Sawbones 301: Yes Virginia, There Are More Medical Questions!

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Intro (Clint McElroy): *Sawbones* is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax, and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello everybody, and welcome to *Sawbones*, a marital tour of misguided medicine. I'm your cohost, Justin McElroy!

Sydnee: And I'm Sydnee McElroy.

Justin: Um, we just recently passed a milestone, Syd, and this was intended to mark that milestone. Uh, this particular episode.

Sydnee: That's true.

Justin: A celebration of *Sawbones*.

Sydnee: Yes. It's a week late.

Justin: It's a week late.

Sydnee: But it's a celebration nonetheless.

Justin: 300 episodes!

Sydnee: That's right!

Justin: That's a long time, Syd!

Sydnee: I know!

Justin: We've been making this show for a grip.

Sydnee: It's scary, because we've done this many episodes, you know, about the failings of medical science throughout history, and there's—I have no shortage of ones to still do.

Justin: Still not fixed!

Sydnee: No.

Justin: We didn't fix the whole thing.

Sydnee: No.

Justin: I thought in 200 episodes we could fix the whole thing. *Certainly* 300, as an outlier. But, like—

Sydnee: We really have done a lot of mess ups, and we just keep… doin' 'em. [laughs quietly]

Justin: So what we're gonna do this week is a question and answer episode. I'm going to ask your questions to Sydnee, and she will answer them as best she can. And maybe I'll be able to help too, with my own sort of insights.

Sydnee: Yeah, sure.

Justin: Here's—our first question is… this.

"So, I have no idea if this is weird or why it happens. I'm a mother of two children. I breastfed both of them, but they're old enough now that it happened several years ago. Sometimes in the shower, I notice yellowish deposits of buildup in my nipples. I call them boob crumbs, and sometimes try to get them out." Well, that's u—un— "Does every person with breasts deal with this? Is it only after breastfeeding? Am I just super, super gross?"

And that's from Ronnie.

Sydnee: Uh, Ronnie, I wanted—I'm so glad you asked this question and I wanted to address, because it occurred to me that this is one of those things that I have found—and I mean, this can be true of all bodies—there's stuff that they don't tell you about that will happen to you throughout your life. Some of it is state-dependent. It might be because you've become pregnant—

Justin: [simultaneously] You're in Ohio—

Sydnee: [laughs]

Justin: —and something bad happens, and…

Sydnee: Yeah. Don't…

Justin: Listen.

Sydnee: … don't get me started on Ohio right now. But, uh—

Justin: It's just the driving, folks. Come on. Come on!

Sydnee: [laughs quietly]

Justin: Come over to West Virginia and drive like that. Come on!

Sydnee: Well, and their laws. The way they legislate.

Justin: Yeah, but like—

Sydnee: The bodies of people with uteruses. There's that.

Justin: —and the driving. *And* the driving.

Sydnee: Anyway, this is one of things that they don't warn you about, but that is definitely true and common, and you are not alone. You're not gross in any way.

So, there are something that can form—there are these things that form around the areola of the breast. We call them Montgomery tubercles. And they're just these—usually this little, like, brownish or kind of reddish bumps around the areola, and they're actually one of the first changes that occur in a body when you become pregnant.

Justin: Hm.

Sydnee: So you can look for those and go, "Hey."

Justin: "Hey. I didn't know I was pregnant."

Sydnee: Well, and—

Justin: "Until now."

Sydnee: —they're—they can pop up—there are other associations. For the most part, these are something that happen when you're pregnant.

And they usually go away, but of course breastfeeding—it has to do with hormonal changes, so breastfeeding can continue them. They can still be there.

And these little tubercles can become clogged. They're really just sort of like oil glands, like—they secrete, like, oily substances. And they can—they're helping to, like, keep everything soft and keep everything from getting cracked during breastfeeding and all that. And, um, that—you know, they're just—they're supposed to be there. They're normal. It's totally normal.

But they can become clogged with some of that waxy, oily substance, and then you can—if you try, you can squeeze out of them—it looks like a little plug of something yellow white.

Justin: Oh, no.

Sydnee: And it's just, like, a—it's not infection. I mean, I'm not gonna say—it's not impossible that somebody is—I mean, these can get infected, but, like, this can happen without an infection. And, uh—and it—I guess it does kind of look like a little crumb.

Justin: Huh. Okay. Well—

Sydnee: I have—I share this with you, as someone who is still breastfeeding. Yes, this is normal. It totally happens. Best advice, though, is actually don't—don't try to squeeze 'em or pick at 'em or get anything out of 'em. They're fine. They're normal. There's nothing wrong with them, and if you pick at 'em, you do run the risk of then—

Justin: Introducing infection?

Sydnee: Exactly. But you're not gross. This is normal.

Justin: "Is there really a nerve that runs straight from your feet to your throat, so that if you walk on cold tile you'll get sick, and if you drink cold or icy beverages you will get sick?"

Sydnee: And that's from Erica.

Justin: From Erica, yes.

Sydnee: Uh, I thought this was an interesting question, because there were actually several that were along these same lines.

