

*NST II Psychology*

*NST II Neuroscience (Module 5)*

# Brain Mechanisms of Memory and Cognition – 5

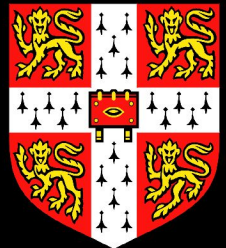
## Neural basis of memory (2): multiple memory systems

**Rudolf Cardinal**

Department of Experimental Psychology

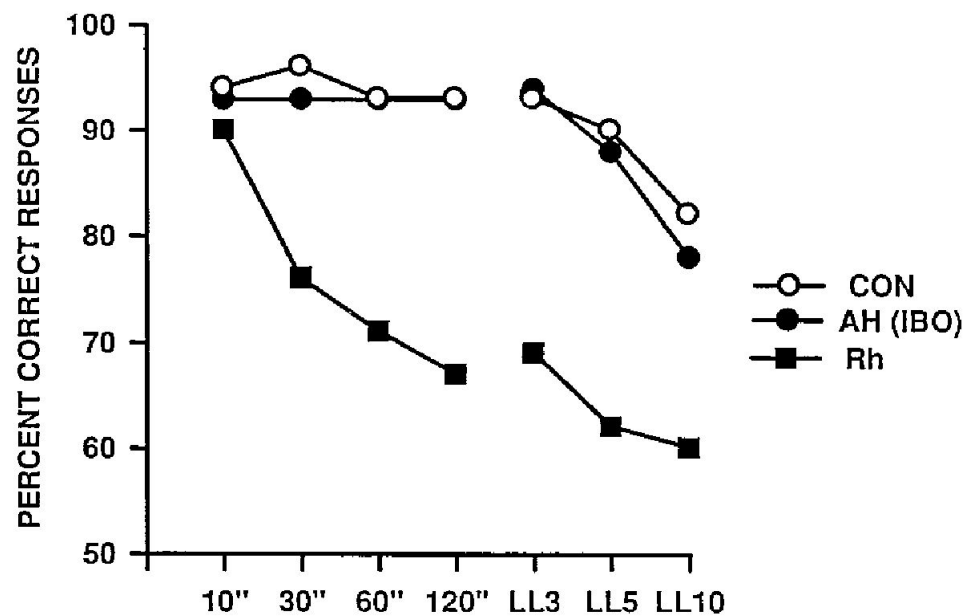
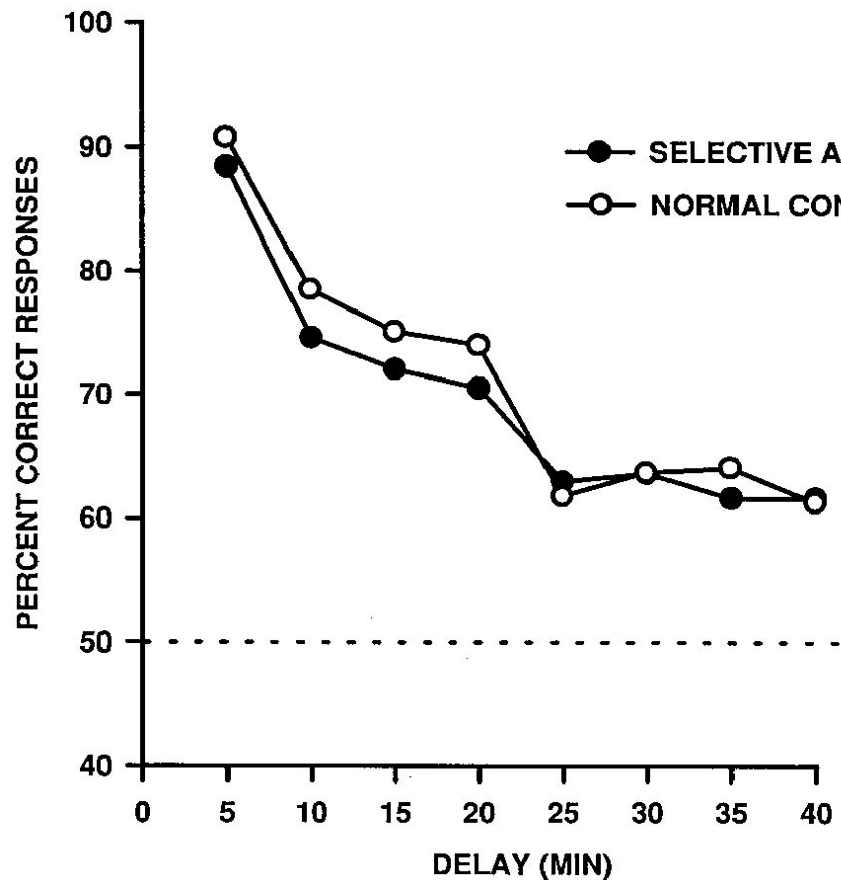
*Monday 13, 20, 27 Jan; 3, 10, 24 Feb 2003; 10 am*

*Physiology Main Lecture Theatre*



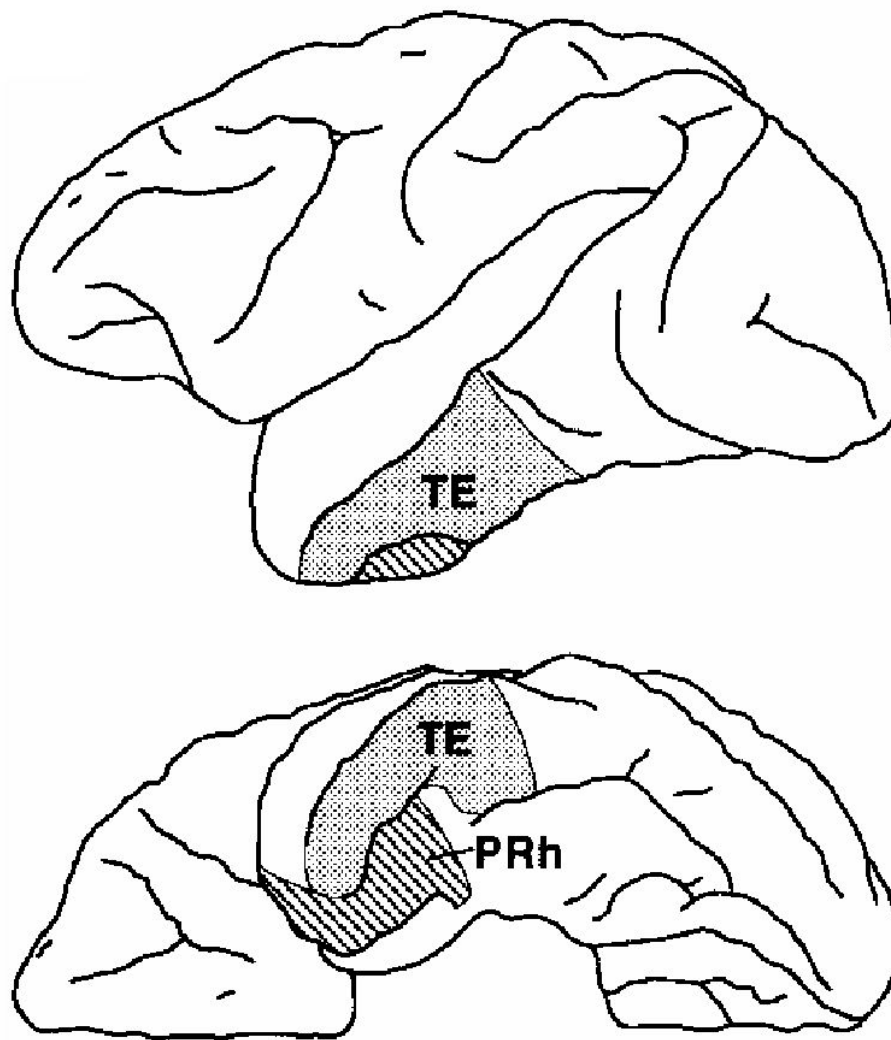
*Rhinal cortex*

# Medial temporal lobe lesions and DNMTS

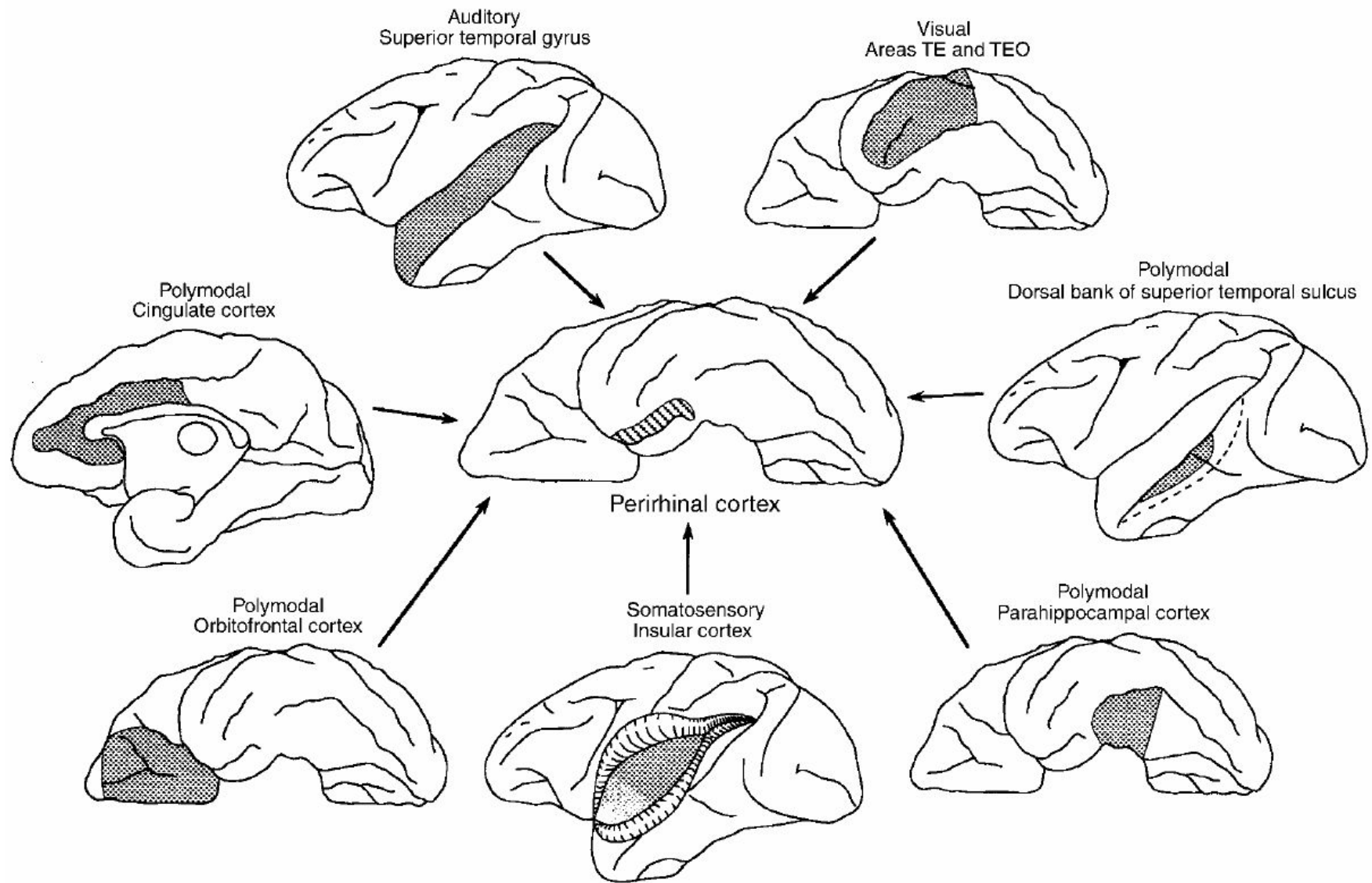


# TE (part of inferotemporal cortex) and perirhinal cortex

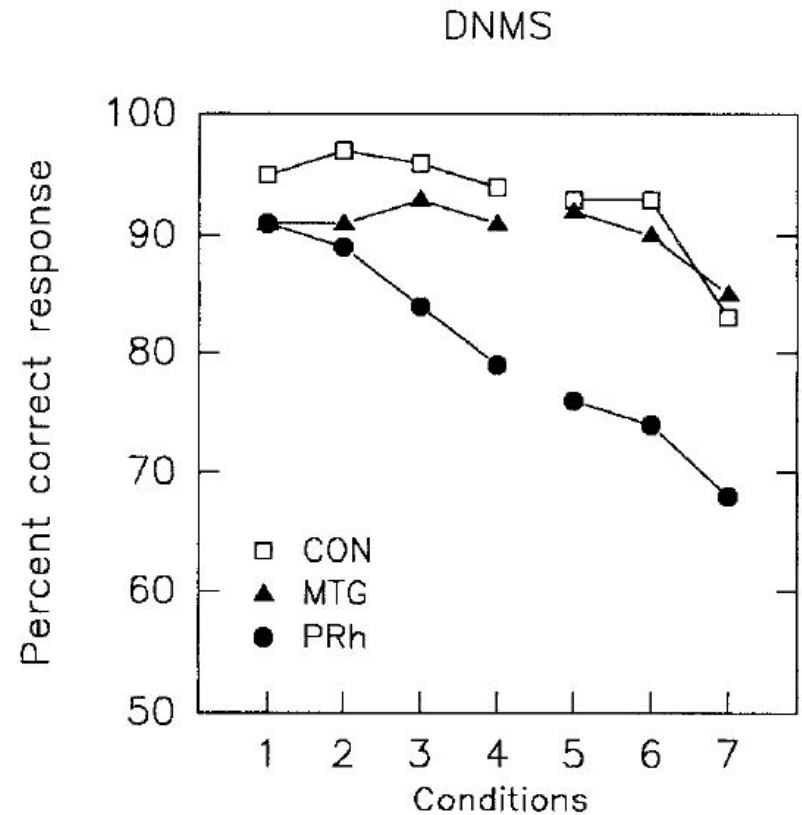
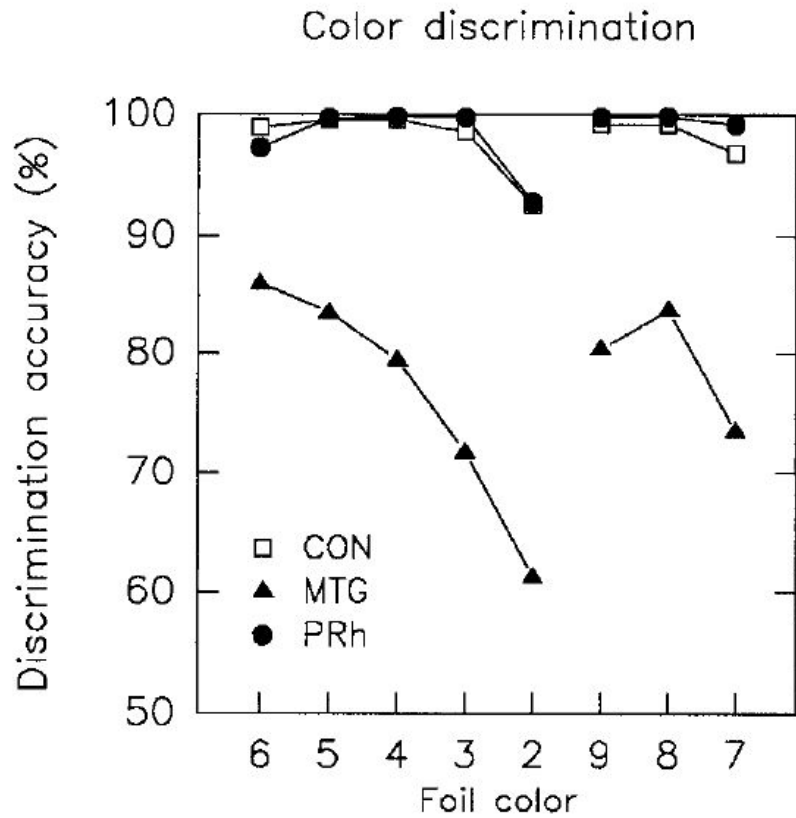
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# Perirhinal cortex is the first polymodal ventral stream area



# Double dissociation of TE and perirhinal lesions



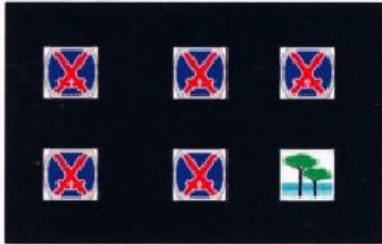
*CON = control*

*MTG = dorsal TE, in inferotemporal cortex*

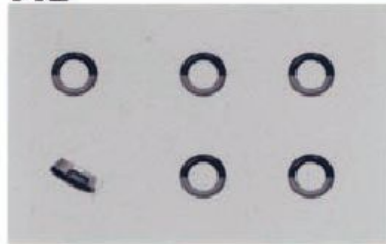
*PRh = perirhinal cortex*

# 'Odd one out': perirhinal cortex and visual discrimination (1)

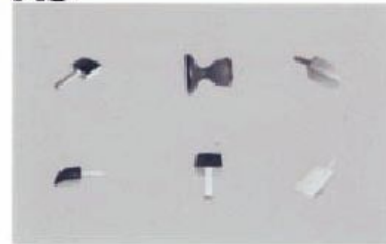
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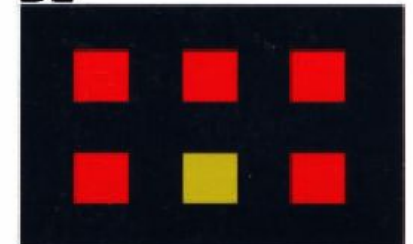
**A1**



**A3**



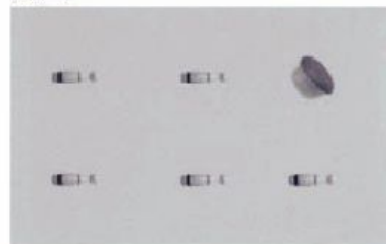
**B1**



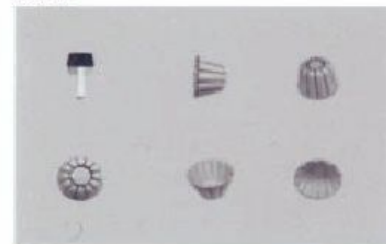
**Pre 2**



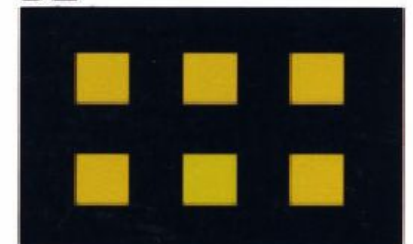
**A2**



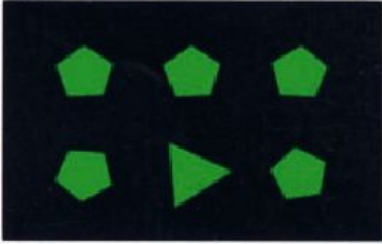
**A4**



**B2**



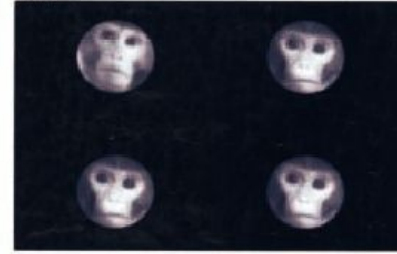
**C1**



**G1**



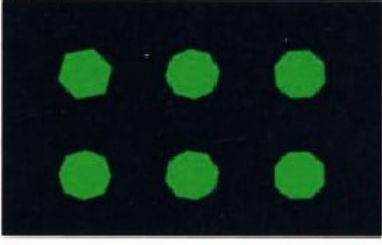
**H1**



**H3**



**C2**



**G2**



**H2**

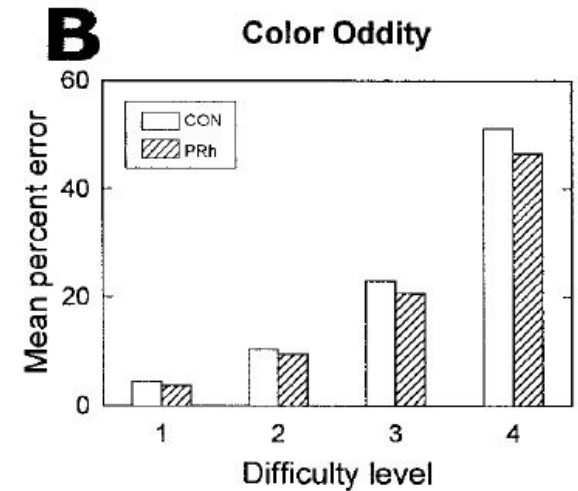
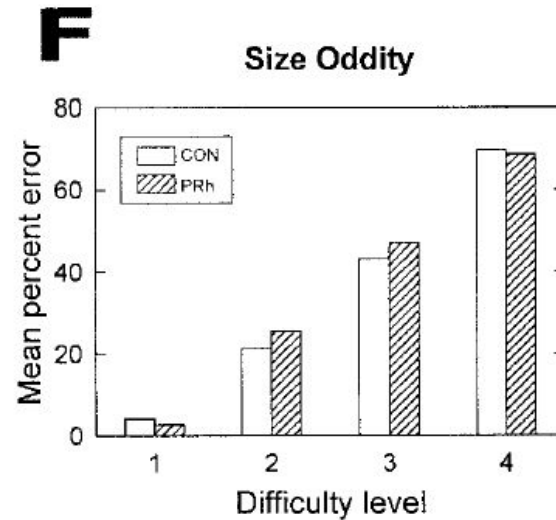
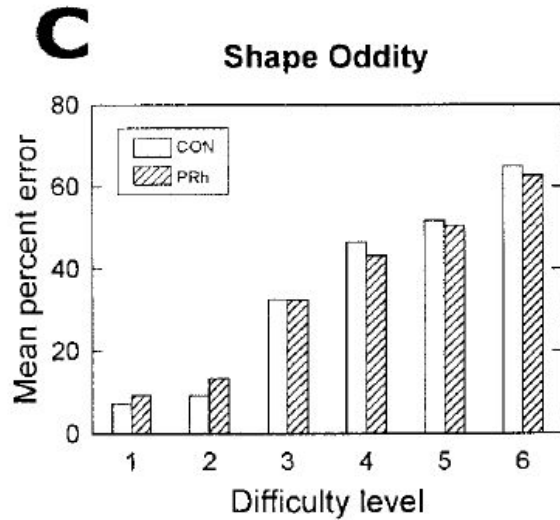


