**Histories of Healthy Ageing**

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University of Groningen

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**Wednesday 21 June**

**Keynote Lecture on Airs, Waters & Places**  
**Rina Knøeff** (University of Groningen)  
*Opening Lecture*

Although the Hippocratic treatise of *Airs, Waters and Places* has been important in medicine ever since it was written in 400BC, it gained new significance in the eighteenth century. The discovery of the New World and on-going urbanization meant it was essential to describe the effects of new environments on the health of their inhabitants. In this context it is not surprising that the eighteenth century saw the emergence of new disciplines such as medical geography and medical meteorology, which were firmly rooted in the new epistemic category of observation. This eighteenth-century explosion of observations led to a new appreciation of the *Airs, Waters and Places* tradition with observations booming about climate, changing seasons, the quality of water and soil. Drawing on the example of the Northern Netherlands, I will show that, as a result, the focus of the tradition changed from discussing diseases particular to climates, seasons and places, to a focus on the health effects of geographical and meteorological regions and circumstances.

**Session 1**  
**František Šimon** (Šafářik University)  
*Six Res Non Naturales According to Celsus*

Celsus lived only a century before Galen, from which the theory of *sex res non naturales* originated. In the contribution Celsus’ dietetic advices are analyzed from the point of view of *sex res non naturales* as they filed in the writing *On medicine*. The first book is entirely devoted to lifestyle, initially for healthy people, then to the lifestyle for infirm. Many advices may be regarded as advice for everyone, not just for the infirm ones. Celsus devoted most space to food and drinks, the general principle is that there is no need to eat neither too much nor too little. In case of pair exercise and rest there is a principle that inactivity weakens the body and brings old age, work strengthens it and prolongs youth. Regarding excretion and retention author deals mostly with emesis. As for the air and the environment, attention is given to how a dwelling house should look like, and moving from one place to another, finally he briefly mentions the sleep and mental activity. Looking at his medical advice through the prism of *sex res non naturales* is no surprise. These are practical advices rather for senior Romans, who must however give time to the work. The main principle of the diet is the principle of right balance expressed by famous ancient statements, either Greek *méden agan* or Latin *nil nimis*, i.e. nothing too much or Hippocratic term *metria* or *mesotés* by Aristotle.
Before the 19th century, little attention was paid to how fashion influenced health. However, in 1781, Groningen professor of anatomy Petrus Camper published his treatise on the best shoe (Verhandeling over Den Besten Schoen). Although the pamphlet was the result of a bet with his students that he could write a philosophical treatise about anything, Camper dealt with the topic – the influence of the fit and quality of a shoe on the health of the foot during the various stages of life – very seriously, in an age when inadequate footwear was widespread, caused much discomfort, and could even cripple the wearer.

Although the booklet initially did not seem to have much influence on practical shoemaking, it is now used as an introductory text for students of orthopaedic shoemaking at the Dutch Health Tech Academy, as Camper’s advice on the construction of shoes that preserve the health of the feet is still valid today. Together with these students, I constructed a man’s and a woman’s shoe that fit both Camper’s guidelines and 1780s fashions. Using Camper’s text and the construction process, I reflect on the insights that the (re)construction of historical objects, using historical texts, can provide in the history of healthy ageing. Moreover, I argue that the connection of Camper’s text to the early modern obsession with regimen has allowed it to retroactively become the theoretical foundation of a field that relied almost exclusively on practical, technical instruction and the development of material literacy until the early twentieth century.

Keynote Lecture on Emotional Balance

IRINA METZLER (Swansea University):
*Old Age in Medieval Europe: Can We Learn from the Past?*

Ageing may be a natural process - in modern thought a biological phenomenon affected by genetics and cellular change - but although deemed natural the process has tended to be pathologised. In this respect old age shares some of the aspects of ‘disability’: it is seen as a biological derivation from the healthy norm. In past times, supposedly, old age had not been pathologised, but due to the increased medicalisation of society old age, which has never been considered a disease, has recently been put under doctor’s orders. But like the notion of disability according to the medical model, ageing is problematic. If ageing is a natural process, how can it simultaneously be a pathology? Does a natural process imply health? Where, if at all, are the boundaries between ageing as a natural process and ageing as a pathological condition? These queries are similar to those more general questions one may phrase around the distinction between health and impairment. Therefore ageing starts to share many of the conceptual and theoretical conundrums of disability, in particular the aspect of incurability. As Rabelais wrote in his Pantagruelian Prognostication for the Year 1533, a satire on almanacs and their predictions: “Old age will be incurable this year, because of prior years.” Even in the twenty-first century there is no cure for old age. In short, ageing is both a physical and mental phenomenon (as is impairment) and a cultural and medical construct (as is disability). Hence the validity of discussing some of the aspects of ageing in a study of disability, even more so when one considers that some of the direct effects of ageing (sensory reduction, loss of mobility etc.) have the same anatomical effects on a person’s body as so-called disabling conditions.
Session 2

James Kennaway (University Groningen)
Guts and Nerves: The Connection between the Passions of the Soul and the Body in the Long Eighteenth Century

This paper will argue that previous historiography has overstated the centrality of the nervous system in eighteenth-century conceptions of the link between the passions of the soul, the body and health. It will suggest that the digestive system continued to be the dominant factor in discussion of the subject until the rise of Paris Medicine in the nineteenth century. Notions of nervous sympathy were the basis of the incorporation of the nerves into a model of psychosomatic balance based on the guts and the idea of vapours rising to the brain. The stomach remained the ‘grand organ of sympathy,’ intimately linking body and mind. Previous scholarship has also often implied that somatic understandings of the link between bowel complaints and the mind dominated in the period, i.e. that material problems in the digestion could lead to mental and emotional issues, rather than the other way around. However, it is striking that many doctors felt obliged to acknowledge a powerful role for the imagination and emotions in the causation of digestive complaints. This paper examines the ways that practitioners argued for causation in both directions, and the significance of that in terms of medical advice on regimen.

