

# A voyage to Argentina: the Asuero case and the illegal practice of medicine (Buenos Aires, 1930)

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## Abstract

This article examines the activities of a well-known figure who, during his stay in Argentina, influenced life in Buenos Aires by cultivating his connections to medical science, the political sphere and the news media. The person in question was Fernando Asuero, an ear, nose and throat specialist from San Sebastián (Spain), whose activities in Buenos Aires in 1930 allow us to examine the conflicts within the healing arts, a field rife with competitors and numerous concurrent and opposing traditions. Using a biographical approach centered on a case study, this article shows that, at certain points, the disputes over cognitive monopoly ended up being debated within a courtroom.

Keywords: Fernando Asuero (1887-1942); practice of medicine; Buenos Aires; Argentina.

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The various different healing practices, in all their manifestations, have been debated to different degrees and with dissimilar intensity within the field of historiography. For a long time, contributions to knowledge about the world of healing came from historians of health (Armus, 2002, p.43); these narratives stressed the continual advance and future of science, focusing always on collaborations among prominent physicians. These works never mentioned the controversies and vicissitudes of medicalization, nor its different expressions.

It is well known that three new lines of historical research emerged in the last century which broadened the earlier vision of continual ongoing progress based on the actions of leading figures: the new history of medicine, the history of public health and the sociocultural history of disease (Armus, 2010). This article assumes that the boundaries between those fields were porous, and toggles between the first and the third, attempting not to adhere overmuch to one or the other. Specifically, it examines the trajectory of a figure who caused an upheaval in Buenos Aires during his stay in Argentina by establishing connections to medical science, the political sphere, and the news media, among others. That person was Fernando Asuero (1887-1942), an ear, nose and throat specialist from San Sebastián (a city in the Basque Country in Spain), whose activities in Buenos Aires – for some months in 1930 – allow us to examine the tensions and conflicts within the healing arts, a field rife with competitors from numerous traditions. I have dealt with some of those disputes in previous studies (Rivero, Carbonetti, 2019; Rivero, Vanadía, 2018; Rivero, Carbonetti, Rodríguez, 2017), but the particular relevance of the Asuero case lies, on the one hand, in the fact that a licensed physician, certified overseas, was accused of illegally practicing medicine in Argentina because his degree had not been ratified there. Furthermore, he was a phenomenon who can be read from many different perspectives: press reports, the views of medical scientists, and fundamentally, the account of the man himself. His writings, appearances in ceremonies, on radio programs and other spaces unquestionably provide us with ample first-person testimony.

Over the last ten years, a growing number of historical research studies have analyzed the clashes between hegemonic medicine and other branches of knowledge in Argentina. Indeed, the healing market – which was riddled with rivalries between academic medicine and other agents – has become a topic of interest for historians of health and disease. However, as yet there are few case studies of figures who embarked on healing tours in Argentina during the twentieth century. Notable examples are the studies of the spiritualist Juan P. Quinteros in turn-of-the-century Santa Fe (Sedrán, Carbonetti, Allevi, 2018), the event in Jujuy caused by the arrival of the Spanish quack doctor Vicente Díaz in 1929 (Fleitas, 2007), and the magicians and quacks in Santiago del Estero – and to a lesser extent in San Miguel de Tucumán – suspected of “causing harm” in colonial times (Farberman, 2005). As regards Buenos Aires, there are studies of well-known hypnotists, telepathists and illusionists arriving in the city, such as Count Das y Onofroff (Vallejo, 2014, 2017). Along these same lines, popular figures from the late nineteenth and early twentieth centuries such as Tata Dios, Pancho Sierra and his successor – Mother María – have been read in accordance with the socio-cultural history of disease (Bubello, 2010; Dahhur, 2013, 2017).

A broader geographical overview shows that, within Latin American historiography, the view of some traditional healers as being linked to what might be considered folkloric practices has been revised, as these figures help to shed light onto a gray, hybrid area (Armus, 2016) in the healing world. Thus, some figures who practiced their empirical knowledge in Brazil (Reis, 2008; Xavier, 2008; Sampaio, 2009; Farias, 2012; Reis, Gomes, Carvalho, 2010; Weber, Silva, 2012; Mattos, Weber, 2013), Mexico (Seman, 2015; Agostoni, 2018), Colombia (Sowell, 2002; Márquez Valderrama, Estrada, 2018; Márquez Valderrama, 2014) and Costa Rica (Palmer, 2002) reveal the permeability, conflicts and specificities of the world of healing in those regions.

This study seeks to contribute to that biographically-focused approach. It is well known that this type of standpoint allows us to discern logics that transcend dominant sectors, allowing us to study subjects who do not belong to the highest echelons of society, such as Fernando Asuero. With the biographic method, concepts emerge such as life history, which is linked to the case study of a particular person, and includes not only their narratives of their own life but any other type of additional information or documentation that might allow us to reconstruct their biography. Obviously, the testimony of the individual must be treated both as a facet of that unique individual and as a historical subject (Hernández, 2005). Thus, I will start by acknowledging that the individual/collective vectors are closely interwoven and interactive. Therefore, the biographical approach becomes a key tool that can help us understand social change, the historical processes of socio-structural relations, life trajectories, deep description of social relations, and their contradictions.

In particular, this study is defined by reviving – based on the Asuero case – the well-known conflict within the medical field that distanced local physicians from foreign ones, and older professionals (who were better situated within university institutions) from newer doctors (González Leandri, 1996, 1998, 2006). In fact, Asuero's arrival in Argentina unleashed anxieties and differing responses to the method he had come to present: "asuerotherapy," which involved performing small cauterizations of the trigeminal nerve (a cranial nerve) in order to cure various ailments. Thus, this article takes a different tack to those focusing on the historical protagonists who were not completely outside the bounds of the medical field – such as physician Alberto Díaz de la Quintana (Vallejo, 2015), Jesús Pueyo (Armus, 2007) or Dr. Luis Costa (De Ípola, 2002) – but were nevertheless questioned by a group of physicians who adhered fervently to dominant scientific traditions. As we shall see in the following pages, the Asuero case shows that, at certain points, these controversies over cognitive monopoly – which were influenced by political variables – ended up playing out within the confines of a courtroom.

