

# Insomnia and the enchantments of García Márquez's literature\*

NATALIA LONDOÑO-PALACIO • BOGOTÁ, D.C. (COLOMBIA)

DOI: <https://doi.org/10.36104/amc.2024.3554>

## Abstract

In order to compare insomnia with some of Gabriel García Márquez's works, especially *One Hundred Years of Solitude*, three concepts that serve as structural axes of the text are presented as an introduction: insomnia, loss of memory and sleep. Based on these, we review the causes of insomnia from a scientific perspective as well as those described by the novelist in his writings, to continue with this same parallelism of the diagnosis proposed by medicine and the one suggested by the Nobel laureate, subsequently moving on to the treatment proposed by both types of knowledge. Finally, we present the relationship that exists between medicine and literature, a section that serves to orient the article's conclusions. (*Acta Med Colomb* 2024; 49. DOI: <https://doi.org/10.36104/amc.2024.3554>).

**Keywords:** *sleep, insomnia, oblivion, memory, disorder.*

\*The Lombana Barreneche Lecture delivered during the inaugural session of the 28th Colombian Congress of Internal Medicine. Cartagena de Indias, August 14, 2024.

Dra. Natalia Londoño-Palacio: Especialista en Medicina Interna y Neumología, Universidad El Bosque. Médico adscrito a la Clínica del Country. Ex presidente de la Asociación Colombiana de Medicina Interna. Bogotá, D.C. (Colombia). Correspondencia: Dra. Natalia Londoño-Palacio. Bogotá, D.C. (Colombia).

E-Mail: [consultorio.dra.nlp@gmail.com](mailto:consultorio.dra.nlp@gmail.com)

Received: 19/VIII/2024 Accepted: 06/IX/2024

## Introduction

### Three basic concepts

To define insomnia from a medical standpoint, we must refer to difficulty in falling asleep along with difficulty in staying asleep, as well as waking earlier than desired. These conditions require an opportunity for the sleep process to proceed naturally. One essential characteristic of insomnia is that it interferes with everyday activities, manifesting itself in things like lack of concentration, memory lapses and some behavioral changes (1). These parameters are evaluated using the Athens scale developed by Soldatos et al. (2).

The disease or "plague" of insomnia is a constant in Gabriel García Márquez's (GGM's) universe; it consists in the inability to fall asleep that leads to a more critical condition: loss of memory. Likewise, it is understood that one must sleep in order to rest and be able to perform properly while awake. Moreover, sleep must be found again if one awakens prematurely.

In the medical world, insomnia is recognized as chronic (more than three times/week in the last three months) and acute or transient (having lasted less than three months), the latter being related to a reversible trigger. Initial or onset insomnia, consisting in a delay in falling asleep, is distinguished from terminal insomnia, in which it is hard to stay asleep, and early wakening (3).

In *One Hundred Years of Solitude* (OHYS), the disease of insomnia arrives in Macondo, which, according to the narrator was usually a problem of the indigenous Guajiro people. In the novel, GGM relates that the indigenous woman Visitación, Úrsula Iguarán's servant, who had escaped the disease, was responsible for announcing the arrival of

the plague in Macondo. She warned that the hardest part of this ailment was not the inability to sleep, since the disease did not physically affect people; the most difficult part was that the insomnia led to a loss of memory. To which José Arcadio Buendía responded "*If we never sleep again, all the better...life will be more productive*" (4).

Forgetfulness, memory loss, according to Moliner's "*Diccionario de uso del español*" [Spanish Use Dictionary] (1967) consists of the "*mental faculty used to remember or the greater or lesser capacity to remember*"; that is, to be unable to retain things in the mind. Why this faculty is lost is a persistent question that affects personal identity (5). On the other hand, according to the Real Academia Española [Royal Spanish Academy], the term has three definitions: 1. "*Cessation of the memory that existed*", 2. "*Cessation of the regard that existed*", and 3. "*Neglect of something of which one needed to be aware*" (6).

Loss of memory refers to losing the faculty of bringing to mind past information, images, experiences or actions as though they were in the present. Memory involves different brain structures: the amygdala, in charge of assigning emotion to the process involved in remembering (motivation); the frontal lobes, which supply the attention needed to acquire new information; and the hippocampus, that acquires and consolidates new memories that are distributed throughout the cerebral cortex. This widespread distribution allows some memories to be evoked by and related to smells, people, objects, sounds or moments (7).

