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24. Irving C, Richman PB, Kaiafas C, Eskin B, Ritter A, Allegra J. Droperidol for the treatment of acute peripheral vertigo. *Am J Emerg Med.* 1999;17:109-10.
25. Graf J, Janssens U. Therapy of angina pectoris: morphine or thalamonal? *Dtsch Med Wochenschr* 2001;126:572-3.
26. Burduk P, Guzik P, Piechocka M, Bronisz M, Rozek A, Jazdon M, Jordan MR. Comparison of fentanyl and droperidol mixture (neuroleptanalgesia II) with morphine on clinical outcomes in unstable angina patients. *Cardiovasc Drugs Ther* 2000;14:259-69.
27. Wajima Z, Shitara T, Inoue T, Ogawa R. Severe lightning pain after subarachnoid block in a patient with neuropathic pain of central origin: which drug is best to treat the pain? *Clin J Pain* 2000;16:265-9.
28. Kotake Y, Matsumoto M, Ai K, Morisaki H, Takeda J. Additional droperidol, not butorphanol, augments epidural fentanyl analgesia following anorectal surgery. *J Clin Anesth.* 2000;12:9-13.
29. Gan TJ, White PF, Scuderi PE, Watcha MF, Kovac A. FDA "Black Box" warning regarding use of droperidol for postoperative nausea and vomiting: Is it justified? *Anesthesiology* 2002;97:287.
30. Tramer MR, Reynolds DJ, Goodman NW. Whose drug is it anyway? *Lancet* 2001;358:1275.
31. Haines J, Barclay P, Wauchob T. Withdrawal of droperidol (droperidol). *BMJ* 2001;322:1603.
32. Lehot JJ, Ferry S. And now we present droperidol! *Ann Fr Anesth Reanim* 2001;20:499-500.
33. Bailey P, Norton R, Karan S. The FDA droperidol warning: is it justified? *Anesthesiology* 2002;97:288-289.
34. Ben-David B, Weber S, Chernus S. Droperidol "black box" warning warrants scrutiny. *Anesthesiology* 2002;97:288.
35. Young D. Black box warning for droperidol surprises pharmacists. *Am J Health Syst Pharm* 2002;59:502-504.
36. Kantor GS. Arrhythmia risk of antiemetic agents. *Anesthesiology* 2002;97:286.
37. Lenzer J, Solomon RC. The droperidol dilemma. *ACEP News* 2002;August.

## Resident/Student Corner

Training in emergency medicine is full of fascinating encounters. Over the course of medical school and residency we will amass a huge body of intangible experience. Much of this we share with our immediate peers, residents, and classmates, as a part of our own coping and cataloguing mechanisms. However, much of it is also an important part of our learning process. I cannot begin to relay how much I have learned, not from books (I will never read as much as my residency director would like me to) but from the experience of my fellow residents. Not only have I learned about the practice of medicine, but about the practice of life as a medical professional.

This is a new section for this journal. As it stands there are no official boundaries. We (the collective resident/student population) can fill it as we see fit. There are many outlets for statistically significant randomized, blinded, meta-prospective studies about variable dosing of phenytoin in post-ictal rats. However, there are very few places to share on a wider front, the more nebulous, but not necessarily less important experiential aspects of our training. (Wow, that sounds a bit 'new-agey.') Hopefully this will spark some interesting discussion and we can learn and laugh a little in the process.

Submissions of any kind (interesting stories, poems, prose, fact, fiction, and outside-the-box research proposals) may be sent to Jason Quinn [jquinn@ghed.com](mailto:jquinn@ghed.com).