Old as Methuselah?

Knoeff, Rina

DOI:
10.21827/64edb67ea5dec

university of groningen

Prof. dr. Rina Knoeff

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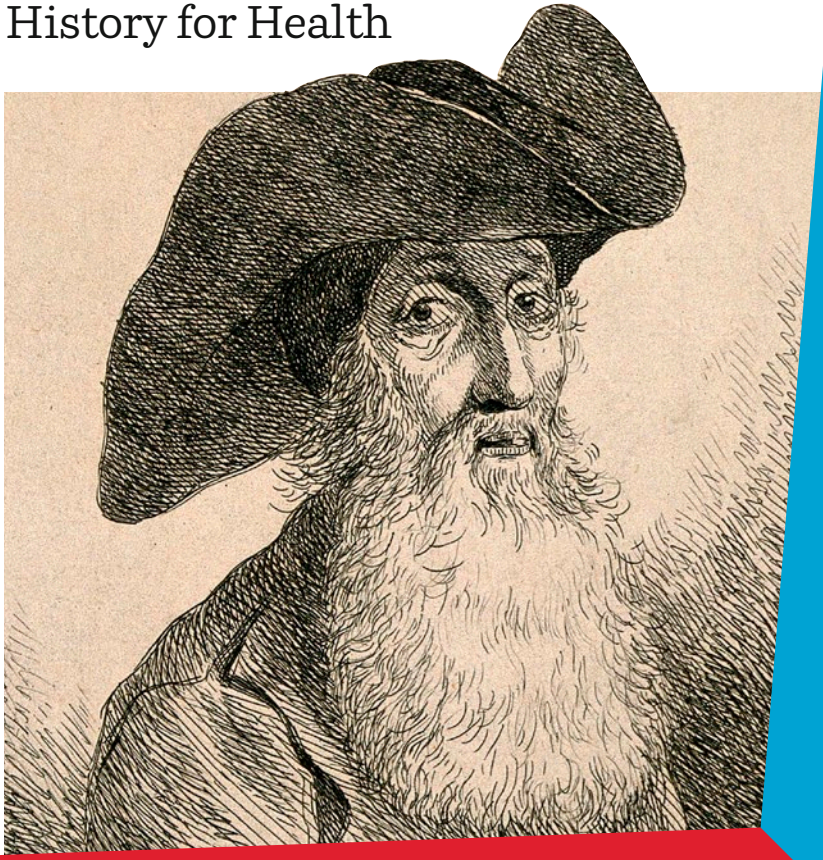

Inaugural lecture

30 June 2023

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Supercentenarians, Narrative Wisdom, and the Importance of History for Health

Inaugural lecture by

Prof. dr. Rina Knoeff

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On acceptance of the post of professor of

Health and Humanities

at the

Faculty of Arts

University of Groningen

university of groningen

Published by University of Groningen Press
Broerstraat 4
9712 CP Groningen
https://ugp.rug.nl/

https://orcid.org/0000-0002-5423-8124

Design and layout: LINE UP boek en media bv | Riëtte van Zwol, Mirjam Kroondijk
Cover photo: Etching of Henri Jenkins by T. Worlidge, 1792, after R. Walker. https://wellcomecollection.org/works/cpff993c
Author photo: Aernout Steegstra, https://fotowiersma.nl/

DOI: https://doi.org/10.21827/64edb67ea5dec

'And all the days of Methuselah were nine hundred sixty and nine years: and he died.'
Genesis 5:27

'Some have contended, that the years ascribed to the ancient patriarchs were not solar, but lunar years (...) Methuselah, instead of 969, would only have lived about 80 solar years (...) whatever might be the length of the life of man in the patriarchal ages, yet we have no reason to repine at its more limited duration in these times.'
John Sinclair, *The Code of Health and Longevity*, 1833, p.8

'Methuselah. Born: 687 AM. Died: 1656 AM. Known for: Exceptionally long life.'
Wikipedia

Leden van het College van Bestuur,
zeer geachte aanwezigen,
dear colleagues and friends,
either here in the University of Groningen's
historical lecture hall or joining us online,

An inaugural lecture is no more than an extended form of explanation, perhaps even an apology. If the taxpayer is spending money on a Chair of Health and Humanities, I had better explain why we need such a chair and how I as a historian envisage my mission.

Before doing so, let me acknowledge that I would not stand here without the encouragement and support of many people. First of all, I am grateful to the university and faculty for creating the chair and putting their trust in me. There are also many individuals to whom I would like to pay my debts of gratitude. In fact, there are more than I am allowed to mention here. So let me just single out four of them: first, my Cambridge PhD supervisor Andrew Cunningham, who trained me as a historian of medicine. Second, Rob Zwijnenberg, who I worked with in Maastricht and Leiden and who taught me the art of grant writing. Here in Groningen, I want to specifically thank my two colleagues Catrien Santing and Raingard Esser, for their friendship and support. I should mention more names but let me just say this for now: you know what you have done for me, I know it, and I am grateful.[1]

Now, without further ado, let me take you to the eighteenth century, to the life and times of Willem Opperdoes, here repre-

