Chapter 3
Functional Imaging of Cone Photoreceptors

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Abstract Color pervades our visual sensory world, yet our understanding of the neural basis of color perception, starting with the retina and on through the multiple cortical areas that subserve vision, is still incomplete. The L, M, and S cone photoreceptors, being the cellular entry point for trichromatic vision in humans and primates, have been studied in a variety of ways to reveal their relative numbers, their spatial arrangement, and their anatomical connectivity. We review work in these species that has linked mapped cone mosaics directly to functional properties such as single neuron responses in the retina and color percepts arising from cone-targeted microstimulation. Technical issues that constrain access to single cone photoreceptors for functional studies are also considered.

Keywords Cone photoreceptors • Waveguides • Adaptive optics • Absorptance imaging • Microstimulation • Chromatic dispersion • Fixational eye motion • Retinal vessels • Increment threshold • Color psychophysics

3.1 Introduction

That the world is a colorful experience for most of us is a consequence of two biological feats. One is that our retina has evolved photoreceptors and circuitry that preserve wavelength-specific sensitivities in their output signals. The other is that our visual cortex is able to elaborate upon those retinal inputs in a variety of enriching and advantageous ways. The confluence of these two feats is the foundation of color perception. For instance, the three primary categories of photoreceptors that

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populate the eye in humans arose through an evolutionary process that was neurally independent of the brain—as there are no known neural projections from the brain to the retina—yet it is clear that rather than ignoring the emergence of trichromatic capability, cortical processing took advantage of what the retina had to offer. Perhaps an extreme counterexample of this point is found in mantis shrimp, which have 12 photopigments yet have poor color discrimination that is roughly trichromatic [1]. The aim of this chapter is to examine the handshake between the eye's photoreceptors and the brain, based on a variety of techniques, some new, some time-proven, that are giving us fresh access to the cellular basis of color vision.

Our particular focus is on cone photoreceptors, how their spectral sensitivities can be identified in humans and primates, and how their individual response properties can be studied at the perceptual level. This last effort is a special challenge because cones are undeniably small. Depending on the individual, cone inner segment diameters can be 1.5–2 μm at the fovea, though they increase in size rapidly with eccentricity, reaching a typical diameter of 6–8 μm that nearly plateaus at about 5° eccentricity from the fovea [2]. Cone inner segment diameter is commonly used as the anatomical determinant of photoreceptor size because it sets a primary optical constraint on light capture. To study such small cells individually, microscopic access is required. As we review here, an extensive body of work has used retinal tissue removed from the eye and kept physiologically maintained in vitro for functional studies at the cellular scale. Recent developments in ocular imaging have now also provided direct microscopic access to cones in vivo [3, 4], paving the way for combined biophysical and psychophysical studies of single cones in the living eye.

3.2 Optical Constraints on Imaging Cones

Before beginning our survey of functional cone imaging, it is important to appreciate a few of the technical constraints that shape the experimental strategies used for studying cones. This section is necessarily brief given the long history of the issues, but comprehensive references are provided.

3.2.1 Photoreceptor Waveguiding

In order to see the photoreceptors at the microscopic scale in an intact eye, a beam of light is usually projected onto the retina and the reflected light is detected by some means. It is useful to realize that only about 1 % or less of the light entering the eye is reflected back out, with the exact percentage being dependent on wavelength [5]. The remainder is either scattered or absorbed by tissues, and of the latter only a fraction is actually captured by the photopigments that allow us to see [6]. For example, of just the light that enters a cone's inner segment, it has been estimated that about 30 % is absorbed by photopigment [7]. For the 1 % of the light

that is reflected back from the eye, this occurs in part because the somewhat planar tissue of the retina acts like a weak mirror, having a very noticeable directional component. Much of this direction-dependency is due to the fact that photoreceptors act like optical waveguides, able to funnel light efficiently along their length [8–11] (but see [12] for an alternative theoretical interpretation).

Once light enters the cone inner segment, internal reflections channel the light down the long axis of the cell. This has several consequences. One is that light is captured more efficiently than if there was no waveguiding, because it can be collected over a broader range of beam positions and angles. Light entering straight into the face of the inner segment has the best chance of being captured by the photoreceptor, unsurprisingly, while light hitting the face at increasing larger angles can still be captured, though with decreasing effectiveness. The light coupling efficiency is a two-dimensional function of the angle of light entry and can be pictured as having an approximately Gaussian shape. This angular sensitivity of light capture can be measured perceptually in a variety of ways (referred to as the Stiles-Crawford effect [13–15]), one of which leads to an estimate of the dimensions of the light capture profile for single cones [16, 17]. For light heading into the eye, waveguiding helps it to be absorbed more readily by cone outer segments where the photopigments reside.

Waveguiding is equally effective for light reflected back through the photoreceptor, since optical systems are reversible. The cones themselves are generally thought to have two major reflective structures: the anatomical junction between the inner and outer segment, and the junction between the outer segment and its contact with retinal pigment epithelium [18–20]. Thus, a second consequence of waveguiding is that when light hitting these junctions is scattered, internal reflections can direct some of this light back along the path of the entering light; this portion would otherwise be lost if simply coming off a scattering surface. Such a waveguide effect is good news for cone imaging based on reflectance, as it leads to peaks of light intensity that approximately correspond to the center of each photoreceptor (Fig. 3.1). As we shall see in the next sections, the pointillism of retinal reflection allows each photoreceptor to be identified and returned to day after day for functional studies, when suitable methods are used.

3.2.2 Use of Adaptive Optics Technology for In Vivo Imaging

While waveguiding is a helpful optical property of cones—both for improving a cone's light capture and for making retinal imaging easier—it still remains a technical challenge to image cones at the microscopic scale in vivo. Under a limited set of circumstances in humans, individual cones can be seen using the natural optics of the eye [21–24]. But to attain diffraction-limited imaging of cones with wide fields of view, to achieve this in most subjects, and to do so in real-time as is needed for psychophysical testing, a method for rapidly measuring and correcting the normal optical aberrations of the eye is necessary. Beginning in the 1990s, the first practical

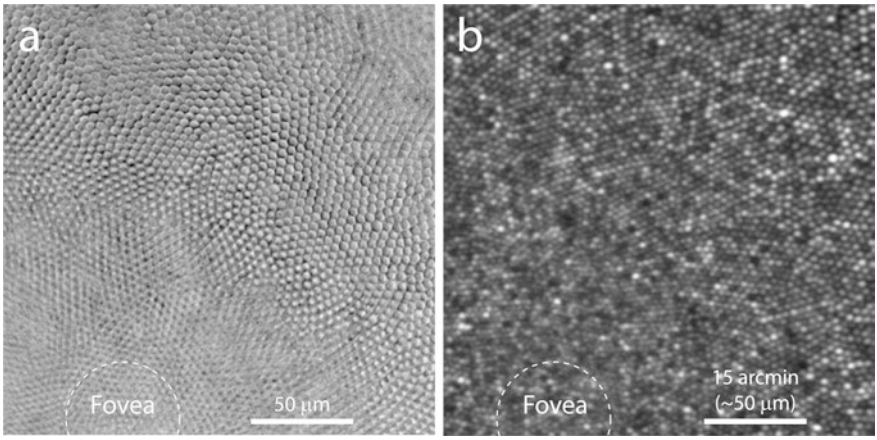

Fig. 3.1 Perifoveal mosaic of cone inner segments in macaque retina. (**a**) *En face* view of an unstained macaque retina, imaged with phase-contrast microscopy. Because the length of the inner segments increases rapidly just outside the fovea (*dashed line*), only an arc of them are in focus at the level of the inner limiting membrane. Also evident is the increase in inner segment diameter with distance from the fovea. (**b**) Adaptive optics image taken in vivo of the same region of retina from a different macaque eye. Most cones in the mosaic are well resolved, except within ~30 arcmin of the fovea, where the reflectance image is compromised by patterns arising from light interference. Imaging wavelength = 710 nm

means of making optical aberration correction for human eyes brought such imaging within reach (reviewed in Ref. [3]). The method entails two main features: a wavefront sensing device to measure the ocular aberrations, and a deformable mirror that can compensate for those aberrations. Such devices have been termed adaptive optics (AO) ophthalmoscopes because the wavefront measurements and compensations are updated regularly to accommodate aberration changes that are constantly occurring in the living eye [4, 25].

Ophthalmoscopes that have used AO for imaging the retina at high resolution have generally been configured in one of two ways. The first was a flood illuminated system, using a flash of light and a CCD camera to create single full-frame images [26]. The second used a raster-based scanning laser system to create a continuous stream of images that could be easily recorded as a movie [27]. Each of these systems has advantages and disadvantages with respect to studying human color vision. Flood AO systems are optimal for capturing an instantaneous retinal image that is free of distortions due to eye movements. Because of this, they have been used extensively for absorptance imaging of the cone mosaic (described below). Wavefront correction, however, has been time consuming with flood systems, and the retinal locus of any stimulus delivery is uncertain at the cellular scale. AO-based scanning laser ophthalmoscopes (AOSLOs) enable rapid wavefront correction and tracking of stimulus delivery locations, but the unavoidable eye motion distortions require extensive effort to overcome. To the degree that they have been overcome—as we detail later in this chapter—AOSLO imaging has shown promise for probing color vision at the individual cellular level.

3.3 Biophysical Cone Imaging

A very substantial literature exists on the biophysical characterization of cone photoreceptors, beginning with spectrometric studies of the isolated photopigments [28, 29] to the electrophysiological characterization of spectral sensitivity functions measured via photocurrents [30]. In this section, we limit ourselves to experiments that have drawn on imaging approaches to answer questions specific to intact retinas. What proportion of the retina is occupied by each cone class? Do these proportions vary between individuals? Are the cones randomly arranged?

