

Since $1/\infty = 0$, this gives

$$P = 0 + 50.0/\text{m} = 50.0 \text{ D (distant vision).}$$

26.7

Now, for close vision,

$$\begin{aligned} P &= \frac{1}{d_o} + \frac{1}{d_i} = \frac{1}{0.250 \text{ m}} + \frac{1}{0.0200 \text{ m}} \\ &= \frac{4.00}{\text{m}} + \frac{50.0}{\text{m}} = 4.00 \text{ D} + 50.0 \text{ D} \\ &= 54.0 \text{ D (close vision).} \end{aligned}$$

26.8

Discussion

For an eye with this typical 2.00 cm lens-to-retina distance, the power of the eye ranges from 50.0 D (for distant totally relaxed vision) to 54.0 D (for close fully accommodated vision), which is an 8% increase. This increase in power for close vision is consistent with the preceding discussion and the ray tracing in [Figure 26.4](#). An 8% ability to accommodate is considered normal but is typical for people who are about 40 years old. Younger people have greater accommodation ability, whereas older people gradually lose the ability to accommodate. When an optometrist identifies accommodation as a problem in elder people, it is most likely due to stiffening of the lens. The lens of the eye changes with age in ways that tend to preserve the ability to see distant objects clearly but do not allow the eye to accommodate for close vision, a condition called **presbyopia** (literally, elder eye). To correct this vision defect, we place a converging, positive power lens in front of the eye, such as found in reading glasses. Commonly available reading glasses are rated by their power in diopters, typically ranging from 1.0 to 3.5 D.

26.2 Vision Correction

The need for some type of vision correction is very common. Common vision defects are easy to understand, and some are simple to correct. [Figure 26.5](#) illustrates two common vision defects. **Nearsightedness**, or **myopia**, is the inability to see distant objects clearly while close objects are clear. The eye overconverges the nearly parallel rays from a distant object, and the rays cross in front of the retina. More divergent rays from a close object are converged on the retina for a clear image. The distance to the farthest object that can be seen clearly is called the **far point** of the eye (normally infinity). **Farsightedness**, or **hyperopia**, is the inability to see close objects clearly while distant objects may be clear. A farsighted eye does not converge sufficient rays from a close object to make the rays meet on the retina. Less diverging rays from a distant object can be converged for a clear image. The distance to the closest object that can be seen clearly is called the **near point** of the eye (normally 25 cm).

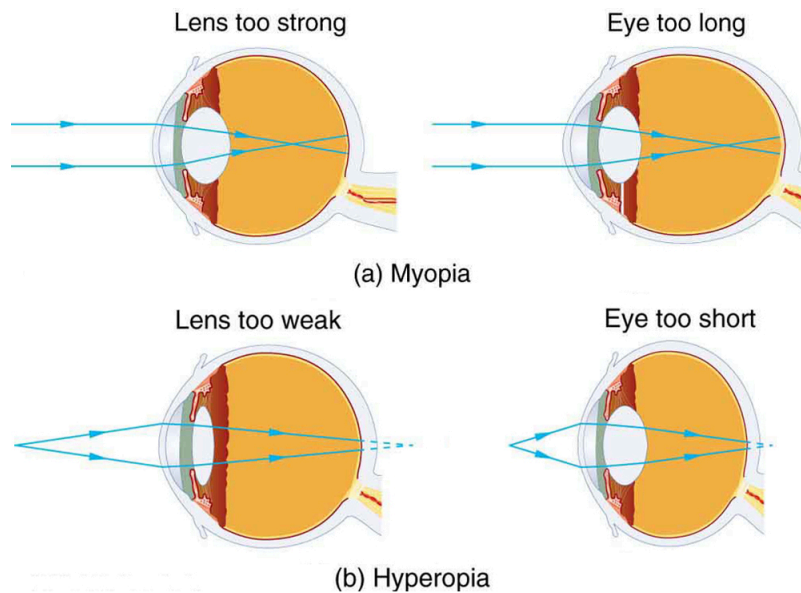


Figure 26.5 (a) The nearsighted (myopic) eye converges rays from a distant object in front of the retina; thus, they are diverging when they strike the retina, producing a blurry image. This can be caused by the lens of the eye being too powerful or the length of the eye being too great. (b) The farsighted (hyperopic) eye is unable to converge the rays from a close object by the time they strike the retina, producing blurry close vision. This can be caused by insufficient power in the lens or by the eye being too short.

