



Sophie Wuerger, Professor of Psychology, often described as '**A free spirit in life and science**' who passed away on 3rd January 2024



THE COLOUR GROUP (GB)

....for those concerned with the measurement, reproduction and perception of colour.....

... and also for those involved in colour assessments in visually demanding occupations and in the clinic

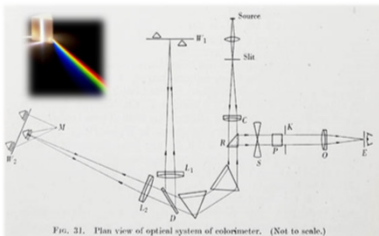


FIG. 21. Plan view of optical system of colorimeter. (Not to scale.)

WD Wright Colorimeter,
From Researches on Normal and Defective Colour Vision,
Newton Medallist 1963.

'The rays are not coloured'



... to all Colour Group Committee Members, past and present, for all the work that enables us to enjoy the benefits of this multidisciplinary society

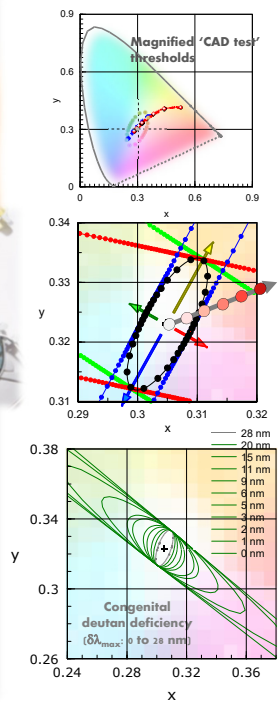
WDW' 90th Birthday Celebration

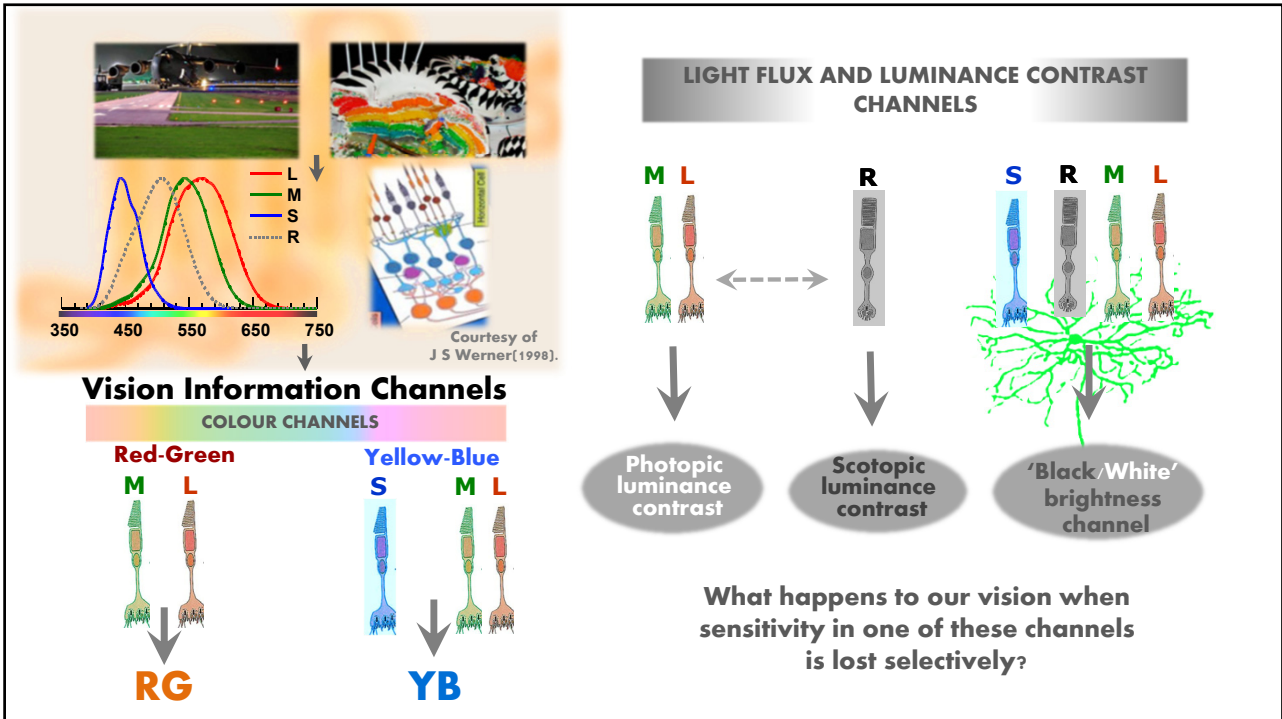


Newton Medallists

1963 Prof W D Wright	The rays are not coloured	1995 Dr R McDonald	The effect of colour physics on the textile industry
1965 Dr W A H Rushton	The chemical basis of colour vision and colour blindness	1997 Don Pavey	Aesthetics of colour and orientation
1967 Dr W S Stiles	Mechanism concepts in colour theory	1999 Prof John D Mollon	The colour-sense: its origin and development
1970 G J Chamberlain	What use is colorimetry?	2001 John B Hutchings	Driving forces for colour usage in food, biological nature ...
1972 Dr D B Judd	Colour in visual signalling	2003 James H Nobbs	Relating the Composition of Materials to their Colour
1975 Dr R W G Hunt	Sky-blue pink	2006 Prof R L Gregory	Colours through a Bayesian Window
1977 Dr C J Bartleson	Full circle: The study of chromatic adaptation	2008 Prof Roy S Berns	The Use of Color Science in Art Conservation
1979 Dr S T Henderson	The colour of daylight	2010 Prof Janos Schanda	Do LEDs need a new colorimetry?
1981 Prof R A Weale	Game-set-match	2012 Prof Françoise Vienot	The Novelty of Metameric LED White
1983 Dr B H Crawford	Colour in signals	2014 Prof Michael R Pointer	The Measurement of Appearance – Tortoise or Hare?
1985 D L MacAdam	Uniform colour scales (delivered in 1984)	2016 Prof Andrew Stockman	Distorted Insights from Perceptual Anomalies to Colour ...
1987 Miss M B Halstead	Lighting and colour rendition: quantity versus quality	2018 Prof David Foster	The Randomness of Colours
1989 W N Sproson	Colour television	2018 Prof M Ronnier Luo	Holy Grail of Colour Science – Version II
1991 J G Holmes	Suiting colour to the name (Lantern Tests and Railways)	2022 Prof Anya Hurlbert	From Light and Matter to the Concept of Colour
1993 Prof S M Zeki	Colour vision as a guide to brain organisation	2024 Prof John Barbur	Variability, colour thresholds and chromatic mechanisms

Variability, colour thresholds and chromatic mechanisms





VISION INFORMATION CHANNELS

COLOUR CHANNELS

Red-Green (M, L) → **RG**

Yellow-Blue (S, M, L) → **YB**

How much use do we make of colour signals?

1. **Enhancement of object conspicuity**
2. **Pop-out and parallel processing of objects defined by colour signals**
3. **Coding of known information by means of colour**
4. **Segmentation of complex scenes into groups or areas of interest**

What is needed for complete colour assessment, in the clinic and in occupations?

