

## Trust Me, I'm a Doctor: Explorer-Anthropologists, Medicine, and Colonialism in Argentina, 1863-1881

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**Abstract:** Against the backdrop of political and military efforts to resolve the *cuestión de indios* in Argentina in the second half of the nineteenth century, Argentine and foreign explorers journeyed through Patagonia and the Pampas, studying indigenous communities and publishing their observations in hybrid travelogue-ethnographies. In most of these texts, the explorer-anthropologists narrate moments in which they diagnose, treat, and occasionally cure indigenous bodies, despite having little to no medical training. In this article, I analyze how anthropologists made use of medicine to further their colonial projects. Men such as Lucio V. Mansilla, Francisco P. Moreno, Estanislao S. Zeballos, Guillermo Cox, and George Chaworth Musters performed “civilized” medical care as a practical entrance into the communities they wished to study. Indeed, medicine made early anthropology on Argentine soil possible. At the same time, these men also used the discourse of medicine to construct gendered and racialized hierarchies. They repeatedly depict non-indigenous medicine as feminized, irrational, and ineffective in contrast to the scientific, civilized, and powerful medicine they practice, even though cracks in their narratives reveal more similarities than differences. In this way, both the practice of medicine by anthropologists and their textual representations of it served to reinforce colonial projects that expanded white, masculine power at the expense of indigenous peoples and women.

**Keywords:** anthropology, medicine, indigenous peoples, exploration, colonialism, gender

In September 1869, a Tehuelche Indian named Crimè was dying due to a terrible leg wound suffered in battle. As British explorer George Chaworth Musters relates in *At Home with the Patagonians* (1871), Crimè called upon the foreigner to care for him, “...imagining, of course, that I understood surgery” (82). Musters cleaned and bandaged the wound, then continued to check on the patient as his prognosis grew worse. When it became apparent that more drastic measures were needed, Musters offered to cut Crimè’s leg open “and endeavour to cure him,” despite not having any formal medical training. He was only dissuaded from this amateur surgical operation when the patient himself noted the dire consequences the explorer would face if something were to go wrong (216). Wary of the tribe’s potential wrath, Musters desisted and Crimè later died (250).

Musters’s casual willingness to perform surgery on members of the indigenous community he was observing is both attention-grabbing and far from unique in the context of late-nineteenth-century Argentina. Indeed, nearly all of the foreign and Argentine scientist-explorers who crisscrossed the Pampas and Patagonia in the period between 1863 and 1881 write of diagnosing and treating indigenous bodies. The traces of these interactions are fragmentary, mentioned off-handedly throughout their works. Yet they suggest a rich world of interactions where medical care shaped the anthropologists’ relationships with the communities they studied.

In the following sections, I collect and analyze the medical

stories told by Musters, the Chilean Guillermo Cox, and Argentines Lucio V. Mansilla, Francisco P. Moreno, and Estanislao S. Zeballos. I argue that disease and medical care were essential to their anthropological projects, which in turn undergirded attempts to forcibly subdue indigenous communities and colonize Argentina’s interior. Practically (and tragically), disease paved the way for the collection of indigenous bones, while the explorer-anthropologists’ promises of medical treatment opened doors and won them necessary supplies from the communities they studied. Medicine and disease were also deployed rhetorically, as they juxtaposed indigenous populations’ relationships with disease and medical beliefs with heroic narrations of their own attempts to diagnose and cure. The resulting contrast painted Argentine indigenous communities as biologically and culturally inferior to “white” populations, thus supporting the racial hierarchies developed in other aspects of their work and furthering the reach of State power, conceptualized as both white and masculine.

Additionally, the fact that the anthropologists also practiced medicine on the people they studied points to a fruitful rereading of late-nineteenth- and early-twentieth-century Argentine history and texts. Scholars, especially of race and science, have persistently separated the periods before and after 1885, associating the first period with anthropology, indigenous policy, rural spaces, and positivism and the second with hygiene, eugenics, immigration policy,

urban spaces, and cultural nationalism (Delaney 625). While many of these differences were real and important, the rigidity of this temporal divide erases equally meaningful similarities. By studying the late-nineteenth-century anthropologists as government-sponsored medical practitioners (whether they were officially tasked as such or not), this essay demonstrates how late-nineteenth-century indigenous affairs prepared the groundwork for eugenic policies for dealing with immigrants in the first decades of the twentieth century.

### Medicine, Racial Science, and Nation

In the River Plate, as in other parts of the Americas, disease and its treatments have long shaped interactions between the region's indigenous inhabitants and the European colonizers who forcibly displaced them. The immediate aftermath of contact provides the most dramatic representation of the spread and consequences of disease and is thus the most studied period (Casali 4-5). Nonetheless, highly infectious viruses, particularly the variola virus (better known as smallpox), continued to mediate white-indigenous relations in the following centuries. As Hochman, Palmer, and Di Liscia argue, "A través de los últimos dos siglos en América, tanto la experiencia de enfermar como la medicalización de la experiencia llegaron a ser procesos que vinculaban individuos, Estados e ideales de nación" (13).

