

EXAMINING SURGEON'S CERTIFICATE

IN THE CASE OF AN ORIGINAL APPLICANT.

No. 358-095

Name of claimant, *Geo Chambers*

Rank, *musician*

Company,

Regiment, *19*

State, *W. S. D. T.*

EXAMINING SURGEON'S ADDRESS:

Post office, *Baltimore*

County,

State, *md*

Date of examination, *Apr 11*, 1883.

Cause of disability and the degree.

We hereby certify That *we* have carefully examined this applicant, who claims that while in the service of the United States, at or near a place named *Petersburg Va*, and while in line of duty, on or about the *day of*, 1864, he incurred injury to *Right wrist and deafness*, and that in consequence thereof he is *totally* disabled for earning his subsistence by manual labor.

Particular description.

He states that he is *37* years of age, that he weighs *160* pounds, and that he is *5* feet *5* inches in height.

His pulse-rate per minute is *74*, his respiration *16*, and his temperature *normal*.

Give the rational and physical signs so fully that how and why and how much the claimant is disabled shall clearly appear. When there are neither structural changes nor physical nor rational signs in support of the claim, that fact should be stated. Thereafter should be made in compliance with the "Instructions."

The examination reveals the following facts:

beating one inch long on outer aspect of Right wrist: movable: no dis. - 0.
Another of same dimensions on upper part of same wrist no dis. - 0.

Deafness, severe in Right ear and slight partial in left: membr. tympani of Right ear perforated. Rate $\frac{1}{4}$ " 2.00

By partial, we meant "slight"