

Sawbones 221: Ambulances

Published 10th March 2018

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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: And we have a new cohost on the show.

Sydnee: That's right.

Justin: Welcome for the first time to Sawbones, Cooper McElroy.

Sydnee: Our plan is that she will be a silent third cohost.

Justin: Silent, yeah.

Sydnee: But that may not work out.

Justin: Yes, but we will do our best to limit the amount of, um, contribution. Because she doesn't know anything, that's the thing. She'll just start bloviating and it's like, uh, you don't know what you're talking about. You've only been outside four times. [laughs]

Sydnee: But she really fancies herself an expert, you know.

Justin: That's the problem.

Sydnee: That's the thing.

Justin: That's the problem.

Sydnee: That confidence. She has all the confidence of Justin, but none of the knowledge of Sydnee. So, she's you?

Justin: I guess she's me.

Sydnee: I guess she's just you.

Justin: She poops her pants... more.

Sydnee: [laughs] Okay, well that has nothing to do with what we're gonna talk about this week.

Justin: No, but we thought we should warn you.

Sydnee: Yeah. Justin, I thought we should talk about ambulances. I got no other lead-in than that. [laughs]

Justin: Yeah. Well, you know, it's a part where... we've talked about a lot of the parts of the medical experience. You get sick at home, you go to the hospital, get treated. What's in between there? What are you skipping?

Sydnee: Well, and the thing is we've had a lot of people request this, and then the other thing is, I started to wonder: when did we decide, you know, there was a moment where there was house calls that doctors made.

Justin: Right.

Sydnee: But when did we start taking sick people to doctors?

Justin: When did, I guess the question is when did you get too lazy to go to people's houses?

Sydnee: [laughs] That's really what it is.

Justin: That's really what it is. Although you do that sometimes, right?

[Cooper gurgles]

Sydnee: [laughs]

[music cue]

Justin: Alright, so now we're back. If you— there was a brief moment there where you probably heard our daughter pooped her pants, and I left it in there just to let you know, sorta, what our day to day is like.

Sydnee: The sound, not the poop. The poop we did not leave in there.

Justin: No, we did not leave in there. So, you were saying Syd? I'm so sorry to have interrupted.

Sydnee: You asked me do I do home visits. Yes, I have done home visits. I do that on occasion. But I think the difference is home visits used to be in part because, and we'll get into this more, the stuff that a doctor could bring to your house was, like, not necessarily any less effective or helpful than the stuff they had in the hospital. Because there wasn't a lot of stuff. You know what I mean?

Justin: Yeah.

Sydnee: There weren't a lot of interventions that could be done, so—

Justin: What's the difference?

Sydnee: You didn't lose anything by having the doctor come to your house.

Justin: Right.

Sydnee: Now, obviously, there's a lot more that can be done for you in a hospital.

Justin: Right.

Sydnee: So, let's get into the history of ambulances. And thank you Eric, Richard, Ruth and Sarah for mentioning this. And I should go ahead and preface, a lot of other people have asked for the history of EMTs and, you know, EMS workers. That's a whole other story and we will do an episode on that, but I'm not gonna get into that because there's just— that's a whole story unto itself.

Justin: Okay.

Sydnee: So, just to preface. I'm not ignoring that history, I just think, you know, it's a whole other episode.

Justin: Alright, got it.

Sydnee: So, we have had some sort of medical transport device since ancient times. Since the first time somebody got injured or wounded, usually on the battlefield would be the first good example of that. And everybody went, "Whoa, how do we get them out of here?"

Justin: Right. We've got other things to do, we can't have them lying around bleeding.

Sydnee: We gotta get them outta here. Somebody had to come up with something. So, the Greeks and the Romans would use chariots, you know, if you managed to survive. Or if you were wounded or injured or something in another accident, not battle. In 900CE, wagons with hammocks between them were introduced.

Justin: That is terrifying.

Sydnee: Yes. It was not great, because, as you can imagine, taking a big curve or going downhill...

Justin: And they would have to go the same speed, I guess.

