

Sawbones 128: Your Goofiest Medical Questions: Answered

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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 song 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:

Uh, it's Max Fun Drive this, uh, week and two weeks, I guess, these next couple of episodes.

Sydnee:

That's right, Justin.

Justin:

Uh, and we feel like we're dying.

Sydnee:

Yeah. So, Justin and I are pretty sick. Uh, and—

Justin:

We feel like we're dying.

Sydnee:

We— Basically, what we want— The point we wanna get across to you before we start this episode is that we're heroes.

Justin:

Every hole. Every hole.

Sydnee:

You're just gonna say that, just gonna leave that dangling there?

Justin:

Every hole, every hole's a warzone here at Sawbones this week.

Sydnee:

Our daughter got a GI bug last week, and it was— It's hard, as any parent knows, seeing your poor little baby sick. There's an added level to it, though, 'cause that's hard and, of course, she's fine, don't worry, but knowing, as you watch it happen...

Justin:

Mm-hmm.

Sydnee:

... that by the time you've already figured out like, "Oh, that diarrhea wasn't just because I gave her just a little bit of fruit juice yesterday. It's because..."

Justin:

Yeah, it's, like, serious. Also, uh, time changed.

Sydnee:

But you just know, like, it's too late.

Justin:

Yeah, too late.

Sydnee:

It's too late, you have it. Like, it's in you. It's brewing. It's coming. Then it come. Oh, it came.

Justin:

It came, it came. It's coming. Time changed. Also boil water advisory for two freaking days.

Sydnee:

Yeah, that's right, that's right. Where we live right now, we can't— We couldn't even— Well, now, it's just now lifted but we couldn't drink the water. We couldn't bathe. I did anyway 'cause I feel gross.

Justin:

Yeah. So way...

Sydnee:

I hope I don't— I hope I'm okay from a— Oh, maybe I'll get superpowers.

Justin:

Maybe. I don't think... Nah, you're a scientist. You shouldn't say things like that.

Sydnee:

I'm off my game today. [laughs]

Justin:

Uh, yeah. I think that's fair. Um, so this is the Max Fun Drive. If you've never listened one of these before, uh, we do this every year. We're part of a network called Maximum Fun. And every year, we come to you and ask you, uh, to kick in a few bucks if you enjoy the show.

Um, we have, uh, just like any other pledge drive, you know, we have gifts, uh, to offer you if you're able to kick in certain amounts of money. And, uh, we're gonna tell you a lot about that. But for right now, you know, if you've heard enough, you say, "Yes, I wanna support Sawbones. I like Sawbones a lot," um, you know, you tip a bartender, you tip, uh, folks, you know, kick your...

Sydnee:

A cow, you tip a cow.

Justin:

You tip a cow. Nah, Syd.

Sydnee:

No, don't tip a cow.

Justin:

Don't tip a cow. It's rude.

Sydnee:

Don't tip a cow. That's mean.

Justin:

Uh, so tip us, uh, Maximum Fun and, uh...

Sydnee:

[laughs]

Justin:

... of course, more importantly, network of great shows at Maximum Fun. So, go to maximumfun.org/donate and, uh, pledge a few buck. You— I'll tell you what, I'll tell you this much, I'll give you a little hint about the gifts.

Pledge \$5 a month, just five bucks a month, you are going to unlock a hidden world of bonus content, hours upon hours, nay, days of bonus episodes of all the Max Fun shows that, uh, were just recorded for donors. There's videos on there.

Our very special episode this year is a ASMR episode, and if you don't know what that is you gotta listen. I researched that features a binaural holophonic audio, holophonic audio of virtual doctor's office visit with Sydnee McElroy at the end. It's awesome.

Sydnee:

And I think I hide my discomfort with the whole thing really well. [laughs]

Justin:

Maximumfun.org/donate is the address to do that. Please go pledge right now. But first, we're doing something kind of different this week, Syd.

Sydnee:

We are.

Justin:

Yeah.

Sydnee:

Uh, we decided this week that, you know, we wanted to mix it up a little bit for the Max Fun drive, do something a little more exciting, maybe a little more interactive. Uh, so we—

Justin:

Maybe something that didn't require as much...

Sydnee:

[laughs]

Justin:

... diarrhea-interrupted research, I would say is fair.

Sydnee:

I'm not gonna admit to that. It's just it's been a rough, rough few days, guys.

Justin:

Got a rough few days, guys, huh.

Sydnee:

Oh, we thought...

Justin:

Every hole, every hole's a war zone.

Sydnee:

So Justin asks me a lot of kind of random, I wouldn't even say medical questions, sort of just science or gross or body-related questions...

Justin:

Mm-hmm.

Sydnee:

... kind of just weird, is this normal, does this— Why does this happen kind of questions a lot, and I thought, I bet a lot of our listeners have similar question. Just kind of weird— Again, this is not medical advice that I'm giving.

Justin:

Make that super clear.

Sydnee:

I'm not—

Justin:

We say this at the beginning. We wanna double emphasize for this one. Nothing Sydnee says during this episode is medical advice...

Sydnee:

No, I'm not...

Justin:

... or opinion or diagnosis.

Sydnee:

... diagnosing you. I'm not treating you. Uh, all I'm hoping to do is maybe reassure you about some weird things that are pretty normal, uh, or answer some gross questions just if you're, you know, that you just wanted to know about, that kind of thing. So, if you're ever really concerned about something, please go see a doctor.

Justin:

Don't be silly. Just go see a doctor.

Sydnee:

Don't listen to a podcast. What are you doing? Go see a doctor after...

Justin:

So—

Sydnee:

... you listen to our podcast.

Justin:

Uh, so, we have, uh, some questions. The first one comes in from Toby, who asks, "Does the pee pee dance work? Does it effectively suppress the urge to go urinate? Is testing this ethical?"

Sydnee:

Now, to be fair, I'm gonna make a blanket statement about the pee pee dance without having seen Toby's specific pee pee dance. [laughs]

Justin:

Right?

Sydnee:

Uh, so, you know, that's— You're asking me to do a little bit of a high-wire act, like, I don't know. Maybe your pee pee dance is wrong.

Justin:

Mm-hmm.

Sydnee:

There are different varieties of pee pee dances. Um, for those who are not familiar with the pee pee dance, you know, it's when you have to pee pee...

Justin:

And you just dance around.

Sydnee:

... and so you kind of cross your legs, cover your crotch, and you dance around. I would say this: whether or not the pee pee dance is effective, it should not be employed.

Justin:

Why is that?

Sydnee:

Because if you have to go potty, stop, and go right away.

Justin:

That's what Daniel Tiger says.

Sydnee:

[laughs] That is what he says.

Justin:

He sings, actually. [singing] If you have to go potty, stop and go right away.

