Physiological Optics and the Photoreceptor Mosaic

Adam M Dubis, PhD

14 January 2020

NEUR 0017 Visual Neuroscience

Outline

- O The eye
- O Visual optics
- O Image quality
- O Measuring image quality
- O What limits visual performance?
- O Refractive errors
- O Sampling
- Why visual acuity should be limited by the optics and sampling
- O Adaptive optics
- O Chromatic aberrations

The retina is carpeted with lightsensitive rods and cones

An inverted image is formed on the retina by the cornea and lens.



Cornea – Clear membrane on the front of the eye. Crystalline Lens – Lens that can change shape to alter focus. **Retina** – Photosensitive inner lining of eye Fovea – central region of retina with sharpest vision. Optic Nerve – bundle of

nerve fibers that carry information to the brain.

Eye Dissection and Part of the Eye

Amar Gajakosh – Help 4 Students

Visual optics

Cornea

Crystalline Lens





Leitgeb Laboratory





Borrowed from Jim Schwiegerling

Retinal cross-section



Retina 200 \times

Accommodation to Target Distance



Near target, accommodated eye, constricted ciliary muscles.

Accommodation





Relaxed ciliary muscle pulls zonules taut an flattens crystalline lens. Constricted ciliary muscle releases tension on zonules and crystalline lens bulges.



Jim Schwiegerling

Presbyopia (age related far-sightedness)



Images are formed directly on the retina creating good close up vision.

The lens ages and stiffens. Images are formed behind the retina causing blurry close up vision.

PSFs for different refractive errors



From Webvision, Michael Kalloniatis

Corrective lenses

Myopia

Hyperopia







www.BrainConnection.com ©1999 Scientific Learning Corporation

Emmetropia (normal) Myopia (nearsightedness) Hyperopia (farsightedness) Presbyopia (aged) Retinal Sampling and Resolution

Imaging Resolution



The Point Spread Function (PSF) characterizes the optical performance of the eye.

Point Spread Function Shape vs Resolution





Point Spread Function

Optical systems are rarely ideal.



Point spread function of Human Eyes





From Webvision, Michael Kalloniatis

Measuring Image Quality Psychophysically

- 1. Visual acuity measures
 - Review methods for measurement in the clinic/trial setting
 - What do these measures represent
- 2. Spatial contrast sensitivity measures
 - Review methods for measurement in the clinic/trial setting
 - How does this represent our vision

F \mathbf{P} TOZ LPED РЕСГD EDFCZP FELOPZD DEFPOTEC LEFODPCT PEZOLCFTD

1	20/200	6/60	S ta to
2	20/100	6/30	c is
3	20/70	6/21	
4	20/50	6/15	
5	20/40	6/12	
6	20/30	6/9	
7	20/25	6/7.5	
8	20/20	6/6	
9			
10			

11

Smallest resolvable black and white target. Many different types of tests are available , but the letter chart introduced by Snellen in 1862 is the most common.

Snellen defined "standard vision" as the ability to recognize one of his optotypes when it subtended 5 minutes of arc. Thus, the optotype can only be recognized if the person viewing it can discriminate a spatial pattern separated by a visual angle of 1 minute of arc.

6/60

6/30

6/21

6/15

6/12

6/9

6/7.5

6/6

1

2

3

4

5

6

7

8

9

10

11

20/200

20/100

20/70

20/50

20/40

20/30

20/25

20/20

A Snellen chart is placed at a standard distance, twenty feet in the US (6 metres in Europe). At this distance, the symbols on the line representing "normal" acuity subtend an angle of five minutes of arc, and the thickness of the lines and of the spaces between the lines subtends one minute of arc. This line, designated 20/20, is the smallest line that a person with normal acuity can read at a distance of twenty feet.

The letters on the 20/40 line are twice as large. A person with normal acuity could be expected to read these letters at a distance of forty feet. This line is designated by the ratio 20/40. If this is the smallest line a person can read, the person's acuity is "20/40."

