

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, &c.

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.

INCREASE

Pension Claim No.

484777

[State above whether for original, increase, or restoration.]

Name and rank of claimant.

JAMES HENSON

, Rank,

PRIVATE

Claimant's post-office address.

Company H, 19th Reg't U.S.C.T.

BALTIMORE, MD. State,

449 LITTLE MONUMENT ST., BALTO, MD.

[Post-office address of the Board.]

NOVEMBER 18th, 189

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[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

Cause of disability.

in the service, viz: Disease of Stomach; also of liver; Speech very much affected, Hemiplegia of right side, Almost total loss of right arm and leg by paralysis.

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

and that he receives a pension of \$6.00 dollars per month.

INCREASE

He makes the following statement upon which he bases his claim for

[Original, increase, restoration, &c.]

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

Claims that he suffers with pains through the right side, in region of the Liver. Has pain and weight after eating, with much belching and occasional nausea. Cannot eat heavy food. Had paralysis of right side eight years ago. Has nearly recovered the use of arm and leg, but face is drawn and speech affected. Constant dribbling of saliva. Much pain through the head with loss of memory. Has an epileptic attack about every two months, the last being in August. Has not been able to perform manual labor since he was paralyzed.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

Upon examination we find the following objective conditions: Pulse rate, 84; respiration, 18; temperature, N; height, 5 feet 7 inches; weight, 135 pounds; age, 51 years. General physical condition is bad.

Not well nourished and has a feeble appearance. Muscles wasted and soft. Skin slightly wrinkled. Epigastrium is retracted, with prominence of hypogastrium. Area of hepatic dulness is slightly increased, and there is tenderness on palpation in the hepatic region and epigastrium.

Rectum: Mucous membrane is somewhat congested and hemorrhoidal vessels engorged but there are no hemorrhoids.

Disease of Stomach and Liver claimed is evidently an old Chronic Dyspepsia.

General intelligence and mental condition is not good.

Rather stupid; face has a dull expression; does not comprehend questions readily, and answers are not reliable. Memory is impaired; cannot remember names and dates.

His mental condition is however a shade better than when he last appeared before us, one year ago.

He states that he had Right Hemiplegia, but in our opinion it was of the left side. While he adheres to his statement, he admits that the left side is the one affected at present.

There is no limitation of motion in either arm or leg. Grasp of the left hand is weakened and he states that he cannot lift any weight with this hand. There is partial anaesthesia of skin of left arm and leg and side of the body.

Gait is rather unsteady, and with eyes closed, he bears away to the left. The left patellar reflex is absent. Slight tremor of both upper and lower extremities.

There has been paralysis of right side of the face. Face is drawn to the left. Tongue is pale flabby and slightly OVER

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 2/18 rating for the disability caused by Ch. Dyspepsia 4/18 for that caused by Lumbago, and 20" Grade for that caused by L. Hemiplegia

W. B. White, Pres. E. S. ... Sec'y. Geo R. ...

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