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## Cmeyphrases

Bis-(trimethylsilyl) ether, alizarin-internal standard
Analysis-dienestrol-methyltestosterone combination

# New Developments in Antibiotic Interference Thresholds of Microbial Assays 

By B. ARRET and J. ECKERT


#### Abstract

Interference thresholds have been determined for a number of antibiotics in the microbial assays of specific antibiotics. Two aspects were considered in order to facilitate the quantitative analysis of mixtures of antibiotics: the "interference threshold," which is the concentration of an antibiotic causing a significant interference in the presence of another antibiotic in a given assay, and the "sensitivity threshold," which is the concentration of an antibiotic causing a response in the assay for a different antibiotic.


In 1957, Arret et al. (1) described the problems encountered in assaying pharmaceutical preparations in which two or more antibiotics are combined, and proposed solutions to these problems. If the test organism used for the assay of one antibiotic (a) is not affected by a second antibiotic (b), the assay for (a) is uncomplicated. But if the test organism is affected by (b), erroneously high or low values for (a) may be obtained. Consequently, methods for eliminating the effect of (b) were developed. In general, one of the following five methods was used: (1) inactivating by biological or chemical means; (2) using a test organism which is sensitive to ( $a$ ) and relatively resistant to (b); (3) artificially making the organism resistant to (b); (4) separating antibiotics by differential solubility techniques; or (5) compensating for the presence of (b) by adding it to every solution of (a) used for the standard curve.

The analyst needs definite quantitative knowledge of the interfering effects of various antibiotics in certain widely used assay procedures. He must be aware of such effects if confidence is to be maintained in the specificity of an assay.

Since the earlier publication (1), new antibiotics have been discovered, and combinations of these antibiotics together with the older ones make it necessary to update this publication. As before, all the pertinent data are in tabular form for easy reference.

The data obtained from this work simplify

[^0]the problems of assaying antibiotic combinations Although combinations of two antibiotics have specifically been considered here, the approach can be used as a general guide to the assay of combinations of three or more antibiotics.

## EXPERIMENTAL

The effects of 15 antibiotics were determined by assaying them according to the official microbiological assay methods found in the Code of Federal Regulations (2). The following antibiotics (assay organisms are given in parentheses) were studied: Bacitracin ${ }^{1}$ (Sarcina subflava), chloramphenicol (Escherichia coli), colistin (Bordetella bronchiseptica), erythromycin (Sarcina lutea), kanamycin (Staphylococcus aureus), neomycin (S. aureus, S. epidermidis) oleandomycin ( $S$. epidermidis), paromomycin ( $S$. epidermidis), penicillin ( $S$. aureus), polymyxin (B. bronchiseptica), streptomycin (Klebsiella pneumoniae, Bacillus subtilis), tetracycline ( $S$. aureus), and viomycin ( $K$. pneumoniae).
For each experiment, the antibiotic being assayed was regarded as (a). Solutions were prepared containing the reference concentration of $(a)$ and various concentrations of the second antibiotic (b). The diluent in every case was that ordinarily used for the assay of (a). These solutions were assayed against the reference concentration of (a) alone as the standard of comparison. Solutions containing various concentrations of (b) alone were also prepared.
The lowest concentration of (b) which, in com-

[^1] Antibiotic $A$ : Assay Organism Used in Each Methoda and Reference Concentration of $A$ Present

