Comparison of Cephalexin, Penicillin V, and Ampicillin in Streptococcal Infections in Monkeys

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Intravenous inoculation of a group A hemolytic streptococcus caused lethal infections in all of 11 untreated monkeys. Daily intragastric administration of either 25 or 50 mg per kg per day, given in two equal morning and afternoon doses, yielded similar results in monkeys treated with cephalexin, penicillin V, and ampicillin; all eight monkeys in each therapy group survived. At dose levels of 12.5 mg per kg per day, six of eight, four of eight, and one of eight receiving cephalexin, penicillin V, and ampicillin, respectively, died. The differences observed at the lower dose level between cephalexin and ampicillin could be attributed, in part, to differences in the minimal inhibitory concentrations (MIC) of cephalexin (MIC = 0.24 μg/ml) and ampicillin (MIC = 0.01 μg/ml). The differences in results between penicillin V, which had the same MIC as ampicillin, could perhaps be attributed, in part, to shorter duration of antibacterial activity and higher protein binding of penicillin V. These studies support previous observations that cephalexin at 25 to 50 mg/kg doses is effective in severe streptococcal sepsis in monkeys.

Cephalexin monohydrate, a new semisynthetic derivative of cephalosporin C, is acid-stable and almost completely absorbed after oral administration (3, 10). Previous studies from this laboratory have demonstrated its efficacy in experimental staphylococcal (6, 9) and streptococcal infections in monkeys (7; S. Saslaw and H. N Carlisle, Am. J. Med. Sci., in press). It is the purpose of this report to compare cephalexin to penicillin V and ampicillin in streptococcal infections in monkeys.

MATERIALS AND METHODS

Fifty-nine fully conditioned, young adult monkeys (Macaca mulatta) weighing 3.1 to 4.5 kg were used. Base-line observations included physical examinations and serological and bacteriological studies for 2 weeks prior to intravenous (saphenous) challenge with the Stollerman T14 strain of Streptococcus hemolyticus group A as previously described (5, 7, 8). Tube dilution sensitivity tests (1) showed that minimal inhibitory concentrations (MIC) of cephalexin, penicillin V, and ampicillin for the streptococcus were 0.24, 0.01, and 0.01 μg/ml, respectively. Oral preparations of the three antibiotics were given by gastric tube, beginning 8 hr postchallenge when monkeys were lethargic, weak, and anorectic but not acutely ill. Daily doses of 50, 25, or 12.5 mg/kg were divided equally and given at 8:00 AM and 5:00 PM for 10 days; infected controls were given only distilled water. The single daily food offering was withheld for at least 1 hr after the 8:00 AM dose. Monkeys were examined at least twice daily for 3 weeks after challenge and daily thereafter for at least 3 months. Laboratory studies included blood cultures, C-reactive protein (CRP) tests, blood urea nitrogen (BUN) levels, and serum antibacterial activity (ABA) (5, 7, 8) against the challenge streptococcus. Complete autopsies were performed on all fatally infected monkeys.

In addition, serum ABA was determined in six pairs of normal monkeys, each given 50 or 25 mg per kg per day of cephalexin, penicillin V, or ampicillin, respectively, for 2 days. The daily dose was divided equally and administered intragastrically at 8:30 AM and 4:30 PM. Blood samples were obtained before and 1, 2, 4, and 8 hr after the morning dose on both days. Food was withheld until after the 2-hr sample.

Binding of the three antibiotics by normal human and monkey serum proteins was compared by the tube dilution method of Kirby et al. (2). Diluents for the antibiotics were Trypticase Soy Broth (BBL) and 50% human and monkey serum prepared by diluting normal serum pools with an equal volume of the same broth. The Stollerman T14 strain of S. hemolyticus group A was employed as the test organism. In addition, binding of the three antibiotics by normal human and monkey serum was studied by the ultrafiltration technique of Rolinson and Sutherland (4).

RESULTS

In experiments 1 and 2 (Table 1), the three antibiotics were compared at 50 and 25 mg per kg per day, respectively, in monkeys challenged with $1.4 \times 10^8$ and $2.1 \times 10^8$ streptococci, respectively. All monkeys in both studies were
weak, lethargic, and anorectic when therapy was started 8 hr after challenge. All seven untreated controls became progressively worse and died by day 5. At autopsy, splenomegaly, pericardial effusion, and hemorrhage and congestion of the lungs were the main findings; group A streptococci were isolated from heart blood and all major organs of all monkeys.

