

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM

ORAL HISTORY WITH CAPT (ret) HARRY DINSMORE, MC, USN

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**Interview with CAPT Harry H. Dinsmore, MC, USN (Ret.), Vietnam Surgeon.**

**What were the circumstances of your going to Vietnam?**

Dr. Frank Lenahan and I were classmates at Georgetown [University]. We graduated together, interned together in the Navy, and then went our own ways. He went into internal medicine but it turns out that he and I went over to Vietnam together. We went to the Da Nang Naval Support Hospital. He was Chief of Medicine and I was Chief of Surgery. We went out there in July of '66 and came back in late August of '67.

**How large was the staff at Da Nang?**

It varied considerably. The medical staff was probably somewhere between 25 and 30 people. Of course there were 15 or 16 people on the administrative staff, MSC officers and such. I don't have any idea how many corpsmen there were. It continued to build during the 13 months I was there. They were still in the building phase at that time--things were expanding at that hospital. And they got additional specialties in as they increased the staff. We got dental surgeons and plastic surgeons. We got neurosurgeons--there were a lot of head injuries in Vietnam with the land mines and such. Our neurosurgeon was really kept pretty busy.

**I imagine you were pretty busy then too.**

It went in spurts along with the battle activity. If there was an offensive like Tet, or some other big operation going on anywhere in I Corps, which was the area we and the Marines were in, there were times when a lot of casualties were coming in. And it turns out, I was the triage officer for the I Corps area. We had three major hospitals in the area. There was Da Nang Naval Support Hospital where I was. The hospital ship was over in the harbor in Da Nang. And there was what they used to call Charliemed. It was Charlie Medical Battalion over in West Da Nang. It was a full time unit with the Marines. They were fairly well staffed, as was the hospital staff, and as we were. For at least part of that year over there, I was the triage officer. A lot of the helicopter casualties came to us. We had a big helipad and a big reception area when the medical casualties came in by chopper. A lot meant more than a dozen. We could handle a dozen or up to 20 with no particular problem because we had enough staff and three or four operating rooms. But when we got 60, 80, or 120, and the chopper pilots would tell you that more were on the way, triage was necessary. I had to decide who went to surgery first, and mine was the unpleasant duty as always of triage officers, deciding who's to be allowed to die because they are not savable. When we had

a large number, I would go over to the administrative shack where they had a radio and would get in touch with Charliemed and the hospital ship.

**Was that the *Sanctuary* or the *Repose*?**

I believe it was the *Repose*.

**Did you find the hospital at Da Nang was well equipped for most surgeries?**

Generally speaking, yes. We were pretty good, especially after we got the capability of a neurosurgeon. That was important. We already had orthopedists and general surgeons. We added a urologist, and we got plastic surgeons assigned.

If there were no major battles going on, you'd get sporadic casualties. You had your post-operative patients to take care of, and you made your rounds everyday. But they were air-evaced out pretty quick if there were serious injuries. As soon as they were stable, they were air-evaced to Clark Air Force Base Hospital in the Philippines, for instance, or back to the States. So we didn't have a lot of long-term casualties. Those who looked like they were injured and would recover enough to get back to active duty within 2 or 3 weeks, we'd keep. But other than that, we had mostly short-term patients who were air-evaced out to make room for more serious ones.

When casualties were light things got pretty boring. After all we were living in a bunch of quonset huts on a sand dune with nothing to do. One of the things we did do were cleft lips and palates. A very common congenital anomaly in the Vietnamese population is cleft lip. There are many children with cleft lip and palate. We used to get little Vietnamese kids and do corrective operations. The word got around and children would be brought to us. When we had light days of surgery, we'd schedule four or five harelips to do in a morning. All the surgeons did some at one time or another. We did hundreds of them that year. Most of the severe cleft palates were supervised by the plastic surgeon and the oral surgeon.

**Did you treat a lot of ARVN [Army of the Republic of Vietnam] soldiers?**

Yes, we did. In addition to our long quonset huts for our own surgical casualties the hospital was divided into quonsets for different things. The internal medicine quonsets were in a different location from the surgical units. They treated the malarias and the dysenteries, etc. But we had one separate hut that would hold from 25 to 30 beds for Vietnamese soldiers. There was an ARVN hospital in the city of Da Nang. As soon as we stabilized them they would be transferred to the ARVN hospital. We also had a quonset hut for POWs.

We actually operated on a lot of Charlies [Viet Cong] that would be brought in with other casualties. We always had to have interpreters and marine guards in that building.

**You must have many memories of the kinds of surgery you performed on some of the battle casualties.**

Yes there were many of them. So many that it is hard to recall specific ones. I tried to save some tremendous liver injuries, that is, those people that would have died within a half hour. And some of them did go on and die, because you can't put a completely shattered liver back together. Because we had the excess amount of blood that we did, we could work on them for a couple of hours and try to salvage them, try to repair hepatic veins that were torn and such things where blood was just pouring out. There were many of those kind of casualties. Some of the other ones that were bad were the multiple amputees from land mines, brought in with both legs gone, an arm gone, or maybe both arms gone. [And there were] the blinded--some terrible injuries. But we had to try to do something for them. If the number of casualties was large, some of the more serious injuries were just made comfortable and given some morphine. [We couldn't let them] take up operating room space when there were so many others that could be salvaged. It's a lousy decision to make.

