adjusted for initial status on the criterion being analyzed, as well as for the net effect of 11 control variables such as age, number of previous hospitalizations, and initial weight.

Briefly, the results were as follows. Total morbidity scores were significantly ($p < 0.05$) reduced, after 4 and 12 weeks of treatment, by prochlorperazine, chlorpromazine, perphenazine, and trifluprómazine as compared with either mepazine or phenobarbital. There were no significant differences among patients treated with the first four drugs named during any of the evaluation periods. The difference between patients treated with mepazine and phenobarbital was not significant after four weeks but was significant after 12 weeks. The results on the remaining criteria essentially followed this same pattern.

The Sequential Analysis. Data were collected by the cooperating hospitals and forwarded to the central laboratory over a period of about nine months. Each set of data consisted of the requested information on 6 patients, to each of whom a different treatment had been assigned at random. The decision to be arrived at with each pair of treatments represented in the set was whether one drug was superior to the other or whether there was no important difference between them.

Reduction in total morbidity score was selected as the best single criterion of the clinical effectiveness of the drugs. In a particular pair of patients receiving different treatments, if the patient on drug A showed greater reduction in morbidity over the time period being considered than did the patient receiving the second drug, that pair of patients was scored a plus and plotted 1 unit vertically on a previously prepared graph containing a sequential channel. If drug B was superior, the pair was scored a minus and plotted 1 unit horizontally. The occasional ties were omitted. These plus and minus outcomes were plotted in serial order as data were received and evaluated, sampling being continued until the serial record of plus and minus pairs crossed one of the decision lines or until the number of available patient pairs was exhausted.

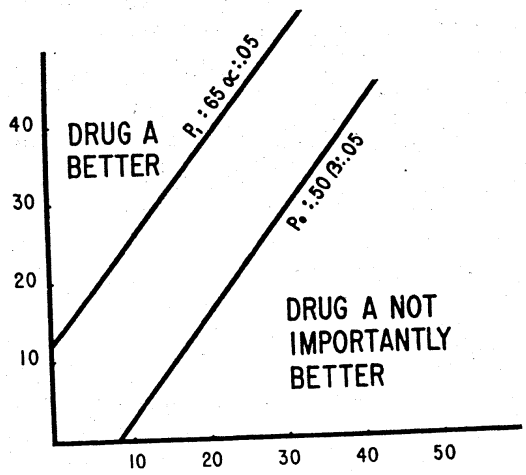

FIG. 1. Sequential channel: one-sided alternative.

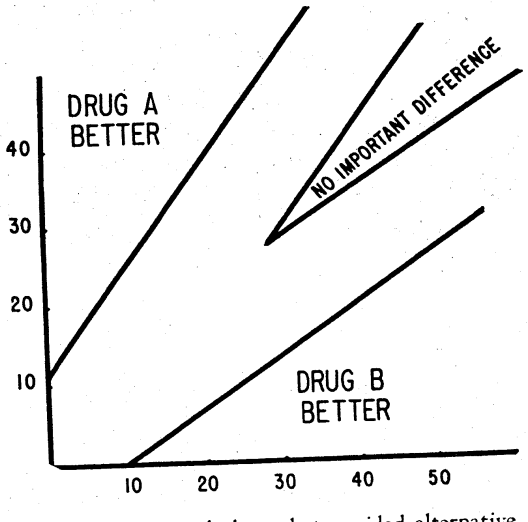

FIG. 2. Sequential channel: two-sided alternative.