

Dr. Ronald Coy Jones 6th 3/24/64 Specter

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Chief Resident of Surgery at Huckland (p. 52)
Specter - asks him to describe head wound

Jones: A large defect in the back side of the head ... with some brain hanging out.
(p. 53)

Specter: Asks about the ~~neck~~ ^{neck} wound.

Jones: Describes what sounds like a wound of entry - " ... smooth edges around the wound ... a very small, smooth wound." (p. 54)

Jones: Perry doing a tracheotomy - in process with Baxter - "they thought they saw some gush of air and the possibility of a ~~small~~ ^{small} pneumothorax ~~on~~ ^{on} one side or the other" - so Jones "went ahead and put in the anterior chest tube in the second intercostal space. (p. 54)
The tube was to produce "a suction so that the lung will reexpand."
... (p. 54)

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you said, Dr. Clark?

Dr. CLARK. No, sir.

cutting chest tube placed in the
second intercostal space on the left
side - Jones did this

+ Peters
Baxter + Perry - inserted a chest tube
on the right side (54)

Specimen - to Jones who submitted a Report on his
Role in the Treatment of HK. In
the Report Jones described the neck
wound as a wound of entrance.
Specimen wanted to know why

Jones: Explanation "The hole was very small and
relatively clean cut ..." ~~Characteristic~~
Characteristic of an ~~exit wound~~
entrance wound —

Specimen asks if it could have been an
exit wound of a very low velocity
bullet.

Jones: Yes — low velocity to "the point
that you might think that this bullet
barely made it through the soft
tissue and just enough to drop
out of the skin on the opposite
side" (p. 55)

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Speiser asks abt his experience w/ gunshot wounds

Jones - p. 55 - He has seen "a tremendous number of bullet wounds" - "whereas Parkland" (55)

Speiser - Expects abt his hypotheticals (p. 56) - Jones ~~do~~ does not buy into this

Speiser - Asks Jones to account to "the extensive damage to the ~~top~~ top of the President's head" (56)