All 24 treated monkeys in experiments 1 and 2 survived. Four monkeys in each of three groups receiving daily doses of 50 mg/kg of cephalixin, penicillin V, and ampicillin, respectively, in experiment 1 began to show clinical improvement after only 2 to 6, 4 to 7, and 3 to 7 days, respectively, of therapy; all appeared well after days 9, 10, and 9, respectively. Of those given the lower dose, 25 mg per kg per day, in experiment 2, improvement was noted after 5 to 8, 6 to 9, and 5 to 9 days of therapy with cephalixin, penicillin V, and ampicillin, respectively; all were apparently fully recovered after days 12, 13, and 11, respectively. Thus, at the 50 and 25 mg per kg per day dose levels, the clinical response to therapy was similar in the three treatment groups.

In experiments 3 and 4 (Table 1), the daily dose was reduced to 12.5 mg/kg; challenge doses were \(2.4 \times 10^6\) and \(1.6 \times 10^6\) streptococci, respectively. In each experiment, groups of four monkeys were treated with each of the three antibiotics, and two monkeys received only distilled water. All four untreated controls were dead by the afternoon of the first day after challenge. Gross pathology was similar to that in controls in experiments 1 and 2, and heart blood and all major organs of all four monkeys yielded group A streptococci when cultured.

Five of eight monkeys treated with cephalxin died on day 1 after receiving only one or two doses. A sixth monkey which had received three doses died on day 2. Clinical, laboratory, and autopsy findings in all six monkeys were similar to those in untreated controls. One of two surviving cephalxin-treated monkeys began to improve after 3 days of therapy and appeared normal on day 7 and thereafter. The other was acutely ill for 6 days, but then recovered rapidly and was active and alert after day 8.

Three of four monkeys given penicillin V in experiment 3 died on days 1, 4, and 7, respectively. The single survivor showed no improvement during the first 9 days of therapy. Subsequent recovery was rapid, however, and complete by day 12. One of four monkeys given penicillin V in experiment 4 received only two doses and died on

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**Table 1. Effect of dose of cephalixin, penicillin V, and ampicillin on response of rhesus monkeys after intravenous challenge with streptococci**

| Antibiotic   | Expt | Dose* | Mortality | Total | Day of death | Duration (days) of illness in survivors |
|--------------|------|-------|-----------|-------|--------------|----------------------------------------|
|              |      |       |           |       |             | Acute illness | Mean | Total illness | Mean |
| Cephalixin   | 1    | 50.0  | 0/4²      | 6/16  |              | 2, 3, 4, 6 | 5.0 | 6, 5, 7, 9 | 7.6 |
|              | 2    | 25.0  | 0/4       | 4/16  |              | 4, 5, 6, 7 | 6.8 | 7, 8, 10, 8 | 10.0 |
| Penicillin V | 1    | 50.0  | 0/4       | 1/16  |              | 3, 3, 6, 7 | 5.9 | 6, 7, 8, 9 | 8.3 |
|              | 2    | 25.0  | 0/4       | 1/16  |              | 5, 5, 6, 9 | 6.8 | 6, 8, 11 | 8.3 |
| Ampicillin   | 1    | 50.0  | 0/4       | 1/16  |              | 5, 5, 6, 8 | 8.3 | 7, 12 | 10.0 |
|              | 2    | 25.0  | 0/4       | 1/16  |              | 5, 5, 6, 10 | 6, 8, 10, 12 | 8.3 |
| Controls     | 1    | None  | 4/4       | 11/11 |              | 1, 1, 2, 5 | 6, 5, 7, 9 | 7.6 |
|              | 2    | None  | 3/3       | 1/1   |              | 1, 1 | 6, 5, 7, 9 | 7.6 |
|              | 3    | None  | 2/2       | 1/1   |              | 1, 1 | 6, 5, 7, 9 | 7.6 |
|              | 4    | None  | 2/2       | 1/1   |              | 1, 1 | 6, 5, 7, 9 | 7.6 |

* Milligrams per kilogram per day, dose divided equally and given by gastric tube at 8:00 AM and 5:00 PM for 10 days beginning 8 hr after challenge with the Stollerman T14 strain of *S. hemolyticus* group A. Challenge doses in experiments 1, 2, 3, and 4 were \(1.4 \times 10^9\), \(2.1 \times 10^9\), \(2.4 \times 10^9\), and \(1.6 \times 10^9\) streptococci, respectively.

