**Sawbones 461: What's the Point of Soup?**

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**Clint:** *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 I'm so excited, Syd, 'cause it's one of my favorite times of the year.

**Sydnee:** Is it?

**Justin:** Well, summer.

**Sydnee:** Summer?

**Justin:** Summer. And a new season means—it doesn't always work out this way, but, uh, we're gonna answer some of your medical questions. And by "We... " I mean you.

**Sydnee:** [simultaneously] You mean me.

**Justin:** [wheeze-laughs] Because the alternative would be wild.

**Sydnee:** Oh, Justin, sometimes you take a stab at 'em and see what happens.

**Justin:** Uh, that's true. Yeah, just, like, uh, many of our beloved mass murderers, I take a stab at 'em and see what happens.

**Sydnee:** Should I offer you the opportunity to answer more of these questions moving forward? Should I—

**Justin:** You should let me take a swing. [wheezes]

**Sydnee:** Should I be like, "Justin, why do you field this one?"

**Justin:** A warm-up.

**Sydnee:** Why don't you do this one and see how you do?

**Justin:** Uh, okay, Syd. I am so excited. Let me pull up our questions, [mumbling] 'cause I didn't have 'em pulled up before.

**Sydnee:** I do. I have 'em—and I titled it "Weird Medical Questions" with the date, which is what I always do, and I capitalized both the M and the E.

**Justin:** Yeah?

**Sydnee:** In Medical, and it's really bothering—I'm just gonna have to fix that.

**Justin:** Just fix it real fix it. We can take that off the—yeah, we can do that.

**Sydnee:** [simultaneously] Just—I'm just gonna fix it. There you go. Okay. It's fine now.

**Justin:** Is it better now?

**Sydnee:** It's fine now.

**Justin:** Okay, good.

**Sydnee:** It's fine now.

**Justin:** "Hi! Why do doctors always ask me when my last period was? I mean, I'm coming to the urgent care for flu/cold symptoms that won't go away. As a lesbian that practices safe sexual habits, it would be preposterous for me to conceive, though not impossible, I guess. I don't know. I feel like it's an invasion of my privacy for my doctor to ask me the day of my last period. Am I foolish to be nervous? I usually don't remember the exact day, so I just guess. Tee hee."

Then it says "Much love, Meg the Oaky."

**Sydnee:** Uh, I... so, I like this question. I actually—the first two questions are both from the same listener, and I appreciated this scenario, which we'll see. But, um, let me say first of all, I appreciate woe-man. Secondly—

**Justin:** It does remind me of So I Married An Axe Murderer. Woe-man. Whoa, man!

**Sydnee:** Whoa, man.

**Justin:** Nobody's ever seen that movie except us.

**Sydnee:** And Campbell's Cup-O'-Ccino. Listen, So I Married An Axe Murderer was an underappreciated gem, so.

**Justin:** It's also a prequel to his Netflix show, the Pentaverate. Did you know about that? You know that wild show?

**Sydnee:** I didn't know that was up in there too.

**Justin:** The wild show that he made about, like, the secret society?

**Sydnee:** Yeah, 'cause the dad knows about it.

**Justin:** The dad is pitching it. So it's like they're in the same universe. Okay.

**Sydnee:** Okay. So, I was thinking about this because I had an encounter today where I asked a patient when their last period was, but in that specific instance, the reason I was asking is because the patient was concerned

about a possible pregnancy. And so part of the whole process of like—first of all, you know, doing a pregnancy test is pretty—I mean, it's no risk. Like, you know, you pee and we dip the stick in it. Whatever.

**Justin:** As far as things y'all do, it's pretty banal.

**Sydnee:** Yeah, yeah. So, like, I was gonna do the test. But, like, I also like counseling before and after. Like, "What is the—what are we looking at right now?" And then of course if a test is positive you want to know date of last menstrual period, 'cause that helps us determine how far along you are and blah, blah, blah. So that's all important.

And I started thinking, like, how often do I ask that question? I generally don't unless it is directly relevant to the complaint, or if I'm trying—if I'm gonna consider prescribing a medication that could be dangerous for someone of childbearing age, I might say "Is there a possibility you could be pregnant?"

And then if the person was unsure I would probably just offer a test. So I don't know—in this situation it's actually hard for me to generate a good answer for you, because I don't—I do not ask my patients who present with cold and flu symptoms when their last menstrual period was.

**Justin:** Okay.

**Sydnee:** So I found that kind of interesting that it would be on a standard intake form. It certainly would be at, like, an OBGYN's office. It absolutely is. And sometimes as part of, like, an entire—if I'm doing, like, your first appointment—you're someone who has periods. You've come to see me for the first time to establish care as your family doctor. I might ask you then.

Um, but I don't—I mean, I don't think it's necessarily malicious or insidious that someone would ask. I wouldn't assume that. But I also don't entirely understand why it would ever be relevant on just, like, a random walk-in clinic visit. That being said, I thought the second part of the question was interesting to think about. Would it make you nervous to share that information?

