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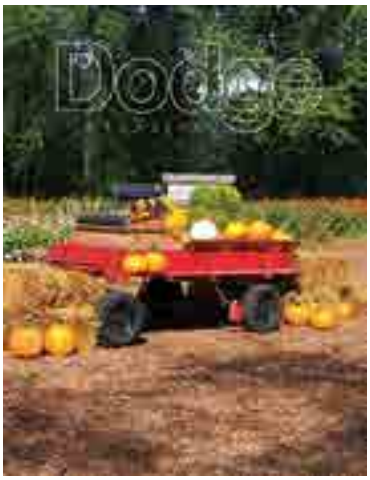

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The Problems Caused by First and Second Degree Burns

By Tim Collison CFSP, MBIE

A mother and two daughters, one an infant, who were sleeping on the first floor were overcome by heat and smoke inhalation and died.

All of us have experienced events early in our careers that leave a lasting impression. One of mine was coming into work early one morning at the funeral home and hearing that there had been a house fire close by, and that we probably were going to be receiving multiple bodies. The story, unfortunately, is a fairly common one in the northern part of the country in lower income neighborhoods during winter. A young family, living close to the poverty level, had been trying to supplement the substandard heat in their rented house by using an electric space heater. The heating unit was placed too close to a flammable object and during the night it had ignited and spread fire and smoke throughout the structure. Smoke was noticed by someone driving by, and the fire department arrived in time to extricate two people and save the structure. Out of five people living in the house, a mother and two daughters, one an infant, who were sleeping on the first floor were overcome by heat and smoke inhalation and died.

In a fairly unusual move at the time, the medical examiner decided not to autopsy the bodies, and later that afternoon we were allowed to remove the deceased from the morgue and bring them back to the funeral home. The sight of the young mother, a four- or five-year-old girl, and a one-year-old infant all on embalming tables, and the smell of smoke in the preparation room was sobering for the entire licensed staff. Along with one of the senior embalmers, with whom I had not worked very much, I was tasked with the preparation of the three victims.

While the bodies did not exhibit any signs of having been burned, they did show some evidence of having been exposed to high heat and smoke. The backs of the mother and the older daughter were reddened and already showing some signs of skin slip. They had a reddish tint to their skin, and the skin surfaces seemed tight and dry. We assumed that the older two had been exposed to a greater degree of heat than the infant, perhaps lying in an area where the fire had been more intense. The baby who was sleeping in an adjoining room, did not exhibit the same skin changes, only the characteristic reddish tint associated with carbon monoxide poisoning. As we bathed the bodies with Germisidol soap (now Prep Soap), I was surprised by the amount of soot that was present, especially in the longer hair of the older two.

The senior embalmer used the situation as a teaching experience for me. It began with the selection of the arterial solution. As I began to choose a moderate index arterial, he suggested that we use Introfiant. He said that his experience with embalming bodies subjected to heat and smoke inhalation showed that they needed to be aggressively embalmed using a concentrated solution and low volume. He said that even the infant needed to be embalmed with this solution, which I later found out was something he had learned reading an article by Don Sawyer on infant embalming.

The solution that we used consisted of three bottles of Introfiant, three bottles of Metaflow*, and two bottles of Rectifiant with enough water to make a total of two gallons. I can remember this solution to this day because at that point in my career, it was probably the most concentrated embalming solution I had ever used. I had for years heard about 'fluid burn' and 'over-embalming' from instructors and other embalmers, and I was sure I was about to see exactly what they had been talking about. The only change to the solution that we made was for the infant. The solution we used was one bottle of Introfiant, two bottles of Metaflow*, one bottle of Rectifiant, and one bottle of Restorative. To this we added enough water to make one gallon of solution.

In retrospect, I would estimate that the mother was injected with an approximate total of one and a half to one and three quarters gallons of solution, the older daughter approximately one to one and a half gallons of solution, and the infant approximately three quarters of a gallon of solution. We judged the amount of solution to be injected by the fixation and tissue texture of the body during the embalming. The primary concern of the senior embalmer was that we preserve the body, but not cause any distending of the features as he said these types of bodies were prone to do. We also coated the backs, and any other areas of the body that appeared to have been subjected to high heat, with SynGel HV and covered them with plastic. The bodies were not

aspirated until the next day.

The next morning I was impressed by the results of the embalming. None of the deceased showed any signs of dehydration, and more importantly, had not deteriorated in any way. The tissue was firm and dry, with the skin surfaces of the face and hands showing no sign of skin slip or blistering. Some blisters had developed on the back of the mother during the night. The SynGel HV was washed off and the back carefully dried. The blisters were lanced and then Basic Dryene packs applied to the blistered areas. These were allowed to stay in place until the body was bathed and dressed later in the day. The mother had also developed a small amount of frothy purge after the embalming had been completed, and during the aspiration I found the lungs of both the mother and older daughter to be full of liquid. After the aspiration of all three had been completed, the cavities were injected with Metafix* cavity chemical.

By using what I had thought at the time to be a very strong embalming solution, I learned some valuable lessons in preparing this type of body. The individual that has been exposed to high heat, as well as super-heated smoke has intrinsic conditions that need to be addressed by the embalmer.

First degree up to second degree burns may not show the damage that third degree burns will, but they do affect the tissue. The high temperature acts to accelerate the breakdown of connective tissue between the skin surface and the dermal layer causing skin slip to appear much more quickly. If the body exhibits marked redness or slight blistering, there is a possibility that the affected tissue will not allow chemical profusion due to constriction of the capillaries. These areas should always be treated externally with an embalming gel or pack to ensure thorough preservation. If the individual remains alive for a period of time after experiencing the burn and then dies, it is likely that they will have edema present. The swelling is caused not only by the body's reaction to the burn, but also by the hydration that occurs in the hospital. This can happen within hours after the burning has occurred, and the embalmer will want to consider using a strong solution as well as an edema reducing chemical such as Edemaco.

When smoke inhalation has occurred, it can cause some of the same embalming problems as seen in carbon monoxide poisoning. The red skin tone which is common in carbon monoxide deaths can be present; usually to a lesser extent, however enough to require careful consideration of what type of cosmetic arterial chemical or additive dye to be used in the solution. If the embalming is done soon after death has occurred, the reddish coloration is often diminished or eliminated. Very often, however, there is a delay of the body, when involved with accidental death, being released to the funeral home and the discoloration may become a stain.

The skin surfaces that will be exposed during viewing are an area of concern with first degree burn victims. The skin will exhibit many of the same characteristics as severe sunburn, and should be treated carefully. Since burning by nature removes moisture from the skin, and the embalming process adds to the dehydration, moisturizing this tissue is important. An application of Kalon Massage Cream should be made to all skin surfaces that do not show signs of blistering or skin slip, and will be visible to the public. This will inhibit drying and shrinking of the tissue. If persistent wrinkling or dry areas appear, applying a pack of cotton saturated with Restorative for a few hours will rehydrate the skin, and subsequent applications of massage cream will maintain the skin condition.

In the case of second degree burns, if there is blistering or skin slip, these areas need to be treated with an external preservative. Since the preservative properties of the arterial solution don't extend to the skin surfaces but only to the dermal layer, preservation needs to be generated from the outside in. When the skin surfaces have been preserved, they can then be dried and cosmetic and restorative procedures will more likely be successful. If the skin slip is not arrested through preservation, it will often continue to plague the cosmetologist throughout the visitation period.

The situation I described at the beginning of this article was a new experience for me. I was fortunate to be working with an embalmer who understood the importance of preservation and what we were working with. The mother and infant daughter were placed in the same casket, and positioned at the front of the chapel at an angle to the child's casket containing the older daughter, so if they had been alive they would have been able to see each other. A very large visitation, rosary, and Mass in a nearby church allowed the friends and neighbors a chance to say goodbye, console each other, and discuss how to keep this type of tragedy from being repeated.

(*Author's Note: If this was a case presented to me now, I would have used Proflow in place of Metaflow and Halt Cavity in place of Metafix, but at that time Metaflow and Metafix were the best available.)

He said that his experience with embalming bodies subjected to heat and smoke inhalation showed that they needed to be aggressively embalmed.

The primary concern of the senior embalmer was that we preserve the body, but not cause any distending of the features.

Tim is CEO and Vice President of Sales & Marketing for Dodge. He is a regular presenter at the Dodge Seminars and is a licensed funeral director and embalmer in the State of Michigan.

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It Takes a Village

By Sean Sweetman

In my career I have done my share of restorative cases. I wasn't born with the natural ability to be good at this. I became confident in my abilities after countless hours of simply trying to do my best for the family. Often this meant trying one thing, only to have to undo my hours of work and start over. This was mostly done on my own time and not my employer's time. Sometimes you succeed and sometimes you come up short. But in every instance, the family was able to say goodbye and have some sort of closure.

For me the easier cases would be where there was trauma and something was missing from the deceased, maybe an eye or an ear or even an entire side of their face. When one side of the face is intact it is pretty easy to just replicate it on the other side. One thing I had to learn early on in my career was that sometimes you need to excise tissue or an abnormality in order to build it back up. Less wax is always better. If you don't learn to trust yourself and remove tissue, you will need a ton of wax to spread out in order to hide that unwanted elevated tissue. Using that much wax all the time is not practical.

Recently I was called by a local funeral home to consult on an interesting case. The deceased had already been embalmed. I agreed to stop by and have a look to see what could be done. I was shocked at what I saw. I walked into the prep room and immediately asked, "Why is his mouth wide open?"

I was told they were unable to get it closed. I put on some PPE and tried closing the mouth myself. It wouldn't budge. I was told the gentleman had mouth and throat cancer. It was the worst I've ever seen. The deceased literally had open wounds on his lower face and his mouth was solid with cancerous tissue.

The deceased was 70 years old when he died. His name was Barry and he had suffered many health issues over the last 24 years of his life resulting from his cancer. Barry always volunteered for every clinical study available, in the hope of helping himself, but he thought it was just as important for the research in the hope that it might save someone else. Before his passing, Barry made his wishes clear to his family that an open casket was important to him. After hearing about how giving and caring Barry was in his own life, it was impossible to not do everything I could to give his family an open casket.

