

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase

Pension Claim No. 610 041.

Name of claimant.

Joshua E. West

Address of Board.

Baltimore, P. O.

Maryland. State.

Claimant's post-office address.

#617 W. Saratoga St., Balto., Md.

November 10, 1906, 190

[Date of examination.]

Names of disabilities.

Rheumatism, weak back, disease of kidneys, piles, impaired vision, disease of respiratory organs, shortness of breath, disease of heart and age, general debility.

He receives a pension of ~~Six~~ 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: "Cannot perform much manual labor, owing to rheumatism and effects of age. Contracted disabilities since service."

Birthplace, Baltimore, Md.; age, 62 years; height, 5-6; weight, 153 pounds; complexion, Brown; color of eyes, Dark; color of hair, Gray; occupation, None; permanent marks and scars other than those described below, Scar on left wrist

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 82, 88, 90; respiration, 17, 20, 28; 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; Back: He has crepitation in left shoulder. He is unable to raise the left arm above the horizontal position, owing to severe pain in the shoulder joint. Both knees are crepitant. Flexion of the legs upon the thighs is impaired 30%, owing to pain and contraction of tendons and ligaments at the knee joints. All muscles are extremely sore upon manipulation. He stoops over with great difficulty, owing to pain and soreness in the muscles of his back and lumbar region.

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 disease of Kidneys. Urine amber. S. G. 1020. Acid. No albumen or sugar.

Piles: He has one external pile, 3/4 inch in diameter; ulcerated and sensitive, and showing a tendency to bleed upon irritation. He has no fissure, stricture, fistula or prolapse.

Vision: External and internal structures each eye are in healthy condition. Vision each eye 20/30.

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: His lungs are in healthy condition. Chest symmetrical; expiration 33, rest 34, inspiration 36.

Shortness of Breath; Heart: Heart is normal in size, position and function. He has no dyspnoea.

Age; General Debility: He shows the effects of age. His muscles are soft and toneless. His movements are somewhat enfeebled. He has no organic disease.

No other disability found to exist.

He presents no evidences of vicious habits.

We find that the aggregate permanent disability for earning a support by manual labor is due to Rheumatism; Piles and Senile 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.

C. M. Adams, Pres. Geo. R. ... Secy. G. Lane ... Treas.

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

Marginal entries must never be made.