And I think that that's a really valid fear. Whether or not I think that in reality anyone would do anything with that information. I mean, to be honest, it was recorded—I would think. I'm not the provider, but I would guess—it was recorded in the EMR. And that was that. And nothing will be done with that piece of information.

It was a box that was checked, a date that was filled in, and that was that. But I can certainly understand why you would be concerned about that. And certainly in the case where someone would find out they were pregnant in a medical setting, I can understand the fear surrounding other people knowing that about your body, depending on what state you live in, or—I mean, assuming you live in the United States.

But just to kind of calm your fears, on the doctor end my guess is that for the most part these are just, like, standard intake forms that have a probably pretty unnecessary question. They're, like, a broad swathe. And so if it was something in any way related to the possibility that you could be pregnant or something like that, having that data on the paperwork would be useful, and they're not gonna have to come back to your room to ask you. So I think it's a convenience thing. But I can understand your fear. I doubt that it has anything to do with anything other than paperwork.

**Justin:** Uh, let's see. Our next question here...

"I am sick again. Freshly 26 and graciously yanked off my parents' insurance, I'm trying to navigate a medical system that is, let's face it, FUBAR. The doctor seeing me forgot to knock so I was lying face down to allow the mucus to flow freely. When he asked in a gruff voice, 'This Meg?' It was two PM, therefore I was sympathetic when he was less than enthusiastic about all the questions I had for him. I get it, everyone needs a nap at two.

When he shrugged after I asked if my sinus infection was contagious, I felt pretty let down by a service I'm paying a lot of my own money for. But thank goodness I do know someone willing to answer a silly medical question. My question for you is, can I take over-the-counter allergy relief along with my prescribed amoxicillin and prednisone, or will that cancel each other out?"

**Sydnee:** I appreciated that Meg was probably stuck in an urgent care situation for a long time and took the time to write us two emails during this. [laughs quietly]

**Justin:** Yes.

**Sydnee:** During this visit. Um, I—

**Justin:** Is it two separate visits? 'Cause Meg does say "I'm sick again." [wheezes]

**Sydnee:** They're written on the same day.

**Justin:** Okay. Alright. [laughs]

**Sydnee:** Unless they were two separate visits on the same day.

**Justin:** That's a rough day, Meg.

**Sydnee:** That's a rough day, Meg. Um, I thought that this was important, not just for the specific—this is a very specific situation that you encountered, and I will urge you—I cannot give you personal medical advice. I don't know your history. I don't know, you know, your allergies or what other meds you might be on or whatever. And so to be able to, like, broad strokes answer "Yes, you can take a medicine," you can't do that from a podcast. That would be irresponsible, and I can't give you good advice. Um, generally—

**Justin:** We said that in the disclaimer.

**Sydnee:** Right. Generally speaking, uh, a lot of people will go see a doctor because they have some sort of cold, flu-type upper respiratory syndrome. They might be prescribed something like antibiotics and steroids. And the vast majority of the time, over-the-counter cold and flu meds or allergy meds are not gonna interfere with those things. The vast majority of the time, they're all okay to take together.

I cannot speak to your specific situation, Meg, 'cause I'm not your doc. But I will say this is why it is really important that you be able to advocate for

yourself. And I understand why this was an uncomfortable situation, and certainly the onus is on us as the provider to make you feel comfortable asking questions, even silly questions. 'Cause no question is silly if you don't know the answer.

**Justin:** That's true.

**Sydnee:** You need to know.

**Justin:** Yeah, you don't know.

**Sydnee:** Especially about your own healthcare. Um, and so no matter how your provider is acting, you have a right to ask those questions. And, you know, it's hard because we do have this consumer model of medicine in the US, and I think that that plays out in two different ways. I think there are some people who feel like because they're paying, they are entitled to demand whatever they want. And there are some people who feel like—and I think I fall into this category—I'm someone who feels like if I'm paying for something, if I'm a customer, I want to be the best customer possible and not demand anything.

**Justin:** Right.

**Sydnee:** I feel like for me—I think, like, the way you act in a restaurant is probably pretty predictive of this. If you're constantly complaining and sending everything back, you're probably gonna make sure that doctor answers every question you want to know before they leave the room, because you get it, you paid for this. They're selling you healthcare as a product. If you're someone who is like me, and who will eat raw chicken before you'll send anything back...

**Justin:** [laughs]

**Sydnee:** ... then you're gonna want to get out of that room without asking any questions, 'cause you're gonna be really sensitive to the way the provider's feeling. And honestly, that's why medicine shouldn't be for profit. Because the entire system shouldn't be predicated on how much you're paying for something. It should be you go in with a problem, your concerns

are addressed, you are diagnosed and treated appropriately, and you leave feeling better than when you arrived.

**Justin:** Because of the medicine.

**Sydnee:** Or because of whatever, you know, assessment and opinion you got. Sometimes you don't need medicine. So I would just encourage you, don't be afraid to ask these questions. Don't be afraid to speak up for yourself. Even if it's—if your provider's being grumpy, that's their problem.

