# Reawakening the Curious Muses

## Research, Curatorship, Collections, and Publics at Copenhagen's Medical Museion

*Ken Arnold and Thomas Söderqvist*

This conversation between the founding and current directors of the multi-award-winning Medical Museion at the University of Copenhagen was held online, COVID-19-style, in the spring of 2021. We have different backgrounds and instincts. One of us is an academic historian of science, who almost accidentally ended up also running a museum. The other has spent decades working in museums, and then found himself hired as a university professor. Here we discuss the evolution of Medical Museion over the last two decades—the Museion concept, the integration of research and curatorship, the interaction of art and science, the balance between historical contextualization and aesthetic "presence," the Faustian pact with foundations, and so forth—plus some visions for its future development.

*Thomas*: So, how shall we begin this conversation?

*Ken*: Since we were both trained as historians, maybe we should start at the beginning. The origins of this venerable institution long predate both of our involvements, and to English-speaking readers remain indecipherable in Danish-language accounts. How did it begin?

*Thomas*: Well, it started back in 1906 as a private initiative to gather artifacts for a public exhibition to celebrate the fiftieth anniversary of the Danish Medical Association. Medical practitioners and hospital doctors donated thousands of items. The initiative became very successful, even the King attended the opening. A decade later, the collection was acquired by the University of Copenhagen, which already hosted one of the earliest medical history professorships in Europe. Thus was established a tradition for a university museum that combined academic history with the curation of medical heritage. In 1946, the Medical History Museum and its steadily growing collections moved to the present premises in the magnificent late eighteenth-century building of the Danish Royal Academy of Surgeons in an elegant area of the city; and the first permanent public exhibition opened in 1969, again with royal attendance.

*Ken*: The story of retiring medical men looking into and collecting the history of their calling happened quite a lot across Europe and beyond, didn't it. The museum's first half-century sounds like a particularly successful version of that story. Did it continue that way?

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*Thomas*: Unfortunately, not. The museum was in pretty good shape until the 1970s. But then, and for reasons I haven't really understood, it went into the doldrums in the 1970s and 1980s. The medical professor in charge was rarely there, and the only professional curator, a woman ethnographer, was under the shadow of a dozen retired, mainly male, medical professors/volunteers. They watched over one of Europe's largest and most diverse, but largely unregistered, collections. The galleries were not updated and there were almost no temporary exhibitions. It gradually became a rundown and unproductive institution, and in the early 1990s the medical faculty even considered winding up the professorship. They didn't go that far, however, and the position was eventually announced in 1995.

*Ken*: And that's when you got the job, right? I don't want to be rude, but why did they choose someone like you? Unlike all your predecessors, you weren't trained as a medical doctor, were you?

*Thomas*: No, you're not rude, it's an obvious question. After undergraduate training in biology and biochemistry in Sweden, I turned to history of science. I did my PhD on early twentieth-century ecology; taught history of science, to science students; went on to postgraduate research on the history of mid-twentieth-century immunology; and wrote about scientific biography as a genre and the historiography of contemporary science and technology. So, I both knew the science and was interested in the theory and methodology of writing about the recent past. But the most important thing, I think, was my letter of intent, in which I proclaimed my interest in contemporary medical history; that is, I wanted to focus on the molecular and digital revolution in medicine, genomics, proteomics, and so forth, phenomena that few historians of medicine had looked into at that time. I think this impressed the committee.

*Ken*: An interesting and important historiographic point—history doesn't stop decades ago. But what about running the museum? I don't think you had any museum experience, did you? Wasn't that a disadvantage?

*Thomas*: No, on the contrary. When the professorship was announced in 1995 the medical faculty actually asked for museum experience. But a year later, all applicants suddenly received a letter saying that the position would be announced again, now without any mention of the museum. The dean had found out that the museum requirement disadvantaged applicants with a strong research and teaching record. So, they decoupled the professorship from the museum, which favored me.

*Ken*: So, they thought they couldn't have both cutting-edge research and museum acumen. And I guess the former won out—the medical faculty voted for academic research and teaching and dropped their ambitions for the museum activities?

*Thomas*: Well, I don't think they wanted to close the museum down entirely, but to keep the building and the collections and let the curator and the retired medical professors/volunteers show interested health professionals around. But they surely had very low expectations for the museum activities. I have a nice anecdote about this: right after I had been appointed, in the summer of 1999, the dean asked me, very cautiously, if I might consider taking the responsibility for the museum as well, on the side. "In your dreams!" I exclaimed. I mean, I had visited the place once, and had found it terribly dull and dilapidated, and knew that the collections were rich but largely unregistered. But my then wife convinced me that this was a pretty foolish reply: she thought I needed more hands-on activities in my life and that the museum was full of low-hanging fruits, so that moving a cupboard across the hallway would be a major accomplishment that would impress my colleagues in the faculty. So, I went back to the dean and said that I would

take the responsibility if he doubled the activity budget, let me employ some people to clean up the place, and gave me a free hand to do what I wanted. "It's all yours," he said.

*Ken*: So, the museum wasn't a priority at that time. But wasn't the faculty at least interested in public outreach—it was probably called public understanding of science (PUS) then?