I started to come up with a game plan. I first looked over the embalming report. He was embalmed with a 5% solution of 21 oz. of Introfiant DC, 21 oz. of Regal, 16 oz. each of Proflow and Rectifiant as co-injections, and 182 oz. of water to make a total solution of two gallons. As I mentioned earlier, he was very well preserved. I was happy to see they had used Regal in their mixture. I love Regal because it has a high index of 30, yet it is a humectant chemical. This would allow me to work well with the tissue.

I started out by running the numbers, doing the math, and taking measurements. This was achieved by the basic supplemental equalities measurements, as well as the vertical measurements of the face. It was immediately clear to me that from his line of lip closure down would need extreme restoration. I then took my measurements from a known facial feature, in this case, it was Barry's nose. For accuracy, I measured his nose in millimeters. I then measured Barry's nose in the photograph. I then divided the real measurement from the photo measurement, giving us our scale number. This is an amazing tool to utilize because now I can measure anything that needs to be restored from the picture and multiply it by the scale number to acquire the correct measurement it should be on his face. This could be an ear length or the distance from the base of his nose to his upper lip, and so on. Often I will search the deceased's social media accounts for either a primary picture or additional pictures to aid me in the process.

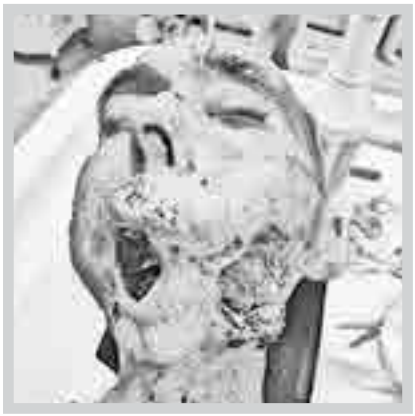
I had enough measurements to get started, but truth be told, I was very nervous. I am used to building up tissue and features where there had been none. But this was a unique situation whereby all calculations I would be removing this man's tissue including everything south of his line of lip closure. It was at that moment it all became real. The reality of removing so much of

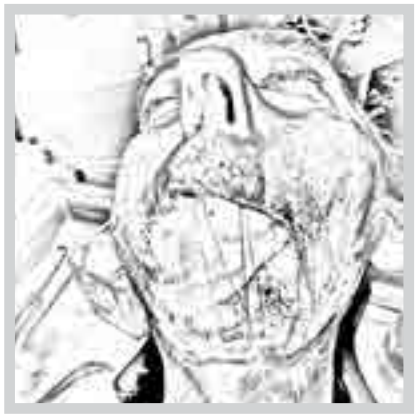
Less wax is always better. If you don't learn to trust yourself and remove tissue, you will need a ton of wax to spread out in order to hide that unwanted elevated tissue.

what was already there scared me. It's not like I can just say, "Sorry, I tried," and then remove the Wound Filler and wax and give him back the way I found him. I just stood there for a minute and thought to myself, there will be no turning back.

So I did what every smart embalmer would do and I phoned a friend. I am a very fortunate embalmer because that friend is none other than my mentor and predecessor, Jack Adams.

So I did what every smart embalmer would do and I phoned a friend. I wanted a second opinion, or to be more precise, I wanted this friend to tell me, "Absolutely, 100 percent, your plan is spot on, that's exactly what I would do." Well, I am a very fortunate embalmer because that friend that I will call from time to time for advice and guidance is none other than my mentor and predecessor, Jack Adams. I safely transferred a couple of photos to Jack and he confirmed that my game plan was spot on. But those of you who know Jack and know his love for our profession and the art of post-mortem surgery, will know that simply looking at a couple of photos wouldn't be enough. Jack quickly said, "Do you mind if I come by?" I calmly said, "Yeah, that would be fine." But inside I was jumping up and down and elated with joy. I knew what would have taken me twelve hours was now going to take five hours.





Knowing Jack was going to be helping me gave me new energy and confidence. While I waited for him, I started to prep the tissue inside the mouth using Basic Dryene as a cauterant. When Jack arrived, we started excising the necrotic, cancerous tissue using scalpels, and then reapplied Basic Dryene packs to cauterize our fresh tissue from our incisions. The next step was to create a foundation on which we could build. We achieved this by using a #7 ligature and creating a basket weave stitch back and forth between viable tissue. This would give our Wound Filler something to grab onto and secure itself. Then strips of Webril were carefully woven in between the basket weave structure and Pore Closer was applied to the strips of Webril. Once dry, this creates a cement-like base on which to work. I then did some basic measurements to see if we were close and we were good. It was time to apply the Surface Restorer. Normally this is where more precise measurements would take place. But again, anyone who has ever worked with Jack knows you better keep up with him. So we winged it and I measured later and, sure enough, it was pretty darn close. Jack worked on the right side while I worked on the left side.

The groundwork was laid and I now felt confident that I was going to be able to keep my promise to the family. While Jack worked on raising the eyes to the desired height I worked on creating the lines of natural demarcation. This was achieved with different instruments. I used the reverse side of a straight aneurysm hook to press down gently to create his nasolabial folds. We also were able to use a spatula to create a line of closure for the lips as well as creating his labiomental sulcus and his mental eminence. Dry Wash II was then used to gently manipulate and soften the ridges of our work. We applied the Dry Wash II by both tapping with a brush, as well as using my gloved hand, dipping it in Dry Wash II and applying.

Stepping back and checking our work from different angles, I was extremely satisfied. I thanked Jack for all his help, I truly would have been taking naps in my car in between sessions if it were not for him. We were done for the day. Barry's visitation/wake wasn't for two more days so I had some time in which to deal with his cosmetics. The big thing left to do was the restoration of his mustache. There was no getting around the mustache. In every picture I saw of Barry he had a full, perfect mustache. However, the cancer had taken most of his mustache and he only had a few straggler hairs left. I decided to deal with his mustache the following day.

I woke up the following morning and the first thing in my thoughts was Barry's mustache. I had never been great with hair restoration. I have spent countless hours trying. I'm certain I am not the only one who has tried to cut some

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With a lot of teamwork and collaboration we were able to give Barry's family and friends a meaningful, traditional funeral with an open casket.

hair from the back of the head and carefully build a mustache into wax. Well, I usually screw it up and have wax and hair everywhere and have to start over. I headed out the door to visit my customers for the day and I was going to deal with the mustache after visiting my final customer for the day.

As luck would have it, I stopped by the funeral home where a well-respected embalmer named Bob Chapelle worked. While visiting with Bob, I told him of my dilemma of having to restore a mustache later that evening. Bob said, "No big deal. l just go to the Chicago Costume shop on Fullerton." Then he said, "Wait, I have a bunch in the prep room if you want to take a look." I borrowed a few mustaches that were the right color and consistency and made my way to the funeral home later in the day to work on Barry's mustache. After some minor trimming, I used a few dabs of Lip Tite (rubber cement) to attach the mustache. It was a home run. It looked so real. We used Kalon Cream cosmetics and the Dinair airbrush as well. I was super satisfied with the final results.

The following day (the day before the visitation) I went back to the funeral home to double check everything because the trade service was going to be dressing and casketing him that day. I wanted to take some final pictures. The family was happy to sign a waiver and release allowing me to use these photos for future programs. The funeral director told me the family was over the moon and extremely pleased. This made Jack and me very happy.

What I really want to get across in this article is that no matter how long you or I have been doing this trade that we love so much, it is okay to ask for help or advice. This case started with the initial funeral home calling a reputable trade service to do the embalming. Then that trade service recommended that they call me to do the restoration because it wasn't something they were comfortable doing. Then I called Jack for guidance and help. Then I got Bob's advice with the mustache. My point is, sometimes we need to put our pride and egos aside and ask for help. With a lot of teamwork and collaboration we were able to give Barry's family and friends a meaningful, traditional funeral with an open casket. Sometimes it takes a village to get things done.

Sean joined Dodge in 2019 as a sales representative in Northern Illinois and Chicagoland. He also serves as an Embalming Laboratory Instructor at Worsham College of Mortuary Science, and has authored a textbook, "Creating Natural Form." Sean is also the immediate past Chairman of the North American Division of the British Institute of Embalmers.

Drowning Cases and Frozen Bodies...Oh My!

By Lincoln Plain

Here in Minnesota, we have four distinct seasons to enjoy. If you ask my wife, she will tell you that there are three seasons followed by several months of frozen…let's say "unpleasantness," because I probably shouldn't write what she actually describes it as. Either way, the key to finding seasonal joy in the upper Midwest is to find something you like to do during those weather conditions that might not be normally considered ideal and make the best of it. I know that some of you will not be able to wrap your head around the fact that our weather in January and February can get as low as -35 degrees. Yes, you read that correctly, that is a minus sign in front of that number. And that is just the temperature. Add in the wind chill factor and it can easily reach -50 degrees. I don't know if anyone actually "gets used to it," but for many of us, we use the extreme cold temperatures as a sort of bragging rights while, wearing a snowmobile suit, we use our grills in the driveway.

Minnesota is known for many things but mostly for its 10,000 lakes. In the winter, you will find ice houses and snowmobiles galore. For those of you that are unfamiliar with what an ice house is, it's a portable house on wheels that gets dragged out onto the frozen lake by a truck and set up for a few months at the angler's favorite fishing spot. These things are insane and many of them have sleeping bunks, fireplaces, kitchens, and bathrooms. I will give you a second to digest that. When summer hits, the lakes are filled with boaters and swimmers. After we bear the harshness of an upper Midwest winter, we cherish the beautiful summers that nature provides to us, every moment we can. Unfortunately, in the winter, lake ice is never safe and people do fall through the ice and drown. In many cases the deceased is trapped under the ice until the lake thaws in the spring and the body will "pop-up" at some point and be discovered. For the purposes of this article, I am going to cover both drownings in cold water (frozen bodies) and for those of you that will never come across this in your career as you live in warmer climates, I will also talk about warm water drowning.

