

## Necrophilia, Psychiatry, and Sexology: The Making of Sexual Science in Mid-Twentieth Century Peru

### Abstract

*In this article, I draw on two sets of sources to explore how Peruvian doctors tried to make sense of what had driven a man to engage in necrophilia in late 1942. On the one hand, I examine the case history and other related documentation that I located in Lima's psychiatric hospital. On the other, I study a detailed article written on the case by Dr Lucio D. Castro and published in 1943. Together, these sources provide rich evidence on how Peruvian doctors addressed what they framed as an abnormality of the sexual instinct and, in turn, as a mental disorder. But the case also provides a fascinating vista on a major taboo—sex with the dead—and more generally on the history of “perversion” and therefore on the history of sexuality in Peru. I pay particular attention to how doctors mobilized an eclectic “theoretical artillery” of biomedical knowledge in trying to explain the man's psychopathology. I argue that through their “unruly appropriation” of sexological knowledge, doctors like Castro sought to make meaningful contributions to a global sexual science while proposing means to channel sexuality away from deviant forms in a manner consonant with broader projects of sexual regulation that Peru and other countries promoted at the time.*

On the night of November 4, 1942, under the cover of darkness, a man entered one of Lima's cemeteries by scaling its outer wall. He proceeded to extract four coffins from four separate wall tombs. He opened the first coffin, where he found the decomposing body of an elderly Black woman, but he did not disturb the corpse. He then opened a second coffin, where he found a male body. Again, he left the body undisturbed. He then broke into a third coffin, which contained the corpse of an elderly woman. He removed the clothes of the deceased, including the undergarments, but did not touch the corpse. The man then opened a fourth coffin where he found the corpse of a young woman. According to the police report, the dead woman's clothes had been lifted in a way that exposed the woman's genitals. Semen was found on the woman's genitals. The man, who admitted to being responsible for these acts and claimed that he had entered the cemetery to defecate, explained to the police that he masturbated over the

woman's corpse, but insisted that he had not performed a sexual act, by which he apparently meant that he had not penetrated the body.

Detained in Lima's "Carcel central de varones" (the central men's jail), the man was moved to the Víctor Larco Herrera psychiatric hospital in the district of Magdalena on May 14, 1943. He was no stranger to the hospital. In 1937, he had spent a little over a month there after being transferred from another hospital, the Dos de Mayo, where he had been admitted for rheumatism. At the Larco Herrera Hospital he was diagnosed with "chronic alcoholism of a paranoid nature" and treated with "clinoterapia" (bed rest) and doses of strychnine. Readmitted in 1943, following the incident at the cemetery, he spent the next three and half years alternating between the jail and the hospital. During this time, a case was brought against him at Lima's high court (Corte Superior de Lima), which meant that his status at the hospital was that of "enjuiciado" or indicted person. In May 1947, he was acquitted. However, shortly after the verdict, he was sent back to the hospital on the grounds that he had been seen loitering near the cemetery with necrophilic intent. On January 3, 1948, he escaped from the hospital and from the historical record.

In this article, I draw on two sets of sources to explore how Peruvian doctors tried to make sense of what had driven the man to engage in necrophilia, what this exceptional case can tell us about sexology as a field of medical study and about psychiatry and psychiatric practice in Peru at mid-century, and more generally, what it can tell us about the construction of sexual deviance.<sup>1</sup> On the one hand, I examine the case history and other related documentation that I located in the Larco Herrera Hospital, where the man became the object of the hospital doctors' psychiatric practice.<sup>2</sup> On the other, I study an article written by lieutenant Dr Lucio D. Castro on the case and published in the *Revista de Sanidad de Policía* in 1943, in which the man serves as a case study for Castro's exploration of necrophilia as a mental illness and sexual pathology.<sup>3</sup> Together, these sources provide rich evidence on how the psychiatrists who treated the man at the hospital and medical doctors like Castro—who, though not a psychiatrist or employed at the Larco Herrera Hospital, had a clear interest in sexual "deviance" and mental illness—tried to make sense of what they and others interpreted as an abnormality of the sexual instinct and, more generally, as a mental disorder. But the case also provides a fascinating vista on a major taboo—sex with the dead—and more generally on the history of perversion and therefore on the history of sexuality in Peru.<sup>4</sup>

More generally, this article seeks to contribute to the global history of sexual science. Castro's study, I argue, should be seen as a key case in a broader set of "unruly appropriations" of sexual science; an example of "how actors in Asia, Africa and Latin America constantly generated new interpretations of sexual science as they drew upon them in novel contexts."<sup>5</sup> Castro, like the psychiatrists at the Larco Herrera Hospital who diagnosed and treated the patient, drew on various types of medical knowledge to make sense of this unusual case. They participated in the construction of sexology as a field of knowledge and practice premised on the idea that sexual perversions were "involuntary symptoms of a deeper personality structure, now intelligible through psychiatry" but did not discard other, anatomical or somatic, sources of sexual abnormality. Like sexologists elsewhere in the world, they too sought to establish the boundaries between normal and abnormal sexuality, understanding "deviations from a narrow range

of acceptable heterosexual behaviors [as evidence of] the defective psychology of those who practiced them.”<sup>6</sup> In the process, they attempted “to legitimize medicine’s authority, and [their] own as medical practitioner[s], to judge cases of sexual ambiguity.”<sup>7</sup>

This development of sexological knowledge occurred in a context in which, as Raúl Necochea suggests, “sexual and reproductive behaviors were emerging as a crucial area of intervention” in Peru.<sup>8</sup> In the early twentieth century, doctors and public health officials increasingly turned their attention to sexuality as a field of policy, attempting to regulate both male and female sexuality, in particular by ensuring that prostitution, considered a necessary evil, was made safe for men and, by extension, the nation. By the 1930s, medical experts, informed by eugenics, increasingly viewed sex education and targeted work by social workers as essential to ensuring the proper channeling of sexuality toward procreative ends and to preventing the development of deviant sexual behaviors, in particular homosexuality and masturbation. In short, what I have elsewhere called “the sexual question,” or “the sexual issues that stood in the way of the flourishing of the population and the solutions that were devised to address those problems,” also informed developments in the fields of psychiatry and mental health.<sup>9</sup>

### N.N. at the Larco Herrera Hospital

In mid-twentieth century Peru, as in most places, the criminal code did not contemplate necrophilia. The police charged the man whom Castro referred to in his article as “N.N.” with disturbing the peace.<sup>10</sup> He was held at Lima’s central men’s jail for several months. On April 26, 1943, he was transferred from the jail and admitted to the Larco Herrera Hospital. During his confinement at the hospital, at least until May 1947, N.N. was undergoing judicial proceedings and was periodically moved from the hospital to the jail, where he remained for considerable periods of time. I have not located the judicial documentation, so do not know what if any further charges were brought against him.<sup>11</sup> At the time, sensationalist newspapers regularly reported on sex crimes or perceived sexual perversions, but, unfortunately, no reference is made to this case in the press I have consulted. Though acquitted in mid-1947, N.N. was again confined in the hospital following a request by the Sociedad de Beneficencia Pública de Lima, the institution that oversaw Lima’s hospitals and cemetery, on the grounds that “this patient was seen prowling around the cemetery insistently, which makes him dangerous given his necrophilic tendency.”<sup>12</sup>

Initially called Asilo Colonia de Magdalena del Mar, the hospital was established in 1918 thanks to a donation of over a million soles from the sugar baron Víctor Larco Herrera.<sup>13</sup> The Asilo Colonia was renamed after its main benefactor in 1930. The Larco Herrera Hospital replaced the old Manicomio del Cercado, or Hospital de la Misericordia, which had been in operation since the mid-nineteenth century. After its inauguration, 600 patients were transferred from the old institution. Originally run by the Beneficencia Pública, the Larco Herrera Hospital brought together Peru’s leading psychiatrists, including Hermilio Valdizán, the “foundational figure,” who became its first director in 1920, Baltazar Caravedo, who took over as director after Valdizán’s death in 1930, and Honorio Delgado. These psychiatrists had begun in the 1910s to attempt to reform the treatment of the mentally ill in Peru. At the Larco Herrera,

they implemented several changes in relation to psychiatric practice. As is well known, Delgado introduced psychoanalytic therapy to the hospital in the 1920s and the use of art therapy, among other “methods and ideas that today renew mental medicine.”<sup>14</sup>