Justin: Is this a folklore thing? I have not heard this before. I've heard, like, "Wear a hat to keep your entire body warm, 'cause you lose heat through your head."

Sydnee: This is—I think this is more rooted—my guess would be—'cause this was not the only question along these lines that I received kind of about nerves connecting from your feet to different places in your body, and I—

Justin: It's the whole basis of reflexology.

Sydnee: Well, that's what I wonder, if that's not where some of this stuff comes from, is from the belief that everything in your body connects to a point on your foot, and that by doing things to your foot you can fix various illnesses throughout your body. This is not so.

Justin: Ah.

Sydnee: It'd be nice. It'd be very convenient, but it's not true. But there is—that's not—I think it's interesting, because it kind of reflects—it's cool to talk about how nerves work and the things they can do. There are nerves that move things. There are nerves that help you feel things. There are nerves that control your heartbeat, so nerves do all different sorts of things. They send messages all different directions in your body to help control everything we do.

But illness does not travel along them in this way, you know? It's not like you could—first of all, being cold doesn't make you sick. That's a common myth. You go outside with wet hair or get cold, whatever, that you'll get sick. No. Being cold does not make you sick.

And you can't have, like, an illness travel along a nerve path that way. Like, you step in a puddle—

Justin: They just send signals, right?

Sydnee: Mm-hmm. They send signals. So, it is—it is neat. There are cool nerves that can do a lot of different things. Like, I like to mention the vagus nerve, which is a big nerve that runs from your medulla oblongata, part of your brain stem, and it goes all the way down to intubate everything from your speech to your heartbeat to sweating. It has nerve endings that even reach your colon. So, like, it is a big nerve that does a bunch of different cool stuff. Not your feet, but… still. Nerves are cool and interesting, but they do not do that.

Justin: Uh, "My Mom was a nurse. Wound, ostomy, hospice—" what's ostomy?

Sydnee: Uh, so if you have, like, a—have you ever heard of a colostomy?

Justin: This is not the question. That would be wild if the question was, "What does my Mom do?"

Sydnee: Have you heard of, like, a colostomy bag?

Justin: Yeah.

Sydnee: That someone might have? So, an ostomy would be, like, an opening—especially an intentionally made opening somewhere in the abdominal wall to allow stool contents to exit that way, as opposed to the rectum. So, like, the care of those sorts of openings. An ostomy is an opening like that. It's not always in the colon. That's why it's a colostomy. There are ileostomies. But the care for those kinds of openings would be ostomy care.

Justin: Anyway, uh, Julie, who asked the question—Julie's Mom was a nurse, "And she used to tell me and my sister, nose bacteria is super potent, and if you pick your nose and then touch, say, your eyes or an open cut, you might get a really bad infection."

Sydnee: Uh, I think this is a—

Justin: There is not a question here from Julie, so I just—I assume it's like, "Call my Mom on her bullcrap."

Sydnee: Yeah. It was—there was more to the email. I was kind of—

Justin: Oh, okay.

Sydnee: —I—I—[laughs] I cut it down. But that was basically the—"Is this true, or was my Mom just trying to get us not to pick our nose?"

Justin: "Narc on my Mom," basically.

Sydnee: Uh, I assume that your Mom is probably referencing MRSA, M-R-S-A, which is short for Methicillin-resistant Staphylococcus aureus, which is a strain of staph bacteria that is very resistant to a lot of antibiotics. And so it is more dangerous, in the sense that it's harder to treat, not necessarily in any other—we always call it, like, a super bug. It doesn't have, like, superpowers. It's just…

Justin: Super—well, it's nigh-invulnerable. That's a—a sort of power.

Sydnee: Well, it's not—no, it's vulnerable. There are things we can still use.

Justin: I said nigh.

Sydnee: [laughs quietly] But, uh, MRSA tends to colonize your nose. M-R-S-A tends—if you carry it, you carry it around inside your nostrils. So while that doesn't necessarily make that act, like, picking your nose and rubbing in your eye, necessarily more dangerous than, like, I don't know, putting your finger in your butt and rubbing it in your eye—which also—

Justin: Would be *wild?*

Sydnee: Would—well, it would also introduce bacteria that you don't want in your eye. I wonder—I mean, it is—I guess it would be considered an especially potent bacteria, so, like, your Mom's right! If you have MRSA in your nose, you don't want that gettin' into cuts or any kind of holes or openings anywhere else in your body.

But I would say generally speaking, like, try to wash your hands and—especially after you've stuffed them in any orifice. [laughs quietly]

Justin: Uh—

Sydnee: General rule of thumb. Mouths, too. Mouths—our mouths are *filthy*. [laughs]

Justin: Uh, this is going to be an ironic intro into this next question, considering what you just said.

"Hello, my comforting podcasting parental figures! I have a somewhat medical question. I'm 23 and have been scared of doctors for a long time. I've been to the urgent care a few times in college, but outside of that, I haven't gotten a checkup since I was 17. I recently made an appointment with my new primary care doctor, and I have about a month to my appointment. My question is, what do I even do during this appointment? Share every health concern I've had for six years? Tell her I just want a checkup? I have never had to navigate being in a doctor's office without a parent, and I'm nervous that I won't say the right things. Do you have any guidance?"

