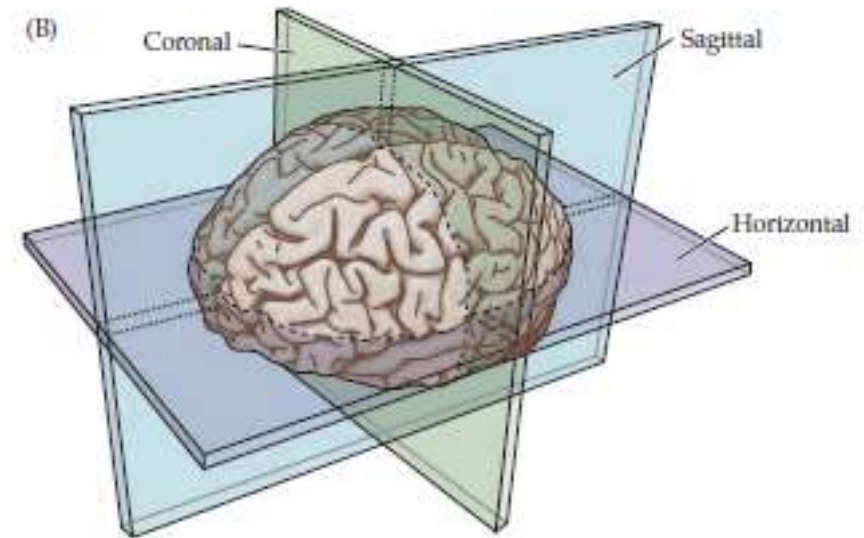
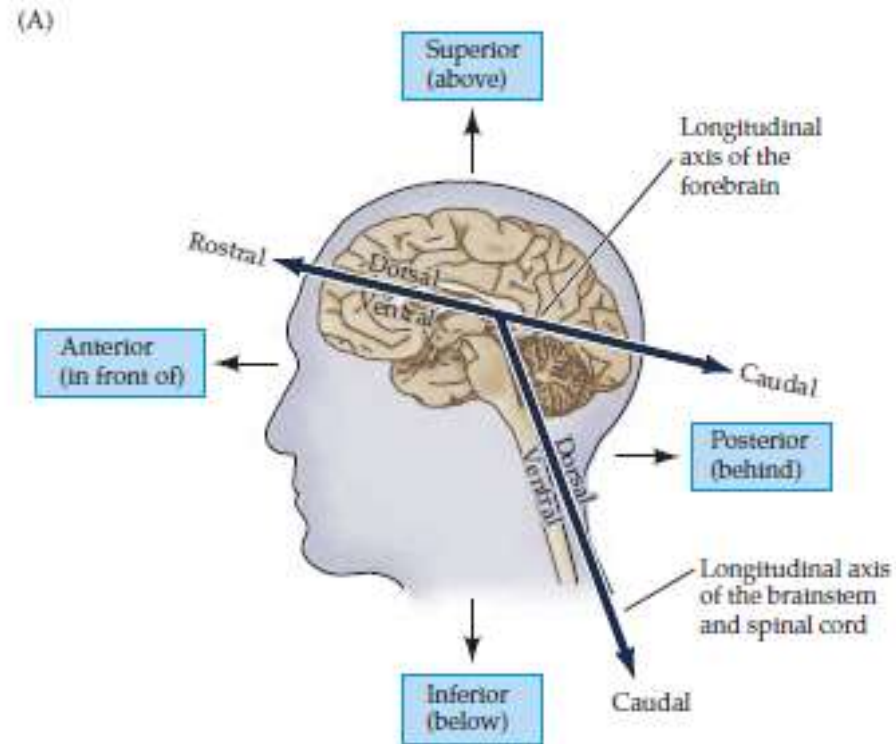


# Introduction to Brain and Neuroscience (BM 1060)

Cognitive Neuroscience, Neurology, Systems  
Neuroscience

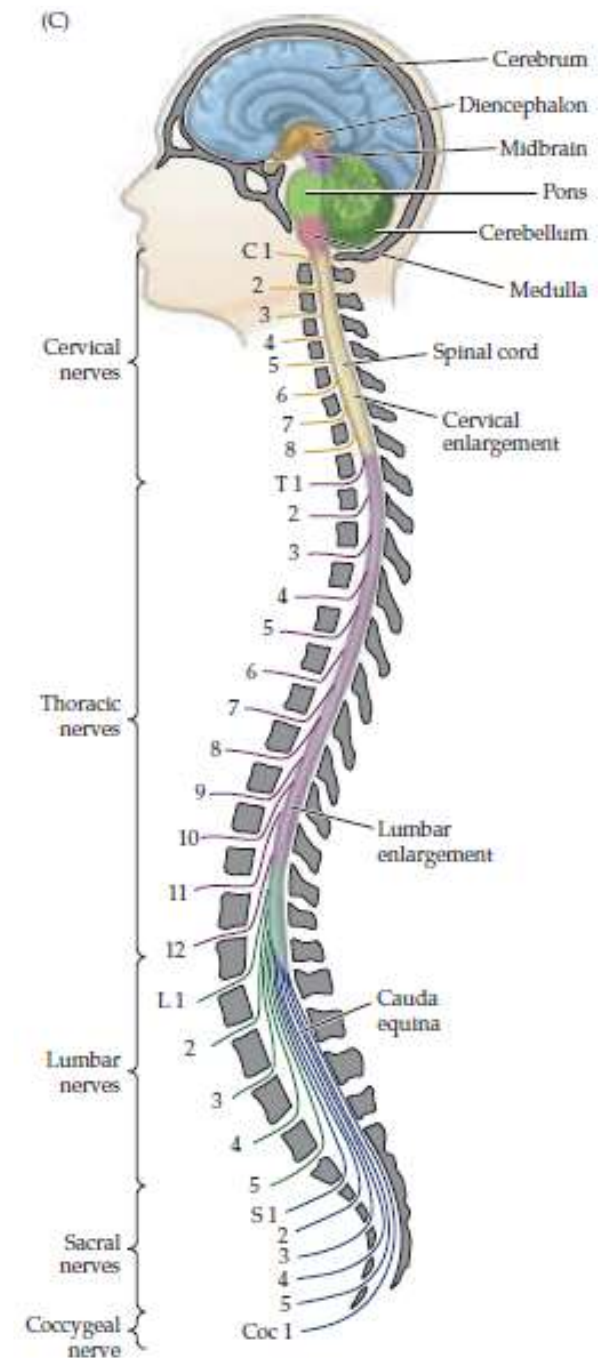
# Directions in the brain



Purves, Neuroscience

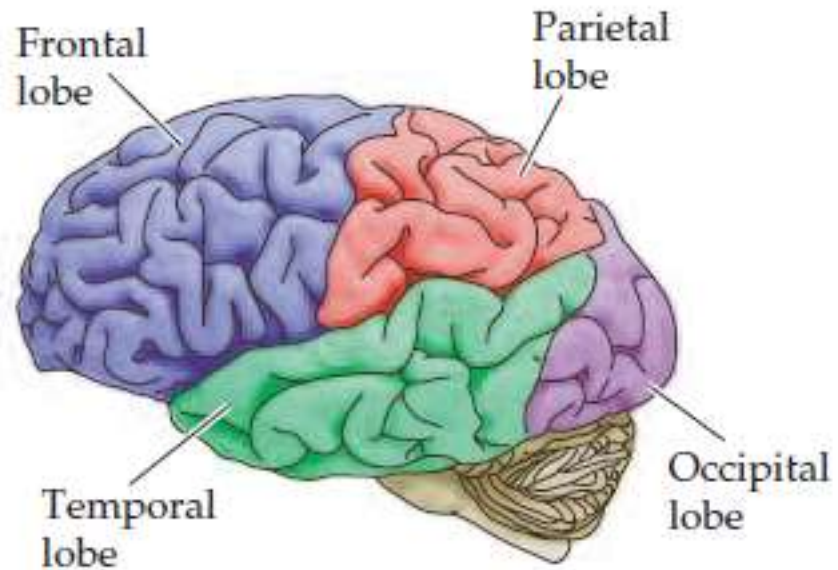
# Brain and Spinal cord

Purves Neuroscience

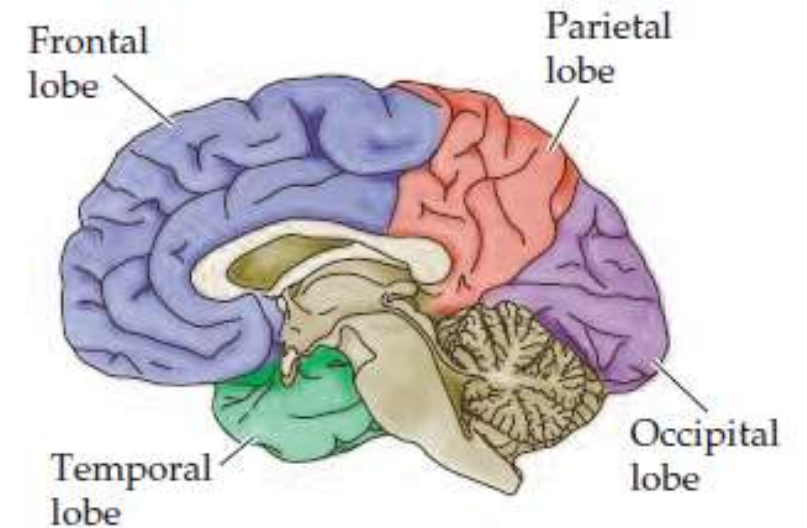


# The 4 main lobes

Cerebral surface : Lateral view



Mid Sagittal Plane



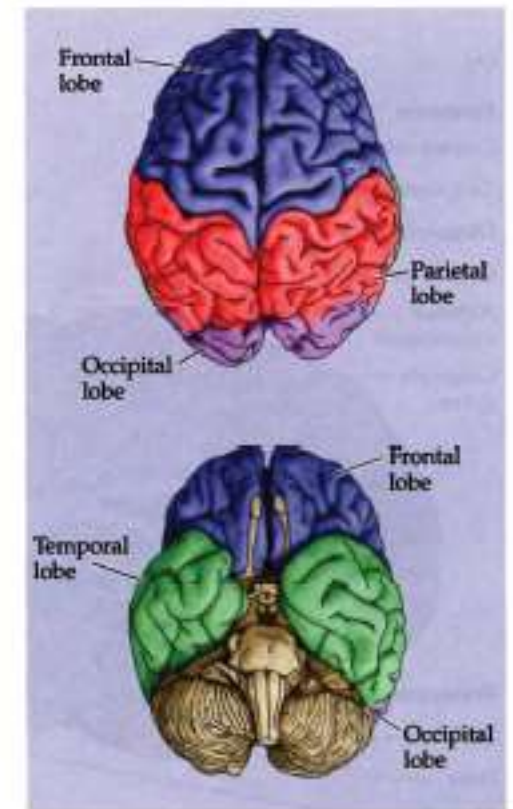
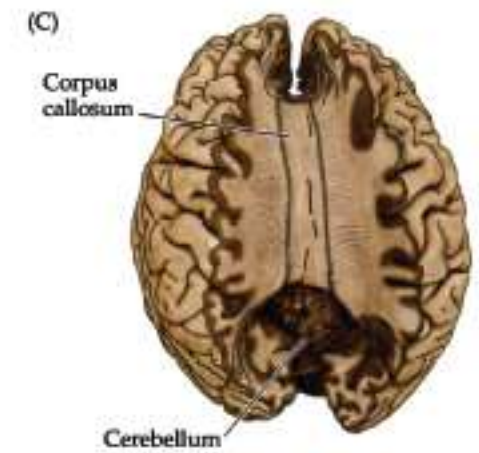
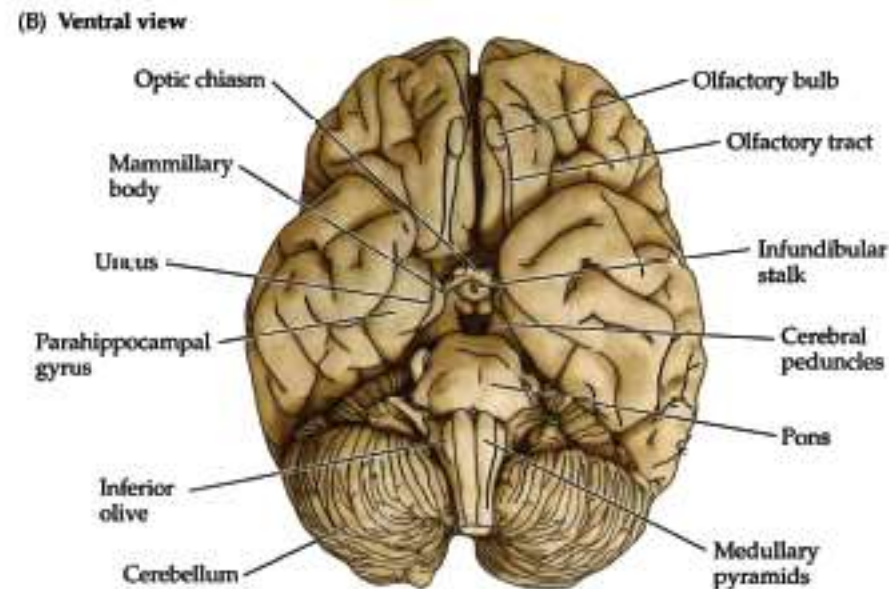
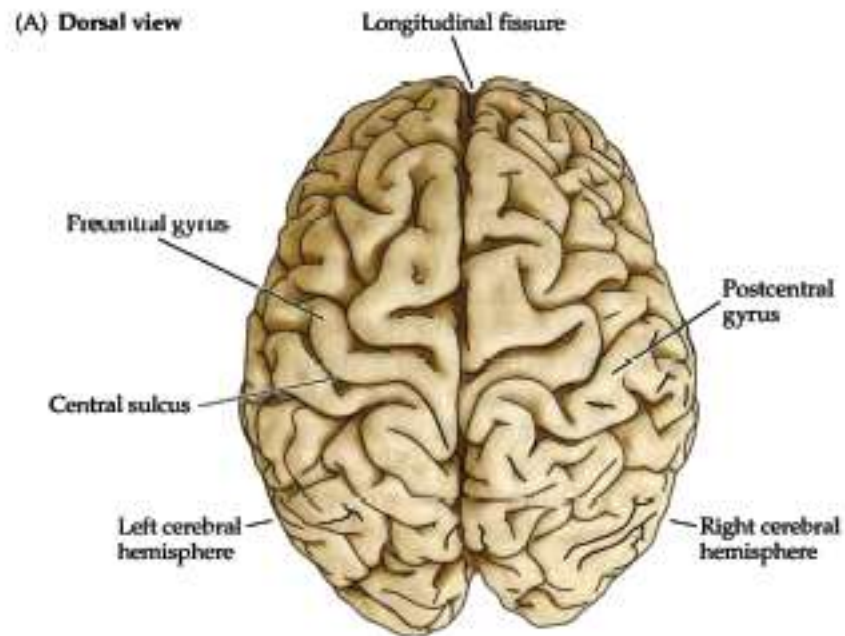
# Sulcus and Gyrus

