



IMHO, what radiology could use right now are a few mega-reviews. Reviews of reviews. A king hell, mondo Capo di tutti capi review of all times.

The review article: A jaded review

C. Douglas Phillips, MD, FACR

"Nature fits all her children with something to do, he who would write and can't write, can surely review."

—James Russell Lowell

How much do you read the literature? No, seriously. How much do you read the literature? And not *People* magazine, or *TV Guide*. The **radiology** literature.

Do you read scientific articles monthly? Do you pore through the literature to find great tidbits on a daily basis? I will bet not. I will bet that you are like most of the rest of the working (although keenly interested) world:

You read a few review articles every few months, you skim the content of any journal that you follow for review articles, and every once in a while you actually scour for a scientific article or two that applies to a case you're reading. Oh, until CME time. And then you read review article after review article until you're blue in the face.

Review articles are important. They are critical to medical practice, in my humble opinion. They read like recipes. "These guys (references) think this. But, these guys (references) think this. And, these guys (references) reviewed all of this and thought it really didn't matter, but suggested this."

IMHO, what radiology could use right now are a few mega-reviews. Reviews of reviews. A king hell, mondo Capo di tutti capi review of all times. Could we take it? Here's what I'm thinking:

"The review of plain films." Roentgen did this. X-ray tube. Use for fractures. And a few chest films. Stop already with this other stuff.

"The review of CT." Yes, CT was made, and it was good. Tube spins. It helped make diagnoses. And then we started trying to do all these other things with it; some worked, some didn't, and we should make it simple again. Let's just pare off the stuff that no one can get to work and make CT useful again.

"The review of MR." Yes, after CT, MR was made in its image, and it was also good. No X-ray tube. It also helped make diagnoses and is sometimes better than CT, but sometimes not. But, like CT, we started doing all this other stuff with it (Spectroscopy? Are you kidding me? What do I look like, a physicist/chemist?) and it also got too big for its britches and needs to be simplified again.

Perhaps I am a bit jaded by all the multi-parametric analysis papers I've read lately. Or maybe the texture analysis stuff is eating away at my brain.

Keep doing that good work. Mahalo.

Dr. Phillips is a Professor of Radiology, Director of Head and Neck Imaging, at Weill Cornell Medical College, NewYork-Presbyterian Hospital, New York, NY. He is a member of the Applied Radiology Editorial Advisory Board.