That's from Maria.

Sydnee: I think that's an excellent question, because you are so not alone with this fear. I see this very commonly. I try to—when I see patients who are in their, like, adolescent or teenage years, always have the opportunity, if everybody is okay with it, to have the parent or guardian step out of the room.

In part, it's—we always say that that's so that, like, if there's something private that you wanna discuss we can do it, but it's also to start practicing that interaction of you and your doctor without anybody else present. I think it's just useful for that. Oftentimes, we won't have anything private, so to speak, to discuss. It's really just—

Justin: So you just stand in silence for three minutes.

Sydnee: No, I just ask some—you know, "Is there anything else you want to talk about? You know I'm always here." And then if they don't have any questions, I usually will take this opportunity to kind of address this exact issue.

Eventually you go to the doctor alone… or you can. And—

Justin: I don't.

Sydnee: [laughs]

Justin: Sydnee always comes with me, so I have no experience in this category.

Sydnee: Uh, but when you do, it can be very intimidating to know, like, what is the—what are the rules?

Here is the—the main point to take home is that your doctor is there to help you, and there is no rule as to what you are supposed to say or ask or do. I have patients who come in who have millions of questions and concerns, and lists of things that they want to talk about, from the last six years, maybe. And then I have other patients who come in and are really more like, "I don't know. I'm supposed to go to a doctor, so I came. You tell me."

And that's fine, too. We are trained to handle all these situations—we should be. And we should be good at helping you have the doctor's appointment you need, no matter what you come in prepared to do or say.

I would say for an initial checkup with a primary care doctor, as a primary care doctor, my goal is to get a handle on one, if you do have an urgent issue right now that you need addressed—while that's not really the point of a checkup, of course I wanna address that. I mean, it's urgent! You need it taken care of.

So if you do have something that needs addressed right now, I would say that right at the top. If you don't, they're gonna ask you a bajillion questions. They're gonna want to know all about your history. They're gonna want to know all about your family history, all about your behaviors and your habits, your worries, where you are in life, what you're doing, what your goals are. And then they're probably gonna want to do at least a bit of a physical exam. Like, a general checkup kind of thing. Um, just the major stuff that we check.

And then they're also gonna want to address some, like, preventive health things. You're this age, because of this in your family history or your gender, there are different things we might want to suggest, tests you might want or vaccines you might need, or whatever.

So I would say, bringing in a list of, like, six years of concerns—you probably can't address all that in one visit, nor would you want to. Nobody wants to be at the doctor's office for several hours. That doesn't sound fun.

So I would prioritize the stuff that's most pressing. I would make sure—your doctor's gonna want to talk about preventive health stuff, and that's so important, so you wanna make sure there's time for that.

And then, for these other concerns I would say, "I have some other things I would like to talk about." If your doctor has more time, if the visit's not over, great. If not, they may say, "Hey, can we schedule a followup appointment to discuss some more of these things in more depth, and so we can follow up on some of the things we've addressed this time?"

Justin: I think I've always had a suspicion in the back of my head—or at least I did when I was younger, I don't think as much anymore—but this idea that—and probably this is too much *House* and medical TV in general, but, like, this idea that I would say one weird thing—like, one weird symptom and the doctor would, like, turn on their heels and be like, "What did you say?"

Sydnee: [laughs quietly]

Justin: "Say it again. I just cracked this whole thing *wide open*."

Sydnee: That is, uh—I'm not gonna say that is absolutely never true, that there isn't something in a case that could be, like, the one piece of information that could be helpful, but the vast, vast majority of the time, it's about putting the picture of you as an individual human all together and trying to help you attain the best quality of life you possibly can, and that is not a one piece of information puzzle.

That's a whole human that we're workin' together to help you be your best you, and… you know. It's gonna take more than one visit to get there, so I'd prioritize the really important to you right now stuff, and then let your doctor take care of the stuff they're gonna want to tell you is important, which is. Like your vaccines.

Justin: Uh, "I want to have kids in the future but I'm worried about fertility. I only get my period three to four times a year. This has been the case since I got my period first—first got my period. I definitely don't want kids right now, but I'm wondering, should I see a doctor sooner rather than later? Should I be concerned about this? I'm 21 if that helps. Sarah, they/them."

Sydnee: So, this is a good question, and I wanted to address it briefly, 'cause we've talked about this somewhat on the show before, and I got a lot of tweets

following it up, because there was some concern that I'd left out some of the information, and I think that's fair.

I would say, Sarah, you should go and discuss this with a physician, and I don't say that to scare you. I'm not saying—there may be absolutely nothing abnormal. But most people who have periods have them more than three or four times a year. That is a very low frequency, outside the range of what we think is the normal range.

And so usually when we hear that we say, "Hey, yeah, why don't you make an appointment with your doctor, discuss it." They can ask you some more questions to find out if there's anything else going on, if there's any other—you know, is it related to some other thing that you don't know about? Some other diagnosis that hasn't been found yet?

Um, and then at the same time, 21 is also the age that we recommend you go—if you do have a cervix, that you go and have your first exam, pap smear done.