Sulcus : valleys e.g central sulcus

Gyrus : plateaus, hills, e.g. precentral , postcentral gyrii

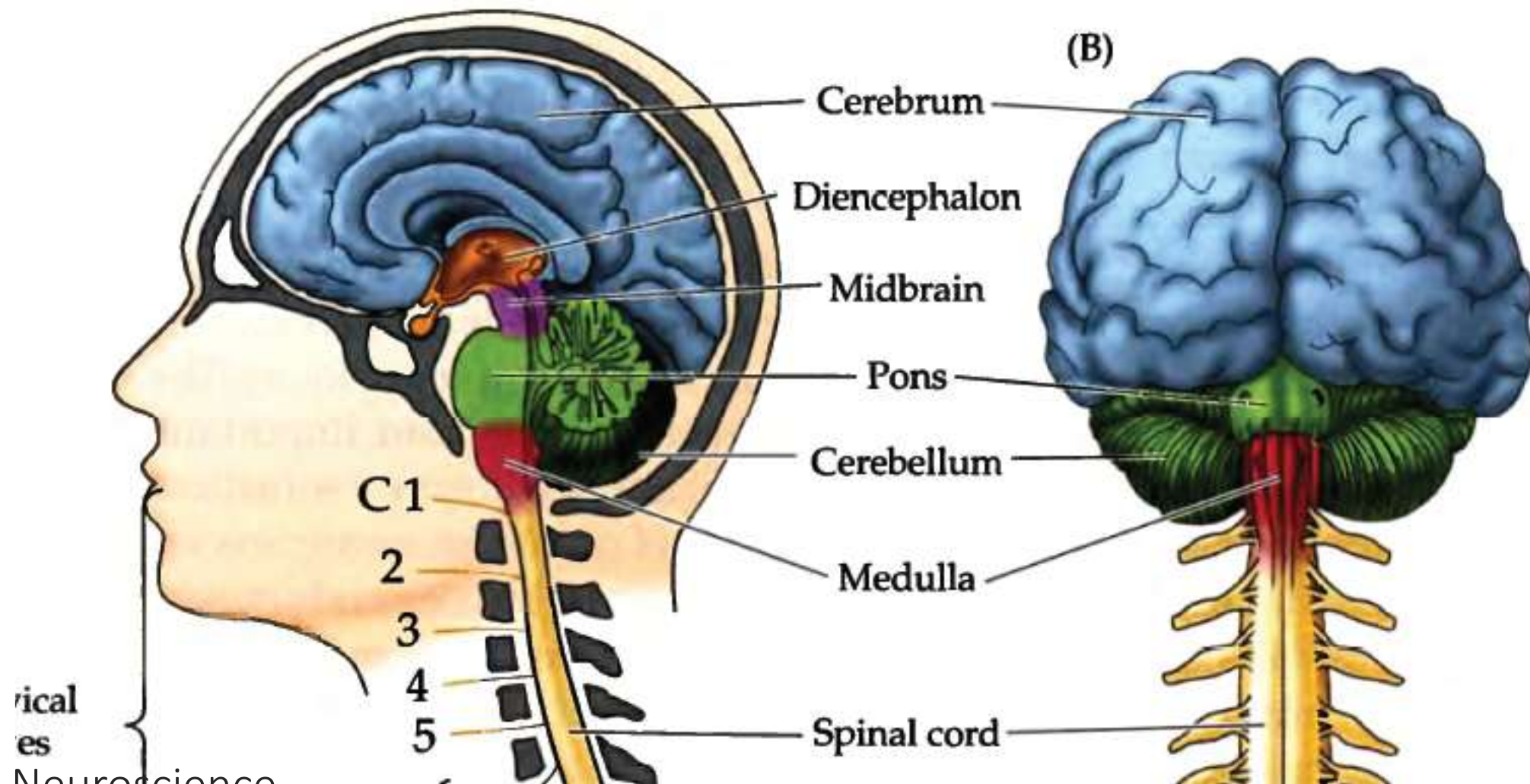
Fissure : e.g. Longitudinal , sylvian

# Dorsal and Ventral views

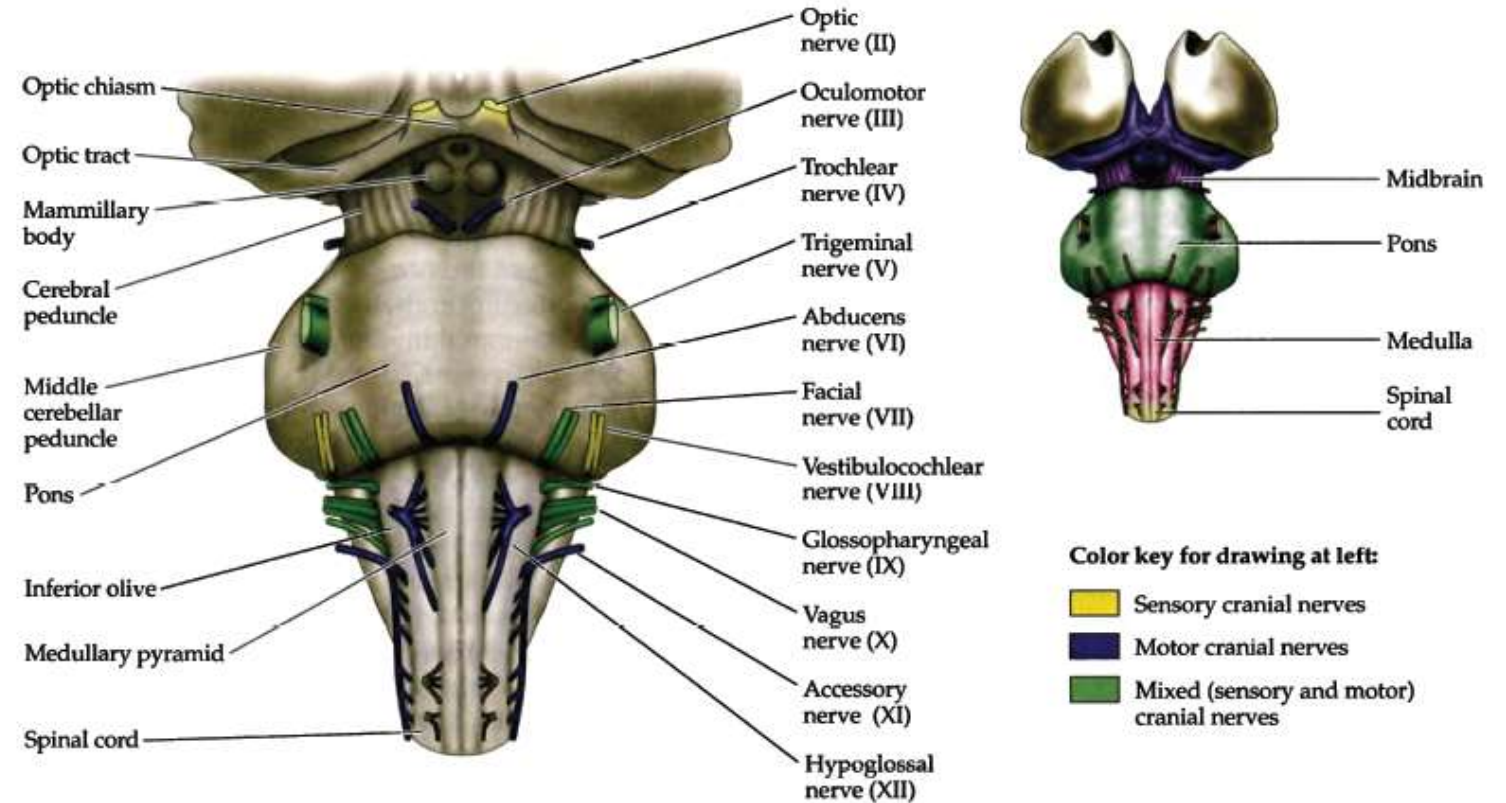


**Figure A11** Dorsal view (A) and ven-





# Brainstem & Cranial nerves



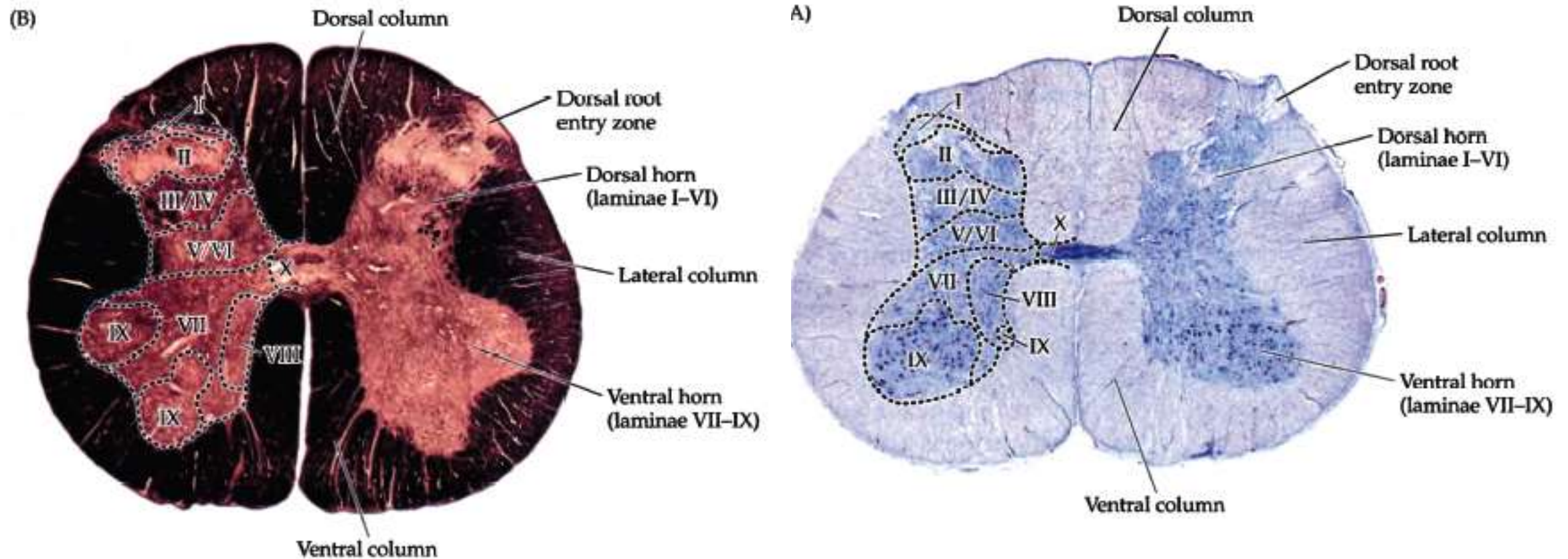
**Figure A7** At left is a ventral view of the brainstem showing the locations of the cranial nerves as they enter or exit the midbrain, pons, and medulla. Nerves that are exclusively sensory are indicated in yellow, motor nerves are in blue, and mixed sensory/motor nerves are in green. At right, the territories included in each of the brainstem subdivisions (midbrain, pons, and medulla) are indicated.



**TABLE A2 The Cranial Nerves and Their Primary Functions**

Cranial nerve	Name	Sensory and/or motor	Major function
I	Olfactory nerve	Sensory	Sense of smell
II	Optic nerve	Sensory	Vision
III	Oculomotor nerve	Motor	Eye movements; papillary constriction and accommodation; muscles of eyelid
IV	Trochlear nerve	Motor	Eye movements
V	Trigeminal nerve	Sensory and motor	Somatic sensation from face, mouth, cornea; muscles of mastication
VI	Abducens nerve	Motor	Eye movements
VII	Facial nerve	Sensory and motor	Controls the muscles of facial expression; taste from anterior tongue; lacrimal and salivary glands
VIII	Vestibulocochlear (auditory) nerve	Sensory	Hearing; sense of balance
IX	Glossopharyngeal nerve	Sensory and motor	Sensation from pharynx; taste from posterior tongue; carotid baroreceptors
X	Vagus nerve	Sensory and motor	Autonomic functions of gut; sensation from pharynx; muscles of vocal cords; swallowing
XI	Spinal accessory nerve	Motor	Shoulder and neck muscles
XII	Hypoglossal nerve	Motor	Movements of tongue

# Spinal cord : cross section

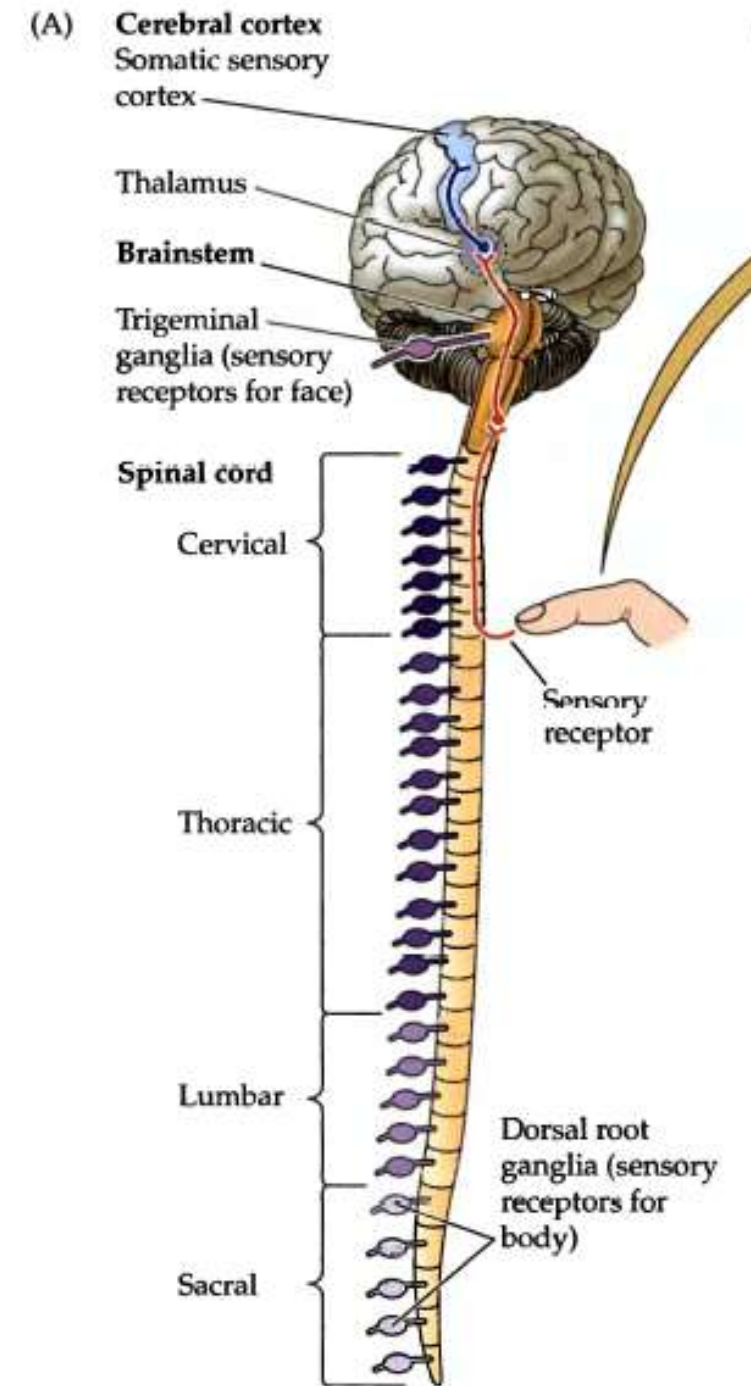


# Action / perception divide

In brain (Frontal = action, parietal/occipital/temporal = perception)

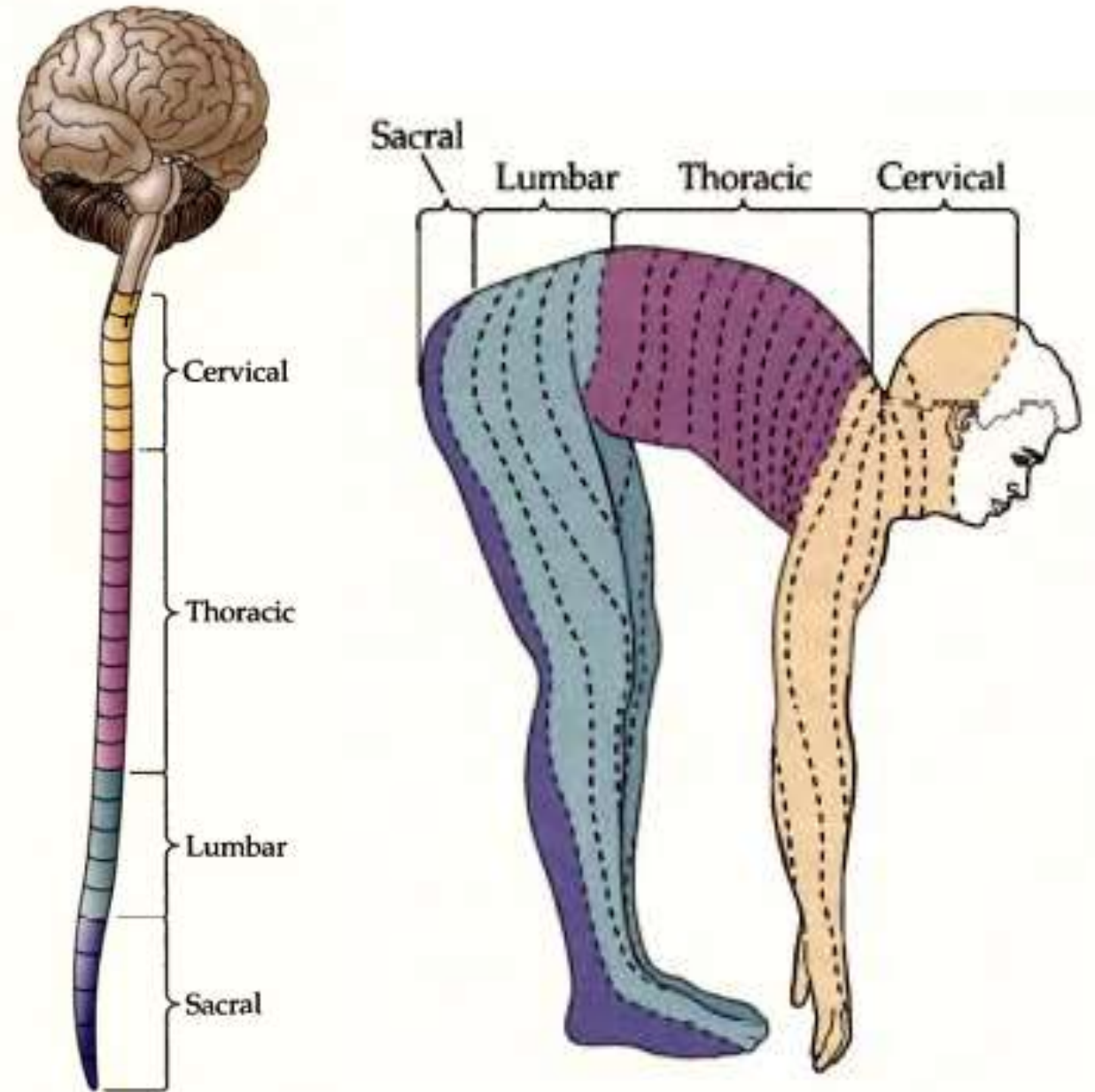
In spinal cord (Ventral = Action, Dorsal = Perception)

