

SURGEON'S CERTIFICATE.

Insert character and number of claim. Original Pension Claim No. 1 101 342

Name of claimant. George Preston Address of Board. Baltimore, P. O.
Private Company F. 30th Reg't U.S.C.V. inf. Maryland, State.

Claimant's post-office address. Ellicott City, Maryland. November 15, 1898
[Date of examination.]

Cause of disability. Injury to left hand, frosted feet and hands, Rheumatism.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him.

He receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for Original Pension
Contracted frosted feet and hands and rheumatism while in service.
Not able to work on account of feet."

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, which should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

We hereby certify that upon examination we find the following objective conditions:
 Pulse rate, 62, 70, 78, respiration, 18, 22, 26, temperature, _____,
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]
 height, 5 feet 5 inches; actual weight, 140 pounds; age, 63 years.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Injury to left hand. Thumb and index finger of left hand has been crushed by machinery. The distal phalanx of thumb is partly missing, and the distal joint is ankylosed. The stump is irregular in shape and very sensitive. The index finger is deformed; the proximal phalanx being flattened, and middle and distal joints of the finger ankylosed. He is unable to flex either the thumb or finger on the palm. It constitutes a serious disability in the use of the hand. Rating 8/18.

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Frosted Feet. Has lost the distal joint of great toe of right foot, and nail of the middle toe of the same foot. All the other toe-nails of the same foot are blackened and distorted. The ends of all the toes are calloused and sensitive. The left foot is normal. The disability of the right foot is due to frostbit; causes him to walk lame. Frosted foot. Rating 6/18.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

Rheumatism. Except joints described above, no deformity or limitation of motion of joints. He complains of pain in walking in all his large joints. His lumbar muscles and muscles of back and thighs are sore to touch and painful in stooping and rising. Heart normal in size, position and function. No hypertrophy or dilatation. No dyspnea, cyanosis or oedema. Rheumatism. Rating 6/18.

Except the above, all organs normal. Chest measures, expiration 34, rest 35, inspiration 37. Urine dark. S. G. 1020. Acid. No albumen or sugar.

No evidence of vicious habits.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

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W. A. White, Pres. Geo R. Kahane, Sec'y. G. Lane Taneyhill, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3-111g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.