

## Sawbones 145: Goofy Medical Questions Vol. 3

Published July 13<sup>th</sup>, 2016

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

[theme music plays]

**Justin:**

Hello everybody and welcome to Sawbones, a marital tour of misguided medicine. I am your co-host, Justin McElroy.

**Sydnee:**

And I'm Sydnee McElroy.

**Justin:**

Sydnee, we are getting ready to take off, uh, for a flight to Boston tomorrow.

**Sydnee:**

That's true. We are not packed. I'm still a little sick.

**Justin:**

Yep.

**Sydnee:**

Uh, nothing's ready.

**Justin:**

Nothing's ready, but you know what?

**Sydnee:**

No.

**Justin:**

We—

**Sydnee:**

Charlie's packed—

**Justin:**

Charlie's packed.

**Sydnee:**

She's on top of things.

**Justin:**

She's... [laughs] Yeah.

**Sydnee:**

She's an efficient almost-two-year-old.

**Justin:**

Uh, but we uh, we didn't wanna leave you all hangin' so uh, we are here to once again answer your medical questions. I'm using "we" very loosely here.

**Sydnee:**

[laughs]

**Justin:**

[laughs] 'Cause uh, uh...

**Sydnee:**

Well and to be fair you're using "medical questions" very loosely, too.

**Justin:**

That's, uh, yes, absolutely Sydnee, that's a good point. Uh, we wanted to answer some of your queries to the best of our ability. Some of them are very goofy.

**Sydnee:**

Um, and in—

**Justin:**

That's the idea here.

**Sydnee:**

And in general, as always, this is not a medical advice show. Hopefully, if you listen, you know that by now.

**Justin:**

Right. And—

**Sydnee:**

If you've been doing any of the things I talk about on this show, well, I'm very sorry to your family I assume you're no longer with us.

**Justin:**

And I'm just shooting these at Sydnee, so uh, keep in mind that, of course, if this were a real doctor's appointment, she would like, read books to give you the absolute right answer.

**Sydnee:**

[laughs]

**Justin:**

So she's just gonna take 'em off the cuff.

**Sydnee:**

I just... Well I... You think I make it up?

**Justin:**

Yeah, just kinda make it up. This is what you're gonna be doing. You just know how to find things in books also like, if you weren't sure about things.

**Sydnee:**

Right, no you... So what you're saying is that I don't know everything?

**Justin:**

You know ev—okay, moving on.

**Sydnee:**

[laughs]

**Justin:**

Let's just get into it, Syd. What do you think?

**Sydnee:**

That... Let's go for it.

**Justin:**

Okay. Our first question comes to us from Gina, who asks, "Is it safe to eat moldy food after the mold part has been removed?"

**Sydnee:**

Justin can tell you that questions about like, how old or bad food can be, and be safely consumed are... I am not the best person to necessarily weigh in on it.

**Justin:**

Sydnee loves old stuff. She loves it.

**Sydnee:**

I just... I ju— Okay, first of all some things when they sit for a while, the flavors really like, meld together.

**Justin:**

When we first started dating—

**Sydnee:**

Oh no.

**Justin:**

One of the first times we got pizza I... We had finished the pizza for the night and still had about a half a pizza left over.

**Sydnee:**

This is not my fault. This was, this was passed on to me—

**Justin:**

And Syd—

**Sydnee:**

The family tradition.

**Justin:**

And Sydnee, uh, said, "Well, I was trying to make room in the fridge." And Sydnee said, "Well, you can just leave it in the oven." And I said, "What did you say?" She said, "Well, you can just leave it in the oven." And I said "Overnight?" Like um, no that's the danger zone between 40 degrees and 140 degrees is the danger zone and if you leave stuff in there for more than four hours you're like, outta luck. It's over with.

**Sydnee:**

And to be fair, it's what my mommy and daddy taught me 'cause they always did that and I didn't die. Uh, also you had a food handler's license, and I was not yet a doctor, so...

**Justin:**

Fair. Okay, fair. Uh, but Sydnee, is it safe to eat moldy food after the moldy part has been removed?

**Sydnee:**

So my... I'd say that the straight up answer is if there's mold on your food, I—you probably wanna eat other food. Um, have I pulled mold off of bread and eaten the rest of the bread? Yeah, I'm not gonna lie. Is it likely that you're gonna get super sick or that you're gonna die? No, probably not. But if mold is growing on it, then it's fair to say other things could be growing on it that you can't necessarily see. And it's important to remember that, you know, that first little speck of mold that starts to grow on something is microscopic. As it gets bigger you see the mold but like, I don't know.

