

3-111.

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase

Pension Claim No. 647,706

Name of claimant.

Eli Fisher

Address of Board.

Baltimore P. O.
Maryland State.

Claimant's post-office address.

Pvt Company C. 30 Reg't US Col.
[Rank.]
2107 Division St

March 15th, 1899
[Date of examination.]

Cause of disability.

Left inguinal hernia - loss of eye sight and rheumatism - paralysis of right side & leg.

He receives a pension of 8 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
He has a rupture, rheumatism + poor sight
He was paralyzed two years ago.

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, 76-76-80, respiration, 18-18-20, temperature, 2
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, 5 feet 7 inches; actual weight, 198 pounds; age, 57 years.

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

Left Inguinal hernia = There is a left direct inguinal hernia of 10 inches in circumference which passes through the external abdominal ring & descends into scrotum. The size of ring is 2 1/2 inches in circumference. The hernia is reducible & can be retained by a properly fitting truss. There is no tumor in right groin - Rate 10/18.
Loss of eyesight = The lids are healthy - cornea transparent - pupils of natural size & respond slowly to light & shade - Vision - Both eyes + right eye 20/60 left eye 20/40 - Rate 4/18.

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.

Rheumatism = no objective evidence of rheumatism all joints & muscles normal - Rate 7/18.

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."

Paralysis of right side & leg = There is right hemiplegia. The sensory & motor disturbances extend from the right shoulder joint to fingers of right hand & from the right hip to the right foot. The grasp of right hand is considerably lessened & in locomotion there is a partial limp in right leg. The apparent condition of brain is normal. Though the memory seems impaired. There is no aphasia or epilepsy or spasms of any character. There is a stammer in his speech, which he dates from his attack of paralysis two years ago. Sensory disturbance in the muscles of the throat & neck is not apparent. The heart & bloodvessels are normal. Vision is impaired. Hearing is normal - Rate 10/18.

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

no other disability found to exist
no evidence of vicious habits

W. J. Foxton, Pres. H. J. Janney, Sec'y. W. B. Ireland, 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.

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