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Medical Museum, 2nd Surgical Hospital

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ABSTRACT When his unit, the 2nd Surgical Hospital (MA), was established at An Khe in January 1966, MAJ Rich began collecting retrieved foreign bodies along with documentation of the wound. A museum displaying these objects was established at one end of the operating room Quonset hut. During Rich's tour of duty, there were 324 cases where the patient was wounded by a punji stick, representing 38% wounds because of hostile action.

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While traveling to Vietnam, MAJ Norman Rich, realizing that new high-velocity assault weapon rounds would inflict more serious trauma, conceived a wound ballistics study that later inspired the Wound Ballistics Research Team. When his unit, the 2nd Surgical Hospital (MA), was established at An Khe in January 1966, MAJ Rich began collecting retrieved foreign bodies along with documentation of the wound.[1] A museum displaying these objects was established at one end of the operating room Quonset hut.[2]

During Rich's tour of duty, there were 324 cases where the patient was wounded by a punji stick, representing 38% wounds due to hostile action. This crude booby trap was a sharpened stake, often smeared with feces, placed in a pit along a trail. 2LT Colin Powell described being wounded in 1963, "My right foot went down into it, and one of the spikes caught the edge of my foot. . . .It caught the instep, went all the way through. Of course, I felt it rather immediately and jerked my foot out, which pulled it right back out. It was so quick; I didn't realize how injured I was. I just knew that I'd punctured my foot. . . .In about 15 minutes I realized that I had done something real bad. In about 30 minutes I was having difficulty walking and had to use a (walking) stick."[3]

A majority of the punji stick wounds affected the lower limb, although one soldier fell forward with his mouth open and was stabbed in his palate. Two soldiers each sustained three wounds. Another, developed a draining sinus on his leg and had gone on sick call 24 times at multiple medical treatment facilities before the tip was located and removed, allowing the wound to finally heal.



FIGURE 1. Steel spike that penetrated a boot worn by North Vietnamese soldier who was later treated at the 2nd Surgical Hospital. (National Museum of Health and Medicine photo illustration / Released) (This image was manipulated by sharpening, cropping and converting to black and white for publication.)

Treatment typically consisted of debridement and irrigation under local anesthesia followed by penicillin and streptomycin. Delayed primary closure was performed after 5 days. The average patient required a 12-day hospital stay followed by 7- to 10-day convalescent period of light duty before returning to combat. Those developing infection needed an average of 20 hospital days.[4] Most soldiers sustaining punji stick wounds were kept out of combat as long as those with minor gunshot wounds.

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