# Somatosensory system



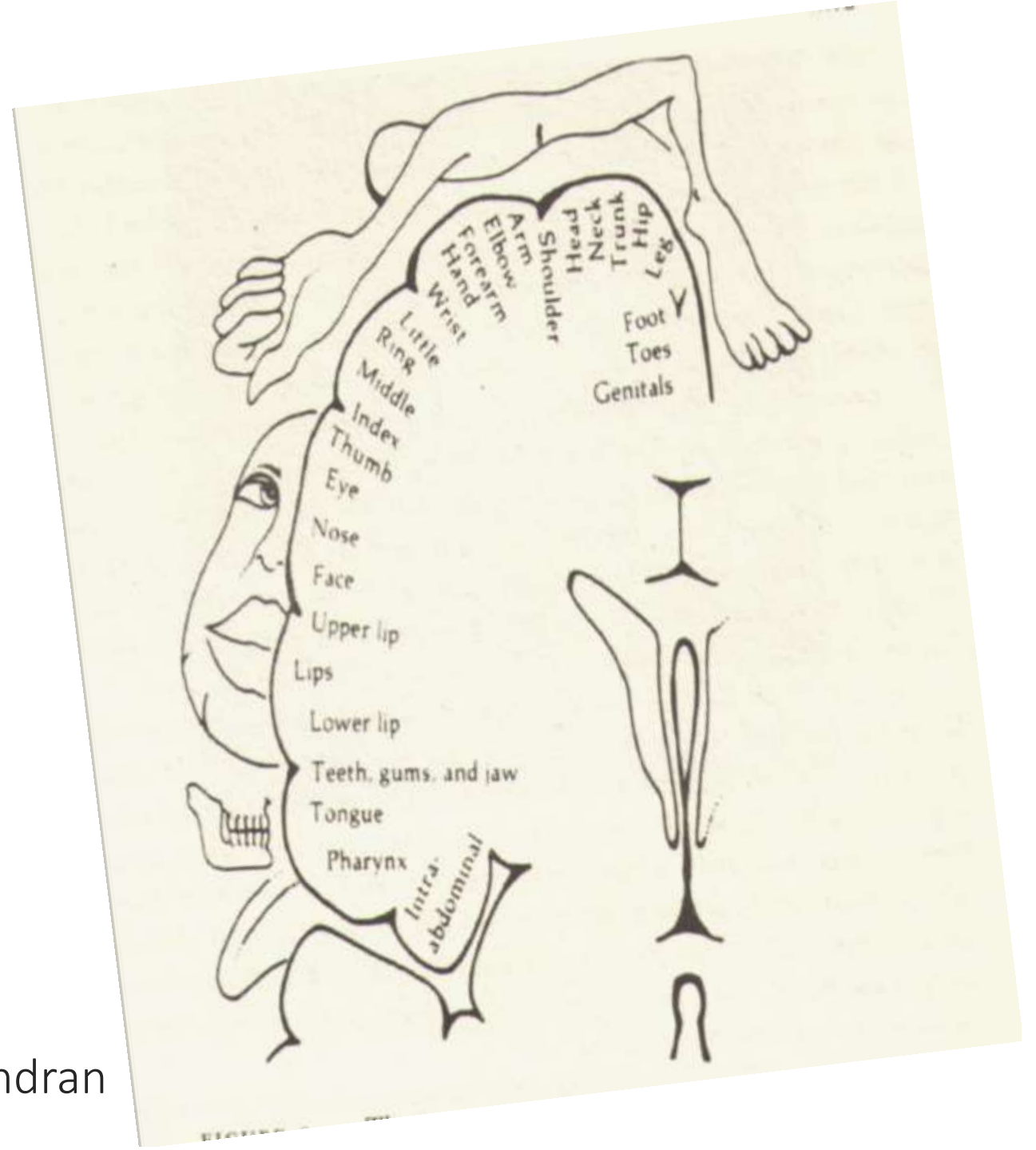


# Spinal nerves and dermatomes



Purves, Neuroscience

# Penfield maps



Tell Tale brain : VS Ramachandran

# Phantom limb phenomenon

War veterans with amputated limbs feel sensation in the amputated (absent) limbs !

Touching the face or some other body part gives a feeling of touching the phantom limb! (only when blindfolded)

# Phantom limb literature

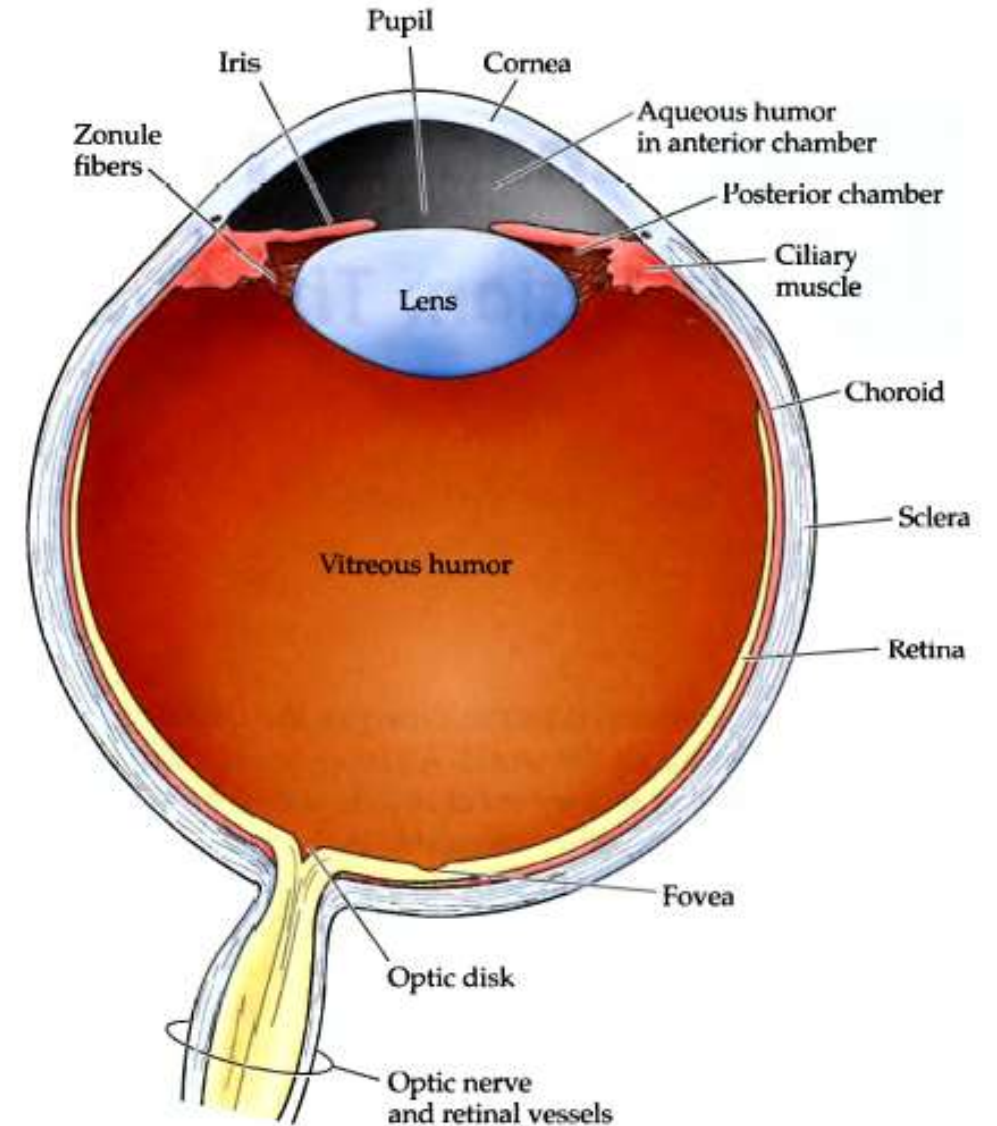
- Series of papers on reorganization of somatosensory maps by Florence, Neeraj Jain and Kaas around 1995
- Popular Neuroscience : VS Ramachandran ties the phenomenon of phantom limb with remapping of somatosensory cortex



# Visual system

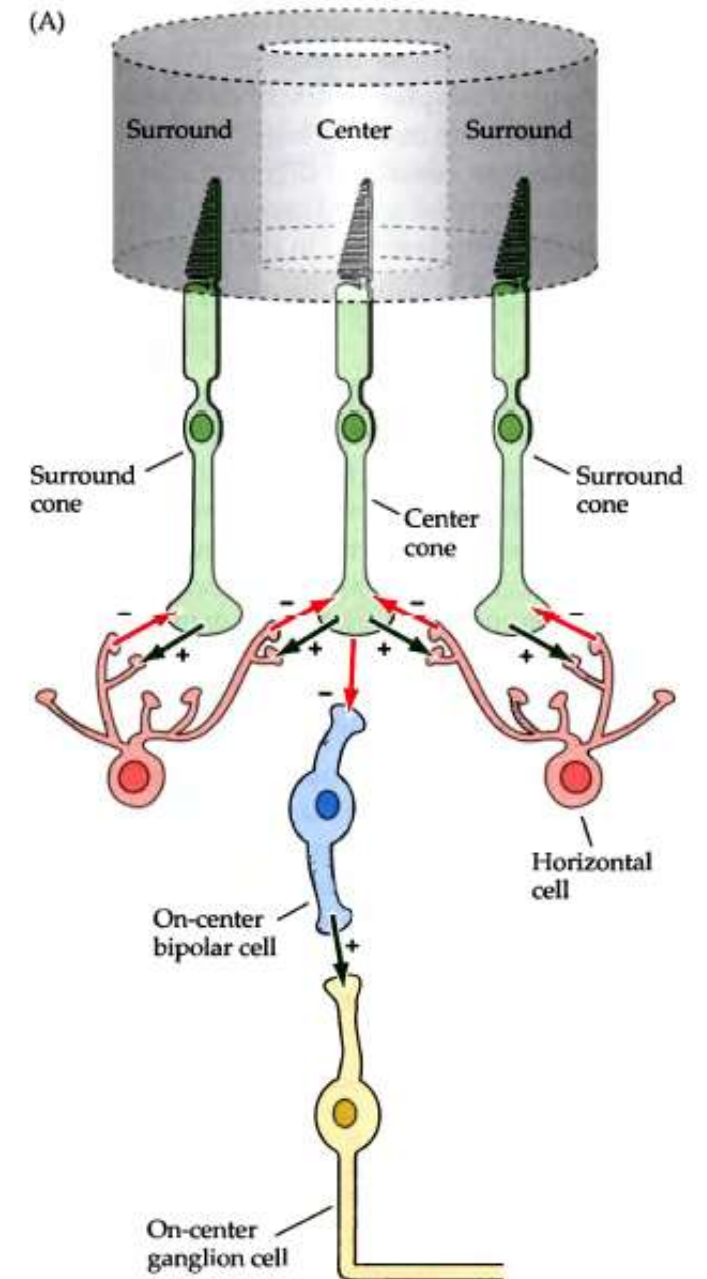
# Eye and retina

- Light falls on retina
- 3 neuron chain in retina : rods/cones , bipolar cells (graded potentials), retinal ganglion cells (RGC) (action potentials)



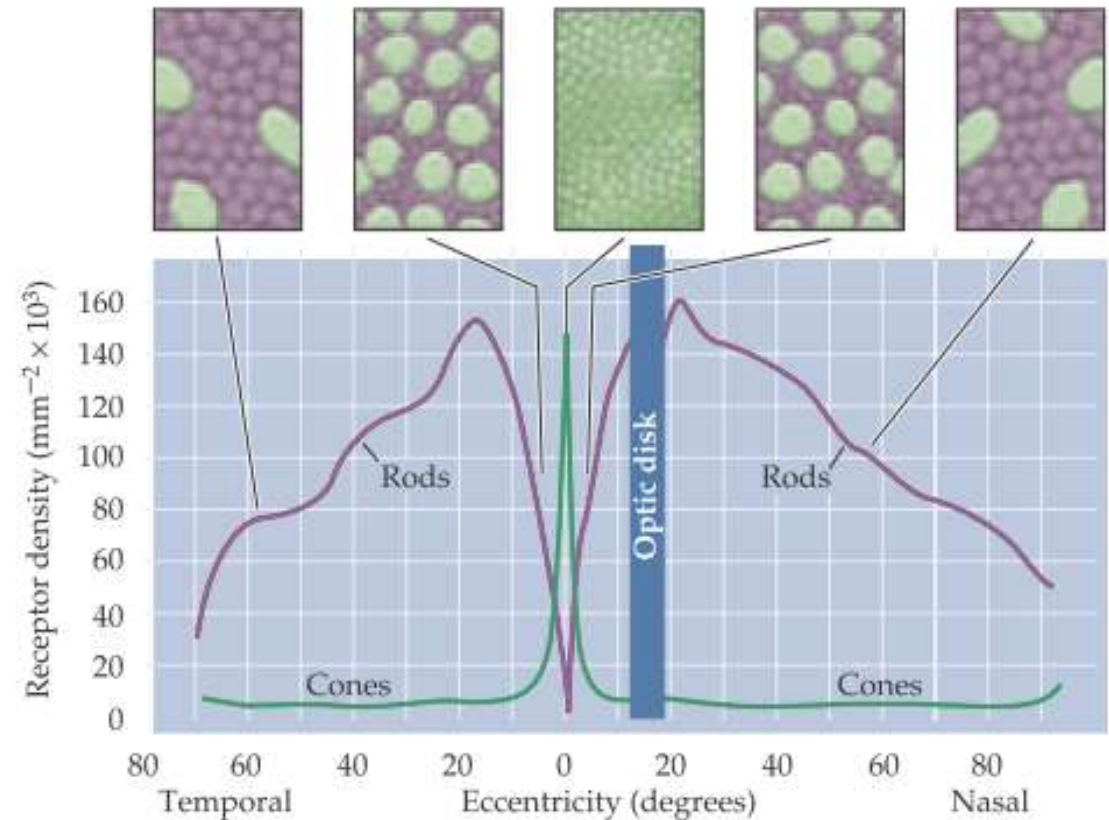
# Centre-surround receptive fields

- RGC do not carry info on illumination, but difference in illumination of receptive field and surroundings
- centre surround field due to lateral inhibition from horizontal cells
- RGCs are of 2 types : on-centre or off-centre due to difference in receptor type



# Distribution of rods and cones

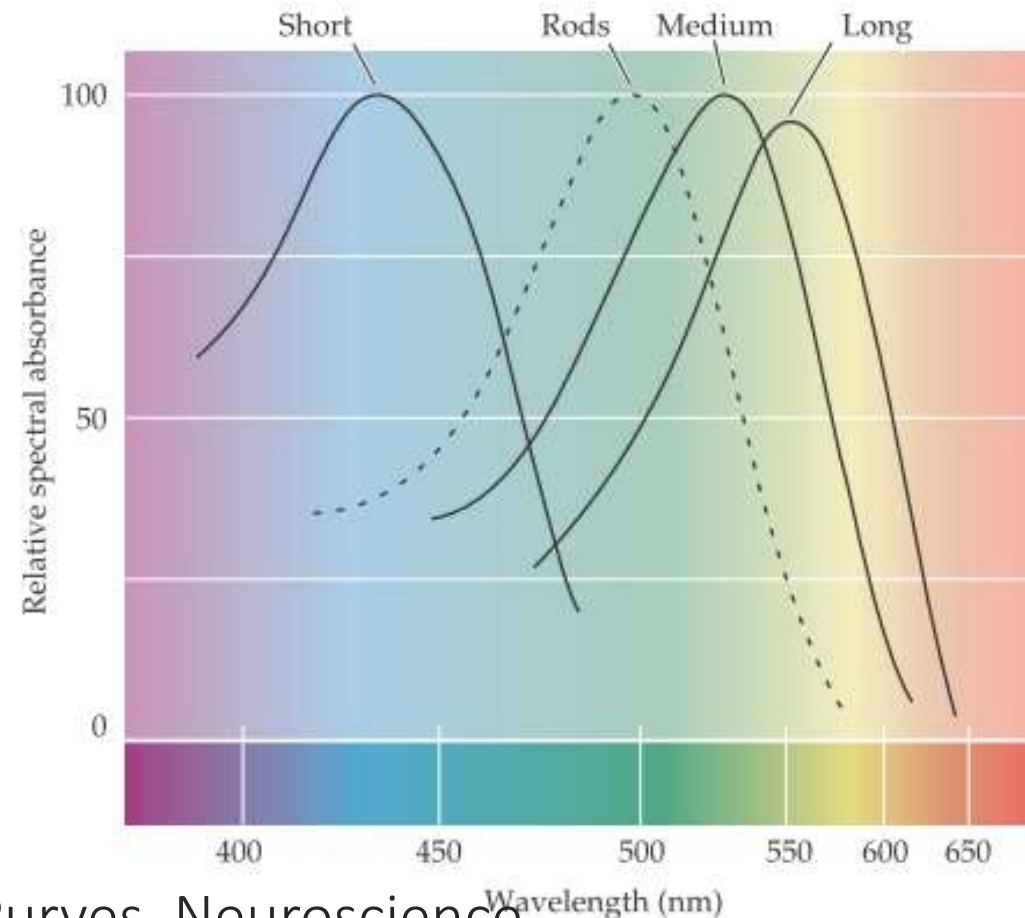
**Figure 10.10** Distribution of rods and cones in the human retina. Graph illustrates that cones are present at a low density throughout the retina, with a sharp peak in the center of the fovea. Conversely, rods are present at high density throughout most of the retina, with a sharp decline in the fovea. Boxes at top illustrate the appearance of face on sections through the outer segments of the photoreceptors at different eccentricities. The increased density of cones in the fovea is accompanied by a striking reduction in the diameter of their outer segments.