Indeed, disease and its treatment were inseparable from Argentine nation-building projects of the second half of the nineteenth century. In this period, Argentine elites focused on cementing the borders of the nation and inserting it into the global order as a cultural and economic equal to the countries of Europe and North America. One of the major obstacles to achieving these goals was the continued presence of indigenous peoples on lands the new nation claimed as its own. The physical presence of communities such as the Ranqueles, Tehuelches, Araucanians, and Selk'nam limited the expansion of creole populations, while indigenous raids on existing settlements imperiled lives and livelihoods. More abstractly, indigenous peoples' supposed biological and cultural inferiority threatened to further distance the nation from the white, European model that elites aspired to emulate (Quijada, "La *ciudadanización*" 688). In order to resolve this so-called *cuestión de indios*, the Argentine government implemented military campaigns of extermination, forced migration, assimilatory education policies, and the separation of indigenous children from their parents.

As María Silvia Di Liscia, Diego Armus, Juan Francisco Jiménez, Sebastián L. Alioto, and Romina Casali have demonstrated, infectious disease was an important ally of these projects. Viruses like smallpox weakened indigenous troops, making it easier for Argentine units to locate and subdue them (Di Liscia, "Viruela, vacunación" 50). Furthermore, epidemics decimated populations on the frontier and in detention centers around Buenos Aires, quite literally clearing the way for Argentine settlement in the interior (Jiménez and Alioto 134; Nagy and Papazian 7). Just as disease fa-

cilitated creole expansion, state disruptions of indigenous ways of life, including displacement, dietary changes, and the imposition of creole culture created poor living conditions where diseases could proliferate (Casali 12).

Prevention and treatment were also important determinates of creole-indigenous relations (Di Liscia, "Viruela, vacunación" 36). In the 1830s, governor Juan Manuel de Rosas used his vaccine-acquired smallpox immunity to impress his own power to *caciques*. He also extended offers of vaccination to earn their loyalty and distinguish between friendly and enemy tribes (36-38, 41). Argentine leaders in subsequent decades also used the promise of medical care and power over disease to gain purchase in the Pampas and Patagonia. Underscoring the political nature of treatment in this period, it was often military commanders who made decisions regarding the health of captive *indios* despite the presence of medical personnel within their regiments (Jiménez and Alioto 131). Consequently, Armus notes, "el proyecto de sanear el campo o al menos combatir una de sus endemias reafirmaba el proceso de construcción de la nación y la expansión del estado y del poder central" (49).

During this time period, Argentine colonialism was also closely tied to the emerging discipline of anthropology. Scholars such as Mónica Quijada, Jens Andermann, Pedro Navarro Floria, Walter Delrío, Carolyn R. Larson, and others have shown that it is not coincidental that Argentine racial science emerged in tandem with "final" efforts to eliminate indigenous influences in the nation. Mansilla, Moreno, and Zeballos's observations, incorporated into evolutionary paradigms, provided a theoretical explanation of indigenous peoples' inferiority and thus justification for their elimination. Additionally, most of the anthropologists held positions in the national or state governments, meaning that they directly influenced policy relating to indigenous peoples. Mansilla, Zeballos, and Moreno all used funding from the federal government to pay for their expeditions. Zeballos's 1878 text, *La conquista de quince mil leguas*, was commissioned by General Julio A. Roca in order to shape the military campaigns of the late 1870s and early 1880s. Additionally, both Zeballos and Mansilla voted on propositions relating to indigenous reserves in their roles as national deputies in the 1880s.

The two foreigners I study here, Cox and Musters, shared the Argentines' interest in colonization and particularly their focus on how indigenous peoples would help or hurt such projects. In *Viaje en las rejiones [sic] septentrionales de la Patagonia, 1862-1863*, Cox argues that the Chilean government should invest in developing a path across the continent from Puerto Montt, Chile to Carmen de Patagones, Argentina. His personal experiences and ethnographic materials prove that "por parte de los indios no habría obstáculo alguno para avanzar la colonización hasta [el lago] Nahuelhuapi" (264). Musters's text is also inscribed in a colonial context. He begins his journey from "our remote colony of the Falkland Islands" (1), and repeatedly reminds the reader of the presence of British military men, missionaries, and seal hunters across the country. His last stop is the town of Carmen de Patagones, where he describes

the English Mission Station as a beacon of civilization amongst the surrounding barbarism (291). He concludes with advice for the English settler, including a discussion of native communities (306-310). Although the dynamics across national borders and regions are different, there is still a fundamental project of imposing civilization on indigenous peoples and limiting their physical, economic, and cultural significance. Furthermore, the Argentine explorer-anthropologists dialogued with Cox and Musters's texts.<sup>3</sup> It thus makes sense to study Cox, Musters, Mansilla, Moreno, and Zeballos's work together.

As the above paragraphs demonstrate, there are significant bodies of literature on the relationship between anthropology and colonialism and the ties between medicine and colonialism in late-nineteenth-century Argentina, but there has been no sustained analysis of the fact that often the anthropologist and the medical practitioner were the same person. Indeed, nearly every single one of the explorer-anthropologists of the Pampa and Patagonian regions describes moments in which they diagnose, treat, and even cure maladies ranging from rheumatism to hangovers. These interactions are narrated against a broader backdrop of observations about indigenous health, medical practices, and beliefs about wellness and illness. Despite the consistency of these types of actions and observations in the texts, scholarship has only made passing note of the ways in which medical practice served anthropological-colonial projects. By turning to these interactions, we can elaborate another important pathway through which the anthropologists—with their ever-present ties to the national government—both theorized and carried out efforts to bring indigenous communities under national control.

