

# SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase Pension Claim No. 303,171

Name of claimant.

Robert Stafford

Address of board.

Baltimore P. O.  
Maryland State.

Claimant's post-office address.

[Rank.]  
Company A 7th Reg't U. S. C. Inf.  
Box 427, Cambridge, Md.

Oct. 17th, 1900  
[Date of examination.]

Cause of disability.

Disease of eyes and catarrh.

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 Increase [Original, increase, restoration, etc.]  
Vision poor for sometime. Left eye matters; both eyes weak.  
Suffers from headaches; has had trouble for past 36 yrs. Left eye is one that annoys. Smokes much; chews and drinks some, occasionally excessively. Health fairly good; has rheumatism.

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.

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

Pulse rate, \_\_\_\_\_, respiration, \_\_\_\_\_, temperature, \_\_\_\_\_,  
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]  
height, \_\_\_\_\_ feet \_\_\_\_\_ inches; actual weight, \_\_\_\_\_ pounds; age, 68 years.

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

Right Eye:--V. = 20/30- No.10 badly. Javal possibly 0.25+ C.180°, but doubtful. With 1.+D.S. 20/20-. With 3.5 + D.S. added reads No.1. Conjunctiva injected; no blepharitis, trichiasis nor trachoma. Lacrimal apparatus normal; pigmentation of conjunctiva around cornea limbus; sub-conjunctival thickening; cornea clear, except for a marked arcus senilis; anterior chamber good; pupil and iris normal; lens clear; circumscribed choroidal spots in extreme periphery, with some proliferated pigment. Disc outline slightly hazy; vessels normal.

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.

Left Eye:-- V.= 20/30 No.10 badly. Javal doubtful, possibly 0.25 + C.180°. With 1.+ D.S. 20/30. With 3.5 + D.S. added reads No.1. Chronic conjunctivitis increased by inflammation of the lacrimal sac; pigmentation of conjunctiva around cornea limbus. No blepharitis, trichiasis nor trachoma. Discharge of mucus from puncta on pressure over sac; enlarged follicles on surface of upper lid; also on lower lid. Cornea clear; anterior chamber good; pupil and iris good. At periphery of eye ground numerous well defined spots in choroid, with some pigment proliferation, varying in color from faint yellowish-red to more decided reddish-yellow. These spots have not encroached upon the fovea but lie in the extreme periphery. The disc is slightly clouded at the margin. Vessels normal.

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."

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

Claimant has chronic rhinitis, chronic hypertrophic pharyngitis and post-nasal catarrh. Uvula elongated. Complains of swelling of ankles and feet; no swelling found; enlargement of joints of both feet. Has some scars on wrist and forearm, suggesting specific disease. The condition of fundus of each eye is a disseminated choroiditis of more than likely specific origin. This cause may also have something to do with the mucocoele. Vision is not impaired, however, and is almost normal with correcting glasses.

Frank M. Christian M.D.  
\_\_\_\_\_, Pres. \_\_\_\_\_, Sec'y \_\_\_\_\_, 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 (3-111g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.