

## EDITORS' SPEAK

Traditional teaching methods for Otolaryngology always included temporal bone dissection. It afforded the student the ability to coordinate hand and eye, gain dexterity and learn to work under magnification with binocular vision. This teaching tool seems to be on the decline with 'virtual' dissection techniques available in many institutes, which although may be 'the next best thing', are a far cry as compared to their traditional counterpart.

Diseases of the middle ear have always been a major part of routine ENT practice. Temporal bone dissection is what we believe makes a good middle ear surgeon. With its declining application universally, the field of middle ear surgery shall eventually begin to decline. The field of ENT has numerous overlaps with other fields of medicine such as General Surgery, Plastic reconstructive surgery, Maxillofacial surgery, Neurosurgery, Oculoplastics, etc. Middle ear surgery is one of the few areas that shall always remain with the field of ENT. We believe that it is a vital part of the training of any ENT surgeon. Not only does it afford the skills mentioned above, but it also teaches numerous 'latent' skills such as patience, perseverance, attention to detail, avoidance of visual fatigue and many more. Hence it is our strong belief that each ENT surgeon should undergo middle ear surgical training even if that may not be their eventual thrust area in practice, simply to imbibe soft skills that shall go a long way in making them well-rounded surgeons.

This current issue deals with diseases of the middle ear, one of many more to come.



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