² Number that died over total number.
day 1. Two of the other three began to improve after 3 and 6 days, respectively, of therapy, and appeared well after days 9 and 7, respectively. The fourth penicillin-treated monkey remained in very poor condition for 9 days and did not recover fully until day 18.

Only one of eight monkeys treated with ampicillin died. Seven survivors were acutely ill for 4 to 10 days, and all were active and alert after day 12.

All 11 treated monkeys that died in experiments 3 and 4 exhibited gross pathology similar to that observed in untreated control monkeys. In addition, group A streptococci were isolated from heart blood and all major organs of all 11 monkeys.

Thus, in experiments 1 to 4 combined, treatment failures were observed in 6 of 16, 4 of 16, and 1 of 16 monkeys given cephalaxin, penicillin V, and ampicillin, respectively. Duration of acute illness in survivors treated with cephalaxin, penicillin V, and ampicillin ranged from 2 to 8 days (mean, 5.0 days), 3 to 9 days (mean, 6.8 days), and 3 to 10 days (mean, 5.9 days), respectively, whereas time required for complete recovery varied from 5 to 12 days (mean, 7.6 days), 7 to 17 days (mean, 10.0 days), and 6 to 12 days (mean, 8.3 days), respectively. Analysis of mortality data showed that none of the differences was significant at the 5% level. However, duration of acute illness and time to complete recovery both were significantly shorter ($P = 0.05$) in monkeys treated with cephalaxin than in those given penicillin V.

Blood cultures (Table 2) and CRP tests became negative at approximately the same time in groups treated with cephalaxin, penicillin V, and ampicillin. With few exceptions, blood cultures and CRP tests were negative by therapy days 7 and 9, respectively, in all three study groups. A monkey (no. 17, Table 2) treated with 25 mg of cephalaxin per kg per day in experiment 2 exhibited positive blood cultures continuously for 42 days and positive CRP tests intermittently for 35 days. It had recovered fully by therapy day 7, however, and remained normal thereafter. Similarly, a second monkey (no. 19) given 25 mg of cephalaxin per kg per day appeared well after therapy day 10, but blood cultures and CRP tests were positive for 14 and 21 days, respectively. The single survivor (no. 34) treated with 12.5 mg of cephalaxin per kg per day in experiment 3 had a single positive blood culture on day 14, whereas cultures had been negative on days 4 through 11. CRP tests became positive on days 14 and 17 after having been negative since therapy day 7. No evidence of clinical relapse was noted: the monkey appeared well after therapy day 6 and was active and alert throughout the post-therapy period. Similar bacteriological relapse was observed after therapy was discontinued in two penicillin-treated monkeys (no. 6 and 38) and in one monkey (no. 26) given ampicillin (Table 2). None of the three monkeys showed any signs of clinical relapse, and all CRP tests were negative after treatment was stopped.

Significant increases in BUN (Table 3) were noted on therapy day 2 in 4 of 10, 8 of 12, and 13 of 15 survivors treated with cephalaxin, penicillin V, and ampicillin, respectively; values ranged from 31 to 60 mg/100 ml, 30 to 95 mg/100 ml, and 30 to 192 mg/100 ml, respectively. BUN values were normal in 33 of 37 treated survivors on day 4; four given 25 or 12.5 mg of ampicillin per kg per day still showed increased levels (30 to 46 mg/100 ml). All 37 survivors were normal in this respect on days 9, 11, and 14. Two monkeys (no. 36 and 37, Table 3) treated with 12.5 mg of penicillin V per kg per day exhibited BUN values of 184 and 206 mg/100 ml on days 4 and 2, respectively, and died on days 7 and 4, respectively. In the single untreated control that survived long enough to study this aspect, BUN values on days 2 and 4 were 44 and 40 mg/100 ml, respectively, as compared to 17 mg/100 ml prior to challenge; it died on day 5.

