

## Sawbones 144: Medical Garb

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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 co-host, Justin McElroy.

**Sydnee:**

And I'm Sydnee McElroy.

**Justin:**

Sydnee, I have a great vignette for you.

**Sydnee:**

Oh, good, Justin.

**Justin:**

It's a medical vignette. You know how you like medical crap?

**Sydnee:**

I do. Sorta like in, um, in *Reader's Digest*, when they have those, those little vignettes about, like, funny medical stories, laughter is the best medicine. Aren't the, everybody loves those, right?

**Justin:**

Listen, who's doing this intro? Me or you?

**Sydnee:**

I'm just, I'm just saying that I love those.

**Justin:**

I thought you're gonna try to derail me and wrest control of this great, perfectly honed intro I've written.

**Sydnee:**

I used to have stacks of *Reader's Digest*. That is not a lie. Stacks and stacks. So, I kept every one I read.

**Justin:**

It's like your medical journals.

**Sydnee:**

[laugh]

**Justin:**

That you just hoard around the house, like a medical journal hoarder.

**Sydnee:**

I didn't get to all of them.

**Justin:**

Uh, okay. So, here's my vignette. You know the video for *She Blinded Me with Science*? You know, that song by Thomas Dolby?

**Sydnee:**

Yes.

**Justin:**

Um, there's a, oh, man in there, and he's the one who's like, "Science!"

**Sydnee:**

Right.

**Justin:**

And they want him to wear, um, a medical coat for that.

**Sydnee:**

Okay.

**Justin:**

But he refused because it's a crime—

**Sydnee:**

Why did he refuse?

**Justin:**

It's a crime to impersonate [laugh] a doctor in the UK. Now, I know what you're saying. Is that how acting works? And the answer is no, it isn't.

**Sydnee:**

[laugh]

**Justin:**

But I don't think we're working with, like, a crack, crack team of professionals here.

**Sydnee:**

Well, it's a crime to impersonate a doctor in the US too, right?

**Justin:**

Yes, yes. I'm sure if he had been a very, very dumb American, he would have thought the same thing. But, you know—

**Sydnee:**

[laugh]

**Justin:**

I don't wanna besmirch his good name. Uh, you know, uh, here's the thing. I got this from Pop-Up Video like a decade ago. So, maybe my memory of it may be, uh, mixed up or Pop-Up Video may have been lying to me. It's hard to say.

**Sydnee:**

It, it, that's really difficult. You know, do you think that's why McDreamy quit *Grey's Anatomy*?

**Justin:**

Because he wa—he knew the cops were—

**Sydnee:**

He didn't keep smiling? [laugh]

**Justin:**

The cops were patching out to him.

**Sydnee:**

There could, uh, they were—

**Justin:**

Johnny Law.

**Sydnee:**

They were sniffing around.

**Justin:**

Yeah.

**Sydnee:**

Asking his friends and, and relatives, like, so what does he—

**Justin:**

Where—

**Sydnee:**

What does he do during the day?

**Justin:**

Yeah. Where is this, you remember the kid from *Can't Buy Me Love*?

**Sydnee:**

Where is he—

**Justin:**

What is he doing now?

**Sydnee:**

And what's he wearing while he's doing that? What does he—

**Justin:**

Yeah.

**Sydnee:**

What is the clothes for?

**Justin:**

Where are they now is actually like an investigation, uh, a federal investigation [laughing] for, uh, uh, uh, uh, portrayed as a TV show. Um—

**Sydnee:**

It was the, it was the CIA all along.

**Justin:**

But, yeah, he wouldn't wear a doctor's coat because that, uh, 'cuz he thought it was a crime.

**Sydnee:**

Well, I, I, I agree with you. I don't think it is a crime. But, uh, as long as we're talking about doctors coats.

**Justin:**

You wanna talk about that for the show? We do?

**Sydnee:**

Do you want to hear more about them?

**Justin:**

Uh, yeah, actually, I do, Syd.

**Sydnee:**

Not just doctors coats. I wanna talk a little bit about just some of the medical garb, some of the things we associate with doctors, what we're, are su— you know, supposed to wear, I guess.

**Justin:**

Mm-hmm.

**Sydnee:**

How we are, uh, portrayed in television movies, caricature.

**Justin:**

Sure.

**Sydnee:**

You know.

**Justin:**

Yeah.

**Sydnee:**

What, what you think a doctor is supposed to look like, uh, because that's changed through the years, as you may imagine.

**Justin:**

Of course.

**Sydnee:**

Uh, I want to thank Aaron and Jeremy for both recommending this topic. Uh, this is, this was really cool for me to read about two, because I never thought about, like, the white coat, let's start with the white coat.

**Justin:**

Okay.

**Sydnee:**

When do you think doctors started wearing those?

**Justin:**

Well, um—

**Sydnee:**

You're reading ahead. You're cheating.

**Justin:**

No. I'm not. I, I, uh, it's, uh, ar— arou— it, it goes hand in hand with germ theory. Right?

**Sydnee:**

Si— uh, yeah.

**Justin:**

So, like, similar-wise? Like—

**Sydnee:**

No, not that far back.

**Justin:**

Not that far back.

**Sydnee:**

No. But there is an association. I mean, that's fair. There is an association with the white coat and, um, science as well as antisepsis. So, we did not, as

doctors, we did not wear anything like a white coat until about a hundred years ago. Uh, prior to that, early on, physicians mainly dressed in black.