Justin and **Sydnee:**

[harmonizing] Then flush and wash and be on your way.

Justin:

Oh, harmonies.

Sydnee:

[laughs]

Justin:

Really, really atrocious.

Sydnee:

Uh, no, but that's actually...

Justin:

Every hole.

Sydnee:

... great advice because it's not good for you to hold it. And I'm not saying just pee freely. I'm not saying just, like, you're sitting there at your desk at work or in your... at your desk in class or whatever you're doing, even on your own couch 'cause somebody has to clean that and you just think, "Ah, I got to pee. Um, uh, Sydnee told me not to hold it." Ah, relief.

Justin:

Sydnee, are you...

Sydnee:

I'm not saying that. [laughs]

Justin:

I understand. You do not say this is medical advice or opinion but are you literally taking time out of our listener's life minutes to tell them not to pee pants? Is that where—

Sydnee:

[laughs] I don't know.

Justin:

Is that what we've been reduced to?

Sydnee:

I just have to be really careful. I'm not endorsing pee pants.

Justin:

Okay. Got it, so—

Sydnee:

I'm just saying, don't do the pee pee dance, go pee.

Justin:

Go pee.

Sydnee:

It's not good for you to hold it. It's never— We tell that to our kids, and it's true as adults. It's not good for you to hold it. Go pee.

Justin:

Uh, got a question from Rachel. "Do I have terrible guts because I took too many antibiotics as a kid for ear infections?"

Sydnee:

That's a good question, and that's actually— I think we're going into a little more some real, actual medical territory. So, a lot of people worry about antibiotics and about taking too many antibiotics, and our exposure to antibiotics through food and all that, which is a good thing that we're more concerned about it than we used to be because, certainly, the overuse of antibiotics can lead to resistant bacteria, so big bad bugs that aren't killed by a lot of antibiotics. And also, you know, you've got good bacteria in your body.

Justin:

Yeah.

Sydnee:

Did you know that?

Justin:

You don't wanna wipe all those out.

Sydnee:

Exactly.

Justin:

They're probiotics, right.

Sydnee:

Right, right. So, there are good bacteria. There are bad bacteria. You're actually, and I think I've said this before on the show but it's still— It bears repeating, you are more bacteria than human.

Justin:

Ugh.

Sydnee:

Yes, there are more bacterial cells than human cells in your body, and you have to nurture those good bacteria. So, if you do take a lot of antibiotics or even just one really strong one, you might wipe out some of those good bacteria, which kind of throws off your... the balance of what we would call your flora...

Justin:

Right.

Sydnee:

... your bacterial flora, and can mess up your gutty-works. So, I would say that from doing that as a kid, is it still affecting you as an adult? Probably not so much. Um, in most cases, that would be, that would be the truth. It's still a good reminder that if you do take antibiotics, eat yogurt, if you can.

Justin:

Yeah.

Sydnee:

That's a good idea.

Justin:

Activia, like Jamie says.

Sydnee:

Any yogurt.

Justin:

Or mainly Activia.

Sydnee:

Any yogurt.

Justin:

I mean there's one that's scientifically proven to help Jamie Lee Curtis poop.

Sydnee:

Or just any yogurt.

Justin:

Yeah or Activia.

Sydnee:

Any yogurt with live, active cultures.

Justin:

Yeah, like Activia is a good example of that.

Sydnee:

You could also consider taking probiotics, but if you're gonna take a medication, I would talk to a doctor about that first. But definitely, if you wanna try eating some more yogurt... I wouldn't worry so much about antibiotics in the past. I would empower yourself to judiciously use antibiotics. Talk to your doctor about antibiotics in the future. That's what I would say.

Justin:

Um, this is a question from Pee Stoops who asks...

Sydnee:

[laughs]

Justin:

..."Does that blood bag thing from Mad Max really work?" Now, Sydnee I know you've not, uh, seen Mad Max: Fury Road.

Sydnee:

No.

Justin:

Uh, I only saw the...

Sydnee:

I don't really intend to. It looks very loud.

Justin:

Yeah, I only saw the one time split up over like six viewings, uh, so I don't remember it super good.

Sydnee:

Mm-hmm.

Justin:

But, uh, what I do remember was, it's, like, a post-apocalyptic thing.

Sydnee:

Right.

Justin:

So, uh, there's—

Sydnee:

There's a lot of sand and a lot of metal, it looked like, from the shots during the Oscar.

Justin:

Yeah, that's true. That's— Those are both prominent features and a lot of...

Sydnee:

Yeah.

Justin:

... guitars that shoot fire.

Sydnee:

Ah, okay.

Justin:

Um, and they're... uh, some of the soldiers there have, uh, what is seems to be some version of radiation sickness.

Sydnee:

Okay.

Justin:

And they have, uh, people that they use as "blood bags," that's what Mad Max is, for... at the beginning of the film, uh, basically, to harvest healthy blood out of and into them. Um, George Miller...

Sydnee:

Okay.

Justin:

... who created the film is also a doctor, from my understanding. So, it was probably based on, uh, uh, some similar treatments or maybe he might have some idea what's going on here, what this could be, uh, with regards to gene radiation sickness but that's the deal there.

Sydnee:

Okay. So, are... could blood bags be a thing is what you're asking me?

Justin:

Yes.

Sydnee:

You know, that actually makes some sense. It shows that the author is a doctor because in radiation sickness, one of the things that can be affected if you have enough radiation exposure... I mean 'cause a lot of it depends on how much you get, you know, how much you're exposed to. It can affect your bone marrow. And, of course, your bone marrow helps produce blood cells.

Justin:

Okay.

Sydnee:

So, if it does affect your blood, your bone marrow, then you're not gonna be continuing to make blood cells, and we can use, like, certain things to—

Certain medications can increase your numbers of white blood cells but, uh, with red blood cells, often we just have to give you a transfusion if you really need them.

Justin:

Mm-hmm.

Sydnee:

So, giving somebody a transfusion could be necessary as treatment for the radiation sickness, for sure.

Justin:

So, it's not, like, completely, completely out of control.

Sydnee:

No, it's not out of control. I would worry about— I mean, there's more to it, like, severe radiation sickness. Depending on how much you're exposed to, you may only have a couple days to live. And I'm assuming the movie doesn't address that.

Justin:

No, they are treated as half lives, like, they only have sort of like half-life expectancy, most people. Um...

Sydnee:

Yeah, yeah.

Justin:

So that's the— Uh, it's not exactly radiation sickness. But like, I think it's more something that they've kind of adjusted to, I think. They're the war boys, uh, which is kind of a— I haven't— Again broke up over six viewings.

Sydnee: Well, the idea of having—

Justin:

I have a year and a half old. Okay? I don't really watch movies.

