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Dallas County Medical Society Presents

An Evening at The Science Place

FAIR PARK, DALLAS

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Ronald C. Jones, MD, was Parkland's chief resident on November 22, 1963, the day President John F. Kennedy was shot. He will relive his experience that day from the moment he answered the stat page and heard the hospital operator say:

"The President's Been Shot and They're Bringing Him to the Emergency Room"

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Assassination of a president

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November 22, 1998, marked the 35th anniversary of the assassination of President John F. Kennedy in Dallas, Texas. Dr. Ron Jones, a surgery resident at Parkland Memorial Hospital at that time, was among the first group of physicians in the emergency room with the President. Dr. Jones was asked to recount his recollections of that time.

—Michael A. E. Ramsay, MD

Ronald C. Jones, MD

On November 22, 1963, as a young chief surgery resident at Parkland Memorial Hospital having lunch in the hospital cafeteria with Dr. Malcolm Perry, I suddenly heard several stat pages for various department chairmen over the loudspeaker. This was before the age of beepers, and messages were obtained by prominently displayed lighted signs or by overhead speaker pages. Most current chief residents had not been born. I went to the telephone in the cafeteria, called the operator, and asked why she was paging so many chairmen stat. She replied, "The President has been shot and they are bringing him to the emergency room and need physicians." I experienced a tremendous rush of adrenaline and a flushed feeling throughout my body. As I turned around, I immediately saw the chairman of the Department of Anesthesiology and the operating room nurse supervisor and informed them. Dr. Marion Jenkins said, "I will go to the operating room and bring down an anesthesia machine," and Ms. Bell said she would get the operating room ready. At that point I assumed that the President had probably been shot in a crowd and would undergo emergency surgery.

Dr. Malcolm Perry and I, along with Dr. James "Red" Duke, one of the junior residents, took the back steps down one flight to the emergency room. Dr. Perry and I went to Trauma Room 1 and Dr. Duke to Trauma Room 2. As we entered the room, the President was already on a cart, motionless, his eyes open with a stare. Mrs. Kennedy was standing in the corner near the doorway. Dr. James Carrico, a second-year resident, was attempting to intubate the President, and 2 junior residents were attempting to start an intravenous line. It was obvious that the President was not breathing, although Dr. Carrico had thought he had seen agonal respirations. There was a small wound in the midline of the lower neck, <1 cm, and a posterior head injury on the right. Dr. Perry immediately started performing a tracheostomy, and I performed a cutdown on the cephalic vein in the left arm. The room filled quickly with physicians from various specialties, as well as attending staff. I obtained intravenous access in <1 minute. As the tracheostomy was performed, air was thought to come from the neck incision, and the possibility of a pneumothorax or tracheal injury was entertained. I inserted a left anterior chest tube in the second interspace in the midclavicular line. Not knowing whether it was a right or left pneumothorax, Dr. Paul Peters, chairman of urology, and Dr. Charles Baxter, who up to this point was assisting Dr. Perry with the tracheostomy—with some assistance from me—inserted a right chest tube. A portable electrocardiogram machine was moved into the room, and a tracing obtained on the President revealed a straight line. All of this occurred during a 10- to 15-minute interval.

I remembered a lecture in medical school given by one of the professors who said, "Be sure of your diagnoses and treatment because someday you may be treating the president of the bank." I grew up in Harrison, Arkansas, and by some astronomical odds found myself treating the President of the United States.

The head wound was extensive, and within 10 minutes, with closer evaluation of the head wound, it became obvious that the President could not be resuscitated. Mrs. Kennedy was in the room, and the President was not turned over for examination of his back. A priest was called, and as I left the room it was my impression, without any history of how the President had been shot, that the neck wound was an entrance wound and the posterior head wound was a large exit wound. It was not until the next day after the President's body had been taken to Bethesda, Maryland, for autopsy that the question arose as to whether the neck wound was an entrance wound or an exit wound, since a posterior upper trunk wound had been identified at autopsy.

