

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. Restoration & New Pension Claim No. 194,780

Name and rank of claimant. Benz. Adams, Rank, Pr.

Company C, 30 Reg't U.S.C.T. | Batts. State, _____

Claimant's post office address. Batts. Md. | May 23rd, 1888.
(Post office address of the Board.) (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. double inguinal hernia for which applicant was pensioned at 6 yrs. His test was dropped from the rolls May 16 1882, disability having ceased - & shell-wound of right side rheumatism & general debility -

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of 0 dollars per month.

Pulse rate per minute, 90; respiration, 18; temperature, 98 1/2; height, 5 feet 6 1/2 inches; weight, 145 pounds; age, 53 years.

He makes the following statement upon which he bases his claim for Rest. & New.

Here give the claimant's statement as briefly and as compactly as possible. That the above were incurred in "The Service" & do now exist.

The find: General appearance healthy. Lungs & abdominal viscera sound. No hernia present. The left inguinal rings are patent - right index finger passed readily through & when applicant coughs a mass of gut, size of hickory nut presents at internal ring & seems to push the finger back into the canal & the wound is that the gut

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. Upon examination we find the following objective conditions: does not come out on the exam. try the intestine recedes again into abdominal cavity. The right abdominal rings are slightly patent & when right index finger passes up to internal ring, an impulse is immediately felt also when applicant coughs. This is a good subject for hernia & as in coughing so on heavy lifting, the gut no doubt becomes more or less engaged in the internal ring & possibly in the canal (left) causing pain as alleged. A truss would be of benefit in giving support.

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 1/2, 3/4, 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. A circular pigmented discoloration, size of 2 1/2" pain & it noted on outer aspect of right hip-joint - site he says of shell-wound. Right hip-joint unimpaired. No atrophy. Temperature, tactile sensation normal. No scars, dislocations or other external evidences of injury by shell-wound of left side. Joints, muscles, ligaments normal. Tendons furnish objective evidence of chronic strain. Cordiac-axa, a perfect & valves of heart normal on percussion, palpation & auscultation. Man stands & walks well with eyes closed. Patella-reflex & ankle-clonus normal. Testes palpation & temperature normal. Tongue protruded straight & speech & intelligence normal.

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 0

Rate for each cause of disability. 0 rating for the disability caused by double inguinal hernia, 0 for that caused by shell-wound of right side, and 0 caused by rheumatism & general debility

If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.

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

J. H. Hoffman, Pres. W. H. Reynolds, Sec'y. H. K. Muncie, Treas.

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