**Justin:**

Ew, I didn't know that. Ew.

**Sydnee:**

You probably need to... You probably need to eat other food.

**Justin:**

Ew, grody.

**Sydnee:**

That's probably the safer answer there.

**Justin:**

Grody. Alright—

**Sydnee:**

And you know, usually it's just like the pieces of bread on the outside. You can just throw those away and eat the other bread.

**Justin:**

Um, now we are uh... We have some other questions from Gina and they are all pretty good. So let's just keep, let's—

**Sydnee:**

Yeah, she had a lot of good questions.

**Justin:**

Keep the Gina portion going. "Is there a real name for the skin on your elbow?"

**Sydnee:**

Now this question confused me a little because first of all, Justin, is there a fake name or a silly name or some sort of fun name?

**Justin:**

Yeah, I don't know a fun, funky nickname for the skin on your elbow, no.

**Sydnee:**

You need to... Okay, I'm gonna tell you about the skin on your elbow and you need to look right now and tell me if there is some sort of—

**Justin:**

Okay, got it. Justin—

**Sydnee:**

Is this a—

**Justin:**

This is our hit segment Justin searches the internet.

**Sydnee:**

Yeah, is there a... Okay. So—

**Justin:**

Let me Google that. Is that what it's called? 'Justin Googles It?' I forget the name of the section.

**Sydnee:**

'Justin Googles It.' Justin Googles the whatever the fun name is for the skin on your elbow, because apparently this is something I'm not hip enough to know about. So the skin on your elbow uh, in... I mean, we would call it your elbow. Like, the skin on your elbow. We would not... I don't think it's common among physicians to use any special term.

You could, I guess, if you wanted to call it the olecranon skin because that is what that area is. See, olecranon. Uh, so you could say that if you wanted to, but I would say that if I were describing it I would just say the skin over the patient's elbow. [laughs]

**Justin:**

Uh, the... Okay, so... Many claim that uh, a name for the... This is coming straight to you from Urban Dictionary, that that uh, skin, uh, uh, uh, under your el—the flap of skin under your elbow is called the weenis.

**Sydnee:**

What?

**Justin:**

W-E-E-N-I-S.

**Sydnee:**

That is not what I would've thought that word was referring to.

**Justin:**

And then um, Urban Dictionary says it's called the olecranal skin.

**Sydnee:**

Olecranon. That's what I just—

**Justin:**

Olecran—yeah, that's right.

**Sydnee:**

Mm-hmm.

**Justin:**

I said that wrong.

**Sydnee:**

Olecranal.

**Justin:**

But weenis... Weenis is the slang.

**Sydnee:**

Yeah, I—there you go.

**Justin:**

There you go. Thank you again Urban Dictionary for everything.

**Sydnee:**

I just learned something too. I just learned something too.

**Justin:**

Alright, another one. "I would love to hear Dr. McElroy weigh in on the Squatty Potty." Actually, I would love to hear Mr. McElroy too. That's me. The reviews on Amazon.com are hilarious enough that I wanna buy one.

**Sydnee:**

So we have a Squatty Potty.

**Justin:**

We have a Squatty Potty.

**Sydnee:**

Now, let me tell you this. If you're not familiar with the Squatty Potty, do you wanna describe what the Squatty Potty is?

**Justin:**

It's uh, it was on Shark Tank and it's a, mmm...

**Sydnee:**

It's a little foot stool.

**Justin:**

It's a little foot stool that you use while you—

**Sydnee:**

Squatty on the potty.

**Justin:**

Squatty on the potty.

**Sydnee:**

It, I mean—

**Justin:**



It's supposed to help your posture for pooping to make it like, more how the an—like our animal ancestors do it.

**Sydnee:**

So you squatty more.

**Justin:**

Yes, you squatty more.

**Sydnee:**

Instead of sit. I—I don't... Okay, I don't know that there have been big giant trials of this to like, see this versus people sitting on the toilet regularly and how they did it. I'm sure that there is some uh, science of some sort behind it. It makes sense to me that that position would be healthier for you. That is not like, a new revelation for a... for the Squatty Potty, the makers of the Squatty Potty. There are other parts of the world where it is standard that you squat when you—

**Justin:**

Sure.

**Sydnee:**

... go number two. So I think it makes sense. I think that it... From that, from that standpoint just anatomically, yeah it probably is a more comfortable way to go to the bathroom.