Any time your funeral home takes a drowning call, you immediately know it is an unexpected tragedy and your heart goes out to the family and friends that are affected by the death. As a funeral director or embalmer, drowning cases pose many challenges when the family is requesting an open casket viewing (if that's even possible). Even bodies in the best of condition will carry certain "red flags" that you need to be mindful of while you care for the deceased. Preventative actions in the beginning will go a long way to making your job easier, so make sure you take the necessary steps. Over the years, I have come across drowning victims that have been hit by boat propellers, wedged under fallen trees or docks, or bashed against rocks or bridges, and don't forget the wildlife that might come into play. Typically, these conditions are "not the norm," but they are all a real possibility. Your post-embalming treatment will be just as important as your embalming.

Even if the deceased was found relatively quickly, you should still be mindful of the chances of bacteria. Lake and river water are catalysts to many problematic bacteria like Clostridium, Coliform, E-coli, and Legionella, just to name a few. Most of these bacteria are naturally present in every body of water to some degree because of animal, bird, fish, or human feces that contaminate the water, or bacteria present on roads, yards, and fields that make their way by storm drains into the water. Many of these bacteria can make a person violently ill or in some cases even cause death. Water entering into the body also "washes" intestinal bacteria by translocation into areas where it is not normally present, such as the lungs. The point being, a drowning victim has been submerged in a plethora of different bacteria while in the water.

In almost all of these cases, your medical examiner or coroner will have performed an autopsy. This is actually a benefit to you as the embalmer for a few reasons. Firstly, you will be able to inject extremities separately and with different solution strengths if needed. Also, when injecting up into the head, you can closely monitor any potential swelling. Secondly, by having the viscera completely removed, you can thoroughly treat the internal organs to assure that they are well preserved and dried, making it likely they will not be problematic down the road.

For purposes of categorizing this article a little bit, let's talk about drowning cases first and then we will cover the frozen body embalming because many of the techniques and chemicals chosen will be similar.

If the deceased has only been in the water for a short period of time, chances are they will appear normal, and it could be a straightforward embalming…hopefully. If the cause of death is a drowning, you want to take a few steps to help your cause. After doing a pre-embalming analysis to see what visual challenges you might be facing, you will want to make sure that you thoroughly clean out the nasal airway along with the mouth and throat by liberally spraying a disinfectant like Dis-Spray and saturating those areas. Use a long straight forceps wrapped with Webril to clean those areas well and repeat if necessary. Spray the entire body with Dis-Spray to further disinfect the body and also help protect you against any bacteria. If the genitalia have any swelling, you can treat that area with Webril saturated with Penetrating Dryene during the embalming process.

In your pre-embalming analysis, you should start to determine what chemicals would be best suited. Issues like edema, skin slip, lacerations, bloating "aka tissue gas," estimated time submerged in the water before being found, and color of the skin (post-mortem stain present) should all be taken into consideration when choosing your chemical mixture. Many times, when a body has been in the water for extended periods, they will eventually float to the top where they are then found by search and rescue workers. Generally, what causes the body to "pop-up" is tissue gas formed because of the bacteria present in the water and once enough tissue gas is present in the body, it will float to the surface. As an embalmer, we already know that tissue gas, or clostridium perfringens, can be tricky to treat and stabilize during the embalming process and reducing the swelling caused by it is a process unto itself.

Generally, what causes the body to "pop-up" is tissue gas formed because of the bacteria present in the water and once enough tissue gas is present in the body, it will float to the surface. As an embalmer, we already know that tissue gas, or clostridium perfringens, can be tricky to treat.

Edema is potentially another issue and for many embalmers it can be tough to tell the difference between edema and tissue gas. In a drowning case, especially if the deceased has been submerged in water for a long period of time, edema is almost certain to be there. By adding Edemaco into our pre-injection and chemical solution, we can help remove the excess water and thus reduce swelling in the process.

If the body has not had an autopsy, even though I would be surprised if one had not been performed because of the nature of death, a restricted cervical is the best approach. Realistically in order to achieve thorough preservation, come to terms with the fact that this case will be a six-point or even eight-point injection. A restricted cervical will allow the embalmer the most control over the mixture and solution rate of your chemical injected into the head. I'm just going to be upfront and honest with you: in order to properly embalm a body in this condition, you are going to have a lot of empty bottles on your counter when you are done.

Postmortem stain is a good indicator that you have two things going on within the body. First, a breakdown or deterioration of the vascular system along with some level of decomposition starting. With a breakdown of the vascular system, you may find relying on arterial injection alone nearly impossible, so be of the mindset that you will be performing some post-embalming hypodermic injecting to achieve adequate preservation. Secondly, in most cases the blood will be very thick or viscous making circulation difficult and blockages all but guaranteed. In situations like this, I would suggest a pre-injection using Rectifiant, Proflow, Edemaco, and Halt GX with NO water added. The Rectifiant will help dispel some of the color and help break down fibrous clots. The Proflow will lubricate the vessel walls and help loosen and further dissolve intervascular clots thus improving drainage. Edemaco will help to start removing the water out of the body, thus reducing swelling and secondary dilution, and the Halt GX will combat the clostridium and other bacteria present.

In a case where the vascular system is "sludged up," inject what you can while keeping the vein closed, allowing the build-up of some vascular pressure, but keep a close eye on any swelling that may occur. If you have time on your side, allow the pre-injection chemical to sit for awhile before you start with your preservative injection. This time will allow the above-mentioned chemicals to work to their maximum potential. In conjunction with the starting of your pre-injection, treat the viscera by perforating the large and small intestine with scissors and then add two to three bottles of Halt Cavity into the

viscera bag and then seal the bag and set it off to the side for the duration of the preparation process. If the condition of the viscera has declined to the point that you already have a problem, I would suggest two to three bottles of PermaCav 50 and one to two bottles of Halt GX for this process.

When choosing the correct chemicals for a difficult embalming like this, it's important to have some understanding as to what the different chemicals available are designed to do and how they excel in certain cases. I always make it a point to explain why I choose certain chemicals to use to help better explain their capabilities. For the preservative arterial injection, I would start with Rectifiant, Proflow, Edemaco, Halt GX, Introfiant OTC, and Regal with NO water added. I would recommend mixing smaller batches in your tank. It will help you prevent wasting chemicals that you may not end up using during your injection process and give you the flexibility to adjust your mixture on the fly if need be. Your mixture may vary a bit depending on the condition and size of the deceased. Introfiant OTC works well on decomposition cases where the pH level of the body is quite low, and it also offers decent bleaching of darker stained tissue due to decomposition. With a 30 index, it fixates the tissue fast and will offer maximum preservation without needing to inject gallons of solution through the body.

Regal is a great complimentary chemical to the Introfiant OTC when minimal quantities of solution will be injected because of poor distribution. At a 30 index, it has the capability to preserve well, a humectant to help keep the skin pliable and offers an active dye so you will get some color staining of the tissue which will help create a more natural appearance. By using higher index chemicals, you are preserving the tissue using the least amount of chemical injected and by using an index of 30 or higher, the formaldehyde is active in killing Clostridium over time, so you get that added benefit along with the Halt GX in your mixture.

Waterless or a "no water added" embalming can be a bit unnerving to some people, especially if you have never done one before. The concerns of burning the tissue, searing capillary walls, or blisters forming from using that concentrated of a chemical are based on common myths. Typically, the burning or "browning" of the skin is caused from dehydration from under-embalmed tissue and blisters are typically caused by edema that went untreated with a strong enough chemical to counteract the fluid buildup. Trust me when I say that you will have more issues with an under-embalmed body than you will ever have with a thoroughly embalmed one. The key is having the correct mixture of chemicals to work in harmony with each other to give you the best results.

Once you have completed your arterial injection, it is a good idea to hypodermically treat any areas in question for proper preservation. I typically like to use Introfiant OTC for this process. The firming is immediate and thorough and using a higher index chemical will also aid in any ongoing edema issues. Typical areas to pay close attention to are the shoulders and back of the neck, along the posterior part of the rib cage and back, the waist (aka "love handles"), and the gluteus maximus (the buttocks area). These areas are prone to not getting sufficient distribution while injecting.

Upon completion of your hypodermic injection, if you feel comfortable that all areas of the body have received sufficient chemical to stabilize the tissue, it is important to follow up with the viscera treatment. When inspecting the viscera, they should have a grayish color to them and feel well preserved to the touch. I have always been a believer that the correct way to treat the viscera is by removing them from the bag and layering them back into the chest cavity. Using a combination of Viscerock FF and Action Powder will preserve and stabilize the viscera and the Action Powder will also help with odor control. The added benefit to this process is that by not using the viscera bag or having air trapped in said bag, you will minimize any distention in the chest cavity and help give the deceased a more natural appearance and look less barrel chested. When suturing the "Y" incision, I like to use a large piece of plastic wrap tucked under the incision to help prevent any unwanted leakage or potential odor at the suture point.

At the conclusion of your embalming and post-embalming treatments, it is a good idea to do another post-embalming inspection to address any issues such as skin slip, lacerations, abrasions, blisters, or soft under-embalmed skin by treating those areas with the appropriate process. For under-embalmed skin on the face and hands, using products like SynGel HV or Kaloform will help preserve the tissue and prevent any dehydration or skin slip down the road. SynGel HV is an osmotic embalming gel that works well for giving extra preservation to eyelids and lips when they are a bit soft without being as aggressive as a cavity pack would be. For those of you that have not used Kaloform before, this also works great for these scenarios. Kaloform is Kalon Cream that contains paraformaldehyde. It is easy to apply, will help keep tissue pliable and will not cause any wrinkles that can be prone to happen with the use of stronger chemicals.