1 At the end of the text of the lecture follows an extended acknowledgement.

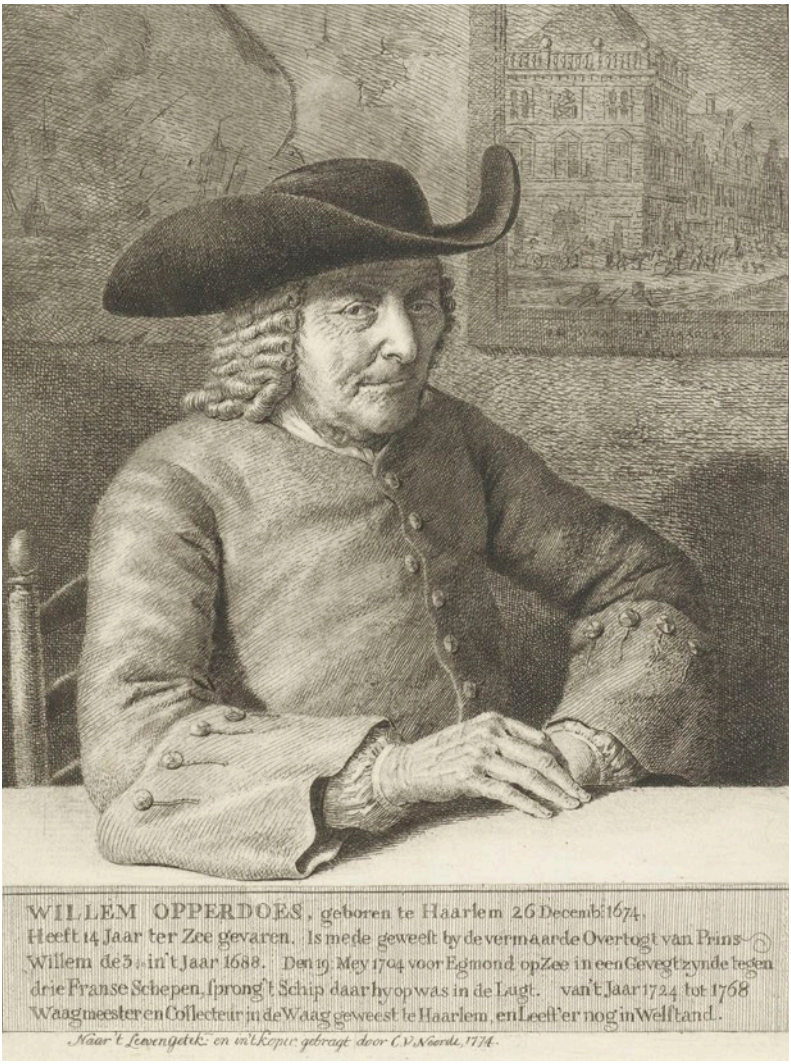


Figure 1: Portrait of Willem Opperdoes, engraving by Cornelis van Noorde, 1774. Rijksmusem Amsterdam.

sented in an engraving at the age of 100. The text underneath states that Opperdoes was sound of body and mind and mentions some remarkable details about his life. So, we read that he sailed with William III to England at the age of fourteen. Six years later, off the coast of *Egmont aan Zee*, he miraculously survived the explosion of his ship in a sea battle (the explosion is represented in the top left corner). The French saved Opperdoes from drowning with the intention of bringing him, along with other prisoners of war, to France. Yet, the captured Dutchmen took control of the ship and sailed to the Dutch province of *Zeeland* instead. Later in life, Opperdoes worked as a weighing master and tax collector in Haarlem (represented in the top right corner). The *Middelburgsche Courant* reported that he died on the 20th of October 1775, at the age of one hundred years, nine months, and nineteen days. The newspaper furthermore mentions that Opperdoes was a good singer, a very religious man, and remarkably healthy, even though he suffered from some fatigue towards the end of his life.[2]

At that time, tales, and images like this, speaking of exceptional old age, were remarkable, but by no means unheard of. The eighteenth century saw a sharp rise in stories about supercentenarians, people who live in extraordinarily good health and fitness, sometimes way beyond the age of 100. For instance,

2 *Middelburgsche Courant*, 26 October 1775.

NEDERLANDEN.

HAARLEM, *den* 20 *October*. Gisteren nacht is alhier overleden *Willem Opperdoes*, in den Ouderdom van honderd Jaaren, negen Maanden en negentien dagen, zynde geboren in deze Stad den 26 *December* 1674. Hy was van een zeer gezonde Lighaams gesteldheid, schoon hy veel fatigues heeft uitgestaan. Hy verstond de Zangkunst zeer wel en had een zeer aangenaame Stem, en

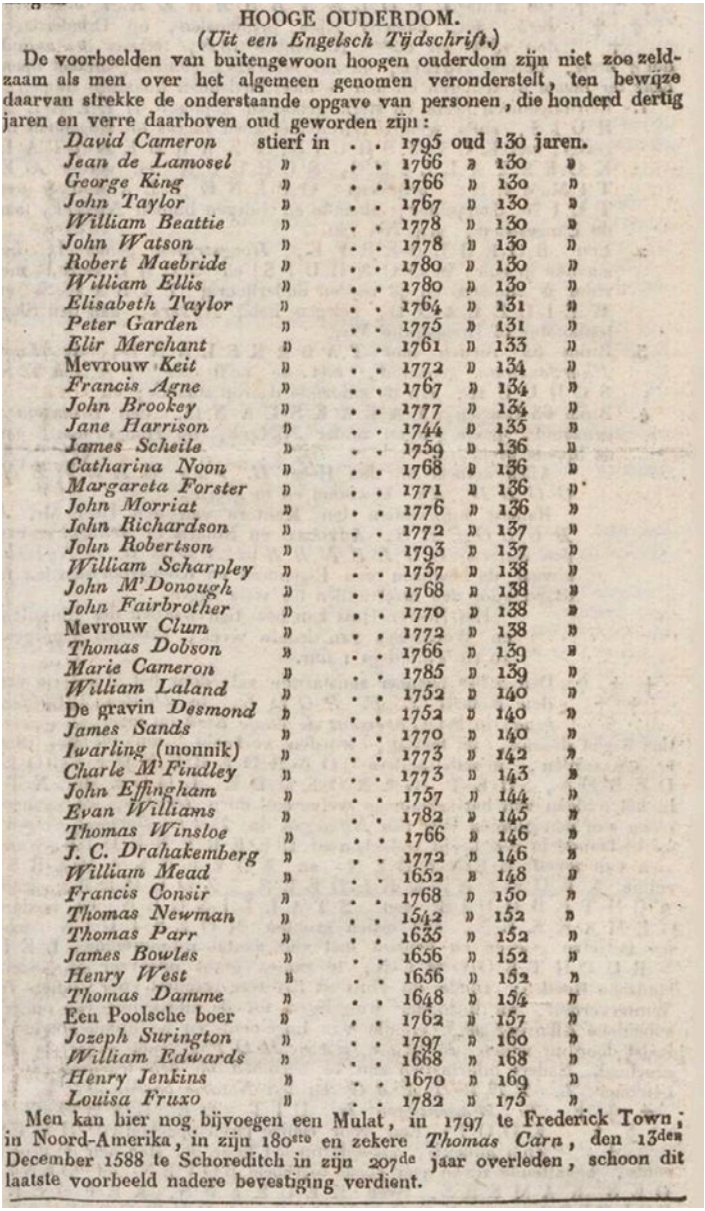
Figure 2: Opperdoes obituary, *Middelburgsche Courant*, 26 October 1775.

the *Arnhemse Courant* wrote that 'The examples of exceptional old age are not as rare as one generally thinks', followed by an impressive list of 48 supercentenarians.[3] Another newspaper counted even more supercentenarians and wrote that in eighteenth-century Northern Europe, no less than 1,672 people reached ages between 100 and 185 years.[4]

The question is: What can we do with these reports? When I told a colleague about my interest in stories about supercentenarians, he was surprised: should a serious historian really

3 *Arnhemsche Courant*, 21 October 1828.