**Justin:**

Not more comfortable.

**Sydnee:**

A more efficient way to go to the bathroom.

**Justin:**

Okay, I'll let that slide. It ain't more comfortable.

**Sydnee:**

Perhaps. I don't... I think you can still poop sitting, like if you don't wanna buy a Squatty Potty I think you're fine, I don't think you're gonna die if you don't get one. Uh, it makes sense to me. Um, I am not going to weigh in personally on my experience with the Squatty Potty 'cause I don't... I can't, I just can't. Call me a prude, call me uptight, I—

**Justin:**

And you've never... You've never used... You've never used the bathroom like that, so...

**Sydnee:**

I've n—I just can't talk about my own bathroom functions on the internet, sorry. Justin, do you wanna share?

**Justin:**

Uh, I don't use it even though we keep it at the toilet. I don't use it 'cause we only have one and I use the... Both of our bathrooms, so it seems to me that I wouldn't be getting any benefit from using it half the time, so I just use it none of the time.

**Sydnee:**

That's a crazy reason not to use it, by the way.

**Justin:**

Please give... Last one from Gina, please give me your opinion on the five second rule.

**Sydnee:**

So, the—

**Justin:**

It's horse apples, right? I mean it's horse apples.

**Sydnee:**

Yeah, it's—my opinion actually is backed up. There have been some studies done on this. People have actually researched the five second rule, and if you're not familiar which I mean, surely you are. But if you're not familiar, the five second rule is the idea that if you drop a piece of food or like your fork or something on the ground, and it's down there for less than five seconds before you pick it back up, then it's not dirty. You didn't get any germs on it, so you can eat it or keep using it or whatever. The fact is that, if there's gonna be bacteria or whatever stuck to it, it's gonna stick to it.

**Justin:**

Mm-hmm.

**Sydnee:**

It has a lot more to do with the surface that you drop it on, how damp it is, the temperature, that kind of thing, than it really does how long it's down there. I think MythBusters did a thing on this.

**Justin:**

Yeah.

**Sydnee:**

They did like two seconds versus six seconds. It's all the same. It really doesn't matter. Now, as I've referenced before, do I eat things that I've dropped on the floor? Yeah, sure, yeah.

**Justin:**

Yeah we're pretty liberal about that kind of thing in this house. I don't really care.

**Sydnee:**

I would use a little common sense. When I am at work, and I work in a hospital, and I drop something on the floor in the hospital, I do not eat that off the floor.

**Justin:**

Right, yeah.

**Sydnee:**

So, you know, use a little common sense with that one.

**Justin:**

You burn it. Uh, okay, here's some other people who sent in some questions. This one comes from Mindy and Annie who ask, "How did UTIs not kill all women before antibiotics were a thing? They're so common. Did women die from them frequently or are they not as dangerous if left untreated as I think?"

**Sydnee:**

Well, one... One quick point of clarification, we tend to associate UTIs with women because they are, they do tend to be more frequent with women. Men can get urinary tract infections or UTIs or course.

**Justin:**

Mm-hmm.

**Sydnee:**

But, just because of... So the most common bacteria that causes a urinary tract infection is E. Coli. Now where does E. Coli live? If you think of the bug E. Coli what are you thinking of?

**Justin:**

Uh, poop.

**Sydnee:**

Exactly, poop. So E. Coli is from your butt. And if you think about the distance between the urethra depending on—

**Justin:**

Mm-hmm.

**Sydnee:**

What genitalia is downstairs, it's just a little easier for uh, for the bacteria to traverse that path. So that's why you get this association of urinary tract infections and uh, women, but that's not necessarily true.

**Justin:**

Okay.

**Sydnee:**

Just, just to kind of throw that out there. But you're right, we do get 'em more frequently. Um, in terms of any infections before the antibiotic era which was just the 1940s, that's not that long ago.

**Justin:**

Yeah, that's wild.

**Sydnee:**

It really isn't. That's when penicillin came first and all the antibiotics came since then. People probably died a lot of these kinds of infections.

**Justin:**

Mm-hmm.

**Sydnee:**

Not... You know, urinary tract infections for sure because you can become septic from those. Uh, but any kind of infection was often followed by death.

Now, what it reminds us though is that, of course not everyone who got a urinary tract infection died. Our bodies have the ability to fight off bacterial infections.

**Justin:**

Mm-hmm.

