

ADVICE TO THE AMPUTEE

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(Editor's Note: New amputees are usually worried about their future, and need intelligent advice. This article was written to answer that need. It will also be found useful by the certified prosthetist, who in the course of his professional duties, is called upon to discuss the problems with the new amputee and his relatives.

The Journal is indebted to the National Rehabilitation Association for calling attention to this excellent article. Reprints may be ordered from the Washington office of OALMA.)

Amputation of an extremity is an operation that has been performed for centuries. Many years ago, it was a catastrophic handicap. The amputee then had to overcome his troubles as best he could, possibly with the help of his family.

It is no longer a severe handicap, but often a "blessing in disguise" for the injury is often the turning point in a person's life as it spurs him on to accomplish far more than he would have done in his previous routine existence. The advances in artificial limbs and in medical treatment enable him to walk nearly as well as the normal person, and to stand for the greater part of the day.

However, just as the person with corns on his feet must learn to take care of them, and the person with a short leg or a paralyzed leg must learn many ways of accomplishing what the normal person does, so must the amputee learn how to accomplish many of his daily actions that the non-amputee does automatically. Millions of persons have had amputations in the past. Many of them have become outstanding persons in the same work they performed before amputation, or in jobs far removed from their previous work. The amputee of today and tomorrow can do the same once the dread mysteries and the baseless fears are dispelled.

HANDICAPPED?

So you've lost a limb. You are going to have a difficult time for a few days. It's going to hurt. But

so is it with your neighbor who has lost his stomach, or his lung, or his appendix. You will find, however, that the pain is going to be well taken care of by the medicines that your doctor has prescribed for you. And as the acute soreness tapers off, you will receive less "shots," so that, in a very few days there will be no more pain and no more need for hypodermic injections.

There is another type of pain, however, that medicines will not relieve. Whereas, you will have the same soreness that other less conspicuous operations leave and is relieved with drugs, you, if left to your own ideas or to the "tender" care of your friends, will have terrific mental anguish. By this, I mean the anguish that enters with the sudden realization that you have actually lost a limb. *It* has happened to you—something quite revolting and horrifying. This thing which happens to other people has finally happened to you.

If you will stop a minute and try to see before you, the very worst visions that automatically come to your mind to depress you, you will see perhaps John Silver. You will also see the man in your home town sitting on the corner, begging or selling pencils.

But there's something quite different from you and those visions. In the first place, John Silver is wearing old clothes—clothes of another century. And, incidentally, he is wear-

ing the very best prosthesis or artificial limb of his day. Times have changed. We no longer sail square rigged boats.

And the other visions on your wall is a man with an entirely different philosophy from yours. He may have problems far different from yours. He may prefer to sit and receive pennies than to resume his place in life. In other words, he may feel that "the world owes me a living." We do not know.

If you will write to the U.S. Office of Vocational Rehabilitation (Washington 25, D. C.), for a list of the amputees that returned to work last year, you will see that practically no occupation is barred to you. It is this bugaboo of "handicap" that I wish to help you cast aside. You will be depressed temporarily. There's no one who would not be. But let's make it a few days' depression instead of permitting it to stay on and on with you for months and months.

Time is valuable. "You never had it so good." Nurses to rub your back. Three meals a day in bed and in-between snacks. Everyone here to wait on you. It would be a good time to catch up on all those books you have been going to read for years, or start finding out how you can best plan for your future—either by study to advance yourself in your present position, or by continuing your school studies (if you are now in school), or by starting right in on preparation for the great change that you've been toying with for years—preparation for a career that you think you'll like better!

In order to give you the best of help in all things at this time, one should really bring to you a person who has lost his limb at the same place you have, and at your age. And he would best be a person with your own likes and dislikes for vocation and life. This person could tell you of his own experiences, which are

still vivid in his memory—of how he felt so depressed until one day—perhaps it was due to something that someone said, or that he had thought of—that changed his whole outlook.*

In a large city, one might find just such a person. In a smaller city or town, he probably wouldn't be found, hence as a second best means of telling you the same story, this paper has been written.

I would like to briefly outline the steps by which you will return to your old job or your new position. All of us treading this path, who do not have the opportunity of the constant companionship of another person our own age who had suffered an amputation at the same spot as we had, and at the same time in the quest for the same career, have the great loneliness of one who is treading a new and awesome path that no one had ventured before. It is inevitable to feel so. Who in our circle of friends then can feel as we feel, or be forced on his own initiative to learn to do things as we must?