- Full isolation of colour signals
- Selective stimulation of either RG or YB colour mechanisms, but not both
- Sensitive tests to assess the smallest changes in colour vision
- Ability to detect acquired loss in patients with congenital RG deficiency
- The ability to quantify severity of RG and YB loss

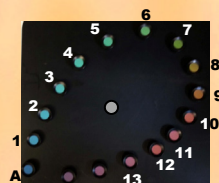
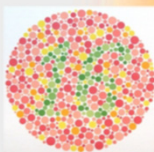
What are the challenges we have to overcome in order to achieve these objectives?

We need to understand better what is measured in many of the current tests and the cues one can use to pass these tests

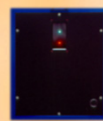
We need to explain why the results are often variable within each test and also inconsistent amongst different tests

Establish how differences in functional vision relate to and can be attributed to specific changes in the properties of CV mechanisms

Examples of conventional colour assessment tests that have been employed for decades in visually-demanding occupations and also in the clinic?



DOI: 10.1002/col.22596



HW- Type A lantern



Yellow (589nm) field



R (671 nm) & G (546 nm)



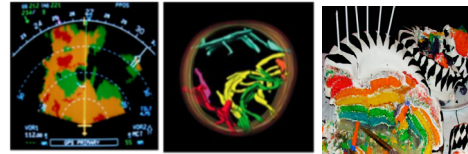
Nagel RG mixture

No current, conventional test fulfils the full range of requirements!

- Many of the current tests fail to isolate the use of only RG or only YB colour signals (Example - D15)
- No conventional, CV test has close to 100% sensitivity and specificity. Current protocols often employ two or more tests with only limited success (e.g., IH, lanterns, D15, City University Colour test, anomaloscope tests, etc)

The challenge:

How do we specify colour and how do we quantify the strength of colour signals?

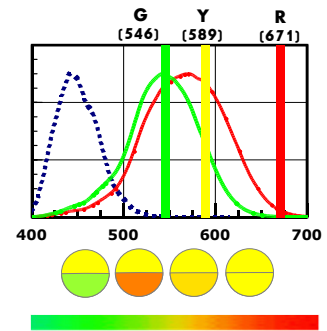
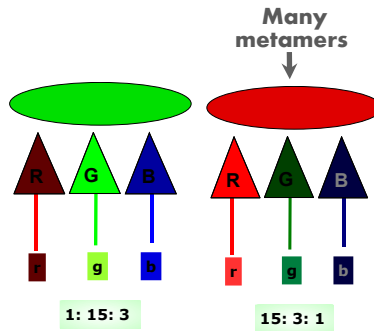
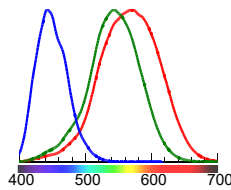
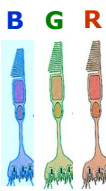


Solution:

The 1931 CIE XYZ system

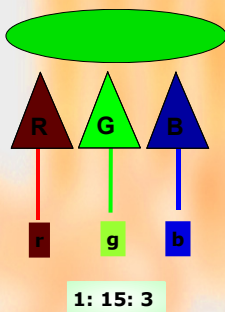
Measure tristimulus values and chromaticity coordinates.

What are the X,Y,Z values?



The CIE 1931 (X,Y,Z) system

3D space that plots three quantities derived from linear combination of cone signals. The quantity Y represents the sum of 2L + M cone signals and is therefore also proportional to luminance



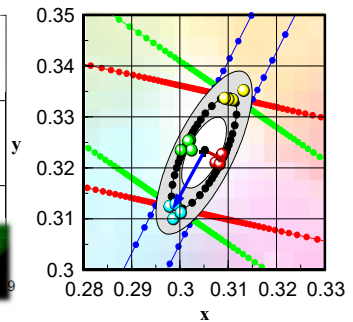
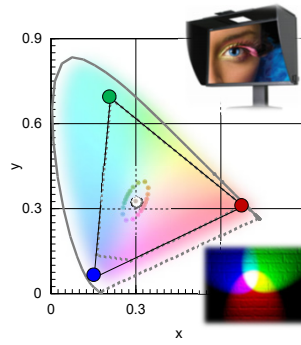
$$x = \frac{X}{X+Y+Z}$$

$$y = \frac{Y}{X+Y+Z}$$

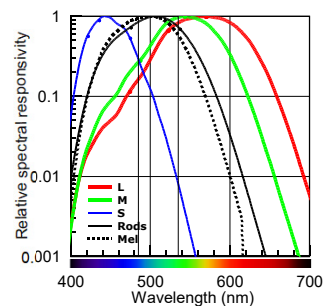
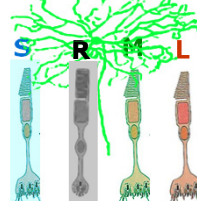
$$z = \frac{Z}{X+Y+Z}$$

$$x+y+z = 1$$

$$z = 1-(x+y)$$

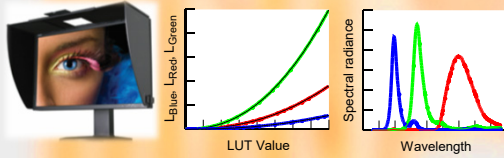


Neither rod nor melanopsin signals are accounted for:



The assessment of colour vision:

Where are we now and how did we get here?



Colour Vision Screener (CVS) YB-axis



- Detection of deutan and protan deficiencies: **100%**
- Specificity, i.e., % of normal trichromats classified as having normal RG colour vision: **99.45%**

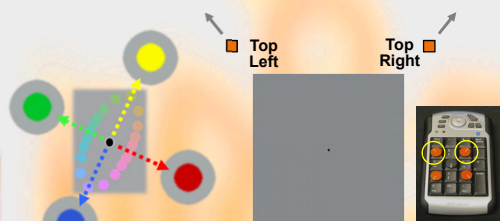
DOI: 10.1002/col.22599

- Full isolation of colour signals
- One can stimulate selectively either RG or YB chromatic mechanisms
- One can measure reliably the smallest changes in colour vision that are needed to quantify the effects of healthy aging and to separate normal trichromats from those with colour deficiencies
- Ability to detect acquired loss in patients with congenital RG deficiency
- The ability to quantify severity of RG and YB loss

Advantages of the CVS (Screener) test:

- Simple and easy to use, suitable for young and older subjects
- The time needed to test for RG and YB colour vision in around 2.5 minutes
- The screener passes almost all normal trichromats, fails all protans and achieves close to 100% sensitivity in screening for deutan deficiency
- The CVS test detects both congenital and acquired loss of chromatic sensitivity

Illustrations by
Mari Terasaki
Miharu Shinohara
Joshi University,
Tokyo



CAD Vision Screener Results Interpretation*	
Red / Green Colour	Normal
Confidence rating:	High

Yellow / Blue Colour	Normal
Confidence rating:	High

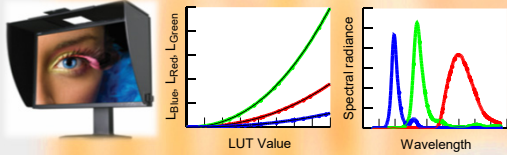
Applicant's response reliability	Excellent
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CAD Vision Screener Results	% correct
Red / Green:	100%
Yellow / Blue Colour	98%
Applicant's response reliability	100%

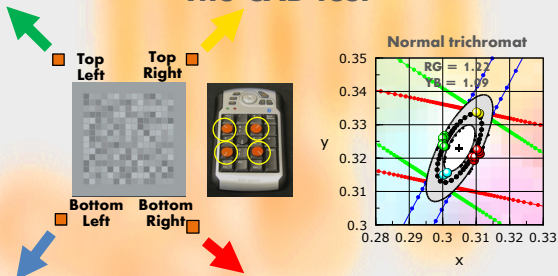


The assessment of colour vision:

- Where are we now and how did we get here?



