



When I wasn't cogitating over the potential of that funny little edge of the distal tibia being a fracture, I was reading.

In defense of books

C. Douglas Phillips, MD, FACR

"A mind needs books as a sword needs a whetstone, if it is to keep its edge."

—George R. R. Martin

When I was a fellow (whoa, back in the Dark Ages) I spent a good portion of my first two paychecks on Newton and Potts' *Radiology of the Skull and Brain Vol. 2: Angiography*. The four-volume set. Had to have them. I can distinctly remember when the first one came. I was so disappointed that they only sent the first volume and the subsequent ones arrived on a staggered basis. I wanted all of them RIGHT THEN. I wanted to hold them and run my fingers over the book spine and peel back those pages and read. I wanted the words embossed on my brain.

I am **NOT** trying to relive my childhood. (Actually, I **am** trying to relive my earlier adult life, but that's another issue.) I am bemoaning the loss, or near demise, of the book. The medical book, particularly, but I think all books are important, and we are moving away from them rapidly. We have computers all over the reading room; they are mostly open to a browser and most (if you check the history) have visited Google a few thousand times in the past few days. There are "online resources" open on others.

Notably absent are books.

During my residency, we took call at night (HORRORS!) in the neuroradiology read-

ing room. I had Dr. Keats' *Normal Variant* book open to any page — I just wanted to have it pre-opened to speed up my search a little. I also had several trauma texts close by, and the beauty of reading in neuro was that the neuroradiology "library" was there at my beck and call. When I wasn't cogitating over the potential of that funny little edge of the distal tibia being a fracture, I was reading. And, no different than any of my peers, I read a lot. All the freaking time.

Well, you can argue this many ways. Our brains are changing, I hear. We operate more in tiny information packages (bites) and we are less into deep learning. We tend to want our information in amuse-bouche tidbits, not entrée-sized meals. And, we have access to unlimited small bits. Well, sorry, but I like entrées. If I ask a trainee about a disease entity, I think it's great if they can give me two or three phrases, but I am way more impressed if I have to tell them to stop talking after listening to them go on for about 10 minutes. I don't think you should have to use Dr. Google to learn the first two critical elements of a topic — you should use it for the side dishes (to continue that now-tired food analogy), the embellishment, like maybe genetics or other arcane bits.

So, it is a brave new world, but I still like some items of the Dark Ages quite a lot. **Books rule.**

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.