Evidence for novel transient clusters of cholinergic ganglion cells in the neonatal mouse retina

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Abstract

Waves of spontaneous activity sweep across the neonatal mouse retinal ganglion cell (RGC) layer, driven by directly interconnected cholinergic starburst amacrine cells (the only known retinal cholinergic cells) from postnatal day (P) 0-10, followed by waves driven by glutamatergic bipolar cells. We found transient clusters of cholinergic RGC-like cells around the optic disc during the period of cholinergic waves. They migrate towards the periphery between P2-9 and then they disappear. Pan-retinal multielectrode array recordings reveal that cholinergic wave origins follow a similar developmental center-to-periphery pattern. Electrical imaging unmasks hotspots of dipole electrical activity occurring in the vicinity of wave origins. We propose that these activity hotspots are sites for wave initiation and are related to the cholinergic cell clusters, reminiscent of activity in transient subplate neurons in the developing cortex, suggesting a universal hyper-excitability mechanism in developing CNS networks during the critical period for brain wiring.

Introduction

During development, neural wiring is refined through activity-dependent processes (Blankenship and Feller, 2010; Luhmann et al, 2016). Spontaneous activity emerges long before sensory experience is possible, displaying unique expression patterns in different CNS areas. In the visual system, this activity is manifested by waves of spikes spreading across the retinal ganglion cell (RGC) layer (Meister et al, 1991). Several studies have demonstrated that retinal waves guide the development of visual connectivity (Huberman et al, 2008; Assali et al, 2014).

The cellular mechanisms underlying wave generation change with development, indicated by profound changes in the wave spatiotemporal features (Maccione et al, 2014). In mouse, the drive for wave generation/propagation switches from gap junction communication (Stage-1, prenatal) to cholinergic neurotransmission originating in starburst amacrine cells (SACs) (Stage-2, late gestation to P9) (Feller et al, 1996). Control then switches to glutamatergic bipolar cells before waves disappear around eye opening (Stage-3, P10-13). During Stage-2, SACs make direct homotypic connections, leading to lateral activity propagation across their network (Zheng et al, 2004). Experimental (Zheng et al, 2006; Ford et al, 2012) and theoretical studies (Butts et al, 1999; Hennig et al, 2009; Matzakos-Karvouniari et al, 2019) suggest that SACs play a fundamental role in defining wave dynamics by driving both wave initiation and propagation. Active SACs impose a refractory period, creating boundaries for activity propagation and controlling wave frequency. However, wave properties are not static during the prolonged Stage-2 period, exhibiting a gradual increase in wave frequency and size, followed by substantial shrinkage from P7 (Maccione et al, 2014). This suggests that Stage-2 wave initiation and propagation mechanisms may be more complex than originally assumed. Here we report for the first time that cholinergic RGC-like cells are transiently present during Stage-2 waves, and we propose that these cells may act as wave pacemakers.

Results

We have followed the pan-retinal expression of cholinergic cells during Stage-2 waves (P2-10) using immunostaining for the acetylcholine synthesizing enzyme Choline Acetyl Transferase (ChAT). To our surprise, we found clusters of ChAT-expressing cells (Figure 1, green dots) in the RGC layer (marked with RGC-specific RBPMS, red) forming an annulus of tight clusters in the vicinity of the optic disc at P2. As development progresses, the annulus expands, reaching the retinal periphery around P6-7. The clusters then begin to disintegrate and completely disappear by P10, coinciding with the switch from Stage-2 to Stage-3 waves.

We quantified the clusters' eccentricity during development (Figure 1B,C). The most substantial expansion occurs between P3-5, with no further eccentric movement beyond P6.

Closer inspection of the clusters revealed that these ChAT-expressing cells co-express RBPMS (Figure 2A), suggesting that they may be large cholinergic RGCs co-existing with much smaller SACs in the RGC layer (Figure 2B), but completely absent from the INL where SACs are the only ChAT-expressing cells. These cluster cells also express vesicular acetylcholine transporter (VAChT) on their soma and short processes, suggesting the presence of cholinergic synaptic terminals (Figure 2C). SACs also express VAChT, but in the classical double lamina pattern in the inner plexiform layer (IPL), flanked by cell bodies on both sides. Finally, the cholinergic identity of the cluster cells is confirmed by Sox2 (Figure 2D), a transcription factor expressed throughout life in retinal cholinergic cells (Whitney et al., 2014).