**Sydnee:**

So, there were plenty of women who got, and men who got urinary tract infections. Got sick, didn't know why, and got better.

**Justin:**

Mm-hmm.

**Sydnee:**

And today, if we felt like being... I don't know, if I felt like being a bad doctor I guess I could look at patients and say "I'm gonna give some of you antibiotics and some of you not, 'cause some of you are gonna live anyway." That would be crazy, I would never do that, I'd be a really bad doctor.

**Justin:**

Right, that'd make you a very bad doctor I think.

**Sydnee:**

Yeah, I wouldn't do that. I think I would probably not get to be a doctor very long if I did that.

**Justin:**

Sure.

**Sydnee:**

But if you didn't... If you got a urinary tract infection and you didn't take antibiotics, you still might fight it off and be okay, it's just why take that chance now?

**Justin:**

Yeah.

**Sydnee:**

Now we have them, they work.

**Justin:**

Sure.

**Sydnee:**

They make you better. UTIs suck.

**Justin:**

So let's just fix 'em.

**Sydnee:**

So let's just fix 'em.

**Justin:**

Uh, Nick has a question, and Nick says, "Every now and then I get really gassy in my stomach to the point of pain. The only relief is to make myself burp over and over again to vent out the gas. Being an engineer, a thought occurred to me. What if I could open a release valve? Basically, I wondered if there was such a thing as esophageal intubation. If I swallowed a medical grade tube such as—"

**Sydnee:**

[laughs] I love this question, I don't even—

**Justin:**

"If I swallowed a medical grade tube such that one end was in my stomach and one was outside my mouth, would that vent the burp gas? Would I be able to breathe? Would it hurt me to pull it back out again? Is anything like this every done? And why do I get sudden burp attacks anyway?" Um, there's medicine for this, friend-o. Just take some... First off—

**Sydnee:**

Alright.

**Justin:**

Try some medicine, try some ginger. Some ginger might help.

**Sydnee:**

Nick, I think you're making things a little too complicated, my man.

**Justin:**

Yeah.

**Sydnee:**

Let me tell you this, first of all. So why do you burp? Alright.

**Justin:**

I don't know.

**Sydnee:**

Bruh, you got awfully defensive there.

**Justin:**

Yeah you're just looking at me like I'm the doctor on the show. I don't know. I— I do know. Usually it's 'cause you got excess gas and you're getting it out.

**Sydnee:**

Well y—it's usually from swallowing air.

**Justin:**

Okay.

**Sydnee:**

That's why you burp.

**Justin:**

Okay.

**Sydnee:**

That's different than when it comes out the other end.

**Justin:**

Yeah.

**Sydnee:**

But, but you didn't swallow it and it got all the way down there. But burping is usually swallowed air from while you're eating, while you're talking, while you're chewing gum, whatever. And it's gotta make its way back out and guess what? You already have a release valve. It's, you know, your lower esophageal sphincter and then your esophagus, and then—

**Justin:**

So burping—

**Sydnee:**

Your mouth.

**Justin:**

It's burping.

**Sydnee:**

It's burping. That is the release valve, man. Our bodies are pretty smart and they're made for that so, burping is to get rid of that ac— excess air. And, you know, it comes up a little bit at a time because the bottom of your esophagus, what I'm... When I reference the lower esophageal sphincter, it's tight. So like, everything can't just go through there all at once. I— Yes, theoretically if you put a tube through there, air would definitely come through your stomach right directly through that tube and up our of your mouth. Um, we can do things like hat. We have tubes like that. They're called oro—

**Justin:**

[laughs] They got tubes. Listen—

**Sydnee:**

Yeah, we got tubes.

**Justin:**

Nick, don't get it twisted. The problem is not that they don't have tubes. Okay, they've got tubes.

**Sydnee:**

We have tubes called orogastric tubes, we have tubes called nasogastric tubes, and both of those tubes either go from your mouth or your nose into your stomach. And they're used to decompress if somebody has a bunch of air and their bowels aren't working fun— Like, they're not functioning properly. We can do that to release the air back up through your mouth, take the pressure off so like, you stop vomiting which is usually the symptom that you're having.

So we have a way to do that, but for, for common use, just for regular burping purposes, your mouth and your esophagus have got it covered. Uh, why do you burp? I don— D— We all burp. Everybody burps. It's okay. It could have to do with the food that you're eating if you're... Or if you're drinking something like, carbonated or if you're eating really quickly, you know. Those... those could be reasons.

