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### PUBLIC HEALTH

## Gonzalo Gutiérrez Trujillo: Mexican, Pediatrician, Writer<sup>☆</sup>

### Gonzalo Gutiérrez Trujillo: mexicano, pediatra, escritor

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### 1. Gonzalo de Jesús Gutiérrez Trujillo (May 1931-July 2014)

For those who had the privilege of being in the company of Gonzalo de Jesús Gutiérrez Trujillo, this small tribute pleasantly reminds us of the man who left a profound legacy as a physician, pediatrician, writer and friend. For those who did not know him, this portrayal presented at the National Academy of Medicine on April 29, 2015 will provide an overview of the man who lived the different areas of his life in an intense manner.

Gonzalo Gutiérrez Trujillo was born on May 1, 1931 in Mexico City. He was descended from a family of rural origin that was his reason for pride and presumption. He studied

medicine at the National Autonomous University of Mexico (UNAM), specializing in Medical Pediatrics at Hospital Infantil de México (HIM) where he received the teaching and influence of Dr. Federico Gómez and Dr. Jesús Kumate. He also completed the program of Master of Public Health where he absorbed the style of critical analysis of health services from Dr. Pedro Daniel Martínez.

His professional life evolved in major Mexican health institutions: the Instituto Mexicano del Seguro Social (Mexican Institute of Social Security, IMSS) where he founded the Department of Infectious Diseases of the Pediatric Hospital (HP) of the Centro Médico Nacional (CMN) and then became its General Director. He was head of the Department of Education and Research and later at the Public Health Unit. In

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the Ministry of Health (SSA), he filled several positions, among them the following: Technical Secretary of the Council for the Prevention and Control of Diarrhoeal Diseases, National Immunization Council (CONAVA) and the National Commission of Action for Children.

He was professor of Pediatrics and Infectious Diseases at the Faculty of Medicine of the UNAM; member of the National System of Researchers (SNI), lifetime member of the National Academy of Medicine, and member of the Board of Governors of the UNAM. In collaboration with Dr. Kumate, he published the textbook *“Manual of Infectious Diseases”*, which to date has 18 editions published. He managed more than 250 scientific publications, plus having disciples in Mexico and Latin America.

The relationship with Dr. Gutiérrez Trujillo began in 1968 during my graduate rotating internship. Over the next 46 years we worked continuously, even when for some periods we worked in different institutions. Our relationship developed from student to attending physician, co-workers, boss and friends. We shared unforgettable experiences, *battles* in his terms, both in medical care as well as in teaching and research. In the final stage, we initiated the publishing adventure of *Boletín Médico Hospital Infantil de México (BM-HIM)* in which he fought his last battle in the struggle for the dissemination of knowledge in the field of pediatrics.

Dr. Gutierrez published his autobiography in 2008 *“Caminando entre ruinas. Memorias de un defeño.”* It describes his origin and analyzes the stages of his life as *a battle to build a place in life*. For analysts of public health, it can be interpreted as the sum of individual efforts that gradually introduced positive changes in the health policies of Mexican society. From an anthropological and social point of view, it can be constituted as a testimony of the impact of demographic and economic changes in the country on families as social units, which receive or undergo changes over time.

Dr. Gutierrez was characterized by his creativity and commitment to pediatric health. His strength of character and his tough and critical personality as well as his professional honesty facilitated many of his professional successes but also met with some frustrations to assume positions he aspired, always wondering how to offer more to our society. He was also sensitive to human pain, which was clearly expressed in his *“Plan Diego”* a 24 h-family visit for parents of hospitalized children. The past is only useful as a foundation for the future. Dr. Gutiérrez left us a model of life and social commitment for Mexican Pediatrics.

*Onofre Muñoz Hernández*

## 2. Distinguished disciple

Medical practice is often associated with reflections on professional experiences. It is very difficult to be a neutral observer of what happens to a patient, although psychiatrists affirm this. In the history of medicine, during all times and civilizations there are examples of medical writings, examples of good words such as the aphorisms of Hippocrates or Sommerset Maugham an essayist, novelist and playwright whose work has been the subject of several films. *“Maestro”* Federico Gómez Santos, founder

of the Hospital Infantil de México, was the author of best-sellers such as *“Escenas de Hospital”* available in pharmacies, bookstores and service shops; *“Isla de Lobos”*, travel stories; and his traditional medical articles. Other physicians who became full-time writers were Enrique González Martínez and Mariano Azuela; the first, outstanding in poetry, essays and autobiography. The second, a remarkable writer on issues of the Mexican Revolution, with *“Los de Abajo”* as his fundamental work. Both were candidates for the Nobel Prize for Literature, they were nominated simultaneously but were not chosen. Master, Don Fernando Ocaranza, director of the Medicine School, UNAM rector and president of the National Academy of Medicine, wrote *“La novela de un medico”* and *“La tragedia de un rector.”* We should not forget Manuel Acuña and his *“Nocturno a Rosario”*.