The Larco Herrera Hospital became the leading institution of psychiatric treatment, research, and experimentation in Peru. Valdizán, Delgado, and others published studies in several Peruvian and foreign medical journals, including in the *Revista de psiquiatría y disciplinas conexas*, which first Valdizán and then Delgado edited. Valdizán’s observations of patients at the Larco Herrera led to his publications on mental illness among indigenous people in Peru.<sup>15</sup> Similarly, Delgado’s interest in Freud and psychoanalysis led to publications on the interpretation of dreams, which drew on his observation and treatment of patients at the hospital.<sup>16</sup> His discussion of the heredity of mental disorders is also likely to have drawn on the study of family groups that he could trace through patients at the hospital.<sup>17</sup> Observations of Larco Herrera patients also led to studies on sexuality and perceived sexual disorders. In 1926, Valdizán and Delgado published a study of sexual desire among the elderly, based on their observations of patients at the hospital.<sup>18</sup> In 1938, Delgado published a long article titled “General psychology and psychopathology of instinctive tendencies” in the *Revista de Neuro-psiquiatría*, in which he devoted several pages to what he termed “abnormalities of the sexual instinct.” In addition to discussing the relevant scholarship, he drew on cases of patients with a range of sexual disorders, from homosexuality to masochism to paedophilia (though not necrophilia).<sup>19</sup>

Though N.N.’s sexual pathology was certainly unusual, he was clearly not the only patient deemed to suffer from an “abnormality of the sexual instinct.” The documentation held at the hospital relating to N.N. consists of three entries in the Admission Registries, which correspond to the years 1937, 1943, and 1947, and one case file. These documents illustrate the routinized way in which doctors conducted medical examinations. First, they collated personal information on patients, including name, age, profession, race, religion, and level of education, as well as nationality. Patients were photographed in three ways: a full body shot, a close-up of the face, and a close-up of the profile. In the case of N.N., the photographs that correspond to his admissions in 1937 and 1947 show him covered by a towel in the first case and wearing a dressing gown in the second, suggesting that the photographs were taken at the same time as the physical examinations. Laboratory tests were conducted on blood, spinal fluid, urine, and excrement. The patients were measured and weighed, their temperatures taken, and their eyesight tested. In addition, doctors registered character traits, such as “attitude,” “tone,” “language,” “tone of voice,” but also the state of the clothes that patients were wearing and whether they looked well fed or not. Finally, a doctor wrote up a general report on the patient and delivered a diagnosis.

The hospital documentation on the case of N.N. reveals the extent to which eclecticism characterized psychiatric practice in Peru, an eclecticism also evident in Castro’s study, as discussed below. By the 1920s, Sander Gilman suggests, somatic psychiatry was in crisis because of “the inability of the ‘brain mythologists’ of the 1890s to localize the anatomical lesions purported to lead to most forms of mental illness.”<sup>20</sup> However, most psychiatrists did not simply

abandon somatic approaches but rather combined them with new approaches. As Mariano Plotkin has suggested of the Argentine case:

Psychiatrists gradually turned from a purely somatic approach to mental illness to a more global vision of mental patients, a vision that encompassed the psychic dimension, the mind as well as the brain. Psychiatrists did not abandon previous notions, however, but combined degeneracy theory with Ernst Kretschmer's constitutional psychiatry, Nicola Pende's biotypology, Adolf Meyer's psychobiology, and other theories.<sup>21</sup>

In the process, Plotkin argues, psychoanalysis, or at least psychoanalytic concepts, were internalized and incorporated into an eclectic "theoretical artillery," which included the various approaches listed above, and more.

The hospital documentation related to N.N.'s first confinement in 1937, when he was diagnosed with chronic alcoholism, reveals that ideas about heredity and mental illness informed the doctor's approach. The doctors paid particular attention to his family history, describing his father as "excessively restless" and his mother as "violent and nervous."<sup>22</sup> A drawing of N.N.'s family tree also includes information about four siblings: three brothers described respectively as "prone to anger (colérico)," "prone to anger, restless, heavy drinker," "healthy, heavy drinker" and a sister described as "healthy, very prone to anger." Another document, meanwhile, bears witness to the influence of biotypology or the constitutional approach to psychiatry. This printed proforma, titled "Constitutional schema," was based on Ernest Kretschmer's "model" and adapted by Baltazar Caravedo.<sup>23</sup> The form gave doctors a series of options for each corporal feature—including face, body, glands—which they could simply underline to indicate that they applied to the patient. They could also add measurements for height, weight, length of the arm, and so forth. When applied to N.N. the results indicated that his body type was "leptosome." Another document, titled "Psychological exploration card," said to be based on the "WEYGANDT MODEL ADAPTED BY CARAVEDO" which consisted of a series of questions that the doctors asked patients to establish their mental state. These ranged from "What is your name?" and "How old are you?" to questions that sought to establish if the patient heard voices, if they had nightmares, what their dreams consisted of, whether they felt electrical discharges, and so forth.

In 1943, the attending psychiatrist, Dr Carlos Nagaro, diagnosed N.N. as having a psychotic personality, characterized by a pathological sexuality and necrophilia. In his report, included in the case file and reproduced almost verbatim in the admission registry, Dr Nagaro conveyed an assessment of N.N.'s condition that paid attention to his observable behavior during the examination, his statements regarding his mental state, and statements regarding his sexual life.<sup>24</sup> His description of N.N. served to paint a person in an evident state of abnormality and potential dangerousness: he was "of choleric physiognomy, unstable attitude, suspicious, unkempt. He speaks quickly, in a high-pitched voice and with an aggressive tone."<sup>25</sup> This enumeration of clearly pathological states served to heighten the sense that there was something wrong with N.N. His affective state, moreover, was said to be marked by "irritability and anger." This impression was strengthened through reference to N.N.'s perception. Nagaro stated that N.N. experienced "auditory hallucinations"—hearing voices that

said “dry shit”—as well as visual and olfactory hallucinations: he claimed that he could smell fresh cadavers and vaginas. Nagaro went on to list several perturbed ideas of N.N. He believed he could influence magnetic forces and that he was wealthy and had inherited property from his father. Some ideas were of an erotic nature: he believed women placed their menstruation cloths under his pillow to constrain his sexual vitality. Interestingly, Dr Nagaro noted that N.N. had “awareness of his mental illness” and that “he maintains the ability to reason” but added that “this occurs within his delusional state.”

Dr Nagaro went on to enumerate what he must have considered N.N.’s sexual perversions, though he refers merely to his “sexual life”:

... he says that he engaged in heterosexual coitus for the first time aged ten. He has had an intense sexual activity: he has practiced homosexual coitus, onanism recently, he adds that he has masturbated several times in the “cemetery.” Also, in his sexual experiences, he has engaged in anal and oral sex repeatedly.

Again, while doctors like Nagaro considered each of these sexual acts to be pathological, their enumeration served to confirm the indisputable pathological state of the patient. Dr Nagaro’s diagnosis, “pathological personality and sexuality” included at the end of his statement on the admission register and “Psychopathic personality -Necrophilia” added to a form included in the case file, was unequivocal: N.N. had a mental disorder of a sexual nature classified as necrophilia. It is interesting to note here that whereas Nagaro listed a series of sexual practices or “perversions,” including homosexuality, he did not aim to explain N.N.’s sexual behavior in relation to notions of sexual identity or preference—such understandings of sexuality were still in the making. As far as Nagaro was concerned, all these behaviors were evidence of mental pathology.<sup>26</sup>

What the documents do not tell us is whether Dr Nagaro and his colleagues believed that this was a treatable condition. N.N. was prescribed bed rest and injections of glucose. The injections were administered for five days while N.N. also was given urotropin (hexamethylenamine) and a tonic potion. It is unclear from the documents whether the doctors considered that this was a specific therapy for necrophilia or even for N.N.’s psychopathic personality or simply a way of managing his mental state while he was in the hospital. More aggressive therapies such as insulin shocks or electroshock therapy, sometimes used to treat sexual disorders, were not employed. In the first few days of treatment, the annotations of the doctors appeared to confirm the diagnosis: “he speaks to himself, with exaggerated facial gestures, in an energetic and incoherent manner.” He remained delirious: “He says: ‘I have visited all of Europe, Chile, Argentina, in the battlefields of France, I am a German soldier, a soldier correspondent, and a close friend of Mrs Kai Sek [sic].’” In another entry, N.N. appears as saying: “500 o 600 *cocos* [slang for money] for an artist like me, I have worked in the world’s [best] theatres, I know all the world, I know many languages.” In yet another: “in the First World War, I won many prizes, I am better than Hitler . . .” And yet another: “Give me my clothes quickly, I am Hitler, I want to go to War, how are my armies, I am not leaving I am of the whole world.”

