ment. Most abnormalities were found in the SGO-T titer, alkaline phosphatase determinations, and serum bilirubin levels. However, these tests were performed most frequently. As can be seen from the table, the range of abnormal values was not great, few tests being at the upper limits.

Interpretation of such abnormal tests, occurring sporadically and infrequently, was extremely difficult. In no instance was there a distinguishing pattern of persistent abnormal tests as occurs ordinarily in hepatic dysfunction following administration of phenothiazine derivatives. Prodromal symptoms or the appearance of clinical jaundice was not reported in any patient. Four patients were dropped from treatment because of abnormal hepatic tests without other abnormal clinical signs or laboratory findings. One patient treated with perphenazine had several abnormal control tests with persisting abnormalities through the early part of his treatment period. These tests were only mildly erratic but indicated pre-existing parenchymatous liver damage which was not aggravated by drug therapy.

Changes in temperature, pulse, and blood pressure. Temperatures which changed significantly were lower. Only oral temperatures of less than 97° F. were considered abnormally low (Table V). The distribution of this type of abnormal body temperature varied between the treatment groups. A few patients in each treatment group showed persistently low body temperatures ranging between 95° and 97° F. The frequency and persistence of these low temperatures throughout treatment (and often through the control period) suggested that these individuals had low body temperatures normally. In other instances the lowering of body temperatures was sporadic. No single sharp elevations of temperature occurred such as have occasionally been reported with phenothiazine derivatives, nor was any sustained elevation of temperature reported.

Table V. *Changes in temperature, pulse rate, and blood pressure during 12 week treatment period*

Drug	*Temperature less than 97° F.*	*Pulse rate over 110 per minute*	*Blood pressure decline: 30 mm. systolic and/or 20 mm. diastolic*
Phenobarbital	8	0	3
Chlorpromazine	7	1	5
Trifluprom azine	8	1	2
Mepazine	12	2	2
Prochlorperazine	8	1	8
Perphenazine	7	1	5

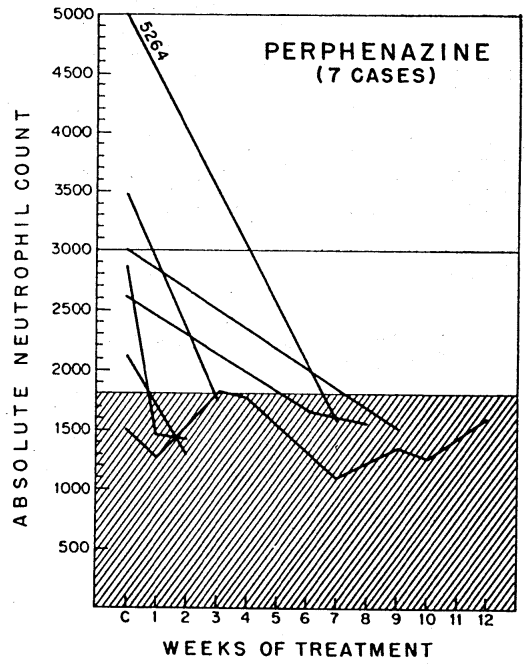

Fig. 3.

Changes in pulse rate were surprisingly rare. Patients who had tachycardia did not have it persistently, only occasionally. On the other hand, in a number of cases pulse rates declined under drug treatment, perhaps because of some abatement of anxiety.

Changes in blood pressure were uncommon. In practically all cases the blood pressure never fell below the usual physiologic limits. The usual pattern was a fall from an initially elevated or borderline level of blood pressure to a physiologic level either in the middle range or at the low side. The