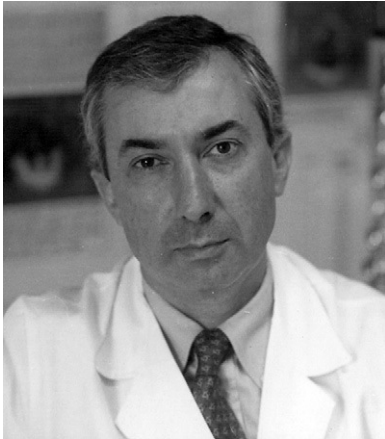


In Memoriam

Manuel Penas Lado



On Sunday afternoon, November 27, 2011, Manuel Penas Lado died in a car accident while driving from Vigo to A Coruña. The circumstances seem to indicate that he may have had a cardiac event and that loss of consciousness preceded the accident. Manuel was born in March 1950 in Mieres, Asturias, “*de casualidad*” (“by chance”) as he used to say (his father was working there at the time). He lived most of his life in Galicia, but always maintained a special relationship with Asturias. He studied Medicine at the *Universidad Autónoma de Madrid* and trained in cardiology at *Doce de Octubre Hospital* in Madrid, expanding his training in the U.S. and England. His contribution to the development of cardiology in Galicia began in Lugo Hospital, where he participated in the creation of one of the first coronary care units in Spain. He later developed his career in A Coruña, where he was chief of section, and in Pontevedra as head of the cardiology department.

His death was unexpected and a shock to his family, friends, and colleagues. He is survived by his wife, María José, with whom he shared 32 years of marriage. Death is an integral part of life, as those involved in cardiovascular medicine are very aware. The loss of individuals with national or international profiles elicits eulogies often on a grand scale. Manuel was quiet, humble and unassuming, yet his death was felt profoundly by all who knew him. The man behind the unpretentious exterior was one of integrity, generosity, and skill. Some will be aware of his medical accomplishments.

His scientific tools were simple: the clinical history, the 12 lead electrocardiogram, and the echocardiogram; yet, in the tradition of

a great investigator, he examined his investigations to generate hypotheses, rather than the reverse. This approach led to original observations including early recognition of the familial basis of cardiomyopathies, apical forms of hypertrophic cardiomyopathy, and unusual variants such as tako-tsubo cardiomyopathy. To my knowledge, his PhD thesis, entitled *Miocardopatía hipertrófica apical, características clínicas y pronóstico en nuestro medio* (Apical hypertrophic cardiomyopathy: clinical characteristics and prognosis in our context), was the first in Spain to examine the inherited basis of hypertrophic cardiomyopathy. This led to collaboration with the Seidman Laboratory in the Department of Genetics at Harvard and identification of the disease-causing gene in Galician families which Manuel had studied for several decades.

These accomplishments are recognized. Manuel's greatest gifts of commitment, support and care of family, patients, and friends were less visible to the wider community. Manuel and María José enjoyed well researched holidays in special places, usually in France and Spain. He was particularly expert in finding farmhouse B&Bs in Galicia, isolated spots in Asturias, and out-of-the-way *Relais & Chateaux* in France. He enjoyed good food and Albariño wines in the company of María José and friends. Had travel connections between Granada and A Coruña been better, we might have been neighbours in Lenteji, a *pueblo* in Andalucía where my family have had a home since 1987. The village of 300 inhabitants, the majority *campesinos*, preserves a rural existence which appealed to Manuel and María José. They visited several times and enjoyed the walks, the mountains, and most of all – the people. The details of *campesino*-produced wine, *aceite* (olive oil), *queso de cabra* (goat's milk cheese), and *cestas* (baskets) fascinated Manuel and he always stopped in the path to ask questions. This was the same attention to detail which he brought to his daily personal and professional life. Electrocardiographic changes which were unexpected were investigated and their cause pursued until explained. An individual patient's unusual response to treatment generated queries to colleagues and I frequently 'shared the care' of complex patients or those in whom findings did not make sense within our diagnostic framework. . . and thus it is not surprising that he was early in the recognition of a number of cardiovascular phenotypes, including apical hypertrophic cardiomyopathy and tako-tsubo cardiomyopathy.

With his absence Manuel's quiet style, strong friendship, and clinical acumen are even more apparent now to those he loved and cared for. He will be missed by his family, patients, friends, and colleagues.

William J. McKenna
The Heart Hospital, London, United Kingdom