There is nothing to suggest that the doctors saw in these statements anything other than evidence of N.N.’s unreason. However, the annotations

provide some insight into the broader political and cultural context that was reflected in that unreason and that perhaps even shaped it. At the very least such statements are elements that allow us to situate and contextualize N.N.'s "madness," giving support to the idea, put forward by some historians of psychiatry, that "social and political events [do indeed produce] a special kind of folly."<sup>27</sup> By May 14, N.N. had been moved to another ward and the following month to yet another. In both locations, the doctors' annotations were largely positive, pointing to his good mental and physical state, his general willingness to interact with doctors and patients and to help with cleaning, while helping to feed the patients who are unable to do so themselves, and so forth. He buys newspapers, reads, and draws. On occasion, he appears a little detached and irascible and this leads to a change in medication (he is given a sedative on one occasion). In May 1944, one entry suggests that he is back to his old ways: "he appears restless, he moves from place to place constantly, he [expresses] ideas of grandeur and arrogance, he says 'I am Bolívar', with an imperious voice, he enjoys heated discussions." But overall, the annotations are positive, such as in December 1946, a month before he was moved to the jail to await his trial: "Calm, lucid, well oriented, sociable, funny, and a talker."

N.N.'s voice appears infrequently in the documentation.<sup>28</sup> When it does, as we have seen, it is largely the voice of unreason that the doctors recorded. However, on occasion, the documents let through a more lucid voice, not completely suppressed. During his treatment in the first week of confinement, N.N. complained about the pain produced by the glucose injections: "damn it, this injection in my backside has hurt me, really badly, it has pounded my body," though he adds "but if this will cure me then it's fine." N.N. also offered his own, quite different explanation for his confinement. N.N. blamed his confinement on a false accusation. As he explained to his doctor on April 26, 1943: "because of the guards' whims, I am here for no reason, I am accused of profanation in the cemetery, in the body of fifteen-year-old girl." His goal was to secure his freedom and the payment of monies owed to him by the Beneficencia Pública: "I have a court case against the Beneficencia, in accordance with law 8435, regarding my rights to a pension." As a handwritten note addressed to Dr Max Arnillas Arana and dated July 7, 1944, contained in the case file indicates, N.N. requested a pass to "meet with a lawyer and to receive payment of wages that the Beneficencia owes me."

Though the Corte Superior acquitted him on May 17, 1947, he was readmitted to the hospital, as we have seen, at the request of the Beneficencia Pública, on the grounds that he was loitering near the cemetery with necrophilic intent. Again, the examination, this time conducted by Dr Humberto Rotondo, served to establish his condition, diagnosed as "disturbance (trastornos) of the mind, of the personality, with a pathological sexuality: necrophilia."<sup>29</sup> According to the case file, N.N.

Shows a great interest in corpses and talks of nothing else when engaged in conversation. He believes that the dead work in American films. He can hear messages from the dead, little birds and owls bring him voices from the grave. In his thought are present alterations of a magical type: "he gives life with his penis to those who are about to lose their life," he has a special force in his penis that allows him to 'cover' mares and the dead.<sup>30</sup>

Again, however, the treatment consisted of bed rest and glucose injections. N.N.'s pathology may have been rare and exotic but the therapies that doctors used in this case were mundane.

N.N. spent seven months confined in the hospital before his escape in January 1948. As before, the regular reports point to a good mental and physical state.<sup>31</sup> Except for the first couple of days of confinement, when he was said to be "angry with the authorities because of his unjust internment, proffering obscenities and energetic in his statements," he is described regularly in the daily and later monthly annotations as "calm," "coherent," "stable," "respectful with personnel," though he occasionally had "periods of agitation." As before, he was moved from one ward to another. Again, he took up reading, walked in the grounds, and contributed to the "domestic chores of the ward." Again, his voice is largely absent from the medical record, except for one apparently verbatim quote that is given as his interpretation of the reasons for his confinement: "Because I claimed compensation for work done and a civil reparation, I was acquitted in the law court and this was published on May 9 and [I was granted] freedom and monetary compensation."

The Larco Herrera Hospital had been established by men intent on modernizing psychiatry and developing new methods of treatment, but there was little that the doctors could do with a necrophiliac. The psychiatrists employed a degree of innovation and eclecticism, combining various biomedical perspectives in diagnosing N.N.'s pathology. But treatment consisted essentially of bed rest, as we have seen. For this necrophiliac, as, doubtless, for many others at the hospital, the Larco Herrera Hospital was ultimately a place of confinement, a place where the "abnormal" could exist away from the "normal." As revealed by the few instances where N.N.'s "voice" appears in the sources, this was in fact how he understood his condition. In this sense, this doubtless exceptional case illustrates how in Peru, as elsewhere, a gap existed "between doctors' stated desire to confine and treat all 'deviants' and their ability to meet that objective."<sup>32</sup> Perhaps these budding sexologists were indeed motivated by "deliberate praxis that produced a knowledge successful in disciplining sexual deviance" in order to "produce modern citizen-subjects and reform those who deviated from that ideal."<sup>33</sup> Yet, their capacity to do so was limited and, as N.N.'s escape from the hospital suggests, occasionally actively resisted.

### The Sexual Life of "N.N."

We do not know why Dr Lucio Castro, who, at the time of N.N.'s arrest, was working in one of Lima's maternity hospitals, decided to write an article based on this extraordinary case. Perhaps he hoped that doing so would bring him to the attention of his peers in the medical field in Peru and elsewhere.<sup>34</sup> It is possible that he was asked initially to examine the bodies of the diseased given his specialization in obstetrics and gynecology and that subsequently he decided to examine the man. Given his lieutenant's rank, and the fact that his article was published in the *Revista de Sanidad de Policía*, it is likely that he served as a doctor in the Peruvian police, at least for a while, and this may explain why he was asked to review the case. In his article, Castro described cases of necrophilia, correctly, as being "extremely rare in the scientific literature seeing as it constitutes one of the deepest alterations of human behavior." He noted that most



studies in legal medicine and psychopathology merely defined the “ghoulish fascination” (*morbo*) and that there were no studies in Peru because such cases were rare and difficult to prove.<sup>35</sup> Perhaps he was drawn to writing the article for that simple reason: it was an unusual case. In this regard, Castro may well have been engaging in a sort of medical voyeurism.<sup>36</sup>

Drawing on both the detailed report prepared by the police and his own observation of the man, which must have taken place in the jail before he was moved to the Larco Herrera Hospital, Castro wrote an extended study of “the madman (el loco) N.N.” This madman, Castro determined, was a former “sepulturero,” or graveyard worker. He had been fired from his job in 1939 “because he was prone to drinking and for exhibitionism with his genitalia in the presence of cemetery personnel.”<sup>37</sup> After establishing the “antecedents” of the case based on the police report, Castro proceeded to build a detailed semblance of “N.N.,” a 44-year-old “of mestizo race and a mason by trade (former graveyard worker),” over three sections in the article, titled, respectively, “On the subject,” “Anamnesis,” and “Personal history.” He then turned to examine N.N.’s “Sexual life” and finally reported on the “Clinical and psychiatric examination” that he conducted. In trying to establish the sources of N.N.’s abnormal sexual instinct, Castro approached his subject in an eclectic manner, combining several biomedical perspectives, much like the Larco Herrera Hospital psychiatrists, though there is nothing to suggest in his article that he discussed the case with the hospital doctors or that his findings influenced their diagnoses.

Castro began his study by making explicit reference to the biotypology developed by Italian physician Nicola Pende. N.N., he wrote, was: “of a normotypical constitution according to N. Pende’s classification. He is 1.68 [meters] tall and weighs 62 kilos.”<sup>38</sup> Like a phrenologist, Castro examined the shape of N.N.’s head carefully, noting “the small skull which is topped with abundant wiry and disheveled hair, that points in only one direction, with a downwards vertex, giving the impression of the top of hay huts of our [Andean] highlands, thus leaving little space for the ‘two fingers’ of forehead.”<sup>39</sup> Although Castro made no explicit link between the physiognomy of N.N.’s head and his character, he clearly connected the two by establishing the patient’s biotypology through reference to a small forehead and by employing a racialized invocation of the Andes, understood invariably as an indigenous space. But this link was also expressed through the counterpoint between semblance and physiognomy: “His gaze is restless and suspicious; the straight nose is big, with a horizontal base and it protrudes.” Overall, however, Castro conceded that N.N. was a healthy individual and that “with the exception of his microcephaly, he has a normal somatic conformation, with scarce adipose panicle.” As to his character, Castro concluded: “he is restless, impressionable, jovial, talkative, keen on singing and dancing; he is distrustful and a big spender. When he is engaged in conversation, he becomes restless [ . . .].”<sup>40</sup>

Having established N.N.’s biotypological characteristics, Castro sought to determine whether any hereditary characteristics explained his perversion, using an approach reminiscent of that of mid-nineteenth-century psychiatrists such as Paul Moreau.<sup>41</sup> Castro focused particularly on what he clearly considered abnormal behavior or at the very least behavior that could explain a deviant sexual instinct. In this regard, it is interesting that Castro took into consideration both somatic and behavioral aspects. He established that both N.N.’s parents were

dead; his father and mother had died twenty and ten years ago, respectively. Castro homed in on the fact that N.N.'s mother had suffered a cranial injury at the age of six, which restricted her eyesight. The father, meanwhile, was "energetic and a seducer [cierto donjuanismo]" and "droll and prone to drink." The two had married when the mother was thirteen. They had 15 children, 12 boys and three girls. Only four survived, including N.N., the first-born; N.N. was born when his mother was fourteen years old.