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B

C

Figure 1: Retinal cholinergic cell clusters expansion from center to periphery during the first postnatal week. **A**: Mouse retinal wholemounts stained for ChAT (green) and RBPMS (red). Scale bar: 500 μm. **B**: Method for calculating the relative position of clusters between the optic disc (small black circle in the middle) and periphery. Cluster cells are represented by red dots. D1: distance from center of optic disc to center of cluster. D2: distance between center of cluster to periphery. **C**: Box plot showing developmental changes in D1/D2 ratio. Each box illustrates the median (horizontal line) and interquartile range, with minimum and maximum values (whiskers). Asterisks indicate significant changes between consecutive days (One-way ANOVA with post-hoc Tukey test). The red dotted line illustrates the percentage difference in values between consecutive days, showing peak difference between P3 and P4 and no further changes from P6 onwards.

The cholinergic clusters are present only during the period of Stage-2 waves, migrating from center to periphery between P2-7. We have previously shown that wave sizes also increase

from P2-6 (Maccione et al., 2014). These coincidental events made us wonder whether these
clusters might be involved in wave generation. If so, we predict that wave origins would also
migrate in an eccentric fashion during the first postnatal week. To address this possibility, we
recorded waves between P2-13 using large-scale multielectrode arrays (MEAs) with 4,096
active electrodes spanning an area of 5.12x5.12 mm^2, large enough to cover the entire retinal
surface at all ages (Figure 3). Wave origins (determined as the xy coordinates of the initial
wave center of activity trajectory, see Maccione et al., 2014) were aligned with the image of
the retina itself (Figure 3A, red dots, and B, green dots) and then classified as either central or
peripheral (Figure 3A, see Methods). Figure 3C shows how the periphery/center ratios of wave
origins change with development, expanding towards periphery between P2-7, with maximum
change between P3-5, similar to the locations of the cholinergic clusters (Figure 1C). Once
waves switch to Stage-3, the periphery-to-center ratio drops to 1 (or even lower), corroborating
our previous findings that glutamatergic waves are small activity hotspots that tile the entire
retina (Maccione et al., 2014).
To understand the possible functional involvement of these cellular clusters in wave
generation, we used electrical imaging (Greschner et al, 2016; Zeck et al., 2011; Petrusca et
al., 2007; Litke et al, 2004) (see Methods) to visualize wave-related electrical activity at high
spatiotemporal resolution (Figure 4). Recordings were done on MEAs with either 81 μm or 42
μm electrode pitch, the latter providing higher spatial resolution. Although negative deflections
smaller than the spike used for spike-triggered averaging (STA) were detected around most
STA channels, presumably reflecting wave-related activity propagation (as in Channel 1782,
Figure 4A and B), on some channels we could see conspicuous positive signals emerging
simultaneously with the negative spike signal (Channel 1643, Figure 4A). These signals were
significantly smaller (red asterisk) than the STA spikes (blue asterisk), but nevertheless easily
distinct from baseline activity. Overall, when combining the activity footprint from all channels
exhibiting such positive-negative "dipole" behavior (Figure 4C), we found that these areas
form clusters in close proximity with wave origins (green dots in Figure 4C). However, when
plotting all maximal projections, regardless of whether they have a positive deflection or not
(Figure 4C, bottom row), the activity is more spread out over MEA channels, with less clear
co-localization with the wave origins. The clustered layout of the dipole areas suggests that
these signals may reflect activity originating from the cholinergic cell clusters.

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Figure 2: Cluster cells identified as cholinergic RGCs with immunolabeling. **A**: the images focus on one cluster
(P5 retina), taken at the level of the RGC layer. Left panel: ChAT; middle panel: RBPMS; right panel: overlap of
ChAT and RBPMS. All cluster cells co-express ChAT and RBPMS, suggesting they are cholinergic RGCs. **B**: P5
cluster viewed at the ganglion cell layer (GCL) level and at the INL level. Green: ChAT; red: RBPMS. At the
GCL level, ChAT expressing clusters cells (examples marked within white boxes) co-exist with much smaller
SACs (examples marked with asterisks). At the INL level, there are only SACs. **C**: Retinal sections showing
ChAT (green) and VAChT (red) expression within a cluster (P4, left column) and in an area devoid of clusters
(P5, right column). Cluster cells show strong VAChT expression. SACs express VAChT as well, exhibiting the
typical double laminar expression in the IPL flanked by cell bodies in the INL and GCL (ChAT expression is
weak in SACs at that age, increasing with development). In areas devoid of clusters, only the SAC expression

pattern can be seen. **D**: The large clusters cells and SACs both co-express Sox2 (green) and ChAT (red). There are some additional Sox2 expressing cells that do not express ChAT. These are presumably glial cells (Whitney et al., 2014).

