

Editorial

World Journal of ENT & Head-Neck Surgery:

A New Face, a Platform, and a Launcher

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The World Journal of ENT & Head-Neck Surgery (WJEHNS) begins its journey today with the inaugural issue appearing this month. All of us who are associated with this maiden voyage are excited and also expectant. I would not call this particular day as auspicious, because it could have been any other day of the year. But once the journey has begun, we thank the Almighty, circle the date with a red ink, and hope to look forward to this day only in the many years to come. Meanwhile, we wish to sit back and watch our dreams unfurl as it takes its time to acclimatize to the hostile environment at the sea where the journal houses are fighting their way out for supremacy.

The question that would naturally be asked: why another journal? The answer is simple: why not?

Otolaryngology and head-neck surgery as an independent discipline has been growing and expanding in leaps and bounds in the last few decades, incorporating the most recent advances that reflect the contemporary and updated understanding of the diseases, their etiopathology, and management. With this, the discipline has become more gadget-dependent. Most importantly, furthering our understanding of a plethora of ailments and clinical conditions has made us realize about the inherent heterogeneity of the subject,

that is evident more in the present times than before. In fact, our subject should now be looked upon as a conglomeration of multiple sub-specialities existing together, functionally interdependent, but separated by anatomic and pathologic boundaries and definitions. An otolaryngologist now loves to think about himself/herself more of an otologist, or a neurotologist, or a rhinologist, a skull-base surgeon, a head-neck cancer specialist, a thyroid surgeon, a laryngologist, a sleep surgeon, a facial plastic surgeon, or a pediatric otolaryngology specialist. The list may go on, but it betrays the amount of knowledge the subject of otolaryngology has accumulated in the last few decades, so much so that the need for classified understanding in the form of sub-specializations has become the order of the hour. This trend is the ultimate fallout of the many advancements through the cutting-edge science, and keeps close to the eternal axiom: medicine is an ever-changing science. This is not a fascination, but a necessity for today, when the modern-day otolaryngologist is preparing himself/herself to expend his/her entire lifetime on a given sub-speciality of choice.

However, the question arises, where does this enormous volume of knowledge spilling over the brink, and the essence of the new discoveries, flowing to? Knowledge is no knowledge unless it is put into record for universal access, turned into a strength of evidence, and applied on the individual - the patient - for the benefit of the humankind. And first in this order comes the record - the annals - that forms the fundamental basis of evidence-based medicine. And it is in this perspective I observe that the thought process translated into scriptures appears greatly polarized, and is enviably skewed towards the developed nations, notably those of the North Americas and Europe. Of the several English-language PubMed-indexed journals currently existing that are dedicated to otolaryngology and head-neck surgery (or its sub-specialities), only six originate from the Asian, African, and the Australian continents. And of these, only two, one from Turkey and the other from Japan, are actually indexed for the MEDLINE database; and they are the only representatives of the 42

otolaryngology journals indexed for MEDLINE throughout the world. Admittedly, this is a sorry state. Inexplicable too. Because, this indicates that either we are imbibing the entire of our understanding and applications in otolaryngology from the West (read, the industrialized nations), or we have no thought process of our own at all! While both the possibilities may be interlinked, they might not necessarily share a cause-effect relationship. The former might be at least partly true, primarily due to the huge costs associated with research, and also because our subject is now greatly dependent on technology and gadgets. We unfortunately and unconsciously implement the wisdom hired from the affluent West in a resource-poor set-up, and in conditions where the disease might behave through completely distinct socio-economic, epidemiologic and pathologic expressions. We thus erroneously refuse to acknowledge that the same disease might have different implications across geographic domains. Infectious diseases, chronic otitis media, sleep medicine and surgery, patterns in head-neck malignancy, pediatric and geriatric otolaryngology are but only a few examples that illustrate this temporal variation.

However, the second possibility, that questions the existence of our very own thought-process, cannot be fathomed, and is far from the truth. We have a significant patient pool of our own, and a host of otolaryngology diseases with indigenous presentations and characteristics. On the other hand, we possess a huge flock of young, enthusiastic students - the future of our subject, and the experienced and respected teachers - the past and present of a subject's destiny, who tirelessly work together to provide a shape to our stream in a way that will in turn invite and attract a further lot of followers and students. The cycle goes on, and these students and their teachers are our prized possession who define our professional, and even personal existence, and ignite the omnipresent inquisition. The effort of several lifetimes cannot be without fruitful thought and a collective, hierarchical wisdom. In spite of this, it is a fact that our effort in documentation are either channelized elsewhere, mostly to the Western literature, or are not put up on record at all, a big reason for this being

the lack of a home or regional journal of world standard. In the latest annual report of Ear, Nose & Throat Journal, published by Sage, about 38% of the original contributions in 2018 were from Turkey, China, Republic of Korea, and India, in that order. Therefore, what we need, and very urgently we do, is to produce a platform of our own, of enough strength that would serve as a receptacle for the ever-flowing thought process, both in terms of originality as well as content. Such a platform must have an archival value, where inquisitive minds can imbibe knowledge and make it reproducible for his/her academic and professional fulfillment. The inception of WJEHNS is exactly to cater this need, to channelize the thoughts and events in otolaryngology that crop up with time through an integrated, scientific language. The journal aims to host a forum meant for both young, exploring minds as well as for the experienced guardians of the subject who should consider it as their own home for professional comfort. WJEHNS therefore seeks all sorts of original contributions so that it can strengthen itself, and in turn helps to nurture others. We hope the journal and the contributors would co-exist in a symbiotic harmony.

We strongly envisage our journal becoming an institution in the parlance of medical literature throughout the world. And like any other institution, WJEHNS will also abide by some basic rules of publication ethics. First, we want to assure our readers, who would also be our potential contributors, that WJEHNS is not, and would never be the so-called "predator" journal. It is an open-access periodical that will not charge its contributors during any stage of the production cycle - submission, acceptance, publication, or post-publication. It will be available both in print and online version, and all its submissions will be peer-reviewed in a double-blinded manner. Thus, acceptance will not be guaranteed; such will be only on the merit of the individual submission. The journal believes in the foundation principles of open access policy, that is, immediate, free access of its contents and information by the readers, and their unrestricted dissemination throughout the otolaryngology community in the world. Second, being strict to the ethics of originality, the

journal will consider plagiarism of any sort a serious offence, and will seriously discourage verbatim copy, facsimile passages, and the "copy paste" tactics in the manuscript. We will not consider such a practice, if it comes to our notice, as an exception at any time. Third, the journal will not compromise with the quality of an article, and will actively sieve out submissions that are junk, methodologically inaccurate, and are the evident results of duplicate publication and "salami slicing". We will encourage submissions that are written without the crave for promotion, or career perks and upliftment serving as the *only* impetus. Publications do bear significant impact on one's academic career for obvious reasons, but that should not be at the cost of an honest, inquisitive mind pursuing a research goal, publishing for the sake of getting published and promoted. WJEHNS will respect a researcher's mind, but will reject career-driven opportunistic discoveries.

In the days to come, WJEHNS hopes to be the face of otolaryngology and head-neck surgery in India and abroad, and with time, we aim to reach the height where this mouthpiece will be included within the club of the premier journals of today, in league with the best in the world, as a representative from the East. But for now, we need unconditional support from all spheres of the profession who are related with our subject, and journal production as a whole. Comments, suggestions, ideas, and constructive criticisms would be most welcome, and we will try our best to incorporate them as and when practical. Our doors are open, and we are open to all, as we believe that, like in all great journeys, togetherness will give us the strength to go ahead, however humble and modest our beginning might be.