

LIFE

By Theodore H. White
**Showdown for
the Presidency**

**Mork Is the
Movie Popeye**

**World's Best
Medical
Shock Team**

October 1980
\$2.00

*Faces of an
Unexpected*
CHINA





With scrub gowns billowing in the wind, a nurse and physician meet a critically injured patient arriving by helicopter at the Shocktrauma Center of the University of Maryland. Their response is part of the split-second, lifesaving teamwork that includes stabilizing the patient in flight (opposite, top) and resuscitating the heart during the race by stretcher (bottom) to waiting surgeons.

THE RACE AGAINST SHOCK



Most accident victims are rushed there by helicopter —they are young and on the edge of death. At this extraordinary Baltimore hospital they receive the most advanced trauma care in the world . . .

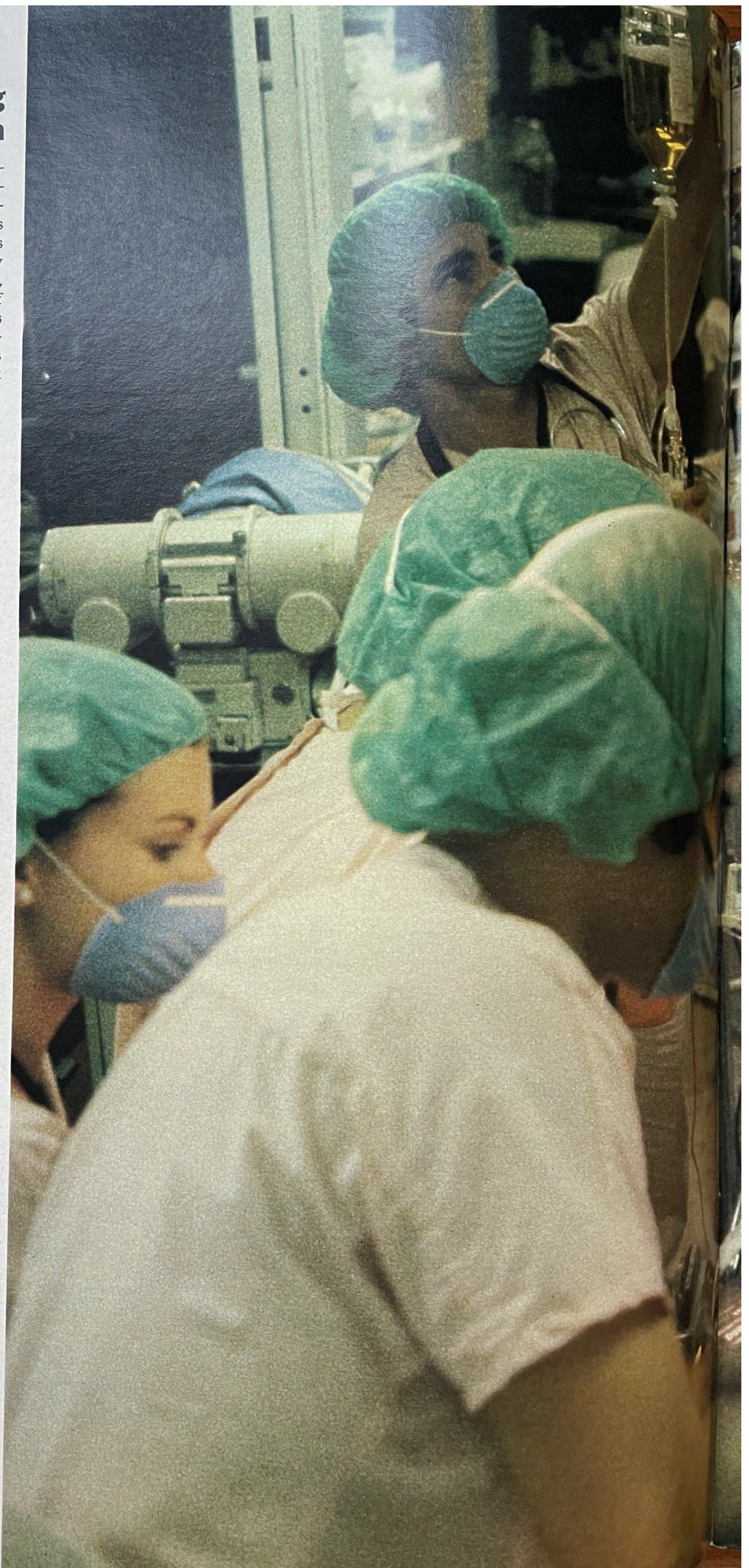


In the crowded admitting area of the Shocktrauma unit

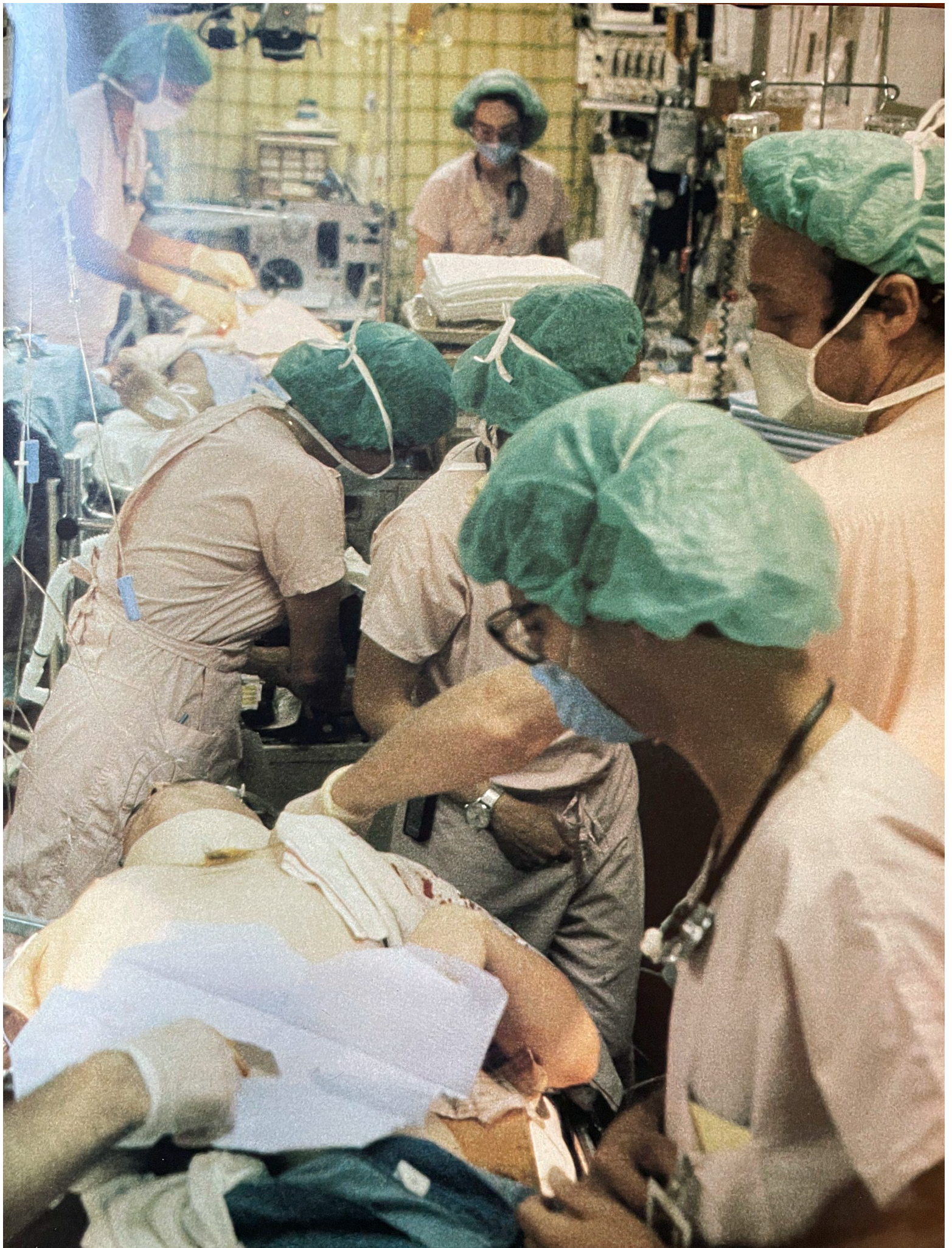
of the University of Maryland in Baltimore (*right*) the activity resembles a field hospital, where the lives of the critically wounded depend on the flow from an intravenous tube and the swift movement of a surgeon's hands. Here the broken bodies are usually those of accident victims, and the pressured, lifesaving effort is being made by a team of the country's most highly trained specialists in the battle against shock. Shock manifests itself by sluggish or failed circulation to tissues and vital organs, a condition that can result in death. These specialists follow a precise, high-speed procedure of diagnosis and treatment with every patient. "When you get a really bad admission here," says one traumatologist, referring to the unit's extraordinary teamwork, "it's poetry in motion." Maryland's Shocktrauma center was started 11 years ago by Baltimore heart surgeon R Adams Cowley. Shock, he knew, was the major killer of multiple-injury victims, and he set up an aggressive, highly expensive system to prevent it or to halt its disastrous course. "Shock," says Cowley, "is a momentary pause in the act of dying." More people under the age of 40 die from accidents and the resulting shock than from anything else. Now trauma surgeons follow "Cowley's cookbook," a detailed but expedient protocol, with impressive results. The Shocktrauma unit saves four out of every five patients. Nationally, the mortality rate for victims of traumatic injury who are taken to the nearest hospital is much higher, about 40 percent. The unit's typical patient is a young male. Forty percent of Shocktrauma's patients are intoxicated at the time of their accidents, and another 40 percent are considered depressed. One of every 10 admitted has attempted to commit suicide. But there are others who are in the normal routine of their daily lives when accident overtakes them (*following pages*).