Tessa Storey (Royal Holloway, London)
“Quel che mangiar, e quel ch’usar dovete, Per viver sano”
(“What you must eat, and what you must do, to live a healthy life”):
Healthy Living Advice and the Wider Public in Early Modern Italy

Many healthy living guides made claims about the breadth of their intended public which are sometimes contradicted by their contents-apparently only meaningful to wealthier, well-educated readers. Moreover, it is to be observed that only a fraction of these texts make specific references to preserving women’s health, raising questions about whether the advice was gender-neutral or whether women’s health was dealt with in different genres entirely. It is therefore not surprising that scholars are quite divided as to the extent to which such knowledge circulated amongst the broader population, could be understood by the less well educated and hence, how great an impact it actually had on practices. In Healthy Living in Late Renaissance Italy (Oxford, 2013), and the forthcoming edited volume, Conserving Health in Early Modern Culture, Sandra Cavallo and I have argued that intended and actual readerships were probably wider than is generally supposed, but undoubtedly more research needs to be carried out.

Working with some new materials, this paper is my attempt to push this question forward, returning to these overlapping issues of circulation, readerships and impact, with a particular focus on gendered aspects of healthy living advice and women’s engagement with it. Taking as a starting point the ownership markings in a sixteenth century Italian regimen it considers the potential for the circulation of healthy living ideas. A brief analysis follows of the extent and nature of the information imparted in such popular Italian regimen, along with a discussion of evidence of their reception/circulation in popular songs. The second part of the paper focusses on the references made to preserving women’s health, whether in regimens or texts dedicated to conception and birth. These are compared to the healthy living concerns of women which emerge in the domestic correspondence of female members of the noble Roman Spada Veralli family.
Thursday 22 June

Session 1

REBECCA FALLAS (Open University/Leeds)

Menopause in the Hippocratic Corpus and the Biological Works of Aristotle

Although the word menopause can only be traced back to the 19th century, the understanding that a woman, should she live long enough, will stop menstruating as she ages has a much longer history. Both the writers of the Hippocratic Corpus and Aristotle in his biological works describe this phenomenon as early as the 5th and 4th centuries BC. The authors of these texts discuss the signs that a woman is reaching the end of her reproductive life, why this phenomena occurs and suggest reasons why some women will enter menopause in their mid-30s while others will continue to menstruate into their 50s.

Despite the fact that menopause was clearly described by the ancient authors, until recently medical historians have argued that menopause was not a subject of interest to the medical profession until the 18th century. Scholars often cite the lack of discussion of any climacteric disturbances as evidence of this lack of interest. However, Michael Stolberg has argued that menopause and its associated problems can be found in medical texts as earlier as the 16th century. In this paper I will argue that the understanding of menopause dates back to the ancient world and that the relative lack of discussion in these texts is not because the authors are disinterested but that menopause was seen as a natural part of the ageing process not a disease or condition which needed further investigation.

NATALIE KÖHLE (Australian National University, Canberra)

The Many Colours of Excrement: Phlegm and Coproscopy in Medieval China

In contemporary Chinese medicine, the quest for health and longevity is intimately connected to phlegm (tan 痰). Phlegm is one of the most important causes of disease, and ridding the body of it promises health and long life. A key text in the history of Chinese phlegm is in fact part of a treatise on regimen – that is a text on practices of caring for and extending one’s life. It is a chapter, which expounds the practice and benefit of removing phlegm by means of purgation. My presentation situates this text in the history of Chinese phlegm and show that it contains a notable innovation: the objective diagnosis of phlegm from sight, smell, taste, and touch of excrement and sputa. This method of phlegm diagnosis is unprecedented in earlier Chinese treatises and contrasts sharply with earlier diagnostic methods, in which phlegm is perceived exclusively from within body (through hearing or palpation), and from patients’ account of symptoms. I argue that the practice of examining phlegm in excrement and sputa along with its theoretical underpinnings – which allow to ascribe meaning to the different colorations and textures of phlegm – bears remarkable resemblance to Greco-Islamic traditions of coproscopy and the theory of coction that lies behind it, and suggest why this might be the case.

Semen, Menses, Milk, Sweat Panel

This panel explores health in terms of bodily fluids. In early modern Europe, health was to a large extent defined by the regular and ordinary retention and excretion of bodily fluids. But how did discourses of health square fluids with issues of procreation and infancy, old age and infertility? With the development of measuring and experimental in-
stroments, how did quantitative approaches and chemical analyses of the fluids effect notions of health and healthy ageing? By looking at the fluids and flows of semen, menses, milk, and sweat, this panel contributes to medical histories of healthy ageing.

