but superior only to phenobarbital after 24 weeks of treatment. No significant differences in clinical effects were noted between phenobarbital and placebo when the drug was given for 12 or 24 weeks. When chlorpromazine or promazine followed control medications, clinical improvement was increased, especially with the former drug. However, the substitution of control medication following tranquilizing drugs maintained the gains from the latter surprisingly well for an additional 12-week period. Reduction of specific symptoms of illness was greatest with chlorpromazine, less with promazine, and little with the control medications. Placebo was more effective than all drugs in reducing the symptom of self-depreciation, a symptom of mental depression. Side-effects from treatment with all four agents were minimal, and none was severe.

The value of chlorpromazine in treating schizophrenic patients was confirmed by this study. Promazine did not appear to be so effective, possibly owing to inadequate dosage. Phenobarbital and placebo were comparatively ineffective, as might be expected in a sample composed largely of chronic schizophrenic patients.

The feasibility of carrying out such large-scale cooperative studies of drugs reported useful in psychiatry was confirmed. Results obtained from this study provide definitive support for previously held clinical opinions regarding the efficacy of tranquilizing drugs in treating schizophrenic reactions.

Psychiatry and Neurology Service, Veterans Administration, Dept. of Medicine and Surgery.

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