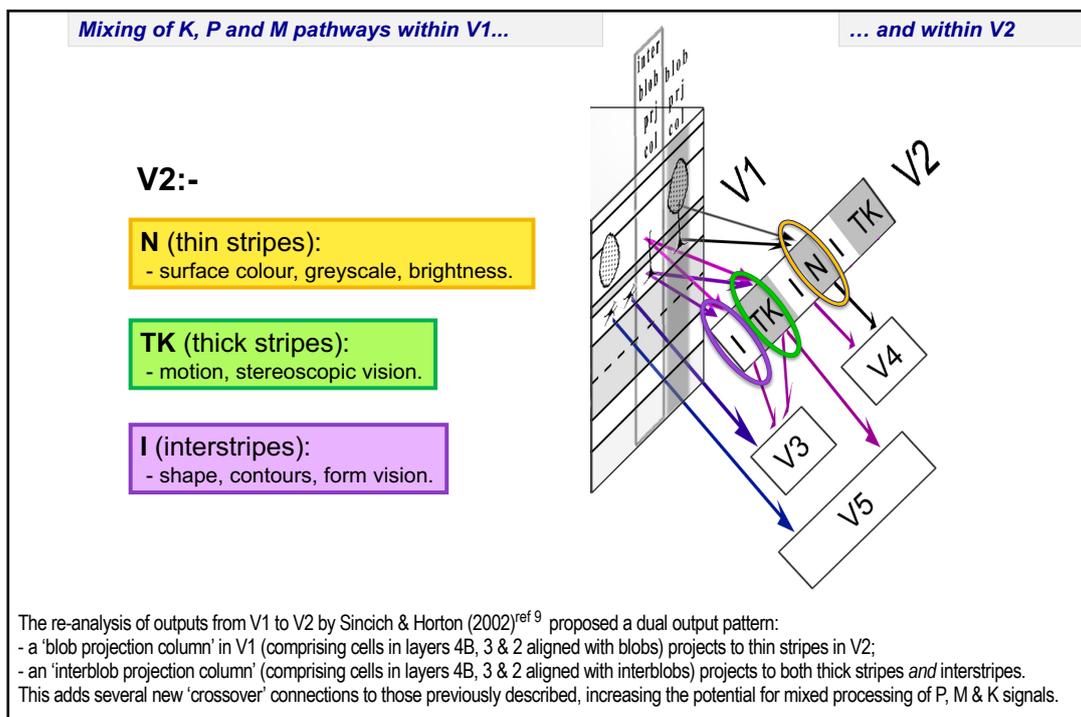
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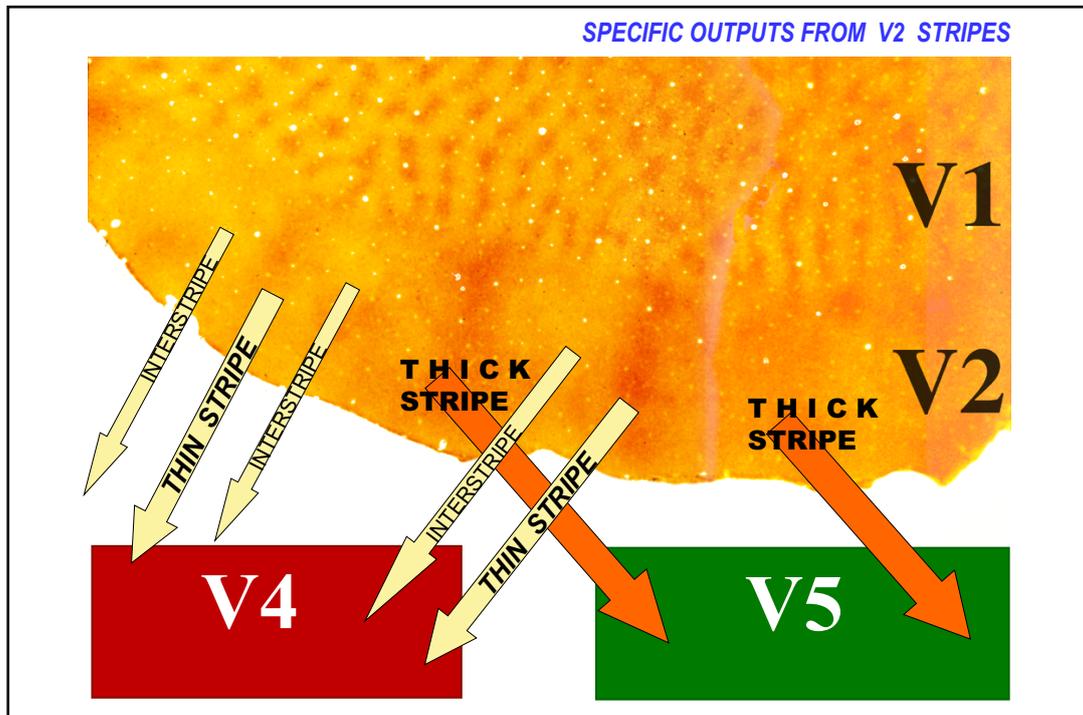
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RECEPTIVE FIELD PROPERTIES OF MODULES IN V1 & V2

