

1924

Carrie Buck Commitment Papers

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OFFICIAL INTERROGATORIES AND PAPERS OF COMMITMENT

IN CASE OF A

Feeble-Minded or Epileptic White Person to the State Colony for Epileptics and Feeble-Minded at
Madison Heights, Va.

AND FOR A

Colored Feeble-Minded or Epileptic Person to the Departments of the Central State Hospital for
Epileptic and Feeble-Minded at Petersburg, Virginia

Approved by General State Hospital Board February 11, 1920.

Positively no paper will be accepted unless the following conditions are complied with:

The commission will fill out and sign two blanks and, without delay, deliver one copy to the sheriff of the county or sergeant of the city, and mail one copy to the clerk of the circuit court of the county or the corporation court of the city. The sheriff will forward the copy in his hands to the superintendent of the colony, and the clerk of the court will, after notifying the Commissioner of State Hospitals and the State Board of Public Welfare, as prescribed in sections 1022 and 1081, as amended, of the commitment of the patient, his copy to the superintendent of the colony, who on admission of patient, shall endorse on it the date of admission and return to the clerk to be filed in his office. The importance of securing an intelligent answer and accurate information in the case of every question is impressed on the commission, and it is also necessary that the name of the person, his post-office, ~~telephone or telegraph address and railroad station, who has the patient in custody~~ be plainly written on the back of each paper in the spaces designated for that purpose. No paper can be accepted as in compliance with law unless these instructions are strictly observed, and failure to do this will delay the admission of the patient until the papers are returned and corrected.

In committing epileptics, all questions asked in interrogatories for the feeble-minded and in addition questions asked in space designated for "Epileptics" must be answered.

COMMONWEALTH OF VIRGINIA,

County (or City) of Charlottesville Va, to-wit:
Inquisition this 23 day of Jan, by C O Shackelford
Judge, or Justice, and J B Collier, Medical Doctor, and W Williams
Medical Doctor, licensed physicians, now sitting upon the examination of Carrie E Buoh
believed to be feeble-minded or epileptic (erase accordingly) and a proper subject for care and treatment in an in-
stitution for such persons. The depositions of the above physicians and W Alice Dobb
J T Dobb

witnesses, being duly sworn, in answer to the following interrogatories, say:

(Witnesses will answer every question as minutely as possible, and the relation of each witness to patient must be stated.)

QUESTIONS.

ANSWERS.

1. PERSONAL AND DEVELOPMENTAL HISTORY.

- | | |
|--|---|
| <p>1. What is the patient's name?</p> <p>2. When was patient born?</p> <p>3. Where born?</p> <p>4. Is he or she married, single or divorced?</p> <p>5. Name and address of husband or wife?</p> <p>6. What is the present residence of patient and how long there?</p> <p>7. If of foreign birth, how long resident of United States?</p> <p>8. Color?</p> <p>9. Did prolonged or instrumental delivery attend the birth of patient?</p> <p>10. At what age did he begin to walk?</p> <p>11. At what age was any mental peculiarity first noticed?</p> <p>12. How was the peculiarity manifested?</p> <p>13. Is he now or has he ever been subject to epilepsy, headaches, nervousness, fits or convulsions of any kind—if so, describe fully?</p> <p>14. Does he take proper notice of things?</p> <p>15. Does he recognize colors—if so, which?</p> <p>16. Does he recognize and distinguish common objects?</p> <p>17. Does he understand language or a command?</p> <p>18. Can he do a simple errand?</p> <p>19. Has patient ever had any serious illness—if so what?</p> <p>20. Is patient the parent of any children, and, if so, how many?</p> <p>21. Has she ever had any miscarriages or still-born children—if so, how many?</p> | <p>1. <u>Carrie E Buoh</u> Sex <u>Female</u></p> <p>2. Day <u>2</u> Month <u>July</u> Year <u>1906</u></p> <p>3. <u>Charlottesville Va</u></p> <p>4. <u>Single</u> Living together <u>---</u></p> <p>5. <u>---</u></p> <p>6. <u>with J T Dobb - Snow St Charlottesville Va</u></p> <p>(a) <u>---</u></p> <p>7. (b) Port of landing <u>---</u></p> <p>(c) Date of landing <u>---</u></p> <p>8. <u>White</u></p> <p>9. <u>unknown</u></p> <p>10. <u>unknown</u> Talk <u>unknown</u></p> <p>11. <u>since birth</u></p> <p>12. <u>feared actions</u></p> <p>13. <u>no</u></p> <p>14. <u>yes - no</u></p> <p>15. <u>yes</u></p> <p>16. <u>yes</u></p> <p>17. <u>yes</u></p> <p>18. <u>yes</u></p> <p>19. <u>no</u></p> <p>20. <u>no</u> Living <u>---</u> Dead <u>---</u></p> <p>21. <u>no</u></p> |
|--|---|

QUESTIONS.

