(3—111.)

☞ 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. Original Pension Claim No. 725266

Name and rank of claimant. Madison Hensell, Rank, Private

Company F, 9" Reg't U.S.C.T. | Baltimore, State Md
(Post office address of the Board.)

Claimant's post office address. 642 Jasper St. Baltimore (Date of examination.) December 31", 1889.

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. Wound of right hip. Deafness.

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, 80; respiration, 18; temperature, N; height, 5 feet 9 inches; weight, 175 pounds; age, 45 years.

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. Cannot work full time on account of pain in hip which at times keeps him from sleeping about Complains of deafness in both ears.

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 ¼, ½, 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 physical condition fair. There is a small superficial scar on right side over anterior inferior spine of ilium about ½ inch in diameter claimed to have been caused by piece of shell. There was no rigidity to bony movements of body not interfered with Ears. Auditory canals are clear. Tympani are opaque in appearance Hearing. Right 5/40 Left 5/40 Claims to have difficulty in hearing ordinary conversation - mucous membrane of pharynx and posterior nares is congested - Eustachian openings are normal but tubes are probably nearly occluded as there is difficulty in inflating ears. No other disability

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 8

Rate for *each* cause of disability. If prolonged by vicious habits, the word *not* should be erased and the reason for the erasure given. rating for the disability caused by Wd. Right hip for that caused by Specific caused by Deafness nearly total one ear - slight in other

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

A. A. White, Pres. E. Lowe. Geo R Baker, ~~Treas.~~

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

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