

Instructions

The Affiant should state in his own handwriting these facts following:

1. Length of time he has been practicing medicine.
2. Whether or not, he knew the soldier before enlistment. If he did know him, for how long a period he knew him, how intimately, and what his opinion is as to said soldier's soundness at enlistment; adding, if true, that he was sound, and particularly that he was free from the disability on which he claims pension, or any tendency thereto.
3. If he treated the soldier during his enlistment, either as his regimental surgeon or while he may have been at home on furlough, he will state his physical condition at such times, the nature and duration of his disability, and the dates of treatment.
4. Whether he has treated said soldier since his discharge. If he has, he should state—
 - (1) At about what date he first treated him.
 - (2) What his physical condition was when he first treated him, giving a full description or diagnosis of his disability.
 - (3) Period during which he has treated him, giving approximate dates where exact dates cannot be given, and if dates of prescriptions or visits cannot be given, he should state why.
5. Very Important.—He will also state what has been THE DEGREE of claimant's incapacity for manual labor, by reason of the disabilities on which his claim is based, during each month or year of the period of his treatment; in other words, what has been the average loss of time from labor, per month or year, or about what proportion of a sound able-bodied man's work he has been able to perform, whether $\frac{1}{2}$, $\frac{3}{4}$, $\frac{1}{4}$, $\frac{1}{8}$, $\frac{3}{8}$, $\frac{5}{8}$, or as the case may have been.

IMPORTANT.—The affidavit of the Physician must conform to the instructions contained in the margin, or it will not be considered by the Pension Office as satisfactory. Therefore, he should read said instructions very carefully before undertaking to prepare this Affidavit, and then embody in his statement all the facts known to him. Let the diagnosis be so full and complete that a medical man can at once unmistakably recognize the diseases, wounds, or injuries, even though they be not technically named. Where the disability is the sequel of a wound received, injury incurred, or disease contracted in the service, the pathological connection between them must be clearly and fully set forth, together with the reasons upon which he bases his conclusions.

STATE OF Maryland

COUNTY OF Kent } SS:

In the pension claim of

Chas. Carmichael
(Name of claimant.)

(Company and Regiment, or Vessel, or other organization or department.)

Personally came before me, a

Justice of the Peace

(Justice of the Peace, Notary Public, or Clerk of Court, as the case may be.)

aforesaid County and State.

Chas. W. Whelan M. D.

(Name of Physician or Surgeon.)

of Chestertown

(City or Village.)

of the County of Kent

State of Maryland

, who, being duly sworn, declares in relation to the aforesaid case as follows:

(Here follow closely instructions in the margin. If space be not sufficient, the Physician should firmly attach a sheet of paper to this

blank, and continue his statement.)

I am not able to give date as it does not lodge

The nature of his disability is a Sprained ankle

I have attended him when it has been very much inflamed & swollen (then I treated about the ankle without doubt.) I cannot state what time he can make or how as a laborer. It makes a great difference when receiving comfort.

I see him sitting around or sleeping on the street nearly every day. I know he does very little work.

The treatment in this case has been with a view to any inflammation & swelling. I have given him Iodine & Nit. Argentum. Given also Potassium. Given also Rad. Dr. Digitalis & also some Tonic & Stim.

And he further declares that he has no interest in said case, and is not concerned in its prosecution.

Chas. W. Whelan M. D.
(Signature of Physician or Surgeon. If ever in the Army, give rank and service.)

THE PHYSICIAN IN FILLING THIS BLANK SHOULD NOT REFER TO THE MARGINAL INSTRUCTIONS BY NUMBERS, BUT SHOULD WRITE HIS STATEMENT IN NARRATIVE FORM.

This Blank is prepared by GEORGE F. LEMON, of Washington, D. C., and is Exclusively for his use.