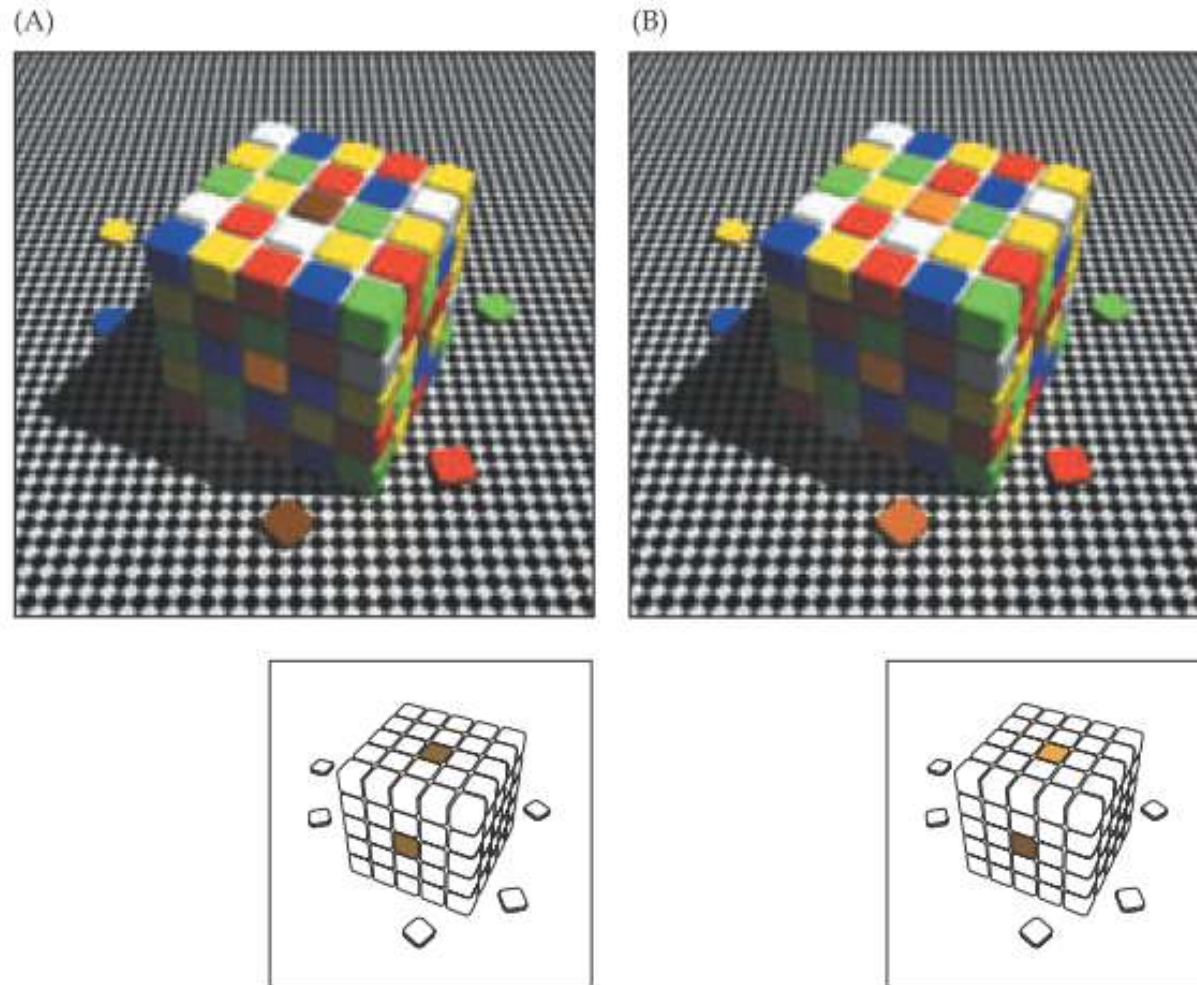


# Color vision

**Figure 10.12** Color vision. The light absorption spectra of the four photopigments in the normal human retina. (Recall that light is defined as electromagnetic radiation having wavelengths between ~400 and 700 nm.) The solid curves indicate the three kinds of cone opsins; the dashed curve shows rod rhodopsin for comparison. Absorbance is defined as the log value of the intensity of incident light divided by intensity of transmitted light.



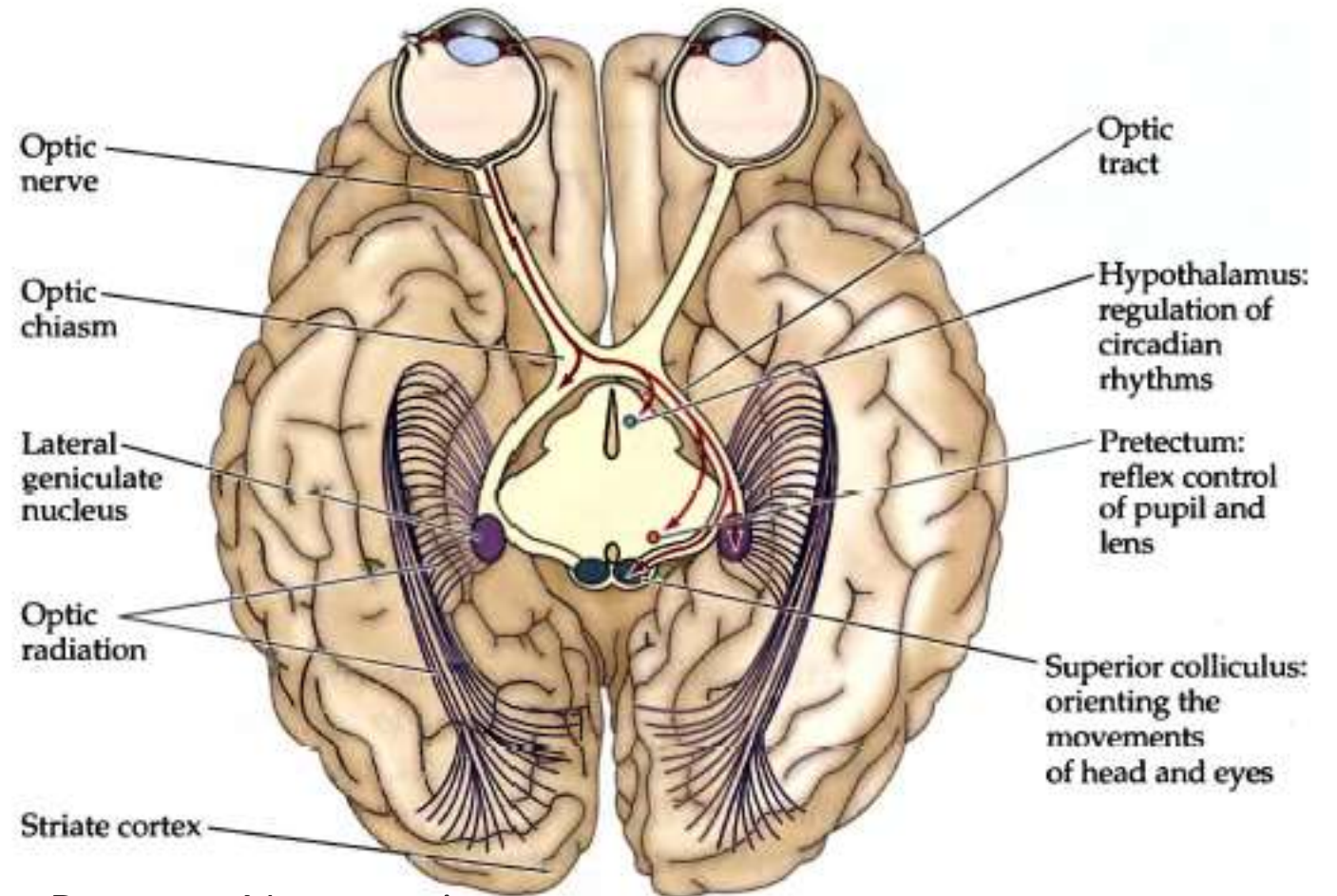
# Context and color vision



Purves, Neuroscience

# From retina to the visual cortex

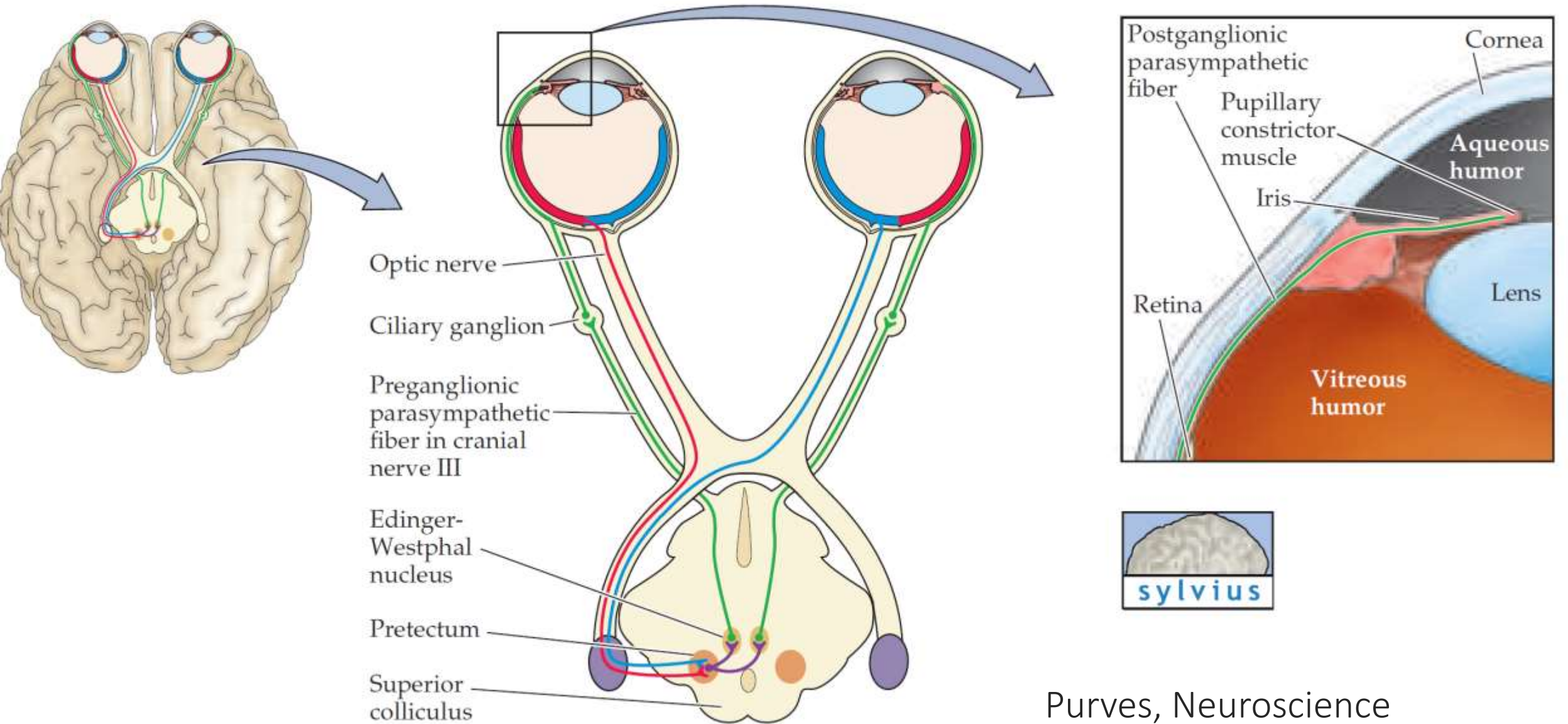
- Pathways from two eyes converge at LGN at different layers
- Pathways actually mix at V1, on the banks of the calcarine sulcus



Purves, Neuroscience

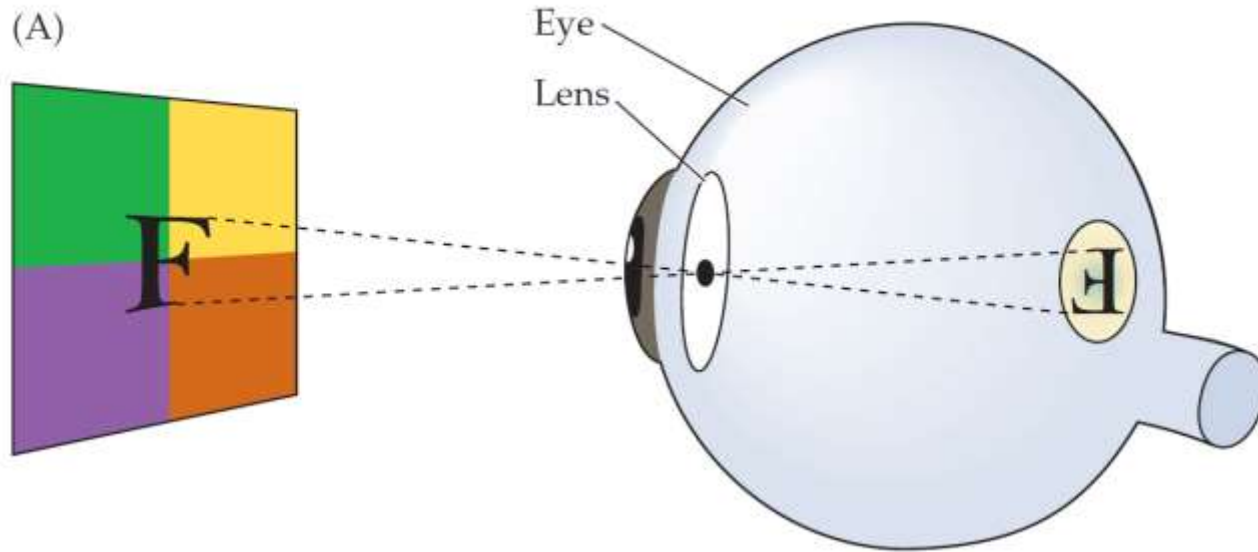


# Pupillary reflex

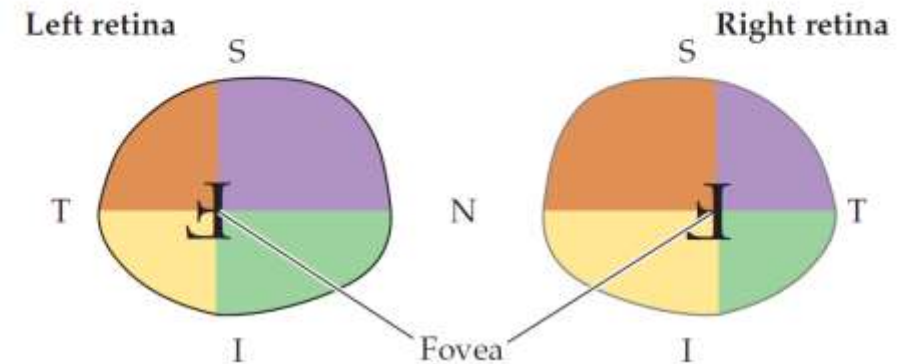
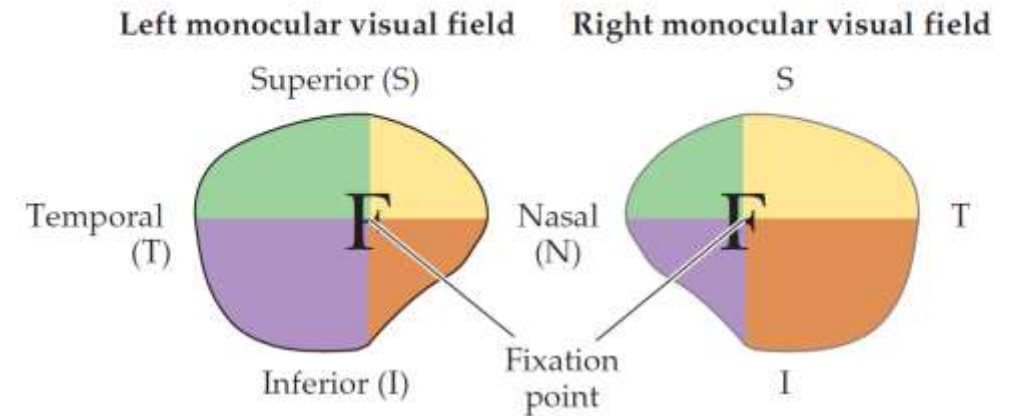
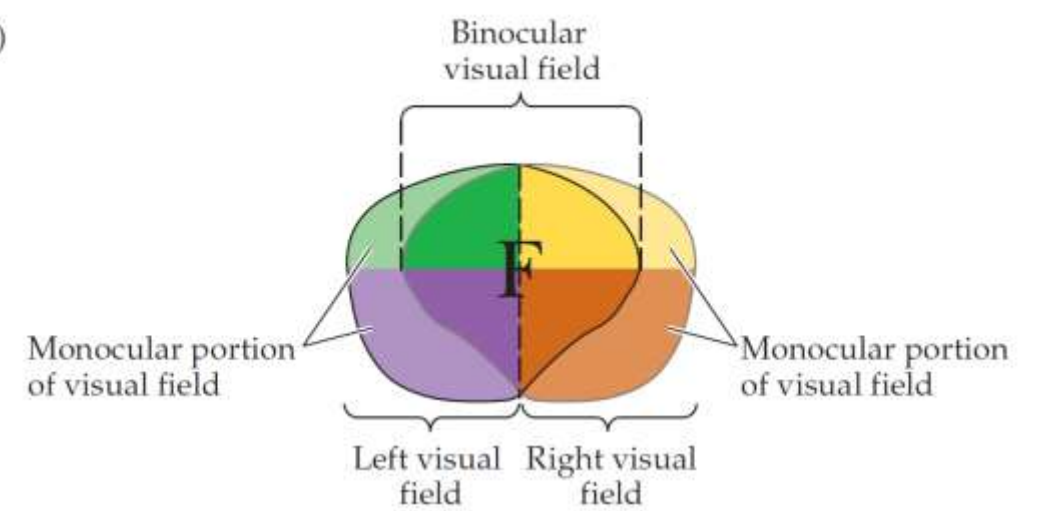