**H4**

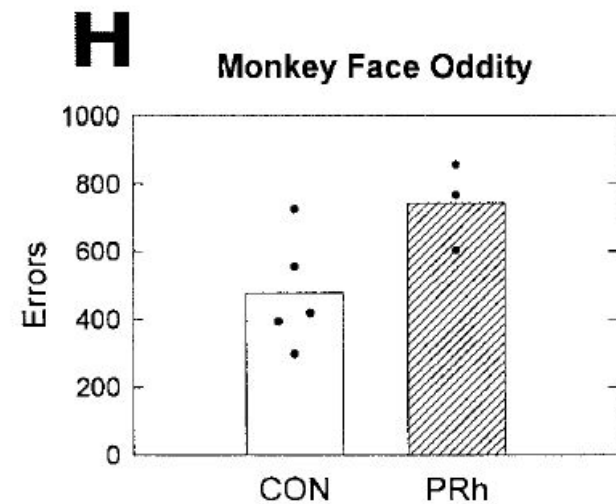
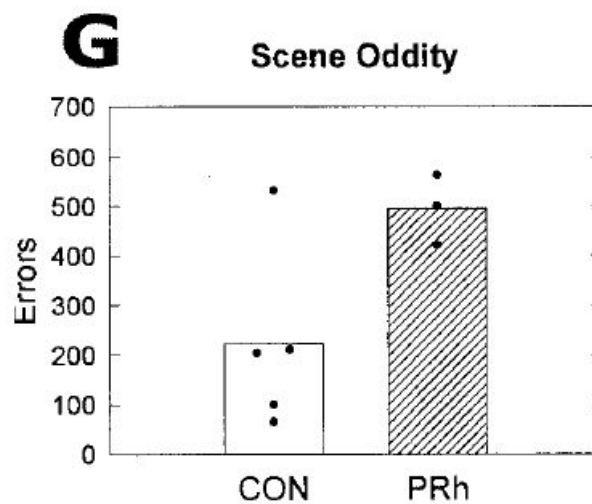
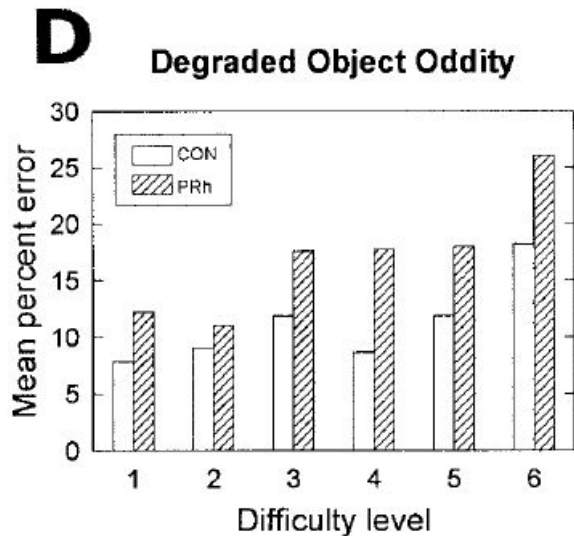


# 'Odd one out': perirhinal cortex and visual discrimination (2)

*Some tasks: fine (even if tasks are difficult)*



*Others: impaired. Why?*

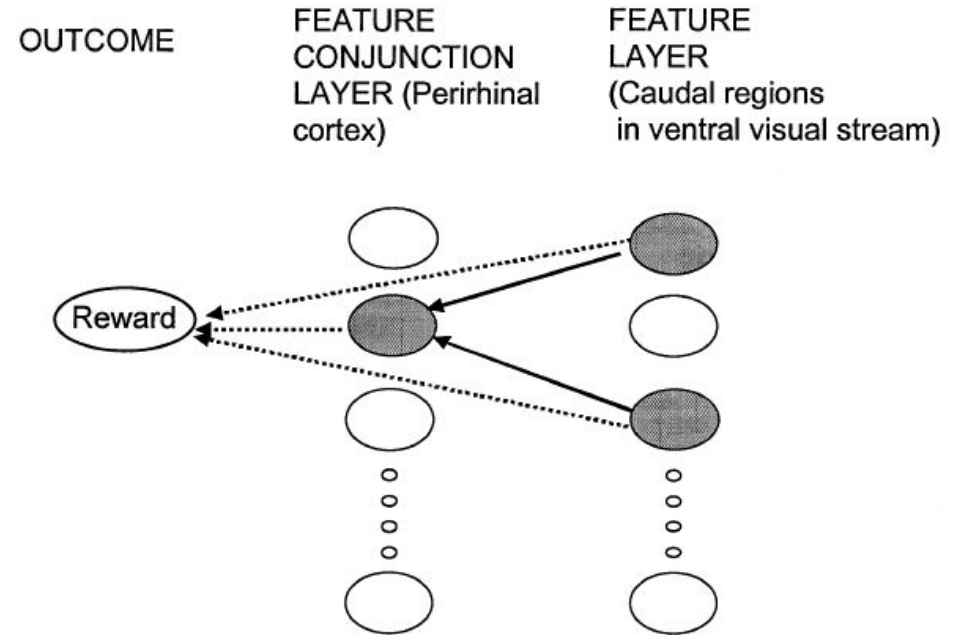
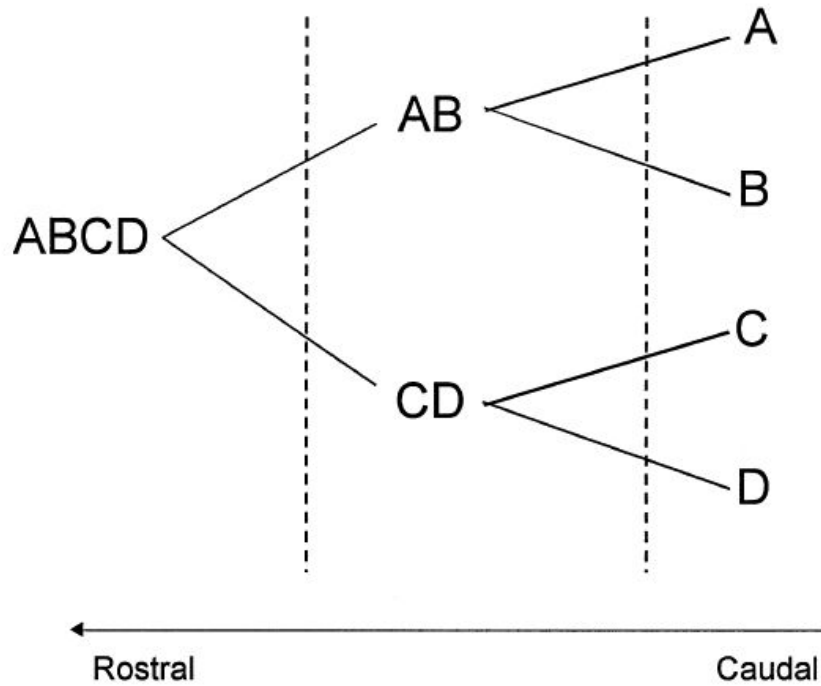


*Buckley et al. (2001)*

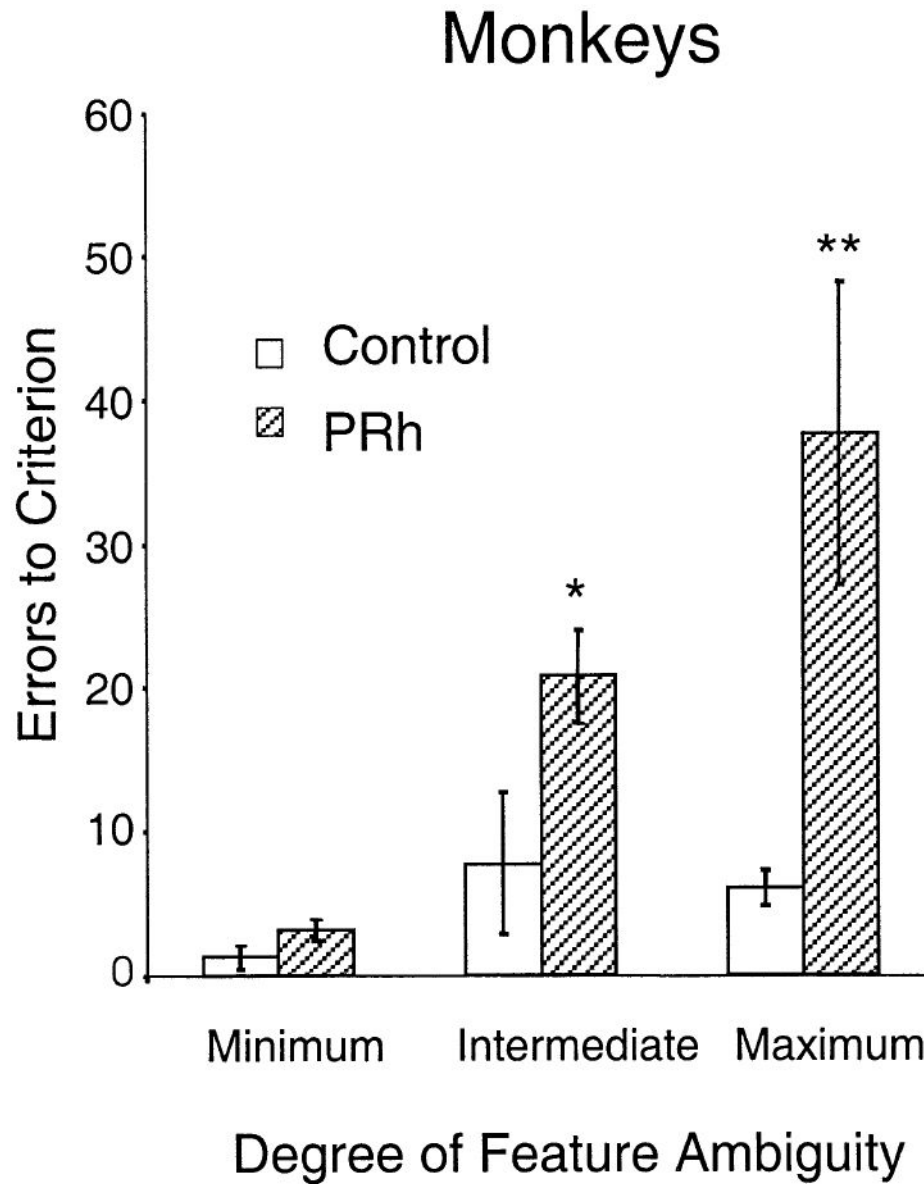


# Perirhinal cortex: feature conjunctions (resolving ambiguity) 1

356 T. J. Bussey and L. M. Saksida



# Perirhinal cortex: feature conjunctions (resolving ambiguity) 2



# *Semantic memory*

# Perinatal hypoxia: impaired episodic, preserved semantic

**Table 1** Results of neuropsychological tests

	Case 1	Case 2	Case 3	Case 4	Case 5	Mean $\pm$ SD	Normal subjects (n = 35)	
Age at testing (years)	12.8	11.7	11.6	16.3	12.3	12.9 $\pm$ 1.9	13.6 $\pm$ 1.3	<i>normal digit span, vocabulary, verbal information, and verbal comprehension</i>
Digit span								
Forward	6	7	6	8	7	6.8 $\pm$ 0.8	6.4 $\pm$ 1.2	
Backward	5	5	6	6	3	4.7 $\pm$ 1.3	4.2 $\pm$ 1.5	
Literacy (WORD) subtests								
Basic reading (standard score)								
Actual score	85	97	99	102	105	97.6 $\pm$ 7.7	100 $\pm$ 15 <sup>†</sup>	
IQ predicted score	83	86	89	106	92	91.2 $\pm$ 8.9		
Spelling (standard score)								
Actual score	77	96	88	84	118	92.6 $\pm$ 15.8	100 $\pm$ 15 <sup>†</sup>	
IQ predicted score	85	88	90	105	93	92.2 $\pm$ 7.7		
Reading comprehension (standard score)								
Actual score	84	87	74	97	87	85.8 $\pm$ 8.2	100 $\pm$ 15 <sup>†</sup>	
IQ predicted score	81	85	87	107	91	90.2 $\pm$ 10.1		
VIQ subtests								
Information	9	7	8	10	9	8.6 $\pm$ 1.1	10 $\pm$ 3 <sup>†</sup>	
Vocabulary	7	7	8	11	9	8.4 $\pm$ 1.7	10 $\pm$ 3 <sup>†</sup>	
Comprehension	7	8	9	14	8	9.2 $\pm$ 2.8	10 $\pm$ 3 <sup>†</sup>	

**Table 2** Results of tests of memory function

	Case 1	Case 2	Case 3	Case 4	Case 5	Mean $\pm$ SD	Normal subjects (n = 33)	
Story recall* (%)								<i>severe delay- dependent impairment</i>
Immediate	25.0	38.9	20.8	27.2	11.3	24.6 $\pm$ 10.0	41.4 $\pm$ 14.9	
Delayed	2.2	2.8	0	3.5	3.4	2.4 $\pm$ 1.4	32.3 $\pm$ 15.4	
Geometric design <sup>†</sup> ( $\pm$ %)								
Immediate	53.6	32.1	57.1	64.2	35.7	48.5 $\pm$ 14.0	82.2 $\pm$ 13.5	
Delayed	14.3	14.3	0	3.6	10.7	10.7 $\pm$ 5.0	77.8 $\pm$ 16.9	
Children's Auditory Verbal Learning Test <sup>‡</sup> (%)								
Immediate memory span	105	82	89	109	74	91.8 $\pm$ 14.9	100 $\pm$ 15.0 <sup>§</sup>	
Delayed	60	60	61	63	60	60.8 $\pm$ 1.3	100 $\pm$ 15.0 <sup>§</sup>	

# Semantic dementia: impaired semantic, preserved episodic? 1

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*semantic task* — name a familiar object

a)



*episodic task* — recognize an object  
(‘perceptually identical’)

b)

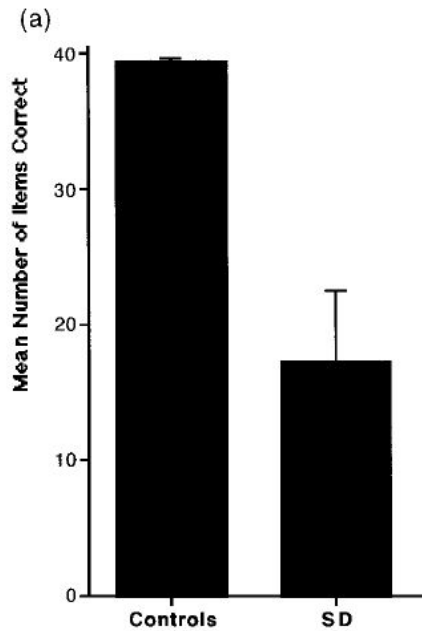


*mixed task* — recognize a different  
example of an object (‘perceptually  
different’)

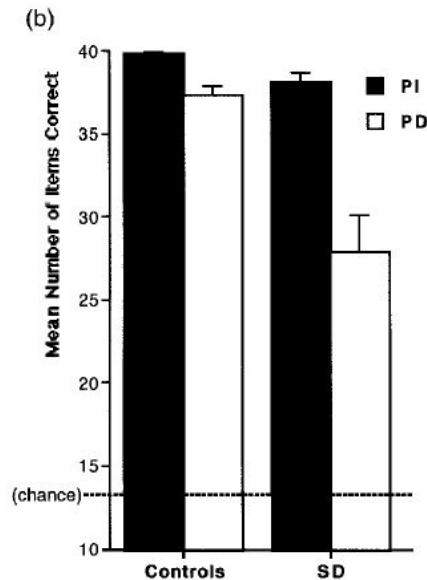
c)



