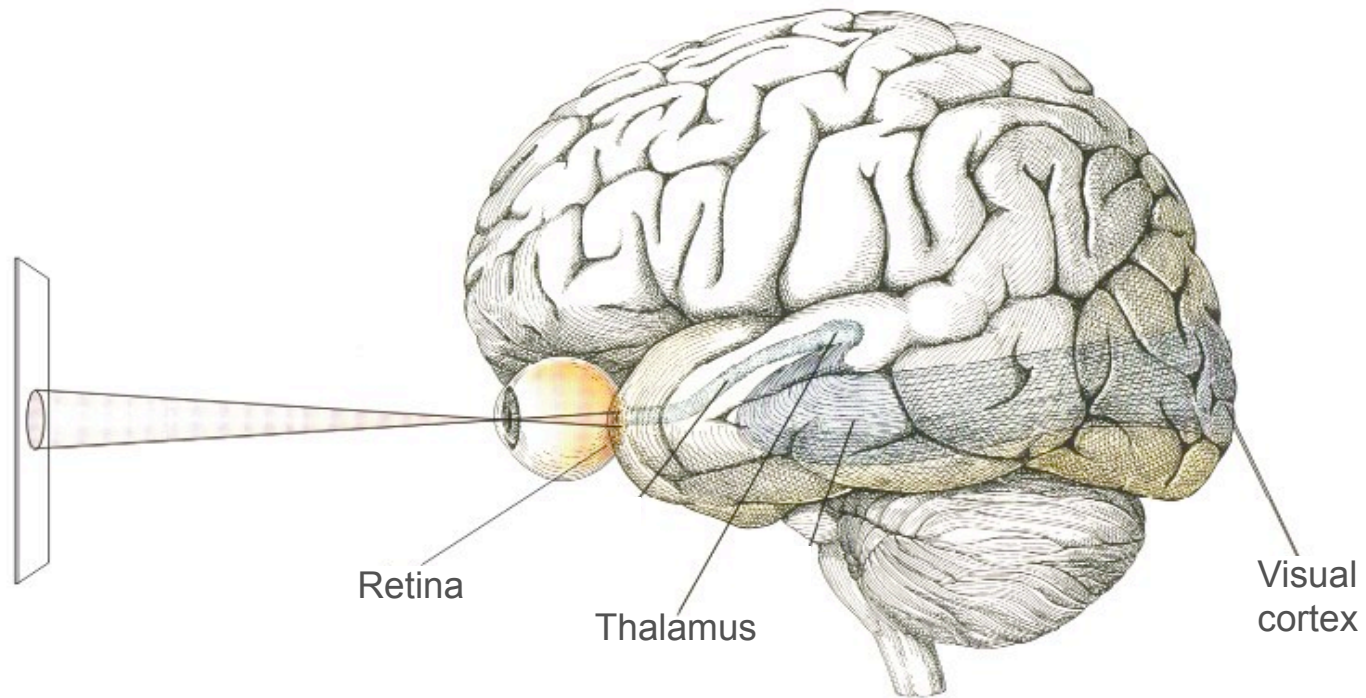


## The Lateral Geniculate Nucleus of the Thalamus

(A model for all thalamic 'relays')

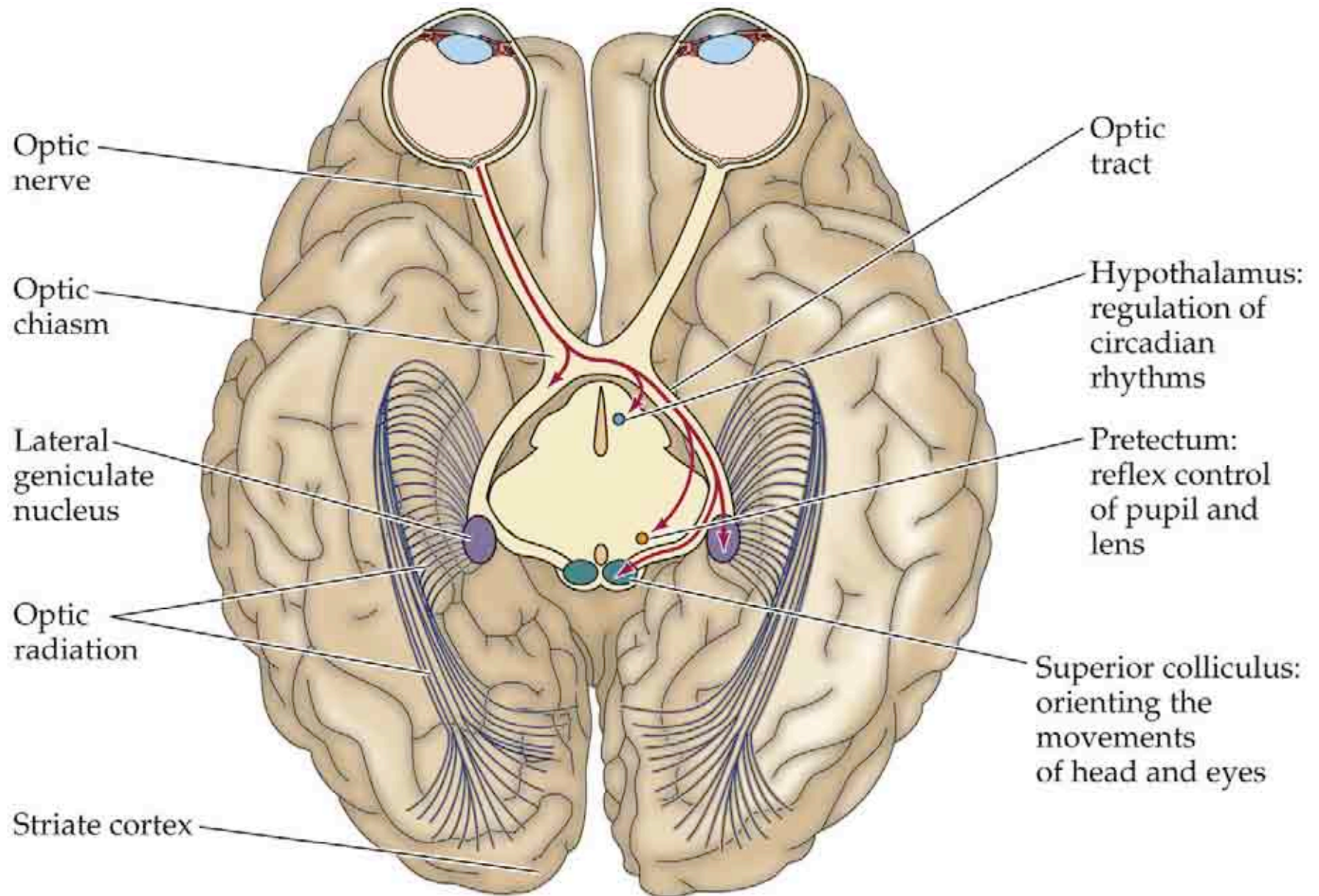


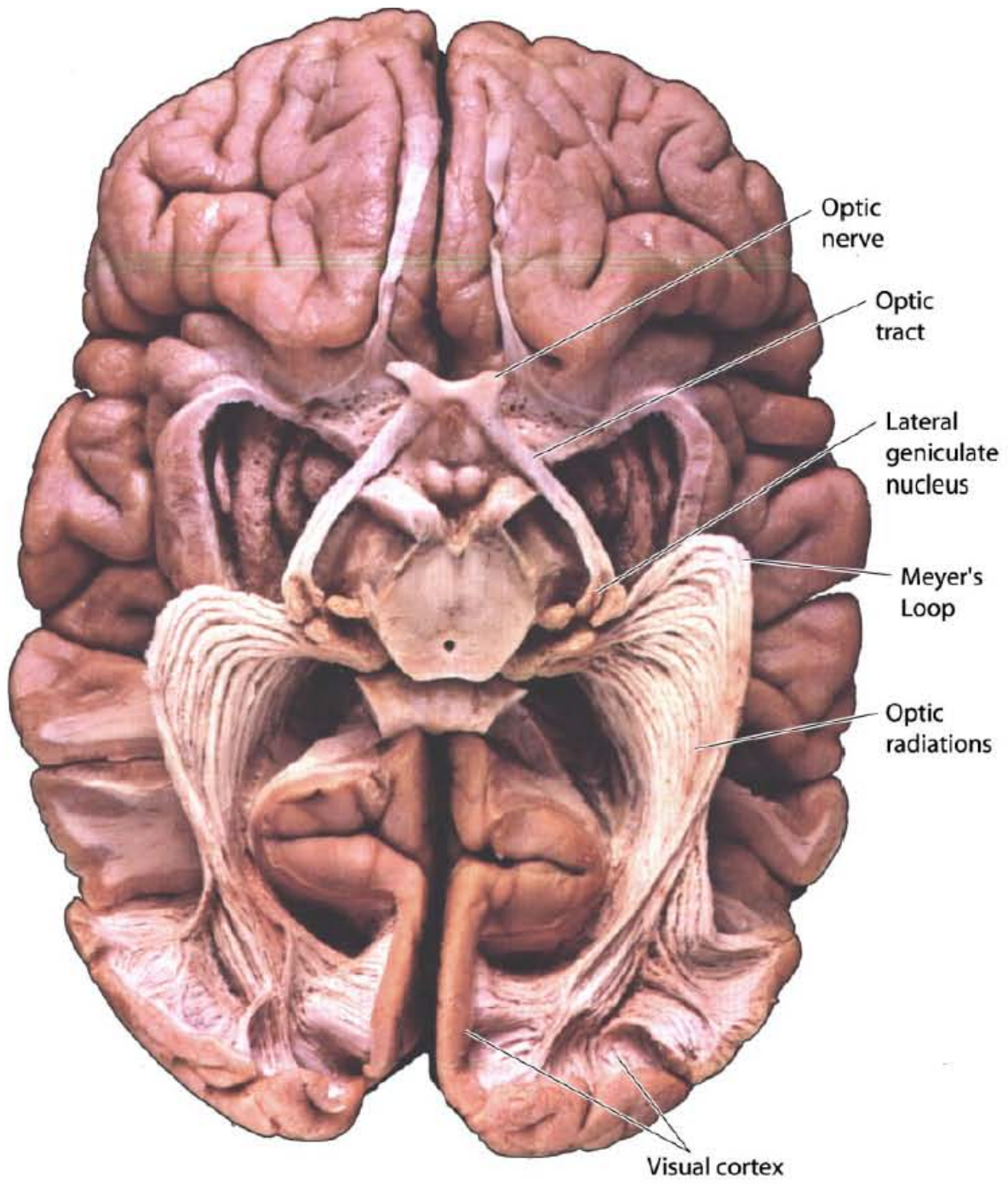
Why not send projections from retina to visual cortex directly?

## 2. Vision gone wrong:

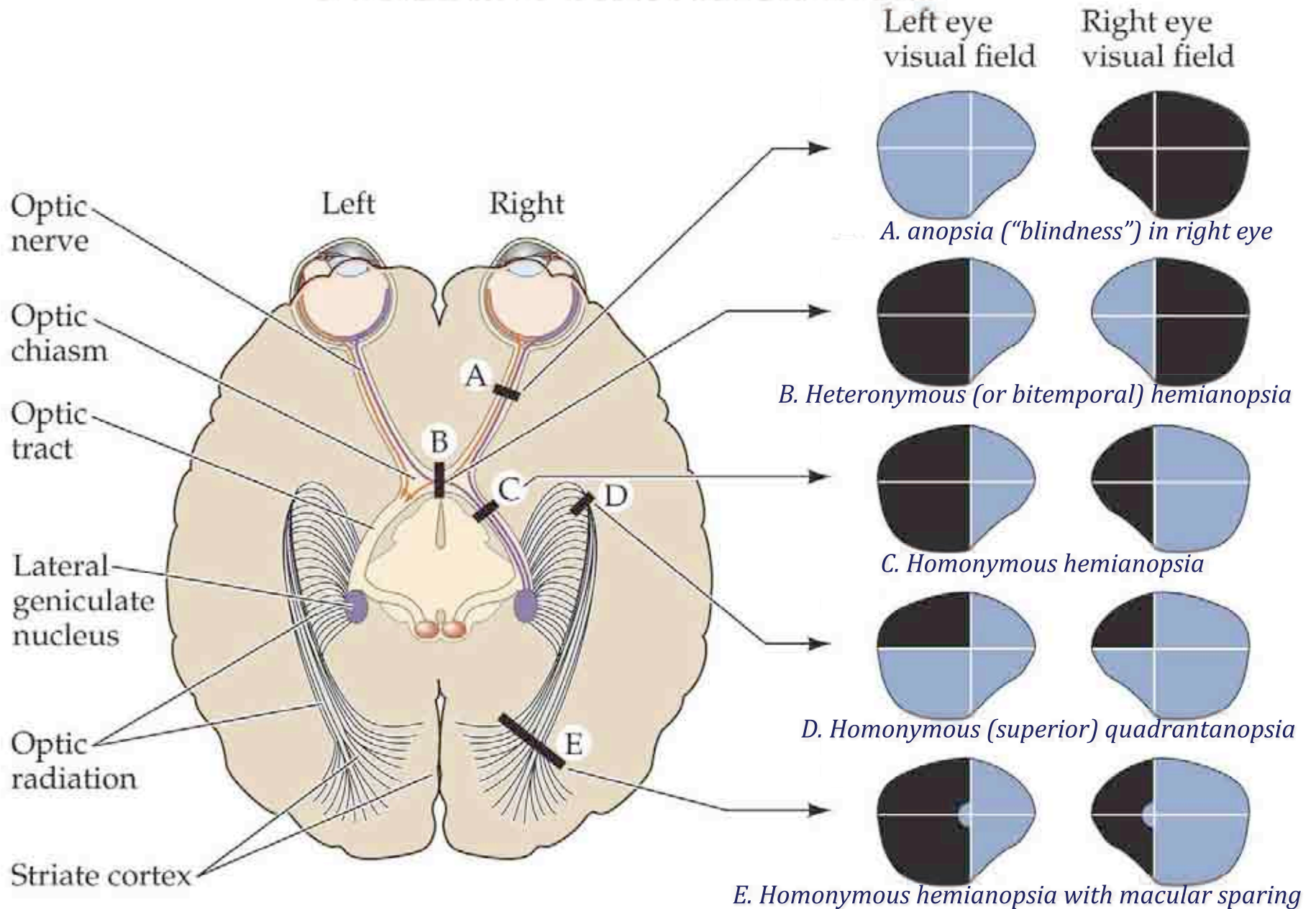
- a. Scotoma (lesions along the primary visual pathway from retina through primary visual cortex)
- b. Perceptual deficits (motion, depth, places, faces – lesions beyond primary visual cortex)
- c. Eye movements (saccades, smooth pursuit, vergence, - lesions in SC, FEF, pons, midbrain, SN, cerebellum)
- d. Pupil (reflexes – lesions in pretectum, CN III, EW nucl. & “steady state size” – lesions in hypothalamus, RF, T1-T3)

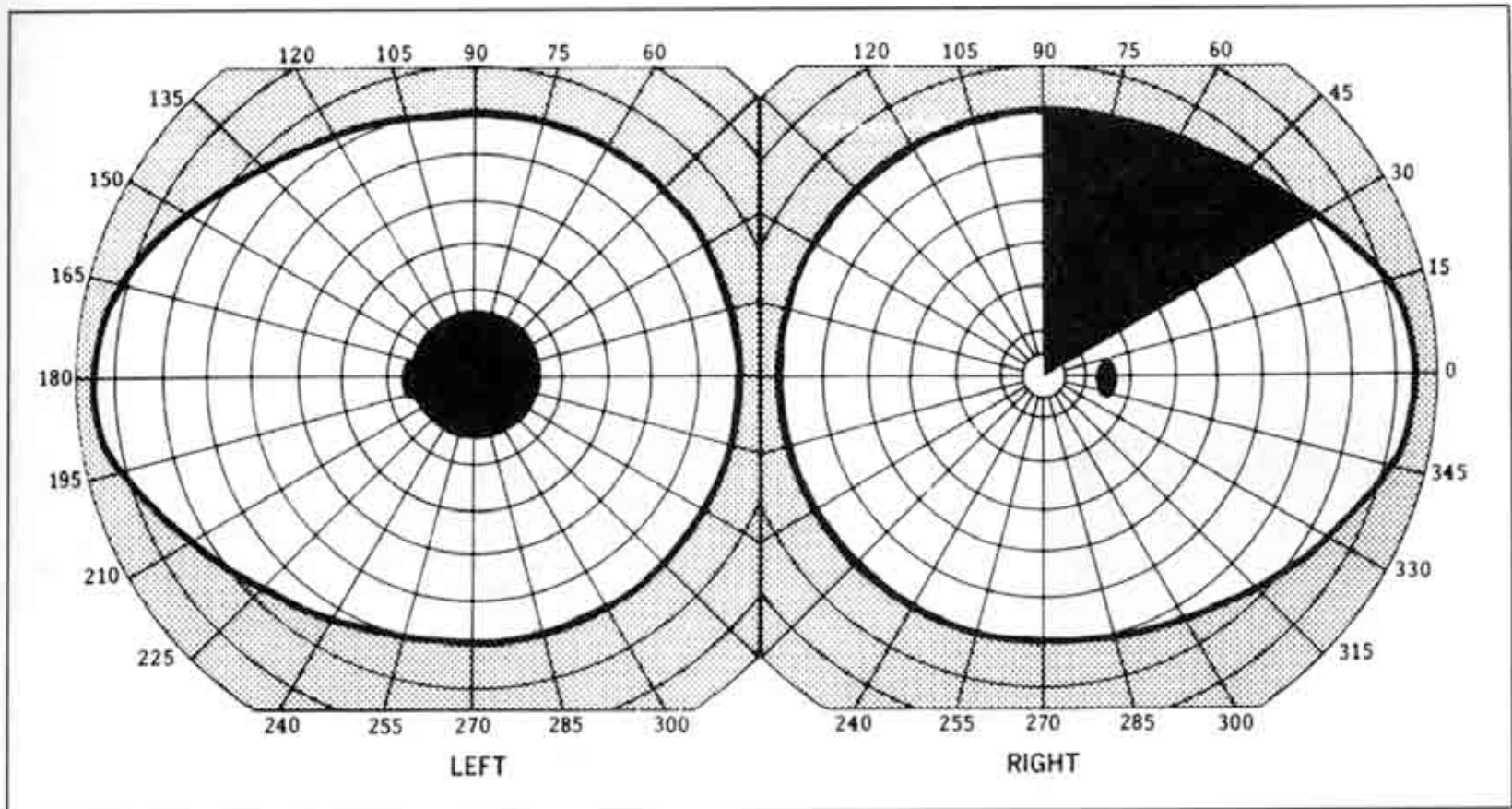
Figure 12.1 Central projections of retinal ganglion cells





