Insert character and number of claim. Increase

Pension Claim No. *186109*

Name and rank of claimant. William Wells , Rank, Private

Company C, 19" Reg't U S C T Baltimore State Md

Claimant's post office address. 574 H Mary St Balto Md June 28" , 1889.

(Post office address of the Board.) (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. Gun Shot wound of right wrist and resulting partial paralysis

and that he receives a pension of Twelve (12) dollars per month.

Pulse rate per minute, 72 ; respiration, 18 ; temperature, N ; height, 5 feet 6 inches; weight, 155 pounds; age, 50 years.

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

Here give the claimant's statement as briefly and as compactly as possible. that on account of neuralgia and loss of power in the forearm he is unable to perform manual labor

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 appearance fair — Muscles in good condition Ball entered the anterior aspect of right wrist about the center passing superficially around the joint tearing the tissues away and emerging at the ulnar border — There was probably injury to flexor tendons and also to ulnar artery and nerve — The scar is linear — adherent and sensitive The phalanges are flexed at proximal joint to about a right angle — He cannot extend them beyond this point — but upon pressure the 2nd and 3rd can be extended to nearly the whole extent but the 4th and 5th cannot be so extended The fingers can all be flexed into the palm of the hand but the grasp is weak — The motion of the thumb is limited — The muscles of the hand especially the thenar and interosseous

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 ½, ⅓, total &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

over

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 12/18 rating for the disability caused by G S W of right wrist 4/18 for that caused

Rate for each cause of disability. If prolonged by vicious habits, the word and should be erased and the reason for the erasure given. by Rheumatism, and 0 caused by

A H White , Pres. Randolph , Sec'y. Geo R Graham, Treas.