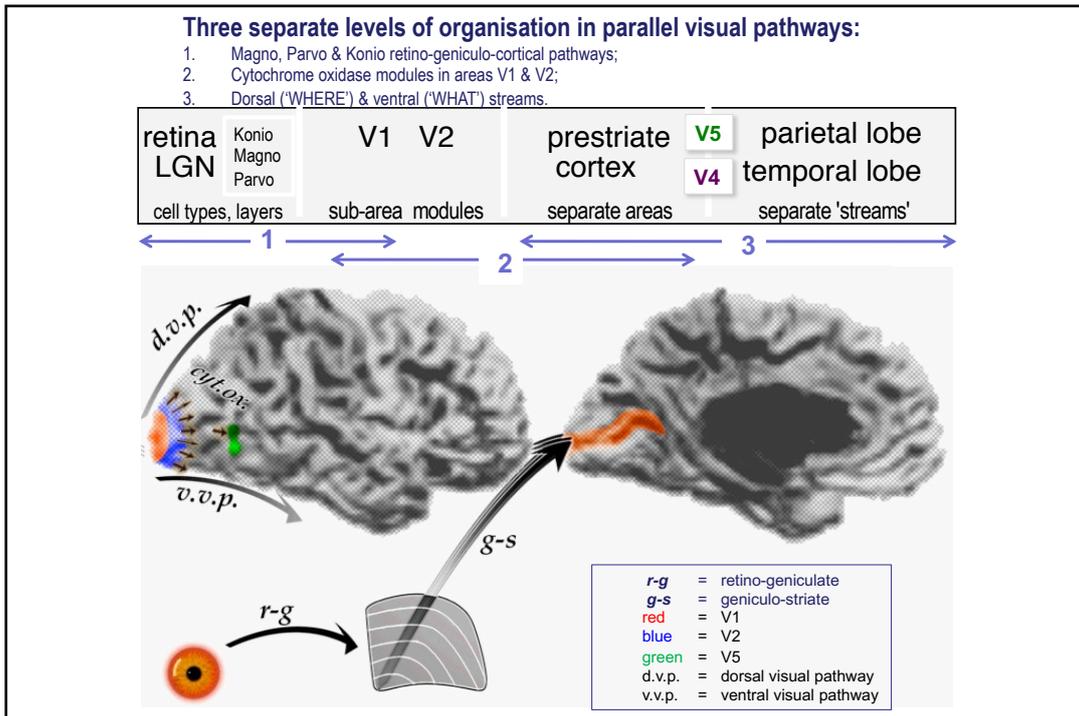
TUNING	BLOBS (V1) THIN STRIPES (V2)	INTERBLOBS (V1) INTERSTRIPES (V2)	LAYER 4B (V1) THICK STRIPES (V2)
Spectral	prevalent	some	negligible
Orientation	negligible	prevalent	prevalent
Direction	negligible	negligible	substantial
Stereo	negligible	negligible	prevalent
Spatial	low frequency	high frequency	mixed