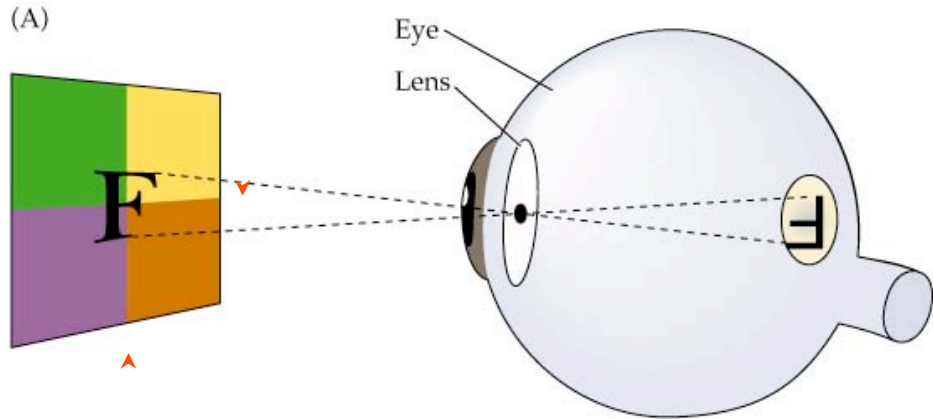
# Visual Field Deficits





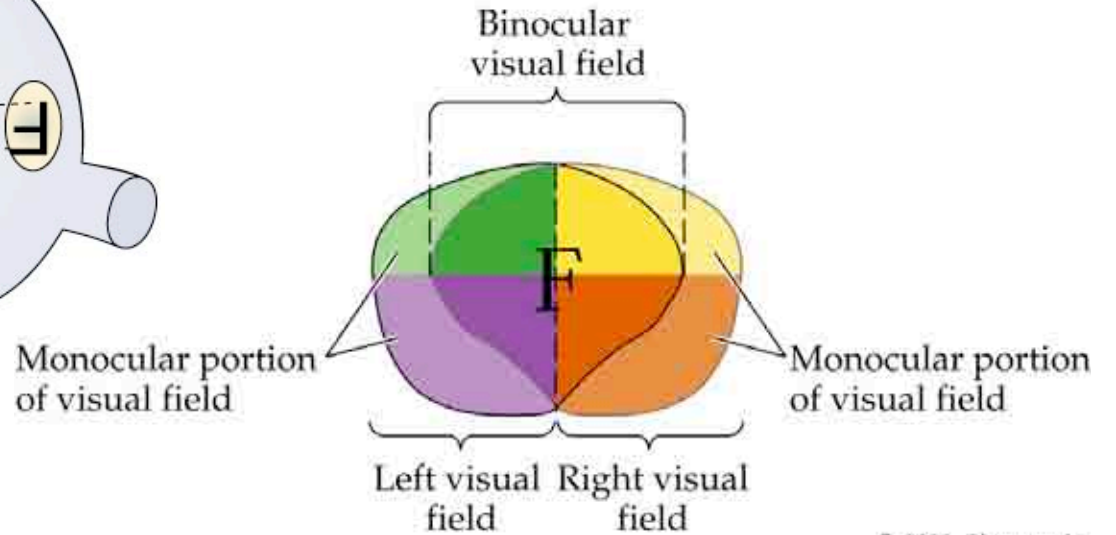
**Figure 1-12.** Junctional scotoma: a central scotoma in one eye with a superior-temporal defect in the fellow eye; indicates a lesion at the junction of the optic nerve (left eye in this case) and the chiasm.

Horizontal meridian

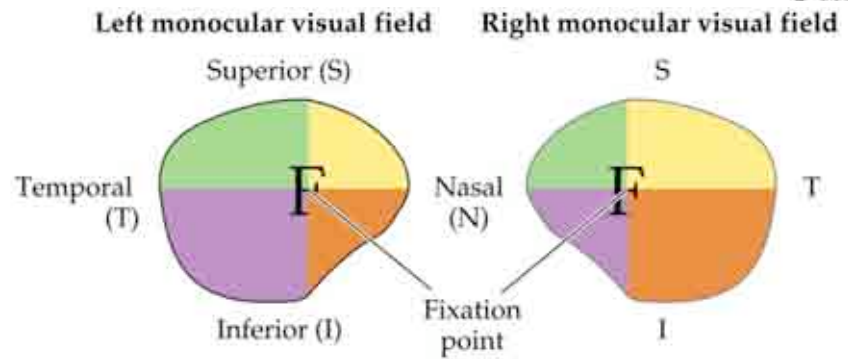


Vertical meridian

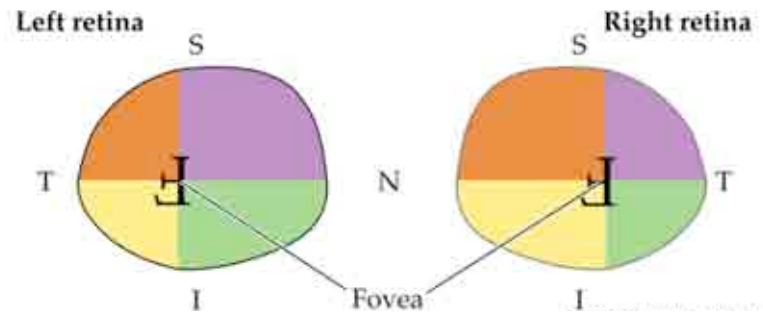
Inversion and reflection

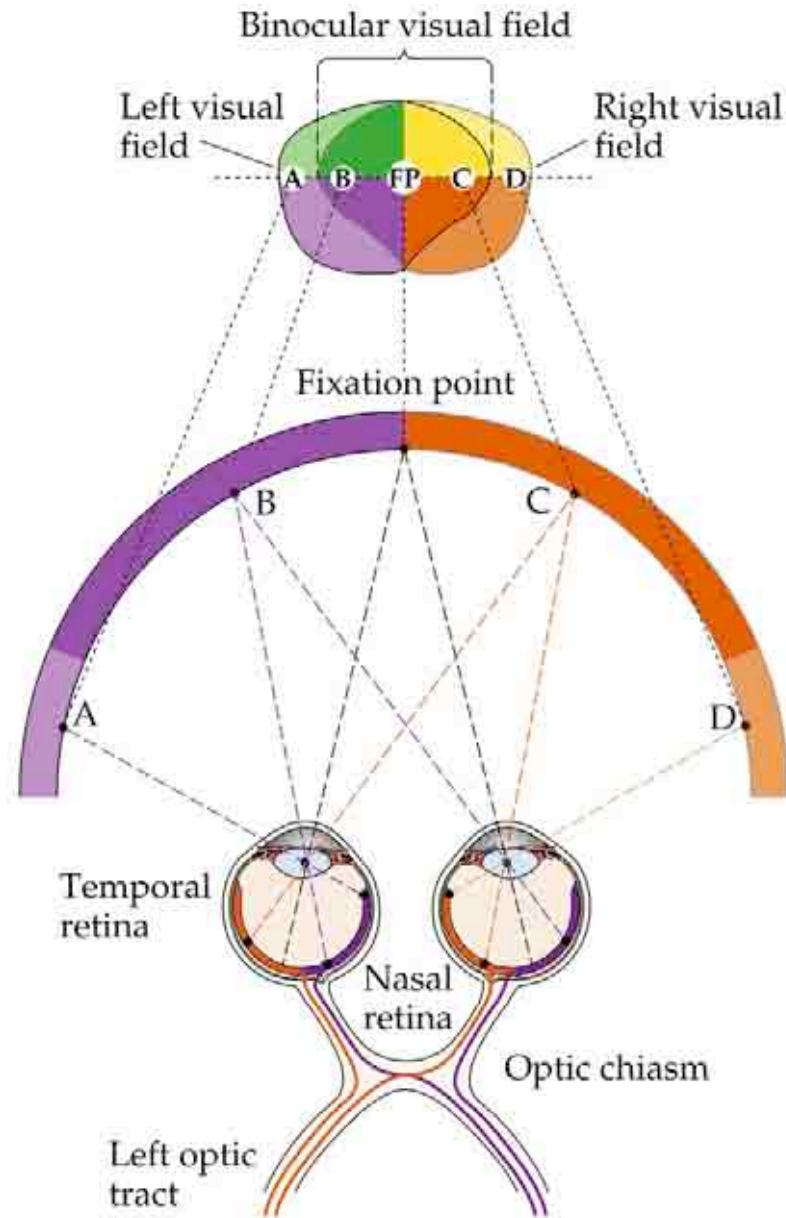


Visual field



Projections of visual field onto retinas





*Each eye sees portions of both visual hemifields*

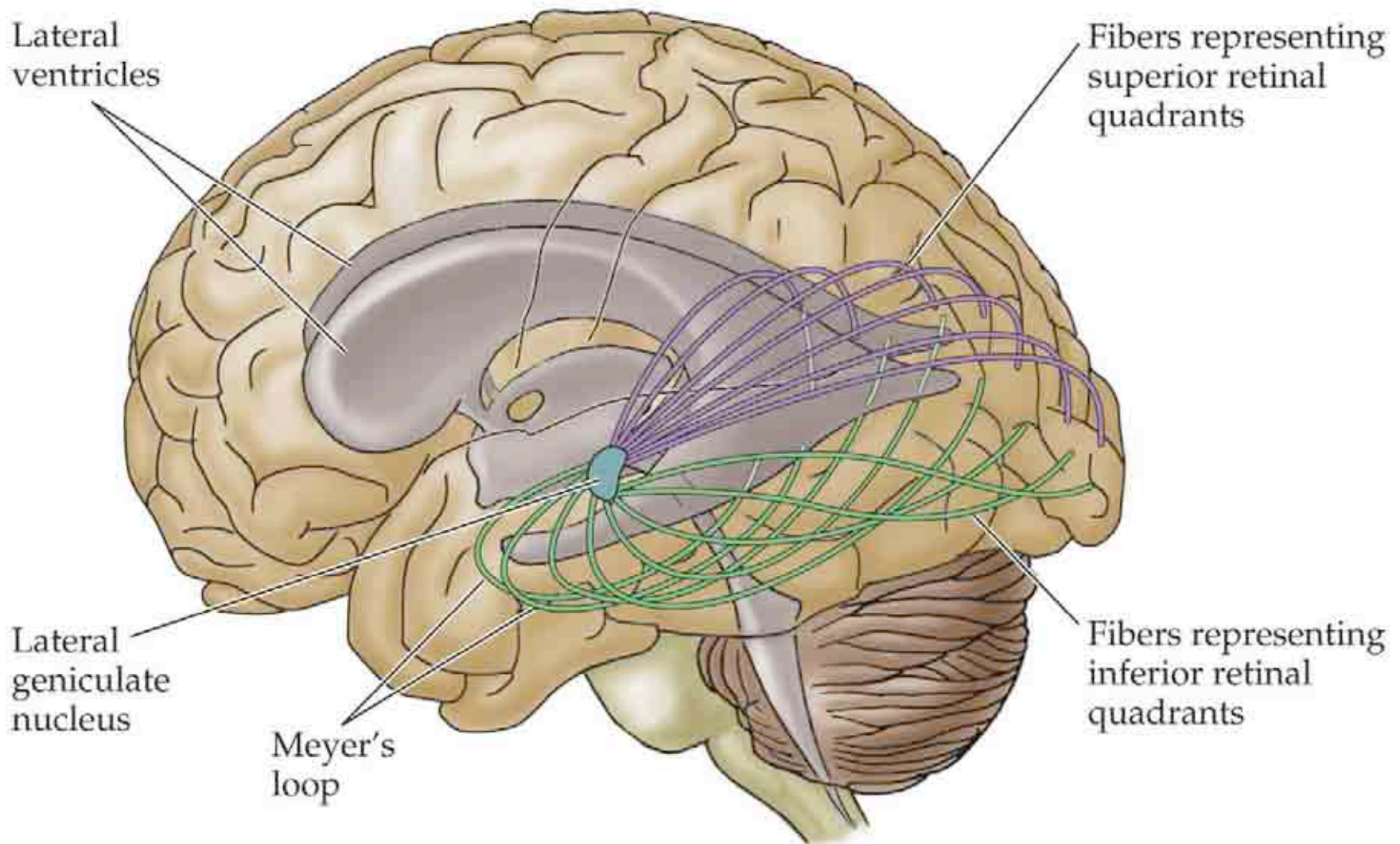
*Each optic tract represents the contralateral visual hemifield*

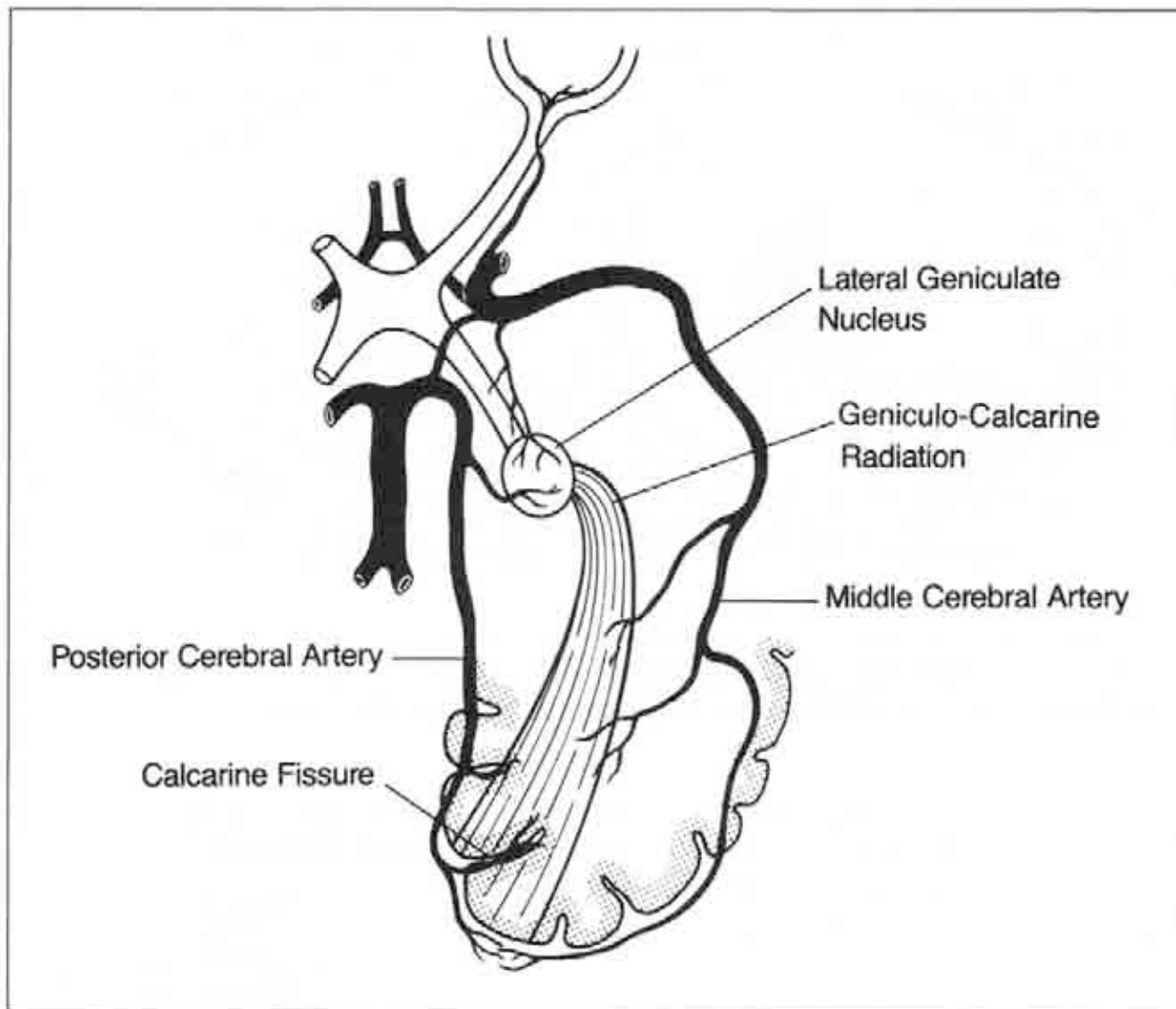
(D-C-Fp)

(Fp-B-A)



# Visuotopy in the Optic Radiations





**Figure 1-19.** The tip of the occipital lobe, where the macular or central homonymous hemifields are represented (see Figure 1-4), is supplied by terminal branches of the middle and posterior cerebral arteries; it is referred to as a watershed area. The mesial surface of the occipital lobe is supplied by more proximal (not terminal) branches of the posterior cerebral artery.