# Semantic dementia: impaired semantic, preserved episodic? 2

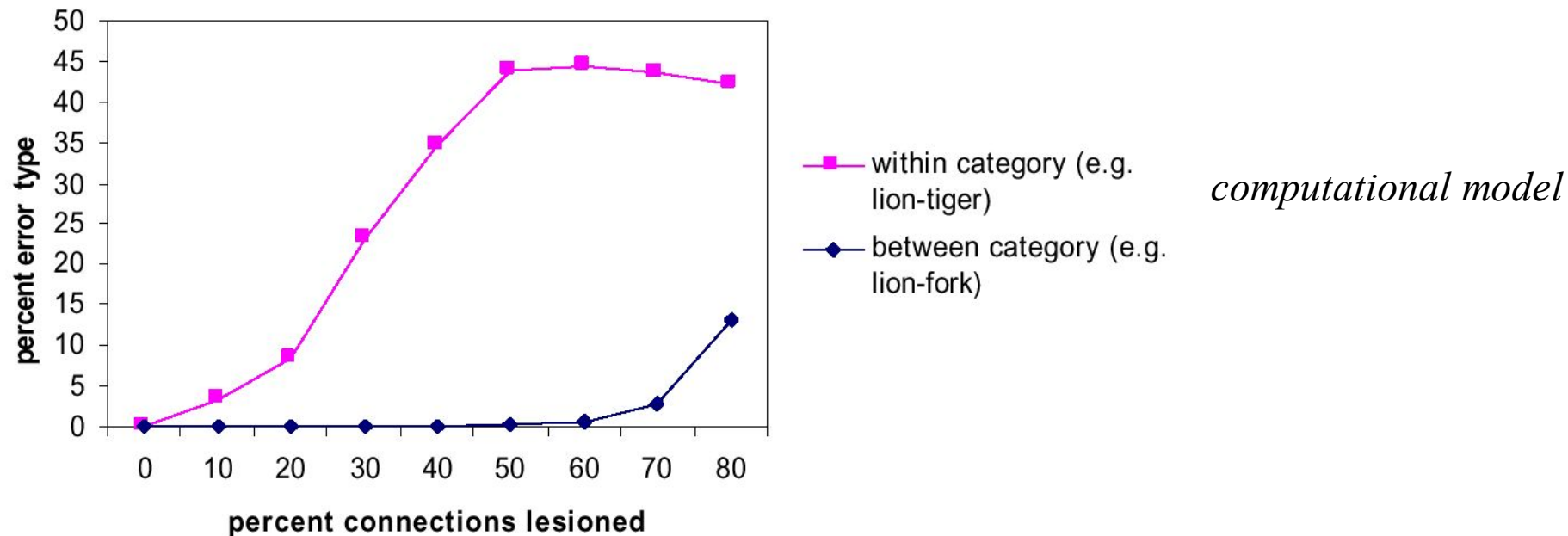


*impaired semantic performance*

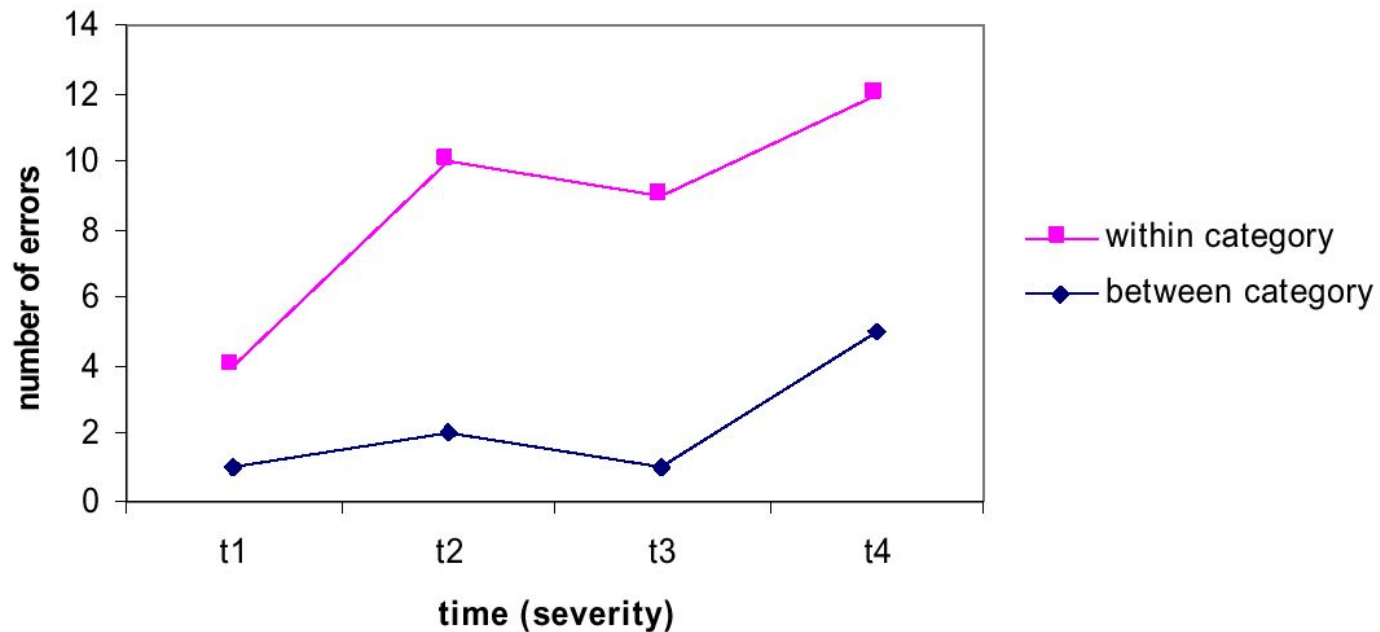


*normal object recognition;  
failure to recognize a different example  
of the same kind of object*

# Semantic dementia: damage to a simple associative net?



*patient with progressive semantic dementia*

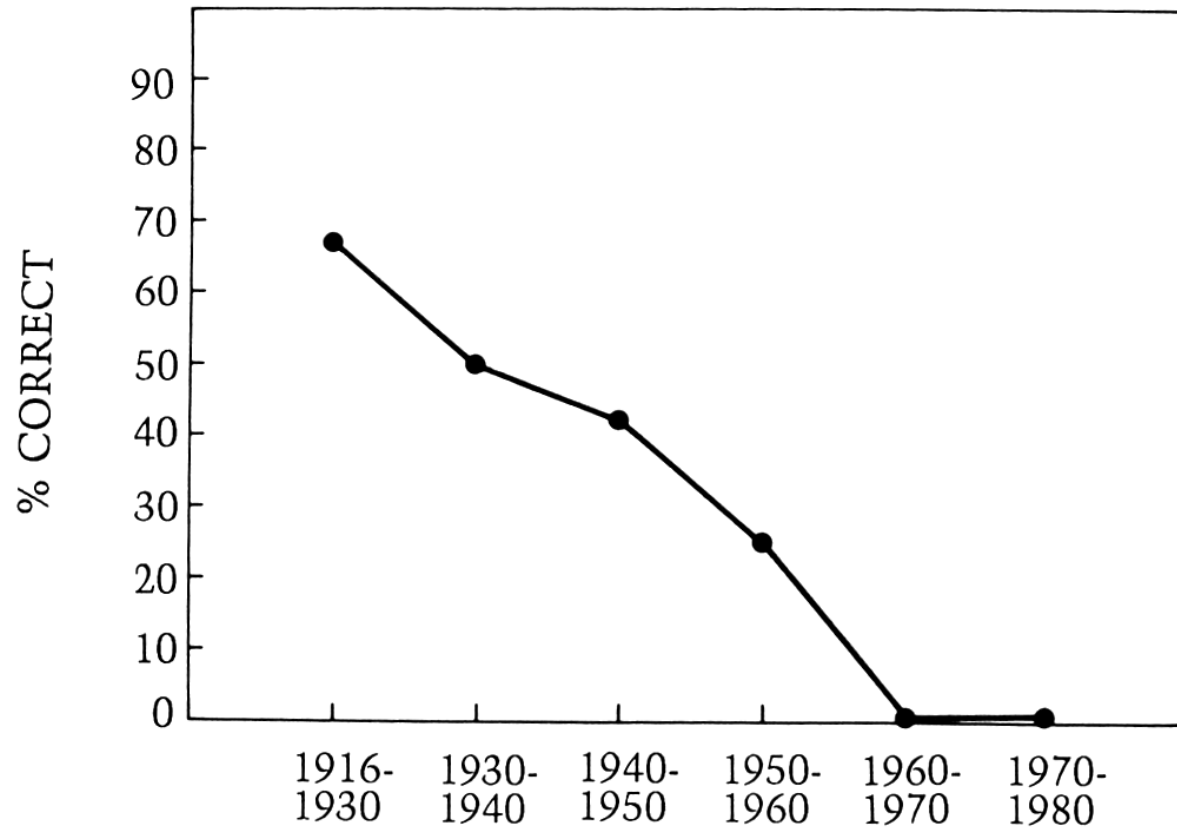


*Consolidation:  
hippocampal–cortical  
interactions?*



# Retrograde amnesia: hippocampus / medial temporal lobe

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**Figure 14.9.** Recall of information from the patient's (P.Z.) published autobiography (Butters and Cermak, 1986).

*Gradual transfer of memories from hippocampus (or MTL) to cortex elsewhere?*

*Scoville & Milner (1957); Squire et al. (2001)*

# Alternative: the 'multiple memory trace' model

- This suggests that the hippocampus is ALWAYS important for certain types of memory, especially autobiographical memory.
- Memories are 'laid down' in both hippocampus and neocortex elsewhere.
- Repeated/rehearsed memories have **multiple traces**.
- For some kinds of memory (e.g. semantic), older memories have more cortical traces that can be used for retrieval. For these memories, hippocampal lesions can lead to temporally-graded retrograde amnesia (older memories survive better).
- However, autobiographical and other 'context'-dependent memories always require the hippocampal system ('contextual index') for retrieval.

*Nadel & Moscovitch (1997)*

**Patient VC:** seizures (associated with a tachyarrhythmia), subsequently amnesic. MRI: hippocampal atrophy, sparing of adjacent cortex. **Flat** retrograde amnesia.

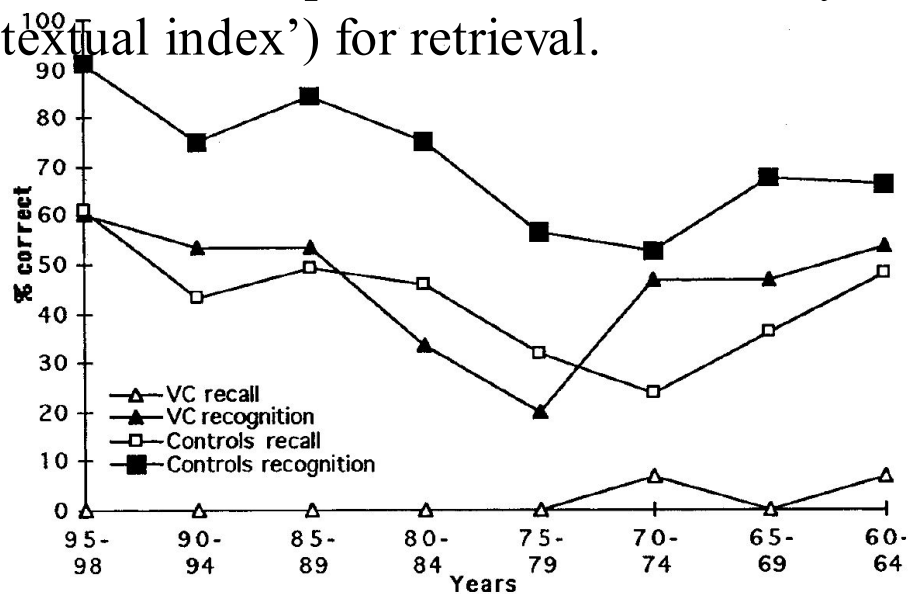


Fig. 6. Results on the famous public events questionnaire test.

*Cipolotti et al. (2001)*

# Temporally-graded activation (1)



**1990s**



**1980s**



**1970s**



**1960s**



**1950s**



**1940s**



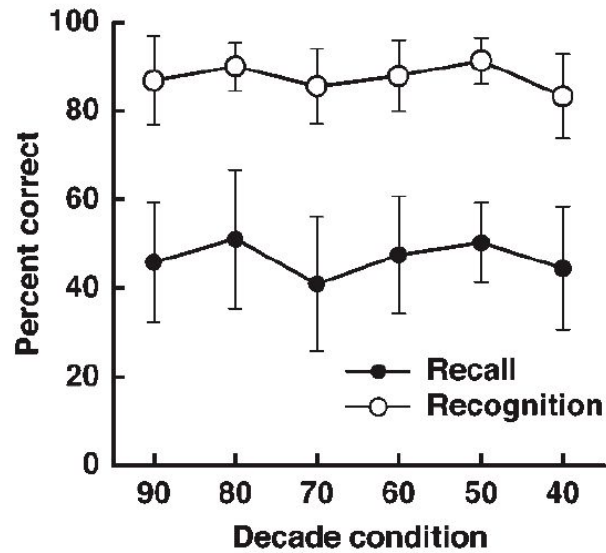
**Non-  
famous  
recent**



**Non-  
famous  
remote**

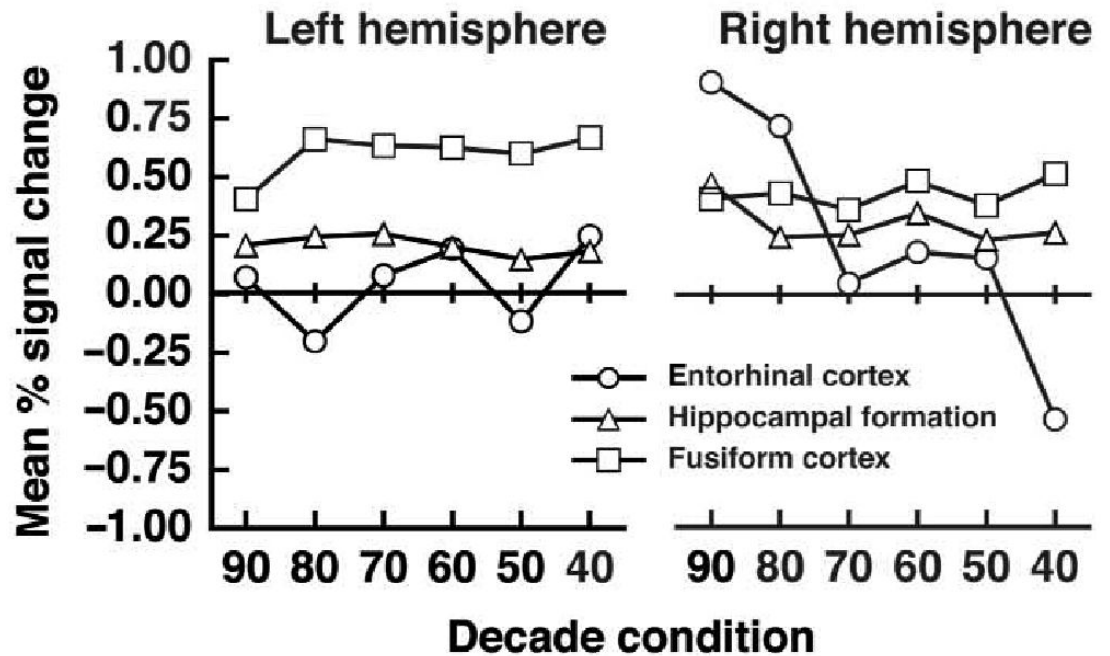


# Temporally-graded activation (2)

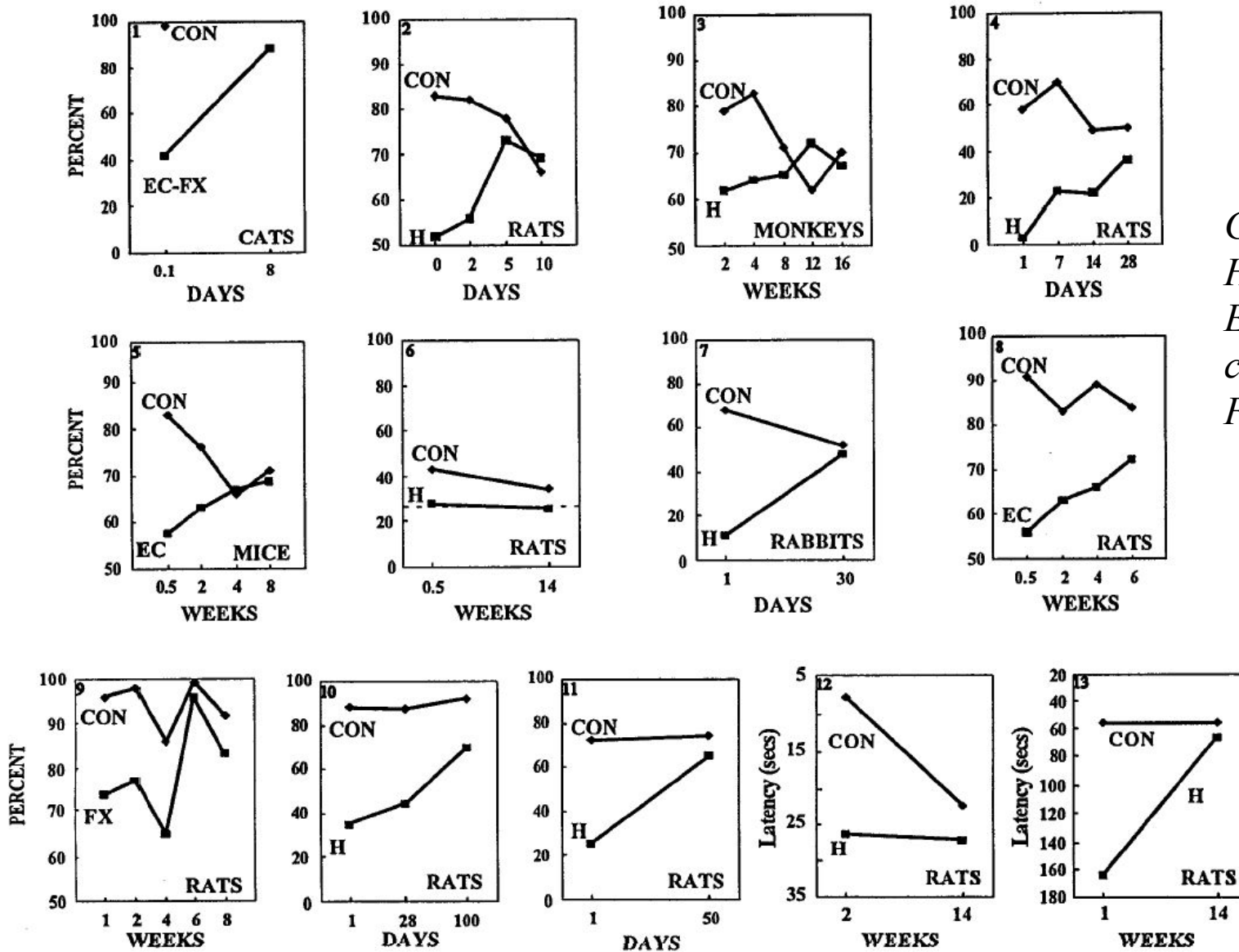


*behavioural*

*neural (fMRI)*



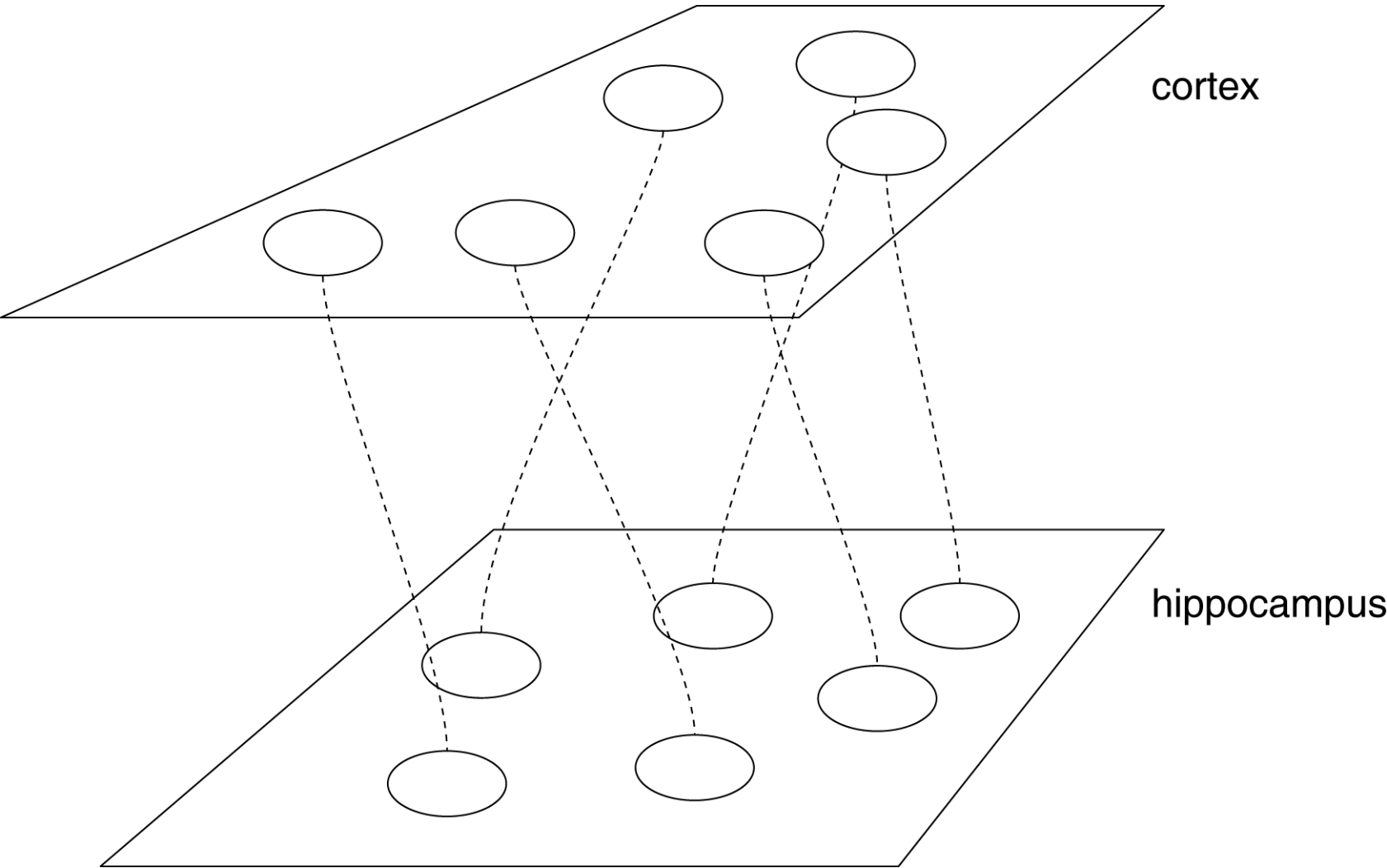
# Prospective animal studies of retrograde amnesia