The CAD test



DOI: 10.1002/col.22599

(Only ~ 6% of all applicants require the CAD test)

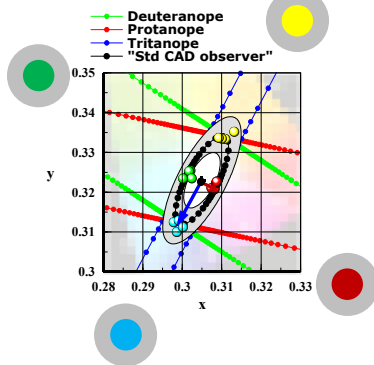
- The CAD test provides full colour assessment (both RG and YB) and grades the severity of congenital and acquired loss.

- The CAD test matches the results of the Nagel anomaloscope in detecting and separating deutan and protan deficiencies.

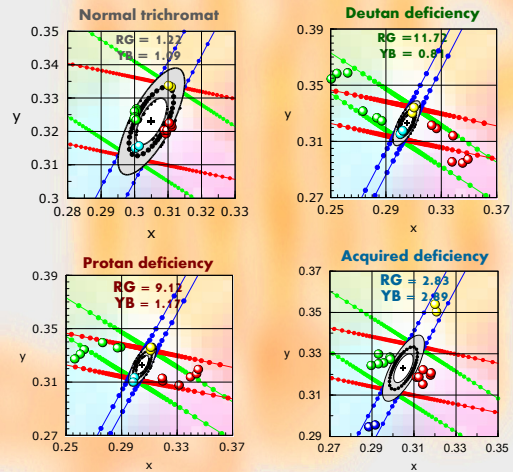
Examples of Colour Assessment results using the CAD test

The Standard Normal (SN) CAD Observer

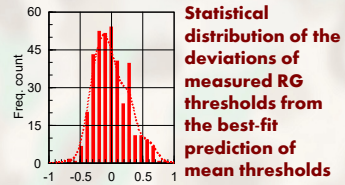
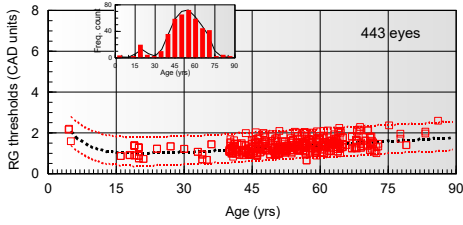
SN CAD units: (Based on 330 normal young trichromats)
RG=1.0, YB=1.0



Examples of CAD results

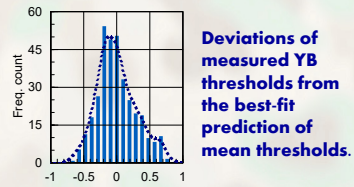
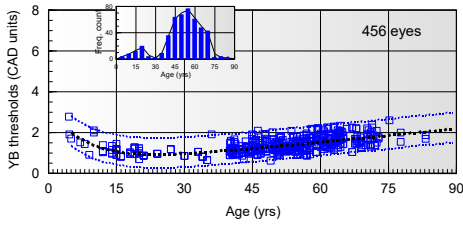


CHANGES IN **RG** AND **YB** COLOUR VISION THAT CAN BE RELIABLY ATTRIBUTED TO NORMAL AGING



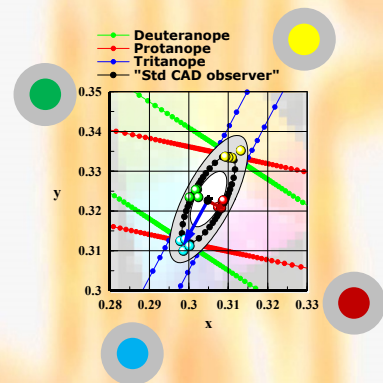
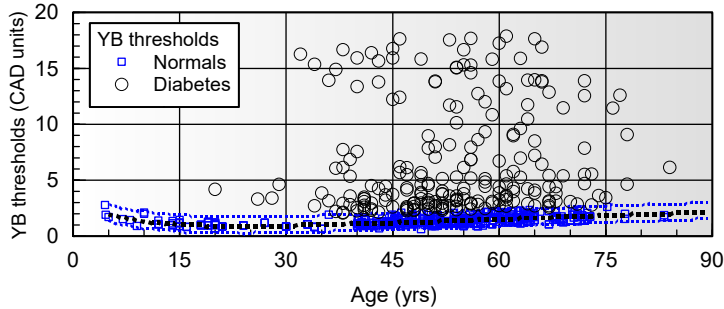
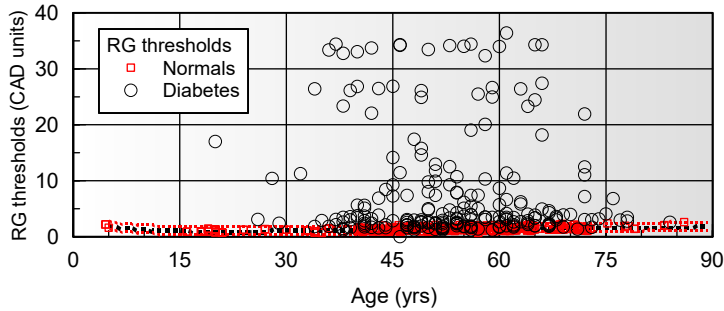
Binocular $\pm 2.5 \sigma$ Normal Age Limits

Dotted red / blue lines represent the 2.5σ limits computed from the RG and YB histograms



COLOUR VISION LOSS IN DIABETES (All subjects)

(219 subjects; I Ansari & C Canning, Moorfield's Eye Hospital Dubai)

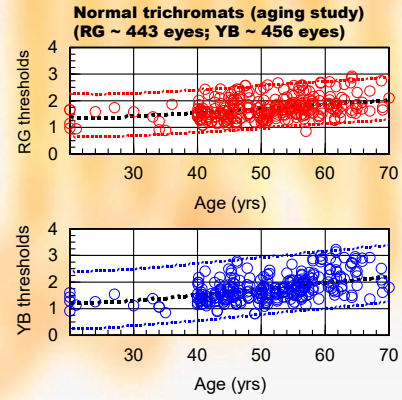
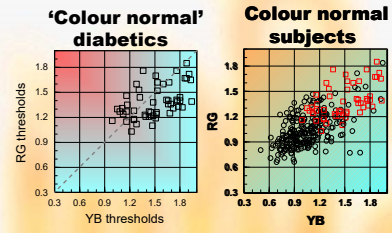
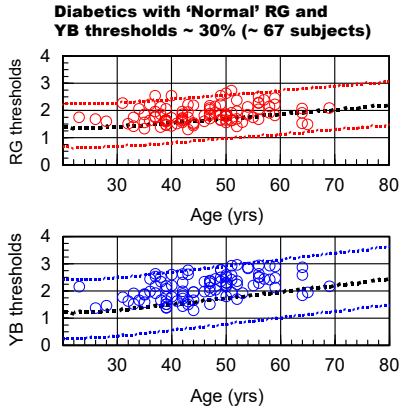