Significant increases in antistreptolysin O (ASO) titer were noted in 31 of 37 treated survivors 1 or 2 weeks after challenge. One monkey (no. 27) given 25 mg of ampicillin per kg per day in experiment 2 and two monkeys (no. 43, 55) given 12.5 mg of ampicillin per kg per day in experiments 3 and 4 showed no change in ASO titer until the third week. In one monkey (no. 6) treated with 50 mg of penicillin V per kg per day in experiment 1, the ASO response was delayed for 4 weeks. No increase in ASO titer was observed in two monkeys (no. 54, 56) given 12.5 mg of ampicillin per kg per day in experiment 4. The six monkeys in which the ASO response was delayed or not detected were not unique with respect to duration of illness, positive blood cultures and CRP tests, or to ABA titer. Six of the seven, however, were in ampicillin-treated groups.

Serum ABA of samples obtained 2 hr after the morning dose on therapy days 2, 4, and 9 is shown in Table 3. MIC values of cephalaxin, penicillin V, and ampicillin for the challenge streptococcus used in measuring serum ABA were 0.24, 0.01, and 0.01 μg/ml, respectively. In experiments 1 and 2, monkeys treated with 50 and 25 mg of cephalaxin per kg per day exhibited ABA titers of 1:8 to 1:32 and 1:2 to 1:16, respectively. Higher titers of 1:16 to 1:256 and 1:8 to 1:128 were observed in monkeys given the same two doses of penicillin V, respectively. Titers in ampicillin-treated monkeys were similar.
Table 2. Incidence of positive blood cultures in surviving monkeys treated with cephalixin, penicillin V, and ampicillin after intravenous challenge with streptococci

| Antibiotic | Expt<sup>a</sup> | Dose<sup>b</sup> | Monkey<sup>c</sup> | Days postchallenge<sup>d</sup> |
|------------|-----------------|-----------------|--------------------|-----------------------------|
|            |                 |                 |                    | 3  | 4  | 5  | 7  | 9  | 11 | 14 | 17 | 21 | 24 | 28 | 35 | 42 | 49, 56 |
| Cephalixin | 1 (4)           | 50.0            | 1                  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            |                 |                 | 2                  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            |                 |                 | 3                  | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            |                 |                 | 4                  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  |
|            | 2 (4)           | 25.0            | 17                 | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  |
|            |                 |                 | 18                 | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  |
|            |                 |                 | 19                 | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  |
|            | 3 (1)           | 12.5            | 34                 | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            | 4 (1)           | 12.5            | 48                 | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
| Penicillin V | 1 (4)          | 50.0            | 5                  | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            |                 |                 | 6                  | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            |                 |                 | 7                  | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            |                 |                 | 8                  | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            | 2 (4)           | 25.0            | 21                 | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            |                 |                 | 22                 | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            |                 |                 | 23                 | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            |                 |                 | 24                 | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            | 3 (1)           | 12.5            | 38                 | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            | 4 (3)           | 12.5            | 50                 | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            |                 |                 | 51                 | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            |                 |                 | 52                 | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
| Ampicillin | 1 (4)           | 50.0            | 9                  | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            |                 |                 | 10                 | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            |                 |                 | 11                 | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            |                 |                 | 12                 | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            | 2 (4)           | 25.0            | 25                 | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            |                 |                 | 26                 | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            |                 |                 | 27                 | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            |                 |                 | 28                 | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            | 3 (3)           | 12.5            | 41                 | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            | 4 (4)           | 12.5            | 54                 | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            |                 |                 | 54                 | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            |                 |                 | 55                 | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            |                 |                 | 56                 | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |
|            |                 |                 | 57                 | +  | +  | +  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  | −  |

<sup>a</sup> Number in parentheses represents number of survivors.
<sup>b</sup> Values expressed as milligrams per kilogram per day.
<sup>c</sup> All blood cultures negative before challenge. Therapy discontinued on the 10th day.

To those in monkeys given penicillin, and ranged from 1:16 to 1:128 and 1:8 to 1:64 in the 50 and 25 mg per kg per day groups, respectively. In experiments 1 and 2 combined, ABA titers were lower on day 9 than on day 2 in six of eight, seven of eight, and eight of eight monkeys treated with cephalixin, penicillin V, and ampicillin, respectively.