Because cone photoreceptors have broad sensitivities to wavelengths of light, they are usually referred to by their long, medium or short wavelength peak sensitivities: L cones (traditionally associated with "red" signaling), M cones ("green"), and S cones ("blue"). Although it is discussed in detail elsewhere in this book (see Chaps. 2), we note here that the peak sensitivities of three cone classes can differ depending on how they are measured. For macaque cones measured electrophysiologically, the peak wavelength sensitivities are: L cones = 561 nm, M cones = 531 nm, and S cones = 430 nm [30, 31]. Because these values agree reasonably well with physiological and microspectrophotometric values obtained from human L and M cones [32–36], as well as psychophysically measured sensitivity peaks when derived from a nomogram fit (Eq. 8 of [37]) that take into account preretinal absorption, we use these peak sensitivity values in this chapter without adding further qualifications.

3.3.1 Absorptance Classification of Cones In Vitro

One of the earliest in situ maps of L, M, and S cones was made by applying microspectrophotometric methods developed for use in isolated photoreceptors [38] to classify cones in a piece of flattened retinal tissue (Fig. 3.2a). This revealed a mosaic that appeared to have a random distribution of L and M cones, although the mapped set of cones was perhaps too small to learn definitively if cones of like type were nonrandomly clustered together. The method required the cones to be measured one at a time, limiting the number that could be studied. Shortly after, a video-based method was devised to measure differential photopigment bleaching over an entire microscopic field of view in one pass (Fig. 3.2b). This yielded a nonrandom arrangement of L and M cones [7]. At the time of these studies, the distribution of S cones had already been shown to be fairly regularly distributed across the retina, except in the foveola where they are absent, using histochemistry or antibodies to the S cone opsin [39–42]. With no antibody that can currently distinguish between L and M cones, imaging based on differential absorption of spectral light remains the primary biophysical means for mapping the cones by class. By the mid-1990s, with only a few small cone maps available, any order in the spatial arrangement of L and M cones still remained an open question.

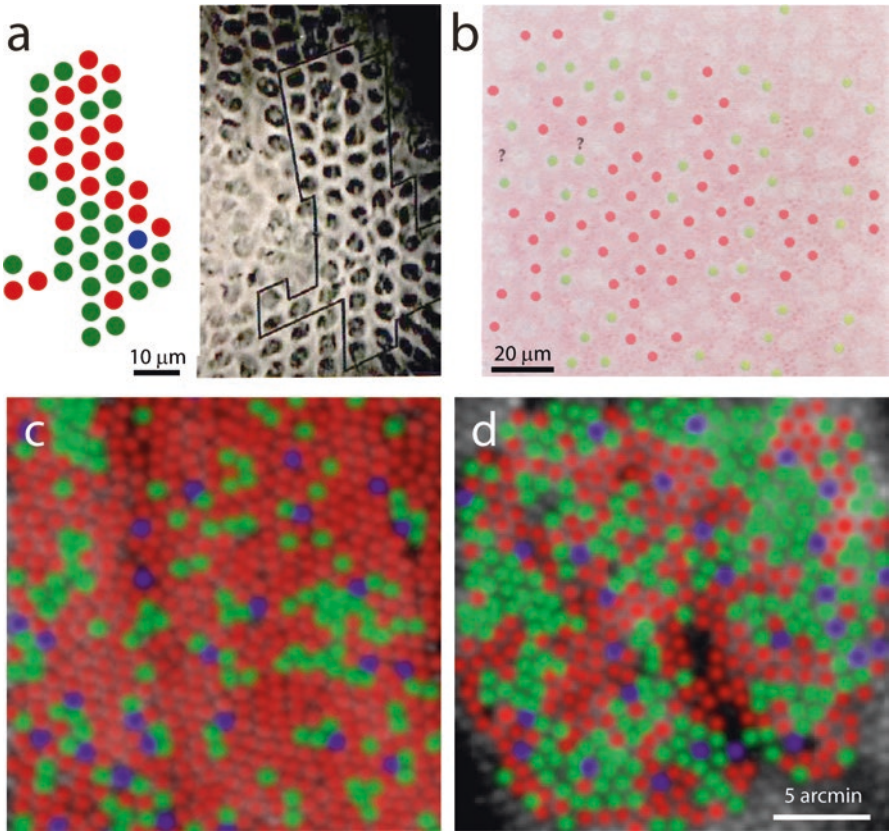

Fig. 3.2 Photopigment absorptance imaging of the trichromatic cone mosaic. L, M, and S cones are represented by red, green, and blue, respectively, in all panels. (**a**) Microspectrophotometric mapping of cones from a freshly dissected talapoin foveal retina. Adapted from [138]. (**b**) Photopigment transmittance mapping in an excised macaque peripheral retina. Candidate S cones are indicated by a question mark to the left. Adapted from [7]. (**c**, **d**) Pseudocolor images of the cone mosaic in two human subjects, mapped in the living eye via differential photopigment bleaching in conjunction with AO imaging. Retinal areas are 1° from the fovea. Statistical analysis showed a random distribution of L and M cones in (**c**), and a nonrandom distribution in (**d**), though it may have arisen from optical blur in this subject. Adapted from [61]

Why is it important to know the distribution of L and M cones? The main reason has been to learn how color signals are initially established. For a color signal to be perceived within the red-green portion of the spectrum, there must be a comparison at the neural level between activity arising from L cones and M cones. Such L/M opponency is generally considered to be established via receptive field center/surround antagonism, and transmitted by midget retinal ganglion cells to the rest of the brain [43] (also see Chap. 4). If ganglion cells receive inputs from all the cones lying within their dendritic field [44–50], a random arrangement of L and M cones would often lead to nearly equal L and M drive between receptive field centers and

surrounds, producing an achromatic signal. If, however, L and M cones had nonrandom distributions, the centers and surrounds would more likely manifest differences in L and M composition, thereby producing a chromatic signal.

The foregoing assumes that many cones subserve the receptive field center and surround, which is the case in the retinal periphery. As one moves closer to the fovea, the field sizes get smaller, and consequently, the cone composition of the receptive field centers, in particular, are more likely to be of a single class if the cones are arranged nonrandomly. To confer a color signal near the fovea, therefore, the field surrounds must receive input from cones of the opposite type from those in the field center. There has been a controversy over the purity of the cone composition in the surround. Some physiological studies have concluded that field surrounds of most cells are cone pure [51–54]. Others have found that surrounds can have varying degrees of mixed cone inputs [55–58]. Without knowing the cone composition of the individual receptive fields recorded, these mixed results could be attributed to either random or nonrandom cone arrangements, or to varying ratios of L and M cones. Unraveling this dilemma is essential for understanding color vision because these midget ganglion cells also carry the highest spatial information and represent more than 80 % of all ganglion cells in the retina [59, 60]. A move toward more comprehensive mapping of the cone mosaic would help to clear up the functional role of this cell class.

3.3.2 Absorptance Classification of Cones In Vivo

The chance to classify larger fields of cones was created with AO-based imaging of the retina, where it became possible to examine hundreds of cones simultaneously in an intact eye. Differential absorptance imaging was first used in humans [61] (and later in a macaque [62]) where it was determined that the L and M cone distributions appeared random and had varying ratios between individuals (Fig. 3.2c, d). The extent of the variation in L:M cone ratio was confirmed and expanded in a later study of a larger population of human retinas [63]. The L:M cone ratio varied from 1.1:1 to 16.5:1 in this group of male subjects with normal color vision, with a median ratio of about 1.9:1. Interestingly, statistical analysis of the spatial arrangement of the cones found that 5 of the subjects had randomly dispersed L and M cones, whereas the remaining three subjects had nonrandom arrangements, with two of these having significant local clustering of cones of like type. In one retina, the mosaics examined from opposite sides of the fovea had different L:M cone ratios (1.24:1 and 1.77:1). There is also a notable increase in the relative proportion of L cones with distance from the fovea [64]. With many individual cone mosaics now classified, the picture that has emerged from these data—as it so often happens in biology—is that the phenotypes of cone arrangements are truly mixed. The L and M cone distributions can be random or nonrandom, and will very much depend on both subject and retinal locus.

What does this mean for color vision studies? Functional tests that use small chromatic stimuli will be most affected. If stimuli are to be targeted to small regions of cones, it will be harder to rely on assumptions about L and M cone ratios or local spatial distributions. The variation in these factors will impact certain types of experiments: the relative efficiency of detecting spectral differences in small spots [65–67], the appearance of briefly flashed spots [68–71], hyperacuity derived from stimuli with chromatic differences [72], the appearance of high-spatial frequency gratings (both chromatic and achromatic) [73], and, in physiology, the spectral responses of neurons in the early visual pathways [74, 75]. The use of AO-imaged cone mosaics in conjunction with functional testing has already begun to firm up our insights about how percepts are shaped by the specific cones being stimulated [76], and as we will see later in the chapter, this work is continuing.

That the cone mosaics classified in vivo actually do align with a physiological measure has been shown empirically. Heterochromatic flicker photometry has been used extensively to estimate L:M cone ratios [77]. The idea behind the method is to flicker light combinations that drive either L cone or M cones in isolation, with the magnitude of the response under each condition being proportional to the number of L or M cones. Comparison of the AO imaging data with flicker-photometric electroretinograms (ERGs) in the same subjects found that variation in ERGs between subjects is well correlated with the L:M cone ratios [63, 78]. This result helps to explain the wide range of ERGs that are found even when photopigment spectra are known [79, 80]. However, there remains a discrepancy between the AO-derived L:M ratios and the ERGs, as the relationship is not unitary. The authors suggest that this may be due to a ~1.5-fold larger contribution to the ERG signal from each M cone versus each L cone [63], but the mechanism is also likely to involve differential cone adaptation [81]. Even with a proportionality constant greater than 1, the good correlation between imaging data and ERG is a strong indicator that functional differences are keyed to specific L:M cone ratios.

3.3.3 Physiological Classification of Cones In Vitro

Biophysical imaging of cones is not limited to the photopigment absorptance approaches reviewed so far. There have also been many physiological studies that tap into the electrical responses following light stimulation to characterize retinal tissue. These methods provide opportunities to answer additional questions about retinal function that cannot be addressed by absorptance imaging. What is the cone composition of the receptive fields of neurons downstream from the cones? Is the functional weighting of each cone the same? How many different ganglion cells does each cone feed a signal to?

