

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 : **Clark A Gardner. Richville St. Law. Co. N.Y.**
2. Age : **54 yrs 3 mos + 23 days**
3. Date of amputation of limb : **Lt [left] arm Aug 24th 1864. Right leg May 24 1879**
4. Character of wound : **Fistulous opening from necrosis of bone caused by using calomel**
5. Interval between wound and amputation : **4 mos in the arm 14 yrs + 6 mos. in leg**
6. Symptoms during this period : **chills fever and severe pain at intervals with shortness of breath and general prostration**
7. Operation: **Single flap in both**
Nature of flaps, if known: **not known**
8. Symptoms following operation – shock? **yes**
duration of, if known? **about 10 hours on 4th day**
hemorrhage? **very little**
Pain – character? **mild after 4th day**
extent? **about 4 days**
seat? **about the stump principally**
severity? (This answer as fully as possible.) **the pain was sharp and lancinating in the bones after each operation until after the shock or reaction then suffered no pain**
Suppuration – extent? **considerable**
duration? **From the time the necrosis presented itself until the operation, in both instances**
recurrence?
Healing, when complete? **about 8 weeks in each instance**
When was artificial limb first worn? **6 months after amputation**
9. Has the loss of your member altered the general health? **no — not from that which I enjoyed before going into the U.S. Service**

Have there been any alterations of pulse? **Caut stole - now is 72**

body temperature? **normal now — 102° just before amputation**

digestion? **Poor before, good since**

intellectual powers? **unchanged**

disposition? **less irritable**

or habits? **unchanged**

Has there been any change in the acuteness of the special sense, i. e., hearing, sight, sense of taste? **no appreciable change. other than from age**

What reasons have you for ascribing such alterations, if any are noted, to the injury or operation? —

Is there any alteration in the amount of sleep or of solid or liquid nourishment required? **Sleep natural and appetite is good**

Was the amputation followed by any marked change in your ability for mental or bodily exertion? **no not to any extent**

10. Record any increase in strength and size of remaining limbs if such has been noticed. —

Has the ability to use the remaining part been increased? **Somewhat**

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

(1) As to texture? **no**

(2) Color? **Yes. More of a pink**

(3) Temperature? **normal**

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

Does it sweat more or less than other surfaces of the body? **Rather more**

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? **It is more sensitive over the entire scalp + stumps**

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

How far does the altered sensation extend? **6 inches above the stump**

Does a touch give a sensation of pain? **Yes (slight)**

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

- (a) When applied to the part, as hot or cold water? **Yes with cold water**
- (b) When dependent upon general changes in the temperature of the atmosphere, as in summer and winter? **Yes in cold weather**
- (c) Is there excessive sensibility to changes in the weather, as at the approach of a storm or during the prevalence of certain winds? **There is an aching sensation in the bone**
12. What power of movement remains in the stump? **Nearly normal**
13. What artificial appliances have been tried? **Tried Tuppens leg at Potsdam N.Y. and Geo. R. Fullers leg, which I wear and have tried Selphos wrist + hand but can't wear it**
14. Which has been most satisfactory? **The leg above described**
15. What inconveniences have attended the wearing of artificial appliances? **A heavy disagreeable feeling, in the artificial hand tried**
16. Can they be worn continuously (excepting at night)? **The leg can**
17. Give length and shape of stump. **That of arm is 5 1/2 inches tapering + thinly covered with integument. Leg is about 8 inches and more generously covered**
18. What alterations have taken place in its appearance since operation? **Somewhat shrunken**
19. Are there any involuntary twitchings or spasmodic movements at the stump? **Not now —**
20. What is the character of such movements?
21. When were they first noted? **When first the leg was removed**
22. How often do they occur? **not at all unless I hit the leg or arm**
23. What causes them?
24. Are they accompanied by pain? **Yes**
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? **Can't explain**
28. Does the limb feel as if shortened? **Yes**

Does it feel as if in one fixed position? ***When the artificial leg is on it does***

If not, does the apparent posture change from time to time? ——

Has this apparent position any relation to the position of the stump? ***Not that I can see***