In experiments 3 and 4, monkeys receiving only 12.5 mg of cephalixin per kg per day showed ABA titers of 1:2 to 1:8 as compared to 1:8 to 1:32 and 1:2 to 1:16 in those given 50 and 25 mg per kg per day, respectively, in experiments 1 and 2. Titers in monkeys treated with 12.5 mg of penicillin V or ampicillin per kg per day were variable, and, in general, monkeys with higher ABA titers were those that showed marked increases in BUN (Table 3). For example, three monkeys given penicillin V in experiment 4 exhibited ABA titers of 1:8, 1:64, and 1:2 on day 2; correspond-
### Table 3. Serum antibacterial activity and blood urea nitrogen levels in monkeys treated with cephalixin, penicillin V, and ampicillin after intravenous challenge with streptococci

| Exp# | Antibiotic   | Monkey no. | Day 0 | Day 2<sup>b</sup> | Day 4 | Day 9 |
|------|--------------|------------|-------|-------------------|-------|-------|
| 1    | Cephalixin   | 1          | 12    | 16                | 16    | 8     | 12   |
|      |              | 2          | 13    | 60                | 15    | 8     | 9    |
|      |              | 3          | 20    | 27                | 8     | 11    | 8    |
|      | Penicillin V | 4          | 11    | 40                | 15    | 16    | 12   |
|      |              | 5          | 13    | 24                | 16    | 15    | 9    |
|      |              | 6          | 11    | 256               | 32    | 13    | 9    |
|      | Teatin      | 7          | 15    | 41                | 64    | 13    | 9    |
|      | Ampicillin   | 8          | 17    | 42                | 32    | 32    | 17   |
|      |              | 9          | 17    | 36                | 16    | 14    | 12   |
|      |              | 10         | 19    | 36                | 32    | 21    | 16   |
|      | Control      | 11         | 21    | 31                | 32    | 19    | 12   |
|      |              | 12         | 23    | 39                | 32    | 19    | 64   |
| 2    | Cephalixin   | 14         | 17    | 44                | 40    | D5<sup>a</sup> |
|      | Penicillin V | 17         | 17    | 31                | 16    | 20    | 14   |
|      |              | 18         | 19    | 45                | 4     | 21    | 4    |
|      |              | 19         | 17    | 14                | 2     | 25    | 2    |
|      | Penicillin V | 20         | 21    | 21                | 8     | 18    | 4    |
|      |              | 21         | 13    | 128               | 64    | 15    | 16   |
|      |              | 22         | 17    | 32                | 16    | 15    | 16   |
|      | Teatin      | 23         | 24    | 64                | 32    | 11    | 8    |
|      |              | 24         | 19    | 47                | 32    | 26    | 16   |
|      | Teatin      | 25         | 15    | 38                | 32    | 19    | 8    |
|      | Penicillin   | 26         | 16    | 55                | 16    | 27    | 8    |
|      |              | 27         | 23    | 125               | 64    | 46    | 16   |
|      | Teatin      | 28         | 18    | 30                | 64    | 30    | 16   |
| 3    | Cephalixin   | 34         | 12    | 26                | 2     | 13    | 2    |
|      | Penicillin V | 36         | 24    | 101               | 64    | 184   | D7<sup>d</sup> |
|      |              | 37         | 19    | 206               | D4    |
|      | Penicillin   | 38         | 25    | 39                | 4     | 23    | 8    |
|      |              | 39         | 18    | 94                | 32    | 15    | 32   |
|      | Teatin      | 40         | 23    | 192               | 64    | 43    | 64   |
|      | Penicillin   | 41         | 17    | 64                | 42    | 32    | 17   |
| 4    | Cephalixin   | 42         | 23    | 28                | 4     | 20    | 4    |
|      | Penicillin V | 43         | 20    | 39                | 8     | 20    | 2    |
|      | Penicillin V | 51         | 22    | 95                | 32    | 29    | 4    |
|      | Teatin      | 52         | 16    | 22                | 4     | 21    | 2    |
|      | Teatin      | 54         | 17    | 31                | 64    | 14    | 4    |
|      | Penicillin   | 55         | 21    | 91                | 16    | 44    | 8    |
|      | Teatin      | 56         | 17    | 20                | 32    | 13    | 16   |
|      | Penicillin   | 57         | 18    | 15                | 32    | 9     | 32   |

<sup>a</sup> In experiment 1, dose levels were 50 mg per kg per day. In experiment 2, dose levels were 25 mg per kg per day. In experiments 3 and 4, doce levels were 12.5 mg per kg per day.