4 According to 'Bijdragen tot de kennis van den gemiddelden duur des menschelijken levens', in *De avondbode: Algemeen nieuwsblad voor staatkunde, handel, nijverheid, landbouw, kunsten, wetenschappen, enz.*, 4 July 1838.



HOOGE OUDERDOM.

(Uit een Engelsch Tijdschrift.)

De voorbeelden van buitengewoon hoogen ouderdom zijn niet zoo zeldzaam als men over het algemeen genomen veronderstelt, ten bewijze daarvan strekke de onderstaande opgave van personen, die honderd dertig jaren en verre daarboven oud geworden zijn:

David Cameron	stierf in	. .	1795	oud 130	jaren.
Jean de Lamosel	»	. .	1766	» 130	»
George King	»	. .	1766	» 130	»
John Taylor	»	. .	1767	» 130	»
William Beattie	»	. .	1778	» 130	»
John Watson	»	. .	1778	» 130	»
Robert Maebride	»	. .	1780	» 130	»
William Ellis	»	. .	1780	» 130	»
Elisabeth Taylor	»	. .	1764	» 131	»
Peter Garden	»	. .	1775	» 131	»
Elir Merchant	»	. .	1761	» 133	»
Mevrouw *Keit*	»	. .	1772	» 134	»
Francis Agne	»	. .	1767	» 134	»
John Brookey	»	. .	1777	» 134	»
Jane Harrison	»	. .	1744	» 135	»
James Scheile	»	. .	1759	» 136	»
Catharina Noon	»	. .	1768	» 136	»
Margareta Forster	»	. .	1771	» 136	»
John Morriat	»	. .	1776	» 136	»
John Richardson	»	. .	1772	» 137	»
John Robertson	»	. .	1793	» 137	»
William Scharpley	»	. .	1757	» 138	»
John M'Donough	»	. .	1768	» 138	»
John Fairbrother	»	. .	1770	» 138	»
Mevrouw *Clum*	»	. .	1772	» 138	»
Thomas Dobson	»	. .	1766	» 139	»
Marie Cameron	»	. .	1785	» 139	»
William Laland	»	. .	1752	» 140	»
De gravin *Desmond*	»	. .	1752	» 140	»
James Sands	»	. .	1770	» 140	»
Iwarling (monnik)	»	. .	1773	» 142	»
Charle M'Findley	»	. .	1773	» 143	»
John Effingham	»	. .	1757	» 144	»
Evan Williams	»	. .	1782	» 145	»
Thomas Winsloe	»	. .	1766	» 146	»
J. C. Drahakemberg	»	. .	1772	» 146	»
William Mead	»	. .	1652	» 148	»
Francis Consir	»	. .	1768	» 150	»
Thomas Newman	»	. .	1542	» 152	»
Thomas Parr	»	. .	1635	» 152	»
James Bowles	»	. .	1656	» 152	»
Henry West	»	. .	1656	» 152	»
Thomas Damme	»	. .	1648	» 154	»
Een Poolsche boer	»	. .	1762	» 157	»
Jozeph Surington	»	. .	1797	» 160	»
William Edwards	»	. .	1668	» 168	»
Henry Jenkins	»	. .	1670	» 169	»
Louisa Fruxo	»	. .	1782	» 175	»

Men kan hier nog bijvoegen een Mulat, in 1797 te Frederick Town, in Noord-Amerika, in zijn 180ste en zekere *Thomas Carn*, den 13den December 1588 te Schoreditch in zijn 207de jaar overleden, schoon dit laatste voorbeeld nadere bevestiging verdient.

Figure 3: *Arnhemse Courant*, 21 October 1828.

engage with such plainly ridiculous stories, he asked.[5] I was and am extremely grateful for the scepticism, because it captures a widespread attitude towards such narratives: irrelevant, superstitious even, unworthy of proper academic research. Yet, precisely because of their apparent strangeness and untrustworthiness, those narratives can be instructive. If we analyse such narratives carefully, we can appreciate that there is a certain logic in them. People in the past were no fools; their ideas about longevity reflect the lived experience and common sense of intelligent people, and they engage with pressing concerns, in which politics, morality, and medicine were interconnected.[6]

The eighteenth century was characterised by an obsession with the body and healthy lifestyles. While Enlightenment philosophers discussed 'the triumph of reason', at the same time it was of crucial importance to control the body's nasty smells, embarrassing noises, and debilitating diseases.[7] For this reason, physi-

5 The reaction of my colleague stands in a long line of similar reactions. See: William John Thoms, *Human Longevity. Its Facts and its Fictions* (London: Murray, 1873); Lionel A. Tollemanche, 'Sir G.C. Lewis and Longevity', in *Fortnightly Review, May 1856 – June 1934*, 5.28(1869) 454-472; Peter Laslett, 'The bewildering history of the history of longevity', in B. Jeune and J.W. Vaupel, *Validation of Exceptional Longevity* (Odense: Odense Monographs on Population Aging 6, 2003). See also the other chapters in the book. Medical doctors have also written about what they call 'the intermingling of science and superstition, medicine and mysticism'. See: Gerald J. Gruman, *A History of Ideas About the Prolongation of Life* (New York: Springer, 2003).

6 See also Darren Oldridge, *Strange histories: The trial of the pig, the walking dead, and other matters of fact from the medieval and Renaissance world* (London: Routledge, 2005).

7 Roy Porter, *Flesh in the Age of Reason. How the Enlightenment Transformed the Way we See Our Bodies and Souls* (London: Penguin, 2003), p. 25.

cians increasingly argued that in vital ways the Enlightenment was a medical matter.[8] Ageing likewise became an important philosophical and medical physiological concern, considered a natural process, in need of supervision and control.[9] Even medical doctors argued in a philosophical and theological vein that life is like a pilgrimage, leading man to greater wisdom and happiness. Or in the words of John Hill: 'Healthful old age is the most valuable and happy period of human life. Experience has rendered the ancient more able (...) being freed from the empire of the passions they enjoy quiet'.[10] Doctors compared ageing to an oil lamp to explain how from the moment of birth the body gradually hardens and burns up its store of vital powers. And with sharp business sense, they put themselves forward as lifestyle coaches. In books and consultations, they advised on healthy lifestyle; and on how to economise on one's vital powers.

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8 Anne Vila, *Enlightenment and Pathology: Sensibility in the Literature and Medicine of Eighteenth-Century France* (Baltimore: Johns Hopkins University Press, 1997).