### **A "popular physician" in Buenos Aires**

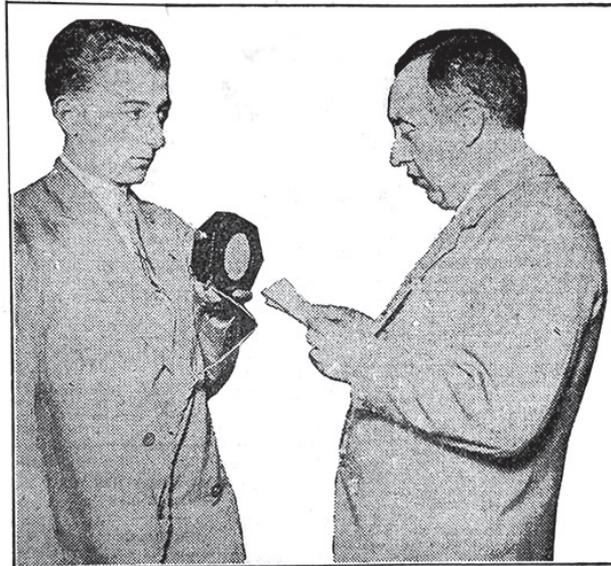
On April 25, 1930, newspapers in Argentina's main cities reported the arrival of a Spanish physician in Buenos Aires: Fernando Asuero. Although a native of the Basque Country, he had studied medicine in Madrid, specializing in diseases of the ears, nose and throat at La Pitié hospital in Paris and the clinic of Dr. Lubet Barbon, also in Paris. Asuero's

professional life was spent mainly in San Sebastián, Spain, “first as on-duty physician at San Antonio Abad Civil Hospital and the Red Cross, and later in private practice on Loyola Street” (Giménez Roldán, 2015, p.50).<sup>1</sup> The newspapers I examined show that his rise to fame took place in May 1929, with various reports in the Basque and Madrid press: “In the skies of San Sebastián a new comet named Asuero has appeared” (Un nuevo cometa..., 14 mayo 1929); “What do you know about Dr. Asuero?” (El pueblo vasco..., 16 mayo 1929). Just two months after his spectacular rise to fame, Asuero traveled to Madrid, staying at the palace of the Marquis and Marchioness of Bermejillo del Rey; there, he was surrounded by a horde of lame, paralytic, blind and deaf people, whom the constabulary were hard put to contain (El doctor Asuero..., 12 jul. 1929). Asuero was even received by the dictator President Primo de Rivera, who took advantage of the occasion to recommend members of the nobility who were hoping to be treated.

Giménez Roldán (2015, p.50) states that Asuero treated no less than 2,500 cases in his first few months as a public figure, “in sessions that lasted up to sixteen hours and 60 patients a day on average.” As we shall see, amongst his followers were people afflicted with all kinds of pathologies; along with chronic pain sufferers, the cases of “spectacular recovery” included people with neurological impairments that prevented them from walking, hemiplegia and tabes dorsalis. Needless to say, the doctor did not agree to treat every single type of disease; the selective nature of his method led to him to refuse to treat, for example, cases of Parkinson’s and organic healing in general. Nevertheless, the fact that people believed Asuero could treat such a wide variety of afflictions based on such a simple method – which involved inserting a tool in the nostrils – turned him into a sought-after and famous figure.

After achieving popularity in his own country, and having practiced in 1929 in Argentina’s neighbor, the Republic of Uruguay (and other Latin American countries such as Cuba and Mexico) (Romero, Saïtta, 1998), Asuero was greeted by some seven thousand people in the port of Buenos Aires, the largest city in Argentina, in early 1930. According to an account in the Santa Fe paper *El Orden* (Llegó ayer..., 25 abr. 1930), the tumultuous welcome of the crowd who had gathered to see him obliged Asuero to take refuge in the Customs Office, preventing him from communicating with the reporters who were also waiting to take statements from the new arrival. Given the size of the crowd, Asuero agreed to receive journalists in his lodging – the Plaza Hotel – and gave interviews the following day. He recorded “two radio and telephone broadcasts from the hotel where he is staying and on Radio Prieto” (Lo que piensa..., 28 abr. 1930), along with an appearance on Radio Mitre (see Figure 1).

## LO QUE PIENSA EL DOCTOR ASUERO LO HA DICHO AL PUBLICO ARGENTINO



**El Dr. Fernando Asuero ante el micrófono de L. R. 6, Radio Mitre, con el director artístico de la estación, D. F. Osvaldo Valle**  
**Todos los huéspedes destacados e ilustres que visitan nuestro país se ponen en comunicación con el público argentino por intermedio de la más prestigiosa de sus broadcastings: L. R. 6 RADIO MITRE.**

Figure 1: What Dr. Asuero thinks (Lo que piensa..., 28 abr. 1930, p.19)

This sort of promise was not a random one; during the early decades of the twentieth century in Argentina, the potential audience for magazines, books, newspapers and other information media was gradually rising thanks to a spike in literacy rates and the incorporation of broader segments of society into the circuits of cultural consumption. These phenomena accelerated in the 1920s in the wake of the First World War, when demographic and economic expansion opened up the market for cultural goods (Cattaruzza, 2012). I would argue that within the framework of this “mass society” – understood as a set of languages, goods and objects that refer to industry, the market and consumption (Gayol, Palermo, 2018) – the forum of the press was one of the most heavily-used tools for various actors. In its role as a cultural mediator that transferred ideas, representations, images and objects which it filtered through its own subjectivity in order to influence and transform public opinion and even affect governmental decisions, the press was turning into an indispensable tool (Tato, 2017).

In a social setting in which increasing numbers of people were acquiring the skill of reading, newspapers – specifically – were consumed by a community interested in the latest news, adapted to their tastes, demands and budgets. This made them, as we shall see in this case study, an arena for conflicts between multiple subjects who were battling for cognitive monopoly.

