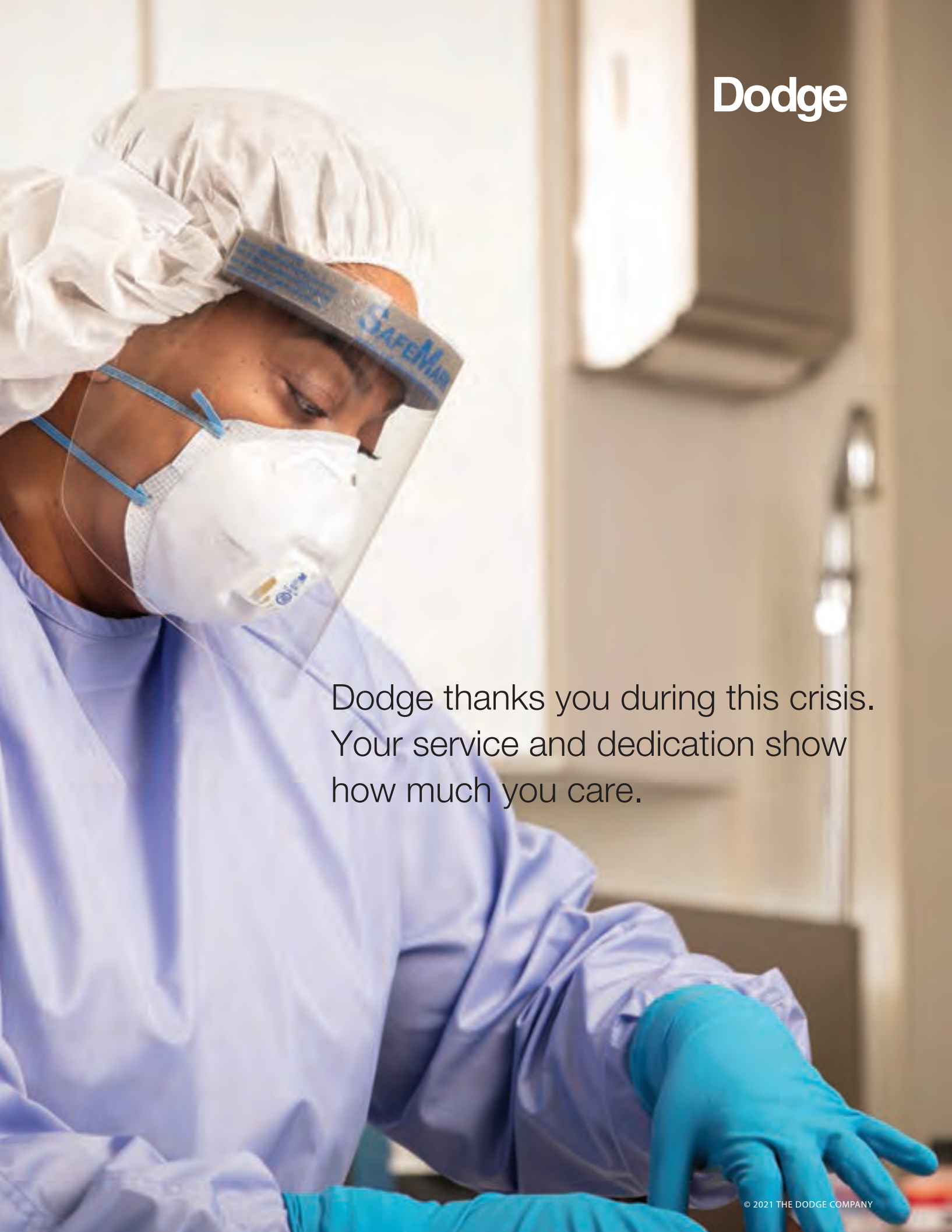
DEDICATED TO PROFESSIONAL PROGRESS IN FUNERAL SERVICE

Dodge

MAGAZINE

WINTER 2021



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Dedicated to Professional Progress in Funeral Service

The Cover
Snowy leaf, Salt Lake City, UT.
Photo by Dodge Sales Rep
Tom Randall and his wife Teresa.

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Aquachrome Creams 1oz.

Mortuary Cosmetics: Which Way Should I Go?

By Duane Hedrick

Once you have achieved the best preservation possible, the selection of the proper cosmetic is the next important step. The importance of knowing the right cosmetic, and how and when to use it, cannot be overemphasized.

When it comes to a natural looking deceased, I am sure I am not alone when I always hope to achieve good color from within, meaning I have good color come from the arterial injection using a quality chemical and dye. Many times we are blessed with such a result, but on the flip side of the coin, we have just as many times when we have cases where we need to create the natural look with a cosmetic application.

The results we get from a cosmetic application start with a good foundation. A phrase you may have heard before from other Dodge representatives is "preservation over coloration." What this means is be sure you have well embalmed tissue to work with. It will be difficult to cosmetize soft and under-embalmed tissue. Preparation of the skin surface is paramount. This starts at the initial bathing and disinfection of the body. Thorough disinfection of the body and orifices will help prevent complications in the days leading up to the cosmetic application. This is a step that cannot be overlooked. A thorough cleaning and disinfection of the nose and mouth is crucial. The importance of killing the countless bacteria in these regions cannot be overstated. A thorough cleaning using a high-level disinfectant such as Dis-Spray and cotton greatly reduces the microorganisms in these areas. If this procedure is skipped, or not done in a thorough manner, the bacteria can and will continue to grow and have possible adverse effects, such as graying around the mouth.

Proper shaving technique is also vital, not only avoiding razor burn, but being sure the job is done completely. Don't miss any areas of the face. The nasolabial fold, the cheekbone region, and under the nostrils, are areas that can be easily missed. Peach fuzz on a woman's face can also be a detriment to cosmetic application. These are all significant steps when it comes to creating a stable foundation for cosmetics. Anything less will make it difficult on the most skilled technician.

Once you have achieved the best preservation possible, the selection of the proper cosmetic is the next important step. The importance of knowing the right cosmetic, and how and when to use it, cannot be overemphasized. I am certain that we all have seen cases where cosmetics have been overused. We need to hone our skills when it comes to cosmetic application. The caked-on look is not appreciated by the families we serve.

I have discussed in previous articles and programs the usage of over-the-counter cosmetics compared to the cosmetics formulated specially for mortuary use. Mortuary cosmetics are produced with a few things in mind. They are made to react with dry skin absent of living color, and to work at an optimum room temperature of 72 degrees. Over-the-counter cosmetics are made to work on living tissue with color, so the cosmetics are less chromatic. Also, they are designed to work on skin with natural body oils and moisture as well as react to 98.6-degree body temperature.

I strongly recommend you use mortuary cosmetics that are made to restore the natural appearance of life. It should go without saying, but I will say it anyway, LESS IS ALWAYS MORE when it comes to applying cosmetics to a deceased individual.

It is important to know the proper cosmetic to use for the specific situation you are facing. We can all agree, as I stated a moment ago, that using the least amount of cosmetic as possible is best. Many arterial chemicals available today contain cosmetic dyes in many shades which we can add to the solution mix. It is worth mentioning again, achieving the cosmetic effect we strive for from the inside out is always what we would like. In a perfect world, that would happen on every case, but we cannot expect it all the time.

Unfortunately, I have witnessed far too many bodies heavily cosmetized, and done so unnecessarily. Look at the types of cosmetics you have available in your preparation room and educate yourself on the types of cases you should use them on.

The best option when you have achieved good color from within, but you need just a little more, would be a translucent cosmetic. A liquid tint can be used for this type of situation. They reinstate the warm color attributes that are lost in death. Liquid tints are generally alcohol based which will make them quick

drying. There are many choices when it comes to liquid tints. Softouch, French Rose Tint, and Complexion Spray, each of which come in many shades, are the choices in the Dodge line. Two advantages with the tints, in addition to being a quick drying translucent, are they have the ability to cover large surface areas and they will not smudge. When it comes to the application of any cosmetic, be sure you invest in high quality brushes. Applying liquid tint can be done easily using a 1" Tint Spreader Brush (#701821).

If you are asked about massage cream, most of you will immediately think about White Kalon Massage Cream. Dodge has eight tinted colors available when it comes to massage creams. You can apply the tinted massage creams immediately after embalming, and this will not only moisturize the skin, but also set the color. If you look at the available colors, they may look intimidating in the container, but they can create a good foundation color. The color you see in the container will not be the color you will see on the skin. Blonde looks orange but will reflect a warm flesh tone when applied to the skin. For darker skin complexions, Suntan, Brown, and Copper are good options. You have the option of ordering a small two ounce container in order to try the different colors. The use of a ¾" Tinting Brush (#701961) is a good quality brush to use for this application. This brush has a broad, flat profile for brushing light-bodied creams over a larger area.

For those who might lean toward using cosmetics such as Maybelline, Clinique, and Cover Girl for a translucent coverage, Aquachrome is a water-based cream cosmetic that will be the closest to over-the-counter cosmetics. Aquachrome is what to use when you need to even out the complexion by adding some brown tones back to the skin surface without a heavy masking effect. The eight color choices, from a light blending to an ebony, give you a wide variety to choose from.

As I mentioned earlier, there is a distinct difference between the over-the-counter and mortuary cosmetics. You may have some luck with non-mortuary cosmetics, but the cosmetics formulated for our own specific use will certainly remain more stable for a longer period of time, due to the lack of a drying agents and the addition of natural moisturizers and softening agents that are blended with ingredients which are similar to the lipids found in human skin. When it comes to applying Aquachrome, or any cream cosmetic for that matter, take what you need out of the container and avoid contaminating the cosmetic by repeatedly dipping the brush into the cosmetic. This will also increase the life expectancy of both your cosmetic and your brush. For Aquachrome application, I like to use a 1" Cream Spreading Brush (#701938).

Kalochrome cosmetics are the next step as we move along the line of cosmetic options. Kalochrome is a paraffin based (wax) cosmetic which is designed for a semi-opaque coverage. This product has some versatility, as you can achieve a semi-opaque, as well as a denser opaque finish. It works well with highlights, shadowing, and warm color applications. The paraffin base allows the cosmetic to be easily blended. For example, if you have an area that has been repaired with wax and the surrounding tissue is in good shape, you can blend from an opaque to a fairly translucent application. The many color choices of Kalochromes give you a wide variety of uses, including lip colors. One color I wish I had been familiar with in my time working in the funeral home is #19 Mulberry (#650195). I have seen really good results using this as a lip color, especially for men. I would tend to use a ½" Hairline Blending Brush with this application. For best results, you will want a powder application to finish this procedure.

When the need arises for heavy coverage, we will need to turn to an opaque cosmetic, and Kalon Pigment is the one to choose. Kalon Pigments are an oil-based cream that can be used on bruises and other skin discolorations, as well as restoration areas. Kalon Pigments are stable and have long lasting results once they are applied. In situations where the skin is delicate or broken, you can apply a layer of Pore Closer to create a stable base before you apply the cosmetic. If you have never used Pore Closer, it can be a valuable commodity in your preparation room. Scenarios when you should consider using this product include exposed Inr-Seel applications, abrasions, lacerations, and deep wounds. In addition to creating the stable base, it will also help prevent leakage. An important precaution to know about using Pore Closer is that it will act as its own solvent, so you do not want to apply successive applications as you will dissolve the first layer. It is certainly one of the more unique chemical reactions that you will learn about. The Kalon Cosmetic lines require an application of powder to finish the process.

If there is a need to use an opaque cosmetic, that usually means that there are more issues at hand, such as discolorations, bruising, and trauma, to name a few. As with any cosmetic application, preparation of the skin surface is always important, but with trauma or compromised tissue it is vital. You may have heard this advice ad nauseum, but it is truly important to look at the details and be sure to deal with them. Some imperfections can become more noticeable when cosmetics are applied, thus the importance of preparing the surface accordingly. We mentioned that thorough shaving and good restoration of the tissue surface are key. No matter what else needs to be done, be sure to do those steps.

Sometimes bleaching is required, which can be done with a variety of products, such as Basic Dryene, Dryene II, or Dryene II Gel. These products will both bleach and cauterize, if that is needed. Before you attempt restoration of any damaged skin with any type of restorative wax, first you must cauterize the area to be sure it is dry and debride the surrounding area, meaning you must eliminate the rough edges of loose skin.

In my opinion, when using an opaque cosmetic

Kalochrome is a paraffin based (wax) cosmetic which is designed for a semi-opaque coverage. This product has some versatility, as you can achieve a semi-opaque, as well as a denser opaque finish.