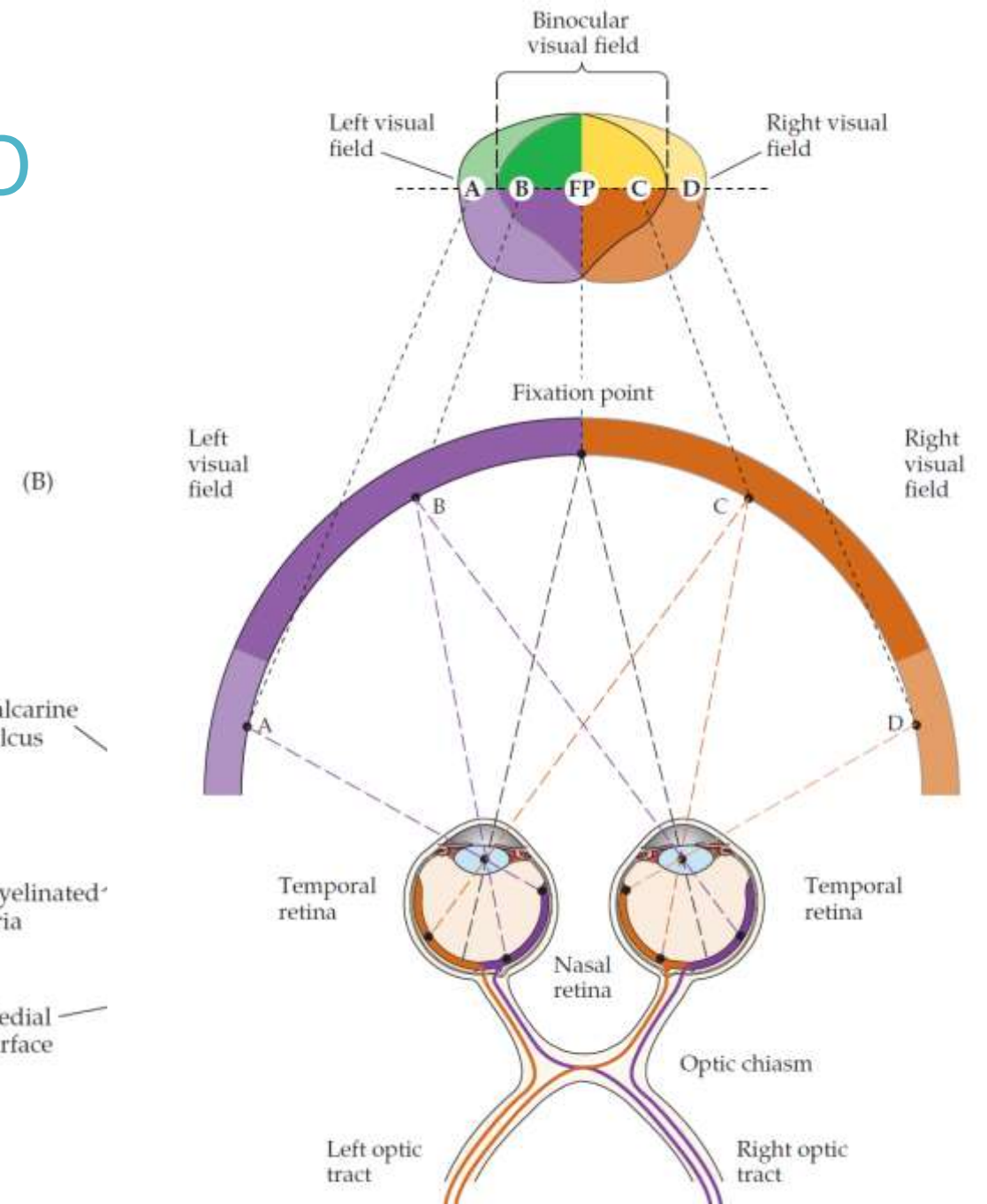
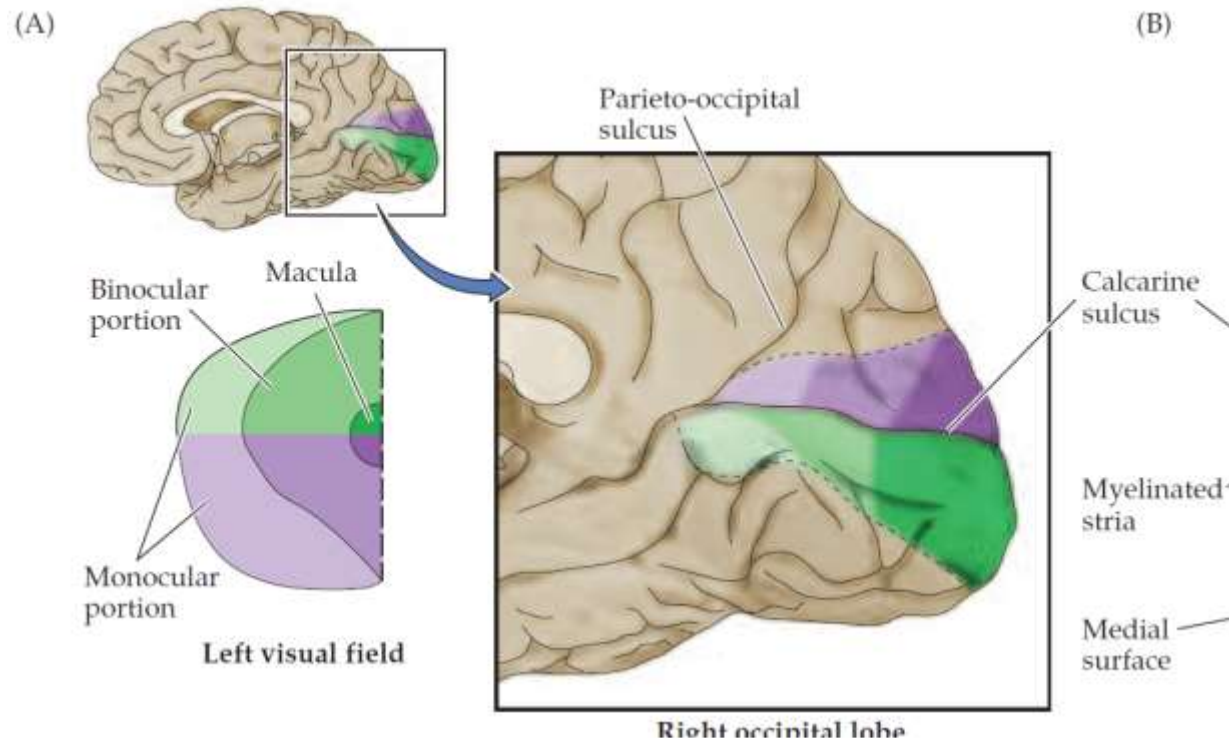
# Visual field mapping on retina



(B)

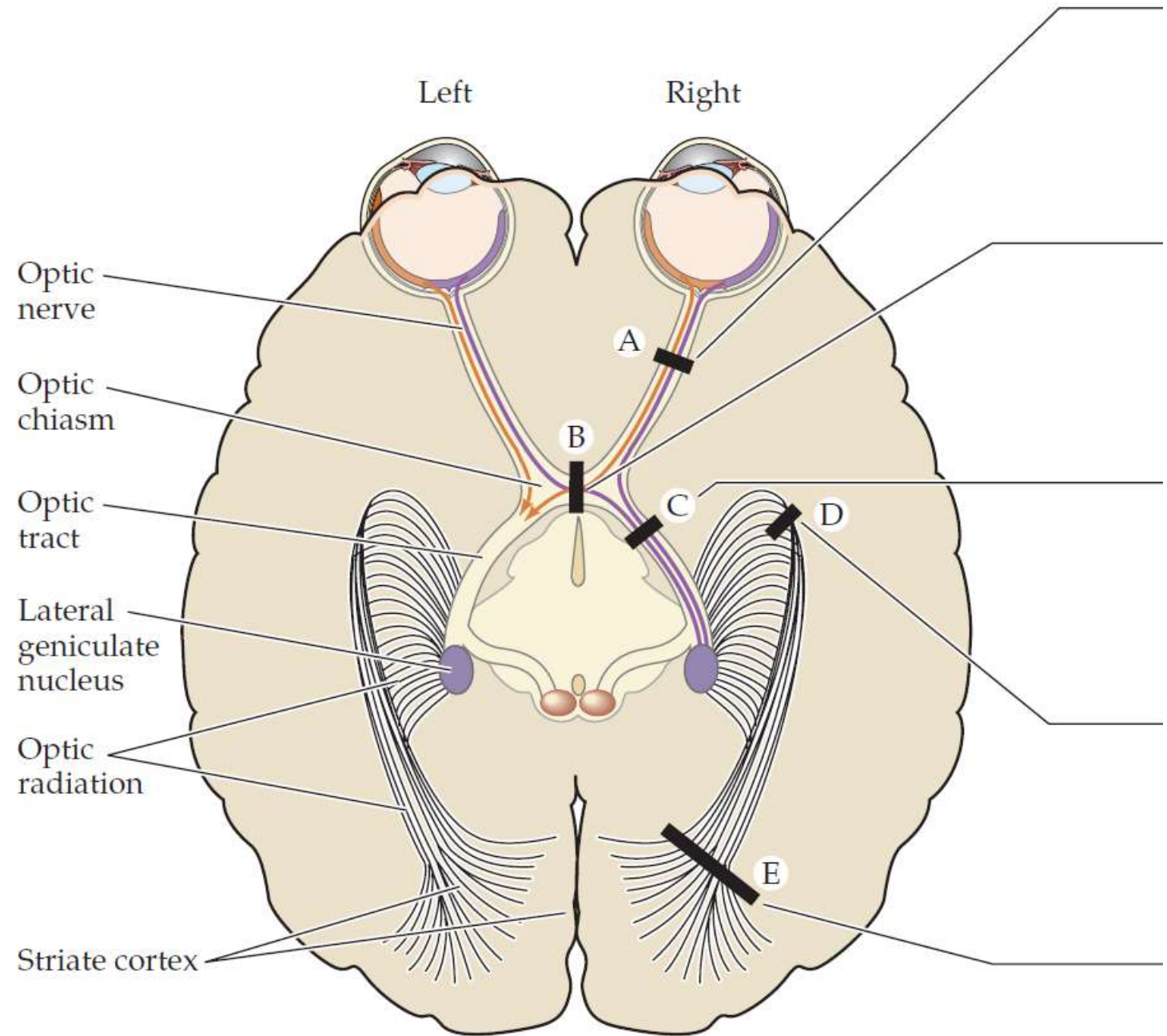


# Visual field mapping to visual cortex



# Visual Deficits

What kind of visual deficits are caused by damage in locations A-E ?



# Blind spot !

- Move a vertical pencil from right to left, with left eye closed



**X**

# Blind spot !

- Do the same with pencil horizontal



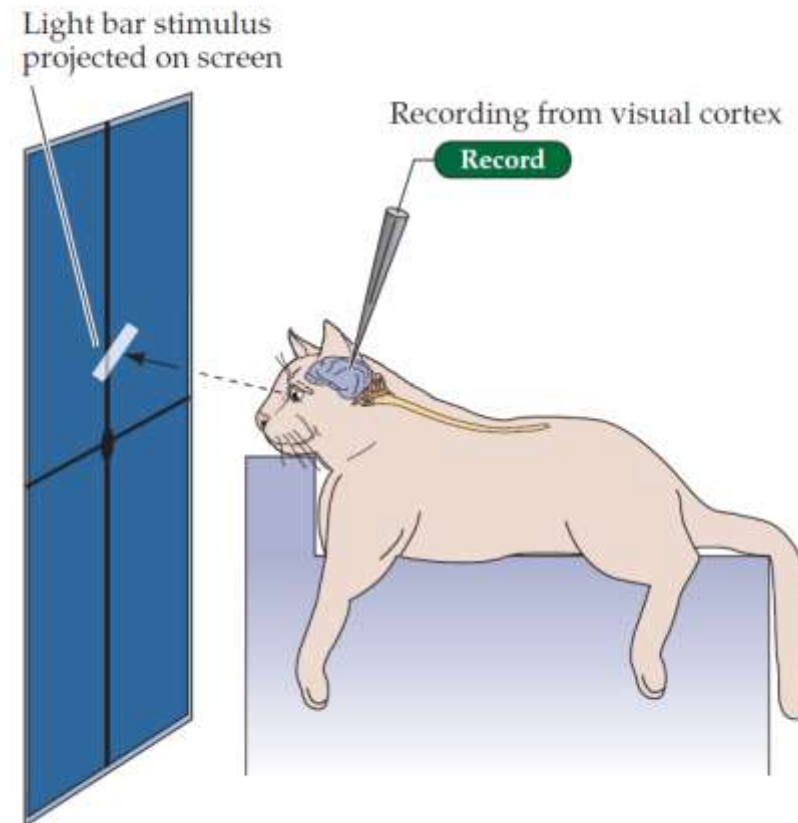
**X**



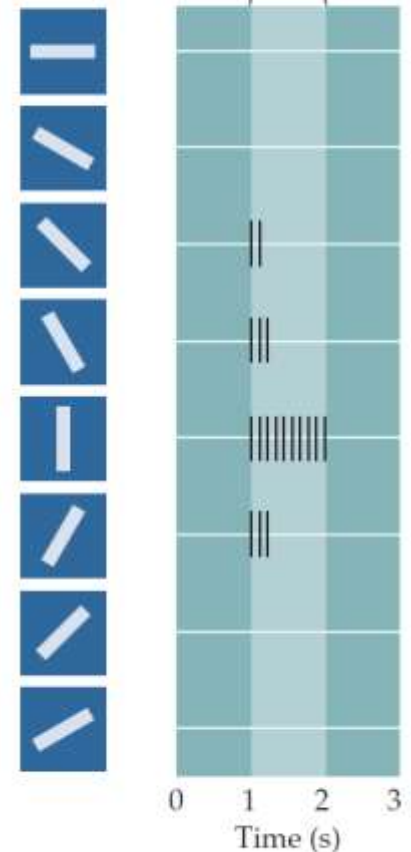
# V1 : primary visual cortex

- Orientation selectivity
- Experiments of Hubel and Wiesel
  - *Trying with spots of light got firing in LGN*
  - *Same strategy failed in V1....  
Accidentally a malfunction caused a bar of line to go across and neuron fired !*
  - <https://www.youtube.com/watch?v=8VdFf3egwfg>
  - *From centre-surround fields to orientations in V1*

(A) Experimental setup

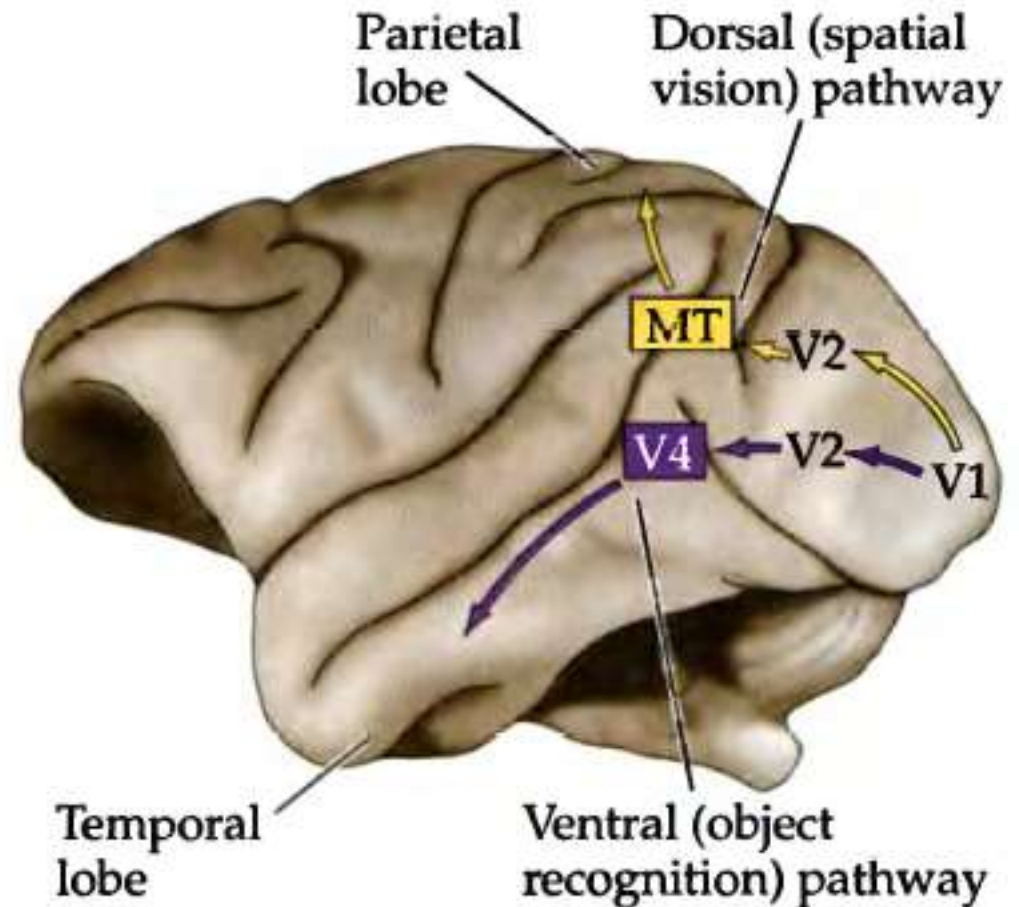


(B) Stimulus orientation



# “How” and “What” pathways

- From there V1 → V2 → MT : Dorsal “How” pathway... spatial information
- V1 → V2 → V4 → IT : Ventral “what” pathway



# Some interesting areas and case studies

## ■ MT – motion

- *Patient with injured MT... can see, recognize objects but great difficulty seeing motion.. Cant cross street or pour water into a glass..everything blurred out due to motion*
- *Record from monkeys in MT : fires to motion direction and nothing else*
- *TMS zapping of MT in humans causes motion blindness*
- *Stimulation of monkeys in MT causes eye tracking of imaginary objects*

## ■ V4 – colour, rudimentary shapes

- *Case study : Damage causes loss of colour vision*

## ■ IT – object identification

- From IT -> Amygdala .. Emotional content of object

# Blindsight !

- Patient says he cannot see, but ask him to touch the spot of light he does it correctly !
- This is due to an old pathway from the superior colliculus to the parietal lobes... this usually helps us to orient ourselves and respond to objects in our surroundings

# New insights into Blindsight

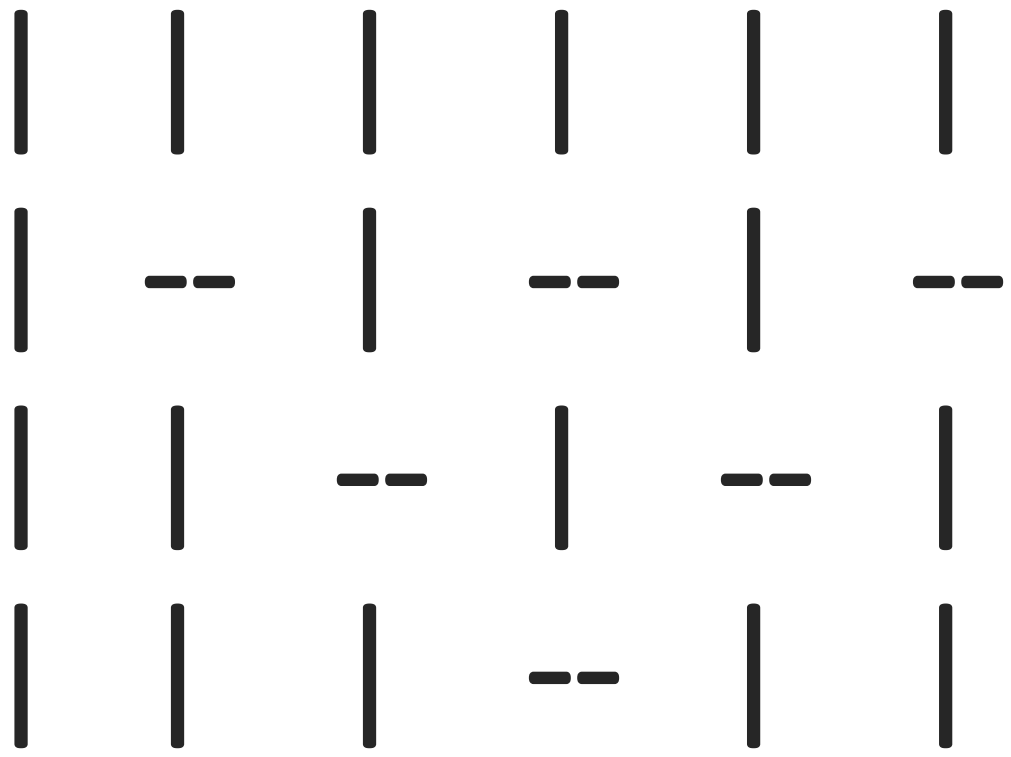
Massimo Scanziani, Science 2019

Superior Colliculus -> Post rhinal cortex pathway for encoding movement

Could this be the key to blindsight ?