While quack doctors rarely had access to columns in the general press, they could make their voices heard via editors and intellectuals who agreed with their arguments and habits (or via paid advertisements in the daily papers). On the other hand, some foreign physicians, who were often viewed with suspicion and resistance by local doctors, did have that access and made use of it on more than one occasion, a fact that can be seen in the Asuero case. However, the particular nature of his presence is revealed by his movements; according to him, the newspapers “did everything back to front, since rather than going, I was taken there. By that I mean that I began my visits where I should have left off. But what can a man who is ushered into an automobile and told, ‘We’re going to the newspaper offices’ know about hierarchies?” (Asuero, 1930a, p.9). As we can detect in this passage, Asuero stresses that his initial contact with the Argentine newspapers was with none other than their editors-in-chief.

A day after landing, Asuero’s activities were not limited to contacting the mass media; the ministers of Foreign Relations, Culture and the Interior received him at the Casa Rosada, the headquarters of the nation’s executive branch. According to Asuero’s statements, Elpidio González himself – a member of Radical President Hipólito Yrigoyen’s cabinet – agreed to arrange an interview with the president himself. Indeed, in the pamphlet Asuero (1930a, p.10) published titled “My voyage to Argentina. Incidents and anecdotes,” he wrote that “as regards the the Republic’s top authorities, far from hampering me, they went out of their way to smooth my path. I felt as if I were at home among them!” While the kind of familiarity Asuero claims to have had with top Argentine politicians sounds inflated, there is no doubt that President Yrigoyen did not shun controversial figures – rather, he adopted them into his entourage. Mother María, who could supposedly foretell the future (but was charged with practicing medicine illegally) prophesied that Yrigoyen, leader of the Radical Civic Union party, would become president of Argentina, but advised him not to run for a second term, because even though he would win, “it wouldn’t go well for him” (Bubello, 2010, p.117). Clearly, if the words of a woman accused of being a faith healer and seer (who presented herself as belonging to the more culturally legitimate field of the Catholic religion) were not ignored by Yrigoyen, those of a charismatic foreign physician might also have sparked his interest and cordiality.

Asuero’s statements about his relationships with newspaper editors and Argentine politicians matched his assertions about the recognition he supposedly enjoyed in his own country. Briefly, he boasted that after his audience with President Yrigoyen, he would send a “cable to the King of Spain, in which I shall describe all the kindnesses that have been shown me here and tell him that a Spaniard, simply because he is one, is received with open arms in Argentina” (Estuvo ayer..., 26 abr. 1930). Such a communication would necessarily imply that the doctor’s networks were – or sought to be – extraordinary and exalted ones. Furthermore, one component of this message was the historical connection between the Old World and the south of Latin America. Specifically, at many points in his speeches, Asuero referred to the “brotherhood” between Argentina and Spain: “Brothers from Latin America, do what you will with this Basque, who considers himself to be at home here” (Lo que piensa..., 28 abr. 1930). Asuero even describes Yrigoyen as a “man who represents the Basque American race.” Lastly, it is interesting to observe that Asuero declared: “I am

the first European to come to Argentina who is not decidedly intent on getting something out of it, but on decisively bestowing a great deal" (Asuero, 1930a, p.7).

These statements must be read through the lens of at least two processes: firstly, it is possible the doctor was referring to the so-called "conquest and colonization of America" that took place during the Modern Era, in which Spain devoted all its efforts to linking its colonizing actions (of a military nature) to (Catholic) religion (Korstanje, 2006). This assumption arises when we review certain lines in his pamphlet: "it has been said of the Spaniards, and it seems axiomatic, that when they are not conquerors, they are discoverers; if not both together" (Asuero, 1930a, p.11).

However, it is also probable that Asuero was tracing a clear distinction between himself and other notables who arrived in Argentina at the turn of the nineteenth and early twentieth century. On this point, as Vallejo (2017) notes, it is worth noting a cultural behavior that occurred in Buenos Aires at the turn of the century: the city received with open arms any heralds of novelties and prodigies, and there was a protocol that was activated with each of these visitors. As we saw earlier, the daily papers reported their arrival, and members of literary circles or the political elite communicated their desire to be acquainted with the newcomer's powers or knowledge. Of course, in all such cases documented in national historiography, "the important thing is not to remember the naive simplicity of Buenos Aires' citizens or their excessive curiosity. These visits act as superb and dynamic viewpoints and cultural scripts for a city that naturally knew how to make the most of the resources and mentalities overseas" (p.48). Indeed, we should not lose sight of the fact that these events took place over a long period marked by constant waves of immigrants, which wrought mutations on different levels. In the case of Asuero, it is worth noting that "the composition of the migratory influx according to national groups shows a predominance of Mediterranean European countries (Italians and Spaniards, mainly)" (Otero, 2006, p.134), who constituted 45% and 35% respectively, of the total between 1860 and 1924 (Arnoux, 1977). It is no surprise, then, that the Spanish doctor should have dwelt upon the connections arising from the ocean crossings made by his compatriots, which had led to a mixed culture in the early decades of the last century in Argentina.

Based on the foregoing, we can argue that the port was an entryway not only for laborers or other types of illiterate workers; but also for specialists, intellectuals and foreign professionals wishing to relocate to or visit the River Plate area. There are many motives that might have led people to embark on such a major trip; Asuero (1930a, p.5-6) in particular maintained he had come to Argentina for two reasons: "firstly, to get to know it. Secondly, to publicize my method ... Let it be known that I make no claims (as regards compensation) nor do I seek anything. Money? I know only too well how little money is worth ... Fame? What fame is better than the praise of the suffering?" As we shall see, his goal in terms of scientific dissemination would be subject to many opinions and retorts from the dominant medical field at the time, in a scenario of significant mobilization of knowledges between Latin America and the Old World. As specialized historiography has shown, these connections are clearly identifiable in terms of transurban networks, for example, between Barcelona and Buenos Aires (Girón Sierra, Hochadel, Vallejo, 2018), although they can also be traced on a national level. For example, links were established

between Argentina, Italy and Spain regarding eugenics and biotypology<sup>2</sup> (Vallejo, 2012; Álvarez Peláez, 2012), and between Argentina, France and Britain on trachoma (Di Liscia, Gioia, 2016). In the case of Brazil,<sup>3</sup> there were notable Teuto-Brazilian and Franco-Brazilian scientific contacts, especially in the field of what was known as “tropical medicine,” but also in other branches of healing during the interwar period (Sá et al., 2009).

