

summer outside conditions for general wards and treatment rooms, and 70 F with 30 to 50 percent relative humidity (65-66 ET) for winter conditions. In the operating rooms, 70 F with 50 percent relative humidity (66 ET) is demanded all the year round, although the annual external range is 40 F to 120 F. No ill effects have been noted in the medical personnel, though they are exposed to changes from external to internal conditions many times daily. Temperature shock in either direction seems to create discomfort for a short interval, but if the individual is in good health, no injury results.⁵⁰

Aside from comfort and recuperative power of the patients, cooling is of great assistance in the treatment of fevers in the new-born and in post-operative cases, in enteric disorders, fevers, heat stroke, heart failure, thyroid crisis, and in a variety of other ailments which often accompany summer heat waves.

Problem of Odors

The evacuation of battle casualties in aircraft and their subsequent hospitalization have stimulated efforts to minimize odors arising from draining wounds, old odorless casts, and gangrenous wounds. For aircraft, chemical sprays and vapors, perfumes, oxidizing gases and simple exhaust methods are unsatisfactory. An ideal deodorant would purify the air by means of odor adsorption so that subsequently the air can be recirculated. Based upon the effectiveness of activated carbon commercially and industrially to adsorb odors, individual adsorption units have been used successfully. In hospital wards the question of superiority of adsorption methods for elimination of odors over other methods remains to be answered. The present status of the problem is that the commercial aspect is highly controversial.⁵¹

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