On editors, communication, catastrophes and terrorism

After 12 extremely productive and successful months, Dr. Xavier Leverve, has retired as the second Editor-in-Chief of *Critical Care and Shock* following the founder of the journal Dr. Iqbal Mustafa. Beginning with this issue, it is my honor and privilege to become the third Editor-in-Chief of *Critical Care and Shock*. This journal's purpose is to provide communication among health care professionals caring for critically ill patients and scientists involved in the diagnosis and management of shock and critical care.

Communication is an interesting word and has a fascinating history. Sometime between 3500 and 2900 BC, the Phoenicians developed an alphabet and the Egyptians developed hieroglyphics. By 776 BC, the Greeks used an early version of airmail by sending messages to Athens via homing pigeons to indicate the winner of the Olympic competitions. Greece was also innovative in establishing the first library in 530 BC. Books were first bound in 100 BC. Gutenberg invented the metal printing press in 1455, but not before the Chinese developed a wooden printing press in 305 AC. In 1843, Samuel Morris developed the first telegraph line for communication. In 1861, the Pony Express was initiated for mail delivery in the United States; in 1867, the first typewriter was invented. Then, in 1876, the telephone was co-invented by Alexander Graham Bell, creating a major improvement in communication. Today, we use electronic mail and video-teleconferencing as communication tools.

In highlighting this historical context, my intent is to emphasize the importance of looking at progress in communication as more than simply a new procedure to accomplish a task. We need to look into the social implications of progress. How has human interaction changed? What are the positive implications and, conversely, the potential negative implications? How can we best use this progress in communication for the good of society?

Healthcare providers are frequently confronted with variety of natural and man-made disaster that require constant communication in order to avoid chaos. The recent catastrophes in America posed by hurricanes Katrina and Rita represent large natural disasters for which communication among different layers of professionals was a must. Without communication, the massive exodus of almost 3 million people from the Houston metropolitan area would have been impossible. More recently, the second wave of terrorism bombings of the peaceful island of Bali remind us of the uncertainty that health care providers may have. One second they can have a controlled situation and the next they can be dealing with hundreds of victims of human-made disasters based on hate and terror.

Perhaps the progress that we are making at *Critical Care and Shock* about communication has made me appreciate how far we, as a society, have come in being able to communicate and collaborate with one another. My hope is that we will use the current communication technology (i.e., electronic mail), including publication of relevant scientific information in journals such as *Critical Care and Shock* for the betterment of society in general and, for a more efficient and responsive journal. I look forward to this new phase in our publication's chronology.

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