

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 : **John S Dardinger Moundsville, WVa**
2. Age : **50 - yrs.**
3. Date of amputation of limb : **On July 7 1864.**
4. Character of wound : **Loss of all the left hand and all the right hand but the thumb**
5. Interval between wound and amputation : **I was wounded at 5:30 pm. and it was amputated at 11:30 p.m.**
6. Symptoms during this period : **I suffered considerabl [considerably]. Was very much weakened by loss of blood.**
7. Operation: **Can not describe**
Nature of flaps, if known:
8. Symptoms following operation – shock?
duration of, if known? **I was attended by two nurses for 7 or 8 weeks and was in hospital 14 weeks**
hemorrhage? **no**
Pain – character? **He suffered great pains**
extent? **In hands**
seat? **In hands**
severity? (This answer as fully as possible.) **The suffering was very severe for about 30 weeks. Severe pains.**
Suppuration – extent? **no**
duration? **no**
recurrence?
Healing, when complete? **16 weeks**
When was artificial limb first worn? **Never wore any.**
9. Has the loss of your member altered the general health? . **I think they have. My hands hurt me yet by times particularly in winter**
Have there been any alterations of pulse? **No**
body temperature? **By times**

digestion? **No.**

intellectual powers? **No.**

disposition? **No.**

or habits? **No.**

Has there been any change in the acuteness of the special sense, i. e., hearing, sight, sense of taste? **He is a little hard of hearing but attributes this to shock**

What reasons have you for ascribing such alterations, if any are noted, to the injury or operation? **because he was never that way before**

Is there any alteration in the amount of sleep or of solid or liquid nourishment required? **He is prevented from resting by hands and arms paining him at times**

Was the amputation followed by any marked change in your ability for mental or bodily exertion? **He can not see that it did except as he is unable to do any work [work].**

10. Record any increase in strength and size of remaining limbs if such has been noticed. **Nothing**

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? **very little**

(2) Color? **No**

(3) Temperature? **No**

(4) Growth of hair? **No**

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 very tender**

How extensive is the area of altered sensation? **Size of wound.**

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

How far does the altered sensation extend?

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? ***In the winter. He is most affected***

(c) Is there excessive sensibility to changes in the weather, as at the approach of a storm or during the prevalence of certain winds? ***His hands hurt him worse at time of changes in weather***

12. What power of movement remains in the stump? ***very little.***
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.
18. What alterations have taken place in its appearance since operation? ***No.***
19. Are there any involuntary twitchings or spasmodic movements at the stump? ***No.***
20. What is the character of such movements?
21. When were they first noted?
22. How often do they occur?
23. What causes them?
24. Are they accompanied by pain?
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? ***He often feels the whole of his hands and they feel numb***
28. Does the limb feel as if shortened? ***Yes***

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? ***His hands appear to be in a different position from the stump. He would go to pick up any thing and find nothing there to pick up with.***