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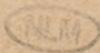
INSTRUCTIONS
TO
EXAMINING SURGEONS OF THE BUREAU OF PENSIONS.



1893.

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INSTRUCTIONS TO EXAMINING SURGEONS.

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS,
Washington, D. C., July 1, 1893.

This pamphlet of instructions is issued to the examining surgeons appointed by the Commissioner of Pensions for their guidance in the examination of claimants, in the construction of their certificates and accounts, and in a general way to instruct them as to what is required to insure uniform and satisfactory results in the performance of their duties.

(1) Orders for examination are issued in duplicate, one to the claimant and one to the examining surgeon, or board of examining surgeons. These orders should be carefully compared before an examination is made, as boards frequently examine claimants on orders intended for other boards.

(2) If the order to the surgeon fails to reach him, and the applicant presents himself with *his* order, the examination should be made; or, if the claimant presents himself without an order, and the surgeon has one in his possession authorizing the examination, it should be made.

(3) Orders for examination received by the surgeons should be carefully filed, and at the expiration of three months from their respective dates, if the claimants have not reported, they must be returned, and each order of this character must be indorsed "*Claimant failed to appear within the specified time.*"

(4) The character of every claim will be understood from its title, viz, original, increase, restoration, new or additional disability, and dependent, from marginal notes on blank forms, orders, special instructions, etc. The dependent includes claims of fathers, mothers, etc.

(5) The object of a medical examination is to obtain a full and complete description of the disabilities for which pensions are claimed, their actual or probable pathological dependence upon diseases or injuries claimed to have occurred or to have been received during service, and to gain a clear and distinct idea of the extent to which they disable for the performance of manual labor.

(6) Every disability set forth in the order for an examination, or alleged by the claimant, and every existing disability, whether believed to be due to service or not, must be fully described and the actual or probable origin of each set forth. Careful examination must be made as to whether the disabilities found to exist are the results of the vicious habits of the claimant, and the certificate must contain a distinct statement whether or not such be the fact.

(7) The rate allowed will be determined by this Bureau in accordance with the law and with the degree of disability shown to exist.

(8) The existence of a prior disease or injury, and whether due to service or not, are legal questions, and while a board may be asked for

an opinion, it is not expected that the question will be determined entirely by the answer. When a matter of personal knowledge, however, the information so derived is often of great value, and in any case where a member of a board has positive knowledge that a disability is or is not due to the military service of the claimant, he should state the fact, with such particulars as will make the origin and cause, if possible, clearly understood.

(9) *Test examinations* are ordered in cases where controversy has arisen and the questions involved are of such a nature that they can not be settled without further medical examination and investigation, the written instructions not being understood to take the place of or set aside the general instructions, but to give such direction to the examination as will, if possible, remove all obscurity. They are generally those in which boards have differed radically as to the nature or degree of the disability, or as to its existence.

(10) *Increase claims.*—The order for examination is issued, not on a preconceived opinion that the claimant is entitled to increase of pension, but because by complying with certain legal and departmental requirements the pensioner has acquired the right to be examined, and he is therefore sent before a board of surgeons for examination.

When an increase of disability is claimed the examination must be thorough and the opinion of the surgeons must be expressed, setting forth in what manner and to what extent the disease or disability has increased.

(11) Many disabilities, from their nature, increase with age, and their disabling effect in each individual case should be clearly set forth. Every disability the result of age alone must be fully described.

(12) In every case where evidence of venereal disease is found the facts and conclusions must be stated.

(13) Applicants should be accorded the privilege of stating their cases, and such statements and all discoverable facts entering into the case should be considered in the formation of the judgment of the board, and the reasons for that judgment must be set forth in the certificate. In this connection the personal knowledge of a surgeon may be of great value in obscure diseases.

(14) It is the duty of the board to treat all applicants with courtesy, and to endeavor to satisfy them that the examination has been impartial and exhaustive.

(15) The members of a board of examining surgeons must organize by determining upon a president, a secretary and treasurer, and it is essential that a member writing legibly and correctly should prepare the certificates of examinations, etc. Examinations should always be conducted by the full board, and in no case should a single member conduct the examination, except by order of the Commissioner, or in cases where a good reason is given for the absence of other members.

