origin—lesion of otolith organs[1] or degenerating utricular macula[3] or demineralization of otolithic membrane (Campos) or probably mineralized secreted protein originating from the posterior semicircular canal[11]—are produced continuously and this is perhaps a physiologic event. The particles are free to stay in the canal lumen or to deposit over the cupula or disappear. The individual will gradually develop compensatory mechanisms (C-Ms) as the particles appear and stimulate the neurosensory cells. The patient will be asymptomatic as far as the speed and/or the time needed for developing C-Ms are not surpassed by an event that could also disturb an already fragile equilibrium between stimuli and C-Ms or prohibit the development of C-Ms. This event could be a trauma, hormonal factor, or vascular accident that could accelerate the production of otoconia or disturb their probable absorption by the dark cells[12,13] in the utricle or other mechanisms.

Depending on the time and the location (ie, in one or more semicircular canals in one ear or in one of the possible combinations of canals of both ears) of the particles, the symptoms resulting from the insulting event would be different. The disappearance of the disturbing factor and/or development of a C-M or its reinforcement would bring the remission. The time needed for a C-M is subject to individual variability.

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Prior Authorship

This is a comment on a prior letter regarding authorship [1] that appeared in the June 1994 issue of the ARCHIVES regarding an article by Catalano and Biller.[2]

The original English description of the extended maxillotomy procedure was by Hernandez-Altemir of Zaragoza, Spain.[3] He had previously published this technique in a Spanish journal in 1982 and 1983.[4,5] A scholarly review of all the world's literature would have turned up this article by Hernandez-Altemir. Maybe then it would not have been reintroduced as a new procedure by three different studies.[1,6,7]

This episode brings to mind several problems that are becoming more apparent to readers of the otolaryngology literature. Some of it may be related to our increasing reliance on computer literature searches. If the key words used in searches do not match with similar articles, these articles will be omitted in the search results. I think this may account for the aforementioned authors'[1,6,7] failure to find the above reference.[3] Authors can prevent some of this problem by going back to the "basics" of searching literature. This entails going into the stacks in the library and looking at articles and their bibliographies and tracing them back to the earlier literature. The MEDLINE database does not contain literature earlier than 1966. Much of the earlier otolaryngology literature that may be relevant will be lost in a computer search.

The editors and reviewers of the principal journals have to do their homework. References and older literature should be studied to see if something submitted is really new. Furthermore, submissions should be checked against publications by the submitting author to see if this is adding to the scientific database or just curriculum vitae padding. This can easily be done by a computer search based on the author's name.

We in otolaryngology are in danger of creating vast amounts of irrelevant literature. Our principal journals now have waiting lists of more than 1 year for publication. We owe it to ourselves and to future generations of otolaryngologists to correct the problem before it is too late.

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Cocaine and Phenylephrine

This letter is in response to a case reported in the ARCHIVES by Ashchi et al[1] titled, "Cardiac Complication From Use of Cocaine and Phenylephrine in Nasal Septoplasty." They describe a previously healthy young woman who had an acute myocardial infarction after receiving topical cocaine and phenylephrine during nasal septoplasty. They concluded that although cocaine and phenylephrine are widely used drugs, physicians must have a "heightened awareness" of the potential serious complications associated with these agents. Their