41

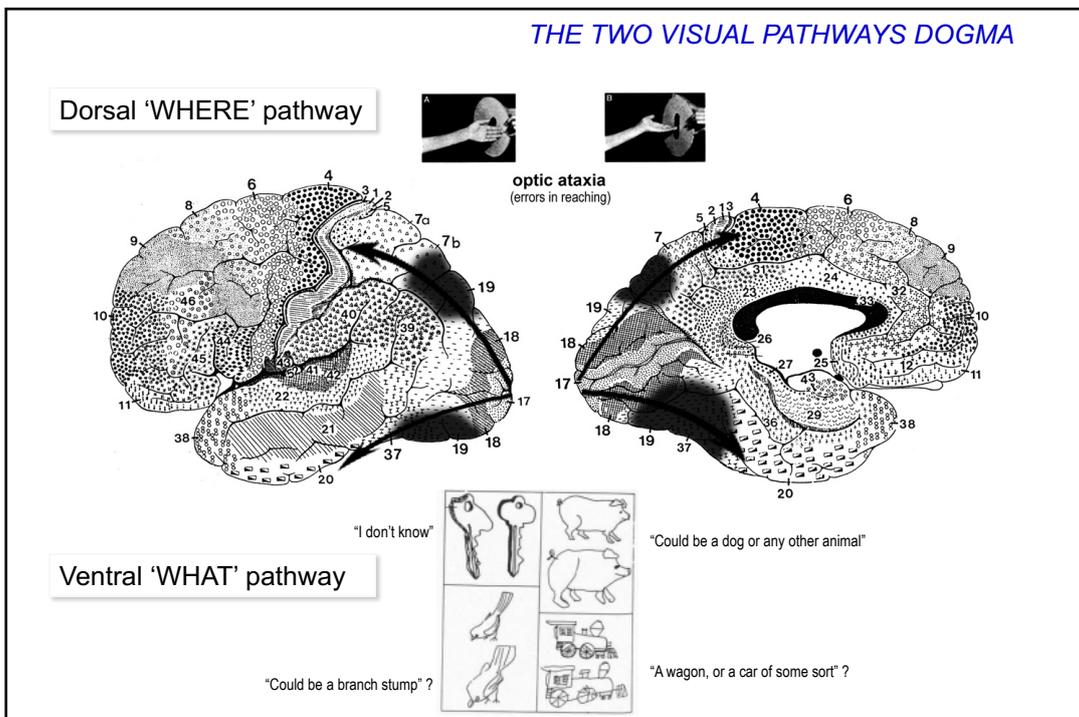
SPECIFIC OUTPUTS FROM V2 STRIPES



42



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44

Ventral occipital lesions impair object recognition but not object-directed grasping: an fMRI study.
James et al. (2003) [ref 11]

Area LO and agnosia

brain lesions in **patient DF** (case of carbon monoxide poisoning)

area LO in a normal subject

The figure displays brain scans comparing patient DF with a normal subject. The top row shows patient DF's brain with lesions in the ventral occipital region, indicated by yellow highlights on lateral views and axial slices. The bottom row shows a normal subject's brain with area LO highlighted in yellow. A color scale bar is provided between the rows. The text 'area LO in a normal subject' is positioned below the bottom row of scans.

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THE TWO VISUAL PATHWAYS DOGMA

Dorsal 'WHERE' pathway
or vision for action

optic ataxia
(errors in reaching)

V5

V4

visual agnosia
(e.g. errors in copying a vertical line)