9 Albrecht von Haller, *Dr. Albrecht von Haller's physiology; being a course of lectures upon the visceral anatomy and vital oeconomy of human bodies*, 2 vols. (London: Innys & Richardson, 1754), 192-193, 203. I here use physiology in its early modern sense, as a rational (not experimental) discipline, that rationally explains why the body works as it does, how life and motion are sustained throughout the lifecycle. See: Andrew Cunningham, 'The pen and the sword: Discovering the disciplinary identity of physiology and anatomy before 1800. I: Old physiology – the pen', in *Studies in History of Biology & Biomedmedical Sciences,* 33 (2002) 631-665, 647.

10 John Hill, *The Old Man's Guide to Health and Longer Life* (London: M. Cooper, 1750?). See also: Rina Knoeff, 'Science, medicine and health', in Susannah Ottaway and Rebecca Brannon, *A Cultural History of Old Age in the Era of Enlightenment and Revolution (1650-1800)* (London: Bloomsbury, forthcoming).

In this model, death was considered 'the last shade in the picture (which might) terrify us at a distance, but disappears, when we come to approach it more closely'.[11] Or as the French natural historian the Comte du Buffon argued: 'a reason for living is to have lived' and 'the fear of old age, like the fear of death, is a prejudice, to be eradicated by the rational philosopher'.[12] Not surprisingly, many supercentenarian stories stressed that the older a person becomes, the less he or she is afraid of dying. We see here a discourse in which theological and philosophical concerns, morality and spirituality, lifestyle coaching, and medical theorising are combined. Supercentenarians were no more and no less than the poster boys and girls of a rational, morally, spiritually successful lifestyle.

However, we shouldn't ignore the political aspect of supercentenarian tales. Most of the claimed eighteenth-century supercentenarians came from Northern Europe. This was no coincidence. During the early modern period, the political and intellectual centre of gravity moved from the Mediterranean to the North. The high number of supercentenarians was associated with the supposed political excellence of these Northern areas. This is an old trope of medico-philosophical speculation.

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11 Georges Louis Leclerc du Buffon, *The Natural History of Animals, Vegetables, and Minerals; with the Theory of the Earth in General. Translated from the French by W. Kenrick and J. Murdoch*. 6 vols. (London: Bell, 1775-1776). 1, 85, 91, 93.

12 Joanna Stalnaker, 'Buffon on Death and Fossils', in *Representations* 115.1 (2011) 20-41, 28.

Aristotle had connected the geographical location of a city state, the health and longevity of its citizens, and the quality of the political system. For him of course, the Mediterranean Greek city-states were the ideal, Northern climates were dismissed.

I shall now take a short view of the difference of age, as arising from climate, or rather the nature of the soil.

Sweden, Norway, Denmark, and England have, in modern times, without doubt, produced the oldest men.† Instances of some who attained to the age of 130, 140, 150, have occurred in these countries.

However favorable a northern climate may be to longevity, too great a degree of cold is, on the other

* The following list embraces a few distinguished names of medical philosophers who have attained an advanced age:

Boerhaave,	70	Harvey,	81
Haller,	70	Mead,	81
Tissot,	70	Duhamel,	82
Gall,	71	Astruc,	83
Darwin,	72	Hoffman,	83
Van Swieten,	72	Pinel,	84
Fallopius,	72	Swedenborg,	85
Jenner,	75	Morgagni,	89
Heister,	75	Heberden,	92
Cullen,	78	Ruysch,	93
Galen,	79	Hippocrates,	109
Spallanzani,	79	—Editor.	

† In England, during the seven years 1838–44, there died at the age of 100 and upwards, 788 persons; namely, 256 males, and 532 females: giving an average of 112½ annually. Of this number a very small proportion, namely 72 (27 males, 45 females), were returned from London; while 137 (43 males, 94 females) were inhabitants of Wales.—Editor.

Figure 4: Page 96 from Christoph Wilhelm Hufeland's *Art of Prolonging Life,* translated by Erasmus Wilson, 1870.

Now, with the shift in geopolitical power, the northern climate was re-evaluated. Doctors even praised the blessings of cold weather, believed to lead to physical and intellectual strength. This was even preached at this very university. In a 1770 academic oration, medical professor Wouter van Doeveren argued that the Groningen air improved the brains and intellect of the people of Groningen and that for this reason the city of Groningen had brought forth 'illustrious men of tabard and sword, great in governing the Republic, brave and clever in war, and excelling in the arts'.[13] As the saying goes: *Er gaat niets boven Groningen*, 'Nothing goes beyond Groningen'.[14] And it is no wonder, van Doeveren berated the people of Groningen for complaining about the weather. He said that 'those who often complain about the weather are at a loss; severe cold is not harmful, but rather beneficial to health'.[15] We see here a patriotic attitude which is also conspicuous in the example of Willem Opperdoes. He is praised for his loyalty in sailing with William III, for his

13 Wouter van Doeveren, *Academische redevoering over de gunstige gesteldheid van Groningen voor de gezondheid* (Groningen: Barlinkhof, 1771), 46.

14 In Dutch the saying has a double meaning: It means 'nothing is better than Groningen', as well as geographically nothing is situated beyond the province of Groningen but sea and emptiness.

15 'Zij zijn het spoor byster, die hier over zoo menigmaalen klagen: wel verre dat de, schoon hevige, Koude den Onzen schaden zoude, doet zy veel eer hunnen gezondheid aanwinnen', in Van Doeveren, *Academische redevoering*, 10.

courage in battle, and for his honesty as a weighing master. In other words, the healthy old man is also a good man![16]

I could tell you a host of other remarkable details about supercentenarians: They all remained very fit as is recounted in stories about centenarians climbing trees and swimming across rivers. Many married again and fathered children far beyond the age of 100, and quite a few grew a third set of teeth. All these details are unexpected, to say the least, but as I have shown, within the cultural context of the time, they do have a certain logic.