The author of *“Caminando entre ruinas. Memorias de un defeño”*, Gonzalo Gutiérrez Trujillo, was a pediatrician with genuine vocation for the care of Mexican children. His professional training was in Medicine School, at the headquarters of Santo Domingo, before the massification of the university district in the historic center. There he had the opportunity to attend some sessions of the National College within two blocks. The chairs of medical figures of his time are not substitutable for nominations to fill the increasing number of students. Gonzalo Gutiérrez Trujillo was lucky to reopen medical education with training and humanist culture, but at that time there were few recruited to deal with overcrowding.

In his passage through graduate study, our new author was influenced by three characters of strong and very definite personality, speaking accurate, clear in their articles, with classical culture, extensive experience in the civil service product of persevering work, and connoisseurs of human beings in the choice of collaborators, students or associates.

His pediatric training provided with opportunities of the kind that test and qualify the character of a person. He had *“rare”* cases: leukemia in his first laboratory duty; one hypocomplementemia (five consecutive episodes of meningococcal meningitis in a 6-year-old child) during his clinical stay.

Fate, or his ability known by the executives, put him as the initiator of the following projects:

1. A pioneering essay: HIM Extramural Research Unit in Tlaltizapan, Morelos, 1955.
2. Organization of the Department of Infectious Diseases at the new Hospital of Pediatrics (HP) CMN IMSS in 1963.
3. Chair of Clinical Infectious Diseases at HP for the Faculty of Medicine, UNAM.
4. Coordination of the IMSS National Education.
5. Chief of Staff of SSA Secretariat.
6. Member of the Board of Governors of the UNAM.
7. Gaining the participation of IMSS beneficiaries in prevention programs such as PrevenIMSS.

To achieve this, he showed creativity of all kinds in the tasks in charge:

- 1) Allow parents to visit their children admitted to the hospital

- 2) Introduce the use of oral rehydration therapy to manage diarrhea in the IMSS
- 3) Improve amebic liver abscess therapy
- 4) Improve therapy of typhoid fever resistant to chloramphenicol for furazolidone
- 5) Return to a hospitalization system according to age and not according to disease
- 6) Introduce R3 social service in rural hospitals
- 7) Initiate PrevenIMSS

He was a pediatrician who lived firsthand in countries where health systems seem unethical but who have achieved success to improve health and resolve problems. He had wide experience of reality in the Western world, in an emblematic state of India (Kerala), in the USSR with its *feld-shers*, and all of Mexico and U.S. border states with the Mexico migrant population.

Private practice allowed him to meet the wealthy residents of Mexico. This never excited him, and he left it after 15 years of afternoon practice. As a clinical researcher, epidemiologist and official, his publications were more than sufficient to have a proper curriculum for the National System of Investigators (SNI).

His book is well-written, genuine and interesting regarding life in Mexico in the years of peace (without military uprisings), the stage of sustainable development and the first medical conflicts of 1965, the tragic 1968 and the end of the majority party.

In the years of alternation in Mexico since 2000, he kept his positions of national responsibility: PrevenIMSS 2000-2006 and since 2007 he was responsible for the *Boletín Médico Hospital Infantil de México (BMHIM)*.

After reading his book, you would have an accurate description of the practice of medicine in Mexico; the strengths and weaknesses of what has been achieved and how much there is to do, especially in a country of opportunities, to achieve college education and postgraduate studies. It illustrates how, in our time, it is possible to form a family with 51 years of marital stability, educated children and grandchildren proud of their parents—a great man, husband and father, but mostly great friend and accomplice who was my beloved and admired Gonzalo.

*Jesús Kumate*

### 3. Training of pediatricians

When the shock of an irreparable event forces us to meditate; when the earthly investiture lies as ultimate expression of what it was; when the immeasurable transition between being and not being allows us to be more skeptical, I find the full reason for the passion that accompanied the Master, Dr. Gonzalo Gutiérrez Trujillo, until his painful departure came.

