

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase

Pension Claim No.

Cert. 764 060

Name of claimant.

Archibald Jason

Address of Board.

Baltimore,

P. O.

Company G, 29, Reg't U.S.C. Vol. Inf.

Maryland,

State.

Claimant's post-office address.

Catonsville, Baltimore Co., Md.

August 13, 1901

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[Date of examination.]

Cause of disability.

Dyspepsia and rheumatism, resulting heart disease, chronic diarrhoea, disease of eyes (conjunctivitis).

He receives a pension of Six dollars per month.

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

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: "Have suffered with chronic diarrhoea ever since the war. Average four stools per day. Have had muscular rheumatism for years. Cannot do any work."

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

Birthplace, Howard Co., Md.; age, 68 years; height, 5-5; weight, 180 pounds; complexion, Yellow; color of eyes, dark; color of hair, Gray; occupation, Gardner; permanent marks and scars other than those described below, Wen on right shoulder

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 80, 84, 90; respiration, 18, 20, 24; temperature, 98

[Sitting, standing, after exercise.]

[Sitting, standing, after exercise.]

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

Dyspepsia; Chronic Diarrhoea: All digestive organs normal in size and function. He has no abdominal soreness. Rectum normal. He is in good physical condition. No symptoms of dyspepsia or chronic diarrhoea.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated. 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.

Rheumatism; Heart: All joints and muscles are normal in size and function. He has no objective symptoms of rheumatism. Heart--Apex impulse felt in fifth interspace, 1-1/2 inch to right of left nipple. Percussion dullness extends from apex of heart to the left margin of the lower half of the sternum, as high as the third costal cartilage. Action is regular, and valves are good. No hypertrophy or dilatation. No dyspnoea, cyanosis or oedema.

Eyes: The conjunctiva of each eye is granular, thickened and congested. He has a purulent discharge from the eyes, and claims that exposure to the light causes pain at times. The cornea are clear. Pupils are equal and respond promptly to light and shade. The deeper structures of the eyes are in a healthy condition. He is unable to read, but can count fingers at a distance of twenty feet. There is no evidence that the conjunctivitis is due to gonorrhoea.

He has a sebaceous growth on the inner aspect of the right thigh, near the perineal fold; three inches in diameter; soft, painless and freely movable. Causes no disability.

He is somewhat debilitated from the effects of advancing age. He has considerable adipose tissue on his abdomen, which renders him clumsy in his movements. He claims to suffer with severe muscular pains throughout his body. He is slow and feeble in his movmenets. He has no organic disease, but is able to perform but little manual labor.

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

No other disability found to exist. Chest symmetrical; expiration 39, rest 40, inspiration 41-1/2. Urine pale. S. G. 1020. Acid. No sugar or albumen.

We have carefully examined his skin, hair, bones, glands,

A. A. White, Pres. Geo. R. Kahan, Sec'y. ABSENT WITH LEAVE, 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 (old 3-155) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.