When using an opaque cosmetic like Kalon, you must be patient with your application. Because it is designed for a heavier coverage, it can be easy to overdo it.

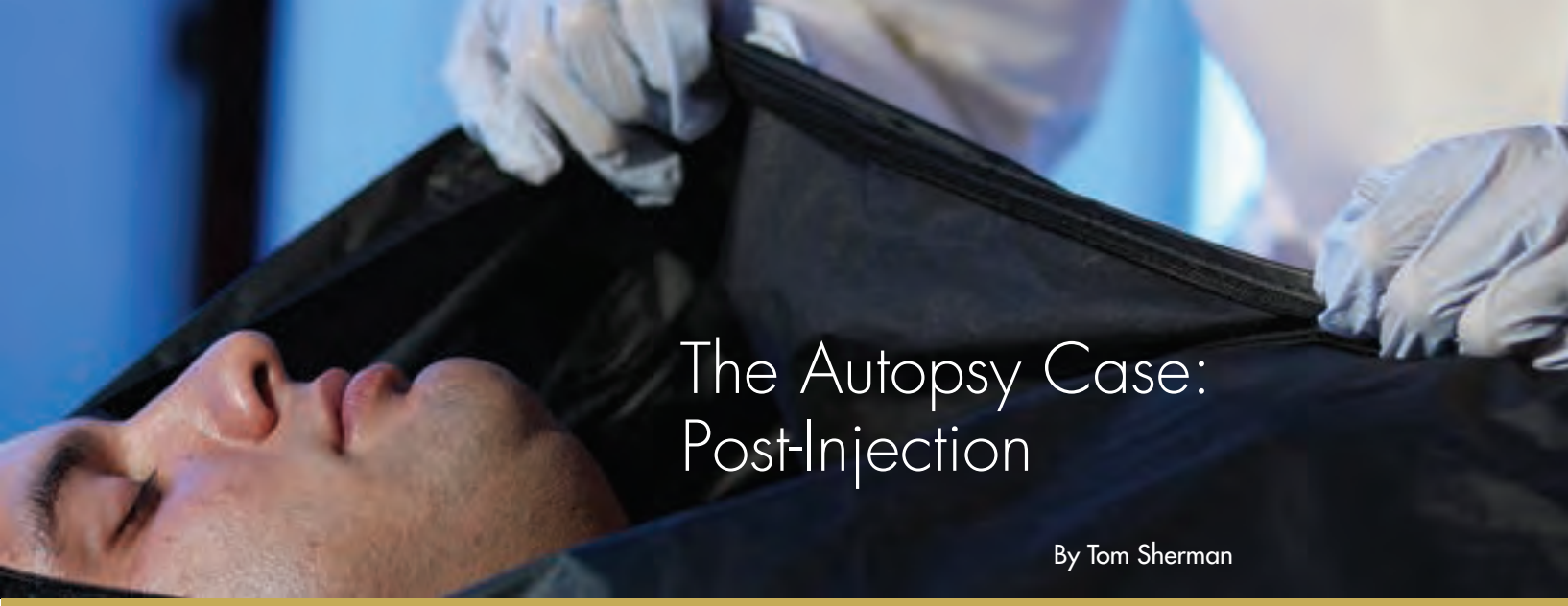
1" Cream Spreading Brush (#701938)

like Kalon, you must be patient with your application. Because it is designed for a heavier coverage, it can be easy to overdo it. Use your judgment on what to use and when to use it, based on the case at hand. As an example, if you have a decedent who is of Asian descent, you can start with a ¾"Tinting Brush (#701961) and Kalon Peach or Tangerine as a base, depending on the skin pigment. If there is deep bruising present, you would want to use Tangerine in those areas. Once you have a good coverage over the bruised area, you then apply your Kalon application of Suntan to achieve a uniform color. When that has been completed, you cannot end there. Highlights and shadowing are important and add dimension to the face. Lip color can be a tricky situation for some, especially on men. Use an alternating combination of browns and reds and blend them together to create a more natural lip color. It is also important to blend the lip color into the areas surrounding the lips. Men do not have a definitive line of demarcation, their lip color blends into the color of their face, as opposed to a woman who wears lipstick and has a definitive line. A final powder application would be necessary for this case, using either a Suntan or Brunette Kalon Powder.

The final cosmetic that I would like to touch on is Perma Pigments. It is a mineral spirit liquid paint that is designed as another option for an opaque coverage. When used as a base cosmetic, it will completely conceal any discolorations. There are several advantages of this cosmetic including its ease of application to a large surface area, working it into the epidermis. They will reduce the appearance of artificiality that may be the result of a heavy application of a cream cosmetic. There is no major trick on the application of this product, other than start small, work your way from the inside to the outside of your working area, and, finally, be patient and allow plenty of time for it to dry. The addition of the fast-drying Perma Powder will finish the process and it will not cake.

My goal here is to encourage you to learn what cosmetics you have access to and what situations to use them in. The entire line of Dodge cosmetics interact with each other. It is important to know what is designed for translucent coverage versus opaque coverage, and not use them in the wrong scenario. As I mentioned before, cosmetics can easily be overdone and leave us with someone who looks unnatural. For those of us who like over-the-counter cosmetic, branch out and try some mortuary cosmetics that are formulated for our own use. No matter what you use, never stop honing your skills and keep striving to be the best at what you do.

Duane has been working in the funeral service industry for over 30 years. He is Dodge's sales representative in the northwest and southwest regions of Ohio. He has been a Member of the Board of Trustees at the Cincinnati College of Mortuary Science since 2015 and is currently a team member on the Ohio Mortuary Operations Response Team.



The Autopsy Case: Post-Injection

By Tom Sherman

In my first article on treating the autopsy case I wrote about the preparation before the injection and the injection process itself. Now I will discuss the post-injection, finishing up process.

The Treatments

Finishing up, without fail, is the hardest part of embalming an autopsied case for me. Not physically or degree of difficulty harder, but mentally harder. My brain tells me that since the injection is done, I should be about done. Then I look and remember, "Oh, no, not even close." It becomes especially important at this point that I stick to my routine, or I risk missing a step or not being as thorough as I should be, even if unintentionally, because my brain wants me to be done now.

So, the first thing I do here is dry the cavity and the skull out thoroughly, often it takes quite a few paper towels or a few fabric towels, but it is worth it. This step is also why I have my own personal supply of Dryene II Gel. If I go to a facility that doesn't have it and I've forgotten to bring my own, I am willing to drive an hour or more to go home to get it and bring it back. That is how important it is to me. I treat every exposed tissue with the gel, and it is so immediate in its effect that I can instantly see anywhere I have missed. I use it on the insides of all three flaps in a traditional Y shaped autopsy. I treat the neck going all the way up to the mouth from inside, the shoulders beneath the skin and above the clavicles, the scalp, the skull, the temporal muscles, and it is instantly done.

A few years ago, when Dryene II Gel had first come out, and I was using it for the first few times to check it out, I had a case that wound up being a perfect proving ground that I always refer back to. A person in a small town was bludgeoned to death by a family member, and the funeral home owner wanted to have a viewing for the family. When I arrived, the deceased was still in the pouch and when we opened it, I thought we had a good shot at preparing him for a viewing, though he would not look exactly like his picture. Then when we pulled him from the pouch to the table I felt something weird, and we discovered that not only did he have the normal autopsy incisions, the pathologist had also made an incision from the base of the deceased's skull down his back to the buttocks. Branching off that incision were incisions down the arms and legs.

We embalmed him in normal autopsy case fashion and then turned him over. When he was face down the skin fell in such a way that you might not have even known it was there. We got out my jar of Dryene II Gel and went to work, starting from the feet and working up. In fifteen minutes not only had we treated the entire surface, but it was DONE, completely set. I sutured him up and for insurance put him in unionalls, and not a bit of moisture was ever found. From then on, I was hooked! In fact, it works so fast, that the only downside is I used to treat all the tissue and then take a fifteen minute break to make sure it had time to work, and I don't get my break any more!

With all the exposed tissue treated and cauterized, it is time to hypo. Now here is the tricky part for me. I was taught several different things about hypoing an autopsy, from the "Well, you saw the chemical coming from the flaps so it's fine," to the "Just cut up all the tissue inside and treat it with powder and you'll be fine." It takes mental effort for me to remind myself that the time it takes to hypo is worth the sleep I'll get. For one thing, there are areas that, regardless of how it looked during the injection, simply did not get any chemical. For instance, the chest flap of skin often has a lot of tissue on it if the deceased is not super skinny. Treating that tissue on the surface is not treating the skin itself from within, so it is always important to hypo under it to actually treat the skin. Going down from inside the shoulders you can hypo the back of the neck and shoulders easily and from inside the abdominal flaps you can get to the back. This is made even easier when the person is elevated on body rests. The groin and buttocks can be hypoed from inside the abdomen as well as the breasts or pecs.

In short, there really is no reason not to take some time to do this step. Besides being best practice and thorough embalming at its core, this is the insurance that everything is going to be okay. And since I like referring to time, this is maybe ten minutes of effort.

I have my own personal supply of Dryene II Gel. If I go to a facility that doesn't have it and I've forgotten to bring my own, I am willing to drive an hour or more to go home to get it and bring it back. That is how important it is to me.

That will compare favorably to the time it takes to take someone out of the casket, clean the casket, undress the person, clean their clothes, and then surface treat the areas that are now messed up, adding more plastics (I always put autopsy cases in unionalls, so for me this would mean taking off the unionalls and replacing them as well), and to redress and recasket them. Seems like a small investment in time compared to all that!

The final step is powder. Viscerock FF is my good friend. From the day it was introduced I have never wanted to go back to the Regular or the Action Powder, because not only is it more absorbent than any of the other cavity powders I have used, it smells nice and doesn't burn my eyes! ALL while still having the disinfectant properties of its predecessors. It is a win-win-win!

Because I am a man of routines, even my powder comes with a process. I lay some Webril down in the anal cavity, and all but fill it with the powder. Then I put ample amounts in the thoracic cavity and spread it all around for when it's time to return the viscera. I put it high up in the neck, and in the shoulder, and between the flaps. I cover EVERYTHING. Then I go to the viscera and add powder into the bag, thoroughly mixing it up as well.

Now is when I return the viscera to the body. The first thing I do is put a towel over each set of ribs. These ribs can be sharp, and I spent years being frustrated by torn bags before I figured this one out. I put the bag in the cavity and spread it out until I have it laid out in a way that everything fits nicely. At this point I open the bag back up and add even more powder to the surface of the viscera. Then I get the air out and twist and tie the bag and cut off the excess. It is good to go now. Put some more of the Viscerock FF on top of the bag, and then place the treated chest plate on top of that powder, then powder on top of the chest plate, and you are ready to suture!

Hot Debate Number Three (in case you missed them – the first two "hot debates" are in my October 2020 article): Dry packing vs. using the bag. This is a big one. I am not against dry packing and I understand the logic behind it. I do use this method for infants, and there was a time where I had such trouble with bags leaking, I liked it in general. But as I learned more and started trying new techniques, I found it was not an issue anymore and the bag technique worked better for me. By snipping the intestines to provide better coverage from the chemical, and adding powder to the bag, plus putting the towels on the ribs I have never had another issue. And I really like the added benefit of the protection and containment by the bag itself.

When I am working with an apprentice and we are both closing at the same time, I give them the option. I'll do the head, but if I get done before you finish the Y then I'll help you finish, but you have to wash the instruments, or I'll do the Y and the same deal applies.

The Closing

This is the part of this process that I believe is what keeps most people from wanting to embalm autopsies. This is tedium to be sure. However, the more you do it, not only does it go faster, but you can get into an almost relaxed state and it goes by fast enough to not seem as tedious. This is where I recommend having a good audio book or podcast going.

On to suturing the abdomen. On a skinny person just using a couple of gathering forceps works fine, but on a larger person it is more difficult. Not to mention the places I go that do not have gathering forceps at all. For a long time, I would put individual suture tacks in the places I would have put the gathering forceps and that worked well enough. Except when it was a bigger person, I had a hard time keeping the flaps together well enough to tie the tack down. It made for many late nights, and I got frustrated and mad, wasting my time trying to get this to work. Then my trade embalmer friend, whom I've mentioned often throughout my articles, showed me a trick he had come up with.