Multiple feelings were generated with his presence among us, which was respected and sometimes feared by the strictness and rigid attitude with which he handled the Service of Infectious Diseases of HP in the CMN IMSS. When passing through to visit, he paid attention to the residents' uniforms and whether or not there was dust on the furniture on which he swiped his finger and later scolded the janitor responsible for that shift.

Meticulous—How many had to repeat the clinical history due to spelling mistakes or for exceeding by two or three millimeters the line between the patients' progress notes and the space reserved for prescriptions? As he said, "before being a professional, the human being must be educated".

Romantic, dreamy, charitable, feverish and extremely passionate, his love for the IMSS and, particularly, for his service, was recorded with chisel and hammer in the soul of each of us and will be floating through the infinite sea. With his steady hand, his spartan attitude, often tough but loving, humane and highly constructive, it was a compass for those who were chiseled by him, having honored the career of Hippocrates, trying to imitate and faithfully follow the unforgettable values he enabled and that made us, modesty aside, pediatricians in every sense of the word. Life is short! As Osler said, "Gonzalo Gutiérrez did not love the dark, never jaded the truth, was not afflicted with disappointment, and was not beaten by fear."

Those who still sailed dodging the seething waves; those who contemplate both the wreck and lameness; those who grieve them to the alteration of ethical standards; those who see with horror the coldness, loss of moral principles, dehumanization and monetarism that crushes all humanity; and those who stay on the straight path laid with mystical and effort, we say: "Master, your departure will not be forgotten because you will leave for us the votive flame that rides off us forever towards fulfilling the sacred professional duty." He was the mentor of the Personal Training Program for the Children's Hospital of Guayaquil, Ecuador, having led to the formation of 18 pediatric nurses, eight pediatricians and professionals in 28 specialties.

The generous spirit of Gonzalo Gutiérrez Trujillo crossed the imposing porch that separates life from death into the regions of immortality, leaving in this wise and eminent professional and loyal friend the bright memory of his virtues that will be forever a lesson, teaching and example for those who came to imbibe, which was then the largest source of expression of Mexican Pediatrics. He returned in recent years to his *alma mater*, the HIM, giving all his knowledge, experience and academic skills to the publication of its journal, an icon of Latin American pediatric literature.

To pay tribute to a wise teacher, a righteous man, a tireless cultivator of science, a persistent fighter against the forces of evil, human diseases, ignorance and injustice—knowing that while men act as this illustrious male honor and glory of this beautiful, fertile and brave land—our hope will not die, our faith enlivens and our confidence in the permanent spiritual values enlarge.

Rafael Ramos Galván, a great Mexican nutritionist, used to say: "Every thought that is not transformed into word is an evil thought; and every word that is not converted into action is a dirty word."

Gonzalo Gutiérrez Trujillo thought tirelessly, constantly spoke and turned his passion for service throughout life for all and sundry. Farewell Gonzalo, scientist, teacher and great friend who left amid the silent purity of authentic values.

*Luis E. Sarrazin Dávila*

#### 4. The physician in the family

Remembering, in addition to being a search to complete the farewell, if that is possible, is more an attempt to recreate or revive the legacy, the legacy Gonzalo left us, to see more clearly, to live it, use it and enjoy it better. Gonzalo investigated, talked and wrote much of his origins. He used to find, in peasant roots on his paternal side, sources of pride, but many more in the great cultural leap that his father gave to avoid his apparent fate of becoming a farmer or priest. With work, but especially with strategy guided and driven by his mother, he accomplished a career in law, first in Guadalajara and then the Escuela Libre de Derecho in Mexico City.

However, for Gonzalo, the choice of a career in medicine, as we talked, was practically a plan of his maternal grandmother, Maria Elisa Quirós. The family that she formed with Ricardo Trujillo was challenged by various diseases: three of their ten children were deaf and her husband died of a gastric ulcer. She responded to these challenges with dedication and strategy that led the family to overcome based on the development of each individual. It is hard to imagine that she visualized a physician among her descendants as another form of struggle against adversity.

Gonzalo was the physician of many in the family. As a pediatrician, he formed with the family a cohort itself: of course he cared for his three children and his 23 nephews and nieces, then much of the next generation of great-nephews and great-nieces. He monitored their development and immunizations, an important element of preventive medicine and he was proud of the guarantee from the application to his patients to the design of national schemes.

