

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 346 556

Name of claimant. Robert Riley Address of Board. { Baltimore, P. O. Maryland, State.

Company B, 7, Reg't U.S.C. Inf.

Claimant's post-office address. Centerville, Queen Anne Co., Md. December 24, 1901, 190 [Date of examination.]

Cause of disability. Disease of rectum and rheumatism, disease of heart, lungs and kidneys, bronchitis, piles.

He receives a pension of Eight 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 had rheumatism for twenty years, due to age. Have severe pain in all my joints and muscles. Cannot bend over. Cannot 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.

*Age 64
Dec 24 1901*

Birthplace, Queen Anne Co., Md.; age, 66 years; height, 5-6; weight, 145 pounds; complexion, dark; color of eyes, dark; color of hair, black; occupation, laborer; permanent marks and scars other than those described below, scars of whip lash on back received when a slave.

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

Pulse rate, 88, 96, 110; respiration, 20, 24, 30; temperature, 98; [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

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

Rectum; Piles: His rectal mucous membrane is in normal condition. He has no piles. No fissure, fistula, stricture or prolapse.

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: He has crepitation in all his large joints and he complains of severe pain on motion. He is unable to raise either arm above the horizontal position, owing to pain and contraction of tendons and muscles at the shoulder joints. Flexion of each leg upon the thigh is impaired 30%, owing to pain and contraction of tendons and ligaments at the knee joints. His finger joints are knotted and enlarged by calcareous deposits and are somewhat thickened. He complains of severe pain in his lumbar muscles, and his movements indicate that he suffers severely from rheumatism. Heart--Apex impulse felt in fifth interspace, one inch to right of left nipple. Cardiac dullness extends from apex, to middle of sternum and to fourth left chondrocostal articulation. Action is rapid. Valves are in good condition. No hypertrophy or dilatation. No dyspnoea, cyanosis or oedema.

Lungs; Bronchitis: He has no dullness on percussion. Respiratory sounds clear. No cough. Naso pharyngeal tract in healthy condition. Chest symmetrical; expiration 33, rest 36, inspiration 38. No symptoms of disease of lungs or bronchitis.

He is debilitated from the effects of advancing age. His muscles are soft and toneless, and his movements indicate feebleness. He has no organic disease, but he is unable to perform any manual labor, by reason of general debility.

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

Kidneys: He has no local dropsies. No anaemia or uraemia. Urine pale. S. G. 1020. Acid. No albumen or sugar.

No other disability found to exist.

His mucous surfaces, skin, hair, bones, glands and penis, present no evidence whatever of syphilitic infection or other vicious habits.

A. A. White, Pres. Geo. R. Kahner, Sec'y. G. Lane Sawyer, 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 No. 3-155, p.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.