One bit of advice returns to my memory of a great fellow who had a very short thigh amputation, yet was an expert driver of all kinds of cars before the advent of hydromatics. I learned to drive while using crutches and long before being fitted with a prosthesis. His suggestion which spurred me on was, "There's no one going to teach you to drive. They didn't learn under your conditions, therefore, get in and drive." I did.

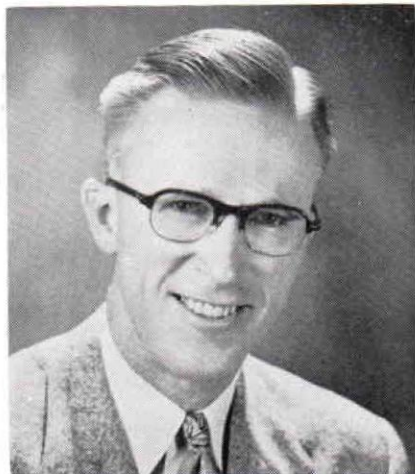
But remember that you are not alone and that you are not the first to break trail. Many, many others have passed this same way and have made great successes of themselves in their own endeavors, and it is not too hard at that.

*It might be well to mention here that rackets used to thrive in the field of artificial limbs as in other industries although here it is being stamped out. It is the racket of having unethical amputees sell limbs to other amputees on false statements. See page 50 on, "Buying a Limb."

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To begin with some practical aspects, your incision will be protected for several days by bandaging. At the end of this period, the doctor will remove the stitches which should not hurt. To pull out a hair hurts much worse, and for this reason: the hair is tightly fixed in its place by its roots. It grew there. The thread or suture after a few days has slightly enlarged the opening in which it lies. It and the channel are smooth and do not stick to each other, therefore, once the thread is cut—whether made of plastics, cotton or silk—it will slip smoothly with the lightest pull. Do not expect absorbable or "dissolving" stitches in the skin. They are used only on the skin.

Outside your bandage will be a compressing material such as an elastic bandage. This is used for two reasons: To prevent the swelling that often follows an operation, and 2. To begin preparing you for your prosthesis—no time is being lost. You are already being prepared for your future!

As with your jaws in the replacement of teeth by a plate, so it is with your limb: shrinkage must occur be-

fore your prosthesis is made and fitted. This shrinkage would occur anyway. But we wish to hurry it up a bit, and this will be accomplished by the gently compressing elastic bandage.

After a day or two you will be sitting up in bed. Sometime later you will graduate to a wheelchair. You'll be weak. Even if you had just gone to bed for a few days with nothing wrong with you, your strength would have ebbed because in our bodies all parts must be used often, else they shrink in size and strength—our brains, our muscles, our skin, our bones, etc.

But don't worry about your weakness. Your strength will return rapidly if you will but exercise as much as your doctor tells you. There are many ways of exercising in bed—pulling yourself up on the overhead trapeze, turning over frequently, moving your extremities, and just lying still but strongly tensing all your muscles including those of your abdomen and back. This will be well worth while for you'll be stronger faster, and you will need to have some strength when you get up for the first time.

TRICKS TO LEARN

You will go to the wheelchair from your bed and thence to crutches if it happens to have been your leg that was hurt. This type of locomotion is not normal—it has to be learned. You will learn faster, the stronger you are.

To drink without spilling, turn without causing pain, lie on your stomach in bed and read a book open on a chair below the edge of the bed, to have all your many belongings—water, the right book, handkerchief, writing materials, etc., just where you want them—within reach; the window at the right height to make the right room temperature, are all tricks you can learn. If it is summer, you will find it best to lie on one side of the bed until the rubber sheet has made you uncomfortable, and then move to the cooler side to give the other side a chance to dry out and cool off. You will learn to carry things on crutches, or to light matches with one hand; to get in and out of wheelchairs or upon crutches unaided, to reach objects with a crutch or cane, to do many things with one hand or with your mouth.

Soon you will feel that this is a world developed by and made for normal, uninjured people. Well, that's true. There's really nothing surprising at your discovery of that fact. It has always been true. You will become proficient at getting in and out of your bathtub or shower stall, only to be vexed at finding an entirely different installation at the next motel or hotel where you stay. What you've got to understand is that there are many ways of doing things.