**Justin:**



Chew chew chew 'til you... Chew chew chew 'til you get to 22.

**Sydnee:**

Yeah. Yes, swallowing big gulps of food, not chewing enough, that kind of thing. Uh, but then some people just burp. It's okay.

**Justin:**

It's okay.

**Sydnee:**

Don't... Don't engineer this. First of all, we've already made it, and secondly you're—you're crea—you could be creating problems. Let your body do the trick.

**Justin:**

All right, we got one from Jen who asks, "Why is my toddler's poop black? Could it be the pounds of blueberries he's eating?"

**Sydnee:**

So, toddlers' poop, baby poop, can come in a myriad of colors, some of them quite lovely to be frank. And I think it's just a reminder that one, you gave your daughter that wild and reckless flavor or sherbet from Baskin-Robbins again. At least that's usually the reminder for me. And two that, you know, baby poop is just crazy. It's okay, it's probably black because of the blueberries. Uh, most of the time especially with baby poop it's you know, green, yellow, blue, black, brown.

**Justin:**

Yeah.

**Sydnee:**

It's okay.

**Justin:**

It's all over the spectrum of yucky.

**Sydnee:**

Yeah, baby poop is all over the place. Uh, really uh, my daughter's poop, Charlie's poop was green the other day but it was a beautiful shade of green. It was like uh, the crayon, the tropical green crayon, you know what I'm talking about?

**Justin:**

I can't do this with you.

**Sydnee:**

It's like a tropical jungle green.

**Justin:**

I'm not doing this with you.

**Sydnee:**

It had a blue tint to it. It was a—

**Justin:**

People listen to this.

**Sydnee:**

It... Really, the color of her poop I would happily paint a wall in my house that color.

**Justin:**

Listen, you know what, I'm taking the reins. We're going to the billing department. I'm taking you.

**Sydnee:**

But seriously, seriously, as long as your baby's doing okay then that's fine... She's probably fine.

**Justin:**

That's it. Nope. You lost... Sorry, you're off the show right now.

**Sydnee:**

I'm just saying it was a beautiful shade of... I almost saved it for you, but—

**Justin:**

Let's go.

**Sydnee:**

You don't seem interested.

**Justin:**

Let's go. [laughs] Let's go.

[theme music plays]

**Justin:**

Uh Sydnee, how about another question?

**Sydnee:**

Let's go.

**Justin:**

How did you enjoy that? Um, here it is. It's coming from Corden who asks, "One question I have is how much does staring at a computer screen or phone screen really strain your eyes? Is it something older people say to deter me or is it legit?"

Now, before you get into the medicine of this, I would like to answer my personal like, testimonial. Um, I work on the internet and stare at a computer screen a lot every day. When I'm not sitting at a computer screen, I'm— I'm staring at a TV as I review a video game and I have to say, I started using um anti-glare uh, glasses uh, many, many years ago and there is a palpable difference for me like, 100% um palpable difference when I'm using these sorts of lenses. That you could pay a lot for them, you can get actually pretty affordable pairs off Amazon. Um, but uh, I—I have noticed a change for myself. It has been really helpful.

**Sydnee:**

Justin, you noticed that change because there is—there is a problem with staring at screens all day, absolutely. You can find a lot of talk about computer vision syndrome which is really like a collection of different problems that you can have with your eyes—

**Justin:**

Mm-hmm.

**Sydnee:**

... Related to the fact that many of us spend a lot of time staring at computer screens and phone screens these days. And it has to do with the kind of information, the amount of um, kind of detailed information that we're taking in from a computer screen or a phone screen. For our eyes as well as the light from the computer.

**Justin:**

Mm-hmm.

**Sydnee:**

So, you... yes, it can damage your eyes. I... And when I say damage your eyes, I mean cause you problems that can range from just, you know, itching, tearing, uh, pain, uh thank kind of thing. I think, I think I even have developed some of that actually. Uh, to some more serious vision problems. There are some recommendations. One thing Justin mentioned, to limit that are the glasses that he wears that reduces—that reduce glare.

**Justin:**

Gamma Ray Flexlite is a type of them that I use. They're reading glasses but you can get them with zero magnification. They're like 18 bucks a pair on Amazon. I've been using those for a few months. I used to use a much more expensive pair but I kept losing them so.