<sup>b</sup> Sample taken 2 hr after morning dose on therapy days 2, 4, and 9.

<sup>c</sup> Blood urea nitrogen (mg/100 ml of serum). Normal values in humans, 5 to 25 mg/100 ml.

<sup>d</sup> Antibacterial activity expressed as reciprocal of serum dilution inhibitory for challenge streptococci in tube dilution (broth) test. MIC values of cephalixin, penicillin V, and ampicillin for the streptococci were 0.24, 0.01, and 0.01 µg/ml, respectively.

<sup>*</sup> Died on day 5.
ing BUN values were 39, 95, and 22 mg/100 ml. Similarly, in the group of four monkeys receiving ampicillin in experiment 4, the one (no. 55) with the highest ABA titer, 1:128, also had the highest BUN, 91 mg/100 ml.

Antistreptococcal activity in serum of normal monkeys receiving daily doses of 50 or 25 mg/kg of cephalaxin, penicillin V, and ampicillin for 2 days was compared (Table 4). With all three antibiotics, ABA titers at 1 and 2 hr on both days were not dose-dependent and varied from 1:16 to 1:64, 1:64 to 1:512, and 1:64 to 1:512 in monkeys given cephalaxin, penicillin V, and ampicillin, respectively. Four monkeys receiving cephalaxin exhibited titers of 1:2 to 1:16 at 4 hr on both days, but no ABA (< 1:2) was detected at 8 hr on either day. Three of four monkeys given penicillin V showed titers of 1:4 at 4 hr on day 1, but no activity was observed at this time in serum from the fourth monkey. Similar results were obtained at 4 hr on day 2. Thus, ABA titers declined more rapidly between 2 and 4 hr in monkeys receiving penicillin V than in those given cephalaxin. As with cephalaxin, no activity was detected at 8 hr on either day in sera from monkeys given penicillin V. In contrast, sera from three of four and two of four monkeys receiving ampicillin still showed significant activity at 8 hr on days 1 and 2, respectively, and titers at 4 hr were higher on both days than in monkeys given penicillin V (Table 3). Thus, antibiotic activity persisted longest in

| Antibiotic | Dose | Monkey | Day 1 (hr after 8:30 AM dose) | Day 2 (hr after 8:30 AM dose) |
|------------|------|--------|-----------------------------|-----------------------------|
|            |      |        | 0 1 2 4 8                  | 0 1 2 4 8                  |
| Cephalexin | 50   | 60     | 64* 32 2 -                 | 64 64 8 -                  |
|           | 50   | 61     | 32 16 16 -                | 64 64 16 -                |
|           | 25   | 62     | 32 32 2 -                | 64 32 2 -                 |
|           | 25   | 63     | 32 16 8 -                | 64 32 2 -                 |
| Penicillin V | 50 | 64     | 128 256 4 -              | 512 64 -                  |
|            | 50   | 65     | 128 256 4 -              | 512 64 4 -                |
|            | 25   | 66     | 256 128 4 -              | 256 64 8 -                |
|            | 25   | 67     | 512 128 4 -              | 512 128 2 -               |
| Ampicillin | 50   | 68     | 128 512 64 4 -           | 256 256 16 8 -            |
|           | 50   | 69     | 512 512 32 8 -           | 512 256 16 8 -            |
|           | 25   | 70     | 256 512 64 4 -           | 256 256 4 -               |
|           | 25   | 71     | 256 64 8 -               | 256 64 4 -                |

a Values expressed as milligrams per kilogram per day.

b Sixteen hr after 4:30 pm dose on day 2.