**Justin:** Yeah. That's not on you.

**Sydnee:** You don't have to suffer for that.

**Justin:** Alright. Let's see.

"Today at work a coworker mentioned to me that he didn't believe that sun exposure causes skin cancer. His evidence for this claim was that humans have been farming and spending long amounts of time in the sun for thousands of years, and it would follow that ancient humans did not know about sunscreen, and therefore should have been dying of skin cancer.

He then says ancient humans weren't dying in droves from skin cancer, therefore the sun does not cause skin cancer. Obviously he is bonkers for thinking this, but I was wondering if you could explain just exactly why he is wrong. All I could say is that there is actually an entire body of evidence proving that sun causes cancer, but I didn't have any specifics to debate him with. Thanks, Natalie."

**Sydnee:** You know, Natalie, it's tough when you are talking about something that is so well known, has been so well studied and researched, and is accepted not as, like, a theory [laughs quietly]...

**Justin:** But as...

**Sydnee:** ... but as a truth. It can be hard to debate. I feel like this is almost like debating somebody who believes the Earth is flat.

**Justin:** Right. 'Cause it's not. And that makes it tough, right?

**Sydnee:** It's not.

**Justin:** It's not! I mean—

**Sydnee:** The Earth isn't flat.

**Justin:** That's—it's not.

**Sydnee:** No.

**Justin:** It's not really a debate, it's just like, it's not. [laughs quietly]

**Sydnee:** No. And I mean, and these are bad—like, on some level it's a bad faith argument, and it's not, like, what... [sighs] I don't know. When the preponderance of evidence in all the world is on your side and someone chooses not to believe it...

**Justin:** That's—yeah.

**Sydnee:** I don't know that you can win. So let me first say that it may not be worth debating with this person. But you're obviously concerned for their safety as well, because this individual needs to know that yes, sun exposure is a risk factor for developing skin cancer. Of course it is. We know that. We know that damage to our DNA from any source—there are a number of things that can be cancer-causing, that are carcinogens, and if they damage your DNA and cause cells to grow irregularly, that can lead to cancer.

Um, the fact that without in the ancient world didn't die of skin cancer doesn't mean anything, because everyone today doesn't wear sunscreen appropriately, right? Like, not everyone. And not everyone develops skin cancer. A lot of that is just the genetic luck you got, right? It's the same argument somebody makes who is still smoking at 90 years old and says "See? Smoking doesn't cause lung cancer. I'm fine."

**Justin:** [crosstalk] It's called a risk factor, not a weapon from god to kill you with sunlight.

**Sydnee:** [laughs quietly] People in the ancient world—

**Justin:** [simultaneously] Right? Risk factor.

**Sydnee:** —died of skin cancer. They did. Not all of them, 'cause we're here. Not all of them died of anything, 'cause we're still here. We continue to exist. Humans are pretty good at continuing to exist. [laughs quietly] We just keep making more other us. But definitely people did die of skin cancer, and sun exposure definitely is a risk factor for that, and it is super important—if nothing else I wanted to address this question, because if nothing else, please remember that it is important to wear your sunscreen.

It is important to limit the direct exposure of your skin to the sun's radiation. Just like any other potentially cancer-causing substance on Earth. The sun has good things for you, right? Your Vitamin D. But also you don't need too much of it.

**Justin:** I will also say this, as long as we're doing a little theorizing. Um, what you can demonstrably prove is that the sun causes sunburns, and it stands to reason that we as a species would want to ameliorate sunburns as much as possible, right? So even before the advent of sunscreen, we were likely taking steps to limit our sun exposure to prevent us from getting sunburns, because they're very unpleasant.

**Sydnee:** Namely clothes! We started wearing clothes!

**Justin:** Yeah! Even in hot places!

**Sydnee:** Yes!

**Justin:** Yeah! And not just to cover our dingalings.

**Sydnee:** Yes. There is a lot of evolutionary evidence that humans figured out, before we knew the word "cancer," that too much sun exposure could be harmful.

**Justin:** "I was listening to an older episode where you mentioned a doctor who would stitch his initials into people in Morse code when he—[laughs quietly] when he would finish surgery." Not cool! I'm sorry I laughed. "It brought to mind something that happened to a friend who was seeing a gynecologist for a bit that she liked. Upon Googling his name, she found that he had some legal action against him because he had branded patients' uteruses with his initials during surgery. I was horrified by this, but upon Googling I found many people defending this practice." What?

"Is this common? Do you have any personal opinions on the practice? Also, is there a historical reason why naproxen is so much less popular than ibuprofen? I grew up in an Aleve family. It seems like everyone was taking Tylenol or Advil. The number of products in the stores reflects this too. This is probably observation bias, but it had me thinking."

**Sydnee:** Okay. So, first of all... I was trying to think of any sort of rationale for defending someone branding their initials into a—first of all, you shouldn't be branding uteruses.

**Justin:** Yeah, just as a rule.

**Sydnee:** That's not part of the...

**Justin:** This isn't *Hey Dude*.

**Sydnee:** I have been an assistant on C-sections throughout my medical training. You don't brand the uterus. That's not part of what we do. There is—the only thing that we use that's even similar to that in a surgical procedure—there is cautery, which is like burning—

**Justin:** Cauteri—burning the wound to seal it, right?

**Sydnee:** Yeah, or like a blood vessel that's bleeding, right? Something to stop bleeding. That's usually what electrocautery is used for.