- And which antibiotic should I give him?
- No, no antibiotics. Water and rest, and call me tomorrow.

After a thorough assessment in a very large proportion of cases, the response to a distraught mother, including sisters, sisters-in-law and nieces, to relatively minor respiratory or gastrointestinal profiles was as follows:

- What should I give him for cough?
- Cough is a defense mechanism; in principle, do not turn it off.

These responses proved to be a litmus test to define whether or not Gonzalo would continue as the pediatrician and actually how a cohort of families headed by mothers selected the evidence but were required to withstand the toughness. However, these guidelines were part of his constant struggle every day: a fight for patients to contain antibiotic resistance, to curb the abuse of drugs, to curb the abuse of technology in medicine.

The struggle for children's health was given with each patient, with each family, in institutions, at the Hospital of Pediatrics, at UNAM, in the Ministry of Health. And he always made us part of his struggle.

In children he saw the possibility of a better future. His job was to take care of that future. That is why he found that, as a group, children were often marginalized in their needs, their access to health, especially in their development possibilities. Thus, he found injustice against children. He had the need to combat using the institutions and to

fight battles, which certainly he enjoyed, against simulation and bureaucracies that end up imposing interests outside their domain.

Gonzalo always commented on the books he was reading. I remember very well that once he told me about one book he could not finish reading because he found that the description of the exploitation and injustice was really intolerable: "*Las venas abiertas de América Latina*" by Eduardo Galeano, who died a few days ago.

Gonzalo wrote about death. He wrote about the death of friends. About how it happened, how they tried to avoid or facilitate it, or when it surprised them.

In his latest internment, which occurred in CMN SXXI Hospital of Cardiology because of the problem which resulted to be his final event and knowing that the diagnosis was a massive pulmonary embolism, with great shortness of breath, he told us:

- Well, I'm going home.
- No, you have to be treated. They will infuse you with a substance to dissolve the thrombus.
- Well, so administer it, and then I am going home.
- But this procedure requires vigilance.
- Yes, I will be watching it at home.
- No, it requires monitoring in the hospital 1 or 2 days.
- No, no way, I have many things to do. I'm conducting a series of interviews with my colleagues, and I have much to write.

*Marcos Gutiérrez de la Barrera*

#### 5. Gonzalo Gutiérrez: A champion of public health

I had the opportunity to meet Gonzalo at an early stage of my life when I was a high school student, thanks to the Armendares family. Gonzalo was the pediatrician of my best friend, Pedro Enrique Armendares, son of Salvador Armendares, whom Gonzalo had a friendship of many years. I had no personal contact with Gonzalo until, at the suggestion of Salvador, I managed to enroll in the course of Infectious Diseases at the Hospital of Pediatrics (CMN) as a student of the Faculty of Medicine (UNAM).

Gonzalo taught this course with Onofre Muñoz and Juan Ruiz Gomez, based on the classic text of Kumate-Gutiérrez: "*Infectología Clínica*". From that experience, Gonzalo had my recognition and appreciation as a great master. It was a good course that left a lasting imprint on my medical training.

Subsequently, I renewed this friendship in the famous Club de la Cantina, convened by my beloved teacher and friend, Ruy Perez Tamayo. In recent years, we were able to have Gonzalo return for the monthly gatherings for friends where his energetic and always liberal views were appreciated. I did not have the privilege of working directly with him, but I was blessed with his friendship and counsel in complex and difficult career stages, and like many of his colleagues, I did not run away from a great insult when contradicted.

Talking about Gonzalo Gutiérrez Trujillo means recalling a great Mexican and a close friend who had many facets in his professional life. Gonzalo had the talent and intelligence to transform the health of millions of Mexicans with his ideas



and through his work. Infectious disease pediatrician and public health specialist-using a term in which he framed his occupation-he graduated from the School of Public Health of Mexico in 1959, and since then he took the name of our school. In fair retribution, in 2013 the school recognized him with the “Medal of Merit in Public Health”, a recognition that was born with the name of “Champion of Public Health”, which was awarded to his career and important achievements in favor of the health of Mexicans.

Gonzalo left us a great legacy in different areas of medicine. This was reflected, among other areas, in 270 scientific and popular papers in national and international journals as well as chapters in medical books and various technical manuals. I would like to refer in particular to his contribution in the area of public health.