### The Practical Benefits of Practicing Medicine

In many cases, medical care made early anthropology in Argentina possible. A clear example comes from Mansilla's 1870 *Una excursión a los indios ranqueles*. In the text, he recounts encountering the chieftain Ramón's brother, Linconao, who was suffering greatly from smallpox. Writing in his usual dramatic fashion, Mansilla describes how he heroically overcame his revulsion at the man's blistered skin, picked him up, and brought him to Mansilla's own home, where he was cared for by "una enfermera muy paciente y cariñosa, interesándose todos en su salvación, que felizmente conseguimos" (14). Although he played no part in the actual cure, Mansilla centers his own role in the tale: only one line mentions the nurse's care, while nearly a page is dedicated to his transfer of Linconao and reflections on disease.

The pragmatic function of his actions is clear throughout: Mansilla notes that Linconao is "un indio muy importante" (13) and explains that his ability to cure him meant that Ramón "me ha manifestado el más ardiente agradecimiento por los cuidados tributados a su hermano, y éste dice que después de Dios, su padre soy yo, porque a mí me debe la vida" (14). When he first arrives to Ramón's

*toldo* (camp), the chieftain thanks him again for his help and asks after his brother (99). At this point, Mansilla then reminds Ramón and the reader that he personally had saved Linconao, foregrounding his participation in order to maximize Ramón's indebtedness to him and, consequently, his generosity. Mansilla's ploy works: after Linconao's recovery, Ramón loaned Mansilla his *lenguaraz* (translator) and *rumbeador* (tracker), Mora, telling him to keep him as long as necessary (100). Without Mora, Mansilla would have been severely limited in his ability to navigate the desert and communicate with the Ranqueles. Later in the excursion, he returns again to Ramón's *toldo*, where he is given shelter and plenty of food, allowing him and his men to eat beef and mutton instead of the last of their mules (412). Making sure that Linconao received proper care for an illness that had killed many other Ranqueles gave Mansilla a bargaining chip that directly facilitated both his political project and his ability to enter into and observe the Ranquel world.

Other explorers similarly exploited medical care in order to win good will, access, and supplies from the communities they studied. Traveling in Patagonia, the Chilean explorer Cox treated a woman for "una inflamación producida por el abuso de aguardiente" with linseed water and calomel, a common nineteenth-century purgative used to cure everything from gastrointestinal illness to measles and typhoid fever (Cox 119; Risse 59). Like Mansilla, Cox approached medical care pragmatically, writing: "creía que la fama de la curación pasaría por la cordillera, i [sic] podría hacer tornar un poco en mi favor la opinión de los Pehuenches" (119). Cox was right; he was able to cross the border and make detailed observations of various tribes. Fifteen years later, Moreno used nearly identical imagery to describe how his medicinal powers made his own studies possible. In *Viaje a la Patagonia austral* (1879), he writes of the "maravillosas curas que había tenido la suerte de realizar en las tolderías, y que me habían dado gran renombre y numerosa clientela" (104). This fame allowed him to move freely about the region and, more tangibly, won him a horse as payment for services rendered (106). Given that finding sufficient mounts was a continual roadblock to exploration of Patagonia (Moreno 229), this passage demonstrates again how medical care made many of the anthropological journeys possible.

The tit-for-tat of medical care for anthropological data is most explicitly seen in Zeballos's *Descripción amena de la República Argentina*, published in 1881. In it, Zeballos introduces himself to three Aracuanian chieftains: "Dijeles [sic], después de los cumplimientos de estilo, que era médico y viajaba estudiando el país y curando gratuitamente a los pobres; y les pedí como amigos que me permitieran dos cosas: reunir todas las mujeres y los muchachos de la tribu, para tomar una fotografía, y que me dejaran medir las tallas" (*Descripción amena* 71). Of course, he was nothing of the sort: he had no medical training and if he was curing the poor as he traveled, his text maintains very few traces of that activity. Rather, he (falsely) uses the promise of medical care in order to gain permission to measure and photograph indigenous bodies, procedures that were often met with suspicion. Furthermore, the actual medical visit pro-

vided him with "ocasión de tomar conocimiento de ciertos detalles de la vida de tan exigentes amigos" (Zeballos, *Descripción amena* 74). For Mansilla, Moreno, Zeballos, and their foreign counterparts Cox and Musters, the ability to offer medical services was absolutely essential to their good relations with tribes, access to resources, and ability to move around. It also allowed them to measure and photograph bodies and observe practices relating to sickness and health, interior spaces, the elderly, etc.

More grimly, illness also intersected with another key practice for nineteenth-century anthropologists: the collection of skulls and bones. Skeletal remains of both prehistoric and modern "savages" were believed to hold the key to answering thorny questions regarding the origins of humankind, the extent of racial differences, and the mechanisms of racial change over time. They also had very practical functions. Skeletons could be sold domestically and abroad for large sums of money or build the prestige of scientist and nation in private collections, museums, and international exhibitions (Podgorny, "Bones and Devices" 254).

