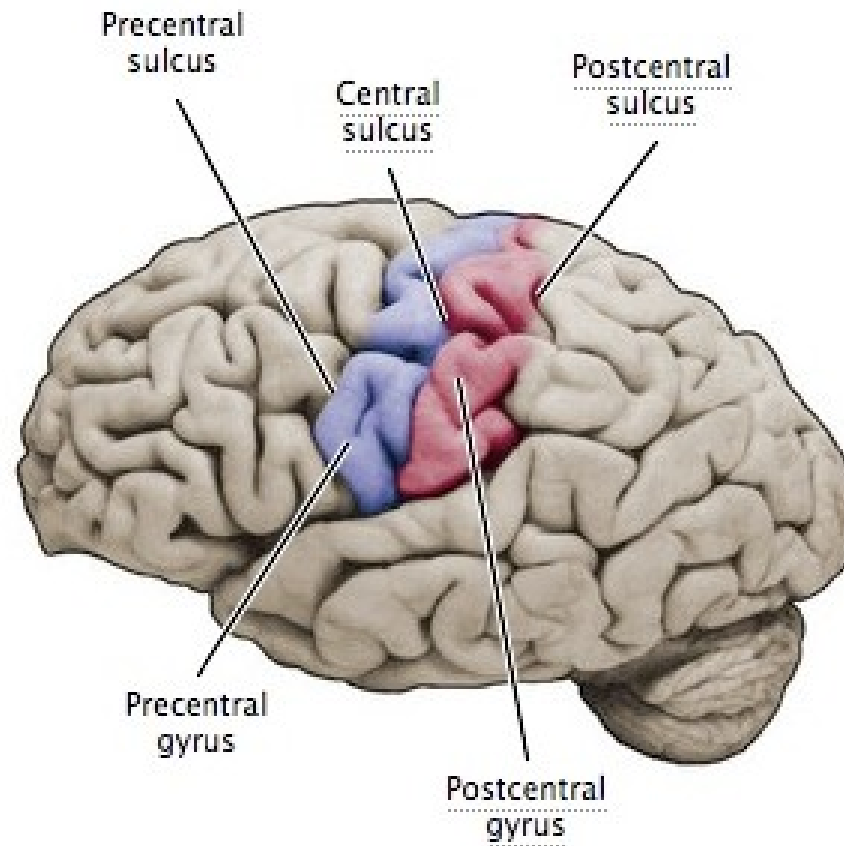


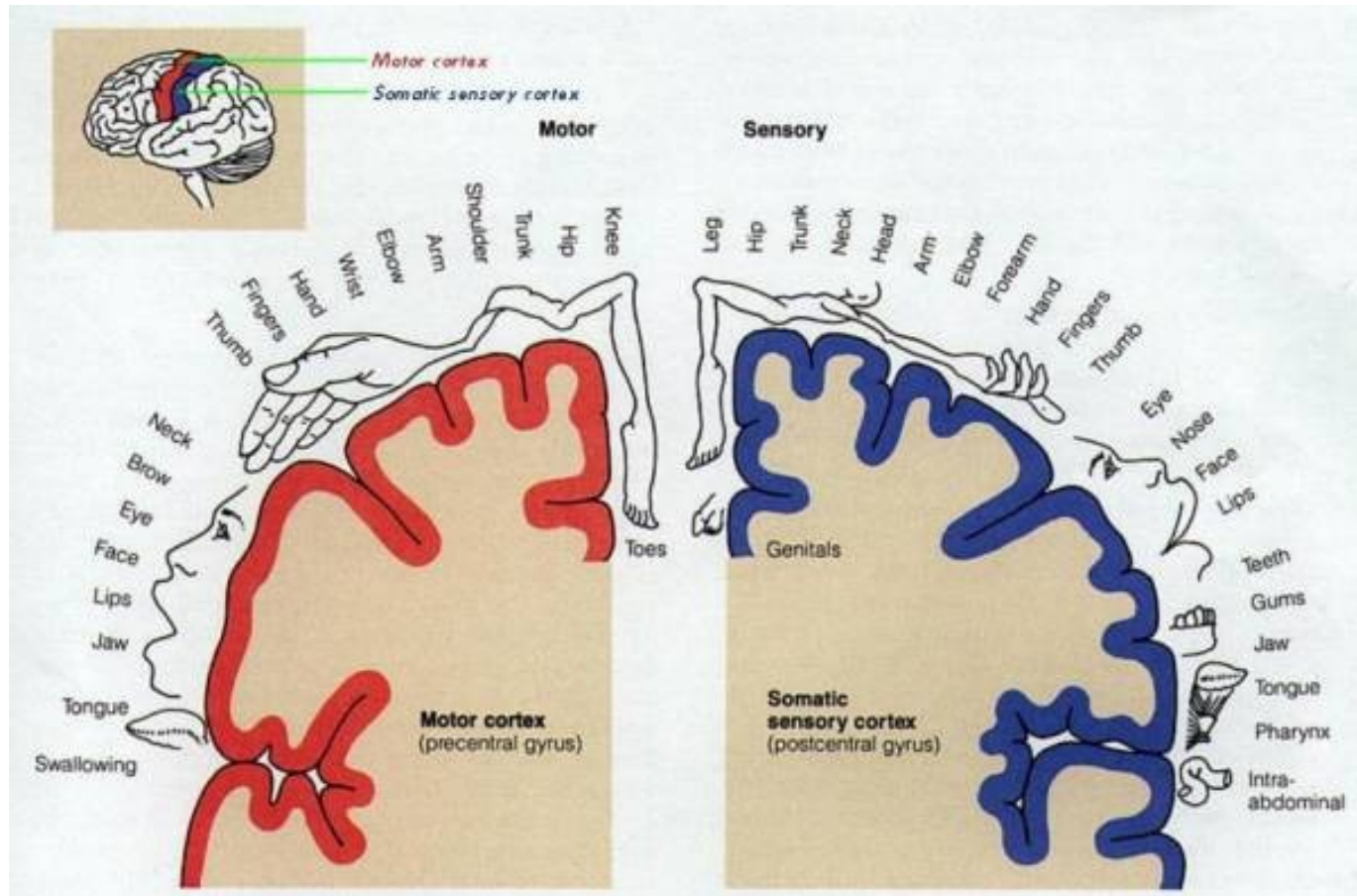
Overview

- Processing of sensory information in the brain:
 - Motor and sensory areas
 - Visual pathways
- Overview of senses

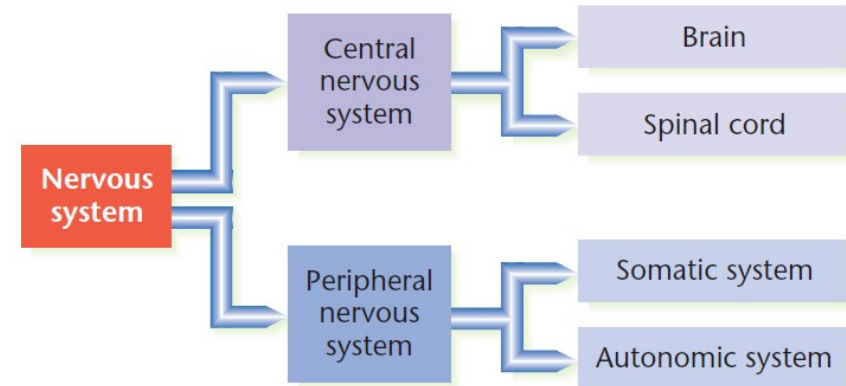
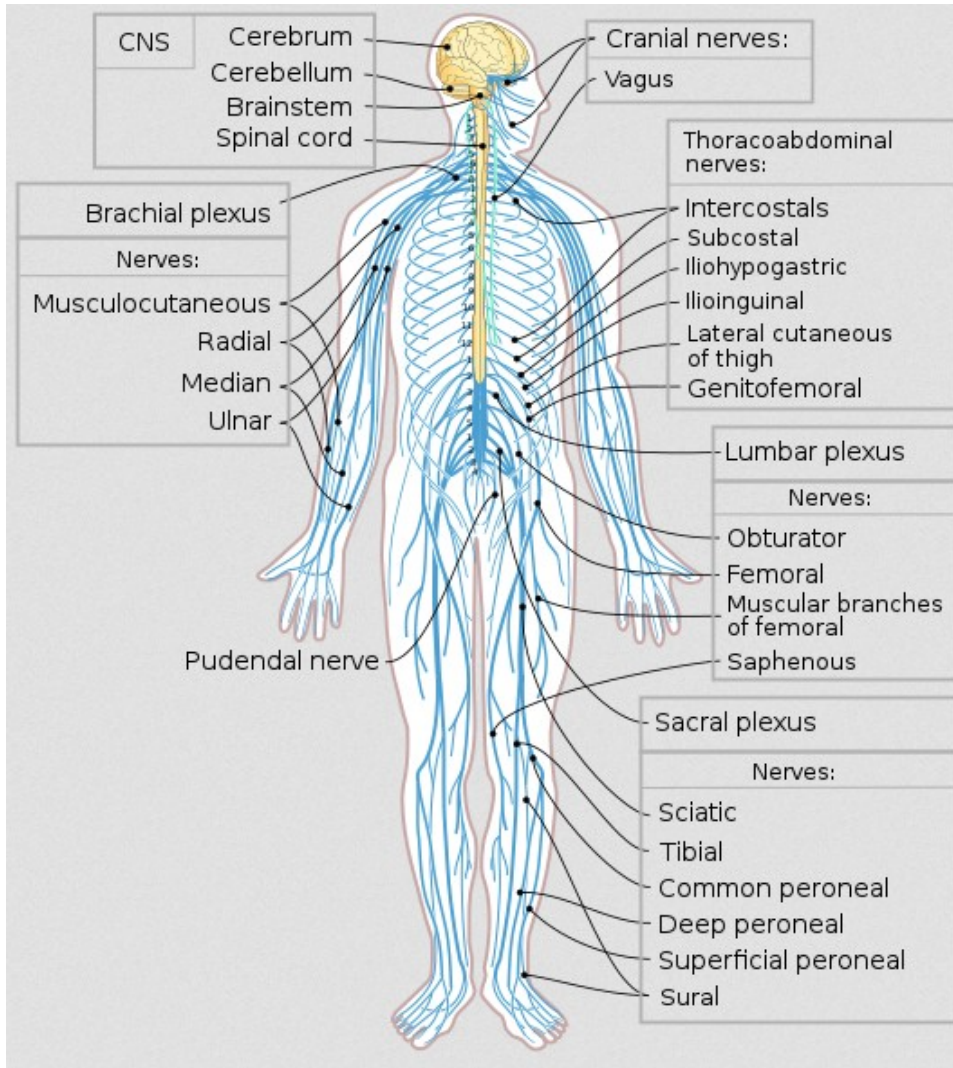
Primary motor and sensory areas



Organization of sensory and motor cortices



Nervous system

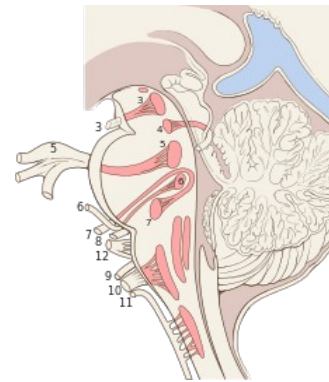
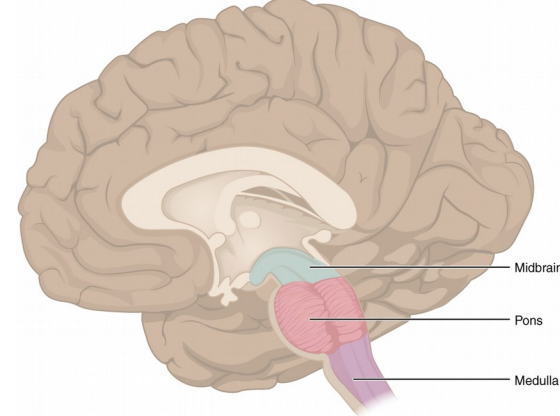


