

a botulinus toxin rendered nontoxic—by formalinization, for instance—still retains its flocculating power constitutes a further restriction. In the case of the titration of diphtheria antitoxins this latter restriction has already been definitely pointed out.<sup>4, 5</sup>

## 185 (2708)

Permanence of results obtained by *L. acidophilus* therapy.

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Having demonstrated that constipation and diarrhea are alleviated during the ingestion of *L. acidophilus* milk, it is of interest to establish whether such benefits are permanent or transitory. In other words, is it necessary to continue the ingestion of *L. acidophilus* milk in order to maintain the benefits of treatment?

Of 34 cases where daily observations have been carefully recorded after discontinuing treatment, 27 cases, or 80 per cent continued to have more normal defecations; 6 cases, or 18 per cent, had approximately the same number, and 1 case, or 3 per cent, had fewer normal defecations than before treatment. One case which prior to treatment averaged one normal defecation per week, had daily normal defecations *without exception* for 924 days after treatment was discontinued. Three other cases showed benefits over a year after treatment was discontinued, and 10 cases showed benefits from 3 to 6 months afterwards. There were 14 cases where the treatment was of relatively short duration, *i. e.*, about 2 months or less, and the benefits persisted for considerably longer than that time.

While the results of *L. acidophilus* therapy obviously vary from individual to individual, there is here good evidence for believing that in most instances the beneficial effects of *L. acidophilus* persist after treatment has been discontinued.<sup>1</sup>

<sup>4</sup> Glenny, A. T., and Okell, C. C., *J. Path. and Bact.*, 1924, xxvii, No. 2, 187.

<sup>5</sup> Bayne-Jones, S., *J. Immunol.*, 1924, ix, 481.

<sup>1</sup> Kopeloff, N., *Lactobacillus acidophilus*, 1925, Williams and Wilkins Co. (In press).