Not for branding. If you're writing with it, like, I can't—having been in ORs, and I would think my colleagues who are in ORs would echo this, I cannot imagine the horror in the room if you started writing on an organ.

**Justin:** It—I—I'm sure that—

**Sydnee:** And certainly, did you make the brand? Like, did this surgeon make—have the brand privately made and then brought with him and sterilized to the OR? I'm assuming it's a man. That's probably unfair, but maybe it isn't.

**Justin:** I mean, and it could be—okay. I don't wanna say that—I don't wanna say—I don't know the specific scenario. But it seems so wild to me that it almost—it makes you wonder if it's, like, an urban myth or smear campaign or something like that.

**Sydnee:** [simultaneously] It feels like an urban legend to me, yes.

**Justin:** Because like you're saying, who in the OR is gonna be like, "He's doing it again. Oh, this ol' dog. He's always branding uteri with his na—" it's wild.

**Sydnee:** It's so wildly—

**Justin:** But wild things do happen! I'm not saying—

**Sydnee:** Well, and if there was—if there—[sighs] [laughs quietly] if there really was a gynecologist who did this, I would certainly hope that they lost their license. I would certainly hope that they're no longer practicing medicine. I would think you would have more than a malpractice case against them. It's hard for me to fathom—I mean, I'm not a lawyer, but why is that a criminal action?

**Justin:** Yeah, right?

**Sydnee:** That has nothing to do with surgery. This isn't, like, outside the standard of care. This is just intentional harm. I don't know. Anyway, I would never, ever defend that, and I can't imagine a medical professional who would who I would take seriously.

**Justin:** Right.

**Sydnee:** Obviously there are bad people in every profession.

**Justin:** Sure.

**Sydnee:** And in terms of naproxen and ibuprofen, I don't know. You know, that's really true. Most people I know either take ibuprofen or Tylenol. I feel like that naproxen is more often known by the brand name Aleve, and people don't know the two are the same. Whereas ibuprofen the generic name is much more widely known.

**Justin:** [sneezes] Yeah.

**Sydnee:** Bless you. I would say this is a marketing issue. I would say that that's why. They both can work fine.

**Justin:** I feel like also Aleve when it came out—I feel like it was newer. Like, I feel like I remember Aleve. And I feel like the pictures were always somebody grabbing their back. Like, "Ah!" I think I thought it was just for backs.

**Sydnee:** I do think ibuprofen has done a better job of, like, marketing itself as an all-purpose anti-inflammatory. Um, Tylenol grabbed that space as a fever reducer. People always think of Tylenol for a fever reducer even though, like, ibuprofen could as well, or Aleve. I think naproxen just didn't grab that market share. I think it's marketing. That would be my guess.

**Justin:** Yeah, yeah, probably.

"Hypothetically speaking, if I were on my way to work and accidentally got sucked off into a time portal and emerged 1000 years in the past, would be a danger to any old-timey people I met? To the best of my knowledge I don't currently have any contagious diseases. I have all the vaccines a 40-year-old American can be expected to have. Not chickenpox vaccine because that was invented after I already had it, and not smallpox because they stopped giving that out once it was eradicated. Alternatively, because things like the English Sweat were never solved, and I don't have the smallpox vaccine, would I be in danger from old-timey people?"

That's from Nick!

**Sydnee:** So, Nick, I don't necessarily think in terms of infectious disease you'd necessarily be at higher or—like, I don't know the risk in terms of that. Like, you're vaccinated against stuff that people a thousand years ago would not have been vaccinated against, so you got a leg up on 'em. You don't pose a threat to them, though. And in some ways you pose less of a threat, right? 'Cause you're not gonna carry anything to them either. And I can't think of anything that was around back then that isn't—you know? That, we w—like... I mean, the only thing I can think—okay.

So, the big things that would've gotten you back then... smallpox is one of 'em. So you're not vaccinated, so you're at the same risk as everybody else, right? Um, leprosy was an issue at this point. Typhoid, which you probably haven't been vaccinated for. Maybe. But maybe not.

Flu, if you've been vaccinated for flu. But it depends on what was circulating in 1032—or 1023. I don't know what was—yeah.

**Justin:** [simultaneously] It was probably some wild old flu, some musty old, weird flu.

**Sydnee:** You've got your diphtheria vaccine, probably. Malaria you might be at risk for, depending on where you are. Dysentery. So here is what I would say. While in terms of immunity and stuff you're be able to prepared, and I don't think you pose a greater risk to anyone, what I would worry about is just, like, the problems that everyone else faces at the time.

Like, if you get dysentery or cholera or whatever, we didn't have IV fluids yet, so that's gonna be bad. We don't have antibiotics. So for a lot of these things I mention, you know, we don't have antimalarials. Like, we don't—we can't treat you. So I think you're just sort of at the same risk at everybody else, which is you're at greater risk of these things because we don't have a lot of the modern medical supports.