Make a good long doubled line of ligature tied in a knot at the end and going through whichever needle you like best for a posted case. For me this is a large double curve (S shape) needle. Starting from the bottom of the incision at the groin, go through the point of the incision from inside, so that the large knot is under the skin. Then, using four to six inch loops, make a worm suture, pulling semi-tight as you go, between the two abdominal flaps up to the point where the three flaps would meet and pull it tight. Even on a 350 lb. case, this brings the flaps together without having to fight them up to it. Then put the needle through the lower point of the chest flap and pull it tight to the other two. I just tie it off here and prepare for the full-on suturing. Going back down to the point where the worm stitch started, I start my usual baseball stitch and work up. You can suture the worm stitch into your baseball stitch without having to cut it and losing that tension and it will go under the stitch so it doesn't even appear to be there. I put Q-S powder in the incision just ahead of the needle so that it pulls that moisture blocking powder through the sutures themselves. Then when I get to the point where the three meet, I continue up one side of the Y without stopping.

I did not forget replacing the throat, I promise. I take this step when I go to the other side to suture the other side of the Y. I find it gives me a better idea of what it will look like if I do it now instead of before I have gotten the tightening of the skin from the rest of the suturing. Way back when I was a teenager (and I do mean WAY back) when I was being taught this, I was shown you just roll up a piece of Webril and set it in the neck and all was good. And for a long time this is what I did, and for a long time I never could figure out why the necks looked folded and weird in the casket. It was years before it finally clicked to my admittedly slow brain that, of course, one little roll of Webril couldn't do it, the person's *entire* throat was removed. That was when I started changing that technique.

My favorite thing to use for this is Kapok. It is a filling that is soft and moisture resistant. I had never even heard of it until my Dodge Rep, Everette Ballard for those in the south Texas area who remember our old friend, recommended I check it out. And, since it is available from Dodge, I said of course. I use handfuls of Kapok and fill the empty area, again going all the way up to the mouth from inside. At first it will kind of pull down the chin, giving someone who didn't have one a double chin, but don't worry, this can be fixed. When it is all filled, I start to adjust it until the

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Glass Remembrance MemoriMetals

Glass Remembrance is proud to introduce our new line MemoriMetals.

Our MemoriMetals creations are metal rainbow-colored crystals grown with love. Each metal crystal is grown from your loved one's cremated remains deep inside. The MemoriMetals crystal's message is of transformation and change, helping to adapt with calm assurance.

Dodge

MemoriMetals Geode
4" across x 1.25" deep
Black wood stand included

To place an order or for additional information about Glass Remembrance products, contact your Dodge representative or Glass Remembrance at 877-815-9522

continued from page 8

neck and chin are shaped appropriately, either by manipulating it from the surface or moving it around inside. On men I add a rolled-up sheet of Webril to create a more masculine throat and an Adam's apple.

I find that even if I do get someone to the casket and their neck tries to fold funny, I can reshape it from the outside and still have a good chin and neck. If you don't have Kapok (ask your rep to get you some cause it has a LOT of uses), you can do what I do in facilities that don't have it. Just keep filling with Webril until it is completely full, and start shaping it from there. Then I finish suturing the Y and I am all set.

If done right, the hidden stitch pulls the skin together in a way that does not allow for leaks, because there are no gaps to be found. It is cleaner, pulls through the skin less, and, in the end, creates fewer holes by the needle.

Moving up to closing the head now, I always laugh to myself about how much for years I hated being the one who had to do this part! It took me twice as long to get the head closed and set as it did for me to suture the entire Y incision. Now, when I am working with an apprentice and we are both closing at the same time, I give them the option. I'll do the head, but if I get done before you finish the Y then I'll help you finish, but you have to wash the instruments, or I'll do the Y and the same deal applies. Since most of them feel the way I did at that time about heads, they always choose the Y, and I always wind up suturing a side of the Y but not having to clean the instruments. It is a win all around.

I am getting ahead of myself though. First, we must get the head ready for suturing. Since I already treated the tissue everything is dry and ready. I take some Inr-Seel and use it to plug up the Circle of Willis. Next, I put some Webril down into the brain stem and then plug that up with more Inr-Seel. I want zero chance of moisture finding its way back in. Then a healthy portion of Viscerock FF to add a little weight and insurance just in case somehow moisture makes it past my barriers.

Hot Debate Number Four: Skull Clamps. Again, as with so many things, the way you are taught is the way you think things should work. I was taught to use skull clamps, and I appreciate the tight grab they make. Unfortunately, I was never taught to use a Dremel tool or a file to make a notch for the clamp so that the skull would fit flush. So, for many years whenever I embalmed an autopsy, the front of the skull cap would sit against the base of the skull, but at a slightly forward angle, creating a weird line and shape in the forehead. And the back of the skull cap would sit raised up a bit with no connection to the base itself. At a Dodge Seminar I was talking to another embalmer and he recommended I try using Aron Alpha instead. So in this next section where I talk about how I close a skull, understand that I wholeheartedly support the use of the skull clamps, since I've learned over the years that most people were taught to Dremel or file a notch to make the skull cap fit flush, but since I wasn't, I found another way that works for me.

With the Inr-Seel and powder in I am ready to re-attach the cap to the base. I take a paper towel or Webril and make sure the edges of each are good and dry, then turning the cap upside down, I run a bead of Aron Alpha around it. Then I carefully place the cap against the base, make the minor adjustments to line it up and then press it down for a few seconds. That is it. Attached. The only trouble I sometimes run into is if I did not dry well enough before applying the Aron Alpha. I then must re-dry it and reapply the glue. This creates a great flush seal between the base and cap, and no weird angle or line to the forehead.

Sometimes there is a small line at the back, about the width of the saw, that is a little gap. So, in every case, whether I see this or not, I run a bead of Inr-Seel around the seam. A perfect seal to further prevent any errant moisture that might make its way through. Then I tie the temporal muscles together. They are so easy to work with now due to the gel applied, I just run a suture through one across the top of the skull to the other then back to the middle of the skull and tie it off. Not only does this provide more protection for the skull, but it puts the temporal muscles back in place making for a more natural final appearance of the deceased.

Suturing the head is the last step before getting to cleaning and the final touches. And for many years in my career the most frustrating and dreaded part of the process. So many years of the suture pulling through the scalp and having to go back and re-stitch parts. So many years, no matter how many hair clips I used, of hair coming through with the ligature and creating not only a mess, but an avenue for moisture. Not any more though, not after trying new techniques I picked up and practicing at them to make them mine.

I was in my eighth year in funeral service when someone pointed out to me that if you cut just a quarter inch of hair away from the incision, you have a clean place to work from. And if the deceased's hair is longer than two inches, it will cover that little line. So unless the person I'm working on has a crew cut, or an already shaved head, the first thing I do is to take electric clippers and shave a quarter inch of hair off of either side of the incision. Electric clippers are so useful to have for so many reasons, like trimming beards and eyebrows, or even just removing excessive growth before trying to shave someone. Nonetheless I work in places that do not have them. If you wind up in this position without electric clippers you can use scissors just as well to at least shorten the hair to a manageable length.

Then it is time to suture. Again, after spending years doing a baseball stitch here, the same person who showed me the trick about cutting the hair showed me the hidden stitch on the scalp. It changed my world. By starting with the needle going up from inside the point of the incision behind the right ear, so that the knot is inside and the needle is out, you can start a hidden stitch right there and go to work. I put a little Q-S in ahead of my needle as I go. I go into the top of the skin and come back out on the same side of the incision about a half an inch away. I then go to the other side of the incision, putting my needle in lined up about halfway back to that half inch on the other side, and continue that way back and forth. And here is what I've found to be the best trick to this: Don't pull the stitches tight every time, make your way four or five inches, then slowly pull the ligature away from the stitches, toward the unsewn incision, and it will pull tight in such a way that the sides of the incision butt up to each other and turn in. Not only does this serve to create a tight seal against possible leaks, but it pulls the hair on either side of the incision together,

making it almost impossible to see where you shaved the incision to begin with!

When you've made your way around, tightening every four or five inches, and find yourself at the end of the incision, you may find it to be a little uneven or they've cut behind the ear poorly. In these instances I finish out the hidden stitch, pull good and tight, and then without cutting yet, do a little baseball stitch back the other way until it sits right. Usually if this is necessary it's about half an inch. And finally, I hit my final knot with some Aron Alpha, just to give it that final shot of protection.

Hot Debate Number Five: Hidden stitch for scalp. I recently used this technique and both an apprentice and another funeral director mentioned that the "usual embalmer" said this suturing technique was bad and leads to leakage and is lazy. I understand that often in skill sets like ours the way someone is taught is taken to be the end-all be-all. And as my trade embalmer friend and I always say, I am the second-best embalmer in Texas. The first best is every other embalmer in Texas. So I bring this up not because I'm offended, or I even blame the "usual embalmer" for feeling this way, but to take a second to offer my reasoning, as I did with the apprentice and funeral director who brought it up.

One thing I can say for certain is, since I started using this closing technique 15 years ago, I have not had a leak from the incision. Not one. I have had a leak found after the procedure because there was a bullet hole I did not see. But I fixed it up and was all set. If done right, the hidden stitch pulls the skin together in a way that does not allow for leaks, because there are no gaps to be found. It is cleaner, pulls through the skin less, and, in the end, creates fewer holes by the needle. Combine that with all the other paranoid moisture blocking techniques I've used and I sleep with remarkable confidence. To take that even a bit further, in all the years doing this procedure I have only had to re-suture a head one time. An autopsied case that I embalmed one night was being transported the next day, and to make a long story short, it wound up being thrown in a deep ditch on the side of a country road. When they got me back to look over the body again, I could feel that the skull cap was loose, although you couldn't tell by looking, since the scalp and temporal muscles were still holding it in place. So, I opened the scalp back up, reseated and sealed the skull, and re-sutured. Not one drop of moisture had come through the incision, in fact not one drop of moisture was to be found even in the skull itself or in the scalp with the Inr-Seel and powder power combo.

The Finishing Touches

Not only is the procedure almost done, but you can now see how the person looks compared to how they looked when you received them. I get such satisfaction out of this that the rest of the work just flies by. I give the body another good wash, cleaning up any excess powder and blood, and begin the first wash of the hair. I like to start by wetting the hair and thoroughly massaging in the shampoo, then washing the rest of the body while the shampoo sits and has some time to do its work. When the table and the deceased are thoroughly washed, I rinse the hair, and more than likely give it another wash and brush out. I can now confidently dry them up and add my Perma Seel and cotton to the incisions for even more protection.

This is a good time to check the ears for any leaks, too. Often enough an overzealous autopsy tech may damage this area and some buildup can lead to a leak. If you have a heavy compound injector with Inr-Seel in it, just put on the round nozzle and go in the canal and fill it up with the Inr-Seel. If not, then just plugging the canal with Inr-Seel works, too. It's just cleaner with the injector and it gets deeper. And finally, in a normal case that is not going to require restoration, have a look at the eyeballs. In a perfect world they are close to their normal size now, but if not, that is okay. With a small gauge hypodermic needle filled with Firming Feature Builder, I inject directly into the eyeball until it appears to be the right shape again. It does not take much, so slow and steady wins this race. I put some Kalip on the eye caps and put them in and we are all set. Kalon Massage Cream on the face, or Kaloform if I want a little more kick, and that is a wrap.

I know no one gets excited to embalm a posted case. I hope, though, that with some time saving tips it is not quite as much a concern taking on an autopsy case. Some of the techniques mentioned here may only save a minute or two, but when it's all added up, a four hour case may become a three hour or even a two and a half hour case, without having to sacrifice any of the quality your firm is known for.

For those who already knew or practiced these things, you may know someone, be it a student, an apprentice, or even a colleague in another town, who may not know them. If this leads to a discussion among your peers about your techniques in these cases, then that is a great thing. The more dialogue we have, the more people can continue to improve their art of embalming. And when it comes to the posted case specifically, the more your apprentices or less experienced co-workers perform this embalming procedure, the more they will experience that gratification that comes with taking an autopsy case from the pouch to the table to being dressed to casketed.

The unequaled feeling of satisfaction that we get when a family says, "I changed my mind. I want to leave the casket open," gets even better when we realize the level of effort it took to achieve these results. After feeling that feeling a few times, we want to experience it more and more. And the more we do it the better we get, and the better we get the more families have a better experience getting through the toughest times of their lives.

Tom has been in the funeral industry for 20 years and still regularly embalms. He is the Dodge representative in central Texas.

Something Doesn't Smell Right!

By Ben Whitworth, CFSP, Dip FD, LMBIFD, MBIE, MEAE, MNZEA

I really wanted to focus on the power of smell and discuss whether we do too much to rob the deceased in our care of their natural and possibly homely smell.