*CON = control*  
*H = hippocampus*  
*EC = entorhinal cortex*  
*FX = fornix*

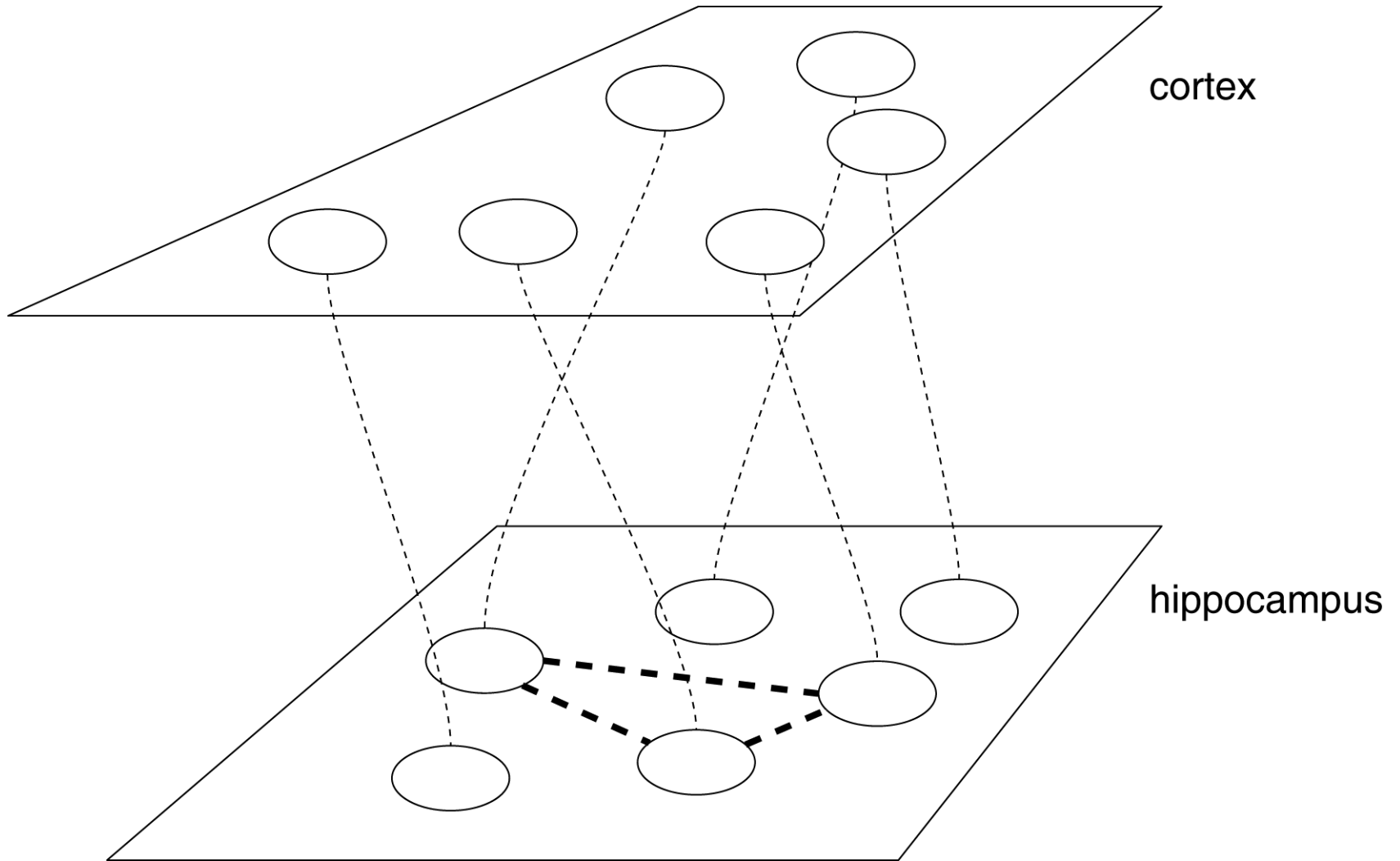
# Hippocampal-cortical consolidation (1)

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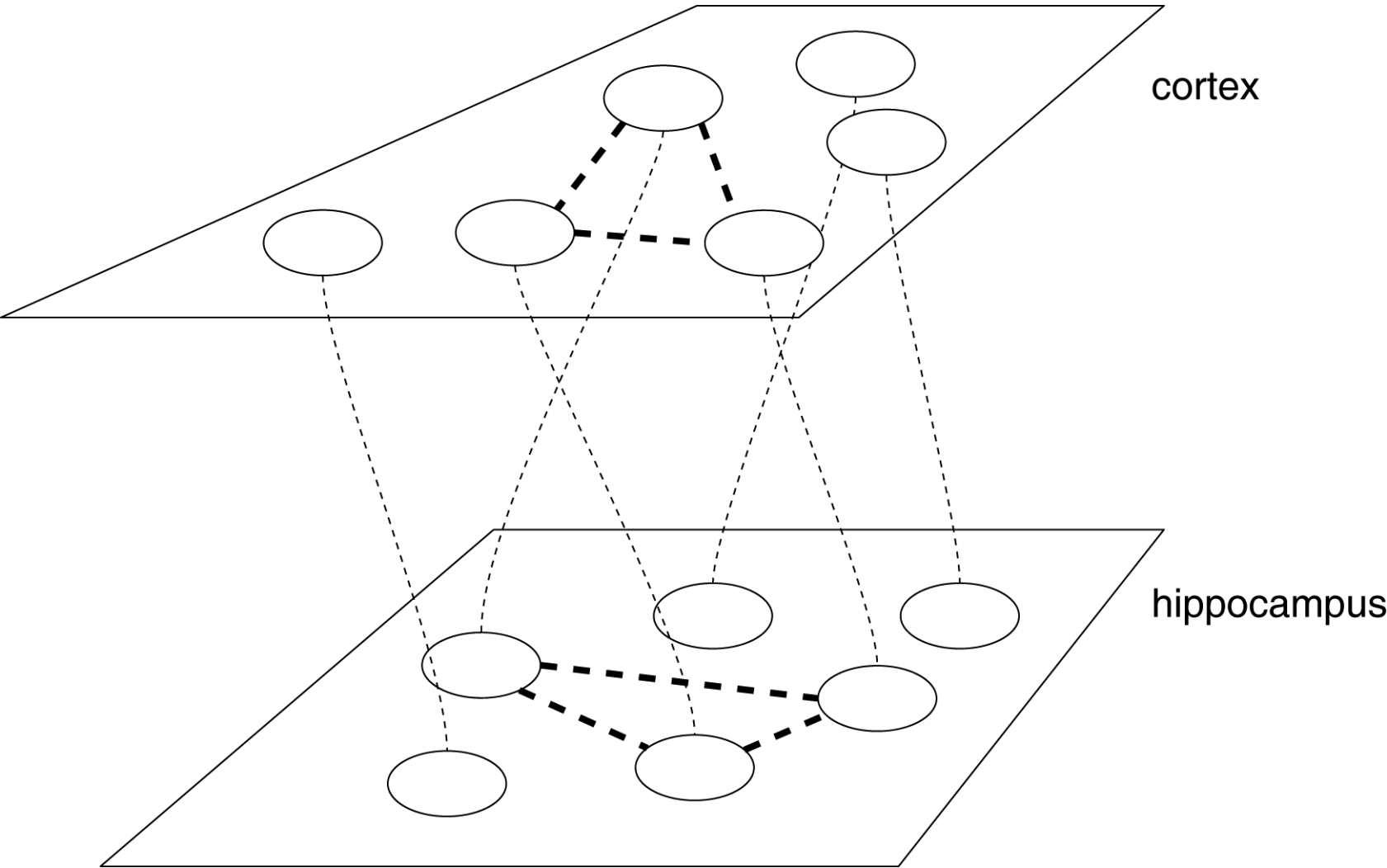
# Hippocampal-cortical consolidation (2)

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# Hippocampal-cortical consolidation (3)

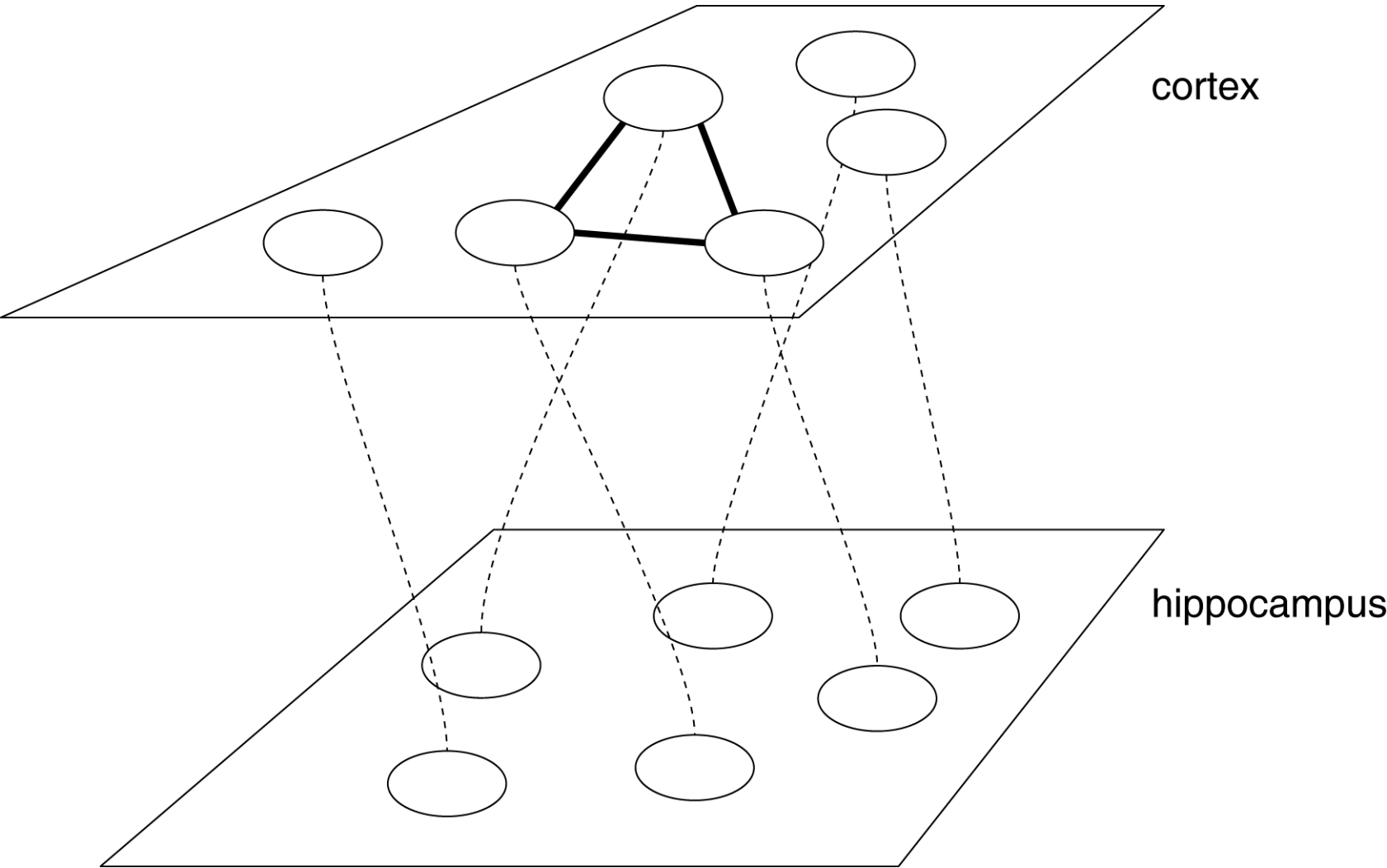
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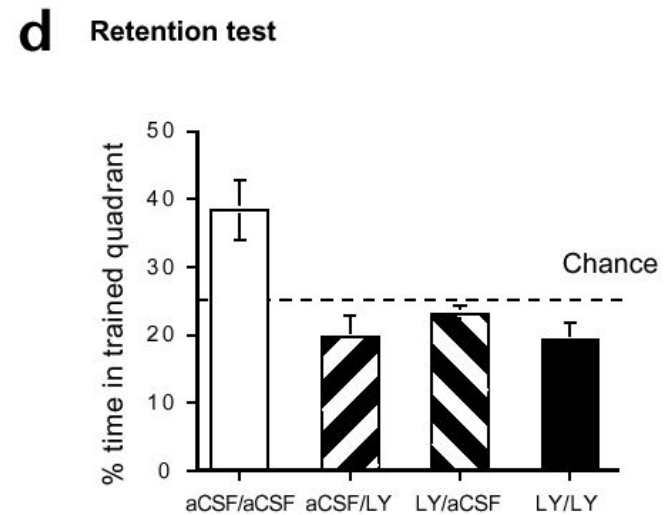
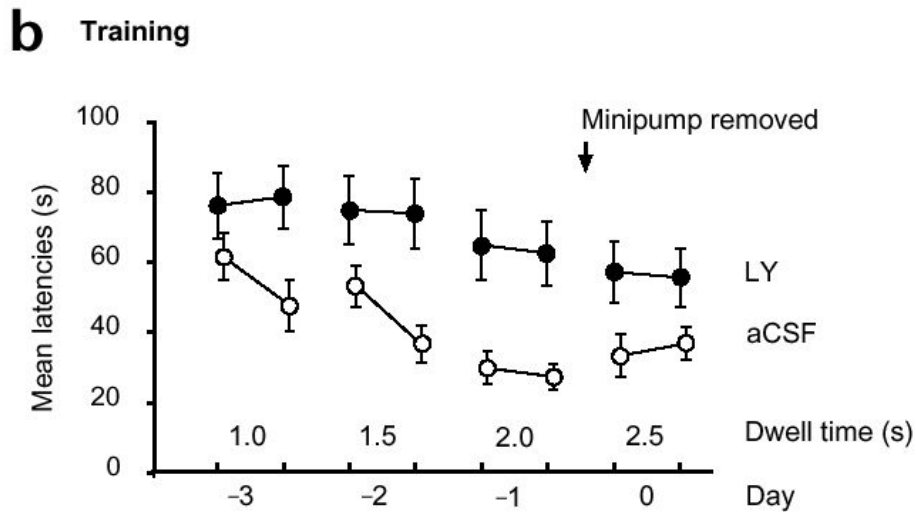
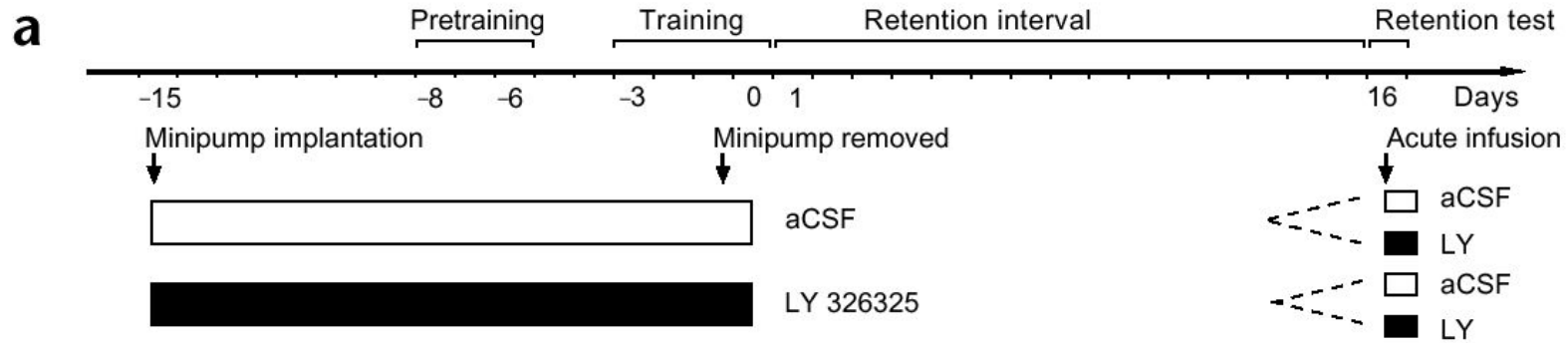


# Hippocampal-cortical consolidation (4)

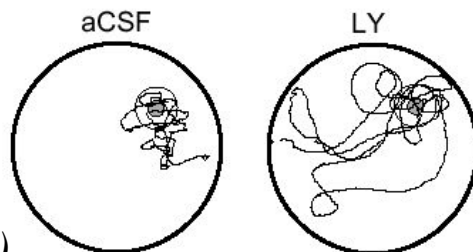
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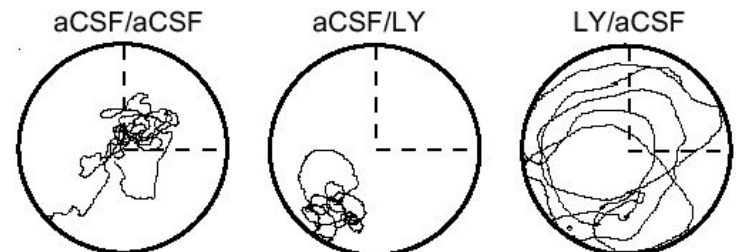
# The hippocampus encodes, retrieves, ?consolidates (1)



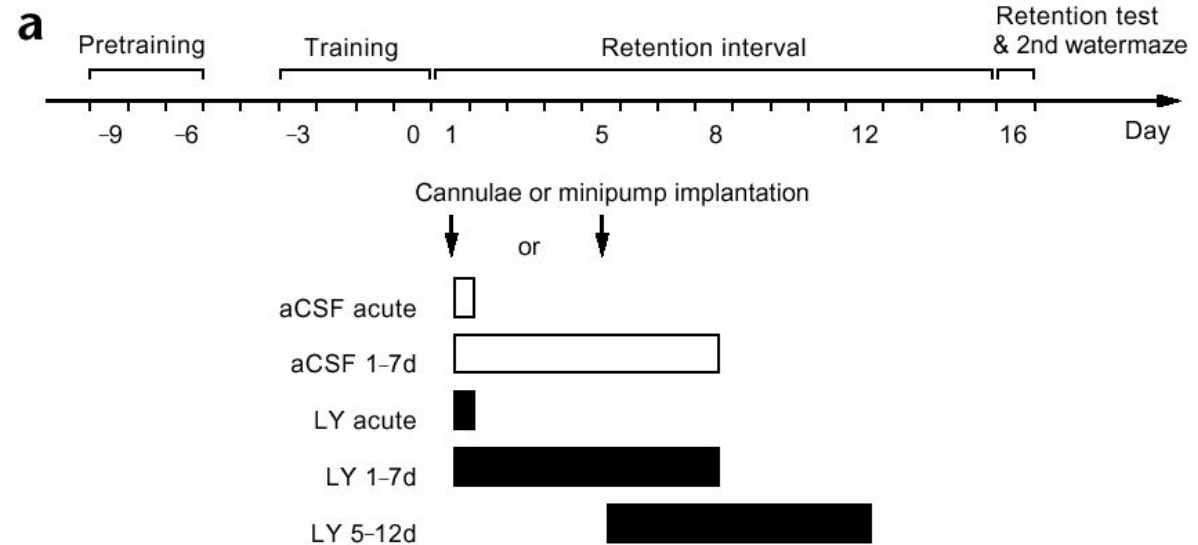
**c Swim paths on Training day -1**



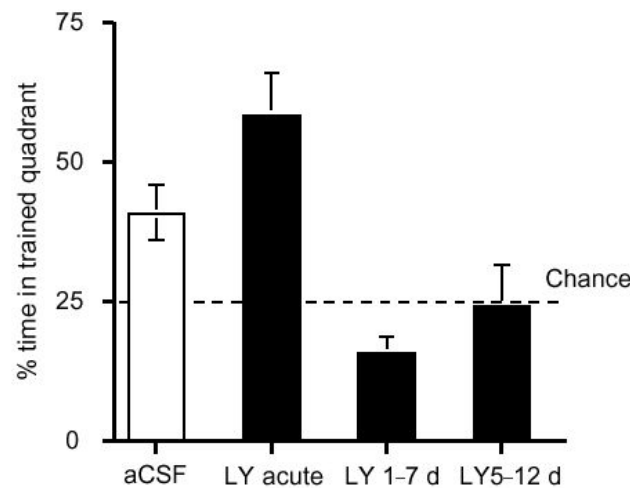
**e Swim paths in retention test**



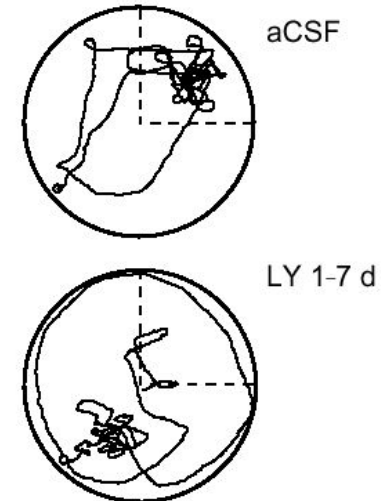
# The hippocampus encodes, retrieves, ?consolidates (2)