*Thomas*: No, as far as I remember they never said a word about exhibitions, not to mention events. And frankly I wasn't very interested in exhibitions and outreach either. I found the conventional outreach model that still dominated science and medical museums (the unilateral flow of information from curators to visitors) pretty uninteresting. I didn't think it engaged people and also that it made the curators intellectually lazy in the long run. So, I focused on building a research program and recruiting PhD students and postdocs instead. The public could perhaps enter the equation later.

*Ken*: When we first met five years later, in 2004 or 2005, things were rather different. I think you had received a large grant from the Novo Nordisk Foundation to hire PhDs and postdocs to integrate research on the history of contemporary medicine with new acquisitions of recent medical heritage. Maybe you had realized that you were effectively in charge of Denmark's national "medical heritage," and had changed your mind about material artifacts?

*Thomas*: I had indeed changed my mind. But not with respect to the existing collections; I never really thought of myself as a keeper of all that old stuff (but I wanted it registered and in good shape). What made me rethink my attitude to heritage was the possibility of turning the acquisition of contemporary biomedicine into an intellectual problem. I was fascinated by recent biomedical artifacts—PCR-machines, genome sequencers and such stuff—and wanted to acquire all the different kinds of near-recent things that risked being thrown in the garbage containers because they weren't conventionally considered old enough yet to be brought into a place like a museum. Robert Anderson, the former director of the British Museum, once said that "acquisitions is the life blood of museums." His words made a strong impression on me. We actually started an annual "Garbage Day" at the faculty where we prompted the biomedical scientists to bring in used stuff from their labs.

*Ken*: It's almost like you were concerned about the future history of today's biomedicine, the heritage of tomorrow; but you were also too impatient not to get on and pursue it now, partly by collecting it.

*Thomas*: Exactly, I felt we were in a hurry, or I was at least, I was 55 at the time. And maybe also because I had a passion for post-war electronic biomedical machinery, which reminded me of my interrupted biochemistry PhD in the late 1960s, so it was to a large extent a nostalgic impulse on my part. Kind of tomorrow's electronic-punk. But there was also a practical aspect to it. Besides being a nerdish academic, I have always had a slant of social activism, have always fancied social movements as agents of cultural change. So, my vision was to engage thousands of biomedical researchers and health professionals all over the Copenhagen region to trawl through their labs and clinics to collect near-recent artifacts and help us curate them. I actually thought of it as a re-enactment of the foundation of the museum a century earlier. Distributed biomedical heritage crowdsourcing I called it.

*Ken*: That's a nice energetic acquisitions policy. But what was the research problem?

*Thomas*: I was struck by the blandness and anonymity of contemporary biomedical objects. I went to a few science-museum conferences, and all people talked about was how huge and spectacular scientific artifacts had become, how impossible it was to collect them. No, I said, the

problem is that they are getting smaller and smaller, duller and duller. They seemed impossible to exhibit. A PCR-machine looks like a kitchen blender, a genome sequencer like a washing machine. And today's most important biomedical objects are invisible macromolecules, like genomes, proteins, viruses, and antibodies. How do you collect and display them?

*Ken*: Ah, so you did eventually become interested in public engagement and exhibition-making?

*Thomas*: Well, most of the staff were extremely eager to start making exhibitions. But I tried to resist that urge, I wanted to get the existing collections in shape (which our collections curator Ion Meyer and his staff eventually succeeded in), and most importantly develop our research and acquisition program. And we did actually manage to acquire molecules, for example from the protein research group at the Carlsberg Laboratory in the early postwar period.

*Ken*: Okay, let's get back to that later. One other rather significant thing about the institution you were running was that it had changed its name by the time we first met. It was now called "Medical Museion." What was the idea behind that?

*Thomas*: Well, that was crucial. Here I was, with a passion for the contemporary history of biomedical science, with responsibility for one of Europe's largest medical-historical collections, with a healthy disdain for the mainstream outreach model, and with an intellectual problem which my museum colleagues didn't seem to care about. Was there any way I could conceptualize and give meaning to these disparate strands? I had just completed a two-year part-time course in classical Greek and was fascinated by the notion of the Alexandrian Museion, the temple of the muses, a place for reflection and contemplation about the sciences and the arts. And it struck me this was a fitting and unifying metaphor for my ambition to bring research and curatorial activities together, and to reformulate traditional museum activities as research problems. Medical Museion should be an arena for intellectual reflection about the art of making sense of the biomedical sciences in the past, the present, and the future. How to make sense of DNA arrays ("gene chips")—key objects of the genomic revolution around us—became my mantra. And the medical faculty accepted the proposal without further ado. And the approach appealed so much to the Novo Nordisk Foundation that they financed a research group of PhD students and postdocs.

*Ken*: So, the Museion concept was both a symbol of your rather broad academic approach to the museum, but, also financially successful?

*Thomas*: It was indeed both. It was the research approach that caught the interest of both the university and the funding bodies. Outreach and exhibitions was secondary, at least to begin with; it only entered gradually.

*Ken*: Seems like the reverse path to mine.

*Thomas*: Yes, what about yours? I remember one of our first meetings: it was a small gathering in London a couple of years before you opened Wellcome Collection. Already then it struck me that our trajectories to the museum world were quite different, in spite of our common background in science and the history of science. While I saw the museum as an academic institution, you were much more engaged in practice, actually creating new kinds of medical and health exhibits, right?

