1 *In vivo* physiology of foveal retinal ganglion cells in *Macaca fascicularis*

2 Authors note: This is a working draft of the manuscript, on which we welcome comments and
3 questions. We will be updating this preprint periodically as we work towards a full and complete
4 manuscript, and in particular, updating the modeling results and the Discussion section as we
5 refine and finalize the model.

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18 **Funding:** This work was supported by The National Eye Institute <https://nei.nih.gov/about>
19 through grants NIH EY007125 to TG, NIH U01EY025497 to DRW, NIH EY031467 to DRW, NIH

EY021166 to WHM, and through an unrestricted grant to the Flaum Eye Institute from Research to Prevent Blindness <https://www.rpbusa.org/rpb/grants-and-research/grants/institutional-grants/>. This work was also supported by funding from Facebook Reality Labs to DHB. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

Competing Interest Statement: I have read the journal’s policy and the authors of this manuscript have the following competing interests: D.R.W. and W.H.M. receive funding from the National Eye Institute. D.R.W. receives additional funding from The Arnold and Mabel Beckman Foundation, Alcon, and Warby Parker, and W.H.M. receives funding from Research to Prevent Blindness. D.H.B. receives funding from the National Institutes of Health, Johnson & Johnson, and Facebook Reality Labs. D.R.W. has patents with the University of Rochester for adaptive optics imaging of the retina: US patent #6,199,986 “Rapid, automatic measurement of the eye’s wave aberration”. US patent #6,264,328 “Wavefront sensor with off-axis illumination” and US patent 6,338,559 “Apparatus and method for improving vision and retinal imaging”. Q.Y. has patents with the University of Rochester, Canon Inc. and the University of Montana, for image stabilization algorithms: US patent #9,226,656: “Real-time optical and digital image stabilization for adaptive optics scanning ophthalmoscopy”, US patent # 9,406,133: “System and method for real-time image registration”, US patent #: 9,485,383, “Imaging based correction of distortion from a scanner” and US patent #:9,454,084, “Light source modulation for a scanning microscope”. D.H.B. is an inventor on US patent App. 16/389,942. Additionally Q.Y. has undertaken consultancy work for Oculus VR and Boston Micromachine Corporation. This does not alter our adherence to PLOS ONE policies on sharing data and materials.

Abstract

The primate fovea is specialized for high-resolution spatial and chromatic vision, possessing a unique topography characterized by a pit in which the inner retina and associated vasculature have been excavated, the highest density of cones anywhere in the retina, and a disproportionately large representation in visual cortex. The crucial visual properties conferred by the fovea are mediated by retinal ganglion cells (RGCs) the somas of which lie at the margin of the foveal pit. Microelectrode recordings of these centermost retinal ganglion cells have been challenging due to the fragility of the fovea in the excised retina. This has been overcome in this study by combining high resolution fluorescence adaptive optics ophthalmoscopy with calcium imaging to optically record functional responses of foveal RGCs to visual stimuli in the living eye. Here we use this approach to study the chromatic responses of RGCs to uniform fields modulated in different directions in color space and achromatic responses with monochromatic drifting gratings. We repeated these recordings in many cells in each of three *macaca fascicularis* primates over weeks or months. We find that most of the L/M chromatically opponent cells serving the most central cones respond to high spatial frequencies, reflecting strong surround inhibition that sacrifices sensitivity at low frequencies in favor of the transmission of fine detail in the retinal image. In addition, we find the L/M cells vary in spatial frequency bandwidths, suggesting that L/M chromatic opponency, often considered largely due to input from single cones, has more diverse receptive field structure than previously thought. By characterizing the functional properties of retinal ganglion cells *in vivo* through adaptive optics, we provide a lower bound on the response characteristics of these cells *in situ* and their role in vision processing.

Introduction

In primates, the fovea is a specialized region of the retina characterized by a high density of cones at its center and a corresponding outward displacement of inner retinal cells and retinal vasculature. These specializations, along with a vastly expanded representation in cortex [1-3], contribute to the superiority of foveal vision relative to peripheral vision in spatial resolution and color discrimination [1, 4-20]. The 20 or more classes of retinal ganglion cells (RGCs) that have been identified in macaque retina [1, 4, 6, 7, 13, 17-51] reflect a complex array of retinal computations that precede additional processing in the brain, but a complete understanding of these independent circuits and their role in vision and behavior has proven elusive. Even the precise role and scope of function of the most numerous and commonly studied RGCs, the midget ganglion cells, remains controversial. Some have argued that the midget pathway is solely specialized for so called “red-green” color vision [4, 24, 52], others have argued that midgets are responsible for mediating only achromatic spatial acuity [53, 54], and still others have argued that midget RGCs do “double-duty” by transmitting both chromatic and achromatic information postreceptorally [55-57]. One additional hypothesis holds that there are two subclasses of midget cells—one responsible for chromatic vision and the other for achromatic vision [47, 58].

Physiological responses from and morphologies of primate RGCs have been studied *in vivo* with a microelectrode that penetrates the sclera [59, 60] as well as *in vitro* using a single microelectrode [6, 26] or microelectrode arrays [61, 62]. However, the majority of recordings in primate have been made in peripheral retina, often 30 to 70 degrees from the fovea because of the difficulty penetrating the internal limiting membrane near the fovea. Moreover, the survival of an excised fovea is temporally constrained and the curved structure of the foveal pit is often strained when flattened, sometimes tearing crucial circuitry. While the anatomical basis for foveal circuitry has been studied extensively [7, 31, 33, 37, 56, 63] and there has been some *ex vivo* physiology of

foveal RGCs, most individual cell classes present in the primate fovea have not been directly studied at the most central locations. Retinal processing can be studied by recording in the LGN, but the foveal representation of the LGN is located within a relatively thin cell layer making such recordings challenging [64]. Moreover, it has been difficult to identify the exact foveal center and therefore the precise retinal eccentricity of single cell recordings in LGN [5, 9, 65-67].

In this study, we use functional adaptive optics cellular imaging in the living eye (FACILE) [12, 16, 68, 69], a technique that utilizes an adaptive optics light scanning ophthalmoscope (AOSLO) to image fluorescence elicited from the activity of RGCs that express genetically encoded calcium indicators such as those described in Chen et al [70]. The lateral resolution of the instrument (0.5 μ m-1.5 μ m depending on the field of view or imaging paradigm) is such that we can image even the smallest foveal cones and precisely locate the fovea using cone density [16] and by locating the center of the avascular zone. Using this technique, we can both image and stimulate the centermost foveal cones with spatial and chromatic stimuli and optically record the activity of the ganglion cells that serve them, revealing *in vivo* functional physiology of the innermost foveal primate RGCs. Indeed, we can return repeatedly to the same ganglion cells for weeks to months, allowing repeated measures of the same cells and making possible the tracking of functional changes over time.

Materials and Methods

Animal Care. The macaques (*Macaca fascicularis*) were housed in pairs in an AAALAC accredited institution. They had free access to food and water providing a complete, nutritious diet. Supplementing their ordinary lab chow, animals were given various treats daily, such as: nuts,

raisins, and a large variety of fresh fruits and vegetables. An animal behaviorist provided novel enrichment items once per week, including items like grass and treat filled bags, grapevines, and forage boxes. Daily enrichment included several pieces of manipulata: mirrors, puzzle feeders rotated among the animals, daily movies and/or music, as well as rotating access to a large free-ranging space with swings and elevated perches during long periods between imaging sessions. All macaques were cared for by the Department of Comparative Medicine veterinary staff, including four full-time veterinarians, five veterinary technicians, and an animal care staff who monitored animal health and checked for signs of discomfort at least twice daily. This study was carried out in strict accordance with the Association for Research in Vision and Ophthalmoscopy (ARVO) Statement for the Use of Animals and the recommendations in the Guide for the Care and Use of Laboratory Animals of the National Institutes of Health. The protocol was approved by the University Committee on Animal Resources of the University of Rochester (PHS assurance number: D16-00188(A3292-01)).

Immune Suppression. Three different macaques (M1, M2, M3) received varying amounts of Cyclosporine A prior to intravitreal injection and onset of imaging. All doses were delivered subcutaneously, and blood trough levels were collected weekly to titrate the dose into a therapeutic range of 150-200 ng ml⁻¹ and then maintained at that level. M1 did not receive any immune suppression. M2 began immune suppression in March 2018 with 6 mg kg⁻¹, then stepped down a month later to 4 mg kg⁻¹ which was maintained until October 2019 when suppression was stopped; we believe that the cessation of immune suppression was responsible for widespread apparent death of foveal ganglion cells some months later in this animal (data not shown in this manuscript). M3 started immune suppression in May 2019 at 6 mg kg⁻¹, then stepped down to 3.4 mg kg⁻¹ which continues at time of submission.