FABRIZIO BIGOTTI (University of Exeter)
“Medicina est additio et ablatio”:
Santorio on the Prolongation of Life

The prolongation of life has always been one of the primary goals in the practice of medicine and this was even more the case during the Renaissance, where figures such as Marsilio Ficino (1433–1499) and Luigi Cornaro (1484–1566) strove for a healthy lifestyle based on the practice of the ‘six non naturals’ (sex res non naturales). However, it was only at the beginning of the seventeenth century that this started being pursued in a more scientific way, especially thanks to the work of Santorio Santori (1561–1636). In his work Ars de statica medicina (Venice 1614), in fact, Santorio introduced a quantitative approach to medicine by means of experiments on insensible perspiration, pulse, body temperature, and environmental factors. Santorio conceived his main work as a manner to grant the prolongation of life (or slongamento della vita); in so doing, however, he completely reshaped the concept of equilibrium and the traditional approach physicians had had to the non-naturals. The balance of the body rests now on a quantitative proportion between ‘ingestion’ and ‘excretion’ of food and drinks (repletio-inanitio) which are used to measure the volumetric changes of the body and accordingly – in terms of Aristotelian physics at least – their quantity or weight. Medicine therefore still stems from ‘addition and subtraction’ (additio et ablatio) but in a drastically different way from the traditional understanding of it: by constantly monitoring its vital parameters, the physician becomes a technician (artifex sensatus) able to manipulate the body and to grant not only the restoration of full health but also its perpetuation; ideally, for ever.

SARAH TOULALAN (University of Exeter):
Old Age and Sex in Early Modern Europe:
“Exceedingly Hurtfull and Most Pernitious”

In early modern Europe sex in old age was understood, and represented as harmful, inappropriate, and often ridiculous. These perceptions were related to increasing infertility as the body aged at a time when procreation was the primary aim of marriage and the production of offspring essential for the preservation of family and state, inheritance, social, political, and economic stability. In the humoural model of the body, increasing coldness and dryness as the body aged altered its appearance and caused infertility by affecting the reproductive organs and the materials of generation, seed and menstrual blood, making the old unsuitable for both sex and procreation. The quality of the seed was diminished in both men and women as it lost vital heat and became too thin and watery to be capable of generation. In older women the menstrual blood ceased so that the womb and female genital parts dried up as they were no longer lubricated by its regular flow. This brought barrenness but also meant that sex was likely to be difficult and painful. Sexual desire was also problematic: although it might diminish due to loss of vital heat, it did not necessarily disappear altogether. Desire for sexual activity could continue into old age but was tempered by the decline in physical vigour and the drying up of the sexual parts, making it more difficult to achieve. Old bodies, in their increasing decrepitude, were also perceived as unattractive and sexually undesirable and were frequently represented as such.
Breast milk commonly represents the early and intimate mother-infant relationship. Yet the practice of breastfeeding was never self-evident nor static, because the assistance of wet nurses and hand-feeding was popular practice across early modern Europe, for reasons of necessity or convenience. Although historians have already paid ample attention to contemporary debates on the drawbacks and benefits of breastfeeding by mothers and nurses, this paper explores the role of chemists and apothecaries. Throughout the early modern period, physicians published moralising texts to argue in favour of maternal breastfeeding. I will argue, however, that in the eighteenth century chemical experiments on milk supplied Dutch physicians with new arguments to emphasise the exceptional nutritious qualities of milk in general and the importance of mother’s milk to the health of the infant. Herman Boerhaave, for example, perceived the apparently mundane and whitish fluid as a confluence of major physiological functions: secretion, digestion, nutrition, and maturation. Furthermore, physicians and apothecaries were increasingly involved in the evaluation of galactagogues, i.e. the substances stimulating and inducing lactation. While herbal drugs continued to be consumed, mineral drugs were dismissed as spurious and galactagogues based on animal products, such as cow’s milk and cheese, were actively encouraged. Although it appears that many parents at the time continued to make up their own minds concerning nursing their child, this paper demonstrates the various strategies employed by Dutch medical men to negotiate the importance of milk and breastfeeding in the eighteenth century.

Practitioner’s Session

PAUL JUTTE (University Medical Centre Groningen)

Technologica Orthopedica, or, Less is More:
How 3D Technology Can Be Used to Improve Orthopedic Care

In the old days treatment of bone tumor located in the arms and legs often necessitated amputation. Developments in imaging technology and chemotherapy nowadays facilitate a limb salvage approach in most patients. This however still means treatment with open surgery and causes substantial injury to the tissues, resulting in loss of function of the human body and long patient recovery time. The next step in bone tumor treatment is to reduce tissue damage and thereby improve functional outcome as well as oncological outcome. Less damage, more precision and faster recovery.