| Second Antibiotic Present ( $B$ ) | $\begin{gathered} \text { Bacitra- } \\ \text { cin } \\ 1 \text { unit/ml. } \\ S . \\ \text { subflava } \end{gathered}$ | Chloramphenicol <br> 2.5 mcg./ ml . <br> E. coli | Colistin $1 \mathrm{mcg} . / \mathrm{ml}$. <br> B. bron-chiseptica | Erythromycin 1 meg./ ml. <br> S. lutea | Kanamycin <br> 5 meg./ ml. <br> $S$. aureus | Neomycin 10 meg./ ml. <br> S. aureus | $\begin{gathered} \text { Neomy } \\ \text { cin } 1 \\ \text { mcg./ml. } \\ S . e p i- \\ \text { dermidis } \end{gathered}$ | $\begin{gathered} \text { Oleando- } \\ \text { mycin } \\ 5 \text { meg./ml. } \\ S . \text { epi- } \\ \text { dermidis } \end{gathered}$ | ```Paromomyein \(1 \mathrm{mcg} . / \mathrm{ml}\). S. epidermidis``` | Penicillin 1 unit/ml. S. aureus | $\begin{gathered} \text { Polymyx- } \\ \text { in } \\ 10 \text { units } / \mathrm{ml} . \\ \text { B. bron- } \\ \text { chisep- } \\ \text { tica } \end{gathered}$ | Streptomycin 30 mcg ./ ml. <br> K. pneumoniae | Streptomycin 1 mcg./ml. $B$. subtilis | Tetracycline 0.24 meg./ ml . $S$. aureus | Viomycin $100 \mathrm{mcg} . /$ ml . <br> K. pneumoniae |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Bacitracin, units/mi. |  |  | 100 | $\ldots$ | 4 | $\ldots$ | $\ldots$ | 0.3 | 70 | $\ldots$ | $\ldots$ | ... | ... |  | 75 |
| Chloramphenicol, meg. $/ \mathrm{ml}$, | $\ldots$ | ... | 9 | . . | $3^{6}$ | $\ldots$ | $\ldots$ | 5 | 20 | $\cdots$ | . | . | ... |  | 0.2 |
| Colistin, meg. $/ \mathrm{ml}$. | 390 | 0.1 | $\ldots$ | $>500$ | 450 | 150 | 7 | 290 | 90 | $>500$ | 0.07 | 0.7 | 51 | 15 | 0.3 |
| Cycloserine, meg. $/ \mathrm{ml}$. | 97 | 130 | 0.5 | ... | 90 | 210 | $250{ }^{\text {b }}$ | $>500$ | $>500$ | 90 | 0.3 | 140 | $45^{6}$ | 20 | 100 |
| Erythromycin, meg. $/ \mathrm{ml}$. | ... | ... | 40 | . . | $0.2{ }^{\text {b }}$ | ... | ... | 0.4 | 0.8 | $\ldots$ | . | ... | ... |  | 0.5 |
| Kanamycin, meg. $/ \mathrm{ml}$. | 8 | 3 | $>500$ | 400 | $\ldots$ | 2 | 0.3 | 3 | 0.3 | $>500$ | $0.1{ }^{6}$ | 3 | 0.2 | 3 | 1 |
| Neomycin, $\mathrm{mcg} . / \mathrm{ml}$. | ... | . . | $>500$ | ... | 0.5 | ... | $\ldots$ | 4 | 0.4 | ... | ... | $\ldots$ | ... | $\ldots$ | 0.6 |
| Novobiocin, meg. $/ \mathrm{ml}$. | 0.3 | 6 | 20 | 10 | 4 | 2 | 2 | 0.7 | 0.7 | 4 | 200 | 0.9 | 9 | 0.2 | 2 |
| Oleandomycin, meg./ml. | 3 | 3 | 270 | 0.4 | $0.3{ }^{6}$ | 3 | 1 | ... | 2 | 72 | 190 | 4 | $0.3{ }^{\text {b }}$ | 0.1 | 2 |
| Paromomycin, meg./ml. | 250 | 3 | $40^{6}$ | 140 | 0.5 | 0.9 | 0.2 | 2 | . . | $>500$ | $0.5{ }^{\text {b }}$ | 3 | 0.2 | 2 | 0.9 |
| Penicillin, units/m1. | ... | $\ldots$ | $0.2{ }^{\text {b }}$ | ... | 0.4 | $\ldots$ | $\ldots$ | 90 | 85 | . . | ... | . |  |  | 95 |
| Polymyxin, units/ml. | . . | ... | 8 | ... | $>500$ | ... | ... | $>500$ | $>500$ | . . . | ... | ... | $\ldots$ | $\ldots$ | 3 |
| Streptomycin meg./ml. | ... |  | $60^{5}$ | ... | 2 | $\ldots$ | ... | 290 | 110 | ... | $\cdots$ | $\ldots$ | ... | . . . | 3 |
| Tetracycline. mcg. $/ \mathrm{ml}$. |  |  | 3 |  | 1 |  |  | 125 | 50 | ... |  |  |  |  | 0.07 |
| Viomycin, $\mathrm{mcg} . / \mathrm{ml}$ | 36 | 5 | $0.1{ }^{6}$ | $>500$ | 20 | 60 | 3 | 25 | 10 | $>500$ | $0.5{ }^{\text {b }}$ | 20 | $0.8{ }^{\text {b }}$ | 60 |  |