*Ken*: Both yes and no. My start with museums was a rather academic one. I had always enjoyed visiting them, and so worked out how to bring that hobby into my history of science PhD. It seemed to me that they were an interestingly overlooked part of the way empirical

sciences had emerged from the Renaissance. My research focused on their early-modern origins in seventeenth-century England. These were the amateur spaces that are often colorfully, and maybe slightly dismissively, called "cabinets of curiosities." Rather than just the things they collected and kept, I became more interested in what people did in these places, how they used museums, for example, to try to reform language and materialize maps. So, in some ways, I shifted my interest from curiosity as a noun to its significance as a verb. The question of how people actively pursue curiosity, and how museums can house and promote that instinct, has been hugely important to me ever since.

*Thomas:* Sounds like there are some interesting parallels between the Alexandrian Museion and early-modern cabinets. But how did your historical interest in curiosity cabinets translate into exhibition-making at the early twenty-first-century Wellcome Collection?

*Ken:* For me, the idea of curiosity was sticky: it kept coming back. It suggested a way of finding things out along winding paths that naturally crossed disciplinary boundaries, and which also encouraged inventive playfulness and surprising juxtapositions. In short, curiosity seemed essential to exhibition-making; for me, at least, more natural and suggestive than being rigorous or methodical. The Wellcome Trust was well resourced (we had money, frankly), and didn't then have strong expectations about what an exhibition could be. The spaces and the budgets I was given grew, and after running a series of exhibitions at London's Science Museum (still for Wellcome), I turned to setting up a new cultural space which opened in 2007: Wellcome Collection. One of our early straplines advertised the place as "a free destination for the incurably curious."

*Thomas:* The Wellcome Trust was and is a huge biomedical/health foundation, which spent (and still spends) hundreds of millions of pounds annually on all aspects of medicine and health, including big science undertakings, like the Human Genome Project, biobanks, and so forth. Right? How did that fit with running a museum?

*Ken:* For a start, its founder, Henry Wellcome, believed strongly in the importance of medical history and especially in museum collections. So, it was part of the heritage threaded through the philanthropic organization he outlined in his will. In 2003, in his one hundred and fiftieth birth year, Danielle Olsen and I co-curated an exhibition at the British Museum (*Medicine Man: The Forgotten Museum of Henry Wellcome*), which excavated this amazing trove of medical objects and images, and asked what they might mean to us now. But not just part of its history; the organization was also increasingly convinced that getting the public interested in, and supportive of, medical science was key to its mission. Worrying about the public not understanding, or worse, being suspicious of science was a provocatively big irritant in 1990s science, maybe particularly in the United Kingdom. Along with other work Wellcome pursued, I managed to persuade it to experiment with a type of public engagement that drew on, and folded in, ideas from history, other parts of the humanities and even the arts.

*Thomas:* And through these experiments you found a formula that attracted audiences, right? As far as I remember, Wellcome Collection quickly became a big success.

*Ken:* Less a formula than a habit of trying out new things, some of which worked well. Our highly imaginative and politically skilled boss (Clare Matterson) created a protected niche for us and also forgave most of our mistakes. Our brilliant lead curator (James Peto) focused a number of early shows on simple (one-word) subjects that everyone could relate to—the heart, sleeping and dreaming, brains, dirt—around which a range of fascinating insights, objects, and stories from across different times and cultures were brought together. Other shows focused instead on wonderfully specific bits of material culture: an early one simply featured some skeletons of

buried Londoners kept in the Museum of London, presented alongside recent photographs of where they had been found. A key feature of all these early exhibitions was the generous space given to real people with real stories, bringing alive what might otherwise have been cold and abstract ideas. And on the live events side, Lisa Jamieson ran quite surprising projects that had a knack of attracting wide public interest: for example, an exciting collaboration with television where surgeons performed operations in real time in front of an audience! We hoped Wellcome Collection would attract a hundred thousand visitors in our first year of opening, and passed that number after just a few months.

*Thomas:* I remember the numbers left us in Copenhagen totally flabbergasted. That said, I would like to raise yet another interest we developed in parallel, namely the power of art and aesthetics in medical museums. Wellcome Collection was also known for projects that combined art and science. It's a very common theme and approach these days, but less so back then. Was that to chase the art gallery crowd?

*Ken:* Yes and no. We did think that people going to art galleries might also be interested in science, especially if it was presented seriously and well. And, additionally, many of our staff came from cultural backgrounds. But we didn't want to pretend we were an art gallery. I remember a famous British art critic (Brian Sewell, sadly now dead), giving us an early bad review, terrible actually. It was brilliantly written, but his point was that Wellcome Collection was quite probably the worst "art gallery" in town. I managed to meet up to talk about his impression, and suggested that while we weren't trying to insert ourselves into the art world, we nonetheless were convinced that some art was indeed relevant to our social and cultural interests in medicine. He gave us much better reviews after that. But similar things were happening at Medical Museion weren't they. Projects that involved working with artists. What drew you to blending art and science?

