



The Association for Research In Vision and Ophthalmology

**Investigative Ophthalmology  
& Visual Science**

**in**

**Annual Meeting  
Fort Lauderdale, Florida  
April 21-April 26, 1996**

**FEBRUARY 15, 1996 • VOL. 37 NO.3**

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*INVESTIGATIVE OPHTHALMOLOGY & VISUAL SCIENCE* (ISSN 0146-0404) is published thirteen times per year (monthly, except in February, in which two issues are published) by the Association for Research in Vision and Ophthalmology, Inc, at Lippincott-Raven Publishers, 12107 Insurance Way, Hagerstown, MD 21740. Business offices are located at 227 East Washington Square, Philadelphia, PA 19106. © Copyright 1996 by the Association for Research in Vision and Ophthalmology, Inc. Printed in the USA. Second-class postage paid at Hagerstown, Maryland, and at additional mailing offices.

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POSTMASTER: Send address changes to *Investigative Ophthalmology & Visual Science*, PO Box 1550, Hagerstown, MD 21714.

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### *Abstract Book*

This publication, the *Abstract Book*, and a second publication, the *Program Summary Book*, are mailed to all ARVO members and preregistered nonmember participants in February. Everyone receiving these *Books* is expected to bring one or the other publication with them to the Meeting, as copies will only be available onsite to those not mailed *Books* in advance of the Meeting. Remember that abstracts of presentations are referred to by Program Number, as opposed to Page Number, in the Author and Permutated Indices and on the Scientific Program-at-a-Glance.

258 — B170

A NEW OBJECTIVE SYSTEM FOR GRADING CORNEAL HAZE (J.A. Laird<sup>1</sup>, R.W. Beuerman<sup>1</sup>, C.A. Harlow<sup>2</sup>, S.C. Kaufman<sup>1</sup>, S.J. Chew<sup>3</sup>) Department of Ophthalmology, Louisiana State University Medical Center<sup>1</sup>; Remote Sensing & Image Processing Lab, Louisiana State University<sup>2</sup>; Rockefeller University<sup>3</sup>.

**Purpose.** The purpose of this study was to develop a grading scale based on digital image properties to objectively quantify the corneal haze that accompanies swelling of the stroma, which is more precise and reliable than the familiar 4-tiered scale. **Methods.** In vivo confocal images of the cornea were obtained from rabbits before and immediately after excimer laser refractive surgery and then daily for six days. Images show trends in the frequency of occurrence and characteristics of a number of detectable morphological features. This system approaches the problem by quantifying detectable features such as the density, size, and reflectivity of keratocyte nuclei, and the frequency and reflectivity of fibrous processes that stem from activated keratocytes. **Results.** Quantification of morphological features that are concomitant to increased haziness results in a set of indices for each image that indicate its position along the trend lines observed in experimental data, thus indicating the degree of haziness of the image. In these images, the nuclear size (in pixels) was  $504 \pm 43$  before and immediately after PRK, and changed to  $294 \pm 32$ ,  $214 \pm 40$ , and  $194 \pm 17$  as haze was developing. Nuclei were not detectable in extreme haze. The normalized nuclear reflectivity varied from 1.00 before and immediately after PRK to 1.03, 1.39, 3.09, and 3.55 as haze was developing. Similarly, nuclear density changed from 570 cells/mm<sup>2</sup> to 770 cells/mm<sup>2</sup>. **Conclusions.** The objective grading of haze by computer-based algorithms can effectively replace the truncated 4-tiered subjective clinical grading system currently in use to characterize corneal damage. Such a system would be useful in assessing the degree of wound healing following laser surgery.

DAMD17-93-V-3013; Vistecry Gala; RPB.

None.

259 — B171

COLOR CODIFICATION OF CORNEAL HAZE OVER THE ENTRANCE PUPIL AFTER EXCIMER LASER SURGERY FOR MYOPIA (V. Amau<sup>1</sup>, J.I. Belda<sup>2</sup>, M.J. Maldonado<sup>2,3</sup>, F.M. Micó<sup>3</sup>, A. Navea<sup>2</sup>, R. Martinez-Costa<sup>2</sup>, A. Ruiz<sup>2</sup>, and J.L. Menezo<sup>3</sup>) Department of Electrical Engineering and Computer Science<sup>1</sup>; Department of Ophthalmology, La Fe University Hospital and Department of Surgery<sup>2</sup>; Department of Optics<sup>3</sup>; University of Valencia, Spain.

**Purpose.** Regional variations in corneal haze can occur within the ablation zone in an individual cornea after photorefractive keratectomy. We attempted to develop color-coded maps for presenting information on the distribution of corneal haze after excimer laser surgery. **Methods.** Digitized anterior slit-lamp photographs of 18 eyes that had undergone excimer laser myopic photorefractive keratectomy were analyzed using computerized gradient edge detectors. Differences in grey-level scale between the treated area and the adjacent untreated area on the anterior corneal surface were divided into the following intervals: 10 to 20 grey levels, 21 to 30 grey levels, 31 to 50 grey levels, 51 to 70 grey levels, and over 70 grey levels. Then regions belonging to different intervals were depicted in different colors. **Results.** We obtained successful color codification of the corneal opacities over the entrance pupil in all the eyes examined. We were able to distinguish between areas containing increasing levels of corneal haze using original color tables. The pattern distribution of corneal haze was also highlighted and easily recognized. **Conclusions.** This method appears to be effective for instantly recognizing the pattern and distribution of corneal haze overlying the pupillary aperture after excimer laser photorefractive keratectomy.

None

260 — B172

REPRODUCIBILITY OF DIRECT OBJECTIVE QUANTIFICATION OF CORNEAL HAZE BY DIGITAL IMAGE ANALYSIS FOLLOWING MYOPIC PHOTOREFRACTIVE KERATECTOMY (M.J. Maldonado<sup>1,2</sup>, J.I. Belda<sup>1</sup>, A. Navea<sup>1</sup>, V. Amau<sup>1</sup>, R. Martinez-Costa<sup>1</sup>, F.M. Micó<sup>3</sup>, A. Ruiz<sup>2</sup>, and J.L. Menezo<sup>3</sup>) Department of Ophthalmology, La Fe University Hospital and Department of Surgery<sup>1</sup>; Department of Optics<sup>2</sup>; Department of Electrical Engineering and Computer Science<sup>3</sup>; University of Valencia, Spain.