This can be achieved using new technology: computer assisted surgery, patient specific implants, 3D technology and robotics will enhance safety and efficacy. Minimally invasive surgery reduces tissue injury and enhances precision. A good example is Radiofrequency Ablation (RFA), an innovative technique for Local Bone Tumor Ablation. In RFA, an antenna is placed in the tumor to transmit radio waves that convert to thermal energy (heat) to destroy the tumor (>60 °C). A new challenge is to develop a better imaging technique to position and monitor RFA. It is very important to position the antenna exactly in the right place and control the temperature and kill zone. Work flow planning includes complex 3D modeling and simulation of antenna position and kill zone. New technologies like optical shape sensing are needed to monitor position and kill zone. Recent developments are very promising and have great potential for clinical translation and application in image-guided bone tumor procedures. They have the potential to develop into a mainstream cancer therapy.
In past times medicine has long been the domain of distinguished gentlemen who, convinced of their expertise and knowledge, yet, largely remaining unconsciously incompetent, have failed to deliver cost-effective health-care. Who knows the story of Semmelweis? Halfway the 19th century he noted a thus far unexplained difference in mortality from child bed fever (at least 3 to 4 fold!) while comparing statistics of women in labour in the hands of the honourable doctors (>10% mortality) and midwifes (<2%) in Vienna. This difference was known to the general public, who dreaded being admitted to the clinic ran by the distinguished doctors of those days. It was not until he shrewdly noted that a friend and colleague, who had accidentally punctured his operating gloves with a scalpel while performing an autopsy, died after suffering an sickbed identical to the unfortunate women that had recently given birth and became ill. He subsequently concluded that some contamination was carried from the autopsies to the women in labour by the doctors. Against all conventions and beliefs Semmelweis suggested hand-washing with a solution we would today consider disinfectant. This effectively reduced child birth fever and mortality achieved by the doctors soon dropped to levels comparable to those achieved by the midwifes. A spectacular result that would, however, not at all convince the medical community. In fact Semmelweis, ultimately to his demise, was ridiculed and banished because of his non-conformist ideas. Importantly, this occurred several years before Koch and Pasteur confirmed the germ theory to overrule ‘miasma’ (bad air).

Only some years later in London, the now world famous founding father epidemiologist John Snow noted a specific geographic pattern of cholera mortality in the city of London. He reasoned that the supply of drinking water through a specific water pump was the only explanatory variable. This is not to say that his concepts were immediately well received by the medical community. Also, the vested interests of the established water companies of those days were not particularly receptive of the fact that they might be unconsciously incompetent by delivering contaminated water to the communities.

As all too often occurs, in hind sight, and with the knowledge of later days, it all seems so backward and simple. Still, decades of respectable medical practice and mere thousands and thousands of fatalities later we recognise the breakthrough and start to adopt disruptively best practices. This clearly is not cost-effective health management and policy. Yet, in the meantime the practitioners of their days continued to take relatively minute incremental steps that generally used up a great deal of the available resources.

Surprisingly, (or not so much) not much has actually changed. This very moment our learned colleagues continue to develop and treat their patient’s chronic diseases such as CVD, cancer, COPD, DM2 etc., etc., with costly and statistically significant better treatments, claiming to provide the best possible care. The epidemiologists amongst us have in the meantime provided all the necessary evidence signifying that at least a third of the burden of non-communicable diseases may be avoided if ‘only’ the population would adopt an adequate life-style. Here the parallel with both Semmelweis and Snow becomes palpably evident. Can the medical community continue to practice and train subsequent generations of practitioners to only respond by the time it is far, far too late for vast numbers of people. Clearly, patients who develop chronic conditions should have access to adequate treatment, and that will always remain a major responsibility of the medical community. However, at the same time that community, particularly the managers and CEOs thereof, should recognize their (co-)responsibility to develop and implement cost-effective health policy. Thus we should critically look at medicine as we practice it today, and like our truly heroic predecessors not remain in our comfort zones. We cannot fail our oath, and should not hesitate to go against the vested interests, all in the interest of our (future) patients. It would appear that in a University Medical Center we are or ought to be consciously competent, or at least should strive to become. Healthy Ageing is cost-effective, and ‘noblesse oblige’, or does it?
Gerjan Navis (UMCG)

Let Food be thy Medicine: Histories of Nutrition and Healthy Ageing

The notion that food is relevant to health goes back to the earliest days of medicine, across different cultures and civilizations. The Yellow Emperors’ Guide to Internal Medicine, a main source from ancient Chinese Medicine, discusses food, diet, its relation to health, and its role as medicine for different disease conditions in detail, including not only type and quantity of food, but also the way the food should be prepared and consumed. Hippocrates, the founding father of Western Medicine, allegedly stated “Let food by thy medicine ...” which sounds astonishingly modern in a time where being a “Foodie” is considered if not a virtue, then at least cool. Yet, its sequel: “… and medicine be thy food” gives literally food for thought. Can Hippocrates have foreseen the adverse role of poly-pharmacy in the poor food intake, and consequent malnutrition in the multi-morbid elderly patients of our ageing population? In spite of the long-recognized importance of food intake for health, and a wealth of knowledge from nutrition sciences and dietetics, nutrition is somewhat under the radar in current medical practice, and medical education. Of note, EU and US medical schools devote only 0.5-3, and 2.5 days, respectively to nutrition during their entire curriculum, notwithstanding recent estimates by the WHO that attribute at least half of the world-wide burden of disease by non-communicable disorders to lifestyle factors, including poor nutrition. Likewise, current debates and publicity on food and health are dominated by the public voice (and perhaps even more by interests behind the scenes) rather than guided by nutritional or medical experts. Whereas evidence-based medicine has provided a framework to integrate pharmacological progress into clinical practice, there is no such entity as evidence-based nutrition, a strange paradox in a time where Healthy Ageing – and accordingly the importance of a healthy lifestyle – is increasingly recognized as a valuable key paradigm for Health Care, providing new perspectives for predominantly disease-oriented medical tradition of the former century. In the development of new concepts suitable to Healthy Ageing Medicine, a new, holistic definition of Health was developed recently, that may also provide impetus to the development of an updated framework for better integration of insights on food and nutrition in medical science and clinical practice.