So if you've never had that done before, this would be a good time to do it. But yes, it may be—I don't say this to scare you. It may be that everything is absolutely fine, but yes, you should go. If you are not having periods any more frequently than that, you should go see a doctor and talk to 'em about it.

Justin: Also, we're a podcast, so our advice is almost always going to be, "[through laughter] Yes, you should go see your doctor!"

Sydnee: Yes, go see your doctor.

Justin: Uh, "So I recently had a severe allergic reaction to a medication I was on, and I had difficulty breathing. I waited through multiple classes in school before going to the emergency room, where they had to administer epinephrine to help the reaction. How bad an idea was it to wait till the end of the school day before I went to the hospital? I didn't have EpiPens, so it wasn't like there was anything I could do before I got there. Best, Clueless in Cambridge."

Um, can I try?

Sydnee: I thought you might be able to answer this one.

Justin: Okay. *Yes*, it was bad! You should [wheezes] not—you should defi—I—listen. I don't know a lot about the human body, folks, but I know of the important things that it does, breathing is way up there!

Sydnee: I thought you might be able to field this one, but I just wanted to re-emphasize, and I bet you know this. I bet you know this deep in your heart already, Kacey. You should've gone straight to the hospital, yes.

Justin: Yes.

Sydnee: Uh, an anaphylactic reaction can absolutely, and often is, life-threatening. You should immediately seek medical attention. No, you're right, *you* didn't have an EpiPen, so you couldn't have fixed it, but that was even more reason [through laughter] why should've left class.

Justin: Right! [through laughter] If you had an EpiPen then just chill on it, I don't know.

Sydnee: No, still go to the doctor!

Justin: Still go, still go! Right.

Sydnee: Use the EpiPen, and then go afterwards, because that—that's not always the end all of that… that whole problem.

Anyway, yes, if you're having difficulty breathing, please go see a doctor. You *do* need immediate medical attention, 'cause things can go very bad very fast. You can go into shock, and then… you can… die.

Justin: You—yeah.

Sydnee: So.

Justin: And that's one less listener for us, so *please*, think about us.

Sydnee: Please, [holding back laughter] next time you have trouble breathing, please immediately go to a hospital.

Justin: "I am a textile designer, and recently vendors have been bringing me textiles treated with shellfish chitin, or chitosan. The claim around is that shellfish chitin is a natural anti-odor and anti-bacterial material. A brief shows it's

sometimes used in bandages or directly applied to wounds to encourage healing. Is this a real thing? If yes, how does it work? Alex."

Sydnee: This was a cool question, 'cause I had never heard of this stuff.

Justin: Okay.

Sydnee: This was news to me.

Justin: Fill me in.

Sydnee: Uh, so yes, chitosan is a material that is made from some sort of crustacean shell, the chitin that is in there. Uh, and it is treated with something alkaline, so something like sodium hydroxide, and basically the material that results—there have been—it is used in multiple industries, so a lot of this goes well outside my medical expertise. It's used in other things that I have nothing to do with.

Uh, but the thought is that it can be used to—in the lab it's showed some anti-fungal properties, to inhibit the growth of certain other, you know, kinds of bacteria and stuff, and that also it helps stimulate, like—like in agriculture, it can help plants defend themselves against fungal and other kinds of invaders.

So it's been used in agriculture. It's used in wine making in some places.

Justin: Huh!

Sydnee: Um, again, it can help, like, prevent spoilage and things. And because of all this, there was some interest in it helping with, like, medical applications. And you can find this supplement, by the way. As I was—

Justin: Of course.

Sydnee: —googling about it, I ran into, like—-

Justin: Completely unsurprising.

Sydnee: Yes. You can buy, like, the chitin capsules and things like that. Um, it has been investigated for wound healing and to stop bleeding, which is why it would be used in a bandage. That makes sense, right? If you could, like, impregnate the bandage with it—

Justin: Sure.

Sydnee: —and then it would help. Unfortunately, the studies on that so far have not really shown a lot. It hasn't necessarily helped a whole bunch with wound healing, or preventing scar formation, or stopping bleeding.

There was some thought that it somehow attracted more of, like, your own clotting factors and platelets and things to the wound, and that's how it did that. But again, it's not—the research hasn't really borne out any of these things.

It has been widely applied as sort of a cure-all—

Justin: [gasps]

Sydnee: —um, for things like—from everything from weight loss to high cholesterol to high blood pressure to Chron's. Um, kidney disease, gum disease—I guess there are some people who, like, put it on their gums to prevent cavities or to prevent gum disease. All kinds of different things.

None of these things have ever been… uh, shown to be true from research. There are small studies, but so far—I think as a medical—its medical applications are right now extremely limited, and perhaps someday we will find are nonexistent. But there's just no studies to say.

I would not—if you find this in your pharmacy, which you can, to take, it will be advertised to you as a weight loss aid, and there are definitely studies that have shown it doesn't do that, 'cause there's always a lot of money to be made in that realm.

Justin: Yeah.

Sydnee: And so you'll find studies there, and it doesn't help with that at all. But I would not recommend this as something you need to add to your daily regimen.

