providing a uniform environmental temperature just sufficiently high to keep the body temperature within normal limits. Medical and nursing care are, of course, factors of equal and sometimes of greater importance.

Air Conditioning Equipment

Many of the installations now in use are of the central system type providing for filtration, for humidification and heating in cold weather, and for cooling and dehumidification in hot weather. A ventilation rate between 8 and 12 air changes per hour is desirable to remove odors and maintain uniformity of temperatures in extremes of weather. Recirculation should not be used in these wards owing to odors and the possibility of infection. There should be a frequent change in spray water.

Control of Airborne Infection

The protection of the premature and older infant against infection is of the utmost importance. It was found in one installation equipped with air conditioning, germicidal lights and mechanical barriers that air conditioning alone did not prevent the spread of respiratory cross-infections.[42] Bacterial ultraviolet barriers, air conditioning and mechanical barriers are efficient. However, infections are brought in by, and often spread by, ward personnel in spite of these measures.

FEVER THERAPY

Artificial production of high fever in man can be considered an imitation of nature's way of overcoming invading pathogenic organisms. The action may be direct and specific by destruction of the invading organism within the safe limit of human temperatures, or indirect in the case of heat resistant organisms, by general mobilization of the defensive mechanisms of the body.

Although the action may be direct and specific by destruction of the invading organisms within the safe human limits, fever therapy exerts much of its benefit through the improvement of the mechanism of bodily defense. A serious challenge to the theory on which fever therapy is based comes from the demonstration that high fever causes a reduction in the concentration of circulating antibodies in experimental animals.

Patients for fever therapy should be carefully selected. The most serious complications which may arise are heat stroke, heat exhaustion and circulatory collapse. The chief minor complications are heat cramps, fever blisters and mild dehydration.

The limits of induced systemic fever are usually between 104 and 107 F (rectal), and the duration from 3 to 8 hours at a time. The total period of fever treatment varies with the type of the organism involved.

The diseases which respond favorably to artificial fever therapy are gonorrhea and its complications (which include arthritis, pelvic infections in women, and involvement of the eye), syphilis and chorea.

The most striking results are seen in gonorrhea and syphilis, since the causative organisms can be destroyed at temperatures compatible with human life. However, the use of fever therapy has decreased since penicillin has been found so effective in the treatment of gonorrhea and syphilis. Mild fever, up to 101 F for one hour, has recently been used in the treatment of rheumatoid arthritis. This degree of fever is not bactericidal, but is believed to stimulate the body defense mechanism.

Equipment for Production of Fever

Artificial fever can be induced by injections of various crystalloid or colloid substances, bacterial products of typhoid and malarial organisms, or by physical methods using hot baths, radiant heat cabinets, hot humidified air cabinets, or by short wave diathermy in combination with a cabinet.

The relative advantages of various methods have been evaluated clinically.[43] Among the devices for the production of fever by physical means, the one most widely used is the hot humid air or *air conditioned* cabinet. This apparatus was developed at the *Kettering Institute for Medical Research* at Miami Valley Hospital in Dayton, Ohio.

In the earlier studies of the Society, temperatures were elevated more easily using saturated atmospheres. A fever therapy apparatus[44] using these same principles has proved efficient as a means of inducing and maintaining fever in a body, with small likelihood of burns because of the comparatively low dry-bulb temperatures.

When heat is necessary in treating legs or arms, such media as short or long wave diathermy, micro-waves, infrared, water baths, etc., have been used extensively. A recent development, a saturated atmosphere heating unit, similar to one previously described has proven satisfactory, because heat may be administered over longer periods which render deep heating possible without fear of burns or shocks. Local heating has been somewhat satisfactory in relieving the painful symptoms of peripheral vascular disease.

This procedure, however, is not without danger. Elevation of tissue temperature increases cell metabolism and the need for oxygen. The inadequate blood supply and oxygen deficiency may lead to tissue death or gangrene. Application of heat to the trunk or abdomen, with consequent reflex dilatation of the vessels of the extremities, eliminates this danger of local heat application.

Short wave diathermy within the cabinet during the induction phase has been used. When the desired body temperature has been reached by electrical induction, the atmosphere of the enclosure is kept at saturation to prevent heat loss, thus maintaining the patient's temperature at the desired point. The two underlying principles in the production of fever by the hot, humid air cabinet are: (1) the transfer of heat by conduction from the circulating hot air to the body, and (2) prevention of heat loss. The latter is more important. In an atmosphere of high humidity, the heat loss by evaporation is markedly decreased.

COLD THERAPY

Cold as an anesthetic agent was advocated by Allen several years ago.[45] Freezing of the tissue must be avoided. For certain patients, in whom amputation of an extremity is indicated, the application of a tourniquet with cooling of the affected extremity down to near freezing (5 C or 40 F) is of value. The patient, following this procedure can be prepared for surgery without the handicap of absorption of septic products and severe pain. This procedure has proven especially valuable in the neglected diabetic patient with an infected gangrenous extremity. Time for treatment of coma and hydration of the patient is gained. However, if amputation of an extremity is not indicated, the application of a tourniquet and pack-