(16) Boards must meet promptly on the day and hour, usually every Wednesday morning, at 10 o'clock, at the place of meeting approved by the Commissioner, and must examine the applicants who present the necessary orders. (See paragraph 3.) When the regular day of examination occurs upon a legal holiday, the day preceding it will be considered the regular day, and orders from this Bureau will be so directed.

(17) Places now occupied by boards for examination purposes must not be changed without the direction of the Commissioner.

Such places should be easily accessible to applicants, and comfortable accommodations should be provided for those having to wait. For

obvious reasons, crippled and sick persons should not be required to ascend long flights of stairs.

(18) Boards and single surgeons are permitted to employ a clerk at their own expense; but such clerk shall be under their personal direction, and for whom they shall be directly responsible.

(19) Whenever practicable, it is desired that the certificate be written on a typewriter; but in all cases the signatures of the surgeons must be in their own handwriting. The use of stamps for other purposes than the names of towns and dates is forbidden.

(20) All circulars or other communications relating to the business of this Bureau must be read by the secretary of the board at the first meeting after their receipt, and the date of receipt thereof be indorsed on the same, each member of the board present affixing his signature thereto. The secretary of the board will then file for future reference any of the same which he is not directed to return.

(21) When the number of applicants is greater than can be examined in one day, the session will be continued upon the day following and until all have been examined, precedence being given to those who will be at the most inconvenience by delay.

(22) It is believed that the examination of more than twenty applicants in one day has not been contemplated by the law, and it is believed that it is not possible to examine carefully more than that number. Boards will therefore be governed accordingly.

(23) Every examination made at an adjourned meeting must bear upon the certificate the indorsement "Adjourned meeting."

(24) Applicants can not be cited by a board to appear for examination except for the purpose of amending a returned certificate. If necessary in other instances, this Bureau must be first fully advised.

(25) When it becomes necessary to examine a claimant at his home, his condition preventing him from reporting in person, the Commissioner will direct that he shall be examined at his place of residence either by the secretary or other member of the board. And the member of the board who will be put to the least inconvenience and who lives the nearest to the claimant shall promptly undertake such examination. Actual expenses incurred in traveling will be allowed in addition to the fee for examination. If, from any cause, it is impossible for either member to make the examination, the order should at once be returned with explanation.

(26) Under no circumstances shall the examining surgeon exact or accept a fee from claimant for services rendered in connection with his claim for pension. The law has provided for the payment of a fee, and in no case should the surgeon accept other compensation.

(27) A claimant should not be examined by a board of which he is a member, and should an order of this character he received it must be returned to this Bureau for correction.

(28) A surgeon can not delegate to another the powers that have been intrusted to him. He must himself perform the duties pertaining to his office, in compliance with the terms of his appointment.

(29) A certificate can not be accepted as valid unless the examination is performed by a regularly appointed examining surgeon, except in special cases, when it may be deemed proper by the Commissioner to select a surgeon from civil practice for that purpose.

(30) This Bureau must be informed at once of any causes making it impossible for the surgeon to attend to his duties either from sickness or temporary absence.

(31) The absence of a member from a meeting of the board must be

indorsed upon each certificate and upon the accounts made during his absence.

(32) When a surgeon desires leave of absence he should, if possible, notify this Bureau at least thirty days preceding, stating the dates of commencement and expiration of absence.

(a) Leaves of absence will not be granted to more than one member of a board at a time, except in urgent cases.

(33) In the event of a hurried change of residence, the surgeon having no time to give the proper notice to this Bureau, all books, papers, etc., in his possession belonging to the Government will be placed in the custody of the postmaster, and so secured that the record will not be open to inspection, and he (the surgeon) will notify the Commissioner of the disposition that has been made of them. Change of residence to such a distance as will interfere with proper attendance at the place of examination vacates appointment either as single surgeon or member of board.

(34) The result of an examination must not be revealed by any examining surgeon to the claimant or other person.

(35) An examining surgeon must not act in any way as the representative or attorney for any person having a claim pending before this Bureau.

