

Dear Colleagues,

In this issue of the *Journal of Hearing Science*, we bring together work that spans the full arc of hearing care – from foundational audiological methodology to evolving clinical candidacy.

We open with a review revisiting masking techniques and the application of Lidén's formulas to bone conduction speech audiometry. Audiological and otological interventions need a solid diagnostic base, so discussing them is always important. As clinical workflows modernise and test batteries expand, returning to first principles is a practical reminder that accurate interpretation still depends on rigorous technique.

Two original contributions next highlight how hearing science advances when measurement, biology, and lived experience are considered together. The first explores the feasibility and acceptability of a non-invasive sound therapy device for alleviating tinnitus symptoms in military veterans. Veterans are an important population in which the symptom burden is often complex and care pathways must be both effective and acceptable. At the other end of the translational spectrum, wideband acoustic immittance is paired with histopathology in a mouse model of otitis media, strengthening the bridge between middle ear mechanics and underlying tissue changes, and helping to clarify what our clinical metrics are actually telling us.

The psychosocial context of auditory difficulties is brought into sharp focus in a study on family cohesion and flexibility in cases where children have central auditory processing disorder. The study is another reminder that auditory diagnoses reverberate beyond the basic audiogram, involving family dynamics, availability of resources for coping, and the practical realities of daily communication.

Our concluding case report deals with one of the most dynamic frontiers in contemporary otology: a case of partial deafness in which there was low-frequency cochlear implant stimulation but preserved high-frequency hearing. This work invites thoughtful discussion about how we define candidacy and how broadly we can extend benefits while protecting residual function.



With kind regards and greetings,

*Prof. Henryk Skarzynski, M.D., Ph.D., Dr. h.c. multi*