

3-155 T. W.  
Old No. 3-111.

# SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase

Pension Claim No. 1 001 778.

Name of claimant.

John A. Smith alias James A. Reynolds

Address of Board.

Baltimore, P. O. Maryland, State.

Claimant's post-office address.

#2233 Division St., Balto., Md.

January 24, 1905, 190

[Date of examination.]

Names of disabilities.

Rheumatism, vertigo, disease of head, stomach, heart, kidneys and bladder, rupture left side, general debility, impaired vision, nervous affection, neuralgia, disease of chest. He receives a pension of Six 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: "Contracted rheumatism since service. Cannot do any work because of pains."

Birthplace, Maryland; age, 65 years; height, 5-5; weight, 130 pounds; complexion, Olive; color of eyes, Dark; color of hair, Black; occupation, None; permanent marks and scars other than those described below, None

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

Pulse rate, 70, 74, 80; respiration, 14, 16, 24; temperature, 98; [Sitting, standing, after exercise.]

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

Rheumatism; Heart: He has crepitation in both shoulders and left knee. Flexion of the left leg upon the thigh is impaired 50%, owing to pain and contraction of tendons and ligaments at the knee joints. His lumbar muscles are atrophied 25%, and are exceedingly sore to touch and painful in stooping and rising. He walks slightly lame with the left leg and drags it in walking.

Heart normal in size, position and function. No dyspnoea, cyanosis or edema.

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

Vertigo; Head; Nervous Affection; Neuralgia: He has no impairment of mental, spinal or nervous functions. No vertigo, spasms, convulsions or nausea. No paralysis, local or general. No chronic meningitis. No difficulty swallowing. Breathing regular. No impairment of coordination of movements. No muscular tremor. No symptoms of neuralgia.

Stomach: All digestive organs normal in size and function. No abdominal soreness.

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.

Kidneys; Bladder: He presents no symptoms of disease of Kidneys or Bladder. Urine light amber. S. G. 1022. Acid. No albumen or sugar.

Rupture: He has a left, oblique, complete, inguinal hernia. Tumor 3 X 3 inches. Reducible, can be retained. The hernia passes through the external ring and descends into the scrotum. The external ring admits the end of one finger. No right hernia. Hydrocele and varicocele excluded.

General Debility is due to Rheumatism and Advancing Age. He has no organic disease.

Vision: External and internal structures each eye in normal condition. He cannot read, but can count fingers at a distance of twenty feet.

Chest: He has no dullness on percussion. No cough. Respiratory sounds clear. Chest symmetrical; expiration 34, rest 35, inspiration 36.

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

No other disability found to exist. He presents no evidences of vicious habits.

We find that the aggregate permanent disability for earning a support by manual labor is due to Rheumatism, Single, In-

Allen Rodson, Pres. Leo R. Graham, Secy. G. Lina Taylor, Treas.

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

Marginal entries must never be made.