Similar findings obtained by:
 Ahmed Abdel-Hay and Shoba Sivaprasad
 (Moorfields / Kings College Hospitals, London)
<https://doi.org/10.1371/journal.pone.0199693>

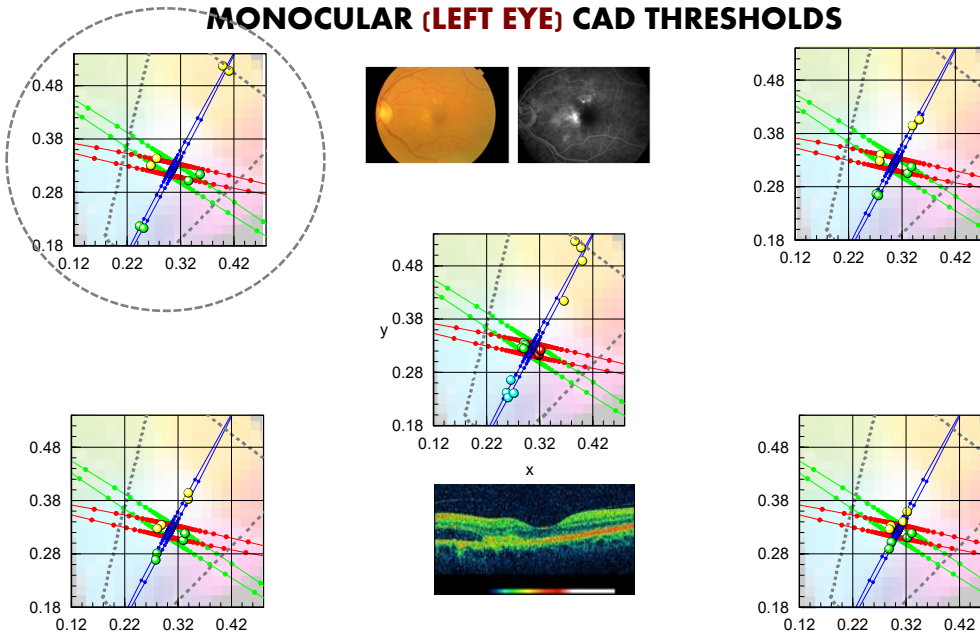
**COLOUR VISION LOSS IN DIABETES
(Patients within the normal range)**

219 diabetic patients (141 males, 78 females - 7 with congenital RG colour deficiency)

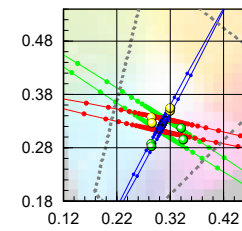
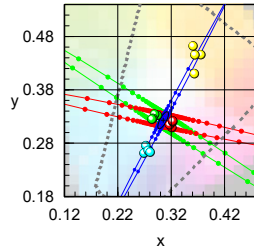
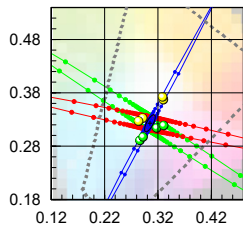
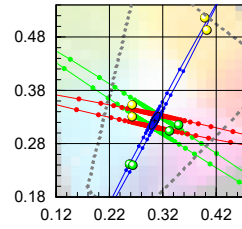
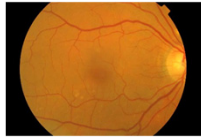
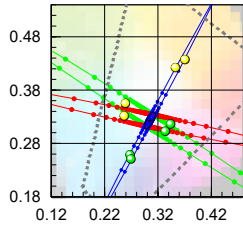
30% of the patients have RG and YB thresholds that fall within the age-corrected normal range



**AMD PATIENT (WITH RETINOPATHY IN LEFT EYE)
MONOCULAR (LEFT EYE) CAD THRESHOLDS**

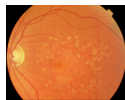


**AMD PATIENT (WITH RETINOPATHY IN LEFT EYE)
MONOCULAR (RIGHT EYE) CAD THRESHOLDS**

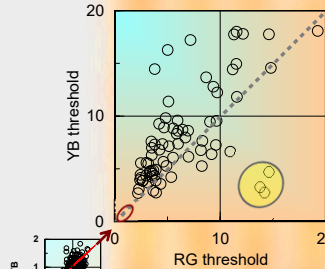
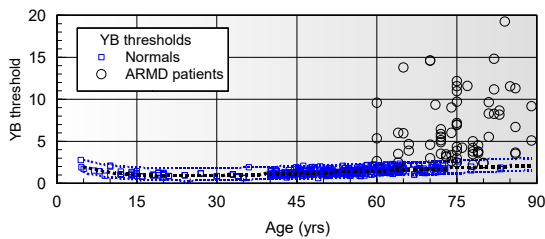
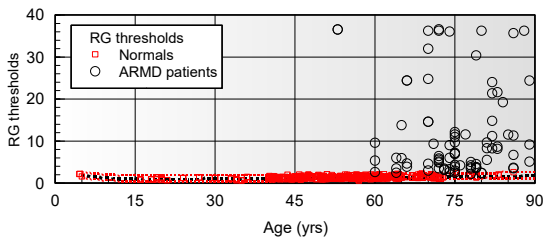


CONCLUSIONS

- I. The loss of colour vision is not restricted to the affected eye
- II. The whole retina may exhibit loss of chromatic sensitivity with YB being affected most

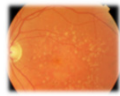


Colour vision loss in patients with age-related macular degeneration

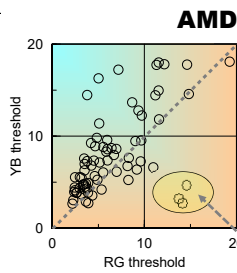


Study with Roopa Vemala and Shoba Sivaprasad

(Moorfields / Kings College Hospitals, London)

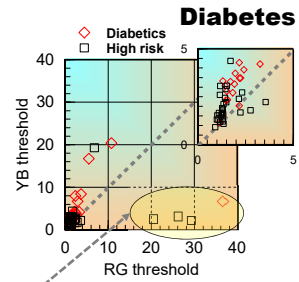


Detection of 'Acquired' loss in patients with 'Congenital' RG deficiency

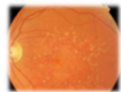


AMD
Roopa Vemala:
doctoral thesis, City
University 2017

ACQUIRED loss in
patients with RG
CONGENITAL
deficiency

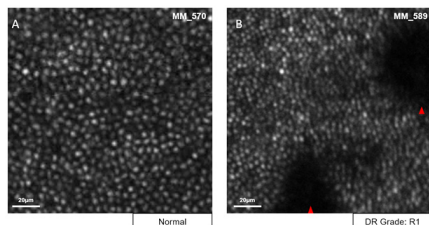


Diabetes
Study with Marisa
Rodriguez-Carmona
and Qais Bastaki, City
University 2018



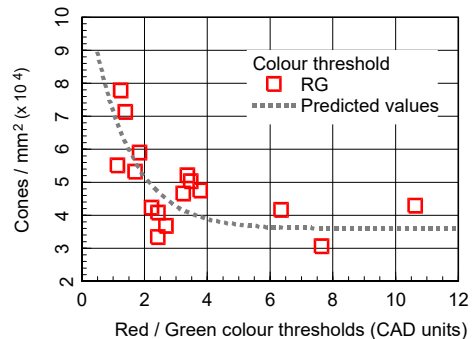
What factors cause early functional changes in diabetes?

