

**A CONVERSATION WITH  
RONALD C. JONES, M.D.**

by Brad Parker

**DATELINE: KANSAS**

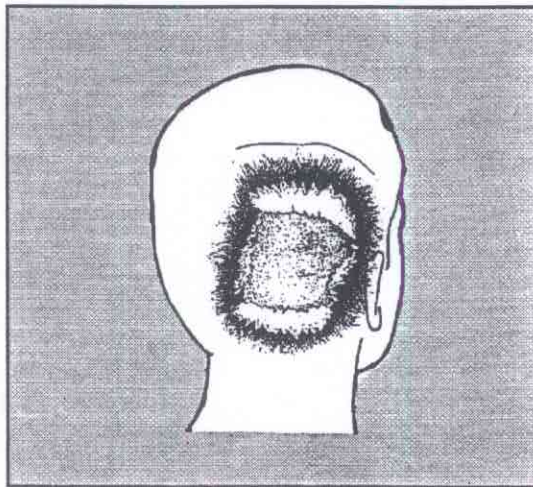
With the publication of "JFK" Death Part II - Dallas MD's Recall Their Memories" in the May 27, 1992 issue of The Journal of the American Medical Association, it appeared as though the Parkland trauma team had finally embraced the official autopsy report. However, subsequent interviews with several physicians who treated the President in Dallas indicate that this opinion is by no means unanimous. One of the most compelling accounts comes from Ronald C. Jones, M.D., who rarely makes detailed statements on the wounds he observed.

On June 19, 1992, Dr. Jones, now Chief of Surgery at Baylor University Medical Center at Dallas, described the President's throat wound as being "compatible with an entrance wound." In his handwritten report of November 22, 1963, the injury was noted as "a small hole in [the] anterior midline of [the] neck thought to be a bullet entrance wound" (WCH 20, page 333). Twenty-nine years later, he stated that "I would stand by my original impression." Calling upon the Warren Commission's ballistics studies, as well as over thirty years of experience in treating gunshot wounds, he said the throat wound could have been an exit wound only "if [the missile]...it didn't strike bone, didn't tumble, and didn't fragment. Now, we don't know that."

In testifying before the Warren Commission, Dr. Jones described a large wound to the "posterior portion of the skull" (WCH 6, page 56). In 1992 phone call with this author, he continued his assertion that the wound was behind the right ear and, on external examination, did not appear to involve the temporal-parietal region of the head. Dr. Jones interrupted my incomplete question. I asked, "You saw the large wound in the back of the head and..." Jones interrupted to say, "Yeah. I didn't think that there was any wound -- I didn't appreciate any wound, anyway,

in the right temporal area, you know, over the -- in front of the ear say, or anything like that." However, he cautioned that "there could have been a lot of skull destruction beneath the skin that you would not have seen externally." The visible wound was partially hidden as "a lot of that injury was on the down side with him flat on the table."

In reviewing a 1966 drawing by Robert N. McClelland, M.D., which depicts a large wound to the posterior skull (see figure), Dr. Jones wrote on March 4, 1994 that the drawing "only indicates the skull involvement but not the true destruction of the skull and brain." Nevertheless, he admitted that the drawing indicates the "general" location of the wound, "but certainly not with as defined edges as shown in this depiction."



Drawing by Dr. McClelland

Dr. Jones' 1964 testimony describes "what appeared to be an exit wound in the posterior portion of the skull" (WCH 6, page 56). In 1983, he reportedly told author David Lifton, "[i]f they brought him in here today, I'd still say he was shot from the front" (BEST EVIDENCE -- page 705). On August 10, 1992, Dr.

Jones was asked to comment on the accuracy of the quote, and stated only that "it may have been taken a bit out of context." He added that "given the set of circumstances as we saw that day, if they brought him in today, I would tend -- seeing what I saw, I would say that he was shot from the front." He qualified this statement by cautioning, "you've got to reconsider what you would say based on what's been found out since. But circumstances as they were when you first saw him that day ... my assumption would be the same."

Unlike many of his colleagues of Trauma Room One, Dr. Jones' recollections of the President's wounds have not significantly changed with the passage of time. His recent descriptions of the wounds are remarkable consistent with his statements in 1964. However, he is understandably careful in his wording, using such words as "compatible" and "general." He is also quick to point out that information subsequently uncovered should be considered. When one considers his descriptions and comments on the possible origin of missiles which inflicted these wounds, it becomes apparent that he does not agree with the statement of James Carrico, M.D., that "[n]othing we observed contradicts the autopsy finding that the bullets were fired from above and behind by a high velocity rifle" (JAMA 5/27/92, page 2805). For even I accept that the wounds Dr. Jones observed could have been inflicted from above and behind the President, his descriptions of the wounds significantly contradict those detailed in the autopsy report.

**BIBLIOGRAPHY:**

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- Jones, Ronald C., M.D., Author's telephone interview, August 10, 1992.
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- Lifton, David S., Best Evidence, New York, Carroll and Graf Publishers, Inc. 1988.

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**BOOK REVIEW**

**Oswald's Tale: An American Mystery**

Norman Mailer, Random, \$30.00 (896p)

Mailer opines that Lee Harvey Oswald was a sincere Marxist, a nihilist and an inveterate liar who was motivated to assassinate John F. Kennedy in order to shake up the world, to create the conditions for a new kind of society superior to American capitalism or Soviet-style communism. Oswald, he suggests, was quite possibly the lone gunman, or at least may have *thought* he was--in Mailer's scenario, there may be other assassins present, unbeknownst to Oswald, conspirators working for some other group. His unconvincing analysis emerges from a labyrinthine pastiche of KGB and FBI transcripts, recorded dialogues, speculations, Oswald's letters and diary excerpts, and government memos.

Mailer interviewed Oswald's widow, Marina, and also spent months in Minsk interviewing Oswald's Russian acquaintances and co-workers as well as KGB officers. Pretentiously applying the novelistic techniques used to better effect in The Executioner's Song, Mailer ploddingly recreates Oswald's day-to-day existence in the Soviet Union, then in New Orleans and Dallas in the months leading up to Kennedy's assassination. He hypothesizes that Oswald was a provocateur playing a double-edged game with the U.S. and Russian intelligence communities to further his own self-styled mission.

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