## Editorial

## Inception of the radiology feature

Revolutionary changes in computer sciences and radiologic techniques have produced mixed blessings for physicians. Faster, less invasive techniques for diagnosis and therapy are now available, but their proliferation has contributed to overexamination and acceleration of medical costs. These techniques should lead to a direct diagnosis without incurring increased morbidity. Cost effectiveness will result only if examinations answer specific clinical problems to the exclusion of certain less accurate and expensive means. The tailoring or replacement of some surgical explorations by specific imaging tools can improve our primary objective of providing the best medical care.

Determining which examinations (to the best of our knowledge) will yield the least false-negative and false-positive results is a primary purpose of radiologic education. It is with this aim that we originate a new section of the *Cleveland Clinic Quarterly*, *Radiology Feature*. In this and subsequent issues, illustrative cases will be presented to introduce the newer diagnostic modalities and elaborate on the standard radiologic techniques and their most effective utilization. We believe that the marriage of medical benefits to cost effectiveness will surely produce improved, less costly medical care.

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## Bibliography

- Rhea JT, DeLuca SA. The challenge of cost control. Radiology 1981; 139: 237-238.
- Swartz R, DesHarnais S. Computed tomography; the cost-benefit dilemma. Radiology 1977; 125: 251-253.
- 3. Abrams HL, McNeil BJ. Computed tomog-

raphy; cost and efficacy implications. AJR 1978; 131: 81-87.

 Wittenberg J, Fineberg HV, Black EB, et al. Clinical efficacy of computed body tomography. AJR 1978; 131: 5-14.