This article is not intended to thump you on the back, and say, "Be brave!" "Have courage!", and all the other cliches that are used ostensibly to bolster up one's spirits, but which always react like a lead balloon! This article was written to point out that you can do practically anything you wish, but that some functions or duties will be done in a somewhat dif-

ferent fashion from the way you did them before. It's not hard. It just takes a little learning. But the biggest trick of all that you must learn is to get busy right now and keep busy. The average person who has never had a serious illness may constantly complain and even take to his bed for the slightest illness. You have more physical reason to do likewise, but much less right to! Only by keeping busy will you make not only yourself, but your family tolerate you.

RETURNING TO WORK

You may return to your old job some day,¹ embark on a course of study, go in training for a better job in your old plant, or completely abandon your old rut and take off on a course that will lead you to a new and greater niche. Start thinking, talking and planning for this now. In any event, your prosthesis or artificial limb maker will soon be consulted, and you will be fitted with a limb.

What limb to buy? I don't know. But I can suggest that you do not buy any, nor enter into any contract with a salesman or mail order firm until you have investigated another one or, preferably, more. You are old in thinking of cars, but young in considering limbs. Therefore do the same in buying a limb as in shopping for a car. Look around. Read the literature of limb companies and talk with their salesmen. Go to a certified facility (limb company).

An artificial limb is just like an automobile. If you buy a cheap one and abuse it, you can wear it out in a year or two. If you buy a good one and abuse it, you can still wear it out in a few years. But, with reasonable care, repairs, and overhauling, a limb will last like a car. They are both mechanical contrivances made by man.

Your best bet is to follow your

¹ Records indicate that most amputees do return to their old jobs. You may want something better.

doctor's advice. If there are several limb companies in your area, he will advise that you contact all of them in order that you may have the opportunity of choosing the facility where you will buy your limb. If you will choose a certified facility (limb shop) and a certified fitter, you may trust him to make what is best for you.

If the first salesman who visits you can run and jump with his lower leg amputation, but the second one refuses to do so, don't necessarily believe that the first salesman's company makes the better leg. Maybe it does, but this is no proof. Perhaps the second man's stump is bothering him, and, perhaps, the first man is gritting his teeth and rubbing some skin off his stump in the effort to impress you.

When you buy a car, you may want a magic eye headlight dimmer, spot-light, or several other "musts." If you like them, fine. Buy them. There are many different added attractions and detractions in artificial arms and legs. If you like them, or they seem to serve well a particular purpose of yours, buy them. If you are only confused by all the gadgets, remember that the more gadgets there are present, the more things can go wrong, therefore, buy the simplest arm or leg, and leave the special attraction features for your next buy when you are better qualified to choose wisely. In all decisions, follow the advice of your doctor and limb manufacturer.

If there is a choice between a good limb made far away, and an equally good one made nearby, choose the latter. One does not buy a limb in a store then go off wearing it as one does shoes. Each limb is a completely hand-made article made just for you with the exception of bolts and joints that are conveniently made in great numbers from the same mold. After you receive your limb, there will be a variable amount of adjusting to do to the fit or function. It

is easier to take it to a firm close by for such alterations than to have to take it or send it far away.

If you wish to know prices, check with any firm.

RIGHT TIME TO TALK ABOUT PROSTHESES

When should you talk with a limb maker? Today, or as soon as possible. Your family may wish to delay the day when you shall meet with reality and begin to take stock of yourself. "We musn't let him see an artificial limb yet." I feel, however, that the sooner you see your future with a clear eye, the sooner you will feel better and return to your vocation. There is no "good" time or psychologically propitious time to see an artificial limb for the first time, or to talk about these things with representatives of the local limb companies. The sooner you take the mystery out of the future and begin to look this thing squarely in the face, the sooner you'll stop reading detective fiction and comic books, and start to do something for yourself.

Most limb fitters have problems similar to your own, therefore they will speak your language. Beside talking prostheses, they will be able to offer you a great deal of help on many other subjects that you will have questions about now.

STATE DEPARTMENT OF REHABILITATION

In every state there is a Department of Rehabilitation with offices in the State Capitol. Unless you will have no financial worries, or unless you know for sure that you will return to an excellent position for which you are well suited, it would be wise for you to write for an interview to the Department of Rehabilitation.

These state bureaus are set up by your state and your Federal Government for you. They will assist anyone that has any questions about his vocational future. Help, as used here, has many interpretations and you may wish for one or many kinds: apti-

tude testing, vocational guidance, job training or financial assistance.

The work of the bureaus is carried on by trained, experienced men and women who are experts at talking things over with you, giving you advice, helping you to find work that you can do, or in giving you economic aid on a training program that will prepare you for a promotion in your old job or for an entirely new job. If you have financial difficulties they will also help you obtain a prosthesis.

