

981-3-2014-75

ADJOINED MEETING

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

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

ORIGINAL [State above whether for original, increase, or restoration.]

Pension Claim No. 778491

Name and rank of claimant.

JOHN DUNCAN, Rank, PRIVATE

Company I 19th Reg't U.S.C.T. BALTIMORE MD. State,

Claimant's post-office address.

#517 N. SPRING ST. BALTO. MD. FEBRUARY 16th. 1891

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: Chronic diarrhoea; Weak back and Kidney disease.

If pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of 0 dollars per month.

He makes the following statement upon which he bases his claim for ORIGINAL [Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

Contracted diarrhoea while in the service and has several attacks during the year.

Has pain in the back with difficulty in holding his water.

Suffers with internal piles. Rupture of left side.

Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 17; temperature, N; height, 5 feet 5 inches; weight, 135 pounds; age, 42 years. General physical condition is below par.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

Area of hepatic dulness is increased with sensitiveness in the hepatic and splenic regions and some general abdominal tenderness.

Rectum: Hemorrhoidal vessels are somewhat engorged but there are no hemorrhoids. Anus is patulous.

Complains of pain in the back. There is no sensitiveness in the lumbar regions.

Has some irritability of neck of bladder.

No disease of Kidneys. Urine is normal.

Left inguinal hernia, complete, prolapsed into the scrotum.

Tumor is six inches long by four inches in diameter, forcing the testicles to the bottom of the scrotum.

Reducible and can be retained. External ring is very patulous admitting the ends of three fingers.

Heart and Lungs are normal.

No other disability exists.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 6/18 rating for the disability caused by Diarrhoea for that caused by Left ing. Hernia, and specific for that caused by

A. P. White, Pres. E. S. Quinn, Sec'y. Geo. R. Latham, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

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