Forgetting is understood to be the involuntary action of not remembering; that is, the inability to store some information that is acquired or has already been acquired in the

memory. Often, forgetfulness occurs due to interference learning, which is learning that replaces an unconsolidated memory and erases it from consciousness. Sometimes, one remembers that one has forgotten something; knows that knowledge existed that is no longer there. However, according to Jacoby, Debner and Hay (8), forgotten memories do not disappear. Rapid eye movement (REM) sleep buries them in the unconscious.

Sleep is a complex biological process. When people sleep, they are in a state of unconsciousness, but their brain and body functions continue to be active, and they do not lose the ability to perform a series of important functions required to maintain life. When we speak of sleep, we refer to the act of sleeping as a mental activity during periods of rest.

Sleep should be understood as an everyday activity that entails rest as a natural function of the human body, and as one of the most important and necessary functions for human beings. Sleep plays an essential role in health and wellbeing. How a person feels while awake generally depends on what happens during sleep. During sleep, the body works to support healthy brain functioning and maintain physical, intellectual and emotional health (9).

In García Márquez's literature, the concept of sleep appears in the short story "Dreams for Hire," which is part of the *Twelve Pilgrim Tales* collection (10). It says: "*I dreamt that he was dreaming with me... Sometimes, amidst so many dreams, one sneaks in that has nothing to do with real life.*" In this story, the narrative and social world fluctuate between reality and the dream. In Gabo, marvel and magic always mean possibility.

From the author's perspective, some of his characters are infringed upon during their sleep time. Thus, in OHYS, José Arcadio Buendía dreams unending rooms to find a man whom he had murdered some time ago, and after several dreams, never wake again: "*When alone, José Arcadio Buendía consoled himself with the dream of the unending rooms... from this room he went on to another exactly the same, whose door opened to another exactly the same, and then another exactly the same, to infinity*" (4). Here, the dream is a nightmare that repeats unendingly.

In *The General in His Labyrinth* (11), Bolívar has recurrent nightmares that keep him from sleeping: "*The general refused to return to the room where he had stayed before, which he remembered as the nightmare room, because every night he slept there he dreamt of a woman with bright hair who would tie a red ribbon around his throat until he awoke, and again and again until dawn.*" Once again, the dream crisscrosses with nightmares, not because of the content of the dream but rather the same thing being repeated over and over throughout a long and unexplainable night that seems unending. This text shows the general's aversion to the bedroom where he has experienced bad nights; in these cases, it is challenging to make the patients aware of this fact and help them recover the idea of the bedroom as a sacred place of rest.

In *The Autumn of the Patriarch* (12), the main character senses omens of nightmares in his dreams, dreaming that he is defenseless, surrounded by men who threaten him with knives "*...he saw himself in the large and empty house of a bad dream, surrounded by pale men wearing grey frock coats who stabbed him with butcher's knives....*" As the narrator says, the patriarch has "*bad dreams*" that envisage and predict his proximity to a solitary suffering stronger than his own pride.

Evidently then, for GGM, sleep is not a space for rest, but rather a space to reveal human suffering. This may be due to what his biographers relate, who argue that when the Colombian Nobel laureate had a nightmare, his deepest wish was not to awaken but rather to write. He was a dreamer of nightmares who knew that his bad dream would end when he awakened at last and was able to transcribe it into literature. After having a nightmare, he would invite it to his desk and force it to cooperate with his stories. All he had to do was strike the keys on his typewriter, because the story had already been dreamt (13).

### Causes of insomnia

Undoubtedly, sleep is not a useless action. Human beings spend a third of their life sleeping, and the quantity and quality of sleep have been directly related to a person's health status. Therefore, adults are considered to need seven to eight hours of sleep per day, and our responsibility as physicians is to do whatever is necessary to make this possible, teaching them about the so-called sleep hygiene measures. However, there are "short sleepers" (five or less hours of sleep) and "long sleepers" (eight to nine hours, maximum) (9).

There are many causes of acute or transient insomnia, most of which are reversible. Some are emotional, like anxiety, fear, sadness, depression, and constant persistent ruminations at night. There are also environmental causes, including the weather, light, smells, and living conditions. Other cases of insomnia are due to acute symptoms like fever, pain, dyspnea and itching, among others, or worsening chronic diseases like congestive heart failure, chronic obstructive pulmonary disease, Parkinson's disease, dementia or sleep apnea, among others (1).