c Reciprocal of serum dilution inhibitory for Stollerman T14 strain of S. hemolyticus group A in tube dilution (broth) test. Dash (—) indicates no inhibition at 1:2, the lowest dilution tested. MIC values of cephalaxin, penicillin V, and ampicillin for the streptococcus were 0.24, 0.01, and 0.01 μg/ml, respectively.

| Antibiotic | Ultrafiltration method (95% serum) | Tube dilution method (50% serum) |
|------------|----------------------------------|----------------------------------|
|            | Human | Monkey | Human | Monkey |
| Cephalexin | 9*    | 11     | -     | -      |
| Penicillin V | 68   | 60     | 50 | 56     |
| Ampicillin | 20    | 14     | 17    | 13     |

a Test organism: S. hemolyticus group A, Stollerman T14 strain.

b Per cent of antibiotic bound.

c Method not applicable since degree of binding varies with cephalaxin concentration. For example, protein binding of 6, 9, 13, 20 and 41% was observed with concentrations of 3.2, 1.6, 0.8, 0.4, and 0.2 μg/ml, respectively (R. S. Griffith, personal communication). Test results depend on sensitivity of test organism used.

Table 5. Comparison of normal human and monkey serum protein binding of cephalaxin, penicillin V, and ampicillin

Measurement of the degree of serum-protein binding of cephalaxin by the ultrafiltration technique, using 10 μg/ml in 95% serum, showed that only 9 and 11% of the antibiotic was bound by human and monkey serum, respectively (Table 5). Penicillin V and ampicillin, also studied at a normal monkeys given ampicillin, followed by cephalaxin and penicillin in that order.
concentration of 10 μg/ml, showed 68 and 20% binding, respectively, by human serum, as compared to 60 and 14%, respectively, by monkey serum. Use of the tube dilution method showed 50 and 17% binding of penicillin V and ampicillin, respectively, by 50% human serum and 56 and 13%, respectively, by 50% monkey serum.

DISCUSSION

Under the conditions of these studies, comparable results were obtained in streptococcal sepsis in monkeys after oral administration of 25 or 50 mg per kg per day of cephalaxin, penicillin V, and ampicillin; all monkeys so treated survived while all controls died. In studies employing doses of 12.5 mg per kg per day, however, six of eight cephalaxin-treated monkeys and four of eight penicillin-treated monkeys died, as compared to only one of eight deaths in those receiving ampicillin. The differences in results between the cephalaxin and ampicillin therapy groups at this low dose could be due, in part, to the greater sensitivity of the streptococcus to ampicillin (MIC = 0.01 μg/ml) as compared to cephalaxin (MIC = 0.24 μg/ml). This reasoning, however, could not be carried over to explain the higher mortality in the penicillin-treated monkeys, since the MIC for the streptococcus was the same with penicillin V and ampicillin. It is conceivable that the longer duration of ABA noted after ampicillin, as well as the lower protein-binding of this agent, could account in part for the observed differences in response. Administration of the antibiotics more frequently than twice daily, as done in this study, could clarify the former point. Such studies are in progress.

These studies also confirm previous observations (6, 7, 9; S. Saslaw and H. N. Carlisle, Amer. J. Med. Sci., in press) that the BUN is frequently increased early in the course of infection, and the rapid return to normal levels during therapy suggests lack of renal toxicity of the new antibiotic, cephalaxin, at the dose levels studied. In this respect, all three antibiotics were similar.

The comparable serum-protein binding by human and monkey sera of the three antibiotics studied adds further support to previous observations (9; S. Saslaw and H. Carlisle, Am. J. Med. Sci., in press) that man and monkey are similar in this respect.

The present studies afford additional confidence in the ultimate clinical application of cephalaxin. Previous studies comparing cephalaxin to semisynthetic penicillins demonstrated the efficacy of this drug in staphylococcal sepsis (6, 9) at a dose of 50 mg per kg per day, and in streptococcal sepsis at doses of 25 to 50 mg per kg per day (7, 8). The present study shows that, with the administration of 25 to 50 mg per kg per day, results comparable to those observed with penicillin V and ampicillin were obtained in streptococcal infections. Preliminary studies in humans have also indicated the effectiveness of cephalaxin in streptococcal and staphylococcal infections (R. J. Fass, R. L. Perkins, and S. Saslaw, Amer. J. Med. Sci., in press).

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