**Purpose.** To evaluate the usefulness of image analysis for quantifying corneal haze by determining the reproducibility of its measurements at the corneal plane. **Methods.** The corneas of post-photorefractive keratectomy patients were photographed focusing the slit beam on their anterior surface. Each photograph was examined using computer image analysis techniques that detect the edge of the reticular pattern of the image. Quantification of the difference between two areas, treated and adjacent untreated cornea, each containing 3750 points with a resolution of 256 grey levels was performed. The reproducibility of the procedure was determined by evaluating the photographs of twenty random eyes obtained by two observers under standard conditions on four separate visits. The inter-observer variation was calculated using both the first measurement and the mean of the four measurements. **Results.** The pooled standard deviation of the measurements for observer one and two was 0.63 grey levels and 0.62 grey levels, respectively. The mean inter-observer variation was  $0.94 \pm 0.73$  grey levels for the first measurement and  $0.55 \pm 0.37$  grey levels for the average of four measurements. **Conclusions.** Good reproducibility for haze measurements by digital image analysis of the differences between the treated and adjacent untreated corneal areas was obtained. The authors recommend that the average of four measurements be calculated to improve their variability. This new technique could potentially be used to quantify and analyze corneal haze after excimer laser photorefractive keratectomy.

None

261 — B173

A SENSITIVE CORNEAL HAZEMETER (D.M. Maurice) Department of Ophthalmology, Columbia University Medical School, New York, NY.

**Purpose.** To design and evaluate an instrument to measure low degrees of corneal opacity.

**Methods.** Two overlapping vertical slits of light are focused on the cornea from 45° nasally and 45° temporally. This makes the scattered light from the opacity relatively insensitive to it being a small angle off the optical axis. The slits are formed by spherical apertures so that straight images, 2X6 mm, are projected on the eye. The beam from a halogen lamp, divided symmetrically, provides the illumination. A CCD camera, mounted centrally, records the corneal image for linear scanning. The pupil is dilated before observations. The effect of epithelial irregularities can be diminished by covering the corneal surface with a deep fluid chamber formed by a contact lens separated from the eye by a 2 mm thick ring, and attached by light suction. **Results.** With symmetrical illumination, images may be obtained without difficulty from any region of the human cornea above the dilated pupil and around the horizontal meridian in the rabbit. Because the projected slit passes through the eye at a wide angle, the illuminated zone of cornea is seen against a dark background and this improves the contrast of areas with faint haze. Similarly, the glare produced by the surface of the contact lens is outside the observation field. The contrast is comparable to that visible in the slit lamp.

**Conclusions.** It is possible to make an objective measurement of haze resulting from PRK or other corneal diseases or interventions using a simple set-up. This could be less cumbersome if the CCD camera was replaced by its chip and a simple lens, and the circuitry was distributed throughout the space unused by the optics.

EY 00431

None

262 — B174

EVALUATION OF PENTOXIFYLLINE IN THE PREVENTION OF HAZE AFTER PHOTOREFRACTIVE KERATECTOMY (PRK) IN THE RABBIT (J.C. Abad<sup>1</sup>, J.E. Lim<sup>1</sup>, A. Pepin<sup>1</sup> and J.H. Talamo<sup>1</sup>) Cornea Service, MEEI/Harvard Medical School, Boston, MA.

**Purpose:** Pentoxifylline (PTX) is a methylxanthine derivative that besides its hemorheologic properties seems to have multiple physiologic effects at the cellular level. It has been used in keloid prevention due to its ability to inhibit the secretion of collagen and glycosaminoglycans from activated fibroblasts. **Methods:** 16 NZW rabbits underwent -7.00 diopters 6.0 mm PRK after laser ablation of the epithelium with a VISX 20/20 excimer laser. The bare stroma was stained with fresh 0.5% dichlorotriazinyl aminofluorescein (DTAF). The procedure was done in both eyes one week apart. One eye received 1% PTX qid and the other BSS qid as a control for four weeks, starting the same day of surgery. The amount of haze was graded by a masked observer using the slit lamp at 2.4, 6 and 8 weeks. Four rabbits were sacrificed every two weeks for histological analysis. The area from the DTAF-stained collagen to the base of the epithelium was measured using a digital image analyzer (BDS). **Results:** There was no statistical significant difference in the amount of haze either by slit lamp or by histological analysis between the PTX-treated eyes and the controls at any time interval. (Student T-test: 0.16-0.92). **Conclusions:** Despite promising results in keloid prevention, pentoxifylline did not seem to affect the degree of haze formation in a PRK rabbit model. Further research is needed to confirm these preliminary findings. Supported by New England Eye Bank grant 90036. None

263 — B175

COMPARISON OF POSTOPERATIVE CORNEAL SENSATION FOLLOWING PHOTOREFRACTIVE KERATECTOMY AND LASER IN-SITU KERATOMILEUSIS (E.N. Delyargyris<sup>1</sup>, A.J. Kanellopoulos<sup>2,3</sup>, I.G. Pallikaris, M.D.<sup>4</sup>, E.D. Dennenfeld<sup>3</sup>, E. Deterakis<sup>4</sup>, K. Koufala<sup>5</sup>, J. Lambropoulos<sup>5</sup>, and H.D. Perry<sup>3</sup>) (1) Tufts Medical School, (2) Harvard Medical School, Massachusetts Eye and Ear Infirmary, Boston, MA, (3) New York University Medical College, North Shore University Hospital, Manhasset, NY, (4) University of Crete Medical School, Heraklion, Greece, (5) Orasis Eye Center, Athens, Greece

**Purpose:** To evaluate the effect on corneal sensation, of photorefractive keratectomy (PRK) versus laser in situ keratomileusis (LASIK). **Methods:** In a masked study, corneal sensation was measured with the Cochet-Bonnet aesthesiometer in 40 consecutive patients, 6 to 12 months following PRK and LASIK (6.0cm constitutes normal reading and <4.0cm abnormal). **Results:** The mean corneal sensation following PRK was 3.92cm (range 3-5.5cm) after 6 to 12 months (mean 9.5 months). The mean corneal sensation following LASIK was 5.36cm (range 4-6cm), after 6 to 12 months (mean 9.3 months). The mean correction attempted for PRK was 7.05 diopters (2.5-12 diopters) and for LASIK 11.71 diopters (6-20 diopters). **Conclusions:** In this group of patients, with correction of primarily severe myopia, corneal sensation was significantly greater (P<0.001) following LASIK compared to PRK.

