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## Drugs

**BRONCHODILATORS** In a double-blind crossover trial of responses of asthmatic patients to isoproterenol and metaproterenol, a significantly greater duration of action was found with metaproterenol. Fewer side effects appeared than after the administration of isoproterenol. (*Holmes, T. H.: A Comparative Clinical Trial of Metaproterenol and Isoproterenol as Bronchodilator Aerosols, Clin. Pharmacol. and Ther. 9: 615 (Sept.) 1968.*)

**PLV-2 (OCTAPRESSIN)** The systemic and renal hemodynamic effects of PLV-2 were studied in 11 patients with hypotension of decompensated hepatic cirrhosis. Intravenous infusion of PLV-2 resulted in dose-related increases in arterial pressure and systemic vascular resistance. Cardiac output and heart rate fell slightly, with no change in venous pressure. Low doses of PLV-2 (.004 to .02 units per minute) produced an increase in renal blood flow, a decrease in renal vascular resistance, and an increase in the renal fraction of cardiac output of from 9 to 14 per cent. Renal blood flow was somewhat lower at high than at low doses of PLV-2, but was still higher than predrug control values. No evidence of tachyphylaxis was seen during infusions lasting up to four hours. In hypotensive patients, PLV-2 produces renal vasodilatation and extrarenal vasoconstriction, resulting in redistribution of blood flow to the kidney. (*Cohen, J. N., and others: Systemic Vasoconstrictor and Renal Vasodilator Effects of PLV-2 (Octapressin) in Man, Circulation 38: 151 (July) 1968.*)