

3-155.
Old No. 3-111.

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase

Pension Claim No. 610 041,

Name of claimant.

Joseph West

Address of Board.

Baltimore,

P. O.

Company H, 39, Reg't U.S.C. Inf.

Maryland,

State.

Claimant's post-office address.

#617 W. Saratoga St., Balto.,

Md.

November 24, 1903, 190

[Date of examination.]

Names of disabilities.

Rheumatism, lumbago, disease of kidneys, eyes, respiratory organs, heart, general debility, piles, vertigo.

He receives a pension of ----- 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: "Have pains all over me contracted by exposure since war. Cannot work."

Birthplace, Baltimore, Md.; age, 59 years; height, 5-6; weight, 156 pounds; complexion, Dark; 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, 76, 80; respiration, 14, 18, 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; Lumbago; Heart; General; Debility: All his movmenents indicate that he suffers severely with muscular rheumatism. His muscles are soft and have lost their elasticity, and are sore to touch. His lumbar muscles are exceedingly sore to touch and painful in stooping and rising. He has crepitation in each knee, and flexion of his legs upon the thighs is impaired 50%, owing to pain and contraction of tendons and ligaments at the knee joints. He is chiefly debilitated from the effects of rheumatism. Heart normal in size, position and function. Apex impulse apparent by palpation in fifth interspace, one inch to right of left nipple. He has no dyspnoea, edema or cyanosis.

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

Kidneys: He has no anaemia, uraemia or local dropsies. Urine light amber. S. G. 1020. Acid. No albumen or sugar.

Eyes: External and internal structures each eye in healthy condition. Vision each eye 20/20.

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.

Respiratory Organs: He has no dullness on percussion. No cough. Respiratory sounds clear. Chest symmetrical; expiration 34, rest 36, inspiration 37.

Piles: He has no piles. His rectum is in healthy condition.

He presents no symptoms of Vertigo.

No other disability found to exist. He presents no symptoms of syphilitic infection or other vicious habits.

We find that the aggregate permanent disability for earning a support by manual labor is due to Rheumatism and consequent General Debility, not due to vicious habits, and warrants a rating of \$8.00.

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

A. A. [Signature], Pres. Geo. R. [Signature], Sec'y. G. Law [Signature], Treas.

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

Marginal entries must never be made.