Supported by a Lions Eye Bank Grant

None

- Anand, S., 3272  
 Anand-Apte, B., 2133  
 Ancel, J.M., 2598, 3513  
 Ancut, J.L., 2079  
 Anders, N., 1472, 3834  
 Andersen, G.J., 2355, 2362, 4910  
 Anderson, B.L., 1328  
 Anderson, D.F., 1069, 4691  
 Anderson, D.H., 2052, 4795  
 Anderson, D.R., 2098, 2134, 3658  
 Anderson, H.R., 4485  
 Anderson, R., 4459  
 Anderson, R.E., 1525, 3664, 3681, 3713, 3714, 3716, 3717, 3718, 4800  
 Anderson, R.J., 2285  
 Anderson, S., 1627  
 Anderson, S.J., 2347, 3312, 3422, 5206  
 Anderson, W.F., 1815, 2975  
 Andersson, K., 3511  
 Andersson, M., 2774, 4099  
 Anderton, A., 967  
 Andison, M.E., 767, 3315  
 Andley, U., 4505  
 Andley, U.P., 2747, 4518  
 Ando, H., 1234, 1658  
 Ando, N., 1927, 2148  
 Ando, S., 2426  
 Ando, Y., 114  
 Andracchi, S., 3108  
 Andrade da Costa, B.L.R.S., 2914  
 Andrassi, M., 2297  
 Andre, J.C., 2274  
 Andre, J.T., 3355  
 Andreassen, T.T., 774  
 Andreasson, S., 673  
 Andreasson, S.O., 1557  
 Andres, M.V., 1691  
 Andrews, W.M., 838  
 Andreyeva, S.G., 1528  
 Anfossi, R., 1284  
 Ang, C.L., 5249  
 Angeli, C.D., 526, 1028  
 Angell, E., 172  
 Angel-Munoz, E., 2298  
 Angelov, O., 4714, 5063  
 Angi, M., 5115  
 Angioletti, L.N., 1829  
 Angioletti, L.S., 1829  
 Anglade, E., 34, 35, 2967, 3543, 4801  
 Angleson, J.K., 3722  
 Anker, S., 3337, 5115  
 Ankoudinova, I., 984  
 Ann, D., 1655  
 Ansari, N.H., 4070, 4119, 4120, 4121  
 Ansari, R., 3456  
 Ansel, J.C., 4539  
 Anstis, S., 831, 3187  
 Anstis, S.M., 3432  
 Anteck, E., 958, 4005  
 Antico, L., 4486  
 Anton, A., 1154, 5256  
 Antoni, H.J., 396, 2586, 3834  
 Anvari, S.H., 4899  
 Anzai, K., 500, 3177  
 Aoki, K., 4729, 4731, 4732, 4733, 4735  
 Aoki, S., 1116  
 Aotaki-Keen, A.E., 942  
 Aouididi, S., 3553, 4400  
 Aoyama, Y., 2591  
 Apel, R., 3995  
 Apfelstedt-Sylla, E., 1559  
 Apkarian, P., 1035, 3271  
 Apostolides, J., 5236  
 Apple, D.J., 273, 290, 292, 4536  
 Applegate, C.A., 86, 537  
 Applegate, R.A., 1482, 2817, 4277  
 Appukuttan, B., 1547  
 Apte, R.S., 2446  
 Apte, S.S., 2257  
 Aptsiauri, N., 664, 2454, 3065  
 Aquavella, J., 275, 2630, 3534  
 Arai, M., 1573, 1855, 2345, 3364  
 Arai, Y., 2500  
 Araie, M., 140, 3848, 3892  
 Araki, C.M., 2952  
 Araki, K., 1665  
 Araki, T., 3641  
 Araki-Sasaki, K., 200, 2676, 3984  
 Araki-Sasaki, K., 5112  
 Aramideh, M., 730  
 Araneo, B.A., 4361  
 Araujo, S.V., 1175, 3774, 3775  
 Araullo-Cruz, T., 4725, 4726  
 Arce Vicioso, M., 1689  
 Archer, D.B., 375, 491, 1754, 3656, 3659, 4485, 4700, 5161  
 Ardell, M.D., 1533  
 Arditi, A., 797  
 Arellanes, L., 1677, 1733  
 Arellanes-Garcia, L., 4759  
 Arenas, E., 1157, 3462, 4044, 4614  
 Arenas, M.C., 3462, 4614  
 Arend, O., 560, 1010, 2296, 4461, 4469  
 Arendt, A., 3724, 3725, 4270  
 Arendt, J., 1390  
 Arens, B., 1038, 1295  
 Arevalo, J.F., 2866, 3073, 3104, 3604  
 Argueso, P., 2534  
 Arguin, M., 58, 2433, 4372  
 Arias, J., 3596  
 Arias-Puente, A., 237, 1150, 1691, 2319, 3768, 3770, 4703  
 Ariyasu, R.G., 2170, 2171  
 Armitage, W.J., 4325  
 Armstrong, D., 497, 2500, 4659  
 Armstrong, J.D., 480  
 Armstrong, R., 3555  
 Arnau, V., 259, 260  
 Arnaud, B., 2243, 2719, 5240  
 Arndt, C.F., 2804, 4336, 4982  
 Arnel, J., 3137  
 Arner, K., 696  
 Arnold, J., 539, 2813  
 Arnold, M.J., 2935  
 Arnold, P.D., 575  
 Arocker-Mettinger, E., 1699  
 Aron, B., 2596  
 Aron, J., 1410  
 Aronovitch, E.L., 3124  
 Aron-Rosa, D.S., 2596, 2841  
 Aronson, S., 3880  
 Arora, J.K., 4250  
 Arrayas, I., 313, 1476  
 Arrayas, J., 1476, 2642  
 Arrico, L., 134, 2283, 2353, 3494, 3823, 3832, 4473  
 Arrindell, E.L., 1836  
 Arroyo, J.G., 3879  
 Arroyo, M., 5251  
 Arruda, J., 1008  
 Arsenaute, A.S., 1345  
 Artal, P., 3290  
 Arthurs, B., 741  
 Arya, A., 3739  
 Arya, A.V., 1187, 3794  
 Asaad, W.F., 836  
 Asano, T., 1510  
 Asaumi, N., 2331  
 Asbell, P.A., 208, 221, 2578, 2587, 4198  
 Ascher, D., 4224  
 Aschero, M., 2808  
 Aseff, A.J., 2735  
 Ash, D.M., 2700  
 Ash, J., 4247  
 Ash, J.D., 4511  