For cases that were not autopsied, I would

Introfiant OTC works well on decomposition cases where the pH level of the body is quite low, and it also offers decent bleaching of darker stained tissue due to decomposition. With a 30 index, it fixates the tissue fast and will offer maximum preservation.

suggest leaving your carotid and femoral injection points open for the time being. In the unlikely event that you have tissue gas present, these open incisions will allow an area for the gas to escape temporarily. If you see any evidence of post-embalming swelling in the abdomen, neck, or eyes, or a frothy fluid discharge out of the open incisions over the next 8-12 hours, then you will need to further treat the body. Re-aspirate the abdomen thoroughly and cavity inject two bottles of PermaCav 50 and a bottle of Halt GX. If you don't have PermaCav 50 in your cabinet, then grab a couple bottles of Basic Dryene as its replacement. If you have not treated the brain yet, use a long 15-gauge needle with 60 cc's of Basic Dryene entering through the cribriform plate (through the nose) and thoroughly saturate the brain. Continue to closely monitor the body for any further changes until it's time to dress.

In cases where you have a person that has drowned in cold water or is frozen, believe it or not, there is some good news. The cold temperatures greatly reduce bacteria growth between the time of death and discovery of the body. So besides having a prolonged wait time to allow the body to thaw out before the medical examiner can perform an autopsy, odds are good that you won't have too many added issues. That said, don't let your guard down just yet.

So even though you potentially have minimal issues with bacteria growth on a frozen body, you will still want to do some preventative treatment by including Halt GX into your pre-injection and injection process as mentioned earlier in this article. It's always better to get ahead of the eight ball rather than behind it.

Frozen bodies do carry their own set of challenges, so even though the deceased may appear to look like a fairly normal case aside from some skin color changes, you can pretty much count on the circulatory system being nothing short of a train wreck.

Frozen bodies do carry their own set of challenges, so even though the deceased may appear to look like a fairly normal case aside from some skin color changes, you can pretty much count on the circulatory system being nothing short of a train wreck. Extreme temperatures will cause crystallization in the arteries and veins which in turn can cause them to be brittle or collapse. Along with that comes the realization that those vessels that are still intact can easily burst under any amount of pressure caused by your injection process. These short circuits in the vascular system will lead to poor distribution and swelling because the chemical solution will saturate tissue as it's leaking outside the vascular system.

There are a few things that you can do that will give you a better chance of success going forward. If the body is still very cold to the touch, use your water table hose with lukewarm water and run it over the deceased to try and bring the temperature of the body up. If the situation calls for it, where the body is still frozen or close to it, you may need to let the deceased sit for several hours or even overnight so the body will adjust to the ambient room temperature. Do not try and inject a semi-frozen body. You will cause more harm than good and surely decimate the vascular system in the process.

Once the deceased is "thawed out" to where you can proceed with your injection, if you are planning on using any amount of water in your solution mixture, use warm water, not hot, if possible. This will help raise the temperature of your solution in the tank, help thaw out any remaining blockages that may be caused by semi-frozen blood in the vascular system, and will accelerate the fixation of your formaldehyde solution to the proteins in the body. One of the tricky aspects of embalming a frozen body is that you may have a false sense of preservation to the touch. Many times, when embalming these types of cases, like a body that has been in a cooler for a long period of time, the texture of the skin can feel firm and preserved when indeed it is not. This is due in part to a couple of things. First and obviously, the body is cold and the second is that bodies left in refrigeration for long periods of time will become dehydrated. Using an arterial chemical that has an active dye in conjunction with Introfiant OTC will help you to determine where you are getting color, thus getting distribution.

Be prepared to run into some obstacles. Brittle arteries can lead to blowouts and short circuits in the vascular system thus causing a need for multi-point injection spots. Something that will help minimize the chance of this is having the pressure on your machine set low with a rate of flow that is also low. As I have stated before, I prefer high pressure with low rate of flow for injection. However, that would not be the approach I would take in this situation. The less stress of solution pressure you can put on the arteries and veins, the reduced chance you will have of causing a short circuit.

As stated earlier, the chemicals that I would suggest using for an embalming of this nature would be similar to, if not exactly, what I suggested above for the drowning case scenario. If you have edema, make sure you add Edemaco. Proflow has surfactants and will help increase distribution and break down clots. Use Halt GX to keep bacteria in check from the beginning, and Rectifiant to make sure your pH is maximized and help dispel discolorations. Introfiant OTC works great if you need to lighten up the skin color or if you prefer, Introfiant DC if you want less bleaching and also add a little color to the skin. Regal will give you some skin color, and with the humectant added, it will maintain pliability of the skin and prevent

potential dehydration.

Before we get started with the embalming or even see the deceased for the first time in the body pouch at the medical examiner's office, we already know these types of cases are going to be challenging and test our skills. Establishing what those challenges are and what is the best approach to overcome them will always put us in the best possible position to be successful. Taking an unexpected tragedy like a drowning case and being able to successfully offer closure to the families we serve with the possibility of a viewing will make you feel unstoppable and remind you why you chose this profession. When the family says to you, "We know this could not have been easy but thank you for making it happen," it will be the best compliment you could possibly receive from a family, and it will drive you to be even better in the preparation room next time you're called to embalm a difficult case.

Lincoln is the Dodge Representative for Minnesota and Eastern North Dakota. He is a licensed funeral director in Minnesota and stays active in the preparation room helping clients on a regular basis.

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Atrophy, Bed Sores, and Emaciation

By Randy J. Rogalsky, CFSP, MBIE

I have given much thought about writing this article for a while now. I have learned plenty in the last year. It is no secret that I had a bad run of luck with my health over the past year.

"It's not dying I'm afraid of…it's the getting there." That was a saying of my mother-in-law who died in September, 2014 at the age of 94. She had a fall resulting in a broken hip, had the hip replaced, and, as is too often the case, the incision got infected and she declined rapidly and died. We always feared that a broken hip would be the end, and sure enough, that is what happened. Falls resulting in broken hips and strokes happen to many people in rehab.

It's common at a funeral home to see deceased elderly people with indications of recent surgeries. Often times the staples are still in place because the incision hasn't healed. There is a risk with any surgery, but to elderly people, these surgeries are often traumatic. She was a petite lady and she wasn't any more than 95 pounds as she atrophied after the fall. She was instinctive and we could tell that she knew it wasn't looking good.

When she died, the funeral home's staff included a number of talented embalmers and we knew them all personally. The particular embalmer who took care of her body called me two days later to come over and have a preliminary look before doing the finishing work. Not everybody gets that opportunity. When he placed her in her casket a few days later, she looked amazing and so natural. She had a perfect, slight smile that is a signature technique of good embalmers I have known over the years, and it's a technique I learned back in 1976 when I started out. Her hair was perfect as was her makeup and nails.

It was a regular part of the late Todd Van Beck's programs, and anyone who ever listened to him speak will remember this. He used to say, "The death rate is 100%." Truer words could not be spoken. We usually think of the death rate as a percentage of the population that die annually. But he meant, the truth is that we don't know the hour or the minute, but no one is getting out of this world alive. It isn't a matter of "if" but rather a matter of "when." It's the getting there that is the variable.

People that have been in funeral or death care profession for many years have seen an example of every kind of death. We have seen car and motorcycle accidents, fires and drownings, too many kinds of accidents to list. There are other types of unexpected deaths, from sudden heart attacks and strokes, to suicides of various means, and murders, too. There are those long lingering deaths from Alzheimer's, dementia, diabetes, cancer of every form, and from chronic conditions like diabetes, arthritis, rheumatism, multiple sclerosis, ALS, and Parkinson's, to name a few, and the list goes on and on.

For the sake of this piece, the focus is more on hospital, nursing home, and palliative care/hospice deaths. We see gangrene, and amputations, scars from a multitude of surgeries. To live to a very old age without suffering from some kind of medical condition is wonderful and most of us know someone that lived to nearly a hundred or older with little ill health. Frailty and a slower stride is normal as one ages, but there is the occasional person that lives to be very old who still remains active. A physiotherapist who worked with me has a patient who is 107 years old, and still lives at home and walks. But the average person often develops some kind of sickness or condition that comes along in later life to affect health. We just never know.

I have given much thought about writing this article for a while now. I have learned plenty in the last year. It is no secret that I had a bad run of luck with my health over the past year. I've dealt with neuropathy, hepatitis, and Clostridioides difficile (C. diff), urinary tract infections, and finally ARDS (acute respiratory distress syndrome). They can take quite a toll on one's body. It is a real coincidence that many of my challenges were closely related to those that patients suffering from COVID-19 face, but my diagnosis was not COVID-19. Fortunately, if a

person does survive ARDS, they are among the 30% that make it. I was told that only three out of ten patients make it. Seven out of ten do not.

The pneumococcal bug in the case of pneumonia, and the virus in the case of the most recent COVID-19 pandemic, cause one's oxygen levels to crash, which most times leads to a coma, incubation, a tracheotomy, and massive weight loss while on life support. Extreme atrophy, drop-foot, and bed sores are treated with umpteen lines of intravenous medicinal injections, along with hydration and nutritional feeds.

Going into a comatose condition is a similar feeling to being put under an anesthetic. The big difference is you come out of anesthetic within a day or less, even with complex surgeries. In the case of a coma, some last for weeks, sometimes even months. This is difficult to describe frankly. It is complete "nothingness." No tunnels or white lights, no life flashing before one's eyes. It was total non-existence. You see nothing, hear nothing, and in my estimation, there is absolutely no sense of time whatsoever. In the meantime, the body deteriorates at an alarmingly rapid rate and the atrophy is extensive. If you live through it, you need months of hard work to little-by-little re-grow muscles, tendons, nerves, and ligaments and, of course, regain body weight and strength. To fully recover, one might even grow back a bit of fat. It also takes a lot of time to recapture sensations like taste, smell, and hearing, as well as speech and dexterity. Experience is the best teacher.

I was fortunate to live five minutes away from the largest medical facility in the region. At our hospital there is a full array of specialists and every type of diagnostic imaging equipment. Respirologists, speech therapists, endocrinologists, wound care specialists, radiologists, cardiologists, urologists, fluoroscopists (live moving X-Rays) are among the specialists that many people have never heard of. If treated by one or more of these specialists and if recovery becomes a reality, the real pain comes post-recovery, and a lengthy rehabilitation stage.