**Justin:**

Because it looks cool? Like, they're trying to look cool and rad?

**Sydnee:**

Well, yeah. I mean, it does look cool. But, uh, there were a couple reasons. One is that black was, has, and still is a formal color, like formal attire is black, you know.

**Justin:**

Mm-hmm.

**Sydnee:**

Suits, tuxedos, you know, formal gowns, robes—

**Justin:**

Okay.

**Sydnee:**

... on judges—

**Justin:**

Mm-hmm.

**Sydnee:**

... magistrates, priests, you know—

**Justin:**

Well, I know that the doc—

**Sydnee:**

... black is a formal color.

**Justin:**

Medicine and the clergy have a, a long running connection. So, I wonder if that's part of it.

**Sydnee:**

That is part of it the tie between, uh, because there were so mem— many members of the clergy acting as physicians, and then even as we branched

away from the church, uh, that that kind of idea that because it is such a somber, formal profession, that same, you know, long black robes would be worn over your clothing.

**Justin:**

Right.

**Sydnee:**

So, very similar to what we think of it as like, like a judge wearing, you know.

**Justin:**

Fancy.

**Sydnee:**

Yeah, very fancy. Um, uh, so, it was very formal. Uh, doctors were people who were supposed to be respected, and those kinds of like big black robes commanded respect, and, you know, power.

**Justin:**

Mm-hmm.

**Sydnee:**

And so, the, that was another reason they wore them. And then, the other thought is that, uh, we have in our culture, anyway, associated wearing black clothing with mourning and death and grieving, and so—

**Justin:**

So, if they beef it, they're already like, suited up [laugh] and ready to like, "Hold on, let me just jump into my, uh, uh, uh, grieving mode." Okay.

**Sydnee:**

Well, you got to think for a long time, we didn't know what we were doing. And so, when you visited a doctor because you are sick—

**Justin:**

Sure.

**Sydnee:**

... I mean, your odds were already not great, just by virtue of the fact that you were walking in the door. And then, f— again, for a long time, we did some pretty, if, if you listen to show, you know this, we did some pretty



messed up stuff. And so, once you got into our hands, your odds were a lot worse. [laugh]

**Justin:**

Yeah. And it's sort of like a Mad Dog McCree, FMV classic. When you get, uh, shot, Mad Dog McCree, the next face you see is the undertaker.

**Sydnee:**

Mm-hmm.

**Justin:**

And he talks to you and he's like, "You better get lucky. Hmm, you're gonna be dead." And it's like, well, okay, uh, uh, uh, [laugh] are you seeing me for medical, am I here for medical treatment right now? Like, I understand the connection between, like, if I'm, don't, I better get lucky or I'm gonna get dead. I, I ge— I understand that. But like, are you, are we, are you a medical doctor at this point? Are you just like biding your time? What's going on?

**Sydnee:**

If he isn't a medical doctor—

**Justin:**

Did I wake up?

**Sydnee:**

The, that doesn't seem like a great arrangement for you, because he has like a vested interest in you not—

**Justin:**

Win-win for him.

**Sydnee:**

... you know, not making it.

**Justin:**

Yeah, yeah. Win-win.

**Sydnee:**

Um, now, while doctors were, like I said, for, for up 'til about a hundred years ago, formal attire, you know, if you, if you went to visit a patient at their home, um, even when doctors weren't wearing the, the big black

robes, even as those, you know, it began to fall out of fashion to have the robes on, necessarily, you would still dress in like... and we're mainly talking about men at the time. You know, there weren't as many female doctors, uh, in suits, very formally attired.

**Justin:**

Mm-hmm.

**Sydnee:**

And, you know, that was just the way, you know, if you got blood or guts or whatever on them, that's just what happened. So, you would just walk around with that all over your street clothes, your... Well, your formal street clothes.

**Justin:**

Yeah.

**Sydnee:**

Um, now, lab techs, people who worked in, once we began to develop the idea of, like, laboratory science and experimentation, the scientific method and that kind of thing, people who worked within laboratories in, in science related fields already wore coats, similar to what we think of as the white coat. Now, they were actually beige at the time. Um, but there was already this established connection between a lab coat and science, you know.

**Justin:**

Okay.

**Sydnee:**

Something, something scientific, something that required thought and experimentation and, you know, evidence.

**Justin:**

Okay.

**Sydnee:**

Um, so, in the late 1800s, when we see this shift in medicine towards, you know, maybe instead of just making stuff up as we go, we should start coming up with good guesses, testing them, and then writing it all down, and doing the things that work and not do the things that don't work.

**Justin:**

Sounds like a lot of work to me, Doc. I don't know. Uh, maybe we should just keep with the bleeding and stuff. That seems to be working fine.

**Sydnee:**

This, it's weird that that was revolutionary.

**Justin:**

Mm-hmm. Right.

**Sydnee:**

Because that doesn't seem like, but there, but there you go.

**Justin:**

Yeah, we have it.

**Sydnee:**

Um, but as we began to, to apply more science to medicine, uh, physicians wanted to, to echo that. And so, they adopted the lab coat, the white coat as well. Um, so, initially, like I said, it would have been beige, but at the same time, kind of what you alluded to, Justin, we were, we were getting the concept of, like, antisepsis—

**Justin:**

Mm-hmm.

