

BOOK REVIEW

Sarah B. Rodriguez, PhD



Masters of Health: Racial Science and Slavery in US Medical Schools

Christopher D.E. Willoughby
University of North Carolina Press, 2022

.....

An awareness of how, when, or if it is ever appropriate to use race when engaging in clinical diagnosis and clinical care has recently gained increased and needed scrutiny. In a recent example of this attention, in their seminal paper on the use of race in diagnostic algorithms, Vyas, et al, showed that despite “mounting evidence that race is not a reliable proxy for genetic difference,” race has become embedded in these algorithms and guiding clinical decisions that often result in directing “more attention or resources to White patients than to members of racial and ethnic minorities.”¹ One of the more (in)famous examples Vyas used regarded the measurement of kidney function, which asked clinicians to add in a race-correction for Black patients, resulting in the delay for some Black patients to be referred for specialist care. The measurement of kidney function was one of 13 algorithms they considered, in specialties ranging from cardiology to urology, and they noted this was only a partial list. “Given their potential to perpetuate or even amplify race-based health inequities,” the authors argued, the algorithms “merit thorough scrutiny.” Part of the authors’ analysis involved looking at the evidence cited to support these race-correction algorithms, and this often led them “to outdated, suspect racial science or biased data.”¹

I teach the history of medicine at a medical school, and as one medical student said to me years ago, an advantage of learning history is that beyond knowing that a disparity exists, history enables us to understand why it exists. In his timely book, *Masters of Health: Racial Science and Slavery in US Medical Schools*, Christopher Willoughby adds to our understanding of “why racial thinking rooted in the history of slavery” remains embedded within medicine and why it “has been so difficult to expunge from contemporary medicine,” per the example of the race-correction in diagnostic algorithms (p.7).

Willoughby’s answer is that racial thinking became embedded within medical schools’ curriculum

during the growth of medical schools in the 19th century. During the first part of the 19th century, when enslaving people was still legal in the US, medical schools taught that there was something essential about Blackness, which embodied essential traits that influenced the health outcomes of Black people, and that medical theories on the inferiority of Black people helped justify enslavement. Such beliefs—and the teaching of such beliefs—occurred not only within southern medical schools but also in northern medical schools which were, Willoughby asserts, competing to enroll students from the south. Importantly, Willoughby stresses, those advancing racial and racist theories were not only clinicians such as the notorious Samuel Cartwright who pathologized enslaved people who ran away as afflicted with the ‘condition’ of drapetomania but also “the average [White] American physician” (p.9). Many, if not most, White physicians accepted the idea of embodied essential differences of Black bodies; racial essentialism in medicine remains, Willoughby argues, because this belief was normalized within medical education. And it is also why “it has been so difficult to extricate from medical practice and training in the more than a century and a half after emancipation” (p.9).

While Willoughby is certainly not the first historian to examine medical theories on the inferiority of Black bodies, by focusing on medical education, *Masters of Health* adds to our understanding of how and why these ideas became so uncritically accepted among the majority of White doctors. Willoughby centers his argument around medical education and more specifically on White medical students, whom he considers “as avatars for the average physician,” by specifically looking at medical student dissertations which, he argues, reflect “medical pedagogy, as opposed to original scholarship” (p. 13). In addition to looking at White medical students’ work, Willoughby uses textbooks, dissection lectures, and medical schools’ anatomical collections and museums as part of his exploration of the medical curriculum and to support his argument that racial essentialism “was treated as [such] a normal aspect of medical education that students learned about it alongside many other



subjects seen as legitimate medicine.” By looking at these sources, Willoughby shows how race and racial science teaching were not “random” asides but rather “deeply entrenched in [areas such as] anatomy curricula” and professors “reinforced to students the idea that racial differences were real” (p. 95). Racial science, he asserts, was not a “niche field” but rather “a foundational part of the fabric of US medical training, a part that was spread through mundane operations of institutional medical education” (p. 13). Embedded as they became within medical education during the formation of medical schools in this country, he argues, supported the continuation of teaching racial theories even after slavery had been abolished because the theories remained useful politically and economically.

The book is broken up into three parts and seven chapters, plus an introduction that clearly lays out the structure and argument of the book and a short epilogue on the “Afterlives of Slavery and Racial Science in US Medical Education” that briefly connects the historical findings to medical ideas in circulation today. Part one considers the “emergence and coalescing of two worlds: medical education and racial science,” part two considers the experience of this medical education, and in part three Willoughby considers how racial science ideas generated within medical schools were used to answer social and political questions beyond this setting. Though for the most part focusing on the US, it is in this latter section of the book when Willoughby spends a little time considering when and how physicians used racial science ideas to support “international racial politics” (p. 15).

Masters of Health adds to our understanding of the history of racial ideas in medicine, and Willoughby’s focus on the ways racial essentialism became embedded in the medical curriculum as a route to normalization within medicine is important. With the caveat that I understand we are all limited by our sources, because he makes strong use of medical student voices, I did often wonder when reading *Masters of Health* about students objecting to these ideas: did White medical students ever question what they were learning? And what about Black medical students in the second half of the

19th century? I assume some did in some capacity, even if it was perhaps not within the formal classroom but rather informally over lunch. Additionally, at times I felt the chapters could have been better connected—they sometimes read as discrete stories which, while making them perhaps easier to assign as individual readings, sometimes lessened the overall narrative. My only real criticism—and this is too strong of a word, is that I wish Willoughby had made a more robust and extended connection between the 19th century to today regarding how race continues to appear within contemporary medical education.

Masters of Health enriches our understanding of how racial essentialist ideas regarding Black bodies became embedded within medical education in the 19th century and how such ideas became normalized; hopefully, it can also serve as a reminder of the importance to raise questions about why some things are accepted as normal. As Willoughby’s focus is principally on medical education and medical students, I end by noting that current medical students—in particular non-White medical students—have in no small measure been the ones questioning the normality of using race in medicine, and that their asking why it is being used have resulted in changes in the use of use of race-correction in some diagnostic algorithms.² ■

References:

1. Vyas D, Einstein L, Jones D. Hidden in plain sight Reconsidering the use of race correction in clinical algorithms. *N Engl J Med.* August 27, 2020; 383(874-882). doi: 10.1056/NEJMms2004740
2. Interview with Naomi Nkinsi. Diagnosing racism: How one med student sparked a big change. *The Dose.* April 7, 2023. Accessed March 1, 2024. <https://www.commonwealthfund.org/publications/podcast/2023/apr/diagnosing-racism-how-one-med-student-sparked-big-change>

About the Author

Sarah B. Rodriguez, PhD is Associate Professor of Instruction & Co-Director of Undergraduate Studies, Global Health Studies, Weinberg College of Arts & Sciences; Lecturer, Medical Education, Feinberg School of Medicine; Faculty, Graduate Program in Medical Humanities & Bioethics; Northwestern University, Chicago, IL