

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 : ***E. D. Watkins Milltown Adair Co KY***
2. Age : ***58***
3. Date of amputation of limb : ***both feet April 1965 rite [right] leg March 66 [1866]***
4. Character of wound : ***frost bite fever and gangreen [gangrene]***
5. Interval between wound and amputation : ***2 months***
6. Symptoms during this period : ***continuel [continual] acheing [aching] and burning***
7. Operation: ***1 [?]. 2. schoparts [Chopart's] 3. 6 in below the nee [knee]***  
Nature of flaps, if known: ***the rite [right] leg last op has good flap lef [left] foot has none not sound yet***
8. Symptoms following operation – shock? ***cramping***  
duration of, if known? ***7 days and nights***  
hemorrhage? ***not grate [great]***  
Pain – character? ***nearvous [nervous] cramping***  
extent? ***as above with [?] change***  
seat? ***apearingly in the gone part***  
severity? (This answer as fully as possible.) ***untill [until] the nigth [night] when the pain moved in the body with cramping and cold sweat***  
Suppuration – extent? ***there is***  
duration? ***with left***  
recurrence? ***frequently***  
Healing, when complete? ***last operation in 3 weeks***  
When was artificial limb first worn?
9. Has the loss of your member altered the general health? ***yes***  
Have there been any alterations of pulse? ***thare [there] has loest [lowest] stage [?] [?] 76***  
body temperature?

digestion? **think not good**

intellectual powers? **to some extent**

disposition? **some**

or habits? **some**

Has there been any change in the acuteness of the special sense, i. e., hearing, sight, sense of taste? **thare [there] has been in my hearing**

What reasons have you for ascribing such alterations, if any are noted, to the injury or operation? **the pains running from the wounded parts to the head leaving sore aches**

Is there any alteration in the amount of sleep or of solid or liquid nourishment required? **thare [there] is in sleep the after part of the day that I can not [?] off heavy sleepiness**

Was the amputation followed by any marked change in your ability for mental or bodily exertion? **almost [almost] entirely disable [disabled]**

10. Record any increase in strength and size of remaining limbs if such has been noticed. **the rite [right] one has its natural size and strength the left leg is less and weak at times ulcerating**

Has the ability to use the remaining part been increased? **they have not**

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

(1) As to texture?

(2) Color? **left redish [reddish] purple**

(3) Temperature? **cold**

(4) Growth of hair? **none unusual**

Does it sweat more or less than other surfaces of the body? **think not so much on left one**

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

How extensive is the area of altered sensation? **only the end of rite [right] one about 2 inches of left**

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

How far does the altered sensation extend? **left from nee [knee] down**

Does a touch give a sensation of pain? **it dos [does] in left one**

Is there excessive sensibility to extremes of heat and cold?

(a) When applied to the part, as hot or cold water? ***I have not given that any atension [attention]***

(b) When dependent upon general changes in the temperature of the atmosphere, as in summer and winter? ***it affects [affects] most when wind is from north***

(c) Is there excessive sensibility to changes in the weather, as at the approach of a storm or during the prevalence of certain winds? ***burning sensations at times severe pain others***

12. What power of movement remains in the stump?

13. What artificial appliances have been tried? ***none had one fited [fitted] by Bly Douglas Co could not use it***

14. Which has been most satisfactory?

15. What inconveniences have attended the wearing of artificial appliances?

16. Can they be worn continuously (excepting at night)?

17. Give length and shape of stump.

18. What alterations have taken place in its appearance since operation?

19. Are there any involuntary twitchings or spasmodic movements at the stump?  
***they have about seased [ceased]***

20. What is the character of such movements?

21. When were they first noted? ***I don't recall it***

22. How often do they occur? ***not often***

23. What causes them? ***I don't know***

24. Are they accompanied by pain? ***they are + burning sensation the burning is yet***

25. Do you still feel the lost part? ***I do***

26. If you do not feel it now, how long did you feel it after the amputation? ***i have felt them all the time***

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 as if the foot was in the pace [place] where amputated [part] can feel toes seems as tied or bandaged***

28. Does the limb feel as if shortened? ***at times***

Does it feel as if in one fixed position? ***when attempt [attempt] to [?] the toes they part in [?] them down they come together***

If not, does the apparent posture change from time to time? ***it dose [does]***

Has this apparent position any relation to the position of the stump? ***at times at other times it [?] in the part that is gone***

***I have answered this best I know***

***if I go to doctor he will want a fee***

***if I could see one of your doctors I could give better satisfaction***

***my mind at times is strange and active, then it is heavy and not so active***

***what is the caus [cause] I know not***

***Send another blank and I will go to some MD and have it filled out***

***if you will send me what they think think [sic] of the caus [cause] of so much suffering***