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139 **AAV mediated gene delivery to retina.** Intravitreal injections were carried out in each animal as
140 previously described [71]. In M1, *7m8-RGC-GCaMP6f* was injected into the right eye; AAV2-CAG-
141 *GCaMP6s* was injected into the left eye of M2 and into the right eye of M3. All vectors were
142 synthesized by the University of Pennsylvania Vector Core. Before the injections, the eyes were
143 sterilized with 50% diluted Betadine, and the vector was injected into the middle of the vitreous
144 at a location approximately 4mm behind the limbus using a tuberculin syringe and 30 gauge
145 needle. Following injection, each eye was imaged weekly for several months with a conventional
146 scanning light ophthalmoscope (Heidelberg Spectralis) using the 488nm autofluorescence
147 modality to determine onset of GCaMP expression, image quality, and monitor eye health.

148

149 **Anesthesia and animal preparation.** All monkeys were fasted from 4-18 hours prior to anesthesia
150 induction. For HRA and Fundus imaging using the Heidelberg instrument, induction began with 6
151 mg kg⁻¹ Ketamine plus 0.15 mg kg⁻¹ Medetomidine and was reversed with 0.2 mg kg⁻¹ Antisedan.
152 During AOSLO imaging, anesthesia induction began with 10 mg kg⁻¹ Ketamine, 0.25 mg kg⁻¹
153 Midazolam, and 0.017 mg kg⁻¹ Glycopyrrolate intramuscularly. The animal was then given 5 mg
154 kg⁻¹ Ketofen intramuscularly to prevent pain or inflammation from a lid speculum being placed in
155 the eye during imaging for an extended period.

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157 The pupil was dilated with a combination of Tropicamide 1% and Phenylephrine 2.5%. In cases of
158 minimal pupil dilation within the standard amount of time, Phenylephrine 10% and/or
159 Cyclopentolate 1% drops were also administered to complete dilation. Both eyes were covered
160 with a hydrating ophthalmic gel (Systane Gel). The target eye then had the lid speculum placed to
161 keep the eye open during imaging, and a sterile contact lens was placed to ensure corneal

protection and minimize optical aberrations. The fellow eye was taped closed with porous tape to protect the cornea from drying.

The animal was placed prone onto a custom stereotaxic cart. Prior to intubation, an oxygen mask with 1-2% Isoflurane was placed over the animal's face to allow for adequate sedation. An intravenous drip of Lactated Ringers with 5% Dextrose was maintained at $5 \text{ ml kg}^{-1} \text{ h}^{-1}$ for the duration of imaging. The animal was intubated and maintained at a surgical plane of anesthesia with Isoflurane 1.0-2.5%. A Bair Hugger warming system was placed over the animal to maintain body temperature. Monitoring devices including: rectal temperature probe, blood pressure cuff, electrocardiogram leads, capnograph, and a pulse oximeter, were used to ensure proper monitoring of all vitals. Temperature, heart rate and rhythm, respirations and end tidal CO_2 , blood pressure, SPO_2 , and reflexes were monitored consistently and recorded every fifteen minutes.

After a surgical plane of anesthesia was established, the animal was given a 300 mcg kg^{-1} bolus of Rocuronium that was mixed to a concentration of 800 mcg ml^{-1} , followed by an intravenous infusion of $300 \text{ mcg kg}^{-1} \text{ h}^{-1}$. Once respirations ceased, the animal was maintained on a ventilator until imaging was complete and the infusion was turned off. Once a peripheral nerve response was established an intravenous dose of Glycopyrrolate 0.01 mg kg^{-1} was given. Five minutes after the Glycopyrrolate, Neostigmine 0.05 mg kg^{-1} was given intravenously. The animal was monitored for indications of breathing against the ventilator and then removed from the ventilator once able to breathe without assistance. The animal was removed from the Isoflurane no sooner than fifteen minutes after the Neostigmine injection to ensure stability off the ventilator. The animal was then allowed to wake up and extubated once all reflexes had returned.

Adaptive optics imaging. Data was collected using an AOSLO system previously described in Gray et al. [68]. An 847 nm diode laser source (QPhotonics) was used as a beacon for a Shack-Hartmann Wavefront Sensor (SHWS) to measure optical aberrations in each animal's eye in real time and a Deformable Mirror (ALPAO) was used to correct those aberrations in a closed loop. A 796 nm superluminescent diode source (Superlum) was focused on the photoreceptor layer of the retina to collect reflectance images at an approximately 2 airy disk confocal pinhole, with the images used for both placement of stimuli and later registration of fluorescence images. A 561 nm laser (Toptica) and three LEDs (Thorlabs, center wavelengths 420 nm, 530 nm, 660 nm) were used for visual stimulation of foveal cones. A 488 nm laser source (Qioptiq) was focused on the ganglion cell layer to excite GCaMP fluorescence, which was detected through a 520/35 nm emission filter at an approximately 2 airy disk confocal pinhole for animals M2 and M3 and an approximately 7.5 airy disk confocal pinhole for animal M1, each of which was chosen to balance the tradeoff between signal strength and axial resolution. The 488 nm excitation light was presented only during forward scans and filled only the portion of the imaging window where ganglion cells were present to avoid exposing foveal photoreceptors and biasing stimulation. The imaging light intensities at the cornea were 3.4 mW cm^{-2} in M1, 3.2 mW cm^{-2} in M2, and 1.7 mW cm^{-2} in M3 at a dilated pupil size of approximately 6.7mm for each animal. Retinal subtenses were $780 \times 570 \mu\text{m}$ in M1, $765 \times 560 \mu\text{m}$ in M2, and $740 \times 540 \mu\text{m}$ or $505 \times 380 \mu\text{m}$ in M3.

Light safety. The total retinal exposure to all light sources (nominally 488 nm at 25 μW , 561 nm at 5 μW , 796 nm at 250 μW , 847 nm at 30 μW , and combined 5 μW from the LEDs at 420 nm, 530 nm, and 660 nm) was calculated for each proposed retinal location before each imaging session after measuring the optical power of each source at the pupil plane. Imaging sessions were at least five days apart, so accumulated exposure was not taken account into the calculations. For

all animals, the total exposure was kept below the maximum permissible exposure for human retina according to the American National Standards Institute [72-74] further scaled by the squared ratio of the numerical aperture of the human eye to the primate eye (~0.78) [75].

Methods to maximize optical quality and signal across experiments. Our method affords the advantage of being able to record from hundreds of cells simultaneously, but there is a tradeoff. It is known that the retinal ganglion cell layer can be several cells thick especially near the fovea [25, 45]. The best axial resolution that can be achieved with the confocal AOSLO required for our experiments is 25-30 microns, approximately the diameter of 2-3 RGC somas [26], which means that in areas where the RGC layer is thick there will be some optical crosstalk of multiple cells contributing to recorded responses. Therefore, as part of the validation of our method and to be certain in describing the physiology of individual cells, we operate in two distinct modalities. The first modality is a wide field of view (FOV) of 3.70 x 2.70 deg where we can image hundreds of RGCs across the entire width of soma locations (in M1, M2 and M3), but not be certain that each cell is free of crosstalk. The second modality is a smaller FOV of 2.54 x 1.92 deg that is focused only on the innermost foveal slope (only in M3), where the RGCs are in a monolayer—here we can only image tens of cells at a time, but we are certain that they are not contaminated by optical crosstalk. To that end, wide field data is shown from all three animals to show cell populations and general physiology, while data from the smaller field is shown only in animal M3 to draw conclusions about the physiology of individual cells, and in fact, the very innermost foveal RGCs driven by the centermost cones.

In addition to optical crosstalk, there are several other challenges common to ophthalmic imaging techniques that we needed to overcome for our method. Wavefront correction is at 847 nm,

imaging of the photoreceptor mosaic is accomplished at 796 nm, but stimulation of the photoreceptors using the gratings is at 561 nm and imaging of the ganglion cells is at 488 nm, meaning that there is chromatic aberration between the four channels. In this paradigm, all stimuli were large enough to cover the foveal avascular zone, so transverse chromatic aberration is not an issue as it might be in the case of stimulating single cones, but longitudinal chromatic aberration was accounted for by adjusting source and detector positions along the optical axis using the chromatic dispersion data in humans [76] scaled for the macaque eye. These calculated positions were used as a starting point and further optimized in a model eye prior to imaging and again *in vivo* using algorithms such as simplex [77] to optimize source and detector positions for the best signal. For the data in M3 at the inner edge of the foveal slope, a separate experiment used the responses of 37 cells to 28 c/deg drifting gratings at 6 Hz to empirically find the best axial source position for the 488 nm imaging laser since cells on or near the foveal slope might have differing axial positions in the retina.