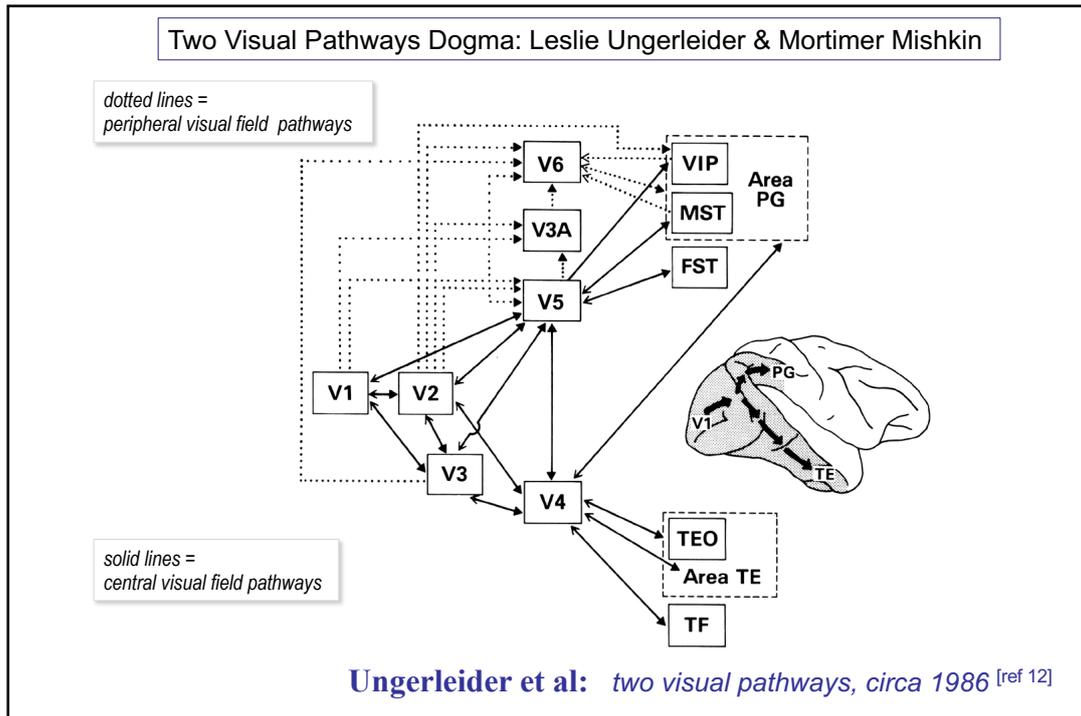
Ventral 'WHAT' pathway
or vision for perception

(patient DF)