| Antibiotic | $\begin{gathered} \text { Bacitra- } \\ \text { cin } \\ \text { subflava } \end{gathered}$ | Chlor-amphenE. coli | Colistin chiseplica | Erythro- <br> mylute <br> S. lute | Kanamycin S. aureus | Neomycin <br> S. aureus | Neamycin S. epidermidi | Oleando${ }_{s}$ mycin dermidis | Paromomycin dermidis | $\begin{gathered} \text { Peni- } \\ \text { S. allin } \\ \text { c. } \end{gathered}$ | Polymyxin <br> B. bron-chiseptica | Strep-tomycin $K$. monemoniae | Strep- tomy${ }_{B}^{c}$ subtilis | Tetracycline <br> S. aureus | Viomycin <br> K. pneumoniae |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Bacitracin, units $/ \mathrm{ml}$ | ... | $\ldots$ | 15 | ... | 7 | ... | . | 20 | 9 | . | ... | $\ldots$ | $\ldots$ | . | 110 |
| meg./mi. <br> Chloramphenicol, | $\ldots$ | $\ldots$ | 10 | $\ldots$ | $>500$ | $\cdots$ | $\ldots$ | 6 | 7 | $\ldots$ | $\ldots$ | $\ldots$ | $\ldots$ |  | 0.3 |
| $\underset{\substack{\text { Colistin } \\ \text { meg. } \\ \text { mil } \\ \text { d }}}{ }$ | 91 | 0.2 | ... | 90 | 110 | 130 | 2 | 2 | 5 | >500 | 0.08 | 1 | $\cdots$ | $\ldots$ | 0.5 |
| Cycloserine, | 51 | 65 | 0.3 | 200 | 100 | 80 | 240 | 220 | 210 | 32 | 0.3 | 70 | 400 | 25 | 75 |
| Erythromycin meg./mi. | $\ldots$ | $\ldots$ | 80 | . . | 0.3 | $\ldots$ | ... | 0.05 | 0.3 | $\ldots$ | .. | ... | , | ... | 1 |
| $\underset{\substack{\text { Kanamycin, } \\ \text { meg } \\ \text {. } \\ \text { m }}}{ }$ | 3 | 2 | 120 | 25 | $\ldots$ | 2 | 0.4 | 0.5 | 0.3 | 1 | 120 | 5 | 0.2 | 2 | 2 |
| Neomycin, mcg./mi. | $\cdots$ | $\ldots$ | 70 | ... | 0.7 | $\ldots$ | $\ldots$ | 0.09 | 0.07 | $\ldots$ | ... | $\ldots$ | $\ldots$ | $\ldots$ | 2 |
| Novobiocin, | 0.2 | 3 | 20 | 3 | 0.6 | 1 | 0.3 | 0.5 | 0.4 | 0.2 | 20 | 0.8 | 20 | 0.2 | 0.7 |
| Oleandomycin, mes./mi. | 3 | 4 | >500 | 0.2 | 0.6 | 0.5 | 0.6 | ... | 2 | 7 | 150 | 4 | 1 | 0.06 | 3 |
| Paromomycin, meg. $/ \mathrm{ml}$. | 6 | 2 | 400 | 8 | 0.6 | 0.9 | 0.06 | 0.4 | ... | 18 | 400 | 6 | 0.2 | 0.7 | 2 |
| Penicilin, |  |  | >500 | $\ldots$ | 0.2 | $\ldots$ | ... | $>500$ | 180 | ... | ... | $\ldots$ | ... |  | 75 |
| Polymyxin, units/ml. | $\ldots$ | $\ldots$ | 1 | $\ldots$ | 400 | $\ldots$ | $\ldots$ | 25 | 35 | $\ldots$ | $\ldots$ | $\ldots$ | $\ldots$ |  | 6 |
| Streptomycin, mcg./ml. | $\ldots$ | ... | $>500$ | $\ldots$ | 2 | $\ldots$ | $\ldots$ | 480 | >500 | $\ldots$ | ... | ... | $\ldots$ | ... | 4 |
| Tetracychine, $\mathrm{mcg} . / \mathrm{ml}$. | $\ldots$ | $\ldots$ | 1 | ... | 0.3 | ... | $\ldots$ | $>500$ | 410 | $\ldots$ | ... | $\ldots$ | $\ldots$ |  | 0.04 |
| Viomycin, mcg./mi. | 191 | 4 | $>500$ | 170 | 40 | 30 | 2 | 9 | 5 | 200 | $>500$ | 30 | 3 | 30 | ... |


bination with the reference concentration of (a), gave a relative potency [as compared to the reference concentration of (a)] of greater than $110 \%$ or less than $90 \%$ has been termed the "interference threshold." These limits were selected because the $95 \%$ confidence range of an average microbiological assay is $\pm 10 \%$. Any assay within this range of theoretical is considered normal variation and any assay beyond this range is considered significant.

