Objectives:

- 1. Identify the major structures of the limbic system and the hypothalamus on brain specimens and micrographs.
- 2. Describe the main functions of the limbic system and associated brain structures in emotional processing, learning and memory.
- 3. Explain the basic mechanisms and neural substrates of memory.
- 4. Describe the anatomy of the olfactory system and relate its function to the limbic system (memory and wellbeing).

Resources

Here are the e-tutorials, videos and web resources for this lab - click the green buttons to access them.

Videos:



Modules:

3D Models:



There are two podcasts recommended in this lab handout - they are really engaging radio productions on damage to the hippocampus and damage to the amygdala.



This icon located throughout the lab manual indicates **checklist items**!

** NOTE: Interactive PDFs are best viewed on desktop/laptop computers - functionality is not reliable on mobile devices **

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Limbic System

Identify:

Cingulate gyrus	
Parahippocampal gyrus	
Uncus	- Note relationship to columns of fornix -
Fornix	
Anterior commissure	
Hippocampus	
Amygdala	

Follow fornix superiorly and anteriorly (from crus to body to columns) as it curves up from temporal lobe.

Coronal Sections

Amygdala	
Hippocampus	
Fornix	
Mammillothalamic tracts	
Mammillary bodies ————————————————————————————————————	Note: these 3 structures are not
Anterior nucleus of thalamus	necessarily visible on coronal sections
Anterior nucleus of hypothalamus (general location) —]

Medial Cortex

Fornix in Medial Cortex

Hypothalamus in Medial Cortex

Hypothalamus

- Anatomical location is inferior to thalamus, below hypothalamic sulcus. Surrounds the third ventricle.
- The hypothalamus has 2-way communication with limbic system structures → Limbic structures have 2-way communication with cortex, basal ganglia and cerebellum.

Identify:

- Mammillary bodies
- Infundibular (pituitary) stalk
- Hypothalamic sulcus (separates hypothalamus from thalamus)
- Columns of fornix
- Mammillothalamic tracts
- Attachment of infundibular stalk

Observe relationship of hypothamus to:

- Thalamus
- Fornix
- Third ventricle
- Position of optic chiasm and optic tracts

Micrographs

- Locus ceruleus (noradrenergic neurons)
- Raphe nuclei (serotonergic neurons)
- Ventral tegmental area (dopaminergic neurons)

Connections of the Hypothalamus (for your information only)

- Hypothalamic hypophysial tract (and portal system), interconnecting hypothalamus and pituitary.
- Fornix and mammillothalamic tract, interconnecting hippocampus, hypothalamus and thalamus.
- Stria terminalis and ventral amygdalofugal fibers, interconnecting amygdala and hypothalamus.
- Medial forebrain bundle and dorsal longitudinal fasciculus, the primary hypothalamic efferents.

Amygdala

Can you speculate on the consequences of bilateral amygdala damage?

What would be the consequences for fear processing, memory formation and saliency filtering?

Fearless http://www.npr.org/programs/invisibilia/377515477/fearless

Based on the experiences described in this podcast, what are some of the clinical symptoms of bilateral amygdala damage?

This is an excellent paper on the function of the amygdala:

The Human Amygdala and the Induction and Experience of Fear

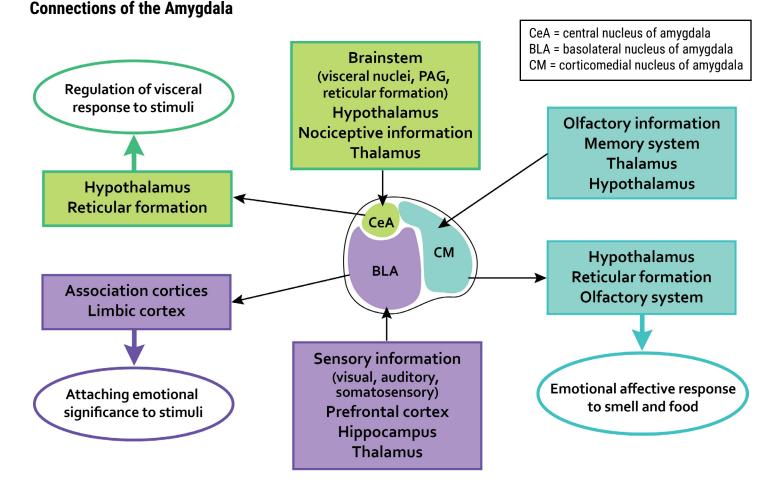
Justin S. Feinstein₁, Ralph Adolphs₂, Antonio Damasio₃, and Daniel Tranel₁ 1University of Iowa, Iowa City, IA 52242, USA 2California Institute of Technology, Pasadena, CA 91125, USA 3University of Southern California, Los Angeles, CA 90089, USA

Summary:

Although clinical observations suggest that humans with amygdala damage have abnormal fear reactions and a reduced experience of fear, these impressions have not been systematically investigated. To address this gap, we conducted a new study in a rare human patient, SM, who has focal bilateral amygdala lesions. To provoke fear in SM, we exposed her to live snakes and spiders, took her on a tour of a haunted house, and showed her emotionally evocative films. On no occasion did SM exhibit fear, and she never endorsed feeling more than minimal levels of fear. Likewise, across a large battery of self-report questionnaires, 3 months of real-life experience sampling, and a life history replete with traumatic events, SM repeatedly demonstrated an absence of overt fear manifestations and an overall impoverished experience of fear. Despite her lack of fear, SM is able to exhibit other basic emotions and experience the respective feelings. *The findings support the conclusion that the human amygdala plays a pivotal role* in triggering a state of fear and that the absence of such a state precludes the experience of fear itself.