Session 4

Alexander Pyrges (Würzburg)

Old, Fat, and Healthy? Exploring the Connection between Corpulence and Ageing in Early Modern Medical Literature

The early modern literature on longevity, health, and the healing arts generally assumed a significant connection between corpulence and ageing. How exactly this relationship played out, however, was subject to some interpretation. Some authors argued that during the process of ageing the humoral constitution and hence the growth proclivity of the body changes. Depending on what age exactly the authors focused on and whether they considered the ageing body to become cold and moist or rather cold and dry, they regarded the elderly or the old to be either more or less disposed towards corpulence. Other authors forwarded the reverse argument, namely that excessive body fat influences the ageing process, either boosting it because of its detrimental, putrefying qualities or threatening to altogether prevent it by rendering the body more susceptible to acute diseases and thus prone to premature death.

Studies on the history of fat and obesity have looked merely at isolated reflections on the subject. The paper will analyse the literature on longevity and health succeeding Cornaro’s account as well as medical treatises and dissertations on corpulence, published and read within the German-speaking lands from the late 16th century onward. In doing
so it will, first, retrace the shifting conceptualisation of corpulence and of age identifiable in elaborations on their relationship. Second, it will examine the changes, or, rather, continuities in the ensuing therapeutic suggestions, moderation being and apparently remaining the most common among them. Third, it will try and sketch some ideas on why, around 1800, the focus of German experts on corpulence decidedly shifted to the other end of the age spectrum. While individual cases of obese children and, later, more generally excessive bodily growth during childhood captured medical authors’ attention the connection between old age and corpulence quickly faded into the background of the literature.

ANTHONY MAHLER (University of Zürich)

The Poet’s Diet

When Christoph Wilhelm Hufeland, the Director of Prussia’s new flagship hospital and medical school, published his *Makrobiotik* in 1796, he requested that the philosopher Immanuel Kant confirm its validity. And while his *Makrobiotik*, which immediately became the authoritative dietetic handbook of its age, decries quacks and folk medicine, it cites poets, philosophers, and priests as reliable sources and examples for healthy living.

This presentation will investigate the poet’s continuing claim to dietetic knowledge around 1800. Using dietetic handbooks, literary texts, and the self-writing of three literary authors (Goethe, Jean Paul, and Novalis), it will show that authors were considered to possess a unique degree of self-knowledge, knowledge of their bodies and minds and what was good for them, in both an ethical and medical sense. A healthy diet was thus part of an author’s public persona, and moderation was considered a precondition for poetic creation. Finally, the presentation will argue that each author’s diet correlates with their specific poetic program; that is, authors present themselves as living in a way that reflects the forms of their literary texts. So, while the classical Goethe invokes a stoic regimen, the witty satirist Jean Paul interprets moderation as trying a little of everything, and the Romantic Novalis calls for continuous exposure to stimuli that will disintegrate ingrained habits.

Public Lecture

ROBERT ZWIJNENBERG (Leiden University)

Healthy Ageing and the Importance of Art

The contemporary quest for healthy ageing or longevity is not only a biomedical challenge but it is also a societal and cultural concern. The opportunities of healthy ageing, of extending our life time with decades in good health, pose questions about the financial and economic implications, but also about the demographic, legal and political implications. Are we as a society ready for an extended human life expectancy? Can we understand or even imagine the mental and emotional effects of a life that spans a 120 years?

In my lecture I will argue that the debate about longevity is above all a debate about what it is to be human and about human dignity. However, there is no consensus as to what terms like ‘human dignity’ and ‘human essence’ actually mean, which will force any debate about longevity into deadlock. I will take this argument a step further by claiming that the opportunities offered by biotechnology in general (be it longevity or genetic modification) make it clear that any discussion on biotechnological innovations that is based on traditional concepts like human dignity and human essence will inevitably become nothing more than a dead end. Contemporary biotechnological practices that involve manipulation of living beings is testing accepted ethical and aesthetic values concerning the human body and nature to such an extent that we need a radical reconsideration of our values.
Any existential quest of this kind is impossible without a deep understanding of the ambiguities and complexity we need to consider. The function of art is precisely to enact these ambiguities and this complexity. Can art provide us with images, emotions and insights to prepare us for this radical reconsideration?

Friday 23 June

Session 1

MELINA KOSTIDI (University of Thessaly)

Greek Spas and Healthy Ageing: Nineteenth-Century Medical Texts on Thermal and Sea Baths

In the mid nineteenth-century, shortly after the establishment of the Greek state, scientific treatises on thermal and sea baths were published by doctors and chemists. The writers of these texts praised the beneficial effects that thermal and sea baths had on healthy living and ageing. They argued that the use of thermal and sea baths favoured health improvement, due to the trip to Greek spas and the pleasant surrounding nature. In my paper I will claim that these medical texts offered scientific validity to the Greek spas and created an early form of spa tourism in Greece (i.e. the elderly and younger people who had health problems and took thermal and sea baths for treatment upon their doctors’ medical recommendation).

