IN SHOCK
normalize plasma volume to correct hypotension with

Plasmanate® PLASMA PROTEIN FRACTION [HUMAN] 5% SOLUTION, U.S.P.

Requires no blood-typing before administration. Eliminates possibility of cross-matching errors. No known allergic reactions—no record of coagulation defects—no reported instances of hepatitis. Obviously, Plasmanate is the safer way to fill the vital need of shock!

A 5% solution of selected human plasma protein with stabilizers in 0.67% saline solution: Contains 88% serum albumin, 7% alpha globulin, 5% beta globulin.

Heat-treated at 60° C. for 10 hours against the possibility of transmitting the hepatitis virus. Administration: Plasmanate should be administered by intravenous route only. For full details, please examine literature. Precautions: Should be administered cautiously in patients with normal or increased blood volume. Package directions contain indications and all known contraindications. In 250 and 500 ml. bottles complete with ready-to-use administration set.

CUTTER Laboratories • Berkeley, California 94710 World Leaders in Blood Fractions Research

The administration of Plasmanate is protected by Saftisystem™—the safer I.V. system. The only completely closed I.V. system. Closed at flask entry (A)—Solid rubber stopper seals edge and neck, prevents venting caused by temperature and altitude changes. Closed at spike entry (B)—Stopper is self-sealing around inserted spike. No air tube. Closed at air entry (C)—Proven filter removes bacteria from incoming air. For extra safety, specify Saftisystem from Cutter.
Intoward Reactions: Localized sensitization (burning, pruritus or erythema) occurs infrequently—probably not over 1%.

Furacin Vaginal Suppositories each contain nitrofurazone 0.3% (6 mg.) in a water-miscible base. Box of 12, each 2 Gm. Suppository hermetically sealed in aluminum foil. Furacin Vaginal Cream contains nitrofurazone 0.2% in a water-miscible base. Tube of 3 oz. with plastic plunger-type applicator.

After cervicovaginal procedures, patients feel cleaner... heal faster... with bactericidal

Furacin® (nitrofurazone) vaginal suppositories / cream
Calm and cooperative...

The typical Librium effect in the anxious hospital patient:

For many patients, the waiting period before surgery is a time fraught with anxiety and apprehension. When this emotional reaction rises to excessive levels, it can make patients uncooperative, thereby complicating surgical procedures or medical management. By helping to relieve presurgical anxiety and apprehension, Librium (chlordiazepoxide HCl) can benefit both patient and physician.

Librium (chlordiazepoxide HCl), t.i.d. for several days prior to surgery, can help keep the patient calm and cooperative, better able to follow the surgeon's preoperative regimen; an additional dose h.s. usually relieves anxiety-induced insomnia, frequently reducing or eliminating the need for hypnotics. During convalescence, Librium (chlordiazepoxide HCl) also may help allay the anxiety that interferes with management and delays recovery. Side effects in most instances are mild in degree and readily reversible with dosage reduction.

For preoperative apprehension

Librium®
(chlordiazepoxide HCl)
5-mg, 10-mg, 25-mg capsules

Before prescribing, please consult complete product information, a summary of which follows:

**Contraindications:** Patients with known hypersensitivity to the drug.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. Warn against hazardous occupations requiring complete mental alertness. Use caution in administering to addiction-prone patients or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

**Precautions:** In elderly and debilitated and in children over five, limit dosage to smallest effective amount, increasing gradually as needed and tolerated. In general, concomitant use with other psychotropics is not recommended. Paradoxical reactions have been reported in psychiatric patients and hyperactive aggressive children. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically. Observe usual precautions in presence of impaired renal or hepatic function, impending depression and suicidal tendencies.

**Adverse Reactions:** Drowsiness, ataxia and confusion may occur, especially in elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. Syncope occurs rarely. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis, jaundice, and hepatic dysfunction) may develop occasionally, making periodic blood counts and liver-function tests advisable during protracted therapy. Individual maintenance dosages should be determined.

**Dosage:** Oral—Adults: Mild to moderate anxiety and tension, 5 or 10 mg t.i.d. or q.i.d.; severe states, 20 or 25 mg t.i.d. or q.i.d. Geriatric patients: 5 mg b.i.d. to q.i.d.

**Supplied:** Capsules, 5 mg, 10 mg and 25 mg—bottles of 50.