



93rd EVAC hospital
Long Binh Vietnam



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Vietnam Story



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Brief Summary



For his year in Vietnam, Zirkle was stationed at the 93rd EVAC hospital at the end of the Ho Chi Minh trail. In this prime location for action he often tended to two tables, using a nurse on one table to dress wounds while he operated on the other. Typical wounds resulted from firefights, missiles, mines, or cluster bombs and often involved Vietnamese farmers. Blast injuries meant more soft-tissue damage than fractures caused by bullets. Due to the nature of the trauma, lost limbs were frequent, leaving Zirkle feeling "angry and depressed for days." For limbs that were salvageable, débridement was of utmost importance. "Protocol at that time was to take care of the wound and soft tissue and then the patient was evacuated along the chain, usually to Japan." In Vietnam, Army protocol would not allow any metal in fractures for fear of infection which was already high because General Medical Officers, or GMOs, were not allowed to close wounds in the field. With external fixation banned as well, stabilization was usually plaster casts and splints covered by a bulky dressing.