The medical guidebooks to Greek spas are considered valuable historical sources, because patients used them to find all the relevant information for the trip and doctors were able to recommend the proper form of therapy for their patients. In these medical guides scientists referred to the use of baths in ancient Greek religion and medicine. They stated that baths in Greek myths purified, healed and offered strength. Doctors and chemists were influenced by the principles of Hippocratic medicine. Hippocrates was the first physician who examined and stressed the therapeutic properties of cold and hot water in his treaty, On Airs, Waters and Places. I will argue that the writers of medical texts on Greek spas referred to this treaty translated by the Enlightenment thinker Adamantios Korais to encourage the use of thermal and sea baths.

MEGAN WILLIAMS (University of Groningen)

“Sum mortalis, et senex, et laborans podagra”: Negotiating Healthy Ageing in Early Modern Diplomacy

In early modern Europe, diplomats – overwhelmingly male, well-fed, and usually well into middle-age – were seen as particularly susceptible to gout. A non-lethal, non-infectious, intermittently symptomatic form of acute arthritis, gout was understood as a resolutely male malady which typically struck in the fifth decade of life. Gout’s higher incidence among those who enjoyed diets rich in animal proteins, sugar, or alcohol had also long caused the disease to be associated with status and affluence. As English ambassador Sir William Temple noted when gout-stricken during negotiations at Nijmegen in 1676, gout “generally falls upon persons involved in Publick affairs... upon whose thoughts and cares (if not their motions and their pains) the common good and service of their Countrey so much depends”.

Gout thus threatened to gravelly undermine early modern diplomats’ mobility, political efficacy, and general quality of life in old age. To avoid or mitigate gout, contemporary therapeutic regimes consequently recommended abstinence in sex, spirits, mental perturbation, and meat. Yet these recommendations were difficult for diplomats to follow, if not antithetical to the duties of diplomacy. Elaborate entertaining was critical to
the diplomat’s office, as was mobility and the managing state affairs. How, then, did ageing diplomats and statesmen seeking to avoid the pain and immobility of gout balance regimental and medical prescriptions with their diplomatic duties? This paper draws on archival and edited diplomatic correspondence to analyze the prophylactic, political, and rhetorical strategies by which ageing European diplomats and statesmen negotiated the prevention or treatment of gout in their daily lives, ca. 1450-1650. Studying these strategies may also help us better understand gout’s modern "renaissance" among ageing industrialised populations.

Session 2

JANE CORRIE (University of Glasgow)

*An Exemplary Retirement: William Cullen and the Art of Ageing in Enlightenment Scotland*

The teaching of medicine in Edinburgh in the first half of the eighteenth century was very much influenced by the University of Leiden, and in particular the teachings of Professor Herman Boerhaave. When Professor William Cullen of Edinburgh died, rich in years, in 1790, he was spoken of as a ‘Second Boerhaave’. Cullen’s practice and his teaching had a profound effect on the development of mainstream medical education in Europe and in America. However alongside his efforts to make medicine more professional and more ‘modern’, Cullen championed an updated version of a very ancient set of values and beliefs, rooted in the Hippocratic-Galenic teaching.

Cullen expressed and refined his attitude to old age - and to retirement, in his correspondence with patients and their local doctors over the last 25 years of his career. Unusually, for such a documentary resource, many of the letters in to the doctor have been preserved, in all their rich variety, as well as the letters out. While continuing his working life during his own old age, Cullen also enjoyed a very personal retirement project; this was to create an improved farm and designed landscape on a challenging site in the hills a few miles from Edinburgh. This paper will look at Cullen’s attitude to old age and to retirement in the context of his personal story, his conscious positioning as a ‘North Briton’ and in the varieties of experience that can be found among his students, his patients and his peers.

FELIX SAURE (Hamburg/Lüneburg)

*The Shaking of His Own Body, the Fate of Charlotte Diede, and Aeschylos’ Unwritten Verse: Wilhelm von Humboldt’s Idealist Anthropology and His Thoughts about Age(ing)*

“A thin old gentleman with waxy skin and unnaturally erect posture.” In his novel *Measuring the World* (2005) Daniel Kehlmann describes the bodily, psychological, and even political constitution of the elderly Wilhelm von Humboldt at a fictional appearance in 1832. The real Wilhelm von Humboldt died on 8 April 1832, aged 77. This age was almost double the average life expectancy in his time. Thus, it is no surprise that Humboldt dealt in manifold ways with age(ing) as a basic category of human existence. He wrote about it in his essays and theoretical papers, extensive correspondence, and poems.

Research has largely ignored this topic. The only exception are two concise papers from the perspective of medical historians (Horowski 1995, Bürger 1960). The paper outlined here attempts to provide some ideas to fill this gap from a perspective of intellectual history. The focus is on the questions of how Humboldt deals with his individual experience of age(ing) which he documented in detail, and how he connects this personal insights with his more general, theoretical ideas about age(ing) in history and anthropology.