Justin: You ready for your next question, Sydster?

Sydnee: Uh, I *will* be ready in just a moment, Justin. But first, let's go to the billing department.

Justin: Let's go!

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[theme music plays]

Justin: Well, here we are again folks. Another shopping season is here. You know, a lot of gifts just go unused. You know, you get a gift and you're like, "Oh, that's fun. That's novel. It's a football phone. A phone shaped like a football. But it's a landline. What am I to do with this? I plug the football into the wall? Are you *sure*?"

Sydnee: [laughs quietly]

Justin: "I don't even have a l—so now I gotta get a landline? No thank you. I'm gonna throw this right in the toitie."

Sydnee: Our children would be so confused.

Justin: Our children would be so con—they'd be—well, they're, uh, my kids, so they'd be most confused by the football.

Sydnee: [laughs]

Justin: Uh, but here's a great gift idea that everybody can use: MeUndies has everyone on your list covered. It is a one stop shopping spot to get gifts people will actually love, delivered straight to your door with free shipping, no buts… about it.

Actually, *all* butts about it, 'cause it—

Sydnee: Get it?

Justin: —get it? 'Cause undies? Uh, we have made our love for MeUndies in this program, uh, very well known at this point. I feel like—

Sydnee: All of my underwear have been replaced with MeUndies.

Justin: There is it. I mean, there's the truth. It's cold outside. It gets dark early. Don't go to the mall. Don't go shopping. Just get some MeUndies, in sizes XX—sorry, X—[laughs] in sizes XX to 4XL. They got tons of new products. Go get, uh—

go get some MeUndies! Get 15% off your first pair, free shipping, and 100% satisfaction guarantee when you go to meundies.com/sawbones. That's meundies.com/sawbones.

I also wanna tell you about Stitch Fix. You know, clothes are such a pain to shop for. Not everything looks good on everybody, and looking at clothes in the store—for me it's like, where do you even begin? I—I don't know.

Sydnee: I have no idea. I'm a terrible shopper, and I don't particularly enjoy it, and so I always have a lot of trouble figuring out, like, what would look good on me and what is my look, and Stitch Fix has been a big help, because you have an online, uh, personal styling service that will take care of that for you, and you answer some questions and kind of tell 'em what you're looking for, and they send you a box full of things that they think you'll like and will look good on you. And let me tell you, they're often quite right.

Justin: And you only have to keep—you only have to pay for the stuff that you keep. The stuff that isn't a good fit for you, literally or figuratively, you put it into a bag and ship it right back to 'em. They pay for the shipping, and it's no big deal. It's super, super easy.

Uh, try it right now! Go to stitchfix.com/sawbones, answer some questions about your style, and your personal shopper's gonna get right on it. Uh, and get this, they're in the UK now! So if you're in the UK, give it a whirl.

Get started at stitchfix.com/sawbones, and get an extra 25% off when you keep everything in your box! That's stitchfix.com/sawbones. Stitchfix.com/sawbones.

Lastly, Sydnee, we travel a lot thanks to the touring business, [holding back laughter] our flourishing touring industry, which takes us all over the country.

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Justin: Okay, next question. Are you ready?

Sydnee: I'm ready. Hit me.

Justin: "When I was younger, I would get a fever and my Mom would tell me that I could not have anything with dairy. Does the body react badly to dairy when it has a fever, or was this just my Mom not wanting me to make myself chocolate milk while I was home sick?"

That's from Travis.

Sydnee: This is a common myth, I have found. Some research led me to believe that your Mom is not the only Mom, or Dad, or parent, or anybody out there who's saying, "Hey, you can't have dairy when you have a fever."

The thought was that it would curdle… in your stomach, and make you sick.

Justin: Hmm, okay.

Sydnee: Uh, I never heard that one, but I don't know if you ever heard this: my Mom used to tell me not to have dairy when I had a cold because it would make more mucus.

Justin: Yes. This—that *feels* right. It *feels* true in your body.

Sydnee: Neither of those things are true.

Justin: Aw, man.

Sydnee: It is—I mean, if you want to drink milk when you have a fever or when you have a cold, and milk is something you typically enjoy—

Justin: Not my first—hey, as a non-medical person—

Sydnee: —you can have milk!

Justin: —can I just say, d—don't! [laughs] It's gross! It's, like, weird.

Sydnee: If you're vomiting a lot I—

Justin: It makes *that* worse.

Sydnee: Well, I would just focus on things like water, or some electrolyte-containing substance. But no, there is no danger to dair—I always wonder if these things don't have their roots in—when we talk about, like, the four humors and humeral systems of medicine where you used to, like, eat and drink certain things or avoid certain things in order to balance your humors.

You gotta wonder if stuff like this isn't, like, our last remnants of those kinds of ideas, but not. It is—you can drink that milk when you got a fever.

Justin: Uh, "I got a paper cut last night while filling out a D&D character sheet."

[loudly] Nerd. [quietly] Got 'em.

"And it hurt like heck. My question is, why do paper cuts hurt so dang much? I've had bigger, deeper cuts from kitchen implements and a couple of accidents over the years, but nothing is quite so exquisitely agonizing as a tiny sliver of a paper cut. Hope this email finds you well, love the show."