 Ashida, H., 3401  
 Ashkenazy, R., 796  
 Ashraf, F., 2617  
 Ashraf, M.F., 4653  
 Ashton, P., 184, 916, 1698, 2678, 2681, 3033, 3576, 4048, 4717  
 Asiy-Vogel, M.N., 305, 2624  
 Aslanides, I.M., 775, 776, 3776, 3878  
 Asonuma, S., 1292  
 Asota, C.S., 333, 360, 3445  
 Aspinall, P., 4255  
 Asrani, S., 587, 2796, 2797, 4472, 5260  
 Assadi, C., 4400  
 Assaf, N., 1021  
 Assalian, A., 92, 2706  
 Assil, K.K., 78, 1480, 4326  
 Assouline, M., 233, 2641, 2646  
 Astin, M., 2106  
 Astirakakis, N.I., 2616, 3039  
 Atallah, S., 132, 138, 1237  
 Atchley, P., 2362, 4910  
 Atebara, N.H., 1973  
 Atherton, S.S., 197, 203, 4358  
 Atkinson, J., 1331, 2411, 3337, 5115  
 Atkinson, S., 5115  
 Attariwala, R., 3876  
 Atwell, M.M., 1009  
 Au, Y.K., 4672  
 Audo, I., 2804  
 Auestad, N., 4904  
 Auffarth, G.U., 5223  
 Augsburg, J.J., 128, 1195, 3774, 3775, 5028  
 Augustin, A.J., 174, 1739, 2672  
 Auld, R., 4306  
 Auran, J.D., 278, 343, 1457, 4089, 4709  
 Aurelia, J.L., 2905  
 Aust, R., 758  
 Austen, R., 329, 331  
 Avanza, P., 620, 2791, 5177  
 Avaria, M., 4327  
 Avila, M.P., 1671, 1837  
 Avino, J.A., 2581  
 Avitabile, T., 113, 1828, 1896, 2235  
 Avruch, J., 4249  
 Awasthi, S., 4080  
 Awasthi, Y.C., 4080  
 Awaya, S., 1027, 4655, 4656, 5101  
 Axer-Seigal, R., 2150  
 Ayaki, M., 127, 1770, 4125  
 Ayde, C.J., 3325  
 Aylward, G.W., 1805, 2151  
 Ayyagari, R., 3028  
 Azar, D.T., 2564, 2565, 2617, 4653, 5184  
 Azar, N.F., 2564, 3522  
 Azar, R.G., 293  
 Azarian, S.M., 3704  
 Azechi, Y., 1795  
 Azenha, M.E., 4126  
 Aziz, A.A., 4666  
 Azorero, R.M., 1430  
 Azuara, A., 1232, 5028  
 Azuara-Blanco, A., 1175, 1195, 3774, 3775, 3826, 4256  
 Azueta, R.C., 4198  
 Azuma, M., 2501, 2777  
 Azuma, N., 707, 4817  
 Azumi, A., 436  
 Azzarolo, A.M., 3961, 3962  
 Azzolini, C., 3178  
 Azzolini, M., 247, 251, 3116  
 Azzopardi, P., 2173  
 Baarsma, G.S., 194  
 Baatz, H., 168  
 Baca, O., 388, 1468, 1475, 2505  
 Baca, W., 4751  
 Bacal, D.A., 3046  
 Bach, J.F., 2072  
 Bach, L., 1405  
 Bach, M., 2040  
 Bachmann, G., 4971  
 Bachmann, K., 1219, 1236  
 Backus, B.T., 1323, 3130  
 Bacon, A.S., 1069  
 Bacon, B., 4858  
 Bacon, D.R., 2102, 3885, 5016  
 Baddeley, S.M., 1069, 4691  
 Badlock, D.R., 3319  
 Badrinath, S.S., 4051  
 Baehr, W., 982, 983, 1538, 3020, 3729  
 Baer, N.H., 1006  
 Baer, C., 4194  
 Baer, C.A., 3686  
 Baer, R., 2708  
 Baerfeldt, G., 1192  
 Bafalluy, J., 553  
 Bafna, S., 2589  
 Baggia, S., 172, 4667  
 Baglivo, E., 4758  
 Bahadur, G., 2567  
 Bahceci, E., 1702  
 Bahk, J., 5099  
 Bahler, C.K., 3807  
 Bai, S.H., 652  
 Bai, S.R., 652  
 Bailey, C.C., 504  
 Bailey, I.L., 792, 3298  
 Bailie, J.R., 1754  
 Bailo, G., 3116  
 Baines, M.G., 558, 958, 4005  
 Bair, W., 1311  
 Bair, W.D., 4220  
 Baird, A., 885, 943  
 Baitech, L.W., 5208  
 Bajwa, R., 4810  
 Baker, A.S., 3556, 3566, 3568  
 Baker, C.L., 2191  
 Baker, K.S., 1135  
 Baker, P., 320  
 Baker, R.S., 729, 731, 875, 1405, 2315, 2318, 4396  
 Balacco Gabrieli, C., 866, 1917, 2167  
 Balakrishnan, V., 1416, 2561  
 Balas, C., 84  
 Balashov, N.A., 4190  
 Balasubramanian, D., 4101  
 Balasubramanyam, A., 4249  
 Balazinska, M., 1321  
 Balazi, A.G., 5013  
 Balazzi, G., 4328  
 Baldassi, S., 1988  
 Baldwin, J.B., 3016, 3017  
 Baldwin, R.C., 4952, 4953, 4954  
 Balestrazzi, E., 1107, 5187  
 Balish, M.J., 3518  
 Balisky, L., 1473, 2530  
 Ball, A.K., 2904, 2926  
 Ball, M., 3903  
 Ballard, D.H., 64, 865  
 Balmer, A., 2875  
 Balo, P., 160  
 Baloch, A., 3419  
 Balzano, L., 1843, 4486  
 Bamforth, S.D., 2690  
 Ban, Y., 1509  
 Banares, A., 4703  
 Bandarchi, J., 638  
 Bandeem-Roche, K., 874, 876, 2723, 2990, 2991  
 Bandello, F., 502, 4451, 4452  
 Bane, M.C., 521, 5120  
 Banerjee, S.S., 1121  
 Banerjee-Basu, S., 4170  
 Banker, A., 3604  
 Banker, A.S., 2086, 3073, 3548  
 Banker, K., 1602  
 Banks, M.S., 1323, 2065, 2066, 2356, 3130  
 Bansteev, V., 4081  
 Banton, T., 3435  
 Bar, M., 853  
 Barad, J.B., 3222  
 Barak, A., 4989  
 Baratz, K.H., 867