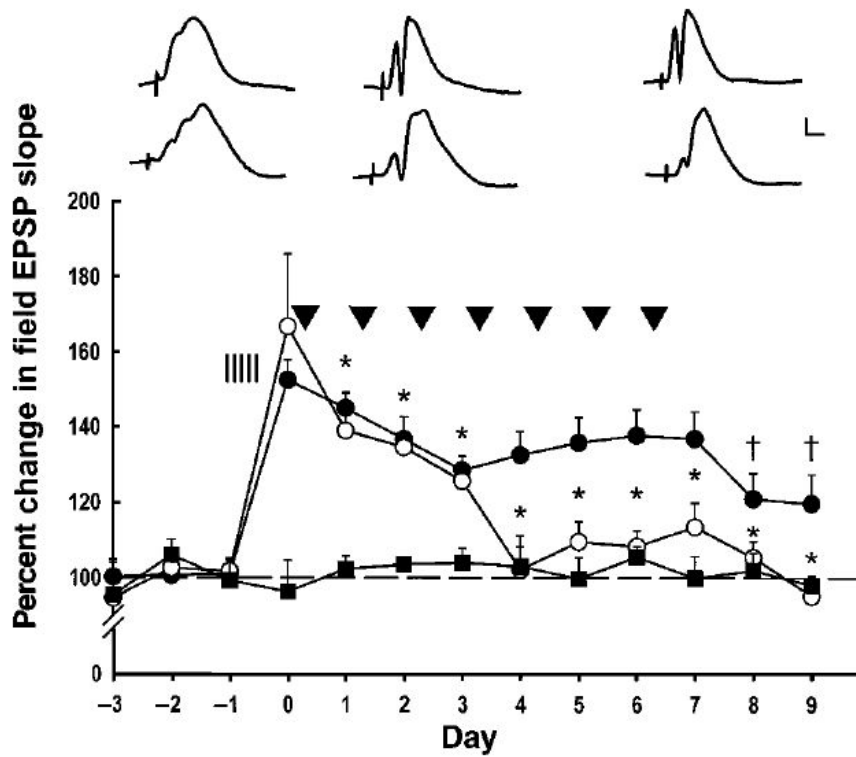
**b** Retention test



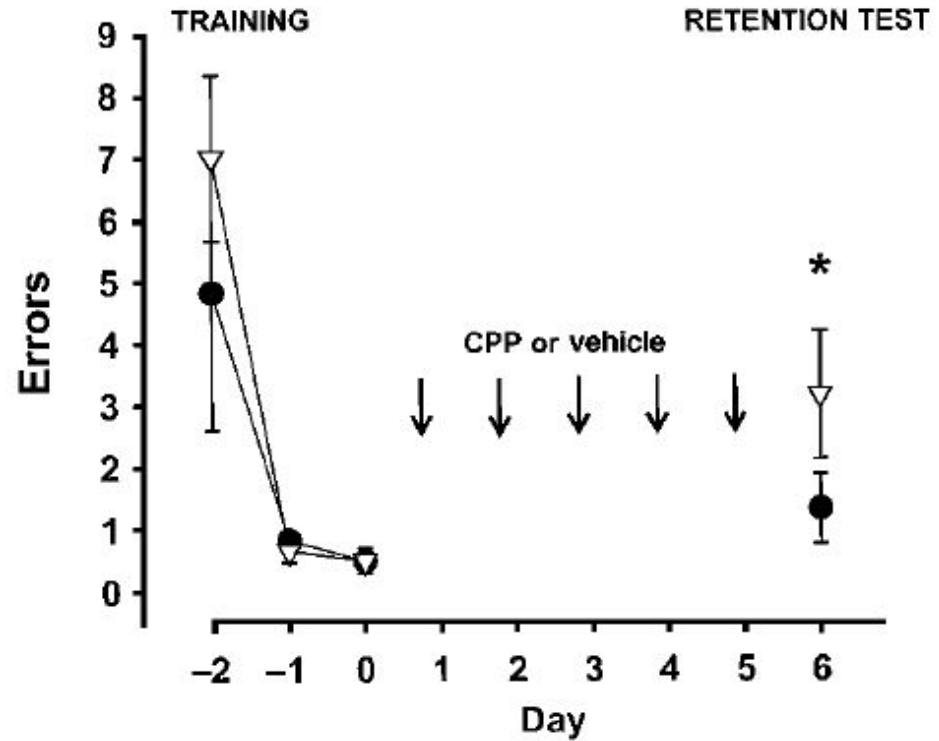
**c** Swim Paths



# Does blockade of NMDA receptors prevent forgetting?

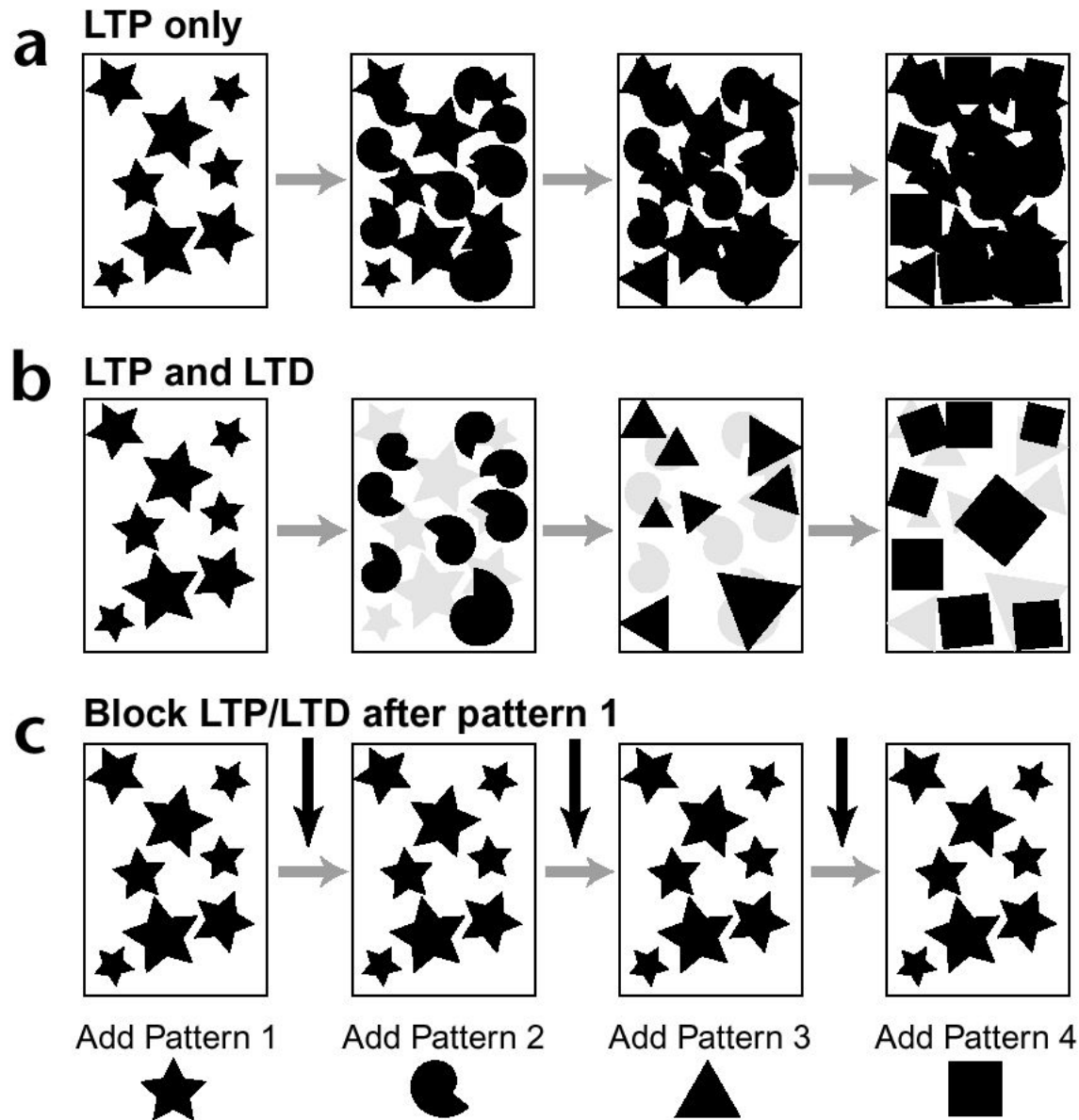


*Systemic CPP (black circles) blocks decay of hippocampal LTP, compared to vehicle (white circles).*



*Systemic CPP (black circles) blocks decay of a memory for 8-arm radial maze performance, a task that is hippocampus-dependent, compared to vehicle (white triangles).*

# The stability–plasticity dilemma: catastrophic interference



# *Sleep and consolidation*

# 'Replay' of hippocampal activity during sleep

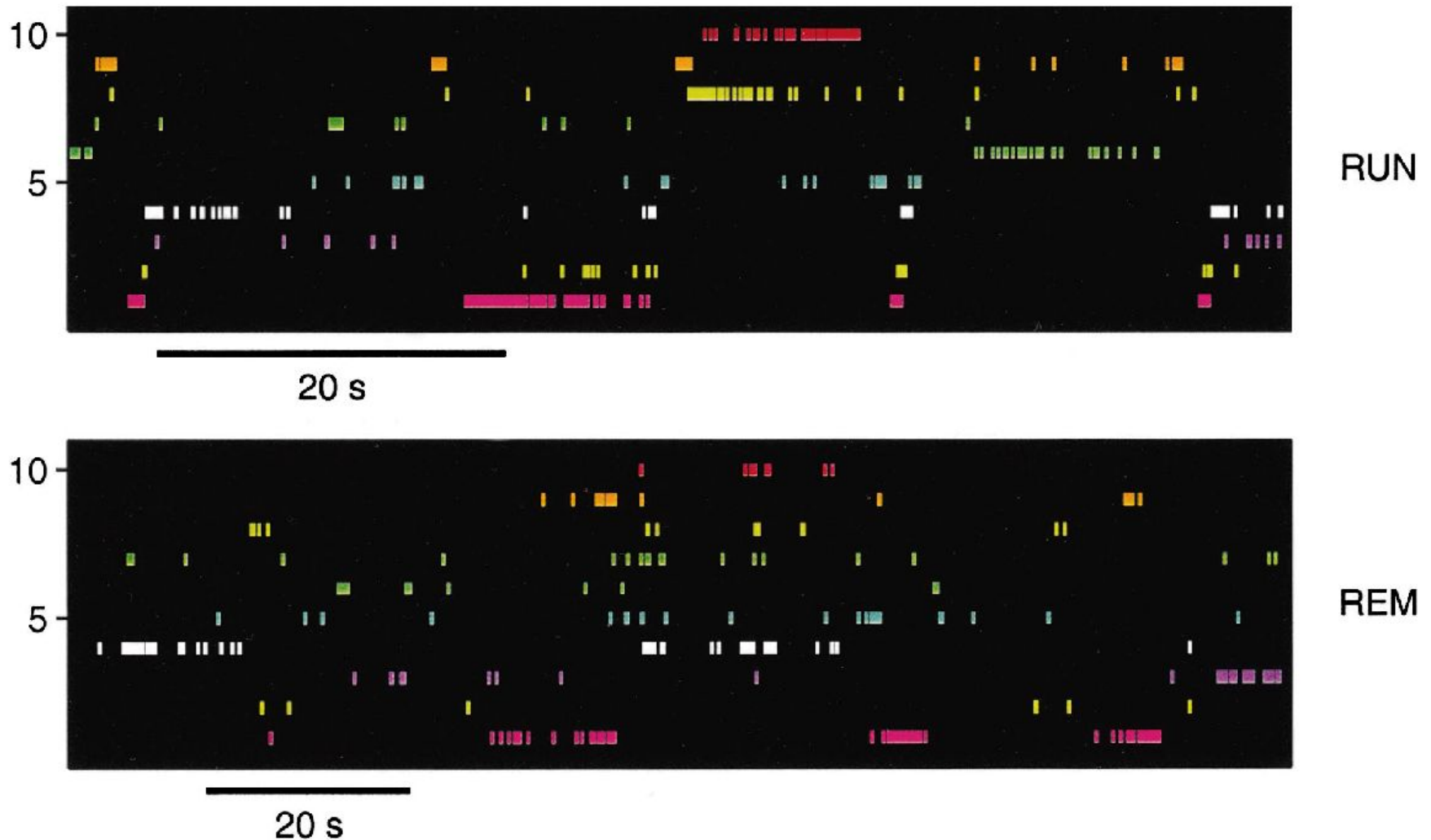
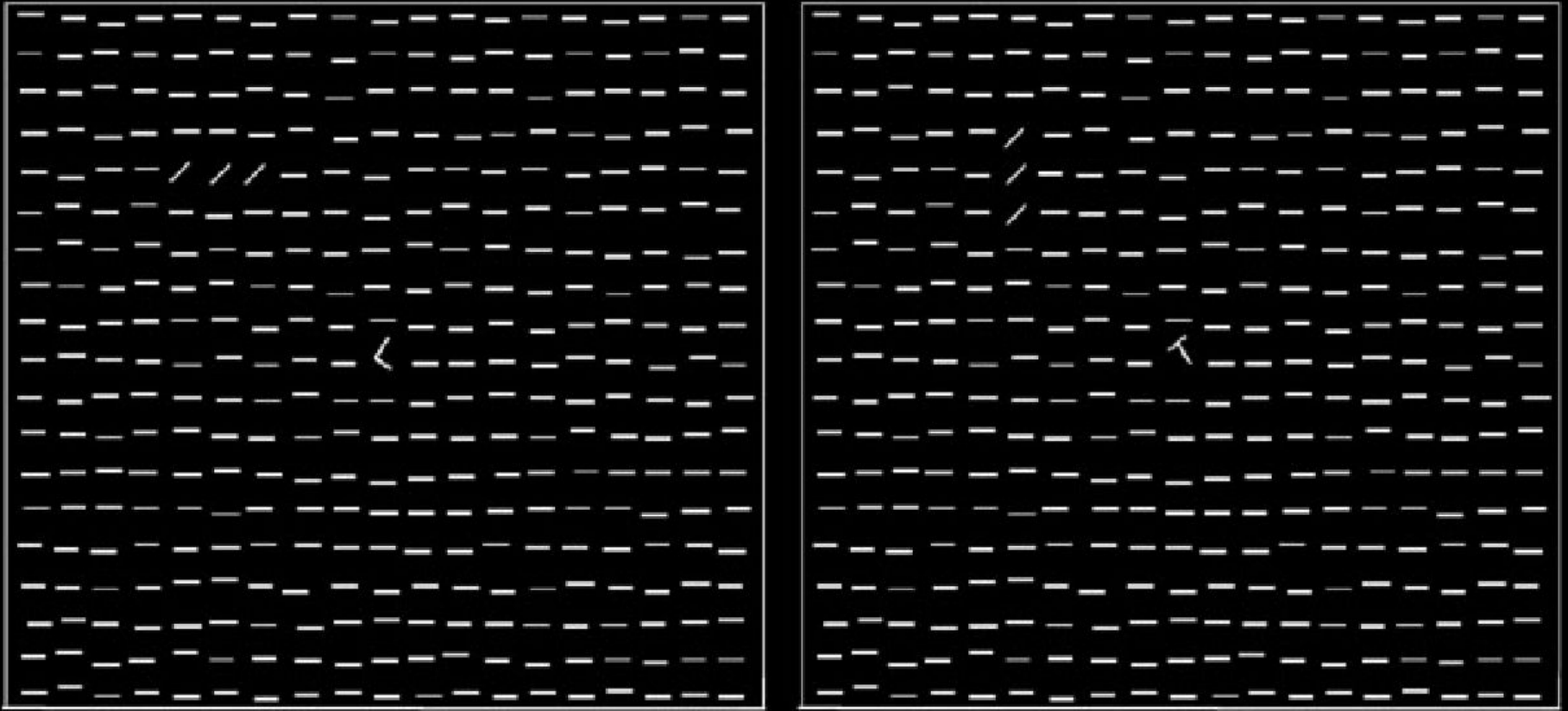


Figure 3. Example Correspondence between a REM Template and RUN Activity

(Top) Rasters of 10 pyramidal cells during a 75 s window from RUN. The RUN time axis is scaled to maximize raster alignment with REM (SF = 1.6). (Bottom) Rasters of the same cells over the duration of a 120 s REM template.