Somatic system: to/from the sense receptors, muscles, and surface of body – voluntary motor functions

- **Sensory nerves:** transmit information about external stimulation from skin/muscles/joints, e.g. pain, pressure, temperature
- **Motor nerves:** from CNS to muscles

Autonomic: involuntary control system. internal organs and glands for automatic and involuntary actions such as beating of the heart. Respiration, heart rate, digestion

Cranial nerves



— sensory fibres
— motor fibres

Optic (II)
sensory: eye



Trochlear (IV)
motor: superior oblique muscle



Abducent (VI)
motor: external rectus muscle



Oculomotor (III)
motor: all eye muscles except those supplied by IV and VI



Trigeminal (V)
sensory: face, sinuses, teeth, etc.
motor: muscles of mastication



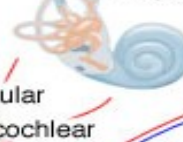
Olfactory (I)
sensory: nose



Intermediate motor: submaxillary and sublingual gland
sensory: anterior part of tongue and soft palate



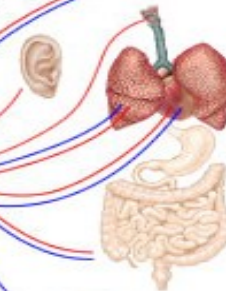
Vestibulocochlear (VIII)
sensory: inner ear



Glossopharyngeal (IX)
motor: pharyngeal musculature
sensory: posterior part of tongue, tonsil, pharynx



Vagus (X)
motor: heart, lungs, bronchi, gastrointestinal tract
sensory: heart, lungs, bronchi, trachea, larynx, pharynx, gastrointestinal tract, external ear



Facial (VII)
motor: muscles of the face



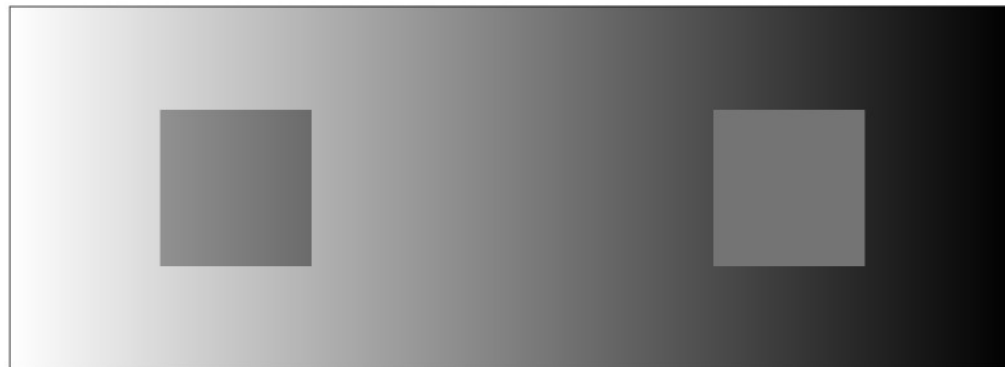
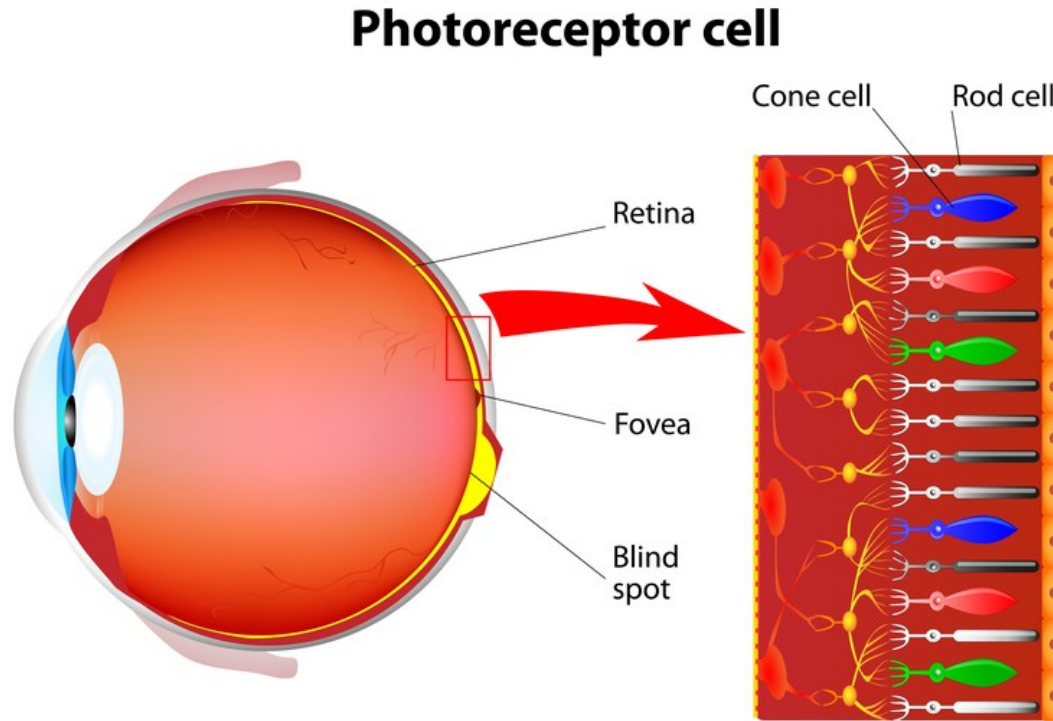
Hypoglossal (XII)
motor: muscles of the tongue



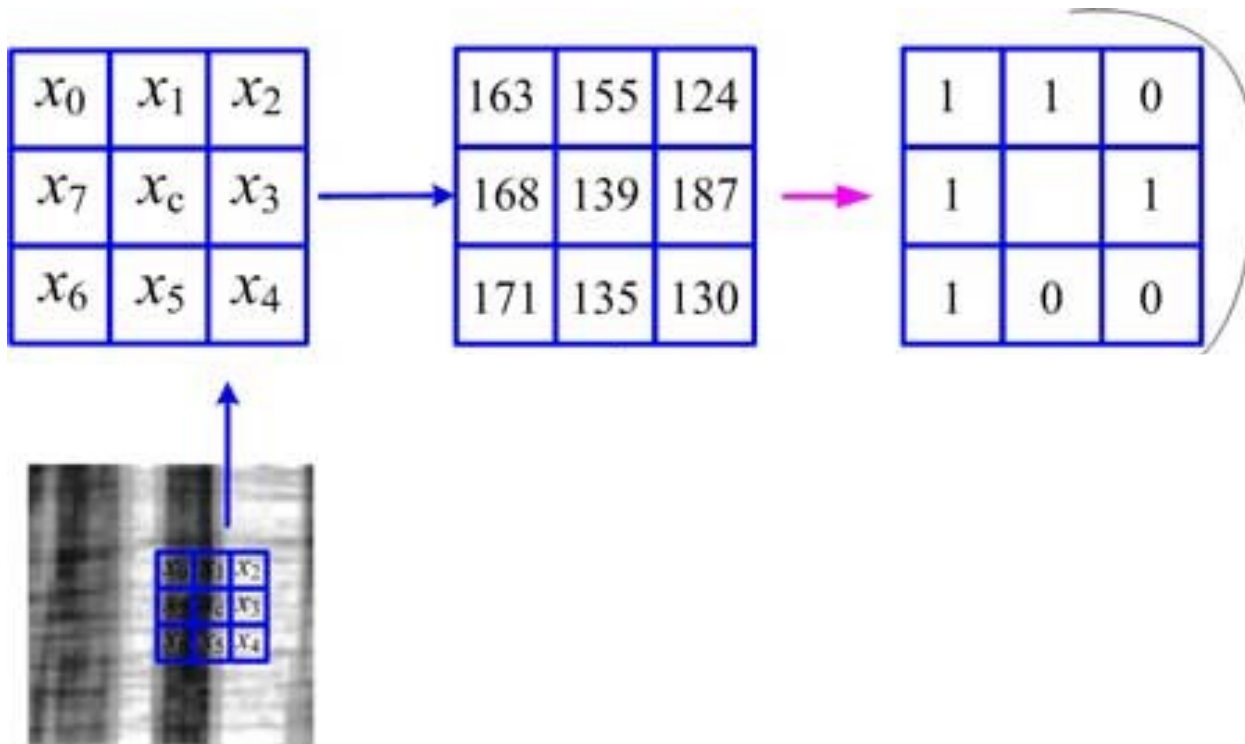
Accessory (XI)
motor: sternocleidomastoid and trapezius muscles



