

# SURGEON'S CERTIFICATE.

Insert character and number of claim.

Original

Pension Claim No. 866 537

Name of claimant.

John Gale

Address of Board.

Baltimore, P. O.

Private Company E, 7, Reg't U.S.C. Vol. Inf.

Maryland, State.

Claimant's post-office address.

#243 Chestnut St., Balto., Md.

May 15, 1900

[Date of examination.]

Cause of disability.

Scurvy, rupture or injury to privates and wrist, rheumatism, catarrh of head, pain in back, kidney trouble, dyspepsia, affection of stomach, heart receives a pension of ----- dollars per month. disease, deafness, general debility.

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

He makes the following statement upon which he bases his claim for Original Pension [Original, increase, restoration, etc.]  
 "Contracted rheumatism while in service. Not able to perform manual labor on account of rheumatism."  
 White Washer.

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

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

Pulse rate, 78, 84, 90, respiration, 18, 22, 28, temperature, 98, [Sitting, standing, after exercise.]

height, 5 feet 7 inches; actual weight, 136 pounds; age, 58 years.

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

Scurvy Three molars are missing from upper jaw and one molar from lower jaw. Remaining teeth are decayed and discolored. Gums retracted, spongy and tender. He has no other symptoms of scurvy. No rating.

Rupture. All abdominal rings normal. No tumor or hernia of either side. No hydrocele or varicocele. No rating.

The actual or probable origin of every existing disability must be fully set forth.

No symptoms of injury to Privates. No rating.

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.

No symptoms of injury to Wrist. No rating.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

Rheumatism; Back and Heart. No deformity or limitation of motion of joints. He has general muscular soreness, extending over whole body, and lumbar muscles and muscles of back, neck and thighs are painful in stooping and rising. Heart normal in size, position and function. No hypertrophy or dilatation. No dyspnea, cyanosis or oedema. His movements indicate that he suffers great pain. He has no objective symptoms of rheumatism, but we believe that he suffers as alleged. Rating 8/18.

Catarrh. Mucous membrane of nasal passage normal. Eustachian tubes pervious. Hearing not impaired. No catarrh. No rating.

Kidneys. No local oedemas or dropsies. No anaemia, uraemia or degenerations. Urine light amber. S. G. 1020. Acid. No albumen or sugar. No rating.

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

Dyspepsia; Stomach. All digestive organs normal in size and function. No abdominal soreness. Rectum normal. Is in good physical condition. No symptoms of dyspepsia or affection of stomach. No rating.

Deafness. Each external and internal auditory apparatus in normal condition. Can hear with each ear ordinary conversation at a greater distance than six feet. No rating.

General Debility is due to rheumatism, and rated above.

A. A. White, Pres. Geo. R. Graham, Sec'y G. Lane Van Dyke, 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 (3-111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.