Since the nearsighted eye over converges light rays, the correction for nearsightedness is to place a diverging spectacle lens in front of the eye. This reduces the power of an eye that is too powerful. Another way of thinking about this is that a diverging spectacle lens produces a case 3 image, which is closer to the eye than the object (see [Figure 26.6](#)). To determine the spectacle power needed for correction, you must know the person's far point—that is, you must know the greatest distance at which the person can see clearly. Then the image produced by a spectacle lens must be at this distance or closer for the nearsighted person to be able to see it clearly. It is worth noting that wearing glasses does not change the eye in any way. The eyeglass lens is simply used to create an image of the object at a distance where the nearsighted person can see it clearly. Whereas someone not wearing glasses can see clearly *objects* that fall between their near point and their far point, someone wearing glasses can see *images* that fall between their near point and their far point.

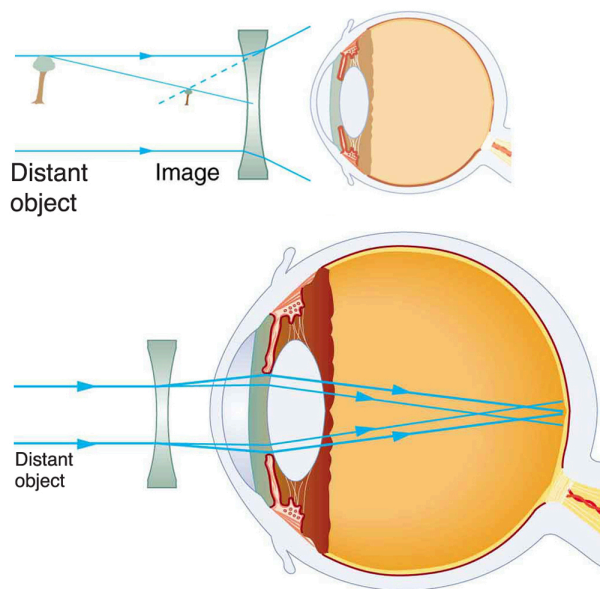


Figure 26.6 Correction of nearsightedness requires a diverging lens that compensates for the overconvergence by the eye. The diverging lens produces an image closer to the eye than the object, so that the nearsighted person can see it clearly.



EXAMPLE 26.3

Correcting Nearsightedness

What power of spectacle lens is needed to correct the vision of a nearsighted person whose far point is 30.0 cm? Assume the spectacle (corrective) lens is held 1.50 cm away from the eye by eyeglass frames.

Strategy

You want this nearsighted person to be able to see very distant objects clearly. That means the spectacle lens must produce an image 30.0 cm from the eye for an object very far away. An image 30.0 cm from the eye will be 28.5 cm to the left of the spectacle lens (see [Figure 26.6](#)). Therefore, we must get $d_i = -28.5$ cm when $d_o \approx \infty$. The image distance is negative, because it is on the same side of the spectacle as the object.

Solution

Since d_i and d_o are known, the power of the spectacle lens can be found using $P = \frac{1}{d_o} + \frac{1}{d_i}$ as written earlier:

$$P = \frac{1}{d_o} + \frac{1}{d_i} = \frac{1}{\infty} + \frac{1}{-0.285 \text{ m}}.$$

26.9

Since $1/\infty = 0$, we obtain:

$$P = 0 - 3.51/\text{m} = -3.51 \text{ D}.$$

26.10

Discussion

The negative power indicates a diverging (or concave) lens, as expected. The spectacle produces a case 3 image closer to the eye, where the person can see it. If you examine eyeglasses for nearsighted people, you will find the lenses are thinnest in the center. Additionally, if you examine a prescription for eyeglasses for nearsighted people, you will find that the prescribed power is negative and given in units of diopters.

Since the farsighted eye under converges light rays, the correction for farsightedness is to place a converging spectacle lens in front of the eye. This increases the power of an eye that is too weak. Another way of thinking about this is that a converging spectacle lens produces a case 2 image, which is farther from the eye than the object (see [Figure 26.7](#)). To determine the spectacle power needed for correction, you must know the person's near point—that is, you must know the smallest distance at which the person can see clearly. Then the image produced by a spectacle lens must be at this distance or farther for the farsighted person to be able to see it clearly.