Sydnee:

Well, the idea of if you are in some sort of, um, battling scenario of having someone who's available to give blood transfusions is not, like, a crazy thought anyway, if you're going to be losing blood. I'm assuming he'd have to be O- because that's the universal donor type.

Justin:

You mean Mad Maximilian?

Sydnee:

Yes.

Justin:

Yeah.

Sydnee:

Um, because then, everybody could get— Otherwise, you'd have to, like, type everybody and then match up like you would, I guess, create your little units based on your blood type?

Justin:

Yeah. I'm not... I'm assuming there's not, like, a lot of, like, filing and documentation and registries here.

Sydnee:

It doesn't look like it, again, from the few seconds that I've seen of it, like, at the Oscars.

Justin:

Right.

Sydnee:

Other than that, though, I really have no reference for this.

Justin:

Um...

Sydnee:

I wouldn't advise doing that to your friends.

Justin:

No, they won't appreciate that.

Sydnee:

No.

Justin:

Just cut it out. Okay?

Sydnee:

No. Donate blood, though. Donate blood if you can. You should consider donating blood so that then, we'll never be in a situation like that. How about that?

Justin:

I have two quickies, uh, before we talk about the pledge drive. First comes from, uh, my brother, Travis McElroy, who asks, "Does popping your knuckles cause arthritis? Did every adult lie to me when I was a child?"

Sydnee:

No and, apparently, yes. [laughs]

Justin:

Yeah, no? Nothing but fiction?

Sydnee:

No, no, it's not gonna give you arthritis.

Justin:

Brittany asks, "Can you really go into shock if you see your own eyeball pop out of its socket?" [laughs]

Sydnee:

[laughs]

Justin:

I do not know where Brittany got this.

Sydnee:

I— This is not a popular myth that I've heard before.

Justin:

Not that I'm aware of but maybe... um, and maybe it's some reference to a piece of culture that we've not ingested.

Sydnee:

I will say this, if you're... Well, I mean, what about that scene in, uh... Where was that, in Hostel?

Justin:

Pretty Woman. [laughs] No, Hostel, is much more likely.

Sydnee:

[laughs] Where the girl's eye ball pops out of her socket?

Justin:

Yeah.

Sydnee:

That whole scene is very unrealistic, and she's sort of in a kind of shock. I— Here's what I would say. Whatever has caused your eyeball to pop out of his socket may be the thing that induces the shock.

Justin:

Mm-hmm.

Sydnee:

At that point, shock is only just one on your list of problems.

Justin:

Mm-hmm.

Sydnee:

So...

Justin:

Yeah, 'cause of the eyeball being out.

Sydnee:

'Cause your eyeball has popped out of its socket, although shock certainly is a dangerous situation, um, yeah. I would say that's fine, that it could cause— Sure.

Justin:

Sure.

Sydnee:

Either way avoid having your eyeball pop out of its socket. [laughs]

Justin:

You— I know you're thinking, "Man, I wish I could pay money for this content."

Sydnee:

[laughs]

Justin:

Well, the good news is you can. It's Max Fun Drive, uh, time once again. We come to you once a year to ask you to help us fund the network. We're part of a big podcasting family, uh, and your donations to, uh, Max Fun, uh, are what help keep the doors open and the lights on.

Um, now, a lot of people wonder, "Am I just giving money to a faceless organization?" No. First off, we can vouch for most of the people in it. They're pretty fine group of people. Moreover, when you, uh, pledge your money, you say what shows you listen to and the shows that you listen to get the majority of your donation. So, it is going directly where you, uh, uh, want it to go. Um, every time you listen, you'll feel great. You won't feel like a moocher. There's another benefit.

Sydnee:

[laughs]

Justin:

You feel like, "Hey, I really made a difference here." Uh, we got a goal of 5,000 new and upgrading members, and we have some, uh, this year and we have challenge donors who are gonna kick in money every time you are a new or, um, upgrading donor. Now, if you are a new or upgrading donor, you are going to get some gifts for doing so.

And, uh, Sydnee, my, uh, beautiful and talented and brilliant wife is going to tell you about some of those gifts right now. We already talked about \$5. Sydnee, if I pledge \$10 a month to Maximum Fun, uh, what am I gonna get?

Sydnee:

Well, if you pledge \$10 a month, you're gonna get a beautiful, exclusive Max Fun bandana. Uh, it is, again, exclusive to the Max Fun drive. There are 22 different designs, each one based on one of our shows, uh, so you can browse through them, see which one you like best. Uh, you know, the Sawbones one is quite attractive, I will say.

Justin:

Mm-hmm.

Sydnee:

Uh, they're all original designs by Megan Lynn Kott. They're gorgeous and you can pick whichever one you want; and again, exclusive to this drive for \$10 month.

Justin:

Uh, what about \$25 a month or 20?

Sydnee:

Sorry, \$20 a month.

Justin:

20, 20, 20.

Sydnee:

At \$20 a month, Justin, uh, you can get the Max Fun adventure necessity collection, and that includes several things: a multi-tool, a hot chocolate packet, a paracord bracelet, and some camping toilet paper which I find very practical and useful.

Justin:

Now, do I get the bandana too?

Sydnee:

Yes!

Justin:

Whoa.

Sydnee:

You get all that, you get the bandana, and you get the bonus content.

Justin:

Whoa. Okay. If I can do \$35, be a real hero, real mensch?

Sydnee:

If you can do \$35 a month, you get a Max Fun vacuum thermos with a travel tumbler. It's very attractive. It's very nice. I'm sure you will enjoy it in addition to the Max Fun adventure necessity collection, and the Max Fun drive exclusive bandana and, all the bonus content we already discussed.

Justin:

There's a, uh, there's a secret level too that isn't widely publicized, but you can donate a \$50 a month and join the secret blondie brigade. You're not gonna hear about this everywhere. But if you kick in \$50 a month, uh, Jesse Thorn, head of Maximum Fun, will bake you blondies and send them to your home. This is true.

Sydnee:

I didn't know that.

Justin:

And in addition to all the other stuff.

Sydnee:

Wow.

Justin:

[whispers] You didn't hear it from me though. Shh, it's a secret. Secret [crosstalk]...

Sydnee:

Does he bake good blondies?

Justin:

No. That's the thing. They're poisonous...

Sydnee:

[laughs]

Justin:

...garbage. No, they're good. I'm sure they're delicious. I haven't pledged to that...

Sydnee:

No, no.

Justin:

... level yet. I'm sorely tempted, though, just to get in it. Um, so, you want to donate, I understand. We'd so, so, so appreciate it. Um, it's amazing and it means so much to us. And it's the reason that, like, it has allowed me and our family to expand and keep doing other shows and make it make sense for us. You know, just this year, um, Sydnee was able to cut back a little bit at work and spend more time with Charlie and start a new podcast with her sister, um, largely because of donors like you.