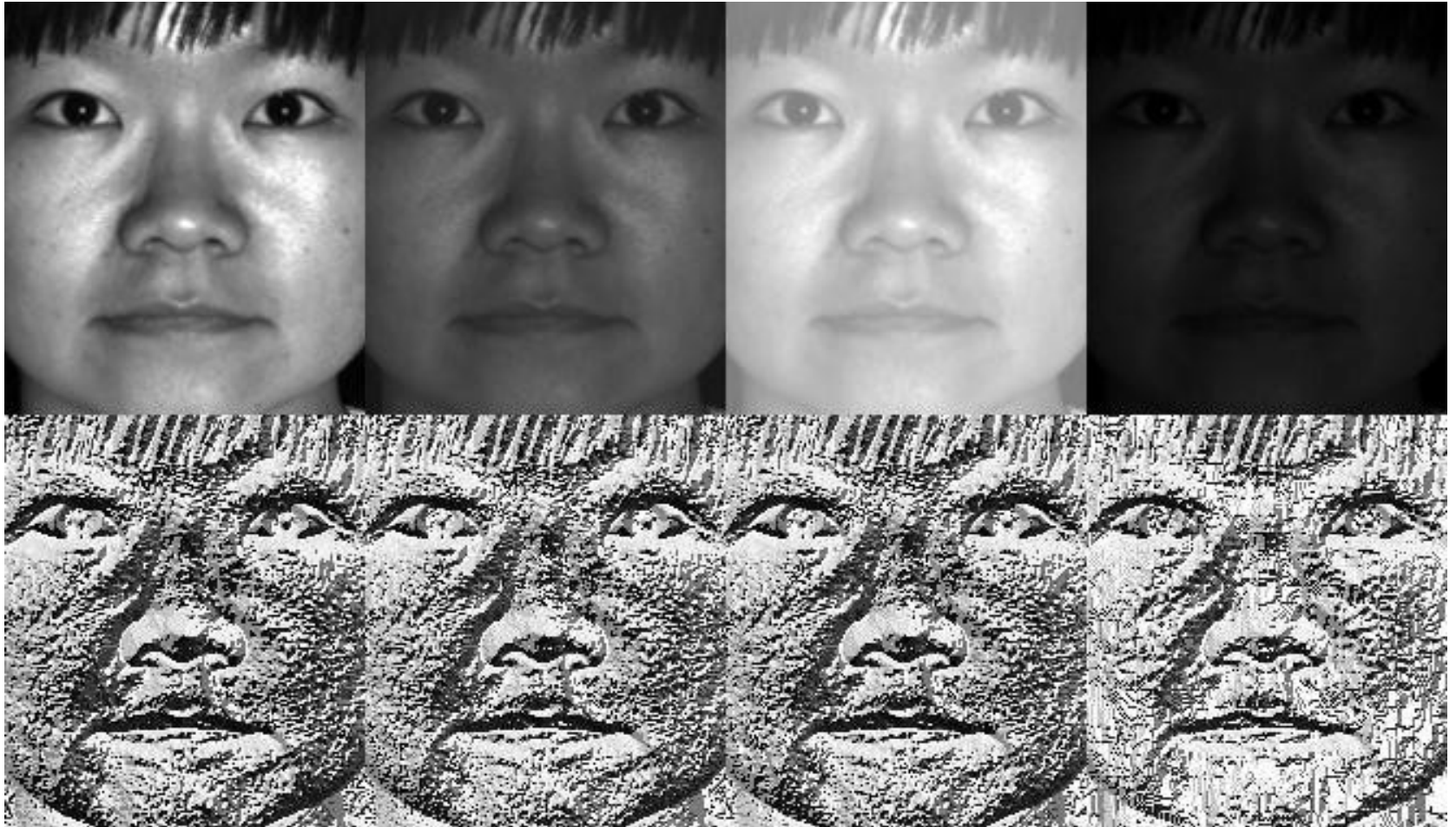
Eye and retina



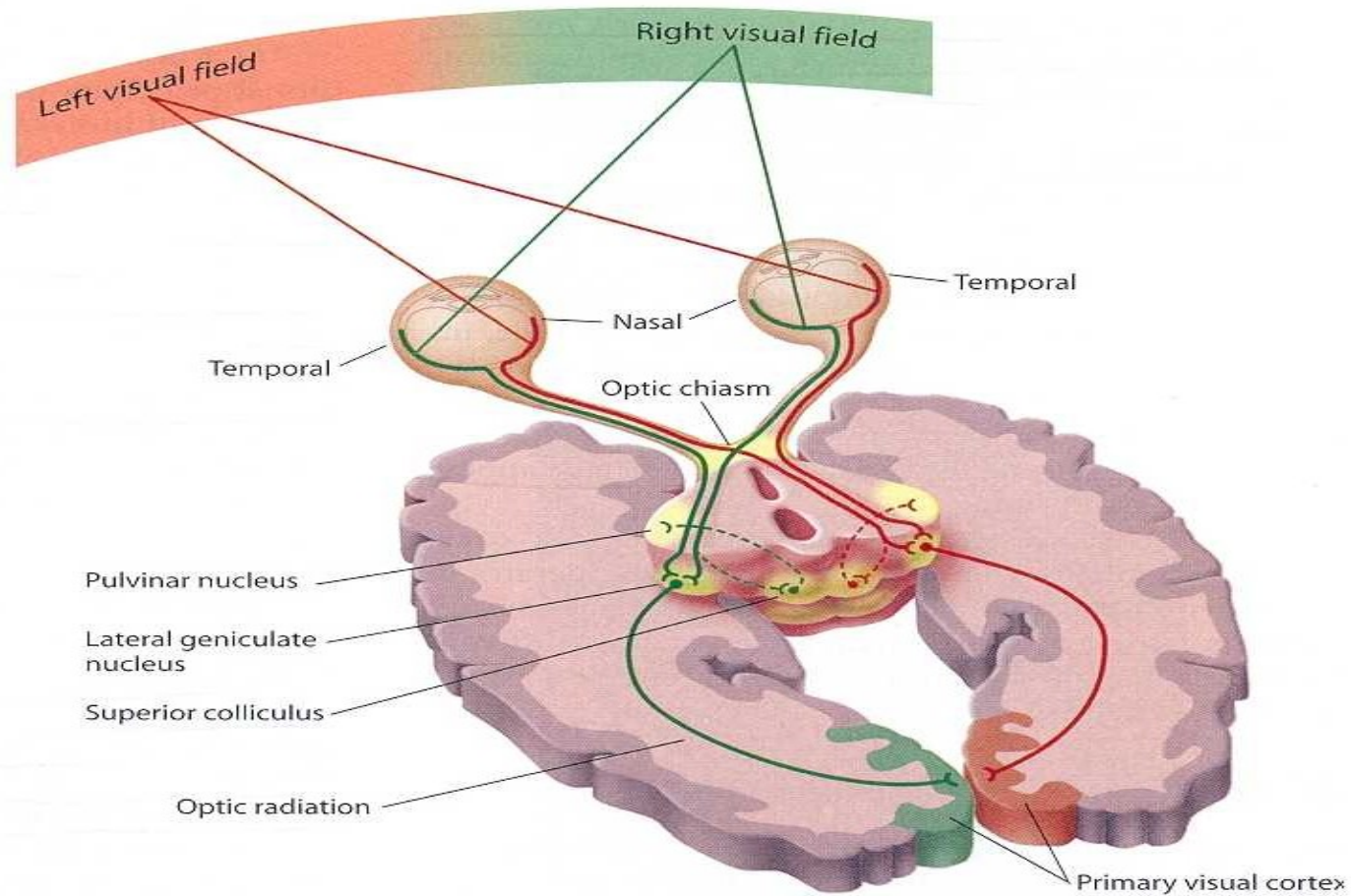
Local binary patterns



Illumination invariance



Visual pathways



Senses

- How many senses do we have?
 - Five traditional senses: sight, touch, audition, taste, and smell
 - Proprioceptive senses: heat and cold, gravitation, acceleration, pain..
 - Sub-senses: motion, colour, form, brightness, texture, and contrast of objects.

“Sensation is the body's detection of external or internal stimulation. Perception utilizes the brain to make sense of the stimulation.”

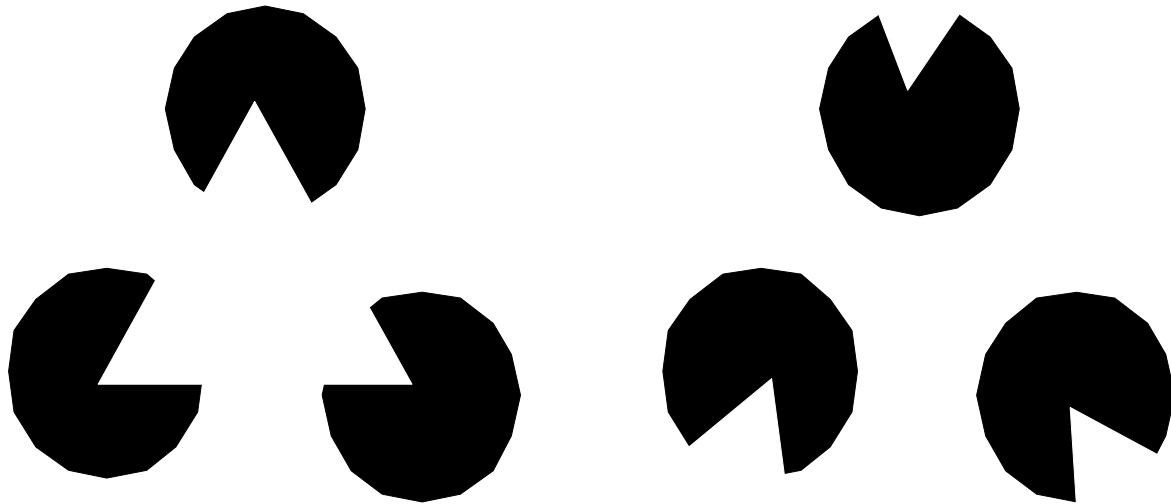
wikipedia



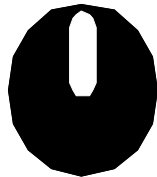
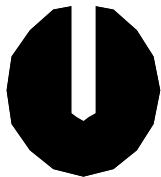
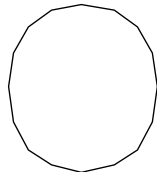
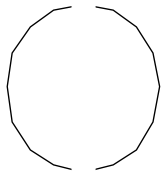
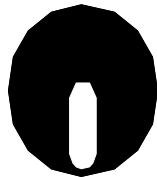




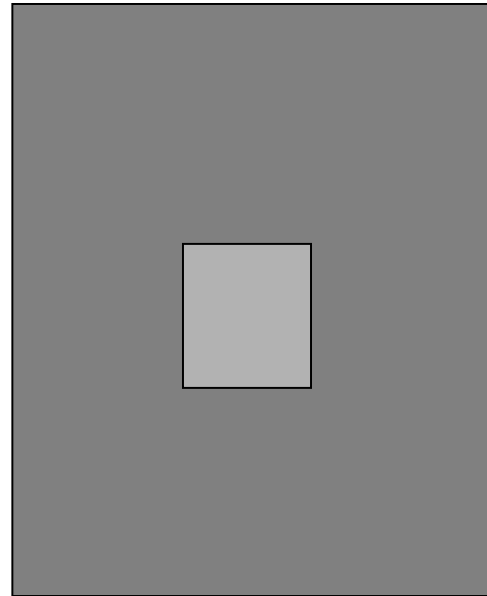
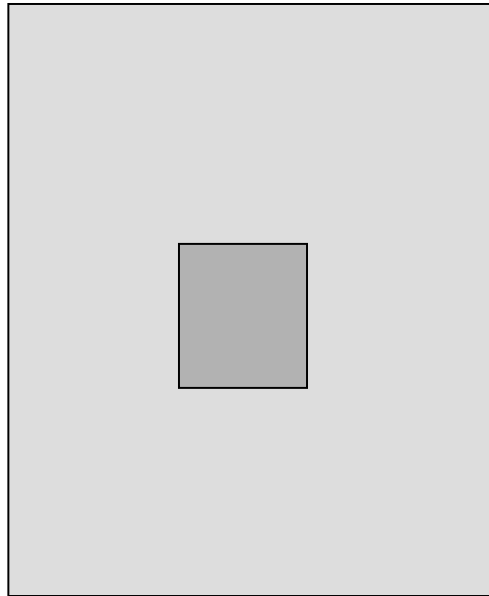
See the triangle?



See the white bar?



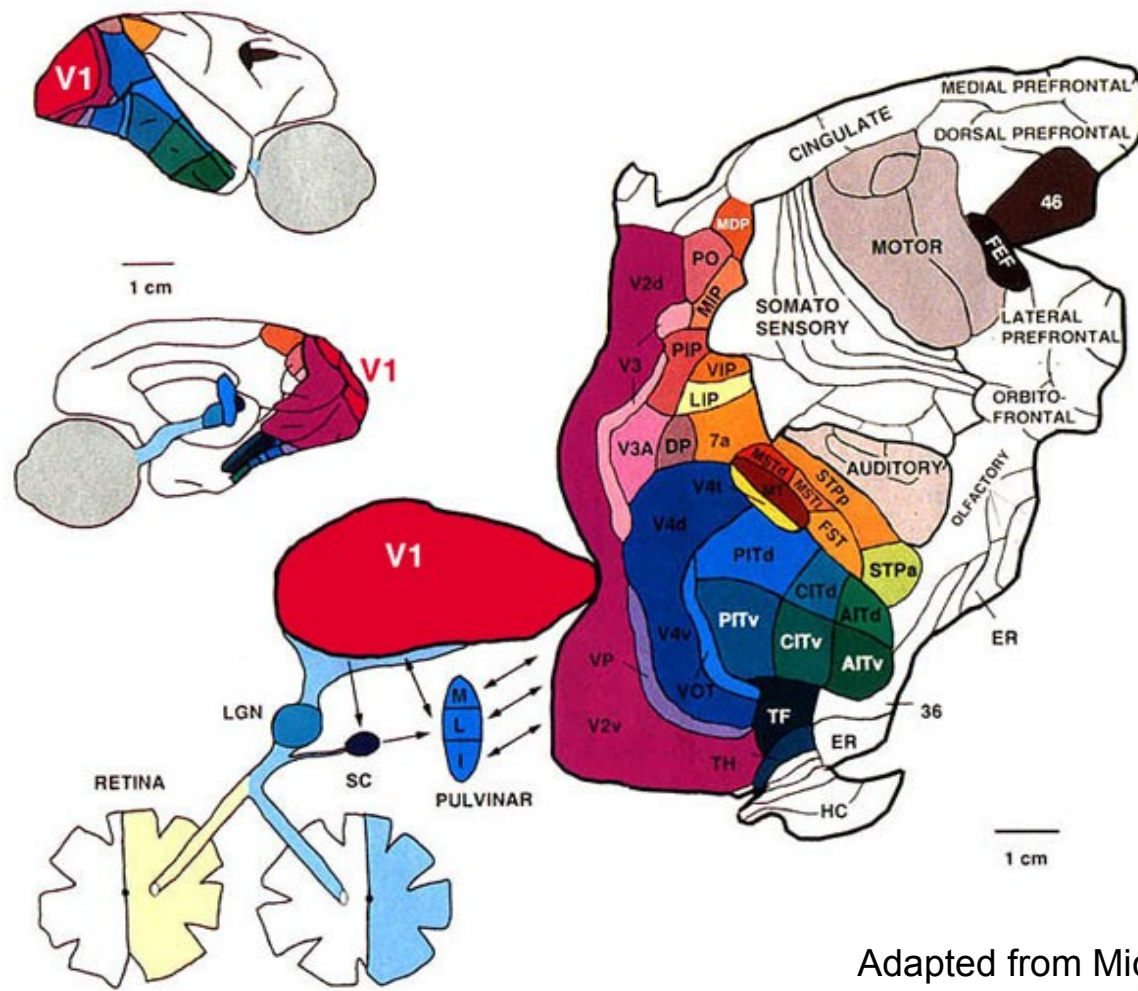
Which small square is darker?