**Sydnee:**

... that there were germs and that we wanted cleanliness.

**Justin:**

Sure.

**Sydnee:**

That the, there was a connection between having clothes that looked clean and, like, surroundings that look clean and things that looked very clean and health. And hence, white became the color—

**Justin:**

It's a lot easier to hide stains—

**Sydnee:**

... of that.

**Justin:**

... on a black coat than it is on a white one.

**Sydnee:**

Exactly. So, so then, everything, basically, everything became white.

**Justin:**

Mm.

**Sydnee:**

Um, the, the, not just the white coat, you know, that doctors started wearing, but you also at this time, and I'll get into this a little bit more, you see like scrubs and nurses uniforms, everything, everything becomes white, because the, the idea was that then you would, you know, a patient would walk in and they would see all the spotless white everywhere and think—

**Justin:**

Yeah, the—

**Sydnee:**

... everything is clean.

**Justin:**

Uh, everything is clean, yeah.

**Sydnee:**

Um, the white coats were adopted by surgeons first.

**Justin:**

Because of blood, right?

**Sydnee:**

Uh, again, I think it was more the connection with the operating room.

**Justin:**

Okay.

**Sydnee:**

Um, and then the, uh, the hospital doctors started wearing them as well. So, the, the surgeons in the hospital would wear them. And then the other doctors who worked within a hospital setting saw that and said, "Yeah, that

looks like good. I like that." Um, and then, finally, uh, doctors who worked in offices followed suit. And by the 1920s, it was just kind of the standard. You began to associate this white coat with physicians.

**Justin:**

And by, and, uh, then, I think the next big evolution sort of after that was the red nose and big clown shoes from Patch Adams.

**Sydnee:**

[laugh]

**Justin:**

Um—

**Sydnee:**

Which, of course, are standard issues to every—

**Justin:**

With the lack of standard issue.

**Sydnee:**

... doctor, if you're not—

**Justin:**

The patient, when you look—

**Sydnee:**

[laugh] Um, in the 1990s, they actually developed something the, called the white coat ceremony, and you may not have heard of this if you're not, you know, either involved in the medical field or don't know, you know, anybody, and you know sometimes like, Justin, you've heard of it if you—

**Justin:**

If you're a Justin, you may have been to a few, [laugh] by this point, if you're a Justin McElroy.

**Sydnee:**

Uh, and the White Coat Ceremony invented by Arnold Gold was kind of, uh, supposed to be like this initiation, rite of passage, so to speak, into the medical field symbolized by the white coat. So, uh, I had a white coat ceremony, you, you stand there nervously until you get to walk across the

stage, and somebody puts a white coat on you. And then, you, you're a medical stu— you're not a doctor. You're a medical student. [laugh]

**Justin:**

Yeah, uh, now—

**Sydnee:**

It's just, it's just, it's the moment when you've decided that someday I'm going to be a doctor. At least, I'm willing to start paying, you know, 100,000 bucks or so, to work towards that happening.

**Justin:**

So, you get, wait, you get the white coat at the beginning of your medical school thing?

**Sydnee:**

Yeah. Remember?

**Justin:**

That's right. Yeah.

**Sydnee:**

And it, and so, it's something—

**Justin:**

I've been to a few in the past. So, it's harder to—

**Sydnee:**

Well, it, it is confusing, because it's something that evolves. So, if you'll notice, medical students wear white coats, and then physicians wear white coats.

**Justin:**

Right. But they're different lengths.

**Sydnee:**

Exactly. The student coat is, uh, just like to the waist, almost like a sports coat, [laugh] slightly longer sports coat.

**Justin:**

Yeah.

**Sydnee:**

Uh, isn't, it's not very convenient. There aren't as big pockets. Um, they never fit. I don't know if, maybe there are other schools where this is not true. They don't fit women well. They don't.

**Justin:**

Surprise.

**Sydnee:**

There it is. Um, they're very, they're just made for, for a more, you know, typical, like, broader shoulder, narrower waist. And, uh, they're not really made to accommodate like—

**Justin:**

It's the glass ceiling and—

**Sydnee:**

... my hips.

**Justin:**

It's the glass ceiling and the ill—fitting coat.

**Sydnee:**

Yeah, that's, that is a, that is prevalent in medicine, men medical garb, um, that when you become a resident, so when you're done with your medical school, and so you get your degree and you're a doctor—

**Justin:**

Mm-hmm.

**Sydnee:**

... then you get the long white coat, which is a big deal, because then you look like a doctor.

**Justin:**

And that's, and if you, someone steals it, um, you have to grant them three wishes [laughing] if we can be a doctor again. A lot people don't know that.

**Sydnee:**

They, they also, uh, a lot of time—

**Justin:**

Or they can learn your name. If they learn your name, then you can—

**Sydnee:**

That's true, yeah. Uh, a lot of times, the student coat will just have like a symbol of your, um, of your, uh, medical school on it. It won't necessarily have your name stitched on it. They'll like wear a name tag, but don't have a stitch on it. When you get like your official doctor coat, it has your name stitched on it, and it has like all the pockets everywhere for all of the stuff you carry around. Now, what's interesting about that is, this, the white coat is, is, I mean, it's symbolic of doctors, right?