The impact of the event did not hit home until I left the room and was quickly greeted by a Secret Service agent who approached me and asked, "What is the condition of the President? I need to phone Joseph Kennedy and tell him the condition of his son." Until this time, everything had been a routine automatic resuscitation of a gunshot wound to the neck and head. Within a few steps, I was also greeted by someone from the Federal Bureau of Investigation who asked the same question and

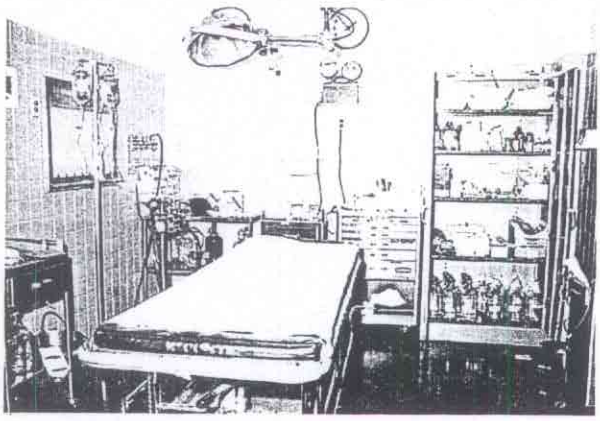

Figure 1. Parkland's Trauma Room 1, where physicians and staff tried to resuscitate President Kennedy after the shooting.

stated, "I have to call J. Edgar Hoover and inform him of the condition of the President." At that moment no announcement of the President's condition had been made. The agents were unable to get an outside telephone line, since all phones were blocked with incoming calls, which would soon be coming from all over the world. I took them to the telephone switchboard operator in an attempt for her to obtain an outside line. I went to the operating room, and it was then that I learned that Governor John Connally was being brought to the operating room for surgery by Dr. Robert Shaw, chairman of the Division of Thoracic/Cardiac Surgery. Governor Connally had been shot in the arm and thigh and had a sucking chest wound.

I wanted to call my wife, Jane, who was a dietitian at the Veterans Administration Hospital, and inform her of what had happened, but I could not get an outside line. I realized that if I went to a pay phone I could make an outside call. By then most people in the United States had already heard of the tragedy. That evening as she picked me up and we went home, there were police cars extending in all directions from Parkland Hospital as far as the eye could see, and police were on the roof of Parkland Hospital with rifles. It was not until the next day that questions would be asked as to whether the President was shot from the front or behind, whether there was more than one assassin, and who was responsible for the assassination. Just as there have been questions about the assassination of President Abraham Lincoln, questions remain after 35 years about the assassination of President John F. Kennedy.

That evening in *The Dallas Times Herald* newspaper headlines in large print read, "President Dead." And in *The Dallas Morning News*, "Kennedy Slain On Dallas Street." In the *Chicago Tribune* 2 days later the headlines read, "Monday A Mourning Day." Many stores across the United States, as well as professional sports games and other events, were either closed or canceled.

President Lyndon Johnson established the Warren Commission on November 29, 1963. I was not contacted by the Warren Commission until the following spring—on Friday, March 20, 1964—although in the interim the Federal Bureau of Investigation did stop by at least once to interview me. My testimony for the Warren Commission was taken in Dallas by counsel Arlen Specter, now a US senator. Questions were asked as to why I initially thought the neck wound was an entrance wound, whether I was a ballistics expert, and whether I had any notes other than those written the day following the assassination. It is interesting that I have seen my handwritten statement given to the commission stamped "top secret."

I stated for the Warren Commission that the neck injury was very small and relatively clean, as you would see from a bullet that is entering rather than exiting a patient. If this were an exit wound, you would think that it exited at a very low velocity to produce no more damage than this had done, and if it was a missile of high velocity, I would expect more of an explosive type of exit wound, with more tissue destruction than appeared on examination. I had stated that I thought such a small throat wound could have been caused by a whole bullet only if it was traveling at an extremely low velocity, "to the point that you might think that his bullet hardly made it through soft tissues." However, ballistics studies performed subsequently would indicate that if a bullet never tumbles, never strikes bone, and never fragments, the exit wound can be the same size as the entrance wound. My initial impression that Friday afternoon was that the neck wound was an entrance wound. However, assuming that the information obtained at the autopsy is correct, I can accept the commission's determination that it was an exit wound. If in the future more than one assassin is implicated, then the question remains. Several of us have recently been interviewed by the Assassination Review Board, established by President Bush and appointed approximately 5 years ago by President Clinton. That board concluded its investigation in September 1998.

Some good can come from such an event and lessons can be learned, although everything functioned like clockwork during the attempted resuscitation. One of the first things identified was the need for better communication throughout the hospital, specifically, with one-way phone lines to the outside and direct lines to the blood bank, x-ray, operating room, and other strategic areas in the hospital. As a result, red phones were installed as hot lines. Better communication was established with neighboring hospitals. A large room was identified in which to place the press for such disasters, as well as a room for families.