(36) Neither discussion nor correspondence should be had with a dissatisfied pensioner. The board or surgeon should convince the claimant that they have given him a thorough examination, and have carefully described every existing disability, and should inform him that the Bureau determines the rate of pension allowed for his disabilities under the different laws. If, however, the board is of the opinion that a pensioner has not been justly rated, a correspondence should be had with this Bureau.

(37) All mail matter should be addressed "To the Commissioner of Pensions," and the penalty envelope used instead of stamps.

(38) Examining surgeons are permitted to furnish affidavits or statements in pension claims of which they have professional or other knowledge in the same manner as other physicians, since it is held that no opportunity to furnish facts or evidence should be denied a claimant when such evidence may be necessary to establish his claim.

As you are the only officers of the Pension Bureau having a thorough professional understanding of physical disabilities, who are brought into near personal relations with pensioners in your ordinary professional business, as well as in your capacity as examining surgeons, it must often happen that you gain a knowledge of them which might be of great value to the pensioner as well as to this Bureau.

If, from your knowledge of a disability and the rate of pension to which it entitles, you are certain that any pensioner has been rated too low, a statement to that effect, with the grounds upon which your opinion is based, made directly to the Bureau, will come from you, its sworn officers, with sufficient force to command attention and lead to a correction of the fault without delay; while the same opinion expressed to the pensioner, partially or otherwise, will naturally lead to dissatisfaction, ill-defined and, therefore, unavailing complaints, without affording any clew by which this Bureau can be guided to a correction of the fault.

On the other hand, if it should come to your knowledge that a disability has diminished or has ceased, a report to that effect, with a full statement of the facts in the case, will also receive prompt attention.

Information from you which will enable this Bureau to obviate any cause of complaint, from any source, will be fully appreciated.

In every case, however, the facts should be so plain that no injustice will be done to any pensioner or to the Government, and this Bureau should not be involved in investigations of doubtful propriety, leading only to and inviting criticism.

As a rule, pensioners having several disabilities, and pensioned for one or two of the number, have no very clear idea of their just rights, and a word of explanation could sometimes be made which would be satisfactory to the pensioner and to the manifest advantage of all concerned.

(39) The requisition for blanks (form 3-437) indicates all of the forms issued for your official use. This blank should only be used for the purpose intended, and should be mailed to this Bureau in a separate envelope.

(40) The blank form 3-421 for presenting an account for a special examination made at a claimant's home is not issued upon requisition, but is sent only with the order for examination in each case.

(41) The record of examinations must be very carefully made and signed by each member. It must show everything pertinent to the examination and must be a transcript verbatim of the certificates. Care must be taken that it is not left open to inspection. Press-copy books must not be used in lieu of the record furnished by this Bureau. Copies of certificates of examination for the personal use of a surgeon must not be made and retained by him.

(42) When a record of examinations has been nearly filled a requisition should be made by letter for another, and no unnecessary delay in returning the filled record to this Bureau should be permitted. Packages are insured safe transit by the attachment of the penalty envelope.

ACCOUNTS.

(43) When a surgeon is not present, or did not actually take part in the examination of a claimant, the space provided for his name in form 3-111 (the blank certificate) and 3-416 (the account blank) must be filled with the word "absent."

(44) The account blank (3-416) must be properly filled by entering alphabetically the names of the first five claimants examined on any one day, and following them, also in alphabetical order, the names of the remaining number examined on that day. These account blanks must be made in duplicate and must be forwarded with the certificate of each examination day. It is *essential* that each surgeon participating in the examinations for the day shall sign his name at the bottom of the column in which the amounts to which he is entitled are charged. The date of examination must also be placed at the top of the folded account, above the words "quarter ending;" the blank below must be filled and the receipt must be signed in blank by each member participating.

(45) The rule is imperative that the *actual date* of the examination of a claimant shall be entered in the account opposite his name.

Examining surgeons are requested to read carefully the form both before making out the account and before mailing it, in order that the necessity may not occur for returning it for amendment.

(46) Navy accounts must be made on separate sheets in the same manner as army accounts, for the reason that they are paid separately.

(47) When no examinations are made on a regular examination day, the fact must be indorsed upon an account blank—3-416—and it must

be sent promptly to this Bureau in the same manner as if examinations had been made, otherwise the settlement of the quarterly account of the board will be delayed until the question of whether any examinations were made on that date is answered.