Thus, the value of supercentenarian stories for us cannot lie in debunking them. Transporting supposedly true or false medical statistics about the past would be wholly misplaced. What we need to bring to bear on them is the particular skill of the historian. We need to take narratives about the past seriously (if not literally), for what they can tell us about the ways people

16 Tales of supercentenarians also carried direct moral lessons. Medical doctors typically argued that 'death happens (...) rarely, from mere old age'. Instead, diseases and accidents usually carry people off before reaching the absolute limit of life. Rich people in urban environments were considered most at risk. Their intemperance, pleasure-seeking and lazy lifestyles were regarded as extremely unnatural and unhealthy. It was argued that 'as soon as people become civilized, [they] sink into luxury, dissipation, and corruption, [and] their duration of life will be shortened.' By contrast, the simplicity of a farming life was idealized. Incidentally eighteenth-century supercentenarians were almost exclusively located on the countryside. They represented the morality of a simple life close to the rhythms of nature. For women, it was added that staying close to the natural call of motherhood would lead her towards a healthy old age, which is rather ironical given that so many women died in childbirth. Haller, *First Lines,* 2, 247; Hufeland, *Art of Prolonging Life*, 81.

experienced and interpreted the world around them. This skill is what historians before me have called hermeneutics, but I prefer to speak of the 'narrative wisdom' of historians. We can use such stories to throw into historical relief today's concerns and obsessions. Like few other academic disciplines, history is able to show how much *our* certitudes, automatic assumptions, and cultural obsessions are surprisingly 'localized', geographically and chronologically. In a way, this interest in localization is what the historian shares with the ethnographer, only that history is an ethnography of the past that is used as a foil of contrast for today.

In terms of ageing, the supercentenarian stories reveal a striking paradox in today's discourse. We increasingly consider ageing a disease, and much research is targeted at the root causes of ageing in our genes. This asks for costly biomedical research and high-tech interventions.[17] The American extreme life extensionists are an example of this line of thinking, as is the philosophical movement of transhumanism. They put forward the idea that through developing sophisticated technologies we can greatly enhance longevity and cognition, eventually transcending the boundaries of the human condition.[18] What this

17 Tom Kirkwood, *Time of Our Lives: The Science of Human Aging* (Oxford: Oxford University Press, 2001). Since 2018 ageing is listed as a disease on the International Classification of Diseases. See also the website of the Coalition for Radical Life Extension: https://www.rlecoalition.com (consulted on 25 August 2023)

18 Julian Huxley, 'Transhumanism', reprinted in *Ethics in Progress* 6.1 (2015) 12-16.

Figure 5: Website of the 'Coalition for Radical Life Extension', https://www.rlecoalition.com (consulted on 7 July 2023).

shows is that we are every bit as obsessed with longevity as the supercentenarians of the eighteenth century, if not more so.

Yet, at the same time we are going back to a rhetoric about the limitations of life that is not unlike that of the eighteenth century. This has been particularly evident after the COVID-19 pandemic. We were very successful in developing a vaccine and in shutting down society to prevent the virus from spreading. Yet, at the same time, we increasingly see the flipside of an overly medicalised approach to health challenges. To protect vulnerable old people, we set up measures that ruined the lives of children and the mental health of adolescents. We have done this without weighing the interests of younger people, and without even considering the wishes of the elderly themselves, who often did not

ask for such harsh measures. Moreover, many people suffered and died alone in a time when we lost all sense of community. And only last week, the *Sociaal en Cultureel Planbureau*, the Netherlands Institute for Social Research, wrote that we should have listened much better to people who were sceptical about measures, instead of systematically shutting them out.[19]

In other words, Covid has painfully shown that we need to amplify a scepticism about high-tech, high-finance life extension. We rather need a dialogue on what makes us human, what type of life we want to preserve, and on how we can reintegrate a viable concept of ageing into the lifecycle again.[20] Even the medical sector is asking for such a re-evaluation, as is evident in the recent setting up of a 'Lancet Commission on the Value of Death'. This commission has presented a new vision for death and dying based on the idea that 'death and life are bound together: without death there would be no life'.[21] And with this we have returned to the logic of the eighteenth century, to the logic that 'a reason for living, is to have lived'.

19 https://www.scp.nl/publicaties/publicaties/2023/06/23/hoofdrapport-scepti-sche-visies-in-het-coronadebat (consulted on 23 June 2023).

20 Erik Erikson, 'Human Strength and the Cycle of Generations', in *Insight and Responsibility* (New York: Norton, 1964), 132. See also: Thomas R. Cole, *The Journey of Life. A Cultural History of Aging in America* (Cambridge: Cambridge University Press, 1992), xix.

21 https://www.thelancet.com/commissions/value-of-death (consulted on 22 June 2023).

Figure 6: Model of narrative wisdom.

Historical narratives can further enhance this line of thinking, offering different perspectives, alternatives to the current discourse. Crucial in the narratives I have presented today is that questions of morality and politics were front and centre. They still are, and only if we understand how and why this is the case, can we begin to imagine how things can be different.

Let me now take a step back and show you from a slight distance what we have learnt from our eighteenth-century supercentenarians (figure 6). We began with what you see on the surface, some seemingly strange narratives from the past. However, rather than brushing these narratives aside as implausible myths, we have analysed their logic to understand how eighteenth-century people made sense of health and ageing. The decision to take such narratives seriously, to move them from the fringes of history and put them centre stage, is what I have called 'narrative wisdom'.[22] In a further step, we have used the key logic behind such past narratives to illuminate what is characteristic about our present predicament. This, in turn, might help us to suggest the new collective imaginaries, new ideas, practices, orientations, and values we need for the making of communities, institutions, and policies. After all, if people do not share a common set of assumptions, they will not be prepared to play along or follow policies.[23] Ultimately, historians might even play a role in offering alternatives for action. This makes a historical perspective important in the hands-on social context of policymaking, education, and journalism.

22 Herman Paul explains how the experience of historical lessons contributes to the historian's wisdom. This wisdom, however, is different from the 'narrative wisdom' I propose here, which rests in the historian's decision to take historical narratives – even implausible ones – seriously. See Herman Paul, *Key Issues in Historical Thought* (London: Routledge, 2015), 127.

23 Charles Taylor, *Modern Social Imaginaries* (Durham, N.C.: Duke University Press, 2004).

Now, I am not claiming that this is what historians have been doing all along. In fact, when with a few colleagues I proposed together a more activist, applied mission for historians in the context of the pandemic, we got quite aggressive rebukes from readers. However, even if not every historian feels an inclination to do something like this, still we should recognize that it is an entirely legitimate and useful occupation for the historian. What I am proposing is an approach that borrows from three broader trends in academic history.