Do not hesitate to call for them. You'll probably receive much more help than you expect or realize that you need.

A NEW LIMB

I mentioned that "breaking in a limb" is not so simple as buying new shoes. It isn't. If you know of someone that has broken in a new set of teeth, you'll know that they did not immediately feel like his own teeth. But they are much better tolerated now.

However, in the beginning there were days when he wanted to take them out and either leave them on the shelf, or throw them as far as he could. There will be such days with your new limb—some soreness, discomfort in walking on your leg, or awkwardness in making the arm work. Some people have faltered at this stage and have either taken off the leg to return forever to those "comfortable" crutches, or have simply tucked their empty sleeve in their pocket and prefer to use the stump for any assistance. This business of breaking in another limb or two is not easy.

The best advice that you can obtain on breaking in a limb is from your limb maker. He is usually best qualified to tell you when to be fitted, and to instruct you in wearing the limb. He will caution you to go slowly at first. You will need this advice, because, when you see that new limb in place, you will feel so exuberant that you will want to

wear it out the first day. This invariably ends up in wearing you down and out by rubbing off your skin! Remember, neither you nor your ancestors have ever used this type of limb, therefore your skin is not up to it any more than your heels could take a hard game of hand ball after a season's inactivity. However, gentle, cautious, regular use will rapidly build up your skin to the degree that it needs. Stay with it, but go softly.

You are not the first one, nor the last one to travel this way. Census figures indicate that there are approximately 1,000,000 amputees in the United States. Others have and will use this great 'kick in the pants' to better their old rut, and there's no reason why you can't. You can stay on your dole or your pension, your insurance check or your veteran's check if you wish and will probably be able to live on it. But if you want to feel good, you'll take steps to hasten the day when you can tell them that you do not need it any more!

VISITORS

One of your main problems will be that of visitors. Yes, there'll be problems if they do not visit. You'll miss them. But, oftentimes they are worse problems when they do visit! When they come, it will devolve upon you to be their host or hostess. Really, it will be upon your shoulders to make them comfortable by putting them at ease. If you don't they may make you most ill at ease!

There is the typical one who may be a man or woman. He may be one of your own family. When he visits you in the hospital, he'll bring flowers or something equally worthless. He'll fairly run to you, hold your hand for a long tense moment of silence, and just before you expect to hear "Hearts and Flowers," he'll explode in his great feeling of sorrow and sympathy to you. If you let him do this, you'll probably write for a correspondence course in basket-weaving or pencil vending!

Unfortunately, the general public is so completely in the dark about amputees that this booklet might well be written as a text for the amputee's visitor as it is for the patient.

To continue with this all too typical visitor, he may go on in this vein telling you in all sincerity that now your future activities will be sharply circumscribed by your "great handicap." He will even go over the occupations that he feels are now available to you and, if you have been engaged in a work that demanded any physical activity, you will feel that only the most poorly paid of sedentary jobs will be yours in the future. If you give up and accept this unfounded opinion, you'll be lost.

Another species of visitor is the one with similar thoughts, but no voice to express them. He will be too embarrassed to say a word, but sit and stare at you. This type you can recognize immediately. Don't become angry with him. He can't help feeling as he does. Don't, as some amputees have done, bait the poor visitor by trying to revulse his sensitive feelings with descriptions of the hospital life. I know that you can read his mind after you have seen one or two of his type. You could draw him out in active commiseration, but then you'll both feel worse. It is best to just have him talk about himself, keep the conversation away from your own problems and you'll both feel better.

There is another type of visitor who is not so sure that you have left the world of the able. In fact, he's not so sure but what this operation isn't the best thing that ever happened. Remember, he is not sure, but in feeling his way along, he may stimulate your thoughts like this:

In the first place he has never seen anyone making a sympathetic demand for money by displaying "his operation" to the public. In fact he may know one or more amputees that are very well adjusted to their old or

new jobs—incidentally most amputees are quite normally adjusted. He may know of one or more amputees that had more or less shiftlessly worked at a routine job for years—punching their time clocks, expending no particular effort on any sort of advancement, and, had they not lost their arm or leg, would have been in the same spot until death overtook them.

Many amputees did not even begin their quest for higher education until after their operation. It took that to make them sit down and take stock of themselves. It jolted them out of their constant state of inertia. They had always given less than a day's work for a day's pay and were constantly meditating on ways to avoid giving the little they gave. The jolt of work loss, of thinking of their amputation, the passing of time and no advancement in position, and the sudden gift of time in which to think—all collaborated in making them take stock of themselves, harness their shiftless time-passing proclivities into a concerted effort to better themselves. The effort they had spent in avoiding work was nothing compared with the superior efforts they put forth in study after their operations.

