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- 603 Intraocular pressure, Goldmann applanation tension, corneal thickness, and corneal curvature in Caucasians, Asians, Hispanics, and African Americans. Mitsugu Shimmyo, MD, Anna J. Ross, OD, Anna Moy, OD, and Ramin Mostafavi, MD

compared to the nonsteroidal drops.

Using intraocular pressure correction formulas developed, true intraocular pressure of African Americans was found to be higher than that of other ethnic groups. Mathematical derivation of correction formulas is discussed.

• 614 A clinical comparison of single-piece and three-piece truncated hydrophobic acrylic intraocular lenses. Trevin R. Wallin, BS, Michael Hinckley, BA, Christian Nilson, MD, and Randall J. Olson, MD

In a comparison study of three-piece and single-piece truncated hydrophobic acrylic intraocular lenses we found that single-piece intraocular lenses had significantly more posterior capsular opacification, less anterior capsular opacification, and less dysphotopsia associated with the truncated edge.

- 620 The course of moderate amblyopia treated with patching in children: experience of the amblyopia treatment study. The Pediatric Eye Disease Investigator Group Patching treatment in children age 3 to less than 7 years improved amblyopia throughout the range of 20/40 to 20/100. The six-month outcome was not related to the number of hours of patching (minimum 6 hours/day) initially prescribed.
- 630 The course of moderate amblyopia treated with atropine in children: experience of the amblyopia treatment study. The Pediatric Eye Disease Investigator Group Atropine treatment in children age 3 to less than 7 years improved amblyopia throughout the range of 20/40 to 20/100. Improvement was seen with and without demonstrating a fixation switch to the amblyopic eye.
- 640 Management of ocular torsion and diplopia after macular translocation for age-related macular degeneration: prospective clinical study. Sharon F. Freedman, MD, Sandra Holgado, MD, CO, Laura B. Enyedi, MD, and Cynthia A. Toth, MD

The authors report the results of a prospective clinical series to evaluate the management of both torsion and diplopia in a large group of patients after full macular translocation and extraocular muscle surgery. Extraocular muscle surgery was found to be effective at relieving the variable amounts of torsion produced by full macular translocation when graded to match preoperative torsion. The majority of patients were free of disabling tilt and diplopia after extraocular muscle surgery.