I remember one Marine colonel who came in. Some patients from his unit were brought in with different injuries. The colonel showed up at the Da Nang Hospital wanting to look into how his men were. He went around and visited. His unit had been hit by mortar fire. After he had been there for a few hours, he complained of a headache. It kept getting worse and worse, [but] he seemed fine. He was up walking around. Anyway, we ended up getting an x-ray of his head and there was a metal fragment in his brain. There was no obvious external wound; he didn't even know he'd been hit. We found a wound inside his hairline where it wasn't obvious, but he hadn't bled a lot from it. The x-ray showed the fragment in the posterior part of his brain.

**Did you do the surgery right then?**

Yes, the neurosurgeon worked on him. One of the tough things in wartime surgery, and in civilian surgery, too, is finding foreign bodies. The body is a three dimensional thing, and an x-ray is a two dimensional thing. And to try and get that third dimension, you take lateral views and front views to exactly pinpoint where a foreign body is.

**Could you tell me more about the circumstances of your famous surgery to remove the live mortar round from the Vietnamese soldier?**

The Saturday evening that he came in I was in the mess hall.

Several of us left to go down and look at the guy who was in Receiving. Of course there were a lot of other casualties there too, all a group of Vietnamese that had been attacked. There weren't any Americans. They were being sorted and readied for treatment. But while we were there examining him on the stretcher, the I Corps commander, General Lew Walt, happened by. We all knew him; he came by the hospital about once a week to visit the Marine patients. He just happened to come to the hospital for a visit that Saturday. He got out of his car and walked up to where we were. He saw the guy with the mortar round in his chest and said, "What are you going to do with him?" And I said, "We have to take it out of there, obviously." He turned around, looked at me, extended his hand and said, "Good luck, Doc." And then he went on to another part of the hospital.

**Was the patient in shock?**

He was fully conscious. He had been riding in his armored personnel carrier with his head sticking out of the hatch. He said he actually saw the mortar being fired by some Charlies. The thing came down and penetrated his shoulder. There were no fragments or other wounds.

**But he was fully aware of the gravity of the situation?**

He was holding his side on the stretcher. He didn't have a lot of people around him, needless to say. He was kind of bracing himself with his arm. He knew it was a live round that was in him and we were trying to get him calmed down. We gave him some sedation right there in the triage area. We wanted him to be as still as possible.

I made an elliptical incision around the whole mortar shell. Once you get into certain planes in the body, there are planes that dissect easily. Such is true on the surface of muscles; there's a layer we call fascia which is the filmy layer covering muscles. Once I had the elliptical incision made, I was holding on to the mortar round with the skin and the underlying tissue that was over it to hold it steady. Then I dissected the plane of tissue overlying the rib muscles to free it from its deep attachments and lifted it and the shell straight out until we got hung up by the shirt caught in the tailfins.

**So you went around and lifted the muscle away from the rib- cage with the shell. And that's when you realized that the shell's tailfins were snagged on the man's shirt. You held it with your left hand and trimmed the shirt with the right hand?**

Yes. I was of course holding with my left hand, as big as it [the shell] was. There's no instrument that you can use to hold it. We didn't have an instrument with that size grasp. I was holding with

my left hand as I made the incision around the shell. Then I had to take the heavy scissors we had and try to cut the wet denim shirt away from the part between where it was caught in the tailfin of the round and where it was caught in the wound of entrance in his shoulder.

**You removed most of the pectoral muscle?**

No. The pectoral doesn't extend down as far as the shell was.

**But the pectoral was pretty badly damaged by the entry wound?**

Yes, and that's why the patient did have some residual weakness in that shoulder for a long time.

**Was he ever able to regain strength in that shoulder?**

Oh, yes. It improved a lot. He didn't lose all the muscle, just part of it from the wound of entrance.

**When you took the shell and whatever was attached to it and handed it to John Lyons [ordnance expert], who took it out to the dune, he had the muscle, skin, and everything?**

Yes. He had some tissue from the patient.

**That's why the grafts were necessary later on?**

Yes. He had an open wound upon which we put a sterile dressing and kept it ready for the graft which we did about a week later. We took skin from his thigh. It was a good successful graft.

**What do you remember doing after that fateful surgery was completed?**

It was Saturday evening. I went back and wrote a letter to my wife, after I stopped at the chapel for better than half an hour. And then I went to bed. I don't know what time it was, 6:30 or 7:00 Sunday morning; someone was beating on my door. It was a messenger, and he said, "Doctor, the OD [officer of the day] said you'd better come down here. There are press reporters all over this place." So we went down there and he was right. They were everywhere. I would try to answer as much as they asked. And they wanted all kinds of pictures. All the major networks had people there--from ABC, CBS, and NBC.

For his heroic performance during this surgery, CAPT Dinsmore was awarded the Navy Cross.