

3-111.

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

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.

Increase

Pension Claim No. 624,582

Elby Rosier

Pvt Company H. 9th Reg't U.S.C.V.I.

Address of Board.

Baltimore

P. O.

Maryland

State.

[Rank.] 1309 Division St

January 26th, 1900

[Date of examination.]

Rheumatism - heart disease - failure of sight - injury of left ankle - dis. of lungs - shortness of breath - piles - sunstroke - dyspepsia - catarrh - gravel - debility - gravel - dis. of back He receives a pension of 6 dollars per month.

He makes the following statement upon which he bases his claim for Increase

He has rheumatism and failure of sight - disease of heart - Had sunstroke in service - Have no piles - Have disease of back -

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, 80-84-104, respiration, 20-22-24, temperature, 98.6

[Sitting, standing, after exercise.]

[Sitting, standing, after exercise.]

height, 5 feet 6 inches; actual weight, 150 pounds; age, 60 years.

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

Rheumatism = There is rheumatic soreness over both humeral muscles with pain and stiffness upon stooping and rising - no atrophy or swelling of muscles - all other muscles and joints normal - 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.

Disease of heart = Apex beat normal + evident upon palpation. Auscultation reveals a weakened force of heart's action, together with a diastolic murmur of loudest intensity at apex beat, denoting mitral stenosis. There is dilatation of right ventricle with dyspnoea + recurrent oedema of both ankles - no cyanosis - Rate 8/18.

Failure of sight = Vision of both eyes + right or left eye 20/40 - Lids healthy - cornea transparent - pupils of natural size + respond readily to light + shade - Rate 2/18.

Injury of left ankle = no evidence of injury of ankle - Rate 9/18.

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."

Disease of Lungs = The chest is symmetrical and measures at rest 36 inches - full inspiration 38 1/2 inches - full expiration 36 inches. Percussion elicits a clear sound and auscultation reveals a respiratory murmur. The bronchi are normal - Rate 7/18.

Shortness of breath = Due to cardiac dyspnoea - Rate 7/18.

Piles = The rectum is normal - Rate 7/18.

Sunstroke = no chronic meningitis - no intolerance of heat - occasional headaches complained of - no vertigo - memory good - apparent condition of brain + its membranes normal - Rate 7/18.

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

Dyspepsia = Tongue clean - skin moist - abdominal organs normal - no evidence of dyspepsia - Rate 7/18.

Catarrh = no objective evidence of catarrh - Rate 7/18.

Gen. debility = no evidence of debility - Rate 7/18.

Gravel = no objective evidence of gravel - Urinalysis reveals a specific gravity of 1.020 of acid reaction - amorphous urates + absence of deposits - Rate 7/18.

Dis. of back = Inscribed under rheumatism - Rate 7/18.

No other disability found to exist - no evidence of vicious habits -

18 Pres. H. A. Janes, Sec'y D. C. 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.