That's from Jeeves in Scotland.

Sydnee: Uh, I thought—I wanted to answer this question for two reasons. One, it's a good question, and two, I like the use of "exquisitely" agoni—

Justin: [quietly] Exquisitely.

Sydnee: —'cause you made fun of me when I said that a pain was exquisite.

Justin: Mm-hmm. I know. Like you're Alucard from Symphony of the Night.

Sydnee: But it is used!

Justin: Yes.

Sydnee: It was not just me! Me and Jeeves, we both use it.

I would—you know, I don't—I was thinking about this, 'cause I would say this is true. I have cut myself with knives and I have gotten paper cuts, and I do feel like paper cuts are a special kind of pain. Why?

Part of it, I would say, is location. I would say that's a big thing. Most paper cuts we tend to get on our fingers, right?

Justin: Right.

Sydnee: And your fingertips are especially sensitive. You know, we have different densities of sensory nerves in different parts of our body, and our fingertips in particular need to have a lot of good sensory function, 'cause they do all of our stuff for us. You don't need to have, uh, as fine sensory perception in, like, your elbow as you do in your fingertips.

So I would say a big part of it is just location. We tend to get paper cuts on our fingertips, and that is a very sensitive spot.

Justin: Hm.

Sydnee: So of course it's gonna hurt a lot more than if you, like, cut your arm.

Justin: You're also using it a lot. It's a very active part of your body that's touching a lot of different stuff and interacting with a lot of different stuff, so I imagine it's, like, very front-of-mind as a result.

Sydnee: I thought this was an interesting way to also bring up the little tip that—I always tell people, if you have to ever do—stick your fingers with, like—if you have to do glucose checks for diabetes or anything like that, or any—it came up, Justin, when you did the, uh—the blood test for EverlyWell.

Justin: Yeah.

Sydnee: I always recommend to try to use kind of the edge, the side of your fingertip, as opposed to the very tip tip of your finger.

Justin: Yeah. If you're gonna get a paper cut, that's the place to get it.

Sydnee: [laughs quietly]

Justin: Uh, I'm so troubled that the answer to this question is not just a "No." I can't make heads or tails of what you've written here, but you didn't write "No."

Sydnee: [laughs]

Justin: "If I stick my finger too far up my nose, could I actually touch my brain, or is that just a myth? Ryan."

Sydnee: First of all, Ryan, please do not attempt this.

Justin: Yeah, no kidding.

Sydnee: Uh, or anyone else. Not just Ryan. This is for all listeners. Please don't try this. You can't—okay. You can't just stick your finger up your nose—

Justin: Just say the word "no—"

Sydnee: —and touch your brain, no.

Justin: —and then if you wanna add some color—okay, thank you.

Sydnee: No. But I did wanna add some color, because where I—whenever I hear something like this I try to think, well, where did that idea come from?

Okay. Above your nasal passages, the part of your skull that's at the top there that, like, above that gets to the brain part—you know, like, inside the skull part, there's the brain part.

Justin: Right.

Sydnee: Uh, that you don't wanna touch. There is—

Justin: Just can't be clear enough about that, folks!

Sydnee: —there is a bone, the ethmoid bone. And within the ethmoid bone, there is this area called the cribriform plate, and it is like—if you look at it—you can google this. It's a piece of bone that has a bunch of little, like, perforations in it. Teeny, teeny. Like, you can't stick a finger them perforations. Teeny, teeny, 'cause they allow for the passage of nerves.

Justin: Okay.

Sydnee: Okay? But there is that—there is a pathway. Your finger could not fit through it—

Justin: But there's a route.

Sydnee: —but there's a connection between the top of the inside of your nose and your brain. Teeny, teeny little perforations in that cribriform plate through which nerves pass. But that it is why, if you get a certain kind of skill fracture and, like, you damage that area, you can have cerebrospinal fluid leak from your nose.

Justin: [shudders]

Sydnee: Which is bad.

Justin: So bad!

Sydnee: And, like, if that happens you immediately need to go seek medical attention. But, um—

Justin: Yeah. Don't finish your classes first.

Sydnee: So that is probably where that comes from, but no. You could not just jam your finger up there and… touch brain.

Justin: "The recommendation for length of time between pregnancies is at least one year. I've also seen 18 months for pregnancies that end in a C-section. What's the medical reasoning behind these wait times?"

Sydnee: And that's from Annie.

Justin: From Annie.

Sydnee: Uh, the reason—this is a good question. The reason is—they've just done some more studies on this actually, last year. Some new reports came out.

Because we always used to say 18 months or greater. More recently we've said 12 months is probably sufficient.

What we find is that if you wait less than 12 months between pregnancies, we see a higher rate of things like premature labor, a higher rate of things like problems with the pregnant person as well as the baby—

Justin: The much higher incidence of having two babies at once is a huge issue, I think? That would be my main issue.

Sydnee: That was not in the study, but yes.

Justin: Yes. If Dr. Justin is in the study.

Sydnee: Uh, mortality goes up for both the pregnant person and the baby if you wait less than 12 months between pregnancy. Why is this the case? It's interesting, we're still not 100% certain of all the reasons why.

