

Advancing Shock Trauma

*By Honorable Francis X. Kelly Jr., John Ashworth,
and Honorable C. A. Dutch Ruppertsberger*

Something—a deer, maybe, it was too dark to tell—made him swerve left across the yellow lines directly into the path of an oncoming Cadillac. He was not wearing a seatbelt. His compact Ford Maverick police car didn't stand a chance against the Cadillac, and the force of the head-on crash bounced the 28-year-old Baltimore County Assistant State's Attorney around until his body busted through the driver's side door out onto the road, his chest crushed, lungs punctured, skull fractured and bleeding.

By the time the paramedics arrived, he lay unconscious on the street. His blood pH level plummeted to 6.8. On a scale where anything below 7.35 is a critical condition, 6.8 can mean death. Some of the paramedics thought they were too late; he was gone, so there was no point in rushing him to an emergency room.

But before the paramedics had arrived, a Maryland state trooper who heard the accident reported over his radio called Baltimore's Shock Trauma Center and requested a helicopter dispatched to the scene. Less than an hour from the time of the accident, Charles A. Ruppertsberger III, who goes by his childhood nickname, "Dutch," lay in the hands of the Shock Trauma team. His body had entered deep shock, and his brain had swelled, but the doctors refused to declare him dead on arrival. They connected him to a respirator and administered the first of 47 pints of blood.

"The Lord wouldn't have me, and the devil wouldn't take me," Dutch likes to say now. He channeled his competitive nature: "I had a wife, Kay, and a two-year-old son, Cory. I wasn't going to die, that was for sure." The two passengers in the Cadillac wore seatbelts—less than 15% of drivers buckled up in 1975—but they suffered serious injuries and were taken to local hospitals.