**Justin:** You just gotta get back, Nick. I mean, that's—

**Sydnee:** You just gotta get back, Nick! Why are you—how did you get stuck in 1023?!

**Justin:** [sighs] These wormholes. Uh...

**Sydnee:** Justin?

**Justin:** Yeah?

**Sydnee:** We need to take a break.

**Justin:** No!

**Sydnee:** We have to go to the billing department.

**Justin:** Absolutely not.

**Sydnee:** It's time.

**Justin:** Okay. You win. [through laughter] Let's go.

[ad break]

**Justin:** "Over the years, I've occasionally heard people refer to the meat sweats. Like, they eat a bunch of meat and start sweating a lot. Is this a real thing? If so, what causes it? Thanks for vibing and keeping it tight. Alex from the Twin Cities."

And obviously this is a confirmed yes, the meat sweats are real. Anybody who has experienced them knows that they are no laughing matter.

**Sydnee:** We don't have studies to back that up.

**Justin:** I have a study. It's called Ponderosa.

**Sydnee:** There a lot of people—

**Justin:** 1997.

**Sydnee:** There are a lot of people who will anecdotally insist that meat sweats are real.

**Justin:** Doctors. Researchers.

**Sydnee:** Well, I mean, I'm sure there are doctors who will say that. I'm sure there are dietitians who will say that. I will just say that, like, from what I could find in terms of research—like, studies—there wasn't necessarily a higher report of sweating after a meat-filled meal—

**Justin:** [laughs quietly] A meat-related incident.

**Sydnee:** —than there is after any other sort of large meal. Like, sweating didn't necessarily increase. The theory behind this is that when you eat protein, like a high-protein meal, that your body digesting the protein—it will actually increase in temperature from the protein just a teeny bit.

**Justin:** Your body is like...

**Sydnee:** Yes.

**Justin:** ... processing it.

**Sydnee:** Yeah, to digest the protein your body increases in temperature just a teeny bit. But it's such a small increase in body temperature it would not necessarily produce sweating. So that's the thought behind it. It doesn't really pan out, and we don't have a study that says conclusively people who eat a lot of meat sweat more. So I don't... I think it's probably that you notice it, right? You eat a big meal. And I don't know, it depends on where you live, too. In the US, I feel like we have this sort of sense for a lot of people of a big meal involves a big piece of meat.

**Justin:** Yes. Because that's what makes it a meal is the meat part.

**Sydnee:** So are you just noticing that, like, you just ate a big steak, but also a bunch of other stuff, and you got sweaty after you ate this big giant meal?

**Justin:** Yeah. Probably. I mean, I've been there. It's rough.

**Sydnee:** But as far as I could find, there isn't conclusive proof that the meat sweats actually exist.

**Justin:** Where is the funding for this research on meat sweats?! It's not gonna change anything though, right?

**Sydnee:** No, it's not important.

**Justin:** "Hello. I just listened to the episode on xylazine. I'm a librarian in a public library and we got Narcan training a few years ago. We were taught to never do mouth-to-mouth, since we don't know for sure what they might have taken, and if it could be transferred from us to them. Is this a state-to-state thing—I'm in PA—and an old guideline or something you have to make a risk assessment about in the moment? Thanks a bunch! You're the best, Sydnee!" That's from Your Friendly Neighborhood Librarian in Pittsburgh, PA.

**Sydnee:** So I don't know if it's necessarily a state-to-state thing as much as—what I'm guessing is that if you were trained on behalf of, like, your employer, you know, there's some liability coming into play there. I was never—like, if I am in a situation where I need to give mouth-to-mouth and I don't have some sort of mask or barrier device in which to use during that process, I am going to give them mouth-to-mouth. But I am also a physician.

**Justin:** We—we get it, Syd! Oh my gosh, you're the best!

**Sydnee:** [crosstalk] No.

**Justin:** Yes, you'll give mouth-to-mouth to anybody, we get it!

**Sydnee:** And I would not—your risk of absorbing or consuming a substance at that point would be so small. I mean, we're really talking about, like, what did the person do? In my area, the person probably has injected something, so it's not in their mouth. If they snorted something, it's still probably not in their mouth. If they took a pill, well, it's not in their mouth. So you know what I'm saying? Like, it would be a weird—it'd be a very rare kind of one-

in-a-million scenario that you'd have to concoct to be exposed to the substance orally. The bigger fear for people is, what if they've got, like, an open wound? What if you see a blister, or a cut, or a sore, or something like that? What if they cough or vomit when they come do, which can happen? Things like that. I think those are the bigger concerns, which is why I really encourage—because at the end of the day, you know, I took an oath. My job is to take care of people. And I am willing, at times, to put my own personal safety at risk to do so. But that's the job I took.

**Justin:** Right.

**Sydnee:** Not everybody necessarily has to sign up for that. So I think that giving Narcan, being willing to administer rescue breaths, you need a mask. They make these little masks. I have one on my key chain. Justin, you have one.

