

BOOK REVIEW

Christopher D.E. Willoughby, *Masters of Health: Racial Science and Slavery in U.S. Medical Schools*

Chapel Hill: University of North Carolina Press, 2022. Pp. 282.
ISBN 978-1-469-67184-0. \$99.00 (hardcover).

Rebecca Martin 

London School of Hygiene & Tropical Medicine

Christopher Willoughby's debut monograph makes an important contribution both to histories of medical education and to the historicization of current racialized disparities in healthcare. Focusing on the content and output of anatomical studies, alongside the more heavily studied procurement of corpses for study, Willoughby demonstrably links the discipline of anatomy and the medical curriculum of antebellum US universities with theories of racial difference and racial hierarchy. He also extends this linkage beyond the Civil War, showing how relationships and views on racial difference within the medical community continued to flourish despite the conflict. In so doing, he convincingly argues that the Civil War is not necessarily a huge turning point in US medical history (p. 186). Importantly, his work also illustrates how subscribers to both polygenic and monogenic theories of human evolution could come to similar conclusions about the existence of biological differences between races, whether or not they believed those differences to be innate (pp. 34–8). This work therefore moves discussion of theories of racial difference beyond the polygenism-versus-monogenism debate and towards a more nuanced consideration of the impact of social and political context upon the construction of theories of racial difference.

Masters of Health begins with a look at the foundations of medical training, largely in the antebellum period but also extending back into the Federalist and Jeffersonian eras. In Chapter 1, Willoughby traces the *longue durée* of the history of racialized thinking about the human body in the US context, arguing that 'racial medicine in many ways predated racial science' (p. 22). He then links this long history of racial medicine with the establishment and expansion of early US medical schools, as well as the professionalization of the medical discipline (particularly in the eyes of the law) in this period. Chapter 2 then briefly explores the connection of US medical thinking about racial difference with Parisian methodologies, brought back to America by scholars who journeyed to learn abroad. Willoughby then demonstrates how these methods were incorporated into the work and theories of the now infamous Samuel Morton and his contemporary Josiah Nott by the middle of the nineteenth century.

The second section of the book, comprising Chapters 3 and 4, focuses more specifically on the content of medical education, narrowing in on anatomical teaching. In so doing, this section extends previous work by Michael Sappol and Stephen Kenny on the demographics of US dissection room cadavers and the acquisition of human remains for medical anatomical study. It also recounts discrete examples of the medical exploitation of black individuals within experimental settings. Looking not only at the papers of

professors, but also at documents relating to students – recounting their use of black remains within the dissection room, their involvement in grave robbing and their own medical experimentation – Willoughby thus adds a new dimension to these extant histories. Following ideas about race through various different elements of the medical school, *Masters of Health* mirrors Rebecca Martin’s doctoral thesis ‘Normalising whiteness’ (2020) in its analysis of textbooks, anatomical lectures/lecturing spaces and anatomical museums. However, again Willoughby extends this analysis to include student theses, drawing from the rich archive of the Medical Department of the University of Pennsylvania.

The final section of *Masters of Health* is more international in its outlook, acknowledging how many of the ancestral remains in museum collections came there through acts of colonial violence – something which readers should note he will be exploring further in his next book project. Through the example of Jeffries Wyman, readers can explore the influence of travel on medical students’ conceptions of race. In Chapter 7, Willoughby then explores the increasing links drawn between climate and racialized physiology and medical susceptibility from 1850 onwards. He concludes by noting that relationships between medical professionals in the North and South, as well as the national network of medical education, largely remained untouched by the national divides of the American Civil War.

At points, Willoughby’s argument could be expanded, although, given the scope of the book and the constraints of time and space, we may yet see these elements in further publications. The first is that there is not enough attention paid to dissent within the archival materials. This comment is not mere whataboutism; I note similarly within my own work that institutional archives are largely homogeneous and often omit instances of dissent (Hirsch and Martin, *LSHTM and Colonialism*, 2022, pp. 21–2). However, Willoughby acknowledges clear evidence of divergence of opinions on race and racial difference, for example in student dissertations (pp. 172–4), but does not explore these dissenting examples in more depth. As an interested and invested reader, I was curious to know more.

Paradoxically, given the expressly stated US focus of this book, I also would have liked a more concerted situation of these developments in US medicine within a global setting. Willoughby does make reference to approaches to ‘racial medicine’ in France (pp. 50–3) and throughout to the views of specific international individuals (such as Robert Knox and James Cowles Pritchard). However, the work might have benefited from more focused or sustained explanation of wider contemporary conversations around race within medicine (see, for example, Turda and Quine, *Historicizing Race*, 2018). This contextualization also might have situated this work within similar developments in the inclusion of racial difference within medical teaching in Australia, Britain and Canada (see Cober, ‘Dissecting race’, 2015; Martin, ‘Normalising whiteness’, 2020; Robert, ‘Voyager pour apprendre’, *Canadian Journal of Health History* (2022) 39(1)).

These small points aside, this is a thorough and expansive piece of scholarship, adding much to our understanding of the history of race and medicine in the US context. As the epilogue to this work addresses, *Masters of Health* makes an important contribution by outlining how pre-Civil War-era American medical teaching and the post-Civil War shape of the discipline had much in common. As such, this work forms a key foundation on which assessments of how these theories of racial difference and hierarchy have embedded themselves within the modern medical curriculum, and medical research practices can build. I look forward to seeing more from Willoughby in this area, perhaps tracing the trajectories and careers of the students whose dissertations he highlights to make inroads further towards the present.