



Then, as with so many other things in life, a better way comes along and you realize much of what you thought were truths are NOT. CT, MR, and all these cross-sectional techniques killed the radio star.

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Uh Oh, He's Gonna Hear About This One

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"The only good thing about the good old days is they're gone."

—Dick Gregory, Comedian

I think Mr. Gregory nailed that one. The "good old days" can never be as good as you thought. It is **impossible** for the good old days to be that good because selective memory has surgically resected the bad parts.

I remember the good old days of eighth grade, when I was learning so much, my friends were awesome, and I had no cares. Until I remember I got my butt kicked for absolutely no good reason, except that I had to choose either home economics or shop. I chose shop, and didn't seem to fit in with the budding metallurgists and cigarette smoking young 'uns.

Eighth grade doesn't seem so idyllic anymore.

OK, you're thinking, why is he telling us this? WTF? Is there a point here? Why, yes, as always. I may draw some flak so I wanted to get you on my side early.

I am wondering about "plain" films. Not "plane" films; although they represent anatomy in a single plane, they are not about airplanes. You could say radiographs, if you please. They absolutely are "plain." Unembellished. And here goes: Why do we still do so many plain films?

Lord, he said it. OK, I put it out there, and now I am going to finish my thought. Seriously, why so many? I get doing them for some particular uses. Quick, cheap, and easy.

Still, why so many? We got rid of many of them when they were understood to be of zero return: admission chest films on young people, "routine" films of all sorts, sinus films, abdomen films with nonspecific abdominal pain, on and on. But that still leaves, by my count, over two trillion plain films. A month. Granted, I exaggerate. But there are a lot. So why?

I pull out a radiograph every so often, just for old time's sake. You know, just pull it up on PACS and look at it. Sometimes, they are so abnormal, even I appreciate the finding. Most, however, are subtle, and the shadows are lost on me. I get the "good old days" angle; I remember the pronouncements from some of my mentors. "See that shadow, and notice the displacement?" they would say. "That means there is a lesion right there." And they would point, and I would look and feel enlightened, and then spend extra time after they left trying to see what they meant.

Then, as with so many other things in life, a better way comes along and you realize much of what you thought were truths are **NOT**. CT, MR, and all these cross-sectional techniques killed the radio star. Literally. Now, we say "Hmm, get a CT (or MR)." I think even my old mentors would say the same. Isn't it quaint that you can take a 3D CT data set and generate a "virtual radiograph" from the data?

Talk about simplifying things . . . Hey, I see a buttload of plain films sitting in the queue. Someone ought to read those, pronto.

Keep doing that good work. Mahalo.