**Sydnee:**

Uh, you can also um, use things that reduce the glare from your screen that can help. Um, I found something called the 20-20-20 rule which a lot of eye doctors, ophthalmologists, and optometrists will recommend which means that for every 20 minutes you spend staring at a screen, you should look away at something in the distance, like something about 20 feet away for about 20 seconds—

**Justin:**

Mm-hmm.

**Sydnee:**

And then resume your work.

**Justin:**

Huh.

**Sydnee:**

And that can help reduce eye strain as well. And any time that you do not... You know, if you do spend your whole day staring at a computer screen, I would try to limit the amount of time you then spend staring at your phone—

**Justin:**

Mm-hmm.

**Sydnee:**

For fun, especially during the work week, you know? Maybe give your eyes a break from that during the work week. Look at your phone a little bit more on the weekend. But this definitely is a problem.

**Justin:**

Not necessarily related to uh, this isn't necessarily about eye strain but there are also um, programs you can get and settings like uh, there's a program called f.lux uh, on the Mac and uh, iPhone has built-in functionality called Night Shift that can activate in the evening to reduce the amount of blues uh, which is in your screen uh, which is supposed to affect your circadian rhythms.

**Sydnee:**

Hm.

**Justin:**

Um, to... Not necessarily eye strain, you can keep those programs on constantly though if you, if you would like to do that, which might help.

**Sydnee:**

I also saw a recommendation uh, that you could put a Post-It note on your computer screen that says blink on it to remind you to blink more often—

**Justin:**

Really?

**Sydnee:**

So that uh, to reduce eye strain, which I have to assume was put there, you know, by the weeping angels.

**Justin:**

By the doctor? Yeah, the weeping angels want you to—

**Sydnee:**

By the weeping angels put that there for you?

**Justin:**

The weeping ang—yeah.

**Sydnee:**

No, the doctor would not put that there.

**Justin:**

Got it.

**Sydnee:**

The weeping angel put the Post-It note on your screen that said blink, so don't trust that.

**Justin:**

Don't trust that, it's a trap. Uh, Joel says, "Your show is so great, I always laugh and learn new things." Why did you put—

**Sydnee:**

You didn't have... You didn't have to—

**Justin:**

But why did you put that part in?

**Sydnee:**

I was just copying the whole question over, you didn't have to read that part.

**Justin:**

Well no, I have to. "Your show is so great—"

**Sydnee:**

[laughs]

**Justin:**

"I always laugh and learn new things when I listen." Sydnee wanted to make sure everybody knew that.]

**Sydnee:**

I didn't, I just copied that. I just was copying the whole question over.

**Justin:**

"My question to you is this. Is holding in your sneezes really as bad as it's purported? And is it bad like holding in a fart?"

**Sydnee:**

I think what's interesting about this question, Joel, let me, let me give you the skinny on this. Holding in your sneezes is probably not a good idea.

Now, I do it, a lot of us do. I don't... I just don't... Especially in my line of work, if I'm in the room with a patient, and then I like, let out a big sneeze—

**Justin:**

Oh whatever, I blast it. I have to get it out there, it feels so good.

**Sydnee:**

I feel like they're just... Uh, see, I feel like my patients feel like, "Well, now don't touch me," you know, if I sneeze. And then I have to be like, "No, it's just allergies, really. Please, I'm fine."

But, while most of the time if you hold in a sneeze, you're gonna be fine. I mean, for the, for the vast majority of the time you're gonna be fine. In theory yes, holding in a sneeze could cause things as simple and no big deal as let's say like a burst blood vessel in your eye so you'd get like that little subconjunctival hemorrhage you know, so you get—

**Justin:**

Mm-hmm.

**Sydnee:**

It looks like you've got a bloody eye but it doesn't hurt, it doesn't do anything, it goes away. It could be something that minor but then you read about things like ruptured eardrums and aneurysms popping and things. Those are probably flukes. Those are probably situations where there was some sort of illness, underlying condition that the person didn't know about. They held in a sneeze, there ya go. Uh, you read this stuff that is very rare but all things being equal, if you gotta sneeze, you gotta sneeze, just sneeze.

**Justin:**

Right.

**Sydnee:**

It's fine. Now, if you, if you do press, and a lot of people do this, you kinda put your finger, like make a fake mustache.

**Justin:**

Yeah.

**Sydnee:**

Press on your upper lip. Do you know what I'm talking about?

**Justin:**

Yeah, you press the bridge of your nose.

**Sydnee:**

Exactly.

**Justin:**

Your septum? Is that right?

**Sydnee:**

Yeah, yeah.

