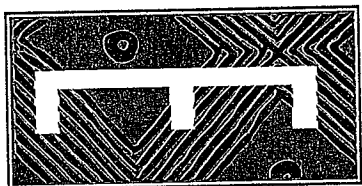




# To Bid the World Farewell

BY JESSICA MITFORD

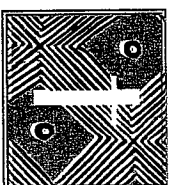
**ANTICIPATING:** Discuss or write about an activity that you feel qualified to describe. It can range from cooking a hamburger to changing a car's battery to putting a golf ball to flossing one's teeth. Try to describe this to someone who has no idea what this process involves. One simple rule: Take nothing for granted. List and describe both the equipment needed and the steps in the process.



mbalming is indeed a most extraordinary procedure, and one must wonder at the docility of Americans who each year pay hundreds of millions of dollars for its perpetuation, blissfully ignorant of what it is all about, what is done, how it is done. Not one in ten thousand has any idea of what actually takes place. Books on the subject are extremely hard to come by. They are not to be found in most libraries or bookshops.  In an era when huge television audiences watch surgical operations in the comfort of their living rooms, when, thanks to the animated cartoon, the geography of the digestive system has become familiar territory even to the nursery school set, in a land where the satisfaction of curiosity about almost all matters is a national pastime, the secrecy surrounding embalming can, surely, hardly be attributed to the inherent gruesomeness of the subject. Custom in this regard has within this century suffered a complete reversal. In the early days of American embalming, when it was performed in the home of the deceased, it was almost mandatory for some relative to stay by the embalmer's side and witness the procedure. Today, family members who might wish to be in attendance would certainly be dissuaded by the funeral director. All others, except apprentices, are excluded by law from the preparation room.  A close look at what

does actually take place may explain in large measure the undertaker's intractable reticence concerning a procedure that has become his major *raison d'être*. Is it possible he fears that public information about embalming might lead patrons to wonder if they really want this service? If the funeral men are loath to discuss the subject outside the trade, the reader may, understandably, be equally loath to go on reading at this point. For those who have the stomach for it, let us part the formaldehyde curtain. . . .

The body is first laid out in the undertaker's morgue—or rather, Mr. Jones is reposing in the preparation room—to be readied to bid the world farewell.



he preparation room in any of the better funeral establishments has the tiled and sterile look of a surgery, and indeed the embalmer-restorative artist who does his chores there is beginning to adopt the term "dermasurgeon" (appropriately corrupted by some mortician-writers as "demisurgeon") to describe his calling. His equipment, consisting of scalpels, scissors, augers, forceps, clamps, needles, pumps, tubes, bowls and basins, is crudely imitative of the surgeon's as is his technique, acquired in a nine- or twelve-month post-high-school course in an embalming school. He is supplied by an advanced chemical industry with a bewildering array of fluids, sprays, pastes, oils, powders, creams, to fix or soften tissue, shrink or distend it as needed, dry it here, restore the moisture there. There are cosmetics, waxes and paints to fill and cover features, even plaster of Paris to replace entire limbs. There are ingenious aids to prop and stabilize the cadaver: a VairPose Head Rest, the Edwards Arm and Hand Positioner, the Repose Block (to support the shoulders during the embalming), and the Throop Foot Positioner, which resembles an old-fashioned stocks.

Mr. John H. Eckels, president of the Eckels College of Mortuary Science, thus describes the first part of the embalming procedure: "In the hands of a skilled practitioner, this work may be done in a comparatively short time and without mutilating the body other than by slight incision—so slight that it scarcely would cause serious inconvenience if made upon a living person. It is necessary

to remove the blood, and doing this not only helps in the disinfecting, but removes the principal cause of disfigurements due to discoloration."

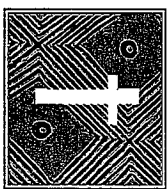
Another textbook discusses the all-important time element: "The earlier this is done, the better, for every hour that elapses between death and embalming will add to the problems and complications encountered. . . ." Just how soon should one get going on the embalming? The author tells us, "On the basis of such scanty information made available to this profession through its rudimentary and haphazard system of technical research, we must conclude that the best results are to be obtained if the subject is embalmed before life is completely extinct—that is, before cellular death has occurred. In the average case, this would mean within an hour after somatic death." For those who feel that there is something a little rudimentary, not to say haphazard, about this advice, a comforting thought is offered by another writer. Speaking of fears entertained in early days of premature burial, he points out, "One of the effects of embalming by chemical injection, however, has been to dispel fears of live burial."

How true; once the blood is removed, chances of live burial are indeed remote. To return to Mr. Jones, the blood is drained out through the veins and replaced by embalming fluid pumped in through the arteries. As noted in *The Principles and Practices of Embalming*, "every operator has a favorite injection and drainage point—a fact which becomes a handicap only if he fails or refuses to forsake his favorites when conditions demand it." Typical favorites are the carotid artery, femoral artery, jugular vein, subclavian vein. There are various choices of embalming fluid. If Flextone is used, it will produce a "mild, flexible rigidity. The skin retains a velvety softness, the tissues are rubbery and pliable. Ideal for women and children." It may be blended with B. and G. Products Company's lyflyk tint, which is guaranteed to reproduce "nature's own skin texture . . . the velvety appearance of living tissue." Suntime comes in three separate tints: Suntime, Special Cosmetic Tint, a pink shade "especially indicated for young female subjects"; and Regular Cosmetic Tint, moderately pink.

About three to six gallons of a dyed and perfumed solution of formaldehyde, glycerin, borax, phenol, alcohol and water is soon circulating through Mr. Jones, whose mouth has been sewn together with a "needle directed upward between the upper lip and gum and brought out through the left nostril," with the corners raised slightly "for a more pleasant expression." If

he should be bucktoothed, his teeth are cleaned with Bon Ami and coated with colorless nail polish. His eyes, meanwhile, are closed with flesh-tinted eye caps and eye cement.