### **Argentine medical science and “asuerism”**

On April 25, 1930, a Santa Fe newspaper noted – with a flashy headline – that Asuero had arrived in Buenos Aires. However, the report contained statements by an Uruguayan physician who had been on board with Asuero. Interviewed on deck, the doctor ironically “remarked that there were eleven Argentine and Uruguayan physicians on the same transatlantic vessel, and none of them had thought to approach Dr. Asuero during the voyage to ask his opinion on the phenomenon, which is only desired by the ignorant” (Declaraciones irónicas..., 25 abr. 1930). As we shall see in this section, these were not the first or the last criticisms of the so-called “trigeminator.” This nickname derived from the essence of his method: Asuero worked on the trigeminal nerve, located in the brain. His treatment was supposedly remarkably effective in a variety of afflictions such as “varicose ulcers, pemphigus, atrophic cirrhosis of the liver, periodontitis, sinusitis, locomotor ataxia, deafness, hemorrhoids, asthma, constipation etc.” (En su libro..., 9 mayo 1930).

A doctor from La Coruña, Spain, who attended Asuero’s sessions with his permission, described his healing tactic:

With the help of a reflector and a speculum, and sometimes using cauterization, other times a simple stylus heated in a flame, he touches different areas in the nostrils, now on the right side, now on the left side. He did not use anesthesia, although his patients complained of no pain whatsoever. It was all over in five minutes. Then, in a forceful, authoritative voice, Asuero orders the paralyzed to move, the dumb to speak and move their painful limbs (Martínez, 1929, p.58).

Asuero himself described his therapy in a 268-page book entitled *Asueroterapia fisiológica: ahora hablo yo* (Physiological asuerotherapy: it’s my turn to speak)(Asuero, 1930b). This source is extraordinarily rich, firstly because it contains not just exhaustive details of his therapeutic procedure, but also passages containing irritated retorts to those who questioned him as an ear, nose and throat specialist. The book presents entire clinical histories, letters from his patients, and newspaper articles reporting the results of his therapy and the successes obtained by other doctors who had applied “asuerotherapy.”

While Asuero’s book was beginning to circulate in Argentina and be promoted in the local press (see Figures 2 and 3), the media also echoed reports of Asuero’s appearances at different institutions that opened their doors to him and allowed him to perform empiric demonstrations of his *modus operandi*. As regards those other facilities, it is not irrelevant that, in general, they were directed or funded by Spaniards who were pleased by their compatriot’s visit. He was received by members of the board of the Spanish Hospital in Buenos Aires and taken on a tour of the establishment, while being given twenty clinical

histories of patients on whom he might apply his treatment (El Dr. Asuero..., 8 mayo 1930). Similarly, the president of the Galician Center invited him to tour the doctors' offices and the group's sanatorium (En su libro..., 9 mayo 1930). Asuero's participation in such events indicated that the recent appearance of his book in the country was not sufficient to quell the voices of his critics, who represented the hegemonic side of Argentine science. Given the initial context of his being welcomed and feted by thousands of people at the port, it is interesting to note that within a few hours of arriving in Argentina he claimed that "if I knew that my visit bothered a single person, I would go back immediately" (Estuvo ayer..., 26 abr. 1930). In fact, he himself suggested that it would not be necessary to hold any demonstrations: "it is such a spontaneous reception, he added, that he does not know whether he will give the lecture he was planning to explain his method because he does not believe it is necessary" (Estuvo ayer..., 26 abr. 1930). Obviously these declarations diverge from the ones quoted earlier about his goal of spreading universal scientific knowledge: "this voyage, which I thought to undertake out of a pure, disinterested desire to be a tourist and to disseminate science" (Asuero, 1930a, p.5).

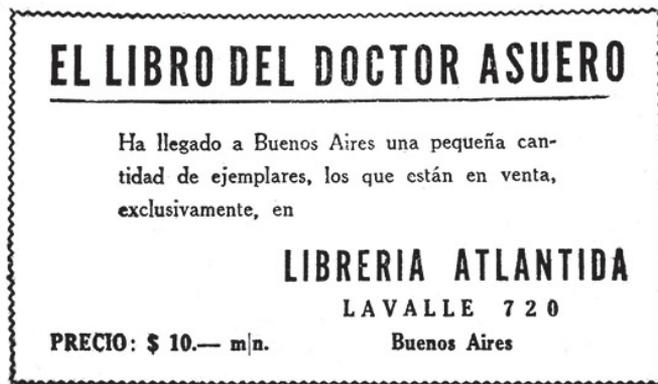


Figure 2: Dr. Asuero's book (En su libro..., 9 mayo 1930, p.13)

**EN SU LIBRO "AHORA HABLO YO", QUE  
ACABA DE LLEGAR, EXPONE EL Dr. ASUERO  
LAS CARACTERISTICAS DE SU METODO**

El discutido médico donostiarra destaca la diferencia entre su sistema y el de Bonnier, recuerda numerosas curaciones y expone la base científica de las mismas

**ES ESENCIAL LA PERSONA DEL QUE OPERA**

Figure 3: The book *Ahora hablo yo* (En su libro..., 9 mayo 1930, p.28)

In fact – as we saw earlier – some days after his arrival, Asuero ended up changing his mind and orchestrating exhibitions and statements directed fundamentally at some members of the local medical elite who had manifested suspicion of his therapy, the crux of the confrontation.