In *One Hundred Years of Solitude*, the narrator initially thought that the insomnia was caused by some candies which were made in José Arcadio Buendía's house: "*Children and adults sucked delightedly on the delicious little green insomnia roosters, the delectable pink insomnia fish, and the sweet little yellow insomnia horses, and so Monday's dawn found everyone awake*" (4). This description clearly shows that GGM considered too much sugar to be the main cause of insomnia. Today, we recommend controlling stimuli, which may include cutting down on calories and stimulating beverages, especially in the three hours before going to bed (14).

In OHYS, insomnia is a disease that can be transmitted by mouth: "*everything to eat or drink was contaminated with insomnia*" (4). However, the population needed to eat and

was consciously and simultaneously feeding the disease. The author explains that this ailment was confined to the town of Macondo, and any strangers who arrived had to ring a little bell that the townspeople had taken from some goats “so that the sick people would know that they were healthy” (4). In the novel, the disease was considered to be an epidemic that required quarantine and that became endemic over time, which is why “nobody concerned themselves any more with the useless habit of sleeping” (4).

In *Love in the Time of Cholera*, GGM also mentions how someone can grow accustomed to a symptom. One of his main characters, Florentino Ariza, found it to be very useful. The narrator explains that he “quickly incorporated that ritual into his routine: he took advantage of his episodes of insomnia to write...” (15).

In the presentation of the book by Juan Vicente Fernández de la Gala, *The Physicians of Macondo. Medicine in the Literary Work of Gabriel García Márquez*, Dr. Fernando Sánchez Torres speaks of a telephone call he received from Dr. Pierluigi Gambeti, a researcher at a university in Cleveland, Ohio. Gambeti had compiled data on five complete families who suffered from insomnia, in order to determine its genetic origin. Dr. Gambeti asserts that, after reading OHYS, he wanted to ask the novelist if he knew anything about the genetic origin of insomnia, given his magnificent literary description, and expressed his desire to travel to Macondo to conduct his study in situ. The response of our Nobel laureate in literature to Dr. Gambeti was “...don't bother to come and research anything in Macondo, because that disease never existed. I made it all up: this insomnia plague came out of my imagination. Besides, as far as I know, that disease is never cured, but in my plague, all the patients were cured in the end, because it was to my advantage for all the sick people in the novel to recover their sleep so they would not infect my readers, and that is why I took it upon myself to cure them all.”

In this regard, it should be noted that, while rare, there is such a thing as the so-called fatal familial insomnia, a genetic prion disease described in 1986 by Lugaresi et al. (16), several years after OHYS was published. But it clearly coincides with part of the Buendía family's story and, by extension, that of the entire town of Macondo.

## Diagnosis

One of the diagnostic characteristics of insomnia is its repercussion on the daytime performance of those who suffer it. This is seen especially in a lack of physical energy, as well as decreased concentration, attention and memory. There are also behavior changes along with irritability, irascibility, low family and work functioning, clumsiness, fear, anxiety, depression, poor eating habits, muscle pain, and a higher rate of accidents (17). Insomnia causes depression, which is a risk factor for dementia (RR:1.53 95%CI 1.07-2.18), according to a meta-analysis by Almond et al., in Brazil (18).

Out of all these symptoms, GGM focuses on memory,

specifically forgetfulness. In OHYS, after a few days of insomnia and when the infected bodies began to grow accustomed to wakefulness, the patients started to forget the names of objects and feelings. The people of Macondo began to fight against the successive and increasingly radical memory lapses. José Arcadio Buendía had the idea of using an inked swab to label objects with their names: “... table, chair, clock, door, wall, bed, pot” (4). He also labeled animals, plants and places outside the home to prevent the consequences of forgetting.

After a few more days, the names were no longer a problem, but the objects' functions were. To combat this new form of forgetfulness, José Arcadio decided to add signs to each named object, to define its function and reason for being: “this is a cow; it must be milked every morning so it produces milk, and the milk must be boiled to mix with coffee to make café au lait” (4). Thus continued the insomniac and forgetful story of Macondo until they forgot the written word.

As the disease advanced, the inhabitants of Macondo discovered two more memory lapses: their belonging in their own world and forgetting the ultimate meaning of life, which left them without identity and facing uncertain prospects. To combat this final and lethal form of forgetfulness, at the village entrance, they placed “a sign that said ‘Macondo’ and another larger one on the main street that said ‘God exists’” (4). The idea of this method was to memorize in order to not forget, but the plague did not allow them to do this...they simply forgot without memorizing.