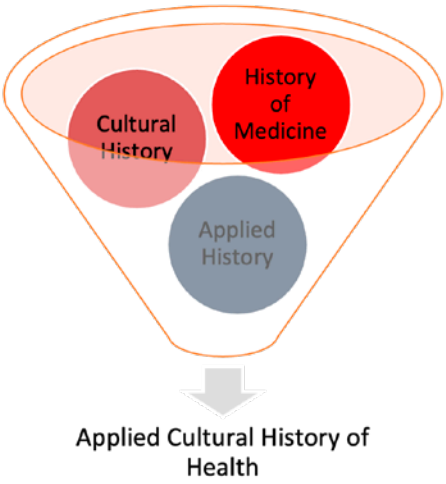

Figure 7: A mission for history.

First, my approach is rooted in the classic discipline of History of Medicine since the 1920s, which has positioned itself as a

bridge between medicine and the humanities.[24] For a long time, medical history was meant to compensate for the increasingly technical side of medicine, and to round off the skill set of the medical practitioner. As the leading medical historian of the 1950s, Erwin Ackerknecht, famously stated: history of medicine served 'to make a good doctor an even better doctor'.[25] In those early days, the focus of history of medicine was on medical doctors and their famous discoveries and inventions. From the 1980s, however, social history of medicine moved away from the heroic status of the doctor to the contextualised study of medical practices, the social construction of health, illness, and treatment, and the perspective of the patient.[26] At the same time, history of medicine was no longer the sole prerogative of the medical doctor, but it was increasingly seen as a humanities discipline, open for researchers without a medical degree.

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24 George Sarton, who founded the discipline of history of science, argued that we need what he called 'a New Humanism' to bridge the sciences and the humanities. Within this 'New Humanism', he saw a central place for the history of science. He argued that unlike any other discipline, history preserves the best traditions of the past, it tempers optimism about our knowledge, and brings devotion and humility to the sciences. See: George Sarton, 'The New Humanism', in *Isis* 6.1 (1924) 9-42. See also Brian Hurwitz, 'Medical humanities: lineage, excursionary sketch and rationale', in *Journal of Medical Ethics* 39.11 (2013) 672-674.

25 Erwin Ackerknecht, *A Short History of Medicine*, revised edition (Baltimore: Johns Hopkins University Press, 1982 (1955)), xviii - xix.

26 Following among others the work of Shapin & Schaffer, Latour and Porter: Steven Shapin & Simon Schaffer, *Leviathan and the Airpump. Hobbes, Boyle and the Experimental Life* (Princeton, New Jersey: Princeton University Press, 1985); Roy Porter, 'The Patient's View: Doing Medical History from below', in *Theory and Society* 14.2 (1985) 175-198; Bruno Latour, *Science in Action* (Harvard: Harvard University Press, 1987).

Second, my approach builds on cultural history, which adds to history of medicine a critical questioning of the categories of medicine and the social. It analyses how people have experienced their bodies and how they have understood health and healing in relation to their wellbeing, going beyond the clinical encounter and focusing on health as a fundamental cultural concern. A cultural history of health emphasises that the way we experience our body and give meaning to health depends on historically framed cultural circumstances. In other words, it analyses categories like medicine, health, body, gender, and race, not as static entities but as cultural categories that are continuously redefined.[27]

The third pillar of my approach is applied history, a movement that has risen to prominence in the past decade.[28] So far, the field has been dominated by scholars in politics and international relations. In response to ignorance and misuse of history in politics, they have mainly focused on using applied history in understanding current policies and social situations. For cultural historians, however, applied history has been a bit of an anathema, particularly because they are keen on stressing the specifics of each and every historical situation. How can you

27 See for instance: Mary E. Fissell, 'Making Meaning from the Margins. The New Cultural History of Medicine' in Frank Huisman and John Harley Warner (eds.), *Locating Medical History. The Stories and their Meanings* (Baltimore & London: The Johns Hopkins University Press, 2004) 364-389.

28 Harm Kaal & Jelle van Lottum, 'Applied History. Past, Present and Future', in *Journal of Applied History* 3 (2021) 135-154.

possibly apply meanings generated in one context to another? However, the hesitance of cultural historians ignores the potential of cultural history as a critical tool in evaluating today's concerns. As historian Herman Paul has suggested, historical insights reside not in ready-made prescriptions for the present, but in a deepened understanding of the human condition. Thus, 'the historian gains an experience of life that cannot be expressed in laws but consists in a mature sense of what is possible in various circumstances.'[29] It follows that we can learn from the past, precisely because the past is different from the present. Thus, historical narratives about healthy centenarians invite us to *imagine* a different world with different moralities, cultural norms, and social values. From this perspective, applied history can reveal what is distinct and strange in our own time.

To cut a long story short, if I should summarise my approach in one formula, it would be "Applied Cultural History of Health". Admittedly, this is a mouthful. However, let us move away from abstract discussions. The undeniable value of such an approach has become visible during the COVID-19 pandemic.

At one of the early press conferences, Prime Minister Mark Rutte argued that we should look to the medical sciences to

29 Paul, *Key Issues*, 127.

steer us out of the crisis. He even specifically mentioned that we do not need historians for this – a curious statement from a former student of history.[30] How wrong Rutte was. Actually, the spectacular mishandling of the crisis by the various overly biomedical-focused expert groups is a strong support for my thesis that we need more, not less history when it comes to policymaking. Rutte, minister Hugo de Jonge, and their different expert panels never really understood that a disease is different from an epidemic. Covid the disease is about the virus, about technocratic measures, and about vaccines. By contrast, an epidemic is about the question of how a virus spreads and thus depends very much on social circumstances and the lived experience of people.[31] On a regional level, policymakers were far more receptive to this message. In conversations with policymakers in Groningen, for instance, I saw how historical narratives about epidemics helped them look at Covid with fresh eyes. Creating this kind of distance from the imminent crisis helped them come up with new policies that focused on the social dimension of the crisis.

I am currently rolling out this way of doing applied cultural history of health in projects with colleagues at the history depart-

30 https://www.rijksoverheid.nl/documenten/mediateksten/2020/03/12/persconferentie-minister-president-rutte-en-minister-bruins-naar-aanleiding-van-de-maatregelen-tegen-verspreiding-coronavirus-in-nederland (last consulted on 22 Juni 2023).

31 Rina Knoeff, 'Wat is een pandemie', in *Tijdschrift voor Gezondheidszorg en Ethiek* 31.4 (2021) 98-103.

ment and beyond. One example is the project *Geschiedenis is Gezond*, History is Healthy, in which I work together with colleagues from the history and education departments as well as with secondary school teachers to develop a teaching programme on the history of health. This project aims to boost the resilience of students and to give them tools and information for making healthy life choices.