Much has been learned about the relative proportion of each cone type's input to the main cell classes found in the primate retina, using single electrode recordings combined with cell fills (e.g., bipolar cells [82], horizontal cells [83], ganglion cells [84]). In this section, however, we focus on studies that have used imaging techniques in their experimental approach to cone function.

The first cones mapped physiologically were S cones [85]. Using a flat multielectrode array, it was possible to record from many retinal ganglion cells simultaneously in a small piece of explant macaque retina while projecting a randomly flickering colored stimulus pattern onto the tissue. Given the spatial resolution of the stimulus and the relatively wide spacing of the S cones, the spike-triggered averaged responses of the blue-ON/yellow-OFF ganglion cells revealed an activity map of individual S cones. This functional map of a single cone class unveiled a few important themes that have since been demonstrated for all cone classes [86, 87]. First, for a given ganglion cell, the functional strength of each cone providing input can differ markedly. For example, among six S cones that fed onto one blue/yellow ganglion cell, there was a nearly threefold difference in excitatory input strength between cones (see Fig. 4a in Ref. [85]). Second, cones can provide input to more than one ganglion cell of the same type, suggesting that, at least in peripheral retina, receptive field centers can have some spatial overlap. Notably, when the same cone does connect to separate ganglion cells, the input strengths will differ to each ganglion cell. This indicates that there are genuine differences in synaptic strength from one cone to separate ganglion cells, rather than there being especially sensitive cones passing large signals to all downstream partners. Third, it was found that S cone signals combined linearly. Regardless of the relative activation of two S cones, the spiking output of the blue/yellow cell was a function of the summed input.

In all of these ganglion cells, the yellow-OFF response, arising from combined L and M cone signals (see Chap. 4), was quantified, but the spatial resolution of the stimulus did not permit the mapping of individual cones. That resolution limit was overcome in a later study where mosaics of all three cone types were revealed in unprecedented functional detail for all of the major ganglion cell types [86]. Examples of complete cones maps for one ON and one OFF midget ganglion cell are shown in Fig. 3.3a. Each cone could be classified by the relative spike-triggered activity produced by the three color primaries of the stimulus display. Cones with ON responses appear as brighter values in these maps, while cones with OFF responses yield relatively darker values. As is evident in these maps of the receptive field centers, each cone can be discretely identified (this was also confirmed anatomically), and each has a different functional weight. In the set of eyes studied, the L:M cone ratio was 2:1, as had been estimated from previous macaque studies, and the S cones were 8 % of the total population.

Because an entire array of cones was mapped simultaneously by recording from almost every ganglion cell in the field, it was possible to create not only a nearly complete mosaic of cones (Fig. 3.3b), but also to define the underlying functional connectivity between cones and ganglion cells. Cones supplying input to a receptive field center had the largest influence on ganglion cell spiking—as expected—while cones serving the field surround had much smaller weights of opposing magnitude (Fig. 3.3c). Complete sets of such connectivity diagrams for the ON and OFF varieties of both midget and parasol ganglion cells characterized several features of wiring specificity. One is that every cone provides input to each major ganglion cell class. This finding was later confirmed with single cone stimulation in vitro [87]. This means that sampling of the cone mosaic by each cell type is without gaps, and

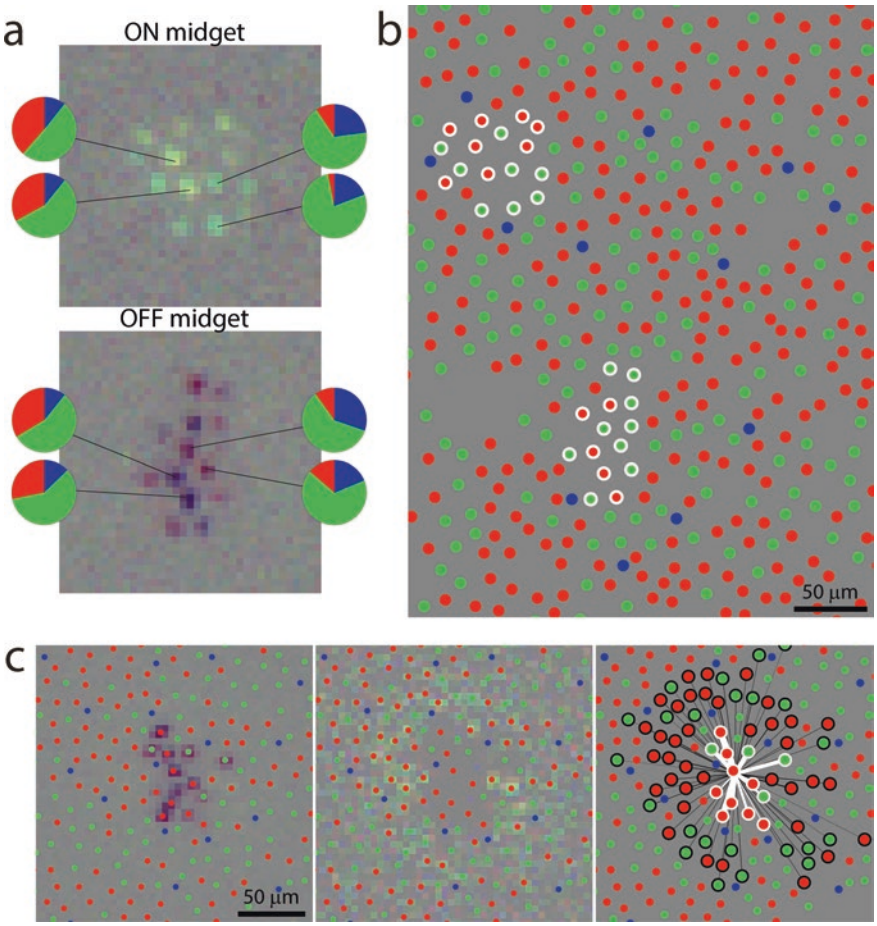

Fig. 3.3 Physiological cone classification and receptive field mapping of macaque retina in vitro. (**a**) The spectral sensitivity of cones providing input to the receptive field centers of two retinal ganglion cells is represented by the relative magnitude of the *red, green*, and *blue* pixel values in the image, each corresponding to spike-triggered average values (pie-diagrams). (**b**) For every cone in one recording, these values are converted into an index that discriminates L (*red*), M (*green*), and S (*blue*) cones. The cones identified from the retinal ganglion cells mapped in (**a**) are circled in *white*. (**c**) A cone mosaic from an OFF midget retinal ganglion, overlaid on normalized spike-triggered average maps, showing the strength of the cones defining the receptive field center (*left*) and surround (*middle*). A connectivity diagram (*right*), with line thickness proportional to the strength of each cone input, distinguishes the center response (*white*) from the surround (*black*, line thickness × 5 for visibility). Adapted from Ref. [86]

as a consequence, the visual field is represented contiguously by each ganglion cell type. In some instances, along the borders between the cone fields of ganglion cells, cone inputs are shared, indicating a slight overlap in the tiling of receptive fields. Another feature is that S cones provide input to more than just small bistratified ganglion cells [88]. About 10 % of midget and parasol ganglion cells also sample

from S cones, with the exception that about 60 % of OFF midget cells receive input from at least one S cone. Therefore, S cone signals appear to be transmitted, in varying degrees, by all of the major ganglion cell types.

A third feature revealed in these data is how the cone composition of midget ganglion cell receptive fields undergirds L/M cone opponency, an issue that has been controversial [84]. Quantifying the relative strength of the L and M cone inputs, it was found that the midget ganglion cells exhibited red-green color opponency more often than predicted by random sampling. A statistical analysis of the number of L and M cones composing the field center and surround further showed that cones within the field center significantly favored connections of like type, whereas connectivity appeared random with cones in the surround. The bias in cone types for field centers was not due to cones of the same type being clumped together (as is occasionally seen in human retinas; see above). Instead, the cone opponency arose from more frequent connections of ganglion cells to cones of similar type, in addition to a stronger weighting of the same cones.

In summary, in vitro studies have offered exquisitely detailed information about cone function in the retina. Cones provide divergent and differently weighted inputs to all the major classes of ganglion cells, and there are connectivity biases that may boost red-green color perception, at least in the peripheral visual field. It is likely that the features revealed so far are also present in central retina, where the cone weight variation and wiring specificity is likely to amplify color signaling in many cells. Functional cone mapping closer to the fovea is desirable in this regard, especially for in vivo work, and is the topic we move to next.

3.4 Practical Constraints on Functional Cone Imaging In Vivo

Testing individual cones perceptually can lead to a number of insights about how cone signals are combined and ultimately generate color vision. With the advent of AO-based retinal imaging, investigators have begun to probe cones one by one for functional assessment. However, there are a number of technical challenges that any experimentalist needs to be aware of when testing vision at the cellular scale, especially with respect to color stimuli. In this section, we delve into the more prominent hurdles that arise when trying to measure response properties that originate from one cone versus another.

