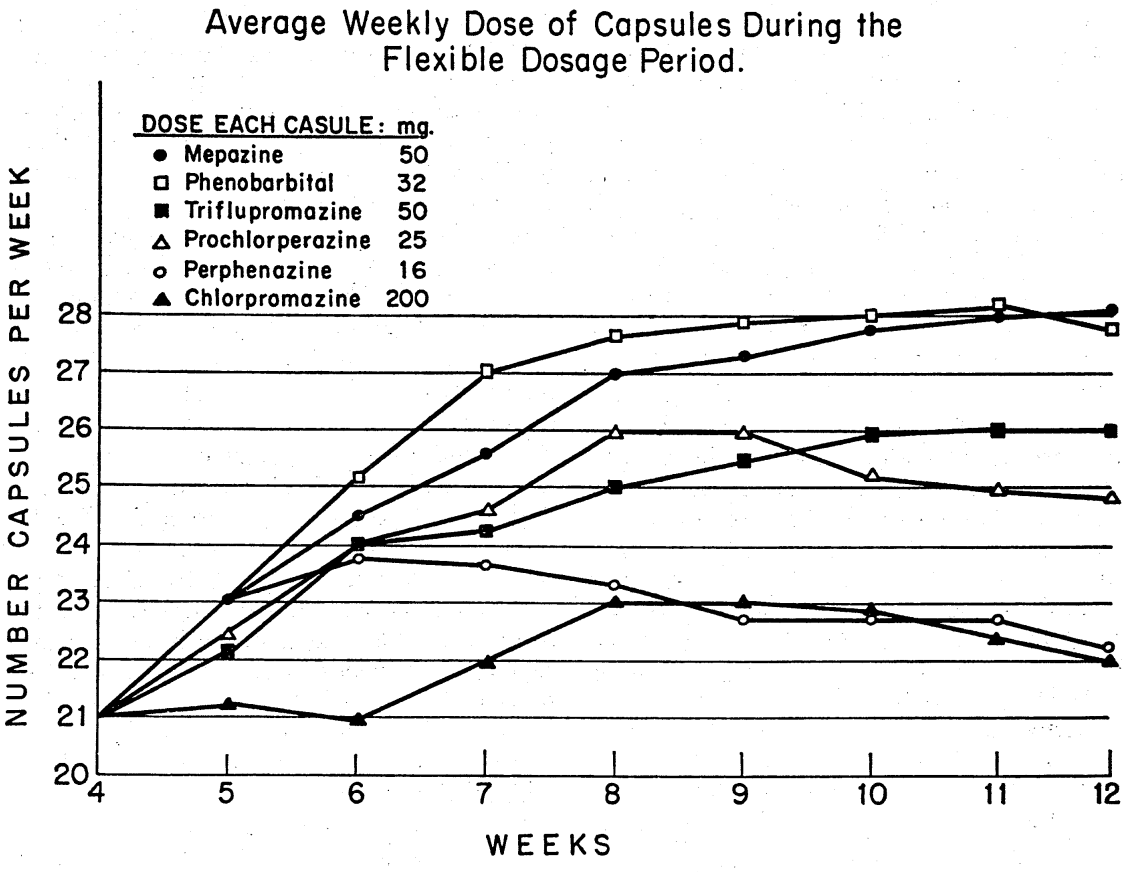

FIGURE 1

vices: the MSRPP and the Clinical Estimate of Psychiatric Status scale-CEPS(15). The MSRPP consists of two parts, the clinical interview section completed by a 2- or 3-man team of psychologists and psychiatrists, and a ward behavior section based on the observations of a 2- or 3-person team of nurses and nursing assistants. The MSRPP yields a total morbidity score which is an overall index of psychopathology and 11 additional scores which represent symptom clusters. The reliability of the MSRPP was estimated by having each member of the clinical and ward teams make their pretreatment judgments independently before arriving at team consensus evaluations(16). The CEPS required judgments from psychiatrists on 12 items of psychopathology and prognosis. Patients were evaluated by both rating devices before and after 4 and 12 weeks of treatment.

Untoward Symptoms: The presence or absence of 18 specific symptoms and signs were checked and recorded weekly by the physician. These included adverse behavioral effects, disturbances of the central and autonomic nervous systems and allergic reactions, chosen on the basis of known side effects of the phenothiazines.

Laboratory Measures: Hematologic tests included differential and total leucocyte counts obtained just before treatment and each week during treatment. Serum glutamic oxalacetic-transaminase (SGO-T) or serum alkaline phosphatase determinations were used as screening hepatic tests. Either of these tests was requested before treatment and then weekly for the first 5 weeks. If either was abnormal, a battery of additional hepatic tests was to be ordered. Pulse rate and blood pressure were recorded daily for the first weeks of treatment and morning temperatures were recorded daily for the first 8 weeks.

STATISTICAL ANALYSIS

The statistical model for evaluating the relative therapeutic effectiveness of the