**Justin:** Yeah.

**Sydnee:** I hand them out every time I hand out a box of Narcan now. It's a little teeny square, and you open it up and it's got a plastic flat mask that you can simply lay over the person's mouth. It's got a hole, of course, for you to breathe through. And now you've protected yourself from any exchange of, you know, any sorts of fluids or whatever.

Um, I would really encourage you—they're available online. Any place that gives out Narcan generally has these as well. Usually places like the Red Cross would have these available. Any sort of, like, CPR or lifesaving courses that are taught in your community. They would be able to give you these little teeny masks.

There are big ones. Like, there are big, giant, like, plastic cases you can clip on your belt loop that have, like, a big plastic mask you can use instead. I usually don't carry that around. I have one in my office.

**Justin:** You can get 'em in bulk, right? Like, I think we got a big bag of, like, 100 of 'em off Amazon.

**Sydnee:** Yes. And if you have any local harm reduction program, they should have them for free. Like, I hand them out for free to everybody. I would encourage you that if you're somebody who has been Narcan trained, if you're trained in CPR or rescue breathing, any of these sorts of things, investing in one of these masks, which are relatively cheap, is a good thing to have on you, so then you can do rescue breathing and feel safe and confident while you're doing it.

**Justin:** "I have a weird medical question for you. Say you had an undiagnosed medical condition during my life and then I donated my body upon death. If it was dissected by medical students who discovered the condition, would they notify my family? On a related note, are the cadavers even kept track of in that way? If there were something noteworthy, would they even know who the person was, or would they be able to connect with the family? Thanks so much." That's from Chelsea.

**Sydnee:** Um, I was thinking about this. So, I think that the chances that—just because of the nature of a—the sort of anatomical dissection we do postmortem in medical school, the likelihood that we would discover any sort of undiagnosed chronic disorder is pretty low at that point. Obviously we can see very major things on gross dissection, but you gotta remember it's just a gross dissection. By gross I mean—I don't mean gro—[laughs quietly] You understand I'm not saying gross like "Ew."

**Justin:** Yeah, I do.

**Sydnee:** I mean I'm just looking at the organs themselves, like the visible-to-the-eye objects. So I—I mean, I saw things like a bleed in a brain. You can look inside an artery, perhaps, to see some disease. Although, like, other processes have taken place that may make that harder to see. Like, to preserve the bodies.

You can see a big cancer growth. I saw that in many patients. But those are things that would've been diagnosed, right?

**Justin:** Right.

**Sydnee:** We're not doing pathology. We're not looking at anything under a microscope. And certainly any of the things that have not so much to do with the structure of the human body but the function of the human body, we can't see that now. So the likelihood that we would ever uncover anything like that, again, I think this would be an incredibly rare...

**Justin:** I guess this person would probably be asking in case of, like—like it's something genetic that the family would need to know about, right? Would that be the purpose, I guess, if you were to find something?

**Sydnee:** Yeah, but I don't know how we would—I can't think of a good example of something that would be genetic and would be visible on gross inspection, and also would have flown under the radar their entire life.

**Justin:** Are—are—uh, this is a—

**Sydnee:** You know what I'm saying? Like, that combination would be hard to—

**Justin:** This is a grisly question. But are the remains returned to families after the science is done with them?

**Sydnee:** So after—every medical school I think does their own thing. But at most medical schools there is a ceremony, a memorial ceremony at the end that the medical students are welcome to attend. The families and friends and loved ones of the people who donated their bodies are all welcome to attend. Where the names and pictures and the people—their remains are usually... cremated. They can be buried. There can be other ways. You know, there are other things that can happen.

But, um, there is a ceremony after the course is over where the remains are interred in some way, nothing person's life and gift to the medical school is celebrated. So they are not anonymous. You can—I mean, if they're in this rare scenario—and I couldn't even concoct something that would come up with this, so I don't think this would happen, but let's say it did. You would be—they're not de-identified. There would be a way to communicate that information with the family.

**Justin:** "I know that getting the best possible medical care requires honesty with your doctors and other caregivers. However, how much can doctors tell from raw lab data, and how hard are they supposed to lean on a patient they might suspect of obfuscating the truth about their home routines, factors leading up to an incident, etc? I'm just starting to take an active role in my parents' healthcare, and I'm seeing what I've long suspected.

They don't tell their doctors the whole truth when they think it makes them look bad. I understand doctors can only do so much with an incomplete picture, but there are things that have gone unaddressed and undiagnosed that I, as a non-medically educated person, would have expected could be apparent from labs, hospitalization records, etc. Thank you for your insight and everything you do to make the show!" That's from Kim in Florida.

**Sydnee:** Um, so most of the time—this is my speaking from my experience. I often know... [laughs quietly] if a patient—like, I can look at lab data sometimes and know that maybe I'm not getting the whole story from the patient.