T	T	T	T	T	T
T	L	T	L	T	L
T	T	L	T	L	T
T	T	T	L	T	T



2	2	2	2	2	2
2	5	2	5	2	5
2	2	5	2	5	2
2	2	2	5	2	2

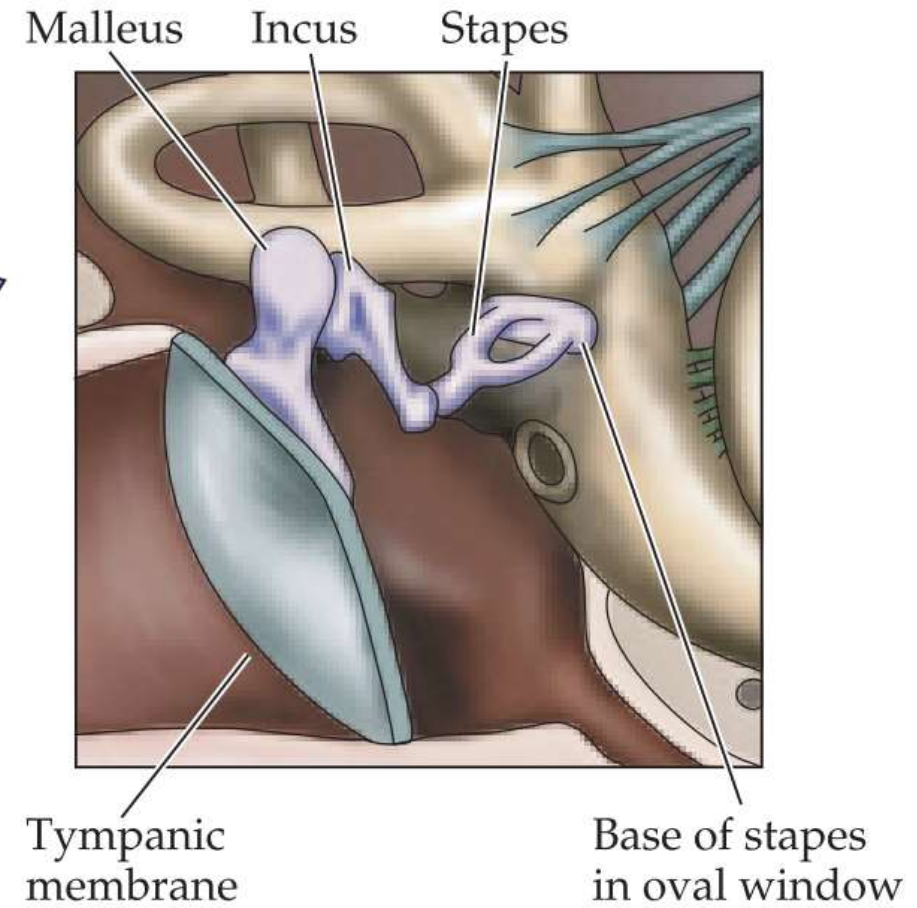
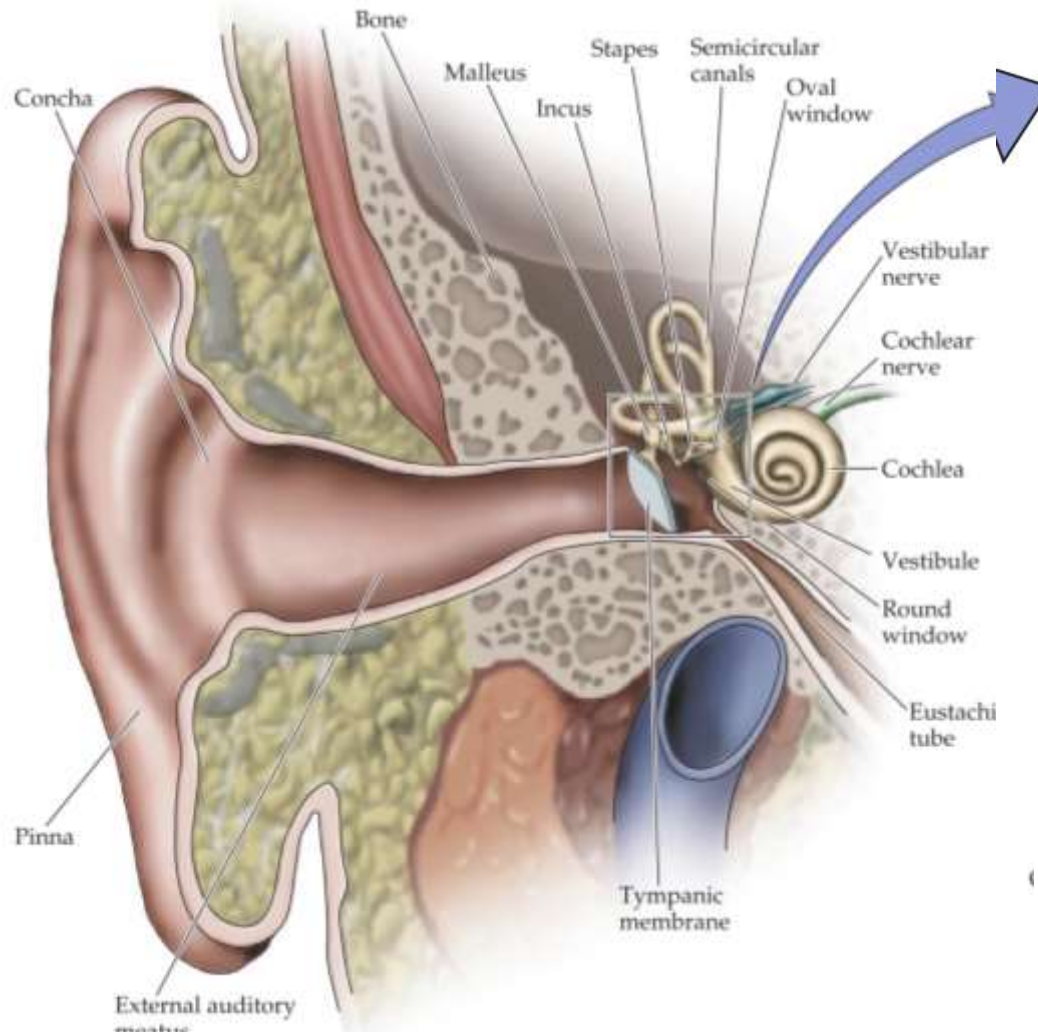
# T/L vertical/horizontal detection

- Response times tell a story ?
- Pop out diff => Early processing stages ?
- T vs L and 2 vs 5 Linguistic or semantic meaning
- Colour, orientation are relatively more elementary features sorted out by the visual system

# Audition



# Structure of human ear



# Working of the inner ear

Pinna and Concha along with meatus focus the sound onto the tympanic membrane

**Activity:** Cup your hands to extend the concha outwards in a silent room...

What do you hear ?

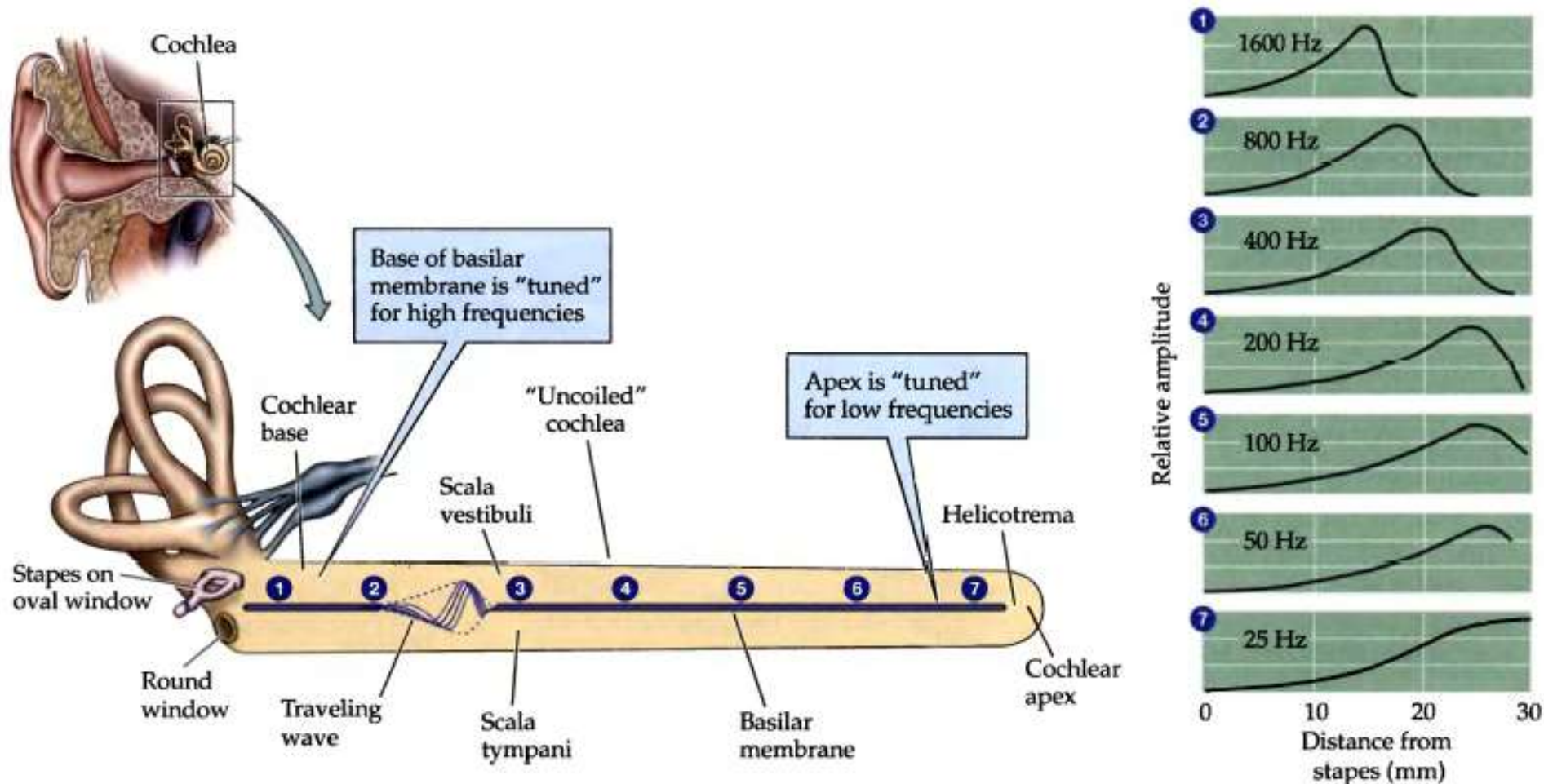
When do you adopt this pose ?

Instead of cupping, flatten your palm. Now what do you observe ?

# Working of the inner ear

- Pinna, concha and meatus configured to boost audio frequencies  $\sim 3\text{K Hz}$  upto 100x
- Plosives (stops) that distinguish the essential phonemes have energy in this band

# Cochlea and auditory sensing



# Interaural differences

## Superior Olive @ Mid Pons region

Medial Superior Olive : Interaural time difference

Lateral Superior Olive : Interaural intensity difference

< 3KHz – The neural signaling uses time codes or stimulus followers

Localization by interaural time difference

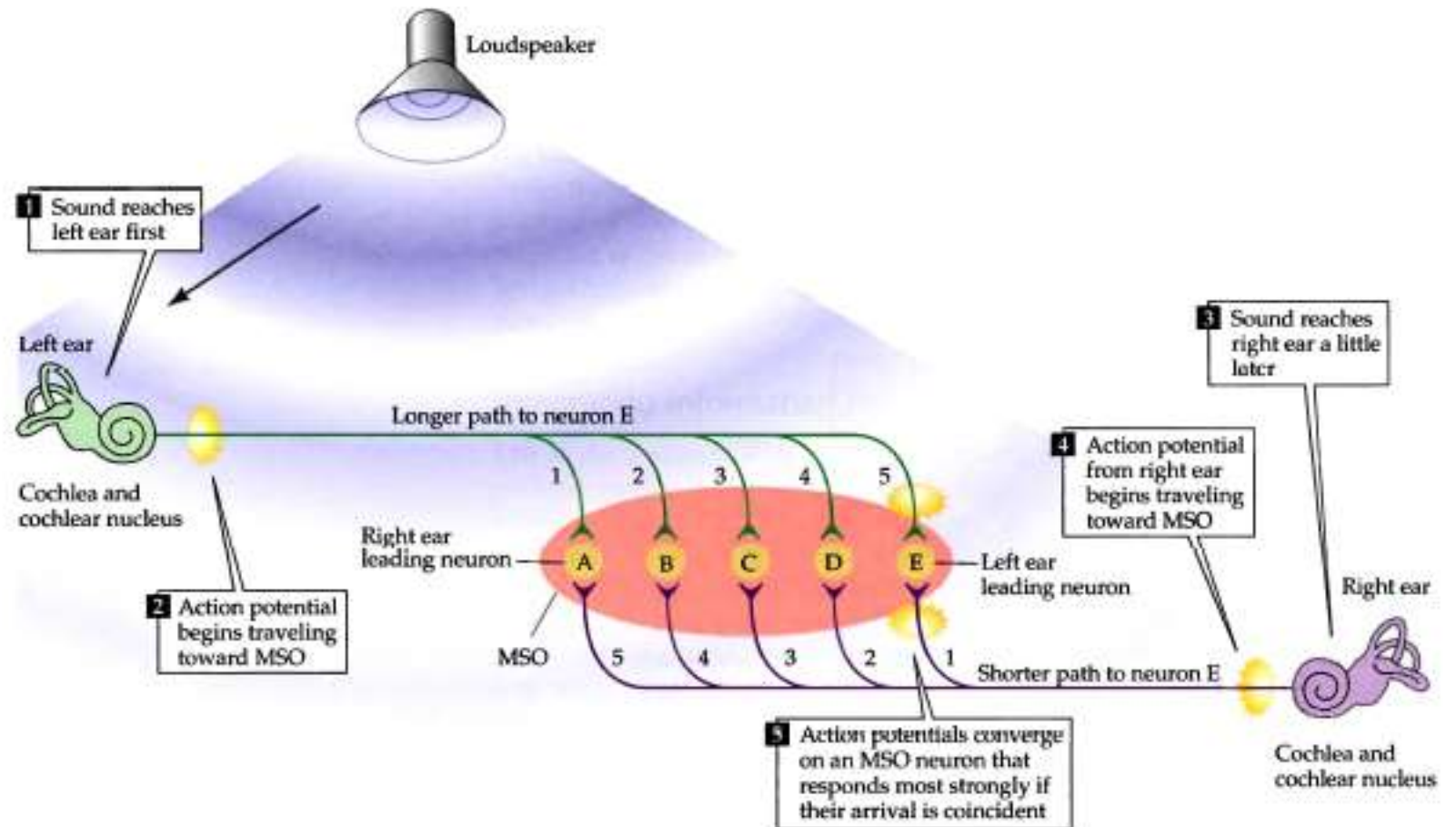
> 3KHz – Labelled line coding, i.e. location of responding basilar membrane