As regards the grandparents, Castro focused particularly on the maternal grandmother, described as "good looking and cheerful," who had married an Italian immigrant. After the Italian died, the maternal grandmother soon married an army coronel. The coronel died some five years later, at which point the maternal grandmother married yet another military man, a friend of the coronel. On the paternal side, Castro found little to remark upon, apart from the existence of an uncle described as "very droll, a womanizer and a big spender" who died of a venereal disease ("lues").<sup>42</sup> As we will see, Castro would assign this uncle an important role in explaining the origins of N.N.'s sexual deviance by underlining the bad example he represented, but, as this suggests, the uncle was also considered in terms of a broader hereditary explanation.

Castro then turned to examine N.N.'s personal and sexual history. He focused on N.N.'s birth, which had been subject to complications: "the delivery was very long and difficult and it proved necessary to apply forceps." Castro saw this as having contributed directly to N.N.'s abnormality, as I discuss below. At the same time, Castro paid particular attention to N.N.'s sexual experiences in childhood. He focused first on what he considered a key formative period, when, at the age of seven, N.N. attended a mixed school: "this period of his curriculum vitae is extraordinarily interesting both from a pathoplastic point of view as because it concerns the moment in life when the personality is shaped and outlined." At school, Castro contended, N.N. had become aware of the "sexual attitudes of older children of both sexes." His curiosity was awakened by other children at school but also because he slept in his parents' room, where he had observed similar sexual practices as those discussed at school. Castro believed that such experiences sparked N.N.'s "instinctive tendencies," which he explained with reference to a key, perhaps the key, Freudian concept: "the libido impelled in this manner, the penis [first] becomes erect at the age of eight years and he practices masturbation [which he] learns to do from his older schoolfellows."<sup>43</sup>

Like many of his contemporaries, Castro viewed masturbation as an abnormal sexual practice, indeed as an illness.<sup>44</sup> Moreover, masturbation led, in the narrative that Castro established, almost inexorably to a series of sexual experiences that were similarly abnormal. At the age of ten, N.N. attempted coitus "without introducing the penis or [achieving] orgasm" with a girl his age. The same year he tried coitus again with an older girl following what Castro describes as "mental masturbations with the objectification of pornographic postcards that he found among the possessions of an uncle." Again, neither penetration nor orgasm was achieved, Castro noted. N.N. finally achieved orgasm at the age of twelve with his first girlfriend, "his first love." According to Castro, at around this time N.N. began to feel "manly [hombrecito]," learned to smoke and drink alcohol, and to chew coca. At age 13, he performed zoophilia with a chicken and ran away from home for the first time. At 14, he visited a brothel on

Suspiros Street for the first time, where he was taken by his uncle (the same uncle, described as “a womanizer, hard drinking and full of other vices,” whose pornographic images he had used and who would later die of syphilis, Castro explains).<sup>45</sup> This brothel experience was equally formative of N.N.’s sexual deviance: N.N. had sex but did not achieve orgasm. For Castro, this experience produced in N.N. “a degree of hypotonia in his inclination towards the opposite sex.” At 15, N.N. began to sleepwalk and started to experience erotic dreams “with ejaculation [polución] and orgasm brought about by the representations of sexual images that he had seen before.”<sup>46</sup>

N.N.’s deviant sexual life took a new turn in 1917, at the age of 19, when he had his first homosexual experience. The following year, Castro noted, N.N. “experiences for the first time an orgasm with the intervention of a partner.” According to Castro, N.N. had several “male lovers whose caresses and fondling he enjoyed.” However, Castro surmised that N.N. did not continue to engage in same-sex relationships after this short period of time because “despite his impulses in this perverse sphere [of sexual activity] he was rejected.” When he was 21, N.N. joined the army, serving in the cavalry, where he practiced bestiality “out of curiosity.” The following year he contracted his first venereal disease, gonorrhoea, and was hospitalized. He married around this time and had four children (and another child with a cousin) but his wife left him after ten years. According to Castro, the marriage was doomed by N.N.’s character: “during the years he lived with his wife disagreements were common in N.N.’s home because of his neglect and complete self-surrender. His bad character and his vices led his wife to turn her attentions to another man and in 1930 she left the home.” N.N.’s abnormal sexual practices were also a feature of his married life: “he has practiced anal sex [coito contranatural] and oral sex with his wife.” A second case of gonorrhoea in 1936 led to his hospitalization and, eventually, to his transfer to the Larco Herrera Hospital, after being diagnosed “with symptoms of mental disorder.”<sup>47</sup>

### Accounting for N.N.’s Condition

As noted above, Castro drew on several biomedical approaches in making sense of N.N. He clearly viewed hereditary science and the associated degeneration theory as an important part of the puzzle he was putting together. “It is interesting to note,” he wrote, “the polygamy of the maternal grandmother as well as the genital temperament of the mother (hypergenitalism of the gonads) as seen in the precocious appearances of both primary and secondary sexual characteristics. Only this can explain fecundity and pregnancy at such an early age.”<sup>48</sup> Castro established a link between the fact that the maternal grandmother had married several times and N.N.’s necrophilia: they both reflected an abnormal sexual instinct and pointed to the possibility of hereditary transmission of this abnormality from grandmother to grandson. Moreover, having established the presence of “hypergenitalism” in N.N.’s mother, Castro set out to establish its existence in N.N. In a detailed “clinical and psychiatric examination,” Castro examined N.N.’s primary and secondary sexual characteristics for signs of “hypergenitalism.” He established that N.N. had a “disproportionately long” penis which was consistent with the physical characteristics of “inveterate onanists.” He found little evidence of hypergenitalism in the secondary sexual

characteristics: N.N.'s modest pubic hair was probably a consequence of the fact that he was a mestizo, Castro argued. Still, he insisted, N.N.'s large penis and the early development of his intense sex drive were proof that he had inherited his mother's "hypergenitalism."<sup>49</sup>

At the same time, Castro stressed somatic interpretations of psychiatric disorder, which posited anatomical origins for mental disease, establishing a direct link between brain lesions, caused by the long labor and the use of forceps during the birth of N.N., and his abnormal behavior. N.N. had been subjected to what Castro termed "fetal suffering" because of the long labor. In most cases of fetal suffering, Castro noted, the children were stillborn. The condition affected what Castro termed "the superior vegetative centers: the rhombo-encephalic and hypothalamic [centers] of the median diencephalon." These areas of the brain, he indicated, were home to "the centers of instinctive life." Similarly, the trauma that had been inflicted by the application of forceps during the final stages of labor, Castro argued, "usually produces a noticeable percentage of oligophrenias of various kinds as in this case where we are dealing with an idiot [débil mental]."<sup>50</sup> In short, both the long labor and the use of forceps had produced lesions in areas of the brain that were directly linked to the manifestation of deviant life drives and oligophrenia, forms of behavior consistent with mental disease. There was, Castro therefore suggested, a somatic dimension to N.N.'s necrophiliac behavior.