Um, and it means so much to us. Uh, so if you can, uh, please go to maximumfun.org and, uh, click on Donate or just go to

maximumfun.org/donate. And, uh, do it now before you forget 'cause, you know, uh, we all, you know, have things that slip our mind.

So please, a few bucks, whatever, 35 bucks, 100 bucks, 200 bucks, whatever you can do, a secret \$50 pledge. Um, one little \$5— I shouldn't say little 'cause, you know, it means the world to us, but a \$5 monthly donation is really... It really helps out a lot. So please, maximumfun.org/donate. And, uh, Sydnee, I have another question for you.

Sydnee:

Yes.

Justin:

But I must warn you, listeners, at home, this, uh, is a question of a genital nature.

Sydnee:

Oh, okay.

Justin:

So, if you'd like to skip ahead a few minutes, uh, it will not hurt our feelings. Um, this comes from anonymous who asks, "I'm a uncircumcised male that's foreskin is still attached to the end of my penis. I've heard from other guys, theirs came detached naturally or through 'use.'"

Sydnee:

Mm-hmm.

Justin:

This person uses quotes there as they've chosen this moment to become demure.

Sydnee:

[laughs]

Justin:

Uh, "I have always assumed the part that attached my foreskin to the head of my penis broke, I'd bleed out and die. Am I weird or are the self detaches the odd ones?"

Sydnee:

So, let me reassure you first. You're not weird. Your friends aren't weird. You're all fine.

Justin:

Nobody's penis is weird.

Sydnee:

Nobody. [laughs] Nobody's penis is weird. Uh, these are all fine situations. It is normal, yes. Uh, it is common, I should say. We should— Let's not use the word normal. Let's say it's common.

Justin:

Typical.

Sydnee:

Typical... for, uh, for the foreskin to detach somewhat from the tip of the penis. Um, there's a little teeny, uh, strip of skin there called the frenulum.

Justin:

[snorts]

Sydnee:

And over time, again, just from, um, washing, from pulling back the foreskin to wash or stretching the foreskin or from masturbation or sexual activity, the foreskin getting pulled back, that frenulum can stretch and can tear over time. You will not bleed. Uh, it's usually just a natural thing that happens to men. But it might not. And that's okay, too. The only thing that you need to be concerned about is that the foreskin is not uncomfortable for you.

Justin:

Mm-hmm.

Sydnee:

That you're not— You don't have pain, that you're not trying to retract the foreskin, and it's very painful, and it's too tight and you can't. In those situations, it can be dangerous. But honestly, um, there's, uh, there's a lot of these questions, I found that there's a lot of, uh, questions about this out there on the internet, a lot of men are in the same situation as you, trying to figure out what's normal and what's not, and I think it's because we all get so uncomfortable talking about this stuff.

Justin:

Mm-hmm.

Sydnee:

But this is all normal. You're fine. Don't stress.

Justin:

Uh, let's have a, uh, another, uh, bathing suit area question.

Sydnee:

Okay.

Justin:

Uh, this one for the genotypically female.

Sydnee:

Okay.

Justin:

Uh, from Jessica, who says, "Thanks for the opportunity to ask some embarrassing questions. Here's mine. My right breast looks different from my left breast in terms of both size and shape. Apparently, this is more common than I originally thought since most of my friends are working with lopsided boobs too. Why does this happen? Is there anything that can make them more even aside from surgery?"

Sydnee:

So, first of all, this is incredibly normal. It is probably the default. The majority of women probably have a slightly asymmetrical boobs.

Justin:

Mm-hmm.

Sydnee:

So, don't stress about it. Why does it happen? Eh, it just does. You know, breast tissue is not uniform. I mean, if you ever felt... you know, if you've ever done a self breast exam, if you felt your own breasts, uh, you'll notice that you can maybe feel some softer areas and some slightly firmer areas. And the breast tissue isn't all one thing. They're not like water balloons, contrary to some popular cultural beliefs. [laughs]

Justin:

Yeah.

Sydnee:

Uh, they're a little bit different. And so it's normal that they would be a little asymmetrical. So don't worry about it. Don't lose sleep over it. And I really wouldn't do anything to try to change it. It's the way you are, it's the way most of us are. And I will go ahead and share a pretty embarrassing story as long as we're all asking embarrassing questions.

Justin:

Mm-hmm.

Sydnee:

After— When I was 18, I went for my first examination. Uh, back when I was 18, we started getting pelvic and pap exams at 18. That's not true anymore. Uh, but I did and I had my first breast exam. And I got through the whole thing. And I tried to be very adult about it. And then I sat down with my doctor for him to tell me how everything turned out. [laughs] And the first thing he said to me, the first words out of his mouth where, "It's very normal for one breast to be larger than the other. Don't worry." [laughs]

Justin:

Like literally the first thing he said?

Sydnee:

The first thing he said to me when I was 18. So, there you go. It's very normal.

Justin:

Mm-hmm.

Sydnee:

Don't stress about it. Embrace your boobs. I'm sure they're great.

Justin:

Uh, here's a question from Shelly. "I work with—" Ugh. "I work with preschoolers..."

Sydnee:

[laughs]

Justin:

"... and consequently, you know, wiping copious amounts of snot. Can you explain exactly what snot is made of, and if there's anything you can deduce medically by the color, quantity, and/or viscosity of snot because it seems to come in a wide array of all three?" If I was doing this as a remote podcast, this is the point at which I would turn off my headphones and take a step out of the room because this is grody. But since I'm here with you, let's just do it.

Sydnee:

Okay. I mean, I'm queasy too, but I think that this is funny and interesting and I'm gonna to tell you about snot.

Justin:

Okay.

Sydnee:

Okay. So snot, or mucus would be the word we'd use for it medically, uh, mucus, is secreted by, uh, a lot of different, um, surfaces, what we call mucosal surfaces in our body. And it usually has a— Or it always has a pretty important function, specifically, if we're talking about our noses, uh,

the mucus that is secreted is kind of this mixture. It's like sugar chains with proteins in them.

Justin:

Mm-hmm.

Sydnee:

And then it sucks up a lot of water too. So it's this big mishmash of stuff that is created to trap things. That's the main purpose of it. It's gonna trap stuff. Uh, so when bacteria and viruses or any dirt debris, any kind of organisms try to sneak their way up your nasal passages, there's a big old river of mucus.

Justin:

Just waiting.

Sydnee:

Just waiting for it. Uh, it's helped along by these little, uh, cells called cilia, these little hair cells...

Justin:

Mm-hmm.

Sydnee:

... that line our nasal...

Justin:

I knew about those.

Sydnee:

... passages and—

Justin:

Yeah.