As a side effect of the *in vivo* viewing eye being held open for long periods of time during imaging sessions, optical quality tends to degrade over the course of the experiment, slowly at first, but more quickly after the first hour of imaging. To mitigate this, all grating stimuli were presented at the beginning of a session when optical quality was the highest, and only for the first 30 minutes, so that we could ensure the degradation did not preferentially affect high spatial frequency responses.

Lastly, the isoplanatic patch size of our system is approximately 1-1.5 deg, which is smaller than both of the imaging fields (3.70 x 2.70 deg and 2.54 x 1.92 deg) used in this study, producing field aberrations towards the edges of the images, where some ganglion cells were imaged, or cones

were stimulated. This, coupled with the fact that the wavefront correction is at a different wavelength than stimulation, means that there could be defocus or higher order residual aberrations that preferentially weaken the presentation of high spatial frequency gratings. Great care was taken to mitigate or optimize all of these mentioned sources of blur, but they cannot all be accounted for in our current instrument, so the spatial frequency responses we measured represent lower bounds of the true cell responses *in vivo* when all sources of blur are removed.

Chromatic Stimuli. To drive the chromatic responses of RGCs connected to foveal photoreceptors, we presented to the fovea a 1.3 deg diameter temporally modulated sinusoidal LED stimulus (Thorlabs, center wavelengths 420nm, 530nm, 660nm) in a Maxwellian view system [78] with mean intensities (measured at the 6.7 mm pupil as above) of 6.8 mW cm⁻² at 0.2Hz in M1, 7.0 mW cm⁻² at 0.2Hz in M2, and 7.6 mW cm⁻² at 0.15Hz in M3. The slow temporal frequencies were chosen to accommodate the slow temporal response of the GCaMP calcium indicators [70] expressed in the RGCs and were adjusted by 0.5 Hz in M3 to avoid potential confound with the respiration rate in that animal. The source wavelengths were chosen to maximize interaction with cone photopigments [79] while minimizing significant confound by macular pigment absorption, the spatial distribution of which was not measured in this study [80, 81]. Wavelengths were also chosen to stay within the transmittance range of the anterior optics [82]. Each presentation was 90s long following a 30s adaptation period in which the mean luminance white point and imaging laser were on. The cone fundamentals were constructed using the standard template [83, 84] and the center wavelengths for macaque primates [85]. The transmissivity of the eye (including cornea, aqueous, lens, and vitreous) was modeled using measured data from the rhesus [82]. For the luminous efficiency function, an equal weighting of the M and L cone fundamentals was used as the ratio of L and M cones in macaques is close to unity on average [86]. The LEDs were

calibrated using a spectrometer (Ocean Optics) validated by a NIST traceable blackbody source. There were five stimuli presented in this way to the animals, all utilizing silent substitution [87] and the Psychophysics Toolbox [88] to calculate the appropriate power modulations needed: an isoluminant stimulus targeting both L and M cones in counterphase (L modulation 15%, M modulation 17%), an L cone isolating stimulus (24% modulation), an M cone isolating stimulus (33% modulation), an S cone isolating stimulus (92% modulation), and a Luminance stimulus (100% modulation, all cone classes). Within one experiment, each of the stimuli used in that experiment were presented three times and responses were averaged within the experiment. In M1, only one experiment was performed. In M2 and M3, two experiments across the entire width of soma locations were performed and responses across sessions were averaged. In M3, three separate experiments at the innermost foveal RGCs were performed and averaged.

Grating Stimuli. To probe the spatial configuration of foveal RGC receptive fields, we presented 1.9 deg in extent monochromatic (561nm) drifting gratings at 6Hz that were sinusoidal with 100% contrast and mean intensities (measured at the pupil of 6.7 mm) of 1.72 mW cm⁻² in M2, 1.8 mW cm⁻² in M3, and 3.2 mW cm⁻² (large field of view condition) and 1.3 deg in extent in M3 in a small field of view condition that imaged only the innermost RGCs closest to the fovea. These visual stimuli at 6 Hz were too fast for GCaMP to track modulation, so cellular responses were characterized by a sustained increase in fluorescence during stimulation as opposed to modulation. Stimuli were 45s in length with a 15s adaptation period to the mean luminance of the stimulus laser and imaging laser. In both animals tested, a control and 14 different gratings were presented that ranged from 2 cycles/deg to 34 cycles/deg; each grating was presented twice within a session and responses were averaged. In the smaller field of view in M3, the increased resolution meant that the spatial frequency range was stretched from 4 cycles/deg to 49

cycles/deg. Again, a control and 14 different gratings were presented twice each within a session and responses were averaged. There were three such sessions in M3, and the variability and averages are shown in the results. The presentation of a flat field with 0% modulation functioned as a control for each RGC to determine whether a response to the other spatial frequencies was significant. No data from drifting gratings is shown for animal M1, as the signal was too weak and noisy to produce reliable data from these stimuli. We note that as gratings were only presented in one orientation, the responses of some cells could be lessened if they possessed orientation sensitivity [89].

Data analysis. To remove blurring and other effects of residual eye movements present in the raw recordings, each video frame of the fluorescence recording was co-registered using corresponding frames from a high signal-to-noise reflectance video of the photoreceptor layer at the same retinal location. During imaging, a reference frame was taken in the reflectance channel to allow for real-time stabilization; this reference frame was also used as the reference for the frame-to-frame cross-correlation method image registration [90] of all videos taken at that location. One registered video, typically one of the videos corresponding to the peak spatial frequency response (usually 10 – 30 cycles/deg), was temporally summed to create a high signal-to-noise ratio fluorescence image of the ganglion cell layer, and individual ganglion cells were segmented using the open source software GIMP. Typically, all identifiable cells in the focal plane were segmented, though sometimes cells were excluded if the boundaries between two or more adjacent cells were unclear. The segmentation mask from GIMP was exported to MATLAB, where it was applied to all registered videos at that location to isolate data from individual RGCs. For every frame, the mean of the signal within each cell mask was computed to produce an average signal timecourse for

each cell. When the same stimuli were repeated across multiple sessions, the timecourses for each cell were averaged across all sessions.

To estimate cell soma sizes, two independent segmentation methods were respectively used by two different observers, and soma sizes for cells from the L/M opponent, Luminance only, S only, and L/M/S functional groups (based on the chromatic stimuli) were compared using the data obtained with segmentation method. A Wilcoxon rank-sum test, equivalent to a Mann-Whitney U test (MATLAB function `ranksum(x,y)`) was used to determine statistical significance for whether or not the functional groupings exhibited different size distributions.

For the chromatic/achromatic data, the temporal speed of the flicker (0.15-0.20 Hz) was well within the temporal resolution of the GCaMP6, so cells responding to the stimulus exhibited a quasi-sinusoidal modulation in fluorescence level where the amplitude and phase depended on the receptive field of the cell and the frequency depended on the stimulus frequency. Each cell timecourse was filtered using a Hann windowing function before being Fourier transformed into the frequency domain. The Fourier amplitudes were normalized by subtracting out the mean noise at higher frequencies (0.32 Hz to 1.08 Hz) and then dividing by the standard deviation of the noise to produce a response metric equivalent to the sensitivity index d' . The metric was computed for each stimulus for every cell so that the cells could be plotted in two different configurations from the literature. In animals M1 and M2, where an L-M isoluminant stimulus, an S-isolating stimulus, and a Luminance stimulus were used, no further analysis was needed, and the data was simply plotted along S vs. L-M axes. In animal M3, since single cone isolating stimuli were used for L, M, and S cones, it was possible to reproduce cone weighting plots such as those in Derrington et. al. [65]. As in that paper, we calculated the cone weights by dividing the response

metric by the cone modulation from the stimuli and normalized them all such that the sum of all cone weights added to unity.