Sydnee: Yeah. So this was a bad solution.

Justin: That's a bad solution.

Sydnee: Yes.

Justin: Wow, like, that's spectacularly bad.

Sydnee: It's weird how you see these kinds of devices that, like, well, I mean, obviously just tossing somebody in a chariot that was really made for sitting or standing and then laying down is not really what it's for, but you could repurpose it. That's still better than this.

Justin: But like, than turning it into a stunt.

Sydnee: Yeah.

Justin: Turning it into an Evel Knievel style death-tempter.

Sydnee: [laughs] They just really wanted you to earn it. So, like, you survived your battlefield wound, now can you survive the transport back.

Justin: Right.

Sydnee: We don't have any real medicine to give you anyway, so...
[laughs]

Justin: Spoiler alert.

Sydnee: In 1100, the Normans introduced the horse litter, which was just a bed suspended between two horses.

Justin: So, Norman Lear and Norman Reedus got together and they were like, "Listen, we've been doing this so poorly."

Sydnee: [laughs] Well, I don't know that it's too much better between two horses, than between two wagons.

Justin: It's a bed between horses. Yeah, I guess. I mean, it might be a little more manageable, to keep two horses in pace.

Sydnee: Mm hmm. That'd be a rocky ride. Be very bouncy, I would think. In the 1400s, we see the first concept of what we think of as, like, where the word "ambulance" came from. Now, these weren't actually vehicles or modes of transport necessarily. An ambulance or an ambulancia was, they were basically like tents with surgical and medical supplies in them.

Justin: Okay.

Sydnee: Almost, kinda like a MASH kinda thing. So, it wasn't actually a mobile— I mean, you could move it, but it wasn't for moving people. It was like...

Justin: It wasn't a transport. It is portable.

Sydnee: No, it wasn't a transport. But that was the first use of the term ambulance.

Justin: Okay.

Sydnee: That's where it is derived from now. They were first used in 1487 during the Siege of Málaga in Spain. But they had these, like, tents closer so that you had medical equipment— basically, it was just a way of getting medical equipment closer to the wounded people, as opposed to

far away. But they didn't actually move any of the wounded until after the battle was over.

Justin: So, it's kind of a question of if you're bring the hospital to the patient or bringing the patient to the hospital.

Sydnee: Right.

Justin: It was more the former.

Sydnee: And this was sorta like an in-between measure. Because it wasn't, you didn't bring the medical care all the way to the patient, the patient still had to make their way to the tent.

Justin: Right.

Sydnee: And there was no defined method for doing that at the time. So, and they didn't do it until the battle was over, which, you know. Like if a battle could go on for days...

Justin: Yeah.

Sydnee: You better hope you were wounded the last day.

Justin: [laughs]

Sydnee: Some big improvements were made with the French surgeon Dominique Jean Larrey. We've talked about him before; he was Napoleon's doctor.

Justin: Okay.

Sydnee: And he saw that there was an opportunity to probably save more lives on the battlefield. And a lot of this is military history because as you can imagine, that's where the urgent need for ambulances and some sort of medical transport first arose, you know.

Justin: Right.

Sydnee: But he saw that there were people on the battlefield who would be wounded, and if you could get them medical care faster, probably would survive. But as a result of having no defined method to transfer them from the battlefield, or to bring medical care to them, people were

dying. And so, he thought we could improve survival if we could get these people who are wounded off the battlefield and to doctors faster.

Justin: Agreed.

Sydnee: So, he developed these little carts with two wheels that were light and easy to transport on and off the battlefield quickly. And you could run them out there, load up a patient, and run them back off the battlefield.

Justin: So, like, a wheelbarrow.

Sydnee: [laughs]

Justin: I mean, you basically made a wheelbarrow.

Sydnee: I mean, they could also be pulled by horses.

Justin: Right, lots of things can, sure.

Sydnee: Or mules, or camels, depending on where you were.

Justin: Yeah, anything that pulls stuff. It's still a wheelbarrow.

Sydnee: [laughs] You could also bring the surgeons to the wounded this way.