Figure 3: retinal waves and cluster cells. **A**: outlines of retinal wholemounts (black lines) photographed on the MEA immediately post recording (see **B** as well) overlaid with wave origins (red dots) detected during 30 minutes recording. Large grey dotted ellipses: encompass the whole retina. The smaller concentric ellipses (50% smaller than the large ones) indicate the central area. **B**: Photograph of a P4 retina on the MEA, taken at the end of the recording session. Wave origins (green dots) are overlaid on the photograph. **C**: boxplot illustrating the ratio between the number of wave origins in the periphery versus those in the central area. Wave origins expand from center to periphery between P2 and P5-6, similar to the clusters themselves (Figure 1C). Same boxplot conventions as for Figure 1C. Statistical analysis was not possible in this case due to the small numbers of values in each group (one ratio value per retina).

Figure 4: electrical imaging of retinal waves. **A**: STAs for two trigger channels showing signals averaged over -5 to +5 ms relative to spikes on the trigger channel (in red) for 11x11 surrounding recording channels. Recording

channels with dipole activity (with maximal positive deflections with z score>5 occurring before the maximal
negative deflection, see Methods) are marked with the green mask. Channel 1643 has a marked area with dipole
signals near the trigger channel. The single traces on the right side of the electrode grid show the full size of the
spike on the trigger channel (blue asterisk) and maximal positive deflection (red asterisk), emphasizing the fact
that the amplitude of the dipole signals is significantly smaller than spikes, suggesting that they may represent
slow, graded potentials. (P4 retina, 60 min recording). **B**: Time-lapse images taken from movies of the averaged
activity for both channels illustrated in **A**. The precise time of each image is indicated in the bottom left corner of
each frame (in ms). Time 0.0 (time of the spikes used for STA) is indicated in red. For Channel 1643, clear dipole
signals are seen from the earliest time frame (-0.5ms). Such signals are absent in Channel 1782. **C**: Maximal
projections for signals with pre-STA spike signals with larger positive than negative deflections (top row) and for
all maximal projections (bottom row) over the entire MEA. Maps are shown for two P4 and two P5 retinas, each
with one example recorded on an array with 42 μm electrode pitch, and for another array with 81 μm pitch. Wave
origins (green dots) are overlaid on the electrical signals.

Discussion

Adult RGCs come in many anatomical and functional varieties, but they all share one
feature: they are glutamatergic neurons. Here we report for the first time that clusters of
cholinergic RGC-like cells are transiently present in the mouse retina during the period of
Stage-2 cholinergic waves. They appear near the optic disc at P2 and migrate to the periphery
by P7 before disappearing at P10, coinciding with the switch to Stage-3 waves.

One plausible explanation that these cells have not been reported in previous studies is that
they are sparse, and therefore may be easily missed if not visualized at pan-retinal level.

Several findings support the cholinergic RGC identity of these cells. Like SACs, their
cholinergic signature is confirmed by ChAT, VAChT and Sox2 expression. But otherwise, they
have features reminiscent of RGCs. Indeed, they express RBPMS, a selective RGC marker
(Kwong et al, 2010; Rodriguez et al., 2014). Second, they are found only in the RGC layer, and
not in the INL. Finally, they are much bigger than SACs, and they do not form a well-organized
horizontal network spanning the entire retinal surface. It is unlikely that the cells physically
migrate in the horizontal plane from the optic disc to the periphery over such a short period. It
is also unlikely that they undergo programmed cell death like other RGCs (Young, 1984)
because we could not detect apoptotic activity (with caspase3 immunostaining, data not shown)
in these cells. Perhaps they die through microglial phagocytic engulfment (Cunningham et al.,
2013). It is unlikely that they are undifferentiated cells because they do not express the
transcription factor *Olig2* (data not shown), widely expressed in retinal progenitor cells (Hafler
et al, 2012).

Our anatomical and physiological observations suggest that these cholinergic clusters may
be responsible for the generation of Stage-2 waves. Indeed, using an MEA that is large enough
to cover the entire retina, we found that wave initiation points move in a center-to-periphery
fashion over a very similar time frame and pattern as the clusters. Waves expand in size up to
P6 (Maccione et al, 2014), which could be due to their initiation points becoming gradually
more peripheral. Unfortunately, due to shrinkage and repetitive handling of fixed retinas, we
have not yet been able to reliably compare the locations of cholinergic clusters with wave origin
points in corresponding living retinas.