A second example is a project about the eighteenth-century Groningen polymath Petrus Camper, which we are currently setting up with researchers from the fields of history and heritage. Among other things, we ask how objects, anatomical preparations, and stories have structured the categories of race and gender, and how we should deal with this in today's context of attention for and shame about our role in past practices of slavery.

A third example is a book project on the cultural history of menopause, in which I am reconstructing how from Antiquity onwards, fears have structured women's experience. Among these fears I count the fear of ageing, the fear of losing femininity, the fear of losing one's mind, and the fear of deadly diseases, the surgical knife, and other medical instruments, such as the vaginal speculum.[32] What such a project can do, is show women

32 Rina Knoeff, 'De eendenbekparadox. Het vaginaspeculum en de medicalisering van de menopauze', in *Wonderkamer* 6 (2022) 12-19.

how our experience of physical symptoms is not only biological but also culturally determined.

With projects such as these, I am contributing to the Groningen Centre for Health and Humanities, which I have built up and chaired over the past years. The centre is an exciting hub of interdisciplinary engagement. My colleagues and I in the centre were the first to contribute from a humanities perspective to discussions around Covid policies; so much so that one higher education magazine even spoke about the 'Groningen approach' to COVID-19. We have also organised webinars, workshops, and lectures all centred on the topic of health. For us, the topic of health is a live issue for the humanities, and the type of applied cultural history of health which I have been outlining today can effortlessly and positively engage with perspectives from different humanities disciplines, from the creative arts to linguistics.

The Centre for Health and Humanities is different from more traditional centres of medical and health humanities, many of which have followed the lead and logic of the medical sciences. They still do. Despite arguments to the contrary, the main aim of those centres remains acting as a handmaiden to medicine, improving the clinical encounter and the lives of people for whom health is not a given. So, in the Netherlands, we find medical historians and medical humanities departments mainly in academic hospitals following the old creed that we need the

Figure 8: Interdisciplinary positioning of Applied Cultural History of Health.

humanities to 'educate the emotions as well as the intellect, to enhance compassion, as well as critical thinking, and to encourage active engagement in public and professional life'.[33]

However, in the Centre for Health and Humanities, we approach health not as a medical, but as a social matter. We acknowledge that it has an important medical side to it, but

33 Thomas R. Cole, Nathan S. Carlin, Ronald A. Carson, *Medical Humanities. An Introduction* (Cambridge: Cambridge University Press, 2015), 3-4.

just as importantly, that it pervades all aspects of living. Our experience of health is the outcome of cultural, historical, and socio-political interactions. And vice versa, health is central to meaning-making, to how we understand, experience, and act in the world.[34] It is for this reason that humanities health research should not be restricted by the sites and contexts of the biomedical field. And it is precisely why it is so important to have this new chair of health and humanities in the faculty of arts.

To conclude: It is important that we have doctors. But it is also important that we have historians and other humanities scholars working on health and wellbeing. Because health is far too important a field to leave to medical doctors alone.

Ik heb gezegd.

34 According to Willem Drees the humanities distinguish themselves in explaining and understanding the inner lives of people, the motives that drive them, the meanings they attach to practices and the interpretations they give to the world. This 'understanding from within' is distinctly different from for instance the social sciences which explains the world from without via models that explain behaviour. See Willem Drees, *What are the humanities for?* 21. Drees refers to Martin Hollis, *The Philosophy of Social Science: An Introduction* (Cambridge: Cambridge University Press, 1996).

Looking back in gratitude

During an inaugural lecture, there is only limited time for paying debts of gratitude. The publication of my lecture allows me to include my heartfelt thanks to all those who have supported me throughout my career and who make academia a more lighthearted place.

First, of course, I thank Christoph Jedan for everything. We began life together all those years ago in Cambridge where I was finishing my PhD and he embarked on a postdoc. Since then, he has been a rock, and I love him for it. Our sons, Ernst, Hans, and Rutger, make sure that life is about so much more than work, which paradoxically, makes reading, writing, and teaching more efficient, and better.

I feel fortunate to have had the unwavering encouragement of great teachers. In Maastricht Eddy Houwaart as well as Jo Wachelder, Ernst Homburg, and Pieter Caljé first kindled my interest in history of science and medicine. Eddy, moreover, created the opportunity to go to Cambridge in the final year of my studies. Andrew Cunningham, then head of the Wellcome Unit for History of Medicine at Cambridge University, was the best and most generous of academic teachers. He taught me how to be a critical historian; his lessons reverberate in my work to this day. And I thank Rob Zwijnenberg for challenging

everything I learned in Cambridge and for his support throughout the difficult years of being a postdoc.

I also thank my direct colleagues at the University of Groningen's Faculty of Arts. Catrien Santing, for countless chats on healthy ageing, wellbeing, and the meaning of it all. James Kennaway, for many happy hours of shared teaching and writing and for scrutinizing the English of my inaugural lecture. Karen Hollewand, for always coming up with fresh perspectives and for many laughs in the office. The latter also goes for Barbara Henkes: Sharing an office was a real pleasure. Hilde Bras and Yuliya Hilevych, for their great and supportive collaboration; without them, it would be impossible to organize our History of Medicine and Health seminar series. Mineke Bosch for her efforts to create a place for me and my VIDI project at the History Department, and Klaas van Berkel, for introducing me to the Groningen history of science scene. Joost Keizer, Ann-Sophie Lehman and Bart Ramakers for being so generous with their art- and literary historical knowledge in our joint thinking about new projects in health humanities as well as in the museum. Tim Huijgen and Deniz Haydar, for working together on our secondary school project *Geschiedenis is Gezond*. And finally, Rolf ter Sluis and his colleagues at the Groningen University Museum, for the fun we had in creating the exhibition *Gelukkig Gezond!* If ever the sky is the limit, it is in this lovely museum.

My colleagues in the early modern history department deserve a special mention – first and foremost Raingard Esser, for being the best mentor I could have wished for, and also for her warm words in the *laudatio*. Also, my heartfelt thanks to Megan Williams, Anjana Singh, Joop Koopmans, David van der Linden, and our retirees Jan-Willem Veluwenkamp and Marja van Tilburg: thank you for offering me such a nice academic home.

Speaking of academic home, I thank Gerry Wakker and Thony Visser, the deans of our faculty in my time here, for giving me the opportunity and freedom to create a whole new line of research. My gratitude also goes to Cisca Wijminga, who in her years as the university's *rector magnificus*, created the Aletta Jacobs Chairs thereby enhancing the career prospects and the impact of female scholars. It is only fitting that my chair is one of those. Jacobs was, after all, a great supporter of women's rights, while she also worked tirelessly on the promotion of public health and wellbeing. I feel honored to have a professorship that commemorates her.

