portion of $Q_k_t$ — this being the isovolumic contraction time (ICT) in hyperthyroidism. There is a substantial body of experimental evidence cited both in our paper (ref. 9) and in recent reviews that externally measured ICT and PEP reflect myocardial contractility.  

As multichannel recorders are generally available, carotid pulse tracings readily recordable, and heart rate corrections easily made by computer or graph, we do not feel that the comparative alleged simplicity of $Q_k_t$ recordings outweighs the specificity of systolic time intervals (STI) in measuring the heart's response to hyperthyroidism. Accordingly, we would still conclude STI are "a unique noninvasive measurement" of cardiac responsiveness to thyroid function.

**Alfred F. Parisi, M.D.**
**Bruce P. Hamilton, M.D.**
Baltimore VA Hospital
Baltimore, Maryland

**Ernest L. Mazzaferrri, M.D.**
Ohio State University School of Medicine
Columbus, Ohio

**References**


**Randomized Trials vs Data Banking**

To the Editor:

The article by McNeer et al., "The nature of treatment selection in coronary artery disease" (Circulation 49: 606, 1974) propounds the thesis that it is valid to compare patients who have been differently treated even though treatment selection was not random because "in chronic disease [such as coronary artery disease] therapeutic decisions tend to be random with respect to distant goals and patients divided into subgroups on the basis of therapy are remarkably similar except for the fact that they have been treated differently." Much of their paper is devoted to an analysis of 89 parameters to show that their medically and surgically treated cohorts were very much alike, and therefore valid conclusions may be drawn regarding the indications for medical or surgical therapy in particular subgroups. Unfortunately the reader cannot avoid feeling that there is a bias against the medical cohort for the following reasons:

1. Zero time for the medical patients was defined as the time of catheterization while zero time for the surgical patients was defined as the date of operation. This date of operation was as long as four months after the time of catheterization, with 35% of the cohort operated on more than one month after catheterization. This time lag favors the surgical cohort since some of the sickest patients in the surgical cohort were eliminated (by death) in this period.
2. The first bias was then accentuated by including patients who died while awaiting surgery in the medical cohort despite the fact that they had already been selected to receive surgical therapy. The 89 parameters notwithstanding, this manipulation was

**A. M. Asokan, M.B.**
Medical College of Georgia
Augusta, Georgia 30902

**The author replies:**

To the Editor:

The problem of complications of coronary arteriography is a serious one. The language oftentimes fits a particular situation. We must go into the locker room to communicate with those who are contributing to the problem. In locker room parlance, it is sometimes necessary to "hit a donkey over the head with a 2 x 4 to get its attention."

**Melvin P. Judkins, M.D.**
Loma Linda University Medical Center
Loma Linda, California 92354

**Locker Room Language in Editorials**

To the Editor:

I could not agree more with the substance of the editorial on "Prevention of complications of coronary arteriography" by Judkins and Gander (Circulation 49: 599, 1974). The entire message could have been said in less than one page. Statements such as "there is no time for extensive physiological evaluation or standing around sucking one's thumb" are not only unscientific but crude, distasteful and oppressive to the scientific community.

That a journal whose reviewers are often quick to correct contributors' English should let such unscientific (expletive deleted) verbosities into a prestigious journal is setting a bad precedent. I urge that we continue to keep some guidelines of respectability in language and scientific pertinence before four letter words become the order of the day.

S. K. Asokan, M.B.
Medical College of Georgia
Augusta, Georgia 30902

Circulation, Volume 50, September 1974
Locker Room Language in Editorials
S. K. ASOKAN

Circulation. 1974;50:641
doi: 10.1161/01.CIR.50.3.641

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://circ.ahajournals.org/content/50/3/641.1.citation

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in Circulation can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to Circulation is online at:
http://circ.ahajournals.org/subscriptions/