

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 : **Frank Mark St. Louis Mo.**
2. Age : **58 yrs.**
3. Date of amputation of limb : **Right arm below elbow May 26th 1861 Left arm at shoulder joint June 7th 1861**
4. Character of wound : **Premature discharge of cannon. Lacerated.**
5. Interval between wound and amputation : **a few hours**
6. Symptoms during this period : **was suffering from Shock**
7. Operation: **anter-posterior flap at upper 1/3 right forearm**
Nature of flaps, if known: **Left arm was disarticulated at shoulder joint.**
8. Symptoms following operation – shock? **shock**
duration of, if known? **a few hours**
hemorrhage? **Had secondary of rt. arm about 3 weeks after operation**
Pain – character? **suffered intensely**
extent? **first week**
seat? **Hands**
severity? (This answer as fully as possible.) **Had severe pains in both hands & left shoulder the first week or two**
Suppuration – extent? **Right arm healed promptly**
duration? **Left shoulder suppurated for six months.**
recurrence?
Healing, when complete? **9 months after injury**
When was artificial limb first worn? **10 months after the injury**
9. Has the loss of your member altered the general health? **not materially**
Have there been any alterations of pulse? **yes - increased**
body temperature? **increased**
digestion? **normal**
intellectual powers? **not altered**
disposition? **more irritable**

or habits? ***Becomes excited on slight provocation.***

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? ***none***

Is there any alteration in the amount of sleep or of solid or liquid nourishment required? ***none observed***

Was the amputation followed by any marked change in your ability for mental or bodily exertion? ***none***

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? ***normal***

(3) Temperature? ***increased***

(4) Growth of hair? ***normal***

Does it sweat more or less than other surfaces of the body? ***none observed***

Is it more sensitive than other surfaces of the body as to pain; for instance, the prick of a pin? ***There is increased sensibility of left side right side normal***

How extensive is the area of altered sensation? ***Involving the tissues near joint. left shoulder***

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

How far does the altered sensation extend? ***a few inches***

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? ***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? ***movements of right elbow and stump very good***
13. What artificial appliances have been tried? ***Dr Parkins of Philadelphia McCullough of St. Louis Mo.***
14. Which has been most satisfactory? ***McCouloughs***
15. What inconveniences have attended the wearing of artificial appliances? ***abrasions of the skin***
16. Can they be worn continuously (excepting at night)? ***yes***
17. Give length and shape of stump. ***About 2 1/2 inches below right elbow Stump is round & in good condition.***
18. What alterations have taken place in its appearance since operation? ***none***
19. Are there any involuntary twitchings or spasmodic movements at the stump? ***none***
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? ***Feels the entire left arm as though normal. Right arm & hand feel as though asleep & shruken [shrunk]***
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? ***none***

F.W. Wesseler M.D. 3023 S. Broadway St. Louis Mo.