

benefit of viewing. Remembering them like they were is not always a good memory.

Don Sawyer taught me something every time I spoke with him. I miss him as a mentor and I miss him as a friend. I'm thankful I listened carefully those many years ago, and had the courage and confidence to follow his directions on this case.

Fortunately I had the right machine and the right chemicals at my disposal. And I remembered the advice from a man whose voice is now silent, but whose words continue to motivate, encourage, and instruct.



Dennis divides his time working in his Dodge sales territory in northeastern Massachusetts, and being in the office manning the technical support line, along with helping out with customer service.
Dennis Daulton

*In Memory Of
Donald William Sawyer*

*Dodge Representative, Funeral Director & Embalmer
Husband, Father, Grandfather, Colleague, Teacher, and Friend
November 15, 1923 – March 18, 2010*



Published by

The Dodge Company
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Billerica, MA 01821-5731
Phone: 1-978-600-2099
For Orders: 1-800-443-6343
Fax: 1-978-600-2333/
1-800-443-4034

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Reprinted from the *Dodge Magazine*, Spring 2013

A Successful One-Point Injection ...Following Cavity Aspiration??

by Dennis Daulton

The call came from a colleague late in the day on a Wednesday. In desperation he explained that a family he was serving called the funeral home several hours after making funeral arrangements and had changed their mind about having their loved one embalmed. Initially, preparation had been declined.

My colleague explained that the 57 year old female had died the previous day, Tuesday, in a Boston hospital. The visitation was to be on the following Sunday, and the Mass on Monday morning. "The hospital blew her up," he said, which is our jargon for the deceased being given drugs to keep them alive, but which adds much fluid to the body resulting in edematous tissue. If the person lives, normal

bodily functions will gradually eliminate the edema. But if they die, then the problem is ours if the family wishes to view the deceased. And this is why we developed Edemaco.

Because there was to be no embalming, the policy for this funeral home is to aspirate the thoracic and abdominal cavities and to inject two bottles of a cavity chemical by gravity. The body is then dressed, if clothes are provided, put into a pouch and then placed into the casket. (I despise dressing unembalmed bodies.) “She’s a very big woman. Can you help us?” he pleaded. Not looking forward to the challenge, but hating to say, “No,” I drove to the funeral home thinking that this would simply be a laborious, long-night, and a multiple-point injection.

She was a big woman. Working alone, I was unable to get a body rest under the base of her spinal column to lift her buttocks off the table. Positioning a body on aluminum body rests allows for better penetration to the posterior of the body.

My colleague was right. She was a big woman. Working alone, and now wishing that I had declined to help, I was unable to get a body rest under the base of her spinal column to lift her buttocks off the table. This firm has a body lift, but it was broken. Positioning a body on aluminum body rests allows for better penetration to the posterior of the body and also allows for a cleaner working environment. I could only get a body rest under her chest which keeps the chin off of the chest on large bodies, and also one each under the heels of both feet. Her legs were extremely large and bloated. What a pitiful sight this was. And one which we see all too often these days.

About twenty or more years ago my friend and colleague at Dodge, the late Don Sawyer, mentioned a technique in treating this type of case... when the body has been aspirated before arterial injection was attempted. Don was to Dodge then as Jack Adams is to our company today. As a sales rep, Don covered Utah, Nevada, and a portion of California. Mark Sawyer, Don’s son, covers that territory today. Don also wrote numerous articles in this magazine, and was the premier presenter at the Dodge Seminars and at state, national, and international embalming clinics. He was a gifted, kind, and experienced colleague. Don died in 2010. He was also the inventor of the Sawyer Embalming Machine which he used to prove and promote

that high pressure and low flow is the most efficient way to thoroughly embalm the dead human body... especially on those difficult cases which seem to be almost routine today. Although the Sawyer Machine is no longer manufactured, our Dodge Embalming Machines perform in a like manner.

My previous conversation with Don suddenly came to me as I looked at this case. I didn’t want to do a multiple point injection if I didn’t have to. Collateral circulation is not attained on multiple point injections. Don said that he would raise the carotid artery, and using a small bore arterial tube (1/8”), he would turn the pressure to maximum, utilizing low flow. Could this be done on this case, I wondered? I was willing to give it a try since I was taught that there is an “on / off” switch on all embalming machines and to simply turn it “off” if there was problem. The words from several of my mentors still come to me during difficult challenges. Advice which I often recall from one is, “Don’t go to bed thinking you should have done something more to properly embalm the case because you won’t sleep.”

My fear of causing a disaster was lessened since I was told that the body was not to be viewed. So what could I lose? But one can never be sure about that. “Just get her embalmed,” I was told. After placing the body on the body rests, I topically disinfected with Dis-Spray, shaved, and set the features. I made my incision and raised the carotid artery and jugular vein. A drain tube was inserted into the vein in case there would be any drainage. There was only a trickle, which was what I had expected.

If Don Sawyer said this would work, I was willing to give it a try. Fortunately her face was as not terribly swollen as was the rest of the body. I began injecting with a 1/8” arterial tube set on the maximum ounces per minute, using the APC (Automatic Pressure Control) Dodge Machine, #924200.

I mixed a total two gallon solution using 16 oz each of Plasdo 25 and Introfiant, 32 oz of Metaflow, 16 oz of Rectifiant, 24 oz of Edemaco, along with a splash of Peach Icterine, and warm water. A third gallon was injected using the same ratio per gallon. Waterless embalming would have been an option for some. I chose not to. A small amount of the solution was injected up the right side of the head to complete the arterial injection.

To my amazement this case received total and complete penetration down to the toes. There was no purge. Understandably so, there was distention to the abdominal and thoracic cavities due to the prior cavity treatment

and disruption of some larger vessels and organs. The circulatory system had been compromised and fluid entered this area. I aspirated accumulated chemical and blood, injected two bottles of Dri Cav cavity chemical, and then thoroughly washed the body. The nostrils were packed with cotton and Dry Wash II, and Kalon Cream was applied to the face and hands. The body was then covered with a clean sheet and I left the room feeling confident.

I anxiously returned the next day to inspect this body. The tissue was pink, firm and dry. The hands, which were puffy prior to arterial injection, had come down dramatically. The owner of the funeral home was equally amazed and may I add, very grateful. This proved that collateral circulation can successfully embalm the body by using high pressure and low flow after cavity aspiration treatment has been done. At least it is worth a try. If successful, signs of fluid to the extremities and trunk of the body should be seen after 1/2 or 3/4 of a gallon of solution injected. If only abdominal swelling occurs, the embalmer would then need to go to a six-point injection.

This caused me to wonder if I were to encounter what seems to be a six-point injection, if I could go ahead and do cavity work and then do what I did on this case. I will try it on those difficult cases I’m bound to run across again.

I discussed this case with my colleague and friend Jack Adams. His assumption was that not enough of the major vessels were compromised, such as the descending aorta and arch of the aorta. I learned that the aspiration was not done by a seasoned embalmer. If a more complete aspiration had been accomplished, such as going high into the neck and puncturing the aorta and heart more thoroughly, my astonishing results may not have been realized.

The funeral home staff dressed the deceased on Saturday and reported that the condition of the tissue was still firm, dry, and had good color. There were no blisters or skin slip. High pressure and low flow, using a small bore arterial tube accomplished the impossible. Low pressure and high flow using a large bore arterial tube would not have. Not only did I clamp with a fixation forceps and ligate the arterial tube after inserting into the artery, I initially held onto the arterial tube with my hand in fear that it would blow off. It didn’t. I then relaxed as I saw the chemical and color diffuse evenly and thoroughly into the tissue.

It saddens me that this family did not receive the

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