3.4.1 Fixational Eye Motion

Vision testing with macroscopic stimuli can usually ignore the relatively small eye movements that occur during steady fixation, but when working at the cellular scale, the movements cannot be dismissed. Such eye motion has been classified into several

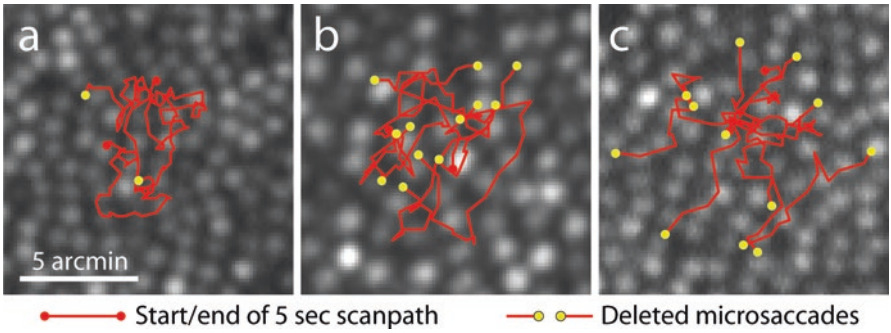

Fig. 3.4 Retinal motion in fixating subjects ranges over many cones. Each panel shows the cone mosaic and the reconstructed motion path from a 5 s stabilized AOSLO movie recorded during active fixation at 30 Hz. Scanpaths (*red*) have had microsaccades deleted (*yellow* endpoints). Some subjects, as in (**a**), exhibit small frame-by-frame eye motion and rare microsaccades, while other subjects can have larger drifts and more saccades (**b**). Subjects can also manifest persistent drift along one axis, such as diagonal (**c**), with each drift canceled by a compensating microsaccade. As long as eye motion remains less than about one-third of the frame width (5× larger than these cropped images), video stabilization can track the position of cones targeted for stimulation. Eccentricities: **a** = 1.9°; **b** = 3.7°; **c** = 3.3°

varieties: typically microsaccades, tremor, and drift (reviewed in Ref. [89]). It suffices for the present purposes to simply emphasize that, even while actively fixating, a subject's eye is constantly moving. Most importantly, this motion is substantial when considering the cone mosaic, because a stimulus will be translated over many cones during even a brief bout of concentrated fixation (Fig. 3.4). To get a sense of the magnitude of this eye motion, a subject with good fixation (Fig. 3.4a) had a mean shift of 0.36 arcmin every 30 ms. If such shifts all went in one direction, as they sometimes do, this subject's drift would have moved a stimulus from one cone to its neighbor within 100 ms (this may be an overestimate, as the sampling rate for this data was low, 30 Hz, compared to other eye-tracking methods). Without continuous monitoring of eye position, and in the absence of microsaccades (rapid movements >2 arcmin), the only practical means of delivering stimuli to the same cone repeatedly is if stimuli are presented in rapid succession, less than 10 ms apart. Given the relatively slow photocurrent responses of cones, this will result in temporal summation and appear as a single stimulus [90, 91], limiting the utility of such a method. Because eye drift is akin to a random walk during any episode of fixation, stimuli presented over periods of time longer than 10 ms will frequently land on different cones. Video-based methods for tracking fixational eye motion in AO systems have been developed and are described below.

Eye motion is also present in anesthetized animals undergoing neuromuscular blockade, when the ordinarily suppressed cardiac and respiratory movement of the eye is released [92, 93]. Retinal motion under these conditions can occasionally be low, with excursions less than 10 μm, but this is still greater than the cone spacing in the fovea and perifovea (see Supplemental Fig. 2 in Ref. [94]). Thus, there is very little chance that a small stimulus presented at one location in visual space can land on the same cone under any fixation condition, whether in humans or in animals with paralyzed eye muscles.

3.4.2 Chromatic Dispersion

From a purely optical standpoint, the performance of a normal eye is sometimes considered to be relatively poor, as the lens and cornea introduce high-order aberrations that interfere with high-resolution imaging, both spatially and temporally [26, 95]. Unlike defocus and astigmatism, the high-order aberrations cannot be eliminated with standard corrective lenses. As mentioned earlier, AO ophthalmoscopy has been fairly successful in ameliorating the distortions introduced by such aberrations, and presently enables imaging of both rod and cone photoreceptors in vivo [96]. Once these aberrations have been corrected, there still remains the problem of chromatic dispersion. Simply put, a white point source of light will undergo dispersion by the ocular media and be projected onto the retina as a miniscule yet perceptible "rainbow," one with variably blurred colors. A means of accounting for chromatic dispersion of the eye is therefore a critical step. Without it, delivery of different wavelengths of light to a targeted location on the retina—at the micron scale of a single cone—is unfeasible. Such stimuli require chromatic correction because an infrared image is typically used as the reference image for AO correction, eye tracking, and target selection, whereas more visible wavelengths are used for stimulation. The shorter visible wavelengths have advantages especially for color vision studies: very high contrasts can be achieved, and wavelengths that optimally differentiate between cone types can be employed.

To correct for the chromatic dispersion of the eye, two optical parameters must be considered: longitudinal chromatic aberration (LCA) and transverse chromatic aberration (TCA). Multiwavelength light originating from a single point will land on the retina with poor focus due to LCA, and in different locations because of TCA. It has been shown that LCA in the human eye is relatively consistent between individuals, yet substantial [97, 98]. For instance, the focal difference between a commonly used wavelength for imaging (840 nm) and a wavelength near the peak of visual sensitivity (540 nm) is 1 diopter. Given this relationship (described by Eq. 5a in Ref. [98]), LCA can generally be corrected by appropriate static positioning of an instrument's optics for the wavelengths of interest, to bring them all into equal focus on the retina (Fig. 3.5a). It is worth noting that the LCA of some individuals may not fall on the population curve defined by Atchison and Smith [98]; one may wish to check for equal focus of imaging and stimulation channels by examining a retinal image containing a bipartite field of infrared and visible light.

TCA correction is more challenging because it depends on the position of the imaging beam relative to the pupil and to the achromatic axis of the eye [97, 99], and varies with retinal eccentricity. Thus, for each experiment, TCA must be corrected for a given pupil position and gaze direction. TCA is primarily caused by misalignment of the imaging beams relative to the eye's achromatic axis, along which TCA is zero by definition. However, finding the achromatic axis is difficult. It is known that the position of the achromatic axis relative to the pupil center is highly idiosyncratic, and so must be found empirically for every eye [100, 101]. Instead of trying to pinpoint the achromatic axis and aligning all the beams to it, the

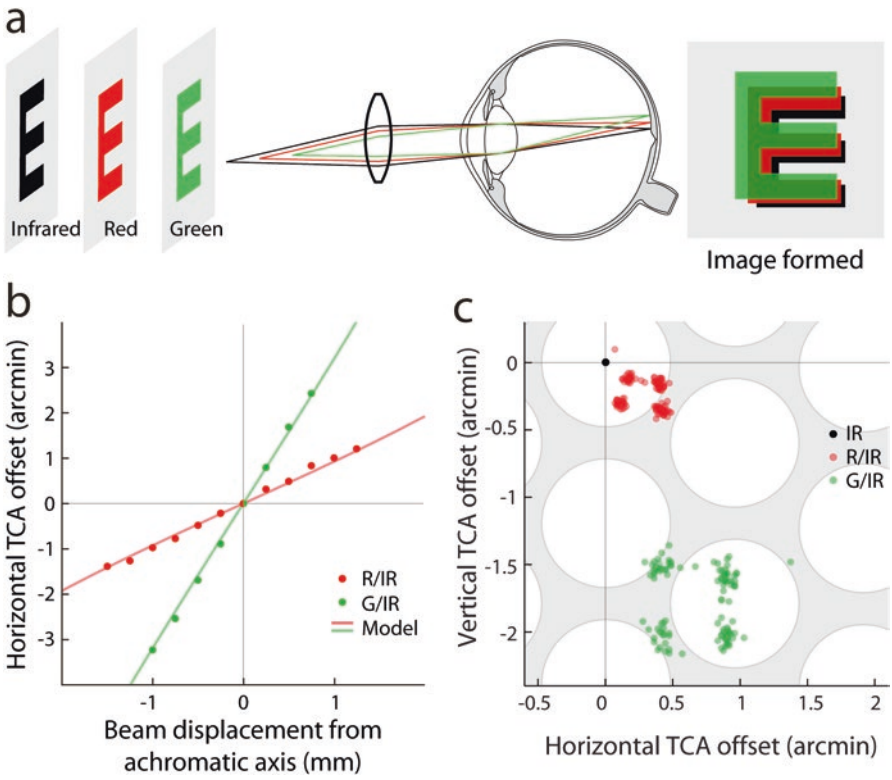

Fig. 3.5 Longitudinal and transverse chromatic dispersion in multiwavelength retinal imaging. (**a**) Schematic of how longitudinal dispersion is corrected in an AOSLO, by setting different focal distances for each wavelength channel (computed according to [98]); this leaves transverse image offsets on the retina that must be measured and compensated. (**b**) Transverse chromatic offset measurements made from retinal imaging during horizontal pupil displacements (dots, means of 20 measurements) are compared to offsets computed from a standard chromatic eye model (lines). Pupil displacements of 0.25 mm produce offsets in the green channel that are more than twice the size of typical foveal cones (~0.4 arcmin). (**c**) Frame-by-frame measurements of transverse offsets (relative to an infrared channel, IR, at zero) during sequential fixation on four corners of a 1° square. Background circles represent 5 μm diameter cones. Panels (**b**) and (**c**) adapted from Ref. [102]

problem can be solved more simply by measuring the offsets caused by TCA and beam misalignments in the resulting images directly [102]. Offsets measured this way are independent of the actual beam paths and the placement of the imaging detectors. Offsets are actually displayed on the retina, and are thus preserved as spatial information in the acquired images. Measurement of TCA offsets from retinal images fits well with offsets calculated from a standard chromatic eye model (Fig. 3.5b). TCA can also be demonstrated for small gaze shifts on a frame-by-frame basis (Fig. 3.5c). In this illustrative example, if TCA was not corrected and a cone was selected in the infrared channel for stimulation with a green spot, the stimulus would have landed on a different cone, about 2 cone diameters away.

Image-based TCA measurements have been validated psychophysically by comparing the offsets to a person's ability to assess small positional shifts of colored squares at the fovea. Because psychophysical thresholds in such tasks are lower than the sampling capacities of the cone mosaic (a perceptual feat usually called hyperacuity [103]), chromatic offsets measured this way ought to match those calculated from an image-based approach. Such a match was found; the average difference between psychophysical and image-based TCA offsets were ~8 arcsec, equivalent to 1 pixel in the cone images [102]. This result shows that image-based TCA measurements are functionally identical to that of conventional subjective TCA measurements [97, 99, 104]. One notable advantage of an image-based method is that TCA can be measured in peripheral retina where subjective methods fail, because visual acuity is not precise enough outside the fovea. From all of the foregoing, it should be clear that multiwavelength light delivery onto single cones in the living eye hinges on measuring and correcting TCA rapidly and with good spatial fidelity.