Gonzalo played a significant role in controlling measles epidemic in 1989 and cholera epidemic in 1991. In the latter, his involvement was crucial to implement the program of oral rehydration and prevention of acute diarrhea in children <5 years of age, which was decisive in reducing mortality from this cause. He also promoted early seroepidemiological surveys, which unequivocally noted low rates of vaccination coverage and prompted major efforts for correction, which culminated in the creation of the National Immunization Council (CONAVA). These same surveys were the basis for the creation of the National Health Survey, which is conducted by the National Institute of Public Health.

In regard to vaccinations, he successfully promoted the prevention of diphtheria in adolescents >12 years of age and in adults with the impetus to change the presentation of the tetanus toxoid to the combined presentation preventing tetanus and diphtheria. Under his leadership the implementation of the first three doses of DPT vaccine were replaced by the pentavalent whole cell vaccine, and during his tenure at the CONAVA pushed training in integrated care to children 5 years of age through training at state and regional centers.

However, in my opinion, the project that crystallized Gonzalo’s professional experience in population health and was his greatest contribution to national public health was the creation of PrevenIMSS. After returning to the IMSS, at the invitation of Onofre Muñoz, Gonzalo found that public health programs were fragmented and overly complicated and operated as disjointed programs, competing with each other for scarce resources. The activities of these reflected more the relative importance and authority levels of the managers responsible for each program than institutional or public health priorities. The anecdotes of PrevenIMSS state:

“When he reached the Coordination he asked how many preventive medicine programs existed. They told him ‘20-something’ and he said: ‘At my age I no longer can or want to learn them by heart, let’s group them.’ Later, he admitted that this idea was born from his conversations with Héctor Guiscafré Gallardo, who was afflicted with Parkinson Disease during his early professional career.”

Beyond the anecdote, and in recognition of the critical thinking that always characterized him, it is fair to say that Gonzalo was aware not only of the complexity of the dislocation, but also the implied difficulty in communicating the importance of preventive activities or health promotion both to workers and to the population.

*How do you motivate employees? How do you motivate people to carry out tasks related to health care?* These were questions that intensely occupied him during the years of creation, design and implementation of PrevenIMSS.

In response to these questions and under his leadership, the idea of *integrated health programs* was generated, an approach that not only facilitated the integration of programs and workers in joint actions, but also the empowered and informed participation of the population. Thus, more than 30 programs that were developed in the IMSS were grouped into a logical framework of actions throughout life and in five integrated health programs:

1. Childhood health
2. Adolescent health
3. Women’s health
4. Men’s health
5. Geriatric health

For purposes of dissemination, these programs were identified by the acronym PrevenIMSS, a term that was so successful that nowadays the following exist: OncoIMSS, DiabetIMSS and even PrevenISSSTE. The idea held by Gonzalo was that integrated health programs result in the promotion of health, nutrition, prevention and reproductive health among the population by means of an instrument of empowerment: the health booklet. Health booklets became a clear and accessible educational tool, mainly to the beneficiaries. Because the health booklet empowers persons to take charge of their health, special emphasis was given to the reported delivery. Booklets were the instrument where the responsibilities of the program were expressed and where the beneficiaries could verify its compliance. Launching of the booklets was accompanied by numerous operating manuals and training for physicians and nurses in the workforce of PrevenIMSS.

The colors chosen for the booklets were explained by Gonzalo in this way: “Children, green, because green is the color of freshness and all that is born; adolescents, blue, the color of illusion; women, red, the color of passion; men, gray, the fortress of metal; and older adults, gold, because it is the time to be valued as gold.”

As his close associates say:

“...Gonzalo Gutiérrez liked to meet all at the work table with a projector in the center, and dictated to his assistant to write together, line by line, objectives, goals, strategies, components and tasks. Quick-witted, all watched the screen filled with meaning to which it was easy to contribute, not only because he knew how to lead but also because his strong personality made impossible to have distractions and a passive attitude.”

Program interventions were selected based on criteria of magnitude, transcendence, vulnerability and feasibility. The national regulatory personnel responsible for public health programs and the 37 delegations of the Institute participated in the design of the program. The health booklets were developed and delivered to the beneficiaries, self-help groups were organized and an important media campaign was launched to promote services related to PrevenIMSS and the participation of the population.