**Justin:** Everybody lies. That's what you're saying. House.

**Sydnee:** No, I'm not saying everybody lies. I'm not a House person. I do think that... I mean, and I am a patient, too. It's hard to tell your doctor the whole truth if you want to make them proud. If that is your goal, which some patients want their doctor to feel proud of them—not all, but some do—sometimes it's hard to say, like, "Yeah, I just totally didn't take my medicine for a week. I just forgot." Or "I know you told me to be careful about sugar because of my diabetes... "

**Justin:** "But I didn't!"

**Sydnee:** "But I didn't!"

**Justin:** [laughs] "I wasn't! I didn't do it!"

**Sydnee:** "I ate a bunch of sugar everybody. And I'm—oops!" Um, it can be really hard to admit those things, those lifestyle things. Because you feel like—and especially, like, the culture we have equates so much of that with,

like, some sort of moral, you know, value. Like, if you're good—and even the words with use, "good." If you follow doctors' instructions in terms of, like, eating or physical activity, then somehow you're a better person than someone who doesn't. Right? That's not true, but I think a lot of our society kind of equates those things. So it can be really difficult to be honest with your physician. We know that. We know that. I am never—I always urge my residents not to play a game of gotcha with patients. I mean, like, how do you feel cared for?

**Justin:** It'd be very satisfying, though. If the doctor's like, "Actually, I got you." [wheezes]

**Sydnee:** Well, what's your goal, though? If you're a doctor and your goal is to catch your patient—

**Justin:** Feel superior. Feel superior.

**Sydnee:** Okay, well then you shouldn't go into medicine. [laughs]

**Justin:** I'm sorry! Okay?

**Sydnee:** But if you want to help somebody get better, then you need to foster a relationship that encourages them to be honest with you, and it's gonna take somebody a while. So you don't call them out. You say, like, "We need to work harder on this. Maybe here are some other approaches we could take. Maybe here are some things we could do."

But it really has to be something where the patient is ready to work with you on those things and wants that help. Not everybody wants help for everything. And you know, my job is not to force you into some perfect paradigm of health that I decided you need. My job is to work within the frame you'll give me.

**Justin:** I have the opposite problem. I tell my doctor absolutely everything, no matter how small, and then I just stare at them like they've assembled all these details in some sort of mind palace, and the incredible rare condition that I possess will come to light.

**Sydnee:** That happens more than you'd think. I would always say, though, this is why if you have a family member like that who's not very forthcoming and you know it, going and be, like, corroborating evidence is really useful. Um, it depends on, like, different family dynamics I will say, just—and again, this is me speaking from the part of the world where I live and practice... sometimes if I had especially, like, an older male patient who was telling me everything was just groovy and was not saying anything else, and the labs or whatever was suggesting otherwise, I would encourage him to bring his wife.

For this culture where I live, that dynamic was very helpful, because usually the wife would tell me everything, and then I got all the details, and I could actually help the patient a lot more. Again, I know that sounds very stereotypical and heteronormative, but that is the culture in which Justin and I live, and where I practice medicine, and I've found that that dynamic existed a lot.

**Justin:** Uh, "Syd, what is vaginal calculus? I keep seeing references to it but nobody explains what it is. Cheers! Tom."

**Sydnee:** This is a rare one, Tom.

**Justin:** What do you mean?

**Sydnee:** The condi—this condition, vaginal calculus.

**Justin:** Oh, it's a condition. Oh, okay, got it.

**Sydnee:** Did you think vaginal calculus, like math?

**Justin:** Yeah. I guess I was thinking, like, the kind of math you do to figure out something—

**Sydnee:** Your vagina?

**Justin:** —to do with the vagina. It sounds—measurements or some T-square—I don't know. [wheezes] I don't know what—

**Sydnee:** The T-square other the vagina?

**Justin:** I just—vaginal calculus. I don't know. No, it sounds like a—a—[holding back laughter] it sounds like...

**Sydnee:** What is the pi of the vagina?

**Justin:** [through laughter] It sounds like a nerdy guy's way of describing hitting on women.

[pause]

**Sydnee:** Okay. That was... I can't with that. No. They're talking about calculus as in stone.

**Justin:** [snorts]

**Sydnee:** As in, like, a stone in the vagina.

**Justin:** Wow, okay! That's actually more—even more off radar than I was expecting.

**Sydnee:** You can have —I mean, like, what we're more familiar with is a calculus in your kidney or your urethra or your ureter or your bladder. A stone.

**Justin:** Okay. Vagina rocks.

**Sydnee:** Yes. Um, so this is a really rare thing. Most people listening probably have never had it. You may not even know somebody who ha—I have never seen a case of it personally. But what happens is that urine collects and pools inside the vagina, and then because it's just sitting there, different substances like calcium and such that are excreted in your urine can start to form crystals and stones and you can develop a stone in your vagina, just like you can in these other organs we already mentioned, right? Same process, just different organ that they are existing in.

The reason this tends to happen is because you have some sort of communication between your urinary system and the vagina. And that can result from just birth, sometimes there are connections made between the two systems that don't typically form. Or it could be secondary to some sort of surgery or trauma that then, you know, there was damage to that area, and then as everything healed, a fistula, a channel of communication between two organ systems developed. And then urine gets into the vagina, pools, stone forms.