3.4.3 Vascular Interference

When the eye is thought of as an electronic camera, the fact that blood vessels and capillaries cast a sinewy net over the photoreceptors is overlooked. Except in the small avascular zone centered on the fovea, the vessel beds can cover more than half of the inner retinal surface area [105]. These vessels can interfere with light capture and retinal imaging in different ways. One is simply by casting shadows. Ordinarily this passes unnoticed, much in the way that the 5° hole in the retina created by the optic nerve is not perceived. Such a visual scotoma can be probed easily to reveal the perceptual gap in the lateral visual field of each eye. Similarly, scotomas associated with large vessels coursing out from the optic nerve head can also be mapped, when probed with fine enough test spots [106, 107]. These angioscotomas have even been shown to modify the local circuitry in primary visual cortex [108, 109]. A direct test of how shadowing by small blood vessels can raise thresholds by at least a factor of 2 has been demonstrated with vessel-targeted microperimetry [110]. From all of this evidence, there is little doubt that light being blocked by vessels perturbs the visual system at many levels, sometimes enigmatically so.

Shadowing is not the only form of light interference however. There is also light path distortion, arising from the clear cylindrical vessel walls and the pulsatile passage of blood cells through the narrow vessel lumen. These effects are more likely to operate on the scale of single cones. We and others, for instance, have noticed the transient alteration of reflected light from individual cones when a leukocyte passes over them [111–113]. Light reflecting back from a cone varies from bright to dark over time, and is sometimes displaced. This is reminiscent of the blue-field entoptic effect that allows one's own retinal blood cells to be seen [114]. The irregular shapes of leukocytes, especially when squeezing through capillaries, make the effect of light path distortion unpredictable. Nonetheless, these light changes have been used to map out the anatomical position of the vessels themselves [115–117].

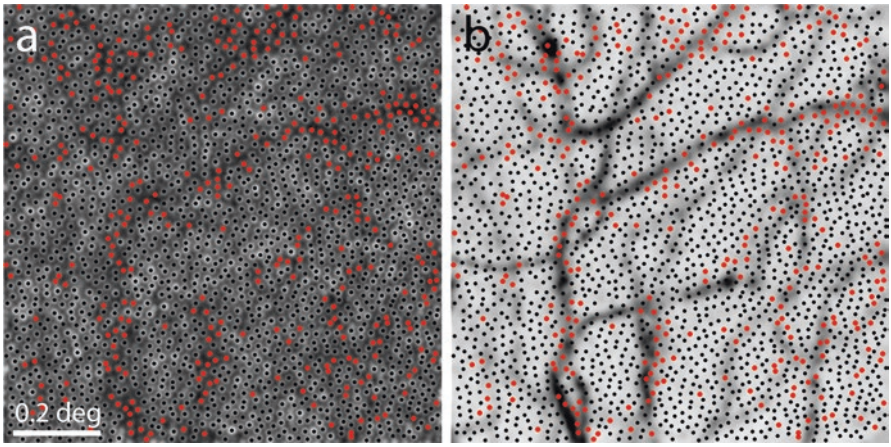

Fig. 3.6 Cones maps and retinal vasculature. (**a**) AOSLO cone image of a human retina, with gray levels scaled logarithmically to facilitate identification of poorly reflective cones. Cones brighter than the mean image reflectivity are marked with black dots ($n = 1{,}833$), and those with reflectivity below the mean are indicated with red dots ($n = 346$). (**b**) Vasculature map derived from motion contrast imaging [117] of same retinal area with cone centers from (**a**) superimposed, showing that most—but not all—dark cones are associated with blood vessels. Many other cones are situated under vessels but their reflectance is not appreciably affected. Adapted from Ref. [139]

A comparison of cone reflectance against an overlying vascular map reveals not only the effect of shadowing, as many of the darkest cones are underneath vessel lumens, but also that some of the darker cones lie where the wall of the vessel—which is not seen in the vessel maps—may be steering light away from the imaging detection path (Fig. 3.6). Comparison of the two panels in this figure make it evident that many of the capillaries are not visible with the AO-corrected infrared light. As one might imagine, vascular interference can influence the functional imaging of cones, particularly if threshold measurements are of interest. The psychophysical testing described in the next section was conducted after first making vessel maps, thereby allowing cones to be selected for microstimulation where the potential hazard of light interference was minimized.

3.4.4 Characterization of Delivered Microstimuli

As with any optical device, diffraction will limit the spatial resolution that can be achieved for any delivered light in an AOSLO. Because retinal images as well as stimuli are built up as pixels defined by the scanned laser, the images do not actually represent the light intensity profile of the beam landing on the retina. In confocal systems, out of focus light is discarded in image reconstruction, yet such light remains present in the stimulus itself. To get a better idea of the true geometry for micron-scale stimuli, the point-spread function (PSF) of the optical

system needs to be taken into account. For a typical field size used in our psychophysical experiments (~1.2° square), the sampling resolution is high enough for each photoreceptor to be imaged within about 10 pixels (Fig. 3.7a, b). A stimulus smaller than this, defined in image pixels, can theoretically be placed within the visible margins of a single cone.

One can estimate the actual stimulus shape by convolving the stimulus defined in pixels with the PSF. With AO correction, the incident beam aperture (5.6 mm in the example figure) yields a PSF with full width at half maximum of 24 arcsec, calculated with a 543 nm stimulus wavelength. Expressed in image space, this corresponds to a diameter of 2.6 pixels, or about 1.9 μm on the retina. Thus, with optimal wavefront correction, a nominal 3 × 3 pixel stimulus convolved with the PSF will produce a light intensity profile where the 5 % intensity contour corresponds to an approximately circular area 7.3 pixels across (~5.3 μm on the retina), roughly matching the diameter of imaged cone apertures at 3.1° eccentricity (Fig. 3.7c). If we integrate the light falling within this 5 % intensity contour, it represents ~80 % of all light in the stimulus. Because cones vary in diameter with distance from the fovea, stimuli can be scaled accordingly to match the cone diameters, if the appropriate PSF is used. This is the first of two steps used in characterizing the delivered microstimulus.

With any psychophysical testing, repeated stimulation under controllable conditions is necessary. Consequently, the second step in characterizing light delivery must take into account the spatial delivery errors that occur over each set of stimulus trials, after fixational eye movements had been compensated for with real-time eye tracking. Tracking the motion of the retina while a subject fixates involves reading the incoming video raster, comparing select portions of the raster to a reference frame, and then, as the raster approaches the site on the retina where stimuli are to be delivered, predicting the movement of the eye just prior to stimulus delivery. Thus delivery accuracy depends, in part, on how far ahead in time the predicted location can be computed. Software operating at video frame rates in an AOSLO was developed to perform this eye tracking and stimulus delivery task [118]. In the current incarnation of this software, the prediction time can be as short as 3 ms, yielding a standard deviation of 0.15 arcmin in the stimulus delivery positional error [119].

To illustrate how the eye tracking enables psychophysics based on microstimulation to be realized, Fig. 3.7d shows the delivery accuracy of repeated trials of a 3 × 3 pixel stimulus onto a targeted cone. The subject fixated a small luminous target superimposed into the visual field through a pellicle beam splitter. TCA offsets were measured using the method described previously. The center of one cone was selected in the infrared channel as the stimulus location, and TCA offsets were used to compensate for the lateral displacement of the green light. In the movie recorded during each trial, a fiducial cross is written into the frame at the location of the delivered stimulus. From this, we can recover each stimulus delivery location. In the given example, 7 out of 22 deliveries landed exactly at the targeted image pixel, with the remaining 15 deliveries distributed over the immediately neighboring pixels. From a series of similar experiments, the average standard deviation of delivery jitter was 2.2 pixels (in both x and y image coordinates), representing about 1.6 μm