ANSWERS.

22. Have any of the children been mentally defective, insane or epileptic? 22. —
2. PHYSICAL CONDITION.
1. What is the general health of patient? 1. *good*
2. Is patient of average size for age? 2. *yes*
3. Is there any peculiarity or deformity in the form of head, or paralysis of body or limbs? Describe. 3. *no*
4. Is there any defect in sight, speech or hearing? 4. *no*
5. Can patient talk distinctly? 5. *yes*
6. What is the condition of tonsils, teeth, ears and eyes? 6. *teeth fairly good*
7. If female, is she pregnant or has she missed any menstrual periods? Give particulars. 7. *yes*
8. Has patient ever had syphilis? Give particulars. 8. *no*
9. Is patient now suffering from any venereal disease? 9. *no*
10. Has patient been exposed to any contagious disease, or is he suffering from any such disease at this time? 10. *no*
11. Has patient prolonged cough or tuberculosis? 11. *no*
12. Has patient been successfully vaccinated against smallpox? 12. *yes*
3. FAMILY HISTORY.
1. Names of parents? Give address of living parent or parents? 1. —
2. Name of father? *Frank Buck* 2. *State Colony for Epileptics &*
Where born? *Pa* *Feeble Minded at Rappahannock Va*
3. Maiden name of mother? *Emma Harlow* 3. *no*
Where born? *Pa*
4. If both alive, are they living together? 4. *no*
5. Cause of death of parent, if dead, and age at death? 5. —
6. What is the mental and physical condition of living parent or parents? 6. *mother feeble minded*
7. Has either parent ever been alcoholic, insane, epileptic, feeble-minded or syphilitic? Give particulars? 7. *mother feeble minded*
8. Has any grandparent, uncle, aunt, brother, sister, or other blood kin been insane, epileptic or mentally defective? Give particulars and whether maternal or paternal. 8. *unknown*
9. If either parent is foreign born, how long in this country? 9. —
10. How many brothers and sisters has patient had? 10. *2* Living..... Dead.....
11. Are living brothers and sisters (a) Mentally and (b) Physically normal? 11. (a) *unknown*
(b) *unknown*
12. Has mother or patient ever had any miscarriages or still-born children? If so, how many? 12. *unknown*
4. SCHOOL ADVANTAGES AND PROGRESS.
1. Has patient ever attended school, and how long? 1. *yes 5 yrs*
2. With what success? Give grade attained in school. 2. *in 6th grade*
5. PRACTICAL KNOWLEDGE AND GENERAL INFORMATION.
1. Has the patient the practical knowledge of the usual and ordinary affairs of life equal to that of the average person of his age and opportunities? 1. *no*
6. SOCIAL HISTORY AND MORAL REACTION.
1. Is patient honest and truthful? If not, give particulars? 1. *no*
2. Has patient ever been charged with or convicted of any crime? If so, give particulars. 2. *no*
3. Has patient ever been addicted to intemperance or known to be guilty of any moral delinquency? 3. *not intemperate but moral delinquent*
4. Has patient ever been confined in any reformatory, prison or place of detention for incorrigibility? Give circumstances and name of institution. 4. *no*

5. If married, has he or she conducted himself or herself in a proper conjugal manner? 5. single
6. If female, has she ever borne illegitimate children? 6. no
7. ECONOMIC EFFICIENCY.
1. What occupation has patient followed, and with what success? 1. helping around house
2. Has patient been self sustaining? If not, by whom supported, and relation of such person to him? 2. by Mrs J. T. Dobbs - no relation
Charlottesville Va
3. Of what work, if any, is patient mentally and physically capable of doing? 3. helping around house
8. MENTAL EXAMINATION.
1. Has patient now or at any time had delusions, hallucinations or outbreaks of temper? 1. some hallucinations &
some outbreaks of temper
2. Has patient ever attempted acts of violence to himself or others, or to their property? 2. no
3. Can patient count as high as ten, and is he capable of feeding and dressing and keeping himself in a tidy condition? 3. yes
4. Has patient ever been an inmate of any institution for insane or mental defectives? 4. no
5. Has patient ever been subjected to any approved mental test? If so, give his grade in mental years? 5. no

THE FOLLOWING QUESTIONS MUST BE ANSWERED IN CASE OF EVERY EPILEPTIC

1. At what age did epilepsy first appear? 1. since childhood
2. Did patient have fits or spasms of any kind at that time? 2. no
3. If no fits or spasms, how was it first manifested? 3. feble minded
4. How long since first attack? 4. —
5. Do seizures occur in day or night, or at both times? 5. —
6. What mental change has taken place in patient? 6. feble minded
7. Are the seizures grand or petit mal? 7. —
8. Has patient been burned or otherwise injured during seizures? 8. no
9. Has patient ever attempted to harm himself or others? 9. no
10. Is the patient incapable of protecting himself against ordinary dangers without an attendant? 10. capable

The family physician, an approved mental examiner, or the one best acquainted with the family and the patient, is requested to fill out and sign the following certificate:

I, J. B. Coulter, citizen of Virginia, physician and practitioner in the county (or city) of Charlottesville, hereby certify that I have examined Carrie E. Buck and find that she is feble-minded or epileptic (erase accordingly) within the meaning of the law, and is a suitable subject for an institution for feble minded. The patient's bodily health is good and she has no contagious disorder.