Optic tract has  
Three (+1) main targets:

1. *Pretectum*
2. SC
3. **LGN**

(4. *hypothalamus – light  
Sensing ganglion cells,  
So circadian clock resetting  
is intact  
in photoreceptor  
blindness*)

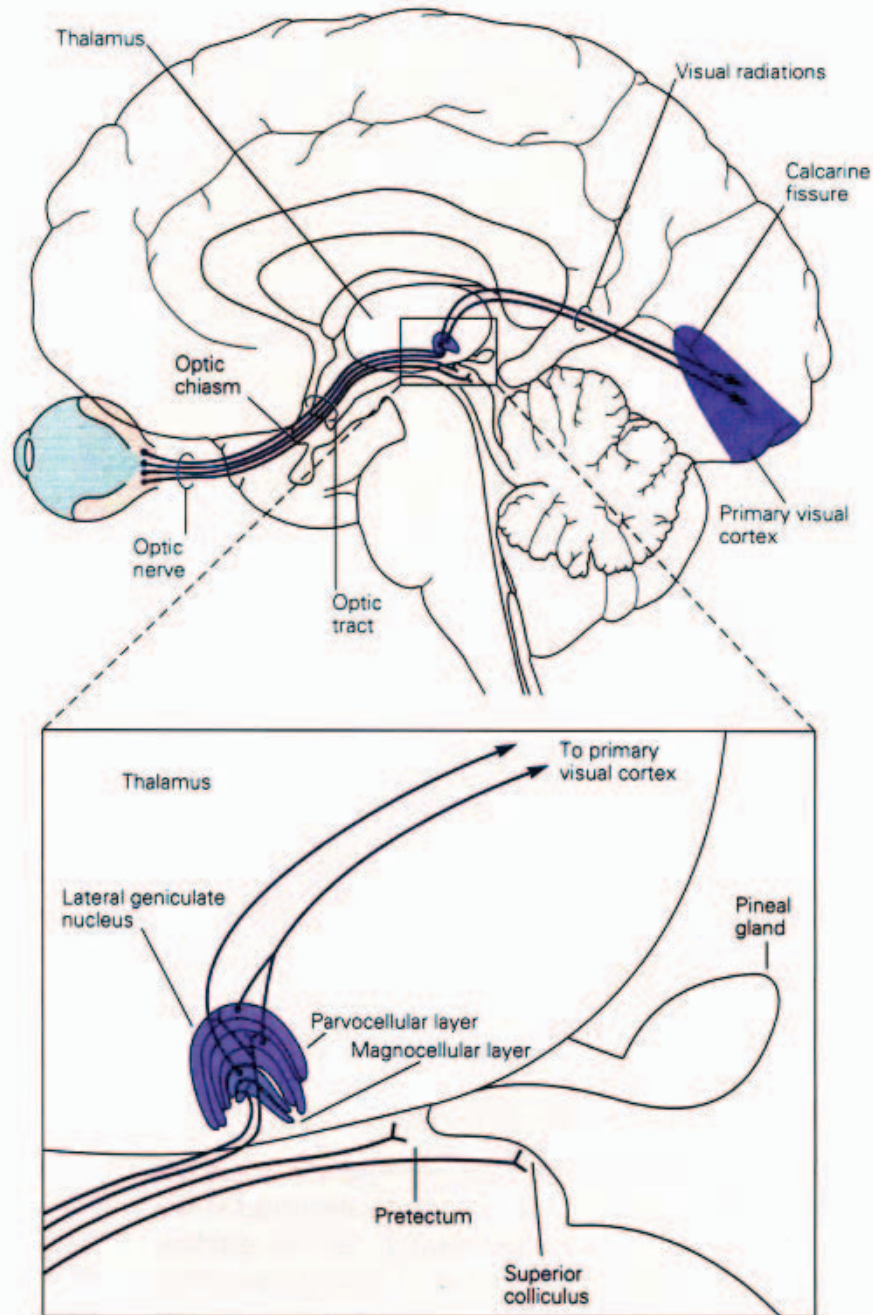
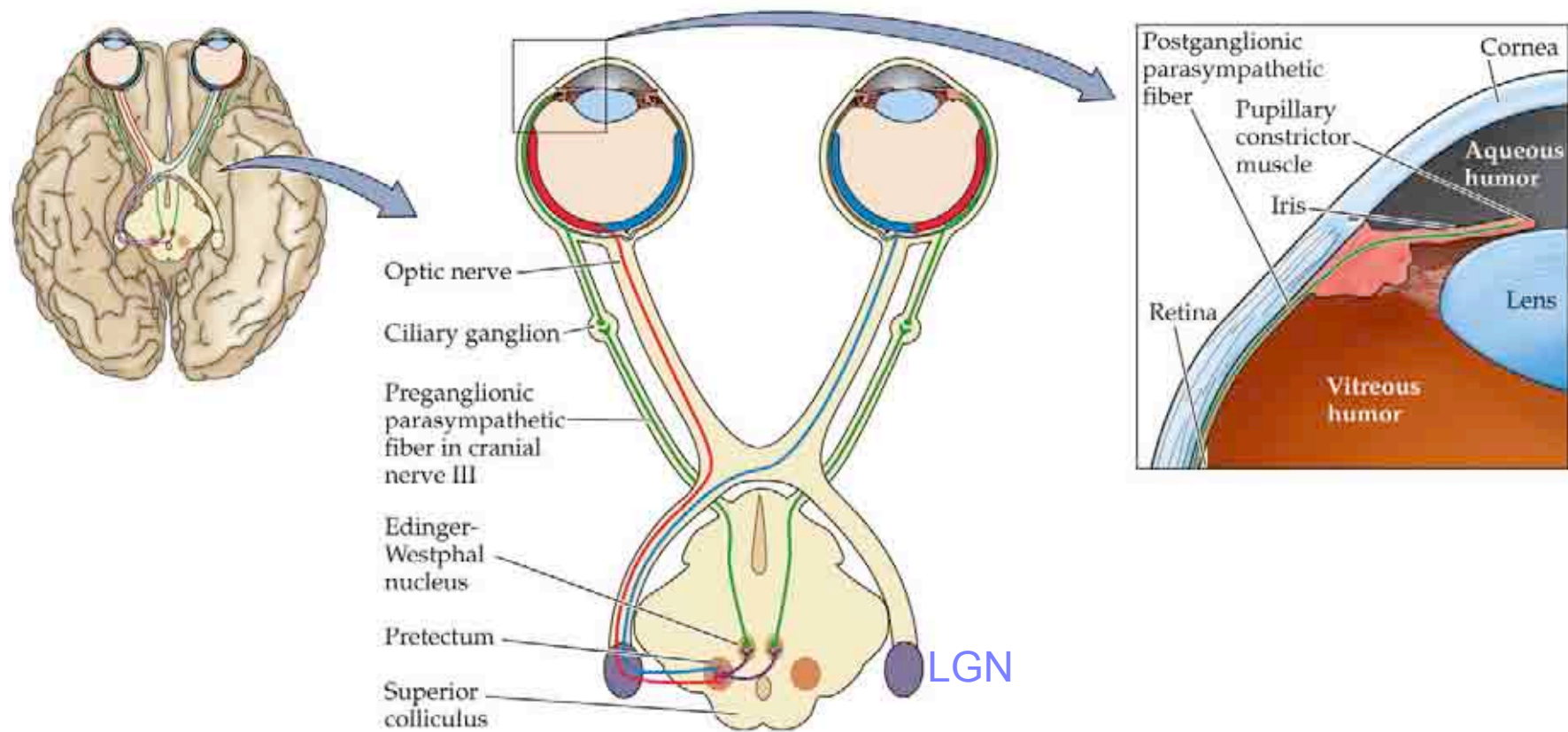
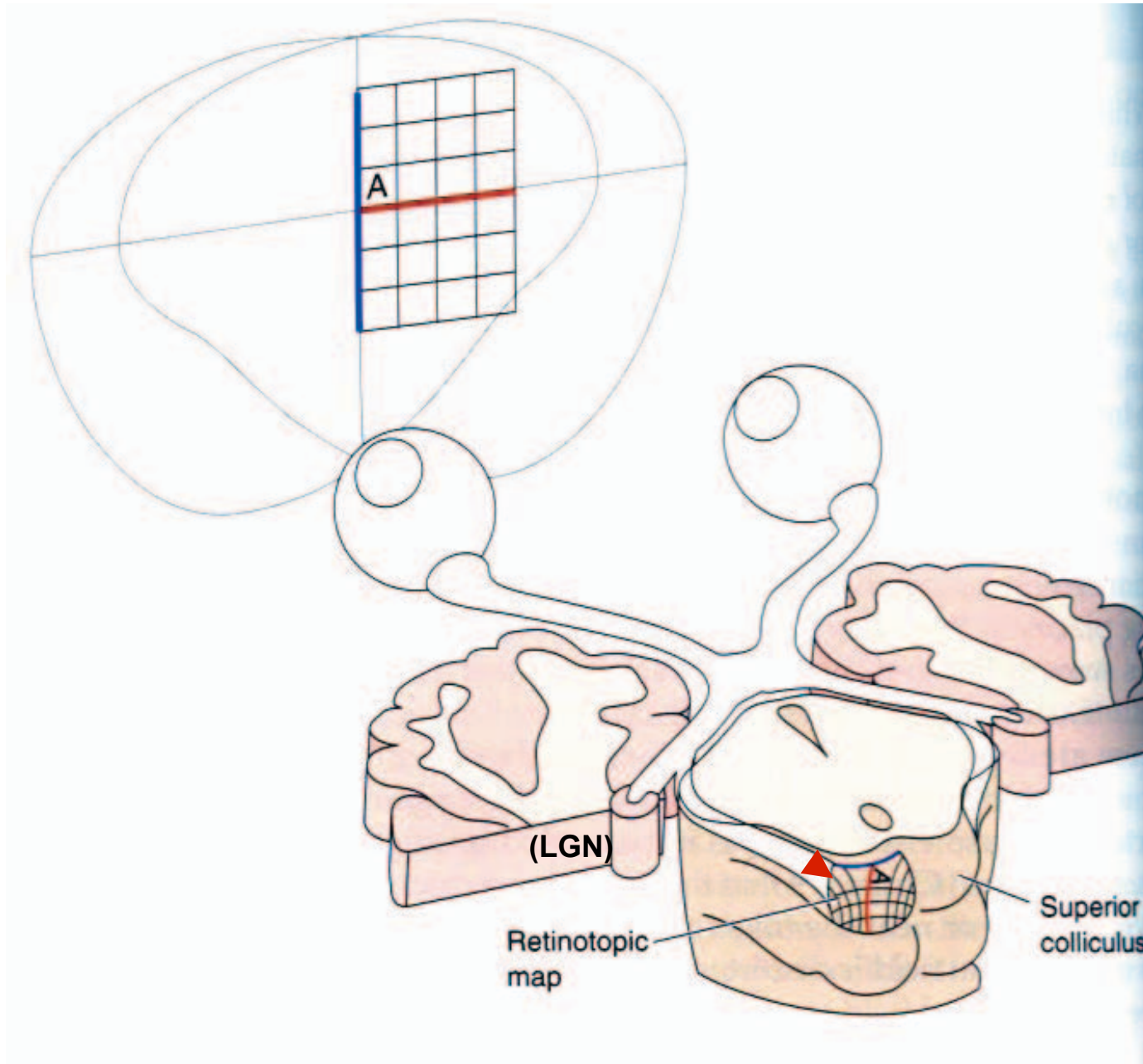


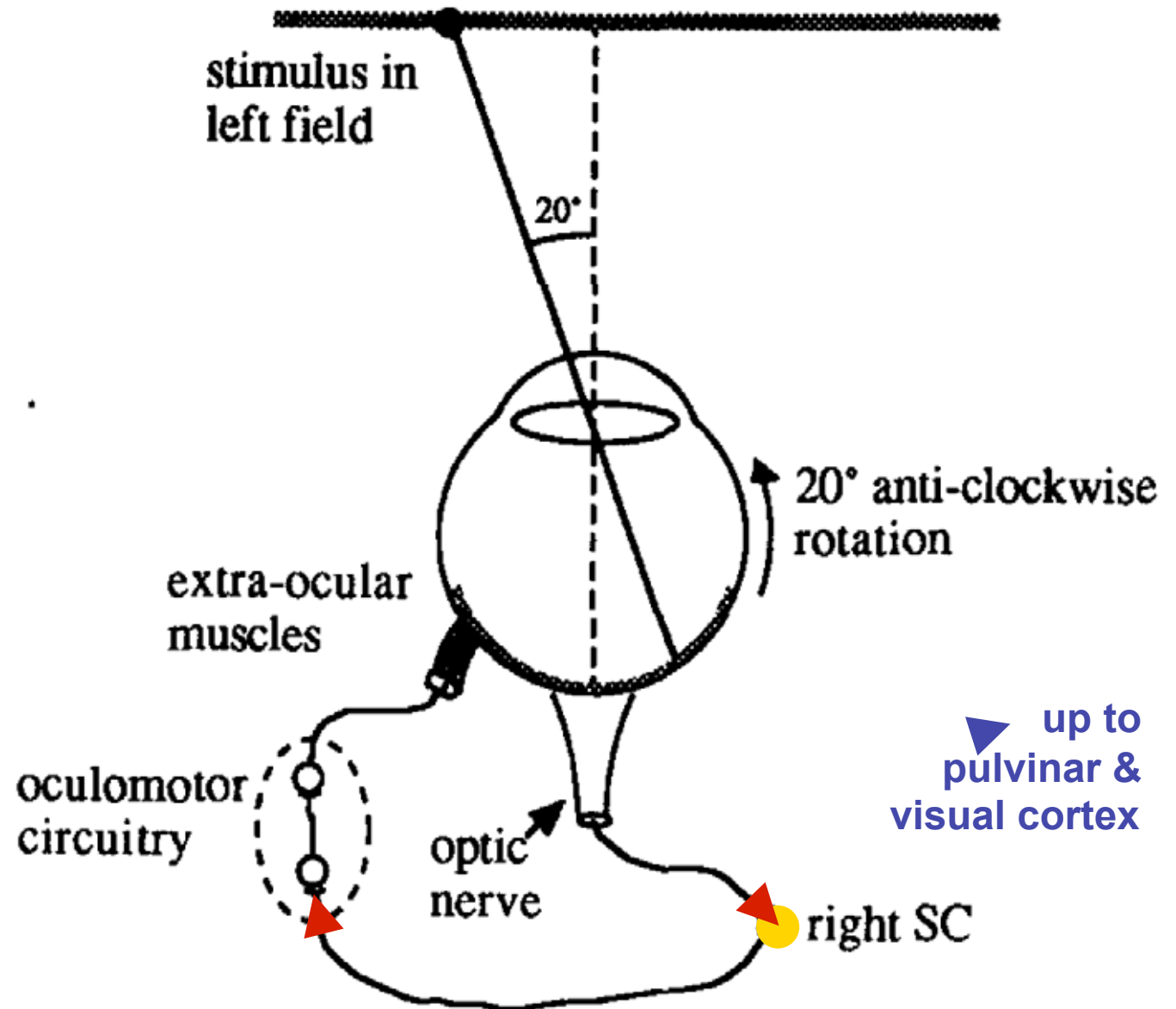
Figure 12.2 The circuitry responsible for the pupillary light reflex



## 2. Superior Colliculus: eye movements & 2nd visual pathway



## 2. Superior Colliculus: eye movements & 2nd visual pathway (blindsight)

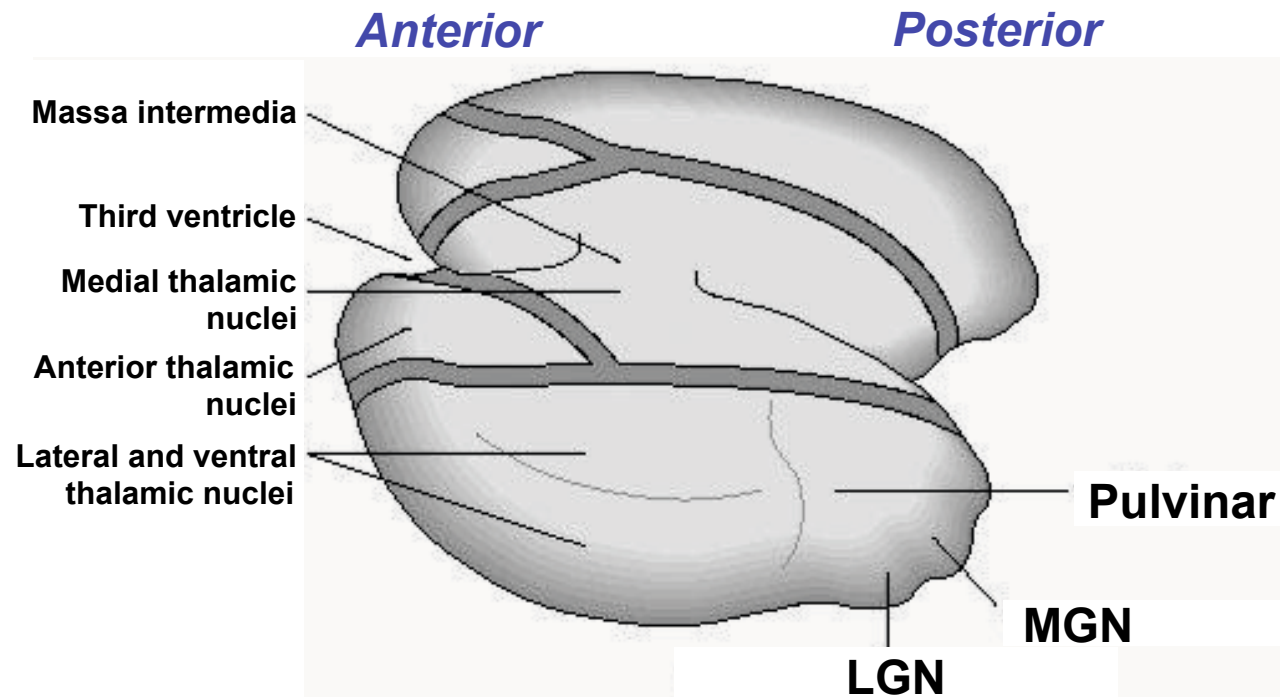


LGN: sometimes also called the “dLGN” because it is in the dorsal thalamus. But because there is no similarly large ventral counterpart (at least in primates, probably), usually omit the “d”.

