

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 : **Wesley James Talking Rock Ga**
2. Age : **Wesley James Talking Rock Ga**
3. Date of amputation of limb : **Jan 6th 1865**
4. Character of wound : **Both arms sawed off Left one at wrist Right one two in above wrist**
5. Interval between wound and amputation : **Same day**
6. Symptoms during this period : **Nothing special except severe pain**
7. Operation:  
Nature of flaps, if known: **Circular**
8. Symptoms following operation – shock? **None**  
duration of, if known? **2 hours**  
hemorrhage?  
Pain – character? **severe in at point of operation [operation]**  
extent?  
seat?  
severity? (This answer as fully as possible.)  
Suppuration – extent? **Severe**  
duration? **2 weeks**  
recurrence? **none**  
Healing, when complete? **5 or 6 months**  
When was artificial limb first worn? **Never have worn one**
9. Has the loss of your member altered the general health? **To some extent**  
Have there been any alterations of pulse? **The pulse is 80 at the time of this writing**  
body temperature? **None Noticeable**  
digestion? **none**  
intellectual powers? **none**  
disposition? **normal**

or habits? **normal**

Has there been any change in the acuteness of the special sense, i. e., hearing, sight, sense of taste? **Hearing Impaired**

What reasons have you for ascribing such alterations, if any are noted, to the injury or operation? **None unless from loss of blood**

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 except from loss of members**

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? **No**

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

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

(2) Color?

(3) Temperature? **Colder**

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

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

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? **To up near the elbow**

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

How far does the altered sensation extend? **Answered above**

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?

(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? **Not very excessive**

12. What power of movement remains in the stump? ***Flexion and extension and rotation***
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. ***This can be inferred from above answer***
18. What alterations have taken place in its appearance since operation? ***They have perished away considerably***
19. Are there any involuntary twitchings or spasmodic movements at the stump? ***To extent***
20. What is the character of such movements? ***Twitching***
21. When were they first noted? ***Directly after amputation***
22. How often do they occur?
23. What causes them?
24. Are they accompanied by pain? ***sometimes***
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 hand But it feels like the fingers grew out at the wrist***
28. Does the limb feel as if shortened? ***It does***

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

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

Has this apparent position any relation to the position of the stump?