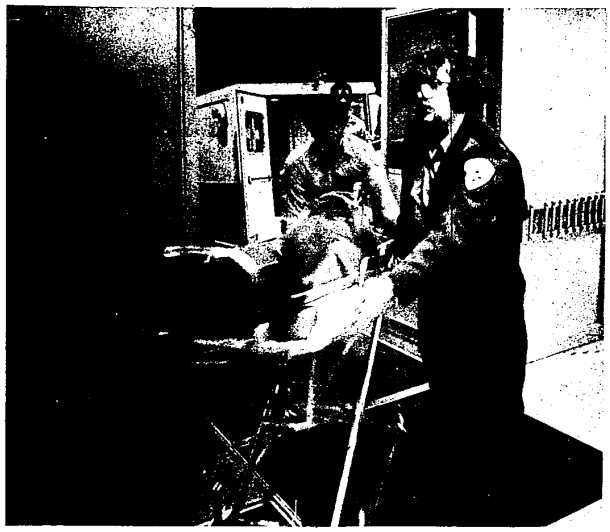


It begins, sometimes, with a radioed message: 'EMS comin' in with a bad gunshot.' But it really starts when the EMS crew or the cops hit the automatic doors with a patient on a stretcher and wheel toward Room 4.

Detroit General:

Doctors in its trauma unit battle our own inhumanity

Ed. note: Detroit General Hospital services city dweller and suburbanite alike. And, like the rest of the metropolitan area, Detroit General depends on support from city dweller and suburbanite. In DGH's emergency room work doctors, residents and interns from nearly every suburban community around Detroit. This is a look at the world in which they work.

By LORIN LABARDEE and CARL STODDARD

George Anthony Peaks is technically dead as his body hits the emergency room table. But the chance remains — he might be brought back.

A decision is made, they will crack open his chest, apply cardiac message and electric shocks to the lifeless heart. It is 3:11 a.m.

A dozen doctors, nurses and medical technicians hover above the body. They insert tubes in his arms and down his throat.

At 3:13 a.m., Dr. John Reddy slices a neat opening across the chest. He peels back flesh and muscle as he goes.

With a pair of bone cutters, looking like huge tin snips, Reddy eases the blades up to the sternum bone in Peaks' chest. He grimaces as the cutters snap the bone in half with a splintery crack.

It's 3:26 and the heart massage isn't working. They try electric shock — 100 volts through the heart. Then 200, finally 300. With each increase the body is jolted from the table.

3:30 a.m., the drama is finished.

PEAKS' CHEST is split wide, his eyes have an icy haze and his blood runs in rivulets toward the drain on the floor.

This time, the sweat and energy of the emergency room staff goes for nothing. They slump against the stainless steel cabinets that line one wall of Room 4, the open trauma room of Detroit General's emergency ward.

Among them is Dr. Alsdair McKendrick of Southfield. The young doctor is a resident at Southfield's Providence Hospital. But he has spent the last month and a half in Detroit General's ER.

He has no illusions about where he is.

"The ER at Detroit General is man's inhumanity to man," he says flatly.

HE KNOWS. McKendrick has seen the ugly procession of gunshot, stabbing and beating victims. He has seen the alcoholic old men with maggots on their legs. He has seen the scalded babies.

"One could come to no better place to learn trauma than Detroit General.

"Practically every patient that comes in here presents some type of challenge. It's almost screened out for us," McKendrick says.

The types of challenges McKendrick meets are more than just the wounds he sees. They are blends of the medical, emotional and psychological.

When the struggle begins, no one needs to decide who leads the ER team.

"It just goes. It's a strange thing, it just happens. It's an absolute team. It has to be," McKendrick says.

At 5:14 a.m. Saturday a gunshot victim is rushed through the swinging doors that lead to the emergency ward. He goes straight to Room 4.

The man is heavy, middle-aged. He has a bullet hole in his lung. The internal bleeding has caused his lungs to collapse.

THEY CUT a slit in his chest and start pumping out the blood. The red liquid gurgles as it snakes through the plastic tube to a container on the floor.

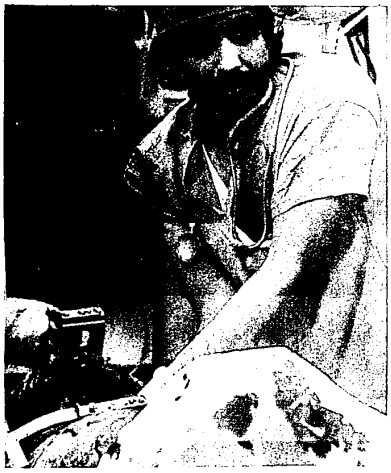
This one is McKendrick's. He knows it, the ER staff knows it. No decision has to be made. The decision was made when McKendrick chose to specialize in surgery three years ago.

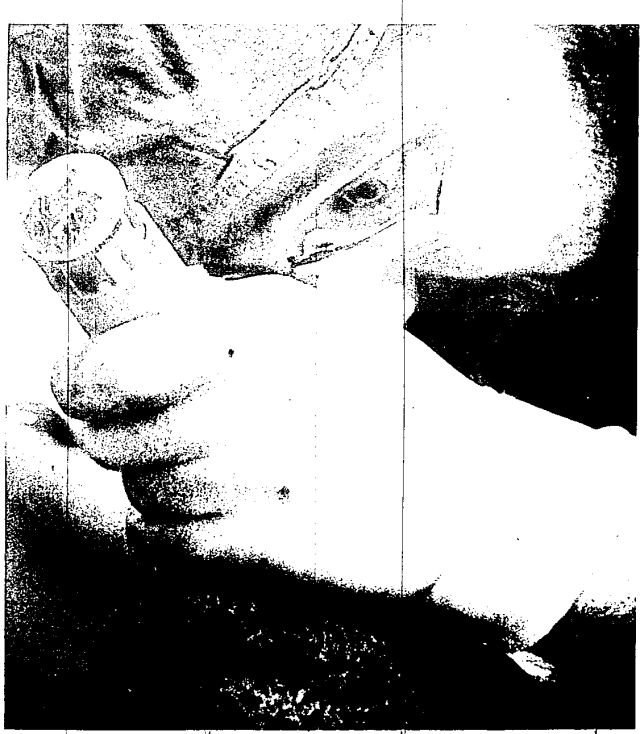
Twenty minutes later the operation is over — it's successful. Not all of them are.

One of his patients died 45 minutes after what McKendrick termed "perfect surgery."

But he doesn't have time to reflect on what went wrong. Not now. Duty in Room 4 does not allow that privilege.

Gloved hands mop blood from the gunshot victim's battered face. Other surgeons break automatically into teams, administering adrenalin and external cardiac massage as soon as the victim arrives in Room 4.





Whole blood is pumped into the patient, whose chest has been laid open, while a doctor rhythmically messages the heart, trying to restart its action (above). Dr. John Reddy (right) inspects the breathing passages to ensure the patient, now showing signs of clinical death, has freedom to breathe if he can. Around them, other doctors work in spontaneously-formed teams.

Photographed by Tracy Baker

Saturday, 3:30 a.m. The patient is dead.