

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 : **Charlie Lovley, Milton Vt.**
2. Age : **67**
3. Date of amputation of limb : **2nd day of June 1864**
4. Character of wound : **Gun shot wound**
5. Interval between wound and amputation : **Two 1/2 hours**
6. Symptoms during this period : **Great-deal of pain**
7. Operation: **An Arm & Leg**  
Nature of flaps, if known: **Circular**
8. Symptoms following operation – shock? **Pain**  
duration of, if known? **12 hours**  
hemorrhage? **No**  
Pain – character? **[?] Severe**  
extent? **Affected**  
seat? **the whole body**  
severity? (This answer as fully as possible.) **The pain was excruciating for the first 12 hours after amputation of arm & Leg**  
Suppuration – extent? **No**  
duration? **No**  
recurrence? **No**  
Healing, when complete? **60 day's [days] from time of Amputation**  
When was artificial limb first worn? **None**
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? **Perfect**  
disposition? **Good**

or habits? **Good**

Has there been any change in the acuteness of the special sense, i. e., hearing, sight, sense of taste? **All right but hearing sight [?] not quite as good**

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

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? **No**

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? **No**

(2) Color? **the same**

(3) Temperature? **Natural**

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

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? **The remaining portion of arm & leg**

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

How far does the altered sensation extend? **Simply effects stumps**

Does a touch give a sensation of pain? **No**

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**

(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**

12. What power of movement remains in the stump? **About natural as**
13. What artificial appliances have been tried? **None**
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. **About 4 in long & round in shape**
18. What alterations have taken place in its appearance since operation? **None particular**
19. Are there any involuntary twitchings or spasmodic movements at the stump? **Yes**
20. What is the character of such movements? **very sudden**
21. When were they first noted? **Two months 1/2 after amputation**
22. How often do they occur? **Every other day**
23. What causes them? **Starin [Strain]**
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? **Feels just the same as though the whole limb was there**
28. Does the limb feel as if shortened? **Yes**  
  
Does it feel as if in one fixed position? **No**  
  
If not, does the apparent posture change from time to time? **Yes**  
  
Has this apparent position any relation to the position of the stump? **No**

**Have not been able to walk on leg since 2nd day of January 18[?]. Charlie Lovley**