*Thomas*: I would actually like to reframe the topic. For me, it wasn't primarily about apposing art and science—although we did that a lot over the years—but about highlighting the aesthetic aspects of scientific and medical objects. I think aesthetics is a broader and more fundamental category than art.

*Ken*: As an intellectual and philosophical concept maybe. But for most people, I would argue the world of "art" is overwhelmingly more significant than that of "aesthetics." Maybe here, too, our different perspectives come to the surface: whether to arrive in society and culture through intellectual questions as you suggest here, or to start with experiences of the world and follow them towards more abstract concepts, which is maybe my way. We arrive in similar places but along different routes. But you make an interesting and important distinction, so let me rephrase my question: What drew you to the aesthetic aspects of the contemporary medical heritage?

*Thomas*: I think my focus on the aesthetics of medical artifacts was a consequence of the problem I mentioned earlier: the blandness of contemporary biomedical objects. I still have the unpublished manuscript to a talk titled "What does a twenty-first-century biomedical object look, smell, taste, sound, and feel like?" that I gave in a meeting at Musée des Arts et Métieres in Paris in the summer of 2001. Were such bland objects approachable only through historical interpretation, like most science museum curators would do? Or could we also grasp them with our senses, view them aesthetically?

*Ken*: So, did you draw on the work of others in coming to focus on aesthetics?

*Thomas*: Of course, nobody is an island. At the same meeting I met artist Martha Fleming, who talked about her recent *Atomism and Animism* exhibit at the London Science Museum, where

she had juxtaposed entirely different kinds of historical objects based on their visual appearance only. That was an eye-opener. I was also influenced by design philosopher Yuriko Saito's writings about everyday aesthetics. And finally, a couple of years later, came the eureka moment when Design Museum Denmark (just 500 feet down the road from Medical Museion) browsed through our repositories to try and find a couple of medical objects for an exhibition about design history and eventually ended up borrowing sixty (!) objects from us. At that moment I realized that many (maybe most?) of our medical objects could actually be seen as design objects, aesthetic objects (but not necessarily art objects). We were the Danish medical design museum, as it were!

*Ken*: That's really interesting. Around 2017, Wellcome Collection presented an exhibition dealing with similar themes called *Can graphic design save your life?* Though our show was maybe more about the health of design, than the design of health. Possibly another instance of our repeated theme about the abstract and concrete coming together in museums. It reminds me of one other aspect of Medical Museion's work, which I admired enormously right from the start: that is, how you managed to make real and important somewhat abstract ideas from philosophy. Like your engagement with Sepp Gumbrecht's distinction between "meaning" and "presence." I'd never heard of him until you introduced me to his work. Part of being part of a university, I guess. How did that influence your and your colleagues' work?

*Thomas*: I had followed Gumbrecht's work since I took a postdoc course with him at Stanford in 1991–92, and he had read the manuscript for my biography of Nobelist Niels K. Jerne, so he was on my radar. But it was actually my PhD student Adam Bencard who found out he had published *Production of Presence: What Meaning Cannot Convey*.

*Ken:* So, you mean that cultural commentators had become too obsessed with what objects and stuff represent, that maybe historical and cultural contexts had come to be of more interest than the objects themselves?

*Thomas*: Yes, I had been arguing against the hegemony of historical and cultural contextualism among historians of science for a decade, and now I found this tendency among science and medical museum curators as well—an unwillingness to appreciate the objects in their own right. Gumbrecht's book gave useful conceptual ammunition against this trend in the almost hegemonic "new museology" thinking.

*Ken*: Weren't there similar ideas among ethnographers at the time? That objects are somehow "talking" to us?

*Thomas*: Yes, and some historians of science, like Lorraine Daston, bought into that fad. I thought it was anthropomorphic hyperbole, or at least an unnecessary metaphor, and I have criticized it elsewhere: things don't "talk" to us, they just "are." The point is what this "are" is, and what this "are"-ness does to us as curators and visitors.

*Ken*: I remember my first visits to Medical Museion in the mid-2000s, and how you were all obsessively talking about "things" and "materiality." Just occasionally, I wondered if the talk was always matched by actually working with objects.

*Thomas*: That was Adam's great contribution to our development. He had a philosophy background and discovered what was then called "new materialism," and stubbornly but graciously introduced us to the philosophy of "thing-ness." This then rapidly became the central reference point for our internal seminar discussions in the mid- and late 2000s. We never stopped talking about "contemporary biomedicine," "design," "aesthetics," "presence effects," "materiality," and

"thingness." And we organized quite a few research conferences on these issues, and workshops where we manipulated things; you actually attended one of them, have you forgotten?

*Ken*: Okay, nice for the research crowd. But did any of this make a difference to what Medical Museion presented to the general public?

*Thomas*: For one thing, it convinced me to give up my resistance to exhibition-making, for the simple reason that we now had a solid intellectual platform to build on, that is, exhibition-making could be made into an intellectual problem. Furthermore, this way of thinking about medical objects rapidly got traction among the staff. My favorite anecdote at the time was how visitors reacted to the lithoclast, a tong-like instrument invented in the early nineteenth century to remove bladder stones without surgery. People liked hearing about the historical background, but what really made an impression was when the guide closed in on a visitor and said: "imagine having this thing inserted deep into your private parts?" Young male visitors regularly fainted. I thought that was a powerful demonstration of "presence effects."

