3—155 T. W.

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 611,418

Name of claimant. William E. Wheeler

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

Company A 4th Reg't U.S.C.Inf

Claimant's post-office address. 618 S. Ann St

May 8th, 1905
[Date of examination.]

Names of disabilities. Rheumatism,diarrhoea,piles,asthma,affection of left leg,general debility,disease of heart,bowels and stomach and kidneys,catarrh of head,dyspepsia,varix of right leg.

He receives a pension of 10 dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Rheumatism,asthma,piles,heart disease and varicose veins of left leg for years-cause unknown.

Birthplace, Maryland; age, 58 years; height, 5-5; weight, 135 pounds; complexion, negro; color of eyes, brown; color of hair, gray; occupation, laborer; permanent marks and scars other than those described below, none

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 80- 80- 88 [Sitting, standing, after exercise.]; respiration, 20- 20- 26 [Sitting, standing, after exercise.]; temperature, N;

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

RHEUMATISM-Soreness and crepitation in both shoulder joints with pain complained of upon motion-no enlargement of joints-no atrophy or swelling of muscles-no contraction or impaired motion. All other muscles and joints normal.
DIARRHOEA-No emaciation or debility-condition of skin,tongue, stomach,liver and spleen normal.
PILES-There is one external and 2 internal piles of 2 inches each in circumference,sensitive and inflamed-no ulceration or disposition to bleed-the hemorrhoidal vessels are engorged and rectum slightly inflamed.
ASTHMA-No objective evidence of asthma.
AFFECTION OF LEFT LEG-There is a varix of internal saphenous of left leg of 5 inches in circumference-no tendency to rupture-surrounding integument healthy-no other evidence of varix.
GENERAL DEBILITY-Muscular and well nourished.
DISEASE OF HEART-Apex beat in 6th interspace on a line with nipple and evident upon inspection-area of impulse two inches laterally-percussion dullness from left nipple line to right border of sternum,denoting hypertrophy of left heart. Auscultation veveals normal heart sounds and absence of murmurs-no edema or dyspnoea-no cyanosis-arteries hard and stiff.
DISEASE OF BOWELS AND STOMACH-No objective evidence.
DISEASE OF KIDNEYS-Specific gravity 1020-acid reaction-amber color-no albumin, sugar or other abnormal deposits.
CATARRH OF HEAD-Condition of naso-pharynx normal.
DYSPEPSIA-No evidence-tongue clean-skin moist-bowels regular
VARIX OF RIGHT LEG-No objective evidence.
LUNGS-Chest at rest 36-full inspiration 38-full expiration 36. Percussion and auscultation reveal a normal condition of lungs and bronchi.
No other disability found to exist.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

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.

No evidence of vicious habits.
We find that the aggregate permanent disability for earning a support by manual labor is due to Rheumatism,piles and heart disease,not due to vicious habits, and warrants a rate of $10 a month.

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

C. T. Scudder, Pres. B. F. Jarrett, Sec'y. R. Downs, Treas.

6—552b

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

8C-4126-189-3