Amygdala and Emotion

- The amygdala **associates experiences with consequences** and then programs the appropriate behavioral response to the experience. Specifically, the amygdala plays a role in **emotional learning** and **emotional processing**, with a particular role in the expression of fear and anger.
- Input to the amygdala comes mainly from the **cerebral cortex**.
- After assessing the nature of the input, i.e. friendly, unfriendly, frightening, dangerous, etc., the amygdala sends signals to centers in the **hypothalamus** that elicit the appropriate autonomic and motor responses. Signals are also sent from the basolateral amygdala via the **dorsomedial nucleus of the thalamus** to the **orbitofrontal cortex**.
 - The orbitofrontal cortex provides the perception of emotions, whereas the hypothalamus provides the expression of emotions.



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Hippocampus

HM, the man with no memory <u>http://www.abc.net.au/radionational/programs/allinthemind/hm---</u> the-man-with-no-memory/5067570

Based on this podcast, can you list and explain his symptoms based on your anatomical knowledge?

Note:

HM had a long history of major seizure disorder. A radical bilateral temporal lobe resection, involving both hippocampi, was performed.

Hippocampus and Memory

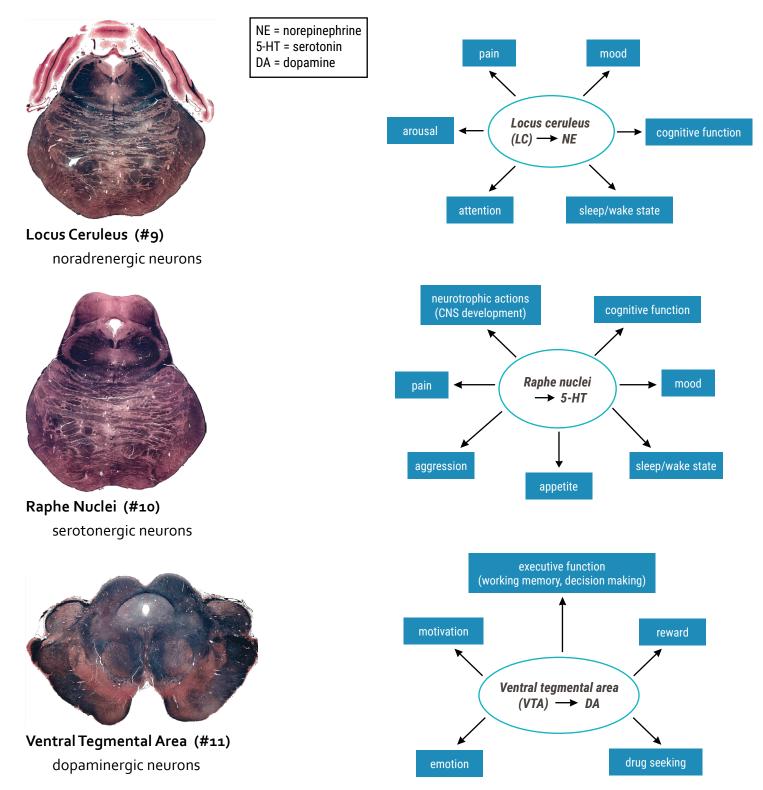
Important role in learning & formation of new memories:

- Hippocampus acts as "encoding area" for translating short-term memories into long-term memories. Important for declarative memory.
- May be the initial storage site for memory. As process of consolidation occurs, more permanent memories laid down (probably diffusely) in cortex.
- Overlying cortex (uncus, entorhinal cortex) also plays important role in memory.
- Bilateral removal of hippocampi results in inability to form new memories of facts and events. Deficits less severe if overlying cortex not involved.
- The hippocampus and amygdala are linked to two independent memory systems. They act in concert when 'emotion meets memory'.

Amygdala and Hippocampus

Monoaminergic Nuclei of the Reticular Formation

These nuclei have widespread projections to the entire brain. Drugs that influence these systems will have widespread effects.



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Memory

What is *explicit* memory?