*Ken*: In other words, you started making the Museion concept tangible and real within the public part of the museum?

*Thomas*: Yes, as the notion of Museion became connotatively richer, it began to permeate everything we were doing from the mid-2000s and onwards, especially the temporary exhibitions over the next ten years. We drew heavily on art in *Oldetopia* (2008), but the first show with a distinctive aesthetic-material approach was *Split and Splice: Fragments from the Age of Biomedicine* (2009), which built on five of our postdocs' projects in dialogue with Martha Fleming as external lead curator. Research and design problems gave rise to acquisitions, and vice versa, in a mutual reinforcement process, and the result actually won the Society for the History of Technology's Dibner Award for Excellence in Museum Exhibits. Later exhibitions, most of them produced by Bente Vinge Pedersen, all followed the same basic Museion concept, including *The Body Collected* (2014), which displayed, in a seemingly old-fashioned way, hundreds of evocative anatomical objects, including a whole wall of human foetuses, but kept texts to a minimum in order to emphasize their "presence." *Mind the Gut* (2016), was a combined research and curatorial project, led by two of our associate professors in very close co-operation with biomedical scientists and artists, which similarly laid heavy emphasis on contemplating stuff—both museum objects, the material things in our stomachs, and the material nature of our brains. It won the ICOM-UMAC Award a couple of years later.

*Ken*: Another, increasingly important area of programming in museums are live events. It's difficult in exhibitions not to end up presenting a set of pre-determined ideas, no matter how open-ended its curatorial premises are. But events with live participation can provide platforms for many to participate in less controlled ways, including, of course, visitors. I guess part of their recent appeal within museums is how they allow us to be less authoritative, an old-fashioned idea that has become rather toxic, as the jargon has it. Certainly, at Wellcome we were keen to experiment with a variety of event formats. Some were more performative, like the musical-theatrical production *Pressure Drop*, which we hosted in connection with an *Identity* season, looking at key factors (biological and cultural) that shape who we think we are. We also developed a series of thematic large-scale, all-evening events—early topics I recall were flesh and hair—that could draw participants in the thousands. Another approach was to collaborate with the BBC World Service to produce a set of conversations between the philosopher A. C. Grayling and some high-profile scientists, which were then turned into radio programs beamed around the world to tens of millions, while other events were more conversation-led, like a series of dialogues

between patients and their doctors. An even simpler format we experimented with were midday interview-conversations with scientists who worked within walking distance. These went under the collective title "Packed Lunch."

*Thomas*: Your approach to events was an inspiration for us in Copenhagen. But whereas you seemed to focus on public discussion events, we gave them a more sensuous and bodily twist and organized them as small investigation workshops with a focus on the aesthetic dimension of the interaction between our bodies and material objects. One of our first events was sound artist Jakob Kirkegaard's performance of otoacoustic emissions of his own inner ear (*Labyrinthitis*, 2007) in our eighteenth-century anatomical theatre. Postdoc Lucy Lyons organized investigative workshops where visitors learned to see medical objects through the activity of drawing. Our graduate student Anette Stenslund created a combined exhibition and event about body sweat as part of her dissertation on smell atmospheres in the hospital and the museum (*Metascent*, 2014). We designated a room as an open biology lab in which biotech students were invited to build an open biology lab and perform a series of hands-on events (*Biohacking: Do It Yourself*, 2013). Canadian molecular ecology researcher/artist Francois-Joseph Lapointe shook hands with a thousand medical students and faculty members to reveal how the community of skin microbes changes over time (*1000 Handshakes*, 2014). The *Mind the Gut* exhibition gave rise to a whole event program. And so on. Our associate professor Louise Whiteley was instrumental in further developing this aspect of the Museion concept.

*Ken:* One other early impression I had of Medical Museion was the lightning speed with which you embraced the digital on-line revolution in the early 2000s. I was inclined to wait a decade or so maybe, to see how it worked out. But you were amongst the first-movers. How did that come about?

*Thomas*: Yes, we were among the blogging pioneers in Danish universities and in the museum world in general (around 2005), and began using Twitter pretty early (but didn't catch up with Facebook until around 2010). My early interest in SoMe actually went hand in hand with my fascination with crowdsourced acquisitions. I tried for years to convince the communication staff at the faculty and in the emerging large-scale medical research centers that social media was the key for fostering broader public engagement. But they were pretty conservative, made fun of social media (LOL cats etc), and really didn't see the potential. They have certainly changed their minds now.

*Ken:* So, summing up your vision and its execution, you were concerned to bring this traditional history of medicine collection up to date with a focus on contemporary biomedicine; you wanted to revive and re-apply the idea behind the ancient Museion; you acquired, displayed, and organized events around biomedical things in order to mobilize our sensuous experiences and think about the material nature of science; and you were determined to be at the forefront of moving a university museum on line. This was an ambitious, some would say audacious, remit. But pragmatically, you needed support to pursue these ideas in practice. How and where did the money come from? Not just from the university, I assume.