Justin: Okay.

Sydnee: So you could say, "Hop on, doc."

Justin: Get on board. Well, do you all do that with the helicopter? Do the helicopters bring the doctors to the patient, or the folks to the doctor?

Sydnee: There are both. Both can happen.

Justin: Okay.

Sydnee: And in transport there's always, whether or not there's an actual physician, there's always somebody. Like, there are transport nurses whose job it is just to, like, stabilize and provide medical care for patients in flight.

Justin: Okay.

Sydnee: Flight nurses, we often will refer to them. And then there obviously, like—

Justin: Sky nurses would be cooler, if you were looking for a cooler one.

Sydnee: That would be cool. And also EMTs, obviously, provide this service. So, there are a lot of medical personnel that aren't physicians who can provide this care. And I think I've said this before on the show, but I should reinforce: it's not because, well, you're in an ambulance or helicopter, so we're not gonna give you a doctor.

A lot of the time, the things you might need in that sort of emergent situation, EMTs and people who are trained specifically like flight nurses, transport nurses and things, are specifically, like, that is what they do all day. Is stabilize emergent, like, trauma patients and people who are outside of the hospital, pre-hospital patients. They do that constantly. They're really good at it. You don't need me in that situation. I mean, I manage blood pressure in diabetes most of my day. You don't want me, you want the EMT, you want that transport nurse.

Justin: When people are like, "Is there a doctor in the house?" should they be asking for an EMT?

Sydnee: If there's an EMT, a lot of the time they're gonna be probably better suited. I mean, if there's some sort of intense diagnostic process, I don't wanna short sell what we can do as doctors. Like, I can assess people and I have some training in global health and wilderness medicine, so I'm probably a little better suited than the average bear. But that being said, if I see a car crash on the side of the road and EMTs are there, they don't need me. All I'll do is interfere. I'm not pulling over.

Justin: If I see a bear there, [laughs] I'm going to tell them that is unacceptable. That is just not, it's just not cricket.

Sydnee: [laughs] They do this kinda stuff all the time. They're more suitable—

Justin: Bears?

Sydnee: No. [laughs] Not bears.

Justin: Okay.

Sydnee: If there's a bear there, I'm probably not gonna stop.

Justin: An average bear.

Sydnee: Situational awareness. If there's a bear there, I am not safe, how can I help stabilize the patient?

Justin: Thank you, yes.

Sydnee: So, anyway, these were called flying ambulances, by the way. These carts, these wheelbarrows.

Justin: Okay.

Sydnee: That would either bring you a doctor or bring you to a doctor.

Justin: You would be protected, of course, if you did stop, by the Good Sabearitan law. [laughs]

Sydnee: [laughs] Really? Do you feel better now?

Justin: No. [laughs]

Sydnee: At the start of the American Civil War, our situation for wounded on the battlefield was still not great. Like, we had these developments throughout history of, like, methods, or even the concept. The wheelbarrow wasn't really the key development here. It's the idea that you should remove wounded from the battlefield as quickly as possible. That was the concept that was revolutionary. And saved lives.

Justin: Well there had to be, for most of history, there had to be a certain fatalism here. That like, why?

Sydnee: Right, we can't do much.

Justin: It's low pri, because you're probably gonna get gangrene, you're probably gonna get an infection, you're probably gonna die.

Sydnee: And we wanna focus on the soldiers who are well and able to, whatever wounds they may have sustained, they are able to easily return from the battlefield.

Justin: Right.

Sydnee: Those are the ones we wanna focus on, as opposed to put a lot of time and energy into people when we don't know how to fix them anyway. And at the beginning of the civil war, that's kind of the attitude you see. This is— when I read this, it made sense, I guess, as I think about it, but then I thought, like, by today's standards this is crazy. Wounded were left on the battlefield.

Justin: Mm hmm.

Sydnee: If you were injured and you couldn't leave, you were left there.

Justin: That's rough. That's a rough way to wind things down.