Sydnee:

Yeah, and other, in other, uh, areas of our body. And that can all capture things along with the snot, and it's very important to protect us. So, snot's a

really good thing. You need snot. Now, sometimes, why is it thicker? Why is it thinner? Um, part of that actually has to do with your hydration status. One thing I'll tell people if they're coming in and they're like, "I just feel so congested," is "Are you drinking enough water?"

Um, so part of it is that. Part of it, of course, could be if you're sick or if your allergies are flaring up, you know, a lot of people will come in and their nose— And they'll say their nose is running like a faucet, and it's just this clear, constant drainage, sometimes, that can be allergies.

Um, one common misconception is that if you see, like, yellow or green snot, it always is a bacterial infection. Not necessarily true. It could still be a virus. It could still be allergies. It could still be who knows, whatever.

Justin:

Mm-hmm.

Sydnee:

Um, but if you don't see yellow or green, that also doesn't mean it's not a bacteria. You know what I mean?

Justin:

Yeah.

Sydnee:

We used to put a lot more stock in the color of snot than we do. It just has more to do with what's in there, with exactly the composition of sugars and proteins, and what kind of debris it has caught that day.

Justin:

That makes sense.

Sydnee:

Um, so in general, snot plays a very important function in your body. If you're worried about the color or amount of your snot, I would go check with a doctor. I would say though, here's a reference point for you, our noses make about a liter of snot a day.

Justin:

Wow. So-

Sydnee:

A liter of snot a day.

Justin:

So wait, if you're like— If we're— This is, again, gross, I'm sorry. If we're— Uh, we talk about drainage sometimes, like...

Sydnee:

Mm-hmm.

Justin:

... if you take an expectorant or it just drains, you know, whatever, it drains, it drains in your stomach, right?

Sydnee:

If it's draining...

Justin:

Aren't you—

Sydnee:

... down the back of your throat, then you're probably swallowing that.

Justin:

Aren't you just getting the germs that you're supposed to get protected from at that point?

Sydnee:

No, it's okay. We— It's normal. Our bodies are designed to swallow a lot of snot. So, which is why, well, I would certainly never... I don't understand exactly, and there's a lot of research into this actually, the phenomenon of kids eating boogers. I don't really understand that phenomenon. There's some thought that maybe it's protective because we need to, like, expose ourselves to things in order to get...

Justin:

What—

Sydnee:

... immunity to them. Either way, it's probably not harmful because we're swallowing lots of snot every day anyway.

Justin:

Wow, I have a question from Joey. Just a quick follow up. "Can stomach acid kill everything gross if my kid eats snot or scabs? Their own, not they're equally gross toddler friends'?"

Sydnee:

Um, again, your body has many, many lines of defense. Whatever stomach acid can't take care of, uh, you have lots of ways of, uh, dealing with harmful invaders. And so for the most part, when it comes to eating, like, scabs and boogers and stuff, it's probably okay. I'm not— Again, I'm not advising that. I'm not saying like, so go nuts, go eat all of the gross things that are hanging off of your body at any given time. [laughs] Why is that your impulse?

Justin:

I don't know.

Sydnee:

Why do you wanna eat them?

Justin:

I don't know. Why are you talking to me?

Sydnee:

[laughs] That was the imaginary person who was dying to eat all the imaginary things hanging off the bar.

Justin:

[laughs]

Sydnee:

But no, it's... Uh, I think if your kids are occasionally doing that, they're probably along with all the other kids who are occasionally doing that. And, um, luckily, our bodies are really hardy.

Justin:

Um, do you get— do you like answer questions like this or do you find it like, "Oh, man, you just really don't know anything," like you have to step down to the commoner's level education...?

Sydnee:

No, I love answering questions like this.

Justin:

Not mine— Just not mine or do you like answering mine or do I...

Sydnee:

I like answering yours.

Justin:

You sure?

Sydnee:

Yeah.

Justin:

Okay, good. I wanna make sure 'cause I know ask a lot.

Sydnee:

No, I love answering these kinds of questions. This is...

Justin:

Travis asks more than me. When he's in town, though, he asks a lot. Okay.

Sydnee:

He does. He texts me too.

Justin:

Yeah, just to [crosstalk].

Sydnee:

Yeah.

Justin:

Not like he's worried, just, like, he would like some clarification, please.

Sydnee:

I get texts from a lot of members of our family with various medical questions. No, I love these kinds of questions. It actually is why I take so long with patients is because most people have a question or two like this, and I can't help myself. I love the chance to maybe teach a little bit.

Justin:

Uh, you know, that's what maximumfun.org is all about, teaching, having fun, learning...

Sydnee:

[laughs]

Justin:

... growing, loving, maybe sometimes.

Sydnee:

Finding new friends.

Justin:

Finding new friends, uh, reinforcing the old friendships with a shared love of podcasts. Uh, Maximum Fun is a really great place and it's a very welcoming place. And it's a place where, uh, we've been, uh, really, really happy for the past few years and, uh, we hope that you'll join with us in supporting it.

Um, your donation goes to help, uh, fund this network and keep people making cool shows. Uh, and also it helps the show's themselves. It helps us to pay for equipment, like our... we're using new microphones that we got, so the show would sound better for you. And, um, that is thanks to donors.

Uh, we're able to do live shows and take tours and stuff because people donate to the show. Um, I mean...

Sydnee:

And we're able to expand the family of shows.

Justin:

Mm-hmm .

Sydnee:

For us, quite literally, the family of shows that we have... that we provide for you, so.

Justin:

I mean, the thing about it is 10 years ago, shows like ours wouldn't— And a network like ours, it wouldn't exist 20 years ago, let's say, it's probably more accurate, uh, because we didn't have internet in the way that we do now. And you had to rely on other people to sort of dictate what your entertainment would be.

And now, we have these specialized channels where you can order up, like, exactly what you want. And it helps us to make things that are very personal to us and very specific for you. It's targeted so you, specifically at home, will like it, not to a big group of people will... you know, can sit down and zone out in front of it.

It's for you. We make it for you and we're only able to do that because you're able to pay directly for the stuff and we're able to send it directly to you. It is a wonder of living in our modern era, which is, you know, cost quite a few other sacrifices. So let's embrace the positives...

Sydnee:

[laughs]

Justin:

... where we find them. Uh, and now, you get a chance to do that, you get a chance to say, "Hey, I love this, and I want there to be more stuff like it, and

I wanna to show that I love it," and you can do that right now by going to maximumfun.org/donate.

Even if you can pledge \$5 a month, that means the world... Of course, you know, \$10 a month, \$20 a month, 35, secret blondie level 50, um, all of that is wonderful and amazing. Um, but it would really mean the world to us if you just, uh, make your, make your voice heard with money, uh, which is a slogan, we're testing out for the drive.

