

## THE EDITOR'S CORNER

ROBERT G. KEIM, DDS, EDD, PHD

### **I Miss Kodachrome**

I recently attended a daylong talk by a noted speaker who has been on the orthodontic lecture circuit for more than 30 years. I had seen most of the material that he presented on a number of previous occasions, but this particular speaker is one of those truly gifted individuals who can present a subject over and over again, and do it in such a way that even jaded listeners are fascinated and learn something new each and every time they hear him. This particular presentation was no exception, and I did indeed learn a number of new and clinically useful things that I have put into practice.

While I thoroughly enjoyed and intellectually profited from this great presentation, there was something missing--something that was there when I heard the same speaker a few years back. I couldn't figure out what was wrong, however, until one of my associates, who had picked our speaker up at the airport, commented on just how light a traveler he was. "He just brought one carry-on bag", my colleague reported--" change of clothes and a laptop computer". I recalled the myriad of speakers I've met at the airport over the years, each lugging a massive slide carousel case or two. I also recalled a weeklong speaking engagement a couple of years ago in Saudi Arabia that required me to haul 20-plus carousels from Los Angeles to the Middle East. It was that particular experience that convinced me to switch from Kodachromes to PowerPoint.

Apparently, our recent speaker has had such an experience himself. That's what was missing from his presentation: the rich, full color of 35mm slides. The quality of the projected images, while entirely adequate for presentation purposes, was just not up to snuff when I subconsciously compared the material I saw presented in digital format to the same material I had seen presented a few years before from photographic slides. Undoubtedly, our speaker's presentation was still of world-class quality. Everything presented was clear and crisp. The images did everything necessary to illustrate the speaker's points, but it just wasn't the same. I missed Kodachrome.

Being a hopelessly addicted technophile, I was among the first to switch to digital photography in my own practice. First Aldus Persuasion and later Microsoft PowerPoint have completely changed the way I lecture. Digital photography, digital projection, and digital publication are unquestionably great strides forward. The technology already exists to make digital projection and publication the equal of chemical-based photography. The problem, like many others, lies in how the end user implements the technology. Every operator, lecturer, and author owes it to himself or herself, and to their audiences, to demand the same quality from their digital photography as they do (or did) from their film photography.

When one goes back and reads the material on orthodontic practice written by the pioneers of our profession--giants such as Charles Tweed, Cecil Steiner, and Raymond Begg--the one thing they all had in common, despite their widely differing treatment philosophies, was their demand for high-quality records, whether for presentation, publication, or day-to-day practice. Quality was not just suggested, it was demanded. The same should hold true today.

Every month at JCO, we receive manuscripts that have excellent content, but are accompanied by

digital images that are not of equal quality. Our latest "Guide for Contributors" (see p. 68 of this issue) contains a special section on quality of digital images. If you feel the need for a refresher course in digital imaging, please reread The Cutting Edge column in our November 2002 issue. This article by Dr. Korrodi Ritto does a great job of explaining what is necessary to achieve a high level of clinical photographic excellence with digital technology. The key is that if you have any expectation of ever publishing any of your patient records, you should take and store all your images at a high enough resolution.

I confess to personally lowering my own standards when I first switched to digital photography for my own practice, and also when it came to converting my considerable library of presentation slides to PowerPoint. The siren song of reduced processing costs, ease of application, and simplicity of presentation was simply too alluring to resist. After seeing that recent lecture, however, I'm going to mend my ways. It's not that I'm advocating a return to an old technology. The digital technology for photographic excellence is already available. What is necessary is for clinicians to expend the effort required to apply that technology at the same level of excellence that has been the profession's standard of care for more than 50 years. •