

occur in all localities. The menthol content, therefore, appears to be consistently maintained.

According to Finnemore, page 779, the range of menthol as esters in mint oil produced in Japan is from 1.5% to 7%. In Florida oils the menthol as esters falls within this range. Neither does the data indicate a gradual increase in combined menthol, as has been supposed to be the case. It further appears that the percentage of combined menthol of oils produced here is lower than that of oils produced in northern sections of U. S., where it has ranged in some instances from 6 to 11%. From this it appears that the combined menthol in southern oils is relatively low.

The yield of oil per acre is very low in this locality. Theoretically the annual yield per acre should be high, due to the possibility of producing two crops on account of the long growing season. However, it is to be noted that the second crop has been consistently very small and field observations indicate that this plant is inclined to rest after the first harvest and does not produce a vigorous growth during the latter part of the season. Field data also indicates that this plant gradually weakens from year to year. From both Washington and North Carolina stock, the first crops were healthy and vigorous. During the past and present seasons the stand was very poor and plants apparently very much weakened. This may be partially due to soil conditions as well as seasonal conditions, but there is considerable evidence which indicates that the plants do not adapt themselves well to the hot climate.

CONCLUSIONS.

1. Indications are that the menthol content of Japanese peppermint oils produced in the South is somewhat low.
2. No indication of a gradual decrease in menthol content from year to year.
3. The menthol as esters appears to be relatively low in Japanese mint oils produced in this locality.

THERAPY IN HOSPITALS.

"Physical Therapy in Hospitals for Veterans" was one of the subjects of the session of the Council on Medical Education, Licensure and Hospitals, at which Dr. Harry E. Mock, chairman of the Council on Physical Therapy, American Medical Association, presided. The subject of the first paper was "Physical Therapy in Army Hospitals." The paper was written by Dr. Patterson, Surgeon General of the United States Army, and read in his absence by Dr. Garrey. Dr. MacEachern discussed the paper. Both the paper and the discussion stressed the importance of physiotherapy and emphasized the fact that this treatment should be under the direction of a competent medical man. It deplored the fact that in many instances this treatment is being used by untrained and uninformed individuals who may do a great deal of harm by its unwise use.

The second paper, "Occupational Therapy, Its Aims and Developments," was read by Mr. Thomas B. Kidner, of New York. Mr. Kidner told of the growth of occupational therapy, and said that a very important step has been taken by the American Occupational Therapy Association in the establishment of a registry of qualified occupational therapists to which any doctor or hospital superintendent may refer with the assurance that any person on the registry is capable. Mr. Kidner said that standards were established before any attempt was made to register any one, and that a great deal of difficulty had been avoided by this procedure. Dr. Gaenslen of Milwaukee, and Dr. Clopton of Hines, Ill., discussed the paper, agreeing in the main with what Mr. Kidner had said. Dr. Coulter, of Northwestern University, raised the question of the commercial aspect of occupational therapy in Veterans' Hospitals.