SURGEON'S CERTIFICATE.

Insert character and number of claim.

Original

Name of claimant.

William T. Richardson

Pension Claim No. 978 010

Claimant's post-office address.

Private [Rank] Company B, 19, Reg't U.S.C. Vol. Inf.

Address { Baltimore, P. O. Maryland, State.

#713 Bruce St., Balto., Md.

[Date of examination.] November 24, 1900

Cause of disability.

Catarrh, rheumatism, pains in back, disease of kidneys, diarrhoea, piles, deafness in left ear, heart trouble, also chest, weak lungs, sight, cough and general debility.

He receives a pension of _____ dollars per month.

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 makes the following statement upon which he bases his claim for Original Pension [Original, increase, restoration, etc.]

"Contracted rheumatism while in service. Not able to perform manual labor on account of lumbago." Jobbing.

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, 80, 86, 94 [Sitting, standing, after exercise.], respiration, 16, 18, 26 [Sitting, standing, after exercise.], temperature, 98, height, 5 feet 4 inches; actual weight, 126 pounds; age, 53 years.

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

Catarrh, Mucous membrane of nasal passages normal. Eustachian tubes pervious. Hearing not impaired. No catarrh.

Rheumatism; Back; Heart. No deformity or limitation of motion of joints. His lumbar muscles are atrophied 15%, and are sore to touch and painful in stooping and rising. He complains of severe pain in both knees and ankles in walking; walks awkwardly as a consequence. Heart--Apex impulse visible in fifth interspace 1-1/2 inch to right of left nipple. Transverse dullness extends from the outer end of left fourth costal cartilage across the sternum to its right margin in the fifth interspace. Action regular. Valves good. No hypertrophy or dilatation. No dyspenea, cyanosis or oedema.

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.

Kidneys. No local oedemas or dropsies. No anaemua, uraemia or degenerations. Urine pale. S. G. 1020. Acid. No albumen or sugar.

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."

Diarrhoea. All digestive organs normal in size and function. No abdominal soreness. Is in good physical condition.

Piles. Anus patulous. Rectal mucous membrane congested. Hemorrhoidal vessels engorged. He has two internal piles, each 1/4 inch in diameter; congested and sensitive with tendency to bleed. No fissure, fistula, stricture or prolapse.

Deafness. Each external and internal auditory apparatus in normal condition. Can hear with each ear ordinary conversation at a greater distance than six feet.

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

Chest; Lungs; Cough. No cough. No dullness on percussion. Respiratory sounds clear. Chest symmetrical; expiration 33, rest 34, inspiration 36.

Sight. External and internal structures each eye normal. Vision each eye 20/50.

No symptoms of General Debility.

A. A. White, Pres. Leo R. Shatzer, Sec'y. G. Lane Tompkins, 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—111 *g*) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

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