

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase

Pension Claim No. 249 994

Name of claimant.

Henry T. Green

Address of Board.

Baltimore, P. O.

Private Company A, 4, Reg't U.S.C. Inf.

Maryland, State.

Claimant's post-office address.

#1724 Mullikin St., Balto., Md.

October 30, 1900

[Date of examination.]

Cause of disability.

Gunshot wound of left forearm, injury of ankle, disease of eyes, kidneys, Back, lungs, hemorrhages, diarrhoea, asthma and rheumatism. He receives a pension of Eight dollars per month.

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 Increase Pension [Original, increase, restoration, etc.] "Received gunshot wound of forearm and injury to ankle while in service. Not able to perform manual labor on account of weakness of left arm and rheumatism." Laborer.

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, 80, 84, 90, respiration, 18, 24, 28, temperature, 98, [Sitting, standing, after exercise.]

height, 5 feet 7 inches; actual weight, 176 pounds; age, 58 years.

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

Gunshot wound. He has a transverse scar on inner aspect of the middle of the left forearm, 3 inches long and 1/2 inch wide; superficial, slightly adherent, dragging and sensitive. Extension of the forearm is impaired about 10%. The supination and pronation unimpaired.

No injury to either Ankle.

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

Eyes. External and internal structures each eye normal. Vision each eye 20/40.

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.

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

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."

Back; Rheumatism. No deformity or limitation of motion of joints. He complains of severe pain in all his large joints upon manipulation. His lumbar muscles are sore to touch and painful in stooping and rising. Heart normal in size, position and function. No hypertrophy or dilatation. No dyspnea, cyanosis or oedema.

Lungs; Hemorrhages; Asthma. Has dullness on percussion over upper lobes of each lung, anteriorly and posteriorly. Respiratory sounds are harsh with coarse mucous rales. He has a severe cough and raises a thick, yellow mucous. He has no night sweats, and has not lost flesh. Chest measures, expiration 39, rest 40, inspiration 42. He has chronic bronchitis. No symptoms of Ashtma. or Hemorrhages.

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

Diarrhoea. All digestive organs normal in size and function. No abdominal soreness. Rectum normal. Is in good physical condition.

Except as above, all organs normal.

We find that the aggregate permanent disability for earning a support by manual labor is due to Gunshot wound, rheumatism and Chronic Bronchitis, not due to vicious habits, and warrants a rating of \$12.00

A. A. White, Pres. Geo. R. Baker, Secy. G. Lane Tamplin, 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.