Philip S. Deloria and Vine Deloria Jr.; and her historian grand-nephew Philip J. Deloria.

Ella Deloria’s published works included linguistics Dakota Grammar (published with Franz Boas), Native language folk stories, Dakota texts, ethnographies such as The Sun Dance of the Oglala Sioux, a popularized portrait of Dakota history and culture entitled Speaking of Indians (1944), and her novel Waterlily, published posthumously in 1988. The majority of her research and correspondence, yet unpublished, is archived in places such as the American Philosophical Society in Philadelphia; Vassar College Special Collections, Poughkeepsie, New York; and the Dakota Indian Foundation in Chamberlain, South Dakota. Beatrice Medicine, herself a Lakota ethnographer, knew Ella personally and has written on her life, as did Raymond J. DeMallie and her nephew Vine Deloria Jr. The most extensive biography of her life was written by Janette Murray. The written scholarship on Ella Deloria herself and her scholarly output continues to grow.

— Raymond A. Bucko

See also Boas, Franz; Native Peoples of the United States; Women and Anthropology

Further Readings

Dementia

The term dementia entered the English language from the French in a rendering of French psychiatrist Pinel’s (1745–1826) word “démance” (from Treatise on Insanity, 1806). Its ultimate source is Latin, meaning “loss” (or out) of “mind” or “reason.” Some forms of dementia are transitory, while others are neurodegenerative and fatal. Dementias may co-occur or present independently. They include Alzheimer’s disease (AD) and vascular dementia (VaD) (formerly, multiinfarct dementia [MID]), the two most common; dementia with Lewy bodies (DLB); Pick’s Disease (PD); and dementias due to other medical conditions such as HIV disease, Huntington’s Disease (HD), Parkinson’s Disease (PD), and dementia due to Creutzfeldt-Jakob Disease. Dementias also derive from toxic substances and brain or head trauma.

Dementia, as opposed to delirium, which appears rapidly and fluctuates, denotes a progressive loss of mental powers in multiple domains, including memory, language, and reasoning from previous levels of functioning. Difficult behaviors and psychiatric symptoms (BPSD) also may develop. The brain/behavior contrast leads to conflict between psychiatry and neurology about which has proper authority over the disorder. Differential diagnoses may involve clinical and instrumental assessment, neuroimaging, laboratory, genetic investigation, and ultimately, brain autopsy. However, the neuropathology may not accord with clinical symptoms.

In the early 1900s, senile dementia was an unremarkable finding among seniors. The 1901 encounter between German psychiatrist, Alois Alzheimer (1864–1915), and his patient, Auguste D. (died 1906), led to a reformulation because of her comparative youth (51 years). Alzheimer’s first papers concerning her (1906, 1907) led to the bestowal of the eponym “Alzheimer’s Disease” by the eminent psychiatrist Emil Kraepelin. As a presenile dementia, so distinguished by Kraepelin, AD took some time to gain ground and did so in part by expanding its application from presenile to senile cases.

Today, AD is understood as involving the deposition of amyloid plaques and the development of neurofibrillary tangles in the brain, in line with Alzheimer’s findings. These characteristic features have independent developments with little overlapping distribution. However, researchers have incomplete knowledge of their relationship to clinical symptoms. Here, we note that Alzheimer’s second diagnosed case of AD, Johann F., did not exhibit the tangles.

The lack of specificity problematizes pharmacological research strategies, as well as the elucidation of
distinct disease etiologies even in the rare cases of
the familial AD (about 2% of cases) and where there
is an increased risk (e.g., with apolipoprotein 4).
Increasingly, researchers suggest that AD is brain
aging, not a disease process.

Social science interest in dementia centers on
AD and sees related biomedical theory and research
as cultural practice. Research areas include the
decreasing clarity of disease differentiation and eti-
ology; the promotion of ill-defined precursor states
and their ethical challenge; the cross-cultural varia-
tion in the meaning and roles of cognition, memory,
seniority, and caregiving; the evident sociocultural
and political features of the development of AD as
disease; gender issues in research and its interpre-
tation; the role of pharmaceutical companies in
disease conceptualization; dementia narratives, and
the study of the medical sciences such as genetics
within the cultural studies of science from medical
anthropology.

—Atwood D. Gaines

See also Medical Genetics

Further Readings

and AD. Alzheimer Disease and Associated Disorders, 13, 187–186.
Whitehouse, P. J., Gaines A. D., Lindstrom H., Graham J., & ADWG (Anthropology and Dementia Writing Group). (2004). Dementia in the anthropological gaze: Contributions to the
understanding of age-related cognitive impairment. The Lancet Neurology 3(12).

Modern demography seeks to characterize populations
or subgroups of populations based upon statistical
commonalities or differences between them. Clearly,
some of these may be largely cultural (e.g., age of mar-
riage, total fertility, socioeconomic status) or largely
biological (e.g., resistance to particular strains of
malaria, skin cancer risk, mean height), while others
may be almost entirely cultural (e.g., knowledge of
contraceptive technology) or almost entirely biological
(e.g., presence or absence of particular inheritable
genes). The disentanglement of biology and culture
in group characteristics has proved to be complex.

While human societies are always conditioned by
demographic characteristics, thinkers such as Malthus
or, later, Boserup have made sweeping claims for
the fundamental role of population growth as the
key independent variable. Malthus, famously, argued
that population inevitably grew quickly to exhaust
resources regardless of the rate of growth in the latter,
due to the superior power of a geometric series com-
pared to an arithmetic one. This flawed perspective
was unfortunately used as the basis for population
policies biased against the poor and aimed at protecting
social surpluses for the upper classes. Many have long
found this claim unconvincing both in its mathemat-
ical formulation as well as in its biological, soci-
ological, and technological na"{i}vet"{e}. Scientific claims
mixed with an uncritical stance toward the power
structure unfortunately characterized demographic
writing long after Malthus.

Demographers, with few exceptions, have tended
to be atheoretical or uncritical, from a social science
perspective, and to decontextualize variables such
as mortality rates and fertility rates or even to devise
demographic models purportedly applicable to many
times and places. By contrast, anthropologists and
historians argued throughout the 20th century for the
need to recognize the complexity of the interactions
between demographic, epidemiological, cultural, politi-
cal, and environmental factors.

Perhaps the most influential demographic model,