PASTUSCION S	v weeks				
0 .	6	12	18	24	
•	• •	:	•	•	
•		: 6	Chlorpromazine to 39	patients .	
*Chlorpromazi	ne to 170 patier	nts' E	henobarbital to 40	patients .	
• • • • • •		·	Placebo to 39	patients .	
•		• •	• • • • • • • • • •	• • • • •	•
•		•		patients :	
.Promazine to	171 patients	. F	Phenobarbital to 40	patients .	
• ,		·	Placebo to 42	patients :	Fig. 1. — Diagram of study plan.
	• • • • • • •	••			
•		• •	hlorpromazine to 39	notionts .	
Phenobarbi ta	l to 173 patient	•		patients .	
•	it to 175 pattons		henobarbital to 41	-	
• • • • • •			• • • • • • • •	• • • •	
		••			
•		٠.			
•		. c	hlorpromazine to 40	patients :	
·Placebo to 1	78 patients	. P	romazine to 44	patients .	
:		P	lacebo to 41.	patients :	
• • • • • •		• •			

scale were complete for the entire sample of patients.

Evaluation at weeks

The Clinical Estimate of Psychiatric Status required judgments by psychiatrists for 11 items of psychopathology and prognosis: severity of illness, recent change in mental condition, severity of symptoms, risk of leaving hospital without permission, participation in activities and self-care, probable time of release, probable level of required care if released, probable level of economic productivity if released, probability of return to hospital if released, risk of violence to self, risk of violence to others. This device was inadequate for evaluating patient change but was somewhat useful in describing the sample of patients as a whole.

The Manifest Anxiety Scale required the active participation of patients for answering questions. The scale could be completed by only about half the sample, with answers of doubtful reliability, and therefore was not considered appropriate for evaluating these patients.

These measures were obtained at the beginning of the study, at the midpoint and end-point of the of the study, at the mid-point and end-point of the initial 12-week treatment course, and at the midpoint and end-point of the second 12-week cross-over study. As drugs were changed only at the

12-week interval, for the sake of brevity most consideration will be given these ratings.

Statistical Analysis.14-18—Data were analyzed by multiple covariance, providing linear adjustment of group means to estimated equal starting levels of age, length of hospitalization, duration of illness, total morbidity, weight, and, in the initial 12-week study, chronicity and disturbance (the last two variates were not retained in the cross-over study because very few of the 489 patients in its sample were classified as other than chronic and nondisturbed). Treatment group means on all measurements were compared relative to the estimated variability among individuals in the population from which the sample was assumed to have been drawn at random. The difference in means at the end of the 24th week, adjusted to equal starting levels, was used to test the difference in change over 24 weeks; the difference between means at the end of the 24th week, adjusted to equal levels at start and end of 6th and 12th weeks, was used to test the difference in change over the second 12 weeks. Contrasts were tested for significance at the 5% level and against critical values based on the ranges of ranks of sets of means. This level was halved in those very few instances in which initial dispersions varied significantly among groups.