Part of it kind of feels like it makes sense. Like, pregnancy is an incredibly taxing state on the human body, and you need a lot of time to recover from it. Uh, having recovered from two, I can tell you, I did not feel physically ready after less than a year, certainly. After more than a year.

But you need time for your body to recover and heal from everything that it's been through, and then there's also some thoughts that maybe it has something to do with stores of things like iron and folate are very depleted by pregnancy, and it takes your body quite a while to rebuild those kinds of stores.

But the current recommendation is at least 12 months between pregnancies, and that's why—it's really for safety. It's not—there's always that, "Is it doctors overreaching?"

No. It's for safety of the pregnant person and safety of the baby.

Justin: Huh. "I have a bump on my head, and my family thought it might be skin cancer, so when I went for my yearly checkup I asked my physician about it. He looked it over for a couple seconds and without doing any tests he said it was fine. How could a doctor tell if a little nodule on my forehead is cancerous or not just by looking at it?"

Sydnee: There are two questions here, by the way.

Justin: Okay. This is a double?

Sydnee: Yeah.

Justin: Okay.

Sydnee: Let me take the first one first.

Justin: Okay.

Sydnee: Okay. This is from Joe, and then we'll get to Joe's second. Joe's second brought up a funny thing that I wanna talk about.

Justin: Okay.

Sydnee: Uh, I thought this was important to address, because we—we are guilty, in the medical profession, of not always explaining—of not always showing our work. Especially if it's something that we know immediately, "Oh, it's this. It's fine. Whatever," and we wanna move on to what we think is the more important or pressing issue, which isn't necessarily what was the more important or pressing issue to you, which is always part of that. It's that art of medicine, where you should be able to make sure you're both on the same page as to your priorities.

There are a lot of different features—we learn all of this in school—of things that are benign, and things that *maybe* aren't benign, and things that definitely are… dangerous, are not benign.

And very often it's a clinical exam. If we biopsied every bump, we would all be getting biopsies constantly, right? 'Cause we're all gonna get little weird bumps on our skin from time to time. So there the a number of features that we look at, and I could get it—it would depend on exactly what it looked like for me to tell you why, but a lot of the time there are just little growths of, like, fibrous tissue

or fatty tissue or things that we can tell just from looking and touching it's not dangerous.

"What exactly is it? Well, it's probably this. I wouldn't know unless I biopsied it, but it would be unnecessary, because I can tell you it's not. We'll keep an eye on it. If you see any of these changes—"

And feel free to always ask that. "Okay, well, why didn't you think it was a problem, and what would tell you it *was* a problem?"

Because then you can—I always—

Justin: Then *you're* the doctor.

Sydnee: [holding back laughter] Well, no, then you can look at it too. It's always good—change over time is always one of the features that we look at, so that's probably—it's always a good idea for us to explain our rationale. It helps give people better autonomy, better agency over their own bodies, but never be afraid to ask that question.

Justin: Uh, "I occa—" here's Joe's other question. "I occasionally sleep a little funny and wake up with one of my arms totally dead because I presume I slept on a nerve wrong. I shake it off, and after a few minutes it's fine again, but I'm apparently sleeping on a punched nerve for upward of—pinched nerve, sorry."

Sydnee: Mm-hmm.

Justin: "—for upwards of eight hours. Would this cause permanent harm, or is it just something that happens sometimes?"

Sydnee: So I like this question, because it brought up one of the things I remember from medical school, learning and thinking was very funny, which is Saturday Night Palsy. It's also been referred to as Honeymoon Palsy.

So, we all know that you can accidentally compress a nerve when you're sitting in a certain position or laying in a certain position, and something will fall asleep, right? We've all the feeling of our arm falling asleep or our hand falling asleep or our foot or whatever. Um, and that's all it is.

You were just—you were compressing a nerve, something in your positioning, and when you relieve pressure on that nerve the feeling will come back and you get all that pins and needles, and nobody likes that. But it resolves pretty quickly.

If you are to hold that position for many, many, many hours, it doesn't resolve right away. It will go away. You will get your sensation back and your function back in that arm or leg or whatever, but it can take a lot longer, and the thing we were taught in medical school is a radial neuropathy, so compressing the radial nerve, which is a nerve in your arm—and all these nerves pass through your armpit in this big bundle called the brachial plexus, a bunch of nerves go through there.

So what they taught us is, like—the classic is somebody goes out and drinks a whole bunch of alcohol, and then passes out over the back of a chair, like, with their arm hanging over the chair with their armpit right on the back.

Justin: Mm-hmm.

Sydnee: And it compresses the radial nerve, and then the next morning you wake up and you can't move your arm. And it was—and it's really—it's the prolonged compression, so that's why the example of somebody who maybe has been drinking too much, is that perhaps they then pass out and sleep a lot longer than they would have otherwise.

But these do go away, but it is interesting, 'cause you—I have seen cases where it took several weeks.

Justin: Wow.

Sydnee: For it to resolve.

Justin: Holy crap.

Sydnee: So it's a—

Justin: But not serious damage?