(48) Certificates of examinations made at an adjourned meeting must bear the date on which they were made and the words "adjourned meeting." And the accounts for these examinations must also be indorsed with the words "adjourned meeting" and the date thereof placed in each case at the top of the folded account.

(49) No further accounts are needed since those rendered for each examination day are consolidated for each quarter by this Bureau. Having the accounts reach this Bureau with the certificates of examination affords the opportunity for their prompt approval and contributes greatly to the early settlement of the surgeons' fees after the close of the quarter.

(50) The date of examination, the name of applicant, the number, the regiment, and State must be entered upon the account, and must correspond to those on the certificate, or the account will be considered defective and be returned for amendment.

(51) On the last examination day of each quarter each member must sign in blank and in duplicate the receipts (form 3-420), to which his post-office address must be affixed, in order that the check for fees may be properly directed by the Pension Agent at Washington, D. C. These receipts must be forwarded with the certificates and accounts made on the last examination day of the quarter direct to this Bureau.

(52) Separate duplicate receipts as above must be signed for any Navy examinations made during the quarter in the same manner as above; this is required because the Navy accounts are audited and paid separately from Army accounts.

(53) When examinations are made upon the voucher of a special examiner, the voucher (form 3-369) and the account for examination must be sent, together with the duplicate certificate, at once to this Bureau.

(54) Single surgeons must render their accounts on blank form 3-415, in duplicate, and must always sign in blank the receipt on the back of the account and forward them with the certificates of each day's examinations; the accounts may then be promptly compared with the certificates and will be consolidated by this Bureau; this will greatly aid in the prompt payment of the fees due at the end of the quarter.

(55) Accounts for Navy examinations must be made on a separate sheet in the same manner as above.

(56) Single surgeons must, at the close of each quarter, sign in blank and in duplicate the receipts (form 3-419), and affix their post-office address to each, one set for Army and one for Navy accounts, and forward the same to this Bureau with certificates and accounts made on the last examination day of the quarter.

(57) The quarters end, respectively, September 30, December 31, March 31, and June 30, the end of the fiscal year.

(58) In cases where the surgeon is requested to examine a claimant at his home, blank forms 3-421 are forwarded and the surgeon must render his account in duplicate.

(59) The law provides for the payment of "actual traveling expenses" in addition to the fee, receipts for expenditures incurred should, when practicable, be forwarded with the account.

Each item of traveling expenses must be separately set forth in the account. For those which may be charged for see back of account blank.

(60) If surgeons follow these instructions there will be no cause for delay in the approval of their accounts. It is enjoined upon examining surgeons that in no case shall they sign a certificate or an account in blank. Before mailing, each surgeon who *participated in the examination* must sign the certificate and the accounts. A violation of the former clause is apt to lead to an investigation, while the neglect to properly sign certificates and accounts is sure to cause delay in the acceptance of certificates and in the settlement of your accounts.

CERTIFICATES.

(61) It is believed that if you strictly follow the instructions contained in the marginal notes which appear upon the blank certificate (Form 3-111) you will be enabled, with the assistance of this pamphlet, to construct a certificate which will be acceptable to this Bureau and in conformity with law.

“That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes.”—(Extract from section 4, act of Congress approved July 25, 1882).

(62) The actual or probable origin of every existing disability must be set forth, and the pathological relationship to prior diseases or injuries must be inquired into and the conclusions of the board fully stated.

(63) When there is a difference of opinion among the members of a board concerning the merits of a case, and the points at issue are sufficiently important to justify it, the dissenting member will furnish a separate certificate over his own signature and make a clear statement of the position he has taken. The majority and minority certificates should be forwarded in the same envelope.

(64) As the certificate becomes a part of the records of the Bureau, it is imperative that it shall be written in a legible hand and in durable ink. It should not be crowded and hard to decipher (see paragraph 19). When sufficient space is not afforded for the necessary statements, additional paper should be neatly attached.

Care should be taken in the preparation of the certificate to avoid the necessity of returning it for correction or addition.

(65) Brevity must not be secured at the sacrifice of a full and complete description of the physiological and pathological phenomena, and the full description of all existing disabilities should always be supplemented by some such positive statement as the following, viz: “Except as above, all organs normal;” or “No other disability is found to exist.”