In establishing the presence of hypergenitalism in N.N., Castro's diagnosis revealed the influence of neo-Lamarckian eugenics and ideas about the inheritance of acquired characteristics. Similarly, in establishing the likelihood of brain lesions, Castro pointed to the influence of somatic psychiatry in his understanding of mental disorder. In exploring N.N.'s sexual life, meanwhile, Castro revealed the interlinking influence of sexological approaches, of Adolf Meyer's psychobiology, and of Freudian ideas on his psychiatric practice. Castro established, and drew, a "curriculum vivendi," or life chart, of N.N., from birth in 1898 to 1942, tracing the patient's sexual life year by year. This approach was explicitly based on the methodology of Adolf Meyer, the renowned Johns Hopkins psychiatrist.<sup>51</sup> More generally, Castro sought to establish N.N.'s "personality" through a series of methods, including a Rorschach test, which revealed that N.N. was psychopathic. Interestingly, Castro gave a somatic inflection to the Rorschach results, noting that "the interpretation of the grey in the Rorschach test points to an organic brain lesion that is consistent with geno and paratypical factors: the fetal suffering, the use of forceps."<sup>52</sup>

The clinical and psychiatric examination to which Castro subjected N.N. was comprehensive. The Binet-Simon intelligence test revealed that N.N. had the intelligence of a twelve-year-old. Several reflex tests, Brisseau, Oppenheim, and Gordon, gave normal results. Castro found no sign of Argyll-Robertson pupil, or prostitute's pupil, which meant that neuro-syphilis was not at play. N.N.'s head was carefully measured, his blood was tested, as were his cerebrospinal fluid, his feces, and his urine. At the same time, N.N.'s mental state was subjected to evaluation. Castro determined that while N.N.'s visual, tactile, gustative, and synaesthetic and kinaesthetic perception was normal, there were indices of "auditive-verbal pseudo-perceptions," or put differently, N.N. heard voices. Assessing N.N.'s "pensamiento" [thought], Castro concluded that he was

subject to “mitomanía,” i.e., that N.N. was a pathological liar, and that he was delusional.<sup>53</sup>

At the same time, Castro turned to Freudian concepts such as “consciousness” and “ego” in his diagnosis. As regards N.N.’s consciousness, Castro concluded that it was subject to a “primary alteration”: “very few ideas or impulses populate it: common and in some ways primitive and impulses generally of a sexual order.” Similarly, in assessing what he termed “the consciousness of the ‘EGO,’” Castro noted, “this subject has lived through phases when he has not experienced in a normal manner his personal existence: ‘I have felt that my body was mishappen as if it were not mine’. He also says that he sometimes feels as if hypnotized.”<sup>54</sup> But Freud’s influence on Castro is arguably evident throughout the case history. The focus on N.N.’s childhood masturbation, on the failure to orgasm with a prostitute, the observation of his parents’ sexual encounters, the consideration of N.N.’s erotic dreams, and, more generally the discussion of the patient’s sex drive all point to a Freudian interpretation of N.N.’s mental disorder. Freud’s influence is perhaps also in evidence in the attention that Castro gives to N.N.’s comments regarding the smells he enjoys, which include the unwashed genitals of prostitutes and the smell of corpses. Both these smells were sexual stimuli for N.N., Castro noted.

Castro concluded that N.N. suffered from a “true perversion in values especially in the area of his sexual life.” He was, more specifically, diagnosed as having “a psychopathic personality with an oligophrenic background and schizophrenic characteristics in some aspects of the fields of perception, of thought, and particularly of the social and sexual instincts: a notable decrease in the former and perverse tendencies in the latter.”<sup>55</sup> In reaching this conclusion, as I have shown, Castro drew on a broad range of biomedical approaches, including somatic and psychoanalytic interpretations of mental disorder that were ostensibly incommensurable. But Castro did not perceive this incommensurability. Moreover, as Vern L. Bullough notes, Freud himself “was an advocate of nature and nurture, relying on both to explain psychosexual pathology. He acknowledged the possibility of heredity predisposition but also recognized environmental determinism.”<sup>56</sup> Similarly, for Castro, the hereditary, somatic, and psychological factors that he had identified, i.e., the mother’s hypergenitalism, the brain lesions caused by the long labor and the use of forceps at childbirth, N.N.’s onanism and the bad influence of the mixed school and the depraved uncle were all “predisposing factors that have influenced a psychopathic personality and a mediocre intellect.”<sup>57</sup>

### Determining Necrophilia as Sexual Perversion

N.N.’s particular pathology, Castro acknowledged, was, as noted above, “extraordinarily rare.” Hardly any cases could be found in the medical literature. There were a few, nonetheless, which he dutifully listed, including the famous case of sergeant François Bertrand in the mid-nineteenth century studied by Ambroise Tardieu, a professor of criminal medicine at the Paris medical school, the case of Periander and Melissa as told by Herodotus and, in the field of literature, the famous cases in *Romeo and Juliet* and in *Salomé*.<sup>58</sup> Even in Peruvian literature, Castro noted, there were examples that merited mention: The legend of Manchay Puito, written, or so Castro claimed, by Germán Leguía y Martínez, a

former minister of the interior during the presidency of Augusto B. Leguía (1919–30), “is another example of a necrophilic tendency.” The legend, which Ricardo Palma includes in his famous *Tradiciones Peruanas*, a series of moralistic tales set in the late colonial and early independent period, involves a priest who makes a “quena” or Andean flute from the tibia of his dead lover. Thus while N.N.’s perversion was rare, it had antecedents. Moreover, it was a perversion that had received some, if limited, attention from the medical profession.<sup>59</sup>

As the study’s bibliography suggests, Castro consulted several classic French sexological studies, such as *Perversions et perversités sexuelles* by Dr Laupt (pseudonym of Georges Saint-Paul) published in 1896, which focused primarily on “sexual inversion” and drew on the work of German sexologists such as Richard von Krafft-Ebing and Albert Moll, and *Les perversions sexuelles* by Félix Abraham published in 1931 (not to be confused with Karl Abraham, a disciple of Freud). Like many Latin American psychiatrists, Castro relied on French rather than German or British sources (such as Havelock Ellis) on sexology. But he also consulted texts that were closer to home such as *Sexologia Forense* by the Brazilian eugenicist Afranio Peixoto and the discussion of sexual perversions in the textbook on legal medicine written by the Argentine psychiatrist Nerio Rojas.<sup>60</sup> He also drew on Peruvian expertise, in particular Honorio Delgado’s contributions to psychiatry, two of whose articles were cited in the bibliography, and, more informally, Dr. Guillermo Fernández Davila, the Professor of Legal Medicine at the medicine faculty of Lima’s San Marcos University, who was the source of all the references on cases of necrophilia that Castro quoted. Along with other medical texts, this literature enabled Castro to further develop an understanding of the case of necrophilia that confronted him.<sup>61</sup>

Castro approached the case from a perspective clearly informed by the interpretative framework established by the late-nineteenth and early twentieth-century sexologists. Castro was certain that he was dealing with a perversion, which he defined thus: “in a general sense, [perversions correspond] to all manifestations of the instinct with a specifically venereal character that lead to the consummation of orgasm by extranatural means, thus avoiding the objective of fertilization.”<sup>62</sup> This definition reflected the influence of the nineteenth-century sexology of Krafft-Ebing and Ellis, which had developed a precise taxonomy for each abnormality of the sexual instinct, i.e., for each manner in which the sexual act was performed unnaturally, i.e., without a view to procreation. Yet again, however, Castro referenced not the German or British sexologists, but a French criminologist, Alexandre Lacassagne, in discussing the taxonomy in which he located necrophilia.<sup>63</sup> Ultimately, Castro chose to reproduce in this article the classification that Honorio Delgado had introduced in his courses on neuropsychiatry at Lima’s medicine faculty, dividing the abnormalities into three broad categories, “quantitative, evolutive, and qualitative (perversions),” and further into more precise categories, ranging from “hypoerotism” and “hyperotism” to “onanism,” “homosexuality,” “algolagnia (sadism and masochism),” “necrophilia and vampirism,” and, of course, “contraceptive methods,” such as “coitus interruptus and coitus condomatus.”<sup>64</sup>

Yet while he drew on sexological classifications to identify the sexual perversion that afflicted N.N., he considered a range of explanations in trying to make sense of what could explain his patient’s abnormal behavior. Castro noted that there were varying interpretations of the causes of sexual perversions such

as necrophilia. Many doctors pointed to the role of organic factors, such as glands that secreted a substance that contributed to other abnormalities in the sexual instinct such as homosexuality (Castro was here referring to endocrinology, which, along with psychiatry, focused extensively on explaining sex drives).<sup>65</sup> Others considered perversions to be “psycho-nervous manifestations.” Some psychotherapists, such as Freud and Alfred Adler, argued that perversions resulted from “shocks of childhood such as the memory of a sleeping mother.” “Laignell y Levastine y Delmas” [sic] viewed perversion as conditioned reflexes.<sup>66</sup> Finally, Castro seemed to agree with Félix Abraham, who he noted had the most to say about necrophilia, that it was “particular to imbeciles in accordance with a psychopathic personality at a high level.” For Abraham, a feeling of inferiority was key: the sensation that they are unable to consummate the sexual act with a living being compelled necrophiliacs to engage in sexual acts with the dead, who are “unable to defend themselves.”<sup>67</sup>

Castro drew on these interpretations, and on the case he had examined to put forward his own hypothesis, which foregrounded the question of smell that I have already pointed to, and which, again, combined somatic and psychological aspects: Castro’s hypothesis pointed to:

