

perfused tissue, the difference in thermal conduction between Teflon and the tissue it displaces will be even more pronounced.

Fig. 2 shows the results we obtained by heating sheathed probes of similar size. The unsheathed thermocouple exhibited a minimum of heating when subjected to the ultrasonic beam. The fused silica sheathing and the polyethylene catheter also showed small temperature rises when heated. When these three heating trials are compared to the two Teflon sheaths (the catheter and thin wall tubing), a large difference in the heating levels can be seen. Again, the Teflon materials showed a significantly larger temperature rise than the other materials tested.

Although limited in scope, this experiment showed dramatic evidence that the sheathing material used to protect the thermocouple cannot be neglected when the probes are being subjected to ultrasonic heating conditions.

#### REFERENCES

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- [2] P. K. Kuhn, "Ultrasonic beam shaping for localized hyperthermia," M.S. thesis, Dep. Elec. Eng., Univ. Utah, Salt Lake City, 1983.

## Correction to "A Contact Method of Ocular Pulse Detection for Studies of Carotid Occlusions"

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In the above paper,<sup>1</sup> Fig. 5 on page 384 should appear as below.

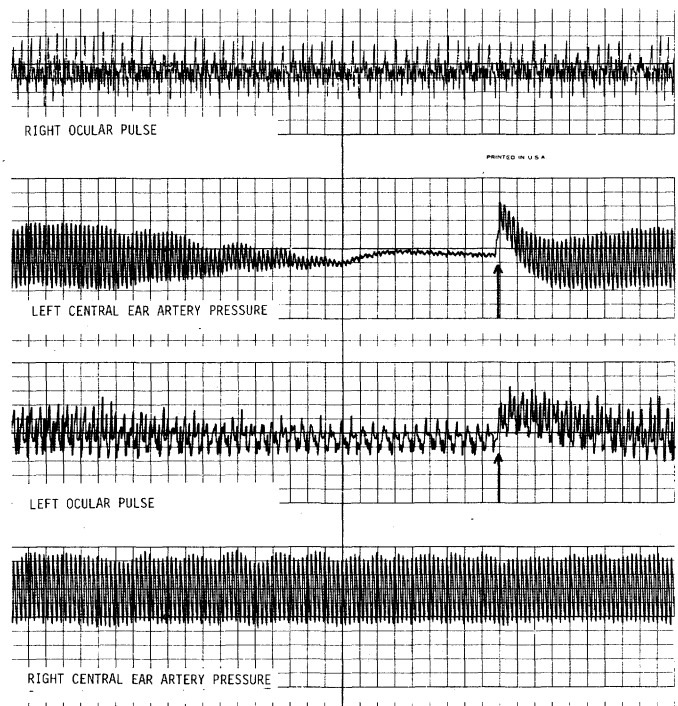


Fig. 5. Effect of carotid artery clamping on the ocular pulse and central ear artery pressure of a rabbit. The arrow indicates the time release of clamp. The bandpass of the ocular pulse amplifier is 2-30 Hz. The chart speed is 25 mm/s.

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<sup>1</sup>J. R. LaCourse and D. A. Sekel, *IEEE Trans. Biomed. Eng.*, vol. BME-33, pp. 381-385, Apr. 1986.