- Lu, B., 4804  
 Lu, C.L., 1798  
 Lu, D.W., 1146  
 Lu, L., 467  
 Lu, P.C.S., 397  
 Lu, W.Y., 3813  
 Lu, Z.L., 2369, 3348, 3418, 4163  
 Lubatschowski, H., 2604, 2624, 2627, 3287  
 Lubniewski, A.J., 1079, 2614  
 Lubonski, L., 1996  
 Lubonski, L.H., 1403  
 Lubsen, N.H., 4245, 4488  
 Lucarelli, M.J., 4403, 4404  
 Lucas, D.R., 3284  
 Lucas, R., 3977  
 Luchs, J.I., 4202  
 Lucking, C.H., 3301  
 Ludtke, H., 751  
 Ludwig, I.H., 2232  
 Ludwig, K., 1441  
 Lueder, G.T., 1676  
 Luff, A.J., 1844  
 Lui, G.M., 406, 407, 1802, 3635, 4082, 5108  
 Lukaszewicz, P.D., 1940, 2918, 5264  
 Lum, Z.P., 4496  
 Lumb, R., 3338  
 Lumbroso, L., 3509  
 Luna, J.D., 597, 4425  
 Lund, A.L., 1947, 1948  
 Lund, D.J., 3580, 3581, 3582  
 Lund, J.S., 2178, 2185, 2186  
 Lund, R.D., 441, 443, 444, 450, 4804  
 Lund-Andersen, H., 682, 2697, 4288  
 Lundberg, K., 3481  
 Lundgren, B., 3481, 3511, 4525  
 Lundmark, P., 1215  
 Lundy, D., 434  
 Lung, E., 4710  
 Luo, X., 4196  
 Lupo-Meirí, M., 4432  
 Lupu, V.D., 675, 676, 3880  
 Luscher, T.F., 2105  
 Lusk, M., 5023  
 Luthert, P.J., 1759, 1761, 2690  
 Lutjen-Drecol, E., 721, 2035, 3814  
 Luttmann, W., 1696  
 Luty, G.A., 571, 592, 625, 3038, 4466  
 Lutz, D.A., 1751  
 Lutz, J., 174, 2672  
 Lutz, S., 361  
 Luu, C.D., 3214  
 Luyckx, J., 383, 1431, 2651  
 Luyo, D., 2460  
 Lydataki, S., 1892  
 Lynch, G., 2679  
 Lynch, J., 148  
 Lynch, S., 1914  
 Lynn, M.J., 955, 1467, 2548, 3045, 4276, 4612  
 Lynn, M.L., 516  
 Lyon, A.T., 529, 1719, 1721, 1821  
 Lyons, J.L., 172, 4667  
 Lyons, M.J., 910  
 Lyons, T.J., 3669  
 Lysz, T.W., 4503  
 Lyubarsky, A., 3719  
 Lyubarsky, A.L., 19, 645
- M**
- Ma, D., 5128  
 Ma, D.H.K., 214  
 Ma, H., 2776  
 Ma, J.X., 3668, 3669, 3824, 3825, 3856, 4447  
 Ma, L., 4249
- Ma, S., 1493  
 Ma, W., 973, 974  
 Ma, Y.Y., 1537  
 Maas, R., 715  
 Mabey, D.M., 1672  
 Mabuchi, F., 1149  
 MacCumber, M.W., 1924  
 MacDonald, A.B., 1933  
 MacDonald, I.M., 5237  
 Macdonald, T., 3839  
 Macedo, A.R., 5077  
 Macedo, C., 2549  
 Macedo, E., 2684  
 Macedo, R., 2228  
 Macedo, R.W., 2549  
 Macedo, T.R.A., 1255  
 Machado, L.J., 3133  
 Machemer, R., 614, 3879  
 Machida, S., 87  
 Machnicki, M., 2450  
 Mack, H.G., 2292  
 Mack, J.A., 2686  
 Mack, R.J., 2635  
 MacKay, C.J., 644, 1554  
 MacKay, D., 5220  
 MacKay, E.O., 5037  
 Mackeben, M., 60  
 Mackeen, D.L., 336, 362  
 MacKeen, P.D., 336  
 Mackey, D.A., 146, 147, 148  
 Mackic, J.B., 4079, 4118  
 Mackie, R.T., 3216, 5210  
 MacLeish, P.R., 3683, 4821, 4834  
 MacLeod, D.I.A., 11  
 MacLeod, J.D.A., 1069, 4691  
 MacLin, O.H., 909  
 MacNaughton, J., 4609  
 MacNeil, S., 1775, 1791  
 MacRae, S., 2592  
 MacRae, S.M., 77  
 Macri, A., 5018  
 Macsai, M., 385  
 Macy, J., 256  
 Maddess, T., 4862  
 Maddox, T.S., 2705  
 Mader, J.T., 4433  
 Mader, T.H., 3484, 3507  
 Madhavan, H.N., 1678  
 Madigan, M.C., 624  
 Madjarov, B.D., 527  
 Madoz, C., 5137  
 Madreperla, S.A., 2871  
 Madu, A., 3574  
 Maeda, H., 4654, 4657, 4808  
 Maeda, K., 3623  
 Maeda, N., 325, 1665, 2562, 2574, 2580, 4201  
 Maeda, S., 3953  
 Maeda, T., 744, 5017  
 Maehara, M., 2892  
 Maestranzi, G., 502  
 Maftzir, G., 4664  
 Maglione, A., 1157  
 Magnasco, A., 1862  
 Magnenat, J.L., 973  
 Magnino, P., 5114  
 Magnus, K., 3464  
 Magno, B., 3483  
 Magone, T., 3546  
 Magonio, F., 4452  
 Magoon, E.H., 4308  
 Magrini, L., 2996  
 Maguen, E., 256  
 Maguire, A.M., 4810, 5199  
 Maguire, G., 671, 3023  
 Maguire, L.J., 2557  
 Maguire, M., 4295  
 Maguire, M.G., 80, 81, 83, 1998, 4212  
 Mah, T., 4582  
 Mahar, M., 4056  
 Mahdi, R., 4229  
 Maher, E.R., 5238  
 Maher, S.J., 2438  
 Mahiddine, H., 2812
- Mahlow, J., 4430  
 Mahomed, I., 2818  
 Mahon, G., 375, 4700  
 Mahon, G.J., 1754  
 Mahon, L.E., 18  
 Mahurkar, A., 3483  
 Maia, N., 2566  