The possibility of an atavism of the stimulus of the sexual libido when animals are in heat and males are stimulated by the special smell of the vaginal secretion of females. In the present case, the smell of cadavers produces in him a pleasant feeling that is associated to erotism. If the hypothesis that we put forward were feasible at a spiritual level, as it is at a somatic level, then we would need to consider an atavism of psychic characteristics and perhaps even a “deviant” psychic atavism.<sup>68</sup>

In N.N.’s case, Castro suggested, the perversion was “autochthonous” and “endogenous”; it was “constitutional” rather than symptomatic. Again, Castro here invoked several themes central to Freudian psychology, including the libido, or life drive, and the question of regression or atavism and its links with sexuality, equally key to Freud’s interpretations, although of course atavism, and the idea of sexuality being linked to an animal-like state, were already present in the sexology of the late nineteenth century (which is of course where Freud drew them from). Castro may have been a peripheral doctor in a medical periphery, but he clearly felt that he could contribute to how sexologists and other doctors elsewhere in the world made sense of necrophilia, through a novel interpretation emphasizing the role of the smell of cadavers in producing an erotic arousal.<sup>69</sup>

Castro went further still. In a manner that reflected broader trends in how the Peruvian medical profession addressed “the sexual question,” Castro argued that measures could be taken to dampen the abnormal sexual instinct of individuals such as N.N. He suggested that a campaign of sex education should be implemented, as he had suggested already in 1933 when he published a leaflet titled “Antivenereal prevention or prophylaxis.” Castro conceded that sex education could not fully neutralize instinctive sex drives, but, he argued, “it directs them better when they are lost, it distributes and harmonizes them giving them a physiognomy that is more human and moral when they are abnormal and can even neutralize predisposing factors.” N.N., he concluded, had been an

“inveterate onanist” from the age of eight. He had attended a school from a young age where sex was perceived as sinful. This youthful experience had forced him onto a predetermined psycho-sexual path. But there was hope for N.N.: “Given proper direction, even when dealing with a personality as the one we have described, sex education would exercise its influence in the manner discussed, either putting a brake on stray instincts, sublimating abnormal tendencies or repressing morbid outbreaks.”<sup>70</sup> In this way, Castro opted for the optimism of psychoanalysis, and sexual reform, while not fully rejecting the (pesimistic) determinism of heredity and anatomical psychiatry.

### Peruvian Necrophilia

In a final section, Castro briefly considered cases of necrophilia in Peru in the past. He noted that among the many pre-Columbian ceramic figurines found in the National Archaeology Museum which depicted “most of the deviations of the sexual instinct, especially with respect to qualitative alterations: sodomy, sadism, paedophilia, exhibitionism and onanistic practices in their different modalities,” there were no depictions of acts of necrophilia. He added that there were references to cases of “pederastía” and sodomy in the writings of the Inca Garcilaso de la Vega and in the chronicles of Bartolomé de las Casas. Francisco de Almendros’s chronicle included a case of bestialism “between an Indian woman and a dog in the period of the Conquest.” Hermilio Valdizán, the “founding father” of psychiatry in Peru, had dedicated a whole chapter of his *La alienación mental en el antiguo Perú* to “pederasty, sodomy and unnatural sex (‘coitos contra natura’).” But none of these texts mentioned necrophilia.<sup>71</sup> In digging for past examples, perhaps Castro sought to establish necrophilia as a sexual pathology of the past that had not yet been overcome by the application of medical science and its contribution to human progress. If so, he was not explicit about this.

However, Castro had found a couple of huacos, or decorated earthen vessels, which he believed depicted cases of necrophilia. He included photographs of the two huacos in the article. Dated to the Chimú civilization (900 AD–1400 BC), these huacos, which had not been properly interpreted to date, suggested that the perversion he was studying had existed in that period of history. According to Castro’s interpretation both huacos symbolized “carnal love” between an Indian woman and a dead man. In the first case, the woman embraced the corpse of a man, who held a musical instrument (a panpipe) while engaged in “cunilinguis.” The second case, Castro noted, “is more symbolic with clear venereal characteristics.” He remarked that some interpretations suggested that the huaco depicted a widow who has lascivious thoughts about her dead husband. Others argued that the huaco depicted a woman who remembers her dead husband while engaged in a sexual act with her new partner. In either case, Castro concluded, “these are motifs that symbolize the use of cadavers as sexual objects.”<sup>72</sup>

Confusingly, Castro had very little else to say about these representations of necrophilia. He simply summed up his archaeological research by noting “there are ceramic motifs that have not yet been properly interpreted and that point to the existence of this type of perversions among the inhabitants of ancient Peru.”<sup>73</sup> Again, why Castro thought it worthwhile to add this coda on ceramic



depictions of sexual practices in ancient Peru is unclear though it suggests that he thought that establishing the existence of necrophilia in the Andean pre-colonial past was worthwhile and might well have been seen as a truly original contribution to sexological investigations. The paucity of depictions of necrophilia among the thousands of so-called “erotic” huacos, which overwhelmingly depicted cases of “coitos contra natura,” may have suggested to Castro that in ancient Peru as in modern Peru, necrophilia was indeed extraordinarily rare as he had indicated in his article. Or, as I have indicated, it is possible that he was trying to establish that necrophilia was a holdover sexual perversion from the past which medical science had not yet resolved. Whether he inferred anything else about either necrophilia itself or about the case history of N.N. we simply cannot know from the evidence available. In concluding, Castro recommended that N.N. should be sent to a psychiatric asylum but did not indicate a particular treatment.

### Conclusion

It is interesting to contrast the experience of N.N., the subject of Lucio Castro’s article, with N.N., the object of confinement at the Larco Herrera hospital. As I have shown, the doctors who dealt with N.N. at the Larco Herrera demonstrated a certain eclecticism in their psychiatric practice. In their examinations of N.N. upon admission they drew on a diverse “theoretical artillery” as Plotkin has called it, that ranged from heredity, biotypology, constitutional psychiatry, to Freudian concepts and psychoanalytic techniques (their attention to N.N.’s dreams for example). They scrutinized N.N.’s sexual life, and in particular his sexual perversions, including masturbation, homosexuality, and oral and anal sex. This scrutiny informed the doctors’ views of the nature of his psychopathology. They viewed N.N. as a madman and as such his rightful place was in the Larco Herrera Hospital. But if the doctors’ theoretical artillery was vast, their therapeutic arsenal, to use another of Plotkin’s terms, did not appear to have any weapons that could address his condition.<sup>74</sup> N.N. moved from the hospital to the jail on several occasions as he awaited the resolution of his trial. But he was a prisoner in both, and that is indeed how he viewed his situation, as is discernible from the few instances where the documents let his voice through.

For Castro, N.N. offered an opportunity to demonstrate the capacity of medical knowledge, indeed of *his* medical knowledge, to make sense of a case that presented “one of the deepest alterations of human behavior,” as he termed it. N.N.’s necrophilia was a pathology that could be explained, again, by mobilizing an extensive and diverse “theoretical artillery.” This was primarily, but not exclusively, an artillery that came from Europe, and in a context in which European knowledge was hegemonic, this served to lend authority to Castro’s analysis. Yet, it is worth noting Castro’s attention to psychiatric knowledge produced more locally, in Latin America and particularly in Peru (that of Honorio Delgado, in particular) and his underdeveloped attempt to explore specifically Peruvian examples of necrophilia through archaeology. Castro’s attention to both somatic and psychological interpretations of mental illness, indeed to the ways in which somatic and psychological interpretations seemed to reinforce each other, and to the role that the erotic arousal produced by the smell of cadavers may have played in N.N.’s abnormal sexual behavior, was arguably intended to come across

less as mere eclecticism and more as erudition, i.e., as a rigorous attempt to contribute to the global sexual science with which he was in dialogue.

In producing, as he doubtless saw it, an authoritative, and novel interpretation of N.N.'s pathology, Castro claimed to explain this unfathomable perversion of the sexual instinct by locating its origins in clearly identified hereditary, somatic and psychological traumas, in a manner that drew on, through an "unruly appropriation," other sexological interpretations, but also superseded them. Ultimately, Castro's approach was a comforting way to make sense of N.N.'s necrophilia, since it could trace his abnormal sexual instinct, his desire to have sexual intercourse with the dead, to other abnormalities, either inherited from already abnormal parents, produced by incorrect birthing procedures, or generated by the environments (home, school, the army) in which he developed. In this sense, not only could the abnormal sexuality of N.N. be explained it could also be avoided if preventive measures were taken. Hence Castro's faith in campaigns of sex education, which, as we saw, he believed could successfully channel and correct deviant sexual orientations and in so doing compensate for the effects of heredity, anatomy, and psychology. In this sense, Castro sought not only to create new sexological knowledge. He was invested in a broader project of national, and indeed global, sexual improvement.