(Signed)

J. B. Coulter
M. D. or Mental Examiner.

P. O. Address Charlottesville
J. B. Coulter
Medical Doctor. (Seal)

P. O. Address Charlottesville Va

Medical Doctor. (Seal)

P. O. Address

Alice Dabbs (Seal)

J. T. Dobbs (Seal)

(Seal)

Witnesses

FINDINGS AND ADJUDICATION OF THE COMMISSION

COMMONWEALTH OF VIRGINIA,

County (or City) of Charlottesville, to-wit:

Whereas, Carrie E. Buck who is suspected of being feble-minded or epileptic (erase accordingly), was this day brought before us, C. A. Shapshulford, judge, or justice, of said county, and J. B. Coulter and J. T. Dobbs, two physicians (said J. B. Coulter being the physician of said suspected person) constituting a commission to inquire whether the said Carrie E. Buck be feble-minded or epileptic and a suitable subject for an institution for the care, training and treatment of feble-minded or epileptic persons; and whereas the judge or justice has read the warrant and fully explained the nature of the proceedings to the said

suspected person, and we, the said physicians, have, in the presence (as far as practicable) of the said judge, or justice, by personal examination of said Came & Buck, suspected of being feeble-minded or epileptic, and by inquiry and examination of witnesses, satisfied ourselves as to the mental condition of the said Came & Buck, we the said judge, or justice, and physicians, constituting the commission aforesaid, do decide that the said Came & Buck is feeble-minded, or epileptic, and ought to be confined in an institution for the feeble-minded, or epileptic.

Given under our hands this 23 day of Jan, 1924

COMMISSION:

J. D. Shackelford
Judge for Justice of Peace
J. B. Coull Medical Doctor
William Medical Doctor

ORDER OF COMMITMENT TO STATE COLONY FOR EPILEPTICS AND FEEBLE-MINDED
COMMONWEALTH OF VIRGINIA,

County (or City) of Charlottesville Va, to-wit:
To the Sheriff, or Sergeant, of the County, or City of Charlottesville Va, and to
Madison Hught Va, the Superintendent of the State Colony for Epileptic and Feeble-Minded at Madison Hught Va —Greetings:

Whereas, I, C. D. Shackelford, a justice, or judge, of said county of Charlottesville Va
and J. B. Coull and William
two physicians, the said J. B. Coull being the physician to the said
Came & Buck, constituting a commission of inquiry, etc., into the mental condition of said Came & Buck, have this day adjudged the said Came & Buck to be feeble minded, and a suitable subject for an institution for the care and treatment of feeble minded, and a citizen of this State, and without means of support, and no person appearing before me to give bond with sufficient security to be approved by me, payable to the Commonwealth, with condition to restrain and take proper care of the said feeble minded person, without cost to the said Commonwealth, until the cause of confinement shall cease or the said feeble minded person is delivered to the superintendent of the Colony for Epileptics and Feeble-Minded. I, C. D. Shackelford do, in the name of said Commonwealth, command you, the said sheriff, or sergeant, to make provisions for the suitable and proper care and custody of the said Came & Buck person; and you, the said superintendent of the Colony for Epileptics and Feeble-Minded, are hereby required to receive into the said colony, and into your care and charge, if there be a vacancy in the said colony, the said Came & Buck to be treated and cared for as a feeble minded person; and I do herewith transmit to you, the said superintendent of the Colony for the Epileptics and Feeble-Minded, the interrogatories and answers thereto, taken by said commission, touching the mental condition of said Came & Buck, and also the adjudication of the mental condition of the said Came & Buck, a copy of each of which has this day been delivered by me to the clerk of the court of the said county, or city.

Given under my hand this 23 day of Jan, 1924
C. D. Shackelford
Judge, Justice of Peace

P. O. Address (Street number if in a city.)

No. _____
STATE COLONY FOR EPILEPTICS AND FEEBLE-MINDED

INTERROGATORIES AND PAPERS OF COMMITMENT OF

IMPORTANT: All blanks in the form below MUST be filled in every case.

County (or City) _____
Date of commitment _____
Railroad station at which patient is to be delivered _____
Patient under the charge of _____
Post-office _____
Telegraph and telephone address _____
Date of admission _____
Delivered by _____
If appeal has been taken, justice must note that fact here _____