Localization by interaural intensity difference



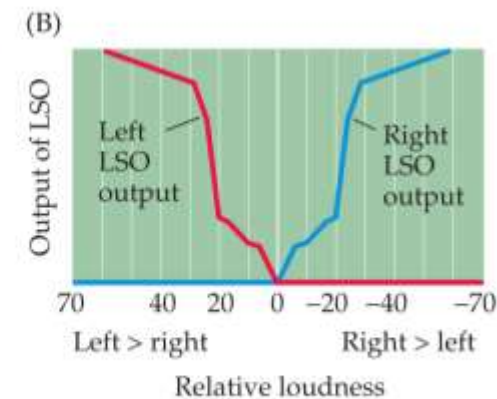
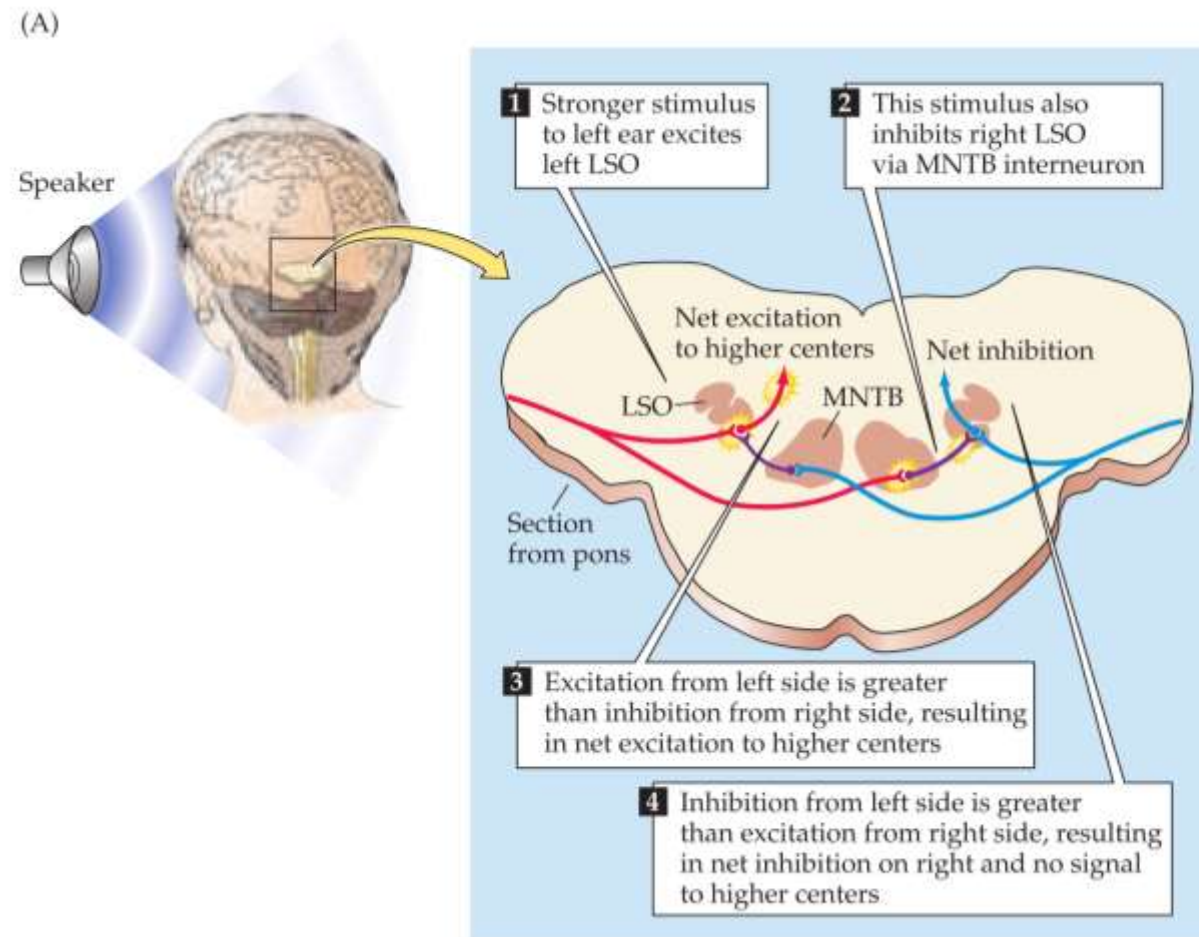
# Medial Superior Olive: Time difference

Interaural time difference  
of  $\sim 10 \mu\text{s}$ - $700 \mu\text{s}$   
detected



# Lateral Superior Olive: Intensity difference

Inter aural intensity =>  
net excitation/inhibition



# Inferior colliculus

Spatial Maps of auditory space...

Specific neurons respond to sounds in particular location in auditory space

Complex sounds

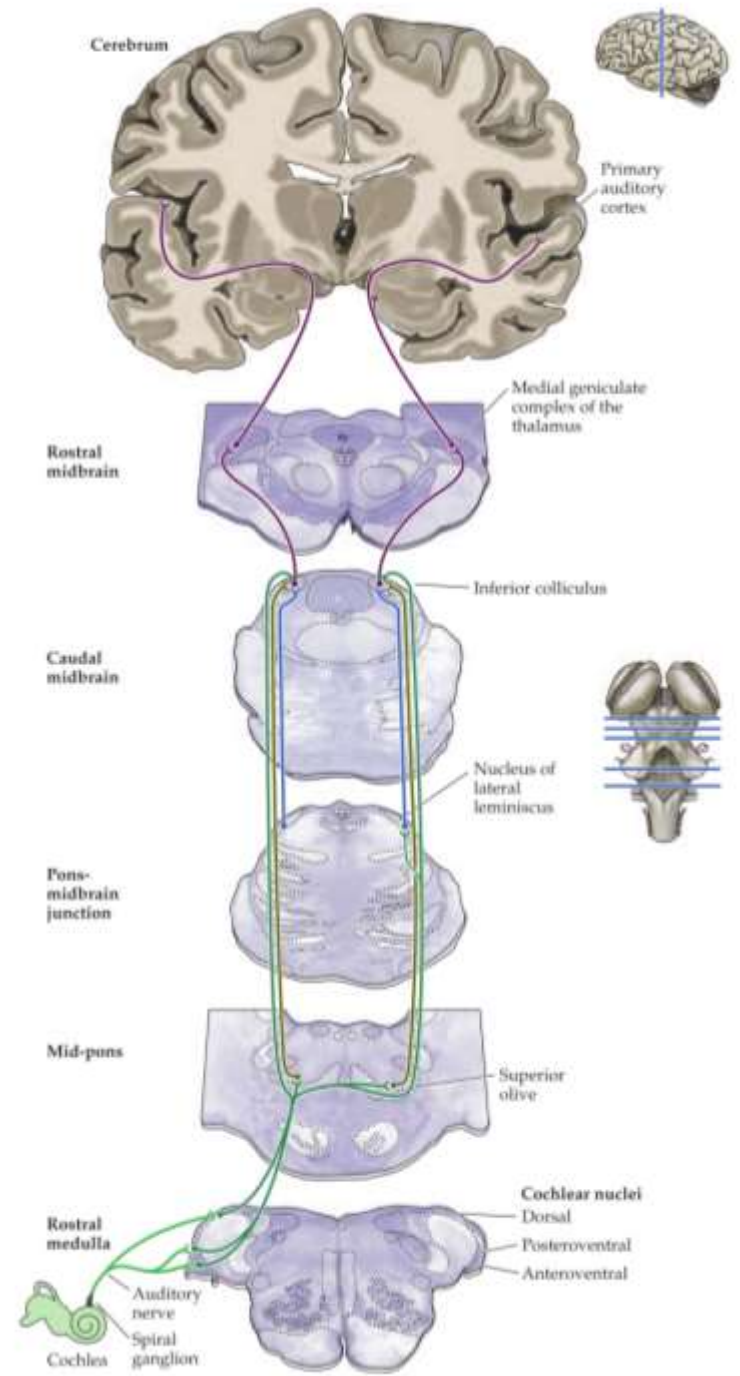
Specific neurons responding to frequency modulated sounds

Some respond to sounds of fixed durations

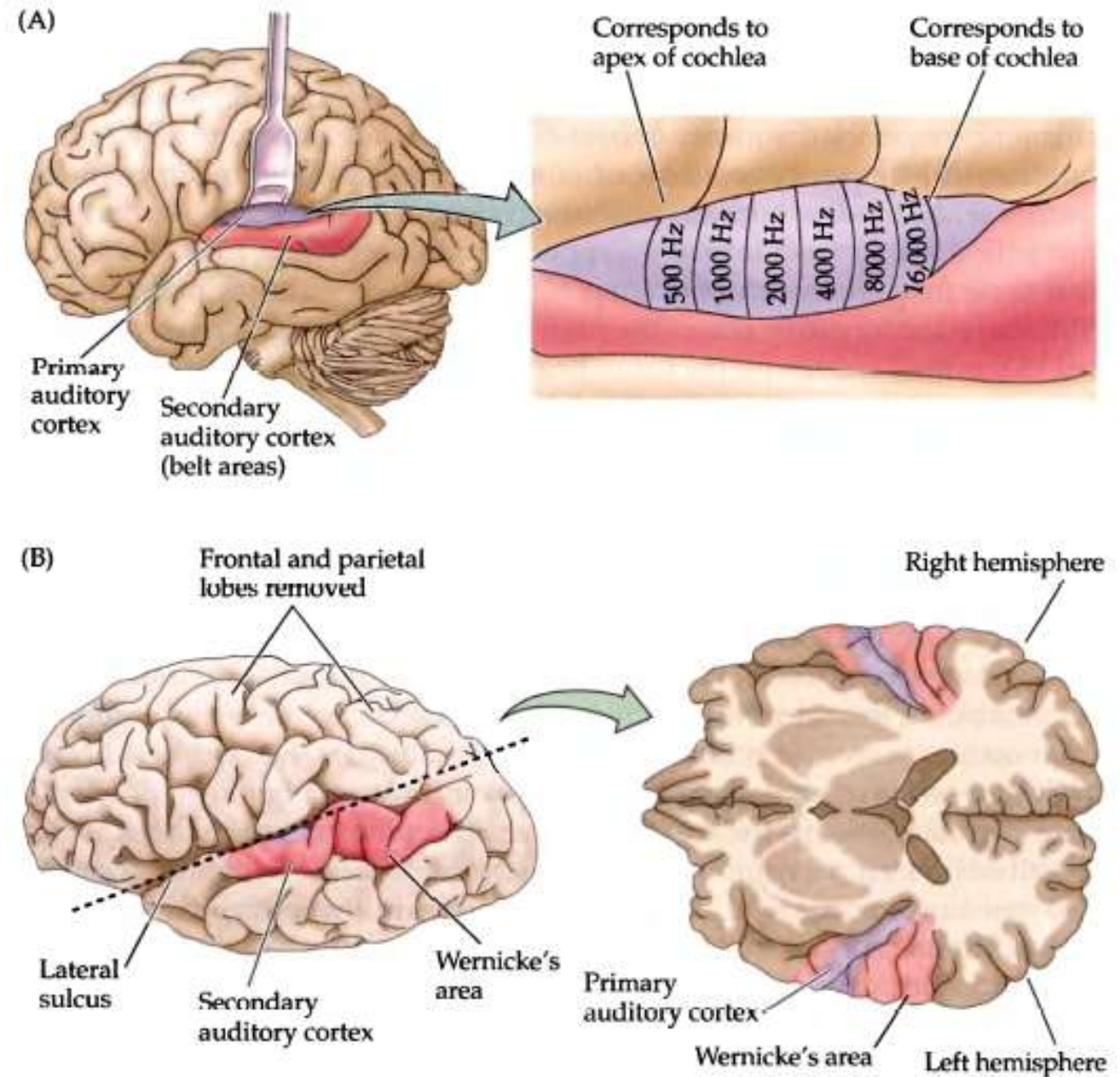
# Auditory pathways

Function

Location



# Auditory cortex and the language areas



# Converging senses



# Parietal lobe

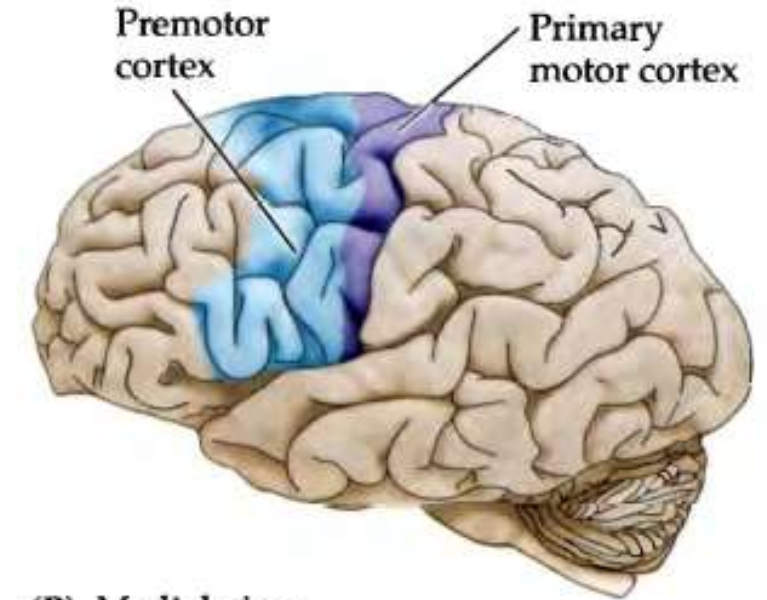
Image of our own body

# Motor system

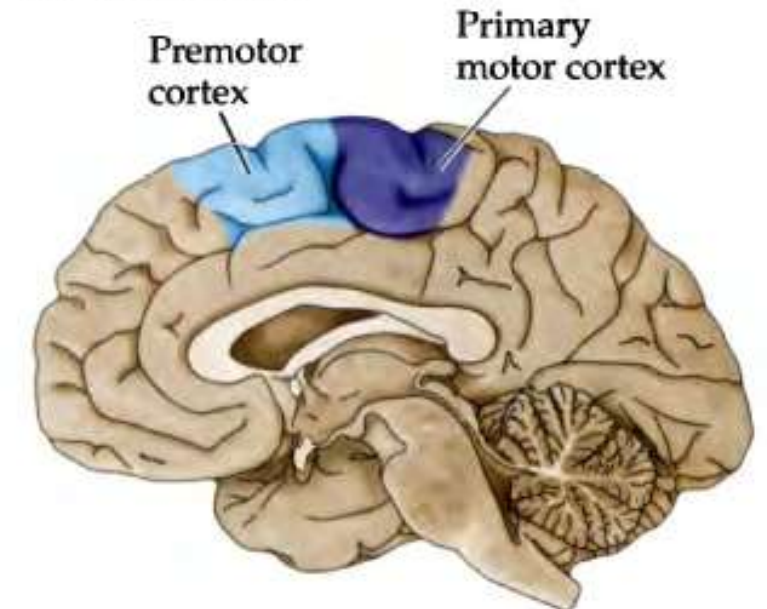
# Motor cortex

- Primary motor cortex : No clear somatotopy
- Codes movement , not muscles !
  - *E.g. move hand to mouth*
- Premotor area : mosaic of different areas
  - *Lateral : sensory guided movements e.g FEF*
  - *Medial : volitional movements*

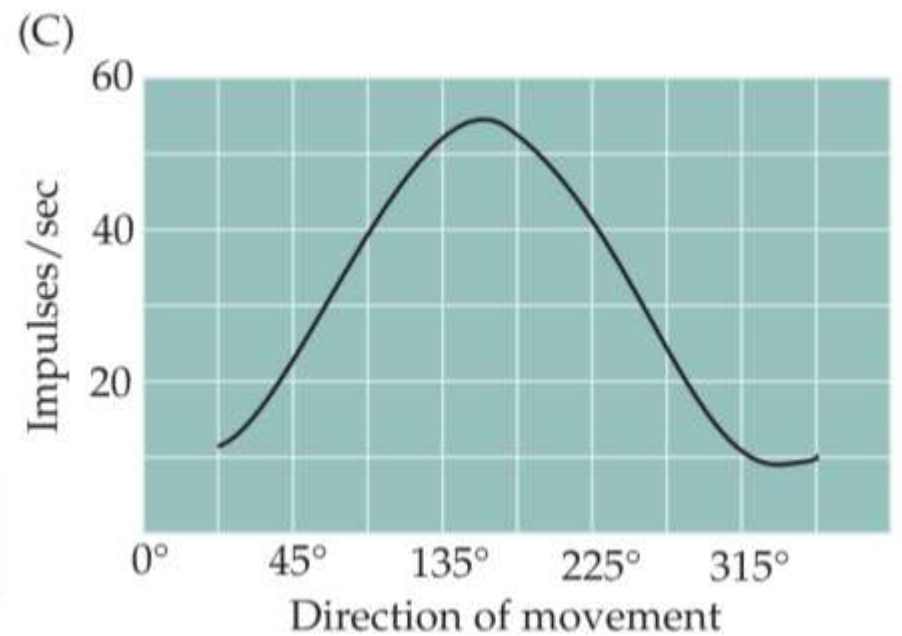
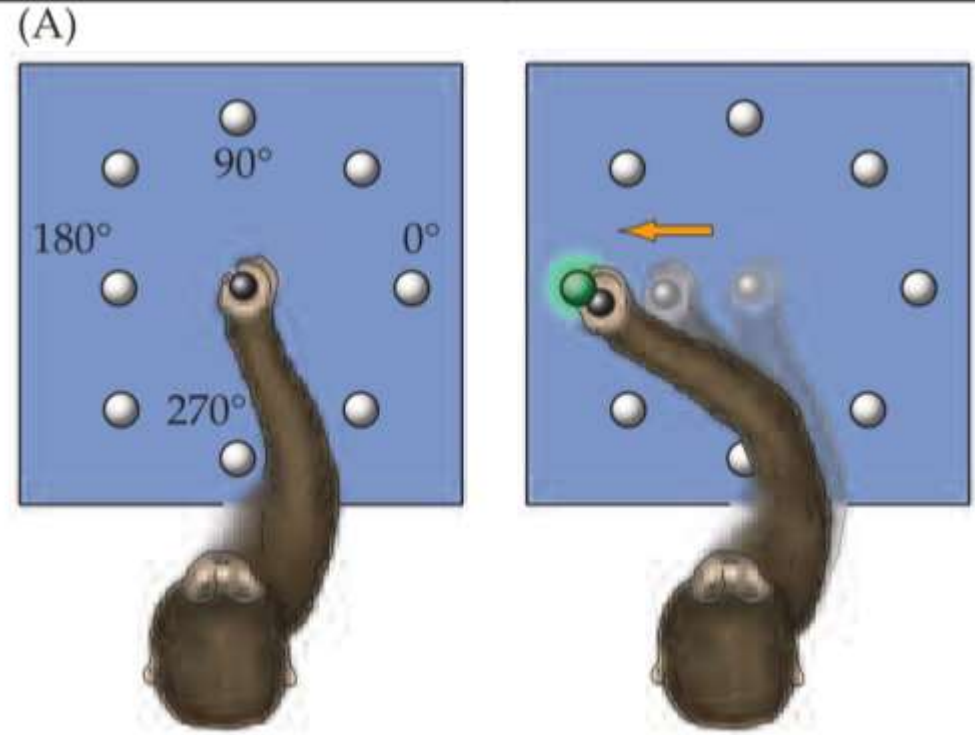
(A) Lateral view