We all know that smells and odors are powerful things. As embalmers and funeral directors, they alert us quickly if something is amiss. How many times have we recognized the warning smell of tissue gas, before we walk through the door of the embalming room? Turning up at a private residence to make a removal, how often have we smelt the sickly-sweet smell of decomposition and known there may be trouble ahead? Most of us will at some point have had these experiences, but I hear you ask, is this an article about tissue gas or decomposition? My answer is no!

I was caught out the other day while catching up with some housework at the firm. We have large stainless steel sinks in both our kitchen and utility rooms and the only thing that really seems to get them clean, and I mean properly clean, is Cif scouring powder. Cif is a UK product and probably not available in the US or Canada. I've heard that your Bar Keepers Friend also works well on stainless steel. We found this by trial and error, but once a week, both sinks get properly scrubbed and cleaned. The first time I did this, I flipped off the cap and squirted the product round the sink bowl and got scrubbing. Instantly the smell of the product took me back to my first day in the embalming room. At the time, we had an old 'Jack Lee' or 'Midlands' embalming table. Jack Lee was an old timer, who in his day ran an embalming supply company and embalming school. He made his own arterial and cavity fluid and among other things, produced a mobile embalming table, with an adjustable top that folded and drained in the middle into a bucket. The table was in many ways revolutionary as the embalmer had independent control over raising or lowering the head and foot of the table.

At this point, I should say that I still have one of these tables. It is kept covered over in the garage, and, unless I have a severely edematous case, then along with strong fluid and a good thorough embalming, it is my go-to item. The only downside to this table, was the white fiberglass top, which required no end of scrubbing to maintain a clinical appearance. Enter the Cif scouring powder and my recollection.

Was the point of this story to tell you all about my almost vintage table and how hard it is to maintain or to discuss something else which I think is more important? Well, I really wanted to focus on the power of smell and discuss whether we do too much to rob the deceased in our care of their natural and possibly homely smell.

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I have taken to asking my colleagues to ask the family, in their request for clothing, that they also include the shower gel, shampoo, and deodorant of the deceased.

Making sure we use the right products help us to not remove the natural and personal smell of the deceased.

As I mentioned earlier, smells and odors are powerful things, and can make or break a viewing experience. When the deceased comes into our care, we are careful to thoroughly disinfect and wash and clean. This is rightly so. This disinfecting and washing procedure protects us and our colleagues. It helps to protect our working environment and it is the first step in fighting decomposition. The thorough washing and manipulation of the body also helps to relieve rigor mortis and ensures thorough saturation of the tissues with embalming fluid. I take the time to disinfect the deceased with Dis-Spray while they are in a pouch and on a stretcher, dressing table, or storage tray. Once done, I will place a little cotton, saturated with Dis-Spray, into the nose and mouth and then prepare to transfer the deceased to the embalming table. I can then clean and disinfect the stretcher, dressing table, or fridge tray, and prepare it for next use.

With the deceased person on the table, I disinfect again with Dis-Spray and use this time to treat and clean the eyes, nose, and mouth. If the deceased is showing signs of cradle cap, I mix equal parts of Metaflow, Restorative, and Prep Soap or Forest Fresh Soap and apply it liberally to the hair and scalp. This mixture does a great job of hydrating the cradle cap and making it easy to wash away. Depending on the severity of the case, it may be best to leave it for as long as possible before rinsing out and shampooing the hair.

I then move to relieving any rigor mortis and washing the deceased thoroughly. The washing process helps to further relieve rigor mortis and also allows me a good opportunity to assess the case and make sure I address any issues or needs. To wash the deceased, I prefer a good quality soap like Prep Soap. I also like to use Forest Fresh as I particularly like its scent. Forest Fresh also makes for a great shampoo as well as a shaving soap when mixed with equal parts of Restorative and Metaflow.

With the deceased thoroughly washed and disinfected, I then carry out my embalming and treat the deceased in accordance with the instructions I have received from the funeral director and family. When the embalming is completed, I perform any topical treatments that I deem necessary. Are there ulcers that I will need to treat and dress or did any areas not receive adequate arterial fluid and need supplemental injection? Whatever is needed and once done, the deceased is washed again, then dried and ready for dressing and final cosmetics. With this in mind, I have taken to asking my colleagues to ask the family, in their request for clothing, that they also include the shower gel, shampoo, and deodorant of the deceased. During this final wash, I will use these products. There are two reasons for this. First, I think that it makes the process of the preparation of the deceased more personal for the family. We have taken the trouble to ask for these items, not because we don't have access to alternatives, but because we want to use their own products where we can. Second, it helps to replace the smell of the individual deceased that we have likely washed away by this point.

A perfume or cologne is also valuable and can be lightly sprayed onto the clothes of the deceased before dressing or even lightly over the coffin or casket once the deceased has been placed in it. I should add a cautionary note: Don't use too much! We want to create a light hint of the correct smell, not have bereaved families choking back tears as the chapel or viewing room is overpowered by the smell of dad's cologne.

Another consideration when making funeral arrangements is to make sure we know what type of laundry detergent and fabric softener the deceased used. I have on occasion had to launder the deceased's clothing as either a family want them to wear clothing that they have died wearing or clothing is brought into the funeral home soiled or a body has leaked post embalming. Making sure we use the right products help us to not remove the natural and personal smell of the deceased. If someone does not have a particular perfume or cologne, then a dryer sheet can be useful when tucked under the deceased in the coffin or casket.

A colleague of mine told me long ago that he was given the nickname 'Kleenex' in the funeral home. I was told that it was not because he was always crying or because of a runny nose or anything like that, but because he always used Kleenex when dressing the deceased for viewing. Separating the two-ply tissue and then folding the sheet, it would provide lift and shape to the lapel of a jacket, dress, or blouse as needed. This is a trick that I like, but I use, where possible, dryer sheets that I can cut to size, which hopefully don't smell out of place.

Whatever we do or don't do regarding the smell of the deceased once we have prepared them for viewing, I do like to make sure that as far as possible there is no chemical odor following on from the embalming process. There are enough bad stories out there of people stopping to pay their respects and being overpowered by the smell of embalming chemicals or embalming powder. How many times have we heard stories about the use of lilies in the funeral home to cover such odors? Another myth we have to work hard to overcome.

In our working environments we come into contact with many odors, good, bad, and indifferent. We need to make sure that we remove the bad ones and use the good ones, and make sure that whenever we care for the deceased we do not remove or cover anything that helps family and friends identify and recognize the deceased. Smells and odors are powerful triggers of memories!

Ben is a Sales Consultant with The MazWell Group Ltd. His time is split between visiting customers across the UK and in the office where he assists with technical enquiries. An active funeral director and embalmer, Ben is an accredited Tutor of the British Institute of Embalmers and writes for several professional journals across the world.

Treating Purge

By Duncan Norris

I was once at an Embalmers Conference dinner and, because I lack an understanding of what constitutes appropriate dinner-table conversation, I was animatedly engaging in a discussion about purge. Most of the regular issues, potential solutions, and the occasional amusing anecdote were the main body of this conversation. Then one of the gentlemen with whom I was having this discourse said something that shocked and surprised me. It wasn't said boastfully, nor with the air of someone ready to fight. It was just a plain, matter-of-fact statement. Knowing the person in question reasonably well, I took his statement at face value. I feel that he sincerely held he was telling the truth, for it was a statement many would find, shall we say, difficult to believe. In response to general options and solutions for purge, of AV closures, various forms of packing, and the like, he replied that he had never utilized any of these methods. They were, to him, unnecessary. Simply put, this gentleman stated that he had never had a body he had embalmed purge.

You can imagine that my questions came thick and fast. My initial assumption was that he had misunderstood the premise of the conversation, or that he had a qualifier in mind. Something along the lines of "never had a body purge at a viewing," or "after dressing," or something of that ilk. But a few questions later revealed that, in fact, his initial statement held true. After he had finished arterial and cavity embalming he had never had an issue with a body purging. I was a bit stunned. Although I knew him to be a truthful man, it seemed too big a statement to accept without questioning. To quote Carl Sagan, "Extraordinary claims require extraordinary evidence." And even more importantly, if it were true, what was his technique that I might learn it! My questions kept rolling and it didn't take long to discover the difference between his standard embalming method and those of us about the table, and the almost certain reason that allowed him to make his assertion. When asked how long he aspirated, he replied that it was about the same length of time he spent arterially injecting. That satisfied both the scientific and pragmatic sides of the question in my mind, and the conversation progressed to other things.

Yet the memory of the idea of "no purge ever" stayed with me. I thought I would take another look at purge and see what less common causes, and potential solutions, are available in the pragmatic realities of a funeral home. This article is not supposed to be exhaustive, nor is it going to recover the basics which we are all familiar with. The fundamentals remain solid. Rather it is intended to look at those basics and see what tweaks can be made in the light of my own and others' experiences. A final thought before before I start, for I think this is a good moment to reiterate the maxim drilled into me as a student and which seems to me still valid: Purge has a cause and an origin. Discover it, treat these issues, and solve the problem.

One of the gentlemen said something that shocked and surprised me. This gentleman stated that he had never had a body he had embalmed purge. You can imagine that my questions came thick and fast.

Cavity Fluid

We are all familiar with the root causes of purge and are trained to understand by its nature where it is originating. Yet in my experience, especially in post-embalming purge, the most common culprit is not the purge of bodily fluids but false purge, being in the main composed of unabsorbed embalming fluid, most often cavity fluid. When I was teaching students I noticed a few trends over time. First, there was a correlation between the likelihood that a body would purge and the swiftness with which they were dressed following completion of embalming. The shorter the duration, the more likely they were to purge. Cavity fluid requires time to penetrate into and fixate tissue, to bond to the cells, and to cease to be a liquid. Even as little as half an hour seemed to make a difference, and if the dressing came a few hours or a day later purge became rarer. I understand that in many busy, high volume mortuaries, or in trade work, that time may seem like a luxury. However, this no longer seems to be a luxury when time must be spent later dealing with the consequences of purge. Obviously, each case must be assessed on its individual merits and the likelihood of complications, yet allowing

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this extra time is a possibility worth considering. But time is a precious commodity in a busy funeral home.

Rather than make such waiting dead time, consider organizing your embalming process around it. Perhaps after a final wash-down and pat-dry of the deceased, a general clean up of the mortuary and some standard decontamination and disinfection procedures can be undertaken to allow extra time to let the fluid settle and absorb. Or have the deceased moved horizontally to a different table to await dressing after the completion of the next embalming as part of the mortuary routine. Organize rest and meal breaks around the completion of cases you think might benefit from extra time to rest after cavity injection, or work out the daily embalming schedule so that cases most likely to have issue with purge are embalmed first and dressed last.

Likewise, if bodies are destined to be transported away from the funeral home later, try to ensure that they are treated first and given time to rest before being subjected to the vagaries which may occur in transit. Each workplace is different. Yet whatever processes might work best in your environment, a more creative approach to time may prevent complications later.

Cavity fluid usage itself deserves a mention. Orthodox teaching generally recommends two 16 oz. bottles of cavity fluid, one each into the thoracic and abdominal cavities fanned out in three layers (upper, middle, lower) via a gravity injector. Experience has given me to reassess this model in minor but significant ways. We treat each cavity equally, yet it is rare to have the chromogenic bacteria indicative of decomposition initially manifesting in the thoracic regions. The gastrointestinal tract, with its native and necessary bacterial microflora which all become pathogenic in a deceased person, is long known as the primary driver of bacterial putrefaction. Typically the lungs, the largest organs in the thoracic cavity, do not require the same volume of fluid as the highly contaminated intestines to achieve preservation and sanitization. Much of that potentially excess cavity fluid flowing into this region, following the path of least resistance, may end up in areas such as the esophagus, where they can exist as prospective purge.

A slower and more directed injection of only half to two thirds of the first bottle into the thoracic cavity and using the remainder in the more problematic liminal area of the abdominal cavity, especially the liver and stomach, often helps eliminate future problems and leaves the second bottle entirely for the remaining abdominal organs. This both reduces the purge potential and treats the higher likelihood problem areas. The fluid is best directed to the upper and middle levels of the bodily plane. Gravity will push the fluid down, so the bottom third should gain sufficient coverage.

Speaking of sufficient coverage, another of the reasons for false purge is the pooling of cavity fluid in sections caused by the nature of gravity feed injection. Encountering a small internal void space will typically cause a sharp and sudden increase in the volume dispensed utilizing this method. The Evolution Injector is a more optimal device as it allows for greater control, ensures greater distribution of fluid, and reduces the likelihood of pockets of fluid, which tend to have greater leakage. Likewise using this device makes it easier to target specific areas of decompositional discoloration and ensure fluid arrives where desired. Even if you prefer the gravity injector, using a hypodermic syringe and long needle to spot treat these areas from the trocar incision, perhaps even using a higher strength cavity fluid, is a useful practice.

