3—155.
(Old No. 3—111.)

F

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. Cert. 697 441

Name of claimant. Richard A. Harris

Private Company B, 39 Reg't U.S.C.Inf
[Rank.]

Claimant's post-office address. #507 Short St., Balto., Md.

Address of Board. Baltimore, P. O. Maryland, State.

October 6, 1900
[Date of examination.]

Cause of disability. Rheumatism, disease of heart, head, feet, eyes, ears, kidneys, back, general debility, paralysis of right side.

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.]

Contracted rheumatism, disease of feet and back while in service. Not able to perform manual labor on account of disease of heart, kidneys 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, 78, 84, 96 [Sitting, standing, after exercise.], respiration, 18, 22, 28 [Sitting, standing, after exercise.], temperature, 98, height, 5 feet 3 inches; actual weight, 120 pounds; age, 59 years.

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

Rheumatism; Heart; Feet; Back. Has crepitation in both shoulders, elbows and ankles with pain on motion. He is unable to raise either arm to the vertical position, owing to pain and contraction of tendons and muscles at the shoulder joint. He walks awkwardly and with great difficulty, owing to the pain in his ankles and feet. There is no deformity of joints. All his muscles are sore to touch, and his lumbar muscles and muscles of thighs are painful in stooping and rising. Heart normal in size, position and function. No hypertrophy or dilatation. No dyspenea, cyanosis or oedema. He is suffering severely from rheumatism.

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

Head; Paralysis. No impairment of mental, spinal or nervous functions. No chronic meningitis. No vertigo, spasms, convulsions or nausea. No arcus senilis. No paralysis, local or general. Breathing regular. No difficulty swallowing. No impairment of coordination of movements. No muscular tremor.

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."

Eyes. External and internal structures each eye normal. Vision each eye 20/70.

Ears. Each external and internal auditory apparatus in normal condition. Can hear with each ear ordinary conversation at a greater distance than six feet.

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

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

No symptoms of General Debility.

Except as above, all organs normal. Chest measures, expiration 32, rest 33, inspiration 35.

We find that the aggregate permanent disability for earning a support by manual labor is due to Rheumatism, not due to vicious habits, and warrants a rating of $10.00.

A. A. White, Pres. Geo R. Graham Sec'y. G Lane Tompkins, 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.

6—552