This is the first report of significant chronobiological variation in TTC occurrence, characterized by summer and morning preference in a large cohort of Caucasian patients. Regarding seasonal variation, TTC shows an opposite pattern compared with the major acute cardiovascular diseases, especially AMI, which is characterized by peaks in winter and troughs in summer (1). Furthermore, our findings represent new distinctive features that, once again, distinguish TTC from acute coronary syndrome.

Additional studies are needed to investigate the potential link between seasonal and diurnal TTC onset and the underlying pathophysiologic mechanisms.

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Letter to the Editor

Serendipity

During this time of political change, we have been reading numerous editorials outlining current ideas about how medicine should be reorganized. This letter was stimulated by some of those recently published.

I have especially appreciated comments about the need for research, the impending manpower shortage, and the financial
problems. However, they have overlooked one important ingredient essential in advancing the science of cardiology—serendipity.

Serendipity is described in Webster's dictionary as indicating penetrating intelligence, keen perception, and sound judgment.

The history of science is replete with examples describing physicians and others who were going about their usual activities when an incident occurred that stimulated them to recognize a new concept, a new piece of information that could be, or might be, used to answer problems or lead us forward.

A short list of some of those who made a dramatic difference is presented. On this 200th anniversary of his birth, Charles Darwin, though not a physician, must head the list. Few individuals have had such a dramatic impact on our understanding of biology as this young man, whose voyage on the Beagle in 1836 stimulated him to propose the process of evolution that led to one of the greatest upheavals in scientific and social concepts of all time.

Roentgen, a physicist who, while experimenting with a Crookes tube in 1895, noticed the rays would penetrate the body and produce images on a photographic plate.

Werner Forssman, for some reason, realized he could pass a tube through his own veins and use it to inject contrast into his heart chambers in 1922; for this, he was fired from the hospital staff.

Fleming’s experience with penicillin was certainly unplanned and although its utility was unrecognized until Forey and Chain tested it in Nice 7 years later, its discovery was as unplanned as it was momentous.

We have all heard the story of how Mason Sones, in 1958, accidentally injected contrast into the right coronary artery and, although it produced cardiac arrest, he persisted in popularizing coronary angiography, which certainly revolutionized cardiology.

In my own experience, an exercise test in an asymptomatic man, who died a month later, led me to recognize that a slow heart rate response was not always a sign of conditioning and led me to coin the term chronotropic incompetence.

I could describe many other examples, but these few cases illustrate that all new concepts are not always discovered with a planned experiment, funded by the National Institutes of Health, and approved by a research council. A more recent example is epicardial ablation for ventricular tachycardia, developed in Sao Paulo, Brazil.

How can we encourage and facilitate this kind of discovery in our present environment? We must encourage the cardiologists we are training to not only learn as much as they can but also recognize events that are unexpected as a possible window to a new idea, a new concept, and maybe a new treatment. We must try not to complicate our research efforts with too much bureaucracy and protocol so that those who might have a serendipitous experience are not turned off by the complexities of our system. We should nurture those with unconventional ideas.

*Blessed is he who is politically incorrect. Although he will have torrents of derision heaped on his head, his efforts will shed much light in dark corners.*

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