9.35 Sensation And Perception Spring 2009

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This time...

- The Retina the "recording surface" of the eye.
 Retinal anatomy What kinds of cells do you have?
 Retinal topography What is the organization of the retina?
 Retinal pathology What can go wrong with your retina?

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Poke yourself in the eye

(wait for instructions, please...)

- Observe the flickering light
- Why does it look like light?
- •Mueller's law of specific nerve energies
- •Where is the light in visual space?

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The retina

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Why don't you see all the junk in the way?



Figure by MIT OpenCourseWare.

Because all that stuff is stabilized With respect to the retina.

It turns out that our visual system is Insensitive to things that are Perfectly still relative to the retinal Surface.

When you go to the optometrist (or Stick your own bright light at the side Of your eye) you can get a transient View of the blood vessels because You've interrupted the stable image.



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Beyond the receptors

5 primary cell types:

•Rods and Cones Horizontal Cells •Bipolar Cells •Amacrine Cells •Ganglion Cells

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Visual purple and rhodopsin

1876: Franz Boll saw a reddish pigment in frog retina, which bleached to yellow when exposed to light.

Kuhne called the pigment visual purple (now called rhodopsin). He had a rabbit stare at a window, killed the rabbit, and found the inverted image where the rhodopsin was bleached away.

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Mythology: "Thus it was alleged that if the last object seen by a murdered person was his murderer, the portrait drawn upon the eye would remain a fearful witness in death to detect the guilty, and lead to his conviction. " (New York Observer).







Rods and Cones

Question: How do you design a visual system that can respond to the high illumination levels that occur during daytime, and to the low light levels that occur at night?

> Answer: The "duplicity theory" of vision (J. von Kries, 1896): Use two different classes of photosensitive receptors that operate in different luminance regimes

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Scotopic vision: Low light levels, rod dominated
 Photopic vision: High light levels, cone dominated
 Mesopic vision: Medium light levels, mixed rod and cone
 response.





P. Cod Vision vs. Cone Vision P. Add vision is more sensitive than cone vision P. Add vision is more sensitive to light cones. P. Add vision das are more sensitive to light cones. P. Add vision has lower acuity than cone vision P. Add vision has lower acuity than conever acuity tha





Beyond the receptors

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Bipolar cells

Remember our photoreceptors who are hyperpolarizing away in response to Light and releasing *less* glutamate? An OFF bipolar cell will hyperpolarize when this Happens, an ON bipolar cell will depolarize.

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Beyond the receptors Sprimary cell types: •Rods and Cones •Horizontal Cells •Bipolar Cells •Amaexine Cells •Ganglian Cells •Ganglian Cells We actually learned about the Ganglian Cells first for technical reasons...







What do these cells respond to?

• Luminance of a homogeneous region?

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Difference between center luminance and average surrounding luminance



Breaking down center-surround

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The Hermann Grid

What do you see at the Intersections?

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Bergen grid

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Count the black dots!

You see the black holes in the periphery, not where you are fixating. Need the right RF size.

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The retina is inhomogeneous

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Distribution of receptors in the eye

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Cones in fovea...NO rods. Periphery...mix of both.

Anstis eye chart

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Resolution falls in proportion to distance from fovea

A Natural Scene version of the same thing

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What about color sensitivity?

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Cones get sparser and sparser as we move out to the periphery.



Problems you might have with your retina

- Spots and Floaters
- Retinal Detachment
- Macular Degeneration
- Retinitis Pigmentosa
- Color-Blindness

Spots and Floaters

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Retinal Detachment

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Macular Degeneration

Retinitis pigmentosa Hereditary disease in which rods slowly deteriorate and die. The fovea is spared Leaving patients with "tunnel vision."



•Dichromacy (Protanope & Deuterope) ~1% of men each