Diseases such as smallpox facilitated these collections by striking down individuals of all ages and genders. When several of the Tehuelche Indians Moreno brought to live at his still-being-built Museo de La Plata succumbed to illness, he was able to dissect and display their bodies, "valiosísimos materiales de estudio...en bien del conocimiento de nuestro origen" (in Oldani, Suárez, and Pepe 3). In *Descripción amena*, Zeballos similarly stresses how disease facilitated the collecting of bones, and thus racial science and the progress of the nation. During his journey, he comes across an oasis where numerous Araucanians suffering from smallpox had been left to die. He first notes the horror of what he was seeing in gothic language: "Sobraba de imponente y de aterrador el espectáculo en aquella soledad, a la hora en que hundido el sol en el arbolado horizonte, desprende sus cortinas sobre la tierra el crepúsculo, precursor de las visiones y fantasmagorías de la noche." Nonetheless, only a semicolon separates this vision from practical scientific want: "pero con todo, había en aquellos lechos mortuorios algunos cráneos de formas tan raras y de tipo tan evidentemente araucano, que dando al traste con la majestad de la escena, ordené reunirlos para mi colección" (242). More affected by the tragic scene than he is, Zeballos's soldiers refuse to "cortarlos por las vértebras cervicales," so he does it himself. He leaves with six more skulls that he declares he will eventually donate to "los museos de mi Patria" (242-43). Human tragedy thus becomes a happy accident leading to the improvement of science; smallpox makes both Zeballos's anthropological ruminations and the cultural nationalism of the museum possible.

While Zeballos depicts the moment as a positive development, his indigenous guide's reaction underscores the human costs of the unholy alliance between disease and racial science. It is worth reading the passage in its entirety:

Era de ver al indio Carriqueo. Me miraba de lejos con ojos

de tigre hircana herida en su prole. Hablaba en su lengua rápidamente y casi a gritos, accionaba señalándome con el dedo, parecía desesperado de no poder blandir la lanza y agregar mi cadáver al de sus hermanos; y bajando de repente el tono de sus peroratas, suplicaba con voz de sollozos. Todo lo entendía yo; pero finjía [sic] ignorarlo todo. El indio no me maldecía; lejos de ello, cuando hablaba a gritos, se lamentaba de que tuviera valor de llevar virulentos en mi equipaje; y al suplicar, pedía que enterráramos esos huesos para que no nos envenenaran. El indio no se me acercó en toda la noche: algo más, no pegó sus ojos. Decía que todos íbamos a morir de viruela en castigo de la profanación que diariamente hacíamos. (243)

Despite recognizing that the cadavers are Carriqueo's "hermanos," Zeballos's language minimizes the guide's potential emotional and moral concerns regarding beheading the recently deceased in the name of science, reducing his angst to only fear of contagion. He then depicts Carriqueo's fear of disease as ridiculous or even stupid. His over-the-top reactions contrast with Zeballos's calm, methodical actions, particularly the emotionless way he describes the process of separating the skulls from their bodies. Most tellingly, Carriqueo's warnings to do not deter Zeballos, representing his fear that they will contract smallpox as unfounded. Zeballos's actions thus claim the victory of rational science over irrational barbarism, casting Carriqueo, and by extension, his people, as inferior and primitive.

Nonetheless, the triumph of knowledge over superstition in this passage is not as straightforward as Zeballos would like it to appear. Recent research shows that under proper conditions, "variola virus can survive in lesion crusts or tissues for months or years," and there is some evidence that the disease can be contracted by contact with the bodies of the recently deceased (McCullum et. al. 179-80). While Zeballos does not give enough detail to actually calculate the risk of contagion in the situation he described, painting his guide as naively hysterical is patently unfair. Furthermore, like Juan Manuel de Rosas in the 1830s, Zeballos may have been harnessing the power of vaccination in an illusionary performance of civilized superiority. The earliest efforts to vaccinate in Buenos Aires date to the first decades of the nineteenth century (Di Liscia, "Marcados en la piel" 411). A series of outbreaks increased efforts in the 1870s, and by 1886 smallpox vaccination was mandatory for all residents of Buenos Aires (416). Given Zeballos's personal and political connections to many of the most important hygienists of the Generation of 1880 (including Guillermo Rawson, Eduardo Wilde, Emilio Coni, and Carlos Pellegrini) and contact with the most vulnerable populations, it seems probable that he would have been vaccinated by the time he wrote *Descripción amena* in 1881. If he indeed were, this would explain his willingness to carry potentially infectious materials. Suppressing that fact in his narrative allows him to falsely depict Car-

riqueo (and by extension, all indigenous people) as unreasonably hysterical, uninformed, and unhealthy.