Humboldt thoroughly observed his own ageing process and tried to understand it. This included the bodily dimension as well, he is considered one of the first patients to de-
scribe the symptoms and the progression of Parkinson’s disease. In his correspondence, especially in his didactic letter to his “female friend” Charlotte Diede, who had started to exchange letters with the 47 years old, Humboldt reflects on the physical and mental changes that occur with ageing. He even writes about the social aspects of ageing and his thoughts about caregiving by relatives compared to versus caregiving by servants appear almost contemporary. As a daily exercise, Humboldt composed hundreds of poems during the last years of his life. They were not intended to be published but today they present us a most intimate view of Humboldt’s thoughts. A number of these poems contain personal reflections about age(ing), such as Das Alter and Der Gleichmuth.

But Humboldt’s reflections about age(ing) don’t remain on the level of personal, autobiographically informed thoughts. Against the background of his ideal of a well-rounded human existence he elaborates in more general, abstract terms on the course and the last stages of life. For example, on the occasion of the early death of Theodor Körner, a famous officer and poet of the anti-Napoleonic wars of liberation, Humboldt expresses his ideas about the individual and the social value of age(ing) in his time and in antiquity. Humboldt’s image of classical antiquity contains an image of age(ing) as an integral and valuable part of life. The Greeks had realized all of human potentialities not by avoiding but by actively integrating age(ing) into their lives and their philosophy (e.g. Geschichte des Verfalls und Unterganges der griechischen Freistaaten [History of the Decline and Fall of the Greek City States]). Imitating – not copying – the Ancients in modernity would include to accept Körner’s death as an element of his life, and by doing so man could become “more Greek” again, thus become more human.

Humboldt’s writings about age(ing) comprise of modern, empirically founded documentations as well as classical humanist ideas. While the former are based on his personal experience, his thoughts about Ancient Greece and its importance for modernity were common ground among German idealists. Against this background, Humboldt’s idea of a more human age(ing) appears as an element of his all embracing concept of Bildung in the sense of a harmonious self formation of the individual.

LEONIEKE VERMEER (University of Groningen)

Healthy Through Writing?

Writing can make people healthier and happier. There is a vast growing amount of scientific research on the benefits of writing about oneself and personal experiences. Writing can improve mood disorders, help reduce symptoms among cancer patients, improve a person’s health after a heart attack, reduce doctor visits and even boost memory. In the field of ‘Narrative Medicine’ writing serves as a clinical tool in the healing encounter between doctor and patient. How can we trace these benefits of life writing back in history?

The 19th century witnessed an explosive growth of self-narratives and the rise of the so-called ‘journal intime’, the personal diary of observations, reflections and self-analysis. However, recent studies have shown that most diaries were not intimate, but gave more information about the weather and social visits. The primary function of these diaries was to ‘control time’ in a rapidly changing society. This daily obligation also caused worries and apologies, if a diarist did not find the time to write. The diary was not only instrumental in controlling time, but also in controlling bodily processes, such as eating, bowel movement and sexual activity. Furthermore, diary writing could serve a therapeutic function in case of illness and death of loved ones. The question I will address in my paper is: which functions did diary writing in the 19th century have in connection to health and illness? Did people indeed become healthier and happier through writing?
Keynote Lecture on Sleeping & Waking

WILLIAM MACLEHOSE (University College London)

Diminution and Recreation: Ageing and Restorative Sleep in Medieval Medicine

Premodern Western notions of ageing focussed often on a negative view of old age as an infirmity or a process of gradual weakening of both body and mind. Central to late medieval medical views of ageing was the concept of ‘radical humidity,’ which posited that, daily while we slept, our bodies were thought to recreate and restore an essential amount of moisture and heat, which were expended during our waking day and which allowed life to continue. As the body aged, the theory continued, we increasingly lost the ability to perform this daily act of recreation and restoration, which was one of the main reasons for sleep. In medical thought, then, the very act of sleeping became a subject of particular concern, based on the argument that the manipulation of sleep allowed for the possibility of restoring—by natural or artificial means, including herbal and alchemical remedies—at least some of the essential humidity and heat lost through our daily activity as well as through the ageing process. When studying medieval medical discussions of old age, we encounter a recognition of diminished physiological functioning and a desire to identify solutions which would rejuvenate or at least temporarily restore the individual to a healthier state, staving off the perceived degenerative effects of ageing through a strict regimen of sleep.

Session 3

SIGLINDE CLEMENTI (Free University of Bozen-Bolzano)

Healthy Body and Good Life as Unreacheable Ideals: The Case of the Trentino-Tyrolean Noblesman and Melancholic Osvaldo Ercole Trapp (1634–1710)

Osvaldo Ercole Trapp died in 1710 as last exponent of his line Trapp-Caldonazzo. In 1669 he was incapacitated and the regency over the territory of Caldonazzo passed to his cousin and tutor Giorgio Sigismondo Trapp. During the years passed as incapacitated gentleman Osvaldo Ercole wrote three ego-documents: a body description from head to toe, autobiographical writings, and a brief chronicle of the House of Trapp-Caldonazzo. Osvaldo Ercoles autobiographical texts can be interpreted as a desperate attempt by a marginalized person to retain prerogative of interpretation of his life, to leave marks of his body and character, his journey through life, and his domestic and social circumstances.