For the spatial frequency data, the temporal speed of the drifting gratings (6 Hz) well exceeded the temporal resolution of the GCaMP6s indicators [70], so cells responding to the grating exhibited an overall increase in fluorescence that saturated after approximately 10-20s. The background level for each cell was calculated as the mean of the first 10s of fluorescence during the adaptation period, while the signal was calculated as the mean of the last 10s of fluorescence recorded during the presentation of the stimulus. The $\Delta F/F$ metric commonly used in calcium imaging was calculated for each spatial frequency as the background subtracted from the signal, all divided by the signal at 17 cyc/deg, a spatial frequency producing a robust response across the majority of the cells.

Modeling of photoreceptor mosaic and RGC response characteristics. To connect the measured spatial transfer functions (STFs) to the receptive field (RF) organization of the underlying RGCs, we employed a computational model which simulates optical, spectral, spatial, and temporal components of the AOSLO stimulation apparatus, as well as the animal's optics and cone mosaic structure. The model computes a STF, assuming that that cone signals are pooled by the center and surround mechanisms of an RGC according to a difference of Gaussians (DoG) [91] spatial profile. The parameters of the DoG model and therefore, the actual cone pooling weights, are estimated by minimizing the error between the model and the *in vivo* fluorescence-based STFs. The modeling is implemented within the Imaging Systems Engineering Tools for Biology (ISETBio) software framework [92, 93].

A schematic overview of the entire modeling pipeline is depicted in Figure 6. The drifting monochromatic sinusoidal gratings used to measure RGC STFs are modeled as temporal sequences of ISETBio spatial-spectral radiance scenes, where each scene models one frame of the displayed stimulus. The spectral characteristics, spatial extent, and the temporal properties of the AOSLO display subsystem are taken into account in generating the ISETBio scenes. The spectral profile of the monochromatic beam is modeled as Gaussian shaped with a peak at 561 nm and a full-width-half-max (FWHM) bandwidth of 5 nm, and the mean irradiance on the retina is 1.29 mW cm⁻². (The power estimate includes absorption by the lens pigment.) The visual stimulus as imaged on the retina has a pixel size of 1.03 μm and its spatial extent in visual angle is 0.7 x 0.7 deg. All sinusoidal gratings are presented with a nominal contrast of 1.0 and are drifted at 6 Hz with a refresh rate of 25.3 Hz for a duration of 666 ms (4 cycles).

The animal's optics during AOSLO-based stimulation are modeled as a diffraction-limited optical system with a small amount of residual defocus blur. The diffraction limit is obtained using the 6.7 mm pupil diameter employed in the experiment assuming a conversion between degrees of visual angle and retinal extent of 199.26 μm/deg. Residual blur in the AOSLO, which might occur due to a slight defocus of the stimulus with respect to the plane of cone inner segments in the retina, is modeled by adjusting the Zernike defocus coefficient used to compute the optical point spread function. The amount of residual blur is not known *a priori* and is estimated as part of model fitting as described below. The temporal sequence of ISETBio spatial-spectral radiance scenes that model of the AOSLO stimulus are passed via the model optical system to generate a corresponding sequence of spatial-spectral retinal irradiance images, which are processed by the cone mosaic model as described next.

An ISETBio model of the animal's cone mosaic is generated from cone density maps measured during AOSLO imaging, using an iterative approach described previously [92]. The spatial extent of the cone mosaic is 1.3×1.3 deg, with a maximal cone density of 270,200 cones mm^{-2} and with relative L:M:S cone densities of 0.48:0.48:0.04, and without a tritanopic (S-cone free) area at the fovea. Cones are modeled with Gaussian entrance apertures with a characteristic radius equal to $0.204 * \sqrt{2} * D$, where D is the inner segment diameter as measured during AOSLO imaging [10]. In this cone mosaic model, cone outer segment lengths and macular pigment all vary with eccentricity [92] and the cone quantal efficiencies are based on the Stockman-Sharpe (2000) normalized absorbance measurements [94, 95]. The modeled macular pigment density is from Stockman *et. al.* (1999) [94](<http://www.cvrl.org/database/text/macLens/macss.htm>) and the modeled lens pigment density is for young subjects (< 20 years) as reported by Pokorny *et. al.* [96].

To compute a cone's excitation response, the spatial-spectral irradiance impinging on the retina is first spectrally weighted by the product of macular pigment transmittance and by each cone's spectral quantal efficiency, subsequently integrated over wavelength, and spatially integrated over the cone's Gaussian aperture. This excitation response is then integrated over the temporal duration of each stimulus frame (39.5 ms), to estimate the expected excitation events count $E^j(\omega, t)$, for the j -th cone in the mosaic, at time t , in response to a drifting grating of spatial frequency ω . In these simulations, we do not include Poisson noise in $E^j(\omega, t)$, nor do we introduce positional jitter between the cone mosaic and the retinal stimulus due to eye movements.

Assuming that cones are adapted to the mean background irradiance, the excitations response $E^i(\omega, t)$ is converted to contrast response, $R^i(\omega, t)$, by first subtracting the excitation of the cone to the background stimulus E_0^j , and then dividing by it separately for each cone j , i.e.:

$$R^j(\omega, t) = \frac{E^j(\omega, t) - E_0^j}{E_0^j}$$

This operation captures an important effect of the photocurrent generation process which converts cone absorption events in the inner segment into ionic currents flowing through the cone outer segment, and which in effect down-regulates the stimulus-induced cone excitation rate with respect to the background cone excitation rate.

Model ganglion cell responses $RGC(\omega, t)$, are computed from the cone contrast responses assuming linear spatial pooling of cone contrast signals by the antagonistic center and surround mechanisms as follows:

$$\begin{aligned} RGC(\omega, t) &= RGC_c(\omega, t) - RGC_s(\omega, t) \\ &= \sum_j W_c^j * R^j(\omega, t) - \sum_j W_s^j * R^j(\omega, t) \end{aligned}$$

where W_c^j and W_s^j are the factors with which the center and surround mechanisms respectively weight the responses $R^j(\omega, t)$. We do not model temporal filtering or delay between center, $RGC_c(\omega, t)$, and surround, $RGC_s(\omega, t)$ responses. Although real RGC responses may be affected by both temporal filtering and a center-surround delay, measurements in this study only recorded amplitude of responses at one temporal frequency with no response phase information, so we cannot meaningfully estimate temporal RGC parameters using the present dataset.

To make computation of cone weights more tractable, we assume that the spatial distribution of cone weights to the center and surround mechanisms have concentric, radially-symmetric Gaussian profiles (Difference of Gaussians, DoG, receptive field model):

$$W_c^j = \begin{cases} k_c * \exp\left[-\left(\frac{d_j}{r_c}\right)^2\right] & (\text{multi-cone RF center model}) \\ k_c & (\text{single-cone RF center model}) \end{cases}$$

$$W_s^j = k_s * \exp\left[-\left(\frac{d_j}{r_s}\right)^2\right]$$

where d_j is the distance between cone- j and the spatial position of the center mechanism of the model RGC (which is the geometric centroid of the locations of the cones driving the center mechanism). The parameters k_c , k_s , r_c , and r_s , which represent the center and surround peak sensitivities and characteristic radii, respectively, of the DoG RF model are determined by minimizing the root mean squared error (RMSE) between the model-predicted STF, $STF^m(\omega)$, and the measured STF, $STF^{\Delta F/F}(\omega)$, accumulated over all spatial frequencies ω :

$$RMSE = \sqrt{\frac{1}{N} * \sum_{\omega=\omega_1}^{\omega_n} \frac{\beta(\omega)}{\epsilon(\omega)} * [STF^m(\omega) - STF^{\Delta F/F}(\omega)]^2}$$

where $\epsilon(\omega)$ is the standard error of the mean of the $STF^{\Delta F/F}(\omega)$ measurement, and $\beta(\omega)$ is a high-spatial frequency boost factor which linearly increases with spatial frequency from 0.1 to 1.0 over the spatial frequency range 4.7 to 49 c/deg. This boost factor is introduced to emphasize high spatial frequency measurements, the stimulus regime which is maximally informative about the properties of the center mechanism. In some cells, and for certain recording sessions, the measured $STF^{\Delta F/F}(\omega)$ dropped below zero for the lowest spatial frequencies. When this occurs it was accompanied by an apparent overall downward shift in $STF^{\Delta F/F}(\omega)$ across all frequencies, so we assumed that in such cases the background fluorescence was overestimated. To compensate

for this, we fit the model to $STF^{\Delta F/F}(\omega) - \min(STF^{\Delta F/F}(\omega))$ instead of $STF^{\Delta F/F}(\omega)$ in cases where $STF^{\Delta F/F}(\omega)$ dropped below for any spatial frequency. Finally, to reduce the chance of the minimization algorithm getting stuck at a local minimum of the error function, we employ a multi-start minimizer which was run 512 times, keeping the results from the starting point with the minimum RMSE.