Figure 2. Headlines like this one in *The Dallas Times Herald* delivered the news of President Kennedy's death to a stunned nation.

Figure 3. Parkland Memorial Hospital as it looked in 1964. (Photo by Ronald C. Jones, MD.)

Routine emergency room disaster drills were implemented. When appearing before the press following a disaster, one should state only what is known and not speculate. If you did not see it, do not repeat it. In retrospect, a very thorough examination of injuries should be documented at the time of the event rather than relying on memory and estimations. However, none of us had ever been involved with an assassination of a president, nor had one occurred previously in our lifetime.

Shortly after, Parkland became better known as a trauma hospital, and *Care of the Trauma Patient* was written by the Department of Surgery at The University of Texas Southwestern Medical School—the first book to address the overall care of the trauma patient rather than just care of the orthopaedic trauma patient. In that book, an x-ray of a sucking chest wound appears, which is the x-ray of Governor Connally.

The Secret Service seemed to become much more active in identifying hospitals capable of managing severely injured patients. Prior to dignitaries arriving in cities, these plans were put in place. They knew during President Kennedy's visit to Dallas which hospital he would be taken to in the event of illness or injury, but that information is now publicized to the staff and hospital in advance.

I continue to receive letters asking the same questions about whether the neck wound was an entrance or an exit wound, whether there was a lone assassin, whether there was more than one bullet striking the President and Governor Connally, what my thoughts are about the assassination, what type of tracheotomy tube was inserted, what the length of the tracheotomy incision was, whether the President was alive or dead when he arrived in the emergency room, whether the President was resuscitated and left in a vegetative state, and whether anything else could have been done to save his life. I'm also asked for my autograph. If I knew the answers to some questions I have been asked, there would no longer be the need for any speculation surrounding the assassination.

The official response from the physicians who took care of the President can be found in the Warren Commission report. After 35 years, recollections begin to fade, and it would be inappropriate to make statements at variance with the Warren Commission report without new information. The physicians involved agreed within the first few months following the assassination that books and detailed articles would not be written with the idea of financial reward. Some physicians have been interviewed by authors, but others have refused any interviews and refused to make any comment since their testimony before the Warren Commission. It is obvious that the government continues to follow this episode, as evidenced by the appointment of the Assassination Review Panel. There has been considerable speculation by various individuals based on interviews with a multitude of people. Not much new information has come forth. The only direct firsthand information that the physicians have is during the 20 minutes or more that we were present in Trauma Room 1. Although most comments in letters obtained have been supportive, gracious, and thankful for what the physicians attempted to do, there have been those that were critical and verbally abusive.

During the first few years, not many books were written about the assassination, but in time dozens of books have been written. It is interesting to enter a book store, open a book concerning the assassination of President Kennedy, see your name listed in the references, and then turn to see how you have been quoted. Some quotes are out of context, some are accurate, and others are wrong.

Just as the questions remain about President Lincoln, they will also remain about President John F. Kennedy. There are some interesting comparisons. Booth shot Lincoln in a theater and hid in a warehouse. Oswald shot Kennedy from a warehouse and hid in a theater. "John Wilkes Booth" and "Lee Harvey Oswald" each contain 15 letters. Booth and Oswald were murdered before a trial could be arranged. Lincoln's secretary, named Kennedy, advised him not to go to the theater, and Kennedy's secretary, named Lincoln, advised him not to go to Dallas. Lincoln and Kennedy were carried in death on the same caisson. Both were slain on Friday and in the presence of their wives. Lincoln was elected in 1860. Kennedy was elected in 1960.

I was on trauma call every other day. President Kennedy was assassinated on Friday, and I was on call again the following Sunday. As I sat in the operating room lounge on Sunday morning just finishing surgical treatment of a stab wound to the neck, the telephone rang and I was informed that Oswald had been shot and they were bringing him to the emergency room. Dr. Perry was in the operating room as well and we went to the emergency room. I listened this time for a heartbeat, which was present, but Oswald was not moving. I again inserted a left chest tube and did a cutdown on the cephalic vein. Drs. Tom Shires, Malcolm Perry, Robert McClelland, and I operated on him several minutes, but he had too many major vessel injuries, and the saga started over.