Under the guidance and leadership of Gonzalo, institutional statistical information systems were also modernized and the manner to register actions was changed: from the traditional checkmark to register the name of each beneficiary. This enabled the estimation of coverage of preventive actions by the family, medical unit and registration of participants.

Today, the legacy of Gonzalo still cares for and maintains the health of >50 million Mexicans of all ages and sets the conditions for better health for future generations. Gonzalo was a tireless public health professional whose experience and achievements make us remember the great value of public health. Without a doubt, he was a champion of public health and his life is a model for future generations of health professionals.

Some of his closer collaborators have told me that Gonzalo frequently cited Faulkner: “The highest wisdom is to have dreams big enough to keep track of them as they are pursued”. Certainly, Gonzalo Gutiérrez pursued very big dreams that left us, fortunately for all, achievements of equal size, which are a great legacy for the national public health.

Mauricio Hernández

## 6. The writer

In this tribute to the memory of Gonzalo Gutiérrez, Dr. Onofre Muñoz invited me to speak very briefly about his work as a writer. Because I am very disciplined and obedient, that is what I will do. To begin what follows, I will say that Gonzalo and I met many years ago. We were very good friends and we agreed on many things, of which I will only mention two: we were faithful members of the Governing Board of the UNAM during the decade of 1980-1990, and we both were members of the celebrated Club de la Cantina, although he did not attend as regularly as I did.

His facet as a writer began later in life, although in more than one of his books he tells us that when he was young he wanted to be a poet, confirming him as a member of the species *Homo sapiens*, one of whose specific characteristics is poetry, because as far as I know, no chimpanzees, trees or bacteria are poets. Gonzalo discovered he was a born writer when he retired from his many other “more or less” professional activities, which already have been recounted. I remember it was in the years we served as members of the Board of the UNAM (between 1983 and 1993) that Gonzalo and I discovered that we were suffering from the same disease, known since classical times as *insanabile scribendis cacothetes* and from the invention of the printing press by

Gutenberg was translated into several languages. In Spanish it is known as “horror of the blank page.” This disease is chronic, progressive and incurable and is characterized by subjects who do not tolerate a page unwritten (now we must add an empty computer screen) and lash out uncontrollably against it by filling it with all sorts of letters, pages and even doodles and figures.

When I met Gonzalo, he suffered from a mild form of this disease, and I think he came to talk to me because I was diagnosed (with his usual keen eye) to suffer from it in almost a dominant and sometimes paroxysmal fashion. Thanks to this approach, a close and brotherly friendship emerged, although I was some years older than Gonzalo. Since then, he told me of his interest in writing, of his passion for poetry (especially that of Ramon López Velarde) and even showed me some of his early sonnets. But the urgency of Gonzalo was not poetic, but rather in prose; nonfiction, but rather historical and not the social and political events of the wide and alien world, but rather the origins of his family, his wife, and especially of himself as cause and consequence of all his experience as an individual immersed in his profession, his culture and the history of his country, particularly the one in which he lived. He had devoutly read Luis Gonzalez Gonzalez about microhistory and was convinced that one of his main civic duties was to record his experience and his critical analysis of our reality.

How did he do it? How did Gonzalo meet with that self-imposed task with the goal he tried to achieve in the last two decades of his life? In my opinion, he did this very wonderfully well in the five books he wrote: “*Caminando entre ruinas. Memorias de un defeño*” (2009); “*Caminando entre ruinas. Memorias de un defeño. Segunda parte*” (2013); “*Un peregrino en busca de sus raíces*” (2011); “*La Guerra de Nahuí Olín y otros amores*” (2011); and “*Los muertos que no olvidamos*” (2012). In these books, Gonzalo appears with a Mexican sombrero, portrayed with his grandchildren and his horses, brothers and sisters and family members and also includes photos of the haciendas that belonged to them, the streets of Tacubaya where he lived part of his childhood and youth, and a lovely photo of his wedding day with Gina. These books are not only about him or his ancestors and his older and newer family, his children and grandchildren, these books are about all Mexicans that agree in time with him.

Finally, I congratulate the National Academy of Medicine for sponsoring this tribute to Gonzalo Gutiérrez Trujillo. I express my gratitude to Onofre Muñoz for his invitation to join him in such good company. And I conclude by saying that I think Gonzalo would have been here with great pleasure.

Ruy Pérez Tamayo