The model-predicted STF, $STF^m(\omega)$, is computed by fitting a sinusoidal function to $RGC^m(\omega, t)$,

$$A(\omega) * \sin [2\pi f t - \theta]$$

where f is set to the temporal frequency of the drifting gratings, and θ , $A(\omega)$ are free parameters. At each spatial frequency, the amplitude of the fitted sinusoid, $A(\omega)$, is taken as $STF^m(\omega)$.

The model considered four different scenarios: single cone RF centers with and without residual defocus in the AOSLO apparatus, and multiple (1+) cone RF centers with and without AOSLO residual defocus. For each scenario, the model was fit to the STF data of an examined RGC at multiple positions within the cone mosaic and the final model was selected as the one with the minimum RMSE. The multi-position model fitting/selection is performed to take into account variability in cone position due to local inhomogeneities of the cone mosaic and because the exact position of the recorded RGC is only known approximately to reside within the central 40 microns.

Results

***In vivo* functional imaging of foveal RGCs.** In this study, optical stimulation of foveal cones elicits the activity of retinal ganglion cells in the living macaque eye. Intravitreal injection of an adeno-associated virus (7m8 or AAV2) with a promotor (ubiquitous CAG or RGC-specific) produced

expression of the calcium indicator GCaMP6f [70] in one animal M1 and GCaMP6s [70] in two animals M2 and M3. As previously reported, injections in all three animals produced expression in a ring of RGCs surrounding and radiating out from the foveal avascular zone where the internal limiting membrane is thin [71, 97, 98] (Fig. 1a). Stimuli were presented to the centermost foveal cones while a 488nm imaging laser stimulated fluorescence from GCaMP expressing RGCs in a rectangular area placed either nasally or temporally relative to the cones. Figures 2a-b show the fluorescence response of a single RGC to a simple luminance flicker stimulus in time as well as the resulting Fourier transform, which shows the cell responding primarily at the stimulus frequency. Figure 2c shows that, under our stimulus paradigm, the imaging light did not stimulate foveal cones and confound the recorded functional responses after a 561nm adapting light was presented to the foveal cones. In each animal, hundreds of RGCs were recorded from simultaneously using this stimulus-recording paradigm, using the precision of the AOSLO system to return to the same cells over multiple sessions spanning weeks to months.

Reliability and precision of foveal RGC recordings. Across multiple sessions, RGC cell somas were recorded from over a range of soma locations between 1.2 and 3.5 degrees from the center of the foveal avascular zone (FAZ). When averaging data across multiple experiments, only cells that were visible in all experiments were used. In M3, a followup experiment examining only cone density (Fig. 1b) found the center of the FAZ to be roughly 41 microns inferior and 51 microns nasal from the peak cone density which agrees with the range of data reported from humans [14]. Based on detailed receptive field mapping performed by McGregor *et. al.* [16], the cones driving the receptive fields of the cells examined in all three animals are likely to be located at eccentricities less than 36 arcmin from the foveal center, or a retinal distance of 120 microns calculated using the primate model eye [99] with the axial lengths of each animal (M1: 17.51 mm, M2: 17.20 mm,

M3: 16.56 mm). According to the same mapping, the receptive fields of the innermost cells we recorded from in M3 (Fig. 1c) are likely to be driven by cones found at eccentricities less than 6 arcmin, or a retinal distance of 20 microns calculated using the same primate model eye and the axial length of M3 (16.56 mm). Previous functional measurements of RGCs often involved flashed stimuli and marking approximate estimates of soma location or receptive field (RF) eccentricity on fundus images of the retina [e.g. 9, 100], a method that leads to uncertainty about precise locations. In contrast, our imaging method captures photoreceptors, vasculature, and RGC somas in the same field of view, allowing highly accurate measurements of receptive field eccentricity and soma position. Furthermore, unlike in the periphery, foveal RGCs are displaced laterally from their photoreceptor inputs [1, 11, 15, 101], so our paradigm affords the advantage of imaging foveal RGCs without the 488 nm imaging light stimulating foveal cones (Fig. 2c) or the photoreceptor stimuli interfering with the RGC imaging.

Chromatic tuning of foveal RGCs. For functional classification of RGCs with receptive fields at the foveal center, chromatic tuning was measured and averaged across multiple imaging sessions. All visual stimuli delivered to foveal cones were large enough to cover both the FAZ center and the location of maximum cone density and were some 10-60% larger than the cone area servicing even the furthest cells we recorded from, ensuring the best possible chance of recording responses from the maximum number of RGCs.

Amplitude and phase responses (Fig. 3a-d) to spatially uniform 0.15 Hz or 0.20 Hz flicker modulations that were directed along a combination of L, M, L-M, S, and Luminance directions in color space enabled reliable identification of chromatic tuning of RGCs in all three animals examined. For each cell, the raw fluorescence timecourse was measured in response to each

visual stimulus, and the Fourier transform was used to find the cell's response amplitude at the stimulus frequency. The signal-to-noise (SNR) metric used was calculated as the response Fourier amplitude minus the mean amplitudes of higher spatial frequencies (noise) all divided by the standard deviation of the noise. This analysis revealed several functional groups including L-M and M-L opponent cells, ON and OFF S cells, ON and OFF luminance cells, and cells with mixed L-M/S responses. In M3, single cone isolating stimuli were presented to the fovea and the individual cone weights feeding RGCs were calculated similar to what has been done previously in LGN [65] (Fig. 4a-b). This analysis estimates the relative contribution of each cone class to the response of a cell and revealed further diversity of functional groups, including cells with responses to only L or M cones, as well as various S cone connections to cells with L or M cone input that are not L/M opponent.

Identification of foveal midget RGCs. Across all three animals, cells with L-M or M-L chromatic opponent responses (and no response to S-cone stimuli) were identified as putative midget cells. There were a large number of these as can be seen in Figures 3-4: 44% (95% CI true proportion of $44 \pm 17\%$) of responsive RGCs closest to the fovea (1.2-1.8 deg soma locations) in M3, 33% (95% CI true proportion of $33 \pm 9\%$) of responsive RGCs over the entire measured range in M3, 72% (95% CI true proportion of $72 \pm 8\%$) of responsive RGCs in M2, and 47% (95% CI true proportion of $47 \pm 25\%$) of responsive RGCs in M1. From the literature, it is expected that midget RGCs comprise some 70-90% of foveal cells [20, 50, 101], and the confidence intervals in M1 and M2 contain values in that range. In M3, single cone isolating stimuli were used as detailed in the chromatic stimuli section—it is expected that these stimuli produce lower responses in the classical color-opponent model of midget cells by not driving the center and surround in counterphase as in the isoluminant L-M stimulus used in M1 and M2. There were many cells in M3 (an additional 35% of

the closest foveal RGCs, and an additional 32% over the entire measured range) with only a M+/- or L+/- response and no S cone response, and it is possible that some of these cells are chromatic opponent, but that the single cone isolating stimuli produced too small a response from the antagonistic surround in those cases. Based on this uncertainty, we cannot say for sure whether the observed number of putative midget cells in M3 is outside the range of expected values.

Spatially patterned drifting gratings were also used to probe the spatial frequency response of RGCs and to augment measurements of chromatic tuning (Fig. 5). In M3, at the small field of view focused on the innermost RGCs, a control and fourteen drifting gratings (561 nm, 6 Hz, 4-49c/deg) were used to stimulate foveal cones while the 488 nm imaging light elicited fluorescence from the same GCaMP expressing RGCs shown in Fig. 3d and Fig. 4b. At this temporal frequency, GCaMP could not track modulation and responding cells exhibited a sustained increase in fluorescence in response to photoreceptor stimulation, so a typical $\Delta F/F$ metric was calculated for each cell as the change in fluorescence under stimulation divided by the mean fluorescence in response to a grating of 17 c/deg (a spatial frequency with a robust response across the majority of the cells). Most of these putative midget cells at the foveal center in M3 showed two salient features when their spatial frequency response functions were measured: a consistent low frequency cut, and a broadband pass shape with a peak in the higher spatial frequencies from 25-40 cyc/deg.

Soma size is a useful anatomical measure for distinguishing ganglion cell types and was examined here as a potential correlate with our putative midget cells. RGC soma sizes were measured by two different observers using different methods, but as others have reported, soma sizes did not exhibit bimodalities near the fovea [45] nor distinguish between functional groups identified by

chromatic tuning ($p > 0.1$ for comparisons between L/M opponent, S only, Luminance only, and L/M/S cells).