In *Love in the Time of Cholera*, the author also presents other symptoms related to insomnia, when at the end of the novel the narrator states that, “They found the captain in the dining room, in a state of disarray that did not fit with his fastidious habits: unshaven, with reddened eyes from insomnia, sweaty clothes from the previous night, garbled speech...” (15). Here we see that, when the ship in which Fermina Daza and Florentino Ariza are traveling is approached by an armed patrol to ask the captain about the type of plague on the ship, the commander shows signs of ill humor, fatigue, clumsiness and a feeling of great malaise caused by the lack of sleep.

In OHYS, Gabo mentions that those who contracted the disease daydreamed all day. Each character could see his/her own dream and was able to see and feel the others' dreams. This strange phenomenon was termed “hallucinated lucidity” (4). In the midst of this sleepy wakefulness or wakeful sleep, the inhabitants used the time to devote 24 hours a day to that happy and forgetful village called Macondo. Here GGM hit the nail on the head, as sleep sometimes serves to solve problems.

Insomnia and daytime sleepiness are masterfully described by GGM in *The General in His Labyrinth*. One day, while Bolívar was thinking about Manuela, the woman who would later become the most intense love of his life, he affirmed that: “His unrelenting insomnia showed signs

of disorder in those days. He would fall asleep at any time in the middle of a phrase while dictating a letter, or during a game of cards, and he himself was not sure if they were bursts of sleep or fleeting fainting spells, but as soon as he would lie down he would be dazzled by a crisis of lucidity. He could barely manage a fuzzy half-sleep at dawn, until the wind of peace in the trees would wake him once again” (11).

These symptoms of excessive daytime sleepiness, which GGM describes as “bursts of sleep or fleeting fainting spells,” can be measured on the Epworth scale, validated in Colombia in 2007 by Chica, Escobar and Eslava (19).

### Treatment

As far as medical treatment, there is strong evidence for cognitive behavioral therapy. Today, direct dialogue with the patient is recommended to identify the cause of insomnia. As stated by Torres-Iregui, H., “the quality of the physician translates into the ability to solve his/her patients’ health problems, giving them security and affection in all cases” (20). If the patients’ sleep routines are determined through a sleep log or diary, they can be helped to establish better habits. Although pharmacological treatment is widely used, its evidence is weak, according to Morin and Buysse (21).

In OHYS, the treatment for insomnia was very different. Many wanted to sleep, not because they were tired, but rather because they experienced “dream nostalgia.” They decided to recur to what the novelist calls “methods of exhaustion,” such as sitting and talking for hours, telling and repeating the same jokes over and over, or playing the unending game of the capon rooster, which consisted of answering the storyteller’s question of whether they wanted him to tell them the story of the capon rooster. Regardless of whether the answer was yes, no, or silence, no option was enough to answer the question, since the answer rebounded and led back to the initial question. These activities were intended to cause fatigue, which is generally sleep-inducing, but in Macondo, people continued to remain awake throughout many of their long nights. One of the treatments that has been described for insomnia is sleep abstinence, in which the patients are advised to remain awake and not fight the inability to sleep, if they cannot sleep. But ultimately, sleep wins over prolonged insomnia.

In one of the appendices of his book, *The Physicians of Macondo. Medicine in the Literary Work of Gabriel García Márquez* titled “Apothecary Remedies,” Dr. Juan Vicente Fernández de la Gala lists the medications proposed in OHYS for treating insomnia, to wit: “aconite concoction, valerian infusion, laudanum water, a warm bath in orange blossom water” (22). These suggestions are not far from reality, as today’s sleep hygiene measures include taking a warm bath before bed, as well as drinking a hot dairy beverage or herbal infusions, passionflower drops or valerian (14).

The success of insomnia treatment is determined by the patients themselves, and is a personal perception that is communicated by relating improvement in many moments

of daily life and, consequently, in quality of life. This is not easy, but if it occurs, is very positive and satisfactory both for the patient as well as the physician. In the plague that afflicted Macondo, from the moment it was announced by the indigenous woman, Visitación, its dissemination did not lead to death but rather loss of memory. In the end, the inhabitants of Macondo find ways to adapt to their own pandemic, find a cure through the intervention of Melquíades, and recover both their memories and their former life.

What were the achievements in OHYS? At the beginning, José Arcadio Buendía wanted to build a machine that would help insomniacs recover their memory through the daily act of remembering all their life experiences. He imagined it as a “revolving dictionary” (4) in which each person would turn a crank using cards as guides and, as though it were a movie, the circumstances and situations the person had already experienced would be projected before their eyes. This was when José Arcadio saw a stranger in the distance with a heavy old suitcase, who carried the little bell that identified him as one of the few sleepers passing through Macondo.