Those that die are often left in that atrophied and extremely thin condition that we deal with at the funeral home. Bed sores, or pressure ulcers as they are called, are another horrible problem. We have all seen these on tail bones and heels, and various other parts of the deceased body. These brutal sores occur from constant pressure brought about by one's own body weight and contact with linens. When a patient lies for weeks and weeks and can't move, these ulcers that develop are fiercely painful and, should the person survive, they can take months to heal. As embalmers, we see them all the time, complete with the sheepskin that is immediate evidence that the person has a bed sore. But until you've had one, you really can't define the accompanying pain. I had a couple of visits from friends and customers that jokingly said they should have brought a bottle of Basic Dryene and some Webril to help me out. Aren't we such a funny bunch! All kidding aside, if it were that easy, patients just might take up the offer.

At the funeral home, when we receive a body into our care that has sustained months of feeding formulations through a tube into the stomach, with catheters and colostomy bags still in place, and with the aforementioned bed sores, and extreme dehydration, we call this kind of case "emaciated." A well-trained embalmer should be able to handle atrophy and emaciation, the extreme thinning of the face, neck, and hands with little remaining but "skin and bones." A natural flair, a real eye for restorative art and cosmetology, along with product knowledge, makes accomplishing a healthier appearance of the deceased a real comfort for the family when they say farewell.

Restoring emaciated facial features, hands, and fingers are crucial in the embalming process if we are truly interested in confidently telling the family that we have the ability to make their loved one look really nice. Knowing what a deceased person has been through leading up to their death is helpful. I would certainly be asking those questions to the families I serve if I was back in the funeral home. Taking it from there comes down to one's ability to fulfill your professional capabilities. To the family that says their loved one is nothing but skin and bones can be an open door to a discussion on how, as a trained restorative artist, you can give them a pleasant final visitation by rolling back all of that pain and suffering. You just need to be prepared. You also need technical supplies such as Feature Builder, Inr-Seel, and quality syringes and hypodermic needles of various lengths and diameters. You can't do this with a magic wand.

The embalming and injection process must include larger than normal quantities of Restorative and co-injection chemicals like Rectifiant and Proflow. Generous applications of Kalon Cream are also beneficial. Closing the mucous tissues of the eyes and lips with Kalip Stay Cream is also essential to keep the ambient air from shrinking those tissues further than they already. Remove unwanted wrinkles by plumping these tissues with Feature Builder.

Make sure to inject the Feature Builder from the hairlines, eyebrows, the corners of the

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The shoemaker's kids too often go barefoot. As embalmers and restorative artists and cosmeticians, we need to know what we would want done to ourselves, not if the day comes but when.

mouth, and in front of the ears to conceal needle injection points. You can also take the sharp edge off the jawline which rolls back months of atrophy and weight loss. Always injecting downwardly, when possible, will prevent the gravitational release of the Feature Builder out of the injection point. If you do have to inject upwardly, a drop of Aron Alpha will rapidly seal the needle puncture.

Cosmetics alone will not make this happen. It takes lots of photographs and a skillful hand. When a family gives you photographs of their loved one, you need to find out how recent they are and take a close look at the body to truly know what you are facing. It is easy to get carried away with feature building, so one needs to be careful so as not to create a different person all together.

There are many articles on this topic, how to feature build, many articles on cosmetics that enhance the dimensions we want to achieve with shadows. There are articles on body positioning and lighting, too. It takes a mastery of all of these skills to become a valuable and respected embalmer.

The shoemaker's kids too often go barefoot. As embalmers and restorative artists and cosmeticians, we need to know what we would want done to ourselves, not if the day comes but when. Stay true to our profession and do unto others as we would do unto ourselves. It was a pleasure reflecting on this topic, and I am happy to help anyone that wants to know more about these subjects.

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.

The Magic of Embalming

By Duncan Norris

When I read *The Hobbit* as a child there was a particular moment that stuck out for me. It was the scene in which the narrator offers that, "Even the good plans of wise wizards like Gandalf and of good friends like Elrond go astray sometimes when you are off on dangerous adventures over the Edge of the Wild; and Gandalf was a wise enough wizard to know it."

I suspect the reason it stayed with me was the idea, then a startlingly new concept, that someone can have all the correct knowledge, be doing the right thing, and still come to grief. It was an important and salutatory lesson.

Which brings me to "The Magic of Embalming." This is not a highfalutin set-up for some egregious praise of ourselves and our profession, nor is the phrase my own. It is the title of an embalming training session I recently attended. "Wow! A training session? Amazing!" I hear you yawn. After all, as professional embalmers I'd imagine most of us have attended a great many training sessions. It hardly seems worthy of an entire article. Allow me then to explain why "The Magic of Embalming" - I know it sounds a bit goofy but hey it wasn't my choice for the title - was a horse of a different color.

Most professional development sessions fall into one of three categories. The majority involve a speaker giving a presentation in a formal setting, or these days a zoom call, likely with a slideshow, and on a specific topic such as "Embalming the Bariatric Case" or "Cranial Reconstruction After Trauma Events." The second category are more practically orientated sessions, focusing on aspects such as cosmetics, hair styling, or suturing with various hands-on components. The third type is the least common, which involves the observation of an embalming, generally in order to demonstrate some technical aspect, most commonly new chemicals. These are all worthwhile and often excellent means to continue one's professional education.

The "Magic of Embalming" was none of these.

It was a rather distinctive concept. Elegantly simple, yet extraordinarily difficult to achieve. In short, it involved a number of qualified embalmers coming together over a weekend in a large mortuary with multiple tables and embalming communally. There was no leader or presenter, no specific new product to promote or technique to demonstrate. It was just experienced embalmers working on cases using their regular techniques and practices as if in their home mortuaries.

It may seem counterintuitive but this is something that the majority of embalmers may never experience. Many of us work in smaller mortuaries, and likely anyone we work with will have been trained by us, or us by them. These who work in larger facilities will likely have company policies about embalming which will create a certain degree of uniformity. Even if such are not technically mandated, each mortuary develops their own culture of what is best care and best practice, its own ethos about how embalming is performed. Over time we become familiar with what techniques work best for us individually and in our environment, and we have a solid idea about what outcome we are seeking. This is all perfectly normal. But as we all know embalming is defined as "the art and science." Artists differ.

To set the scene more fully there were nine of us in a mortuary with three fully set-up embalming tables. There was only one non-embalmer, being a staff member of the facility who was kind enough to allow us all in there, and one student, who had already passed their final exam and was waiting on a few final case requirements to graduate. Of the remainder of us the least experienced had been an embalmer for ten years, the most seasoned had been practicing since the 1980s. The mix inside that experience was equally diverse. We had those working for the largest corporate funeral company in Australia and self-employed trade embalmers. Several of the group had been trained overseas, many of us had students, and a number of persons there were professional embalming trainers in their own right. It was an interesting stage, and the biggest concern was how nicely the players would interact with each other.

This was not an idle consideration. Embalming by its very nature requires a large amount of self-belief and a certainty in your own skills and experience. You must trust strongly in your own actions and judgements, and utilize the techniques you believe to be right. The dark side of this is that as embalmers we often, frequently without conscious consideration, subtly believe that differing from our own position is wrong.

To set the scene more fully there were nine of us in a mortuary with three fully set-up embalming tables. It was an interesting stage, and the biggest concern was how nicely the players would interact with each other.

The same ego that enables us to perform well in our chosen profession can be a detriment in acting with our fellow professionals.

Thankfully I am happy to report that this was not at all the case. Everyone involved understood the unique nature of what we were - pardon the pun - undertaking, and came with open minds and closed mouths, as the old saying goes, rather than the opposite. Frankly, everyone was lovely, which I think was the most important element that led to the success of the event.

It is difficult to encompass how deeply instructive and beneficial this experience was for me. To put this in perspective I have been deployed on numerous disasters overseas in which I worked with large, multinational mortuary teams, been on archaeological digs to recover remains of fallen and missing armed forces personnel, am a regular attendee and occasionally even presenter in my national embalming conferences, worked in very large and small funeral homes, for the coroner, in an anatomical lab, have supervised students exams, sat in occasionally with professional friends who were embalming as well as (obviously) writing professionally about embalming and the funeral profession. All that having been said, "The Magic of Embalming" weekend was probably the single most illuminating moment in professional development I have undergone since I gradated embalming school.

So what did I learn? Firstly, and most obviously, were the new techniques. Embalming training tends to be about refinement. It is a rare event to learn an entirely new procedure, let alone two.

So what did I learn?

Firstly, and most obviously, were the new techniques. There were two, a type of mouth closure suitable only for very specific cases with an overbite in combination with upper dentures and an alternative method of cranial aspiration that did not involve the puncturing of the cribriform plate. Embalming training tends to be about refinement. It is a rare event to learn an entirely new procedure, let alone two.

Secondly was the differences in practice between skilled embalmers over aspects which many would have considered universal. The raising of vessels was a particular case in point. The linear guides in the texts give rather strict demarcations. Watching everyone perform similar actions, but with noticeable variations, immediately challenges the preconceived notions of even this most fundamental element. There was an enormous amount of all kinds of diversity. Some were practices I was familiar with but didn't myself utilize, others were things I did as standard which were not much in evidence on other tables. We all know there are many ways to achieve the same result. Yet seeing it performed professionally in action is a different level of knowledge.

Photo courtesy of Kathy Watkins

A third aspect was realizing how much my own mortuary set-up and instruments had crafted my embalming practice. This came up almost immediately when I was washing down my first case prior to beginning more direct embalming work. I applied liquid soap on the body and then further proceeded to fill a container with a good squirt of that same soap and hot water, as per standard protocols. One of the other embalmers there, for whom this was their home mortuary, was watching rather closely and he was surprised at what I was doing. We had a bit of a chat as I was washing down the body and the reason for this surprise became evident. This particular soap was perhaps ten times more foaming than what I was accustomed to, and in very short order the entire body was literally covered in a Hollywood bubble-bath level of foam. This was symptomatic of the issues I encountered over the next two days. So much of my technique relied on products and instruments and my mortuary set up in a manner that was almost completely unconscious.