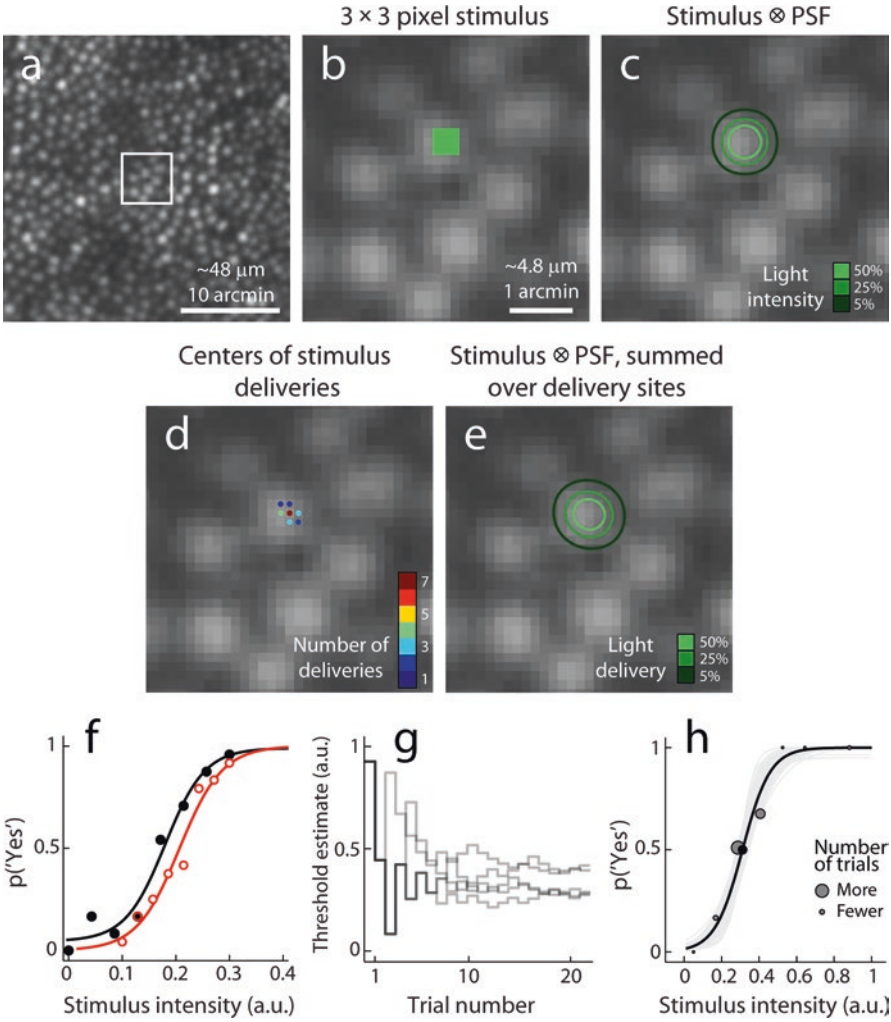

Fig. 3.7 Stimulus geometry, delivered light distribution, and psychometric results from cone-scale microstimulation. (**a**) AOSLO image of a human cone mosaic at 3.1° eccentricity, with outlined area scaled up in (**b**–**e**). (**b**) Cone reflectance profiles at this eccentricity span ~7 pixels, nearly 5 µm in diameter. Microstimuli are specified in image pixels; here, a 3×3 pixel square. (**c**) Light intensity delivered to the retina is estimated by convolving the stimulus geometry with the diffraction-limited point-spread function of the eye. Intensity contours show that the light spreads over a broader area than the 3×3 specification. (**d**) Plot of actual delivery locations of the stimulus center relative to the targeted cone for a 22-trial psychophysical run. Positional delivery errors in eye motion correction causes stimulus deliveries to be jittered from trial to trial. (**e**) Cumulative distribution of light delivery on the retina during the run in (**d**), derived from the diffraction-limited stimulus integrated over the actual delivery locations. (**f**) Psychometric frequency-of-seeing data and logarithmic fits from 2 subjects for the 3×3 pixel stimulus, obtained using a method-of-constant-stimuli approach ($n=20$ trials per stimulus intensity). Because of daily instrument fluctuations in light levels, stimulus intensity is given in arbitrary units (a.u.). Eccentricity was 2.1° (*black* data) and 2.5° (*red* data). (**g**) Five runs of a staircase approach to measure luminance increment thresholds from one subject, illustrating some variability in the final threshold estimate (at last trial). (**h**) Staircase data in (**g**) converted into a frequency-of-seeing psychometric function (*black line*) based on boot-strapped fits (*gray lines*). Panels (**a**–**e**) adapted from Ref. [120]

on the retina [120]. To make the final calculation of the light delivery profile, we sum the PSF-convolved nominal stimulus across the actual delivery locations (Fig. 3.7e), yielding the best estimate possible of the light distribution during one experiment. Integrating the light distribution within the 5 % intensity contour shows that 82 % of all the delivered light fell within this contour. Although this suggests that, even after repeated presentations, most of the delivered light was confined to a retinal area the size of a single cone, we note that this does not take into account uncontrollable light scatter (see below).

Under these conditions, we have found that robust psychophysical threshold functions can be measured for such cone-sized stimuli, whether using a classic method-of-constant-stimuli (Fig. 3.7f) or a Bayesian staircase approach (Fig. 3.7g, h). Out to about 5° eccentricity, subjects can be tested while targeting single cones. Beyond that eccentricity, we have found that more than one cone needs to be stimulated, at least for a luminance increment threshold task operating within the range of light intensity we can deliver [120]. This increase in threshold with eccentricity is consistent with prior studies using a constantly sized stimulus [121, 122]. Summation of input over multiple cones is likely to be required beyond 5° for stimuli to be effective at the perceptual level [123–125].

Further evidence that microstimuli can be utilized to probe single cones comes from the observation that thresholds are about 50 % higher when stimuli land between cones, a finding that is largely explained by a linear model of the geometry of cone light capture [120]. The Gaussian profile of a cone's light capturing ability predicts that coupling efficiency will be maximal at the cone's center and decline with increasing distance from the center. Such a prediction has been validated empirically at the level of the retina [86], at the main neural target of retinal projections, the lateral geniculate nucleus [94], and now at the perceptual level. The visual system is thus exquisitely sensitive to the exact position of delivered stimuli, down to the micron scale. Characterizing microstimuli as we have, and with robust psychometric measurements now feasible, we are nearly poised to address how color percepts originate from the activity of single cones.

3.4.5 Psychophysical Testing and Variability

The evidence from the previous section suggests that the delivery accuracy for cone-sized stimuli can be good enough to resolve the spatial grain of the photoreceptor mosaic. Given the difficulty of directing stimuli to exactly the same location on a cone repeatably in the living eye, it is clear that a major source of variability in any perceptual task will be caused by stimulus delivery errors. Is any other source of psychophysical variability even detectable given the large effect of positional variability?

One way to address this issue is to test the same group of cones over multiple days. By measuring luminance increment thresholds for each cone using interleaved trials, one can control for factors such as daily variation in subject performance and in instrument light levels. Threshold values can be normalized against the mean threshold of the group to see how much variation occurs simply with repeated measurements,

whether thresholds are consistent from day to day, and, perhaps most interestingly, whether cones exhibit different intrinsic thresholds. Figure 3.8 illustrates a few cone triplets that were studied this way, using the staircase method. In Fig. 3.8a we measured thresholds multiple times on three separate days for one triplet and found no difference in threshold among any of the cones. It is evident that repeated measurements of thresholds are inherently noisy, as they can vary by as much as 60 % from one measurement to the next. Some of this variation must be noise associated with doing psychophysical threshold tasks, and some is undoubtedly due to positional delivery error (an error that includes transient TCA shifts that cannot be measured during the course of the experiment). An examination of threshold versus delivery location revealed that about 50 % of the variance in the measured thresholds come from experimental errors, if it is assumed that cone thresholds are identical [120].

Physiological data, however, have shown that cone thresholds may not all be the same. As we noted earlier, when the functional weighting of cones were measured in macaque retina, it was found that each retinal ganglion cell was receiving input from a handful of cones expressing a range of synaptic weights [86, 87]. Such a result raises the question of whether differential cone weighting in the retina could be propagated to the perceptual level. Figure 3.8b provides evidence that such functional weighting can be measured psychophysically. Here, a triplet of cones was measured repeatedly over several days, with one cone having a significantly higher threshold than the other two. The high-threshold cone needed about 40 % more light in the stimulus in order to be detected. Although there is no way to determine if all the cones in this triplet are connected to the same retinal ganglion cell, this result suggests that differential functional weighting—either from cones to ganglion cells or between two ganglion cells—can be detected perceptually. The important point is to realize that no two L or M cones can be assumed to have the same luminance increment threshold.

Additional evidence that microstimulation can generate cone-specific responses comes from the occasional encounter with a candidate S cone. The stimulus wavelength band used during the two previous examples was 543 ± 11 nm, a range that is absorbed equally well by L and M cone opsins. For an S cone to produce an equivalent response with this wavelength, it would need ~400 times more light than an L or M cone [37]. This amount of light exceeds the range our current AOSLO can deliver. So, under these experimental conditions, if an S cone was probed, the subject would respond “not seen” during most trials and drive the staircase above the deliverable range. One of the cones in the triplet illustrated in Fig. 3.8c had just such an outcome. Given that the other two cones had reliable thresholds measured across two days, this result suggests that the cone with unmeasurable threshold was an S type. Additional data given in the next section confirms that such psychophysical outcomes can be associated with S cones.

Although prone to a high degree of variability, most likely caused by positional errors in stimulus delivery, reproducible perceptual data can be acquired with cone-targeted microstimulation. The fact that relative increment thresholds between neighboring cones are consistent from day to day, and that they can be consistently distinct, implies that the perceptual discriminations are essentially driven by signals arising from individual cones.

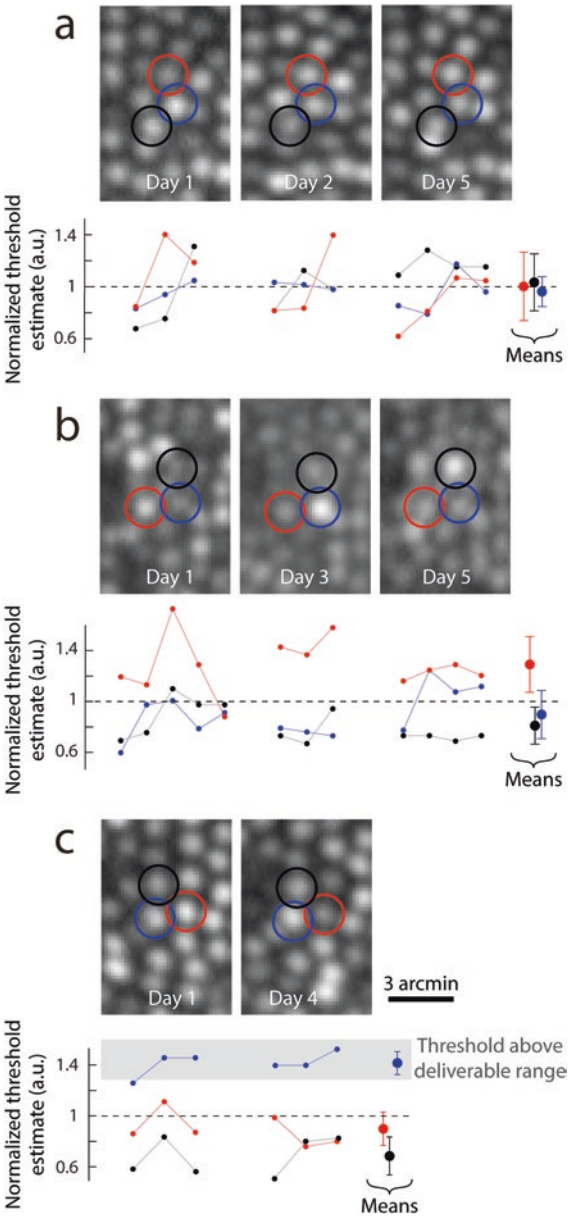

Fig. 3.8 Luminance increment thresholds measured with microstimulation are associated with specific cones. The AOSLO images show the human cone triplets studied over multiple days in different subjects. Cones targeted for stimulation and single threshold measurements from each are coded by color. Data are grouped by test day and were normalized to the mean threshold of the triplet (to control for small day-to-day changes in stimulus light levels). Each cone was tested 3–5 times per experiment (small dots), using 543 ± 11 nm light, a wavelength equally absorbed by L and M cones. Mean single-cone thresholds (±1 SD) across all days are shown on the right within each graph. In (**a**) all cones had similar increment thresholds, while in (**b**) the cone circled in red had consistently higher thresholds than the other two cones in its triplet. In (**c**) the cone circled in blue had thresholds beyond the range of deliverable light (indicated by shading), which suggests it is an S cone, given the stimulus conditions. Adapted from Ref. [140]

3.5 Psychophysical Cone Imaging

Having discussed the main experimental constraints that need to be faced when trying to extract perceptual data from microstimulation, we now review a number of previous studies, as well as some work in progress, that have revealed cone-specific responses in the human retina. Although considerable insights have been made in relating inferred cone mosaics to color phenomenon without the use of AO-based imaging (e.g., [66, 126, 127]), we focus here on work that has relied on imaged cone mosaics to strategically test for cone-driven percepts.