**Justin:**

Yeah.

**Sydnee:**

Like you think of that, you, you, you think of doctors. If you see, you know, a cartoon doctor—

**Justin:**

He's wearing a white coat.

**Sydnee:**

... he's wearing a white shirt.

**Justin:**

Sh— or she.

**Sydnee:**

Yes, exactly. I was thinking of Dr. Hibbert. I think that's why I said he.

**Justin:**

Okay. [laugh]

**Sydnee:**

Yeah. [laugh] This is all I'm picturing as I'm ta—it's just Simpsons in my head. Um, but he or she is wearing a white coat, typically. What's weird is that not all doctors wear those anymore.

**Justin:**

Oh, yeah?



**Sydnee:**

Uh-uh. No. So, uh, more and more, uh, doctors are moving away from the white coat, uh, especially certain groups of pediatricians, don't tend to wear white coats as often because they're intimidating to kids.

**Justin:**

Sure.

**Sydnee:**

You know, they can be scary. Um, psychiatrists often don't wear white coats, because, again, they can be upsetting to their patients, sometimes.

**Justin:**

Mm-hmm.

**Sydnee:**

Um, in family medicine, I can't tell you the last time I wore my white coat. I mean, it's been a long time. As a resident, I found it quite handy because it had the big pockets, and so I could carry a lot of stuff in it when I would run around the hospital.

**Justin:**

Sure, sure.

**Sydnee:**

But, uh, more and more we see doctors kinda moving away from it, for a couple reasons. One because it creates like this barrier, in my mind—

**Justin:**

Mm-hmm.

**Sydnee:**

... between me and my patients.

**Justin:**

Mm-hmm.

**Sydnee:**

Like, look at me in my fancy white coat.

**Justin:**

But don't you think that's, um, I mean, doesn't it make it harder to, like, get them to listen to you and get respect like without the coat?

**Sydnee:**

You know what's really interesting? They did a study where they asked patients if they, like, trust and have more respect for their doctor if they wear a white coat or not.

**Justin:**

Mm-hmm.

**Sydnee:**

And it's a really generational divide.

**Justin:**

Really?

**Sydnee:**

Older patients tend to like a physician to wear the white coat and feel like they're having more like the doctor experience.

**Justin:**

Mm-hmm.

**Sydnee:**

Whereas, younger patients tend to prefer that their doctors not wear it. So, they feel like it's more of like a, a partnership, like a teamwork kinda thing.

**Justin:**

You should offer them the option [laugh] where you come in, have someone—

**Sydnee:**

With or without white coat?

**Justin:**

I'm sorry. Would you like Dr. McElroy with or without the white coat today? We'd like to give everybody the choice.

**Sydnee:**

The, there's also, the last thing I'll say of white coats. There's also a lot of question about, uh, white coats as fomites, fomites being inanimate objects

that for, that serve as, uh, carriers of disease. So, there's lots of things that you could wear that would be a fo— you know, your watch. Um, just a long sleeve shirt. Right?

**Justin:**

Right. But—

**Sydnee:**

But the, but the thought is that white coats, there were, there's been a lot of fear that maybe they were spreading disease. Now, there's never been a study that's really borne that out, that's really shown that like a white coat— I mean, yes, there's been studies that show white coats carry bacteria. Yeah. But anything you wear in the hospital is probably going to carry bacteria on it. It's just like—

**Justin:**

Except for the fact that you—

**Sydnee:**

... us, like, I carry bacteria on me. [laugh]

**Justin:**

Except for the fact that you almost certainly aren't washing your coat as, uh, as often as you wear new clothes, which is to say every single day.

**Sydnee:**

So, this is one of the grounds of the argument that physicians who are against white coats now make, is that even though, yes, anything can carry germs, when polled, physicians rarely wash their white coats. And so, that was, that was one big argument. Um, I think in the UK, they actually forbid, like, elbows down, you can't have anything on your arms.

**Justin:**

Okay.

**Sydnee:**

So, like, their, I don't know if their white coats over short sleeves or if they just got white coats.

**Justin:**

Cut-offs? Like, sweat cut-offs?

**Sydnee:**

I ha— there are physicians I work with who wear short sleeve, white coats, as a result, uh, not a, as a result of that ban, but because of these, this thought, this feeling, this theory. So, I think nothing from the elbows down sounds like a reasonable idea either way. Um, I don't know. I would say toss off your white coat would be my advice, but to each their own.

**Justin:**

Now, what about underneath the white coat? I, I know you guys wear scrubs. I know you've stolen a lot of scrubs over the years.

**Sydnee:**

Hey, don't tell anybody that.

**Justin:**

Sorry.

**Sydnee:**

[laugh] So, scrubs, similar to the white coat, prior to the late, late 1800s, doctors were just wearing street clothes. Um, and they would get blood and guts, and poop, and goo, and snot all over their street clothes. And, um, it would be, uh, it would be like a source of pride. Look at what a good doctor I am, I got so bloody today.

**Justin:**

I really got in there.

**Sydnee:**

[laugh] Really got in there and I didn't help anybody, but I, I, a guy was in there. Um, sometimes if they were in the operating room, they would just wear like big surgical aprons, which were sort of like butcher aprons.

**Justin:**

That's a cool image.

**Sydnee:**

Yeah.