When the recollections of his memory were about to be completely erased, José Arcadio was at home and heard the doorbell; it was the same man who had come from the world where people slept and remembered. When they greeted each other, the man opened a satchel that contained many jars and gave his friend José Arcadio, who had lost his memory, a drink of “a soft-colored substance, and the light came on in his memory. His eyes teared up before finding himself in an absurd room with labeled objects, and before becoming ashamed of the solemn nonsense written on the walls, and even before recognizing the new arrival in a dazzling glow of happiness. It was Melquíades.” (2). As though by magic, the gypsy was able to cure the epidemic and help the infected inhabitants of Macondo remember their past, who were then able to celebrate “the reconquering of their memories” (4).

### Medicine and literature

*“A novel is a coded representation of reality,  
a type of riddle of the world.  
The reality in a novel  
is different from the reality of life, even if it relies on it.  
As occurs with dreams.”*

GABRIEL GARCÍA MÁRQUEZ  
In: *El olor de la guayaba, Mendoza* (23)

Both in literature as well as film and journalism, Gabo frequently touched on topics related to disease and plagues, with a high degree of rigor and precision. These topics appear not only in *One Hundred Years of Solitude* (4), but also in and through his medical characters, with Juvenal Urbino in *Love in the Time of Cholera* (15); Dr. Abrenuncio de Sa Pereira Cao in *Of Love and Other Demons*; and the apathetic, depressive, suicidal and unnamed foreign doctor in *Leaf Storm* (25). One of García Márquez’s sons, Rodrigo

García Barcha, wrote in a posthumous letter to his father: “*You were always fascinated by plagues, real or literary, as well as things and people who return*” (26).

Like literature, medicine is a profession full of tensions and responsibilities. Fernández de la Gala says that “*friendly bridges*” can be established between literature and medicine, which have many common elements like approaching societies and flesh and blood human beings, as well as those on paper, to understand the human condition through empathetic exercises using stories. Thus, it is said that when Dr. Gregorio Marañón was asked to name the best medical advance of the twentieth century, after some thought answered: “the chair,” which allows the physician to sit next to the patient, ask questions, listen to him, understand him and explore him. According to Fernández de la Gala, literature is a teaching strategy to train physicians, and he recommends using it in medical schools.

Today, in the age of artificial intelligence, human beings are being replaced by technology in many professions. Will this occur in the practice of internal medicine? The best medical histories, a narration of the disease, should be those taken by internal medicine specialists, with high values that involve a humanistic perspective, as a machine only handles fixed algorithms, with no capacity for dialogue, reasoning, interpretation and deduction. Artificial intelligence is gaining ground as an important support tool but will never replace the essence and responsibility of professions and professionals. As Torres-Iregui (20) has stated, this means that “*the success of medical practice does not depend so much on technology and therapeutic innovations as it does on the closeness and communication between physicians and their patients.*”

Medicine, physicians, bodily ailments and death were constant concerns of the Colombian Nobel laureate and, therefore, topics that inspired his stories. He narrated them hand in hand with science and fiction, managing to shape a whole that overlaps science and fiction, using both according to his convenience as he told the stories that make up his work. This is the opinion expressed by Dr. Carlos Francisco Fernández in the presentation of Juan Vicente de la Gala's book at the National Academy of Medicine.

Many pages in GGM's books are made up of narrations and descriptions that have enormous “*clinical brilliance.*” This is due to various reasons: one, because Gabo did not have good health; another, because he always had a whole team of medical and dental advisors when writing his books to help guide and orient him to establish a firm foothold in the world of medicine together with his magical universe, as expressed by Fernández de la Gala.

Baños and Guardiola explain that medicine and literature have a two-way relationship (27). Literature, as a narrative art, helps acquire communications skills, like reading and writing in an understandable, clear, concise, precise and coherent fashion. Thus, literature favors reflection and the development of empathic attitudes for listening and un-

derstanding, and a better approach to disease and patients, especially for understanding many facts, circumstances and situations that are not found in medical discourses or publications. There are innumerable stories in the medical world that are worth being told through literary stories.