Carriqueo's fearful threats also indicate that, while practical, using disease and medicine to interact with the tribes was not without risk for the explorer-anthropologists. If curing indigenous patients opened doors, failing to cure them could irrevocably close them out of the societies they wished to study. Musters's patient, Crimè, asks him not to perform surgery on his leg as he fears the consequences if Musters were to fail to save him (216). Moreno explains more precisely what sort of problems a failed doctor might encounter amongst the Tehuelches. According to him, the Tehuelches did not believe in natural death, except for in battle. Any other type of death was inexplicable and therefore "hija de hechizos, y estos no pueden existir sin que haya seres que los engendren" (107). This understanding of death meant that should the doctor (Moreno himself) fail to save the patient, then he "habría sido *lógicamente* considerado brujo y causa, en consecuencia, de esa degradación" (107, italics in original). Being labeled as a witch would not have helped his scientific projects and, more concerningly, witchcraft could not go unpunished. Moreno fears that if his patient dies, then he, too, could face fatal consequences (106). Thus, while medical care could be a very useful tool to the anthropologist in Argentina, he needed to be exceptionally careful regarding which cases he took on. Anything less than a sure bet could backfire, ending both study and scientist.

### Narrating Medicine, Constructing Hierarchies

Disease and medicine also served colonial anthropological projects in less tangible ways. Narratively, disease served as an "excusa o recurso para discutir otros tópicos" (Armus 45). Indeed, as David S. Jones asserts about the colonial United States, "Diseases and their disparities were never objective scientific facts. Instead, they were produced by social forces, interpreted through social biases, and used to perpetuate social advantage" (7). In the texts I study here, medicine and the narrating of medical encounters between scientist and subject were a rhetorical entry into discussions of racial difference, colonization, and what role native tribes would play in the future nation. As the following sections will demonstrate, in the anthropologists' writing, disease is principally linked not to microorganisms or germs, but to natural, racialized difference and barbarous cultural practices. The scientists set up a hierarchical duality of indigeneity, poor choices, vice, and illness, versus whiteness or creoleness, appropriate behavior, and health. Such representations justify the disappearance of indigenous communities while also placing the blame for illness entirely upon them, not white populations whose ancestors brought the disease to the continent and who introduced it into tribes with their travels on the frontier (Di Liscia, "Viruela, vacunación" 58).

The first piece of this project was establishing that indigenous people were biologically inferior to the people of European descent

the anthropologists themselves represented, as evidenced by their greater susceptibility to diseases like smallpox. Mansilla attributes the fact that indigenous peoples were more likely to contract the disease to "circunstancias cutáneas o por la clase de su sangre" (14), while Zeballos settles on "las impurezas de la sangre, contaminada por una sífilis pavorosa" (*Descripción* 242). Zeballos's turn of phrase is particularly interesting, as "impurezas de la sangre" invokes both early theories of illness and the Hispanic idea of "pureza de sangre," or avoidance of racial mixing, either of which could explain the Indian's biological inferiority. While Zeballos and Mansilla disagree on the exact biological cause, they agree on the effects: viewed in the implicit evolutionary framework structuring the Argentine anthropological texts, this susceptibility made indigenous peoples less fit to survive in the struggle for existence and thus doomed to disappear.

Indigenous cultural practices further exacerbated these biological deficiencies. In the above quote, Zeballos insists that rampant syphilis is one of the primary causes of the "impurezas de la sangre" that threaten indigenous health. Throughout history, sufferers of syphilis have been blamed "for acquiring the disease because of their own sinful behavior" (Parascandola iii). Whereas a common cold may be attributed to judgement-free biological factors, venereal disease is often blamed on practices thoroughly entrenched in a moral framework. Indeed, in Argentina there was a long tradition of associating indigenous people, particularly men, with sexual excess that bordered on irrational and animal-like. For example, Mansilla writes of the Ranqueles' "furores eróticas" and generally more sexually permissive society (253), while Zeballos notes their "pasiones incontrarrestables" (*Descripción amena* 257). Moreno relies on similar imagery in his work, linking "deviant sexuality and savagery" (Peñaloza 468). Given this popular framework, Zeballos's assumption that most Indians were infected with syphilis carries the heavy weight of stereotype, moral judgement, and callousness. The implication is that the indigenous peoples he studies were directly responsible for their own smallpox deaths because of their uncivilized behavior.

All of the medical episodes Moreno narrates involve diseases or symptoms with strong moral connotations, thus blaming indigenous peoples for their own poor health. One of the illnesses he most frequently observes in his travels is purulent ophthalmia, a type of eye irritation. He explicitly attributes its proliferation to the Tehuelches' nomadic life, use of smoke, and general lack of hygiene, all customs frequently cited in contemporary texts as proof of the tribe's barbarism. Moreno also makes clear that purulent ophthalmia stemmed from sexual practices, insisting that it spread especially quickly after "las grandes orgías" (228). Only pages before, Moreno described those orgies as hellish, alcohol-fueled sexual experiences, again linking infection to deviant—and even savage—behavior (214-15). Furthermore, although he does not say so explicitly, the close proximity of purulent ophthalmia and sex in his text remind the knowledgeable reader that the eye infection was often

a sign of gonorrhea, a fact well-documented by nineteenth-century doctors and researchers (Benedek 56). Thus, the very disease itself evoked images of sexual excess, backed by Moreno's judgmental eyewitness observations of the practices leading to its transmission. Underscoring the importance of "improper" behavior and the insulating, protective effects of being civilized, Moreno closes the passage by noting that he, his assistant, and one of his native guides were spared precisely because they did not participate in the orgy.

