

Human Mass Measurement under Weightlessness

When man entered space for extended periods he not only ^{experienced} ~~encountered~~ the ~~loss~~ ^{mass} of weight loss, but also left behind the only means available ~~at the time~~ for studying this loss, the gravimetric weighing machine or scales.

Most ^{physical quantities} ~~measurements~~ can be measured by several

techniques but the very efficiency of ~~comp~~ ^{gravimetric} of scales eliminated all the need for

an alternative method, until ~~man~~ ^{for prolonged periods} was

able to null gravity. ~~The~~ ^{the} ~~efficiency~~ I ~~needed~~ ^{needed} to

to fully appreciate the efficiency of such scales

one must try to design a non-gravimetric

mass measuring device that will exceed
the performance of an Egyptian stone balance
built 5500 years ago. Accuracy can
be exceeded, just, but the balance is otherwise
far ahead at this time.

The first finding to be noted in space
most striking, consistent most studied
change, produced by $\bar{w}$ is ~~not~~ mass loss.
Exact magnitude and time progression
of this change can only be inferred from
measurements made after the fact
until some form of ^{accurate} orbit mass
measurement is available. The need

for such a device was ~~high on a list~~^{very}
very real. As a corollary of the body
mass measurement, the mass measurement
of intake & output is highly desirable.

Accuracy was ~~the~~ a major consideration
^{requisite}
is Among design considerations, accuracy was
since there was little point in erroneous studies
was primary. Since ~~the~~ difficulties increase
exponentially $\propto$ accuracy, the ~~least less~~
^{minimum}
~~least possible~~ consistent $\propto$ studies was
desirable. Although ~~no~~ some human weight
can be a break point of about $1/4^{\text{th}}$
was considered sufficient for preliminary
^{approximately}
studies. This is ~~about~~ the break point

in gravimetric scales. A good ^{set} pair of office
scales will achieve this but ^{appreciably} ~~anything~~ ^{accuracy} higher will
require special order and increasing complexity.

Other design constraints were largely imposed
by space flight requirements and ~~more significantly~~ ^{accuracy} ~~users~~.

• ~~D+A specs~~ - The former including:

Crew safety

Crew time

Simplicity

Reliability

Minimum mass + volume & power

requirements

Ability to withstand launch & operation

environments -

*

Design of a mass measuring device

was first anticipated by the Science Fiction

writer, Heinlein, a centrifuge.

* (In the absence of ^{significant} gravitational attraction

~~some other aspect of mass must be~~

~~used for~~ ^{inertia} is the only ^{other} practical property of

mass to be used for its determination.)

A great many methods are possible and various schemes have been advocated at

one time or another including, the ~~con~~

conservation of momentum by projecting a

known mass & velocity into a carriage &

the man and measuring resultant velocity,

Douglas A/C, ~~short~~ a two radius

torsional pendulum ~~trained~~ 5AM, accelerated

beam balance ~~device in~~ Lockheed, ~~and~~

Methods tried included ~~the~~ the short radius

centrifuge ~~at~~ Douglas A/C, results

not available, a rolling trolley ~~and known~~

accelerated by known ~~of~~ forces Lockheed,

a spring mass oscillator using a

wheeled cart results not available and a

spring mass oscillators by Lockheed

+ NASA AMES. ~~But~~ In addition

to the device to be described here only

the latter two can be considered successful.

The AMES device was designed for small

masses including restrained animals and had

as the Lockheed device used ^{long travel linear} roller bearings

constrained seat ^{accelerated} bearing, supported by high forces. Its accuracy

performance was good under one G but never

approached operational hardware.

~~proceeded beyond laboratory hardware.~~

It is beyond the scope of this paper to describe

the many theoretical and practical possibilities but

rather a description of problems and results with

of one practical system will be made. Apart from

from some interesting anatomical and physiological

aspects ~~several~~ a number of problems common to virtually

Tax, 71

Books

any system will be illustrated.

~~At the time of initial develop~~ In 1965 it was first necessary to demonstrate that a linear spring/mass oscillator could achieve an accuracy of $\frac{1}{4}\%$ even with rigid masses. This was achieved as follows and a small spring/mass unit for the mass range of 0-1 Kgm. built and demonstrated.

Theoretically the spring mass oscillator consists of the following; a rigid mass constrained to move in a single axis coupled to an ^{ideal} linear spring which is in turn coupled to an ^{+ rigid} infinite mass.

If now the mass is displaced by a small ^{sinusoidally} amount and released, it will oscillate ~~+ indefinitely~~ for at a frequency given by $F = \frac{1}{2\pi} \left(\frac{K}{M} \right)^{1/2}$.

Tax, '71

Books

Sheppard

FNT

Bones

Trips -

Auto Lic - head and neck

Orkin tissue

Vascular - wirembali from internal jugular

Facial nerve

4.0 nylon - 5.7mm Iron wound edge - plain xyla

Bony tissue

Nasal FracturesCartilage
may
slip off plate

Usually have black eye or
blood in sclera & bony fracture
Sinus - Frontal middle meatus

Ant. Sinuses open under mid. turbinate

For ext. manipulation inj. inf. orb. n.

Ipt. nerves, soak gauze & xyla + pack nose

Use Kistler handle as aid

Facial Fractures

No functional affect ex. eye

Mandibular Fr. - loose

Dislocated -

Give W. demand - 75 mgm, push down + back

Neck - Direct Trauma

Hyoid - Fr.

Larynx - Thyroid

Cricoid

Sheppard ENT ENT Bomer

Trauma - head and neck

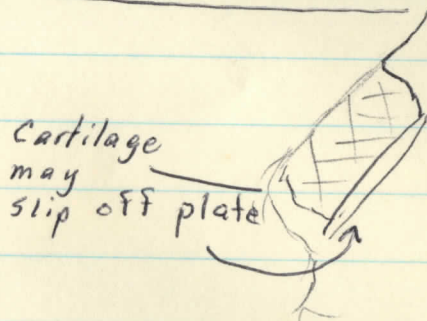
Soft tissue

Vascular - air emboli from internal jugular

Facial nerve

4.0 nylon - 3.4 mm. from wound edge - plain xylol.

Bony tissue

Nasal fracturesUsually have black eye or
blood in sclera & bony fracture

Sinus - Frontal middle meatus

Ext. Ant. Sinuses open under mid. turbinate

For ext. manipulation inj. inf. orb. n

Int. nares. soak gauze & xylol + pack nose

Use knife handle as aid

Facial Fractures

No functional effect ex. eye

Mandibular fx. - leave

Dislocated -

Give 1/2 demerol - 75 mgm, push down + back

Neck - Direct Trauma

Hyoid - fx.

Larynx - Thyroid
Cricoid

Sheppard ENT

Bomer

Fx. thyroid - hoarse, possible bloody cough - possible
airway impairment -

Emergency Airway

Crico-thyrotomy

1" transverse skin incision

External Otitis

Fungus -

less painful

no onboard medication

cresatin