Colour vision and the integrity of cone photoreceptors in patients with diabetes*

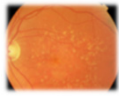


Normal

Diabetes

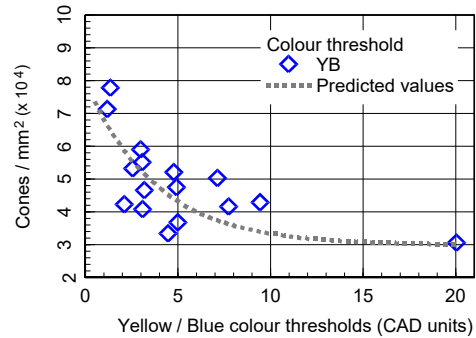
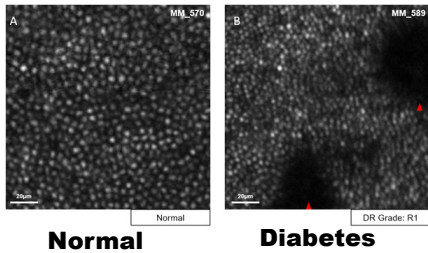


M Vaughan, E Patterson, M Michaelides et al.
Moorfields Eye Hospital, Institute of Ophthalmology,
City University, (*IOVS, to be submitted)



What factors cause early functional changes in diabetes?

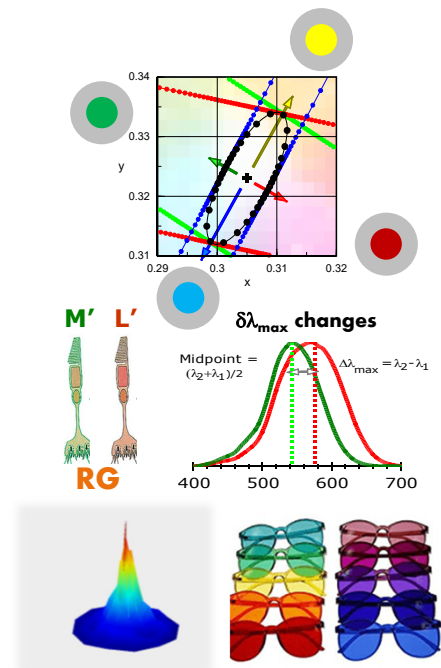
Colour vision and the integrity of cone photoreceptors in patients with diabetes*

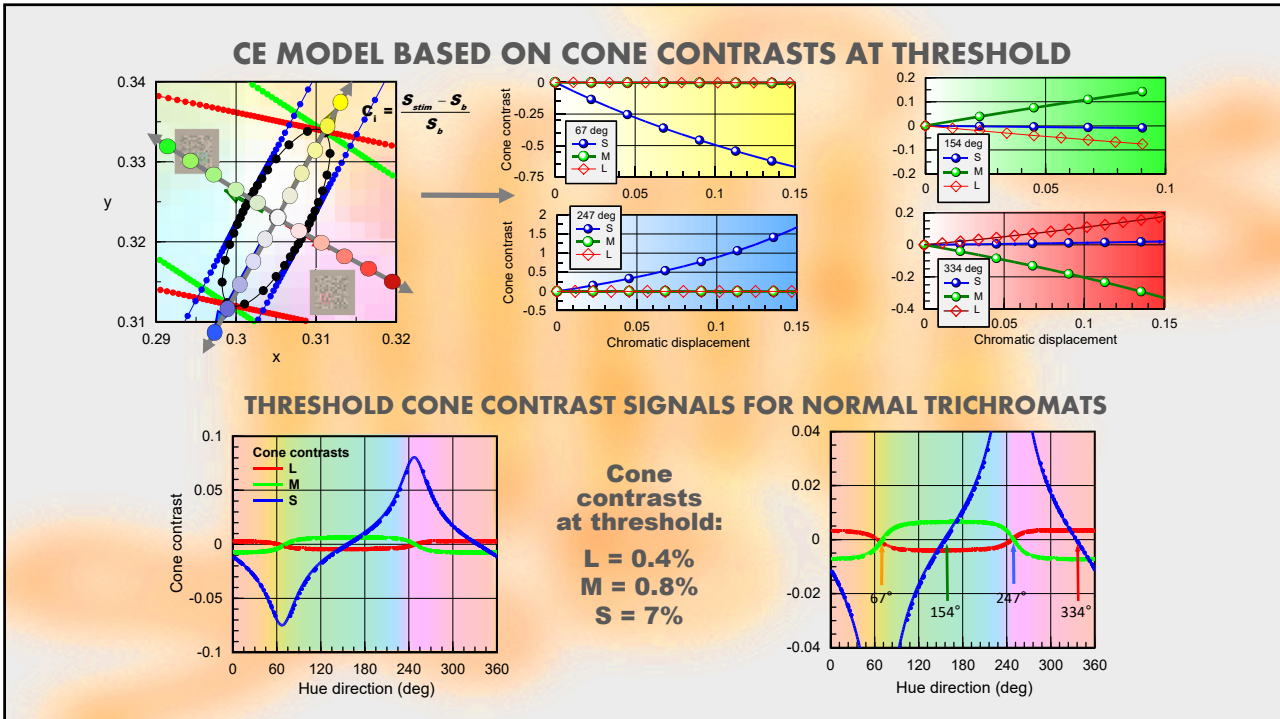


M Vaughan, E Patterson, M Michaelides et al.
Moorfields Eye Hospital, Institute of Ophthalmology
(IOVS, to be submitted)

Modelling of Colour Ellipses


- 1) Can one predict the colour ellipses and the effects of chromatic adaptation from what we know about chromatic mechanisms in the eye?
- 2) How well can one predict the loss of RG chromatic sensitivity in congenital RG deficiency from a knowledge of $\delta\lambda_{\max}$?
- 3) How does the colour of isoluminant stimuli change the effective photopic and scotopic luminance contrast as seen by deuterans and protans with known severity of loss?
- 4) How are the colour signals and the luminance contrast of coloured stimuli affected by coloured lenses and/or pre-receptor filters in the eye?





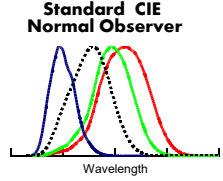
Colour Ellipse (CE) Model

Stimulus specification:
 $L_s, (x_s, y_s)$, or X_s, Y_s, Z_s
 $R_{Test}(\lambda): L_{Blue} + L_{Green} + L_{Red}$



Background specification:
 $L_b, (x_b, y_b)$, or X_b, Y_b, Z_b
 $R_{Bkg}(\lambda): L_{Blue} + L_{Green} + L_{Red}$

Standard CIE Normal Observer



How do we implement the CE Model?