In addition to sexually transmitted infections, the other group of diseases that Moreno focuses on in *Viaje a la Patagonia austral* are those attributed to drunkenness. The principle medical episode he describes happens after a long night of drinking. As he tries to sleep, he is woken by a messenger from the chieftain insisting that he come quickly with his medical kit: "Se hallaba apesadumbrado porque la hija de Chacayal, que era al mismo tiempo mi prometida, parecía estar gravemente enferma y exigía mis cuidados médicos. El licor la había [sic] seducido, y la embriaguez le había ocasionado fuertes dolores de cabeza, cuyas causas no adivinaban los indios, aturdidos en estos momentos" (105). As in the passages related to sex, here Moreno explicitly links illness not to germs, but to indigenous behavior. In this regard, cultural practice could lead to extinction by disease, while cultural assimilation would lead to better health through "better" practices. Indians could continue to live, as long as they stopped living like Indians.

After establishing the biological and cultural ties between indigeneity and poor health, the anthropologists juxtapose indigenous and creole medicine and narrate their own ability to treat, control, or cure illness as the victory of civilization over barbarism. Musters describes how the Tehuelches attempt to scare away sickness with displays of guns and swords (255). He also associates many of their practices, including spells, bloodletting, and medicinal herbs, with those of "our grandfathers," depicting them as behind the times (183). Mansilla similarly notes the limitations of Ranquel medicine: "¿qué curiosa es la farmacopea de los indios! Toda ella se reduce a yerbas astringentes y purgantes, y agua fría" (255). Although he does not explicitly state that creole medicine is superior, the implication is that it is much broader and therefore more sophisticated.

Zeballos makes the comparison clear. In describing creole and indigenous attempts to control smallpox, he notes that they depart from the same basic presumption: "los indios" have "la noción instintiva del mejor preservativo que la ciencia contemporánea recomienda contra las pestes: el aislamiento" (242). Even while equating the two systems, however, he claims civilization has come to it through science, while indigenous people know it instinctively, making their medical care animal-like, rooted in nature, not science. He then dramatically juxtaposes the mechanisms each society uses to ensure quarantine. Civilization, he claims, relies on "fumigaciones, blanqueos, desinfectantes y elixires, cuando no con públicas rogativas y solemnes procesiones" (275). In contrast, native communities cruelly abandon all sick people to their luck, physically isolating them far from the community and even beheading those

that attempt to break the quarantine line (242). Although he acknowledges that both strategies are effective at controlling variola, he clearly looks down on the indigenous one as barbarous and cruel, noting that "esta se entretuviera en inmolar millares de personas" (275).

In other cases, it is the narration that suggests the superiority of creole medicine to indigenous ways. The fact that the anthropologists claim that their medicine wins them fame, access, horses, and other goods suggests that the care they provide is of value to indigenous communities because it is superior to anything they have. Indeed, in the texts by Zeballos, Mansilla, and Moreno, the untrained-in-medicine anthropologists are able to sweep in and cure indigenous men and women on the brink of death, astounding their relatives with the cures. These triumphs are inscribed in an explicitly colonial context: when Mansilla helps cure Linconao of smallpox he describes it as a clear win for civilization over barbarism. Their medicine's victory over death and superstition further cements creole superiority and establishes the bases for future paternalistic relations between the tribes and the government, for the indigenous communities are conceptualized as unable to save themselves and needing the intervention of the white, officially sponsored anthropologists.

In these assessments of indigenous medicine, Musters, Zeballos, and their peers hold up Ranquel, Tehuelche, and other practices against the standards of western science. They assume western scientific-medical practice to be grounded in rationality, objectivity, and universal truth, while dismissing local knowledges as partial, superstitious, and rooted in animal instinct. In many ways, they depict Tehuelche and Ranquel ways as not just incorrect science, but actually outside the realm of science at all. Nonetheless, as postcolonial and feminist scholars of science and medicine have made clear in recent decades, the long-held opposition between science and indigenous knowledge as myth or belief ignores the fact that indigenous knowledges about medicine and the natural world are also built on centuries of observation, thus employing empiricism (Bala and Joseph 42; Pierotti 9). Simultaneously, scholars such as David Turnbull and Sandra Harding have made the argument that all knowledges are local, including Eurocentric scientific practices (Turnbull 31; Harding 34, 55). Western science thus holds no implicitly superior or culturally neutral position from which to view the world.

Approaching the nineteenth-century texts through this theoretical framework allows us to capture the ways in which the explorer-anthropologists' Eurocentrism shapes their interpretation of events related to disease and medicine. In one passage, Zeballos treats an elderly woman for rheumatism. He then relates his experience to other women in the tribe: "Cuando les dije que esa enfermedad provenía del frío y de las mojaduras, y que debían evitar en lo sucesivo lo uno y lo otro, se levantó un vocerío tal entre las chinas, que me hizo comprender que mi reputación se había elevado a las nubes: hasta adivino me consideraban, porque ellas habían obser-

vado lo mismo" (*Descripción amena* 74). Zeballos reads this as the moment of his triumph: according to him, the women believe he has supernatural powers and hold him up as exceptional. Reading between the lines, however, what he is fundamentally admitting here is that they—simple, barbarous women—on their own have come to discover the same thing that he, as a representative of science, had discovered. The distance between civilization and barbarism is not as far as Zeballos would like. Furthermore, can we trust Zeballos's translation of what the women were thinking, saying, or doing? Did he understand their clamor enough to know? What if they were laughing at him for thinking he knew something new? Or patting themselves on the back for being right?