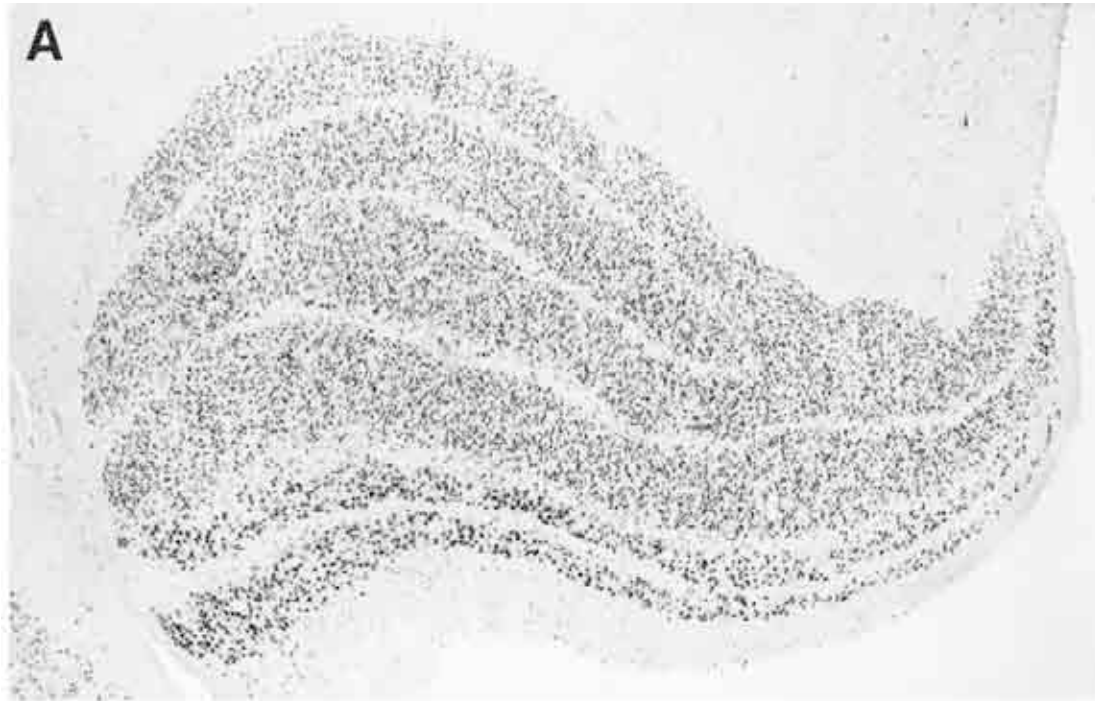
LGN lesions: extremely rare. (significant damage around the thalamus leads to coma etc. and then visual field defects might be the last of your worries).

Can result in incongruous homonymous hemianopias, and sometimes other strange horizontal or hourglass-shaped field defects.

**3. Lateral  
Geniculate  
Nucleus:  
Part of the  
thalamus**







Human LGN  
(Nissl stain)

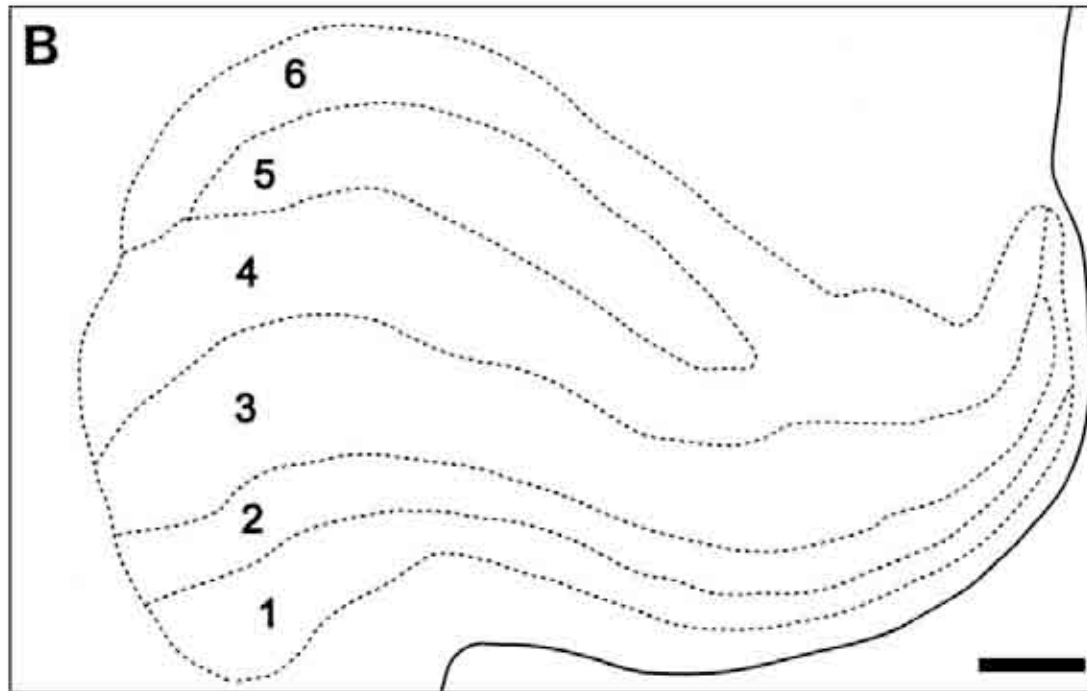
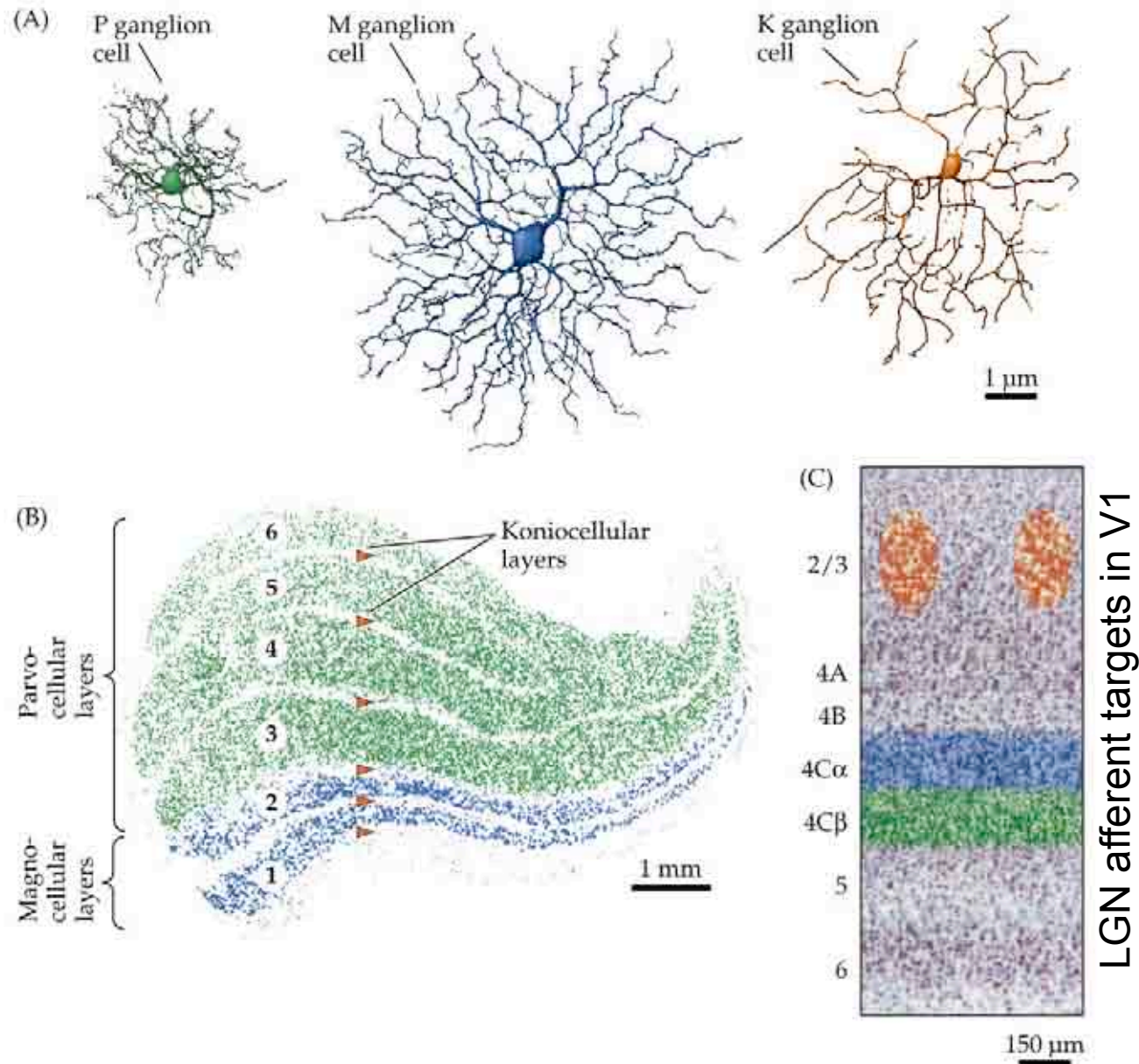


Figure 12.15 Magno-, parvo-, and koniocellular pathways

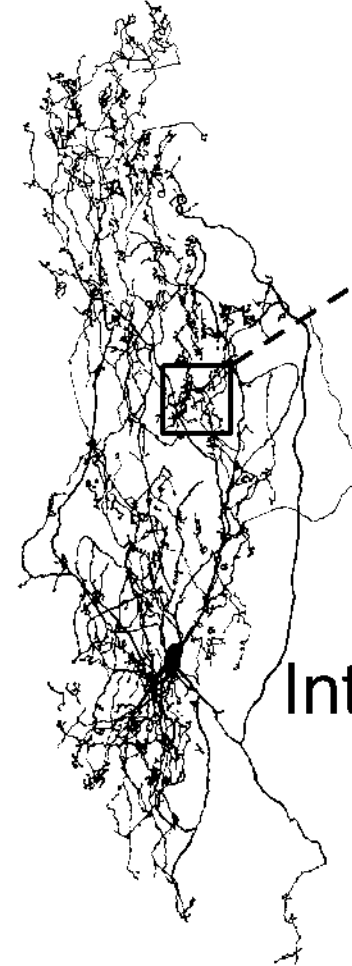
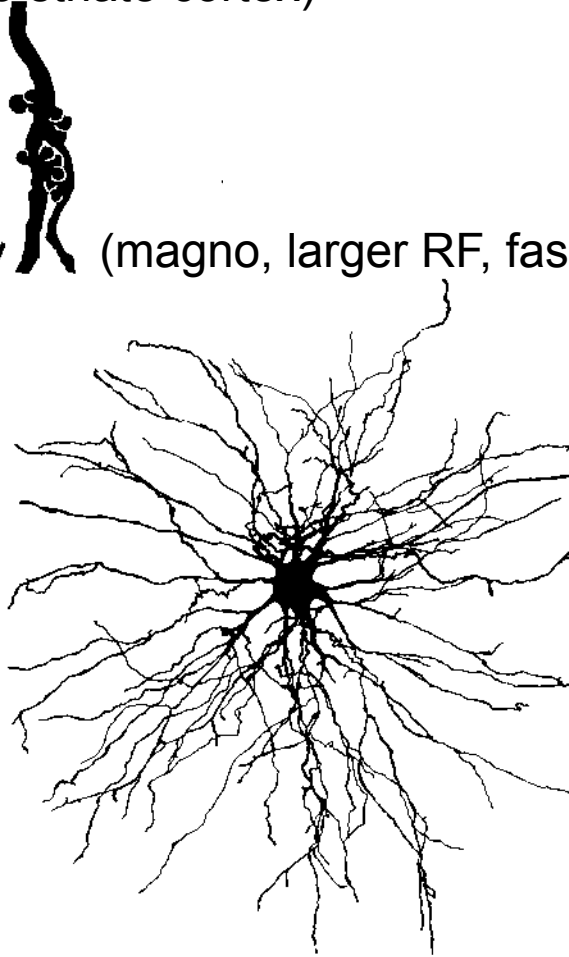


Excitatory Neurons (relay cells,  
project to striate cortex)

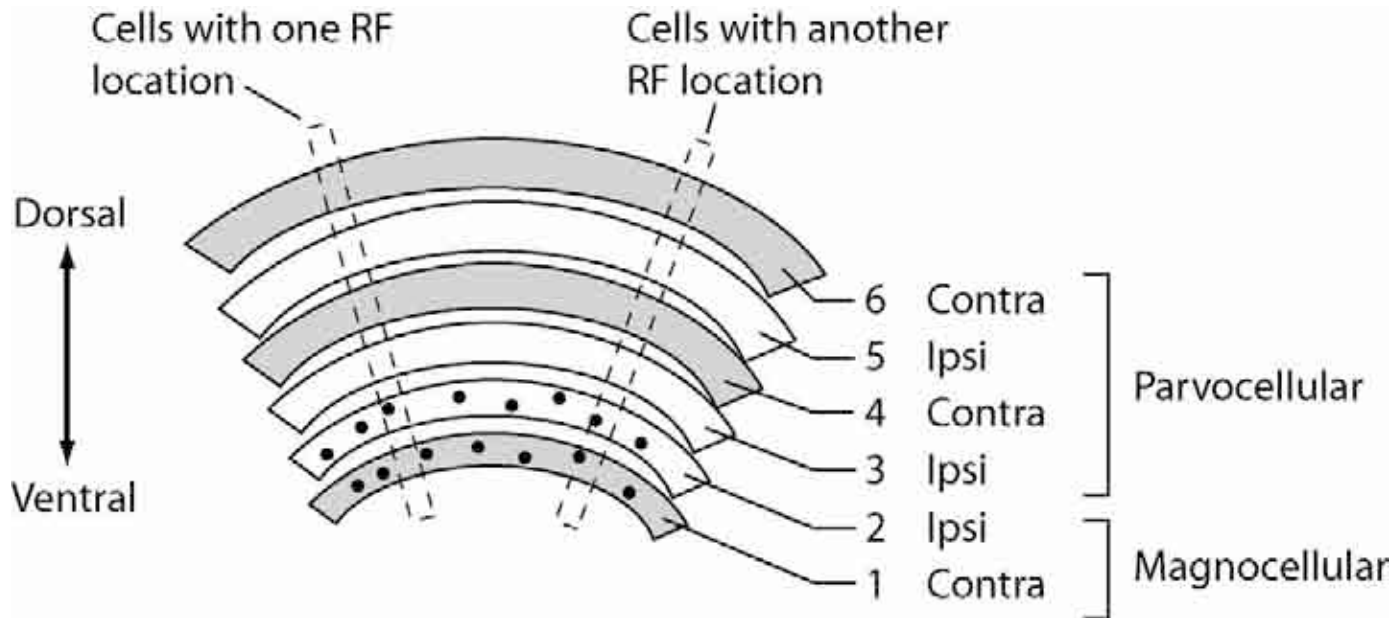
(parvo, high SF)



(magno, larger RF, fast )



Inhibitory  
Interneuron

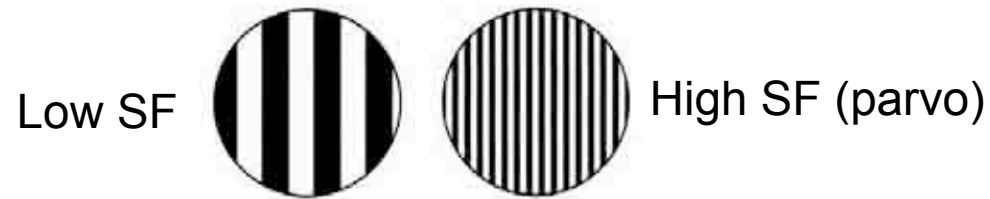


LGN: 1,4,6 (Contralateral eye!)

2,3,5, stay on the same side (Ipsilateral eye).

Magno cells are ventral, layers 1 + 2. (Fast, no color, no high spatial frequencies, respond strongly to low contrasts, large cell bodies, big, fast myelinated axons).

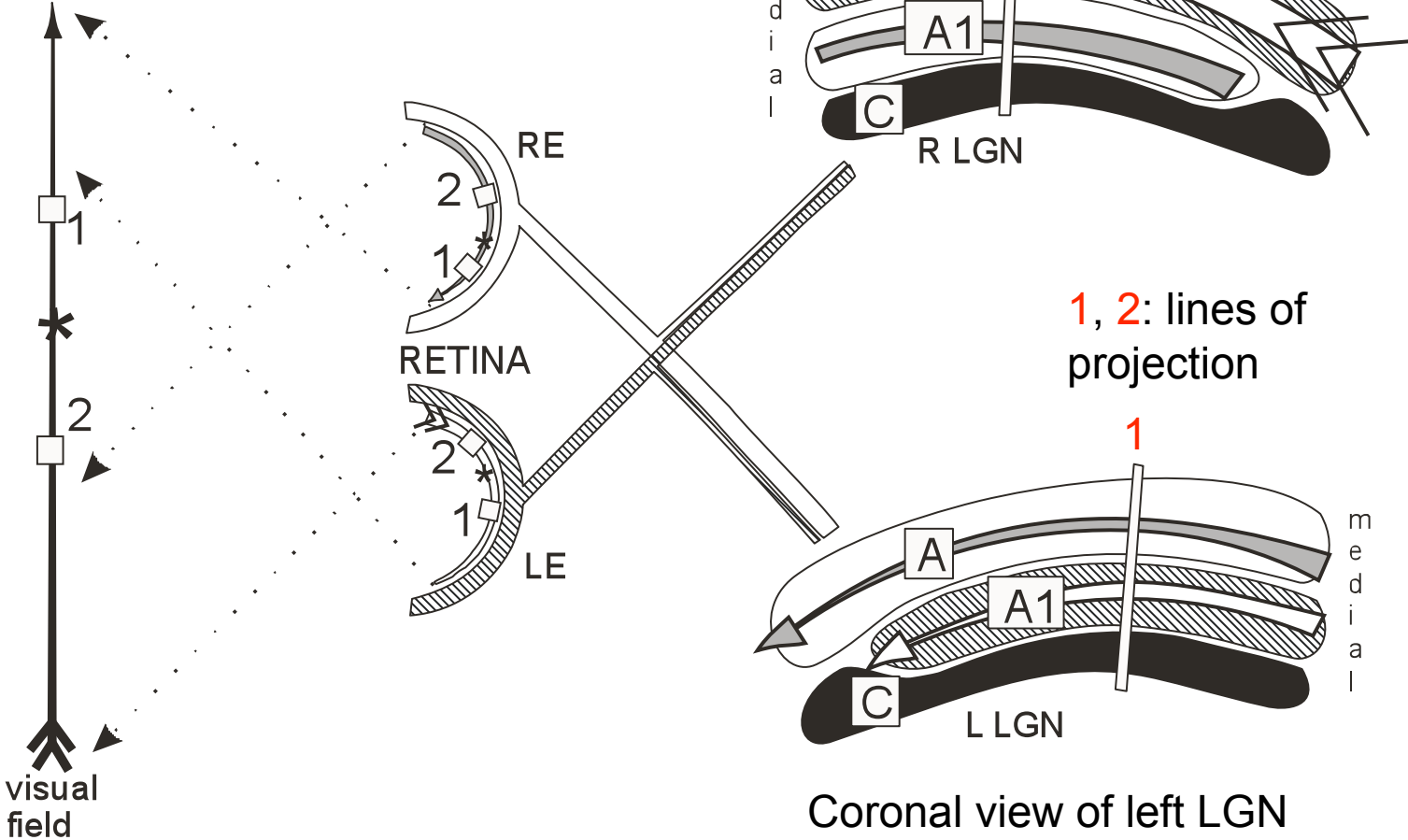
Parvo cells are dorsal, layers 3,4,5,6. (Slow, color, high spatial frequencies, respond poorly to low contrasts, smaller cell bodies hence slower conduction through axons).