Sydnee:

[laughs]

Justin:

[laughs]

Sydnee:

And you can also, uh, feel free, uh, to share that link with your friends or family or anybody else, you know, you know, just everybody.

Justin:

Yeah, yeah. If you can't kick in...

Sydnee:

Everybody at the office.

Justin:

... money or if you do and you wanna brag about it, share that link all around to talk about this, you know, over the— During the drive, uh, we've heard so many people talk about how much the network and the show's mean to them and that it really— It's very touching. So, if you wanna do that, help spread the word. That is amazing, too.

Just to tease you one more thing. That bonus content, which you get for just five bucks a month, if you go to last year's, it's a commentary track for me and Sydnee, uh, to play during the last episode of Two and a Half Men...

Sydnee:

[laughs]

Justin:

... that you can watch them simultaneously. It's like, Dark Side of the Moon. They line up perfectly. And, uh, and you can, uh, listen to that.

Sydnee:

And you'll understand the show and, I think me and Justin in a whole new way.

Justin:

And look, maybe a little bit by yourself...

Sydnee:

Yeah.

Justin:

... too. So, maximumfun.org/donate. Uh, got a couple more questions for you, Sydnee...

Sydnee:

Okay.

Justin:

... if you're prepared.

Sydnee:

I'm ready.

Justin:

A couple of baby questions.

Sydnee:

Okay.

Justin:

Uh, first one is from Brad. "My daughter has an umbilical hernia. I can pump it back in and feel stuff gurgling inside, but it pops right back out again. Supposedly, the abdominal wall will close up of its own over time but how is it supposed to do that one part of her insides are still outside? It seems like it would be tying off a balloon and that you need to push it in and tape it down to allow it to close..."

Sydnee:

[laughs]

Justin:

...up properly." That's from Brad.

Sydnee:

Uh, I can understand why it would seem that way. And you're actually— To give you a little bit of history on it, people used to commonly try to do that, because that's what a lot of people thought was, well, obviously, it is gonna close up, but we need to keep it down inside while it does.

So, it was actually pretty common for people to try to take quarters or some other kind of coin over top. A quarter just seems to be the right route or the right size... Overtop of an umbilical hernia. You would see that a lot of— I've been told by my colleagues that they still see that from time to time; I have not. Uh, but that used to be very commonplace that your doctor would say, "Ah, just tape a quarter over it, and it'll go away." Now, we don't really do that. It's not good for the skin to always be covered by something. That's not good for skin health.

Justin:

Mm-hmm.

Sydnee:

And what we found is that as— So an umbilical hernia, do you know what that is...

Justin:

No.

Sydnee:

... Justin, by the way?

Justin:

Nope.

Sydnee:

Let me clarify here.

Justin:

Okay.

Sydnee:

So, we kind of know the idea of a hernia. It's like...

Justin:

Do we?

Sydnee:

...there's— Okay.

Justin:

Who's we?

Sydnee:

So, a hernia. [laughs] A hernia is basically when there's a defect somewhere in a muscle. It's, like, weak or the fibers are a little bit separated. And as a result, stuff that should be underneath the muscle pokes through the muscle. And that could be a little bit of fat that... like mesenteric fat, which is a kind of fat that lines our intestines or it could be intestines themselves.

And you can get hernias different places. When we're talking about an umbilical hernia, we're talking about a hernia right over your belly button. And these actually aren't that uncommon with babies. We see these not infrequently. Um, and for the most part, they just resolve on their own.

You don't need to tape anything over them. You don't need to push them down in there. I mean, it's good to check to make sure it's still what we call reducible, that it still can be poked down in there...

Justin:

Mm-hmm.

Sydnee:

... and that it's not trapped because that would be a bad thing. That's true for any hernia. Um, but what happens is, as the abdominal little muscles close, so too does that lining over top of it start to retract down, and it all just kind of flattens out. So, it should take care of itself beautifully.

Usually, these things are still monitored by your doctor, you know, so they're checked on periodically to make sure. And there is an age limit where we start to go, "Well, maybe we were a little worried about this," but for the most part...

Justin:

So mine.

Sydnee:

Well...

Justin:

My personal umbilical hernia has not closed over, and this is a point at 35 years old, where you maybe, a little, start to get concerned, right?

Sydnee:

Yes, at 35...

Justin:

For example.

Sydnee:

... I would start to be concerned, although at the same time, as long as it's still reducible, you're probably still fine.

Justin:

Okay.

Sydnee:

It's still okay.

Justin:

Okay, good. Imagine my relief.

Sydnee:

My dad has an umbilical hernia.

Justin:

Does he?

Sydnee:

Yeah.

Justin:

Wow.

Sydnee:

He didn't have one from birth. He got one later on in life.

Justin:

Okay.

Sydnee:

And it's fine. I mean, it's really— As long as you can poke it back in there— I wouldn't stress about it. I see these— This is actually one of the— It was one of the first things I saw when I was right out of, uh, med school and in residency. And it was such a relief because I felt, like, such a 'I got this' moment like, "Oh, this is okay. [laughs] I know that this is okay. I can make these parents feel good. This baby's gonna be okay. Everybody's gonna feel really good about the situation." It was a really wonderful moment for me to be able to say, yes, everything's fine. [laughs]

Justin:

Just this once, everybody lives! Um...

Sydnee:

Everything's fine.

Justin:

Um, uh, got another question from Amanda. "I'm giving birth in approximately 4.5 weeks." That's four and a half for you, not down with the, uh, the decimals.

Sydnee:

[laughs]

Justin:

"Do I really need to watch a birth video beforehand? I very much do not want." [laughs] I mean— Amanda, if you're looking for a moment to get comfortable with this whole concept, like, this seems like a pretty good time.

Sydnee:

[laughs] It's, uh, it's a better time than four and a half weeks from now.

Justin:

Certainly, or four and six-tenths of a week from now, 4.6 weeks, that would be a very bad time.

Sydnee:

I will say that, in general, and I think, Justin, you could actually answer a little bit about this, too because while you have not given birth, you went through the process with me.

Justin:

Mm-hmm.

Sydnee:

The more you know going in, the easier I think the experience is because you understand all the things that usually happen, and then you can also

start to understand some of the things that sometimes happen, and it helps you, I think— Knowledge is power. The more you understand going into your birth, the better you're going to be able to cope with any deviation from what your expectations are.

Justin:

Yeah. I very much struggled with the sense before we gave birth, like, certainly, at some point, an adult is gonna come tell me like, A, that I can't or, B, like exactly what to do. Um, and it's a really... I think it's a— You know, it was a big moment in my maturing, where I realized like, "Nope, you kind of have to figure it out on your own." And I think taking the classes that we did, um, we're very— For nothing else, they gave me a real sense of confidence...

Sydnee:

Mm-hmm.