тоz LPED ECF DFCZ FELOPZD DEFPOTEC NORMAL LEFOD ACUITY PEZOLCFTD

Visual Acuity: four standard methods



Borrowed from Arthur Bradley

Arthur Bradley

MAR = Minimum Angle of Resolution



6/6 (20/20) letter: bar/stroke width = 1 arc minute, letter height = 5 min Grating period = 2 arc minute (1/30 degree) when bar = 1 min, and grating SF = 1/period = 30 c/deg,

Comparison of seven different visual acuity measures

NORMAL ACUITY	Snellen	Metric Snellen	MAR in arc minutes	Log MAR	Decimal	Grating VA c/deg
	20/10	6/3	0.5	-0.3	2.0	60
	20/15	6/4.5	0.75	12	1.33	40
	20/20	6/6	1	0.0	1.0	30
	20/25	6/7.5	1.25	0.1	0.8	24
	20/30	6/9	1.5	0.18	0.7	21
	20/40	6/12	2	0.3	0.5	15
	20/50	6/15	2.5	0.4	0.4	12
	20/70	6/21	3.5	0.54	0.3	9
	20/100	6/30	5	0.7	0.2	6
	20/200	6/60	10	1.0	0.1	3

Arthur Bradley





Vision is not always 6/6!

Arthur Bradley

Measuring Image Quality Psychophysically

- 1. Visual acuity measures
 - Review methods for measurement in the clinic/trial setting
 - What do these measures represent
- 2. Spatial contrast sensitivity measures
 - Review methods for measurement in the clinic/trial setting
 - How does this represent our vision



What would the results for a perfect lens look like?

Spatial Frequency Gratings



Increasing contrast



Spatial frequency in this image increases in the horizontal direction and modulation depth decreases in the vertical direction.





Increasing spatial frequency



The apparent border between visible and invisible modulation corresponds to your own visual modulation transfer function.





Increasing spatial frequency

2. Grating Contrast Sensitivity

Contrast Sensitivity Function (CSF)



Example of grating contrast sensitivity test using printed grating

Increasing contrast sensitivity



Increasing contrast

Arthur Bradley



Fig. 8.4. Spatial contrast sensitivity curves at seven different retinal illuminance levels between 0.0009 and 900 trolands. The subject viewed the gratings through a 2 mm diameter artificial pupil. The wavelength of the light was 525 nm. Notice the loss of sensitivity for medium and high frequencies as the retinal illumination is decreased. (Adapted from Van Nes & Bouman, 1967.)

Contrast sensitivity varies!





Arthur Bradley
What limits visual performance?

Imaging Resolution



Stages



Stages



Consider optical limits first

Airy disc (PSF)	
Perception	
2D profile	

For a diffraction-limited image an Airy disk pattern is formed on the retina from a point source due to the diffraction at the pupil.



From Webvision, Michael Kalloniatis



From Webvision, Michael Kalloniatis

Overlapping point spread functions (PSF)



From Webvision, Michael Kalloniatis



The **Rayleigh criterion** for resolving two point sources of equal brightness is when the peak of one diffraction pattern lies upon the first minimum of the other. This yields a theoretical maximum angular resolution referred to as *diffraction-limited resolution* given by:

$$\Delta \theta = 1.22 \frac{\lambda}{\mathrm{D}}$$

where $\Delta \theta$ is in radians, *D* is the diameter of the aperture (i.e. the pupil in this case) in the same units as the wavelength λ of the light.



So, for a 550 nm light and a 3 mm diameter pupil, $\Delta \theta = 0.77$ min of arc.



The two lines (a) can be perceptually resolved, but the two lines (b) cannot and are perceived as a single line.

Comparison of seven different visual acuity measures

DIFFRACTION	Snellen	Metric Snellen	MAR in arc minutes	LogMAR	Decimal	Grating VA c/deg	Jaeger Near VA
	20/10	6/3	0.5	-0.3	2.0	60	NA
	20/15	6/4.5	0.75	12	1.33	40	NA
	20/20	6/6	1	0.0	1.0	30	J1+
	20/25	6/7.5	1.25	0.1	0.8	24	J1
	20/30	6/9	1.5	0.18	0.7	21	J2
	20/40	6/12	2	0.3	0.5	15	J3
	20/50	6/15	2.5	0.4	0.4	12	J5
	20/70	6/21	3.5	0.54	0.3	9	J7
	20/100	6/30	5	0.7	0.2	6	J10
	20/200	6/60	10	1.0	0.1	3	J16

Arthur Bradley

Effect of Aperture: Pupil size

The size of the pupil is an important factor affecting visual acuity.