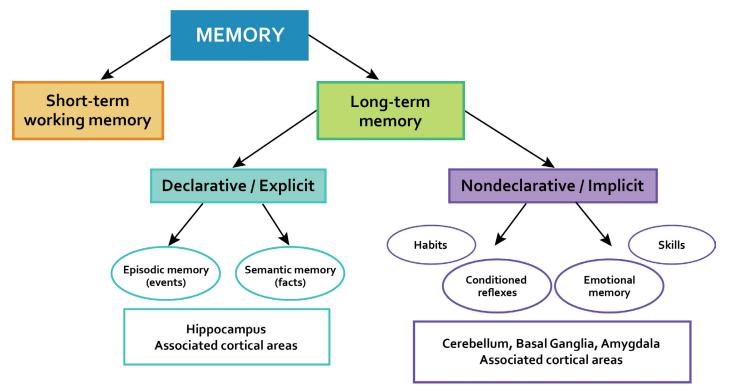
What are the neural substrates of explicit memory?

What is *implicit* memory?

What are some of the neural substrates of implicit memory?

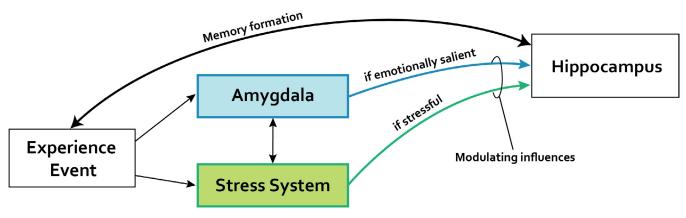
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Types of Memory and Their Neural Correlates



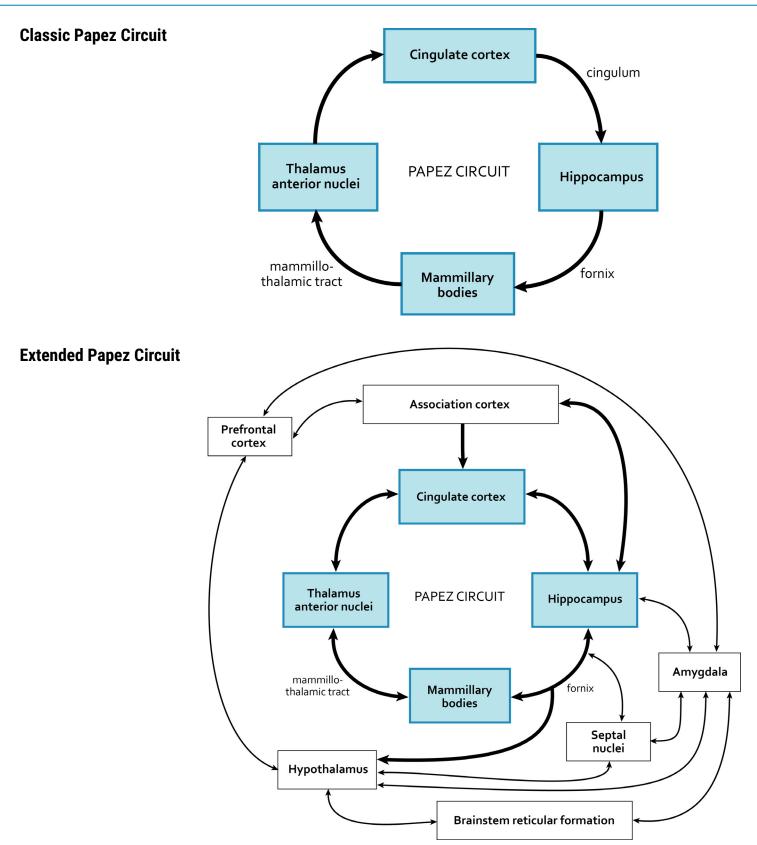
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The Role of the Amygdala in Memory



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Olfactory System (CN I)

Identify:

Olfactory bulbs Olfactory tracts Olfactory stria (medial and lateral)

- Medial olfactory striae information (mostly inhibitory) to opposite olfactory bulb via anterior commissure.
- Lateral olfactory striae information to primary olfactory cortex: consists of the uncus, entorhinal area (anterior part of parahippocampal gyrus), amygdala, and the limen insulae (junction point between the cortex of the insula and cortex of the frontal lobe).
- Projections are then sent to olfactory association cortex (area 28 entorhinal cortex).
- Projections from primary and association areas to orbitofrontal cortex (conscious appreciation of smell), hypothalamus, DM thalamus, and structures of limbic system (amygdala, hippocampus and striatum), cranial nerve nuclei (salivatory nuclei and DMN X). Influence visceral functions, social and reproductive behavior.

Inferior Cortex

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RESOURCES

Websites: Neuroanatomy | Entrada

Recommended Textbooks:

Lippincott Illustrated Reviews: Neuroscience By: Claudia Krebs, Joanne Weinberg, Elizabeth J. Akesson, Esma Dilli Lippincott Williams & Wilkins ISBN 978-1-4963-6789-1

Neuroanatomy Through Clinical Cases By: Hal Blumenfeld Sinauer ISBN 978-0-8789-3613-7

Neuroanatomy in Clinical Context: An Atlas of Structures, Sections, Systems, and Syndromes

By: Duane E. Haines Wolters kluwer Health ISBN 978-1-4511-8625-3

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