Table I. Comparison* between drugs in occurrence of clinically noted side effects during 12 week treatment period

Perphenazine	Produced more drowsiness and extrapyramidal effects (impaired associated movements, rigidity, tremor, and akathisia) than phenobarbital or mepazine; more extrapyramidal effects (rigidity, tremor, and akathisia) than triflupromazine; more extrapyramidal effects (impaired associated movements, rigidity, and akathisia) than chlorpromazine; and more akathisia than prochlorperazine.
Prochlorperazine	Produced <i>more</i> drowsiness, extrapyramidal effects (impaired associated movements, rigidity, tremor, akathisia) and nausea or vomiting than <i>phenobarbital</i> ; <i>more</i> drowsiness, extrapyramidal effects (impaired associated movements, rigidity), weakness or fatigue and nausea or vomiting than <i>mepazine</i> .
Chlorpromazine	Produced more drowsiness, extrapyramidal effects (rigidity, tremor) than phenobarbital; more drowsiness, impaired associated movements, and weakness or fatigue than mepazine.
Triflupromazine	Produced more extrapyramidal effects (impaired associated movements) than phenobarbital; more impaired associated movements than mepazine. Complete absence of side effects was more common than with prochlorperazine or perphenazine.
Mepazine	Produced more blurred vision than phenobarbital or triflupromazine.
Phenobarbital	Produced more excitement and agitation than mepazine, triflupromazine, chlorpromazine, or prochlorperazine. Complete absence of side effects was more common than with proch-
	lorperazine or perphenazine.

^{*}Only differences significant at the 5 per cent level using chi square comparisons of the drug pairs are stated.

was in the 10,000 to 13,500 range, in 11 between 13,500 and 16,000, and in 6 over 16,000 per cubic milliliter. The maximum control leukocyte count observed was 22,500 per cubic milliliter. Nineteen patients had control leukocyte counts of less than 5,000 and only 3 of these 19 patients had total leukocyte counts of less than 4,000 per cubic milliliter. Thus leukocytosis by ordinary standards was comparatively common in this schizophrenic population but leukopenia was neither frequent nor severe.

Determination of control values for alkaline phosphatase was more complicated because they were reported in 4 different kinds of units. The largest sample consisted of reports in Bodansky units which were available on 256 patients. The mean value in Bodansky units for control alkaline phosphatase determinations was 4 units with a standard deviation of 1.8 units. Six patients had control values for alkaline phosphatase greater than 8 units.

SGO-T determinations were performed on 154 patients. The mean value for this determination was 24.8 units with a standard deviation of 19.4 units. Nineteen patients showed control elevations of SGO-T titer to more than 40 units.

Abnormal signs and symptoms. Data on the occurrence of abnormal symptoms and signs were available for the entire sample of 599 patients. Twelve patients were dropped from treatment because of side reactions. No abnormal symptoms or signs were reported in 167 patients. These 167 patients were not distributed among the 6 treatment groups as might have been expected by chance, so each drug group was compared individually with every other drug group and tested for significance by the chi square test. Each symptom or sign was evaluated in the same manner. If a patient was reported as manifesting a particular symptom at any time during the study period, he was tallied once regardless of whether the symptom occurred during one or more weeks. When a significant difference among the 6 groups was observed for any symptom, the groups were then compared by pairs. Ten symptoms showed significant differences between the treatment groups.

Table I compares the drugs with regard to clinical evidence of side effects during the 12 week treatment period. Perphenazine and prochlorperazine, both piperazine derivatives, produced more reactions than