**Justin:**

That's a cool image to, like, chill people out with.

**Sydnee:**

Yeah. Not, that would be fairly upsetting.

**Justin:**

Hi. My name is, uh, Dr. Peterson, and, uh, I'm gonna get in there today. I'm gonna get elbow deep in you so bad that I have this protective apron, because some of that, some of you ain't coming out of my clothes, [laugh] if I don't wear something to protect myself. That's how much you is gonna be out of you and on me today.

**Sydnee:**

Which was, it's especially great without anesthesia.

**Justin:**

Sure.

**Sydnee:**

You're just looking at that.

**Justin:**

Yeah.

**Sydnee:**

It looks like a Dexter staying in there over, you know.

**Justin:**

Sure.

**Sydnee:**

Um, uh, nurses would wear these surgical aprons as well. And then, whatever accumulated on the surgical aprons, it just kind of stayed there. Uh, so, again, as we move into times where we want things to be cleaner, we worry about germs, um, uh, and we, we don't want to get so messy. We start to develop things like surgical gowns and drapes. These are like precursors of the scrubs.

**Justin:**

Okay.

**Sydnee:**

So, scrub-like things, but really just gowns that you would put on just when you're in the operating room. And then, eventually, from that we see the creation of scrubs, so like an entire outfit, you know, pants and shirt, that you can wear inside the operating room, and then from there, in the entire hospital. That would be comfortable, easy to move in, easy to wash, you know, fabric that would be really easy to just throw in the washer constantly because you wanted to keep them clean, um, and that everybody could wear.

**Justin:**

What makes a good scrub, Sydnee? I'm going to give you one minute because I know you have strong opinions on the scrubs that are good and the scrubs that are not as comfortable.

**Sydnee:**

Okay. When scrubs are brand new, they're very uncomfortable. They're very stiff, um, that, I mean, it's, it's recommended that they'd be 100% cotton. Um, ours are not. I just use the ones at the hospital. They're very stiff and scratchy. Uh, after they've been washed a ton, they get really soft, and that's way better. Again, though, they're way, they're, they're sewn and cut way better for men than they are, for typical male bodies than for female bodies, I will say. Everyone is different. Um, but for my female body, they don't fit me very well. Um, and so, uh, I generally had to go like a size up to accommodate, you know...

**Justin:**

Your womanhood.

**Sydnee:**

My womanhood. [laugh] To accommodate my boobs.

**Justin:**

There you go.

**Sydnee:**

There it is. Um, but washing them more, they get better. Uh, they never felt like they do on Grey's Anatomy. Let me tell you that.

**Justin:**

[laugh] Well, they're not tailored. Absurd.

**Sydnee:**

Um, they get the name scrubs from the process of scrubbing in for surgery.

**Justin:**

Oh, yeah, I know about that.

**Sydnee:**

Yeah. So, you get all clean. When we scrub in for surgery, like, we like wash our hands really long and really hard and scrub our nails and wash all the way up to the elbow, and then don't touch anything, and you get your special clean suit on, which became scrubs.

**Justin:**

Oh. Oh, yeah.

**Sydnee:**

We used to call them whites.

**Justin:**

But—

**Sydnee:**

Because they were white.

**Justin:**

Yeah, but not anymore.

**Sydnee:**

Now, they're not white.

**Justin:**

So, now, they're scrubs.

**Sydnee:**

The scrubs stuck, whites didn't. Um, like I said, initially, everything in the or was white. Now, if you've ever been in an operating room or seen one, they're pretty bright, right?

**Justin:**

Yeah.

**Sydnee:**

So, imagine that you're a surgeon, you're doing technical work, you're down in there, in the blood and guts, staring at that, and then you look up, and the entire room is bathed in glowing white light, constantly.

**Justin:**

Very distracting?

**Sydnee:**

Very hard on the eyes.

**Justin:**

Hard on the eyes. Okay.

**Sydnee:**

So, uh, you can get red fatigue from looking inside the gooshie human body for too long.

**Justin:**

Oh.

**Sydnee:**

Staring at all that pink and red. And after a while, it gets hard to distinguish what's pink and what's red, and what's, uh—

**Justin:**

And that's important.

**Sydnee:**

That, yeah, it's important to know what all the gooshie things are. So, uh, what happens when that, when you get the red fatigue is you look up at a white surface, and you see those like green shadows. You know what I'm talking about?

**Justin:**

Yeah. Yeah, yeah, yeah.

**Sydnee:**

Um, and so, to cut down on that, they started making scrubs different colors, most blue and green. That's the most common color for scrubs, blue or green.

**Justin:**



'Cuz those feel like clean colors.

**Sydnee:**

Well, no, the green is the opposite of red.

**Justin:**

Oh.

**Sydnee:**

And it's the other se—

**Justin:**

Okay.

**Sydnee:**

It's the other pathway, those sorta cones you got.

**Justin:**

Oh. All right.

**Sydnee:**

So, when you look at something green, it almost like recharges your red—

**Justin:**

Okay.

**Sydnee:**

... you know, vision.

**Justin:**

Yeah.

**Sydnee:**

And so, you're able to distinguish all those blood and guts a little better. So, there you go. Blue and Green scrubs, especially green. Ours are green, um, for that reason.

**Justin:**

Cool. Looks interesting. Um, I want to hear... Uh, okay, here's what I wanna know about. You know I wanna about?