Aspiration

It's a good idea, whenever possible, to delay cavity aspiration at least eight hours after completion of the arterial injection. This allows the vascular pressure to be maintained, and enhances the penetration of the arterial solution. Less fluid will be present in the cavities, and tissue firmness will allow more effectiveness in the use of the trocar.

If you only take one tip from this article, I suggest it is to always practice a second aspiration prior to injection of the cavity chemical, especially if purge has been present during the embalming. This routine was drilled into me from my first embalming and it is something that frequently pays dividends. A thorough initial aspiration removes much of the loose fluids that may be present in the cavities and organs. But even the best of us occasionally miss a pocket of fluid here and there, and it is rewarding to perform a second aspiration and come across a passed-over section that may have caused issues later. Even more importantly, the initial aspiration will have perforated all of the preciously intact organs, many of which will have been filled with fluids. These will leak and create internal fluid reservoirs that may result later as purge, especially if they are added to by an excess of cavity fluid following those same channels now creating a path of least resistance.

A second aspiration after a short delay will hopefully catch these subsequent pockets which were not present previously, and thus reduce the likelihood of purge. Again, time is often a factor so attempt to build the secondary aspiration into your procedures. Rather than have unproductive time after the primary aspiration, take this time to suture your incisions, examine the body for potential issues, empty out, rinse, and disinfect your Dodge Machine, and similar tasks that need to be performed to allow any leaking fluid to settle. Focus on the lower portion of the body when re-aspirating. If only one in every twenty, or even fifty cases, yields an unexpected pocket of fluid removed, it is a few minutes well spent.

Treatment vs Prevention

I once had a colleague discuss seeing a practice to prevent purge that went as follows: the embalmer created a 'sausage' nearly a foot long, made of Webril wrapped about core of Q-S Powder and coated in Kalon, hung the deceased's head off the back of the embalming table to create a horizontal passage, and used long forceps to place the 'sausage' into the mouth and then down the throat as a plug. As a purely pragmatic consideration it was effective. Yet I'm sure the reader can see numerous other issues which may arise from this practice, not the least of which are

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In my experience, especially in post-embalming purge, the most common culprit is not the purge of bodily fluids but false purge, being in the main composed of unabsorbed embalming fluid, most often cavity fluid.

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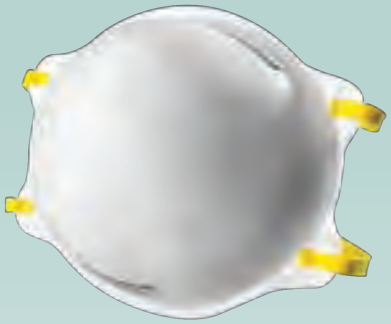

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the considerations of dignity and aesthetics. Packing as a standard practice has been a contentious issue in a number of conversations I have been engaged in. As most everyone is familiar with the arguments both for and against, I'll not belabor them here. Yet as concerns purge from the mouth, in particular, there are two aspects concerning the origin of such purge worth considering, as even a small amount of purge from the mouth can ruin a viewing or run down to stain an (invariably!) white garment.

If you only take one tip from this article, I suggest it is to always practice a second aspiration. This routine was drilled into me from my first embalming and it is something that frequently pays dividends.

I cannot be the only person to have had purge occur in an autopsied case despite there being no throat and thus no channel for fluid to be carried along to an exit. This is because not all purge originates from below in the body proper. Embalming fluid often fills the buccal tissues, the lips, and the tongue in particular, and the small holes created in suturing the mouth closed, and possibly the small holes created in closing the mouth using a needle injector are natural leakage points.

If the leakage persists a small amount of Feature Builder injected with a small gauge needle into the leaking holes will generally be sufficient to form a seal. You may also attempt to cauterize any hole with a Dryene pack.

There have even been occurrences where water had gotten into the mouth during the final washing process. This, let's call it mouth-origin purge, is rarely a long term issue, but it pays to swab out the mouth post-dressing with dry cotton to catch any fluid that may be present. In the living, a few tears from a crying person is a small amount of fluid, yet we are all aware of its potency. Less poetically, the same is true of a tiny run of moisture from the mouth of the deceased, which despite its diminutive volume, may be upon occasion a disproportionate disaster.

Another means of dealing with internal purge is more pragmatic. As most oral purge comes up via the throat, one can ensure that the throat is sealed off completely via ligation. This is something I generally do not practice, but was a technique commonly utilized by a colleague who was a trade embalmer. This was reflective of a difference in arterial injection technique. I try to achieve the best possible result with the minimum of invasive actions. Consequently, unless circumstances dictate otherwise, I will attempt whenever possible to perform my embalming from a single point injection. My colleague was of a (both figurative and literal) different school, and performed a Restricted Cervical Injection (RCI) as her preferred injection method. As a result, the two incisions created left her in a position to easily loop a ligature, or in more difficult cases, a cable tie, under and around the esophagus and trachea and tie off the throat internally, eliminating the issues of purge from that location in most instances. This is, of course, more a case of prevention than treatment. Myself I would tend toward an application of reaspiration, but as wise persons have said, "Knowledge is power," and, "Every tool has its uses."

Duncan Norris is a practicing embalmer at Kenton Ross Funerals in Brisbane, Australia. A Fellow of the AIE and former BIE Divisional Secretary, he has also served in numerous other roles including that of coronial agent, anatomical lab assistant, and in international mass disasters.

External Causes of Purges

This heading may seem rather paradoxical. After all, purge by its nature originates internally. But one of the less obvious causes of purge is pressure. Anything that compacts the deceased, that applies pressure on them, will increase the likelihood of purge. Visceral weight is an obvious one, but that can be dealt with using traditional methods and ideas noted above. Less immediately obvious is clothing. There is a tendency for people to wish to dress a loved one in their formal best. Unfortunately, and this is especially true for many elderly people, such clothing often sits in the wardrobe until required. It is a common experience for me to find either a wedding place card or an order of service from a funeral in such clothes, reflecting the last time they were worn. As a result of this infrequency of need such clothing is frequently ill-fitting. This poor fit is especially common in men's pants, and the additional pressure about the midsection in the dressing process and afterwards may have consequences. Belts, especially, have a tendency to exacerbate this issue.

Likewise, with suits, the pulling together of the arms to manipulate someone into a tight fitting jacket exerts a strong pressure on the thoracic region, and will force any loose fluid to seek an exit. While again my own philosophy is to dress a deceased person in their own clothes whenever possible, there is a valid argument in some circumstances for cutting their clothes, rather than attempting to force on ill-fitting items. Even just a snip of the belt at the back, so that the tongue and buckle can rest naturally in the customary belt buckle position but not exert pressure of the abdomen, can be the difference between an easy dressing or purge issues.

Finally, there is the casket or coffin itself, although I suspect that this is less of an issue for those communities where the rectangular casket rather than the traditional anthropoid coffin shape is employed. A larger person, or even just someone with broad shoulders, in a standard size coffin may have their arms squeezed in which will apply pressure to the thoracic cavity which may result in purge. It is better to move up to an oversized coffin or a larger casket than risk the potential problems of purge. This has the additional benefit of making the deceased appear more "comfortable" at a viewing. If the person is perfectly embalmed and immaculately presented, but gives any appearance of being "squashed," this perception will almost certainly negatively affect the mourner's final memory picture.

I hope that some of this has proved of value. Even if has not, it is a reminder that the problems we face as embalmers are both universal and can be overcome.

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- **Regular:** Red tones. Recommended for infants, light complexions.
- **Suntan:** For dark complexions.
- **Peach:** Reddish-orange tone. As popular as Regular Icterine. Also intended for elderly cases and naturally yellowish complexions.
- **Tan:** For somewhat weathered complexions. As the name suggests, similar to Suntan, but has only the brown tones without the reddish coloration.

Average tinting concentration usually requires one to two ounces of Icterine per gallon of solution.

It Can Be Done

By Randy Rogalsky, CFSP, MBIE

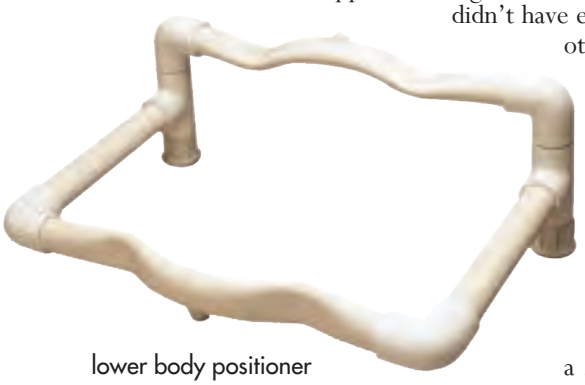
Over time I have seen some very creative methods to get feet and legs elevated. I'll leave it at that. You can use whatever you want, but you need to get the feet up, way up. Water won't run uphill.

In large cosmopolitan cities, the medical care facilities are equipped with the most sophisticated equipment and the doctors, specialists, and medical teams are usually the best. These large facilities are where patients are often transferred for complicated procedures and treatments including organ transplants. It is not uncommon to see every imaginable medical intervention procedure utilized to keep a patient living, if that is the patient's and the family's wishes.

Depending on the diagnosis and prognosis, many patients recover. However, as it pertains to those that don't, we know that gradual organ failure and multiple organ failures often result in the retention of excess fluid, due to the fact that the output/discharge stops functioning and the drip continues.

I was asked to come and help a customer some years back. The manager called me up and said, "Randy, you always said if I ever needed help, to give you a call, and I sure need help!" She told me that they just brought a man to the funeral home and that the family had arranged for a pretty rushed funeral. He had died on a Wednesday evening, had just been released early Thursday morning, and they wanted to have the funeral on Saturday. You've all been through this. She told me he was "pretty swollen up."

I made my way over there, carrying a few extra supplies I thought I better have just in case they didn't have enough Introfiant or any other products we might need. She worked with me from start to finish. I would estimate that this 70-year-old man was carrying from four to five extra gallons of retained fluid in his body, everywhere. He was a fairly big guy to begin with, but this was going to take some pretty aggressive work. He was not jaundiced, but even if he had been, I likely wouldn't have changed anything I was going to do. His feet, legs, and hands were extremely swollen, but the most concerning issue was his face. His eyes were the size of eggs. His eyelashes were there somewhere, but we were going to have to do a lot of work before we could get to fixing that problem. His lips were extremely swollen. Even his earlobes were swollen.



lower body positioner

After getting garbed and gloved up and organizing some instruments, I ran the water as hot as we could get it and filled the sink about half way up. I put a dozen bottles of Introfiant, four bottles of Rectifiant, four bottles of Metaflow, and two bottles of Edemaco in the water, all the while explaining to her that we might be doing a few things she'd never seen before. She was about to start putting some water in the embalming machine and I nicely told her not to do that, and to, in fact, rinse the machine out and empty any water that might be in it.

Following a thorough head to toe application of Dis-Spray, I did the best I could to swab out his eyes, mouth, and nose, but we certainly weren't going to attempt to pose his features at this stage. After an evaluation of other accompanying problems, we saw there were intravenous bruises on his hands, and they were leaking. Upon pushing my finger into various parts of his arms and legs, I saw there was clearly pitting edema. We gave him a thorough bathing with Prep Soap.

The lower body positioners were hanging on the wall, and that was good to see because I hadn't even thought of bringing any of those. We needed to get those feet up as high as possible. Over time I have seen some very creative methods to get feet and legs elevated. I'll leave it at that. You can use whatever you want, but you need to get the feet up, way up. Water won't run uphill. The hands likewise. Although we were going to be moving the arms and hands a lot during the embalming, every minute counts when the clock is ticking like this.

We really needed to take an estimate of the

excess liquid in the body, and pretend as though we had just put that into our embalming machine. If we go back to the textbook, it would be referred to as "secondary dilution," but I've never been sure if many embalmers calculate this properly. Our time was precious, and there were no three days to wait. We had all of six hours, including the time needed to get him dressed, apply the cosmetics, place him in his casket, and get him up to the visiting suite.

This managing director was curious about the bottles of chemicals in the hot water, and I explained that we wanted to inject warm chemicals. In most other situations where you are using water in your solution, that is great, but we weren't using water. I needed the chemical to be heated, to be at least as warm as water you would wash your hands in. Just before raising the right common carotid and jugular vein, I poured the first four bottles of Introfiant into the tank, and added two bottles each of Rectifiant and Metaflow. Naturally, now, you can use Proflow in place of Metaflow, if you wish.