*Thomas*: Well, not much from the university, but without the university we wouldn't have been able to raise money. During the first decade we financed the research and acquisition program through the grant from the Novo Nordisk Foundation that I mentioned before, but in order to expand our exhibition and event program we needed much more, of course. So, I got an idea: I remember having read somewhere that, fifteen years earlier, the Ethical, Legal, and Social Implications of Human Genetics Research (ELSI) program had secured an annual budget of about

three percent of the United States federal Human Genome Project (HGP). I remember presenting the idea in a short chat with our dean one afternoon in the hallways of the faculty building—and she immediately saw the perspective and wrote us into some of the faculty's large-scale medical research center applications. So, within a year's time we were promised three percent of annual budget for the huge new Center for Basic Metabolic Research, and two percent of the budget for a new Center for Healthy Ageing. Suddenly we were flooded with money.

*Ken*: With strings attached?

*Thomas*: Both yes and no. Nobody told us what to do, and metabolism and healthy ageing are such broad areas that almost anything we did could be framed as such. For example, our lead curator very much wanted to do an exhibition about the history of surgery, and I told her she could do it if we found a way to reframe it as metabolic research; and so we heard about a brand new surgical method, gastric bypass, which turned out to have positive effects on carbohydrate metabolism, curing type 2 diabetes almost overnight. That's how *Obesity—What's the Problem?* (2012) originated. And so forth. Every time somebody came into my office with a good exhibition or event idea, I said: "Can we reframe it as metabolism or healthy ageing?" I used to call it our ceaseless Faustian bargaining. But it kept us afloat for a decade or more and I'm pretty pleased with the results. But there were things I would have loved to do which never came to fruition. So maybe this is where your arrival and taking over as director in 2016 comes in? You had enthusiastically visited Medical Museion a few times, and we had enjoyed conversations. Why did you choose to accept the call to Copenhagen?

*Ken*: I'd been directing Wellcome Collection's programing for close to a decade, and a recent building redevelopment had given us more staff, more spaces for more shows to accommodate more visitors—rising above half a million per year by that stage. We had also developed a publishing section and a national book prize. But I realized that my skills in establishing an experimental new cultural space were maybe less suited to this significantly expanded scale of operations, and the need to consolidate all this new activity. And, to be frank, I was tired. So, I convinced Wellcome to support me for a six-month sabbatical. My partner and I spent some wonderful months in Madrid, and others in Copenhagen, where we visited as many museums and galleries as we could, and where I read lots of books. I had been gathering them for a decade or more, but never found time to open them: books on sociology, philosophy, museology, and much else. And at the end of that period of reflection I remained (or rather half-remained) in Denmark, while also taking on a new half-role back at Wellcome. I'm not sure how persuasive was my argument that each organization paid for half my salary while getting three quarters of the benefits through the extra insights and international links I could bring. The potential challenge and excitement of diving into a similar-but-very-different medical museum, with a highly motivated team, a rich collection and a fascinating founding vision was super tempting. Plus, it came with an invitation to half-move to a fantastically attractive and livable city in a famously happy country. I'd have been bonkers to turn down the offer of becoming Medical Museion's next director.

*Thomas*: But I'm still puzzled. Wouldn't it have been more satisfying instead to develop a Wellcome franchise, and set up Wellcome Collections in Shanghai, Mumbai, or Helsinki instead?

*Ken*: Well, that was certainly discussed. And in some ways, the international cultural work I now do for Wellcome is what those discussions eventually turned into. The small and innovative International Cultural Programmes team I lead is less concerned to plant Wellcome Collections elsewhere than to use its curatorial methods and habits as inspiration for ground-up

collaborations with local curators, artists, researchers, community organizations, and others based in international cities like Hong Kong, Tokyo, Bengaluru, Berlin, and New York. But coming back to Medical Museion in Copenhagen, the icing on the cake for me, and the part of the job that has carried on being more and more compelling, was the prospect of running a museum as a university professor. Working out how to make the most of this academic context for museum-making seemed just too intriguing a prospect not to grab.

*Thomas:* This sounds like my story in reverse. You were hired particularly to focus on one part of this double-job (running a relatively small public museum), and you've gradually grown into the other part (being an academic). While I used the museum to become a different type of academic, you're increasingly drawing on the university to become a different type of curator/museum-maker. But tell me, what have you held on to from your Wellcome Collection days do you think?

*Ken:* Well one thing is the exciting potential I still see in developing ideas through making exhibitions that juxtapose extra-ordinary things in ways that compel public audiences. I don't necessarily mean valuable art treasures—though some of Wellcome's shows did include such exhibits; but rather potent objects that museums turn into "things that are good think with," to misquote a Levi Strauss idea. Like you, I too am really interested in "thingness," though with me it possibly has a more emotional, almost spiritual, dimension. Seeing really varied audiences drawn to, and sometimes visibly arrested by what they saw, and then watch them interact with each other around those shared experiences gave me a sense that Wellcome Collection was, sometimes, doing something exciting and important. And it cemented my conviction that an essential aspect of museums is the simple fact that they are accessible spaces where unusual, rather special, types of private experiences can happen in public.

*Thomas*: I love being completely alone in museums, as in churches, but I'm fascinated by your interest in them as social spaces.