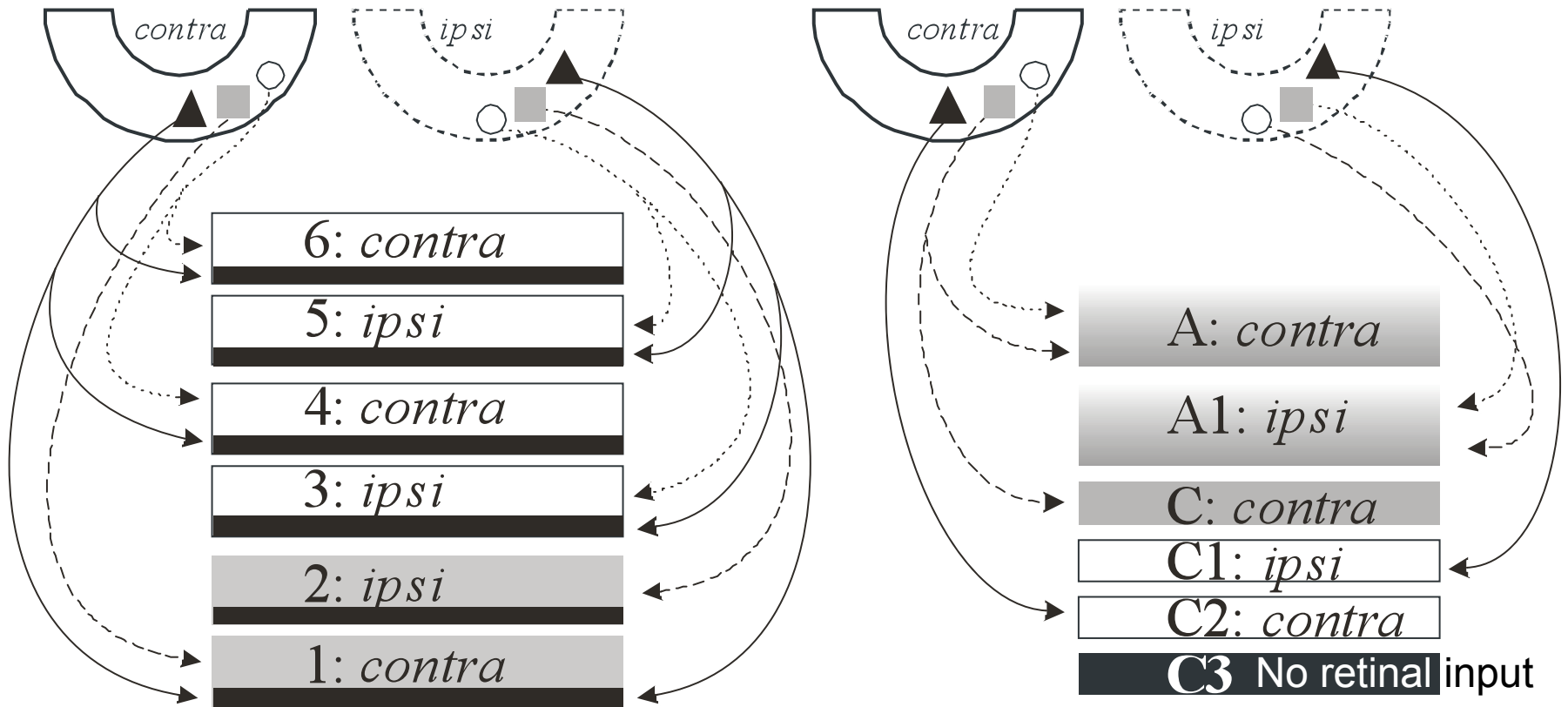
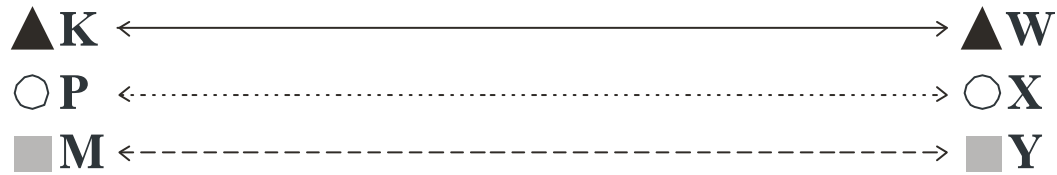
**Parvocellular: Specialized for fine spatial details & color.**  
**Magnocellular: Specialized for flickering/moving objects**

Even though each of the two LGNs receive input from both eyes, each layer and each LGN relay cell only receives feedforward **monocular** input from the retina.

# Cat LGN



Guess the number of layers in the rodent LGN?



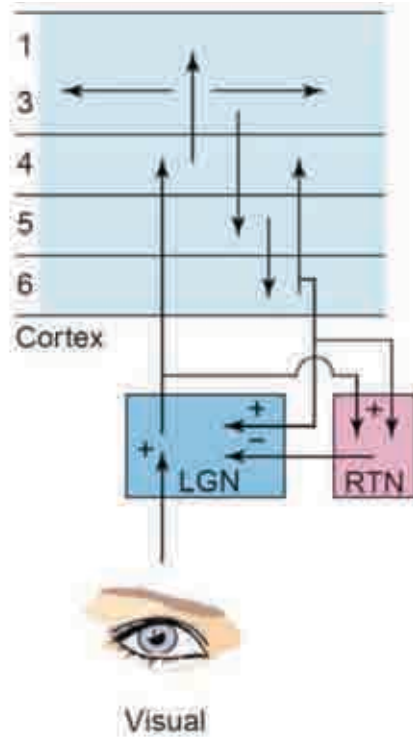
**Monkey**

**Cat**

Each LGN layer receives input from one eye only, parallel pathways to cortex

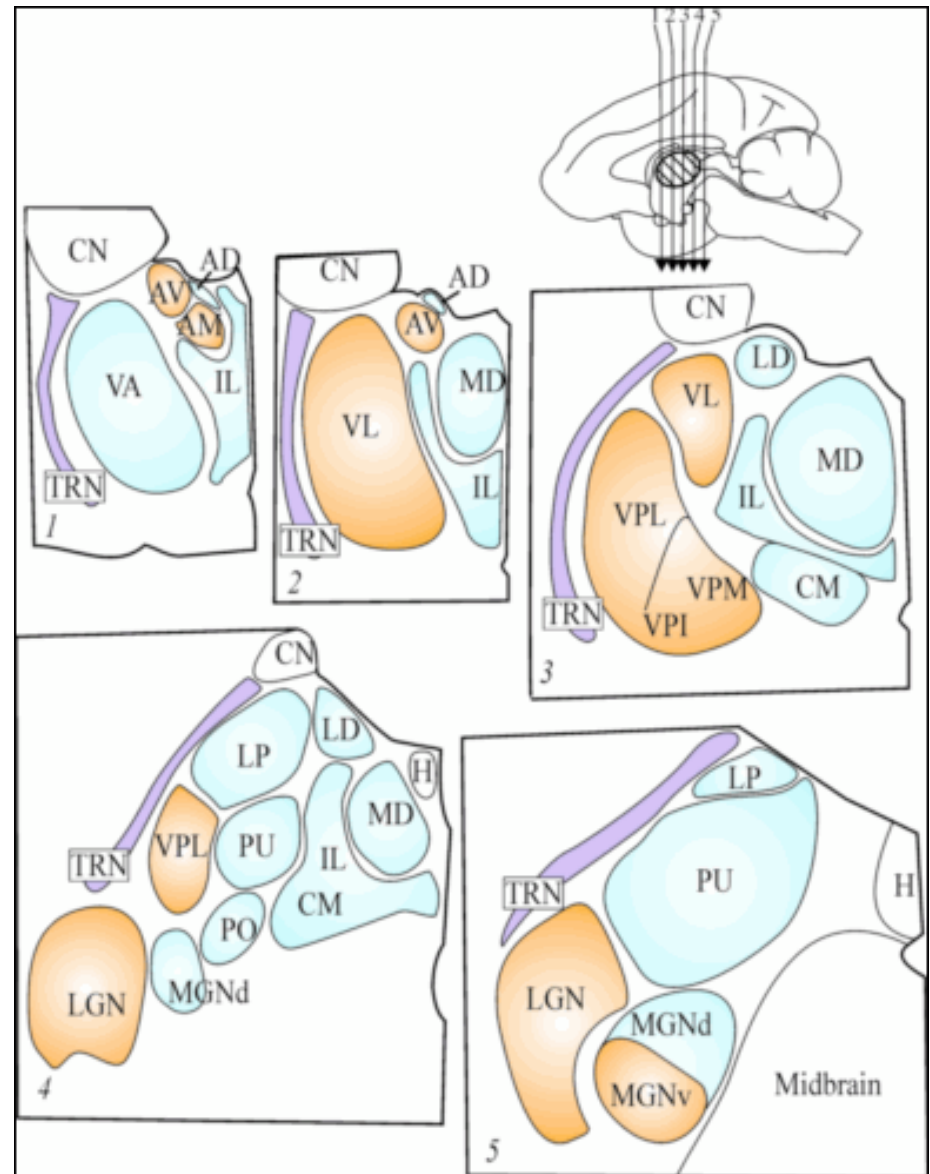
**Biggest mystery of LGN:**

over 90% of its inputs come from cerebral cortex, brainstem, TRN, not retina!



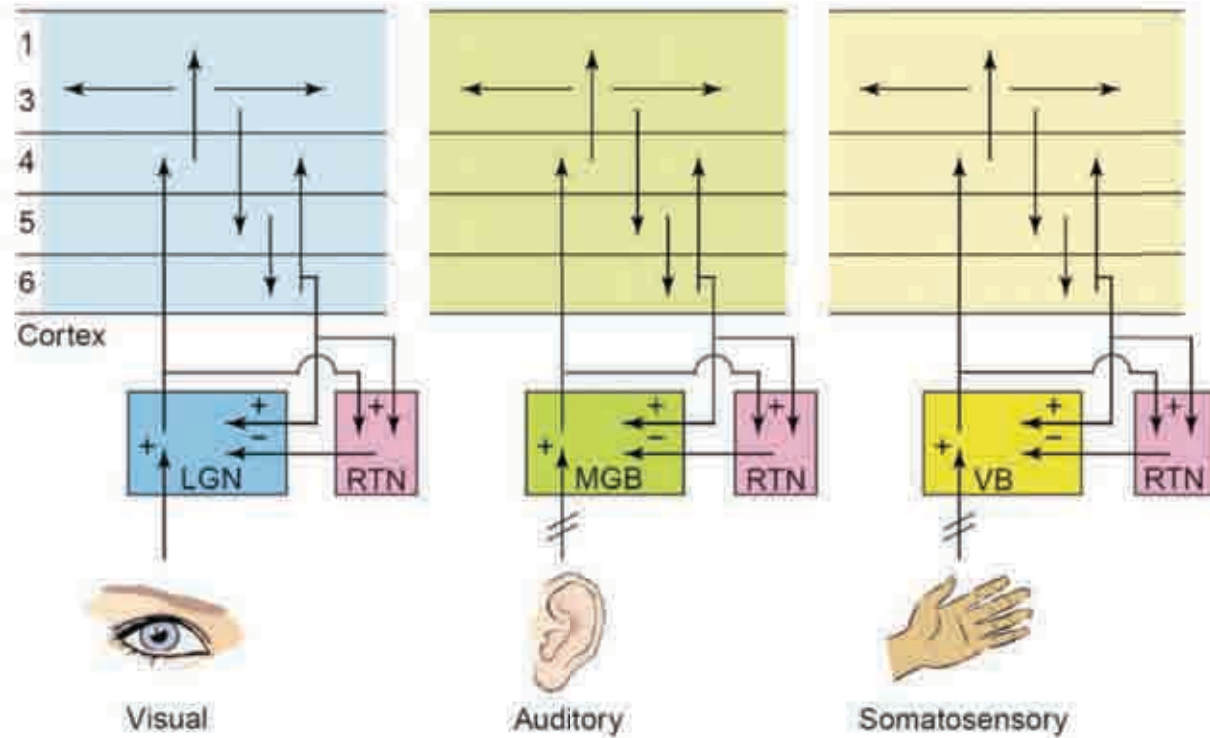
(RTN = TRN,  
both abbreviations  
are commonly used.