It is also apparent that the "superior" medical position the anthropologists claim to occupy was really quite fragile. Creole medicine was really not much more advanced than indigenous medicine in late-nineteenth-century Argentina. Formal training was not necessary to provide medical care, particularly in rural areas where professional networks were few and far between (González Leandri 26). There was an especially serious lack of doctors in the Pampas and Patagonia, in part due to limited economic opportunities in comparison with more central cities (Bohoslavsky 195). Stella Maris Alvarez reiterates that in Rio Negro, an area near where all the anthropologists except Mansilla travelled, "la medicina era practicada por gente que estaba lejos de tener el título de médico," often requesting special dispensation to practice from authorities or even being granted it by their patients (115). Often, the only cure a medical practitioner could offer was the comfort afforded by his or her presence (116).

Reading against the grain, we can find abundant instances in which the anthropologists' own narrations reflect this meager skill and contradict their assumption of creole superiority, demonstrating Harding's assertion that all sciences are partial and local. Throughout, the men present indigenous medicine as informal, closely connected to nature, and unsophisticated. Nonetheless, when it came time for them to cure, the anthropologists relied on surprisingly similar techniques. With the exception of Cox, none of them had any formal medical training, making them as amateur as the witch doctors they dismiss (if not more so, given that native doctors were generally born into the position and thus had years of accumulated experience). Tellingly, their cures rely on the same herbs and plants they disparage in their descriptions of indigenous medicine. In treating his rheumatic patient, Zeballos exclusively uses "pronto-alivio," or *Lippia Alba*, a flowering verbena native to Central and South America (*Descripción amena* 74). In the same vein, Moreno admits that, "Las únicas drogas que contenía mi botiquín, ya exhausto eran: un poco de árnica, magnesias calcinada y sinapismos preparados según la receta del Dr. Rigollot" (105). Arnica is a perennial plant related to sunflowers, often used for its analgesic and anti-inflammatory properties. *Magnesias calcinada*, likely magnesium oxide in English, is a laxative/purgative with similarly natural origins, and *sinapismos* are poultices or plasters. None of these tools

are more sophisticated than the indigenous medicine he describes.

What the anthropologists do, however, is combine these basic materials with a high degree of performance that demonstrates both the inadequacy of their "civilized" medicine and their complete faith in the barbarous naiveté of their patients. Zeballos's application of "pronto-alivio" relies on dramatic hand waving and the utmost confidence:

Saqué varios frascos y elejí uno de pronto-alivio con el cual di frotaciones a la vieja; pedí bayeta en la cual envolvi [sic] el miembro enfermo y con tres varas de fajas de lienzo, que cosí prolijamente, hice un vendaje desde la rodilla al pie con la arrogancia satisfecha de un cirujano... El aparato con que había hecho la curación deslumbró a los bárbaros y la enferma misma se reconoció mejor. (74)

Similarly, when Moreno prepares the arnica treatment, he adds some magnesium "para dar importancia al remedio por el color." In the end, the patient is cured, but he is unsure whether to attribute this success to his medicines or "la casualidad" (106). What matters most to the anthropologists is not actually healing indigenous bodies (and thus extending their life), but the performance of superiority and maintaining the appearance of having healed for long enough to obtain the desired measurements or resources. Even when revealing potential weaknesses in their own civilized medicine, they are confident enough in their general superiority to believe they can trick indigenous peoples into buying into their colonial hierarchies. If their medicine was not superior, they themselves were, and thus guaranteed a good outcome.

Finally, it is important to note that these colonial interactions were not just racial encounters, but also gendered ones. The male anthropologists who went to the frontier interpreted indigenous behaviors and attitudes through the stereotypes of racial science, but also in accordance with upper-class creole expectations for men and women. Medical interventions were no exception. While the patients the anthropologists treat are almost evenly divided between men and women, they, the medical providers, are all male.<sup>2</sup> These gender relations contrast with indigenous tradition in the areas colonized by Mapuches and their descendants; that is to say, much of the region included in the anthropologists' works. Amongst these groups, *machis* could be male, female, or co-gendered, combining elements of masculinity and femininity (Bacigalupo 117-18). Indeed, in the texts studied here, most of the *machis* and healers the anthropologists describe are women. Zeballos does not speak specifically about who the healers were amongst the Ranqueles he visited, but he does note that a group of 40 women accompanied him to visit the sick (*Descripción amena* 74), and it is with a group of *chinas* (indigenous women) that he exchanges notes on the causes of rheumatism. These observations suggest that women played an important role in the care and healing of the ill in that community.