1. Calculate photoreceptor contrasts needed to compute the RG and YB colour signals
2. We also calculate the stimulus photopic and scotopic luminances and corresponding luminance contrasts

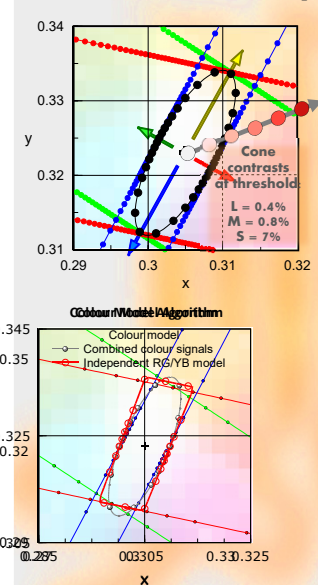
Case 1. Independent Model: i.e., the threshold is set by either the RG or the YB colour signal, whichever gets to threshold first:
Calculate:

$$YB'_T(\theta) = F(S'_{cone}, M'_{cone}, L'_{cone})$$

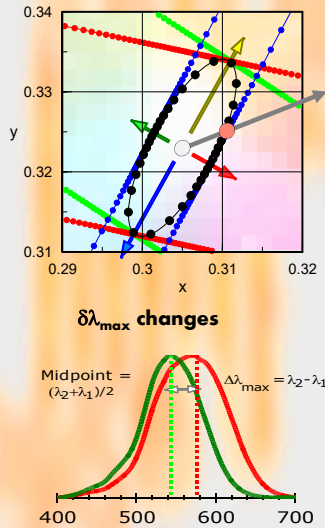
$$RG'_T(\theta) = F(M'_{cone}, L'_{cone})$$

Case 2. The Combined Colour Signal Model: i.e., the threshold is set by only ONE colour signal that remains invariant with position in the chromaticity chart.
Calculate:

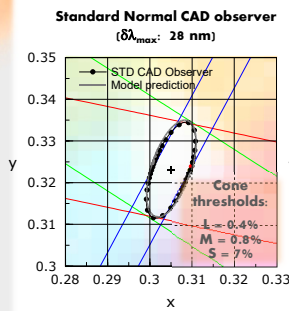
$$CT(\theta) = F(YB'_T(\theta), RG'_T(\theta))$$



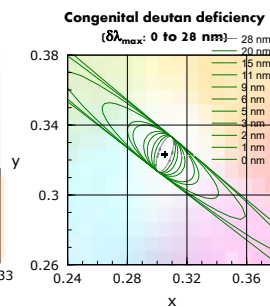
CE Model Predictions in congenital RG deficiency



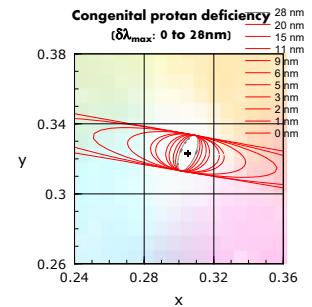
1. Prediction of thresholds for STD normal CAD observer



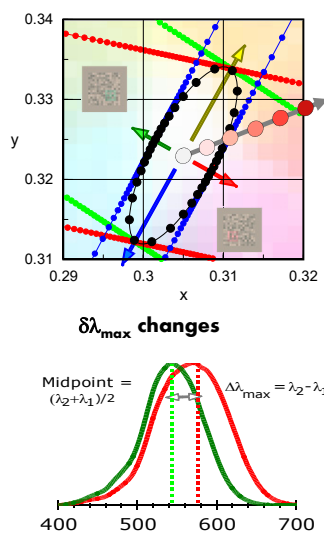
2. Examine effects of systematic M > L shifts on colour thresholds



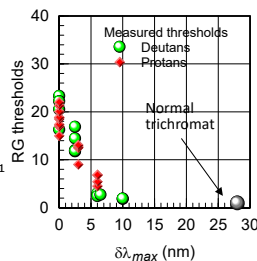
3. Effect of systematic L > M shifts on colour thresholds



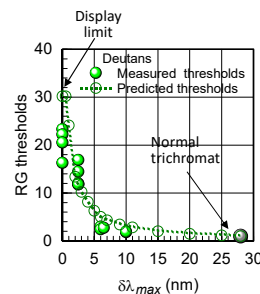
CE Model Predictions: Thresholds versus $\Delta\lambda_{max}$



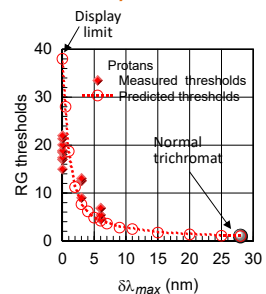
1. Measured RG thresholds plotted against $\Delta\lambda_{max}$. The latter variable is based on genetic analysis cone pigment genes.