We had the table tipped as high as it could go at the head end, and we had the feet elevated so that his feet were about the same level. He was sort of positioned in a "V" form for the time being, with his abdomen being the lowest point. It was now time to learn a bit of chemistry in formaldehyde's affinity for water. Remember too, that this nitrogenous waste is not just water. We didn't even have the slightest clue as to the composition of this water, but we sure know it isn't *just* water.

The incision immediately started leaking fluid, and rather than making just a small one inch incision as she had been taught to do, I suggested that she make the incision much larger so that we could go into that incision afterwards to channel and draw more of this fluid out with absorbent cotton. I also asked her make an incision to raise the left artery and vein, but we didn't end up needing to inject or drain from it. But that incision served the same purpose as an exit point for us to draw out edematous fluid from the left side of his face. Water came out of the artery when she incised it, and I knew that the vein was going to be full of water and watered down blood.

Yes, I know everyone is likely thinking, four bottles of Introfiant, no water, and some water corrective and co-injection chemical. There are eight bottles of embalming chemical in one gallon, so adding the bottles up, we had one gallon to inject in this first injection. Once we started injecting, it didn't take long to start seeing vertical wrinkles in his feet, and then vertical shrinkage lines on his legs. Copious amounts of water were coming out of the vein. As each of us held one hand high into the air, we started noticing the same vertical shrinkage lines showing up in the tops of the hands and down the arms. What we were actually seeing was the interaction between a very strong solution and the edema into the tissues, and out into the venous drainage. We injected this solution using pulsation, 80 pounds pressure, and a measured rate of flow of 14 ounces per minute. That was another issue that I just had to reassure her about. Eighty pounds of pressure sometimes shocks people.

We did not need to manipulate the drainage forceps once. When the machine shut off after about 15 minutes, we took a look at what was happening. We were seeing quite the chemical reaction, but we had a lot of work yet to do. I added another four bottles of Introfiant into the tank, two more bottles of Rectifiant, two more bottles of Metaflow, and a full bottle of Edemaco. This specialized chemical had just been on the market for a short while then. There are various ways to explain how this chemical works, but the best way for me to describe it is that it gets behind the edematous liquid and pushes it out via the drainage. It really does work amazingly well. However, I don't normally start out with it. In this case one bottle was added to exactly the same solution we had just finished injecting.

Away we went again with the same settings on the embalming machine. We finished the second injection, and by the time another 15 minutes or so had transpired we were witnessing a significant transition. The drainage continued to be very diluted blood with copious amounts of this edematous liquid leaving the vein. That was the end of the injection. This man was well-embalmed.

We aspirated right away, again something that many embalmers would suggest we might have deferred. But there was a lot of water in the organs that needed to be removed, and we just didn't have the time to wait. As expected, there was a significant amount of diluted blood that was suctioned from both the thoracic and abdominal cavities. By aspirating now, it allowed the gravitational flow of edema from the vascular system to make it's way into the cavities again where it would end up from the way we positioned the body on the table. Two bottles of Dri Cav were injected.

The next phase of work was to start some rather extensive channeling in the areas of the body that were going to be exposed for viewing. The eyes had already come down significantly and wrinkles were starting to appear. However, I placed an eight inch, large bore hypodermic needle into the corner of each eye and channeled, making sure not to exit accidentally with the needle tip. After that procedure had been done, I took a fistful of absorbent cotton, and applied it to each eye using as much of my weight as I could, directly down on each eye. The liquid squirted out of the needle hole and onto the table. We now had eyelids and eyelashes. I channeled his lips from each side, top lip first, bottom lip second. With another fistful of absorbent cotton I applied as much pressure as I could with my own weight and the water gushed out. I also channeled the temples, and his neck which had also been swollen and he appeared to have undesirable jowls. I did that through the incisions. Likewise, by applying pressure I could physically force this unwanted edema from the tissues. Then I went to work on the tops of his hands inserting this same eight inch hypo needle on the top part of his wrists. Again, with the application of pressure, a lot of that edema came gushing out of the needle holes. The fingers had already diminished in size.

We took a 40 minute break.

continued on page 25

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Dodge

Rushmore

SERIES

The Rushmore series from Dodge offers a new look to a familiar urn design. The Rushmore Urns are cast using manufactured granite with quartz accents. Offered in four color choices, this extremely durable and attractive urn is remarkably priced.

The Rushmore Urns have been compression tested for burial.

Twilight Blue
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Tuscany Brown
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Mist Grey
*{Catalog No. **951101**}*
**{engraved sample using Times New Roman font}*

Twilight Blue
*{Catalog No. **951102**}*

Pine Green
*{Catalog No. **951103**}*

*Additional charge applies for engraving and/or sublimation

continued from page 23

Time was running out. The clothing had been brought in, a portrait had been brought in and brought down by some of her staff and we went back to work. That photograph sure was helpful. I plugged in the two tissue reducers I brought with me. I have an older one and I had brought a second new one with me in case the one I had failed to work. While they heated up, I did some more channeling and expressed out more water. By applying Kalon Massage Cream all over the eyes and putting small strips of Webril soaked in water on the eyelashes, I was able to protect the eyes and eyelashes as I applied the tissue reducing spatula to each eye.

I think this may have been the most impressive thing for this manager. "What on earth are you doing now?" I said to her that I am going to iron out these wrinkles. Some embalmers think that this instrument is used to remove edema from lips and eyes, or to melt their restorative wax, but its primary purpose is to shrink excess tissue after the edema has come down. This likely took me 15 minutes. I kept rotating between the two irons. When one was no longer as hot as it needed to be, I would use the other and let the alternate re-heat. They need to be scorching hot. The cream prevents the tissue from turning brown, and when the desired remaining natural wrinkles are remaining, the job is done.

The excess cream was removed, we put Aron Alpha on each needle hole to seal them. We re-aspirated and, believe it or not, at least another gallon of clear liquid was extracted from the cavities. Finally, we ligated the artery and vein on the injection

tissue reducer

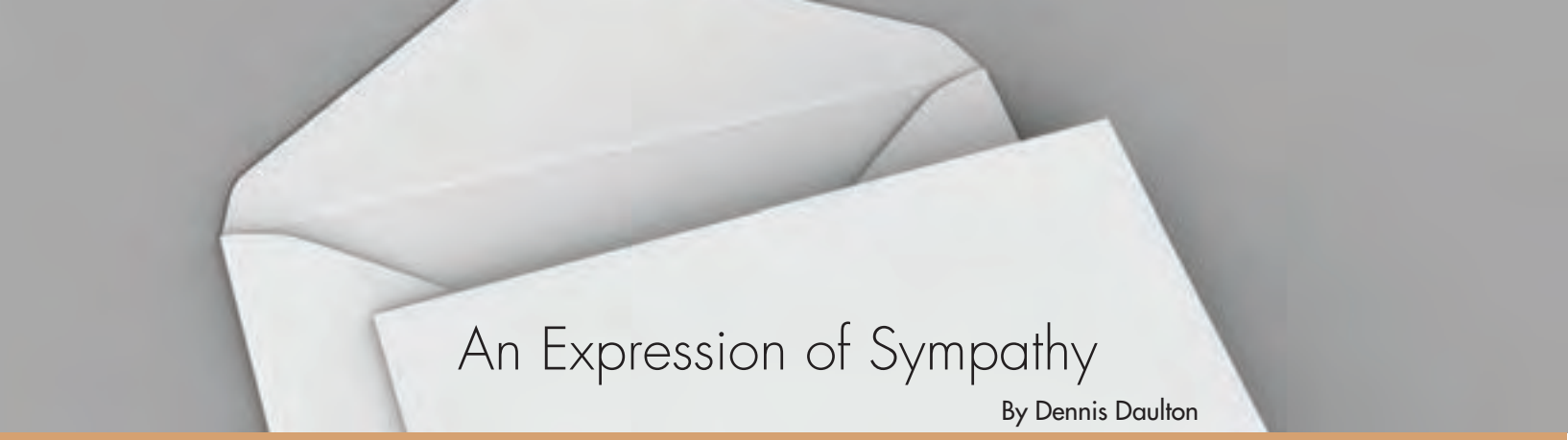
side, applied a generous amount of Q-S powder into both incisions, a bead of Inr-Seel on top of that, and we sutured. Pressing the incision after all of this is done pushes the Inr-Seel into the underside of the incision and suture holes, to prevent any possible leakage. We applied Perma Seel and a strip of Webril cotton to the incision to finish up.

I fussed with getting his eyes properly closed and his lashes aligned. Kalip Stay Cream worked well for that. The same needed to be done with his lips. We dressed him, one garment at a time, making sure that we hadn't any unknown sources of leakage that could cause any problems after I left. I bibbed him for cosmetics, and the staff rolled in the casket. With a modest amount of French Rose Tint Light, some Kalon Pigment Light Suntan under his eyes, a three blend lip cosmetic color starting with Kalochrome Purple, a tiny bit of Kalochrome Light Brown, and a tiny bit of Kalochrome Adult, and I believe he looked very natural. The hand wrinkles had also been reduced, the cream removed, and some French Rose Tint Light applied with a bit of Aquachrome Highlight on the knuckles, and all I can say is I wish I could have been there when the family arrived for their first early viewing later that afternoon.

I mentioned to this manager and the staff that came in to look that my only concern was that this edema was going to continue to reduce and that it is likely that there would be additional shrinkage as the chemicals we used continued to work. They reported back to me the next morning that the family were actually shocked at how nice he looked. Yes, he did continue to shrink and undoubtedly his cavity was again full of gravitationally drained edematous liquid. But it can be done with a bit of courage, a bit of know-how, and the fortitude to work against the clock.

To close, in our profession perfect situations rarely happen. Certainly a family does not know the intricacies of the embalming procedures necessary to make their very swollen loved one look natural. With an edematous body, a three, four, or even a five day interval from receiving the body until the first visitation would be ideal to achieve results without the extreme rapid procedures we had to perform. But the long and short of it is, "It can be done."

Randy has been with The Dodge Company Canada since 1988 and President of Dodge (Canada) since 1994. He is a licensed embalmer and funeral director.



An Expression of Sympathy

By Dennis Daulton

The newspaper account stated that at one point he turned and said to the doctor working over him, "I can't breathe. I'm dying."

Had he lived, he would be celebrating his 78th birthday soon. Instead, for the past 70 years he has remained a boy of eight years old. The dead never age. This is all because of a tragic automobile accident which occurred on a Sunday morning in September of 1951. The cause of death was "Traumatic Death Internal Injuries."

While riding with his 38-year-old widowed mother in their gray Dodge sedan, they were hit on the right rear side by a Pontiac which came out of a side street. The impact spun their vehicle around twice. The boy was thrown against the front passenger door. It opened and he fell out onto the highway. The investigating officer reported that the roadway was wet and slippery at the time of the accident.

He, along with his mother who received no physical injuries, was rushed to a nearby hospital where he lapsed in and out of a coma. The newspaper account stated that at one point he turned and said to the doctor working over him, "I can't breathe. I'm dying." Death came shortly thereafter. The time of the pronouncement was at 12:55 PM.

His father, my mother's first cousin, was killed in WWII, at age 32, in the Battle of the Bulge. He served in the U.S. Army and was a second-generation German/American fighting Nazi Germany to preserve our freedom. His widow, the boy's mother, lived to age 93. In her obituary it was written, "She will be remembered for her wisdom, incredible spirit, courage, and strong faith." How she endured such heartache, first the loss of her husband, then her precious son, is beyond comprehension.

Their son was half German and half Italian. A photo of him, as described to me by his first cousin who possesses it, shows that he had blonde hair and a very handsome smile. We will never know what he could have become, and what he might have contributed to society if he had lived.

The lad of eight years old was my second cousin. "Lad," a common term used years ago, was how he was referred to in the newspaper article describing this horrible accident. I was just shy of five years old when he died, and have no recollection of him. When his father died in 1945, he was two years old and was living in his father's hometown with his mother. Shortly thereafter, they moved to her hometown, 17 miles away, where she was born and raised, and where she eventually died and was buried. Her mother-in-law was my maternal grandmother's sister.

The funeral mass was held at 9:00 AM the following Wednesday in the town in which they were residing. The church was where he was baptized and where his parents were married. He was brought back to his father's hometown to be buried beside his dad. I recall being at the committal service with my mother, but do not remember seeing anything in particular. I held her hand and stood among many adults who towered over me. I do remember the crying and the sobbing, but I wasn't frightened. Rather, I remember feeling sad for those who were grieving.