**Justin:**

I thought so.

**Sydnee:**

Um, but if you, if you apply pressure to your upper lip there, it's really to... That's what you're really talking about, not your nose.

**Justin:**

Oh, okay.

**Sydnee:**

It's really your upper lip— Uh, I mean that's where, that's where you need to apply the pressure. That really will stop a sneeze. And that's not the same as holding one in.

**Justin:**

No.

**Sydnee:**

That, once it starts you can't stop it. You cannot stop a sneeze once it has starts, so if you've, if you've think you've stopped it, it just hasn't started yet.

**Justin:**

Mm.

**Sydnee:**

Just a little fact for you. But if you apply pressure there, because of the, because of the physiology of a sneeze, because a lot of that impulse is an



irritant to the nasal passageways that are just being transmitted up through uh, nerve endings in the nose as well as in the facial nerves—

**Justin:**

Okay.

**Sydnee:**

If you apply pressure to those facial nerves there and your, and your um, upper lip and then the base of your nose, it actually sends... It like, interrupts the signal. It blocks the sneeze signal.

**Justin:**

Weird.

**Sydnee:**

So if you get it in there fast enough you can block the sneeze signal that there is no sneeze. That really does work if you get there quick enough. As far as holding in a fart [laughs] just to flip this on you, I don't know why you think it's bad. It's probably not.

**Justin:**

Probably.

**Sydnee:**

Uh, it... Well, here's the thing. It's gonna come out eventually, guys.

**Justin:**

And if you, if you don't put it out your butt, it's gonna come out your mouth. It's a burp.

**Sydnee:**

Nope, that... No, uh, no, that's not. No, no that's not a thing.

**Justin:**

It's coming out one end, either a fart or burp.

**Sydnee:**

It's just gonna come out eventually.

**Justin:**

If you're lucky it'll be a burp.

**Sydnee:**

No.

**Justin:**

Otherwise you get eye farts, ear farts, you name it.

**Sydnee:**

No, no, that's not... No, those are not things.

**Justin:**

It'll seep out your pores.

**Sydnee:**

No, it'll just—

**Justin:**

Like a stinky cologne.

**Sydnee:**

I'll come out your... It's just gonna come out your butt later.

**Justin:**

Nick asks, "Hypothetically speaking, if I took a lot of vitamins and mineral supplements and ate nothing but say, kelp for 2000 calories, would I be healthy?" And I mean, let me ask this. What does your heart tell you, Nick? 'Cause my heart says that you probably would not be.

**Sydnee:**

That's... Nick, let me give you the short answer first. No.

The long answer to that is there are things in food that you need that are beyond vitamins and minerals, beyond things that you can get in supplements. There's all kinds of other um, you know, fiber for instance and, and uh, phytominerals and things that you, like you need that are in actual like the substance of food that you can't get in a pill, so no you would not be healthy. I would never recommend doing this. It's actually too, a lot of the vitamins they've, they've looked at head to head, i— are you... How do you absorb it better? Are you better getting this from food or are you better getting it in a pill?

Most vitamins, our bodies are just better at absorbing it from food. There are a couple that you can safely supplement, especially B vitamins for people who have certain dietary limitations, or things they just choose not to eat. Um, it is okay and we actually absorb fairly well in, in pill form. Uh, so if you need them, most people don't, but if you need them that would be okay. But the vast majority of vitamins and minerals you're just better off getting from food. And food is delicious.

**Justin:**

Yeah, food is great. Catch the wave of food. Uh, here's another question Sydnee, for you. We're running short on time but I wanna get one more in. Uh, Garrett says, "I'm 18, I get pimples all the time. I got into a bad habit of popping them. Is that really as bad as people say it is, or is that just something to scare teenagers?"

**Sydnee:**

Yeah, Garrett, I hate to... I hate to break this to you, I feel like this is a crossover to Still Buffering.

**Justin:**

[laughs]

**Sydnee:**

How to, how to not acne. You really shouldn't pop your pimples. There it is. So, the thing is, our hands are dirty. Not yours, Garrett. I don't mean your hands are dirty. I mean like all of our hands. Our hands have bacteria on them—

**Justin:**

It's called original sin, Garrett. Hold on, sit down for a second let me explain it to you.