Justin:

... about what we were doing. And it made— It naturalized birth for me in a way that, like, was very helpful because it made me realize like, "Oh, like, lots of people go through this," and, uh, it wasn't something that I need to be as freaked out about.

Sydnee:

I think that's very true. And I think that what you just said, Justin, naturalizing birth is a really important thing, uh, for us to do. And, you know, if we look back historically, you're— You know, there was a time where probably the female members of your— Or I should say the people who have had children before, uh, in your family or among your kind of group, your—

You know, as we go even further back in your village, uh, would help a younger person through this process. You wouldn't have to— You wouldn't have a video, but they would describe it to them, answer all their questions, and be able to walk them through.

But birth, especially in this country, has changed so much over time. We've done so much to the process to kind of medicalize it. And then also, it's different. It's just different. There are lots of different things that are gonna happen than what your body is going to just know and feel.

Justin:

Yeah.

Sydnee:

So, don't take for granted that you'll just understand everything as it's happening. Even as a physician who should understand this intimately, just from my training, going through classes ahead of time, watching birth videos, watching different birth scenarios...

Justin:

Mm-hmm.

Sydnee:

... you know, because, uh, that's what one thing I did is I watched different scenarios. I wanted to... I mean, I'd seen C sections, and I'd seen vaginal births, and I've seen...

Justin:

You've seen alien that pops out, a face, like, pops out...

Sydnee:

That is not a birth. I wouldn't call it a birth.

Justin:

No, agree to disagree.

Sydnee:

Um, and I'd seen, I'd seen births with medication. I'd seen births without medication, and I think all of that was very important. So that when I walked in to the hospital on the day that Charlie was born, I knew at least what to expect and, when things didn't go as we expected, at least, I understood what and why and how and that kind of stuff.

Justin:

Yeah.

Sydnee:

So.

Justin:

I got one more question from Amy who asks... and I have no idea, so I'm glad you're answering this, "How does a person go about finding a doctor? Like if I don't have a primary care physician, how do I get one? Do I need to research different doctors? How do I know if they'll take my insurance? Is there anything I should be wary of or watch out for?"

Sydnee:

This is a great question.

Justin:

Thanks.

Sydnee:

Yes. And I have found that, uh, I get this question a lot, actually, from friends and family, how do you find a doctor.

Justin:

Not from patients, I would hope.

Sydnee:

No. [laughs]

Justin:

"Listen, this has been great and all but..."

Sydnee:

"How do I find a different doctor?"

Justin:

"How do I find a different doctor?"

Sydnee:

No, not typically. So, what I would say is there are a couple things you need to know. First of all, Justin, so that I understand from point of reference, if I say you need to find a primary care provider, a primary care doctor, what do you think I mean?

Justin:

I mean, I'm already too deep in, Syd. I don't know. It's hard to say.

Sydnee:

Okay.

Justin:

I know you usually say a PCP, which used to freak me out, but now, I, like, know what you mean.

Sydnee:

Yeah, I don't mean angel dust. I mean, a doctor...

Justin:

Uh, I know we're talking about a family care doctor, which is a what? Like, how would you describe a family doctor?

Sydnee:

Sure. So, let's start with there are different kinds of primary care doctors. We'll start with a family doctors because I am one, and I am openly biased, and I will go ahead and say that to [laughs] family doctors 'cause I am one. Uh, so, uh, if you want to find a doctor, I'd start with one of the following. Family doctors are doctors who, you know, we all went to some sort of medical school, we all, uh, finished that school and got a degree, hopefully, we should have. Um...

Justin:

All doctors or all family doctors?

Sydnee:

All doctors.

Justin:

Okay, got it.

Sydnee:

Whether that be an M.D. or D.O. Uh, at that point we attended— If you're a family doctor, you attended a three-year family practice residency somewhere, and hopefully completed that. I myself am boarded in family medicine, and you'll find that that is more and more common these days.

That used to not be so common, but most doctors, I think, are seeking board certification because you have— A lot of hospitals require that honestly, so which means I passed a test and I do a lot of stuff every year to maintain that certification. It's actually really difficult these days.

So, a family doctor can see pretty much everybody. Uh, that means that I see babies, newborns, all the way up to the geriatric population. Um, and everybody in between men, women, I provide, uh, women's health. There are family doctors who do OB care, um, all that stuff, procedures, everything basically.

And we can also be referral centers for you. So if you do have a problem that necessitate some sort of specialist, we can refer you there. We'll do your health maintenance, we'll get your immunizations taken care of, tell you when you need your colonoscopy, all that good stuff. So, that's one option for you.

There are other primary care doctors that you can also look for. One would be an internal medicine specialist, a general internist. So a lot of internal medicine specialists will branch out into subspecialties. You would look for a general internist to start with.

Justin:

Mm-hmm.

Sydnee:

General internist can do, um, basically all the stuff I talked about for adults.

Justin:

Okay.

Sydnee:

So they don't see kids. Uh, you can also, obviously, if you're a child or you are [laughs] hopefully if you're a child, like, go tell your parents to get you a doctor.

Justin:

If you're like blank check, you're out on your own.

Sydnee:

This is how you get a doctor. But if you're a child, uh, or if you have a child and you're looking for a doctor for them, you can see a family doctor; you could also see a pediatrician, obviously, who again, can do all the stuff I just said except only for kids.

Um, I would also just throw in there real quick in the primary care family, our obstetrician-gynecologists, OBGYNs, even though technically they're only doing a certain part of, you know, part of healthcare, you know, they're dealing with delivering babies and taking care of women's health and gynecologic problems, um, they tend to provide a lot of primary care just because, sometimes, you know, women will choose to only go see OBGYNs for a period of their life and not see another kind of primary care doctor.

Justin:

Okay.

Sydnee:

So I think they're part of our family. Um, so these are the doctors, you should start with, one of the above.

Justin:

So how do I find the right one for me?

Sydnee:

One thing you wanna consider is who your insurance is gonna to cover. Unfortunately, that's just a really practical consideration you need to know. Uh, usually, that information is available online. You're looking for your network.

Justin:

Mm-hmm.

Sydnee:

"What doctors are in my network?"

Justin:

Yeah, look, go to wherever you do your insurance management online and they'll have a search, usually, for who's in your network.

Sydnee:

And you can usually search by specialty. So if you're looking for, like, a family doctor, you can just look. And more and more insurance companies are actually requiring that you get a primary care doctor...

Justin:

Mm-hmm.

Sydnee:

... to manage your health maintenance and all this stuff or they'll actually... um, you have to pay a fine with some insurance companies in the future if you don't. So, it's a good reason to get one.

Um, that's number one is to, you know, you wanted to get covered, obviously. Um, number two, what I would look for is somebody close to you. I do think that distance is an important factor in this thing.

