

Questions should be answered as fully as possible: The circular when filled out should be mailed in the enclosed addressed envelope.

1. Name and address : **Sanford Pettibone Kansas City MO.**
2. Age : **45**
3. Date of amputation of limb : **2nd Mch 1865**
4. Character of wound : **Both feet mashed off. R.R. accident**
5. Interval between wound and amputation : **Perhaps 45 minutes**
6. Symptoms during this period : **Nothing but bleeding and pain**
7. Operation: **Pretended flap**
Nature of flaps, if known: **Cannot say It wasn't bungling job.**
8. Symptoms following operation – shock? **Yes**
duration of, if known? **one week unconscious most of time**
hemorrhage? **Yes, excessive**
Pain – character? **dull heavy**
extent? **Terrible**
seat? **at end of bone**
severity? (This answer as fully as possible.) **Very great, felt like body was swollen all over, and pain was torturing, head ache**
Suppuration – extent? **very great;**
duration? **three months**
recurrence? **off and on for one year**
Healing, when complete? **one year**
When was artificial limb first worn? **in 18 months**
9. Has the loss of your member altered the general health? **Yes**
body temperature? **yes**
digestion? **yes,**
intellectual powers? **yes**

disposition? **yes**

or habits? **Yes**

Has there been any change in the acuteness of the special sense, i. e., hearing, sight, sense of taste? **Yes**

What reasons have you for ascribing such alterations, if any are noted, to the injury or operation? **so much pain + suffering**

Is there any alteration in the amount of sleep or of solid or liquid nourishment required? **Require more sleep, less solid or liquid nourishment**

Was the amputation followed by any marked change in your ability for mental or bodily exertion? **yes, mental study is painful. + I cannot move without pain**

10. Record any increase in strength and size of remaining limbs if such has been noticed. **None**

Has the ability to use the remaining part been increased? **No**

11. Does the skin of the stump differ from the rest of the body?

(1) As to texture? **Thicker**

(2) Color? **reder [redder]**

(3) Temperature? **Warmer**

(4) Growth of hair? **Same**

Does it sweat more or less than other surfaces of the body? **No**

Is it more sensitive than other surfaces of the body as to pain; for instance, the prick of a pin? **Yes**

How extensive is the area of altered sensation? **Just around end of stumps**

Is it more sensitive than other surfaces of the body to touch? **Yes**

How far does the altered sensation extend? **3 or 4 inches above end of stumps**

Does a touch give a sensation of pain? **Yes.**

Is there excessive sensibility to extremes of heat and cold? **Yes**

(a) When applied to the part, as hot or cold water? **Yes**

(b) When dependent upon general changes in the temperature of the atmosphere, as in summer and winter? **yes. A perfect Thermometer**

- (c) Is there excessive sensibility to changes in the weather, as at the approach of a storm or during the prevalence of certain winds? **yes. Always twitching pains**
12. What power of movement remains in the stump? **same usual**
13. What artificial appliances have been tried? **Limbs**
14. Which has been most satisfactory? **Bartlet rubber ankles made by B.F. Rounds K.C. MO**
15. What inconveniences have attended the wearing of artificial appliances? **sweating stumps in warm weather — flesh, skin and muscles become tender in cold weather, boils and abscesses [abscesses] form frequently there is continual suffering**
16. Can they be worn continuously (excepting at night)? **no. by no means**
17. Give length and shape of stump. **5–6 inches. straight**
18. What alterations have taken place in its appearance since operation? **none only have shrunken considerably**
19. Are there any involuntary twitchings or spasmodic movements at the stump? **Yes**
20. What is the character of such movements? **This jerking of leader extending to the toes feels as though toes were cramped and twisted — and bottoms of foot raw + sore.**
21. When were they first noted? **as soon as began to wear limbs**
22. How often do they occur? **every day**
23. What causes them? **weather, indigestion and a thousand other causes**
24. Are they accompanied by pain? **yes, sometimes terrible**
25. Do you still feel the lost part? **Yes**
26. If you do not feel it now, how long did you feel it after the amputation? **---**
27. How much of the limb do you feel now, and how does the feeling differ from what it would be if the member were present? **It feels like feet were at the end of stumps, but terribly cramped**
28. Does the limb feel as if shortened? **Yes**
- Does it feel as if in one fixed position? **Yes**
- If not, does the apparent posture change from time to time? **---**
- Has this apparent position any relation to the position of the stump? **I can't say**
- Sanford Pettibone 2518 Park ave K.C. MO**