The section above highlighted the importance of dialogue between physicians and patients. When a physician receives a patient, he/she is subject to hearing a story that may end up being not only complex but also decontextualized and messy. The patient relates events and feelings, using his/her language with words and gestures, and therefore the physician must be alert, willing and prepared to hear the story, mentally underline what is important and discard what is superfluous and, finally, synthesize the data that will allow him/her to make a diagnosis. To accomplish this, physicians need techniques to help them organize the important points into a single story that must be both oral and written. Sir William Osler, the father of modern internal medicine, was quoted by Silverman, Murray and Bryan (28) as saying that it is important to listen to the patients, because they end up describing their own diagnosis. The key point is knowing when and how to interrupt the patient's narration to focus his story, and often realize what Torres-Iregui (20) affirms: “*Several times I finished office visits in which the patient left satisfied without having told me why he had come, because he had come simply to be heard.*”

According to Cabral (29), literature contributes to promoting the difficult and paradoxical task of “*humanizing*” medicine. He argues that the study of literature contributes to enlarging the physician's human dimensions in the following ways: 1) The literary narrations teach many aspects of the lives of sick people; 2) Works of fiction help physicians to understand the strength and ramifications of their practice; 3) Through stories, physicians are trained to better capture their patients' medical histories and thereby increase their diagnostic and therapeutic certainty; 4) Literature increases physicians' narrative experience and deepens their ethical discernment; 5) The study of literature helps face some of medicine's challenges, like determining the position of physicians as both social entities and change agents in their environmental setting; and 6) Literature mitigates the potential problems caused by the experiences of disease and suffering.

## Conclusions

Sleep disorders are a very important reason for consult. Of these, insomnia has the highest prevalence worldwide. This disorder requires time and special dedication for the physician to listen to the patient, thus achieving a more accurate approach.

There are many similarities between medical reality and GGM's magical realism and, as stated by Fernández de la Gala, the novelist studied medical topics well to create his stories. However, when the medical explanations did not fit his creative mind, he would invent other narrative excuses

or, as they say on the coast, “fool around” to artistically present what did not fit in a work of art explained by science.

Contrary to the medical concept, sleep for GGM is not a space of rest, but rather a space to reveal human suffering. Therefore, he concentrated on relating his customary dreams and nightmares.

At the end of the presentation of the book *The Physicians of Macondo. Medicine in the Literary Work of Gabriel García Márquez* at the National Academy of Medicine, Robin Rada, a pulmonologist, spoke and affirmed that if Gabo had been a physician, he would most likely have specialized in internal medicine, because when he describes Dr. Abrenuncio in *Of Love and Other Demons* (24), he indicates that he did not practice surgery because he considered it to be an “inferior art” practiced by “teachers and barbers.” As a proposal, we could ask ourselves about the importance of literature courses in medical schools.

In conclusion, let us remember one of the Colombian Nobel laureate’s teachings: in the same novel, when the character of Sierva María de Todos los Ángeles is bitten by a rabid dog, Dr. Abrenuncio states: “*Meanwhile, said Abrenuncio, play music for her, fill the house with flowers, make the birds sing, take her to see the sunset over the ocean, give her anything that could make her happy...There is no medicine to cure what happiness does not cure*” (24).

### Acknowledgements

I would like to thank Asociación Colombiana de Medicina Interna (ACMI) for inviting me to present the Lombana Barreneche lecture at the 28th Congress of Internal Medicine. It is an honor for me to participate with this essay, understanding that the Asociación usually invites those who have served as president of ACMI, a capacity in which I served from 2012-2014.

### Note

Below, references are provided for four (4) speeches which were given during the presentation of the book *The Physicians of Macondo. Medicine in the Literary Work of Gabriel García Márquez*, by Juan Vicente Fernández de la Gala.

- Sánchez Torres, F. Charla presentada durante la presentación del libro “Los médicos de Macondo. La medicina en la obra literaria de Gabriel García Márquez”. de Juan Vicente Fernández de la Gala. Fundación GABO, Academia Nacional de Medicina de Colombia. 2024. En: <https://www.youtube.com/live/c-pCwIEbPDs?app=desktop&si=IF4JCDKx4r41kxCg>.
- Fernández de la Gala, J. V. Charla central para presentar el libro “Los médicos de Macondo. La medicina en la obra literaria de Gabriel García Márquez”. Fundación GABO, Academia Nacional de Medicina de Colombia. 2024. En: <https://www.youtube.com/live/c-pCwIEbPDs?app=desktop&si=IF4JCDKx4r41kxCg>
- Fernández, C. F. Introducción a la presentación del libro “Los médicos de Macondo. La medicina en la obra literaria de Gabriel García Márquez” de Juan Vicente Fernández de la Gala. Fundación GABO, Academia