Modeling of foveal midget RGCs.

Using the ISETBio modeling approach described previously and schematically depicted in Figure 6, we derived estimates of the spatial RF organization from the measured STF data. Results from one RGC are displayed in Figure 7. The RF organization derived from the single-cone RF center/zero residual AOSLO defocus scenario is depicted in the top row. This model predicts a diffuse surround, and results in an STF that deviates systematically from the measured STF at spatial frequencies greater than 30 c/deg. The single-cone RF center/0.067D residual AOSLO defocus scenario predicts a more focal surround and results in an STF that matches the fall-off of the measured STF, resulting in the minimum RMSE across the four examined scenarios. The multi-cone RF center model with zero residual AOSLO defocus model assigns significant weight to a second cone in the center, one horizontally-displaced from the cone with the largest weight. This enlarges the RF center, and as a result makes the STF drop faster as spatial frequency increases beyond the peak spatial frequency, than the STF of the single-cone/zero defocus RF model model. In terms of RMSE, this model performs worse than the single-cone RF center/0.067 defocus model. Moreover, it results in an unusual RF profile, where the RF center is almost the same extent as the RF surround. Finally, the multi-cone RF center model with 0.067D residual defocus model, recruits a vertically-displaced cone in the RF center with a very small weight, so in effect collapses to the single-cone RF center model for the vertical gratings studied here, and results in an STF and RMSE similar to that of the single-cone RF center/0.067D model. Based on these analyses, the most likely RF organization for this cell is a single-cone RF center with some residual defocus in the AOSLO apparatus.

607

608 We applied this analysis in 15 RGCs. We obtained similar results in 5/15 cells, with the single-cone
609 RF center/zero residual defocus model having significantly higher RMSE error than the remaining
610 3 models, accompanied by significantly worse cross validation performance. Of the remaining 3
611 models, the single-cone RF center/0.067 residual defocus model had either the lowest RMSE or
612 was very close to the model with the lowest RMSE. And again, in those cases the multi-cone RF
613 center with no residual defocus resulted in uncommon RF profiles, whereas the multi-cone RF
614 center/0.067D residual defocus model essentially collapsed into the single-cone RF center/0.067D
615 defocus model.

616

617 In the remaining 10/15 cells, the four examined models had similar RMSE error and cross-
618 validation performance. One example of these cells can be seen in Figure 8. Note that all scenarios
619 result in fits of similar RMSE. The 2 scenarios with zero residual defocus (rows 1 and 3) predict a
620 RF with a large surround, whereas the 2 scenarios with 0.067D residual defocus (rows 2 and 4)
621 predict a RF with a much more focal surround. Also note that the two multi-cone RF center
622 scenarios (rows 3 and 4), assign very small weights to the non-dominant center cones, essentially
623 collapsing to their single-cone RF center counterparts.

624

625 A notable observation of the STFs in our population of foveal RGCs is the very large amount of
626 low-spatial frequency attenuation. Such observations are not typical of midget ganglion cells
627 reported in other in-vivo studies [9]. The question then arises as to whether these very foveal cells
628 have distinctively different RF organization from the less-foveal cells reported in other studies, or
629 whether the underlying RF organization is similar, but the measured data differ between the 2
630 types of studies simply because of differences in the optical systems involved. To address this, we

conducted additional simulations, in which we simulated the STFs of model cells using an estimate of the animal's physiological optics (as characterized by wavefront aberration measurements performed on the same animal). For these simulations we constructed synthetic RFs based on the cone pooling weights derived by the best fitting model to the AOSLO-measurements. Results of this analysis are displayed in Figure 9. Here, gray disks and black lines depict the AOSLO STF data obtained under a 6.7 mm pupil, and the ISETBio best fit model to these data. Red disks depict the STFs computed using the derived RF model and the animal's physiological optics for a 2.5 mm pupil. These data would be representative of the STFs measured in traditional in-vivo experiments. Note that for all cells, there is a clear shift of peak sensitivity toward lower spatial frequencies, accompanied by a reduction in low-spatial frequency attenuation, and the resulting STFs are more reminiscent of traditionally mapped STFs.

To make our results more quantitative, we fitted the DoG model to these data, and we contrasted the derived DoG parameters to those reported by Cronner & Kaplan. The results of this analysis are shown in Figure 10, which depicts three key characteristics of this model: the ratio of center-to-surround peak sensitivities (left column), the ratio of surround-to-center characteristic radii (middle column) and the ratios of surround-to-center integrated sensitivities (right column). Data shown in the top row were obtained under diffraction-limited optics in the population of the 15 foveal cells recorded in M3, whereas data shown in the middle row were obtained by simulating physiological optical conditions using the animal's own wavefront aberration optics, again in the same population of the 15 foveal cells. The bottom row depicts data from the Croner&Kaplan '94 study, which was conducted in a population of animals with RGCs located at a wide range of eccentricities under physiological optics. We see that compared to the physiological optics derived data, under diffraction-limited optics, the K_c/K_s ratios are significantly smaller (median of 6.2 vs 16.4), whereas the derived R_s/R_c ratios are somewhat larger (median of 4.6 vs 3.4). The two factors combine in

such a way that under diffraction-limited optics the integrated sensitivity of the surround is on average 3.3 stronger than the integrated sensitivity of the center. In sharp contrast, under physiological optics, the median integrated sensitivity of the RF surround is 0.7 times the sensitivity of the RF center, both in our M3 population with optics added back in and in the population of Croner&Kaplan. This change in center/surround balance is purely a manifestation of the differential effect of optics (black like at the inset) on the center MTF (red line) as compared to the surround MTF (blue line), which transforms the MTF of RGCs (purple lines) from strongly bandpass, under diffraction-limited optics, to weakly bandpass under physiological optics.

Discussion

In this study, we repeatedly imaged *in vivo* the same RGCs serving the foveal center in three animals, returning to the same locations each time. Spatially uniform chromatic visual stimuli enabled the identification of L/M opponent cells which were further interrogated with drifting gratings of various spatial frequencies in one animal. The L/M opponency and high spatial frequency responses of these cells identifies them as candidate midget cells, and our modelling is consistent with the hypothesis that these cells have single cone center inputs and are specialized to maintain the resolution of the photoreceptor mosaic.

Measuring the precise location of cells from the foveal center. In our data, the foveal avascular zone was used as the 'center' measurement of the fovea out of convenience. When imaging both the foveal cones and the RGCs as in our stimulation paradigm (Fig. 1a), the resolution is not sufficient to accurately identify the very smallest foveal cones, so the location of maximum photoreceptor density must be obtained from a separate experiment (Fig. 1b). Another common method of locating the fovea is the preferred retinal locus of fixation (PRL), which is not possible to measure using our method since the animals are anesthetized and cannot fixate or

accommodate. The center of the ganglion cells surrounding the fovea is also sometimes used, but this measure is highly correlated with the center of the FAZ [11, 102]. Others have characterized the precise nature of the relationship between these measures [14], and as noted in the results, our measurements of the difference between the center of the FAZ and the location of maximum cone density in M3 are in agreement with that literature. In any case, the difference in identification of the ‘foveal center’ is not large enough under our method to affect the conclusion that, using the mapping of McGregor *et. al.* [16], the receptive fields we examined are located near the very center of the fovea.

The role of midjets in foveal vision. Among the putative midjets from M3 (Fig. 5), there was some variability among the responses to spatial frequencies. Especially among those cells from M3 closest to the foveal center, there were two salient features: firstly, that several cells possess low frequency responses and falloffs characteristic of little or absent inhibition from the surround, and secondly, that most of the cells are tuned to quite high spatial frequencies. Previous studies examining parvocellular neurons in the lateral geniculate nucleus (LGN) serving the central five degrees of retina found an average of 4.57 ± 2.75 cyc/deg as the peak spatial frequency response [67], and other studies in the retina itself found parvocellular cells in the central five degrees to have a peak spatial frequency response around 3 cyc/deg [9], whereas our cells mostly have peak responses from 25-40 cyc/deg. However, these previous studies relied on presenting stimuli through the animals’ optics, whereas the adaptive optics method we use approaches near diffraction-limited stimulus presentation. We thus measure foveal RGCs not only closer to the foveal center but also with diminished optical blur in the *in vivo* retina compared to previous studies. Indeed, current modeling of the response curves such as those in Figures 5,7-8 that adds back in ocular aberrations shows that the response curves shift toward lower and lower

frequencies (Fig. 9-10) and exhibit the more band-pass structure observed in previous studies [9, 67], suggesting that our data are consistent with the responses from those studies when the optics are re-introduced to our measurements.