3.5.1 S Cone Testing

Once it was appreciated that S cones are relatively uncommon yet regularly spaced members of the cone mosaic, it was realized that it may be possible to map them out psychophysically by probing with small S-cone-isolating stimuli. Williams et al. [128] set out to do just that. Presenting a 1.1 arcmin spot of 420 nm light for 50 ms over a grid of locations at and around the fovea, they measured thresholds in the presence of a background light that adapted out L and M cone responses [128]. Sensitivity for these stimuli were relatively low at the center of fixation, and increased by about 1 log unit within 15 arcmin of the fovea. Control experiments showed that this sensitivity profile was not due to light absorption by the macular pigment lying in front of the photoreceptors. Such perceptual data is consistent with the known absence of S cones in the foveola [41, 42]. More tellingly, the sensitivity terrain around the fovea contained peaks and valleys with about the same spacing as that subsequently observed histologically for S cones. Repeat measurements over a 2 year timespan suggested that the retinal location of these S cone sensitivities were stable. A model of light capture under their experimental conditions, assuming single S cones were the detectors, was also consistent with the psychometric data produced by varying stimulus intensities. Taken together, the most parsimonious explanation of their results was that S cones could indeed be mapped, though in small numbers. Such experiments are taxing, as the authors noted, and having to probe randomly across a coarse grid, the chances of stimuli landing directly on a cone are low. Nonetheless, this early study held promise that single cone activity could be detected perceptually, and helped to encourage the development of techniques for imaging cones and enable cone-targeted stimulation.

3.5.2 Dysfunctional Cone Testing

After AO-corrected retinal imaging became available, finer spatial testing of perception could be achieved because the stimuli impinging on the retina were no longer blurred by optical aberrations. In a situation somewhat converse to the S cone mapping,

sensitivity losses might be expected in cone mosaics with lacunae—if stimuli were truly small enough. To learn if such microscotomas could be detected, a retina was studied in a deuteranopic subject that had dysfunctional cones due to a mutant M photopigment [129]. In AO images from this subject, about 30 % of the cones appeared relatively dark compared to normals, suggesting that the mutation either damaged the cones or lead to outright cone loss. Cone-sized stimuli of 550 nm were flashed for 46 ms at various locations all 0.5° from a fixation spot, in an effort to see if a suitable proportion of these AO-corrected stimuli would not be perceived. Comparison of the deuteranope's frequency-of-seeing curves to those of control subjects showed that mutant cones did cause a lower sensitivity and slope in the curve, as predicted by a model of cone loss. Larger stimuli, such as those used in clinical exams, showed no difference between the M-cone-compromised subject and controls. Microstimuli, therefore, appeared to unmask microscotomas. This was another piece of evidence telling us that perceptual effects can rest on the activity—or inactivity in this case—of single cones.

3.5.3 Cone Spectral Identification and Match with Absorptance Imaging

In a previous section, we elaborated on the considerations that need to be made in developing techniques for single cone microstimulation. One of the obvious interests in these techniques is to learn if individual cones can be classified by spectral type psychophysically. Given the many stages of post-receptoral processing that intervene between cones and perception, it is not necessarily the case that activation of a single cone will lead to a veridical representation of that cone's spectral class. Retinal circuitry imposes an opponency signal between L and M cones that may variably dilute the signal from either of these cone types (see Chaps. 2 and 4). Cortical circuitry—about which much less is known (see Chap. 7)—may also be altering the sensory input. To put such psychophysical experiments on firmer footing, therefore, a comparison with an objective method such as absorptance imaging seems sensible. Here we describe our initial efforts in comparing the biophysical and psychophysical mapping of the same set of cones.

The experiment was designed to optimize distinguishing L from M cones. With a sensitivity difference between these two cones of ~0.05 log units at their peak wavelengths [37], it was unlikely that comparing responses between stimuli of 561 and 531 nm would yield reliable classification given the variability of measuring thresholds with microstimulation (Fig. 3.8). Instead, the strategy was to isolate responses from L cones alone, with M cones identified, in part, by default. First, we used a 710 nm spot stimulus for measuring increment thresholds, as this wavelength represents the maximum sensitivity difference between L and M cones. Second, we presented the microstimuli against a constant L-cone-isolating background of 470 nm light [130]. Taking the remaining light in the imaging field into

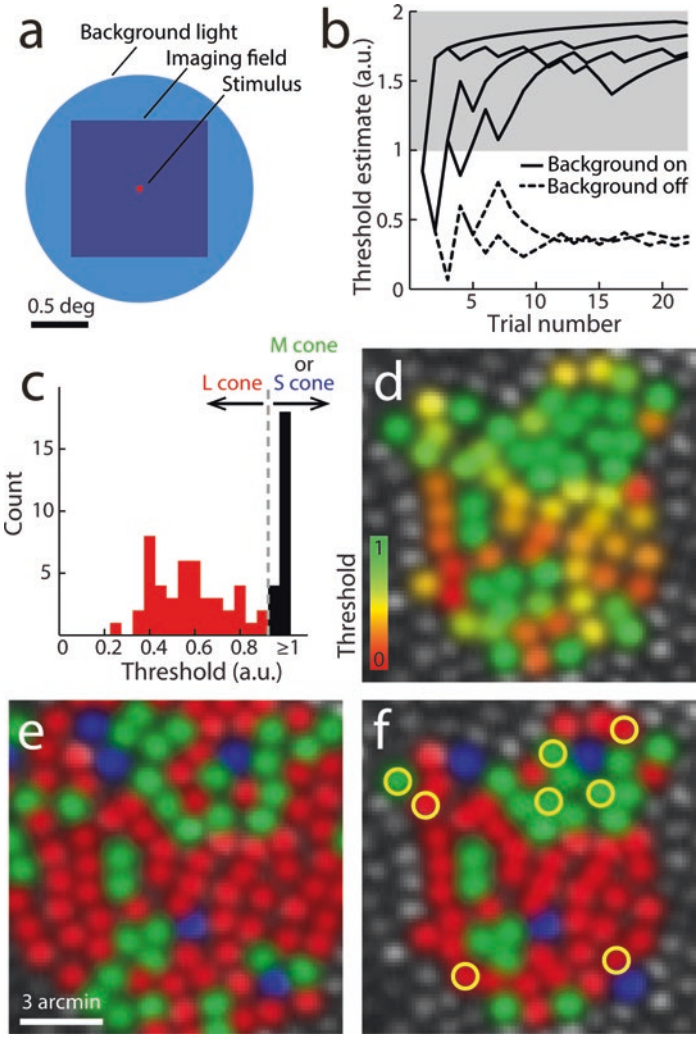

Fig. 3.9 Comparison of functional cone classification methods in the living eye. (**a**) Schematic of L cone isolating conditions from the subject's perspective. A 2° background light (peak wavelength = 470 nm) presented in Maxwellian view is used to counterbalance light adaptation caused by instrument light leak in the imaging field. This *blue* light adapts M and S cones preferentially, leaving L cones >20 times more sensitive to a 710 nm test flash (small *red square*). (**b**) Example data used to classify an M cone (1.5° eccentricity). With the adapting field turned on, intensity staircases (*black lines*) consistently climbed above the upper limit of deliverable light intensity (*shaded area*). With the background light switched off, staircases yielded measurable thresholds (*green lines*), indicating that the cone was M type. L cones, in contrast, produced such thresholds when the background light was on. (**c**) Histogram of mean increment thresholds for a contiguous array (see **d**) of cones tested as shown in (**a**). *Dashed line* represents the threshold cutoff that produced the best agreement between perceptual and biophysical classification methods; for this subject, cones with a mean threshold less than 0.95 arbitrary units (a.u.) were classified as L type. (**d**) Increment threshold data for 67 cones, color-coded by the mean threshold values in (**c**). (**e**) Pseudocolor images of the same cone mosaic as shown in (**d**), but derived from AOSLO imaging and retinal densitometry. *Red, green*, and *blue* labels correspond to L, M, and S cones, respectively. (**f**) A comparison of the cones classified biophysically with those measured psychophysically revealed a mismatch of 8 (*yellow circles*) out of 68 cones between the two methods. Adapted from Ref. [134]

account (Fig. 3.9a), these stimulus conditions are predicted to have an L:M sensitivity ratio of about 24:1, and S cones would be unresponsive [131]. Thus, over the range of deliverable light intensity (scaled 0–1 in arbitrary units), if the average L cone had a threshold above 0.05, then any M or S cones encountered would register thresholds greater than 1. To avoid issues concerning subject fatigue that might alter threshold, 2 or 3 cones were tested simultaneously by randomly interleaving trials, with independent staircases running on each selected cone. When cones with off-scale thresholds were encountered, the adapting background light was then switched off and the threshold remeasured. If the sensitivity recovered, such cones were classified as M type (Fig. 3.9b).