# 'Procedural' memory consolidation and sleep (1)

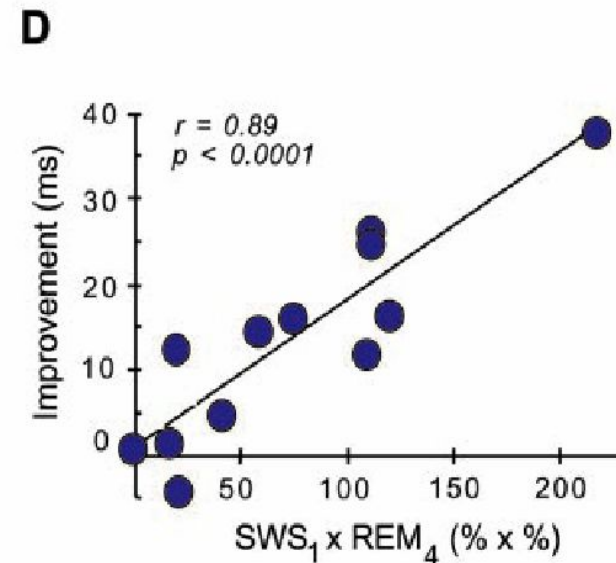
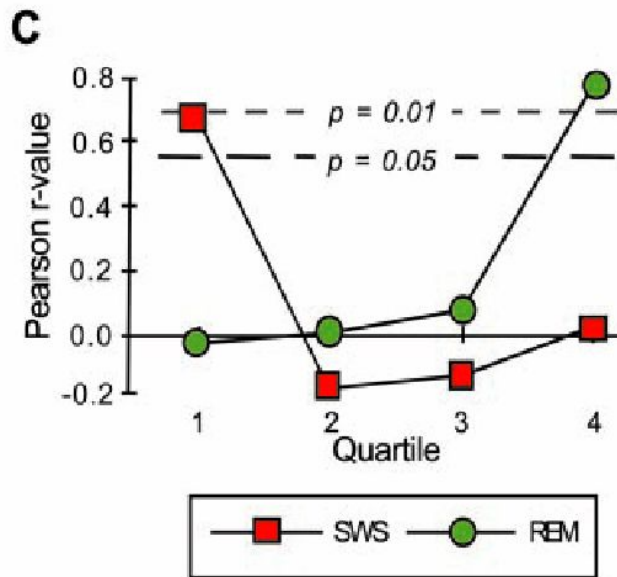
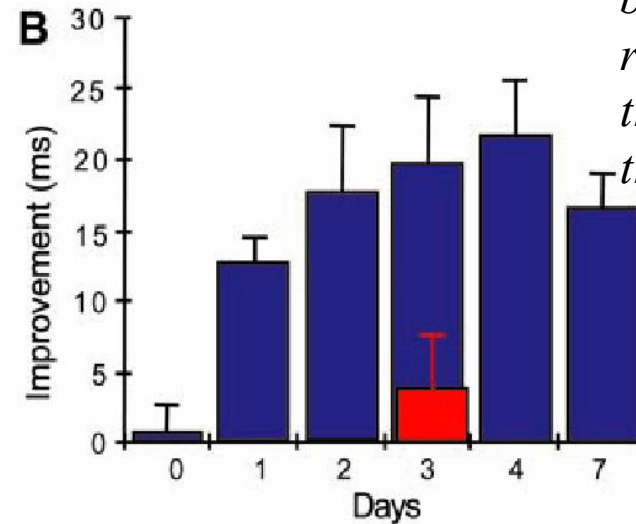
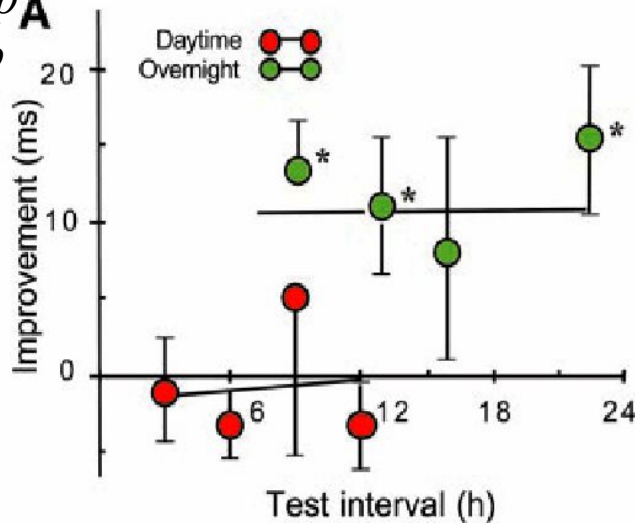


- *Subject must fixate centre and detect orientation of the /// pattern.*
- *Performance doesn't improve until several hours **after** practice.*
- *Improvements are specific to the trained quadrant (and eye), and last for years, suggesting alterations in early visual processing.*



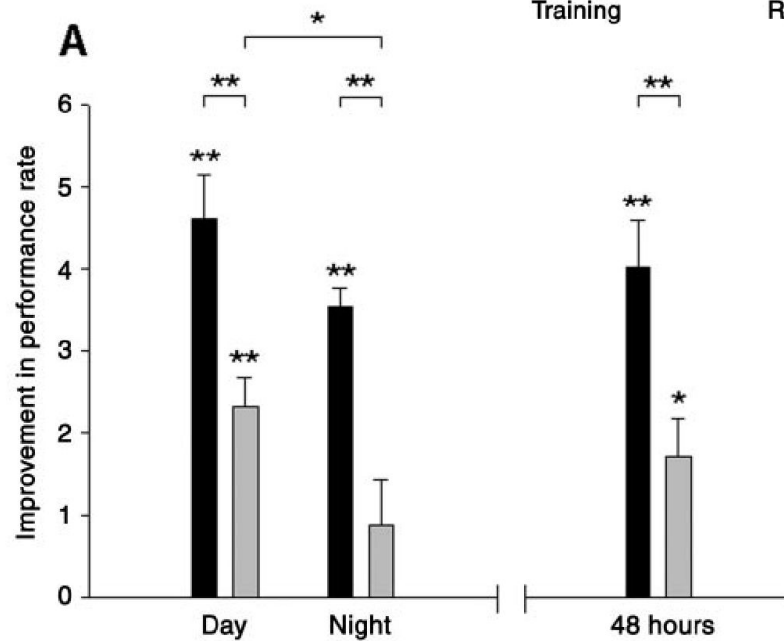
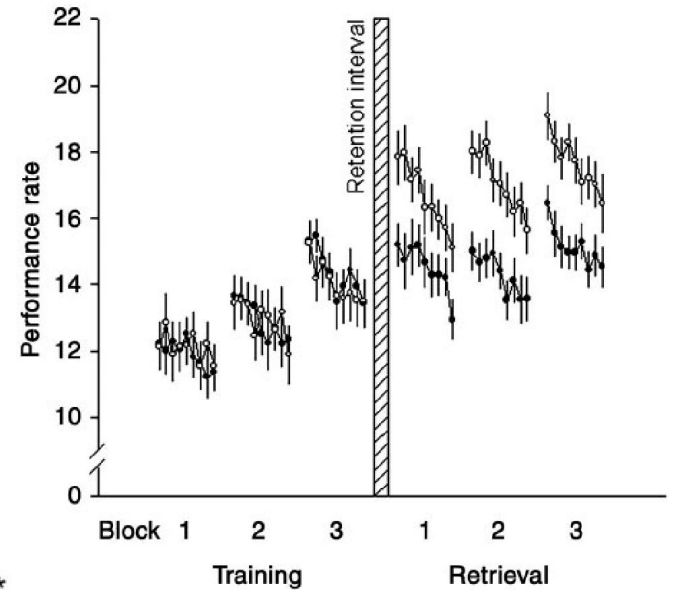
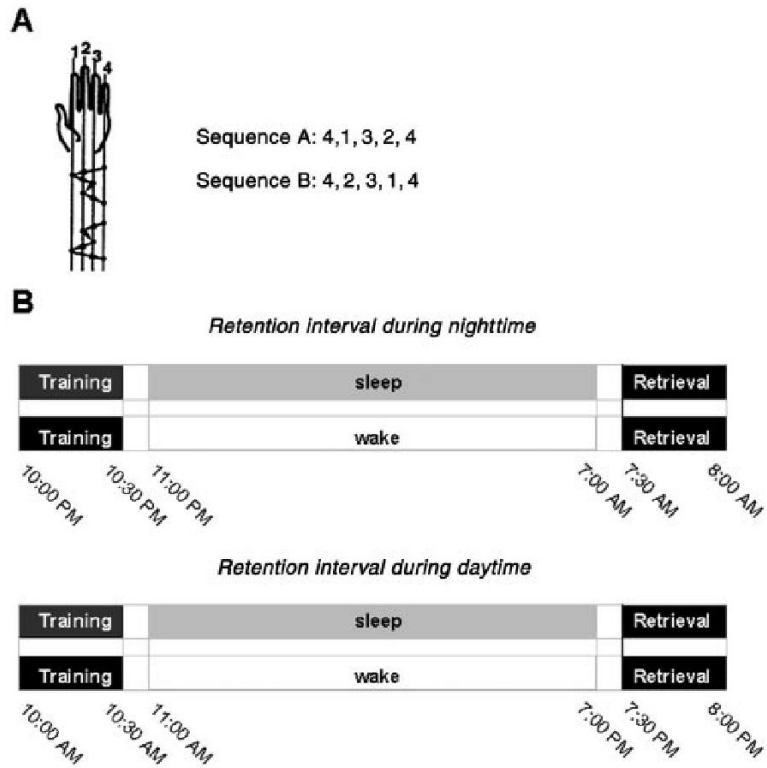
# 'Procedural' memory consolidation and sleep (2)

red = no sleep  
green = sleep



Stickgold et al. (2002). Between-subjects design (subjects were tested only once).

# 'Procedural' memory consolidation and sleep (3)



Fischer et al. (2002). "Sleep forms memory for finger skills." Retention interval

# REM sleep across species

## High REM Sleep ≥ 3 hours of REM sleep/day

**Platypus**  
*Ornithorhynchus anatinus*



8 REM, 14 Total

**Thick-tailed Opossum**  
*Lutreolina crassicaudata*



6.6 REM, 18 Total

**Ferret**  
*Mustela nigripes*



6 REM, 14.5 Total

**Big Brown Bat**  
*Eptesicus fuscus*



3.9 REM, 19.7 Total

**European Hedgehog**  
*Erinaceus europaeus*



3.5 REM, 10.1 Total

**Armadillo**  
*Dasypus novemcinctus*



3 REM, 17 Total

**Human**  
*Homo sapiens*



2 REM, 8 Total

## Low REM Sleep ≤ 1 hour of REM sleep/day

**Guinea Pig**  
*Cavia porcellus*



1 REM, 9.5 Total

**Guinea Baboon**  
*Papio papio*



1 REM, 9.5 Total

**Sheep**  
*Ovis aries*



0.6 REM, 5.9 Total

**Horse**  
*Equus caballus*



0.5 REM, 3 Total

**Giraffe**  
*Giraffa camelopardalis*



0.5 REM, 4.5 Total

**Bottlenose Dolphin**  
*Tursiops truncatus*



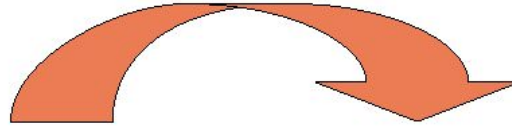
<0.2 REM, 10 Total

# *Reconsolidation*

# 'Reconsolidation'

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(a)



## Short-term memory (STM)

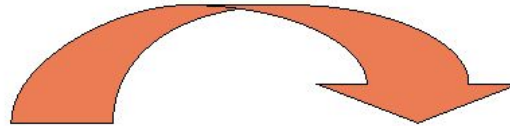
- Lasts for seconds to hours
- 'Labile' (sensitive to disruption)
- Does not require new RNA or protein synthesis

## Long-term memory (LTM)

- Lasts for days to weeks
- Consolidated (insensitive to disruption)
- Does require new RNA or protein synthesis

*consolidation*

(b)



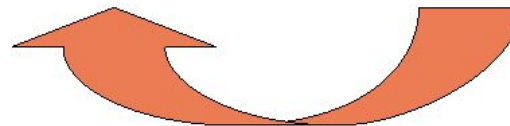
## Active state (AS)

- Lasts for seconds to hours
- 'Labile' (sensitive to disruption)
- (Does not require new RNA or protein synthesis)

## Inactive state (IS)

- Lasts for days to weeks
- Inactive (insensitive to disruption)
- (Does require new RNA or protein synthesis)

*reconsolidation*



# Reconsolidation in the amygdala (1)

*Conditioned freezing requires the basolateral amygdala (BLA) — the BLA is a key site of association.*

- *Train CS(tone) → US(shock)*
- *Present CS; infuse anisomycin (protein synthesis inhibitor) or vehicle into BLA*
- *Test conditioned freezing to the CS*

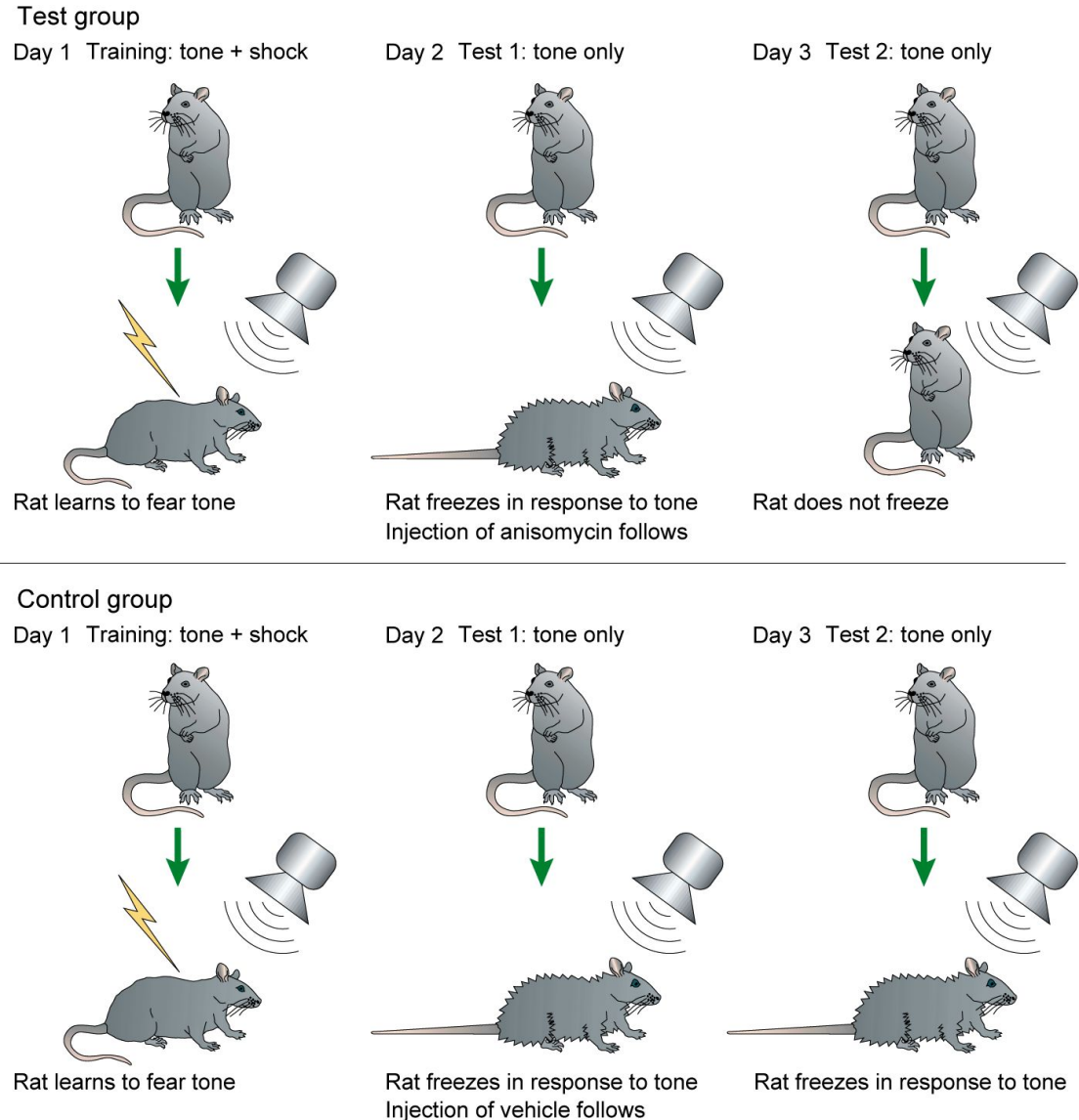
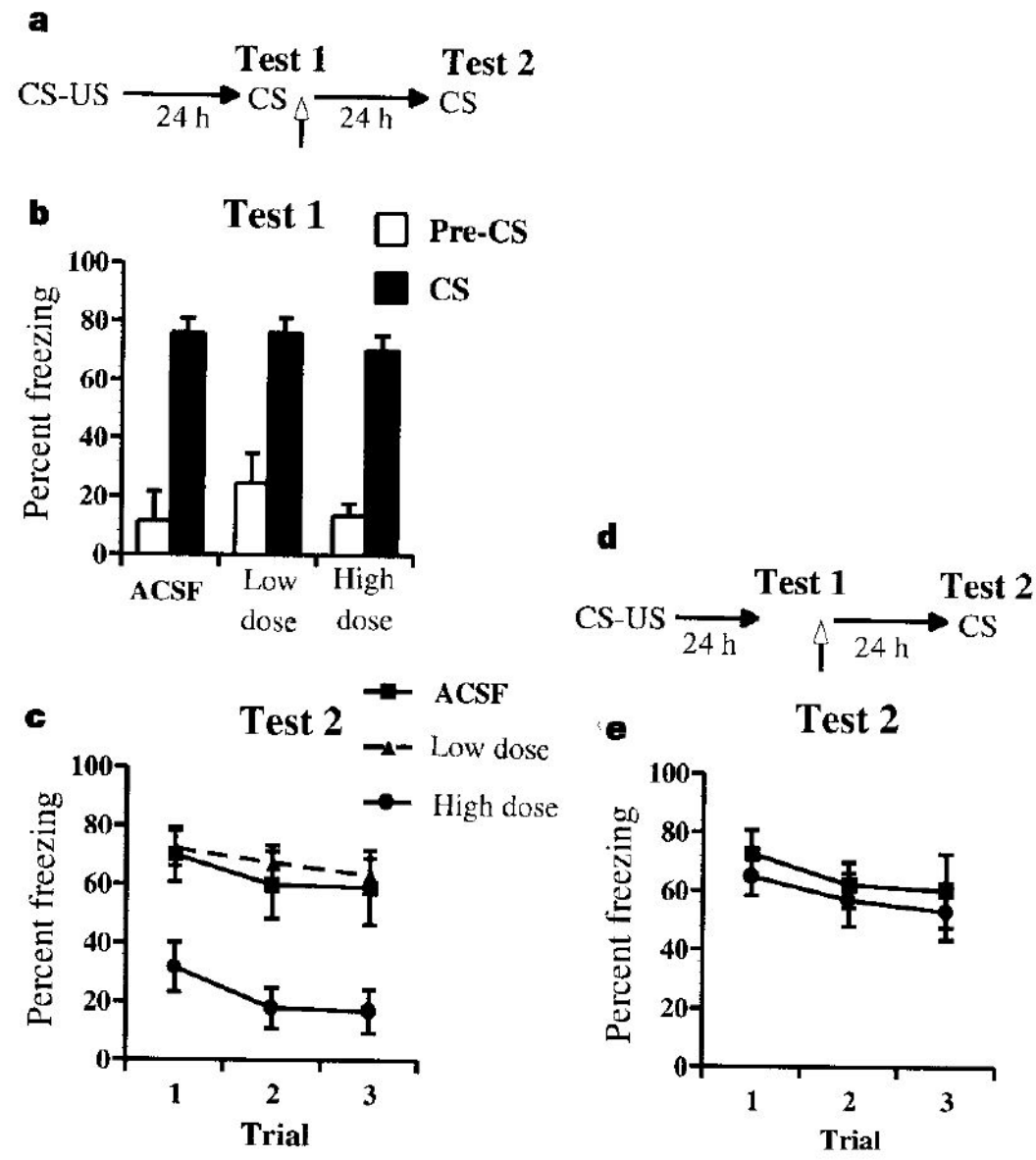
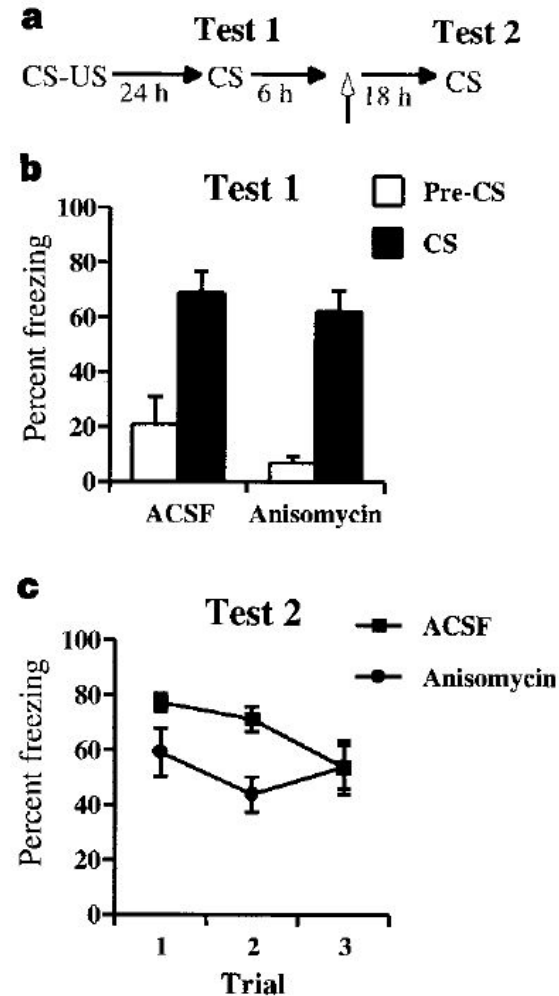


Figure 1 | Manipulations used to show reconsolidation. Memory for fear is disrupted in the test group if the tone is presented before the injection of anisomycin. In the control group, fear conditioning persists after the initial retrieval event (day 3).

