

<http://somatosphere.net/2019/03/changing-time.html>

Changing Time

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By Janet Weston

History and dementia are both concerned with time. Writing history is all about [folding time](#), making sense of things that have become confused and confusing with the passage of time by bringing different points into contact. And dementia, as the reflections in this series show, suggest different ways of experiencing and enacting time. These variations in dealing with time are often now the cornerstones of diagnosing dementia: 'poor orientation in time' and 'short- and long-term memory loss' are at the top of most lists of symptoms.

But time itself has a history. It has been measured and experienced differently in the past. For the UK, historians have connected the arrival of a more standardised version of time to the expanding railway networks of the nineteenth century. Railway trains and timetables exposed regional variations in time that had to be ironed out.

Industrialisation led to other changes in individual experiences of time. Migration to urban environments and work in factories instead of fields and front rooms demanded a new kind of personal timekeeping. Factory work did not follow the time of the rising and setting sun and the turn of the seasons, but the demands of regular and constant production. Time changed.

Can this help us to understand dementia in medical archives? Dementia is a complex presence there. There is often a [misguided impulse](#) to deliver retrospective diagnoses, where I believe I see dementia in the 'mania' or 'melancholia' of the past. Terminology is slippery: the meaning of the word 'dementia' itself is not fixed. It picks up and loses prefixes and suffixes (partial dementia, dementia praecox, secondary dementia, senile dementia). Documents from the early 1900s bearing the word 'dementia' are themselves [time travellers](#) of a kind: they have landed in their future, and some meaning, some comprehension, is lost.

Harriet Dickinson fell ill in 1905, shortly after the birth of her first child, and her symptoms were "indicative of dementia".^[1] Her baby died a few months later, and her husband had Harriet committed to hospital. Doctors reported that she was suffering from delusions: she denied that she was married, and denied that she had ever had a baby. She was "childish in

her manner”, “perpetually waving her fingers about, laughing to herself & talking to herself or to invisible persons”. She would lift up her skirts in public, pick at her fingers, refuse food, sit in a listless or “peculiar” manner, and was “dirty in her habits”.

What kind of dementia was this? Was it the same kind of dementia that reportedly caused the death of 67-year-old Mary Jacobs, in 1939? Mary had suffered a “nervous breakdown” in 1891, at the age of 20, and was hospitalised ten years later. She was sometimes violent, and would not enter into meaningful conversation. “She has the vacant despondent look of one suffering from melancholia”, wrote her doctor: “at first would not speak or answer questions but presently began to talk in a rambling incoherent manner about [a] quite different matter to the questions”.

What about Edward Baker’s partial dementia? One doctor speculated in 1919 that this might be dementia praecox. Edward had repeatedly threatened his new baby and wife, who refused to live with him any longer. Edward’s parents vigorously defended their son, and the family doctor cautiously noted “lunacy with lucid intervals”. A specialist (the one who brought with him the word ‘dementia’) described some of Edward’s unusual beliefs: he claimed to have a license to breed tigers and refused to put on new clothing or shoes for reasons he would not explain.

Today, some historians interpret the disused diagnosis of dementia praecox as analogous to early onset dementia. Others see it as the forerunner of the diagnostic category schizophrenia. All we know about Edward Baker is that he lived with his aging parents for many years, until they could no longer cope with his ‘peculiar habits’. He was eventually hospitalised, this time with ‘terminal dementia’. “He is fat and demented”, an official noted. “The patient has no memory and cannot converse sensibly.” Did he have no memory, or no memory that made sense to the hospital staff? Perhaps he remembered his tigers. He died of pneumonia, aged 56.

Edward Baker’s faulty memory is mentioned in the 1920s, briefly. But his unusual beliefs and behaviours seem far more important to those writing about him. Time is barely mentioned in records of dementia from the early twentieth century, but gradually creeps in as the decades pass. Mary Jacobs’ memory, or her relationship with time, was not mentioned at all. Harriet Dickinson’s memory was mentioned once in passing, in 1925, twenty years after her first diagnosis. It was simply “impaired”. Strange behaviours and beliefs, not lost memory or disorientation in time, were the hallmarks of their conditions.

Were these behaviours and beliefs evidence of disruptions in how individuals experienced time? Was their speech incoherent, and their

behaviour baffling, because they belonged to a different time? Perhaps by insisting that she was not married and had not given birth, Harriet Dickinson was weaving past and present together as she tried to share something about her feelings and experiences with those around her; perhaps Mary Jacobs answered questions asked on another occasion, or tried to [build memory](#) with her questioner in ways he did not understand; perhaps this links 'their' dementia to 'ours'. Or, perhaps the absence of interest in time is key to what makes past dementia different.

Sarah Chabot was diagnosed with senile dementia in 1923. She was 77 years old, newly resident in a nursing home. Her doctor explained that she "suffers from loss of memory, loss of power to identify people and of orientation". A second expert emphasised her "marked loss of memory" and "failure to locate where she is and how long she has been in a place". This sounds more familiar.

Senile dementia began to appear more often as a diagnosis over the 1930s, 1940s, and 1950s. So, too, did this formulation of lost memory and orientation. Time became more important to dementia, just as 'senile' took its place as a preferred prefix: time and age arrived together. Dementia began to acquire something like its current shape.

Did something about time change, in the early to mid-twentieth century, to usher in this shift? Modernist writers were exploring the flux and flow of interior time over these years. In one of Virginia Woolf's most famous novels (published in 1925), Mrs Dalloway's subjective and interior experience of time clashes with an external, regimented, and intrusive version of time. Her memories, thoughts, and experiences mingle, rush forward, and pause at their own pace, only to be roughly interrupted by the bells of Big Ben: "There! Out it boomed. First a warning, musical; then the hour, irrevocable". This kind of time might be irrevocable, but it is also in conflict with how time is actually experienced.

We are always managing these different types of time, the modernists suggested. Does the arrival of time into the archives of dementia mark the spread of these reflections, beyond literary modernism and into the more prosaic medical report? Does it suggest that this skill of balancing times became more important, more widely recognised, and so more troubling when it failed? And if (when) time changes again, what might become of dementia?

Notes

[1] This and other cases mentioned here are from the archives of the Court of Protection of England and Wales, in the National Archives (Kew)

under catalogue reference J92.

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