Electrical imaging analysis demonstrates the presence of activity clusters characterized by
simultaneous positive and negative small signals in proximity with wave origins, suggesting
that these clusters may represent activity related to the cholinergic RGCs. We propose that

these cells act as hyper-excitable and hyper-connected hubs that trigger waves. Once generated,
waves then travel across the retinal surface via the SAC network, as established in previous
studies. Future studies are needed to reach a better understanding of the nature of the signals
generated by these cells, and the extent of functional connectivity they make with SACs and
other RGCs.

Although these cells have never been reported in the retina, developing cortical areas exhibit
a transient population of subplate neurons that are highly active and synaptically connected to
other developing neurons (Luhmann et al, 2018). The presence of transient, electrically active
neurons during early development is thus not a new concept, suggesting a universal mechanism
mediating hyper-excitability in developing CNS networks during the critical period for brain
wiring.

Methods

Animals
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203 All experimental procedures were approved by the UK Home Office, Animals (Scientific
204 procedures) Act 1986.
205 Experiments were performed on neonatal (P2-13) C57bl/6 mice. All animals were killed by
206 cervical dislocation followed by enucleation.

Immunostaining and imaging
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208 For our anatomical studies, retinas were extracted from pups aged P2 (N=18 retinas), P3
209 (N=19), P4 (N=19), P5 (N=19), P6 (N=16), P7 (N=13), P8 (N=10), P9 (N=10), P10 (N=4) and
210 P11 (N=4).
211 We have used the following antibodies:

Primary antibodies
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213 ChAT (AB144P, goat polyclonal, Merck Millipore).
214 VAChT (PA5-77386, rabbit polyclonal, ThermoFisher Scientific).
215 RBPMS (1830-RBPMS, rabbit polyclonal, Phosphosolutions).
216 SOX2 (MAB2018, mouse monoclonal, R&D Systems).

Secondary antibodies
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218 Donkey anti rabbit Alexa 568 (A10042, Invitrogen).
219 Donkey anti goat Dylight 488 (SA5-10086, ThermoFisher Scientific).
220 Rabbit anti mouse FITC (315-095-003, Jackson ImmunoResearch).

Retinal sections
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Eyecups were prepared from mouse pups aged P2-P9, fixed for 45 min in 4%
paraformaldehyde (PFA),), incubated in 30% sucrose in 0.1M phosphate buffer solution (PBS)
for at least 12 hours, and then embedded in Optimal Cutting Temperature (OCT) cryo
embedding compound and frozen at -20°C. Eyecups were sliced as 28µm thick sections using
a cryostat (Model: OTF5000, Bright Instruments), washed with PBS to remove OCT, and
incubated in blocking solution for 1 hour (5% secondary antibody host species serum with
0.5% Triton X-100 in PBS) prior to staining with antibodies.
Retinal sections were incubated with the primary antibody solution (0.5% Triton X-100 with
VAChT (1:500 in PBS) and ChAT (1:500)) for 12 hours at 4°C. Sections were washed with
PBS, followed by incubation with fluorescent secondary antibody solution (0.5% Triton X-100
with donkey anti rabbit Alexa 568 (1:500) and donkey anti goat Dylight 488 (1:500) in PBS)
for 1 hour.

Finally, slices were washed with PBS and embedded with home-made OPTIClear refractive-index homogenisation solution. OPTIClear solution consists of 20% w/v N-methylglucamine, 25% w/v 2,2'-Thiodiethanol, 32% w/v Iohexol, pH 7-8. The solution is clear and colourless, with a refractive index of 1.47-1.48.

Sections were imaged using the Zeiss LSM 800 confocal microscope. Regions of interests were selected by using the ChAT staining in order to localise clusters.

Retinal wholemounts

Wholemount retinas were prepared from mouse pups aged P2-P11, flattened on nitrocellulose membrane filters and fixed for 45 min in 4% PFA. Retinas were then incubated in blocking solution (5% secondary antibody host species serum with 0.5% Triton X-100 in PBS) for 1 hour.