Working with PhD students is arguably the best job in academia, especially in the context of bigger NWO projects. I thank Marieke Hendriksen and Hieke Huistra for working with me on the project *Cultures of Collecting. The Leiden Anatomical Collections in Context*. The books stemming from the project have become standard works in the field and demonstrate that the

sum of cooperative work is worth more than its parts. The VIDI project *Vital Matters: Boerhaave's Chemico- Medical Legacy and Dutch Enlightenment Culture* would not have been the same without Ruben Verwaal. The enthusiasm and creativity he brought to his PhD project have made the whole process a truly enjoyable experience. And at present, Núria Pujol Furelos makes us all work together on an interdisciplinary PhD project.

Sometimes it is healthy to escape the confines of the Harmonie Building's fifth floor. I feel fortunate in working together with Mike Huiskes, Miente Pietersma, Simone Sprenger, Chris Tonelli, Nadine Voelkner, Cor Wagenaar, and Anja Visser-Nierath in the Groningen Centre for Health and Humanities. Together we represent the diversity of health research in the Faculty of Arts. Working with them has been exciting and stimulating, to say the least. A huge thanks also goes to all my colleagues at the Aletta Jacobs School of Public Health and at the University Medical Center Groningen, in particular to (in alphabetical order) Viola Angelini, Eric Buskes, Sandra Brouwer, Joke Fleer, Valentina Gallo, Katharina Hartman, Hinke Haisma, Frank IJpma, Frederic van Kleef, Brenda Mathijssen, Gabriela Matouskova, Jochen Mierau, Maaike Muller, Gerjan Navis, Tineke Oldehinkel, Adriana Pérez Fortis, Nienke Schripsema, Katherine Stroebe, and Brigit Toebes. Working with you has been simply delightful.

For a medical historian the COVID years were special in many ways. Most importantly, it felt as if we lived quite literally in a research project. I thank Beatrice de Graaf and Lotte Jensen for thinking through the application of history in times of pandemic crisis.

Beyond Groningen, I have enjoyed working with colleagues in the Dutch Academic Network for Medical History: History, Health & Healing and I thank Frank Huisman, Gemma Blok, Timo Bolt, Irene Geerts, and Chiara Lacroix for many discussions on how to position History of Medicine in the Dutch academic field. Internationally, I continue to collaborate particularly closely with Jane MacNaughton, Mary Robson, and Angela Woods at the Durham Institute of Medical Humanities. They have been my inspiration for how to set up interdisciplinary research in the medical and health humanities. I am still grateful to Ludmilla Jordanova for introducing me to the Institute in the first place. Palmira Fontes da Costa (d. 2022), Anita Guerrini, Lissa Roberts, Michael Stolberg, Karin Tybjerg and Elizabeth A. Williams have been great colleagues and friends along the way.

Equally enjoyable are the partnerships we are currently creating within the *Enlight Network*: Jürgen Pieters (Gent), Michal Molcho and Anna Gasperini (Galway), and Ylva Söderfeldt (Uppsala), I look forward to working on expanding our European health humanities network and to many new and exciting projects.

Nederlandse samenvatting

Oud als Methusalem? Eeuwelingen, narratieve wijsheid en het belang van geschiedenis voor gezondheid

Volgens de *Arnhemse Courant* van 21 oktober 1828, waren er in de achttiende eeuw in Noord-Europa 1.672 mensen tussen de 100 en 185 jaar oud. Dit nieuwsbericht tart de verbeelding, want wie gelooft er nu werkelijk dat zo veel mensen zo oud kunnen worden, en ook nog eens eeuwen geleden? In haar oratie laat Rina Knoeff zien dat we dit verhaal – en verhalen over ongewone ziekten, wonderbaarlijke genezingen en merkwaardige wetenschappelijke inzichten – wel degelijk serieus moeten nemen. Mensen in het verleden waren niet dom. Historische verhalen over eeuwelingen laten zien hoe kennis en ervaring van gezondheid waren ingebed in historisch gegroeide culturele patronen waarin naast medische theorieën, morele opvattingen en politieke motivaties een boventoon voerden.

Dit is nu niet anders. De historicus kan als geen ander laten zien dat onze ideeën over gezondheid standplaats gebonden zijn. Juist door het bestuderen van historische verhalen die ons vreemd voorkomen, kunnen we herkennen wat bijzonder is in onze eigen percepties van gezondheid. Deze vaardigheid, die Knoeff typeert als 'narratieve wijsheid', is ook cruciaal voor het analyseren en verbeteren van de publieke gezondheidszorg. In

haar oratie laat Knoeff zien dat gezondheid geen exclusief biomedisch, maar bovenal een maatschappelijk vraagstuk is. Dit betekent ook dat we ons in de publieke gezondheidszorg minder moeten laten leiden door een klinische blik, en meer ruimte moeten geven aan de geesteswetenschappen, die veel beter kunnen uitleggen wat de culturele factoren zijn die onze gezondheid bepalen.

List of illustrations with URL

Figure 1: Portrait of Willem Opperdoes, engraving by Cornelis van Noorde, 1774. Rijksmusem Amsterdam, https://www.rijksmuseum.nl/nl/collectie/RP-P-OB-24.158.

Figure 2: Opperdoes obituary, Middelburgsche Courant, 26 October 1775, https://resolver.kb.nl/resolve?urn=ddd:010198699:mpeg21:a0008

Figure 3: Arnhemse Courant, 21 October 1828, https://resolver.kb.nl/resolve?urn=ddd:010149428:mpeg21:a0007.

Figure 4: Page 96 from Christoph Wilhelm Hufeland's Art of Prolonging Life, translated by Erasmus Wilson, 1870, http://resource.nlm.nih.gov/101515802

Rina Knoeff studied Liberal Arts and Sciences at the University of Maastricht. After doing a PhD at Cambridge University (2000) she was a postdoc at the Universities of Maastricht and Leiden. Her research is aimed at the cultural history of medicine, health, and the body. In NWO-funded projects she analysed the Enlightenment medicine of the Dutch Boerhaave school, as well as the history of anatomical collections. She has recently turned to the history of healthy living and ageing, thereby connecting history and contemporary challenges. During the Covid pandemic, she was publicly visible in the media emphasizing that historical knowledge is necessary in policymaking. The link between past and present also drives her work as director of the *Groningen Centre for Health and Humanities* and at the *Aletta Jacobs School of Public Health*.