



Center for Clinical Trials

Department of Biostatistics  
Department of Epidemiology  
Department of International Health

Department of Medicine  
Department of Ophthalmology  
Oncology Center

Monday, 7 November 2005

**Memorandum**

**To:** Center for Clinical Trials Students, Staff, and Faculty

**Fr:** Curtis Meinert

**Re:** Tables 101: Homework assignment #3: Targeting and referencing

1. Create a master file consisting of the two files attached, Preface9.WPD and Refs9.WPD.
2. Create the targeting and referencing to generate citation numbers to replace the ? in the Dictionary Preface and to generate page numbers in the reference file corresponding to pages cited in the preface.
3. Assemble and generate the document. If done properly page numbers should replace ? in the reference index for reference cited in the Preface.
4. Send me an electronic copy of your work.

(Sun 7:59am) 04 Sep 05

\\Tables.101\T&R\Home.WPD

Enclosure

Preface.PDF and Refs.PDF

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[Tables 101] J:\Homework#3.wpd / bjc

## Preface

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*It is the fate of those who toil at the lower employments of life, to be rather driven by the fear of evil, than attracted by the prospect of good; to be exposed to censure, without hope of praise; to be disgraced by miscarriage, or punished for neglect, where success would have been without applause, and diligence without reward.*

*Among these unhappy mortals is the writer of dictionaries; whom mankind have considered, not as the pupil, but the slave of science, the pioneer of literature, doomed only to remove rubbish and clear obstructions from the paths of Learning and Genius, who press forward to conquest and glory, without bestowing a smile on the humble drudge that facilitates their progress. Every other author may aspire to praise; the lexicographer can only hope to escape reproach, and even this negative recompense has been yet granted to very few.*

Preface to *A Dictionary of the English Language*  
Samuel Johnson [1755]<sup>7</sup>

One does not awake one morning and start writing a dictionary. The notion emerges out of the primordial ooze of musings while one is engaged in other pursuits, and has properties akin to a virus. For susceptibles, it is capable of producing a chronic condition without a known cure and with an unpredictable course. The condition can be in remission, some of them so long as to cause one to believe he is "cured", only to suffer a new bout more serious and prolonged than any in the past. Living with the virus is like having a camel in one's tent with the manners of a bull moose and the personality of an uninvited pushy relative who comes to stay.

From the outset, I have been plagued by a nefarious gremlin. I have learned to coexist with it but I have to confess to flashes of irritation and frustration even as recently as a few weeks ago after still another visit. I have to confess as well to the utterance of an expletive or two following its visits, especially after those resulting in trashed files. My wife has had her vocabulary enriched as a result of its visits. Perhaps, one day, she will write a dictionary of another sort as a result of this enriching experience.

The skeptics out there will doubt my evidence for existence of my gremlin because it is circumstantial. But how else do I account for the appearance of words, where they do not belong or for their absence where they once were? How else can I account for backup files of 0 bytes when days of work are at stake? What other explanation could there be for programs that suddenly malfunction after months of flawless operation? To be sure, I have done my best to undo what the gremlin has done, but given its devious nature the chance remains that it will be at work even as the presses roll.

The nearer one comes to the point of no return, the greater my hope, as with Johnson's, years before me, for the mere escape from recompense. But if Johnson failed in his hope, I am resigned to my fate. Hence, I expect to hear from readers about mistakes, things missing, and about definitions wrong, too broad, or too narrow. Who knows, having been born with some genetic abnormality, I might well be foolish enough to do this again. The feedback will be helpful. Old fashioned letter or high tech Fax or E-mail will do. My postal address, Fax number, and E-mail address are given elsewhere in this document (page iii).

This dictionary, in its various incarnations, has logged enough air miles to qualify for membership in the 100,000 mile club and has been a constant "companion" on summer vacations to the backcountry of upstate New York nigh onto a decade now. It has been rain soaked and charred at the campsite, "lost" in Denver, left on the subway in Atlanta, and "abandoned" at a rest stop on I 81. It has been a source of frustration (especially when generating and printing — activities invented by the devil), but it has also served as the word equivalent of needlepoint and as a source of "entertainment" at meetings where discrete "doodling" is acceptable and as a safe and effective sedative on long flights and evenings in my easy chair.

Who knows? Maybe I was born with a fascination with words or the technical. Or maybe this work is simply the product of a literalist who, even at a young age, was content to resort to technicalities in "winning" arguments, when higher forms of victories were denied me.

Recognition of the need for language conventions emerged with the Coordinating Center Models Project, a study started in 1976 that involved the comparison of different trials with regard to design and operating features.<sup>7</sup> The establishment of the journal *Controlled Clinical Trials* and assumption of editorial responsibilities for it, reinforced that recognition [Meinert, 1980].<sup>7</sup> The creation of a dictionary began with a glossary developed for that project.<sup>7</sup> That glossary was refined and expanded for inclusion as an appendix in a book on clinical trials [Meinert and Tonascia, 1986].<sup>7</sup> Ultimately, it served as a starting point of sorts for this work.

I have had for a long time, an urge to produce a series of handbooks for trialists. I turned to that task after finishing the book on clinical trials in 1986, but kept hitting roadblocks because of an inadequate vocabulary to describe the features of trials. For a while, I was content to simply "add" to that glossary. Slowly, it grew into something resembling a dictionary, and gradually the amount of time devoted to it increased and the amount devoted to the handbook decreased until I was trapped, in a way like Murray, years ago, in his herculean effort to produce the first edition of the *Oxford English Dictionary*.

The language of clinical trials is the product of a living, dynamic process. It was evolving on board the Salisbury at sea in 1747 when Lind<sup>7</sup> did his experiment aimed at finding a treatment for scurvy and continues today. It is a mixture of the languages of medicine, biostatistics, epidemiology, computer science, and bioethics.

The entries contained in this Dictionary are the product of three related aims:

1. To produce a document having sufficient generality and coverage to satisfy the requirements of users from the various disciplines concerned with the design, conduct, and analysis of trials and with the utilization of results from them;
2. To introduce a vocabulary for the characterization and description of features and activities associated with trials;
3. To provide a document reflective of current usage practices and conventions in the field.

Achieving the first aim required the compilation of a dictionary overlapping the domains of medicine, statistics, epidemiology, computer science, and bioethics. Achieving the second aim required the development of nomenclature for features, elements, and activities of trials not described by existing vocabulary. Achieving the third aim required a review of books and journals to identify terms for inclusion and to note different uses of similar terms. Journals screened included the *British Medical Journal*, *Journal of the American Medical Association*, *Lancet*, *New England Journal of Medicine*, *Biometrics*, *Journal of the American Statistical Association*, and *Controlled Clinical Trials*. The screening process was akin to that used by Murray<sup>7</sup> in producing the *Oxford English Dictionary*.<sup>7</sup>

Inclusion and coverage principles are discussed elsewhere (*Explanatory notes*, page xix). One of the inclusion principles having pluses and minuses was one requiring inclusion of ordinary terms, such as **randomized**, **controlled**, **clinical**, and **trial** for the entry **randomized controlled clinical trial**. An obvious minus is the number of ordinary entries generated by the principle (about a third of the total). The pluses had to do with the nature of the document desired. The goal was to produce a dictionary that is self-contained and internally consistent.

A work of this kind is never finished. It continues to grow with limits nowhere in sight. I have learned, as Murray before me, that there is no escape from the web of words. Therefore, my only recourse is to declare it done and move onto the work that drove me to this folly in the first place. I hereby so declare (for now)!

16 October 1995

Curtis L. Meinert  
Baltimore

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