Sydnee: Right, that's a terrible thought. But they didn't really have a good mechanism for removing people. They would assign certain people in the unit to go collect the wounded, but they were usually either, like, the company musicians [laughs] or, like, soldiers that were thought of as, like, weak, or not as, you know, like, well they don't really do much, so we'll just give them this job. And a lot of the time, the people who were assigned this job wouldn't do it, because they were running into the line of fire.

Justin: Right.

Sydnee: And putting their lives in danger.

Justin: "I signed up to play fife. That's it"

Sydnee: Exactly, the drummer, the fife player, like, you're telling them.

Justin: "I'm good at it. I'm great."

Sydnee: They don't even have a gun, and you're telling them to run out there.

Justin: "My fife. Like, I'm great at fife. You don't wanna lose that."

Sydnee: So, this wasn't always performed. And so, a lot of people were just wounded and left on the battlefield unless they could get themselves off. Unless they could crawl back or somehow, you know, get themselves off the battlefield. After the battle of Bull Run, some soldiers walked 27 miles from the battlefield to Washington to receive treatment.

Justin: Jeez.

Sydnee: The lucky ones who were well enough to do so. Dr Jonathan Letterman was the first one to revolutionize this system in 1862 with a really simple idea. Why don't we assign soldiers to be what kind of would be considered medics. They weren't called that necessarily, but here's some basic things you can do in the field to stabilize people. Your job is a stretcher-bearer, your job is just to walk out with these soldiers, put people on stretchers and carry them back. And then he also helped to establish, again, these sort of hospital-like units up at the front where you could get these patients to quickly, stabilize them, and then hopefully by an ambulance train or boat you could transfer them to a bigger, you know, medical center. If that made sense. So, this was like the beginnings of what we see echoed in, you know, war situations today.

In 1864, Congress passed the Ambulance Corps Act. This was also called an "An act to establish a uniform system of ambulances in the armies of the US". So, this was just kind of codifying what Letterman had already started doing, which was, we need ambulances, we need ways to transport wounded off the battlefield routinely, we need a system for this. This is gonna save lives. And we need places for them to go initially, to be stabilized, and then bigger hospitals for them to go to after that. And at this point, all these ambulances fell under military jurisdiction, basically. So, this was the beginning of the ambulance, it was just a military vehicle.

Justin: Okay.

Sydnee: And right now, we're still talking about, like—

Justin: War, what is it good for? Apparently, ambulances.

Sydnee: A lot of medical advances, as we have talked about. So, after the civil war, you had this concept of some sort of transport vehicle to take wounded or sick people to a hospital. But it had been under, you know, government, military jurisdiction. So, there were a lot of hospitals who were like, "This is probably a good service to have in general. I would like to keep this". So, this started actually at what is now Cincinnati General. Was the first place to have an ambulance.

Justin: Oh, wow.

Sydnee: Like, a private ambulance that would go pick you up and take you there. And this was to replace exactly what I talked about, the doctor who showed up at your house to make a house call with just their, you know, their black bag. The classic doctor little black bag thing. Which would have had all the tools available to them in the day, prior to by now in history, we have a lot more things we can do for people. A lot more medicines we can give, and reasons to go to the hospital. This was quickly followed by in New York, they had a really big, this was probably the biggest ambulance system at the time. Edward B Dalton, who had been an army surgeon—

Justin: Like the bookseller? B Dalton Bookseller? That's a chain. Probably not. Probably a different cat.

Sydnee: I have no idea.

Justin: Maybe they're related.

Sydnee: I don't know. We can look into that. Justin can Google that.

Justin: It does mean— Justin will Google it! Go ahead, Syd.

Sydnee: But he started an ambulance service at Bellevue. And so, it started in 1869 and very quickly increased to a lot of calls, a lot of services being provided. The other hospitals in New York also started providing an ambulance service, so New York kinda led the trail on this.

They would, at the time, assign doctors or surgeons to the ambulances to go with them. So at the time— you asked me did doctors go with them. They did at the time. And the vehicles had, like, stretchers, they had handcuffs and straightjackets. Cause a lot of the early patients were psychiatric patients, that people would call and say, "Help, I have someone with a psychiatric illness, I'm worried that they're a threat to themselves or somebody else and I don't know what to do," and so that was a lot of the early ambulance calls.

