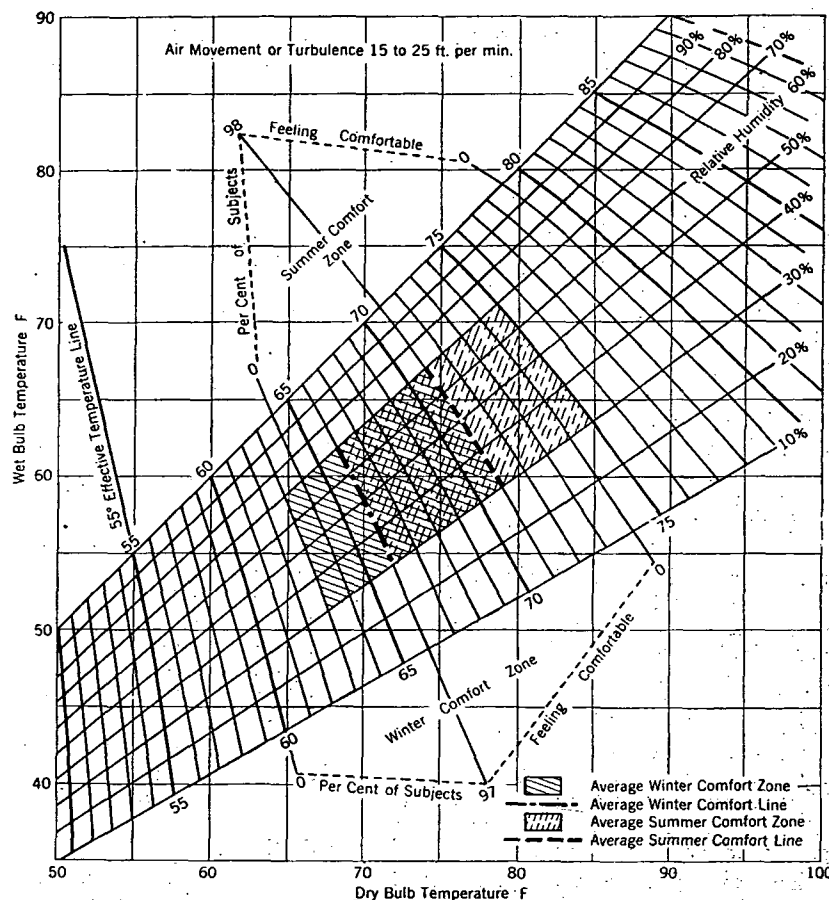


FIG. 3. A.S.H.V.E. COMFORT CHART FOR AIR VELOCITIES OF 15 TO 25 FPM (STILL AIR).²¹

Note.—Both summer and winter comfort zones apply to inhabitants of the United States only. Application of winter comfort line is further limited to rooms heated by central station systems of the convection type. The line does not apply to rooms heated by radiant methods. Application of summer comfort line is limited to homes, offices and the like, where the occupants become fully adapted to the artificial air conditions. The line does not apply to theaters, department stores, and the like where the exposure is less than 3 hours.

mately the same value in July, August and September, and although the average monthly temperature did not vary much, the prevailing outdoor temperature ranged from 70 F to 99.5 F. A decrease in the optimum temperature became apparent only when the prevailing outdoor temperature fell to 66 F, which is below the customary room temperature in the United States for summer and winter.

Young men as a general rule prefer conditions in the cool region of the comfort zone, and women and older people in the warm region of the

comfort zone. Crowding the experimental chamber lowered the optimum effective temperature from 70.8 deg when the gross floor area per occupant was 44 sq ft and the air space 380 cu ft, to 69.4 deg when the floor area was reduced to 14 sq ft and the air space to 120 cu ft per occupant.

In the comfort zone experiments of the A.S.H.V.E. Research Laboratory, the relative humidity was varied between the limits of 30 and 70 per cent approximately, but the most comfortable range has not been determined. In similar experiments at the Harvard School of Public Health, a relative humidity of 70 per cent was found to be *somewhat humid* in winter, by about half of the subjects who were stripped to the waist, even when the dry-bulb temperature was 70 F or less. In summer, a relative humidity of 30 per cent was pronounced as *a little too dry* by about a third of the subjects wearing warm-weather clothing. So long as the temperature was kept within proper limits, the majority of the subjects were unable to detect sensations of humidity (*i.e.*, too high, too low, or medium) when the relative humidity was between 30 and 60 per cent. This is in accord with studies by Howell²³, Miura²⁴ and others.

Dry air produces an excessive loss of moisture from the skin and respiratory tract. Owing to the cooling effect of evaporation, higher temperatures are necessary, and this condition leads to discomfort and lassitude. Moist air, on the other hand, interferes with the normal evaporation of moisture from the skin, and again may cause a feeling of oppression and lassitude, especially when the temperature is also high.

Just what the optimum range of humidity is, is a matter of conjecture. There seems to exist a general opinion, supported by some experimental and statistical data, that warm, dry air is less pleasant than air of a moderate humidity, and that it dries up the mucous membranes in such a way as to increase susceptibility to colds and other respiratory disorders^{25, 26, 27}.

For the premature infant, a high relative humidity of about 65 per cent is demonstrably beneficial to health and growth²⁸, and according to Huntington²⁹, this seems to be the case for adults also. All of these studies indicate that the optimum humidity must always be considered in combination with temperature.

Until more exact information is secured, it would be desirable to restrict the comfort zones to the range of relative humidity employed in the comfort zone experiments, namely, 30 to 70 per cent. Relative humidities below 30 per cent may prove satisfactory from the standpoint of comfort, so long as extremely low humidities are avoided. From the standpoint of health, however, the consensus seems to favor a relative humidity between

²¹Humidity and Comfort, by W. H. Howell (*The Science Press*, April, 1931).

²²Effect of Variation in Relative Humidity upon Skin Temperature and Sense of Comfort, by U. Miura (*American Journal of Hygiene*, Vol. 13, 1931, p. 432).

²³Reactions of the Nasal Cavity and Post-Nasal Space to Chilling of the Body Surface, by Mudd, Stuart, et al (*Journal Experimental Medicine*, 1921, Vol. 34, p. 11).

²⁴Reactions of the Nasal Cavity and Post-Nasal Space to Chilling of the Body Surfaces, by A. Goldman, et al and Concurrent Study of Bacteriology of Nose and Throat (*Journal Infectious Diseases*, 1921, Vol. 29, p. 151).

²⁵The Etiology of Acute Inflammations of the Nose, Pharynx and Tonsils, by Mudd, Stuart, et al (*Am. Otol., Rhinol., and Laryngol.*, 1921).

²⁶Application of Air Conditioning to Premature Nurseries in Hospitals, by C. P. Yaglou, Philip Drinker and K. D. Blackfan (A.S.H.V.E. TRANSACTIONS, Vol. 36, 1930).

²⁷Weather and Health, by Ellsworth Huntington (*Bulletin of the National Research Council* No. 75. The National Academy of Science, Washington, D. C., 1930).