2. EC model predictions of RG thresholds for deutan-like deficiency (M > L shifts)

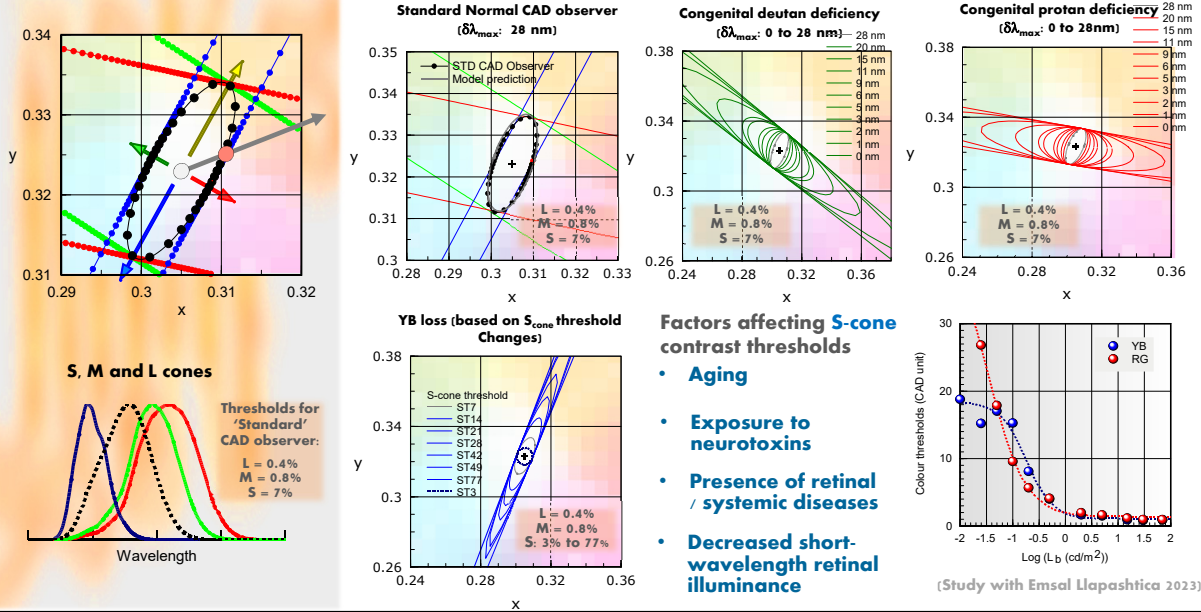


3. EC model predictions of RG thresholds for protan-like deficiency (systematic L > M shifts)

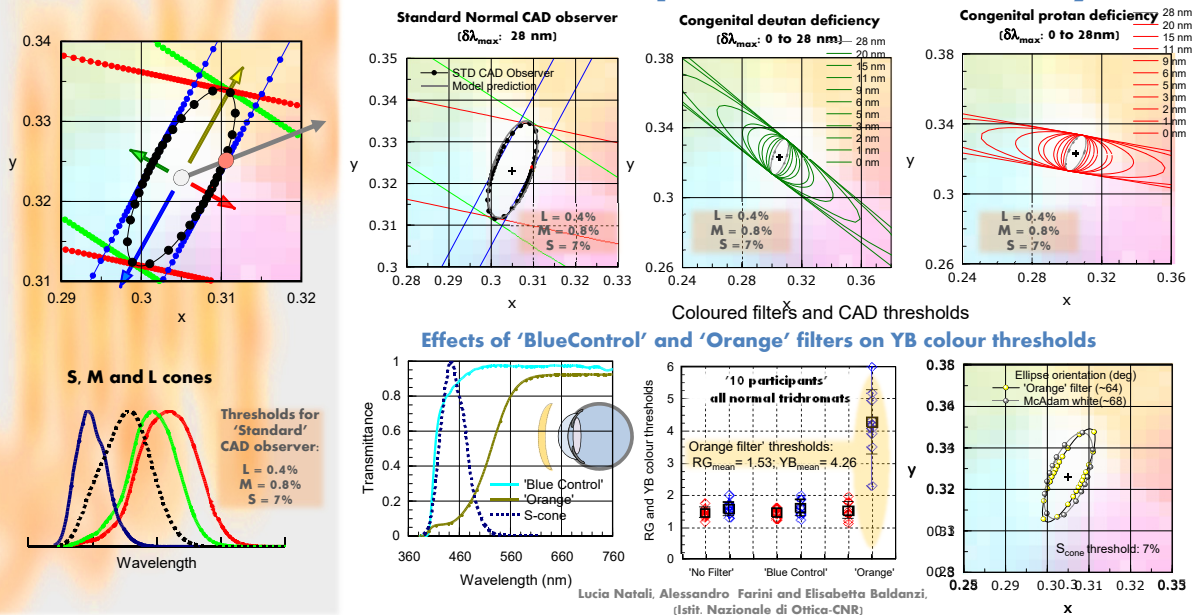


Visual Neuroscience
DOI: <https://doi.org/10.1017/S0952523808080619>

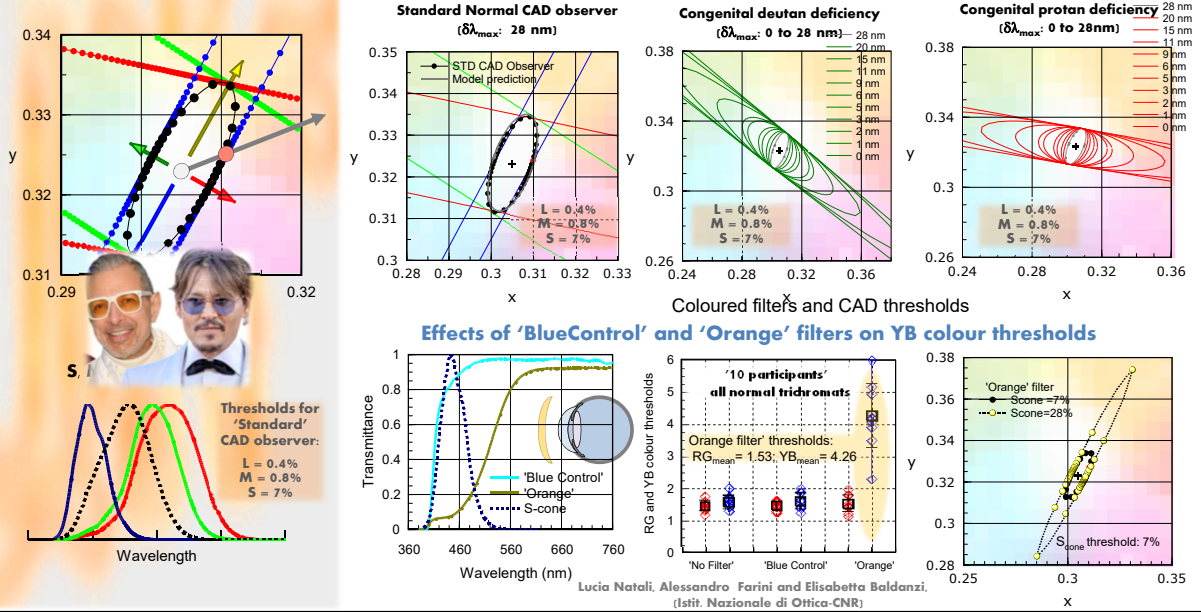
CE Model Predictions in acquired YB deficiency



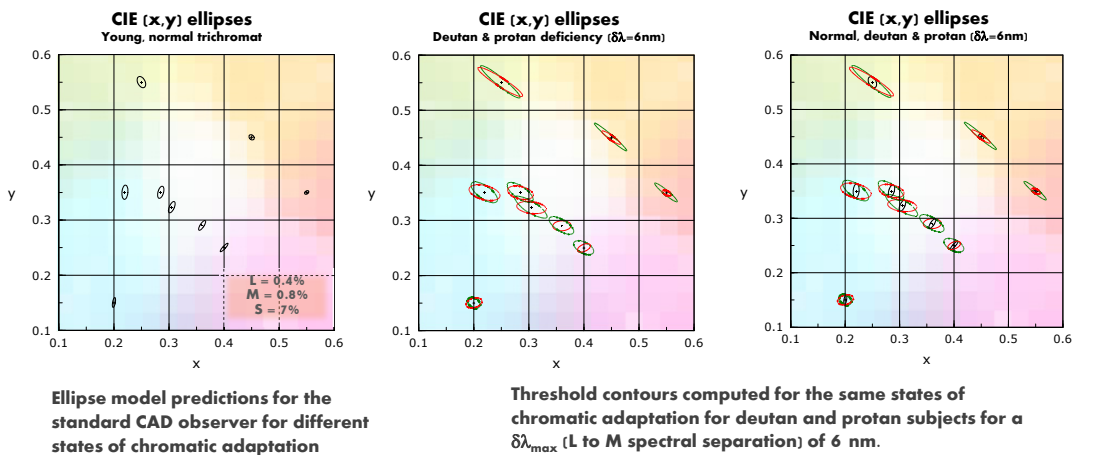
CE Model Predictions in acquired YB deficiency