Justin: I have an update on B Dalton Bookseller. [laughs] It was founded by a man named Bruce Dayton, who just changed the Y to an L because the name B Dalton "connotated quality, dependability and authority". [laughs] He just changed it.

Sydnee: I wonder if that's because of the ambulance guy. Probably not.

Justin: Maybe, probably not. That would be quite a pull, honestly.

Sydnee: Well. Is Dalton more dependable than Dayton?

Justin: Apparently, yeah. B Dayton is nothing. B Dalton, ooh, dependable. Quality.

Sydnee: Ooh, tell that to everyone who lives in Dayton. They would disagree with you.

Justin: True.

Sydnee: So, in the ambulance, in addition to the doctor, I thought it would be interesting to know what would you have had if you had gotten an ambulance to your house in the 1890s. In addition to a doctor or a surgeon and maybe a straightjacket and some handcuffs, you have a box with brandy, two tourniquets, six bandages, sponges, splint material and a small bottle of persulfate of iron. And basically, that's what they brought to you. And you would have a driver, who earned about \$500 a year for doing this.

Justin: Nice. Or not, I actually have no idea.

Sydnee: And they even had, like, special harnesses that were easy to attach the horses to the vehicles, because there were still horse-drawn at the time, very quickly. So, you could get a call and instantly harness your horse to the carriage and go. And you also, like, if you were an ambulance driver, you got room and board, because you needed to be there all the time.

Justin: Sure.

Sydnee: The doctors who were initially assigned this job didn't like it, because you didn't make a lot of money. So, they started filling the job by making residents who were still in training do this as a rotation. So, they had to do this for six months before they completed their training.

Justin: Following in the grand tradition of misusing resident labor.

Sydnee: [laughs] Exactly, exactly. We can't have doctors do it, so we'll force— well, they're doctors. We'll force doctors in training. We can't have doctors out of training.

Justin: Don't reinforce that stereotype, that residents aren't doctors.

Sydnee: You know what I mean. We can't have attendings do it, so we'll force residents to do it, because we don't wanna do it. But the schedule and the salary offered, although this sounds like exactly like a resident situation. So, you got \$50 a month, you did 12-hour shifts, and you got one day off every four weeks.

Justin: Yikes.

Sydnee: So, that's all the residents would get.

Justin: That's rough.

Sydnee: Yeah. And this, by the way, this continued as late as 1935 in some places. They were still getting, like, \$50 a month in 1935. The same salary they were getting in, like, 1869.

Justin: That's ludicrous.

Sydnee: Yeah, if you can believe that.

Justin: Now Syd, I love horses as much as the next guy who does a podcast that's largely about horses.

Sydnee: [laughs]

Justin: But I wanna hear about the motorized ones, like the ones we have today.

Sydnee: Well, we're gonna get into that Justin, but first let's head to the billing department.

Justin: Let's go.

[ad break]

Justin: So, you were gonna tell me about horseless ambulances, Sydnee.

Sydnee: That's right. So—

Justin: Which is a wild distinction, if you think about it. We don't really think about horseless— there's lots of things that are horseless, really.

Sydnee: [laughs] Yeah.

Justin: [laughs] Sad as that may be.

Sydnee: What else, Justin? What else is— do you wanna make a list of horseless things?

Justin: Well, okay. My computer is kind of a horseless adding machine.

Sydnee: [laughs] That's true. Is that what you use your computer for? Adding?

Justin: It's a horseless adding machine. Our coffee maker is a horseless coffee maker.

Sydnee: The shower is a horseless shower.

Justin: It's a horseless shower, if you can believe it.

Sydnee: It would be less effective if there was a horse in it.

Justin: Friends, start throwing "horseless" onto the beginning of objects that don't have horses involved, and see if they don't sound pretty impressive.

Sydnee: Then see what your friends think of that, too.