So

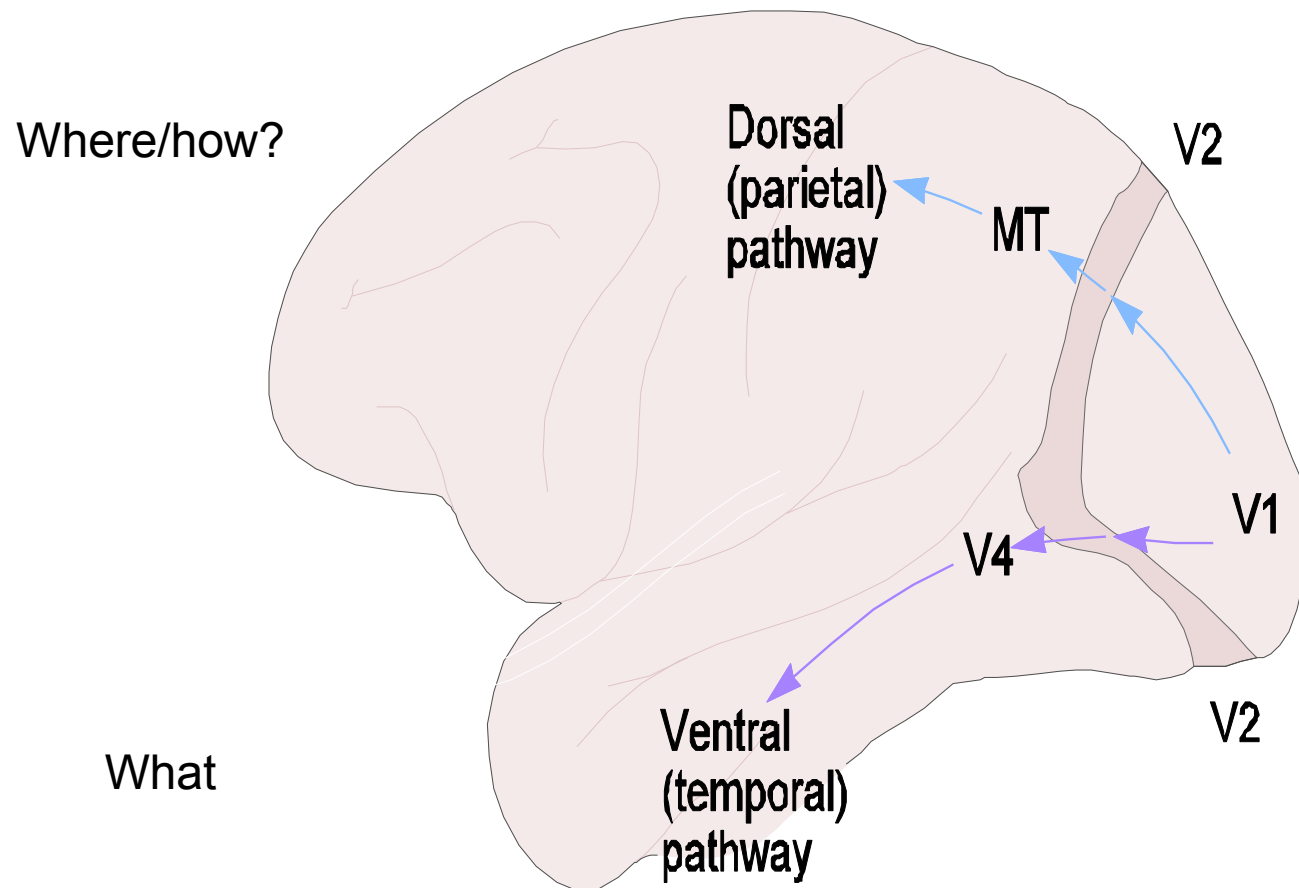
- Your visual system does not measure and report the exact physical nature of the visual world.
- It collects some data, and makes guesses.
- Optical illusions take advantage of the guessing strategies.

Roughly 40% of cerebral cortex is involved in vision

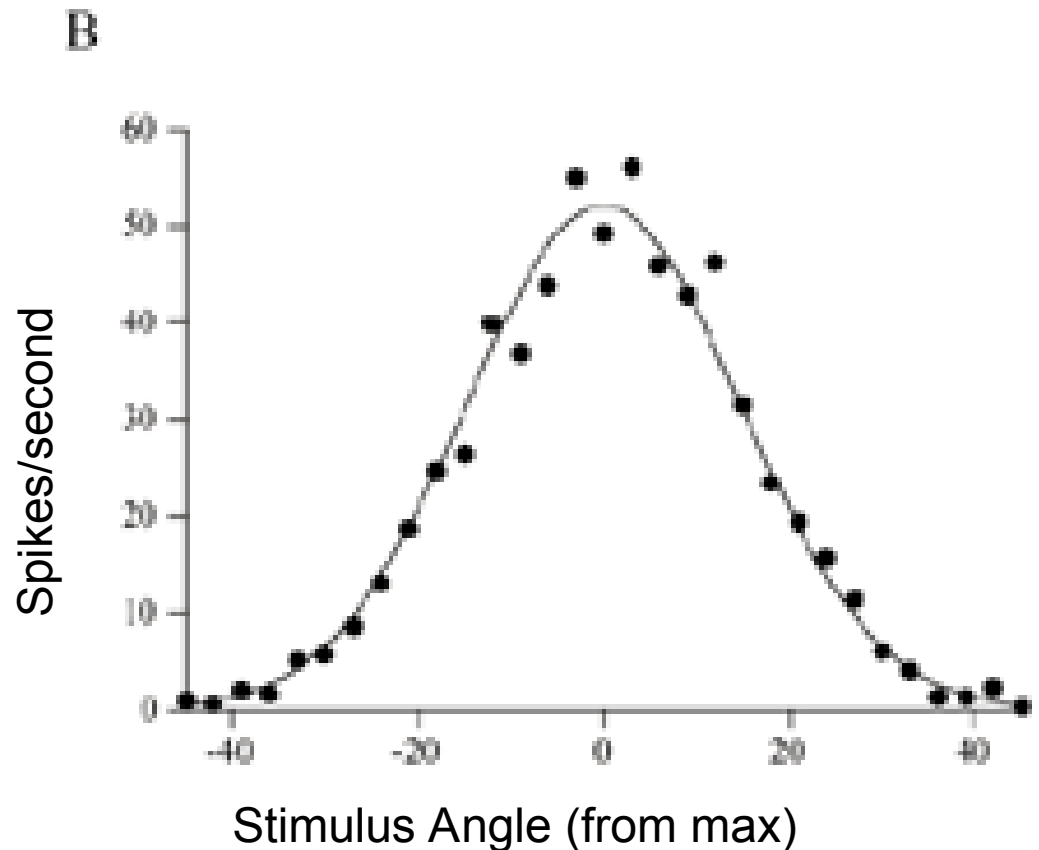
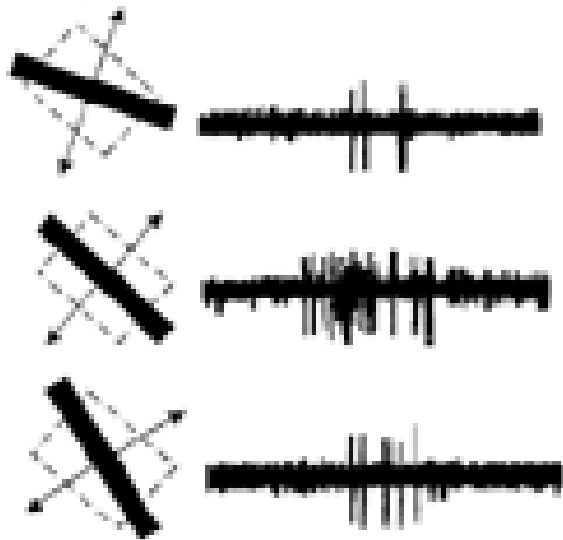


Adapted from Michael E. Goldberg, M.D.

Two cortical visual streams subserve two different visual functions.

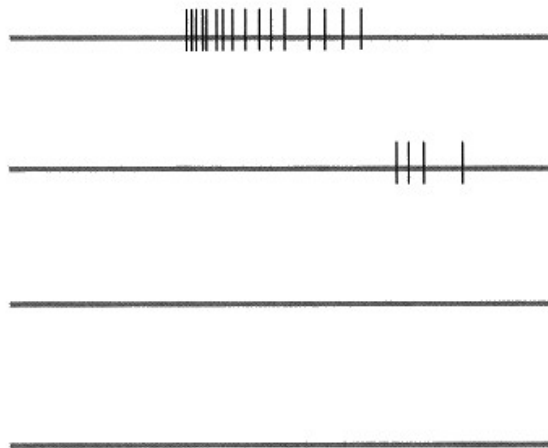
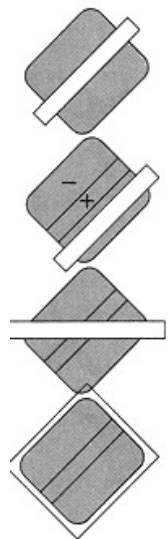


Orientation tuning in a V1 simple cell

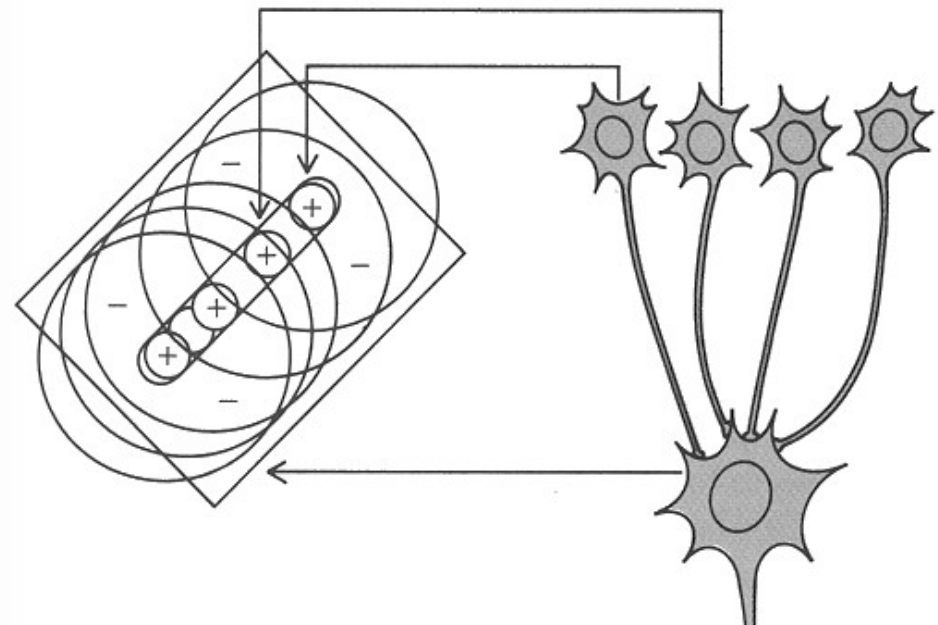


Adapted from Michael E. Goldberg, M.D.