Increment thresholds measured under L-cone-isolating conditions for a group 68 cones mapped over several days showed a bimodal distribution, with a wide peak corresponding to candidate L cones and sharp peak near and above 1 representing likely M or S cones (Fig. 3.9c). The broad range of L cone thresholds arises from several factors. Two we have already highlighted in this chapter: intrinsic variability of threshold among cones, and positional noise in stimulus delivery. A third factor is a contribution from cones surrounding the one targeted for stimulation. L and M cones are electrically coupled via gap junctions [132, 133]. A Monte Carlo simulation of the effect of varying the composition of the surrounding cones suggests that ~33 % of the threshold range could be due to adaptation state differences in those surrounding cones [134]. One can appreciate the possible impact of surrounding cones in a map where each cone is color-coded by its mean threshold value, as there are a number of instances where a gentle gradation of threshold differences exists between cones (Fig. 3.9d). On the whole, however, such a map is more remarkable for the many cases where neighboring cones have sizable threshold differences—often shifting from a value 0.5 to "unseen" from one cone to the next.

To confirm that microstimulation can classify cones psychophysically, the same set of cones in this subject was also classified using absorptance imaging. The method used here was modified because a scanning AO system was used rather than a flood AO system, but the underlying principles were the same. Dynamic differential cone bleaching was performed under two different conditions to distinguish S from L or M cones, and separately, L from M cones [135]. The resulting cone map revealed L and M cones in a 2.1:1 ratio (Fig. 3.9e). To make a comparison between the threshold maps and absorptance images, the former's thresholds need to be converted into a true 3-cone classification. This was done using Cohen's kappa coefficient, a statistic of agreement for categorized data [136]. For this subject, a threshold criterion of 0.95 (dashed line in Fig. 3.9c) yielded the best agreement between the two maps for L and M cones (Fig. 3.9f). The four S cones in the field, which are more reliably identified by differential bleaching [61, 63, 135], all had thresholds exceeding 1, as expected for these stimuli. Of the remaining L and M cones, there was 88 % agreement between the two methods—a reasonably good match between subjective and objective methods of cone classification. Under these stimulus conditions, at least near the fovea, signals from individual cones do indeed

seem to propagate from the retina to the perceptual level, carrying their spectral identity with them. Such data effectively redefine the groundwork for experiments asking elementary questions about the cellular basis of color percepts, a topic we touch on next.

3.5.4 Color Appearance of Microstimuli

Early efforts at using small stimuli and standard optical correction to probe color appearance revealed that subjects often required a range of hue options to categorize monochromatic lights (reviewed in Ref. [76]). A genuine impediment for an adequate interpretation of these results is that the underlying cone mosaics were not known, for both the relative numbers and the spatial arrangement of the cones are likely to produce different color signals depending on where the stimuli land from trial to trial. In addition, uncorrected optical blur will broaden any stimuli, and particularly at the fovea this would activate many more than one cone. Both of these hurdles were removed in a study that used AO correction along with classified cone mosaics to see how color sensations were generated [70]. Briefly flashed microstimuli of ~0.3 arcmin were presented in a retinal locus near 1° where the cones had been mapped by absorptance imaging. The stimuli varied in two important ways: by wavelength (500, 550, or 600 nm) and by position (5 sites within a 14 arcmin square, with fixational eye movements uncompensated). These parameters allowed the authors to distinguish between the influence of wavelength versus cone composition on color appearance. All subjects required white plus up to seven hues to categorize their percepts. The range of hues was generally independent of stimulus wavelength, but did depend on L:M cone ratio. When the ratio was weighted toward M cones, more greenish hues and fewer reddish hues were needed to describe the colors, and vice versa in subjects with more L cones. Blue and purple categories were also required, which the authors suggest may arise through strongly activated M cones mimicking the L:M excitation ratio of bluish light.

Because this result implies that different color sensations originate from the stimulation of one cone, the role of the surrounding cones naturally comes into question. If one cone was stimulated within a small field of identical cones, the L/M opponent mechanism may not be driven and a “white” response would be predicted (and was indeed frequently reported). A statistical approach was pursued to see if this and the other reported hues could be explained by a stimulated cone surrounded by different proportions of other cone types [73]. The resulting model broadly captured the color-naming data from Hofer et al. [70], and is consistent with the idea that the contributions of individual cones to color percepts is dependent to some degree on the local arrangement of cones. However, the psychophysical data could never be predicted exactly because the precise location of the stimulus on a trial-by-trial basis was not known.

To correlate each trial’s response with the cone being tested requires cone-targeted microstimulation, like what we have already described. Preliminary data from such an experiment also revealed a family of color appearances, even when the same cone

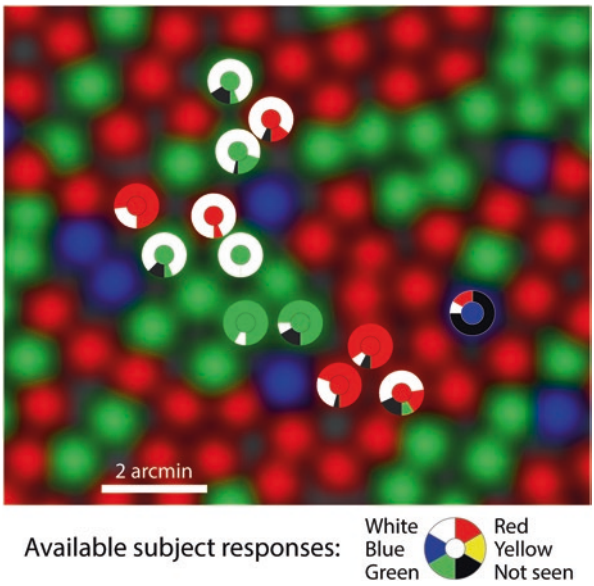

Fig. 3.10 Comparison of cone type and color naming responses. A field of human cones classified by AOSLO absorptance imaging (as described in Fig. 3.9) was tested for color categorization with 0.5 s retinally stabilized flashes of 543 nm cone-sized microstimuli, in the presence of a neutral white background. The subject was allowed to respond in one of six ways (shown in legend), and the proportion of the responses are illustrated in the circular histograms surrounding each tested cone (20 trials apiece). The data shown here are compiled from multiple sessions where several cones were stimulated with interleaved trials. In most instances, stimulation of L cones lead to *red* or *white* responses, while *green* or *white* was reported when M cones were stimulated. *Blue* or *yellow* percepts were never reported, even for the one S-cone tested (where most stimuli were not seen). In this field, the L:M cone ratio was 1.8:1, eccentricity = 1.5°. Adapted from Ref. [141]

was stimulated repeatedly with 543 nm light on a neutral white background (Fig. 3.10). Veridical percepts would appear green in this paradigm only if the stimulus wavelength was mediating the color sensation. In the results shown here, the subject used only red, green, white, and "not seen" among the available response categories, which included blue and yellow. Notably, in trials when a color other than white was reported, L cones most frequently lead to red responses, and M cones to reports of green, with a high consistency in these reports. White responses were more common than in the subject with a similar L:M cone ratio in Hofer et al. [70], but this may have been due to differences in methods. More cones will need to be tested to learn if surrounding cones have any influence on perceived color from a targeted cone. Several of the cones were tested again on separate days, and often yielded the same responses. The main indications from this work are that color appearance is testable at the cellular scale and depends on the cone being stimulated. Because the underlying cell types that are processing these signals are unknown for this task (e.g., midget or parasol retinal ganglion cells?), a more comprehensive picture of how color percepts emerge from the retina still awaits further work.

3.6 Conclusions and Caveats

The central points of this chapter bear on how the cone mosaic in humans and primates can be fruitfully explored, and what factors might guide the interpretation of experimental results. Here we summarize those points:

- Light absorption by photopigments can be used to objectively map cone arrays in a variety of imaging modalities.
- Cone composition varies widely from subject to subject, and regionally within a single retina; random arrangement cannot be assumed.
- The functional weighting of each cone is not a constant; at both the ganglion cell and perceptual levels, the strength of each cone's input varies.
- Cellular-scale testing in vivo requires compensation of the eye's optics, motion, and vasculature for the most uncompromised delivery of microstimuli.
- Color percepts that ensue from cone-sized stimuli appear to be most influenced by signals from individual cones.

Given the psychophysical results described in this chapter, it may be tempting to think that "single-cone psychophysics" has been realized. We have not used the phrase, for it carries the unfortunate implication that a percept is being determined by light absorption in only one cone, and nothing more. There is no direct evidence that only one cone is being activated by microstimuli, and it seems unlikely this can ever be garnered from in vivo studies. In fact, by optical diffraction alone, the delivered light profile cannot be restricted to one cone. The point-spread function, calculated from a model eye, includes a first Airy ring with an amplitude of ~1 % of the central peak. From the light intensity profile shown in Fig. 3.7c, this would mean that the immediately neighboring cones situated around a cone targeted for stimulation would have a chance to absorb a few percent of the total light. Intraocular scatter occurring along the light path in front of the retina would divert another small fraction of light onto these surrounding cones (reviewed in Ref. [137]). Together with the point-spread function, a more realistic light distribution profile might have ~20 % of all the light falling outside the diameter of the inner segment of a targeted cone. It is important to realize, however, that this skirt of light is distributed over a very broad area and would activate most cones weakly. Some of this activity may be modulating percepts to varying degrees, depending on stimulus conditions, as we have seen.

The light profile itself is not the only factor that affects percepts resulting from a micron-scaled stimulus. Inner retinal wiring, ongoing levels of activity in the cones, varying functional weighting from cones to ganglion cells, and which ganglion cell type is actually propagating the signal to cortex for a particular stimulus condition—these all come into play and are the objects of future research. Functional maps of the cone mosaic will ultimately come in different flavors, given each cone's divergent input to many cell types as well as the stimulus conditions being faced. For psychophysicists, AO-corrected microstimulation may become a useful tool for making such maps, because it simply allows researchers to pour more light into any one cone of interest. Like drops hitting an ocean, they make ripples we can occasionally see—were it the visual system, the drops would sometimes appear filled with color.

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