To another simple example, I nearly tripped up on a hose half a dozen times over the weekend. My home mortuary table has its water supplied from piping that is under the table, and I am in the habit of walking about the mortuary table in a circular fashion as I embalm, checking each side of the deceased from many different angles as I work and massage. Having instead in this instance the hose lead from the sink at the head of the table threw off a rhythm and working pattern I didn't even realize that I had.

As a third interaction showing the relationship between practice and equipment, I was asked to demonstrate my ligating of the cannula in place, which I use in preference to the fixation forceps as it is less crowding of the incision site. It didn't work and my cannula slipped out. A little bit embarrassing, I don't mind admitting. Fortunately for my red face, investigation provided the answer. I typically use a standard 4 cord waxed linen suture thread, which has the advantage of being somewhat self-adhering when tied in a basic holding knot. The ligature here was synthetic, and did not have this property, and so would slip off with repeated movement. A tiny difference but hugely significant, and something which ran as a theme throughout the entire weekend.

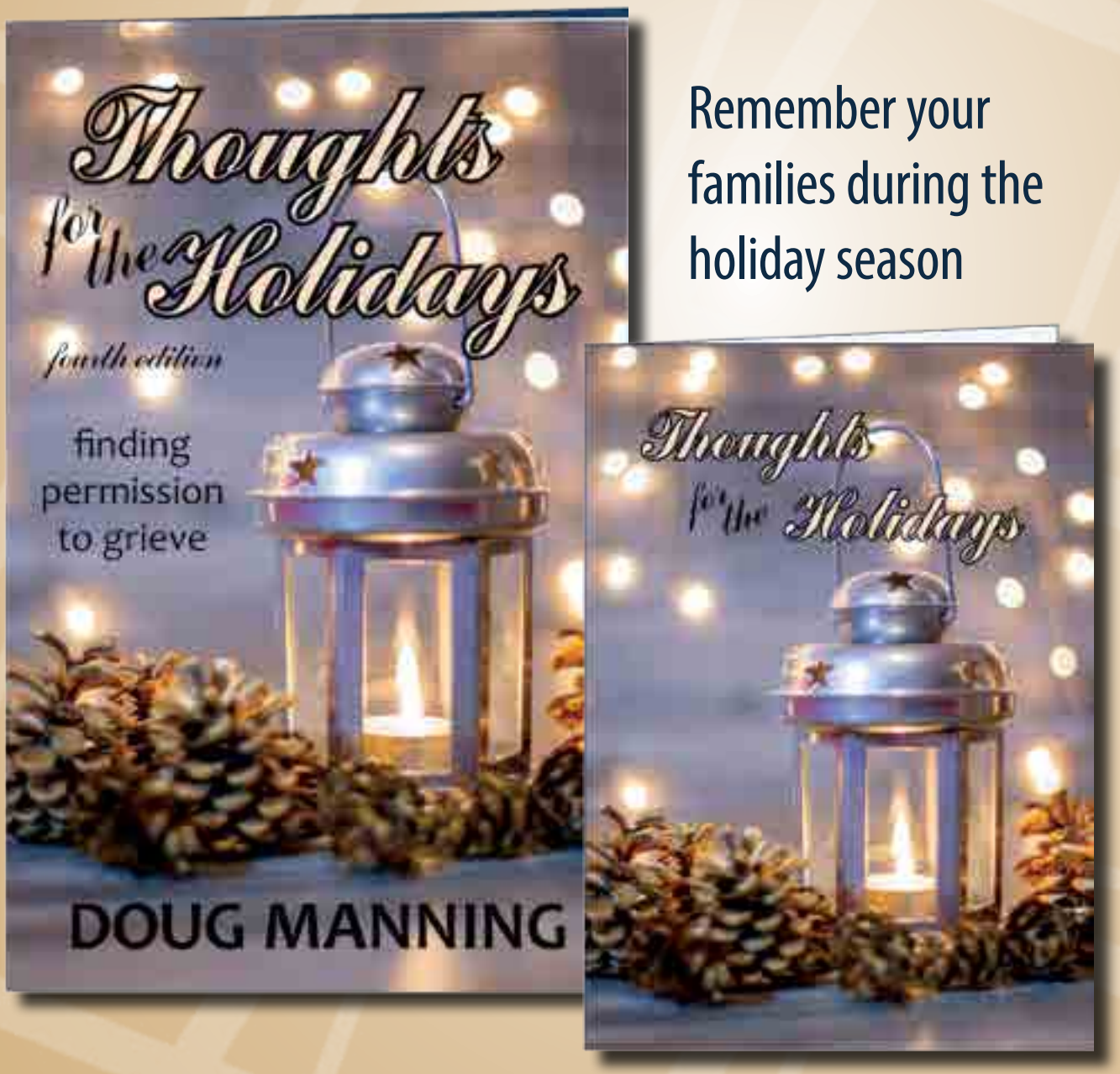
The fourth aspect was how the different philosophical underpinnings behind embalming techniques and the dictates of commercial realities drive how we act as embalmers. I am generally afforded a large amount of time in which to perform my work - by design I might add. The funeral directors at my company understand the necessity of proper preparation time, and that having such time can make a huge difference to the final embalming result. This granting of time means that I have evolved a slower approach to embalming, lower pressure and rate of flow, and I am more inclined to give the embalming solution the chance to diffuse before I might raise another vessel. Many of the embalmers in the room with me had done a lot of locum work or had a volume of cases that made such an approach untenable. A lot of faster decisions and much more raising and direct injections were thus the most common factor in the room. Seeing these different approaches as realities in the embalming room, achieving comparable results in very different ways, made me realize the need to broaden my position outside my familiar boundaries, which seemed decidedly more arbitrary. In fact, before this weekend I would not have even seen them as boundaries.

The fifth aspect didn't really emerge until the second day. We were now more comfortable with each other and able to offer opinions more freely. And it was this matter of opinions that struck me so very much. We had, by the end of a given day, persons we were all in agreement were properly embalmed. However, inside that discussion there was disagreement about which particular case, or aspect of a case, looked best. Perhaps most striking was a person for whom both iliac arteries had been raised and each leg was thus injected separately. The same arterial solution was used, but at a different rate of flow and pressure. Both feet were clearly properly embalmed. Yet there was a decided schism in the room about whether the left or right was the better - color and fullness differed in a manner that would probably not be overly apparent to the non-embalmer, but which we all clearly not only saw but had preferences concerning. This is not generally a conversation one could even think of having in a home mortuary, where we simply do our best to achieve the result we think best.

I hope that the takeaway of this article will be that the reader, thinking about this experience just discussed, will reconsider the endless variety that is open to us as embalmers and which we often overlook due to the natural limits of how we work inside our own specific environments. To bring, as it were, the infinite variety of possibilities inherent in the magic of embalming.

I am generally afforded a large amount of time in which to perform my work - by design I might add. Many of the embalmers in the room with me had done a lot of locum work or had a volume of cases that made such an approach untenable.

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.



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Seeing With New Eyes

By Glenda Stansbury, CFSP

I am having cataract surgery. Wow, when you hear those words, you usually think of that as an "old person" procedure. As in "my grandmother had cataract surgery." But when one realizes that mandatory Medicare is exactly one year away and I am the GiGi to two wonderful boys who are 23 and 16, one is officially in that category. Sigh.

It has been a long time coming. I have worn contacts AND readers for over a decade because my astigmatism is beyond the scope of one form of correction. My ophthalmologist has been preparing me for this moment for the past three years and I just kept putting it off. Maybe next year. And next year is finally here.

At this writing, I am on a three-month waiting period before we can proceed while I stop wearing contacts. I've been wearing contacts since I was 15, so five decades of contacts means 12 weeks of wearing glasses. The contact lens rests on the cornea and distorts its shape, which can affect the accuracy of the doctor's measurements. When you stop wearing your contact lenses, the corneas can return to their natural shape. I've got a lot of returning to do. Ugh.

The most interesting part of this process is that my ophthalmologist called this time "deadapting." "Deadapting." Giving space and time for changes and adjustments and a new way to see. I'd never heard this term but found it intriguing.

By this point in our writer/reader relationship, you know that I'm going to take this experience and turn it to consideration of how we work in this profession. I find it an incredible way to think about how we look differently about how we serve families and how we conduct our business. We are weary of talking about change. Maybe it feels a little different to consider "deadapting"? I don't know. Let's talk about it with a few stories that I recently experienced.

THE TRADITIONAL FUNERAL

We are faced daily with families who have been disappointed, hurt, bored, or traumatized by the "traditional funeral." Services that ignored the deceased or the family or the death. Services that were solely focused on scripture and sermon with no thought of telling the story of a life lived. Services that were just pulled out of the folder with the name inserted.

And this is what we advertise. This is what we offer. This is what we think our community is looking for. But our families are telling us in no uncertain terms that they are completely not interested.

This is the story of a young man in his 40's who had two kids, a good job, lots of friends, but who reached a place in his life that was unsustainable and unbearable after his divorce last year and, tragically, he died of suicide. His siblings came in to make arrangements and were adamant about what they did not want. No service at the funeral home. A graveside service where they could bury the urn. No, they didn't need chairs and a tent. No, they didn't want to talk to anyone about his story. No they did not want any prayer or religion. They just wanted an officiant to "say some words" at the burial.

Now, this firm is very proactive and very pro-Celebrant. The arrangers did their best to try to paint the picture of how a service could be exactly what they needed and how important it would be for his kids and the family to spend some time sharing his story. They adamantly refused everything except allowing a Celebrant to conduct the dedication service.

The obituary clearly proclaimed to their community what they thought about what funeral homes had to offer: "A short dedication ceremony will be performed in his honor as opposed to traditional funeral services. We request all of Matt's loved ones to join us in celebrating his beautiful life at XYZ Cemetery on August 13, at 2:00 P.M."

