

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 : ***Daniel Fuller Ulysses Pa***
2. Age : ***61***
3. Date of amputation of limb : ***Right arm Sept 17 – 62 Left arm Oct 5 – 62***
4. Character of wound : ***Lacerated wond [wound] by bursting of shell***
5. Interval between wound and amputation : ***Right-Arm in 2 hours after wond [wound] Left as above***
6. Symptoms during this period : ***Left arm Inflammed [inflamed] and Sloughed Same Arm sloughed some following operation***
7. Operation:
Nature of flaps, if known: ***do not know***
8. Symptoms following operation – shock? ***do not know***
duration of, if known? ***do not know***
hemorrhage? ***think not***
Pain – character? ***none after operation only When left arm sloughed the pain severe***
extent?
seat?
severity? (This answer as fully as possible.) ***The pain following operation not severe only when left arm got inflammed [inflamed] and sloughed.***
Suppuration – extent? ***Not much suppuration***
duration? ***Only at times of sloughing***
recurrence? ***None since wounds first healed***
Healing, when complete? ***About 3 months***
When was artificial limb first worn? ***never***
9. Has the loss of your member altered the general health? ***Have had nervous dyspepsia for past 12 years***
Have there been any alterations of pulse? ***More rapid than normal***
body temperature? ***normal***

digestion? **poor**

intellectual powers? **normal**

disposition? **nervous or slightly irritable**

or habits?

Has there been any change in the acuteness of the special sense, i. e., hearing, sight, sense of taste? **No**

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? **Not a good sleeper**

Was the amputation followed by any marked change in your ability for mental or bodily exertion? **Easily fatigued from slight bodily exercise as [?] [?]**

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? **no**

(3) Temperature? **no**

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

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

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? **1 – 3 inches**

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

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

Does a touch give a sensation of pain? **yes**

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? **More sensitive to either hot or cold**

- (c) Is there excessive sensibility to changes in the weather, as at the approach of a storm or during the prevalence of certain winds? **no**
12. What power of movement remains in the stump? **not impaired**
13. What artificial appliances have been tried? **none**
14. Which has been most satisfactory? **—**
15. What inconveniences have attended the wearing of artificial appliances? **stump too short**
16. Can they be worn continuously (excepting at night)? **—**
17. Give length and shape of stump. **Left 2 ½ in below elbow wedge shape Right amputated at shoulder**
18. What alterations have taken place in its appearance since operation? **none**
19. Are there any involuntary twitchings or spasmodic movements at the stump? **yes**
20. What is the character of such movements? **twitching movements in shoulder of right. Same in stump of left arm**
21. When were they first noted? **can not remember**
22. How often do they occur? **no regularity**
23. What causes them? **don't know**
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? **can feel the whole of both limbs hot sensation in both. This is continuous**
28. Does the limb feel as if shortened? **no**

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? **think not**