

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase Pension Claim No. 1019,179

Name of claimant.

John Morsell

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

Claimant's post-office address.

Company 7th Reg't U.S.C. Inf
548 W. Lanvale St

Sept 19th, 1904

Names of disabilities.

Left inguinal hernia-injury to left foot and arm dis. of kidneys and back-rheumatism and gen. debility-dis. of testicles-dis. of head-vertigo-dis. of eyes-dis. of heart-malarial poisoning-dis. of lungs left side.

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 receives a pension of 6 dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Lumbago and injury to foot in service rupture and rheumatism since service-last attack of malaria 7 years ago.

Birthplace, Walvert Co. Md; age, 63 years; height, 5-4; weight, 130 pounds; complexion, Mulatto; color of eyes, brown; color of hair, black; 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, 72-72-86; respiration, 18-18-22; temperature, N;

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

LEFT INGUINAL HERNIA-There is a left oblique inguinal hernia of 9 inches in circumference which passes through the external abdominal ring but does not descend into scrotum-size of ring 3 inches in circumference-reducible and can be retained by a properly fitting truss-no tumor in right groin-no hydrocele or varicocele.
INJURY TO LEFT FOOT AND ARM-No objective evidence of injury to left foot or arm.
DISEASE OF KIDNEYS-Specific gravity 1020-acid reaction-amber color-no albumin, sugar or other abnormal deposits.
DISEASE OF BACK-No objective evidence of disease of back.
RHEUMATISM-All joints, muscles and tendons are normal in function-no objective evidence of rheumatism.
GENERAL DEBILITY-Muscular and well nourished.
DISEASE OF TESTICLES-No evidence of disease of testicles.
DISEASE OF HEAD-No evidence of disease of head.
VERTIGO-No evidence of vertigo.
DISEASE OF EYES-Lids healthy-cornea transparent-pupils of natural size and respond to light and shade-vision 20/20.
DISEASE OF HEART-The heart is normal in size, position and action. Apex beat in 5th left interspace-no dilatation, hypertrophy, dyspnoea, edema or cyanosis.
MALARIAL POISONING-No chill or fever present-condition of skin, stomach, liver and spleen normal-digestive functions properly performed.
DISEASE OF LUNGS-Chest at rest 36-full inspiration 38-full expiration 35 1/2-Percussion and auscultation reveal a normal condition of lungs and bronchi.
DISEASE OF LEFT SIDE-No evidence of disease of left side.
No other disability found to exist.
No evidence of vicious habits.
We find that the aggregate permanent disability for earning a support by manual labor is due to Left inguinal (complete) and age not due to vicious habits, and warrants a rate of \$8 a month.

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.

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

C. T. Scudder, Pres. H. A. Jarrett, Sec'y. B. B. Bennett, Treas.

MSA SC 4124 292 176

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

Marginal entries must never be made.