Shocktrauma nurses (above) are stilled by the death of a 16-year-old who had shot himself. At right, trauma teams work on two recently admitted patients.



Photography: Harry Benson
Text: Hillary Johnson







The footwear of trauma surgeons and nurses in the admitting area is nearly always bloodstained, a grim result of the patients' severe injuries. Below, Warren Howard is treated for suspected internal bleeding.



The life-and-death battle of Shocktrauma patient Warren Howard

33, began typically enough in the wreckage of his car on the shoulder of a highway in Maryland. On the first afternoon of a holiday weekend he had been on his way to pick up his son, who was visiting a relative not far from his home in Pasadena, Md. Howard's new car had two cases of beer safely stowed in the trunk. He and his wife had expected to entertain friends the following day with a barbecue at their home. Howard's weekend plans went terribly awry at approximately 3:30 that Friday, when another holiday traveler, towing a speedboat behind his truck, lost control. Howard swerved off the road to avoid the oncoming mass of metal and fiberglass, but somehow both vehicles collided.

The first analysis of Howard's condition came from an ambulance medic: he didn't look bad—there was no evident bleeding and he didn't seem "shocky." But he had been thrown violently against the steering wheel; he could be injured internally. The attendant called Maryland state troopers for a helicopter. The chopper pilots are also experienced medics trained to spot shock symptoms. Like the pilots of the MASH units of Korea and Vietnam, they practice a system of triage, taking only the worst injured to Shocktrauma. The pilot and the ambulance medic decided that because of the violence of the collision and the intensity of his pain, Howard should be checked at the Shocktrauma unit in Baltimore, seven miles away.

Nurses and doctors at the unit were alerted to Howard's imminent arrival by the steady ring of a yellow wall phone reserved for disaster cases. On a glass-covered map of Maryland, a nurse had noted in grease pencil near the accident scene, "Male, 33, possible belly," meaning there could be internal abdominal bleeding. When the chopper arrived at the hospital less than 10 minutes later, Howard was still looking all right. For one thing, he was talking. In Shocktrauma, anyone who can talk is considered halfway home. And Howard was