 Maier, H., 126  
 Maier, M., 2725  
 Maisel, H., 4515  
 Maisiak, R., 4401  
 Maitchouk, D.Y., 74, 3918  
 Majaj, N., 3349  
 Majima, A., 1854  
 Majmudar, P., 1478  
 Majmudar, P.A., 5226  
 Majo, F., 4132  
 Makenzie, G., 491  
 Makino, C.L., 20  
 Makino, I., 3997, 4450  
 Makous, W., 3350, 3359, 4922, 4938  
 Makris, N., 2360  
 Makropoulos, W., 4978  
 Malagola, R., 4448  
 Malbran, E.S., 3561  
 Malbran, J., 4736  
 Malchow, R.P., 684, 4867  
 Maldonado, G.G.H., 2729  
 Maldonado, M.J., 259, 260, 2480, 2581  
 Maleceze, F., 1431, 3627  
 Malecki, H., 1580  
 Malégori, A., 4452  
 Malhan, S., 297  
 Malicka, E., 187  
 Malik, J., 3011  
 Malik, N.S., 4636  
 Malich, H.Z., 2745, 4117  
 Malinski, J.A., 1081, 3721  
 Maljkovic, V., 59  
 Mallet, J., 2968  
 Mallinger, R., 4680  
 Mallorga, P., 1499, 1514  
 Malloy, D., 4909  
 Maloney, L.T., 806, 813, 4285  
 Maloney, R.K., 3040, 4275  
 Malthieu, D., 2833  
 Mamassian, P., 4281, 4285  
 Mames, R., 4382  
 Manabe, Y., 4318  
 Manahan, R.G., 1793  
 Manche, E.E., 3040  
 Mancini, A., 312, 1479  
 Mancuso, W., 3209  
 Mandai, M., 1015, 2484, 2669, 4237  
 Mandal, A.K., 47  
 Mandal, K., 3674  
 Mandava, N., 3207, 4017  
 Mandava, S., 1982, 4017, 4997  
 Mandel, D., 4990  
 Mandel, M., 4990  
 Mandell, R.B., 2551, 4272  
 Mangel, S.C., 70, 662  
 Mangini, N., 2109  
 Mangini, N.J., 523, 1776, 5107  
 Mangione, C.M., 873, 2981  
 Mangione, S., 4659  
 Manin, D.Y., 2195  
 Mann, S.L., 4043  
 Mannan, R.M., 2972  
 Manners, R.M., 2857  
 Manni, J., 1187  
 Manning, C.A., 371  
 Mannis, M.J., 401, 2515, 3208  
 Mannor, G., 3448  
 Mannor, G.E., 2709, 3952  
 Manns, F., 1194, 2644, 2648, 3262  
 Mano, T., 5074  
 Manocha, M., 3459  
 Mansfield, J.S., 793, 794  
 Manso, P.G., 1413  
 Mansoldo, C., 3333  
 Manson, F.D.L., 4578
- Manson, J., 1918, 1921  
 Mansour, M.M., 2786  
 Mansoura, M.K., 28  
 Mantthos, A., 4623  
 Mantziris, D.A., 3784  
 Mao, B., 4834  
 Mao, C.S., 4446  
 Maple, B.R., 1943, 4865  
 Marathe, G.K., 2667  
 Marc, R.E., 3018, 4347  
 Marcantonio, J.M., 3469, 3474, 4133  
 Marcar, V., 2205  
 Marcellino, G., 1842, 2600, 2601, 2628, 2632  
 March, G.A., 4404  
 March, W.F., 1668, 3450  
 Marchal, A.C., 3303  
 Marchal, P., 1857  
 Marchant, J.K., 2988  
 Marcheselli, V.L., 1781, 1782, 5154  
 Marci, A., 5045  
 Marconi, B., 1988  
 Marcos, M.A., 1845  
 Marcos, S., 1054  
 Marcotte, T., 1724  
 Marcus, C., 1177  
 Marcus, D., 492, 1016, 1725, 1769, 3310, 3459  
 Marcus, K.T., 3608, 5190  
 Marcyuniuk, B., 1093  
 Mardin, C., 2354, 5021  
 Mardin, C.Y., 2327, 2337, 3769  
 Mareschal, I., 2191  
 Mares-Perlman, J.A., 1075  
 Marfurt, C.F., 2658  
 Margaritis, A.G., 1892, 2643  
 Margherio, A., 2865  
 Margolis, T.P., 1713, 3071, 4156  
 Margolskee, R.F., 3736  
 Margulis, A., 3728  
 Mari, Z., 1592  
 Marinero, P., 1887  
 Marini, I., 4104  
 Marino, S.A., 4107  
 Mariotti, C., 552, 2820  
 Markham, R.H., 2818  
 Markoe, A., 4213  
 Markomichelakis, N., 4753  
 Markovitch, A., 2540  
 Marks, M., 1704  
 Marks, S.J., 1673  
 Marmor, M.F., 4408  
 Marmorstein, A.D., 35, 1777, 1778, 1780  
 Maroon, J.C., 3750  
 Marotta, J.J., 2407, 2408  
 Marouf, L., 4475  
 Marouf, L.M., 1859  
 Maroun, F., 2726, 2995  
 Marques, C., 4091  
 Marques, M.E.A., 2847  
 Marran, L., 773  
 Marrano, M., 363  
 Marsh, G., 868  
 Marsh, M., 1924  
 Marsh, M.J., 80, 81, 526  
 Marshak, D.W., 4349, 4355  
 Marshall, D.H., 435  
 Marshall, J., 75, 242, 264, 265, 561, 919, 924, 925, 1762, 2286, 3174, 5176  
 Marshall, J.A., 2192, 2193  
 Martien, A., 4746  
 Martin, B., 1213, 1229, 3745  
 Martin, B.J., 1010, 1217, 1253, 4469  
 Martin, D.F., 2152  
 Martin, E., 3553, 4813  
 Martin, P.R., 2922, 2923  
 Martin, R.E., 4360  
 Martin, S.C., 4786  
 Martin, T.M., 2497  
 Martin, X.D., 2745, 4117  
 Martinache, C., 4624