## Endnotes

I am grateful to Diana Bustamante Montoro, the museologist at the Víctor Larco Herrera Hospital, for her support and assistance, and to the hospital authorities for granting me access to the admission registries and the case history on which part of this article draws. Special thanks to Elías Amaya Nuñez and Betsalí Curi for sterling research assistance. Thanks too to all who offered critical readings of earlier versions of this article. Address correspondence to Paulo Drinot, Institute of the Americas, University College London, Gower Street, London WC1E 6BT, UK. Email: paulo.drinot@ucl.ac.uk.

1. As Arnold Davidson has argued, "An account of the emergence of sexuality must be supplemented by the story of the emergence of perversion as a disease category [. . .]. Or to be more precise, our experience of sexuality was born at the same time that perversion emerged as the kind of deviation by which sexuality was ceaselessly threatened." Arnold I. Davidson, "Sex and the Emergence of Sexuality," *Critical Inquiry* 14, no. 1 (1987): 16–48., 40–41. See also, Arnold I. Davidson, *The Emergence of Sexuality: Historical Epistemology and the Formation of Concepts* (Cambridge MA, 2001); and Elisabeth Roudinesco, *Our Dark Side: A History of Perversion* (Cambridge, 2013).

2. See case file 4482, Víctor Larco Herrera Hospital, and admissions registries for years 1937, 1943 and 1947.

3. See Lucio D. Castro, "Un caso de necrofilia," in *Revista de Sanidad de Policía III* : 13 (1943), pp. 11–31. I am aware of the opportunities and risks that the use of such sources presents. As Crozier notes, "case histories are not neutral reports, but are the basis for sexological thought: selected, manipulated, and framed in order to establish sexological facts taken up by other members of the field." See Ivan Crozier, "Pillow Talk: Credibility, Trust and the Sexological Case History," *History of Science* 46, no. 4 (2008): 396. On using case histories for historical research, see also Birgit Lang, Joy Damousi, and Alison Lewis, *A History of the Case Study: Sexology, Psychoanalysis, Literature* (Manchester, 2017).

4. Perhaps the most systematic survey of the literature on necrophilia is Lester van der Pluijm's paper, "Seeing the Living in the Mirror of Death—Necrophilia: Beyond Moral

Repulsion and Marginalization,” written in the context of Dr Gert Hekma’s course on Social Theories of Sexuality at the University of Amsterdam. I am grateful to Dr Hekma for putting me in touch with Dr van der Pluijm and to Dr van der Pluijm for making a copy of his paper available to me. See also, B. R. Burg, “The Sick and the Dead: The Development of Psychological Theory on Necrophilia from Krafft-Ebing to the Present,” *Journal of the History of the Behavioral Sciences* 18, no. 3 (1982): 242–54; Jonathan P Rosman and Phillip J Resnick, “Sexual Attraction to Corpses: A Psychiatric Review of Necrophilia,” *Bulletin of the American Academy of Psychiatry Law* 17, no. 2 (1989): 153–63; Scott Dudley, “Conferring with the Dead: Necrophilia and Nostalgia in the Seventeenth Century,” *ELH* 66, no. 2 (1999): 277–94; Lisa Downing, *Desiring the Dead: Necrophilia and Nineteenth-Century French Literature* (Oxford, 2003). Interestingly, given how peripheral Peru is to the history of sexuality, both Burg and Rosman and Resnick mention Castro’s case study.

5. Veronika Fuechtner, Douglas E. Haynes, and Ryan M. Jones, eds., *A Global History of Sexual Science, 1880–1960* (Berkeley, 2017), 14. See also Gert Hekma, “A History of Sexology: Social and Historical Aspects of Sexuality,” in Jan Bremmer ed., *From Sappho to de Sade: Moments in the History of Sexuality* (London, 1989), 173–193; Chris Waters, “Sexology,” in H.G. Cocks and Matt Houlbrook (eds.), *The Modern History of Sexuality* (Houndmills, 2006), 41–63; Lucy Bland and Laura Doan eds., *Sexology in Culture: Labelling Bodies and Desires* (Chicago, 1998).

6. Waters, “Sexology,” 44.

7. Martha Few, “‘That Monster of Nature’: Gender, Sexuality, and the Medicalization of a ‘Hermaphrodite’ in Late Colonial Guatemala,” *Ethnohistory* 54, no. 1 (2007), 161.

8. Raúl Necochea López, *A History of Family Planning in Twentieth-Century Peru* (Chapel Hill, 2014), 18.

9. Paulo Drinot, *The Sexual Question: A History of Prostitution in Peru, 1850s–1950s* (Cambridge, 2020), 7–8.

10. Although the Larco Herrera documentation includes the patient’s name I have decided to refer to him as N.N. (as Castro does in his study) to protect his identity.

11. Research in the archives of Lima’s Corte Superior proved unfruitful.

12. See Víctor Larco Herrera Hospital, Case file 4482, section corresponding to second admission beginning on 14 May 1947 and the admission registry corresponding to 1947.

13. On the history of the hospital, see Augusto Ruiz Zevallos, *Psiquiatras y locos: entre la modernización contra los Andes y el nuevo proyecto nacional de modernidad: Perú, 1850–1930* (Lima, 1994); William W. Stein, *A Peruvian Psychiatric Hospital* (Lanham, Md., 1995); Santiago Stucchi Portocarrero, *Loquerías, manicomios y hospitales psiquiátricos en el Perú* (Lima, 2012); Elías Amaya Núñez, “Ingenieros, arquitectos, médicos y locura. La construcción del Asilo Colonia de la Magdalena (1896–1918),” *Devenir: Revista de estudios sobre patrimonio edificado* 5, no. 10 (2018): 65–90.

14. See Honorio Delgado, “La psiquiatría y la higiene mental en el Perú,” *Anales de la Facultad de Medicina* 19, no. 1 (1936): 111. On Honorio Delgado’s use of psychoanalysis at Larco Herrera, see Ramón Leon, “La Revista de Psiquiatría y Disciplinas Conexas y los inicios del psicoanálisis en el Perú: una nota,” *Revista de Psicología* 3, no. 2 (1985): 225–235. Psychiatry in Peru developed close links with the psychoanalytic tradition as early as the mid 1910s, in large part because of Delgado’s championing of Sigmund Freud’s theories in Latin America. On Delgado’s links with Freud, see Alvaro Rey de Castro, “Freud y Honorio Delgado. Crónica de un desencuentro” *Hueso Humero* 15–16 (1983): 5–76.

15. See Hermilio Valdizán, “La alienación mental en la raza india,” *Anales de la Facultad de Medicina* 7, no. 7 (1924): 145-63. On psychiatry and racial thought in Peru, see Andrés Ríos-Molina, ‘Racial Degeneration, Mental Hygiene, and the Beginning of Peruvian Psychiatry, 1922–1934’, *History of Psychology* 22, no. 3 (2019): 225–43. Santiago Stucchi-Portocarrero, ‘Eugenics, Medicine and Psychiatry in Peru’, *History of Psychiatry* 29, no. 1 (2018): 96–109.

16. Honorio Delgado, “La rehabilitación de la interpretación de los sueños.” *Anales de la Facultad de Medicina* 13, no. 3 (1927): 211-31.

17. Honorio Delgado, “Herencia de los desordenes mentales.” *Anales de la Facultad de Medicina* 18, no. 1 (1935): 1-48.

18. Hermilio Valdizán and Honorio Delgado, “La rebelión del libido sexual en la vejez,” *Anales de la Facultad de Medicina* 12 (1926): 109-26.

19. Honorio Delgado, ‘Psicología general y psicopatología de las tendencias instintivas’, *Revista de neuro-psiquiatría* 1, no. 3 (1938): 255–353.

20. Sander L. Gilman, “The Struggle of Psychiatry and Psychoanalysis: Who won?,” *Critical Enquiry* 13:2 (1987), 308.

21. Mariano Ben Plotkin, *Freud in the Pampas: The Emergence and Development of a Psychoanalytic Culture in Argentina* (Stanford, 2001), 19. On the circulation, adoption, and repurposing of European psychiatric ideas in Latin America, see also Cristiana Facchinetti and Pedro Felipe Nevez de Muñoz, “Emil Kraepelin na ciência psiquiátrica do Rio de Janeiro, 1903-1933”, *Historia, Ciências, Saúde-Manguinhos* 20, no. 1 (2013): 239-262.