*Ken*: One of my sabbatical-reads that left a deep impression was Richard Sennett's *Fall of Public Man.* Without actually mentioning museums, he very convincingly describes how modern cities had eroded our ability to value, and even find time to be with, strangers. He was worried about how opportunities to be with people we don't know, who might just have different ideas and experiences from ours, are disappearing from civic and urban life. It was so clear to me that museums provide one important way to hold on to that essential social glue. I think people partly go to museums to be with—and frankly to look at—people they don't know, people who seem to be doing similar things to us: moving around, gazing, and thinking about what the amazing stuff in museums mean to us. I'm really keen to carry on finding ways to explore that potent idea in public spaces.

*Thomas*: Is there not a danger that this can quickly become all about visitor numbers? With overtones even of commercialization? Which isn't the primary aim of a university museum, is it?

*Ken:* Well yes, dangers do lurk. And honestly, thinking back, maybe we were sometimes too concerned with visitor numbers at Wellcome: intoxicated by our seeming success, and influenced by an organization (in the grips of philanthrocapitalism) very eager to gather evidence-by-evaluation to assure ourselves that foundation money was being efficiently and effectively spent. Nevertheless, I do still think that substantial visitation—a relative measure, of course—and the activity and visibility that goes with it, is vitally important. One of the things that we are becoming more focused on at Medical Museion is how widely we are known beyond academic and professional circles, and how much that can turn into visits. Early on I worried that we might

appear to be a place that people were surprised to find open. I wanted to flip that, and make it disappointing when we were closed. So, I am keen to grow audiences and increase our public profile. But we (particularly me maybe) need to make sure that this goal is pursued within the context of Medical Museion's essence: where exhibitions and events draw from and feed into our research and collections work. In other words, to keep hold of our university context. Our approach to "impact" and "outcomes" (to use the jargon) should not then just be governed by absolute, gross visitor numbers; but also incorporate a close interest in what types of people with what sorts of concerns visit and how; and crucially, what sorts of experiences we give them: how deep and meaningful they can be.

*Thomas:* It almost sounds to me like you're pointing to an intermediary role for a university-based research museum, one that occupies a place in between the academic world with rather limited access and full-on public museum.

*Ken:* Yes, that's exactly right. It's an idea I'm increasingly drawn to. To be clear, our collections and research work will continue to feed into public exhibitions and events, and vice versa. That's still at the center of our work. So, for example, we have recently opened an exhibition called *Corona Will Also Be History One Day*, which juxtaposes objects from previous disease outbreaks with things we've acquired during the pandemic, partly to illuminate how Medical Museion is turning today's health experiences into tomorrow's medical history. And in September 2021 we open an art-led exhibition called *The World is in You* at a major contemporary gallery in Copenhagen, Kunsthal Charlottenborg. It draws heavily on research interests we have developed through our involvement in the Novo Nordisk Center for Basic Metabolic Research.

But we have also begun to develop a series of experimental stakeholder-focused events and activities. They will be hosted in a rather lovely eighteenth-century room, furnished and decorated to accentuate its museum location, where invited mixed groups of university colleagues and others from broader civic society will gather around curated blends of presentation and debate, co-creation and contemplation, and sometimes just plain socializing. It's an experiment that draws on much that already regularly goes on in museums of course; but our hope is that using the materials, environment, and skills directly available to us can foster unusual types of shared experience between people with different perspectives on medical and health topics, who actually don't often meet or spend informative time together.

*Thomas*: Addressing smaller and more targeted groups in this way sounds like a most fascinating experiment in advanced socializing. But where do the humanities and the university's biomedical research programs fit into the equation? And how will you tackle the recent galloping biomedical and even transhuman revolution?

*Ken*: Well, those should, of course, be precisely some of the topics that we grapple with in these curated, stakeholder-focused events. But remember, too, that all of this will be done in a research environment (within a university), where learning from what happens and then disseminating our findings remains a central aim. It's like using our museum to host projects that become small-scale intervention-studies in the societal dynamics around key areas of medicine, health and wellbeing. They might provide us with playful ways to expand how research-in-real-life is done. Just as all our work should bear in mind the special value of our museum stuff and our publics, so our activities should also always be soaked through, or at least sprinkled with, the methodologies and inspiration of university research.

But there definitely is also scope for our research agenda to broaden and evolve. We have, for example, become increasingly interested in questions about how big interdisciplinary groups of scientists work collaboratively together and how they create a research culture. And a rather

different topic that my colleague Karin Tybjerg is actively developing is diagnosis: a ubiquitous medical idea which we will explore within historical and cultural as well as scientific and clinical contexts. I'm also beginning to have exciting conversations with university colleagues—starting with those in the public health department and the medical faculty where Medical Museion is organizationally imbedded—to see how we might support and give space to collaborative, transdisciplinary research initiatives, with a focus on accelerated bursts of ideation and investigation. Part of the inspiration here comes from Wellcome's Hub initiative (which I oversee), through which different voices and expertise are brought together for two-year-long experimental projects around some of Wellcome's strategic interests. What I'm gesturing towards, I guess, is a bricolage approach to our research environment, rather than the more focused theme that you prioritized.