What I remember next has left a lasting impression on me. I was sitting at my mother's typewriter and told her I wanted to send a note to the boy's mother. I randomly struck many of the typewriter keys over the next few minutes. I then removed the piece of paper, which my mother had inserted, and handed it to her. She stood next to me and read such beautiful words of comfort and sympathy. Of course, this didn't come from me, but I was convinced it had. My mother made it all up. She then said, "I will put it in an envelope and mail it tomorrow." I watched as she carefully folded the piece of paper and put it into a kitchen cabinet where out-going mail at our home was held. I can still recall that warm feeling of accomplishment and satisfaction which came over me.

If I am unable to attend a visitation or funeral of someone I know, or even a family member, I am a firm believer in sending either a card or note. It is wonderful that we are now able to express our sympathy on a funeral home's website, but I prefer to mail a handwritten note or card which the receiver can hold in their hands.

As a child not yet five years old, I was convinced that I had actually composed the words that my mother read to me. I felt good because of this, and thanks to my mother, it took away some of the sadness I was feeling for others. Children are cognizant of what is happening around them during such times. Perhaps this was the foundation of my wanting to become a funeral director. Regardless, it was a powerful lesson and affirmation in acknowledging someone's loss and attempting to relieve their pain. When did you first realize that you not only wanted to become a funeral director, but that you had to? There is no escape if it is your calling.

Although I have thought about this tragic event for many years, I'm not quite so sure that what I have recently discovered is in my best interest. Reading

the newspaper article on microfiche, received from the library in the town where the boy died, has been chilling and distressing. It has, however, confirmed why I send sympathy cards and how valuable it is not only to the receiver but also to the sender.

After a loss the days become months, months become years, and years become decades. Those who hurt never forget because those memories are still vivid and precious. Take Margaret for example. I met her in the late 1970s when her father-in-law died. He was in his mid 90's and had lived a good life. His death was not prolonged, and as they say, he "died healthy," which is a wish for most of us.

Several years later, on a late Saturday afternoon in March, a call came from our local police department instructing us to come to Margaret's home where her husband had died unexpectedly. The fire department ambulance had responded and then summoned the medical examiner who pronounced him dead on the kitchen floor. Margaret had gone shopping earlier in the day and returned home to find her husband unresponsive.

Ten years had elapsed when one evening Margaret arrived at the funeral home to pay her respects to a neighbor who had died. I was tending the front door during the visitation. For some unknown reason, I have an uncanny ability to remember many dates, times, and circumstances of past events, especially about families I have served as a funeral director. Several of my colleagues can do the same. This day I remembered that it was exactly ten years that Margaret's husband died.

After we exchanged initial greetings and pleasantries, and while standing alone in the foyer, I quietly said, "Margaret I know it was ten years ago today that your husband died. I will always remember him and how nice and appreciative both of you were towards me when I assisted you when your father-in-law died." Her eyes started to well up. I immediately ushered her into a side room to apologize, realizing I probably should not have said anything. She regained her composure and said with a smile, "Please don't apologize. I've been thinking about him all day and no one in the family has said a word. Thank you for remembering. It means so much to me."

Some funeral homes send a sympathy card following a service or a remembrance card on the first anniversary of the death. Perhaps you do both. The Journey of Grief Comfort Card, #910396, by Insight Books, is available through Dodge. It is a powerful, inexpensive way to reach out to those who are hurting. This shows that your firm continues to care, because you do. It also reconfirms that they made the right decision in calling a funeral home that truly has compassion. Families often call a particular funeral home because it is *their* funeral home. They in turn become *our* families. We want to keep it that way. A card and a stamp might be all it takes to do just that.

As meaningful as a sympathy card is, thank you notes received from families we served are also greatly appreciated. You and I have a drawer full of them … or at least we should. These are beneficial to occasionally re-read, especially on those days when we wonder if what we do actually makes a difference in the lives of those we serve. It does.

Some of you may have noted that Bill Werner, my colleague who also writes articles for this magazine, and I have recently quoted from *The Embalmers' Monthly*. In their September 1915 edition, one article which sparked my interest is titled, "Doctors Jealous of Undertakers." At a meeting of the Organization of French Physicians in Fall River, Massachusetts, they went on record as being dissatisfied with the measure of gratitude shown by some families of their patients after they had had their services.

The complaint was that those who lost a member in their family through death immediately inserted a paid advertisement in the newspaper thanking the undertaker, but often at the same time neglected not only to thank the doctor who had attended them, but also to pay him.

One physician noted, "I suppose people have a right to print cards of thanks if they want to, either to the man who buries them when dead or feeds them while alive, but it does seem to me that it might be the proper thing to do to hand a dollar or two on the doctor's account for trying to keep them out of the cemeteries before they issue any proclamation thanking the men who put them into them."

On my occasional trips back to my hometown I often stop at Forest Hill Cemetery where most of my relatives, many friends, former neighbors, and some classmates now rest, including those who I assisted in embalming as a young apprentice nearly 60 years ago. I have visited the four-grave lot which holds my second cousin, his father, his grandmother, and his grandfather who died in 1977 and 1980 respectively. The boy's mother is buried in her hometown where she died in 2006. When their family lot was initially purchased, the intent was that it would be for the parents and grandparents, not for the son/grandson. Life has many unexpected twists and turns, and seldom conforms to man's meticulous plans.

They didn't know that dad would die in combat, and one day while mother and son would innocently be riding in their vehicle, happily on their way to visit relatives, another car would come out of a side street and hit their car, spinning it around on wet pavement. Seat belts were a thing of the future.

No family has ever told me, nor have I previously read, that a child told a doctor they couldn't breathe and were dying. My second cousin did just that before he slipped into eternity…where I truly believe he was greeted by his loving father. His mother would join her husband and son 55 years later. Their family was now complete once again.

Grief is only for the living and the bereaved. The dead no longer experience this. Acknowledging the grief of others is a gift anyone can give. Those in our profession who truly feel that funeral service is a calling, do this each and every time they are summoned to care for someone's loved one.

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Dennis became a licensed funeral director and embalmer in 1971. He joined the Dodge Company in 1985. He currently covers northeastern Massachusetts as a sales representative for Dodge.

Aftercare is Not an Afterthought

By Glenda Stansbury, CFSP

I have conducted over 75 funeral services as a Funeral Celebrant since the beginning of the pandemic. Some were on Zoom with only me in the room and family scattered all over the country.

My brother-in-law died this year. Now in the midst of the overwhelming and mind-numbing statistics of deaths this year, this one is only significant to my family. I get that. But I also learned some valuable lessons from this journey.

Bob was my husband, Joe's, younger brother. While my husband and his older brother stayed in Oklahoma and Kansas, Bob went to Atlanta decades ago for work.

My brother-in-law was a liver recipient over 20 years ago and it was a sacred gift that gave him many more years of a wonderful life. However, at some point, he outlived his liver and had been declining for the past few years. We knew that he was having difficulties, but we had not seen him in over two years.

Suddenly, our sister-in-law was on the phone telling us that Bob was in the hospital and not expected to make it. Among all the devastating trips to ICU for the thousands of patients afflicted with Covid-19, it was a challenge to even find a bed for his care. And, in two days, he was gone. At the age of 63, it was a mixture of expectation, relief, and shock.

My mother-in-law lives in a retirement center in Wichita, Kansas, where Joe's older brother can care for her. At the age of 91, travel would have been difficult in "normal" times. But we would have found a way to get her to her son's funeral. Of course, this year was anything but "normal" and she was in lockdown in her facility. There was no possible way for any of us to get to Atlanta and, certainly, we could not think about taking her.

Bob had planned to be buried in a green cemetery at a monastery outside of Atlanta. His service would be outside, with military honors, and then his wooden casket would be lowered by straps into the earth.

His daughter agreed to stream the service to the family by Zoom. However, as anyone who has been utilizing any streaming service knows, when you get out in the country, the WiFi becomes unreliable and sketchy. So, the pictures would freeze and jerk and be lost for stretches of time.

Arrangements were made to get my mother-in-law in front of a computer, and we all settled in for a Zoom funeral in Oklahoma, Kansas, California, and Oregon. Something that has become a familiar norm in the time of pandemic.

I have conducted over 75 funeral services as a Funeral Celebrant since the beginning of the pandemic. Some were on Zoom with only me in the room and family scattered all over the country. Or 10 family members in the chapel and the service broadcast to the parking lot and live streamed on Facebook. Or the service was recorded to be placed on the website. We are all too familiar with the ways of providing services electronically and virtually. We became conversant quickly with all kinds of technology, along with the promises and pitfalls of presenting services in this manner.

However, this was my first time being on the other side of the screen. Being one of the Zoom boxes, sitting and observing a service from afar. As I watched my mother-in-law sit as close as possible to the screen, straining to see what was happening, amidst the poor reception and frozen images, as she watched her baby boy being laid to rest, my soul hurt for her. Her face showed sorrow and disbelief and detachment. This was one of the loneliest days of her life. And no one could reach out and hold her hand or hug her or comfort her heart.

It brought home to me in a visceral way how difficult this year of death and grief has been for millions of people. The despair of not being a vigilant presence as death drew near, the isolation of commemorating a life without friends and family standing witness, the utter loss of a grieving

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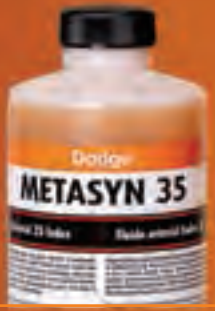

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experience that began in healthy and healing ways.

And it also brought home to me the incredible importance of aftercare. Aftercare is not a fluffy nuisance. Aftercare is not a sometime occurrence. Aftercare is not an afterthought.

Now, this might sound a little self-serving as one who runs a company that sells aftercare resources. And, perhaps, I am a little biased when it comes to this vital and valuable part of serving our families. But let's talk about aftercare and why it may be one of the most important things we can do for the communities of grievers.

Before we begin the conversation, let me very clear about my definition of aftercare. Aftercare is an intentional and strategic program designed to provide important information and resources about the grief journey with no other intention or motive than to be of use and assistance. Pre-need has its place. Just not disguised as aftercare bereavement support.

THE TOUCH OF SERVICE

For so many firms, an opportunity to truly serve our families in our usual manner has been changed, altered, or upended. Spending time sharing stories during removal, focusing on the needs of the families at arrangement as you help them plan the funeral that is just right for them, giving supportive hugs and handshakes and standing alongside to let them know that you are their professional who is present with them in the chaos and uncertainty of a death. These were the silent and special moments that let the family know that you cared and that they could depend upon you for guidance.

Aftercare is an intentional and strategic program designed to provide important information and resources about the grief journey with no other intention or motive than to be of use and assistance.

And then the pandemic turned our world upside down. First calls had to be done quickly and with extreme protection. Or removals happened in hospital morgues only. Arrangement conferences were done online, by Facetime, by email and text. There were few opportunities for deep conversations, for stories, for moments of sadness and moments of gathering, for the comforting touch of another person. It was, by necessity, a time of expediency and safety.

And the services were held under the cloud of gathering in caution, of making difficult decisions about who could attend and who could not, of deciding to have a graveside service or a direct cremation with the hope of returning for a service later, of doing their best to connect across the airwaves. Nothing felt real or healing. It was my mother-in-law staring in disbelief at a screen.

That is why it is so very important that we rethink aftercare and redouble our efforts to reach out to our families after whatever type of service was possible. If we want them to think of us as something besides body disposers, we must engage in the grief journey with them. We might have lost those opportunities during the time of death, but we do not need to miss those opportunities after the fact. Whether that means cards, books, brochures, grief groups, referrals or calls, these families, the families of 2020, need a touch more than ever.

Of course, InSight Books would love for you to consider the Continuing Care Series, so you are connecting with your families four times during the year. (Yes, I got one plug in.) However, no matter what you use, it should be expanded and scaled up. And, if you've never had any type of aftercare program—*it's too much trouble, I don't have the time or staff to worry about it, let hospice do it, it costs too much*—all of those excuses pale in the face of the vast need of your families. Now is the time to focus on the one place that has not been limited by the pandemic. Aftercare.

GOING THE EXTRA MILE

Well, Glenda, the funeral director that handled your brother-in-law's service certainly wasn't responsible for aftercare for your mother-in-law. Really? Why not? How difficult is it to gather the names and addresses of family members and send the immediate family who had to attend from a distance a note, a card, a book, a memento that their loved one was important?

If ever there was a time for our firms to rethink their reach, it is now. If it costs you another $50 to send something to the family members of these virtual services, how much good will and warm relations would it generate?

Or maybe we do it because it's the right thing to do. It is our job to take care of grieving people. Zip codes do not necessarily have to define service area. A positive review on your website from a grateful family member from Wichita says more than any of your mailings and ads could ever describe. My mother-in-law deserved for someone to reach out to her and tell her how sorry they were for her loss.