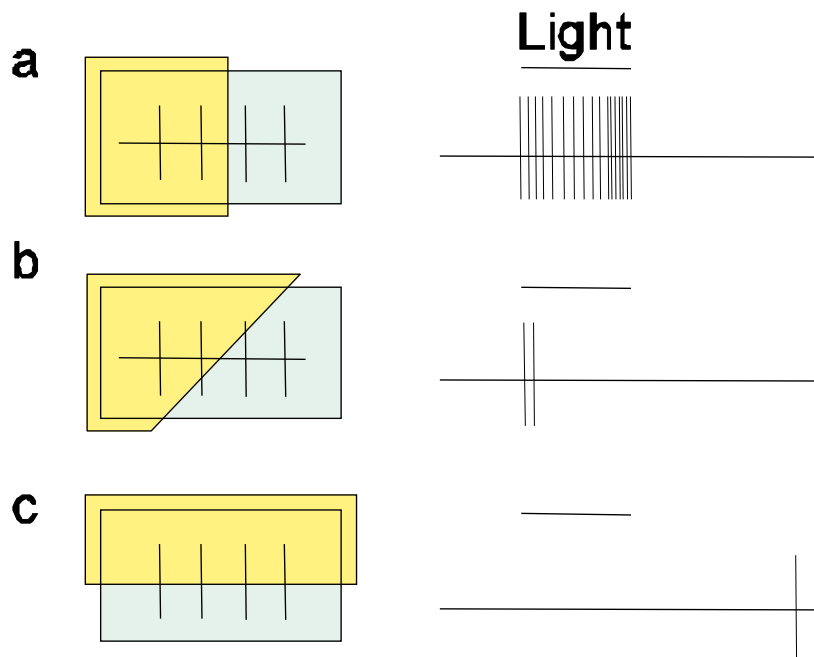
Orientation tuning in a V1 simple cell



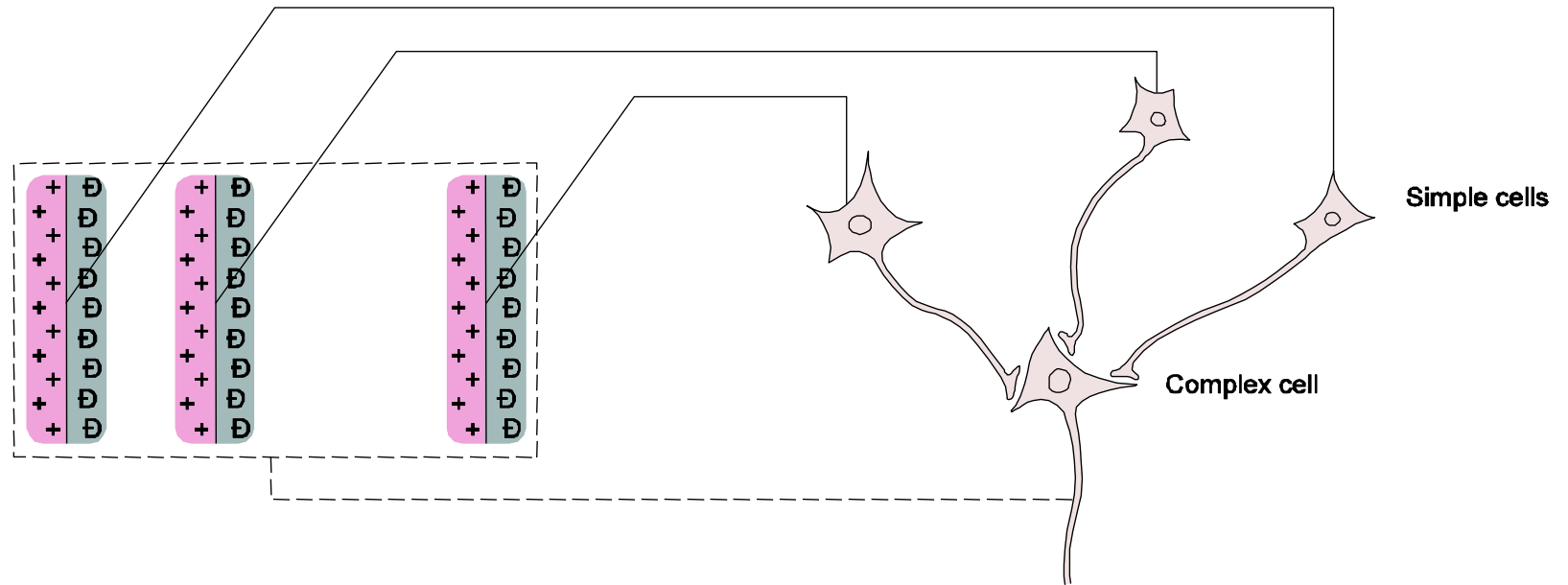
Stimulus: on off



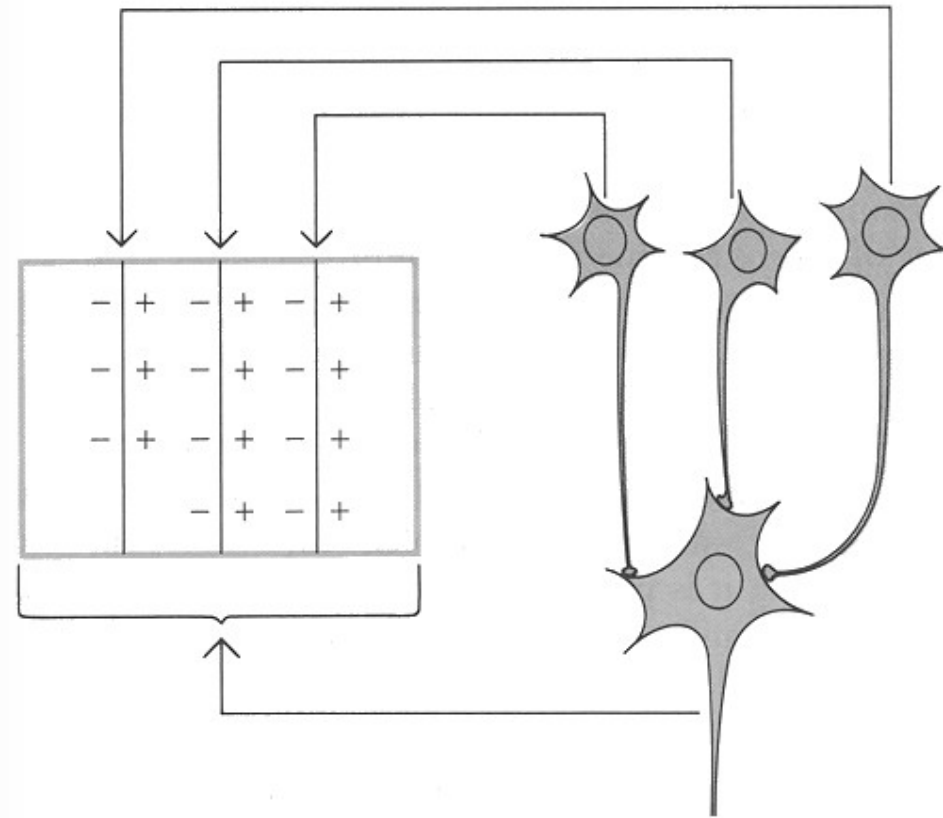
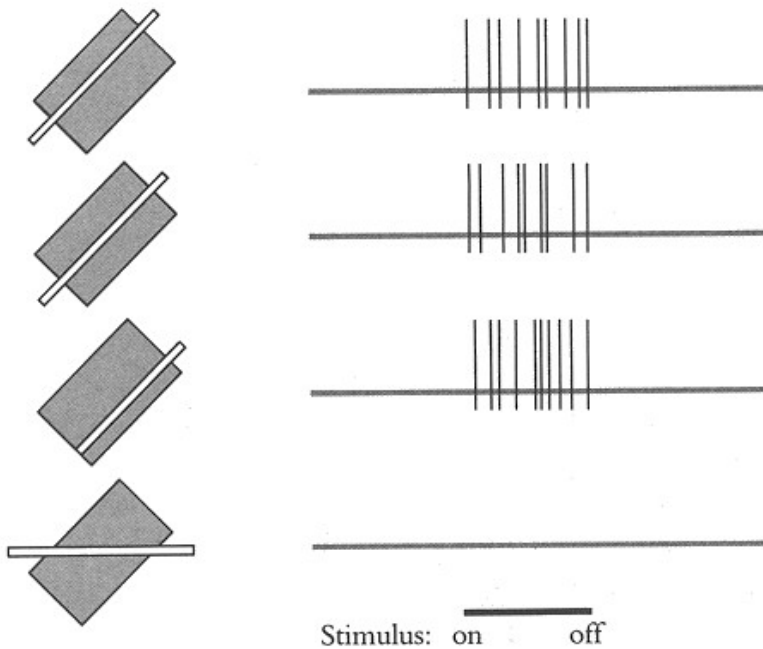
V1 complex cells are sensitive to orientation of stimuli



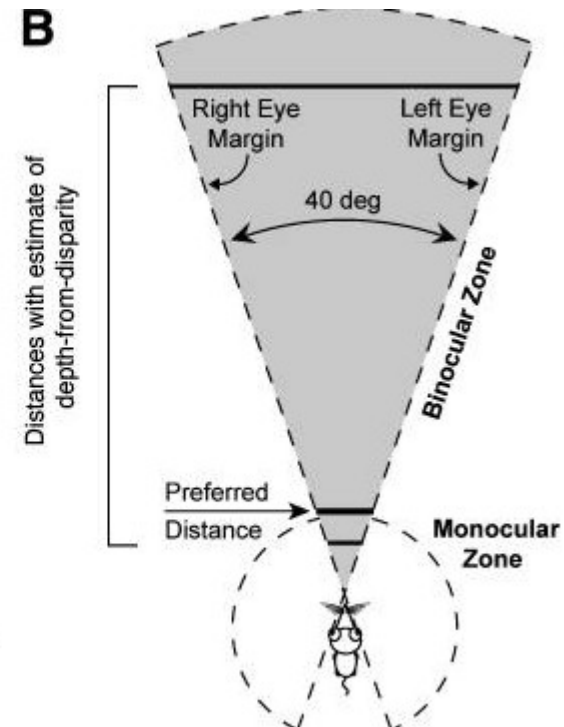
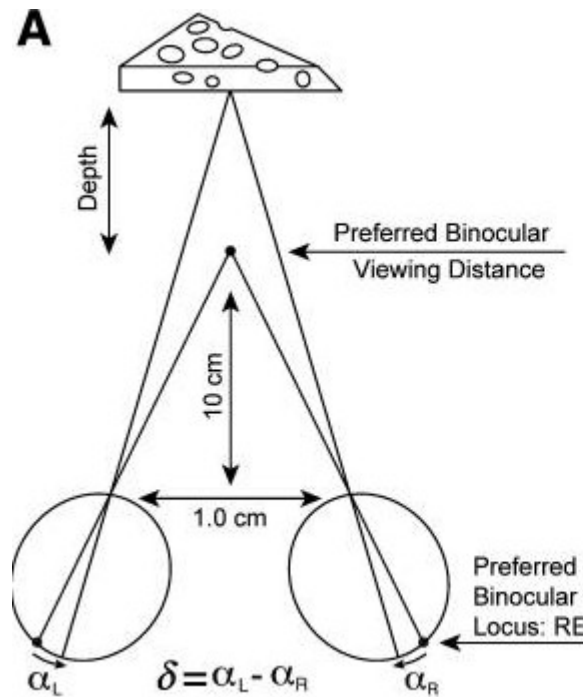
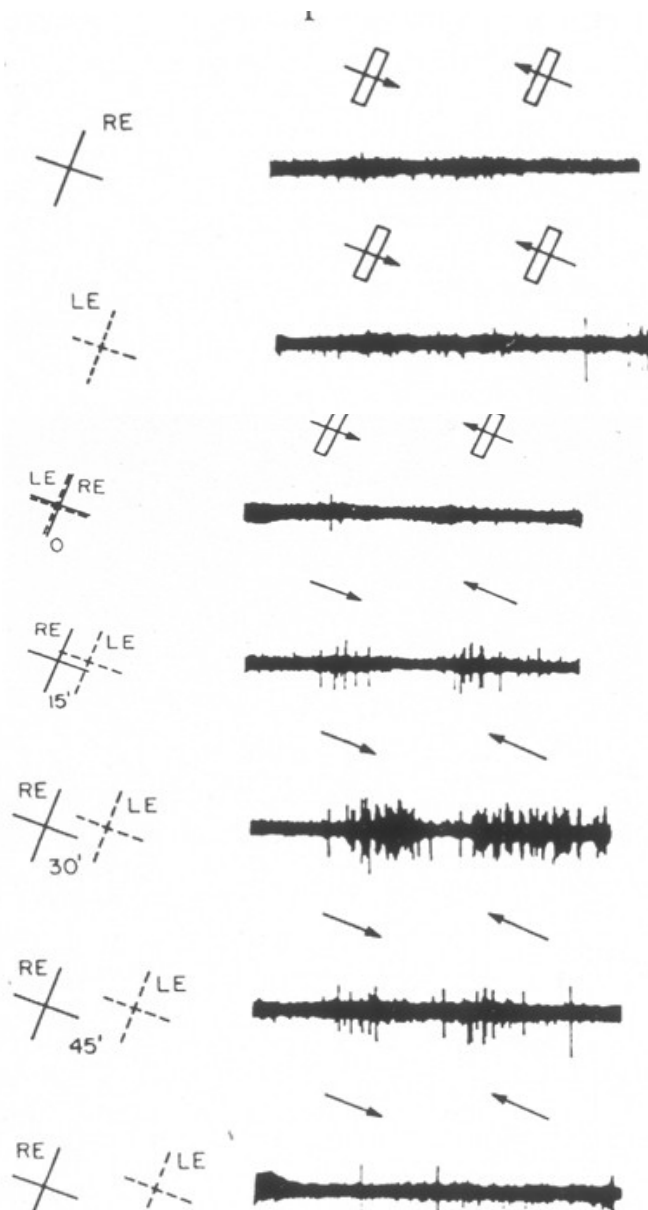
Complex cells can be constructed from an array of similarly oriented simple cells