**Sydnee:**

What?

**Justin:**

The thing, the shiny thing on the head. I'm making an, a circle in, top of my forehead right now with my thumb and forefinger. You can't tell.

**Sydnee:**

I'm going to tell you all about that, Justin, right after we go to the billing department.

**Justin:**

Let's go.

[theme music plays]

[ad break]

**Justin:**

Okay. I've waited long enough, Sydnee. Tell me about that little thing up there that all cartoon doctors have, and no one's ever had in real life.

**Sydnee:**

Dr. Hibbert wear, Hibbert wears one of those two.

**Justin:**

Of course he does.

**Sydnee:**

So, Justin is referring to the head mirror, which is that round shiny thing that is usually depicted like squarely in the center of a doctor's forehead.

**Justin:**

Right.

**Sydnee:**

That is not where you would wear that for any use. Let me say that to begin with.

**Justin:**

Okay.

**Sydnee:**

So, what is this thing for?

**Justin:**

Yes.

**Sydnee:**

Okay. The idea of a head mirror is to, uh, be able to reflect light in order to more closely examine, uh, like the back of the throat, to look down the throat or up the nose. Okay? So, in order to use it, what you would do is, is like, uh, right now I'm sitting across from Justin.

**Justin:**

Okay.

**Sydnee:**

If I had a head mirror on, I would have a light directly behind him, just above and behind him. I would flip my mirror over my eye. If you notice, there's a hole in the middle of the head mirror.

**Justin:**

Okay.

**Sydnee:**

It goes over one eye, and you, you're looking through the hole in the middle.

**Justin:**

What?

**Sydnee:**

And the surface that now is outward is very shiny reflective. It's a mirror. It's a concave mirror. So, it's going to reflect that light source from behind Justin off of my mirror, and then down his throat or up his nose, or wherever I'm looking.

**Justin:**

That's some—

**Sydnee:**

That is the purpose of the head mirror.

**Justin:**

Baffling.

**Sydnee:**

Yep.

**Justin:**

But now, we have like electricity?

**Sydnee:**

Well, uh, hold on. Let me, let me tell you the history of this.

**Justin:**

Okay. Okay.

**Sydnee:**

So, it was invented in 1743 by a French, I, I had to figure this out. It was an accoucheur, which is like a, uh, he was like a, a male midwife or perhaps obstetrician. I'm not really sure. Either way—

**Justin:**

You're not really accon-sure.

**Sydnee:**

[laugh] No, I'm not. That was a good one. Uh, Levret, and he developed a bent mirror that he could wear and look. He was obsessed with the larynx, which is again, very, that's back, uh, you know, back in—

**Justin:**

Way back there.

**Sydnee:**

That's in the throat, that's not in anywhere where a midwife or an obstetrician would be examining. So, this confused me further.

**Justin:**

So, it's just a fetish for his—

**Sydnee:**

He just really like to look at larynxes.

**Justin:**

Okay.

**Sydnee:**

Uh, anyway, so he developed this mirror. Um, and then all these people tried to improve on it, because they realize that this is a great way to look down patients throats and up their noses.

**Justin:**

Okay.

**Sydnee:**

Which we're tro— were desperate to do. We needed a way to do that.

**Justin:**

Okay.

**Sydnee:**

Um, so, they tried different ways to improve it by, like, attaching like a little, like an extended speculum, uh, to the, to the end of the mirror.

**Justin:**

Okay.

**Sydnee:**

And then put like a light, like a candle on one end of the speculum. So, we would like stick something.

**Justin:**

Mm-hmm.

**Sydnee:**

Like, a duck build like [laugh] thing down your throat or up your nose with a candle on the other end. As you can imagine—

**Justin:**

No.

**Sydnee:**

... well, these things didn't work very well. There was an attempt to, like, have an epiglottis retractor, where we could pull your epiglottis—

**Justin:**

Ew.

**Sydnee:**

... out of the way to, no, that didn't work very well. Uh, there was a Spanish vocal teacher, a famous Spanish vocal teacher, uh, Manuel Garcia, who used a gentle mirror and a handheld mirror and sunlight in order to accomplish this, to, to help look down his throat, because he, he matters a voice for his area. Um, so, if you can imagine that, it's like a, a bent mirror.

**Justin:**

Okay.

**Sydnee:**

And then another mirror, and then a window, is what he was using.

**Justin:**

Okay.

**Sydnee:**

This was the great medical advance that he was making.

**Justin:**

Yeah.

**Sydnee:**

Two mirrors and a window.

**Justin:**

You know, it's fu—you, you, you give people a hard time, uh, we do for being bad at stuff. But like, look how hard it was just to do that.

**Sydnee:**

[laugh]

**Justin:**

Like, that was, that was really hard to, to fix that thing.

**Sydnee:**

And he, he presented this to the Royal Society of Medicine. And everybody, the Royal Society of Medicine got really excited about it. Like, look, he got two mirrors and some sunlight and look what he was able to do.

**Justin:**

Can you believe it?

**Sydnee:**

So, uh, uh, people started experimenting, there was a, a professor in Vienna, a Turk who was, uh, trying to reproduce these results of Garcia's, and he couldn't do it, which the reason why is because he was trying to do it in Vienna in the fall, and there isn't enough sunlight to get the light bright enough to reflect it.