A large pupil allows more light to reach the retina and reduces diffraction but resolution is reduced because the optical aberrations are greater (a greater area of the lens and cornea are used and they are imperfect).

A small pupil reduces optical aberrations but resolution is then diffraction limited.

A mid-size pupil of about 3 mm to 5 mm represents a compromise between the diffraction and aberration limits

Aberrations of the Eye

Perfect optics

Imperfect optics



Larry Thibos

Removing Atmospheric Blur.... Adaptive Optical Systems

50



The Human Eye is Highly Aberrated



5.7-mm pupil

Courtesy: Jason Porter

The Human Eye is Highly Aberrated



Ideal, Diffraction-Limited Eye



Normal, Aberrated Eye

 $\partial W(x,y)$

дх

Principle of Adaptive Optics Retinal Imaging



J. Carroll, D. Gray, A. Roorda, D. R. Williams (2005)





Principle of Adaptive Optics Retinal Imaging



J. Carroll, D. Gray, A. Roorda, D. R. Williams (2005)



Supernormal vision and high-resolution retinal imaging through adaptive optics

Junzhong Liang, David R. Williams, and Donald T. Miller*

Center for Visual Science, University of Rochester, Rochester, New York 14627





(48 μm)

Adaptive optics scanning laser ophthalmoscopy

Austin Roorda, Fernando Romero-Borja, William J. Donnelly III, Hope Queener

College of Optometry, University of Houston, Houston Texas 77204-2020

aroorda@uh.edu

Thomas J. Hebert

Department of Computer and Electrical Engineering, University of Houston, Houston, TX 77204-4007

Melanie C.W. Campbell School of Optometry, University of Waterloo, Waterloo, Ontario, Canada N2L 3G1



BRIEF COMMUNICATIONS

The relationship between visual resolution and cone spacing in the human fovea

Ethan A Rossi1 & Austin Roorda1,2

Visual resolution decreases rapidly outside of the foveal center. The anatomical and physiological basis for this reduction is unclear. We used simultaneous adaptive optics imaging and psychophysical testing to measure cone spacing and resolution across the fovea, and found that resolution was limited by cone spacing only at the foveal center. Immediately outside of the center, resolution was worse than cone spacing predicted and better matched the sampling limit of midget retinal ganglion cells.



Cone Inputs and Visual Sensation



Cone Stimulation Map



Chromatic aberrations

Chromatic aberration



Base picture: Digital camera world

Effect of chromatic blur on eye chart



Jim Schwiegerling











Changes with eccentricity





Human photoreceptors

Rods

 Achromatic night vision

Rod

1 type

Cones

 Daytime, achromatic and chromatic vision

3 types

Long-wavelengthsensitive (L) or "red" cone



Middle-wavelengthsensitive (M) or "green" cone

Short-wavelengthsensitive (S) or "blue" cone

Rod and cone distribution





retinal eccentricity (mm)

8 mm of eccentricity is

after Østerberg, 1935; as modified by Rodieck, 1988

Cone distribution and photoreceptor mosaics



after Østerberg, 1935; as modified by Rodieck 1988; micrographs from Curcio et al., 1990





The human visual system is a foveating system

Simulation of what we see when we fixate with cone vision.



Credit: Stuart Anstis, UCSD



Visual acuity gets much poorer with eccentricity

Ε υC

Credit: Stuart Anstis, UCSD

Conclusions

- Light can function as both a particle and a wave, these are important properties to understand how light interacts with the environment to permit vision
- Light passes through the cornea, where refractive index changes cause aberrated focusing
- Fixation is dependent on a cone rich foveal region that provides high acuity and colour vision, outside this region is rod rich, very light sensitive but lacks acuity or colour discrimination

Interested in learning more?

78

a.dubis@ucl.ac.uk