22. All documents in Víctor Larco Herrera Hospital, Case file 4482, section corresponding to first admission beginning on February 16, 1937.

23. See Heinz Häfner, “Ernst Kretschmer 1888–1964”, *Psychological Medicine* 20, no. 3 (1990): 487–492.

24. See Víctor Larco Herrera Hospital, Case file 4482, section corresponding to second admission beginning on April 26, 1943, and the admission registry corresponding to 1943.

25. Víctor Larco Herrera Hospital, Case file 4482, section corresponding to second admission beginning on April 26, 1943 [report by Carlos Nagaro, April 28, 1943].

26. On homosexuality in twentieth-century Peru, see Marcel Velázquez Castro, “El caso Belaochaga (1907): Represión policial y representación periodística de la homosexualidad masculina en Lima,” *Jahrbuch für Geschichte Lateinamerikas* 57 (2020): 324-351; and Drinot, *The Sexual Question*.

27. Bacopoulos-Viau and Fauvel, “The Patient’s Turn,” 13.

28. Mindful that “the patient’s voice should not be a mere tangential addendum to psychiatry’s history,” I have tried as far as is possible to be attentive to “the patient’s view” and what it tells us about the development of psychiatric knowledge and psychiatric practice and the tensions between the two, in Peru in the 1940s. see Alexandra Bacopoulos-Viau and Aude Fauvel, “The Patient’s Turn: Roy Porter and Psychiatry’s Tales, Thirty Years On,” *Medical History* 60, no. 1 (2016): 14.

29. See Víctor Larco Herrera Hospital, Case file 4482, section corresponding to third admission beginning on May 14, 1947, and the admission registry corresponding to 1947.

30. Víctor Larco Herrera Hospital, Case file 4482, section corresponding to the third admission beginning on May 14, 1947, [report by Humberto Rotondo, May 16, 1947].

31. See Víctor Larco Herrera Hospital, Case file 4482, section corresponding to the third admission beginning on May 14, 1947.

32. Jonathan Ablard, *Madness in Buenos Aires: Patients, Psychiatrists, and the Argentine State, 1880-1983* (Athens and Calgary), 2008, 8.

33. Ryan M. Jones, “Mexican Sexology and Male Homosexuality: Genealogies and Global Contexts, 1860-1960,” in Fuechtner, Haynes and Jones, eds., *Global History of Sexual Science*, 233.

34. Dr Lucio Castro was not one of Peru’s most well-known doctors. He does not appear in Miguel Rabí Chara’s *Diccionario Histórico Biográfico Médico del Perú, siglos XVI-XX* (Lima, 2007), though by the 1960s he held a chair in “Human Physiology and Pharmacology and Obstetric Therapeutics” at San Marcos University’s School of Obstetrics. Castro studied at the medicine faculty of San Marcos University in the late 1920s. A request for funding survives which provides further information. He completed his primary and secondary education in the Andean city of Abancay, at the Colegio Miguel Grau, where he was on a bursary, in 1923, at the age of 16. He then emigrated to Bolivia, where he worked as a miner in Cochabamba and a place he calls “Huayllahuay.” The following year he worked in the Gianetti soda factory in the Peruvian coastal city of Ilo. He then moved to Lima, where he combined work in a lawyer’s chambers with his university studies. See Archivo Central, Universidad Nacional Mayor de San Marcos, Cuerpo: 37. Lado: A. Nivel: 2. Caja #: 1582. Item #: 4534. Dependencia: Facultad de Medicina. Serie documental: Matriculas. Años: 1928-1932. Although he graduated in 1928, he did not complete his bachelor’s thesis until 1937. Its subject was ‘La distopia funcional en el parto o síndrome de Schickele’. He went on to write a doctoral dissertation, completed in 1953, titled “La identificación del niño peruano.” An article published later in his life (see “Psicoprofilaxis: Bases neurofisiológicas, psicosanitarias y bioquímicas del método psicoprofiláctico en la atención del parto,” published in 1966, points to how despite his specialization in obstetrics and gynecology, he maintained an evident interest in psychiatry.

35. Castro, “Un caso de necrofilia,” 10.

36. A practice that historians interested in the history of sexuality can easily become complicit in, as Zeb Tortorici argues. See Tortorici, *Sins Against Nature: Sex and Archives in Colonial New Spain* (Durham, 2018), chapter 2. There is no simple way around the methodological and ethical issues that such research raises, as María Elena Martínez has shown. At best, in this case, I hope that this particular archive “can be used to expose the socially and politically constructed nature of heterosexuality—an approach with radical potential because it helps not only historicize it but also denaturalize it.” María Elena Martínez, ‘Archives, Bodies, and Imagination: The Case of Juana Aguilar and Queer Approaches to History, Sexuality, and Politics’, *Radical History Review*, no. 120 (2014): 167.

37. Castro, “Un caso de necrofilia,” 12.

38. Castro, “Un caso de necrofilia,” 12. On Nicola Pende and Italian biotypology, see Francesco Cassata, *Building the New Man: Eugenics, Racial Science, and Genetics in Twentieth Century Italy* (Budapest, 2011).

39. Castro, “Un caso de necrofilia,” 12. The “two fingers” of forehead refers to a Spanish idiom, which equates a small forehead with limited intelligence. On phrenology’s influence in Peru, particularly among criminologists, see Carlos Aguirre, *The Criminals of Lima and their Worlds: The Prison Experience (1850-1935)* (Durham, 2005).

40. Castro, “Un caso de necrofilia,” 12.

41. On the influence of hereditary science in Latin America, the classic text is Nancy Leys Stepan, *The Hour of Eugenics: Race, Gender and Nation in Latin America* (Ithaca, 1991).
42. Castro, "Un caso de necrofilia," 12-13.
43. Castro, "Un caso de necrofilia," 14-15.
44. On the notion of masturbatory insanity, see Ann Goldberg, *Sex, Religion and the Making of Modern Madness: The Eberbach Asylum and German Society, 1815-1849* (Oxford, 1999), 149-169.
45. On brothel prostitution in Lima, see Drinot, *The Sexual Question*.
46. Castro, "Un caso de necrofilia," 15.
47. Castro, "Un caso de necrofilia," 16-17.
48. Castro, "Un caso de necrofilia," 17.
49. Castro, "Un caso de necrofilia," 19.
50. Castro, "Un caso de necrofilia," 27.
51. On Meyer's life chart, see Ruth Leys, "Types of One: Adolf Meyer's Life Chart and the Representation of Individuality," *Representations* 34 (1991): 1-28.
52. Castro, "Un caso de necrofilia," 22.
53. Castro, "Un caso de necrofilia," 21.
54. Castro, "Un caso de necrofilia," 21.
55. Castro, "Un caso de necrofilia," 30.
56. Vern L. Bullough, *Science in the Bedroom: A History of Sex Research* (New York, 1994), 89.
57. Castro, "Un caso de necrofilia," 27.
58. On the case of sergeant Bertrand, see Jonathan Strauss, *Human Remains: Medicine, Death and Desire in Nineteenth Century Paris* (New York, 2012).
59. Castro, "Un caso de necrofilia," 29-30.
60. On Afranio Peixoto's sexology, see Sueann Caulfield, *In Defense of Honor: Sexual Morality, Modernity and Nation in Early Twentieth-Century Brazil* (Durham, 2002).
61. Castro, "Un caso de necrofilia," 31.
62. Castro, "Un caso de necrofilia," 27.
63. Lacassagne is discussed in Judith Serkis, *Sexing the Citizen: Morality and Masculinity in France 1870-1920* (Ithaca, 2006).
64. Castro, "Un caso de necrofilia," 26.
65. See Bullough, *Sex in the Bedroom*, chapter 5.
66. He was probably referring to Maxime Laignel-Lavastine and François Achille-Delmas, two French psychiatrists.
67. Castro, "Un caso de necrofilia," 25.
68. Castro, "Un caso de necrofilia," 25.

69. On the concept of a biomedical periphery, see Marcos Cueto, *Excelencia científica en la periferia: Actividades científicas e investigación biomédica en el Perú* (Lima, 1989).
70. Castro, "Un caso de necrofilia," 28-29.
71. Castro, "Un caso de necrofilia," 29-30.
72. Castro, "Un caso de necrofilia," 30. The permanent exhibition at Lima's Museum of Art (MALI) includes a huaco, dated to the Mochica civilization (400-700 AD), with a depiction of a necrophilic act. The description states: "Stirrup-spout bottle with representation of orgiastic scene."
73. Castro, "Un caso de necrofilia," 31.
74. Plotkin, *Freud in the Pampas*, 13.