# Reconsolidation in the amygdala (2)



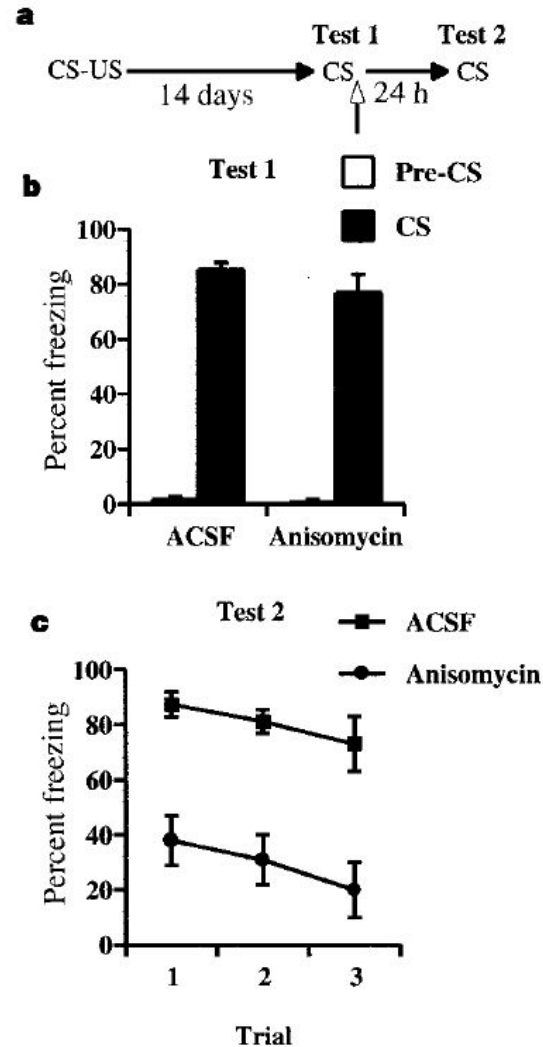
# Reconsolidation in the amygdala (3)



**Figure 3** Intact memory if anisomycin infusions are delayed by 6 h. **a**, The behavioural procedure used for experiment 2. Vertical open-headed arrows represent infusions. **b**, Freezing on test 1 was specific to the CS and comparable across groups. **c**, Percent freezing during test 2. The groups are not significantly different. All data points represent group means  $\pm$  s.e.m.

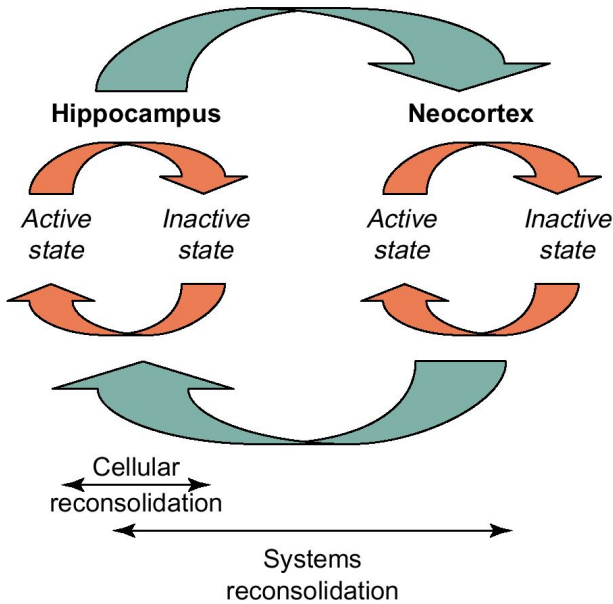


# Reconsolidation in the amygdala (4)

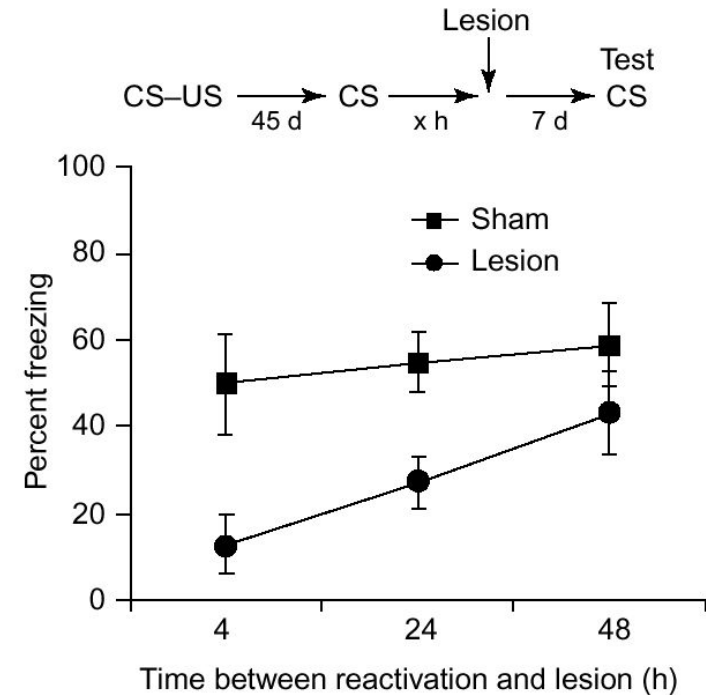
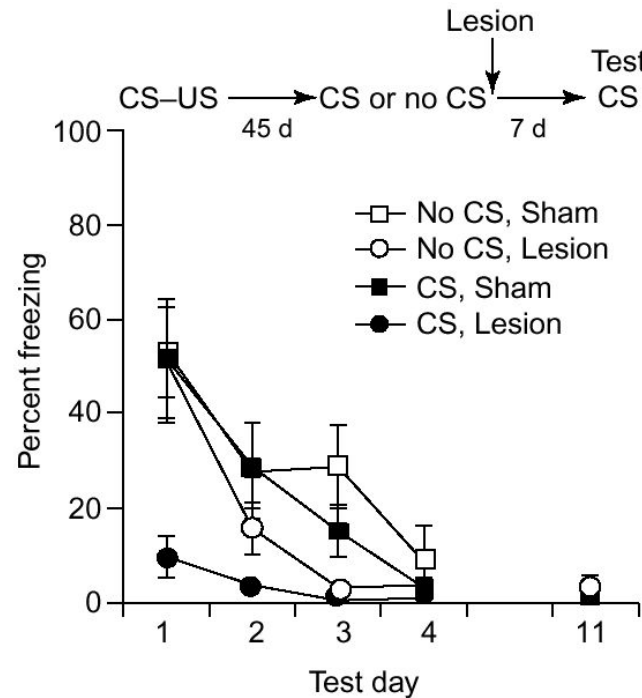


**Figure 4** Fourteen days after training, anisomycin infusions after reactivation of the memory still produce amnesia. **a**, The behavioural procedure used for experiment 3. Vertical open-headed arrows represent infusions. **b**, Freezing during test 1 was specific to the CS and was comparable across groups. **c**, Percent freezing on test 2. All data points represent group means  $\pm$  s.e.m.

# 'Cellular' and 'systems' reconsolidation in the hippocampus



- *Train CS(context) → US(shock)*
- *Present CS (or not); lesion hippocampus (or not).*
- *Test conditioned freezing to the CS*



## 1969: ECT for obsessive–compulsive disorder

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Patients with OCD or hallucinations were **given ECT after being prompted to act out their desires** or after their hallucination had begun. **All 28 patients... improved** dramatically for periods ranging from 3 months to the time of publication of the manuscript, 10 years later. One relapsed, but was treated once using the same approach and recovered.

**Many of the subjects had previously received between 5 and 28 ECT sessions, while anaesthetized, with little benefit.**

**Case study.** 30–year–old woman with OCD received 22 ECT treatments in 1 year while anaesthetized, but became worse. She was made to act out her compulsion of killing her mother with a butcher’s knife and was then administered a single session of ECT while still awake. ‘The next day, greatly improved, she went home and spoke kindly to her mother for the first time in years. She asked her mother “Do you love me?” and then kissed her. When the author asked if she still felt like stabbing her mother, she laughed and said, “Oh, she doesn’t deserve anything like that”’. She

returned home and to work and remained free of symptoms for  
*Rubin et al. (1969); Rubin (1976); see Nader (2003)*

## Cautionary note...

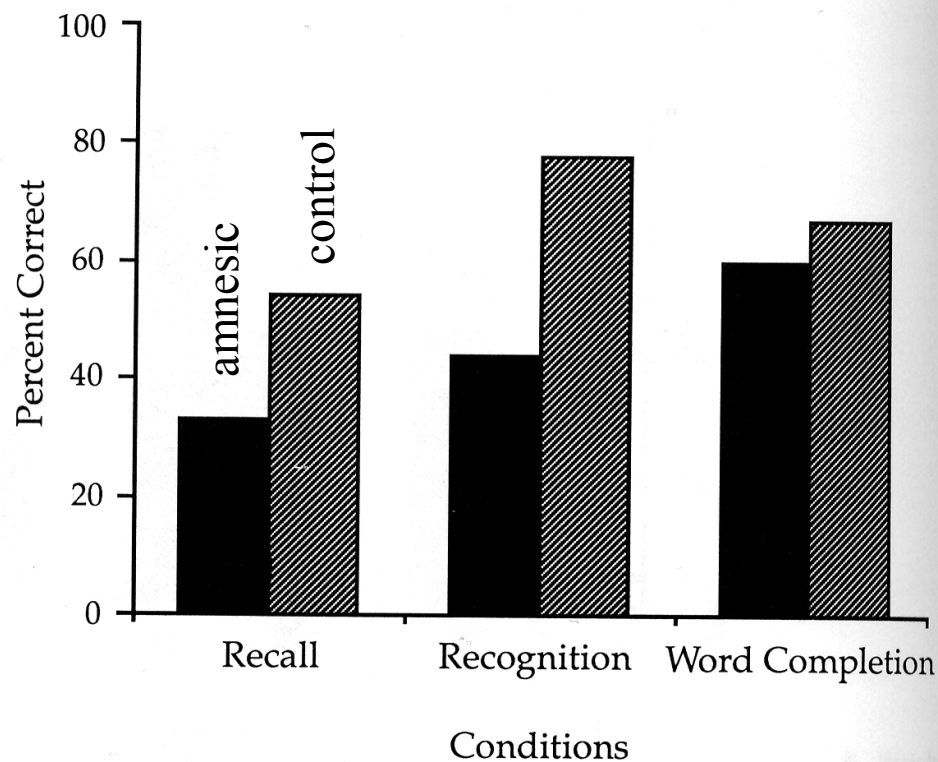
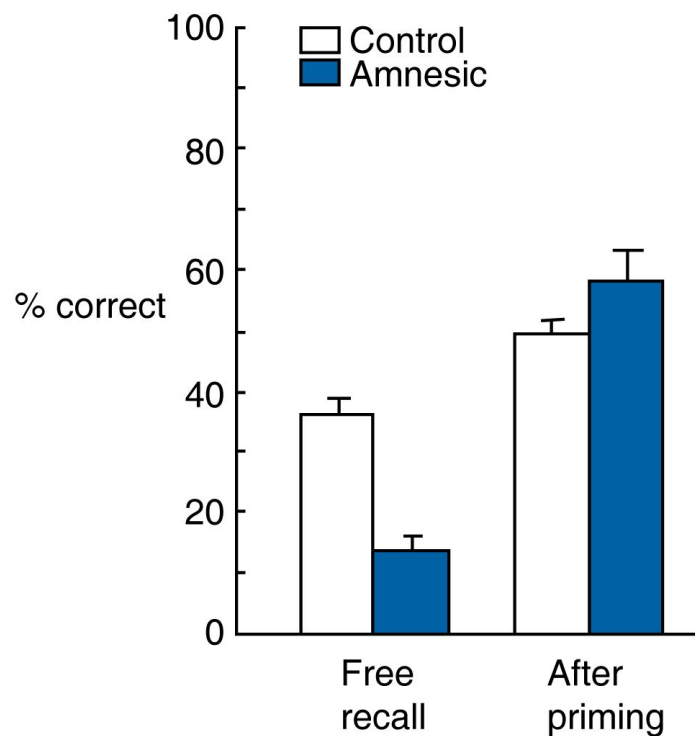
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- There's a long history of research into the effects of protein synthesis inhibitors on memory (Flexner *et al.*, 1963).
- Protein synthesis inhibitors have **side-effects**. Might these be responsible for effects on consolidation — or interfere with *retrieval* of the memory?
- The original work foundered because **the amnesic effects of puromycin** (a protein synthesis inhibitor) **were not duplicated by another protein synthesis inhibitor**; it turned out that a metabolite of puromycin was responsible for its effects (by an unknown mechanism) (Flexner *et al.*, 1967).

*Those who cannot remember the past are condemned to repeat it.*  
George Santayana, 1863–1952

# Amnesia... a problem with *retrieval*?

ABSENT	ABS_____
INCOME	INC_____
FILLY	FIL_____
DISCUSS	DIS_____
CHEESE	CHE_____
ELEMENT	ELE_____



*Graf et al. (1984)*

*Warrington & Weiskrantz (1970)*

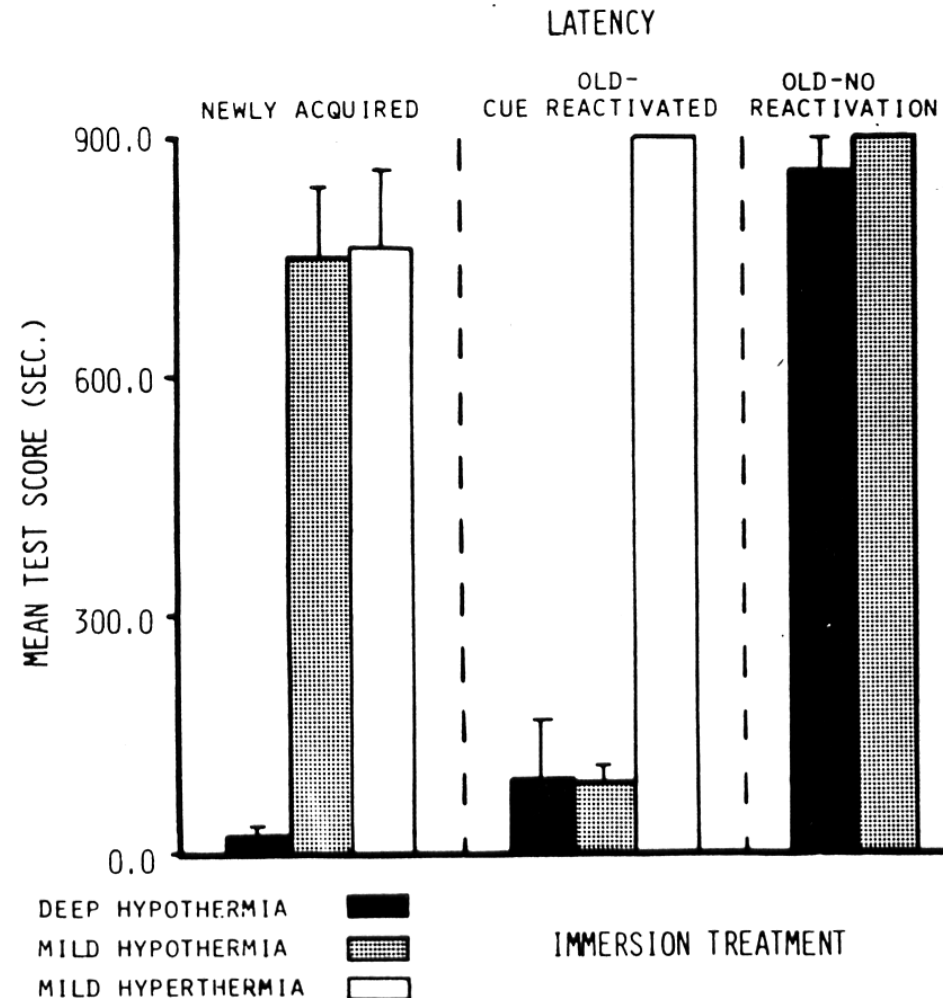
# 'Loss' of new or reactivated memories following hypothermia

- *Passive avoidance task (black chamber → shock; measure latency to re-enter black chamber). So **high latency** = **good memory**.*
- ***Hypothermia** (21°C) to induce amnesia.*
- *'Cue reminder' = putting the animals back in the black chamber briefly (no shock).*

*'Newly acquired': training → hypothermia*

*'Old, cue reactivated': training → cue reminder → hypothermia*

*'Old, no reactivation': training → ... → hypothermia*



# Interfering with reconsolidation... or a problem with *retrieval*?

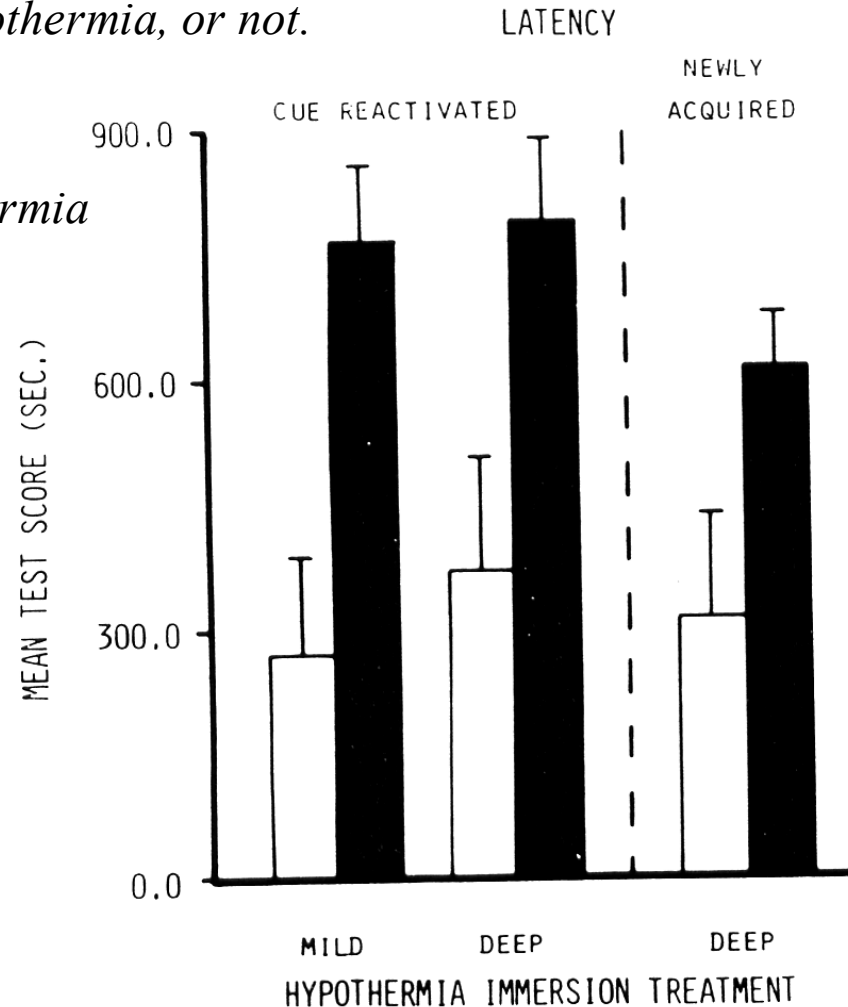
- Remember, *high latency* = *good memory*.

‘Newly acquired’ group: training → hypothermia.

‘Cue reactivated’ group: training → ... → cue reminder → hypothermia.

All groups then receive additional ‘reminder’ hypothermia, or not.