Nacional de Medicina de Colombia. 2024. En: <https://www.youtube.com/live/c-pCwIEbPDs?app=desktop&si=IF4JCDKx4r41kxCg>

- Rada, R. Intervención después de la charla central, pronunciada por JV Fernández de la Gala para presentar el libro “Los médicos de Macondo. La medicina en la obra literaria de Gabriel García Márquez”. Fundación GABO, Academia Nacional de Medicina de Colombia. 2024. En: <https://www.youtube.com/live/c-pCwIEbPDs?app=desktop&si=IF4JCDKx4r41kxCg>

### References

1. **American Sleep Disorders Association.** International Classification of Sleep Disorders: Diagnostic and Coding Manual: Insomnia, 3era ed. Westchester, American Academy of Sleep Medicine. 2014, p 19-47.
2. **Soldatos CR, Dikeos DG, Paparrigopoulos TJ.** Athens Insomnia Scale: validation of an instrument based on ICD-10 criteria. *J Psychosom Res.* 2000;48:555-60. doi: [https://doi.org/10.1016/s0022-3999\(00\)00095-7](https://doi.org/10.1016/s0022-3999(00)00095-7).
3. Reunión de expertos latinoamericanos en trastornos del sueño: insomnio. Buenos Aires, Argentina, 2010.
4. **García Márquez G.** Cien años de soledad. Real Academia Española y Asociación de academias de la lengua española, edición conmemorativa. 2007.
5. **Moliner M.** Diccionario de uso del español. Madrid: Gredos. 1967.
6. **Real Academia Española.** Diccionario de la lengua española. Madrid: Espasa Calpe. 2001.
7. **David P, Blanco M, Pedemonte M, Velluti R y Tufik S.** Medicina del sueño. Mediterráneo: Santiago - Buenos Aires, 2008.
8. **Jacoby LL, Debner JA, Hay JF.** Proactive interference, accessibility bias, and process dissociations: Valid subject reports of memory. *J Exp Psychol Learn Mem Cogn.* 2001;27:686-700. doi: <https://doi.org/10.1037/0278-7393.27.3.686>.
9. **Watson NF, Badr MS, Belenky G, Bliwise DL, Buxton OM, Buysse D, et al.** Recommended amount of sleep for a healthy adult: A joint consensus statement of the American Academy of Sleep Medicine and Sleep Research Society. *Sleep.* 2015;38:843-4. doi: <https://doi.org/10.5665/sleep.4716>.
10. **García Márquez G.** “Me alquilo para soñar”. En: Doce cuentos peregrinos. Bogotá: Oveja Negra. 1992, p85-95.
11. **García Márquez G.** El general en su laberinto. Bogotá: Oveja Negra. 1989.
12. **García Márquez G.** El otoño del patriarca. Barcelona: Bruguera. 1980
13. **Oliveros Acosta O.** García Márquez, el Señor de las pesadillas. Centro Gabo [Internet] 2019. Disponible en: <https://centrogabo.org/gabo/contemos-gabo/garcia-marquez-el-senor-de-las-pesadillas>
14. **Qaseem A, Kansagara D, Forcica MA, Cooke M, Denberg TD.** Management of chronic insomnia disorder in adults: A clinical practice guideline from the American college of physicians. *Ann Intern Med.* 2016;165:125. doi: <https://doi.org/10.7326/m15-2175>.
15. **García Márquez G.** El amor en los tiempos del Cólera. Bogotá: Oveja Negra. 1985.
16. **Lugaresi E, Medori R, Montagna P, Baruzzi A., Cortelli P., Lugaresi A., Tinuper P., Zucconi M., Gambetti, P.** Fatal familial insomnia and dysautonomia with selective degeneration of thalamic nuclei. *N Engl J Med* 1986;315:997-1003. <https://doi.org/10.1056/nejm198610163151605>.
17. **American Sleep Disorders Association.** Case book of sleep medicine. 3era ed. Westchester. American Academy of Sleep Medicine. 2019.
18. **Almondés KM de, Costa MV, Malloy-Diniz LF, Diniz BS.** Insomnia and risk of dementia in older adults: Systematic review and meta-analysis. *J Psychiatr Res.* 2016;77:109-15. doi: <https://doi.org/10.1016/j.jpsychires.2016.02.021>.
19. **Chica Urzola, H, Escobar Córdoba F, Eslava Schmalbach J.** Validación de la escala de somnolencia de Epworth. *Rev Salud Pública.* 2007;9(4):558-67. doi: <http://doi.org/cpnqz>.
20. **Torres Iregui H.** Humanicemos al internista! El compromiso es de todos. Conferencia Lombana Barreneche. XIX Congreso Colombiano de Medicina Interna, Cartagena de Indias, 16 a 19 de octubre de 2006. *Acta Médica Colombiana.* 2006; 31:427-432.
21. **Morin CM, Buysse DJ.** Management of insomnia. *N Engl J Med.* 2024;391:247-58. doi: <https://doi.org/10.1056/nejmcp2305655>.
22. **Fernández de la Gala, J.V.** Los médicos de Macondo. La medicina en la obra