The lowest concentration of (b) alone which caused a measurable response in the assay procedure of (a) is called the "sensitivity threshold."

The interference thresholds and the sensitivity thresholds for the antibiotics and methods tested are given in Tables I and II, respectively.

## DISCUSSION

The information given in Table I makes it possible to predict whether the assay of an antibiotic will be complicated by interference from a second antibiotic included in the formulation, which then must be eliminated.

Table II describes the effects of single antibiotics on various assays. The information given in this table can be applied in numerous ways, such as: (i) a guide to determine if interference can be expected from different antibiotics in a given assay procedure; (ii) a guide to the specificity of the given assay procedure; (iii) a means of qualitative identification of unknowns; and (iv) selection of an alternative organism for various antibiotics and combinations of them. In dealing with the latter, caution must be exercised, because in many cases the zones are not as clear and well defined as those usually obtained with the original method.

It was noted in many cases that (b) alone produced inhibition in the assay for (a) at a much lower concentration than that which caused interference when combined with the reference concentration of (a). For example (see Table II), $200 \mathrm{meg} . / \mathrm{ml}$. of viomycin will cause inhibition in the penicillin assay without penicillin, but (Table I) more than $500 \mathrm{mcg} . / \mathrm{ml}$. of viomycin is necessary to cause interference in the assay with penicillin present. This is due to the fact that assay conditions may be more favorable to ( $a$ ) so that they mask the effect of (b). Factors such as pH and ionic strength of the solvent, composition of the nutrient medium, and incubation temperature are significant. Therefore, the data should not be construed to indicate any synergistic or antagonistic relationships.

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## C-M Keyphrases

Antibiotic combinations-microbial analysis
Interference threshold-antibiotics
Sensitivity threshold—antibiotics
Analysis specificity-interference elimination

# Conversion of Griseophenone A to ( $\pm$ )-Dehydrogriseofulvin in the Presence of Horseradish Peroxidase and Hydrogen Peroxide 

By ALVIN SEGAL and ELMORE H. TAYLOR

The horseradish peroxidase catalyzed conversion of griseophenone A (I) to ( $\pm$ )dehydrogriseofulvin ( $V$ ) has been demonstrated. The results support a one-electron oxidative coupling mechanism previously proposed.

Barton and Cohen (1) first suggested that in the biosynthesis of the antibiotic ( + )-griseofulvin (VII) (Scheme I), the chlorobenzophenone (I) could conceivably be converted to the spiran, (-)-dehydrogriseofulvin (V), via a 1-electron oxidative coupling mechanism proceeding through the formation of the intermediate diradical (III). Chemical synthesis of ( $\pm$ )-V using 1-electron oxidizing agents supports this hypothesis (2-4). The final step was the stereospecific enzymatic reduction of

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$(-)-V$ to form (+)-VII (5-7).
$(+)$-Griseofulvin (VII) was first isolated from the mycelium of Penicillium griseofulvum (8). It was subsequently shown to be a metabolic product of many species of Penicillia (9).

The enzyme peroxidase has been demonstrated to be present in species of Penicillia (10), and has been implicated in the biosynthesis of fungal metabolites such as the ergot alkaloids (11). The peroxidase catalyzed $\mathrm{O}-\mathrm{C}$ oxidative coupling of phenols has been reported (12). In addition, 1electron transfer mechanisms have been proposed for coupled oxidations involving peroxidase (13). On the basis of this information the authors decided to investigate the possibility of converting I to V via peroxidase catalysis.


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    Accepted for publication November 6, 1967.

[^1]:    ${ }^{1}$ Since the previous publication, a new assay for bacitracin was reported (3) in which Sarcina subflava is used as the test organism instead of Micrococeus flavus. This method is now used routinely in our laboratory.