One of the first weapons employed by Argentine medical scientists against Asuero were the criticisms of him by physicians from overseas.<sup>4</sup> In particular, they repeated the accusation that this method lacked originality. Many of his colleagues felt that it was remarkably similar to Pierre Bonnier's method. Bonnier had published a book in 1913<sup>5</sup> on "centertherapy," based on the apparent "relationship between different areas of nasal mucous membranes, supposed to be specific nuclei of the medulla oblongata, and certain types of pathology improved by stimulating the appropriate nasal area" (Giménez Roldán, 2015, p.56). While the two authors' theses resembled one another ("in the presumed state of hyper-excitability of the medulla oblongata, its connection with the trigeminal nerve and the restoration of a state of equilibrium by stimulating the nasal mucous membranes, perhaps mediated by vasomotor mechanisms") (p.56), Asuero categorically denied any relationship: "I do not know what motivated them to state that I was using Bonnier's method, since my honor would have obliged me to acknowledge it if that were the case; but I do not use it for the simple fact that I believe the author is mistaken, attributing real cures to false causes" (En su libro..., 9 mayo 1930). After this statement, Asuero lays out in detail his reflections on Bonnier's theory – which he characterized as containing certain "brilliant details" – claiming that its premise was scarcely credible, and that it also contained issues that he would go into in the exhibition of his own system. One entire column of a Buenos Aires newspaper was devoted to the development of his procedure, beginning with an explanation of the trigeminal nerve and culminating with the supposedly clear "lack of any relation between Bonnier's famous zones and the corresponding areas in the medulla" (En su libro..., 9 mayo 1930).

However, after that explanation, Asuero went into an area that would lead to angry protests. This involved a particular component of his theory; based on an actual case – of a child treated in Barcelona – Asuero recounted how he recovered, stating:

I do not want to get too complicated in explaining that personal factor, which I consider I have acquired, as others may, as a result of practicing the system and gaining confidence by treating a large number of cases, which makes one feel possessed of an undefinable something that helps produce a special psychic state, which affects the patient (En su libro..., 9 mayo 1930).

Further down, he wrote:

It is not enough to poke around in someone's nose even with exquisite delicacy to produce these effects, since they will not be achieved without placing the patient's mind in a special state; in order to produce this you need to attend to a number of small details, which constitute the psychic factor of the system (En su libro..., 9 mayo 1930).

These extracts show at least two basic elements on which the most heated attacks on Asuero were based. Firstly, the incorporation of a psychological matrix in the process of healing or pain relief. On that point, we should note that the prologue to Asuero's book by

Dr. Helan Jaworski (1930, p.9) – who signed as a physician with a pedigreed background in medicine from France, Poland, Peru and Spain – stressed:

In medicine there are some bad tendencies: one of them is forgetting that the body is an entity and attributing too much importance to an isolated lesion: another is separating the psyche from the illness and disdaining the very suggestion, in the belief that the psyche can be completely eliminated from scientific therapeutics.

In reality, the body is a living, thinking whole; thus there is no such thing as an isolated lesion, just as there is no therapeutic action in which psychic factors do not play a greater or lesser part.

This was at the back of the famous doctor from San Sebastián's mind when he cured his first patient.

This holistic perspective on the origin and manifestation of ailments was a long way from the biomedical positivism still dominant at the time, a school of thought that saw symptoms as revelations of biologically based processes (Rivero, Carbonetti, Vittar, 2019).

Secondly, Asuero portrays himself as the protagonist carrying out the method, since – supposedly – the same results could not be obtained by anybody. Indeed, by alluding to his experience and a certain special psychic characteristic (which was transmitted to the patient), Asuero presented himself as a kind of healing master able to impart wisdom to his disciples.

The most pointed criticisms of the psychological aspect can be found in the writings of Gregorio Bermann (a well-known Argentine psychiatrist who had taken part in the University Reform in 1918 and taught at the famous Universidad Nacional de Córdoba (National University of Córdoba). Agreeing with Asuero on one point, Bermann – who was starting to embrace psychoanalysis in the 1930s and became its leading exponent among the Argentine elite<sup>6</sup> – stated that perhaps “we should take a more personal approach to medical art, understand our patients and the world they live in, and take advantage of the increasingly rich teachings of medical psychology” (Bermann, 1941, p.67). That is to say, Bermann too believed that psychological variables were essential in understanding phenomena that altered homeostasis. However, Asuero's mention of a kind of unique personal mental ability, along with the name of his therapy, the book he published and many of the passages in it, all amounted – in Bermann's view – to a markedly egocentric profile. This he associated with a “capital possessed by all miracle-peddlers: the personal factor” (Bermann, 1941, p.60).<sup>7</sup> Indeed, Bermann believed that one of the keys to Asuero's success was his strong personal power of persuasion.

On the other hand, and this was probably Bermann's main critique of Asuero, the scientific aspect was one of the central factors behind his success. As we saw earlier, the question of the originality of the method emerges here. While Bermann (1941, p.60) devoted three full pages to showing how the claims of the “fanatic, stunned by his own genius, quickly break down”, he felt there was no denying the possibility of an experimental basis for them. Beyond that, however, he argued, “Asuero lacks any precise understanding and his insecurity is extraordinary ... he has placed himself out of reach of any scientific research by repeatedly avoiding, with futile pretexts, in his own country and over here, any objective and systemic test of his method” (p.64). More broadly, from

Bermann's perspective, the problem with Asuero was empiricism. In his view, "there is barely a single page in which Asuero does not protest that he adheres to science, that he is its true and genuine representative, that everything he has done was absolutely scientific; however no one is further from the paths of science" (Bermann, 1941, p.54). He attributed this distance to a question that we glimpse in Asuero's book about whether knowing the etiology of a disease was of any great importance to doctors and patients. Such a question placed Asuero, in Bermann's eyes (1941, p.55) on the side of charlatans and quacks, since "for millennia, modern medicine has been definitively concerned with the rational treatment of diseases through investigation of their complex causes." Seeking the origin of an illness was therefore crucial to understanding its development and choosing a particular therapeutic approach.

However, Bermann's reference (1941, p.45) to Asuero's link with certain activities seen as quack-healing or charlatanism was not limited to Asuero's lack "of any objective method of verification." Asuero's empirical practices were effectively aimed, in Bermann's view, at a "reprehensible mercantilism." We should recall that in the pamphlet analyzed earlier, Asuero repeated in numerous sections that his trip to Latin America had no commercial purpose whatsoever. As seen in Figure 4, besides seeking to prove the efficacy of his method to the public, Asuero even held demonstrations to raise funds for a charity during this trip, donating the money raised to an orphanage.