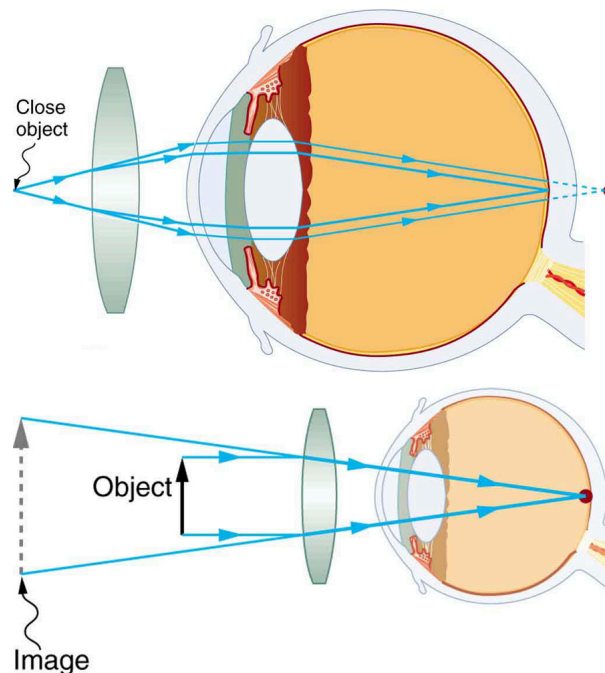


Figure 26.7 Correction of farsightedness uses a converging lens that compensates for the under convergence by the eye. The converging lens produces an image farther from the eye than the object, so that the farsighted person can see it clearly.



EXAMPLE 26.4

Correcting Farsightedness

What power of spectacle lens is needed to allow a farsighted person, whose near point is 1.00 m, to see an object clearly that is 25.0 cm away? Assume the spectacle (corrective) lens is held 1.50 cm away from the eye by eyeglass frames.

Strategy

When an object is held 25.0 cm from the person's eyes, the spectacle lens must produce an image 1.00 m away (the near point). An image 1.00 m from the eye will be 98.5 cm to the left of the spectacle lens because the spectacle lens is 1.50 cm from the eye (see [Figure 26.7](#)). Therefore, $d_i = -98.5$ cm. The image distance is negative, because it is on the same side of the spectacle as the object. The object is 23.5 cm to the left of the spectacle, so that $d_o = 23.5$ cm.

Solution

Since d_i and d_o are known, the power of the spectacle lens can be found using $P = \frac{1}{d_o} + \frac{1}{d_i}$:

$$\begin{aligned}
 P &= \frac{1}{d_o} + \frac{1}{d_i} = \frac{1}{0.235 \text{ m}} + \frac{1}{-0.985 \text{ m}} \\
 &= 4.26 \text{ D} - 1.02 \text{ D} = 3.24 \text{ D}.
 \end{aligned}$$

26.11

Discussion

The positive power indicates a converging (convex) lens, as expected. The convex spectacle produces a case 2 image farther from the eye, where the person can see it. If you examine eyeglasses of farsighted people, you will find the lenses to be thickest in the center. In addition, a prescription of eyeglasses for farsighted people has a prescribed power that is positive.

Another common vision defect is **astigmatism**, an unevenness or asymmetry in the focus of the eye. For example, rays passing through a vertical region of the eye may focus closer than rays passing through a horizontal region, resulting in the image appearing elongated. This is mostly due to irregularities in the shape of the cornea but can also be due to lens irregularities or unevenness in the retina. Because of these irregularities, different parts of the lens system produce images at different locations. The eye-brain system can compensate for some of these irregularities, but they generally manifest themselves as less distinct vision or sharper images along certain axes. [Figure 26.8](#) shows a chart used to detect astigmatism. Astigmatism can be at least partially corrected with a spectacle having the opposite irregularity of the eye. If an eyeglass prescription has a cylindrical correction, it is there to correct astigmatism. The normal corrections for short- or farsightedness are spherical corrections, uniform along all axes.

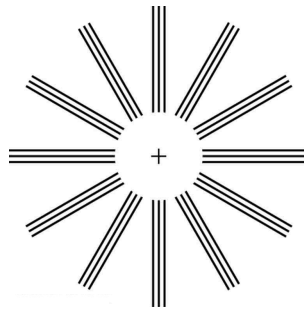


Figure 26.8 This chart can detect astigmatism, unevenness in the focus of the eye. Check each of your eyes separately by looking at the center cross (without spectacles if you wear them). If lines along some axes appear darker or clearer than others, you have an astigmatism.