*Reticular Nucleus of Thalamus)*

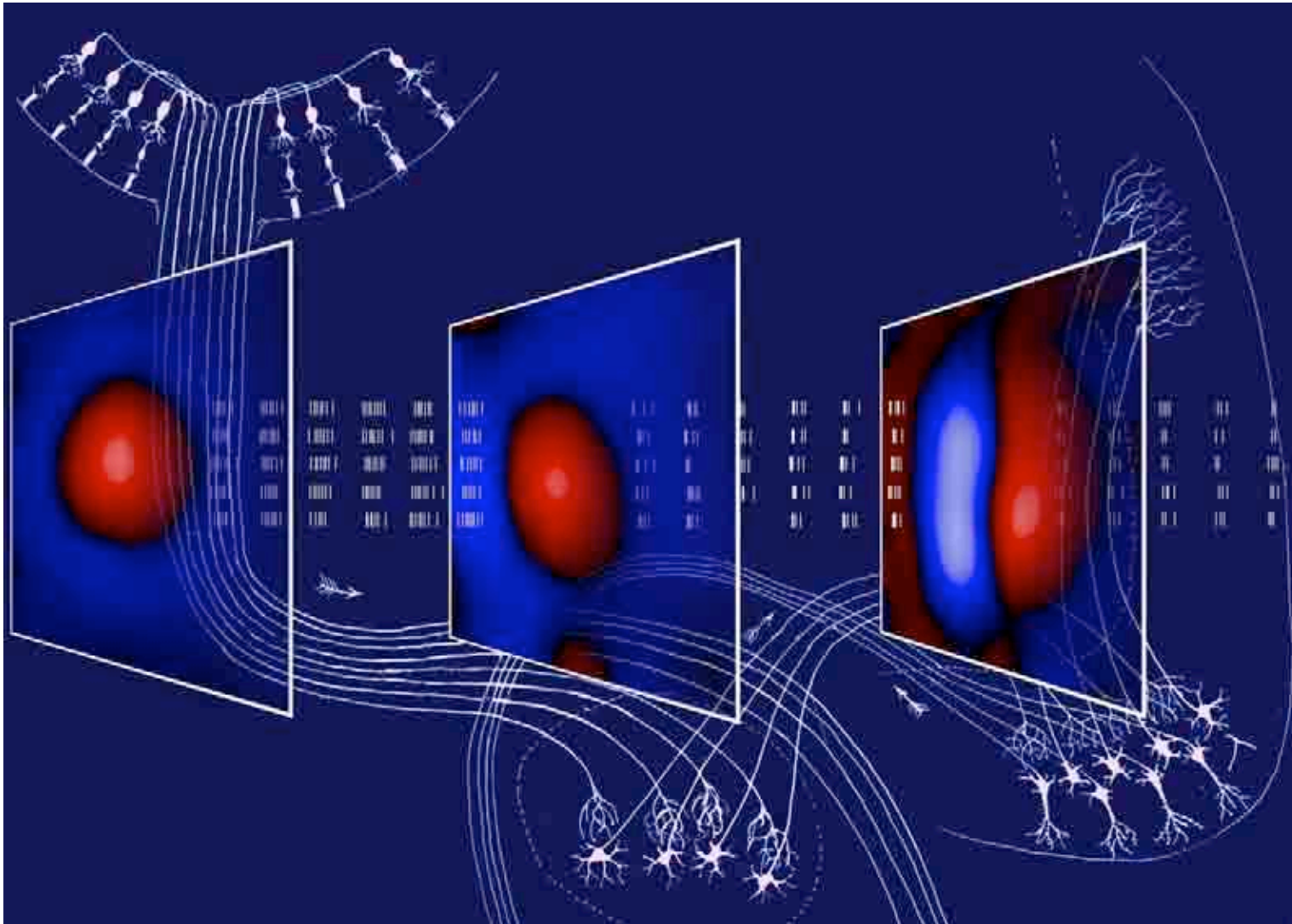




**This is a circuit that is common in sensory systems.**

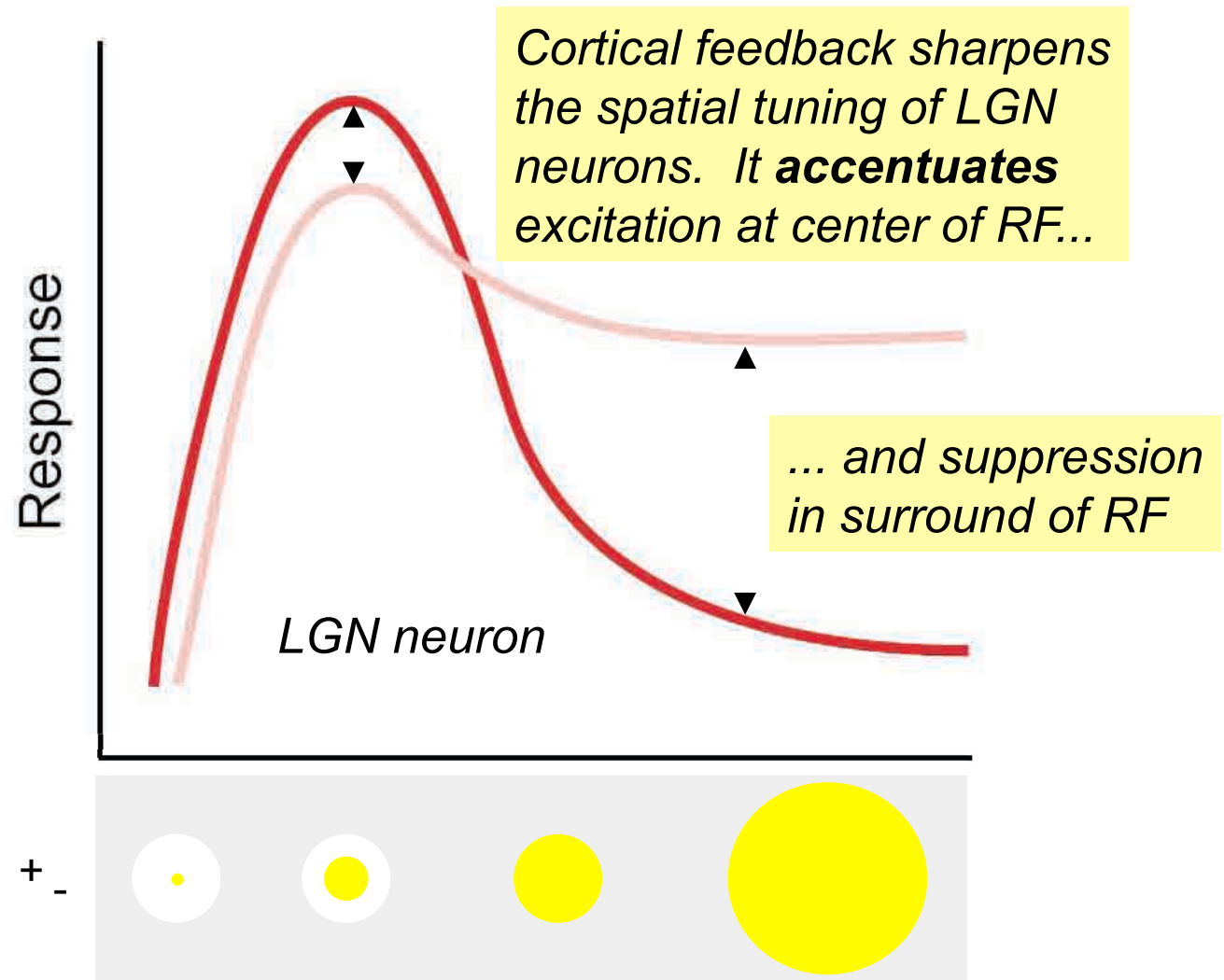
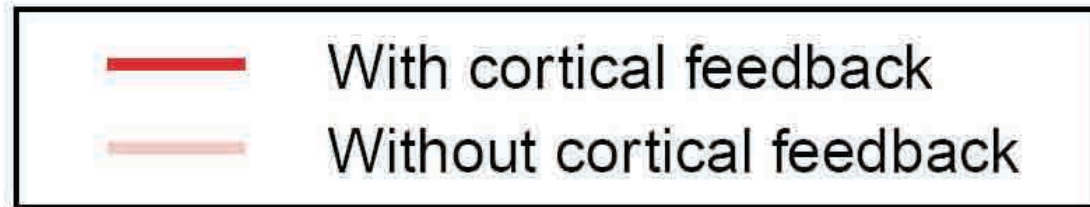


Spatial receptive field structure of LGN relay cells is very similar to RGCs, but...



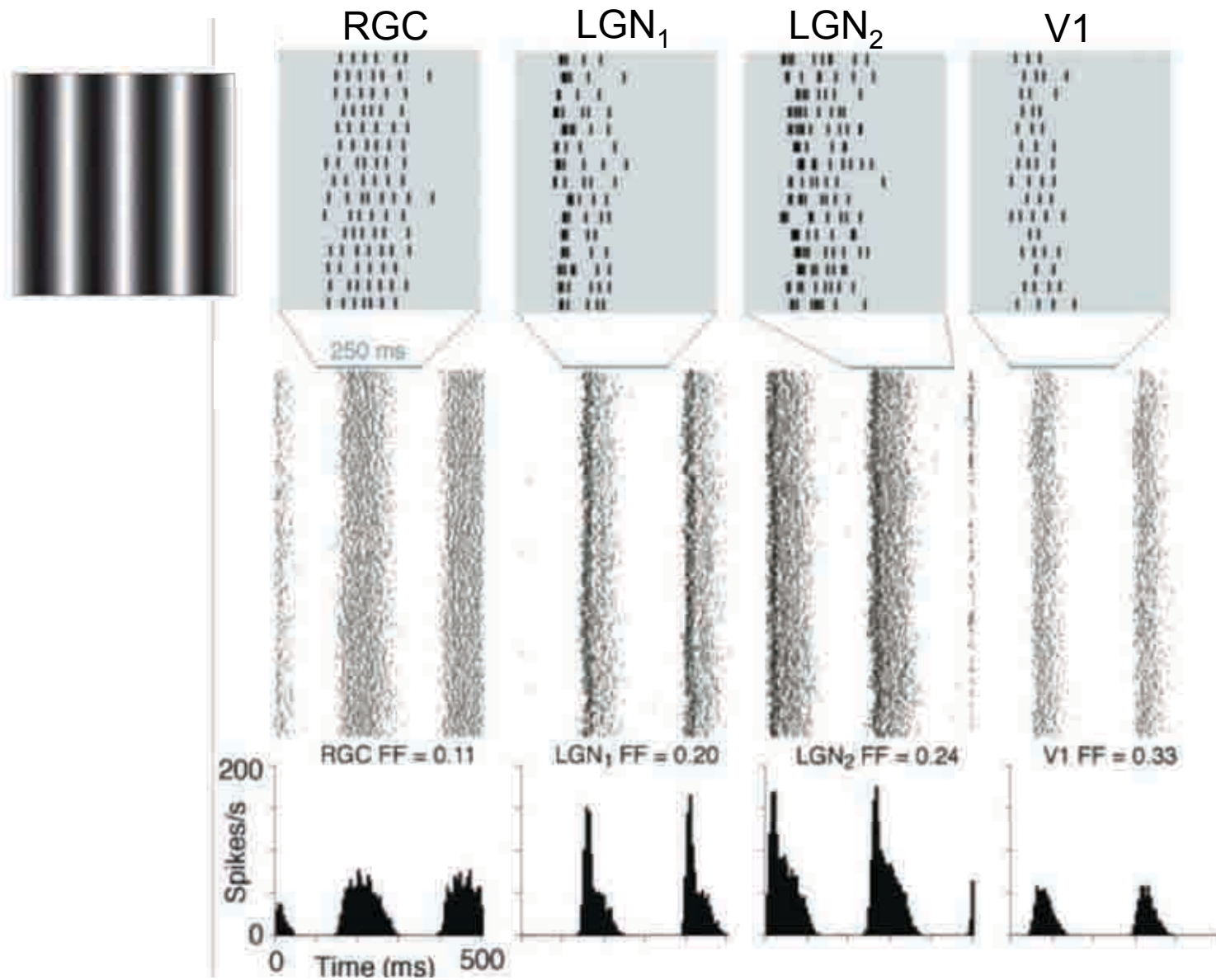
Kara et al. 2000 *Neuron*

We know only a little bit about the functions of corticothalamic feedback.  
For example:

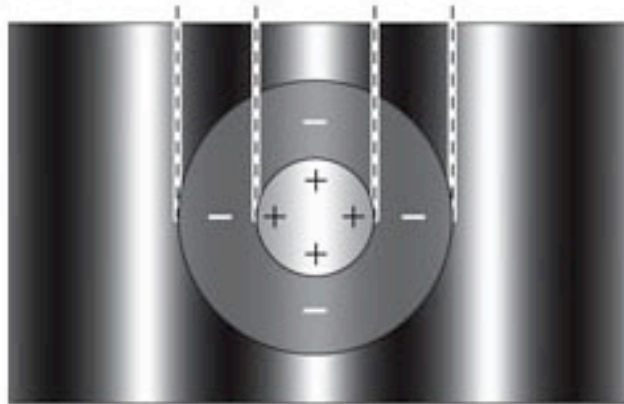




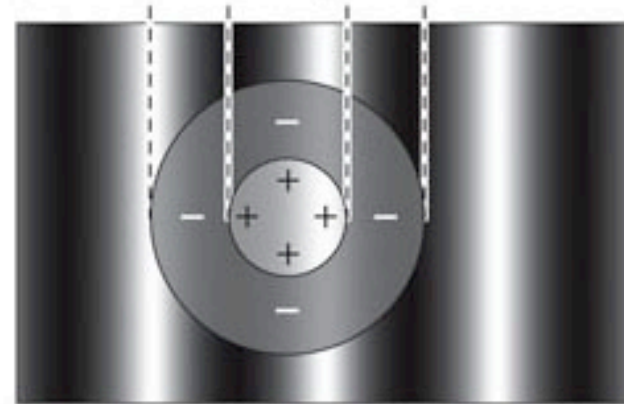
## Timing of spikes in the LGN



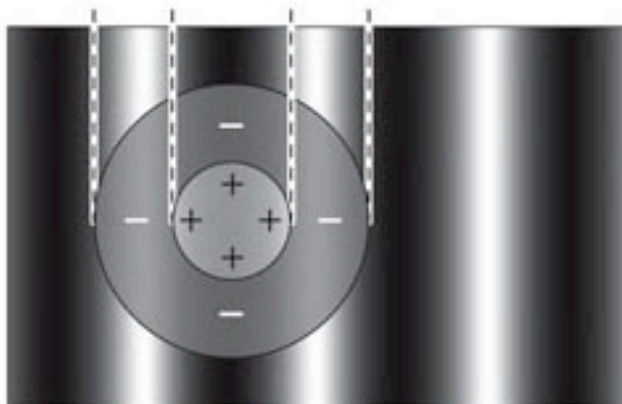
(a)  $0^\circ$  – Positive response



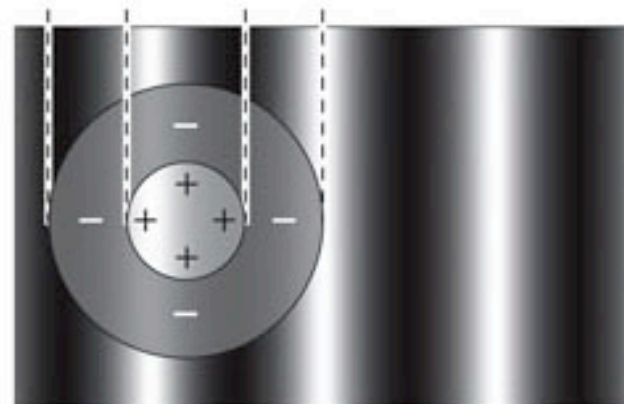
(b)  $90^\circ$  – No response



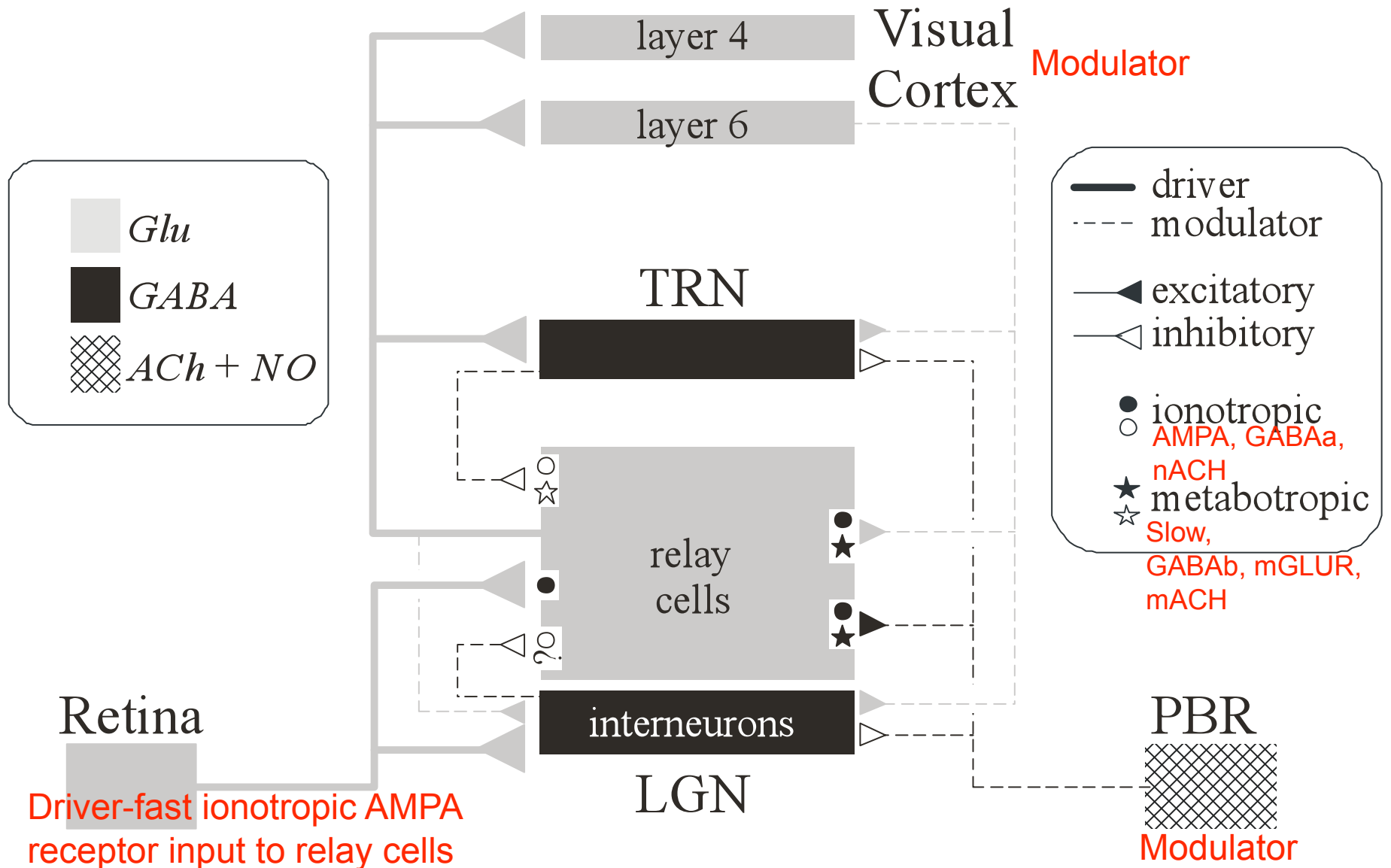
(c)  $180^\circ$  – Negative response



(d)  $270^\circ$  – No response

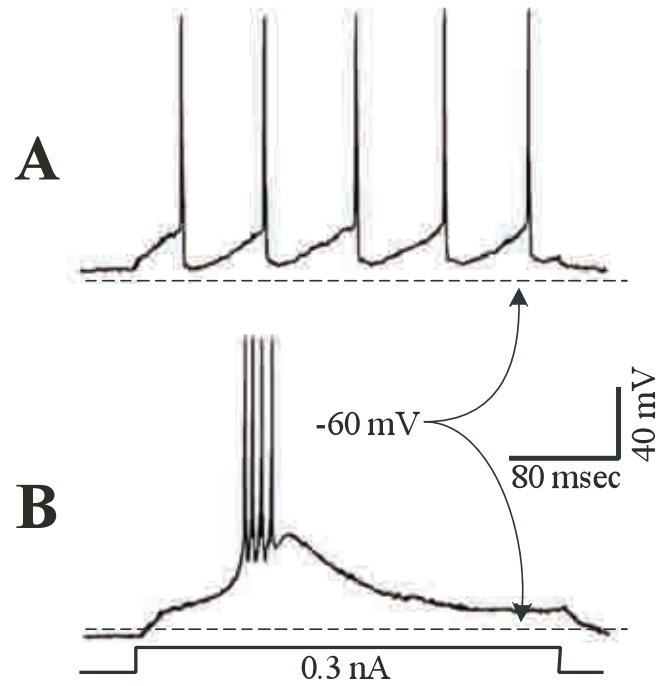


# LGN "A" layers circuitry

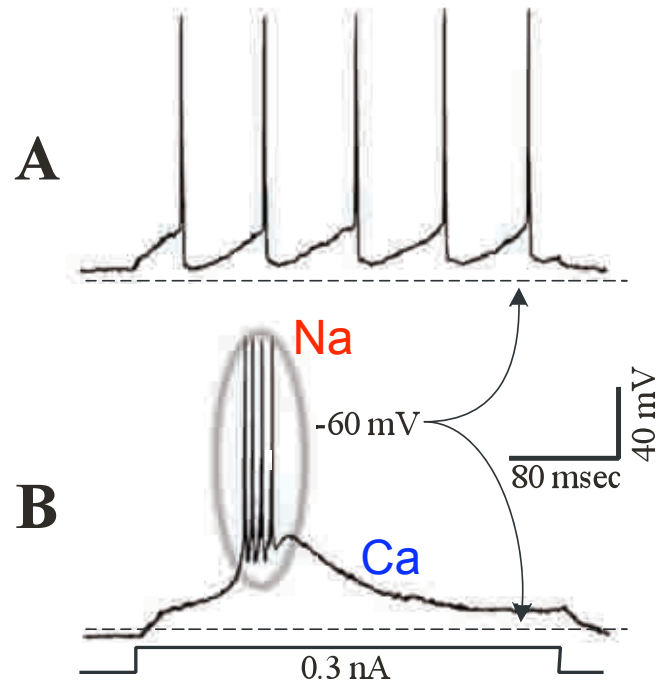


Most synapses onto relay cells are from non-retinal sources  
 Retinal afferents = 5-10% of synapses on LGN relay cells

Same depolarizing pulse but opposite effects ('condition' membrane for  $\geq 100$  ms)



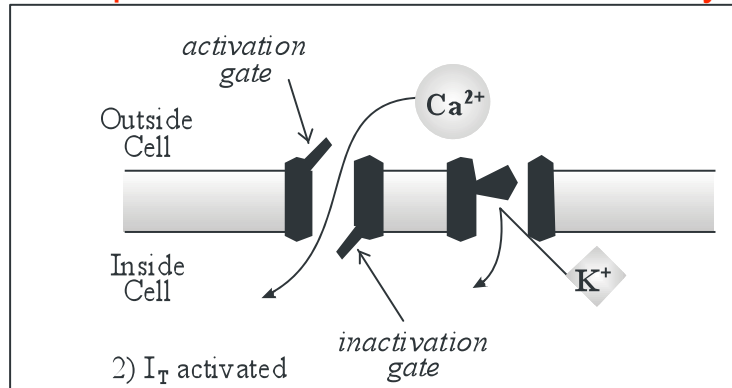
Same depolarizing pulse but opposite effects ('condition' membrane for  $\geq 100$  ms)



