

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 Co. 19 Reg't U.S.C. State, Washington D.C.

Claimant's post office address. 574 - S. Maryland St. Baltimore Md. (Date of examination.) Sept 17, 1888

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.M. of right wrist and partial paralysis also bone 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

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. Rheumatism pains always worse at night, when he is warm in bed.

Upon examination we find the following objective conditions: There is a cicatrix on 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 4th and 5th digits 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 in activity of movement. Hand and wrist loss of power of right wrist and hand. No evidence of paralysis. There is no oblique inguinal hernia. Tumor 4 1/2 x 2 1/4 reducible & retainable by ligature padded tissue. No swelling of joints or other external structural change indicative of rheumatism.

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

Rate for each cause of disability. rating for the disability caused by G.S.M. right wrist, 0 for that caused by partial paralysis, and 4/18 caused by right inguinal hernia, 0 for Rheumatism.

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

Dr. Stanton Abbott, Pres. Dr. J. H. Rose, Secy. Dr. William M. D.

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

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