The next step is to have at Mr. Jones with a thing called a trocar. This is a long, hollow needle attached to a tube. It is jabbed into the abdomen, poked around the entrails and chest cavity, the contents of which are pumped out and replaced with "cavity fluid." This done, and the hole in the abdomen sewed up, Mr. Jones's face is heavily creamed (to protect the skin from burns which may be caused by leakage of the chemicals), and he is covered with a sheet and left unmolested for a while. But not for long—there is more, much more, in store for him. He has been embalmed, but not yet restored, and the best time to start the restorative work is eight to ten hours after embalming, when the tissues have become firm and dry.



he object of all this attention to the corpse, it must be remembered, is to make it presentable for viewing in an attitude of healthy repose. "Our customs require the presentation of our dead in the semblance of normality . . . unmarred by the ravages of illness, disease or mutilation," says Mr. J. Sheridan Mayer in his *Restorative Art*. This is rather a large order since few people die in the full bloom of health, unravaged by illness and unmarked by some disfigurement. The funeral industry is equal to the challenge: "In some cases the gruesome appearance of a mutilated or disease-ridden subject may be quite discouraging. The task of restoration may seem impossible and shake the confidence of the embalmer. This is the time for intestinal fortitude and determination. Once the formative work is begun and affected tissues are cleaned or removed, all doubts of success vanish. It is surprising and gratifying to discover the results which may be obtained."

The embalmer, having allowed an appropriate interval to elapse, returns to the attack, but now he brings in to play the skill and equipment of sculptor and cosmetician. Is a hand missing? Casting one in plaster of Paris is a simple matter. "For replacement purposes, only a cast of the back of the hand is necessary; this is within the ability of the average operator and is quite adequate." If a lip or two, a nose or an ear should be missing, the embalmer has at hand a variety of restorative waxes with which to model replacements. Pores and skin texture are simulated by stippling with a little brush, and over this

cosmetics are laid on. Head off? Decapitation cases are rather routinely handled. Ragged edges are trimmed, and head joined to torso with a series of splints, wires and sutures. It is a good idea to have a little something at the neck—a scarf or high collar—when time for viewing comes. Swollen mouth? Cut out tissues as needed from inside the lips. If too much is removed, the surface contour can easily be restored by padding with cotton. Swollen necks and cheeks are reduced by removing tissue through vertical incisions made down each side of the neck. "When the deceased is casketed, the pillow will hide the suture incisions . . . as an extra precaution against leakage, the suture may be painted with liquid sealer."

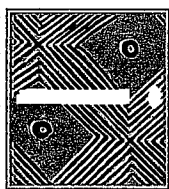
The opposite condition is more likely to present itself—that of emaciation. His hypodermic syringe now loaded with massage cream, the embalmer seeks out and fills the hollowed and sunken areas by injection. In this procedure the backs of the hands and fingers and the under-chin area should not be neglected.

Positioning the lips is a problem that recurrently challenges the ingenuity of the embalmer. Closed too tightly, they tend to give a stern, even disapproving expression. Ideally, embalmers feel, the lips should give the impression of being ever so slightly parted, the upper lip protruding slightly for a more youthful appearance. This takes some engineering, however, as the lips tend to drift apart. Lip drift can sometimes be remedied by pushing one or two straight pins through the inner margin of the lower lip and then inserting them between the two front upper teeth. If Mr. Jones happens to have no teeth, the pins can just as easily be anchored in his Armstrong Face Former and Denture Replacer. Another method to maintain lip closure is to dislocate the lower jaw, which is then held in its new position by a wire run through holes which have been drilled through the upper and lower jaws at the midline. As the French are fond of saying, *il faut souffrir pour être belle*.

If Mr. Jones has died of jaundice, the embalming fluid will very likely turn him green. Does this deter the embalmer? Not if he has intestinal fortitude. Masking pastes and cosmetics are heavily laid on, burial garments and casket interiors are color-correlated with particular care, and Jones is displayed beneath rose-colored lights. Friends will say, "How well he looks." Death by carbon monoxide, on the other hand, can be rather a good thing from the embalmer's viewpoint: "One advantage is the fact that this type of discoloration

is an exaggerated form of a natural pink coloration." This is nice because the healthy glow is already present and needs but little attention.

The patching and filling completed, Mr. Jones is now shaved, washed and dressed. Cream-based cosmetic, available in pink, flesh, suntan, brunette and blonde, is applied to his hands and face, his hair is shampooed and combed (and, in the case of Mrs. Jones, set), his hands manicured. For the horny-handed son of toil special care must be taken; cream should be applied to remove ingrained grime, and the nails cleaned. "If he were not in the habit of having them manicured in life, trimming and shaping is advised for better appearance—never questioned by kin."



ones is now ready for casketing (this is the present participle of the verb "to casket"). In this operation his right shoulder should be depressed slightly "to turn the body a bit to the right and soften the appearance of lying flat on the back." Positioning the hands is a matter of importance, and special rubber positioning blocks may be used. The hands should be cupped slightly for a more lifelike, relaxed appearance. Proper placement of the body requires a delicate sense of balance. It should lie as high as possible in the casket, yet not so high that the lid, when lowered, will hit the nose. On the other hand, we are cautioned, placing the body too low "creates the impression that the body is in a box."

Jones is next wheeled into the appointed slumber room where a last few touches may be added—his favorite pipe placed in his hand or, if he was a great reader, a book propped into position. (In the case of the little Master Jones a Teddy bear may be clutched.) Here he will hold open house for a few days, visiting hours 10 A.M. to 9 P.M.