**Justin:**

Oh, okay.

**Sydnee:**

Which is a crazy thing that he didn't think about.

**Justin:**

Yeah.

**Sydnee:**

Um, it was repeated later by Czermak And he was the one who is finally given credit for what we think of as the modern head mirror, because, uh, he did the same thing only with, uh, candlelight, in 1858.

**Justin:**

More constant, yeah.

**Sydnee:**

Um, basically, just the head mirror a candlelight as the light source, reflected it down patient's throats up their noses, really has not changed much since then.

**Justin:**

Just we're using electric light source versus a candle.

**Sydnee:**

Exactly. Uh, now, here's the thing about it. You don't see many doctors using these these days. If you've been to a physician, um, unless you've been to an ear, nose, and throat doctor, that is the one field where you still see them in use, your, your nose and throat doctors. And that doesn't mean all of them use it, but, you, there are certainly, um, ENTs who are still trained with them.

**Justin:**

Mm-hmm.

**Sydnee:**

They're incredibly difficult to learn how to use.

**Justin:**

Okay.

**Sydnee:**

It's not something you can just figure out. Uh, I am not trained in it. So, I would not attempt to use it. I wouldn't be able to. You really need to be trained in using it. Um, but many—

**Justin:**

If I got you one, do you think you'll practice with it?

**Sydnee:**

Yeah, I try.

**Justin:**

But do you want to learn how to do it? Because I can get you one.

**Sydnee:**

I think it'd be a cool, it'd be a cool, yeah.

**Justin:**

Okay. Got it.

**Sydnee:**

It'd be a cool thing to do.

**Justin:**

Christmas is coming, so.

**Sydnee:**

There are people who still like them, because they, like, fold up easily in your pocket, um, and they're lightweight on your head. It's just a mirror. Um, and what they've been replaced by is a headlamp, you know.

**Justin:**



Well, yeah. I mean, yeah.

**Sydnee:**

It's just a light, uh, that you strap around your head.

**Justin:**

Yeah.

**Sydnee:**

So, it's still hands free, but it's also heavier. And I don't know, people, there's the argument that sometimes more technology isn't better. Should we go back to head mirrors? I don't know. But there's still people being trained on them to this day.

**Justin:**

Well, that—

**Sydnee:**

So, there you go.

**Justin:**

That, that's wild that people are, are actually still using that. That's pretty, pretty nutty.

**Sydnee:**

Now, I want—I know we're mainly talking about physicians. I just want to make a quick note. We've done a whole episode on nursing before and, and I talked a little bit about what they wore. Um, but I just wanted a couple notes about nursing uniforms, because some of this played along with, with what we've already discussed.

**Justin:**

Okay.

**Sydnee:**

Um, initially, as we, we talked about the tie between, uh, the medical world and the clergy. Um, initially, nurses were nuns.

**Justin:**

Sure.

**Sydnee:**

So, old nursing uniforms look a lot like nun habits. If you look at very old pictures of nuns, uh, or of nurses, they look like nuns.

**Justin:**

Because—

**Sydnee:**

Slightly modified nuns. Um, they were long black robes. They wore white head coverings. Um, even as nursing moved away from its religious roots, they still wore these incredibly long gowns, and that was to protect them from the patients, from any illness that the patient might have. And they were called fever gowns.

**Justin:**

Oh, wow.

**Sydnee:**

Which is kind of crazy, if you wore gowns or fever dresses. Um, so, these really, uh, like uncomfortable, bulky, long gowns, dresses that, that nurses would have to wear. Um, again, with the 1800s, when everything turned white, that's where we see the origin of like this, the stereotypical white nursing uniform.

**Justin:**

Sure.

**Sydnee:**

You know, you've seen—

**Justin:**

A few nurse ratchet, kind of, yeah.

**Sydnee:**

The, the dress and the hat, and everything. Um, and, uh, and it really wasn't until the '70s that we see nursing uniforms finally become practical. There was a long time where nursing was synonymous with, like, a dress. And yes, there were like scrub dresses and things that were more comfortable. Although, people who had to wear those scrub dresses will tell you they weren't. Uh, but were the, the short white dresses—

**Justin:**

Well, there's gotta—

**Sydnee:**

... there was sexualization of nurses. And so, they were stuck in these very uncomfortable, impractical white dresses—

**Justin:**

Well, that's—

**Sydnee:**

... until the '70s.

**Justin:**

That's gotta be the presence of more men in the field, right, in the nursing field?

**Sydnee:**

I'm sure that was a big boost to it, was, was, one, the presence of more men, and then, two, the realization that, um, you know, nurses have a lot of work to do and they can't be worried about trying to straighten out their skirts all day, you know.

**Justin:**

Mm-hmm. Yeah.

**Sydnee:**

They're professionals. They have a job. Let's let them wear comfortable clothes that allow them to perform their jobs.

**Justin:**

Sure.

**Sydnee:**

Um, today, yeah, I'm sure you've seen your doctor. Most of us just wear, you know, street clothes. [laugh]

**Justin:**

Mm-hmm.

**Sydnee:**

Business cass.

**Justin:**

Kinda sloppy a little bit.

**Sydnee:**

No, not sloppy.

