☞ 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. — Increase — Pension Claim No. 186.109

Name and rank of claimant. — William Wells — Rank, private

Company "C" 19' Reg't U.S.C.T. — Washington DC — State, (Post office address of the Board.)

Claimant's post office address. — 574 St. Mary St Baltimore Md — Sept 17, 1888 (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. — G.S.W. of right wrist and partial paralysis also from fever or Rheumatism

If a pensioner, fill in the amount; if not, erase the whole line. — and that he receives a pension of twelve (12/18) dollars per month.

Pulse rate per minute, 88; respiration, 17; temperature, normal; height, 5 feet 5 inches; weight, 165 pounds; age, 49 years.

He makes the following statement upon which he bases his claim for† increase

Here give the claimant's statement as briefly and as compactly as possible. — Right wrist is weak in cold weather and he can't use it at all.
Is not paralyzed at all.
Has Rheumatism from knees down, Can't walk hardly, Rheumatic pains always worse at night, when he is warm in bed.

Upon examination we find the following objective conditions: There is a cicatrix one and one fourth inches in length by 1/8 inch in breadth across under surface of ulnar side of right wrist, which, he says, was caused by a gun shot. The cicatrix is adherent. The tendons of the flexor Sublimis Digitorum have been injured and those of little and ring fingers adherent to their sheaths. The two latter fingers are one half flexed and cannot be extended; while the middle and index fingers are about one fourth flexed. He can completely close the grasp but the fingers are somewhat stiff. No atrophy of fingers, hand or wrist. Loss of power in right wrist and hand. No evidence of paralysis. Has right oblique inguinal hernia. tumor 4 1/2 x 2 3/4 reducible & retainable by large padded truss. No swelling of joints or other external structural change indicative of rheumatism.

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 ½, ¼, 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.

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 4/18 rating for the disability caused by G.S.W. right wrist, 0 for that caused by partial paralysis, and 8/18 caused by right inguinal Hernia, 0 for Rheumatism.

Rate for each cause of disability. 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.

Dr. Stanton absent, Pres. [illegible] Chase, Sec'y. W.V. Marmion M.D., Treas.

8.

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

(9626—100,000.)

4126-482- 51