

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 : **Harry E van Grees Arapahoe, CO [?]**
2. Age : **58**
3. Date of amputation of limb : **December 25th 1874**
4. Character of wound : **frozen**
5. Interval between wound and amputation : **December 8th to 25th 74**
6. Symptoms during this period : **Great — Suffering with frozen feet, the dead flesh seperating [separating] from the live**
7. Operation: **amputated at instep boath [both] feet**
Nature of flaps, if known: **under the influence of the clorform [chloroform], do not know the nature**
8. Symptoms following operation – shock? **unconscious**
duration of, if known? **for Over 6 hours**
hemorrhage? **do not know**
Pain – character? **terrible shock to my nervous sistim [system]**
extent? **loss of speach [speech] for over ten days**
seat? **my whole sistim [system]**
severity? (This answer as fully as possible.) **the shock to my nervous sistim [system] so great— and was so reduced as to loose [lose] my speach [speech] f [for] over 10 days**
Suppuration – extent?
duration?
recurrence?
Healing, when complete? **Over 6 months**
When was artificial limb first worn? **never wore any**
9. Has the loss of your member altered the general health? **It has to an extent**
Have there been any alterations of pulse? **I do not know**
body temperature?
digestion? **not so good as before**
intellectual powers? **about the same**

disposition? ***about the same***

or habits? ***same***

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

What reasons have you for ascribing such alterations, if any are noted, to the injury or operation? ***the suffering I underwent and shock to my nervous sistim [system]***

Is there any alteration in the amount of sleep or of solid or liquid nourishment required? ***not that I can notice***

Was the amputation followed by any marked change in your ability for mental or bodily exertion? ***it was for Bodily Exertion***

10. Record any increase in strength and size of remaining limbs if such has been noticed. ***my limbs are smaller and weaker***

Has the ability to use the remaining part been increased? ***it has not***

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

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

(2) Color? ***yes***

(3) Temperature? ***yes***

(4) Growth of hair?

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

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? ***the end of stubs almost as tender as the eye***

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

How far does the altered sensation extend? ***through my entire legs***

Does a touch give a sensation of pain? ***more of a nervousness***

Is there excessive sensibility to extremes of heat and cold? ***my stubs are always cold***

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

(b) When dependent upon general changes in the temperature of the atmosphere, as in summer and winter?

- (c) Is there excessive sensibility to changes in the weather, as at the approach of a storm or during the prevalence of certain winds? ***their [there] is***
12. What power of movement remains in the stump? ***Movement of the ankle joint only***
13. What artificial appliances have been tried? ***Non [none] but steel springs in my shoe soles***
14. Which has been most satisfactory? ***steel springs***
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? ***Yes***
20. What is the character of such movements? ***A kind of nervousness and twitching sensations in my feet***
21. When were they first noted? ***Ever since they commenced to heal***
22. How often do they occur? ***only at night***
23. What causes them? ***being on my feet or any bodily exercise***
24. Are they accompanied by pain? ***by shooting pains through my feet***
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?
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? ***I feel the entire foot clear to the extent of my toes***
28. Does the limb feel as if shortened? ***it does***

Does it feel as if in one fixed position? ***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? ***I do not know***