The ego-document of Osvaldo Ercole Trapp contain body knowledge and body awareness which are not directly perceptible. They can only approximately be deciphered through the analysis of erudite body concepts and early modern body representations. The body description and the autobiographical writings offer a mapping of body contructions of the early modern period; the basis of this body concepts is composed of the sectional view, the adapted hyppocratic-galenic theory of humours and temperaments, the pathology of humours, the galenic physiology and the pre-modern dietetics as theory of healthy life. Also the influences of astrological thinking and the theory of pre-modern physiognomy can be identified. In the description of his body Osvaldo Ercole lists the single body parts and describes them as they were, when he was healthy and as they are now as parts of an old and melancholic body. In the autobiographical writings he tries to give explanations for his failure, beginning with the old age of his father at the moment of his procreation, the unfavorable planetary configuration at his birth and the passions of his wet nurses to the choleric parenting style of his mother. All this circumstances didn’t allow Osvaldo Ercole to live a life in balance which is the basic principle of the early modern dietetics and the visions of healthy life related to all six res non naturales but especially to three:
sleep and wake, eating and drinking and passions. Both ego-documents will be taken as point of start of the analysis, to reconstruct in converse argument the notion of healthy body and good life, which for Osvaldo Ercole were unreachable ideals, and confronted with scholarly writings such as the “Universa Medicina” of Jean Fernel and the Regimen sanitatis of the Tyrolean doctor Hippolytus Guarinonius “Die Grewel der Verwüstung Menschlichen Geschlechts”.

**Session 4.**

**KATERINA GEORGOLIA** (University of York)

**“Aetatis Suae XXXXV”: Rubens’ Body in the Prima of Life**

‘Petrus Paulus Rubens / se ipsum expressit / A.D MDCXXIII / Aetatis Suae XXXXV’ (‘Peter Paul Rubens / depicts himself / in the year 1623 / aged 45’) is inscribed in Rubens’ hand at the top right of the Windsor self-portrait (1623, Windsor Castle, Royal Collection, London). This signature is unique among Rubens’ rarely signed artworks in revealing his age in this way. It thus shows the importance of the commissioner. It is with this self-portrait that Rubens introduces himself to Charles I, then Prince of Wales. It is therefore of great interest to trace not only how Rubens presented himself, but how he also wished the extremely powerful political personae of the age and the elite circles of England to perceive him. Rubens’ signature subtly leads the viewer to create bridges between age conventions and his visualized bodily constitution.

By focusing on Rubens’ Windsor self-portrait, the present paper explores the physical body of the early modern artist in relation to healthy ageing. This is the first attempt to view Rubens’ body from a medical point of view. This paper maintains that Rubens’ painted body was informed by early modern scientific practices, medical discourses and physiological processes which were fundamental to the construction of his own ideal persona. The Windsor portrait will be suggested to visualize Rubens’ passion for regimen, healthy ageing and bodily balance.

**LEO DELFGAAUW** (Hanze University / University of Groningen)

**Topos of Ageing in Art**

My PhD research (supervised by prof. dr. Barend van Heusden and prof. dr. Rineke Smilde) aims at a deeper understanding of the process of ageing in relation to artistic practice. More specific: I am interested in the question what it means for the visual artist to grow older. And how is the artistic ‘self’ determined by the process of ageing? Through narrative-biographical interviews I collect my data from the life stories of artists. Biographical learning is central in the analysis of the interviews. Lifelong and lifewide learning characterize the artistic development. But art making in terms of life process also contains many topoi. Both the concept of the ‘child prodigy’ (‘Kindheitsbegabung’) and the concept of an ‘old age style’ (‘Altersstil’) are stereotypes and stem from a narrative tradition. Most recent example of this ‘late style topos’ was probably the successful ‘Late Rembrandt’ exhibition at the Rijksmuseum.

For this conference I would like to propose a contribution in which I will focus on the topoi of ageing in art. These topoi exist in the iconography of ageing (like the ‘stages of life’) as well as in the expectations of the artistic career (‘late style’). On the occasion of the Healthy Ageing conference I would like to present a selection of illustrated examples of these stereotypes of old age in the visual arts.
Today, countless older adults undergo surgical procedures to reduce or reverse the physical signs of ageing, while others embark on intensive anti-ageing regimens at ever-younger ages. While the desire to be healthy in old age is not new, this paper considers whether the meanings of “healthy ageing” have changed over time, particularly as the pressures and avenues for combatting physical decline have made ageing a feared, agonizing, and time-consuming aspect of modern life.

This presentation focuses on skincare regimens designed to conceal or reverse the signs of ageing skin. I consider the deep history of cosmetics as part of the quest for health in old age, before turning to the rising cosmetics industry and the medical profession of dermatology in the twentieth century United States. Drawing on recipes, medical treatises, and historical advertisements, I trace the emergence of “anti-ageing” as a medically endorsed goal and its relationship to the medical and social concepts of “healthy ageing,” “successful ageing,” and “ageing well.” I examine how these concepts have transformed in the twentieth and twenty-first centuries, paying close attention to ageing, appearance, and gender as women faced increasing pressures to erase the signs of ageing skin. I argue that modern versions of “healthy ageing,” especially concerning appearance, have produced contradictory effects: while offering positive views of the potential for health and beauty in old age, they also hold individuals to impossible standards and increasingly stigmatise those who fail to achieve them.