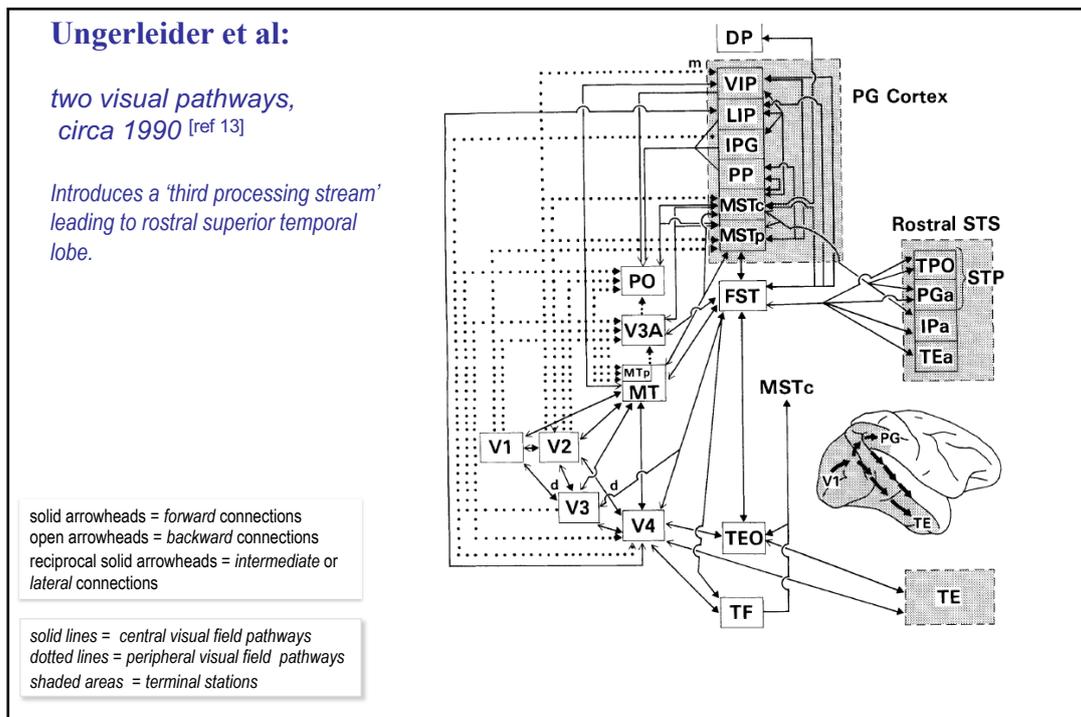
David Milner & Melvyn Goodale

The diagram illustrates the two visual pathways dogma. It shows two coronal sections of the brain. The left section highlights the dorsal 'WHERE' pathway (V5) with a green star, associated with optic ataxia (errors in reaching) and vision for action. The right section highlights the ventral 'WHAT' pathway (V4) with a pink star, associated with visual agnosia (e.g. errors in copying a vertical line) and vision for perception. The text '(patient DF)' is written in red below the V4 section. The diagram includes numbered cortical areas (1-46) and two circular diagrams at the bottom: a simple vertical line and a complex radial pattern.