(B) Medial view



# Directional tuning



# Speech

Speech is a motor activity born of imitation

Brocha's area : a part of pre motor area

# Modulation of movement

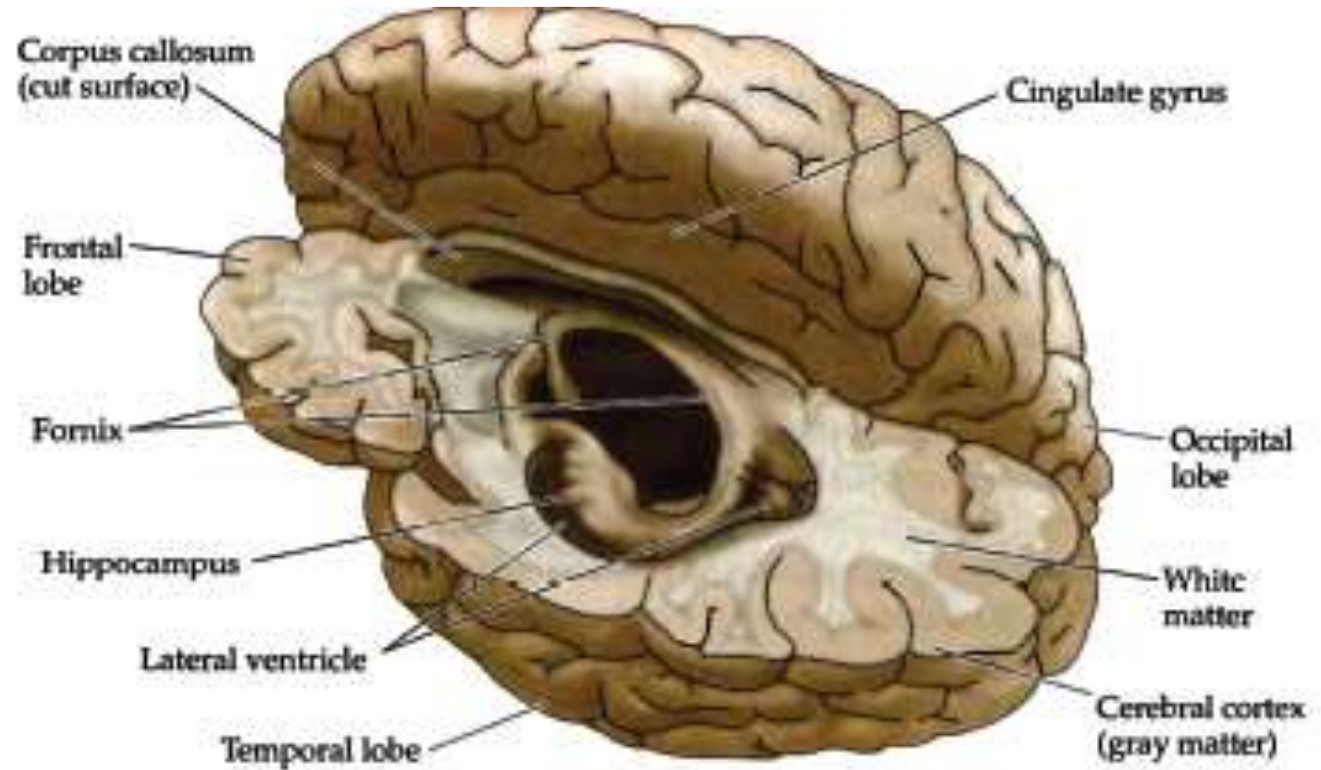
- Basal Ganglia : Initiation and suppression of movements
- Cerebellum : Error correction



# Memory

# Note : Hippocampus

**Figure A13** Major internal structures of the brain, shown after the upper half of the left hemisphere has been cut away.



# Hippocampus and patient “HM”

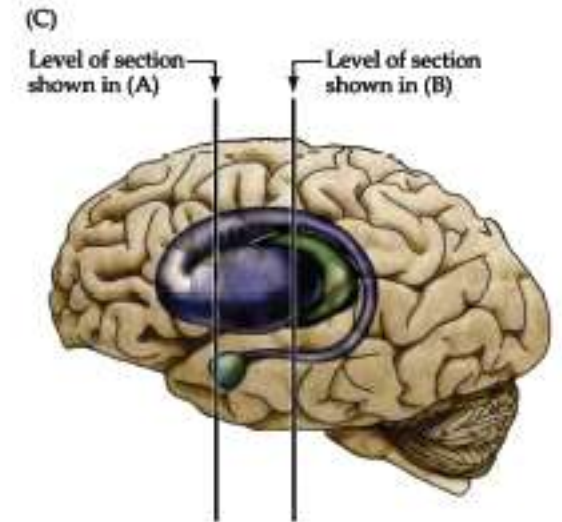
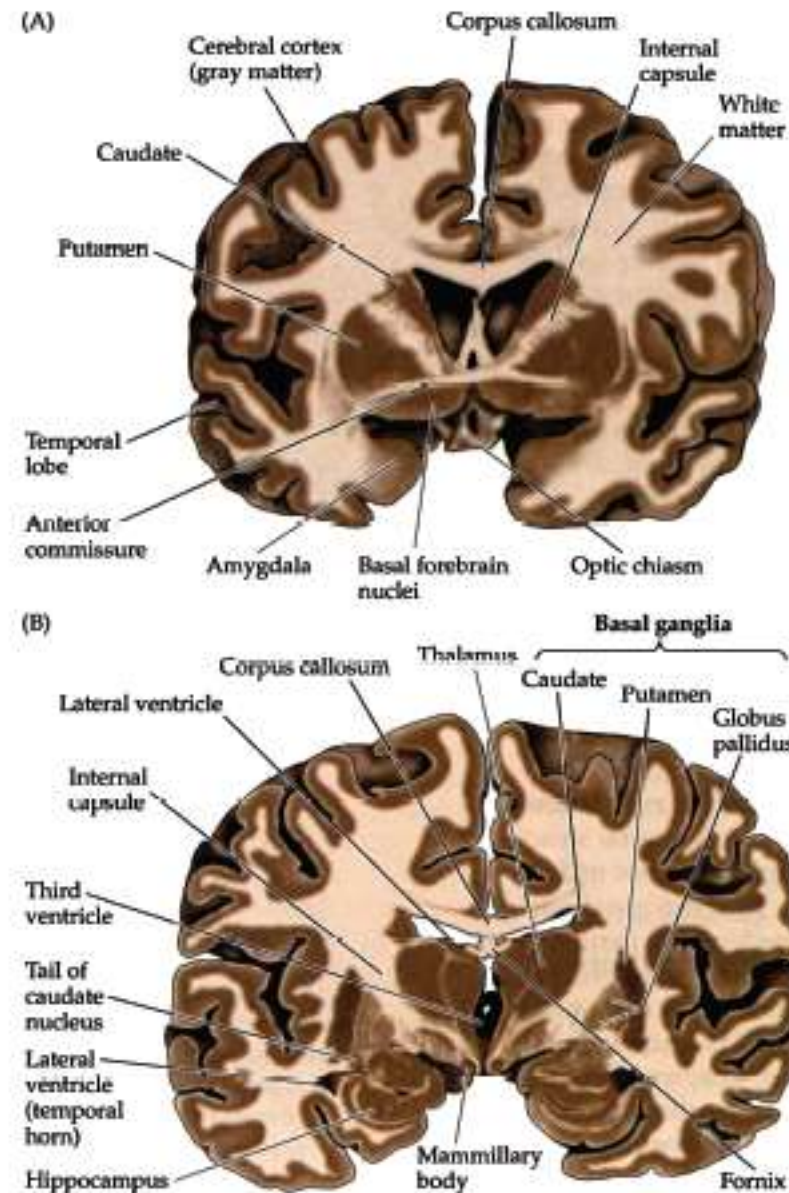
- <https://www.youtube.com/watch?v=SQASyR0w8Qo>
- Henry Molaison, had hippocampus removed surgically to control his epileptic seizures
- Could not remember anything beyond that point
- He was stuck in a time warp.
- But could remember memories of much before his operation
- Hippocampus : Essential for memory formation and consolidation. May not be crucial for retrieving memories formed and consolidated long ago !

# Emotion

# Amygdala

- Patient SM : No amygdala (congenital condition)
- Knows no fear. Knows there is danger but feels no fear !

# Note : Amygdala & basal ganglia



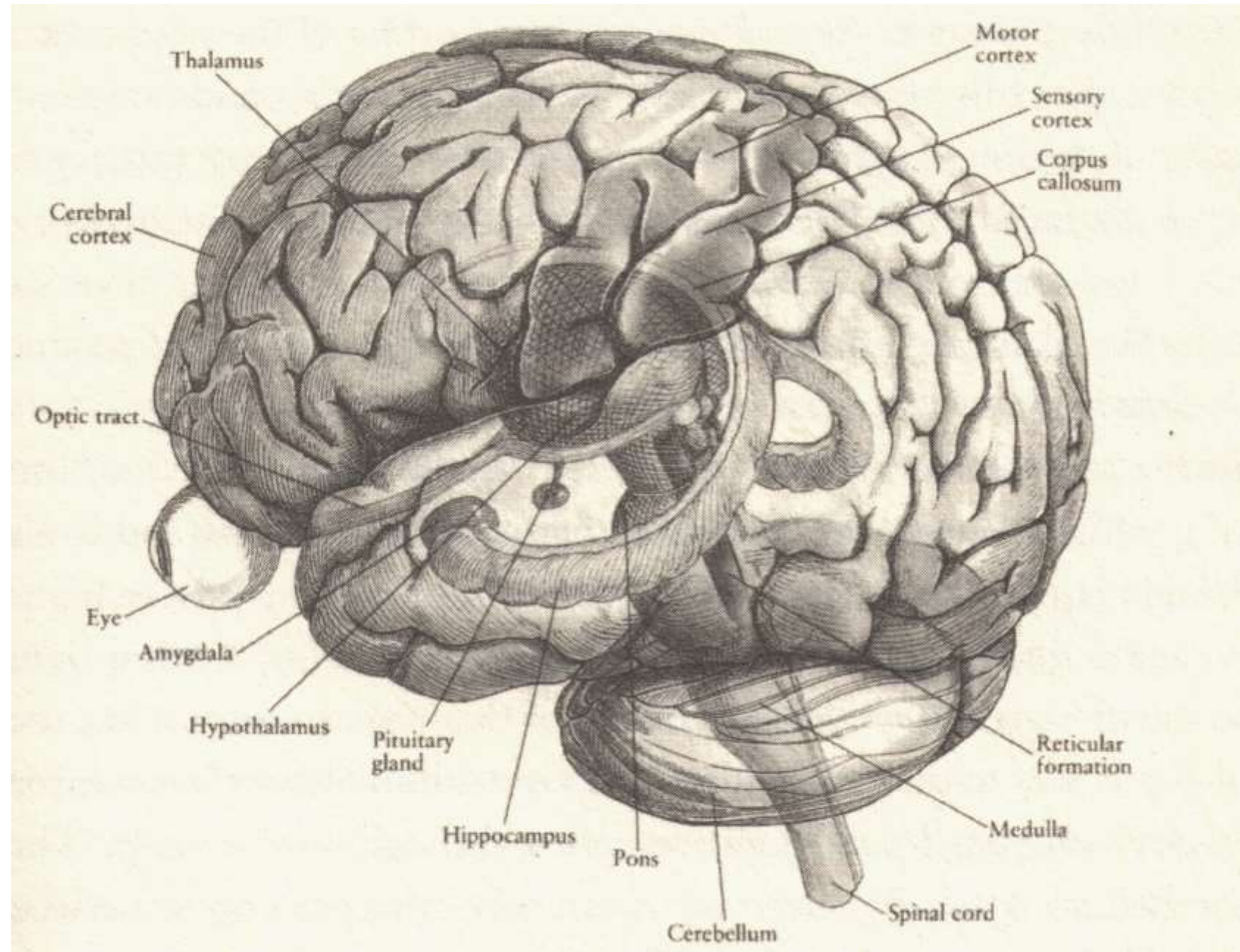
**Figure A14** Internal structures of the brain seen in coronal section. (A) This sections passes through the basal ganglia. (B) A more posterior section that also includes the thalamus. (C) A transparent view of the cerebral hemisphere showing the approximate locations of the sections in (A) and (B) relative to deep gray matter (the basal ganglia, thalamus and amygdala are represented). Notice that because the caudate nucleus has a "tail" that arcs into the temporal lobe, it appears twice in section (B); the same is true of other brain structures, including the lateral ventricle.



# Summary

Q :

Which areas are missed out in this fig ? 😊



Tell Tale brain : VS Ramachandran

# Backup

2 2 2 2 2 2

2 5 2 5 2 5

2 2 5 2 5 2

2 2 2 5 2 2

2	2	2	2	2	2
2	5	2	5	2	5
2	2	5	2	5	2
2	2	2	5	2	2

# Psychophysics to understand the brain

Some people see numbers in colours... was this a fake? Or memory etc ?

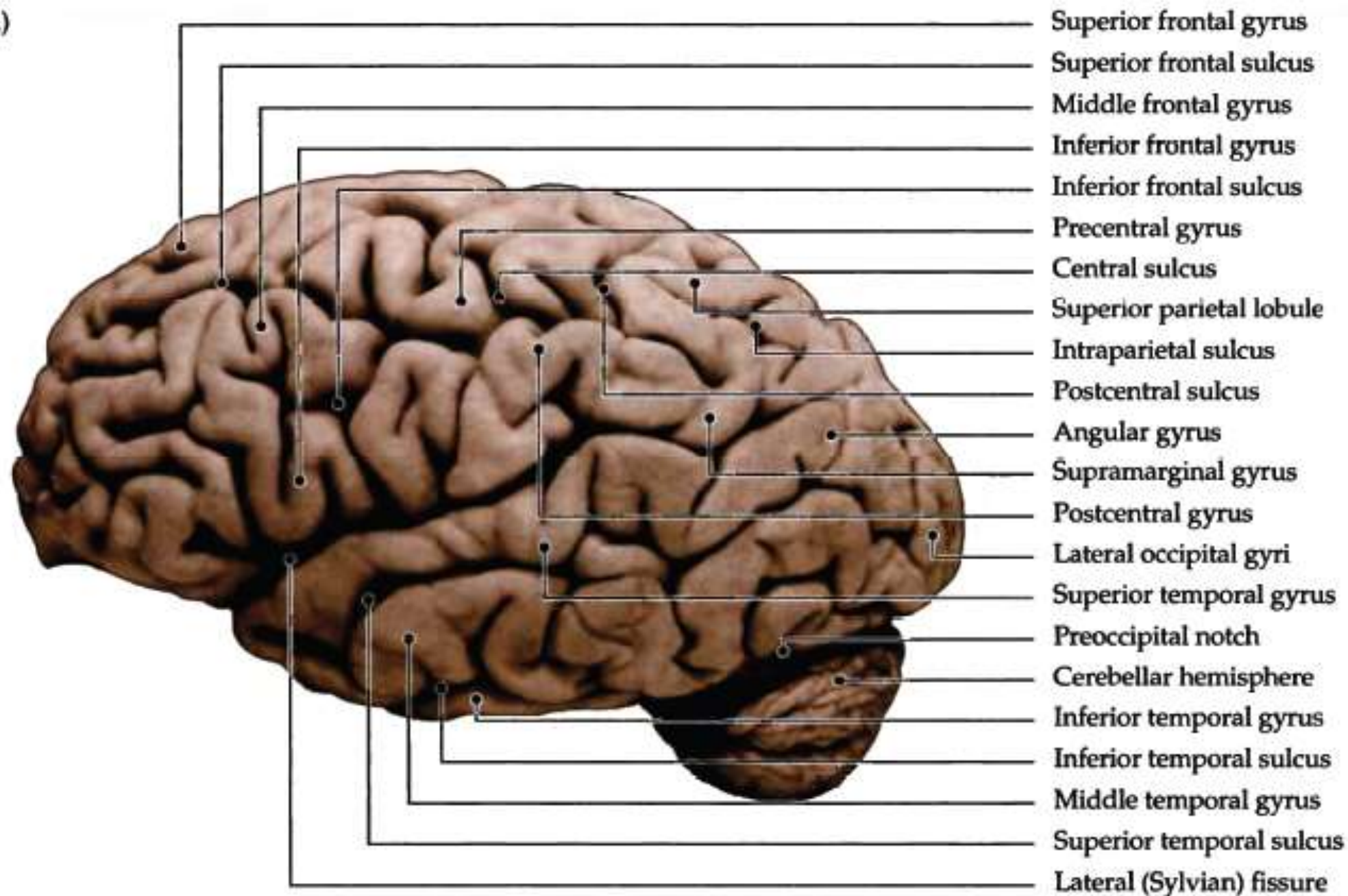
Colored 2s amongst 5s : normal ppl can see the pop out

2 amongst 5s form a global shape :

normal people cant see the global shape popout

but synesthetes can

(A)





(B)