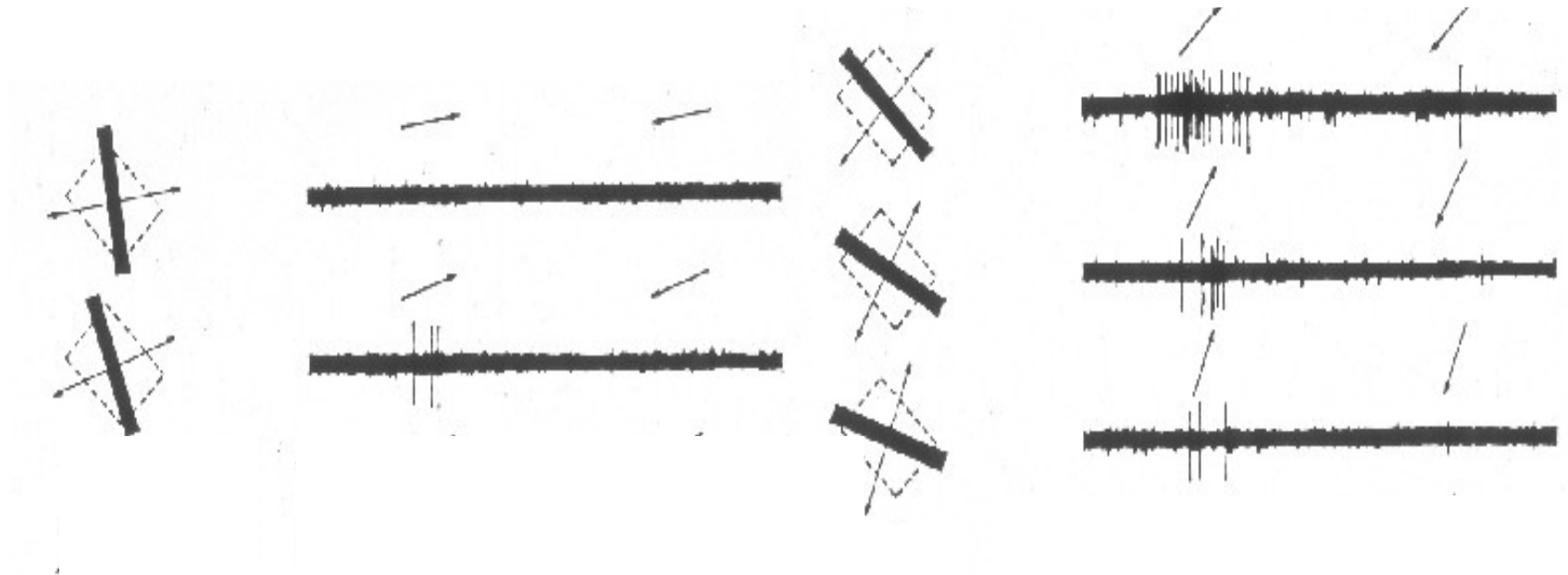
V1 complex cells are sensitive to orientation of stimuli



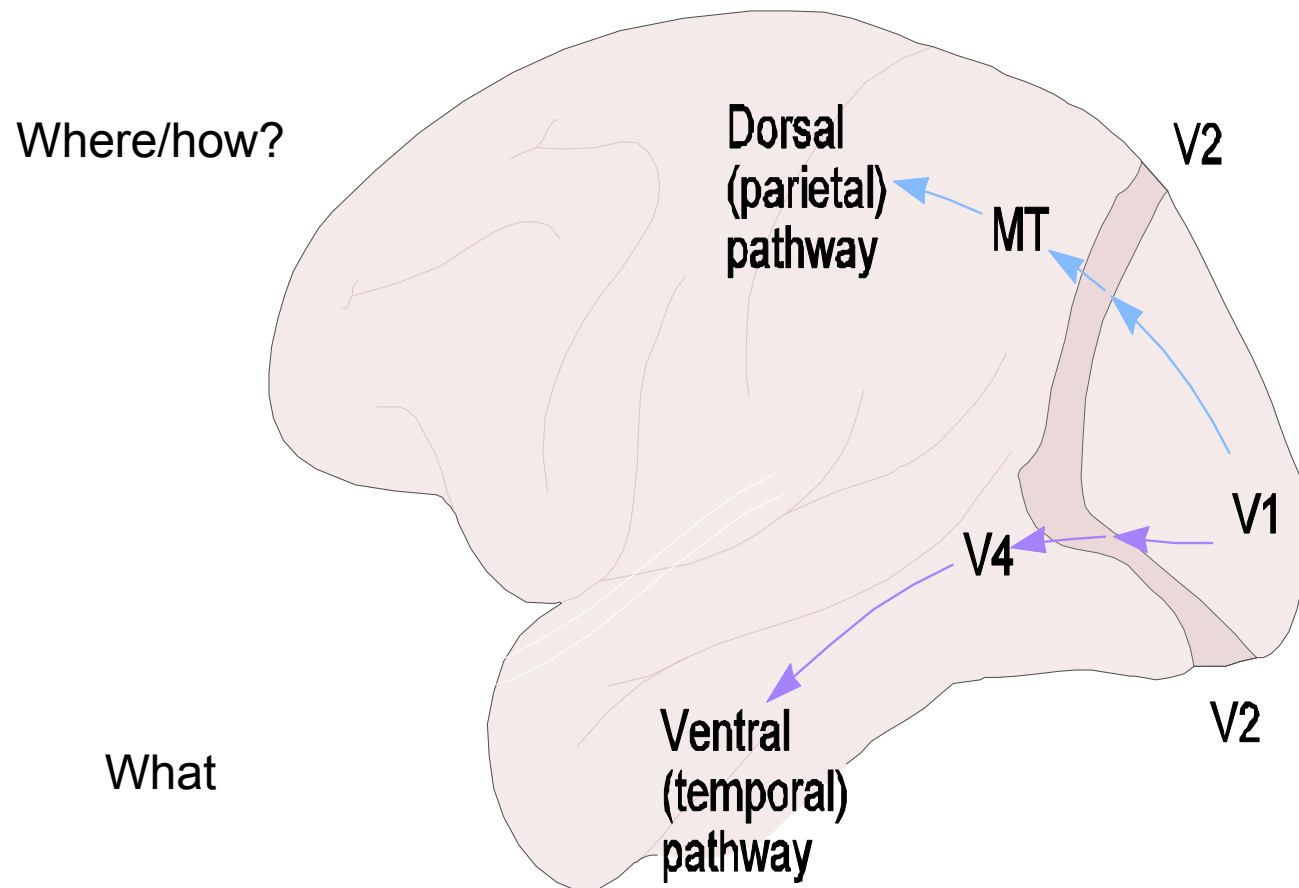
Disparity selectivity in a V1 neuron



Motion selectivity in a V1 neuron



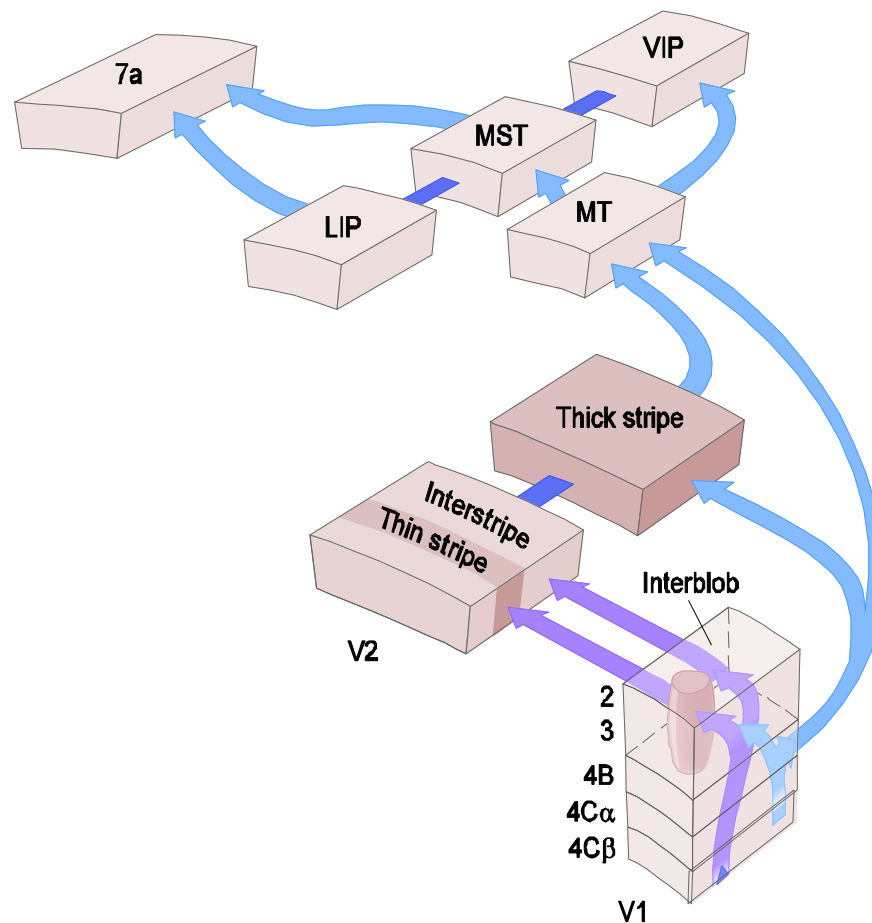
Two cortical visual streams subserve two different visual functions.