Justin: Yeah. Go ahead and use the horseless speaking device in front of you Sydnee, and continue.

Sydnee: [laughs] So, the first horseless ambulance was introduced actually in Chicago in 1899. And it's funny cause, like, New York got it the year after.

Justin: Ugh.

Sydnee: All this talk about New York and Dalton and Bellevue and everything and then they're a year late. This became the norm, and again a lot of the use was military still. So, throughout World War I, a lot of different cars were tried, like Model T ambulances and different things. Like, they were expanding— as the vehicle, as the automobile developed, so too did the ambulance. There was a thought this far back that, you know, maybe, actually I should say even before World War I, there was a

thought as far back as 1870 that air transport might be better as an ambulance than ground transport.

Justin: Mm. I'm not so sure about that.

Sydnee: But what were they using back then? It's 1870, what kind of—

Justin: Zeppelins.

Sydnee: Hot air balloons.

Justin: Oh, okay. Oh, I wasn't that far off! That's fun.

Sydnee: [laughs] A dutchman named de Mooy came up with the idea of a hot air balloon. You would suspend a giant stretcher under the balloon, and then to move it in the right direction, horses would pull it. And then you could get them evacuated faster.

Justin: [laughs]

Sydnee: This actually was used. He got the idea during the Siege of Paris, and after that 160 French soldiers and citizens were transported this way in 1870.

Justin: You know, that's fun. Just cause you're hurt doesn't mean you can't have a little fun. A little whimsy.

Sydnee: [laughs] So, air transport was used surprisingly early. In World War I, airplanes were also introduced. So, you actually had, like, real flying ambulances services at that point. We didn't see helicopters come along until World War II and classically, I think, all of us are giant MASH fans, right?

Justin: Of course.

Sydnee: And so, we know that helicopters were kinda the mainstay for a lot of quick air evacuations of wounded, you know, once they were developed, in Korea and in Vietnam as well. The use of ambulances by civilians was not really regulated and expanded until the late 60s and 70s.

Justin: Kind of a new idea, huh?

Sydnee: Yeah, that recently. Because they really didn't have, like, a standardization of it until then. The military had their methods, but as far

as in civilian use, for your communities, who was in charge of this service? Who ran it? We didn't yet have the concept of an EMT. So, you know, what were the ambulances for? It was just a car that took you to the hospital.

Justin: Right.

Sydnee: And so, it could be run by your local police department, it could be run by your local fire department and whoever ran it would also staff it. So, you would have a police officer staffing the ambulance as well.

Justin: Wow.

Sydnee: So, as you can imagine, they couldn't provide a lot of medical care, really.

Justin: Right.

Sydnee: For a while, communities that could not afford ambulance services relied on the local funeral home.

Justin: Oh. Well that's convenient, because if it doesn't pan out, you're already in there.

Sydnee: Exactly.

Justin: Oh God. Man, I didn't mean to be ghoulish, ugh.

Sydnee: And you might wonder, like, how in the world— and this was very common. This is not, like, just a couple little places. There were a lot of places, and this happened all the way up until, like, the 70s in some very small, isolated communities. Where the local funeral home would be who you would call if you had an emergency and needed transport to the hospital. There are probably people listening to this podcast who still remember this. The reason is an ambulance had to be big enough to accommodate a person lying down. In most communities, what is the only place that has vehicles built to accommodate someone lying down?

Justin: Ice cream trucks.

Sydnee: Do you often lie down in an ice cream truck?

Justin: You could, is what I'm saying.

Sydnee: Right, but it's not made for that, you know?

Justin: Sure, okay. Fine.

Sydnee: The way a hearse is kind of made to accommodate a person who is permanently lying down.

Justin: Got it.

Sydnee: Right. So anyway, the hearse was a good fit. So, funeral directors would offer ambulance services. And if you think about it, this was a good gimmick for them. Because you don't commonly have like, on your refrigerator, on the list of important numbers— nobody does that anymore, but we used to have like a list of emergency numbers on your refrigerator. You wouldn't usually have a funeral home, right?

Justin: Right.

