

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 : **Lewis A Horton 207 Savin Hill Ave, Dorchester, Mass.**

2. Age : **51**

3. Date of amputation of limb : **November 3, 1863**

4. Character of wound : **both arms blown off at the elbw [elbow] left shoulder dislocated thrown into the water**

5. Interval between wound and amputation : **inside one hour**

6. Symptoms during this period : **severe pain in left shoulder. weakness from loss of blood**

7. Operation: **six inches from shoulder**

Nature of flaps, if known: **no flap scar across the end of stump**

8. Symptoms following operation – shock? **no shock**

duration of, if known?

hemorrhage? **very little, loss of blood very great before rescue from the water**

Pain – character? **sharp**

extent?

seat? **fingers**

severity? (This answer as fully as possible.) **the pain was very severe at times**

Suppuration – extent? **moderate**

duration? **until ligatures were taken away 80 days after amputation**

recurrence?

Healing, when complete? **soon after removal of ligatures**

When was artificial limb first worn? **attempts [attempts] molds a few months after the stump healed.**

9. Has the loss of your member altered the general health? **have never been as robust or strong**

Have there been any alterations of pulse? **no**

body temperature? **no**

digestion? **never troubles me**

intellectual powers? **no**

disposition? **more irritable**

or habits? **no**

Has there been any change in the acuteness of the special sense, i. e., hearing, sight, sense of taste? **hearing a little impaired now only for the past year and that is confined to one ear.**

What reasons have you for ascribing such alterations, if any are noted, to the injury or operation? **none**

Is there any alteration in the amount of sleep or of solid or liquid nourishment required? **have not eaten as much, don't care for food**

Was the amputation followed by any marked change in your ability for mental or bodily exertion? **could not endure as much exercise [exercise].**

10. Record any increase in strength and size of remaining limbs if such has been noticed. **have noticed no change**

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? **cold**

(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? **across the scar**

How extensive is the area of altered sensation? **only on the scar**

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

How far does the altered sensation extend?

Does a touch give a sensation of pain? **yes as sensitive as your eye.**

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

(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? **no**

- (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? ***the natural movement***
13. What artificial appliances have been tried? ***arms***
14. Which has been most satisfactory? ***nothing***
15. What inconveniences have attended the wearing of artificial appliances?
tiresome, of no use
16. Can they be worn continuously (excepting at night)? ***yes.***
17. Give length and shape of stump. ***length 6 inches***
18. What alterations have taken place in its appearance since operation? ***shrunk***
19. Are there any involuntary twitchings or spasmodic movements at the stump? ***yes***
20. What is the character of such movements? ***followed by severe (sharp) pain in palm of hand or in a finger***
21. When were they first noted? ***soon after amputation***
22. How often do they occur?
23. What causes them? ***I think a cold in the nerve***
24. Are they accompanied by pain? ***most always***
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? ***the hands, pain in the fingers and thumbs all the time. it gives me no pease [peace].***
28. Does the limb feel as if shortened? ***it does late years***

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? ***it has. the only change is with change of stump***