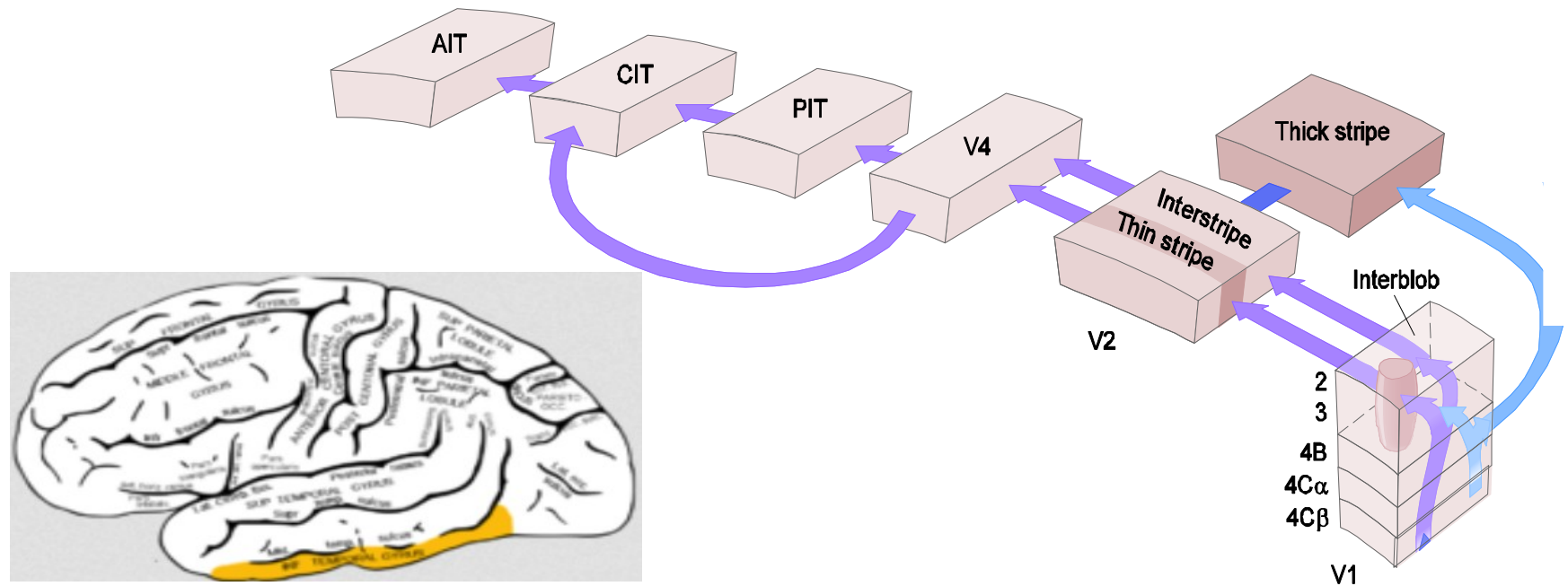
Patients demonstrate this functional segregation

- Patients with V1 lesions generally have total visual field deficits in the affected field.
- Patients with dorsal stream lesions have deficits in sensory location (and attention), motion perception, color perception, and the performance of visually-guided movements.
- Patients with ventral stream lesions have visual agnosia, the inability to associate a visual stimulus with a name or function.

After V2, different functions are performed by anatomically different areas:
The dorsal stream provides vision for action – “where and how”

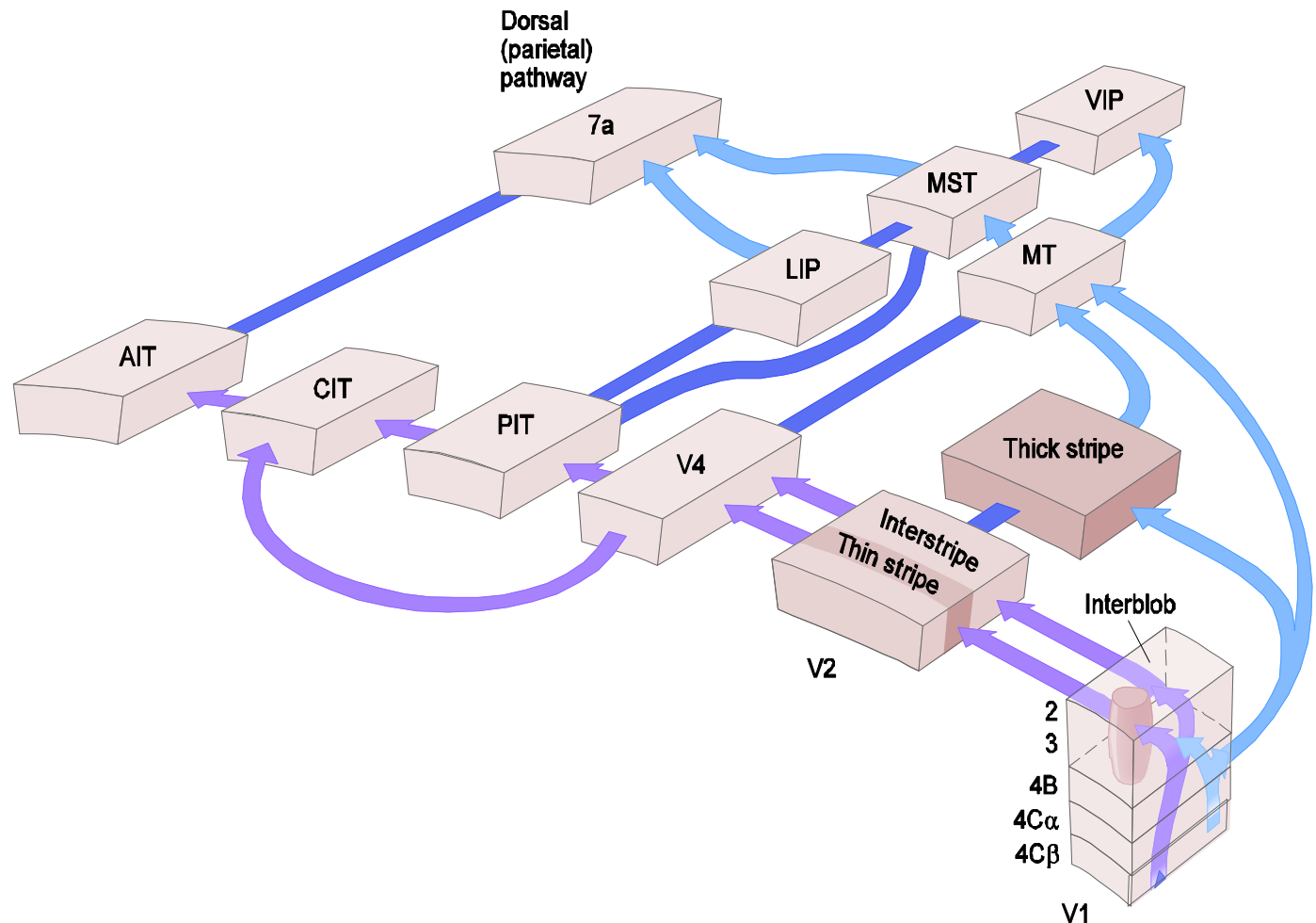


After V2, different functions are performed by anatomically different areas:
The ventral stream provides vision for object identification



Adapted from Michael E. Goldberg, M.D.

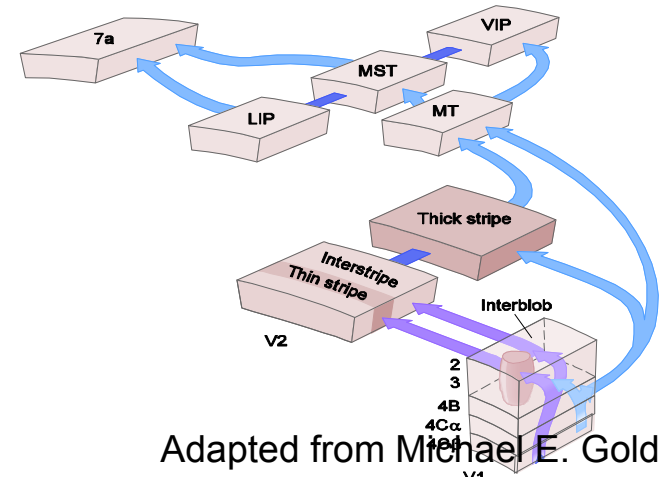
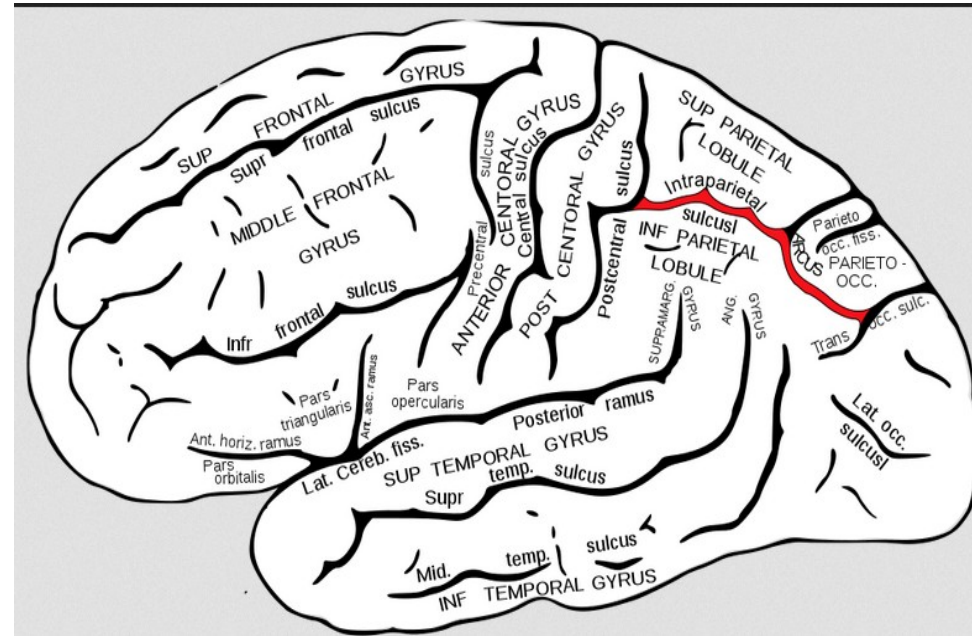
After V2, different functions are performed
by anatomically different areas:
But the areas are interconnected



Adapted from Michael E. Goldberg, M.D.

Within the dorsal stream there is further functional segregation –

- MT is specialized for depth and motion.
- LIP is specialized for attention in far space.
- MIP is specialized for providing visual. information for reaching.
- AIP is specialized for providing visual. information for grasping.
- VIP is specialized for providing visual. information for mouth and head movements.



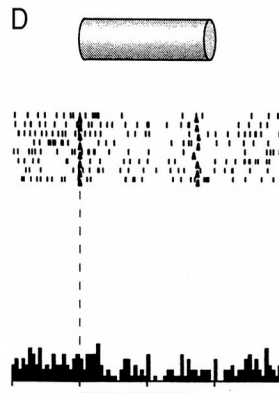
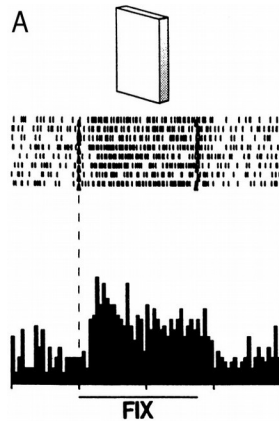
Adapted from Michael E. Goldberg, M.D.

An example of a dorsal stream function

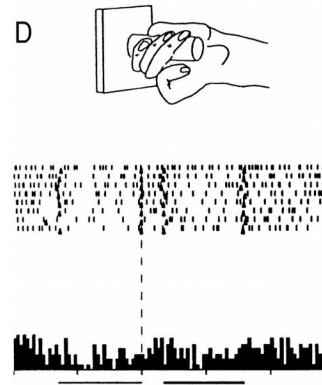
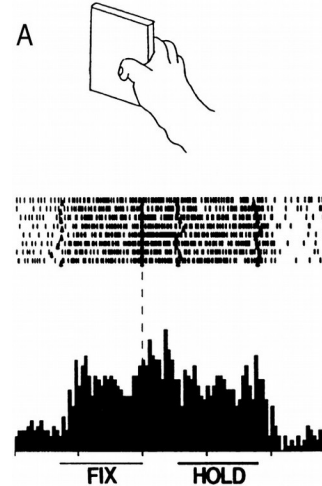
- When you reach for something, your grip opens to accommodate the size of your target.
- Patients with dorsal stream lesions can't do this.
- They can, however, describe the size of the object.