Sydnee: That seems a little depressing.

Justin: But if they're the ambulance...

Sydnee: But if they were the ambulance then you certainly would. And so, it was a great gimmick for funeral directors to get community engagement. You became relied on, you became valued members of the community, and not just, like, that thing you don't wanna think about.

Justin: Yeah, like, de-creepify the whole thing a little bit. I can get that.

Sydnee: Exactly. And they—

Justin: They should do something again, to get back in the game. Maybe, like, also cotton candy. Like, also, we do sell cotton candy.

Sydnee: [laughs] I don't...

Justin: And batteries. [laughs]

Sydnee: That seems...

Justin: A lot of times I need batteries, and it would just be super convenient if there was a place I could go to get cotton candy and batteries. And something else, sometimes, at one point, for other people, but not me ever. And that would be convenient.

Sydnee: They were actually kind of reluctant to give up this because of the good feelings that it generated in the community. And like you said, if things didn't work out in transport, they would just take you straight to the funeral home. So, they got your business.

Justin: Do you think there was any unscrupulous ones, like, kinda took the long way round, maybe, "Oh no, I'm stuck in traffic"?

Sydnee: [laughs] No, there weren't that. But like, there was a lot of—

Justin: "I gotta pick up my dry cleaning."

Sydnee: I got into this deep hole where I was reading about unscrupulous funeral home practices at the time. Like, back in the mid-1900s and things, and anyway. The thing is, though, the Interstate Commerce Commission starting regulating how ambulance drivers, like, they started treating them like long-haul truckers. They had certain hours that they could work, and they had to be off. And they had standards for, like, the rest in between shifts and how well they were paid and all these different things. And that was very cumbersome for funeral homes, who were kinda just using, like, friends. Like, once your kid was old enough to drive, let them be the hearse ambulance driver.

Justin: Yeah.

Sydnee: Like, they weren't really standardizing this. They were just kinda doing it as, like, a nice thing for the neighborhood. And then, there was this big white paper report from the National Academy of Sciences that came out in the 60s, that said there was an increase in morbidity and mortality from inadequate ambulance services. Basically, we could be saving more lives if communities just had a decent ambulance, instead of having to rely on whoever. Not knocking the funeral homes, just acknowledging that, like, this is not what they should be doing.

And after that white paper report, the EMTs became a thing. Emergency Medical Technicians, you know, the whole idea that we need people who are trained to do this came into being. And higher standards for what an ambulance could be. And so, it was actually good for the funeral homes, because they didn't want to disappoint and let down the communities that they'd promised to serve, but it became so cumbersome to do it, that when they were finally told they couldn't anymore, it was like, "Well, if you insist, I guess."

Justin: Right, yeah.

Sydnee: Yeah. But like I said, in some communities, the 70s. The 70s. They were still doing this.

Justin: Wow.

Sydnee: What followed along with this is obviously advances in what we could do in an ambulance. There's no point in having an ambulance if you can't do— I mean, like, if it's just a car to drive you to the hospital.

Justin: Right.

Sydnee: But with the, you know, improvements in CPR and pre-hospital patient care and, like, the development of portable oxygen, you know, and all kinds of medications we can administer and fluids and everything we can do in the back of an ambulance. Once we developed that, it made more sense to have vehicles that could accommodate it and personnel that could staff it. So, medical care really necessitated— you know, once we could do these things, then it necessitated the development of better ambulances. And now, if you've been in the back of an ambulance you know, it's like a mini hospital.

Justin: Yeah, right.

Sydnee: Right, and you have to have people who know what they're doing to staff them, you couldn't just have anybody who had a car. What's interesting about this currently, and this would not replace the ambulance service, but car services like Uber and Lyft are getting into the medical transport business. You may have seen, there was a big article about how Uber is doing this. This just came out a few weeks ago, I think. Uber is now offering to charge doctors offices to go get patients and bring them to their appointments. So, it's free to the patient.

Justin: But the doctors pick up the tab?

