

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Original
[State above whether for original, increase, or restoration.]

Pension Claim No. *741650*

Name and rank of claimant.

James Torrey, Rank, *Private*

Company *D-39th U.S.C.T. Baltimore* State *Md*

Claimant's post-office address.

1031 Harmony Ave Baltimore Md [Post-office address of the Board.]
[Date of examination.] *May 14*, 1890.

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: *Rheumatism + resulting disease of heart also chills
fever Malaria poisoning + resulting disease of back kidneys + liver*

If a pensioner, all in the amount; if not, erase the whole line.

and that he receives a pension of *0* dollars per month.

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

Here give the claimant's statement as briefly and as compactly as possible.

Rheumatism in shoulders and back. Pain about the heart. Chills + fever every month - pain in region of kidneys. Dropsical. Very much debilitated and unable to perform manual labor.

Upon examination we find the following objective conditions: Pulse rate, *92*; respiration, *19*; temperature, *100*; height, *5* feet *10* inches; weight, *148* pounds; age, *57* years.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

General physical condition is very bad. Very much emaciated - muscles of arms and legs wasted. Ascites - abdomen very protuberant and contains much ascitic fluid. Breathing is labored. Skin jaundiced, orange color. Conjunctiva yellow. Tongue whitish-dry + fissured. Bed sores of feet and ankles. Liver enlarged and hard. Cannot be outlined on account of the dropsical effusion. Spleen cannot be felt. Marked general abdominal tenderness. Rheumatism - Crepitation in all large joints with pain on motion. Heart - Apex normal - action rapid occasional intermission - no valvular lesion. Rectum - Fringe of external piles surround ing the anus. Mucous membrane congested and sensitive. Hemorrhoidal vessels enlarged. Two internal hemorrhoids 1/4 inch in diameter. Not bleeding. Urine specific gravity 1010. dark amber.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a *4/18* rating for the disability caused by *Rheumatism* for that caused *over* by *Malaria poisoning + disease of liver + kidneys* and *2nd grade* for that caused by *Ascites*.
A. H. White, Pres. *E. S. Corlym*, Sec'y. *Geo R. Latham*, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.