**Justin:** There you go.

**Sydnee:** So, that is what they are. They're incredibly rare. Uh, they're important to diagnose and treat because they can cause infection, and obstruction, and pain, and—

**Justin:** I think we all kind of got why it would be important to treat vaginal rocks. I think we get it.

**Sydnee:** But it is not a new form of math.

**Justin:** Uh, does—okay. This one's tough. Are you ready for this one?

**Sydnee:** This is our last one.

**Justin:** I hate to—I hate to close on this sort of, like, negative tone, but I'm just gonna go ahead and read it, and you gotta promise to stay calm, okay?

**Sydnee:** I will do my best.

**Justin:** "Does soup move through your digestive system faster than good foods? If so, what's the point sorry for the hostility. Max, Soup's Greatest Antagonist." Excuse me, "Max O'Ryan, Soup's Greatest Antagonist." We want to make sure we know who we're putting on blast.

**Sydnee:** I f—I'm—I just—I do not accept the premise of your question that soup and good foods are two... separate concepts. Soup is the best food.

**Justin:** You don't have to be so passive about this, Syd. You can go for it.

**Sydnee:** No, I'm just saying that I—our dear listener is wrong. Soup is not—well, unless what you're saying is soup is not a good food, it's a great food. It is—

**Justin:** Makes sense.

**Sydnee:** —the best food that you can eat.

**Justin:** Yeah. I mean, look at me. I love breakfast soup. [snorts]

**Sydnee:** Soup—[sighs]

**Justin:** [holding back laughter] That's cere—that's what I call cereal.

**Sydnee:** Soup doesn't move necessa—so—[sighs] uh, we talk a lot about this in our, um—in the Gut Hole Romance. We know that different foods are digested at different rates. It usually has to do with, like, the makeup of the food, like protein, carbohydrate. Does it have a lot of, like, soluble or insoluble fiber. Like, different foods take different amounts of time to be broken down and moved through your digestive tract.

So soup doesn't necessarily move through faster [laughs quietly] than any other food. It would depend on what's in the soup. Um... [laughs quietly] certainly if you're on an all liquid diet, you know, [crosstalk]—

**Justin:** [crosstalk]

**Sydnee:** That's gonna move through—you're going to go to the bathroom more frequently, right? If everything you are taking in is a liquid. So if that's what you're saying, like, soup has more liquid content than solid food. Um, but if you—if that was a liquid soup that was just, like, loaded with steak... that's gonna take a while.

**Justin:** Yeah.

**Sydnee:** And soup is delicious.

**Justin:** And many foods do go through the body faster than that, like Taco Bell. I was talking with [[Slice?]] about it, and I have proof of this, actually, because they were coming down this way and, uh, they had Taco Bell, and then a half hour later they had to stop, so one of their children—I won't put them on blast—had to stop to use the bathroom. So there is your conclusive proof that Taco Bell just blazes through you.

**Sydnee:** That's a—but that's a gastroco—no, that's a gastrocolic reflex. That's not the same food you just ate coming back out.

**Justin:** It's Taco Bell saying "Everyone out! Clear a path for me! I'm gonna be blazing through here in a few! Everybody out!"

**Sydnee:** The point of soup...

**Justin:** [wheezes loudly] The Sydnee McElroy story.

**Sydnee:** The point—the point of soup—

**Justin:** [snorts]

**Sydnee:** —is that it makes you feel safe, and warm, and loved, and happy, and full. That is the point of soup.

**Justin:** Thank you so much for listening other our podcast. We hope you have enjoyed yourself. You have one more weekend to come see the Spongebob Musical that Sydnee and I directed. This weekend, Friday, Saturday, Sunday. Huntington, West Virginia. Ritter Park Amphitheater. You got Finding Nemo Junior pre-show at 7. You got Spongebob at 8:30.

Everybody—people have been coming actually—it seems wild for me to say this on the podcast. We've met two charming groups of folks that have come just because they heard about it on the podcast.

**Sydnee:** It is an outdoor theater and they do not provide you with chairs at this venue.

**Justin:** Yes. Bring chairs.

**Sydnee:** So please bring a lawn chair or blanket. Feel free to bring a blanket. Bring a picnic meal. There is food and drink there, but you can also just bring your own.

**Justin:** Southside Sliders is there, doing Krabby Patties. Abbey Shae Bakes got some macarons. You got Scragglepop there. Lil Creamer, best snow cones in the biz. I mean, this is an event. Get on out there. SpongebobWV.com is the website to go get tickets, or you can buy tickets at the door. Just make a weekend out of it! Come on down to Huntington. We'll be there. If you see Syd and I there when you come in, make sure to say hi. We'll be around. We'll be pacing anxiously.

**Sydnee:** Mm-hmm.

**Justin:** And thanks to The Taxpayers for the use of their song, Medicines, as the intro and outro of our program. And, uh—oh! It's almost, uh, your last chance to buy the Sawbones 10 Year Anniversary challenge coin at mcelroymerch.com. Um, so go buy one of those. Those are just through June, so make sure you go get one if you want one. That's gonna do it for us. 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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