(66) Marginal entries must never be made. From frequent handling the margins are liable to become ragged, destroying in many instances important parts of the certificate.

(67) The certificate should show, both on the face and back, the date of examination, not its construction; and in furnishing a duplicate at any time care should be taken to enter the date properly.

(68) No member of a board should sign the certificate or make a charge for the fee unless he shall have participated in the examination of the claimant. Hence the certificate must never be signed before being filled out, and not until it has been carefully read over by each surgeon who actually took part in the examination.

(69) When a certificate is defective in essential particulars it will be returned for correction, and if another examination is necessary the

claimant may be recalled for this purpose. The certificate must be amended as early as possible, and must be at once returned to this Bureau. If a certificate is defective through fault of the examiners, a reëxamination of the claimant and the amendment of the certificate will be without fee.

(70) The signature of each member of the board participating in the examination must appear in the proper place at the bottom of the certificate and also upon the back.

(71) The certificate should be folded from the center in four equal folds, and the spaces in blank upon the outside properly filled.

(72) Certificates of examination for each day's work must be at once made out, and must be properly signed and sent to this Bureau at the earliest possible date. Each member of the board is alike responsible for the prompt completion and forwarding of their certificates, and when the secretary is absent or unable to promptly prepare the certificates, or when he has not taken part in an examination, the other members of the board must prepare the certificates and forward them.

(73) The slip of special instructions from the medical referee accompanying an order must be carefully referred to and returned to this Bureau with the certificate of examination.

(74) Many disabilities present a general and a well-recognizable expression of physiognomy; the state of nourishment, appearance of skin, of face and eyes should be here described.

(a) In many cases of severe injuries, such as amputations, fractures with distortion, gunshot wounds, and muscular atrophy, a photograph of the part will supplement the description and materially aid the work of this Bureau. When this is practicable such photographs should be forwarded.

(75) *Gunshot wounds and injuries.*—In all wounds and injuries, all scars and losses of parts must be accurately located on the diagrams and the injury made the subject of a careful description. If an injured arm or leg remains, and total disability is alleged, the condition of the bones, joints, ligaments, tendons, muscles, nerves, etc., of the limb, and the use of which it is capable, should be stated.

(76) In penetrating wounds give the point of entrance and of exit, and state what structures, bones, arteries, veins, or nerves have been certainly or probably injured. Locate scars on diagrams.

(a) Are scars tender, adherent, or dragging?

(b) Is there loss of tissue, atrophy, or contraction?

(c) Is there limitation of motion? Lameness?

(d) All deformities, impaired motions and power should be described.

(e) If, in the opinion of the examining surgeons, there are sequelæ they should be carefully described and the reasons for accepting them should be given.

(77) Injuries, from whatever causes, should be described and located with the same concise accuracy as gunshot wounds.

(78) *Amputations.*—In all amputations the exact point of section must be described and also marked upon the diagram. In amputations of the fingers and toes, or any parts of them, proximal and distal should be employed to indicate the point at which the finger or toe is off, instead of the words first or last joints, so frequently employed.

(79) In amputations of the leg or arm above the knee or elbow it will be necessary to state the length of fragment of bone as shown by careful measurement from greater trochanter or acromion process, and to give the exact length of bone of sound limb, measuring from the above

points to the outer condyle in either case. Give, also, condition of stump and cicatrix as to covering, sensitiveness, painfulness, etc.

(80) State whether soldier has ever worn an artificial limb, and whether the amputation is so near the hip or shoulder joint as to prevent the use of one. If unable to use an artificial limb from any other cause, so state and give reasons.

(81) *Hernia*.—In every case of hernia the situation and size of the tumor should be clearly stated. If the hernia is inguinal, is it direct or oblique? Does the tumor protrude through the external ring? If it does not pass through the external ring, the certificate must state positively whether or not there is a tumor in the inguinal canal. Does the tumor descend into the scrotum, and can it be reduced and retained by a properly fitting truss?

(a) What is the size and condition of the abdominal rings?

