

DUPLICATE FOR MEDICAL REFEREE.

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. 590178

Name and rank of claimant.

Samuel Johnson

Rank, Private

Company C, 39th Reg't U.S.C.T. Baltimore

State, Md

Claimant's post-office address.

510 Morris Alley Baltimore, Md. December 18, 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.

Rheumatism and results and effects of Intermittent Fever.

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, 88; respiration, 19; temperature, 100; height, 5 feet 6 inches; weight, 148 pounds; age, 64 years.

Here give the claimant's statement as briefly and as compactly as possible.

He makes the following statement upon which he bases his claim for + Original Claims that he is unable to perform manual labor. Suffers constant pain in back - hips and legs with stiffness and soreness in the back. Claims disability originally contracted while in the service.

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.

Upon examination we find the following objective conditions: General physical condition fair for age - Skin normal in appearance. Conjunctivae are markedly yellow - tongue slight yellow coating. Crepitation in both lungs - slightly in right shoulder - No enlargement or other deformity of joints - Painful motion with stiffness of knees. Apparent difficulty in walking - sensitive to pressure upon lumbar muscles - with difficulty in stooping. Heart apex beat carried 1/2 inch to left of nipple line - Area of cardiac dullness increased - action is regular and fairly strong - Valvular sounds normal. Area of hepatic dullness is increased somewhat with marked tenderness.

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 total, &c., through the grades, without any regard to dollars and cents, and to make such full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

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 rating for the disability caused by Rheumatism and results for that caused

Rate for each cause of disability. If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.

8/18
2/18
malaria poisoning.

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

A. H. White, Pres. E. H. Orslyn, Sec'y. Geo. R. Eaton, Treas.

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