ence between mepazine and phenobarbital was not significant at this time. When 12 weeks of treatment had been completed, all 5 phenothiazines had reduced morbidity significantly more than phenobarbital. Four of the phenothiazines were superior to mepazine at both the 4th and 12th week evaluations. There were no significant differences among the 4 more effective drugs. Even though the differences shown in Figure 2 between prochlorperazine and trifluprazine may appear to approach significance, this difference has a p value $> .20$.

The results of the analyses of relative change in the remaining 23 criteria of clinical effectiveness have been organized in Table 1 to emphasize the 3 main findings which occurred during two time periods.[8]

1. *All five phenothiazine derivatives were therapeutically effective, i.e.,* they were superior to phenobarbital, the control drug, in respect to some important criteria of improvement. There were no instances in which the phenobarbital group showed reliably greater improvement than the phenothiazine groups. The ways in which all phenothiazines were superior to phenobarbital are shown in the upper portion of Table 1.

2. *One of the phenothiazine derivatives was less effective than the other four.* In every instance that mepazine surpassed phenobarbital, all other phenothiazines also did so. In the middle portion of Table 1 are listed those criteria of clinical effectiveness on which all phenothiazines except mepazine exceeded phenobarbital. In the lower third of Figure 1 are presented those cri-

[8] Detailed statistical tables containing the adjusted means, F ratios, and results of the multiple range test for *all* criteria at the *three* evaluation periods may be found as a supplement in the Appendix of the Transactions of the Fourth Annual Research Conference on Chemotherapy in Psychiatry. Inquiries concerning additional statistical or procedural details may be directed to the Central NP Research Laboratory, Perry Point, Md.

TABLE 1

CLINICAL DIFFERENCES BETWEEN VARIOUS PHENOTHIAZINE DERIVATIVES AND PHENOBARBITAL OR MEPAZINE IN NEWLY ADMITTED SCHIZOPHRENIC MEN

Patients receiving chlorpromazine, mepazine, perphenazine, prochlorperazine and triflupromazine were more improved than those receiving phenobarbital in the following ways :

After 4 Weeks	*After 12 Weeks*
Less : resistive ; belligerent ; thinking disturbance ; nursing care required.	Same gains as after 4 weeks plus : less likely to injure others ; greater chance for early discharge ; greater chance for independence and self-support following discharge ; illness less severe ; condition improving ; decrease in symptoms.

Patients receiving chlorpromazine, perphenazine, prochlorperazine and triflupromazine were noted more improved than those receiving phenobarbital in the following additional ways :

After 4 Weeks	*After 12 Weeks*
Less : motor disturbance ; likely to injure self. Decrease in symptoms, illness less severe, condition improving.	Less : motor disturbance ; likely to injure self ; paranoid projection ; perceptual distortion ; AWOL potential. More participation in activities.

Patients receiving chlorpromazine, perphenazine, proclorperazine and triflupromazine were more improved than those receiving mepazine as follows :

After 4 Weeks	*After 12 Weeks*
Less : paranoid projection ; motor disturbance.	Less : motor disturbance ; perceptual distortion ; belligerence ; thinking disturbance ; likely to injure others ; melancholy agitation. Decreased symptoms and greater chance for discharge. Condition improving.