

ORIG

AMNER.

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used wherever 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.

Name and rank of claimant.

Claimant's post office address.

Pension Claim No.

Rank

Original
Nathaniel Hickman
Company V, 7th Reg't U. S. C. T. Baltimore
749 Raborg St Balto Md
Post office address of the Board.
December 4th, 1889.
(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.

If a pensioner, fill in the amount; if not, erase the whole line.

Pleurisy, Cough, Hemorrhages, Disease of lungs, Disease of heart, Rheumatism, Scurvy & effects of Anthrax, Mumps, Disease of Throat & Testes

Pulse rate per minute, 100; respiration 24; temperature, 100; height, 5 feet 5 1/2 inches; weight, 125 pounds; age, 43 years.

He makes the following statement upon which he bases his claim, for + Original
Claims that as result of above disabilities he is unable to perform manual labor
Has severe cough with expectoration and occasional hemorrhage

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 1, 1/2, 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 below par. Somewhat emaciated. Skin and conjunctival normal. Tongue slight brownish coating. Chest measurement - 33 1/2. Inspiration 34, Expiration 33. Right lung - slight dullness over upper lobe with increased vocal resonance - also some increase over lower lobe posteriorly. No rales. Harsh bronchial respiration over both lungs especially the right. Left lung - percussion sounds are normal but complainable of sensitiveness. No evidence of Pleurisy. He evidently suffers from Bronchitis. No crepitation or deformity of joints. But complainable of sensitiveness in handling of the limbs. Probably suffers from Rheumatism. Heart - normal - except some roughening of second sounds. Scurvy - gums are retracted.

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 Disease of Lungs 2/18 for that caused by Rheumatism 12/18 caused by Chr. Diarrhoea 4/18 Scurvy & results. 0 for disease of heart Throat & Testes mumps and Pleurisy

State whether for original, increase, restoration, or renewal, or for a re-rating.
A. H. White, Pres. E. S. Conly, Sec'y. Geo. R. Eubank, Treas.

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