(b) No certificate including a description of an inguinal hernia will be accepted unless it is distinctly stated in the following terms that "*the hernia passes through the external ring;*" or, "*the hernia does not pass through the external ring.*"

(82) In cases of double inguinal hernia each side should be distinctly and carefully described. All complications must be noted.

(83) *Varicose veins*.—The extent of surface involved must in every instance be indicated on the diagrams. Descriptions must be particular and give the names of the veins, their size, and the condition of the integument. Is there tendency to rupture or ulceration? State what, in your opinion, was the cause of the diseased condition.

(84) *Rheumatism*.—The certificate should show the condition of all the joints, muscles, and tendons, and whether there is swelling or enlargement, tenderness or stiffness of joints, atrophy or contraction of muscles and tendons, limitation of motion; physical evidences of the condition of the heart as revealed by auscultation, percussion, etc.

(a) Joints that are invaded must be described. If stiffened or otherwise limited in motion, to what degree? Extent of atrophy of muscles must be shown by comparative measurements.

(b) Condition of all joints, muscles, tendons, and the heart must be stated, whether evidences of lesions exist or not.

(85) *Malarial poisoning (chills and fever)*.—The certificate should state whether the claimant is now suffering from chills and fever or from sequelæ of same.

Describe the appearance and condition of the skin, spleen, and liver; also note any defects of innervation if present.

Are the digestive functions properly performed?

In cases of profound malarial cachexia it is desired that an analysis of the urine be made. If practicable, ascertain and state whether cachexia is of service or recent origin.

(86) *Diseases of the nervous system*.—Examinations should indicate evidences and character of injuries to cranial structures and contents, spinal column or peripheral nerves, and the probable cause thereof.

(87) *Brain*.—State the apparent condition of the brain and its membranes and the evidence of diseased conditions, if any exist.

(a) Are there attacks of vertigo, spasms, convulsions, or of nausea? Give the condition of heart and blood vessels. (See Heart disease.) Is there *arcus senilis*?

(b) Describe motor and sensory disturbances and the extent thereof. Is there *hemiplegia*, *paraplegia*, local or general paresis? Paresis of eyelids, muscles of eyes, of face, of tongue, of pharynx, etc.

(c) Give area and degree of loss of sensation. Measure loss of power and loss of sensation definitely when possible.

(d) Is there epilepsy or evidence thereof?

(e) Is there aphasia?

(f) Describe disturbances of organs of special senses. Is there double vision? Are pupils unequal in size? Do they respond to light and shade? Examine retinal field.

(g) Is hearing diminished? Are there noises in the ears?

(h) When deafness is alleged as a result of disease of brain or of sunstroke, the auditory apparatus must be examined and described as directed in paragraphs 110 to 116.

(i) Describe mental conditions; if unsound, to what extent?

(88) If insanity be found, give the tendency of the mind. Is there dementia, melancholia, or a homicidal or suicidal disposition?

(89) *Spinal cord and its membranes.*—Is breathing irregular in rhythm? Is there sighing, dyspnoea, or hiccough? Is the heart's action irregular, slow, or rapid? Is there difficulty in swallowing or a difficulty in speech? Is there pain in neck or back or shoulders? Is there a sense of constriction about thorax or abdomen? Is there paralysis of limbs, of bowels, or of bladder? Is there cystitis? Are there local areas of hyperæsthesia or anæsthesia of skin? Is there numbness of limbs, or sense of cushion beneath feet? Are movements feeble and easily fatigued? Is coördination of movements in walking impaired, and if so, is it exaggerated in the dark or when the eyes are closed? Is there muscular tremor, and to what extent?

(90) In every case of brain or spinal disease the question of syphilitic origin should be carefully inquired into.

(91) Sunstroke and its results demand, besides a careful examination of brain and spinal symptoms, an examination into the condition of heart and lungs.

(92) *Diseases of chest.*—Examinations of the thoracic organs must show fully and clearly the physical condition as revealed by inspection, palpation, percussion, and auscultation. In all examinations of heart or lungs both organs must be included. Examine when claimant is at rest. (See paragraph 17.)

(93) *Lungs.*—Give measurements of chest at rest, and on full inspiration and full expiration, in all cases. When chest is not symmetrical, bilateral measurements must be made, all deformities noted, and if practicable, date and cause ascertained.