The funeral arranger reached out to me and said, "They refused to have a family meeting. They just want you to do a dedication. But the sister was more willing to talk so you might reach out to her."

I honestly do not know how to do a generic "saying of words." It's just not how I roll. So, I reached out to the sister and she was more than eager to share stories with me as well as send me stories from some of his lifelong friends. The brother contacted me and said he wanted to speak. OK, now we are getting someplace. We needed to tell his story in whatever way was possible in the boundaries that they had set. They were so anti-funeral that it was a challenge to provide a way that allowed them to trust the process and or have any hope that we could do something meaningful. They were so afraid of mentioning how he died, so afraid of being forced to have any religious elements that they ran to the other side and stood their ground.

They were so anti-funeral that it was a challenge to provide a way that allowed them to trust the process and or have any hope that we could do something meaningful.

I put together a service that honored his life, told his story, incorporated the words from his family and friends, gave space for the brother to speak, dedicated this place as a safe place to come back to visit and remember and offered a blessing for his life.

We gathered on that Sunday afternoon in August. It was 103 degrees. Welcome to summer in Oklahoma. No tent. No chairs. Just the hole that had been prepared. The funeral director brought his speaker and played some instrumental music just to fill the space as we waited. And the cars started arriving. And arriving. And arriving. When we began, there were 120 people standing around, trying to figure out how to honor this guy that was an important part of their lives.

The former wife's mother brought a box of bandanas, he always wore a bandana, and a vase of roses and a small tray table to put them on. My heart broke just a bit when I thought about what we could have done if they had been willing to meet in the tribute center at the funeral home so people could be comfortable and relaxed as they began this most difficult journey of grieving. That his teenage kids were just standing over to the side, unsure of where they fit and what this all meant.

About halfway through this ten-minute service, a young woman passed out. See the above weather report. So, people ran over to care for her, get her some water and a chair. It was uncomfortable and just a little chaotic. But, by golly, they were not going to have a traditional funeral service.

We invited everyone to come by and pick up a bandana, to whisper their own words of goodbye, to share a hug and a story with others gathered there. When I got in my car to leave the cemetery, I honestly had tears in my eyes. Possibly from the heat. Really they were tears for all the families who do not understand that there are funeral professionals who would move heaven and earth to make sure that they have the experience that they need. That previous interactions have so colored their thinking that they thought their only choice was to stand outside in 103-degree heat.

And yet, we continue to conduct our business as if the traditional funeral is the default. The majority choice. That anything out of the ordinary is unique or special. Or, a lot of work. So, we approach our arrangements from the place of comfort. Looking through the eyes we've always had.

LOOKING AT THE DATA

I recently attended the CANA Convention and was privileged to hear the presentation by Eric Layer, who is a partner at McKee Wallwork.

He showed the results of years of research that identified the types of people who make up our communities. His book, *The Right Way of Death: Restoring the American Funeral Business to Its True Calling* offers all the research and results. I highly recommend it. No, we don't sell it. No, I'm not getting an affiliate code payment. I just think it's important for us to keep up with the information that is out there.

The researchers broke the respondents into seven distinct categories - based upon their responses to a wide variety of questions about lifestyle, beliefs and preferences. The most important and most shocking aspect that Eric shared was that only two of these categories were interested in what we would consider "traditional funeral service" and they made up only 27% of the population.

His premise was that we have set up our business models, our outreach, our programs to meet the needs of a quarter of our possible customers because that's the segment that we understand and that has historically been our foundation. Perhaps it is time for us to "deadapt" from our practices, our expectations, our vision and begin to see our calling and our families in a new way. Whatever that means—Celebrants, hospitality, destination services at unique settings, or any of the ideas that have floated across your periphery over the years.

THE EYE OPENER

I have such a wonderful opportunity to work with a wide variety of funeral professionals who refer their families to us for Celebrant services. Each one of them has found their own voice and their own way to articulate the value of the funeral and what a personalized, one of a kind service can mean to the family and friends and how it provides those important first steps on the grief journey. Often, they share with me the way that they assist families at pre-need and at-need to see the possibilities of funerals in a different way.

One funeral director told me the approach that he has found, especially with those families who walk in with determination and disdain for funerals and the "just want a cremation, no service" declaration. He offers to these families that the most important thing they can do for themselves and for their loved one is to pause with intention to honor a life lived and the impact they had on the world. He explains that this can incorporate any elements that are important and valuable to put together a service that fits them exactly. He admits that this was not an original line, that he heard it someplace else, but it has been the most powerful thing he can say to families. Pausing with intention. "Deadapting" the way we think about what a funeral can be.

I've heard him say this several times and then got to see it in action. That same Sunday of the 103-degree graveside, I was at church that morning. In between service and heading into a deacon's meeting (I am the pianist and the chair of deacons at my church. Go figure!) I was outside catching a cigarette. (No, I don't want to hear your thoughts on my vices. Thank you.) A woman was in her car getting ready to leave and when she saw me, she jumped out of the car and came running up to me. The joys of being considered the parish funeral director is that I get ALL the funeral questions.

She explained that she and her husband had just moved to Oklahoma from Missouri to be nearer to family and they were just trying to get acclimated. She said they needed to make funeral arrangements and didn't know where to go.

I gave her some suggestions for firms and said that the professionals there would help them put together all of the plans that they needed. She said, "Oh, we don't need to make any plans. Just the cremations. We don't want to do anything and we are going to be scattered in the mountains."

I said, "You know the greatest gift you can give your family is to provide the space and the permission to allow them to pause with intention so they can honor your life and spend time sharing your story." She stopped for a moment and looked at me and said, "You know, you are right. My father-in-law insisted on not having a service and it felt very empty and we had no way to process his death." And she went back to her car. I can only hope that that brief encounter in a church parking lot "deadapted" her view of funeral service and gave her a different view when she goes in to meet with a funeral professional.

So, what do you need to "deadapt?" What traditions and practices and vision that you and your firm and your staff have carried for decades need to be reconsidered and looked at with new eyes? Can you place the word "deadapt" on your desk or whiteboard and remind yourself daily that considering things in a new way is the way that we thrive and grow? Can this be a topic of conversation and discussion? Maybe.

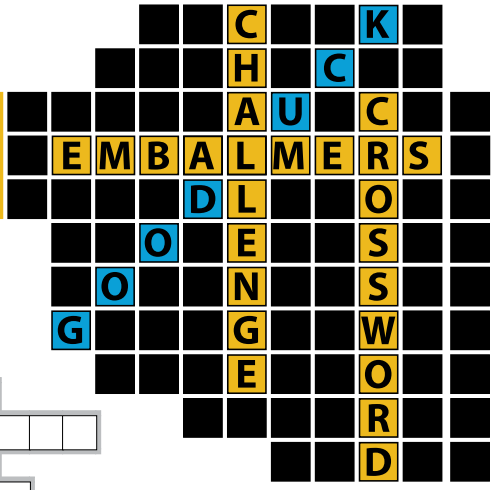
Meanwhile, I'll just be over here trying to survive in my glasses. I'll let you know how the surgery goes and hopefully soon I'll have shiny new eyes.

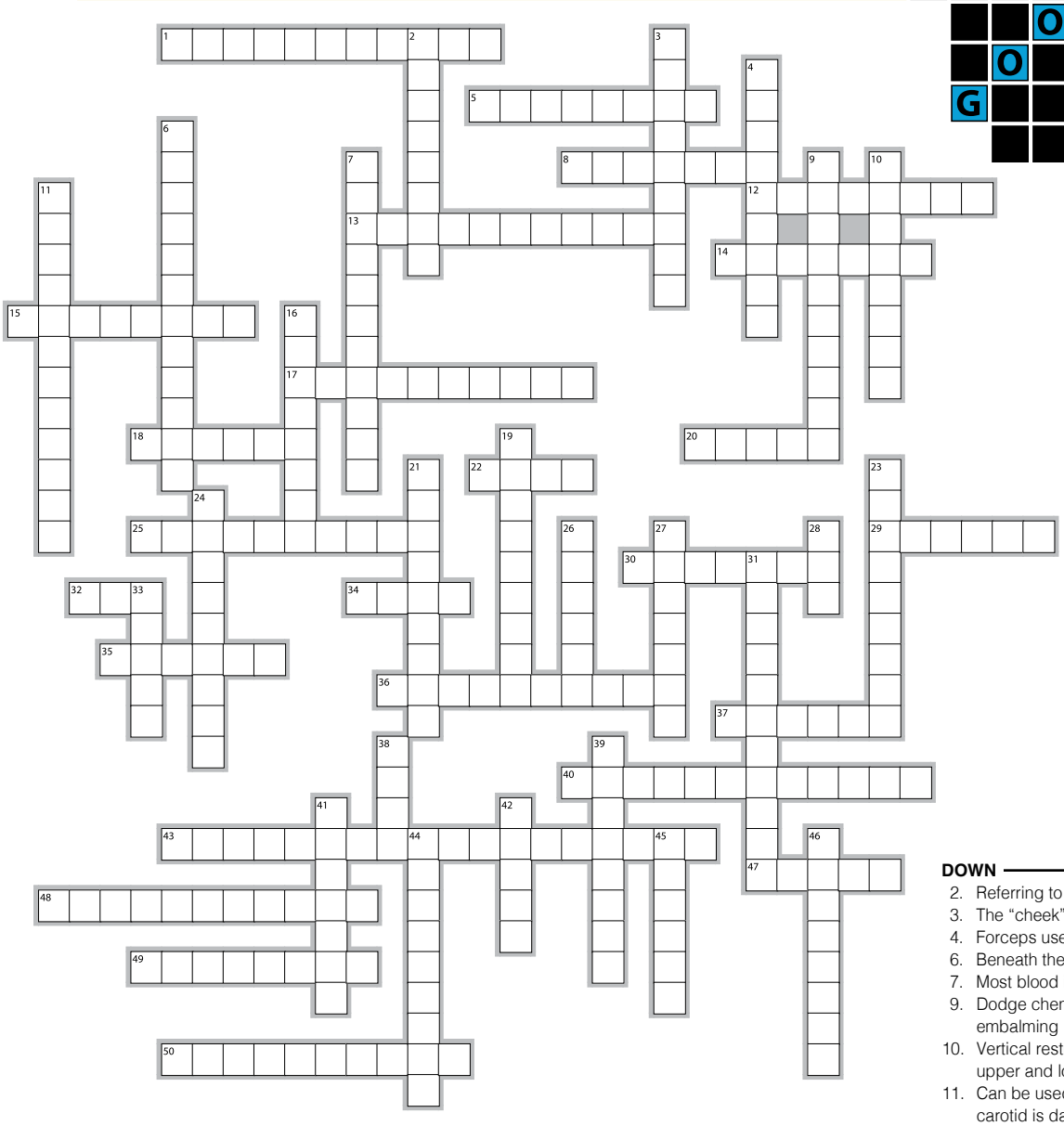
The researchers broke the respondents into seven distinct categories. The most important and most shocking aspect was that only two of these categories were interested in what we would consider "traditional funeral service" and they made up only 27% of the population.