Merland, J.J., 4414  
 Mermoud, A., 1167, 5002  
 Merren, J., 3031  
 Merriam, J.C., 3452  
 Merrill, P.T., 617, 1868, 1878, 1879, 3602  
 Merriman, K., 2955  
 Merritt, J., 2060  
 Merritt, J.O., 2367  
 Mertz, M., 2725  
 Mervin, K., 687  
 Merwine, D.K., 3150  
 Messersmith, S.L., 1004  
 Messing, A., 3194  
 Messmer, E., 505, 3595  
 Messmer, E.M., 118, 1110  
 Mester, V., 2717, 4391  
 Metha, A.B., 1966  
 Metsaranta, M., 1502  
 Metz, E.G., 852  
 Meuer, S.M., 1916, 1919  
 Meunier, I., 2810, 2812, 2832  
 Meyer, A.U., 1602  
 Meyer, D., 480  
 Meyer, J.H., 1138, 4521  
 Meyer, J.L., 5053  
 Meyer, M., 954  
 Meyer, M.A., 43, 48, 1143  
 Meyers, R., 5179  
 Mezrich, R.S., 4128  
 Mian, S.I., 4305  
 Mian, U.K., 3545  
 Miao, C., 1494  
 Mibu, H., 4088  
 Miceli, D., 2182  
 Miceli, M.V., 1741, 1742, 4234  
 Micelli Ferrari, T., 387, 4102  
 Michael, R., 4087  
 Michaluk, D., 1442  
 Michaud, N., 1013  
 Michelson, G., 1227, 1228, 2101  
 Mickle, J., 658  
 Mico, F.M., 259, 260  
 Middendorf, R.C., 1581  
 Midelfart, A., 358, 1667  
 Midelfart, J., 358  
 Midena, E., 312, 526, 1028, 1479  
 Midgley, C.A., 3366  
 Mieler, W.F., 53, 1172, 1836, 1838, 1926, 2088, 2868, 3205, 3606, 4766, 5253  
 Mieth, A., 1408, 1471  
 Mietz, H., 215, 374, 617, 2261  
 Migdal, C., 2333  
 Migliavacca, L., 618, 2306  
 Miglior, S., 2166  
 Migliori, M., 4693  
 Mihova, A., 2613  
 Mikawa, Y., 5076  
 Mikelberg, F.S., 3054  
 Miki, A., 3273  
 Miki, T., 530, 579, 1795, 1890, 2503, 4793  
 Mikos, A.G., 467  
 Milam, A.H., 2282, 2452, 2891, 2936, 3628, 4779, 4788, 4789, 4790  
 Milano, G., 167  
 Milatovich, A., 4666  
 Milazzo, S., 2833, 4071  
 Miliczek, K.D., 752  
 Milite, J.P., 4052, 4053  
 Milkie, M., 636, 2272  
 Milkowitz, K., 4480  
 Millar, C., 3860  
 Millar, L., 4134, 4501  
 Millas, P., 1394  
 Miller, A.M., 3388  
 Miller, D., 1458, 1459, 1460, 2521, 3549  
 Miller, D.D., 2668  
 Miller, D.M., 4057  
 Miller, D.S., 951  
 Miller, E.G., 3514  
 Miller, J., 580, 2650  
 Miller, J.K., 4364  
 Miller, J.M., 787, 2231, 2554, 3218, 3334, 4947  
 Miller, J.W., 568, 595, 596, 1013, 1014, 1871, 2050, 3037, 3643, 3670, 3817, 3883, 4379  
 Miller, K.M., 2714  
 Miller, L., 1680  
 Miller, M., 3549, 3574  
 Miller, M.B., 3048  
 Miller, M.H., 2031  
 Miller, M.J., 3069  
 Miller, M.T., 4688  
 Miller, P.E., 2263  
 Miller, P.S., 2683  
 Miller, R.F., 666, 902, 2927, 4837, 5265  
 Miller, R.L., 3725  
 Miller, R.W., 2239  
 Miller, S., 518, 3230  
 Miller, S.S., 1039, 1044, 5106  
 Miller, S.T., 4724  
 Miller, V.L., 3685, 3686  
 Miller-Meeks, M., 3508  
 Miller-Rivero, N.E., 5126  
 Millican, C.L., 2258  
 Millichamp, N.J., 3501  
 Milliken, A., 235  
 Milliken, A.B., 4609  
 Millodot, M., 4601  
 Mills, M., 606  
 Mills, R.P., 2979, 5020, 5035  
 Mills, S.L., 3097  
 Milton, R.C., 2000  
 Mimoun, G., 2810  
 Mims, J.L., 2227  
 Mimura, Y., 5076  
 Min, B.M., 1288  
 Minami, Y., 4639  
 Minamoto, A., 2542, 5123  
 Minassian, D., 4743  
 Minassian, D.C., 359  
 Minckler, D., 1173, 1178, 1954  
 Mindrup, E.A., 4006  
 Minematsu, M., 1309  
 Mingolla, E., 1349, 1379, 3385, 4895  
 Minicucci, G., 8, 2815  
 Minò de Kaspar, H., 1430, 4760  
 Mintsoulis, G., 2594  
 Mira, J., 5149  
 Miranda, C.B., 2217  
 Mircheff, A.K., 3958, 3959, 3960, 3961, 3962, 3966, 3967, 3969, 4258, 4260  
 Mirzayans, F., 2077  
 Mishima, H., 1247, 3916, 4644, 4645, 4646  
 Mishima, H.K., 683, 697, 698, 2780, 3762  
 Mishima, N., 712  
 Misson, G., 1438  
 Misson, G.P., 2704  
 Missotten, L., 2732, 4695  
 Mistlberger, A., 4738  
 Mitchell, C.H., 2012  
 Mitchell, C.K., 2916, 4783  
 Mitchell, G., 5237  
 Mitchell, J., 4314  
 Mitchell, P., 479, 989  
 Mitchell, S.M., 478  
 Mitchell, T., 860  
 Mitchell, T.N., 4577  
 Mitnick, H., 3463  
 Mito, T., 5097  
 Mitoaka, K., 4575  
 Mitra, M.M., 4031  
 Mittag, T.W., 3858, 4252  
 Mittal, B.B., 3105  
 Mittal, Y., 3552, 3568  
 Mitton, K.P., 972, 4074  
 Mittra, R.A., 915  
 Miura, M., 3644, 3651  
 Miyagawa, S., 4654, 4657  
 Miyahara, E., 17  
 Miyaishi, O., 4815  
 Miyajima, S., 4654, 4657  
 Miyake, 1569  