Putative midget cells serving the very central fovea with lower spatial frequency response peaks (4-15 cyc/deg) comprised a small fraction of the responsive chromatic opponent cells (3 out of 15 in M3) and tended to be noisier than average but were all repeatably far more responsive to low spatial frequencies with difference of gaussian fits suggesting that the centers were comprised of a single cone on average with small or insignificant inhibition from the surround of these cells. Surprisingly, this is closer to the classical expectation of midget cells, which are thought to be dominated by center responses some 10-1000x stronger than those of the surround [9] at the fovea in order to facilitate the 'double-duty' of transferring both achromatic and chromatic vision across a wide range of spatial frequencies but with peaks close to the psychophysical peak sensitivity of 3-5 cyc/deg [103]. Further study on these low-frequency L/M chromatic opponent cells will confirm if they exhibit any other physiological differences or if they belong to one or more of several midget subtypes as others have postulated to exist [47, 58].

Of the remaining 12 chromatic opponent L/M RGCs serving the very central fovea, all of them possessed strong inhibition from the surround and peak spatial responses between 25-40 cyc/deg, far higher than was ever measured through the optics as confirmed by our modeling. We posit that since the fovea is specialized for high acuity vision, it must be capable of extracting high spatial frequency information from natural scenes which are known to follow a $1/f^2$ law [104] and be dominated by low frequency information. Indeed, our modeling suggests that the natural ocular aberrations further reduce the peak spatial frequency from only diffractive effects by a

factor of three or more which means that high spatial frequency information is greatly reduced through ocular transmission. Thus, to extract meaningful high spatial frequency information from natural scenes through the eye's native optics, detectors that preserve information at the resolution of the photoreceptor mosaic are required. It seems highly likely that the putative midget cells shown in Figures 5,7 are responsible for this resolution, as they have responses consistent with single cone receptive field centers. Our data are consistent with the hypothesis that there are subtypes of foveal midget ganglion cell types responsible for different regions of the spatial frequency spectrum and that all or most of midget cells produce strong chromatic responses, consistent with either the double-duty hypothesis or the hypothesis of subtypes of midgets responsible solely for either chromatic or achromatic vision [58]. There is also evidence that parasol ganglion cells respond weakly to L/M chromatic modulation [105], so we cannot rule out at this time the possibility that a small number of these putative midget cells are actually parasol cells.

Modeling foveal RGCs. There are two reasons it is difficult to differentiate between single and multi-cone models from our data. First, for technical reasons, our present measurements did not extend to high spatial frequencies where the different models would have more clearly different predictions. Second, there was inter-session variability in the measured STFs, which decreases the power of the data to identify a model. In future experiments, we will increase the power of the data by (i) extending the range of spatial frequencies examined and (ii) testing multiple grating orientations. The modeling has the capability to add in a subject's PSF (including the measured wavefront aberrations from M3) to predict responses to stimuli presented through the natural (non AO-corrected) optics. The robust nature of the entire simulation allows for any cone density

profile or PSF to be substituted in the model so that the simulation can be generalized for population data or be tailored to individual subjects as it has been here for M3.

S-cone mediated color vision in the fovea. As shown in Figures 3-4, cells with either S cone input without L/M chromatic opponency (pure) or S cone input on top of L/M chromatic opponency (mixed) were observed in each animal: 40% of responsive cells exhibited pure responses and 7% mixed in M1, 9% pure and 14% mixed in M2, 16% pure and 3% mixed in the entirety of M3, while no consistent S cone responses were recorded from the centermost foveal cells in M3. Other than in M1 where the sample size was only 15 cells, these numbers are consistent with the expected S cone density of approximately 10% across primate fovea [106] and known reduction of S cone density at the very center of the primate fovea [8, 15]. Others have reported additional subtypes of midget RGCs with S cone input or even that midgets may indiscriminately contact S cones along with L and M cones in the surround [17, 47, 58]. Our current data set has no repeatable S cone responses at the innermost foveal edge of M3 where RGCs are optically isolated, so we cannot currently rule out that the mixed cells we measure are partially or fully the product of optical crosstalk.

Putative parasol cells at the fovea. As shown in Figures 3-4, cells with no chromatic responses but only a L+M or -L-M luminance response were recorded from each of the three animals: 7% of responsive cells in M1, 4% in M2, 15% in the entirety of M3 and 20% of the centermost foveal cells in M3, consistent with expected proportions of parasol ganglion cells, which are known to mediate achromatic vision [20]. Simple modeling based on hexagonal packing of cones and random wiring of 6 cones to midget surrounds suggests that approximately 10% of midget cells could be dominated by a single cone type and appear achromatic. It is probable then that some

of these achromatic cells are midjets but that most of them are candidate parasol cells, though at this time we cannot make that distinction for an individual cell. The spatial frequency response properties of these cells were even more varied than the chromatic opponent cells, suggesting that they might be responsible for a wide range of achromatic or even temporal vision properties that complement the dominant midjet system. As noted in the results, we have not found significant differences between soma sizes of putative foveal parasols and midjets, so additional anatomical information such as histological studies may be required in the future to confirm functional designations.

Acknowledgments

The authors would like to thank Amber Walker for performing animal anesthesia and monitoring during imaging, , Max Snodderly for assistance with estimating the effect of macular pigment, Charles Granger for optical alignment assistance, Daniel Guarino and Martin Gira for maintaining the stereotaxic cart and other electronic components, as well as Aby Joseph, Jennifer Hunter, and Jesse Schallek for data analysis suggestions. We thank the vector core at the Perelman School of Medicine, University of Pennsylvania and the Genetically-Encoded Neuronal Indicator and Effector (GENIE) Project and the Janelia Research Campus of the Howard Hughes Medical Institute, specifically Vivek Jayaraman, Ph.D., Douglas S. Kim, Ph.D., Loren L. Looger, Ph.D., and Karel Svoboda, Ph.D.

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Figures and Tables

Figure 1.

Fig 1. Stimulus presentation and recording paradigm. In (a) the general stimulation paradigm is shown. Background is an image of the M3 using the blue reflectance imaging modality of a Heidelberg Spectralis instrument. In false color green are GCaMP-expressing cells from M3 imaged using the blue autofluorescence modality of the same Spectralis instrument. When using the AOSLO instrument, videos are captured within one rectangular field of view (white dashed line) while stimuli (white circle) such as cone-isolating flicker or drifting gratings are presented to the centermost foveal cone photoreceptors. An imaging laser in the AOSLO (blue rectangle) excites GCaMP-mediated fluorescent responses of ganglion cells surrounding the foveal slope. (b) shows the recorded cone densities at the fovea of M3 and (c) shows the ganglion cells segmented (green) at the innermost edge of the foveal slope in M3.

Figure 2.

Fig 2. Data collection from ganglion cells *in vivo*. (a) shows the smoothed timecourse of a single RGC fluorescence response to a 0.15Hz luminance flicker stimulus. (b) shows the Fourier transform of the response timecourse, recovering the response peak at the stimulus frequency of 0.15Hz (red dashed line). (c) shows the effect of the imaging light on cone-mediated response to stimuli in 62 foveal RGCs. The 488nm imaging laser which excites GCaMP fluorescence can scatter to foveal cones and confound cone stimulation. If the imaging light is turned on without adaptation, there is a quick rise and slow falloff in fluorescence due to cone responses feeding RGCs. However, if the 561nm stimulus laser (used for drifting gratings) is presented at a mean luminance of 2-2.5 μ W during a short 30s adaptation period prior to imaging onset, then there is no corresponding effect of the imaging light confounding the fluorescence signal. In all recordings, an adaptation light preceded each recording to prevent this transient effect from scattered light from the imaging laser.

Figure 3.