Contact lenses have advantages over glasses beyond their cosmetic aspects. One problem with glasses is that as the eye moves, it is not at a fixed distance from the spectacle lens. Contacts rest on and move with the eye, eliminating this problem. Because contacts cover a significant portion of the cornea, they provide superior peripheral vision compared with eyeglasses. Contacts also correct some corneal astigmatism caused by surface irregularities. The tear layer between the smooth contact and the cornea fills in the irregularities. Since the index of refraction of the tear layer and the cornea are very similar, you now have a regular optical surface in place of an irregular one. If the curvature of a contact lens is not the same as the cornea (as may be necessary with some individuals to obtain a comfortable fit), the tear layer between the contact and cornea acts as a lens. If the tear layer is thinner in the center than at the edges, it has a negative power, for example. Skilled optometrists will adjust the power of the contact to compensate.

Laser vision correction has progressed rapidly in the last few years. It is the latest and by far the most successful in a series of procedures that correct vision by reshaping the cornea. As noted at the beginning of this section, the cornea accounts for about two-thirds of the power of the eye. Thus, small adjustments of its curvature have the same effect as putting a lens in front of the eye. To a reasonable approximation, the power of multiple lenses placed close together equals the sum of their powers. For example, a concave spectacle lens (for nearsightedness) having $P = -3.00 \text{ D}$ has the same effect on vision as reducing the power of the eye itself by 3.00 D . So to correct the eye for nearsightedness, the cornea is flattened to reduce its power. Similarly, to correct for farsightedness, the curvature of the cornea is enhanced to increase the power of the eye—the same effect as the positive power spectacle lens used for farsightedness. Laser vision correction uses high intensity electromagnetic radiation to ablate (to remove material from the surface) and reshape the corneal surfaces.

Today, the most commonly used laser vision correction procedure is *Laser in situ Keratomileusis (LASIK)*. The top layer of the cornea is surgically peeled back and the underlying tissue ablated by multiple bursts of finely controlled ultraviolet radiation produced by an excimer laser. Lasers are used because they not only produce well-focused intense light, but they also emit very pure wavelength electromagnetic radiation that can be controlled more accurately than mixed wavelength light. The 193 nm

wavelength UV commonly used is extremely and strongly absorbed by corneal tissue, allowing precise evaporation of very thin layers. A computer controlled program applies more bursts, usually at a rate of 10 per second, to the areas that require deeper removal. Typically a spot less than 1 mm in diameter and about 0.3 μm in thickness is removed by each burst. Nearsightedness, farsightedness, and astigmatism can be corrected with an accuracy that produces normal distant vision in more than 90% of the patients, in many cases right away. The corneal flap is replaced; healing takes place rapidly and is nearly painless. More than 1 million Americans per year undergo LASIK (see [Figure 26.9](#)).



Figure 26.9 Laser vision correction is being performed using the LASIK procedure. Reshaping of the cornea by laser ablation is based on a careful assessment of the patient's vision and is computer controlled. The upper corneal layer is temporarily peeled back and minimally disturbed in LASIK, providing for more rapid and less painful healing of the less sensitive tissues below. (credit: U.S. Navy photo by Mass Communication Specialist 1st Class Brien Aho)

26.3 Color and Color Vision

The gift of vision is made richer by the existence of color. Objects and lights abound with thousands of hues that stimulate our eyes, brains, and emotions. Two basic questions are addressed in this brief treatment—what does color mean in scientific terms, and how do we, as humans, perceive it?

Simple Theory of Color Vision

We have already noted that color is associated with the wavelength of visible electromagnetic radiation. When our eyes receive pure-wavelength light, we tend to see only a few colors. Six of these (most often listed) are red, orange, yellow, green, blue, and violet. These are the rainbow of colors produced when white light is dispersed according to different wavelengths. There are thousands of other **hues** that we can perceive. These include brown, teal, gold, pink, and white. One simple theory of color vision implies that all these hues are our eye's response to different combinations of wavelengths. This is true to an extent, but we find that color perception is even subtler than our eye's response for various wavelengths of light.

The two major types of light-sensing cells (photoreceptors) in the retina are **rods and cones**. Rods are more sensitive than cones by a factor of about 1000 and are solely responsible for peripheral vision as well as vision in very dark environments. They are also important for motion detection. There are about 120 million rods in the human retina. Rods do not yield color information. You may notice that you lose color vision when it is very dark, but you retain the ability to discern grey scales.

Take-Home Experiment: Rods and Cones

1. Go into a darkened room from a brightly lit room, or from outside in the Sun. How long did it take to start seeing shapes more clearly? What about color? Return to the bright room. Did it take a few minutes before you could see things clearly?
2. Demonstrate the sensitivity of foveal vision. Look at the letter G in the word ROGERS. What about the clarity of the letters on either side of G?

Cones are most concentrated in the fovea, the central region of the retina. There are no rods here. The fovea is at the center of the