

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase

Pension Claim No. Oct. 971 679

Name of claimant.

Benjamin B. Smith

Address of Board. Baltimore, P. O.

Company F, 4, Reg't U.S.C. Inf.

Maryland, State.

Claimant's post-office address.

#1112 Laurel St., Balto., Md.

July 30, 1901, 190

[Date of examination.]

Cause of disability.

Rheumatism and right inguinal hernia, left inguinal hernia, disease of heart, injury to left knee and back, disease of kidneys, injury to hip and shoulder.

He receives a pension of Six dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: "Injured my shoulders, hips and back, carrying logs while in service. Causes me much pain in walking and working."

The outlines of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

Birthplace, Baltimore Co., Md.; age, 60 years; height, 5-7; weight, 150 pounds; complexion, yellow; color of eyes, brown; color of hair, black; occupation, laborer; permanent marks and scars other than those described below, none

We hereby certify that upon examination we find the following objective conditions:

Here give a full description of the disabilities, in accordance with Book of Instructions.

Pulse rate, 80, 86, 90; respiration, 18, 20, 26; temperature, 98;

Rheumatism; Heart: All joints and muscles normal in size and function. He has no objective symptoms of rheumatism.

Heart--Apex impulse felt in fifth interspace, one inch to right of left nipple. Cardiac dullness extends from apex, to middle of sternum and to fourth left chondrocostal articulation. Action is regular, and valves are in good condition. He has no dyspnea, oedema or cyanosis. No hypertrophy or dilatation.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Hernia: He has a right, oblique, complete, inguinal hernia. Tumor 3 X 3 inches. Reducible, can be retained. The hernia passes through the external ring and descends into the scrotum. The external ring admits the end of thumb. No left hernia. Hydrocele and varicocele excluded.

He presents no symptoms of injury to either knee, back, hips or shoulders.

Kidneys: He has no anaemia, uraemia or degenerations. No local oedemas or dropsies. Urine is pale. S. G. 1020. Acid. No albumen or sugar.

He has a sebaceous tumor, 2 X 3 inches in diameter, over the left hip. It is soft, freely movable and painless. Causes no disability.

Except as above, all organs normal. Chest symmetrical; expiration 35, rest 36, inspiration 38.

No other disability found to exist.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

He presents no evidence of syphilitic infection or other vicious habits. His skin, hair, bones, glands, penis and mucous surfaces are in a healthy condition.

We find that the aggregate permanent disability for earning a support by manual labor is due to single, Inguinal Hernia, which passes through the external ring, not due to vicious habits, and warrants a rating of \$10.00.

A. O. White, Pres. Geo R. Rabe, Sec'y. G. Sam Farnham Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (Old No. 3-156) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.