 Miyake, M., 4415  
 Miyake, Y., 1570, 1577, 2277  
 Miyamoto, H., 1015, 3571, 3841  
 Miyamoto, K., 2580, 3887, 3891, 3893, 3894, 4454  
 Miyamoto, Y., 1044, 3916, 4646  
 Miyanaga, Y., 210, 425, 2582, 2605  
 Miyara, Y., 3916  
 Miyashiro, M., 566, 3630, 3632  
 Miyata, K., 406, 407, 1091, 3635  
 Miyachi, S., 3273  
 Miyazaki, D., 200  
 Miyazaki, M., 2674  
 Miyazono, K., 3622, 3993, 3994  
 Miyoshi, K., 87  
 Miyoshi, T., 1571, 2591  
 Mizener, J.B., 2453  
 Mizobe, K., 2188, 2189, 2190  
 Mizobuchi, M., 4105  
 Mizobuchi, T., 4776  
 Mizoguchi, M., 2272  
 Mizoguchi, M.B., 636  
 Mizota, A., 482, 1194, 4986  
 Mizugaki, M., 484, 3592  
 Mizumoto, H., 141  
 Mizuno, K., 4001  
 Mizuno, T., 2755  
 Mizusawa, Y., 1927  
 Moadel, K., 1982  
 Moauro, E., 4448  
 Mochizuki, H., 352, 1449, 3939  
 Mochizuki, K., 114, 125, 1234  
 Mochizuki, M., 1726  
 Moe, A.A., 3069  
 Moezzi, S., 4378  
 Moghribi, W.N., 3708  
 Mohan, R., 2096  
 Mohan, R.R., 3964  
 Moifar, N., 3870  
 Moisan, E., 2208  
 Mojon, D.S., 3160  
 Mok, K.H., 5102  
 Molchany, J.W., 3582, 3583  
 Molday, R.S., 3707, 3709  
 Moldow, B., 505, 682  
 Molfino, F., 2599  
 Molina-Gomes, D., 4550  
 Molle, F., 8, 379, 1843, 2815, 4486  
 Moller-Pedersen, T., 4677  
 Mollon, J.D., 2997, 2998  
 Molnar, L.J., 1250  
 Molotchnikoff, S., 2208  
 Molteno, A.C., 1955  
 Monaco, A.P., 4578  
 Monahan, P., 3555  
 Mondhiry, H.A., 3447  
 Mondino, B., 4663  
 Mondino, B.J., 3204, 3562, 4021  
 Monkkonen, J., 1802  
 Monnier, P., 1376  
 Monnier, V.M., 1944, 2764, 4100  
 Monnot, P.H., 1686, 4132  
 Monroy, D., 1622, 3915, 3935  
 Monroy, D.C., 4189  
 Monserrat, A.J., 196  
 Montalto, M.B., 4904  
 Montano, A.J.R., 2729  
 Montano, J., 2537, 4711  
 Montard, M., 1686, 4132  
 Monteleone, T.M., 3263  
 Montenegro, M.H., 109  
 Montero, J., 4745  
 Montgomery, B., 422  
 Montgomery, J., 1720  
 Montgomery, P.C., 3968  
 Montreuil, E., 4336  
 Moody, S.A., 4530  
 Moon, J., 1152  
 Moon, S.C., 133, 5061  
 Moons, L., 1632  
 Moore, A.T., 3025, 4541, 4542, 5159, 5220, 5238  
 Moore, C., 905  
 Moore, C.M., 1377  
 Moore, J., 1737  
 Moore, J.C., 142  
 Moore, M., 4499  
 Moore, P.A., 4983  
 Moore, R.E., 2954  
 Moores, M.D., 5038, 5259  
 Moorthy, R.S., 529, 4160  
 Moossavi, J., 2641  
 Mooy, C.M., 944  
 Mora, P., 1677  
 Moraes, N., 4405  
 Moraes, N.B.S., 1448  
 Moraes Silva, M.R.B., 5077  
 Mora-Ferrer, C., 4353  
 Morales, C., 685  
 Morales, J., 2310, 2322, 5139  
 Moramarco, A., 1917, 2167  
 Moran, C.T., 4744  
 Morandi, T., 3321  
 Morcos, M., 4734  
 Morcos, M.M., 1734  
 Mordon, S., 3603, 5174  
 Moreira, J.B.C., 4905  
 Moreira, L.B., 283, 373, 4627  
 Moreno, C.L., 289  
 Moreno, D.R., 4279  
 Moreno, J., 524  
 Moreno, L., 238, 246, 254, 1464, 1465, 1984, 2536, 2537, 2615, 2618, 4711  
 Moreno, M.A., 3408  
 Moreno, N., 2308, 3064  
 Moreno Azorero, R., 4760  
 Morescalchi, F., 2349  
 Moretti, G., 502, 4452  
 Morgan, C., 5163  
 Morgan, J.E., 3752  
 Morgan, M.J., 2220, 3354, 3424, 3430  
 Morgan, P.B., 217  
 Morgan, W.H., 3057  
 Morgans, C., 2929  
 Mori, A., 3954  
 Mori, E.S., 2566  
 Mori, F., 141, 578, 1259, 1463, 1486, 2836, 3890, 4441, 4450  
 Mori, H., 2164  
 Mori, K., 1615, 3177  
 Mori, M., 884  
 Mori, N., 1027  
 Moriarty, P., 3981  
 Moribe, I., 3442  
 Morico, A., 3111, 3117  
 Morika-Grasa, A., 382  
 Morikawa, K., 910  
 Morimura, H., 680, 1515, 4811  
 Morissette, J., 2079  
 Moritz, O.L., 3707  
 Moriwaki, M., 530, 1795, 4793  
 Morland, A.B., 1033  
 Morlet, N., 3213, 3473, 4743, 4770  
 Moro, F., 3122  
 Moroi, S.E., 1126, 1129  
 Moromizato, Y., 576  
 Morris, S., 4704  
 Morris, B., 2793  
 Morris, C., 337, 1063, 3903, 3904  
 Morris, R., 2275, 3613, 4391, 4401  
 Morris, S., 3785  
 Morrison, J.C., 5056  
 Morrison, J.H., 2906  
 Morrisse, D.W., 3274  
 Morrone, C., 1988, 2397  
 Morrone, M.C., 3404  
 Morse, C.L., 1397  
 Morse, L.S., 942, 3653  
 Mortazavi, A., 3766  
 Moscatelli, D.A., 4509  
 Moschetti, V., 363  
 Moseley, A.E., 4064  
 Moseley, H.S., 1101  
 Moseley, M.J., 878, 4306  
 Moshayedi, P.E., 1734