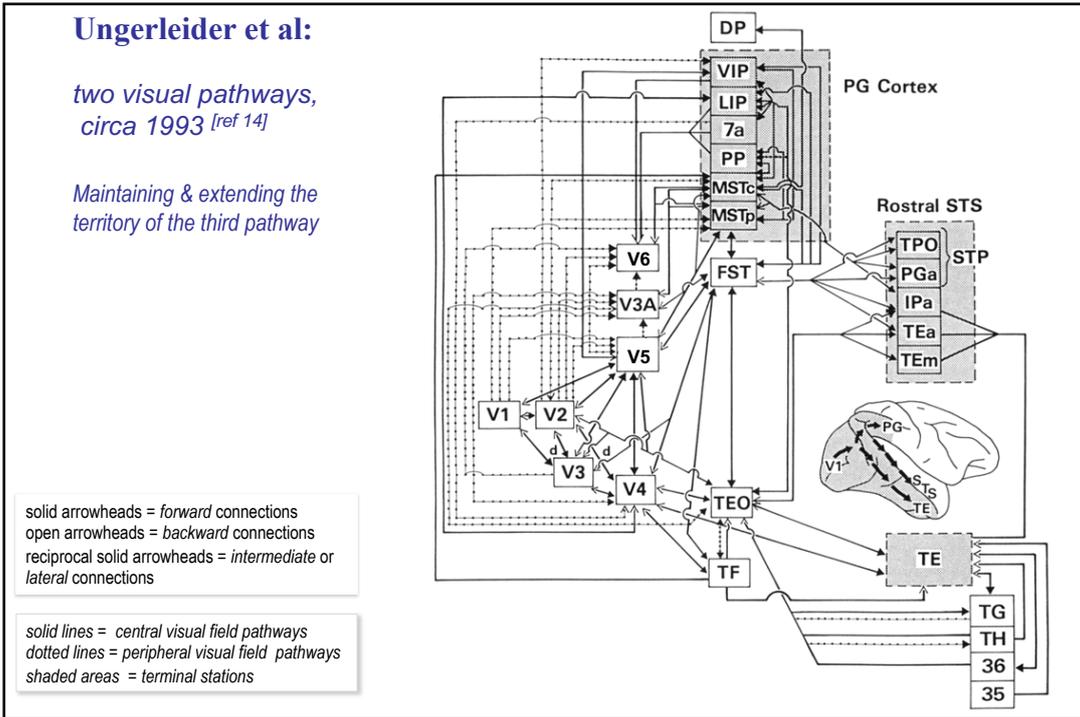
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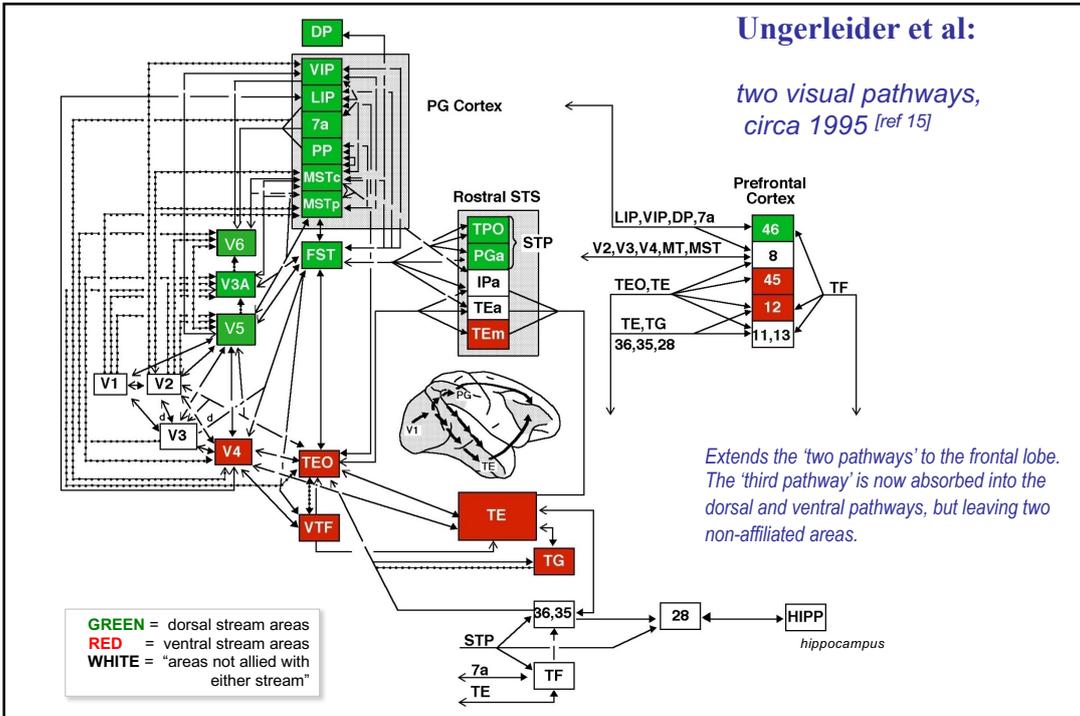
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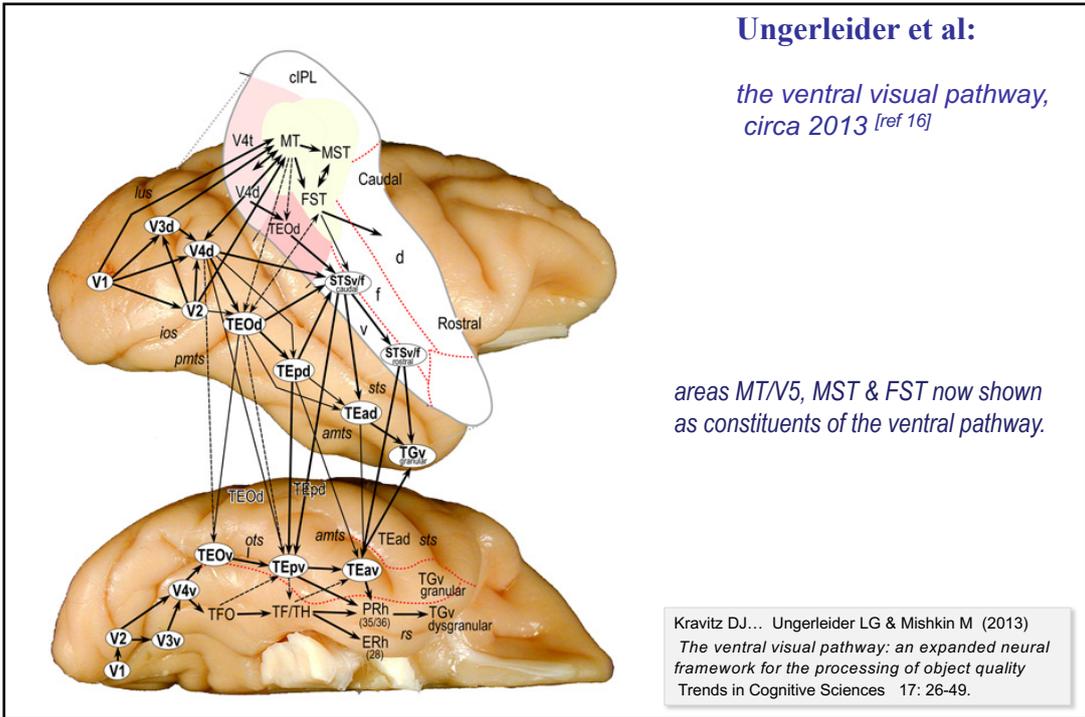
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