Figure 4: Asuerotherapy (4 jun. 1930, p.12)

However, Bermann (1941, p.55) did not believe in these altruistic motives; he claimed that Asuero's actions were exploitative, and that his "behavior contrasts drastically with that of an austere science worker." Meanwhile, Asuero (1930a, p.16-18) devoted a full section of his pamphlet to a "faithfully recorded dialogue" in which an Argentine physician offered to start a business with him, namely: he would provide patients to treat (he was the owner of a sanatorium), they would charge an agreed amount of money and split the proceeds equally between themselves. This proposal, according to Asuero, was not an isolated occurrence; many Argentine doctors, he claimed, had called on him at the Hotel España to suggest the possibility of "working together." Asuero was trying to show

the unscrupulous nature of some of the local medical figures. At the end of this section Asuero (1930a, p.19) makes the contradictory assertion that he had nothing to say about Argentine physicians, except that “a lamentable esprit de corps has made them cowardly in my case as I know that many of them are practicing asuerotherapy in secret, but are not willing to acknowledge that publicly.”

These arguments must be read within a specific context; in Argentina at the turn of the twentieth century, middle-class and upper-class social sectors connected physicians with integrity, according them the prestige and social recognition awarded to members of the few recognized professions. Physicians were seen as almost saint-like, socially respected and incorruptible beings, concerned with suffering humanity. Belmartino (2005, p.46) argues that this recognition was based on the personal relationship between doctors and patients, “in the inviolable secrecy protecting confidences made within a doctor’s office, in the assimilation of an ideology that, supposedly, prioritized the rights of individuals in order to protect them from any intrusion based on social interest.” Thus the physician was constructed in opposition to the quack, who was delegitimized by his close relationship to money, a devil that tempted both sides, but which doctors were supposedly able to resist, since they were the true apostles of the body and of health (Di Liscia, 2002). However, certain key changes occurred in the 1930s: even doctors themselves used the word “crisis” to describe the situation of their profession. In those years, the profession underwent a series of shifts in terms of its practice and relationship to the society to which it belonged; it was no longer recognized as homogeneous, but characterized by the incorporation of new technical resources in the training process, while different options were arising for incorporation into the market (Belmartino, 2005, p.86). All these changes affected university-trained physicians in multiple aspects of their practice. The previous social mechanisms that had linked the population’s perceived needs for care with professionals’ ability to provide it seemed on the verge of breaking down: “a perception arose of a weakening of the traditional values on which their demand for autonomy was based, along with a rise in the need to redefine their insertion in the public subsystem and their relations with the state” (p.87).

Asuero’s discourse can thus be situated in a transitional period distinguished by a certain professional unease.

Returning to the link between doctors and patients, in Bermann’s view, it was clear that another of the points in favor of Asuero lay in the care given to those who suffered some kind of ailment. Specifically, Bermann felt that the public in general was inclined to favor simpler procedures, that avoided the exaggerated complications of certain diagnostic and therapeutic techniques. Thus, for example, when people heard “that touching or cauterizing the nasal mucous membranes could cure all their ills, they rushed with primitive credulity to any huckster to treat their ailment” (Bermann, 1941, p.58). It is important not to lose sight of the fact that Argentine health care systems were extremely precarious and inadequate until at least the 1930s<sup>8</sup> (Ortiz Bergia, 2015). Until that point, access to hospitals and specialized care was extremely difficult for less affluent sectors of the population and in times of epidemics, those facilities were places where – in general – sick people went to die. It is not surprising, then, that services such as Asuero’s should have generated such popularity and such large turnout.

Another of the aspects built into the doctor/patient dyad Bermann was examining stemmed from the lack of medical solutions for certain diseases. He admitted that “numerous patients have benefited, many of whom had spent months or years trudging from one clinic or doctor’s office after another, to no avail” (Bermann, 1941, p.53). This called into question the idealization of health professionals, and also their ability to turn – in case of uncertainty – to other recognized specialized endorsed by the scientific field. In Bermann’s words, “all too often the triumphs of doctors or charlatans are due to gross errors by doctors who, lacking sufficient good judgement, competence or knowledge, would do well to turn to others’ experience” (p.51). In this particular case, Bermann acknowledged that one of the reasons for Asuero’s success was the behavior of the medical profession. But while there were some physicians who were unable to alleviate or cure ailments, the gravity of Asuero’s case, according to Bermann, lay – as we have seen – in the fact that he was entirely without certainty of a cure, since he did not know the nature of the disease he was treating, and deluded patients into thinking it had disappeared, whilst all along it was continuing to advance. This “medical practice is truly criminal and clearly constitutes a dual form of illegal behavior, that of charlatanism and that of [lack of] professional responsibility” (p.65). As we shall see shortly, Bermann’s critique – which echoed those of many other members of the medical profession – was made public on June 10, 1930, when the director of the National Department of Hygiene turned to the court system to make his case.

### **From the Casa Rosada to the courts**

Some two weeks after Asuero arrived in Argentina and was interviewed by well-known figures in various media outlets, and treated to lunches, dinners, soccer matches and invitations from Spanish associations in different provinces – such as Mendoza and Tucumán – the National Department of Hygiene announced – in a Santa Fe newspaper – that “so far it has not authorized Dr. Fernando Asuero to see patients, and this is the reason why the Spanish physician has not treated a single patient” (El Departamento de Higiene..., 10 mayo 1930). These declarations contrasted with the reports in a Buenos Aires paper on May 13 that Asuero had treated a government official in the city of La Plata the day before. The patient was the commissioner to the president of the Republic, Leopoldo Flores, who suffered from arthritis in his left knee. Present at the time, apparently, were friends of the patient, among whom there was even a city councillor. Asuero then applied his system to another individual who suffered “periodic inflammation in the joints of his right foot and deafness in the left ear” (El Dr. Fernando Asuero..., 13 mayo 1930). Lastly, a Santa Fe paper – under the heading “Get up and walk, said Asuero” – relayed Asuero’s treatment of a doctor (Atilio Larco) who was “suffering from gout and polyarticular rheumatism affecting his hands, knees and ankles” but who, after Asuero applied his method, got to his feet and started walking without any apparent pain (Levántate y anda..., 15 mayo 1930).