If pleuritic effusion or a hydrothorax exists, give extent of exudation of fluid. Give all physical signs of pleuritic adhesions. In all lung diseases give the probable origin, nature, and course of the disease.

What is the condition of the throat and nasal cavities?

(94) *Heart.*—Examine carefully when claimant is at rest. Locate definitely point and area of apex impulse. Is it plainly evident to inspection and palpation?

Give area of cardiac dullness and its position.

By auscultation determine the rhythm, increased force, or feebleness of heart's action. Describe the character of its sounds.

Are there murmurs? If so, determine definitely at what orifice, and whether systolic or diastolic in time. Describe their character.

Is there dilatation? Is there hypertrophy?

Is there dyspnoea, œdema, or cyanosis?

State the number of pulsations of the heart when sitting, standing, and after brisk exercise.

(95) In every case of disease of the heart the history of all previous

diseases should be elicited, and the probable origin or course of the heart lesion should be distinctly set forth.

(96) *Urinary organs—Kidneys.*—An examination for diseases of these organs is indicated as a primary lesion and as secondary to diseases of the heart and lungs, malarial poisoning, fevers, prolonged suppurations, etc.

(a) Alleged diseases of kidneys based upon pain in lumbar regions, high-colored urine, or abundant deposits found in it can not be accepted as conclusive.

(b) No examination will be considered satisfactory which does not include appropriate tests of the urine for albumen, sugar, etc. And if it contains blood or other abnormal deposits, a microscopical examination should be made to determine their character and cause.

(c) Give the appearance of the skin. Are there local œdemas or dropsies? Is there anæmia?

(d) As pathognomonic, state condition of heart and arteries. Are there degenerations evident? Examine retinal field and give indications.

(e) Have uræmic symptoms manifested themselves?

(97) *Bladder.*—If irritable, examine for distention, hypertrophy, or contraction. Is there incontinence or retention of urine? Does the urine contain blood or pus?

(a) Is there hypertrophy of prostate gland? If so, to what is it due, and at what age did it develop?

(98) *Genital organs.*—Examine penis for scars, or stricture, or for discharge. Secure history of gonorrhœa if it has existed. Examine testicles for enlargement or atrophy, and sensitiveness.

(99) *Hydrocele.*—Give dimensions of sac, and frequency of tappings, complications, etc.

(100) *Varicocele.*—Give size of mass and condition of scrotal vessels, complications, etc.

(101) *Syphilis.*—The examination should elicit a history of this disease, if it has existed. Are there evidences of former chaneres or enlarged glands in groins? Are the post-cervical or epitrochlear glands enlarged? Is there substernal tenderness?

(a) Give condition of palate, nasal passages, and throat, of skin, hair, skull, tibia, and other bones. Are there evidences of tertiary lesions in brain, spinal cord, heart, lungs, liver, or other viscera?

(102) *Chronic diarrhea.*—The certificate should show the exact height and weight of the applicant, emaciation and debility, or the absence of either, and the general condition should be carefully noted.

The condition of the skin, tongue, stomach, liver, and spleen—in short, the condition of all important viscera—should be fully set forth, and the rectum must be explored digitally or by speculum.

Is there ulceration?

Is there fissure?

Is there fistula? If so, is it complete, blind internal, or blind external?

(103) *Hemorrhoids.*—The rectum should be explored for evidences of piles or other morbid conditions, either as a result of chronic diarrhea or existing as a separate cause of disability.

Is the rectum inflamed, bleeding, or ulcerated?

Are hemorrhoidal vessels engorged?

Are there tumors? How many? How large? Give dimensions in inches and fractions thereof.

Are they sensitive, bleeding, or ulcerated?

Are they external or internal?

Is there prolapsus of the rectum? If so, to what extent?

Statements with reference to the above should be clear and specific.

(104) *Diseases of the Eyes.*—These affections demand extreme care on the part of the surgeons, and the examination should proceed methodically, as follows:

(1) The lids should be everted and the conjunctiva carefully inspected. Is there trachoma, blepharitis, or pterygium? Is there trichiasis, ectropion, or entropion?

(2) Is the cornea transparent, or are there opacities or pannus; and if so, how much of the cornea do they cover?