Fig 3. Chromatic response properties of RGCs from three different animals. Black dots show luminance only responding cells, red dots show L/M chromatic opponent cells, blue dots show S responding cells, while magenta dots show cells that responded to both L/M and S stimuli. Cell response is captured by our signal-to-noise metric which is similar to the sensitivity index d' and was calculated in the following way: the Fourier amplitudes of each cell at the stimulus frequency (0.15 Hz or 0.2 Hz) were normalized by subtracting out the mean noise at higher frequencies (0.32Hz to 1.08Hz) and then dividing by the standard deviation of the noise. Response phases were also calculated but are not directly shown; however, positive SNRs correspond to responses that were in phase with that stimulus presentation (ON response), while negative SNRs correspond to responses that were approximately 180deg out of phase with stimulus presentation (OFF response). The luminance axis would be out of the page and is not included for readability and because not all cells responded to the luminance stimulus, so luminance only cells in black include both ON and OFF cells. In (a), responses from 15 cells in M1 are shown after presentation of spatially uniform luminance, L-M isoluminant and S-isolating stimuli at 0.2 Hz. In (b), responses from 126 cells in M2 are shown after presentation of spatially uniform luminance, L-M isoluminant and S-isolating stimuli at 0.2 Hz. In (c), responses from 83 cells in M3 are shown after presentation of spatially uniform luminance, L-isolating, M-isolating, and S-isolating stimuli at 0.15 Hz. In (d), responses from 22 cells serving the very central fovea of M3 are shown after presentation of spatially uniform luminance, L-isolating, M-isolating, and S-isolating stimuli at 0.15 Hz. These cells are closer to the foveal center than any of the cells shown in (c). In (c-d), all stimuli were single-cone isolating, so the L-M x-axis is calculated from the single cone L-isolating and M-isolating responses and their relative phase.

Figure 4.

Fig 4. Cone weights of RGCs from M3. The horizontal axis shows L cone weight, the vertical axis the M cone weight, and the distance from the origin shows the S cone weight where further away from the origin corresponds to less S-cone weighting. In (a), 100 RGCs were recorded across the entire width of the GCaMP-expressing ring. There were 3 cells that only showed S cone responses, represented by overlapping circles at the origin. There were also 4 L+M and 11 -L-M luminance only cells that are represented by asterisks in the upper right and lower left. Because these cells only responded to the luminance stimulus but not the L-isolating or M-isolating stimulus, the response sign is known but not the exact L/M cone weighting. In (b), 34 cells at the innermost edge of the foveal slope, served by the centralmost foveal cones, were recorded from. No consistent S only responses were observed, and there were 5 L+M and 2 -L-M luminance only cells.

Figure 5.

Fig 5. Spatial frequency responses of putative midget cells. Fifteen cells in M3 serving the central foveal cones were identified as L/M chromatic opponent. Drifting gratings were presented at 561 nm to the photoreceptors and ganglion cell fluorescence was elicited using a 488 nm imaging laser. The green points (squares), blue points (triangles), and red points (circles) are measurements from three different experiments each exactly week apart. The solid black line in each panel is the average response for that particular cell across all three experiments. The vertical axis is a response metric where the mean baseline fluorescence is subtracted from the fluorescence under stimulation and divided by the fluorescence under stimulation at the peak spatial frequency. Controls were also subtracted from the response metric for each experiment. The error bars show the standard error at each data point, which represents the error in obtaining the signal and background needed to calculate the metric.

Figure 6.

Fig 6. Schematic overview of the ISETBio modeling approach. To interpret the AOSLO-based STF measurements in terms of the spatial pooling of cone signals to the measured RGCs we model the spatial, spectral and temporal aspects of the stimulus, the optics, the cone mosaic and the cone pooling within the center and surrounds mechanisms of an RGC using the ISETBio toolbox. **(a)** A frame of the drifting monochromatic grating stimulus which is projected via the AOSLO system to stimulate and measure the Ca^{2+} -fluorescence – based spatial transfer function (STF) of RGCs, $\text{STF}^{\Delta F/F}(\omega)$ **(b)**. The drifting grating is modeled as a temporal sequence of spatial spectral radiance scenes. These scenes are passed via a model of the AOSLO system which includes a diffraction-limited optical system with a 6.7 mm pupil **(c)** combined with a residual defocus system **(d)**. The resulting sequence of retinal irradiance maps are spectrally integrated and spatially averaged within the apertures of cones in a model of the animal's cone mosaic **(e)**, resulting in a spatiotemporal sequence of cone excitations **(f)**. Cone excitations are transformed to cone modulations by first subtracting and subsequently dividing the mean cone excitation level **(g)**. Modulation signals from different cones are scaled by the spatial weights with which the RF center and the RF surround mechanism pool cone signals **(h)**. The weighted cone signals are subsequently summed **(i)** to compute the temporal response of the model RGC. A sinusoid is fitted to the RGC temporal response **(j)** and the amplitude of the sinusoid is taken as the STF of the model RGC at the stimulus spatial frequency, $\text{STF}^m(\omega)$. The RMSE between $\text{STF}^m(\omega)$ and $\text{STF}^{\Delta F/F}(\omega)$ **(k)** is minimized using a multi-start solver which optimizes the center and surround peak sensitivity and radius parameters **(l)** of a DoG RF model **(m)**. Finally, the DoG RF model is sampled by the cone mosaic, thereby yielding the optimal cone pooling weights for the model RGC.

Figure 7.

Figure 7. ISETBio-model receptive field estimates for one RGC derived by the four examined scenarios. The single-cone RF center with zero and 0.067D residual AOSLO defocus scenarios are depicted in the first and second row, respectively. The multi-cone RF center with zero and 0.067D residual AOSLO defocus scenarios are depicted in the third and fourth row, respectively. The first and second columns depict the spatial distribution of cone pooling weights for the RF center and surround mechanism, respectively. Red and blue hues indicate positive and negative polarity, respectively, and saturation indicates pooling strength. The red and blue histograms in the third column depict the RF center and surround profiles, computed by integrating along the y-axis the weighted apertures of cones feeding into the center and surround mechanism, respectively, whereas the black lines depict the composite RF profile (center-surround). The green disks and the orange line in fourth column depict the fluorescence-based STF, and the STF of the fitted model, respectively, with the RMSE of the fit displayed in green.

Figure 8.

Figure 8. ISETBio-model receptive field estimates for a second RGC derived by the four examined scenarios. Unlike the RGC depicted in Figure 7, in this RGC all four examined scenarios perform similarly in terms of the RMSE between the predicted STF and the measured STF. Here, the 2 scenarios with zero residual defocus (rows 1 and 3), predict a large surround, where the 2 scenarios with 0.067D residual defocus (rows 2 and 4) predict a much more focal surround. Also, the multi-cone RF center scenarios (rows 3 and 4) assign very small weights to the non-dominant center cones, essentially collapsing to their single cone RF center counterparts.

Figure 9.

Figure 9. STFs measured under diffraction-limited optics vs. STF measured under normal physiological optics. Gray disks depict STF data measured using diffraction-limited optics and a 6.7 mm pupil and black lines depict the STF of the best-fit ISETBio model. The receptive field model derived by the best-fit model is subsequently used to predict the STF of the same cell under the animal's physiological optics as characterized by wavefront-aberration measurements, with a 2.5 mm pupil. These STFs are depicted by the red disks. Note that normal optics shift the STF peak to lower spatial frequencies and significantly reduce the low spatial frequency attenuation seen under diffraction-limited optics.

Figure 10.

Figure 10. How the spatial structure of retinal receptive fields gets transformed by physiological optics. The diffraction-limited STF and the STF derived under physiological optics (Figure 9) are fitted with a DoG RF model. Depicted here are three key characteristics of this model: the ratio of center-to-surround peak sensitivities (left column), the ratio of surround-to-center characteristic radii (middle column) and the ratios of surround-to-center integrated sensitivities (right column). The top row depicts results obtained under diffraction-limited optics in the population of the 15 foveal cells recorded in M3. The middle row depicts the same data modified by simulating physiological optical conditions using the animal's own wavefront aberration optics, again in the same population of the 15 foveal cells. The bottom row depicts results of Croner&Kaplan '94, in a population of animals in which RGCs were recorded at a wide range of eccentricities under physiological optics. Compared to the results obtained under physiological optics in M3, we see that under diffraction-limited optics the Kc/Ks ratios are smaller and the Rs/Rc ratios are somewhat larger. The two factors combine in such a way that under diffraction-limited optics the median integrated integrated sensitivity of the surround is 3.3 times stronger than the integrated sensitivity of the center. In sharp contrast, under physiological optics, the median integrated sensitivity of the RF surround is on average 0.7 the sensitivity of the RF center, both in our M3 population and in the population of Croner&Kaplan. This change in center/surround balance is purely a manifestation of the differential effect of optics (black like at the inset) on the center MTF (red line) as compared to the surround MTF (blue line), which transforms the MTF of RGCs (purple lines) from strongly bandpass, under diffraction-limited optics, to weakly bandpass under physiological optics.