Justin:

Not emotionally close.

Sydnee:

No, no not emotionally close, actually, and certainly not, uh, familiarly close, not someone you're related to. Uh, you want somebody that you can get to in a pinch if you're sick that you can go see. So, I never think it's very practical to have a primary care doctor that's two hours away if you have closer options.

Uh, the other thing I would say, the other consideration is just because they're a doctor that's listed as they're in your network and they're close to you doesn't necessarily mean you're gonna click with them, you know, because it's a very personal thing...

Justin:

Mm-hmm.

Sydnee:

... finding a primary care doctor, somebody that you get along with. So, I'll see this happen a lot, like, on Facebook. I'll see people kind of crowdsourcing. "Hey, I'm looking for a doctor. Are there any good ones in this area?" And I see tons of responses.

I think that's one good way to kind of feel out your friends and family. Do they have a good doctor? Ask around for people that you know, "Who do you see?" You know, a lot of times, your friends and family are seeing doctors that they love, and they can give you those names. And you can go see them too. Um, so I would ask...

Justin:

What about doctors that you, like— I hear sometimes, like, you can't get in with them or, like, they're too busy. Is that a thing or, like, you can't get on with new people or...?

Sydnee:

So, sometimes, a doctor will have so many patients that they're taking care of that they'll have to stop taking new patients, which basically means they can't because you have to see patients... You know, we need to see patients periodically for follow up visits. Imagine if you're continuing to add more and more new patients, eventually, you'd be scheduling...

Justin:

But you can see...

Sydnee:

... people out for years.

Justin:

You can see X number of people per day.

Sydnee:

Mm-hmm.

Justin:

Those people need to be cycled back in X amount of times per year, and eventually the math just fills up.

Sydnee:

Exactly. So sometimes that you run into that but, usually, if a physician's office does tell you that, they can tell you about a provider nearby who maybe isn't, you know.

Justin:

The good news there though is if they don't have a lot of spots open up, that means they're keeping all these people alive, so that's great. If they got a lot of— If they're like, "Oh, we just got a new opening in today," that's a doctor you gotta be worried about.

Sydnee:

And [laughs] that's a good point.

Justin:

I think.

Sydnee:

Um, and it is, it is, uh, very common too. I know it's definitely in our office where even providers who maybe already have all the patients, uh, in their

panel of patients that they can sustain, um, if it's a family member of a patient, we usually make exceptions for that.

So if it is somebody that one of your relatives has seen and you'd kind of like to go, like, the whole family be able to go to the same doctor that's a very common thing for me to see mom, dad, kids, grandparents, aunts, uncles, everybody.

If you're in that situation, um, let them know 'cause they may make an exception for that too. But I would ask people, you love and trust what doctors they see first. I would put little stock in a lot of those ratings websites.

Justin:

Mm-hmm.

Sydnee:

Um, they're all out there and you're welcome to search them and they'll just tell you, you know, based on patient reviews what are the good doctors in your area. But I'd be really careful about that because— [sighs] I mean people who are dissatisfied are much more likely, I have found...

Justin:

It's anything, right? Like not a doctor, isn't it? It's just, you know—

Sydnee:

Yeah. Yeah, just anything, yeah.

Justin:

If you had a bad experience, you're a lot more likely to leave a bad review.

Sydnee:

Exactly. And even if you see a lot of good reviews, again, just be— Just from my own little searching, not even myself, just providers in my area, it doesn't necessarily mean that this is the best doctor in the world or the best doctor for you.

Justin:

Maybe they're just tossing out junk like candy.

Sydnee:

[laughs] You...

Justin:

It's, like, five stars.

Sydnee:

I didn't say that.

Justin:

I love it. All the...

Sydnee:

You never know. [laughs]

Justin:

... perkies, those danos, those flip-flips. I love them, all of them. It's five stars.

Sydnee:

It's very— [laughs] It's very much about a fit. You've got to find the right doctor for you. Um, ask around, ask people, ask people who have your same— Also, like, your same feeling about healthcare, you know, like, do you, like, to talk to your doctor forever 'cause if you do, maybe I'm the right doctor for you. [laughs]

Justin:

Yeah. Or maybe please— I'd like my wife to come home, please don't go to her. Please, I beg of you.

Sydnee:

[laughs]

Justin:

Uh, that's gonna do it for us on this very special episode. One more plea. Um, if you like Sawbones, if you wanna help us make Sawbones and be part of the Sawbones team, go to maximumfun.org and click donate. Uh, if you do \$5 a month you get those, uh, bonus episodes. For \$10 a month, you get a cool handkerchief or bandana. Uh, I'm not sure technically which is which but, uh...

Sydnee:

But bandana sounds much cooler so...

Justin:

Sound much cooler—

Sydnee:

And they do look really cool. Check them out.

Justin:

There's individual designs for every podcast, um, and you should get ours 'cause it talks about Pliny on there. Um, there's the adventure kit has hot cocoa, toilet paper, multi-tool and, uh, the paracord bracelet for \$20 a month. And, uh, if you can kick in \$35 a month, we're gonna thank you with all that stuff plus a cool thermos.

So, uh, more than that, though, you're helping to make good stuff, and you're gonna fill the world with, uh, with more good stuff. That's something you can do right now, right this second. Go to maximumfun.org and click on Donate. Um, we'll have one more Max Fun Drive episode. I gotta say this has been fun. Uh, let's do this again.

Sydnee:

Yeah, I'd be happy to. Well...

Justin:

Well, I'll tell you what if you got...

Sydnee:

... you know—

Justin:

... questions like this, email them to us, sawbones@maximumfun.org. If we get enough good ones, maybe we can, uh, maybe we can, uh, do another one next week.

Sydnee:

Yeah. Again we're not gonna diagnose or treat anything.

Justin:

Nope.

Sydnee:

But if you've got some weird little questions... Um, you know, Justin, the root of the word doctor actually comes from the word for teacher, so...

Justin:

I did not know that.

Sydnee:

... this is kind of, like, right there in my wheelhouse.

Justin:

Perfect. Um, well, folks, that's gonna do it for us. Thank you so much. That address one more time is maximumfun.org. Thank you for listening. Thank you. If you've already donated, seriously, we cannot thank you enough. It has changed our life demonstrably, and it is all thanks to you. And...

Sydnee:

Yeah, Charlie thanks you too.

Justin:

Yeah.

Sydnee:

She loves having her mommy around a little bit more.

Justin:

So, thank you, bless you, uh, and take care of yourselves. And again, if you can't give, that's okay too. That's life. We get it. But if you can, it means a lot. Maximumfun.org/donate. So, until next week. My name is Justin McElroy.

Sydnee:

I'm Sydnee McElroy.

Justin:

As always, don't drill a hole in your head.

[theme song plays]

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