**Justin:**

I like guys that look—

**Sydnee:**

I like business cass. I think that's how I go. I don't wear a white coat. There are doctors who do. You see that more in the hospital. As Justin has noticed, you see, uh, white coats over scrubs with he, which he thinks is crazy. But that is like, that was like my standard resident attire.

**Justin:**

I get it, I guess. Yeah, I guess.

**Sydnee:**

It, I see a lot of sports coats over scrubs in the hospital too.

**Justin:**

Now, that's the one that I think is a little bit bananas.

**Sydnee:**

Everybody wears scrubs now. Everybody. That is not just a doctor thing, of course. Everybody in the hospital is wearing scrubs. So, a lot of hospital is color coded. So, in our hospital, based on what, what color scrubs, you may be able to tell what sort of job that person has, not necessarily, though. Um, the ER has a weird uniform and I don't know if this is outside of our ER, where they wear scrub tops and khakis. Go figure.

**Justin:**

Okay. Fine.

**Sydnee:**

Don't know why that's practical, but that's our ER. Um, Justin, you had a question about why sometimes we're wearing like extra masks and gowns and stuff.

**Justin:**

Yeah, I was just curious how you decide, like, um, uh, you, you know, when you're, you're going into see sick people a lot of the time, people who would

be contagious all the time. I'm just curious how you decide whether or not you're going to take additional precautions.

**Sydnee:**

So, we decide, actually, but there's a lot of criteria whether or not we're going to take additional precautions. So, for every patient, we use what we call universal precautions, which means we wash our hands. Um, if we're going to touch like fluids or anything like that, we wear gloves. Um, obviously, we handle sharp things with care. I mean, the, the universal precautions are meant to, uh, we assume everybody has got something infectious that we could get. And so, we take the appropriate precautions not to get it.

**Justin:**

Okay.

**Sydnee:**

That's kind of where it comes from. Beyond that, there are special things, like, for instance, contact precautions. And that's usually if a patient has a history of, like, um, of a fairly serious infection, like, um, MRSA infection, a special resistant staph infection. In that case, we might come in to your room wearing, um, some sort of like paper yellow gown, uh, and gloves, um, just to make sure that we don't get any of our clothes contaminated, our hands contaminated, mainly, so we don't carry that to another patient in the hospital.

**Justin:**

Okay.

**Sydnee:**

Um, you can see us wearing different kinds of masks as well. So, moving on from contact precautions, you'd get like droplet precautions. So, let's say that you've got the flu or mycoplasma pneumonia, or you're a little kid, you got RSV, uh, or something like that group, we might come in your room wearing a mask, just a regular old like surgical mask kind of thing.

**Justin:**

Mm-hmm.

**Sydnee:**

Um, let's say we're worried about something airborne, an airborne pathogen that's very, fairly infrequent, uh, then we might come in your room in a little

bit heavier duty mask called an N95 mask. And I wear those in like tuberculosis rooms.

**Justin:**

Okay.

**Sydnee:**

Um, and then sometimes, if we come in your room wearing a gown and a mask, it's not because we're worried about getting stuff on us to carry to another patient. It's because we want to be careful for you. For instance, a patient who's undergoing chemotherapy, and who may have a suppressed immune system.

**Justin:**

Oh.

**Sydnee:**

We might come in wearing a mask or, or gown or gloves or something to, uh, provide an extra barrier between us and our germs, and you, our vulnerable patient.

**Justin:**

Well, that's very thoughtful of you.

**Sydnee:**

So, so, just some, just some other things you might see us wearing and why we might, why, why we might look like astronauts when we walk in your room.

**Justin:**

Uh, folks, that's gonna do it for us for this week. We hope you had a lot of fun. I want to say thanks to The Taxpayers for letting us use their song Medicines as the intro and outro of our program. And also, you know, I never mentioned this, but also the interlude, uh, the, is an acoustic version of the Taxpayers. If you go to [taxpayers.bandcamp.com](http://taxpayers.bandcamp.com) you can buy their music. And I think you should do that because I think they are a fine group.

Um, thank you to [maximumfun.org](http://maximumfun.org) for letting us be a part of their network. Uh, everybody over there is super great. Uh, uh, I'll recommend a new podcast to get at Maximum Fun called Adam Ruins Everything. If you like that show, the TV show, now there's a podcast of the TV show. Well, I mean, it's not, like it's not an adaptation. It's just the same cat, you know, [laugh]

making a podcast. But still, uh, it's a, it's a new addition to our, uh, our, our network from Maximum Fun.

And, uh, I, I think it's, uh, it's, people really seem to dig it. And, uh, I think you should check it out. It's on iTunes, uh, much like all of our shows. Um, other shows that Sydnee and I work on, uh, our, uh, Mc— uh, mcelroyshow.com. That's M-C-E-L-R-O-Y dot, uh, shows.com. You can find, uh, a lot of our other things and video things and writing and—

**Sydnee:**

So, come explore our family, uh, of podcasts.

**Justin:**

Of podcasts.

**Sydnee:**

And, and just our family. I mean, it's our family.

**Justin:**

It's our family, basically. It's an actual family, a literal family. [laughing]  
And, uh, that's gonna do it for us, folks. Until next week. My name is Justin McElroy.

**Sydnee:**

I'm Sydnee McElroy.

**Justin:**

And as always, don't drill a hole in your head. [singing]

[theme music plays]

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