*black* = reminder hypothermia  
*white* = no reminder



## Amnesia and interference with reconsolidation...

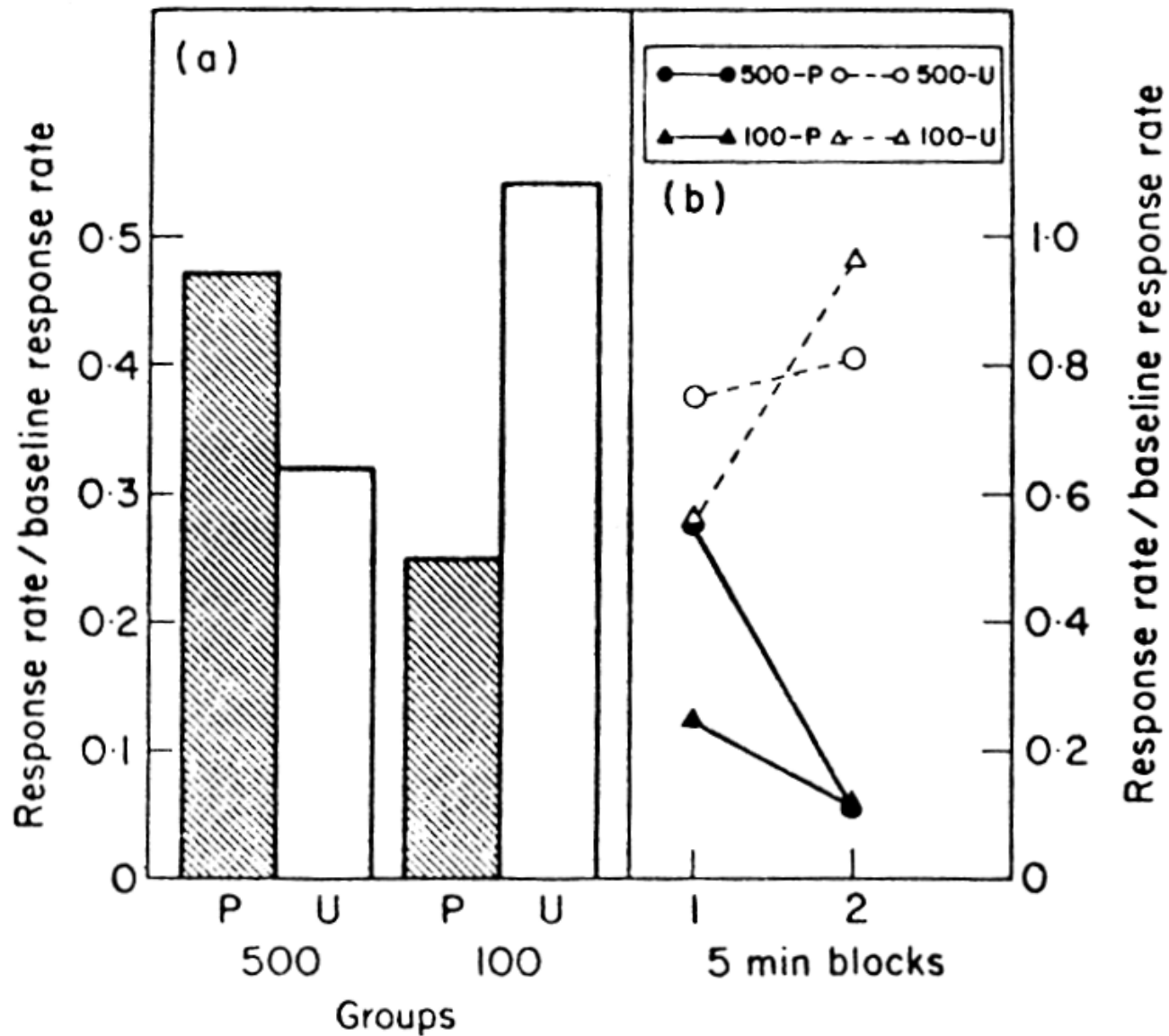
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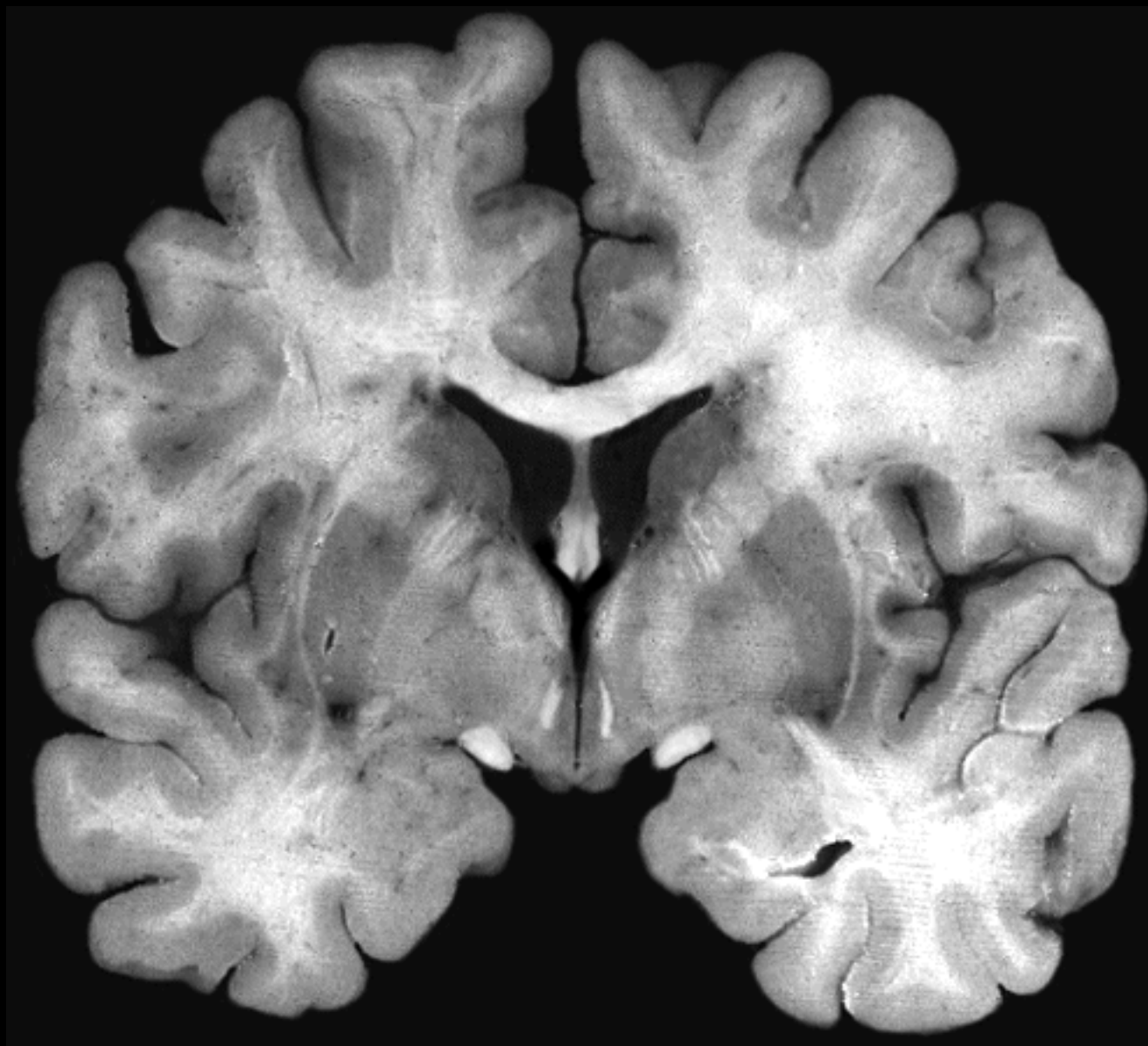
*“Common to the amnesias for both new and old learning is a striking persistence of the original information.”*



# *Habit learning*

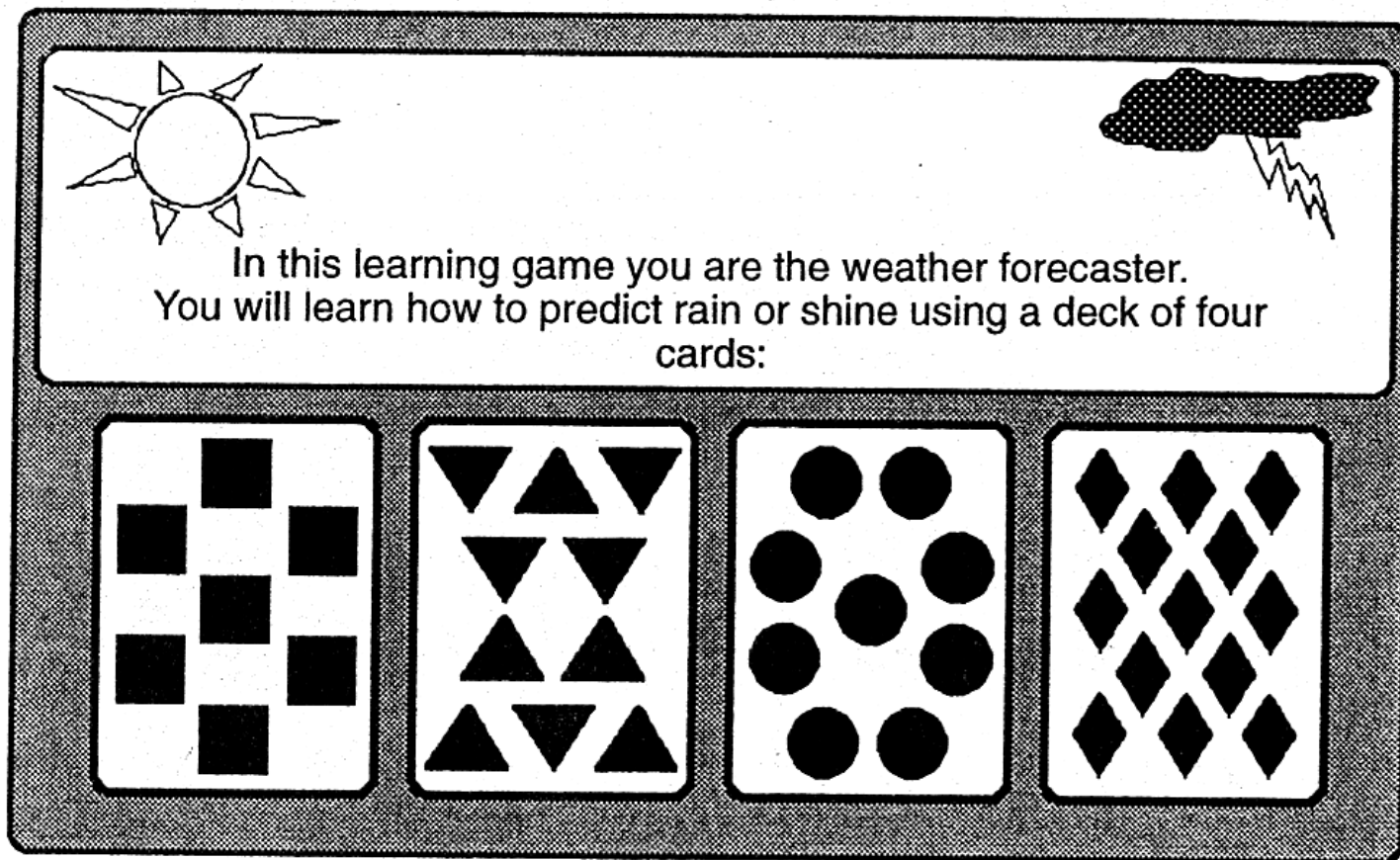
# Habits and learning theory





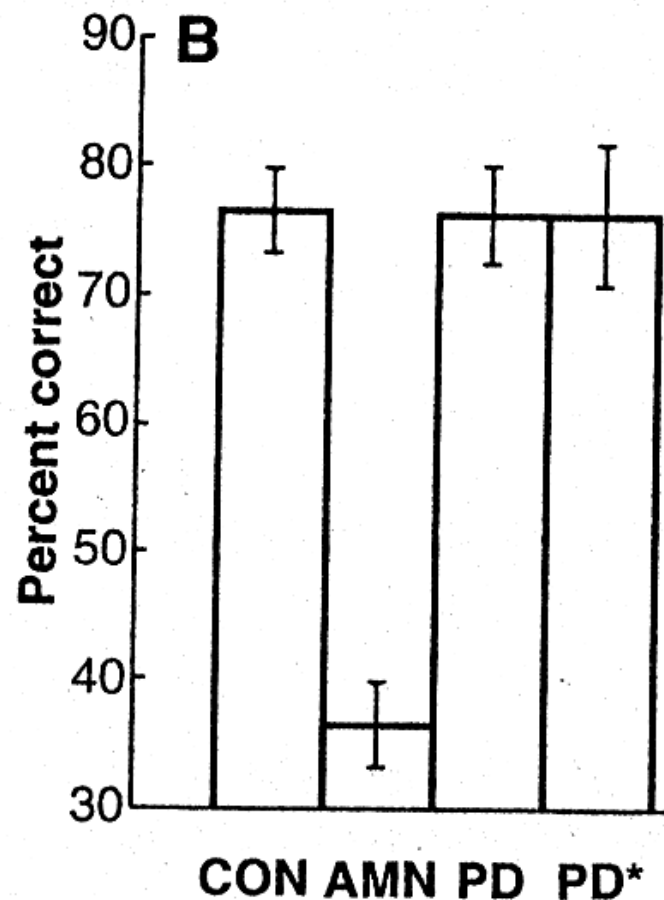
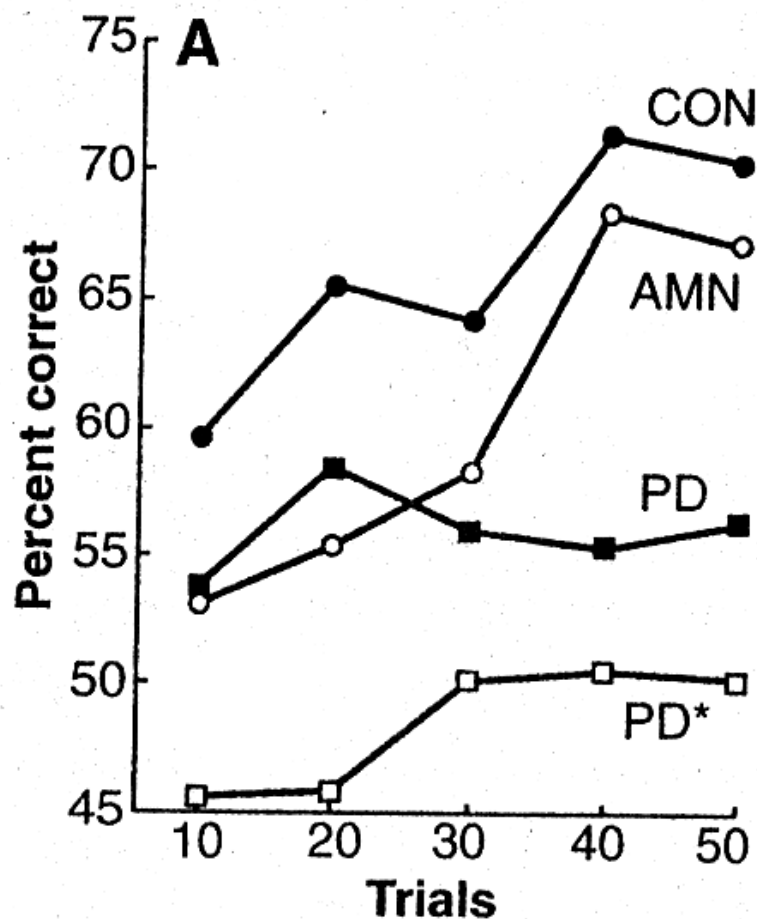
# A double dissociation between PD and amnesiacs (1)

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- **Task 1 (probabilistic classification):** one to three cards are shown. The subject must predict sunshine or rain. Feedback is provided (correct/incorrect). One cue is associated with sunshine on 25% of occasions; one on 43% of occasions; one 57%; one 75%
- **Task 2 (declarative):** memory for features of the game (screen layout, cues, etc.) is tested with four-way multiple-choice questions.

## A double dissociation between PD and amnesiacs (2)



• **PD patients:** impaired on probabilistic classification task, not declarative. (PD\* = severe.)

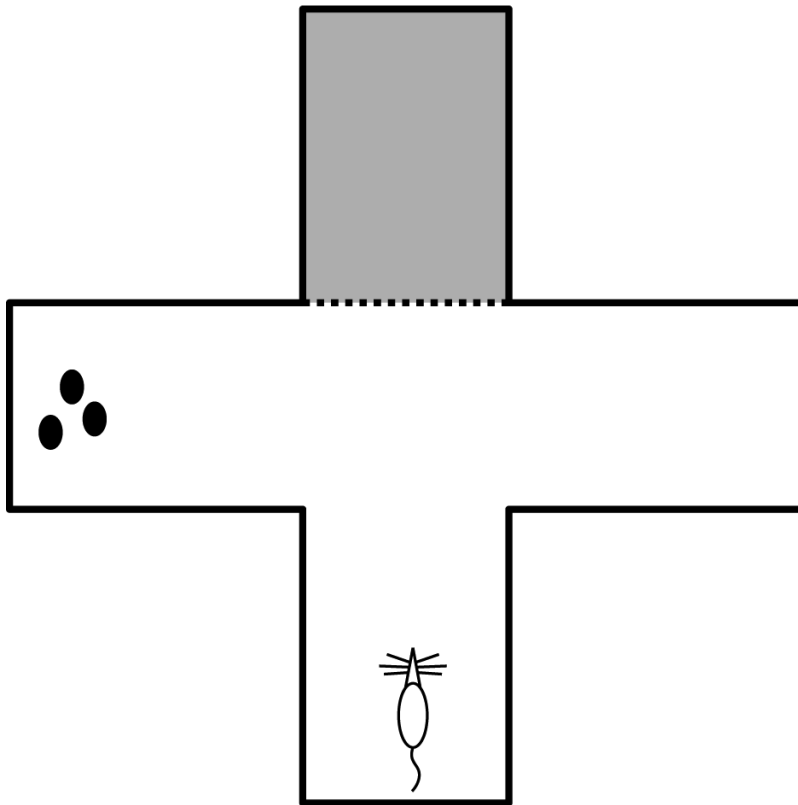
• **Amnesic patients (with bilateral hippocampal damage or midline diencephalic damage):** impaired on declarative task, not probabilistic classification.

Knowlton et al. (1996)

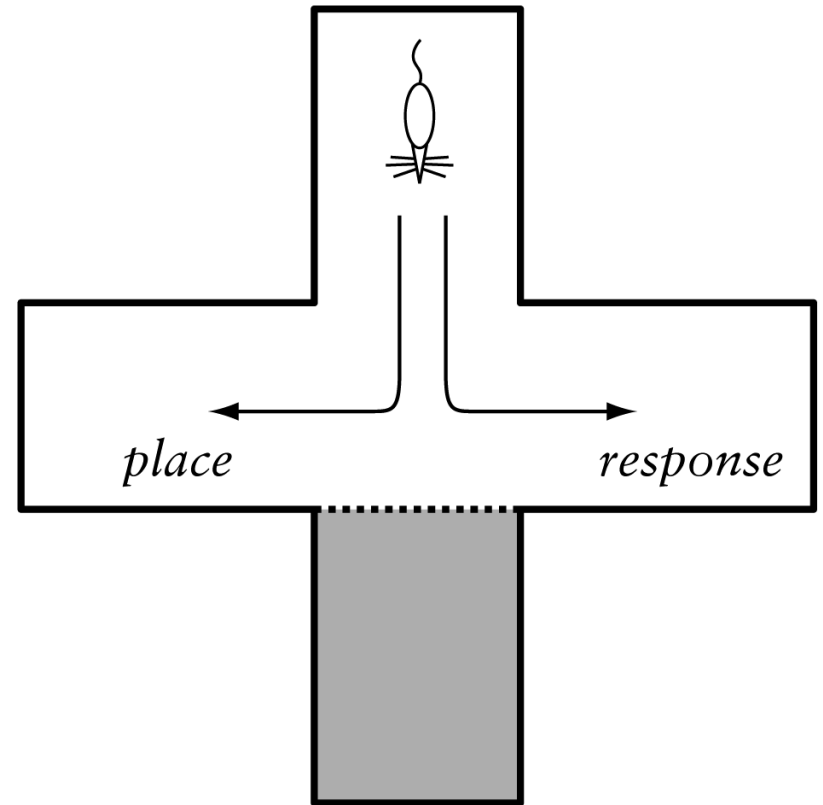
# Habits and the dorsal striatum (1)

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*Training*



*Testing*



# Habits and the dorsal striatum (2)

