

study drugs was analysis of multiple covariance (simple randomized design). Each of the 24 criterion measures derived from the MSRPP and CEPS was analyzed for relative changes in clinical status during the first 4 weeks, the following 8 weeks, and over the entire 12-week study period. Final criterion mean scores in each analysis were adjusted for initial status on the criterion being analyzed as well as for the net effect of 11 control variables: age, education, occupational level, marital status, number of previous hospitalizations, nature of onset of first and current illness, months since condition first required medical attention, initial weight, history of previous tranquilizers and morbidity. In addition to adjusting the criterion means of the 6 treatment groups for whatever differences existed prior to treatment despite random assignment, this technique statistically eliminated that portion of the variability of the criterion associated with the covariates. The net effect of the adjustment was to provide statistical equality of the treatment groups

prior to treatment and to reduce the error term used in evaluating mean differences.

One thousand and eighty comparisons were carried out; each of 6 treatment groups being compared with each other, yielding 15 comparisons for each of 24 criteria over each of three time periods. The effect of making so many comparisons is to increase the likelihood of deciding there is a significant difference when in fact there is not. The findings were subjected to a multiple range test (17, 18) for protection against this kind of error.

RESULTS

Criteria of Clinical Effectiveness: Adjusted mean morbidity scores (MSRPP) for each of the 6 treatment groups are shown in Figure 2. The pretreatment mean is based upon the entire sample of patients. Even at the end of 4 weeks of treatment, a significant reduction in total morbidity had been produced by chlorpromazine, triflupromazine, prochlorperazine, and perphenazine as compared with phenobarbital. The differ-