Neurons in AIP specialized for grip

Look at the object

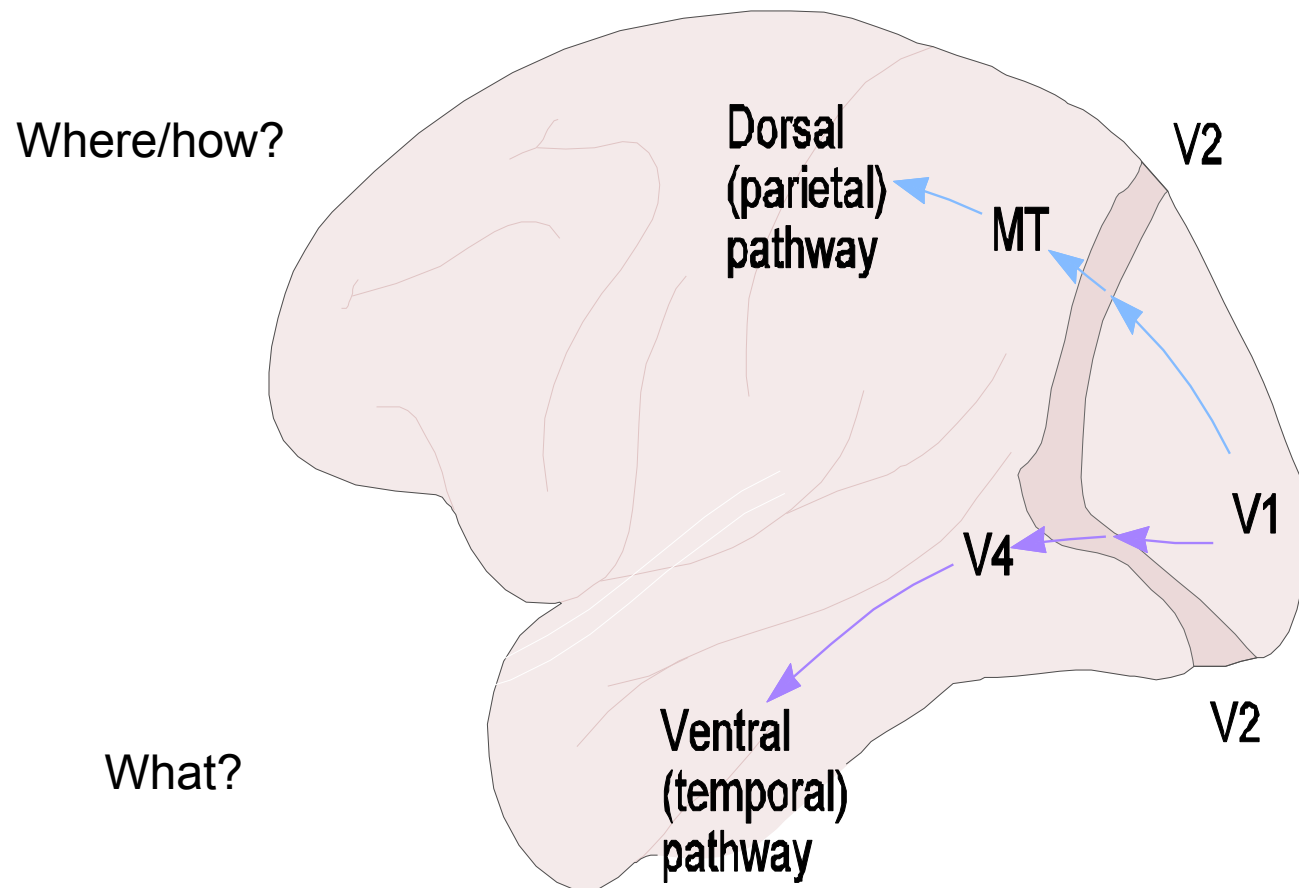


Reach for the object



Dorsal visual pathway is concerned with the aspect of form, orientation, and/or size perception that is relevant for the visual control of movements.

The inferior temporal lobe describes the visual world for object recognition



A patient with a ventral stream lesion can move her hand to a slot, but can't match the position or can't report the orientation

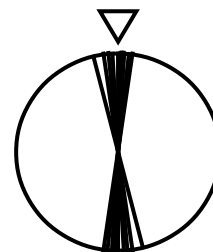
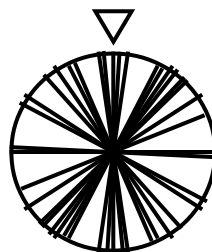
Matching



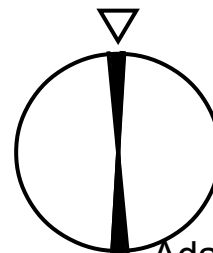
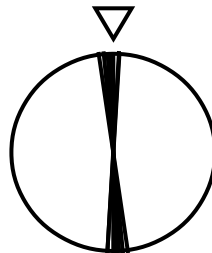
Posting



DF



Control



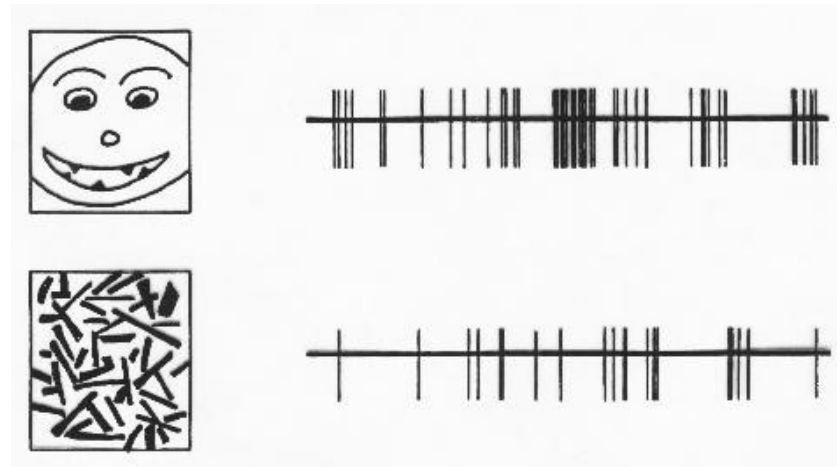
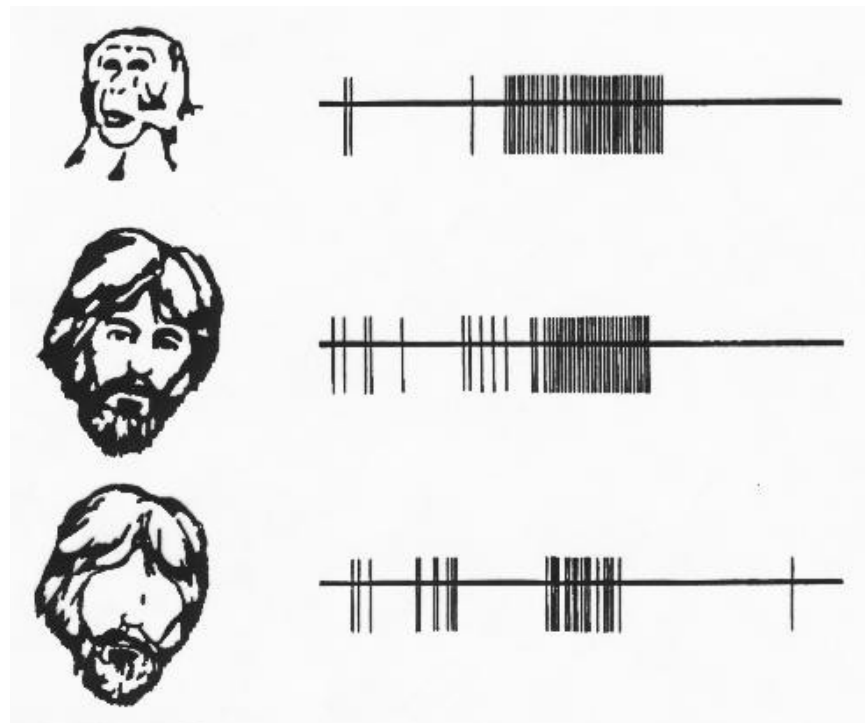
Goodale, et al., (1991)

Adapted from Michael E. Goldberg, M.D.

Ventral stream patients

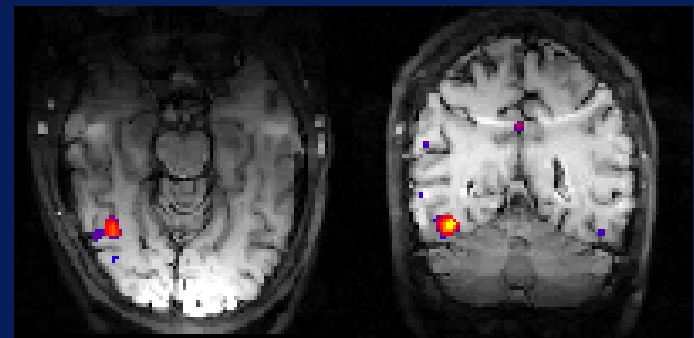
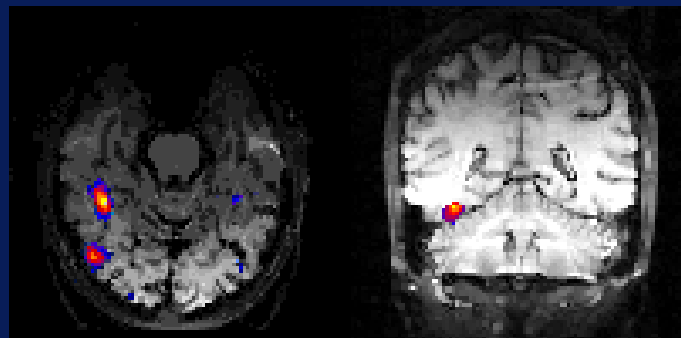
- Cannot identify objects
- But they can make appropriate visually-guided movements.
- The patient who could not set her grip can still tell you which cylinder is thicker.
- The patient who cannot tell you which cylinder is thicker can set still her grip.

Neurons in inferior temporal cortex are selective for complex patterns like faces



The Fusiform Face Area (FFA)

Kanwisher, McDermott, & Chun (1997)



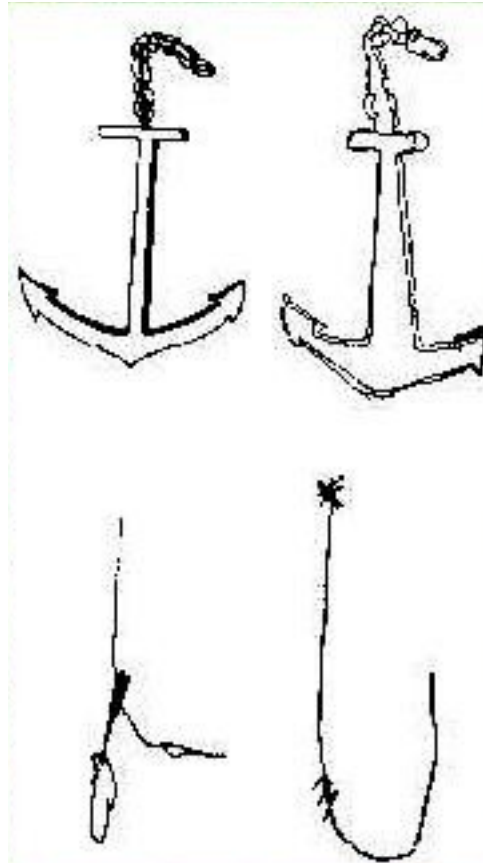
- Responds during passive viewing of faces > objects.
- Cannot be explained in terms of
 - » differences in low-level features
 - » attentional confounds
 - » subordinate - level categorization of any stimulus class
 - » generalized response to anything animate/human
- Is selectively involved in perception of faces.

Prosopagnosia “face blindness” is the most dramatic ventral stream deficit

- Term first used by Bodamer, 1947
- Inability to recognize familiar faces
- Visual acuity is normal
- Caused by lesion to right inferior temporal lobe
- May be congenital (“developmental prosopagnosia”)
- Patients compensate by using other recognition cues: clothing, gait, voice, etc.

Patients with inferior temporal lesions have visual agnosia

Copy the drawing
Visuomotor function
Intact – but patient
can't name the object



Draw an anchor.
Patient cannot
conceptualize the
anchor