"You know the greatest gift you can give your family is to provide the space and the permission to allow them to pause with intention so they can honor your life and spend time sharing your story."

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*

Challenge your funeral service knowledge with the Embalmers Challenge Crossword.





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38. Dodge accessory chemical used to entirely kill tissue gas
39. In a dying state
41. Coloring matter applied to an object
42. The outer rim of the ear
44. The process of preservation, disinfection, and restoration of a human body
45. Period immediately preceding death
46. Lower in plane, indicating below another structure

Reverse English

By Jerome Burke

It was during the hottest part of the hot spell of August, 1937 that Miss Birdie Steptoe called on me. She was of uncertain age, a woman of angles, not curves, and her graying hair was drawn back so tightly that it seemed to make her eyeballs pop. The moment she spoke I identified her as a native of the Deep South, and probably from a mountain district, for her voice had that sharp edge that seems the mark of inland dwellers, while her a's and r's slid into each other and her final g's were wholly absent. I couldn't - so I shan't attempt to - reproduce her accent.

"You came to fetch my brother Caleb's remains this mornin'," she told me.

"Yes," I answered, "we have Mr. Steptoe's body here…"

"Can you hold it?" she demanded.

"Hold it?" I echoed. "How do you…"

"Keep him - keep him lookin' natural - for a couple of weeks or so?"

"Certainly," I assured her. "A properly embalmed body…"

"How soon can he be ready to travel?"

"Any time you say, Miss Steptoe. You're going to take him home to the South for burial?"

"No, sir. We're goin' to bury him right here in Baptist Cemetery."

"Why, then…" I began, but she cut me off.

"Listen, Mister, we got a slew o' kinfolk back home, an' when it comes to 'tendin' funerals they're the most regular 'tenders you ever did see. Not only that, they likes to come a-visitin', and when they visits they visits. Come to spend the night and stay a month. My A'nt Hattie on my mother's side, she came to visit Paw an' Maw for a week or so and never did go home. Stayed right there for nigh on twenty years. We had to bury her."

"Well, then…" I began again, but got no further.

"It ain't so bad back home. We have hens and ducks and geese and turkeys and hawgs and sheep and cows right on the place, and there's always plenty of fresh fruit and vegetables. We can set twenty people down to supper, and there's nothing on the table but the sugar, salt and pepper that we ain't raised ourselves. And even that we get without havin' to pay cash money for it. Take three or four hens or a couple o' dozen eggs to the general store and you can get all the pepper and salt and long and short sweetening (molasses and sugar) you want for 'em. But up here where we have to buy everything at the supermarket, things is different. We just can't afford to have a raft o' friends and relations come a-visitin' and eatin' us out o' house and home for the good Lord knows how long."

Despite myself, I grinned. "Well, then, Miss Steptoe, what do you propose doing?"

"Just this," she told me. "You fix Cale up real pretty - an' fix him so he'll keep - and I'm a-goin' to buy two round trip tickets, one for him and one for Brother Alec, who'll go with him, and send him back home where all the friends and relatives can come and admire him at Grigg's funeral parlor over at Blacksburg. Then when they've looked their fill, Alec will bring him back again and we'll bury him in Baptist Cemetery.

Ain't that a sight better than havin' a Democratic barbecue for all them folks - and feedin' 'em till the cows come home?"

This time I chuckled aloud. I couldn't help it. "I never heard of such a thing before," I told her, "but your plan certainly has the merit of novelty. I'll arrange transportation for Mr. Steptoe's body and your brother Alec this afternoon."

I had the Berkeley funeral to direct on the morning they brought Caleb Steptoe's body back, but Bill Boggs, my senior assistant, went to the station with two of the boys and a funeral car.

He was waiting in the office when I got back from Shadow Lawns shortly after noon. "Boss," he told me, "you never saw the like of it. We went to the baggage coach for Mr. Steptoe's body, then looked around for Alec. Had some trouble locating him, but finally did, and…"

He broke off laughing, and after waiting a decent interval I prompted, "What's so all-fired funny?"

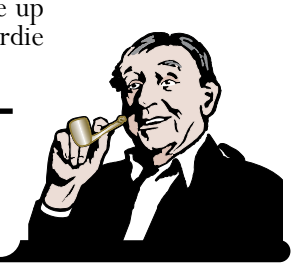
"You should have seen it, Boss. There was Alec, looking like three cents' worth of soap after a day's washing, and with him was the darndest collection of women and children and babies and even two or three dogs, all come up North to attend the funeral and pay Miss Birdie a nice, long visit.

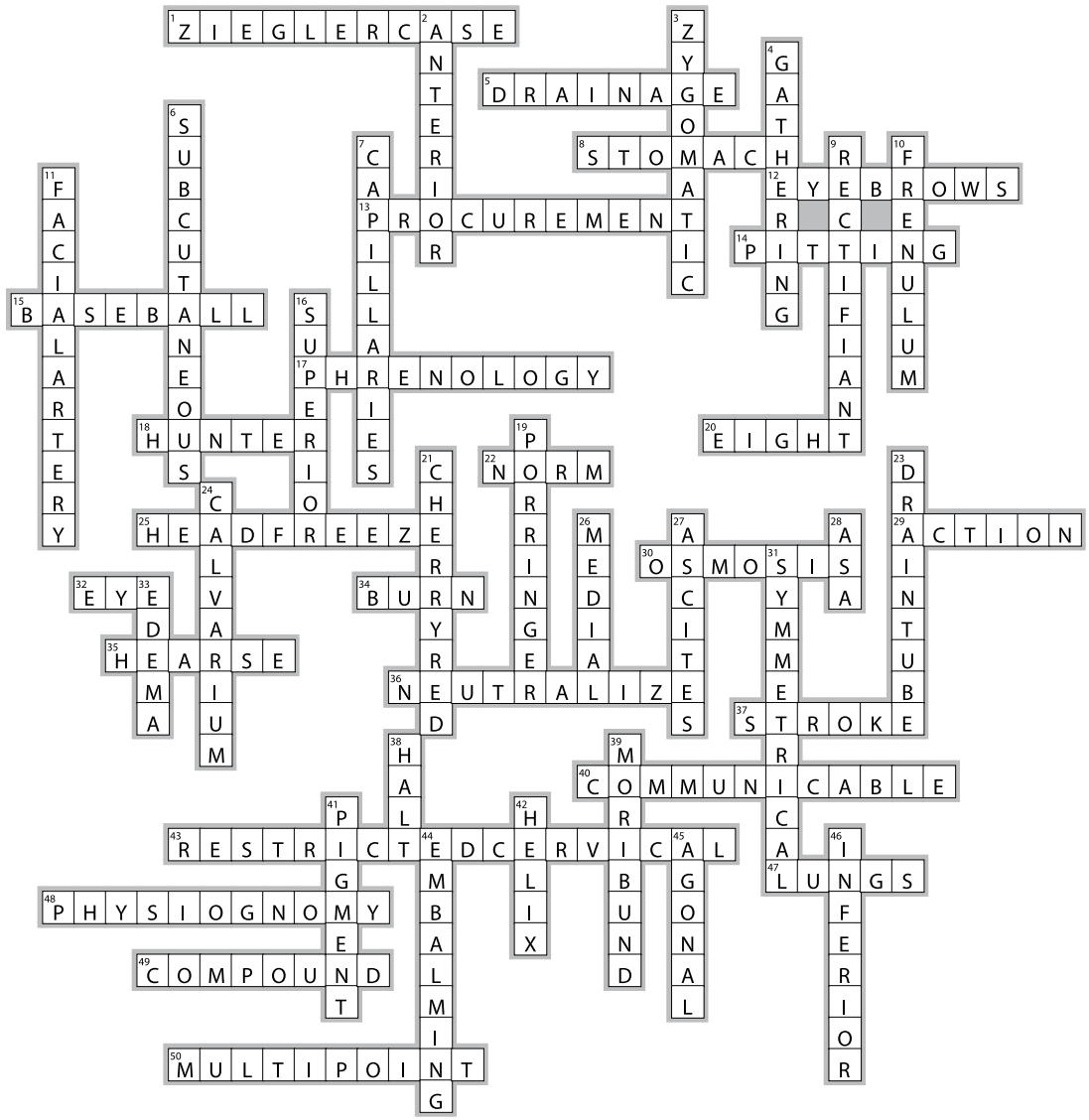
"My A'nt Hattie on my mother's side, she came to visit Paw an' Maw for a week or so and never did go home. Stayed right there for nigh on twenty years."

"You fix Cale up real pretty - an' fix him so he'll keep - and I'm a-goin' to buy two round trip tickets, one for him and one for Brother Alec."

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

Jerome Burke





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4. GATHERING—Forceps used to pull tissue together during suturing
6. SUBCUTANEOUS—Beneath the skin
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44. EMBALMING—The process of preservation, disinfection, and restoration of a human body
45. AGONAL—Period immediately preceding death
46. INFERIOR—Lower in plane, indicating below another structure

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