There was the paraplegic—paralyzed from the waist down—who had always been an odd job worker, but who studied, borrowed and won scholarships through college and law school after his injury.

There was the boy who was a twelve dollar a week grocery store clerk for years, who, during a three year siege of hospitalization for some seven amputations of his leg, learned to letter and paint signs through correspondence courses and apprenticeship. When he finally received his prosthesis and started a small shop at the age of twenty-six, he decided that he was not satisfied. He applied to college where he was accepted and worked at his sign painting for the three years to augment the scholarship funds that he received.

Although there had been a small spark of desire to become a doctor at the beginning of college, it was successfully buried by a consciousness of the futility of such a seemingly absurd wish while he prepared himself in the basic sciences that could be used in teaching, in a laboratory—or to enter medical school. He finished his medical school entrance requirements in three years by summer and winter attendance then continued his sign-painting to augment his scholarship income in medical school and is now a surgeon.

Ignorance is sometimes a blessing. If this latter type of visitor has no comprehension of the fact that a vocation cannot be attained or that a professional career cannot be carved, he just might communicate this same blindness to impossibilities to the patient who might "foolishly" be encouraged to do the incredible. In other words, if you, the amputee, are not told that you cannot become an engineer or an architect, you may go on to be just that!

In all seriousness, the best doctors are not the "brains" who made A-plus through public school, college and medical school. The best lawyers are not the keen, photographic memoried characters of fiction fame. The great statesmen, engineers, executives, and others that most of us respect are not geniuses. Nor are they sound of body. They are simply people like you and me who, through circumstances or somebody's inspiration have quietly started out in search of something better than what they had. All along their way, although they may have had one goal at which to aim, they have thought of other lesser objectives that would sustain them if they missed their primary one. Many have found happiness in discovering that their secondary objective was more the proper one for them than the original. But, at least they left their lassitude far behind and really worked.

There was a day when our professional schools demanded only the youngest and those with the very best of marks in school. This is, fortunately, no longer true else we'd lose forever some of our very best men and women. There was a day, too, when only he of the rich parents could ever hope for even a minimal education. This, too, is no longer true as you will find when you begin to investigate the fields of your choice. In your hometown are probably unpublicized scholarship funds left by people who have preceded you, men and women who have had to "work up the ladder the hard way" and have left a portion or all of their fortunes to help students. They may specify that the applicants wish to pursue some specific vocation such as architecture, nursing, law, etc., or the funds offered at the discretion of the board of trustees that administer the fund. To find them, ask at your local high school and service clubs.

These scholarship funds are also available in various ways in professional schools usually administered by the Dean or a member of that Department of the University in which the applicant is interested.

Don't let the choice of a field dissuade you. So many men have married on a small income, have started their families and suddenly believe that they are hopelessly stuck in a rut until death. These are people that you know. They have all their limbs and apparently all their wits, but they are done for. Their future consists of working for someone else for a pittance.

"There's no sense in my studying anything because I don't know what I want to do."

They won't study any more about electricity because they don't know for sure whether they want to be the boss of their crew.

They won't study accounting or any other business course because they are not sure they want to progress in the firm where they clerk.

They delay studying the physics and chemistry of the product of the company where they guard the tool supply room because they're not sure they want to "stay here permanently." And they just can't overcome their inertia sufficiently to take a few university courses to learn more of the laboratory in which they wash bottles because they don't quite know if this is really where they want to work!

I hope that these reasons for not studying are as silly to the reader as they are true in life. If we all waited until we knew for sure what we wanted, we'd all be bottle washers and no one would do the other work. But if we'll just make a start,—take a night school course or two, sign up for an advanced carpentry course at trade school, read some astronomy if the stars fascinate us;—just so much rust will be rubbed off the thinking apparatus.

Perhaps you will find that you've wasted your time in studying what you chose, and that you really wanted something else. Fine. That's good. You haven't wasted the time for if you hadn't approached your goal in this roundabout fashion, you would never have begun the approach. Sir James Paget, a great surgeon and scientist, put this thought very aptly in 1840 when he said about the years that he had studied botany, "I cannot estimate too highly the influence of botany upon the course of my life. The knowledge was useless; the discipline in acquiring it was beyond price."

