

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, etc.

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. Increase Pension Claim No. 80,880

Name and rank of claimant. Mathias Price, Rank, Private

Company I. I. Reg't U.S.C.T. Balto, Md. State, Balto, Md.

Claimant's post office address. Baltimore Md. (Post office address of the Board.) Oct. 19, 1887  
(Date of examination.)

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 in the service, viz:

Cause of disability. G. S. W. of left hand with loss of index and second fingers.

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of \$8.00 dollars per month.

Pulse rate per minute, 68; respiration, 17; temperature, 98 1/2; height, 5 feet 6 inches; weight, 145 pounds; age, 44 years.

He makes the following statement upon which he bases his claim for † Increase that he is worse.

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

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as to total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

Upon examination we find the following objective conditions: General appearance healthy. Thoracic & abdominal viscera sound. Index & second fingers of left hand off at middle of 2nd phalanx. Stump healthy. Stump may be flexed at metacarpophalangeal articulation to an angle of 45° by applicant, and to nearly a right angle by Surgeon. Proximal phalanges of left ring & little fingers may be flexed by applicant to an angle of 45°. The 2nd. phalanx to a right angle & distal phalanx to 45° by applicant. Surgeon can complete the flexion to palm of hand. The left thumb is unimpaired. Left wrist joint unimpaired, but the usefulness of this hand for holding small articles except with thumb, is almost gone, and we think present rating about right.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a total

Rate for each cause of disability. If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.

rating for the disability caused by G. S. W. of left hand & results. for that caused by \_\_\_\_\_, and \_\_\_\_\_ caused by \_\_\_\_\_

\* See the back.  
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

J. G. Koffman, Pres. W. H. Reynolds, Sec'y. S. K. Mumick, Treas.

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