(3) Are the pupils of the average normal size and do they respond readily to light and shade? Are there synechia?

(4) In affections of the deeper structures of the eye, including the crystalline lens, the ophthalmoscope and oblique illumination must be used, and any variation from the normal condition of the parts must be described.

(105) In any affection of the eyes, such as cataract, which the surgeons believe to be a result of senility, it will be their duty to state this opinion.

(106) Each board must supply itself with a card of Snellen's test types and the vision of each eye must be separately tested. The card of types should be hung at a distance of 20 feet from the claimant, and the number of the type read at this distance should be recorded. If none of the letters can be seen at this distance, the card must be brought slowly toward the claimant until some of the letters can be seen. Then the number of the type read, and the distance of the card, in feet, from the eye should be noted on the certificate.

(107) The test of vision frequently employed by examining surgeons, viz, reading from a book or newspaper, is, by itself, of no value to this Bureau.

(108) If the board has the means of determining refractive defects, it will state what kind of anomaly exists, and the record of visual power should be made after such error is corrected by the proper glasses.

(109) The surgeons should differentiate between the loss of sight of an eye and actual loss of an eyeball. If an eyeball is shrunken or collapsed, the surgeon must state the extent to which it is atrophied, giving comparative size of the stump. If the eye has been enucleated, it will be necessary to so state.

(110) *Diseases of the ear—Deafness.*—In all cases the ear should be thoroughly examined by the speculum after removing any collection of cerumen. The external auditory apparatus, membrana tympani, condition of the posterior nares and throat, the Eustachian tubes, and the middle ear should be described, and, if deafness exists, the degree in each ear must be expressed in terms suggested in the following paragraph:

(111) *Degrees of deafness* are to be rated as "slight," "severe," "nearly total," and "total," and will hereafter be described as follows:

Slight deafness of one ear.—Inability to hear ordinary conversation at 6 feet.

Severe deafness of one ear.—Inability to hear loud conversation at 3 feet.

Nearly total deafness of one ear.—Inability to hear the loudest distinct conversation at 1 foot.

Total deafness of one ear.—Inability to hear the loudest conversation.

(112) In every case it will be necessary for the board to state the dis-

tance at which the claimant can hear the standard tones indicated above, as well as the distance at which he can not hear them. Thus, in a case of slight deafness it should be certified that claimant can not hear ordinary conversation at 6 feet, but can hear same at 1 or 2 feet, as the facts may warrant, etc.

(113) Let each ear be tested alone by occluding the opposite ear as thoroughly as possible, and by directing the conversation from various points and from such positions that the claimant may not see the movements of the lips. Make the report for each ear separate and distinct, in conformity with the above definitions.

(114) If artificial means, such as trumpets, conversation tubes, etc., are necessary to assist the sense of hearing, the board will state this fact.

(115) In cases of alleged total deafness the surgeons should state the method of communicating with the claimant.

(116) It is expected that your examination will be conducted with such tact that you will not be deceived by the claimants' statements, and so that you may state positively that you believe such degrees of deafness as you describe actually exist. Let all your conversation with claimants for deafness be conducted with a view to test the correctness of your report.

(117) Under the act of January 5, 1893, increasing Mexican war survivors' pensions, and under the act of June 27, 1890, a statement should be made in the certificate of examination whether the claimant is or is not wholly disabled for manual labor; and in making such statement not only diseases and injuries, but age and its consequences, should be considered.

(118) The duty of recommending ratings for various disabilities has been discontinued, and hereafter the surgeons will not make such recommendations. It will, however, be incumbent upon the board to make a statement when the facts warrant same, that the claimant is disabled by reason of —— in a degree equivalent to the loss of a hand or foot for manual labor; or, that the claimant is so disabled from —— as to be incapacitated for performing any manual labor; or, the claimant is so disabled by reason of —— as to require the frequent and periodical though not regular and constant personal aid and attention of another person; or, the claimant is so totally and permanently helpless by reason of —— that he requires the regular personal aid and attendance of another person.

THOS. FEATHERSTONHAUGH,
Medical Referee.

Approved:

WM. LOCHREN,
Commissioner of Pensions.