*Thomas*: I think you are more open-minded and dialogue-oriented than me. I'm more agenda-driven. I wanted (and still want) to understand the visions for a brave new world that biotechnocrats and medical and health authorities are heading towards. Our differences may be a matter of personal temperament, but maybe also express different views of the role of science museums in possible future scenarios. But let me raise another issue, namely the role of collections and acquisition of material objects, the "life blood" of museums" as Robert Anderson called it. What role do they play in your vision? Are they to be jettisoned, or at least mothballed in a remote warehouse while Medical Museion turns into an exhibition hall and conversation space, rather like Wellcome Collection, which after all isn't a collection of material objects at all (except pictures and books)?

*Ken*: Your provocative question is an important one, which I've been thinking about recently. From childhood, I've had a passion for museum objects, and their institutional contexts and histories. I'm really drawn to shows (like the best of Wellcome Collection's early experiments) where amazing stuff, compellingly presented, lies at the heart of inspiring exhibitions that visitors learn from. This type of essential museum experience is, I should emphasize, also an important part of our plans for hosting Medical Museion's stakeholder events and transdisciplinary research. It's what we think will give unique character to types of activity that already go on elsewhere. But unless your job is collections focused, or you are working on an exhibition, dealing with objects and collections as a regular part of working in a museum is, it seems to me, genuinely difficult. I have to confess that I don't interact much with our collections on an average day at Medical Museion. It's my fault! But it is, of course, also due to issues of storage and cataloguing that you mentioned earlier. We are currently pursuing a substantial project which will make searching (online) through our trove of medical historical objects easier. Working with great colleagues like Ion Meyer and Niels Vilstrup in the collections section we should be able to make the habit of working with things that interest us, as well as grappling with others we barely know, become a more regular rhythm across this institutional "thinking machine." That certainly is one of my goals for the next chapter in Medical Museion's evolution.

*Thomas:* I hope you will succeed with this, if only because I think there is an unfortunate global trend to undervalue both the power of material artifacts in museums and the importance of continuously collecting recent culture in order to keep museums alive (cf. the Robert Anderson mantra above). That said, you've been pointing to the directions that Medical Museion might go in next. Is there more to your plans? And do you have dreams?

*Ken:* Yes, a significant opportunity for us lies in redeveloping our buildings. This is very much not an architect-led building project with a shiny exterior, and sometimes less exciting interior, that we had become used to in the pre-Corona museum world. Instead, it is really a "re-engineering"

project. Ironically, we are held back by our finest treasures—our historic buildings—which are a bit stuck. Many of a hundred or so rooms are not best used. But with a modest fifty million Danish kroner (approximately five million UK pounds) we could transform our site into a far more fit-for-purpose set of interior and exterior spaces, in which to further develop our ideas for experimental public- and stakeholder-engagement, for transdisciplinary- and collaborative-research, and for making our material culture widely accessible across all our work. (Fingers crossed, an inspired foundation is reading our article.) Something else that will become increasingly important for Medical Museion is our part in this decade's dominant museum discussion: namely, questions around their political purpose and social mission. Some reading this will no doubt be surprised, despite your early mention of social activism, that our conversation around what a university museum might be good *at* has not really addressed the question what actually they might be good *for*. So, another part of my vision for what's next is to experiment with authentic ways which draw on the distinctive research-based approach to museum-making that we *are* good at, to become more vigorously part of these compelling and fascinating issues. We frequently say of the scientific subjects we tackle that our role is less to disseminate what is already known than to open up and explore what is less surely or securely understood. I suspect this might also be the most helpful contribution we can make here too. So, I end with some concrete (well, eighteenth-century stone and plaster) plans alongside some fragments of a dream. But I want to give you the last word Thomas: if you were given back the reins, what would you do with this intriguing institution?

*Thomas:* Well, if I could start from square one, I would focus, and this time much more doggedly, on mobilizing the biomedical professions and the general public (that is, actual and potential patients) into collecting and curating the recent biomedical culture—crowdsourcing the heritage of the future, instead of addressing broader audiences. Maybe Sergey Brin or Bill Gates or some Chinese multi-billionaire would like to bankroll that kind of museum enterprise for the future? And with that I say thank you for a most stimulating online conversation, Ken.

**In conversation were:**

**KEN ARNOLD**, who has spent much of his career at the Wellcome Trust in London, where he ran a number of exhibition and cultural projects leading up to the establishment of Wellcome Collection in 2007. Until 2016 he was its creative director, and now focuses on other forms of cultural partnership supported by Wellcome. In 2016, he also became professor in the Faculty of Health and Medical Sciences at University of Copenhagen and Director of Medical Museion (also part of the Novo Nordisk Center for Basic Metabolic Research – CBMR), which he is guiding into the next phase of its evolution. He regularly writes and speaks on museums as well as interactions between arts, humanities, and sciences.

**THOMAS SÖDERQVIST**, who had a long research and teaching career in the contemporary history of science at the University of Roskilde before being appointed professor in history of medicine at the Faculty of Health and Medical Sciences, University of Copenhagen in 1999, with the additional responsibility of the university's medical-history collections. He established the Medical Museion as a research-based institution for the public engagement with biomedicine in the early 2000s and ran it until 2016. As an emeritus he now works on his memoirs and on the topic of scientific autobiography as a genre (http://www.canities.dk).

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