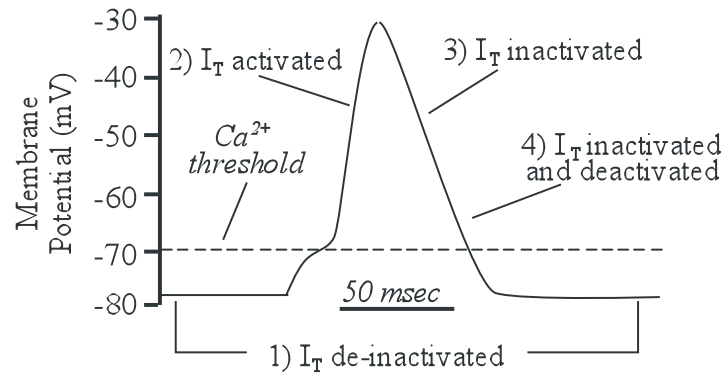
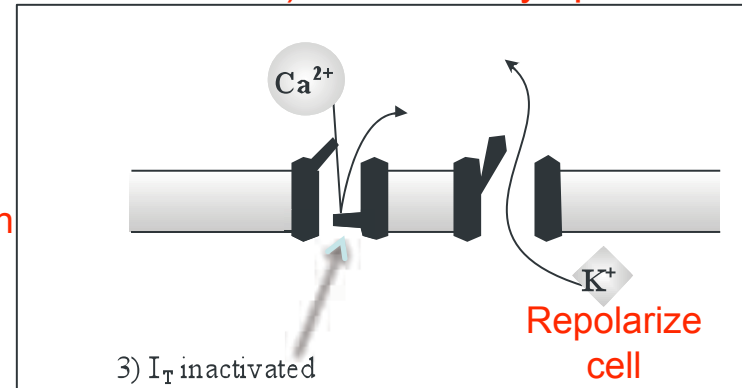


# The Low Threshold $\text{Ca}^{2+}$ Spike

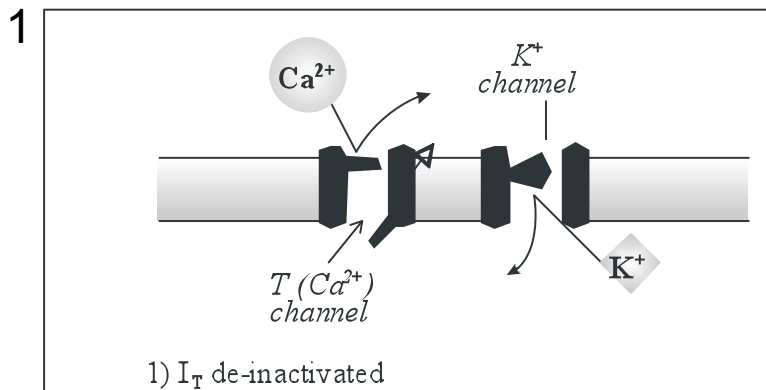
T channel present in EVERY thalamic relay cell (in all thalamic nuclei) and in every species studied



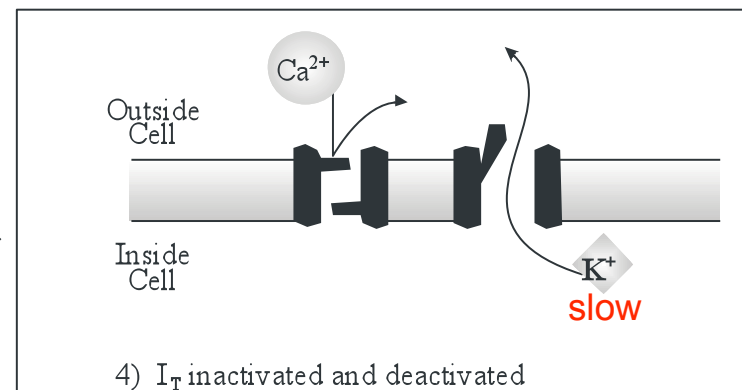
$\sim 100$  msec  
Inactivation  
gate



Activ. & inactiv. gates have opposite voltage dependency



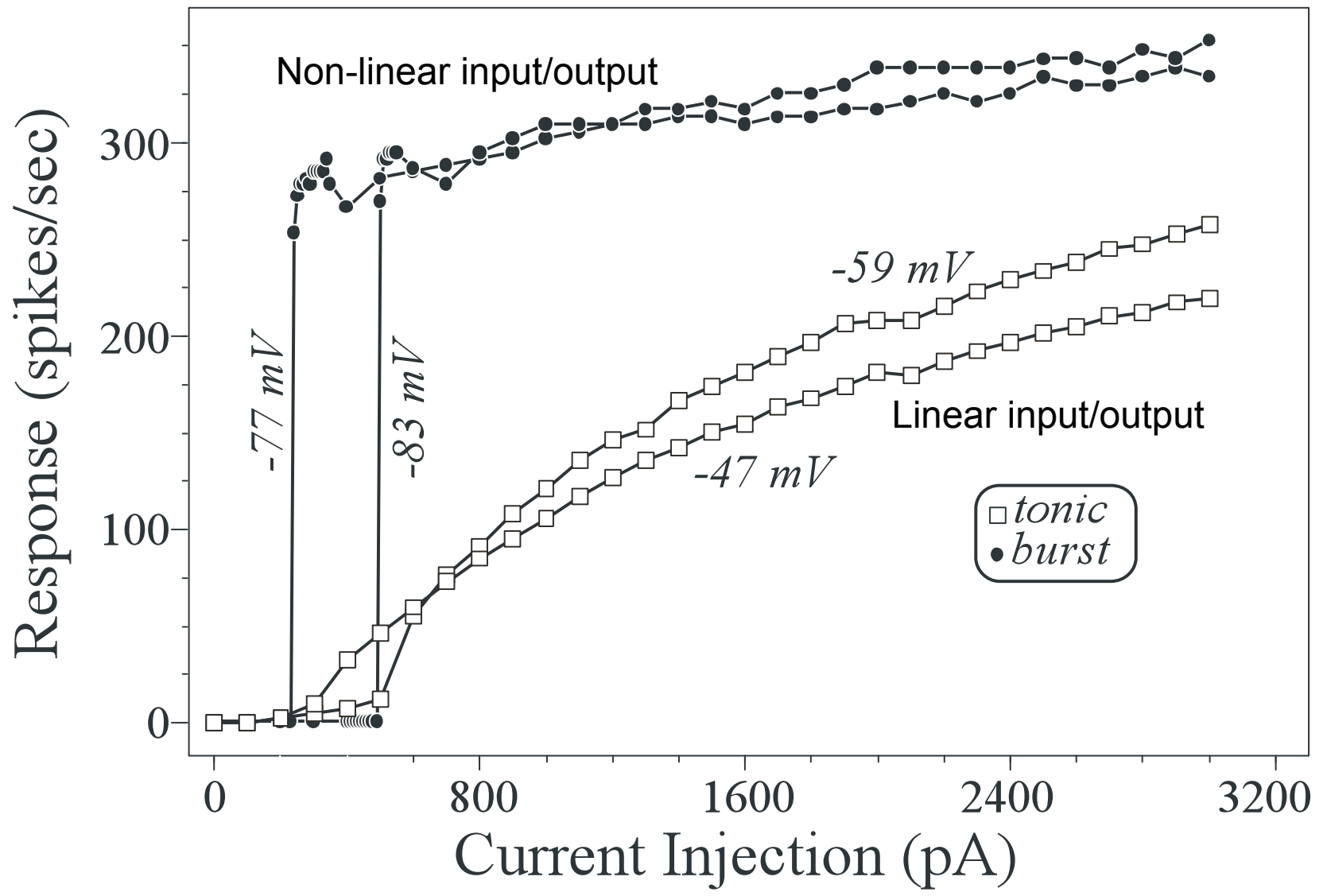
$\sim 100$  msec



Activation gate closed, inactivation gate OPEN

The LT calcium spike in thalamic relay cells is *qualitatively* similar to the Na-K spike found in most/all neurons but *quantitatively* different:

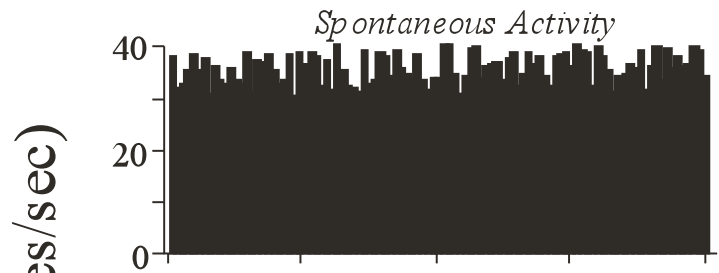
- Calcium spike is slower (activation and inactivation)
- Calcium spike is not present in the axon initial segment, but only in the cell body
- It does not propagate down into the axon and affect the postsynaptic target
- It operates in a more hyperpolarized regime (i.e., low threshold)
- It needs to be in a low or high state for  $> 100$  ms for activation/inactivation



Relay cell responses to sensory stimuli (sine gratings)

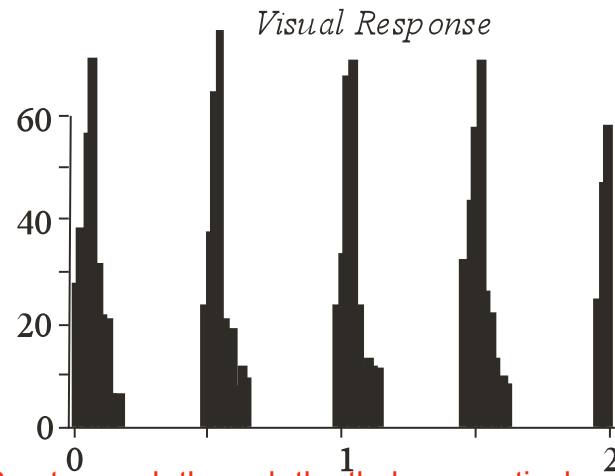
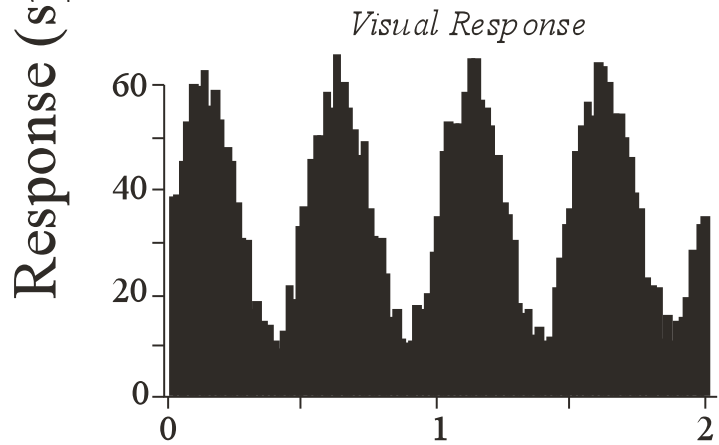
**A** Tonic Mode (-65 mV)

**B** Burst Mode (-75 mV)



Faithfully reconstructs stimulus

Rectified = non-linear, but higher S:N, "wake me up"

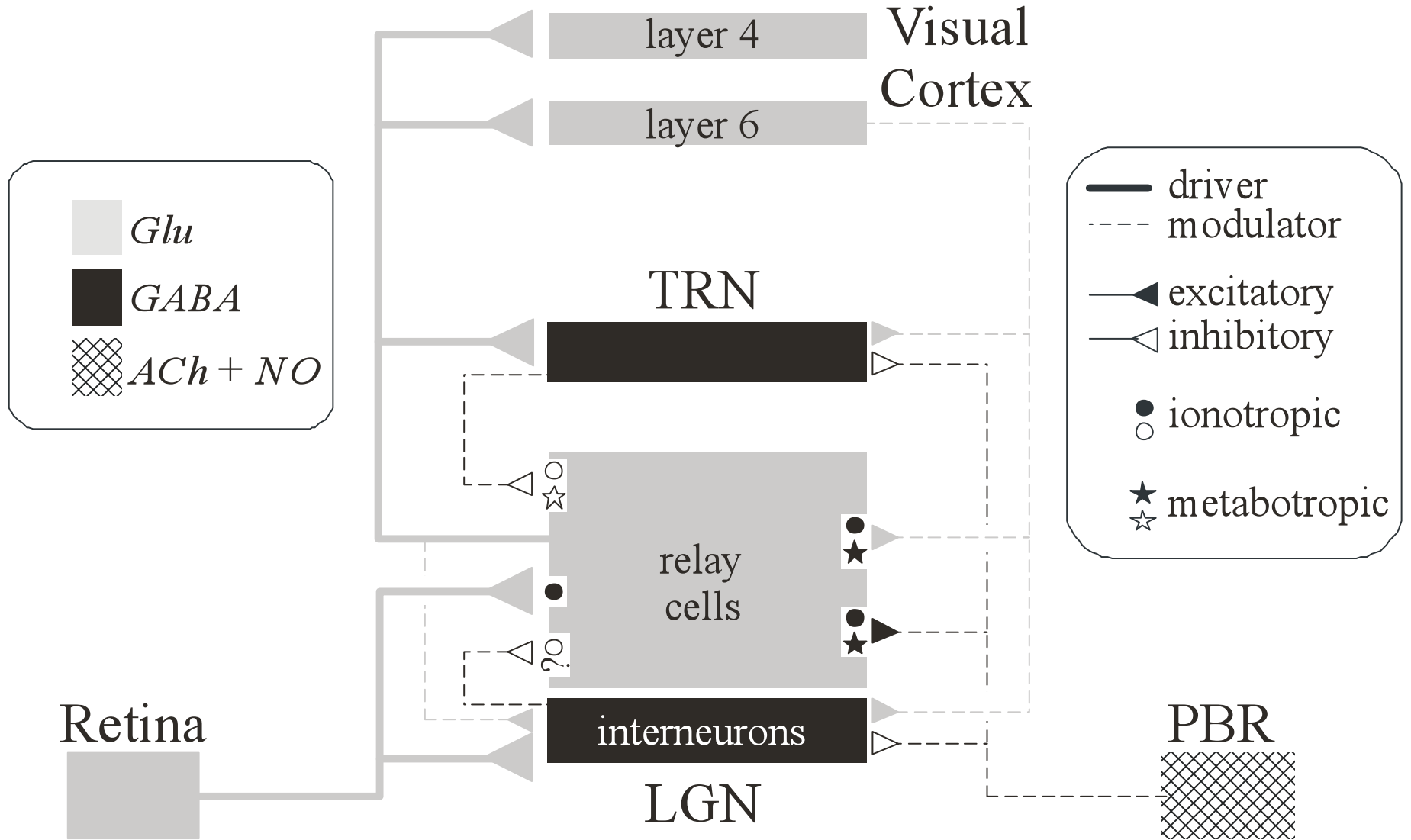


Bursts punch through the thalamo-cortical synapse effectively



Why? Sleep/wake (not exclusively), attention (yes), detecting new stimuli in the environment

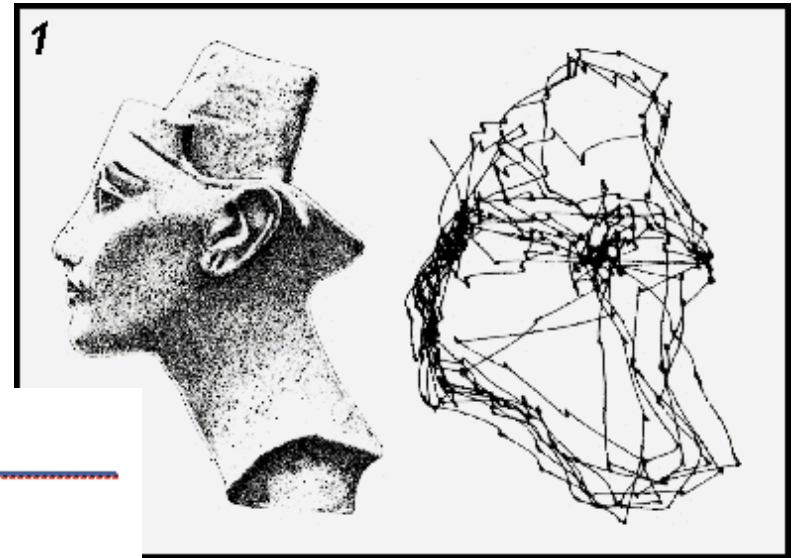
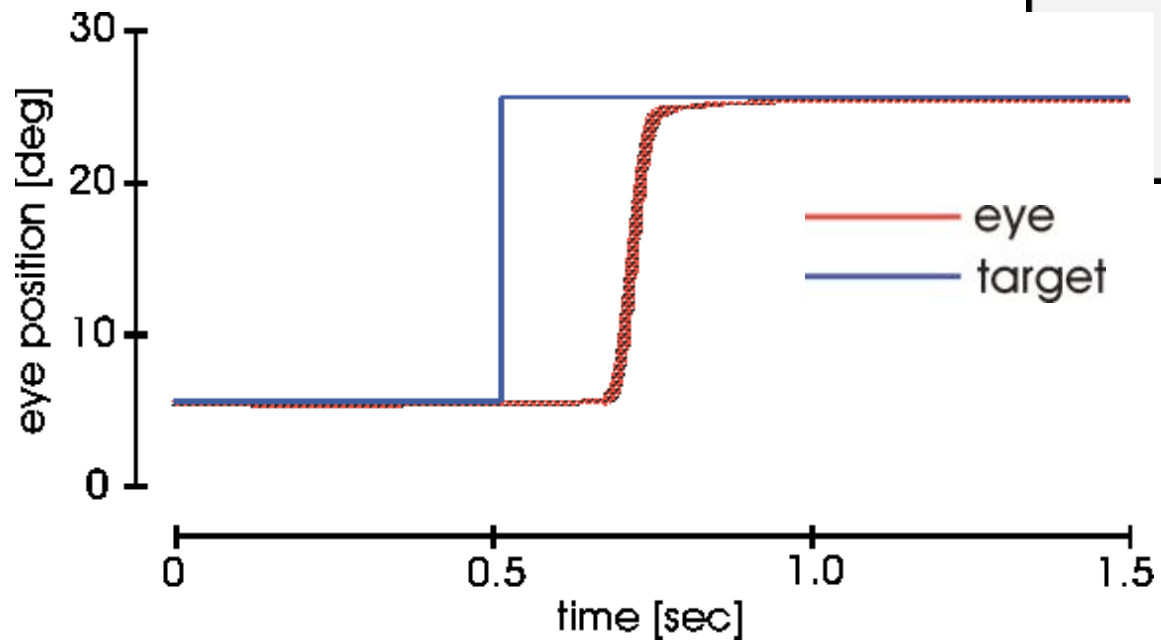
Iontropic receptors (inputs) CANNOT cause mode switches:  
 mGLUR from cortex or mACh from parabrachial region cause switch from burst to tonic  
 & GABA<sub>B</sub> from brainstem reticular formation and local interneurons – opposite.



