(3—111.)

☞ 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. — Inv. Pension Claim No. C. 130,793

Name and rank of claimant. — Jno. A Burns, Rank, Sergt.

Company F, 19 Reg't U.S.C.T. | Balto. State,

Claimant's post office address. — 575 W. Hoff. St. Balto. | (Post office address of the Board.) Sept 26th, 1888
(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. — G.S.W. left hand resulting in loss of power in said hand, extending to shoulder, also pain in small of back and deafness left ear.

If a pensioner, fill in the amount; if not, erase the whole line. — and that he receives a pension of 4 dollars per month.

Pulse rate per minute, 70; respiration, 17; temperature, 98½; height, 5 feet 8 inches; weight, 155 pounds; age, 47 years.

He makes the following statement upon which he bases his claim for† Inc. that he is worse

Here give the claimant's statement as briefly and as compactly as possible.

Upon examination we find the following objective conditions: General appearance healthy. Thoracic & abdominal viscera sound. A linear scar 3 in. long 1/4 in wide situated on superior aspect of metacarpal bone of left thumb & its phalange, non-depressed, adherent to soft parts, sensitive (he says). Distal phalanx of left thumb cannot be flexed by applicant or surgeon beyond angle of 5° but may be completely extended by applicant; inability to flex due to inflammation, adhesion & contraction of tendon. Metacarpo-phalangeal articulation unaffected. Left thumb slightly smaller than right. Grip of left hand but slightly impaired, possibly 1/4. Left fore-arm & arm unimpaired. No external evidence of injury or pain in small of back. Left auditory canal is packed with hardened wax. Rhinoscopic view of Eustachian tubes could not be had owing to irritable throat. Left ear hears watch 2/8 & ordinary tone of voice 12 in. off. Right ear normal.

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.

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 ¼, ½, 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.

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 4/18 rating for the disability caused by G.S.W. left hand, & 0 for that caused by pain in back, and 2/18 caused by deafness left ear.

Rate for *each* cause of disability. 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. Geo. B. Reynolds, Sec'y. A. K. Merrick, Treas.

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

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