Two different immunostaining combinations were used:
- Primary antibodies: 0.5% Triton X-100 with RBPMS (1:500) and ChAT (1:500). Secondary antibodies: 0.5% Triton X-100 with donkey anti rabbit Alexa 568 (1:500) and donkey anti goat Dylight 488 (1:500).
- Primary antibodies: 0.5% Triton X-100 with Sox2 (1:200) and ChAT antibody (1:500) in PBS as first antibody solution. 0.5% Triton X-100 with rabbit anti mouse FITC (1:500) and donkey anti goat Alexa 568 (1:500) in PBS as fluorescent secondary antibody solution.

Retinas were incubated with the primary antibody solution for 3 days at 4°C, then washed with PBS and incubated with the secondary antibody solution for 1 day at 4°C.

Finally, retinas were washed with PBS and embedded with OptiClear.
Zeiss AxioImager with Apotome processing and the Zeiss LSM 800 confocal microscope were used to image the retinas.

High-resolution images of the RGC layer down to the INL were obtained by subdividing retinal wholemounts into adjacent smaller images that were subsequently stitched back together to view the entire retinal surface. Regions of interests were selected by using the ChAT staining in order to localise clusters.

To compensate for variability in retinal thickness, several focus points were set across the retinal surface in order to keep sharp focus on the desired cell layer. Each individual picture was then acquired in all color channels at 20x magnification, and with 10% overlap between neighboring areas. This overlap is used to correctly align and stitch together all pictures using the Zen Pro software (Zeiss). Z-stacks of images at 40x magnification were acquired at regions of interest to visualize cells in 3D. Z-stacks consisted of images taken every 1 μm from the RGC layer to below the INL.

To calculate the relative position of the cell clusters between the optic disc and periphery, lines were traced and measured from the middle of the optic disc to the middle of a cluster (D1) and then from the same point in the cluster to the periphery of the retina (D2). D1/D2 represents the relative position of the clusters. One-way ANOVA was used on all 233 ratio values for all eight groups. Tukey post-hoc test was used to identify significant changes in cluster positions between consecutive developmental days.

Electrophysiology

MEA recordings

Retinas were isolated from mouse pups P2 (N=4 retinas), P3 (N=4), P4 (N=7), P5 (N=8), P6 (N=3), P7 (N=2), P8 (N=2), P9 (N=2), P10 (N=2), P11 (N=2), P12 (N=1), P13 (N=1). The isolated retina was placed, RGC layer facing down, onto the MEA and maintained stable by placing a small piece of polyester membrane filter (Sterlitech, Kent, WA, USA) on the retina followed by a home-made anchor. The retina was kept in constant darkness at 32°C with an in-

line heater (Warner Instruments, Hamden, CT, USA) and continuously perfused using a
peristaltic pump (~1 ml/min) with artificial cerebrospinal fluid containing the following (in
mM): 118 NaCl, 25 $NaHCO_3$, 1 NaH_2PO_4, 3 KCl, 1 $MgCl_2$, 2 $CaCl_2$, and 10 glucose,
equilibrated with 95% O_2 and 5% CO_2. Retinas were allowed to settle for 2 hours before
recording, allowing sufficient time for spontaneous activity to reach steady-state levels.

High resolution extracellular recordings of spontaneous waves were performed as described
in details in Maccione et al. (2014), using the BioCam4096 platform with APS MEA chips
type HD-MEA Stimulo (3Brain GmbH, Switzerland), providing 4096 square microelectrodes
of 21 µm x 21 µm in size on an active area of 5.12 x 5.12 mm, with an electrode pitch of 81
µm. Two P5 and one P4 datasets were acquired with the MEA chip HD-MEA Arena
(2.67x2.67mm active area, electrode pitch 42 µm).

Raw signals were visualized and recorded at 7 kHz sampling rate with BrainWaveX (3Brain
GmbH, Switzerland). Each dataset consisted of 30 min of continuous recording of retinal
waves. The datasets used for electrical imaging were acquired at 17.855 kHz for 30 or 60 min.

In the BioCam4096, samples of MEA signal are acquired row-wise by the amplifier.
Individual samples consist of 64 columns and 64 rows and often show a small but measurable
bias across rows of ca. 2-4 µV (1-2 ADC units). While such bias is negligible for most
applications, it does degrade the quality of electrical images. Therefore, to reduce the bias
before electrical imaging, the median value of each row was independently calculated and
subtracted.

Retinas were photographed on the MEA at the end of the recording session to ensure we
document the precise orientation of the retina with respect to the array of electrodes (Figure
3B).