After these reports, in early June Fernando Asuero became embroiled in legal proceedings after a lawsuit was filed against him by Dr. Antonio Agudo Ávila,<sup>9</sup> director of the National Department of Hygiene. It may be possible to trace a precedent for this suit in a legal ruling

issued on May 3, authorizing a doctor who graduated from the Royal University of Hungary to practice his profession in Argentina. This particular case involved a professor who had worked in the laboratory at the Instituto de Cirugía de la Capital (Surgical Institute of the Capital), whose contract had run out. Based on his work at the Institute – along with other positions in different sections of the Faculty of Medical Sciences at the Universidad Nacional del Litoral – and taking into consideration the fact that he had been hired on the basis of his diploma, the nation’s solicitor general saw no impediment to granting him permission to continue working in Argentina (Pueden ejercer..., 3 mayo 1930). Lastly, the report alluded to article three of law n.4.416, which covered the Hungarian doctor’s request; this law stated that “persons under contract to the National Executive Branch or to governing bodies at national universities to perform teaching-related functions may freely practice their profession if they possess a diploma from foreign universities” (Pueden ejercer..., 3 mayo 1930). Clearly, this doctor’s situation did not resemble Asuero’s and, presumably, the appearance of this news report may have been a kind of warning to the Spaniard.

The fact is that, as mentioned earlier, on June 11, 1930, the daily paper *La Nación* reported an unusual event. The country’s leading health official sent a letter to Judge Ortega alleging that “as this involves a physician [Fernando Asuero] without an Argentine medical degree or authorization to practice his profession, this department believes that he may be subject to the sanctions established in the Criminal Code (art. 208)” (El Dr. Asuero..., 11 jun. 1930). The article in question reads:

A prison sentence of two weeks to one year shall apply to: (1) anyone who, without a degree or authorization to practice a healing art or overstepping the bounds of his authorization, habitually advertises, prescribes, administers or applies medicines, waters, electricity, hypnosis or any method designed to treat people’s diseases, even free of charge (Bubello, 2010, p.106).

Similarly, article n.274 of Argentina’s criminal code mandated that “any civil servant who does not fulfill the obligations of his position and fails to pursue prosecution and repression of criminals, shall be reprimanded by disqualification from office from six months to two years, unless he proves that his omission arose from an insuperable problem” (Argentina, 1921).

However, even though this suit was filed, Dr. Ávila himself indisputably acknowledged that, after it was filed, he tried – unsuccessfully – to have it withdrawn. In view of the articles of the criminal code seen earlier (alluded to in the note written by Ávila), it is paradoxical that he, as the country’s leading health care authority, should have tried to avoid a lawsuit. According to unofficial sources quoted in *La Nación*, the person who requested the case be halted was the minister for the interior, who suggested the suit be withdrawn. Despite this attempt, driven – most likely – by Asuero’s contacts in the highest spheres of politics, the matter passed to the *ministerio fiscal* (attorney general’s office) and once there, the court case could not be halted (El Dr. Asuero..., 11 jun. 1930).

The judge’s first move was, naturally, to gather evidence: inquiries were made into whether Asuero had obtained a degree from the Faculty of Medical Sciences at the National University in Buenos Aires, or whether his Spanish degree had been ratified; the dean of that institution responded that neither was the case. Other elements, such as actual cases

of people treated by Asuero and various testimonies were added to the suit as antecedents. Eventually, the judge chose to order pre-trial detention (*La acusación...*, 15 jun. 1930). The interesting thing about the case, according to Asuero, is that the very day he was summoned to appear before the magistrate, he was also received by the nation's president. If that were not enough, Asuero had "agreed" to provide a demonstration of his method "after insistent requests" (Asuero, 1930a, p.33; emphasis added), also on June 13.

While newspaper sources and Asuero's own pamphlet indicate that this brush with the law became a sort of breeding ground for many outpourings of support – letters in support and attempts to restore his tarnished honor, which were discouraged by him in order to avoid any violent outcome (*El Dr. Asuero...*, 21 jun. 1930) – we need to take a close look specifically at certain passages in his pamphlet dealing with the accusation against him.

The first argument wielded by Asuero (1930a, p.35) alleging his innocence was based on the supposed insistence of the patients, which led him to "demonstrate to Argentine doctors, with unusual disinterest and nobility" how to apply his system. Thus, he argued, he should not be included in the group of those who broke the law.

In particular, Asuero alluded in his defense to one of the most common respiratory diseases; he argued that by the time he was ready to return to his home country – "before I had, at that point, seen a single patient" (Asuero, 1930a, p.37) – some two thousand people had written to him to ask him to cure their asthma. Next, Asuero conjured a hypothetical situation: if, having spoken of the resounding results of his treatment for this ailment, and having publicized the fact that he could demonstrate it to Argentine medical scientists, he had not done so because the law prevented him, he wondered what would have happened. The answer he hazarded was that the patients would not have let him leave until he had administered his cure, and that they would have "done whatever it took to achieve that" (Asuero, 1930a, p.38). It is clear that Asuero's strategy was to dwell on the patients' needs; in his hypothetical construction, the legal action taken against him forestalled improving the health of part of the population. Thus, he counterposed the image of a wrong-headed magistrate, unsympathetic to others' pain, with one of himself (p.14), "the man who had to give up everything," whose mental and physical exhaustion took second place to the pleas of the afflicted.

Asuero's second argument was based on the Argentine constitution. Briefly, Asuero (1930a, p.38) referred to article 25, paraphrasing it thus: "Any foreigner who comes to this country to teach a healing procedure, shall be exempted from all taxes and become ... a guest of honor." In reality, the article reads that "the federal government shall encourage European immigration; and it shall not restrict, limit nor tax entries those foreigners entering Argentine territory whose goal is to work the land, improve industries, and introduce and teach the sciences and the arts" (Argentina, 1853). Asuero (1930a, p.38), ironically claims to have taken this legislation at face value, having been given to understand as much by "over one hundred and fifty Argentine doctors who witnessed my treatment, which had both a scientific and an economic aspect, since I acted with no self-interest, either with patients or with my colleagues." Once again, Asuero attacks the Argentine legal system, attempting to show that the suit against him was inconsistent since it did not fit the dictates of the constitution itself.

