lectasis, asphyxia and asthma. The effectiveness of oxygen therapy is dependent on the concentration of the oxygen in the inspired air, or the partial pressure of oxygen in the pulmonary alveoli.

Oxygen is usually administered by nasal catheter, face mask or tent.[47] The necessity of air conditioning in oxygen therapy arises from the fact that oxygen is too expensive a gas to waste in the ventilation of oxygen tents and oxygen chambers. Air conditioning is applied to the oxygen tent or chamber through reconditioning of the atmosphere in a closed circuit. Excessive heat, moisture and carbon dioxide are removed.

Oxygen Tents

In oxygen tents, the air enriched with oxygen is usually circulated by means of a small motor blower which sends the air over soda lime to remove carbon dioxide, and then over ice to remove excess heat and moisture. The concentration of oxygen in the tent is regulated by means of a pressure reducing valve and flow meter. In an inadequately cooled tent, high temperatures and humidities are inevitable, increasing the discomfort of the patient and imposing an added strain on an already overburdened heart. Oxygen therapy under such conditions may do more harm than good. An ice melting rate of approximately 10 lb per hour gives satisfactory results in patients with fever in a medium size oxygen tent.

Oxygen tents are confining to the patient. They may terrify the restless and delirious patient. Medical and nursing care is complicated, as the tent must be opened or removed with attendant loss of oxygen. Oxygen concentrations of 50 percent or more are difficult to maintain, and it is a problem to keep the temperature and humidity low enough in hot weather. However, with attention to details, the patient can be made quite comfortable. In fact, during hot, humid weather an oxygen tent may be very valuable in controlling a patient's temperature, since the upper part of the body within the cooled tent loses heat rapidly.

Oxygen Chambers

The conventional oxygen chamber is an air-tight sheet metal enclosure of fire-proof construction, large enough to accommodate one or two patients. Trap doors or curtains are provided for the personnel, food and service, to avoid loss of oxygen. Glass windows in the ceiling and walls admit light from outside the chamber. The air conditioning system may be of the gravity type, or of the fan type using mechanical refrigeration or air drying agents.

The temperature and humidity requirement in oxygen therapy depends primarily upon the physical condition of the patient, and secondarily upon the type of disease. In pneumonias[48] prescribed conditions should be a temperature of 60 to 75 F, humidity 20–50 percent, moderate air movement, oxygen concentration of 50 percent, and carbon dioxide of less than one percent.

Oxygen in Aviation

An important application of the principle of oxygen therapy is in aviation. At the present time all high altitude military airplanes in this country are provided with gaseous oxygen equipment, and military personnel are required to utilize oxygen at all times while in flight above 15,000 ft, or between 12,000 to 15,000 ft for longer than two hours, or between 10,000 to 12,000 ft for longer than six hours. The use of oxygen in commercial aviation will depend on the height and duration of the flights, as well as the state of health of the passengers. The necessity for portable, comfortable equipment, the possible fire hazards due to smoking, and the use of oxygen on sleeper planes are some of the difficulties facing civil airline operators. The pressure cabin airplane is a solution to the problem.

GENERAL HOSPITAL AIR CONDITIONING

Complete conditioning of a large hospital involves a capital investment and running expenses which may not be justified. In clean and quiet districts, the requirements of almost all general and private wards during the cool season of the year can be satisfactorily fulfilled by the use of conventional heating equipment, in conjunction with window air supply and gravity or mechanical exhaust. Insulation against heat and sound is much more important than humidification in winter; it will also help in keeping the building cool in warm weather. Excessive outside noise and dust may require the use of silencers and air filters in the openings.

Cooling and dehumidification in warm weather are important. In new hospitals particularly, the desirability of cooling certain sections of the building should be given serious consideration. Financial reasons may preclude the cooling of the entire building, but the needs of the average hospital can be met by the use of built-in room coolers and a few portable units which can be wheeled from ward to ward when needed.

In the North, and certain sections of the Pacific Coast, cooling is needed but a few days during summer, while in the South, it can be used to advantage from May to October, and in tropical climates almost continuously throughout the year.

F. L. Grocott of the Anglo-Iranian Oil Co. states that in Iran, the medical staff after 10 years' experience with air conditioning, demand a uniform environment of 75 F and 50 percent relative humidity (70 ET) under all 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.[49]

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 odorous 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.