College, for example, is not a place of specialized study where your every effort is aimed at a specific goal. Future scientists, teachers, business men, lawyers, engineers, architects, all take the same courses for the first two years. They all study English, mathematics, a foreign language, history and some science course. Many completely change from their original objective by the time the third year comes, and they begin to concentrate

on their ultimate goal. It is the same with studying for any vocation. A few courses in Spanish or Geology or Political Science may well lead the way to knuckling down for a good course in Machine Shop techniques. A few more courses in Public Speaking and Personnel Management may get you a very comfortable raise in salary and position with a lessening of your manual labor. Try it! But with one warning: The higher you go, the longer hours you'll put in, and the more worries will be yours! Maybe you would rather spend shorter hours in putting square pegs in square holes!

YOUR AGE?

Another great problem that may first scare you into hysterics and then disappear like the Cheshire Cat, is your age. It's against you. No one ever starts a new business or to study a new occupation after he reaches *your* age! Nope. You were perhaps not too happy and not too content in your old job, but at least there was SECURITY! You could have remained there until you died and you'd never have been fired. Nope. If they'll only take you back after this horrible misfortune in the shape you're in, you'll go, and gladly!

I can't argue this point for it would take up another book. But I can tell you that you can take any correspondence course, go to any night school, or enroll in any trade school at any age and expect to find people your own age and older. But, you say, you can't go to college or any professional school and not feel humiliated by associations with younger, brighter, fresher students ten or twenty years your junior! No? Either take it from me or talk with any oldster in any school about it. He will tell you that it's hard to recall his anticipated abhorrence of returning to school on this account. But, like the grin of the Cheshire Cat, that nightmare is hard to recall for there is no problem no matter what the age difference once you get there.

Perhaps there's something that you have dabbled in for years besides your regular work—amateur jewelry, photography or furniture repairing. You'll never have a better chance to break into it full time. Really — what's keeping you back? Write it down. Take two sheets of paper and write down all the facts that are against this step in one list, and all that you can think of for it in a second list. Talk both lists over with your family and friends, and watch the second list grow!

Reasons That Absolutely Prevent Me From Preparing To Do The Work I Have Always Wanted To Do.

1. 2. 3. 4. 5. 6.

Reasons For Beginning Preparation For The Work That I Have Always Wanted To Do.

1. 2. 3. 4. 5. 6.

There are some vocations, of course, that may be economically unsound to seek for after a certain age. In the event of such a question, do not hesitate to talk with the Vocational Rehabilitation experts of your state.

QUESTIONS

Will I be able to drive a car? Ask your prothesist or representative of the Department of Rehabilitation.

Should I still plan to marry? Talk with your Affianced.

Should I continue my social life? What will people say when they see me? What should I say or do?—Say what first comes to your mind. Continue on as much as you can as you did before this operation. As for people seeing you, remember that you must rise above the occasion and put them at ease. Remember, they may be too embarrassed to think properly, hence you will have to graciously make up for *their* shortcomings.

I've heard that the treatment accorded to my lost limb will influence the future comfort of my stump? Will I have phantom pain?—The lost limb story is pure superstition and old

wife's tales. Does it matter what is done to your removed tonsils, or appendix, or adenoids? Phantom pain is common to most amputees for this reason: The nerves that formerly went down the middle of your arm or leg, received pain impulses from further down—say from your hand or foot. Now if you strike the end of your stump—arm or leg, you will hit these centrally placed nerves and your brain will interpret that to be pain in the end of your extremity. Very few amputees have persistent pain after their stump has shrunken and been fitted with a good prosthesis.

What will I be able to do physically? Talk with your prosthetist and your doctor. You are probably already doing more things for yourself than you might have thought you would. Continue. Let no one do anything for you unless you cannot do it yourself. You have entered a new world. That's true. It's not so difficult though! You will do things somewhat differently now, but you will get them done.

Whenever you think of a question, write it down before you forget it. Ask your prosthetist, your Rehabilitation representative, or your doctor. A five minute discussion may save you many days' worry.

The only thing you've got to fear is ignorance. If you are in a familiar room in your home with a chair here, a table there, you will have no fear of any kind. However, if you are there in complete darkness, your mind will fill the room with fearful things. Turning on the light switch banishes all of them.

Your future is just like that. As long as you avoid taking steps for your future—learning about it, preparing for your new limb, studying, you will be in fear. As soon as you start doing any thing at all, your fears will abruptly vanish. Over a million of us in your generation have made the step. Perhaps today is not too soon for you to make a start?