It is reasonable to point out that Asuero's defense attorney – Oscar Silva – also appealed to this type of argument to demonstrate that his client had committed no crime and therefore the case should be dismissed. Firstly, the attorney explained that article 208 of the Criminal Code stated that the charge of illegally practicing medicine only applied to those who regularly practiced on Argentine soil, and it was well-known that Asuero's regular practice was only in San Sebastián, Spain. Then, Silva pointed out that Asuero had not requested authorization to demonstrate his procedure since the law stated that a foreign physician could practice medicine – for a limited time – only in areas where there were no licensed Argentine physicians. The capital of Buenos Aires, where Asuero was staying, was clearly not such an enclave. Lastly, the lawyer drew attention to the fact that the court had not followed established legal procedure according to law n.2.829, article 41: according to the law, Asuero should have been summoned by the president of the National Department of Hygiene for an official warning, and, in the case of re-offense, he should have been issued a fine. Thus, Silva clarified that in every instance when Asuero explained his method Argentine physicians were present, a fact that covered him in accordance with article 208 of the Code (El proceso..., 25 jun. 1930).

After being freed on bail, and even though the appeal of his case was still not over, Asuero decided to return to his home country. In a letter to the Cámara de lo Tribunal (Chamber of the Court), he explained that his departure was not “an act of disrespect to the court” (Hoy partirá..., 29 jun. 1930), but that he was leaving on “humane grounds.” In other words, he was returning to the Iberian Peninsula to treat Spaniards who had pinned their hopes on his method. What was he taking with him from Argentina? According to him, the National Department of Hygiene “had misfired, because the truth is the only thing they ... have achieved is increasing the sympathy and friendship towards me of those who until recently would not even greet me” (Asuero, 1930a, p.42). What was he leaving behind in Argentina? No more and no less than an institution that would bear his name and be run by his disciples, “specially trained by Dr. Asuero” (Asuero, 1930a).

### **Final considerations**

An admiring interviewer of Asuero earnestly questioned how to define him: “A man of science, a modern miracle-worker, a leading light in medicine? ... A miracle-peddling swindler, a magician of the will, a supernatural genius...?” (Barbáchano, 1940, p.9). Clearly, he did not fit the stereotype of the liberal physician but neither was he a quack. While it is beyond the scope of this article to carry out a taxonomic study, the question of what category he belongs in does invite reflection on the process of medicalization. In fact, I would argue that the appearance of figures like Asuero – a hybrid who crossed the borders and margins of allopathic medicine – imparts a particular quality to that dynamic, showing its underside and inconclusive nature. Asuero's behavior shows the existence of a plural world full of care practices that differed from those offered by institutionalized medicine in Argentina (Armus, 2016, p.47) and, as a result, the ambitions of the local medical elite to retain their cognitive monopoly were somewhat far from being realized.

This analysis sought to shed light on Fernando Asuero's activities while in Argentina in 1930, given that the field of healing arts was a space rife with competition and numerous concurrent and opposing traditions. As we saw, the arrival of an ear, nose and throat specialist, the herald of "asuerotherapy," and the construction of his media personality unleashed great upheaval; he landed in the port of Buenos Aires and proceeded to make contact with the mass media, granting interviews and visiting the most well-known papers' editorial offices. Thus, the press served as a crucial tool for the "trigeminator," within a mass society where the potential readership for journals, books, newspapers and other channels of information was gradually expanding. Asuero then contacted top politicians, always arguing that he was widely known in his own country. As I have pointed out, there was a concerted attempt – both by Asuero himself and by his followers – to construct a sense that he belonged to the highest echelons of society. This tendency was marked, in the visitor's case, by his nationality. I suggested that some of his messages had a component relating to the historical connection between the Old World and the south of Latin America.

As to Asuero's motives for the trip, we saw his desire to visit Argentina and to publicize his method there. This last interest led to angry responses; some representatives of the local physicians stressed the lack of originality of his practice, and criticized Asuero's argument that he possessed some special psychic quality that he transmitted to patients during treatment, as well as his self-presentation as a master able to heal and impart wisdom to his disciples. Similarly, he was accused of profiteering from health and ignoring the etiological factor in disease, the central axis of positivist medicine. However, one of the fundamental positions of some in the scientific field was that Asuero's success factor was due to the actions of local physicians, who tended to use invasive, long-term treatments that frequently failed to cure ailments. Accordingly, we took a look at historical accounts of the profession that, according to specialized bibliography, showed signs of crisis in the 1930s, which was presumably the reason why Asuero arrived at a transitional moment.

Against a background of protests and accusations, the Argentine health authorities became involved in the conflict. From that point on, we looked at the discussions about Asuero's behavior – since he had not had his degree ratified in Argentina – in court. As we saw, assailed by the Argentine legal system, Asuero returned home, but not before obtaining widespread recognition and legitimacy.

## NOTES

<sup>1</sup> In this and other citations of texts from non-English languages, a free translation has been provided.

<sup>2</sup> For more information, see Reggiani (2012); Huertas (2012).

<sup>3</sup> The links between this country and Argentina are clear starting with the problem of Chagas disease. For more information, see Kropf, Azevedo, Ferreira (2005).

<sup>4</sup> GiménezRoldán (2015, p.49) refers, in particular, to some of the most prestigious physicians in Spain, such as Cajal, Lafora and Marañón.

<sup>5</sup> This was the work titled *L'action directe sur les centres nerveux: centrothérapie*.

<sup>6</sup> For more information, see Miceli, Rojas Breu (2008).

<sup>7</sup> This chapter of the book corresponds to a lecture he gave in 1930 for the beginning of the Forensic Medicine course in the Universidad Nacional de Córdoba.

<sup>8</sup> For the case of Buenos Aires, see Garnino, Persello (1988).

<sup>9</sup> A well-known psychiatrist, a supporter of Yrigoyen's Radical party and family physician to the president; in 1920 the Executive Branch charged him with forming and organizing the Universidad del Litoral. He carried out the same mission in 1922, designing the Medical Sciences Faculty in Rosario.

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