- literaria de Gabriel García Márquez. Fundación/Taller/Premio/Festival/Centro/Gabo Publicaciones. Bogotá: Nomos. 2020.
23. **Mendoza PA.** El olor de la guayaba. Bogotá: Oveja Negra. 1982.
24. **García Márquez G.** Del amor y otros demonios. Bogotá: Norma. 1994.
25. **García Márquez G.** La hojarasca. Barcelona: Plaza y Janés. 1979.
26. **García Barcha R.** “Carta a mi padre”. Círculo de lectores [Internet]. 2022. Disponible en: <https://circulodelectores.pe/carta-a-mi-padre-gabriel-garcia-marquez-por-rodrigo-garcia-barcha-2022/>
27. **Baños J, Guardiola E.** La larga relación entre medicina y literatura (y viceversa). Departamento de Ciencias Experimentales y de la Salud. J Med Mov. 2015; 11(4): 181-182.
28. **Silverman ME, Murray TJ, Bryan CS.** The Quotable Osler. American College of Physicians. Philadelphia. 2008.
29. **Cabral RA.** La literatura y la humanización de la medicina. Revista de Cultura Científica. 1996;44: 8-9.



## Nota de la traductora... Por favor el autor o editor aclarar

the plague in Macondo. She warned that the hardest part of this ailment was not the inability to sleep, since the disease did not physically affect people; the most difficult part was that the insomnia led to a loss of memory. To which José Arcadio Buendía responded “*If we never sleep again, all the better...life will be more productive*” (4).



**Comentario [1]:** A través del documento, he traducido las citas de los libros, pero ya que existen versiones publicadas en inglés de estos libros, tal vez se prefiera utilizar citas directas de esas versiones. De lo contrario, se podría incluir una nota aclaratoria, como por ejemplo “Book quotes throughout the document have been translated from the original Spanish and are not direct quotes from the English versions of the books.”

guerrilla servant, who had escaped the disease, was responsible for announcing the arrival of the plague in Macondo. She warned that the hardest part of this ailment was not the inability to sleep, since the disease did not physically affect people; the most difficult part was that the insomnia led to a loss of memory. To which José Arcadio Buendía responded “*If we never sleep again, all the better...life will be more productive*” (4).

Forgetfulness, memory loss, according to Moliner’s “*Diccionario de uso del español*” [Spanish Use Dictionary] (1967) consists of the “*mental faculty used to remember or the greater or lesser capacity to remember*”; that is, to be unable to retain things in the mind. Why this faculty is lost is a persistent question that affects personal identity (5). On the other hand, according to the Real Academia Española [Royal Spanish Academy], the term has three definitions: 1. “*Cessation of the memory that existed*”, 2. “*Cessation of the regard that existed*”, and 3. “*Neglect of something of which one needed to be aware*” (6).

Loss of memory refers to losing the faculty of bringing to mind past information, images, experiences or actions as though they were in the present. Memory involves different brain structures: the amygdala, in charge of assigning emotion to the process involved in remembering (motivation); the frontal lobes, which supply the attention needed to acquire new information; and the hippocampus, that acquires and consolidates new memories that are distributed throughout the cerebral cortex. This widespread distribution allows some memories to be evoked by and related to smells, people, objects, sounds or moments (7).

Forgetting is understood to be the involuntary action of not remembering; that is, the inability to store some information that is acquired or has already been acquired in the memory. Often, forgetfulness occurs due to interference learning, which is learning

Dionne Line 21/2/25 14:02

**Comentario [1]:** A través del documento, he traducido las citas de los libros, pero ya que existen versiones publicadas en inglés de estos libros, tal vez se prefiera utilizar citas directas de esas versiones. De lo contrario, se podría incluir una nota aclaratoria, como por ejemplo “Book quotes throughout the document have been translated from the original Spanish and are not direct quotes from the English versions of the books.”