CREATING THE CONNECTION

The other lesson learned from our time of extreme change has been the lifeline of your website. It has become a key point of information for service arrangements, for streaming links, for leaving of thoughts by friends and family who cannot attend, for purchasing gifts and flowers to be sent to the family, for a midnight search of service options by the despairing individual who has been told their loved one will not make it through the night.

If you have not truly analyzed your website with a critical eye, it is past time. Does your website still have the typical pictures and vague language, or have you adapted to a vibrant conversational experience? Are you clear about service planning and prices? Do you express your support for families who are just trying to figure out how to celebrate a life and mourn a death in the midst of restrictions and rules? And, to the point of this discussion, do you have aftercare resources easily and clearly available to anyone who clicks on your site?

Are you utilizing quality videos on the grief journey, written pieces that can be downloaded and shared, a listing of available grief support resources in your area, or weekly postings of thoughts about loss and mourning? Do you have a picture of your aftercare staff person with accessible contact information? Is your website an interactive and dynamic site that invites and engages? Or is it the same static site that you have had for the past ten years?

ENGAGING THE COMMUNITY

This was not the year for a traditional holiday service where you invite all of your families to come to the firm for an end of the year remembrance, receive an ornament or light a candle, listen to music and share refreshments.

The best news about this element is that it is never too late to have a virtual community service. If you are creating something that will be recorded and placed on your website, it does not require the planning and execution and cost of a large in-person service. You could do that tomorrow. Or plan a community service for the winter months, a time of remembering and reflection and grief support. Or plan a Mother's Day or Father's Day or Memorial Day service that can be broadcast, regardless of the ability to have large groups by those dates in time. Or partner with a grief specialist and offer virtual grief groups. Our own Doug Manning is holding three grief groups a week via Zoom. If this 88-year-old can figure out how to navigate the new world, surely so can you.

What we have learned is that most people adapted to the concept of experiencing shows, presentations, church services, school, work meetings, weddings and funerals on the screen. So, rather than simply going back to the "good ole' days" when it is safe to gather again, consider yourself a hybrid funeral service firm and create those online experiences for those who cannot attend or are not in your community as an ongoing business practice. That may mean upgrading your equipment beyond an iPhone on a tripod. Investing in quality equipment and professional streaming services might be one of the best decisions you could make.

While writing this article I received an email from one of our Funeral Directors/Celebrants in Canada. She shared that a recent funeral was viewed 1067 times in nine countries including the US, Australia, and New Zealand. That's name recognition and exposure beyond anything your advertising budget could handle.

Of course, I could also discuss assuring that the quality of services that you are broadcasting are amazing and wonderful by utilizing Celebrants. But, that's a discussion for another day.

The overarching lesson of this year of upheaval and uncertainty was that change is inevitable, life-changing, and long-lasting. If we embrace the opportunities that have smacked us in the face, our ability to touch families, to engage hearts and minds, to be a valuable, respected, and welcome partner in their grief journey, our firms will find better, and more responsive, flexible, and progressive paths to serving families. Shouldn't we gain something from all of this? I think a new or renewed approach to aftercare is one of the rewards for surviving the storm. At least I hope so.

Now is the time to focus on the one place that has not been limited by the pandemic. Aftercare.

Glenda Stansbury, CFSP, MALS is the Dean of the InSight Institute of Funeral Celebrants, VP of InSight Books, adjunct professor for UCO Funeral Service Department and a practicing Certified Funeral Celebrant. You can contact her at *celebrantgs@gmail.com*

Coronavirus: An Opportunity to Heal Our Communities

By Stephen Rocco

Perhaps never in our careers have we seen families like those entering our funeral homes in the last few months feeling so hopeless.

As our dazed society continues to struggle with this pandemic, little energy is left to deal with its emotional significance. For the funeral profession, maybe our funeral colleagues of 1918 who serviced others during the Spanish influenza could empathize with us. Like the public at large, funeral directors simply try to process day by day the deep changes in our lives, both professional and personal.

Perhaps never in our careers have we seen families like those entering our funeral homes in the last few months feeling so hopeless. These are folks who have not seen or hugged their loved ones in weeks. Now they struggle with limited funeral choices – some mandated by society, others out of concern for their own safety.

We heard crises-strained families voice their despair: "My mother thinks we abandoned her." We heard their anger: "The nursing home gave me three minutes at her window." We heard their fears: "Can I get COVID from the deceased?"

For ourselves, we shared the emotions of all frontline health care workers – exhaustion and frustration. Exhaustion that affected our stretched too thin staff, worried that they could not keep up with the sheer volume of deaths. Frustration that we could not provide the type of services our families and the deceased deserved.

As professionals in an emotional business, funeral directors will need their own time to process this period, a unique time in our professional lives. Like all frontline caregivers risking their lives, we cannot bury these feelings. What funeral director has not felt anguish when hearing a family begging him or her for help as other over-burdened funeral homes could not accommodate them?

With this collective pain felt by our profession, comes a great opportunity to help others in the coming months. Recently retired from my family business, I will keep my promise to help these families heal. By healing I mean helping families plan a meaningful ritual denied them by this terrible disease.

From what I see, these families have not even begun to grieve the loss of their loved ones. Forced to make difficult funeral choices, family members have endured the fact that their mothers and fathers have died anonymously. Often forced to have private graveside services, many extended family members did not get to see their loved ones before or after their death. Community members were unable to put their supportive arms around family members at our funeral homes.

Many in our profession have embraced aftercare in its many forms today. It comes with a professional recognition that our services do not end at the cemetery. Today we are intimately involved with families before and during the services, but more and more post funeral. Our professional continuum naturally involves ongoing help with the living after death.

This pandemic will have one small benefit. It will provide funeral directors with a unique opportunity to help others through aftercare.

This pandemic will have one small benefit. It will provide funeral directors with a unique opportunity to help others through aftercare. Funeral directors can help mourners, who have been denied a meaningful goodbye, plan hundreds of celebrations in the coming months. For the families and the larger community, these commemorations will be their first steps in processing these difficult losses.

In a larger way, funeral directors may want to help engineer a community healing process. Perhaps caregivers who risked their lives for others could be asked to join the bereaved in a community memorial service. Perhaps funeral directors could unite professional community members – clergy, officials, healthcare workers – to establish a permanent reminder, such as a memorial monument with the names of local residents who died of the coronavirus. We are in an unprecedented era which will require unprecedented care for our communities. We are uniquely poised as a profession to provide this care and expertise.

Stephen is retired president of the Rocco-Carr Funeral Homes in Everett, MA. He is the author of *From Conflict to Cooperation - Succeed with Rocco's Four R's.* He can be reached at *roccostephen1@gmail.com.*

The Eye of the Beholder

By Jerome Burke

The two men across from me in the club car were having bourbon and soda and indulging in a friendly argument. Finally one of them conceded, "Well, Jim, I guess it's all the way you look at it." I nursed my glass of Bushmill and fell to thinking. The man was absolutely right. Like the Bradbury and Marlborough funerals, and how they tied in with each other.

One thing that puzzles most morticians is how a more than ordinarily good funeral seems sometimes to be dropped in their laps. Did it come as a result of advertising, or on the recommendation of a doctor or clergyman or – how?

I know how we came by the Bradbury funeral. We'd buried in the family for years, and when old George Bradbury died full of years and honors it was only natural for us to be called.

I don't remember much about the case except that they had a solid mahogany elliptical-end casket and a copper grave vault and that it was a blustery, snow-filled day in March when the service was held in the church of St. James the Less. One – no, two – things more I recall, Old George had left several grandchildren, and one of them, a little girl, seemed especially grief-stricken. She was sitting with her mother next the aisle on the Gospel side during the service, and just as they finished reciting the Creed, she burst into a fit of weeping. "Oh, gran'pa, gran'pa!" she wailed.

I was just coming up the aisle as she gave vent to her tears, and leaned down to her. "It's all right, darlin'," I whispered. "Grandpa's well now; he'll never be sick or in pain again, and sure it's himself that's looking down on you from up there right now and askin' that you be a brave little girl and wait until it's time for you to join him." Then I had an inspiration. It isn't often that I chew gum, and I can't say I approve the habit, but I usually carry a pack with me. I had one then and, reaching into my waistcoat pocket, I pulled it out and offered her a stick.

"That'll help a little," I told her.

Then, as I turned to tiptoe up the aisle, I saw two women, evidently friends of the family, for they were seated just behind them, positively beaming at me. One was a sweet-looking little old lady with the kind of face they ought to – but seldom do – put on Mother's Day cards, and the other fairly took my breath away. She was rather young, in her mid-twenties or early thirties, I'd say, tall as a tall man, and with a wealth of hair that you knew instinctively would come down to her knees if she withdrew the pins. It was a magnificent tawny red, like autumn apples, with tints of gold and the sun in it. Her face, in keeping with the solemnity of the occasion, was calm, but it had a sort of internal mobility like the mysteriously alive waters of a still fountain. And just then the blue eyes of her were shining with something that if it wasn't affection wasn't far from it as she looked at me.

* * *

Almost four years later I was called to come for Jane Marlborough who had died in the big Marlborough mansion in Appleby Street. A liveried butler let me in and ushered me into a drawing room that looked as if it had been furnished with the finest period pieces from a museum. I hadn't long to wait before Miss Janet Marlborough came in, and instantly I recognized her as the beautiful young woman I'd seen at the Bradbury service. "I'm so glad you could come personally, Mr. Burke," she told me. "Mother made me promise years ago that if you outlived her I must be sure to have you give her your attention at – at the last. You see, you reminded her so much of Father."

* * *

We always try to give our best to all our families, but when a specially good funeral from an important family you've never served before is dropped into your lap like a cake from one of the ravens that fed the Prophet Elijah, your best is apt to be a little better than usual. The Marlborough funeral was satisfactory from every standpoint, and Janet Marlborough couldn't have been more appreciative of everything we did if she'd been a recipient of charity instead of a patron who was paying me such a hefty sum. Just before she stepped into the limousine at the cemetery she pressed a little packet into my hand. "I told you Mother said that you reminded her of Father," she

One thing that puzzles most morticians is how a more than ordinarily good funeral seems sometimes to be dropped in their laps.

"Mother made me promise years ago that if you outlived her I must be sure to have you give her your attention at – at the last."

"'Twas a compliment they paid you, pulse o' me heart," she told me. "The greatest, highest compliment within their power to pay."

whispered, "and you remind me of him, too; I had this copy of his last photograph made for you. Thank you again for everything, Mr. Burke."

* * *

I was busy all that afternoon, and it wasn't till after dinner that I remembered the little package Miss Marlborough had given me. When I drew it out and looked at it I felt as if I'd been "struck with a blunt instrument," as the police reports say. The picture I looked at was of a little, pear-shaped old man with a corded neck, thin arms and legs, flat, narrow chest and a little, round belly that protruded like a half-apple or, more precisely, like a half-pumpkin. His hair, what there was of it, was white and needed cutting. If you'd hung a wisp of beard on his chin he'd have been the perfect model for all seven of Snow White's dwarfs. "Holy howlin' Saint Kevin!" I exclaimed.

"What's on you, avourneen?" asked Monica.

"Do I look like that…or does that look like me?" I asked as I handed her the picture.

Jerome is an old funeral director who has told his tales to numerous generations of *Dodge Magazine* readers.

Jerome Burke

"Och, does one of our fine Irish terriers look like a hairless Chihuahua?" she shot back. "What omadhaun suggested –"

"'Twas no omadhaun," I broke in, "but a pair of fine ladies, one old, one young, who said that I reminded them of –"

Then I told her the whole story, and the beautiful, tortoiseshell-brown eyes of her grew thoughtful as she listened. At last. "'Twas a compliment they paid you, pulse o' me heart," she told me. "The greatest, highest compliment within their power to pay. Beauty, 'tis said, is in the eye of the beholder, and when those women looked at this little leprechaun they saw him not as he was, but as he seemed to them – to one the loving husband, to the other the fond, indulgent doting father. Sure, there's more to a person than his outside shell, Jerry avick; there's the soul of him, the inner spirit that's lovely and immortal. 'Twas that they saw when they looked at this old man with his eyes of love; that's what they saw when they looked at you. He must have been a fine man, that old Mr. Marlborough."

"How d'ye know?" I asked.

"Faith, anyone who's like my Jerry, inside or out, is bound to be a fine broth of a man," she told me. "Come here and kiss me, you old billy-goat."

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We hope to see you in Las Vegas
in November 2021!