Data processing and analysis

Burst and wave detection was done in Matlab (Mathworks) as described in Maccione et al.
(2014). The xy coordinates of wave origins were then plotted on the MEA and overlaid with
the retina itself in the appropriate orientation with respect to the MEA (green dots on Figure
3B). The outline of the retina was drawn for each preparation and overlaid with the array of
wave origins (Figure 3A). The retinal outline was then delimited within an ellipse (outer
ellipses, grey dotted lines, Figure 3A). A second, concentric ellipse with half the dimension of
the outer ellipse was drawn to divide the retina into central and peripheral areas, and the number
of wave origins (red dots, Figure 1A) was counted for both areas to calculate the
periphery/center ratio of wave origins.

Electrical images were computed independently for each electrode by averaging the
electrical activity in the MEA surrounding the time of spikes in that electrode (spike-triggered
average). First, spikes were detected independently at each electrode with the default detection
parameters of BrainWaveX (3Brain GmbH, Switzerland) (Maccione et al., 2014). To ignore
electrodes without a good contact to the retina, only active electrodes – those with any
noteworthy activity – were analyzed. Active electrodes were defined as having a normalised
spike count

$$324 \qquad C(i) = \frac{N_i - \underset{j}{\mathrm{median}}(N_j)}{1.4826 \times \underset{k}{\mathrm{median}}\left(\left|N_k - \underset{j}{\mathrm{median}}(N_j)\right|\right)} \geq 10,$$

where N stands for the spike count from an electrode. The denominator of C robustly estimates
the standard deviation of spike counts using the median absolute deviation from the median
(Quiroga et al., 2004; Donoho & Johnstone, 1994).

The electrical imaging itself proceeded as follows. For each active electrode, snippets of
raw MEA signals were taken from -5 to +5 ms of the detected spike times. Only spikes
appearing concomitantly with retinal waves were considered (wave onset and offset were
determined by (i) detecting bursts on each electrode separately, and (ii) grouping bursts into
waves based on temporal overlap and proximity, see Maccione et al., 2014 for further details).
For the sampling rate of 17.855 kHz, a snippet consisted of 64 rows, 64 columns, and 180
sample points. Averaging the snippets thus led to a 64x64x180 movie $A_i(x, y, t)$ representing
the typical electrical activity in the temporal vicinity of spikes from electrode i (Figure 4B). To
remove noisy electrodes, electrical images whose negative peak of the spike had a half-peak
width of less than 0.3 ms were discarded from the remaining analysis. To visualise the electrical
activity, movies $A_i(x, y, t)$ were reduced to a map of negative deflections $S_i^{min}(x, y) =$
$\min_t A_i$, positive deflections $S_i^{max}(x, y) = \max_t A_i$, and the times $T_i^{min}(x, y)$, $T_i^{max}(x, y)$
where such deflections occurred.

In some electrical images, a dipole activity was observed where positive deflections
emerged simultaneously with the expected negative deflections of a spike. These positive lobes
showed a strong positive deflection followed by a negative deflection (Figure 4A). To detect
candidate regions with positive lobes, pixels (x,y) were selected when they had a significant
positive deflection at a time $T_i^{max}(x, y)$ preceding the time of negative deflection $T_i^{min}(x, y)$
and not occurring later than 0.5 ms after the triggering spike. The latter condition helped to
remove pixels exhibiting purely axonal propagation. Positive deflections were considered
significant when their z-scored values

$$Z_i^{max}(x, y) = (S_i^{max}(x, y) - \mu)/\sigma \geq 5 ,$$
349 with $\sigma = 1.4826 \times \underset{i,x,y,t}{\text{median}} |A_i(x, y, t) - \mu|$ and $\mu = \underset{i,x,y,t}{\text{median}} A_i(x, y, t)$ (see C(i) above).

351   Defining a mask $W_i(x, y)$ as unity for such selected pixels with positive deflections (green
352 background in Figure 4A) and zero everywhere else, the maximum projection (Figure 4C) over
353 selected regions was given by $M_+(x, y) = \underset{i}{\max} W_i(x, y) S_i^{max}(x, y)$. The maximum over all
354 electrodes, regardless of positive lobes, was given by $M_0(x, y) = \underset{i}{\max} S_i^{max}(x, y)$.

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JdM, VK and ES designed the experiments; JdM and VK performed the experiments; JdM
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imaging analysis; ES and FR wrote the manuscript with input from the other authors.

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