That medicine and health were associated with specifically

masculine civilization is further demonstrated by Moreno's rivalry with the Tehuelches' female *machi* in *Viaje a la Patagonia austral*. He describes her as very young, pretty, and suspicious of him from their first encounters (104). She grows more jealous as his cures earn him fame. The tension comes to head when Moreno is able to cure a patient whose previous interactions with the *machi* had left her far more ill. As a result, Moreno grows in power while the female *machi*'s "aptitudes médicas, con las cuales había nacido, según decían los indios, quedaban casi anuladas, ó [sic] por lo menos oscurecidas con mi cura" (106). Through these episodes, Moreno associates folk medicine, superstition, and illness with indigeneity and femininity, both the lesser-valued elements of nineteenth-century binaries. While the anthropologists were not certified doctors, they did represent the government and thus the imposition of masculine, rational officiality onto the perceived disorder of the instinctual, feminized medicine of indigenous peoples in the *campo*. The explorers' victories over disease thus reassert power as both white and masculine, anticipating the expansion of the medicalized state in later decades.

### From Anthropology to Eugenics

The narratives analyzed here demonstrate that diagnosis and treatment of medical concerns were fundamental tools of anthropological projects that contributed to the concentration of white, masculine power over the "barbarous" indigenous communities of the frontier. By offering up cures, men such as Musters, Cox, Mansilla, Moreno, and Zeballos were able to establish good relations with the people they studied, overcome indigenous unwillingness to be photographed and measured, and earn important supplies, including food and horses. These goods and services allowed them to continue their explorations and collect data which, inserted into evolutionary frameworks, posited indigenous people as racially inferior and destined to lose in the face of the emerging "white" Argentine state. Their narrations of their medical encounters reinforced this point, insisting on the heroic victory of civilized, masculine science over the feminine superstition and ignorance of the tribes. Most astonishingly, they accomplished this sleight of hand even as slippages in their narratives reveal the limitations of their medical training and resources. What emerges is a glimpse of just how strong their convictions were regarding the superiority of whiteness, masculinity, and science, which appear in their texts as inextricably linked.

These moments also make visible a bridge between the *cuestión de indios* in the 1870s and early 1880s and the concerns over immigration that surged in later decades. In *Civilizing Argentina*, Julia Rodríguez argues that at the turn of the century, "social pa-

thologists" developed a medical model to understand the nation's progress. "Social problems like poverty, vagrancy, crime, hysteria, and street violence were defined as illnesses. Symptoms were identified, maladies diagnosed, remedies prescribed, and hygienic systems established to prevent recurrence" (6). These attitudes eventually developed into the eugenic policies of the 1920s and 1930s described by Nancy Stepan and others.

While eugenics is often conceptualized of as separate from earlier racial science and indigenous policy, the mechanisms of the anthropologist-cum-doctor I have traced here clearly anticipate later ideologies. In both periods, racialized groups and pathology were closely linked: indigenous peoples' cultural and biological characteristics made them more susceptible to smallpox and other infectious diseases, just as twentieth-century social pathologists believed that, for example, Jews were "more likely than other Europeans to suffer race-specific types of psychosis and to engage in anarchism" (Rodríguez 25). Furthermore, the diseases of the marginalized were presented as threats to national health and progress, thus marking them for elimination or control, while treatment provided an excuse for government officials to intervene in inhabitants' private lives.

The gendered elements of pre-1885 medicine and anthropology are similarly echoed in later decades. Despite the male explorers' lack of formal training and meager medical kits, in their reported actions and narratives they shifted gender dynamics of healing in the *toldos* they visited. These frontier transitions enacted on a small scale a broader societal change that was just beginning and would come into full effect a few years later. While throughout most of the nineteenth century Argentine medical care was diffuse, amateur, and highly unregulated, by the mid-1880s, government policy "introdujo el monopolio médico científico occidental y desplazó otras posibilidades y practicantes curativos" (Di Liscia "Dentro y fuera del hogar" 97). Women in particular lost power with this change, for they had previously taken care of basic health issues both in the home and in the community (Di Liscia, *Saberes* 166). Under the newly professionalized state system, nearly all medical providers were men. This masculine hold on diagnosis and treatment occurred despite the fact that, as both Marcela Nari and Julia Rodríguez have argued, women's maternal role and their perceived greater susceptibility to change made them a central focus of eugenic policies (Nari 46; Rodríguez 112-13). The early twentieth century thus continued the process seen in the earlier texts of furthering masculine state control over and at the expense of feminized bodies. Together, these many points of contact make clear that, in addition to the European, urban roots of eugenics, many influences had already been developed and tested much closer to home, with indigenous men and women paying the price.

## NOTES

<sup>1</sup>Moreno and Zeballos both cite and favorably assess the work of each of the two foreigners (Moreno 7; Zeballos, *La conquista* 71).

<sup>2</sup>While Mansilla takes care of a man, Linconao, and Musters, Crimè, Guillermo Cox takes care of "una mujer enferma" (119), Moreno, "la hija de Chacayal" (105), and Zeballos, someone's mother-in-law (74). Notably,

the two men that are treated are named while the three women are anonymous or identified in relation to one of their male relatives. This reflects an ongoing interest in the male subject as individual and the women as *chusma*, or representatives of the masses.

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