CE Model Predictions in acquired YB deficiency

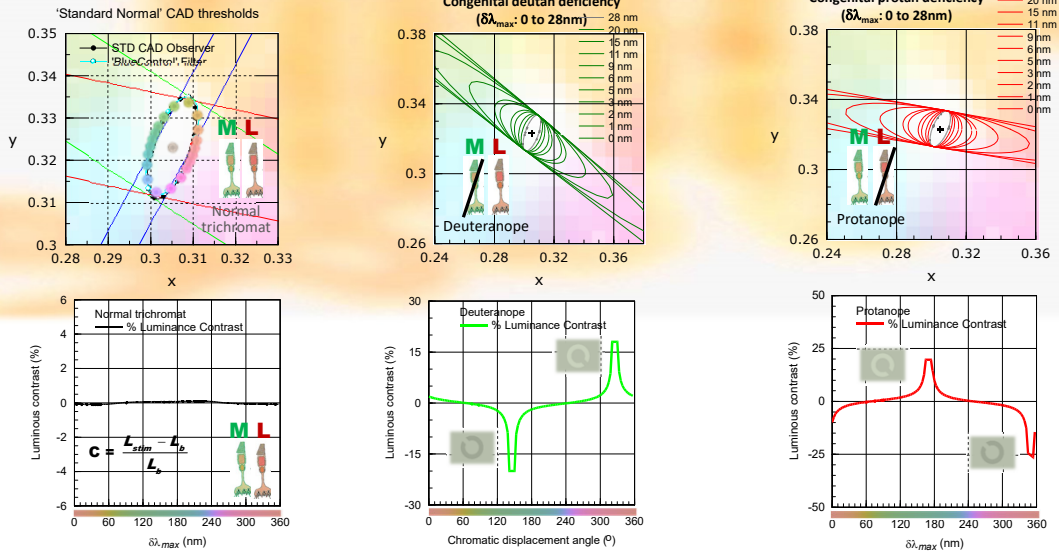


The effects of chromatic adaptation on colour discrimination



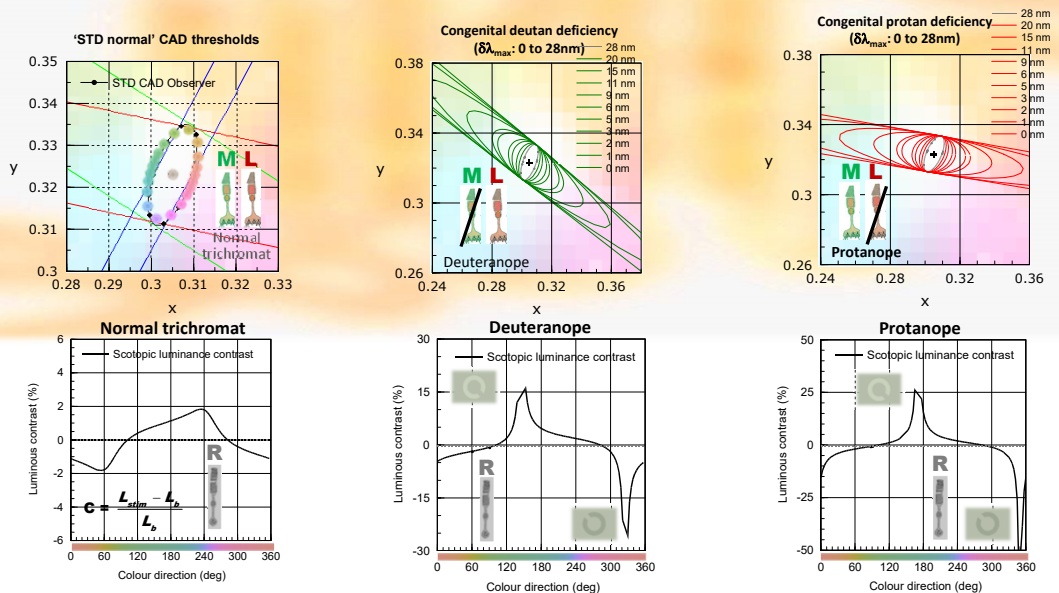
Model Predictions:

Photopic luminance contrast of coloured stimuli at threshold

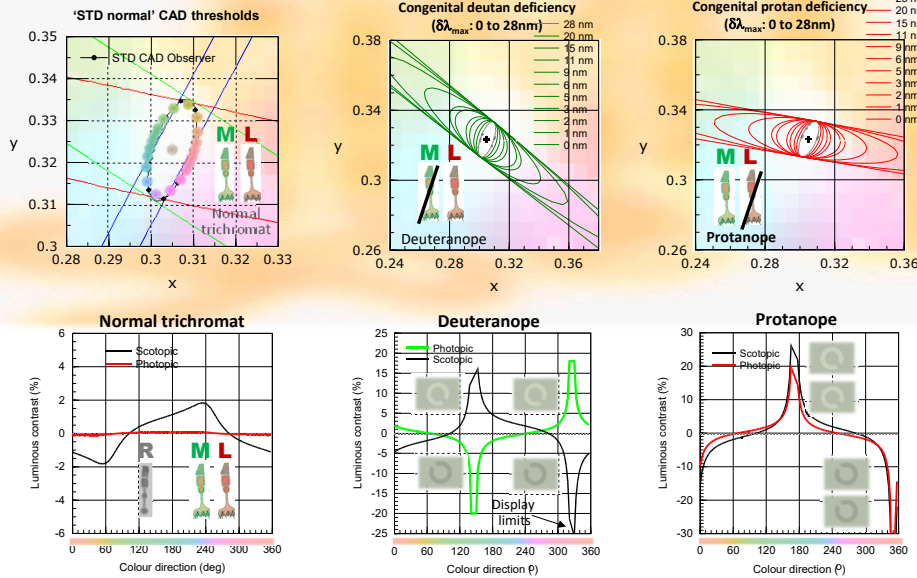


Model Predictions:

Scotopic luminance contrast of coloured stimuli at threshold



Comparison of photopic and scotopic luminance contrast for coloured stimuli at threshold



- OBSERVATIONS**
1. The coloured stimuli are truly photopically 'isoluminant' for the 'Standard' normal CIE observer
 2. The same 'Standard' normal CIE observer shows greater scotopic luminance contrast
 3. The 'effective' luminance contrast of 'coloured' stimuli can be very large in subjects with congenital colour deficiency (for saturated colours that fall along colour confusion bands)
 4. Significant differences emerge when comparing contrasts in deuteranopes and protanopes. **Protans benefit from a more effective combination of combined photopic and scotopic luminance contrast!**

CONCLUSIONS

As we learn more about the use of colour and luminance signals in RG colour deficient, we begin to unravel more differences between 'deutan' and 'protan' like subjects that can affect real life performance in safety critical tasks.



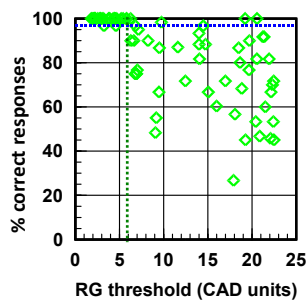
There are other interesting, remaining applications of this model, particularly in relation to coloured and narrow band illuminants, so more interesting work remains to be done!



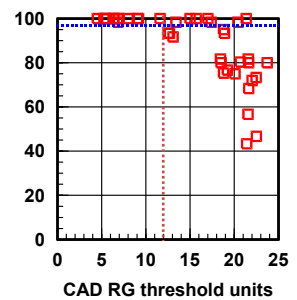
PAPI system

- ○ ○ ○ Too high
- ○ ○ ○ Slightly high
- ● ○ ○ On slope
- ● ● ○ Slightly low
- ● ● ● Too low

Deutans (n=77)



Protans (n=40)



ACKNOWLEDGEMENTS

Qinetiq PLC
Desmond Connolly
Ian Moorhead
James Sadler



TfL London Underground
Olivia Carlton



Federal Aviation Administration
Nelda Milburn



Civil Aviation Authority
Michael Trudgill
Matthew Margesson
Tony Evans
Adrian Chorley
Stuart Mitchell

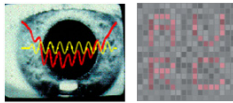


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City University
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Ben Evans
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Emily Patterson
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Ben Jennings
Ahmed Abdel-Hay
Joseph Hickey
Hanna Gillespie-Gallery
James Sadler
Roopa Vemala
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