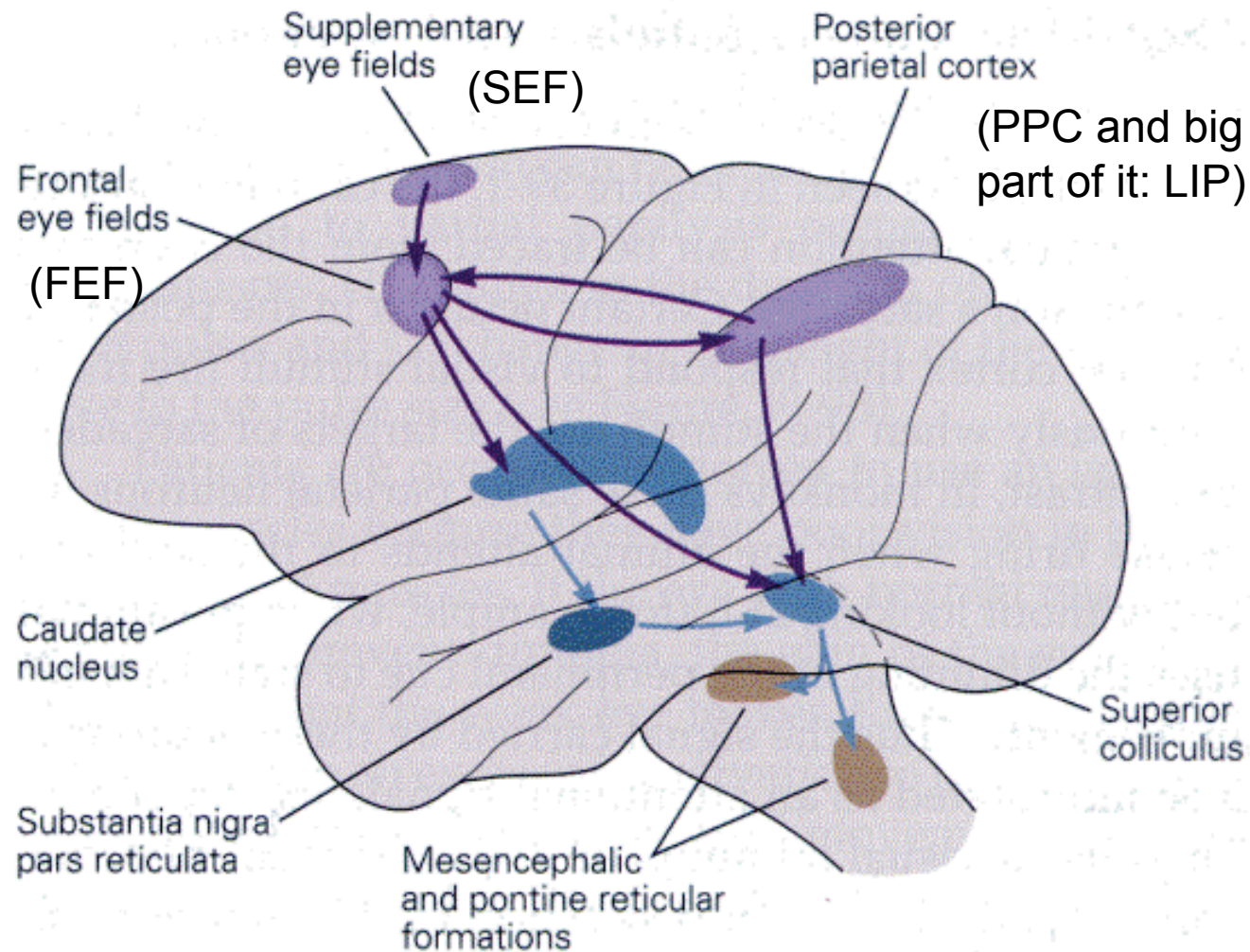
Thalamus = last bottleneck for behavioral states to affect information processing:  
 Much fewer cells (than cortex) to gate

# Two main kinds of eye movements

- **Saccades**  
(microsaccades)

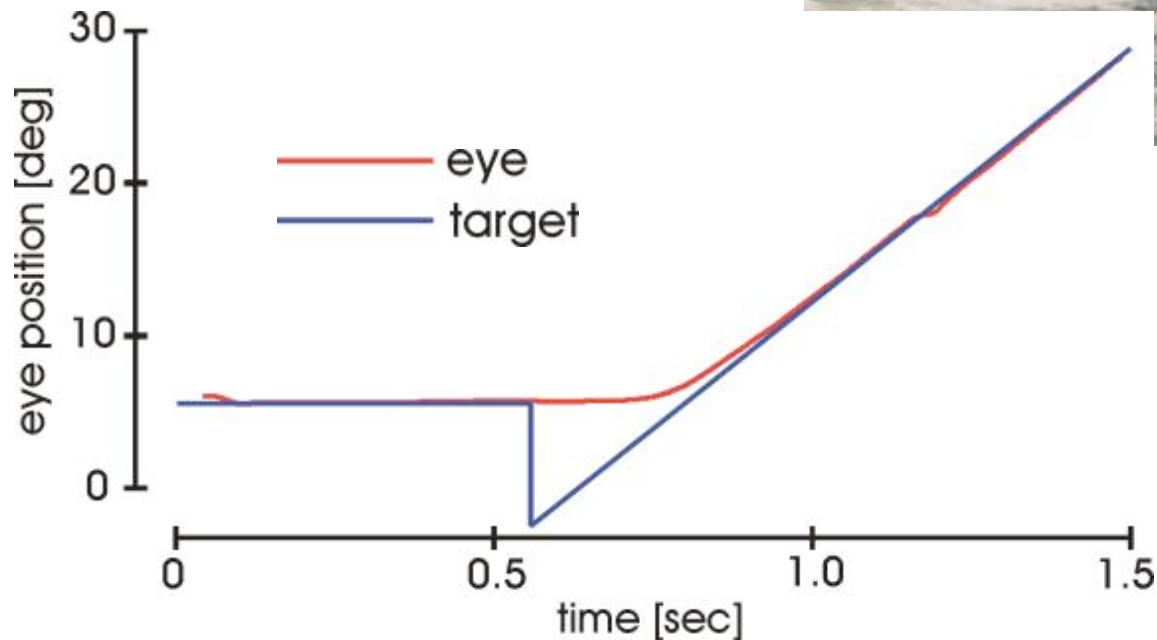


# Simplified outline of saccadic system



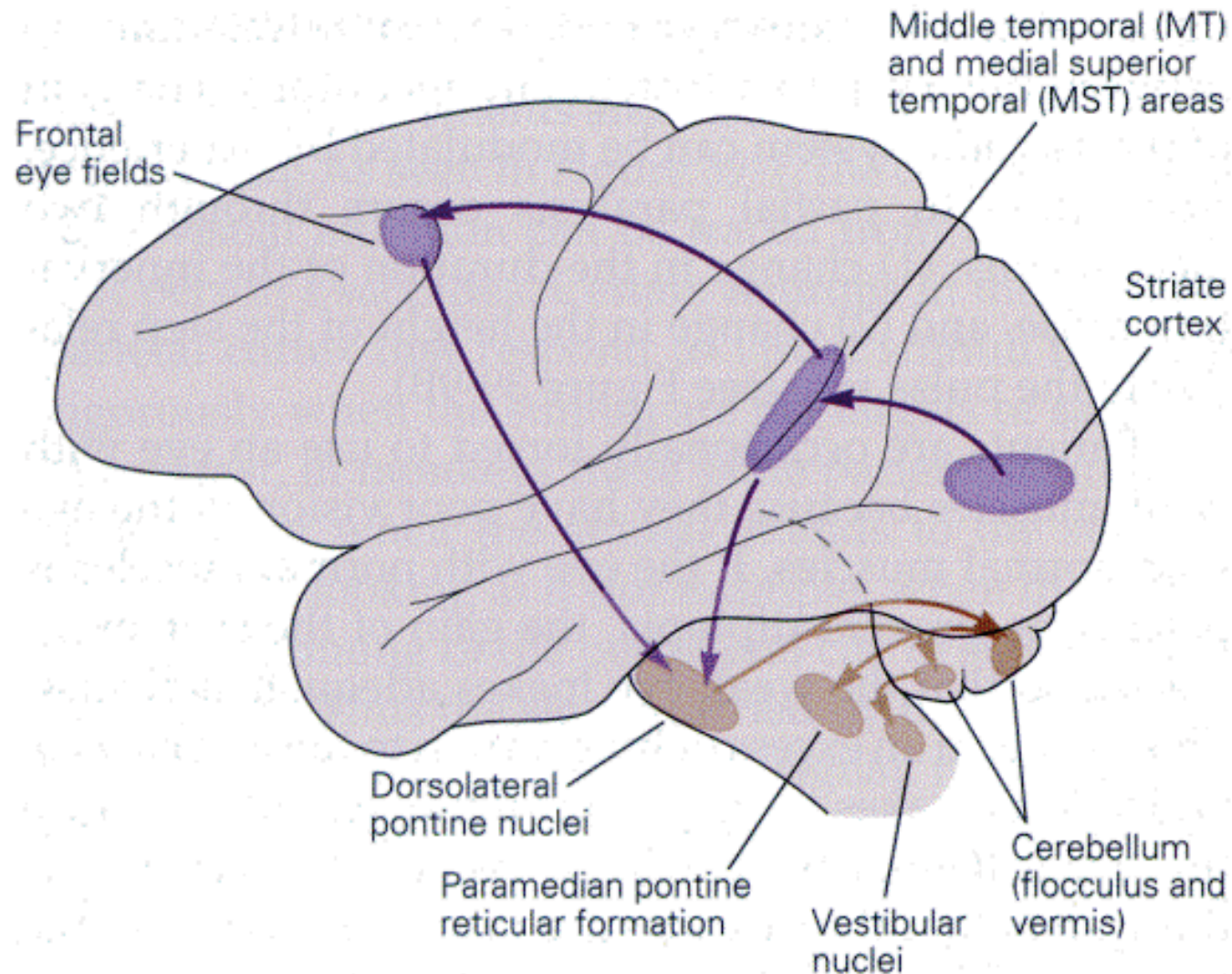
# Two main kinds of eye movements

- ***Smooth pursuit***





# Outline of smooth pursuit system

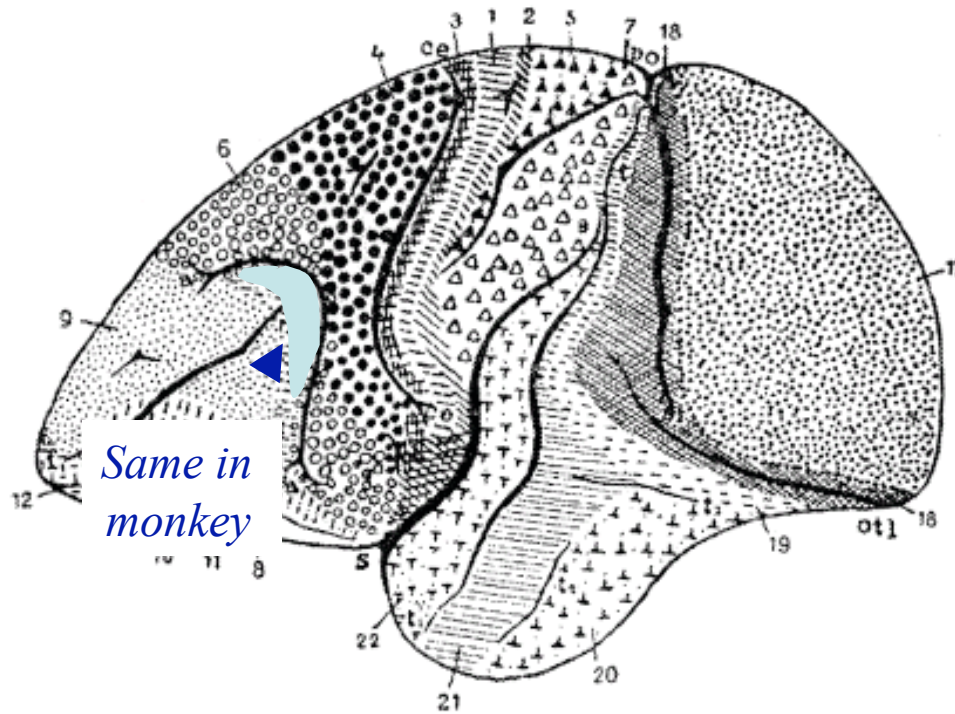


# Frontal Eye Field

- At the intersection of prefrontal cortex and premotor/motor cortex.

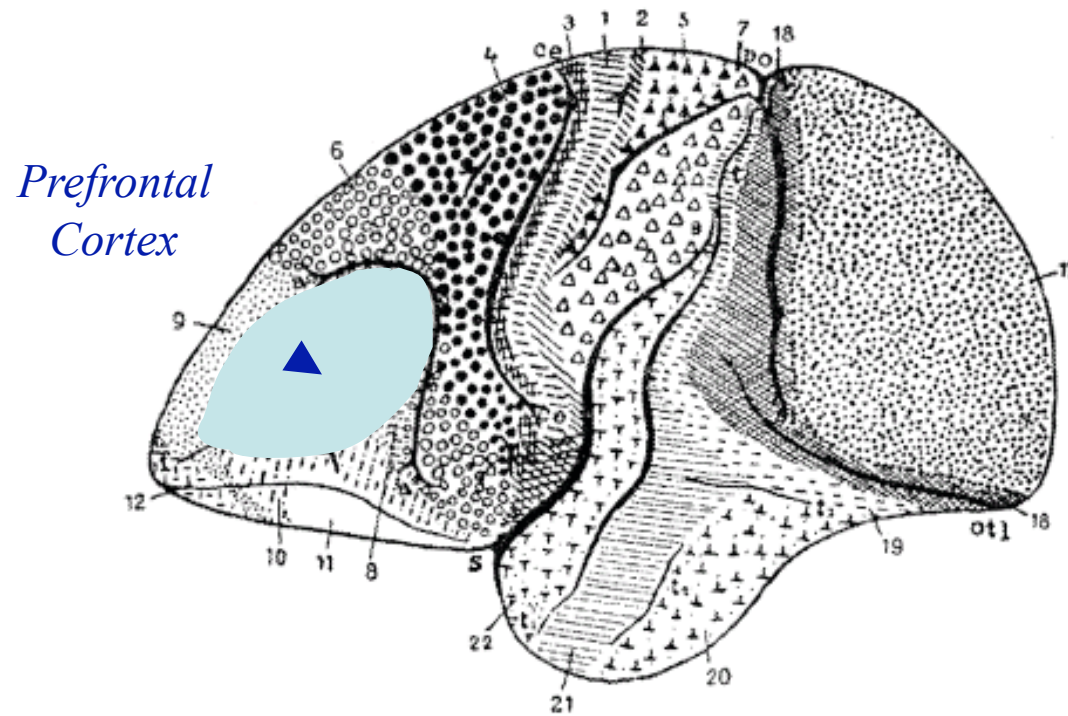
# MONKEY

Brodmann's areas (from 1905)



MONKEY

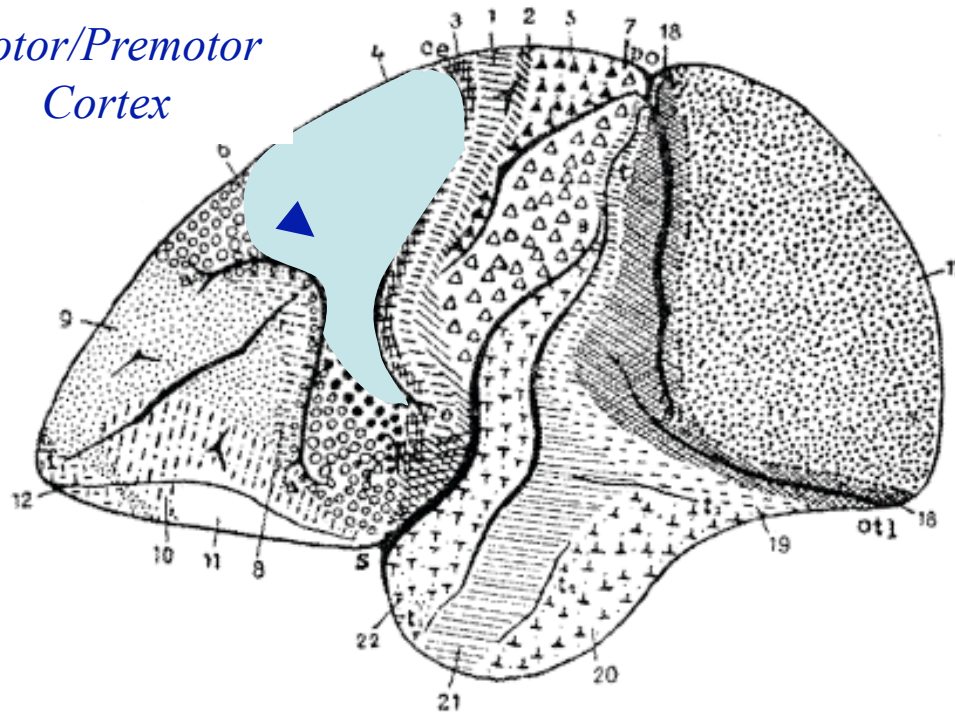
Brodmann's areas (from 1905)



MONKEY

Brodmann's areas (from 1905)

*Motor/Premotor  
Cortex*



# Frontal Eye Field

- This position at juncture of “cognition” area and “movement” area thought to be critical, because saccades are so important for our visual analyses and decisions.



Exploring the Visual Scene  
(Yarbus 1967)





## Exploring the Visual Scene

*Baseline: No Instructions*



*“Estimate Ages of People”*