Sydnee: Exactly. And you might wonder, why would they do that? Because it's cheaper to pay for an Uber ride than it is to lose that appointment slot. The money that the office loses by having, like, a no-show in that slot, is way more than it would cost to just send the Uber driver out and get them.

Justin: I like the no-shows, though, because it means that you might have, like, ten minutes to eat lunch.

Sydnee: [laughs]

Justin: So, that would be great.

Sydnee: That's true. Those no-shows are how I eat breakfast and lunch, they are the only reason I ever get to drink coffee or pee. And also, for those of us who have to pump at work, sometimes lunch breaks and no-shows are the only times you get to... I mean, breastmilk.

Justin: Keep those no-shows coming. Folks, right now, book an appointment with your doctor you do not intend on keeping.

Sydnee: [laughs] No, I'm not advocating that.

Justin: Actually, book my wife.

Sydnee: My office manager would kill me for this. [laughs]

Justin: Yeah.

Sydnee: But sometimes that's the only chance. But anyway— and Lyft was actually already offering this service. All these articles about Uber, I didn't realize Lyft had been doing this. But they're both getting into the business, and then the thought is like, you know, for a lot of communities like, for instance, in parts of our surrounding area, not in the city, but in the more rural parts of this area, you might wait 45 minutes for an ambulance.

Justin: Yes Sydnee, but in the more rural parts of this area, how much longer are you gonna be waiting for an Uber? [laughs]

Sydnee: Well, that's fair. I'm just saying there's an opportunity here for non-emergent patients who don't actually need an ambulance. Because you see that a lot. People who need to get to the hospital, but don't really need an ambulance, but don't really have a way to get there, and they can't wait til the next day, so they use an ambulance. There's an opening in here, there's a small opening for these people. And, I mean, we've been doing this. We give patients taxi vouchers already. So, this is an easy way, a paperless, you know, way to do this.

Justin: I should clarify, we do have an Uber.

Sydnee: We have, yeah. An Uber/Lyft.

Justin: An Uber. Ted's Uber, he put a sign up on his car.

Sydnee: He did.

Justin: It's an Uber and a Lyft. Whatever you need.

Sydnee: I think we have two.

Justin: We have two now?

Sydnee: I think we might have two now.

Justin: Okay, well you're covered, because they can each work 12-hour shifts and cover all of Huntington.

Sydnee: [laughs]

Justin: Folks, that's gonna do it for us. Thank you so much for listening. Thank you for your continued support of our program, we certainly do appreciate it very much. I wanted to mention, we've got a— if you wanna buy a Sawbones t-shirt, we've got a couple of them available, and that's gonna be in our new merch store, which should be going live on Monday. You can go to McElroyMerch.com and when that is working, that address will also be functional.

And I wanna say thanks to the Maximum Fun network for having us as part of their extended family. I wanna tell you, we got two new podcasts on the Max Fun network. Everything's Coming Up Simpsons, a Simpsons podcast, and Jonah Raydio, featuring my buddy Jonah Ray. And both of those shows are gonna be on the Maximum Fun network. Go to MaximumFun.org or of course you can find them on iTunes or what have you. So go for it.

And folks, that is gonna do it for us for this week. Oh, actually I did wanna mention, we got some nice gifts in the PO box yesterday that I wanted to thank people for.

Sydnee: In the meantime, Cooper has pooped again. Just in case you were curious.

Justin: She has pooped again, in case you're tracking that on a spreadsheet. Thank you to Sam for the book, Angie for the blankets and pillow monster. Scrappy Lynne for the doll and booties, Hannie sent Pliny, delicious Pliny the Elder, which Sydnee can drink again. Susanne, a book called Jack's New Smile, which is about cleft palate. All proceeds from that actually go to help families affected by cleft palate. So, check that book out. Leah sent mugs, Adam sent coffee, Paul sent a book for Charlie, Kelsey sent booties and a hat, and Katherine sent books. So, thank you to y'all for the gifts, it's very nice.

Sydnee: Yeah, from Charlie as well.

Justin: Yeah. And our third cohost has started to get a little grouchy, so we're gonna wrap it right there. 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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