**Sydnee:**

No, no, no. [laughs] No, our, our hands are dirty and when you start squeezing on your face a couple things happen. One, you got these, these bacteria on your hands that can get in your pores and get on your face. So that's bad. Um, two, you're applying like, mechanical pressure and damaging those cells around the area and if you've ever noticed, and I have had pimples in my life and I have squeezed pimples in my life in my younger days. Have you ever noticed, when you really mash at a zit for a while, it usually looks a lot worse? It looks way more inflamed—

**Justin:**

Mm-hmm.

**Sydnee:**

swollen, uh, the hole that was there before is usually much bigger now uh, which are all just signs of kind of the uh, the mechanical damage you've done to your skin. If you started to use your nails now you've done like, some tearing uh, and again you've introduced more bacteria to the site. I— It's just not a good plan. Don't pop your pimples. They're not all gonna scar.

They... I remember somebody telling me that if you pop 'em they'll scar. No, I don't mean that all of them will scar. Now, you could. You could do enough damage that, that it could scar. But, in general it's just not the best way to treat pimples so try to keep hands off.

Justin, have I ever told you the story real quick about the time that my dad, when I was a teenager, I was in our bathroom and I was leaned over the sink looking at my face real close in the mirror like you do when you've got a lot of zits—

**Justin:**

Mm-hmm.

**Sydnee:**

And you're analyzing them very closely. Probably popping them like you're not supposed to do, and uh, and I didn't have the greatest complexion. My dad came to the door, looked at me for a second, and then said, "Hey Syd, you'd be better off if you just took both of your hands and just squeeze your whole face." And he put both of his hands on each side of his face like, kind of like a chubby bunny thing, and said, "Just kinda squeeze the whole thing at once and get it all out of there."

**Justin:**

Nope, that's not a good thing to say as a dad, right?

**Sydnee:**

To a teenage girl, no.

**Justin:**

That was a m—that was a bad job.

**Sydnee:**

That was a bad—

**Justin:**

Bad job, Tommy.

**Sydnee:**

I think, I think I cried and ran to my room and slammed the door and probably screamed like, "I hate you, I'm never coming out."

**Justin:**

But she did folks, and I have proof 'cause she's sitting across from me. Thank you so much for uh, taking the time to listen to our show, we hope your enjoyed it. Um, if you did like it, could you leave us a review on iTunes? Um, 'cause that's the way people find out about our show. Uh, also, Sydnee has got another show called Still Buffering that I think you'll really enjoy on iTunes that she does. She mentioned it earlier in the show. She does it with—

**Sydnee:**

Thank you Justin.

**Justin:**

With her sisters, Taylor and Riley who are both very, very funny. And they talk about teen life both today and of yesteryear. And uh, their new episode is about breakups and you should check it out because you will have a very good time uh, while listening to it. So you can find that on iTunes or wherever fun podcasts are sold, and at [maximumfun.org](http://maximumfun.org) which is the name of our podcast network uh, where there's a ton of shows that you will enjoy if you take the time to seek them out.

Uh, I wanna say thank you to The Taxpayers for the use of their song Medicines, it's the intro and outro of our program. You can find their stuff on Bandcamp and buy it. There's a really good, actually alternate version of Medicines that we use like five seconds of in the, the billing department that's really good. I was listening to it a few days ago it's great. Um, and uh, is there anything else you wanna touch on, Syd? Oh—

**Sydnee:**

N—

**Justin:**

Oh, we are working on My Brother, My Brother and Me, which is the other podcast that I do, uh, is working on a card game expansion, uh, for the card game Monikers which is kinda like charades, it's really fun. But there are

questions in it uh, that are Sawbones related uh, so the, the expansion is ten bucks uh, 35 bucks to get it with the original game. And if you've never played it, Sydnee, back me up, you don't even like games that much.

**Sydnee:**

I don't. I—games make me really nervous because I like to be good at everything and I always worry that I won't be good at them. Monikers is a really fun game. It is very not stressful for me [laughs] to play.

**Justin:**

Yeah.

**Sydnee:**

And uh, and you get to act out and, and try to get people to guess all of these funny things that are related to all of our shows uh, but also Sawbones if you're a fan of this show which is really cool. So, so really it's a fun game. There are also questions about my sisters which they're really excited about.

**Justin:**

You can find that at [mcelroycollection.com](http://mcelroycollection.com), uh, and that's only gonna be available by pre-order so, uh, it's 10 bucks go to—and it's only pre-order for like a little less than a month. So McElroy, M-C-E-L-R-O-Y collection.com. Folks, that's gonna do it for us. Thank you so much for listening, um, and uh, 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.

[theme music plays]

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