

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 : ***Richard D. Dunphy, 1104 Santa Clara St. Vallejo, Cal***
2. Age : ***52 years***
3. Date of amputation of limb : ***August 5th, 1964***
4. Character of wound : ***Both arms off seven inches from shoulder.***
5. Interval between wound and amputation : ***Between three + four hours; done aboard the Hartford.***

6. Symptoms during this period : ***A burning sensation of the nerves and weakness and hardly any appetite.***

7. Operation: ***Performed while under the influence of chloroform.***

Nature of flaps, if known: ***The flaps good covers the bone.***

8. Symptoms following operation – shock? ***Caused trouble for 2 days with urinal organs***

duration of, if known? ***Less than half an hour.***

hemorrhage? ***none.***

Pain – character? ***Extraordinary pain + burning sensations of the nerves.***

extent? ***For about three weeks.***

seat? ***In the stumps.***

severity? (This answer as fully as possible.) ***A great quantity of pus, and twelve pieces of bone or splinters came out inside of three months.***

Suppuration – extent?

duration?

recurrence?

Healing, when complete? ***About three months.***

When was artificial limb first worn? ***In 1866.***

9. Has the loss of your member altered the general health? ***No.***

Have there been any alterations of pulse? ***No.***

body temperature? ***Natural.***

digestion? ***good.***

intellectual powers? **Good.**

disposition? **Cranky.**

or habits? **Temperate.**

Has there been any change in the acuteness of the special sense, i. e., hearing, sight, sense of taste? **None.**

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? **None.**

Was the amputation followed by any marked change in your ability for mental or bodily exertion? **None.**

10. Record any increase in strength and size of remaining limbs if such has been noticed. **More strength in the legs and wider across the breast.**

Has the ability to use the remaining part been increased? **Yes.**

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

(1) As to texture? **Small and thin, no muscle.**

(2) Color? **Red at end of stump.**

(3) Temperature? **Very cold in winter season at the ends of the stumps.**

(4) Growth of hair? **None.**

Does it sweat more or less than other surfaces of the body? **None.**

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

How extensive is the area of altered sensation? **Only in the stumps, feels like the prick of a pin [in the] under the nail.**

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

How far does the altered sensation extend? **About three or four seconds.**

Does a touch give a sensation of pain? **Yes, very much.**

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

(a) When applied to the part, as hot or cold water? **When cold water is applied the sensation feels like a sleep [slap] in the knee.**

(b) When dependent upon general changes in the temperature of the atmosphere, as in summer and winter? ***The worst sensation is in winter when they feel chilly and cold, in summer is a weak faint sensation.***

(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, a jumping sensation of the nerves, which causes me great pain for a few seconds, generally noticeable the day before.***

12. What power of movement remains in the stump? ***Can raise both my stumps back of my ears.***

13. What artificial appliances have been tried? ***T. Krens + L. L. D. Pamer and G. Monroes***

14. Which has been most satisfactory? ***Thomas Krens + I could do my own writing and feed myself with them.***

15. What inconveniences have attended the wearing of artificial appliances? ***They make me perspire more, and make me tired but they benefit me in the winter by keeping me warm.***

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

17. Give length and shape of stump. ***The right is seven + left eight inches from shoulder reduced to bone and muscle.***

18. What alterations have taken place in its appearance since operation? ***None since it healed up.***

19. Are there any involuntary twitchings or spasmodic movements at the stump? ***Yes.***

20. What is the character of such movements? ***When moved towards the back shakes very rapidly and keeps so until I bring it forward.***

21. When were they first noted? ***I discovered years ago when moving them towards the back.***

22. How often do they occur? ***As often as I move them towards the back.***

23. What causes them? ***As often as I move them towards the back.***

24. Are they accompanied by pain? ***No.***

25. Do you still feel the lost part? ***No, they feel all grouped together around the thumb. I can feel each finger separately.***

26. If you do not feel it now, how long did you feel it after the amputation? ***For about six months***

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 whole of what is left.***

28. Does the limb feel as if shortened? ***Yes.***

Does it feel as if in one fixed position? ***Yes it does***

If not, does the apparent posture change from time to time? ***No.***

Has this apparent position any relation to the position of the stump? ***No.***