

(3-11.)

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, etc.

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. *Mig.* Pension Claim No. *687839*

Name and rank of claimant. *Samuel Handy*, Rank, *Privt.*

Company, *6 Co. U.S.T.C.*, Reg't *Balto. Md.* State, *Balto. Md.*

Claimant's post office address. *1226 Ohio Ave. Balto. Md.* (Post office address of the Board.) *March 27*, 188*9*.
(Date of examination.)

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 in the service, viz:

Cause of disability. *Rheumatism*

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of *0* dollars per month.

Pulse rate per minute, *70*; respiration, *17*; temperature, *98 1/2*; height, *5* feet *5* inches; weight, *135* pounds; age, *33* years.

He makes the following statement upon which he bases his claim for *Mig.* that *incurred above in the service.*

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

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as to total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

Upon examination we find the following objective conditions: *General appearance healthy. Lungs & abdominal organs sound. Cystic tumor, size of large marble, 2 inches below vertebra prominens and 1 inch to left of spine. Ring finger, left hand, at proximal phalangeal joint is enlarged and 2nd phalanx flexed inward at an angle of 45°. Proximal & distal phalangeal joints fully ankylosed. Condition of finger due to injury while a boy and a bone felt 16 yrs. ago, so he says. Rest of left hand is unimpaired. Metatarsophalangeal joint of each big toe is enlarged somewhat & tender on manipulation. Proximal phalanx of each great toe is abducted & fixed at an angle of 65°. Distal phalangeal joints of each great toe are normal. The ends of the two toes adjoining right great toe rest upon the great toe. Toes of left foot are like the right. Cardiac area, apex beat & valves of heart all normal on percussion, palpation & auscultation. Whether condition is due to rheumatism or not cannot say. Applicant is not positive. He complains of pain in back on percussion & palpation, and there appears to be some stiffness & atrophy there. We believe he has lumbergo and later for same.*

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, *probable* that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a *2/8*

Rate for each cause of disability. *rheumatism* for that caused by *rheumatism*, and *_____* caused by *_____*

If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.

* See the back.
Here state whether for original, increase, restoration, or renewal, or for a re-rating.

J. H. Keffman, Pres. *W. D. Reynolds*, Sec'y. *J. R. Munch*, Treas.

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

SC 4126-370-45