Sydnee: No, no. All the damage went away, and the arm was perfectly functional, but it sucks while it's resolving.

Justin: Here's one from Mike, our last question of the episode.

"Being a new parent, as far as I am right now, can be crazy stressful and scary. One of my biggest fears so far has been around vaccines, everyone's favorite topic. The first big set, according to the CDC, occurs at two months. Why is it that long of a wait? Are vaccines, unquestionably the most lifesaving invention every created on this virus and bacteria-filled planet—why do we not vaccinate at birth?" And that's from Mike.

Okay. Do you wanna hear my theory? And you can tell me how right or wrong I am.

Sydnee: Okay.

Justin: Uh, my theory is that at a very young age, enough of the mother's blood and antibodies is still in the baby that it's okay. That's my theory.

Sydnee: That's—that is partially right. You are partially right.

Justin: I am partially proud.

Sydnee: That is good, yes. So, this is a great question and I love to talk about vaccines any time we get the opportunity. The reason we have our vaccine schedule the way we do, the reason that we have certain vaccines at certain ages, is because of one, that is when we are likely to encounter—or before, I should say, we are likely to encounter those diseases, right? 'Cause we wanna get vaccinated before the age when most people would get it.

It doesn't do any good to vaccinate you for diphtheria when you're 20, because diphtheria was historically a problem much more common in children, so we wanna get the diphtheria vaccination in there early.

But the other thing is, we have to make sure that your body's going to generate an immune response.

Justin: Hm.

Sydnee: And so a lot of vaccines are—the reason we get them at that age is because we know that's the earliest our body is gonna generate the appropriate immune response to the vaccine, otherwise it's useless, right?

Justin: Right.

Sydnee: If you gave somebody a vaccine and their body wasn't able to create the antibodies that they need to, then it didn't do anything.

This is also why boosters exist, is 'cause we found that you can create some of an antibody response, but you need those extra shots to continue your antibody creation and formation so that you are fully protected against the disease.

So that's part of why we wait till two months, is 'cause we want to make sure that—that's the earliest we know that your body's gonna generate an immune response.

We do feel that there is some protection—we *know* there is some protection that is passed along from the pregnant person to the newborn, so there are antibodies that exist, and that's good, and also that's part of why the vaccines maybe aren't as effective, because if you did get antibodies and those antibodies start attacking something like a measles vaccine, for instance if we gave you a measles vaccine at birth, then it wouldn't work.

Justin: Hm!

Sydnee: You wouldn't get the immune response, and those antibodies that you get from the person who carried you—they go away. They're just short-lived. They're not there forever, so you need those vaccines.

We know that this is the time where they are—that combination of most effective and earliest we can get it to you before you will be exposed—likely be exposed.

And that's why we can't give 'em all at birth. It'd be great if we could. It'd be great if they would all work right at birth. We would—we would do that, but they're all scheduled to be the earliest possible time that they're gonna work and protect you, and that is also why it is so important that you stick to that vaccine schedule.

I always see questions about alternate vaccine schedules, and the thing is, if you space out vaccines, if you get 'em later, if you try to get fewer at a time—there's no evidence that any of that matters or is important or should be done. I mean, you don't need to do any of that. But if you do, you really run the risk of not

getting the immune response in time for you to be exposed to that, and we have measles outbreaks.

So, you know, I applaud you for wanting to get the vaccines earlier. [laughs quietly] I'd be right there with you. If we could've gotten them all at birth, I would've taken both our kids in and gotten 'em all vac—I would get the whole… bunch of 'em.

Justin: Uh—

Sydnee: In the delivery room. But no, no. Trust—just stick with the vaccine schedule from the CDC, and you cannot go wrong. *And*, get your flu shots.

Justin: Yeah.

Sydnee: There is no too late to get a flu shot.

Justin: That's right. Folks, thank you so much for listening to our episode. Thank you for sticking by us for 300 discrete episode. We are so happy that you are here. Uh, if you—I tell you another, uh, thing that you can do if you wanna support our show.

Head on over to Mcelwoy—McElro—I mispronounced my own name. That's where I'm at.

[holding back laughter] Head on over to Mc—

Sydnee: It looks like it should be Mc-*El*-roy.

Justin: Thank you. Mcelroymerch.com. We've got some beautiful—there's a *Sawbones* ornament you can order. We've got, uh… a *Sawbones* t-shirt, our vaccines t-shirt that supports, uh, the…

Sydnee: Immunization Action Coalition?

Justin: Thank you, Sydnee. You say it much better than I do. And a pin that does the same thing. A pro-vax pin.

We've also got a shirt that I can't believe we haven't talked about! The cure-alls cure nothing shirt. It's new, uh, it's blue, and it's just right for you. So—

Sydnee: Heyyy!

Justin: —thank you, I just came up with that!

Sydnee: Heyyy!

Justin: I think it's so cool. Um, anyway, go check that out. And thank you for listening to our podcast. Oh! Thank you to The Taxpayers for the use of their song "Medicines" as the intro and outro of our program, and thanks to you for listening! That's gonna do it for this week, so until next time, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And, as always, don't drill a hole in your head!

[theme music plays]

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