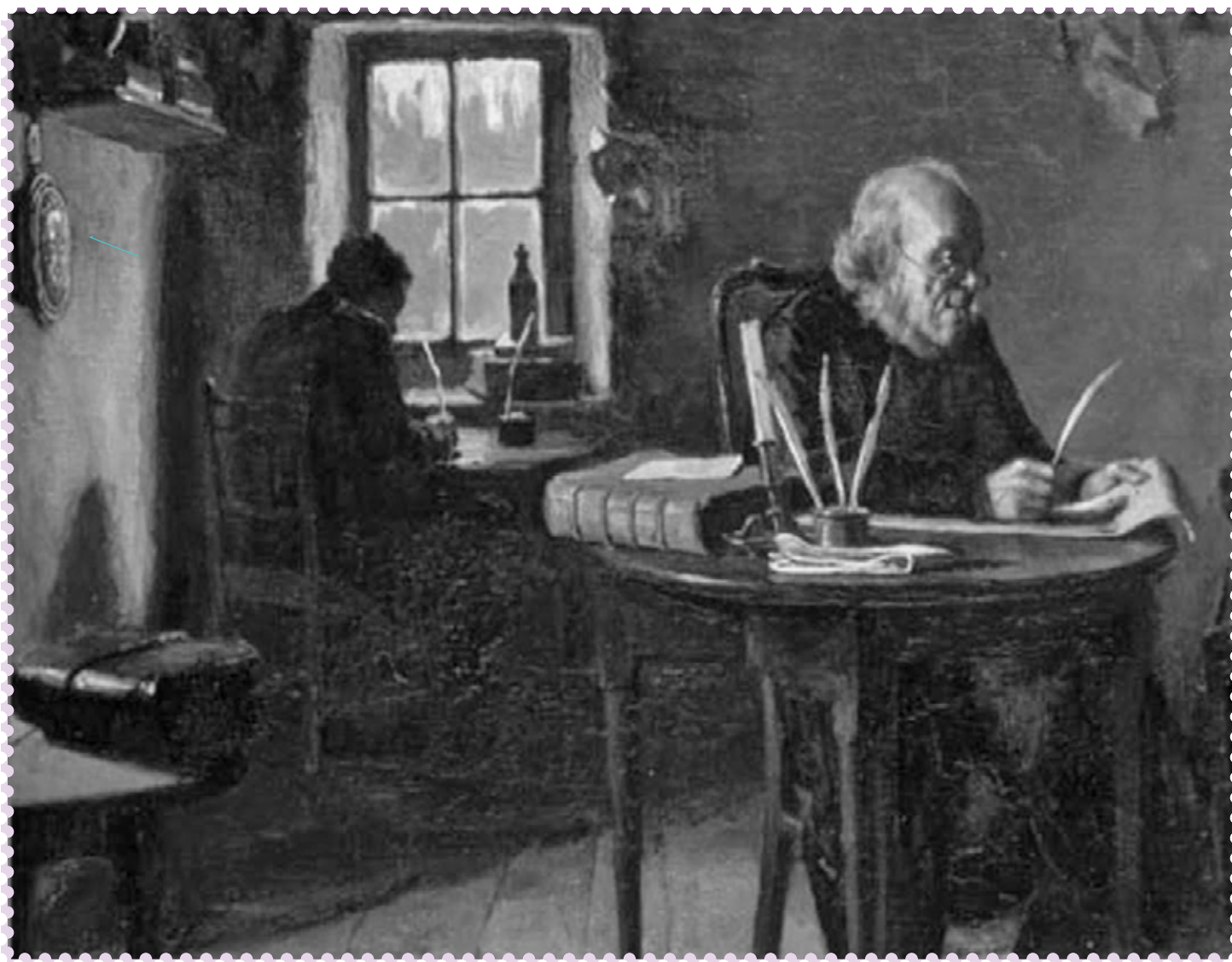


≡ The Communicator ≡

Official Publication of the American Association of Dental Editors & Journalists



FROM THE PRESIDENT

Editors, Journalists & Communicators Unite

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Focal Tales, or Editors and Minority Opinions

Daniel L. Orr II, DDS, PhD, JD, MD, CDE, Editor-in-Chief



Once upon a time (1900), in a land far, far away (England), a very famous doctor (William Hunter) proposed a beautiful hypothesis explaining that the expanding use of conservative dentistry (restoration as opposed to exodontia) was the cause of a multitude of diseases.¹ Specifically, the hypothesis grew to iterate that focally infected teeth could be the etiology of diseases including, but not limited to: anemia, arthritis, asthma, cancer, emphysema, goiter, indigestion, myalgias, nephritis, neuritis, pneumonia, and stupidity.^{2,3,4,5}

Amazingly, even though the theory had no scientific basis, it soon metastasized across the pond to America, courtesy of physician Frank Billings who recommended wholesale extractions (and tonsillectomies) to remove foci of infection⁶ which were, per Hunter, seeding other tissues and organs. Dr. Billings “proved” the hypothesis by exposing rats and rabbits to injected boli of 10^6 - 10^9 cfus (bacterial colony forming units)

per ml to see what would happen. Not surprisingly, many of the rats and rabbits died from overwhelming sepsis. A few developed bacterial endocarditis (BE). Dr. Billings assisted the bacteria by placing, and leaving, a plastic IV catheter across the aortic valve. One other thing, cfus for dental hygiene, dental restorations, or mastication in humans are 1-12 per ml, some 1,000,000,000 times less than the rats and rabbits received.

The 1920s revealed that Dr. Billings must have been an engaging scary theory spinner, as his efforts resulted in a decades-long removal of millions of tonsils and teeth in an ironically ignorant effort to prevent stupidity and other maladies postulated by Focal Theory adherents. Many physicians, and unfortunately a few dentists (the “100 percenters”), recommended removal of all non-vital, suspicious, or, later, even all teeth, diseased or not, all because of the unwarranted fear of focal infections. These unnecessary mutilations were deceitfully dubbed “therapeutic edentulation” (and for our “safety,” as all tyrants and their apparatchiks state about their health and other non-negotiable dicta). The scheme

supplied our profession with a virtually endless number of interesting removable prosthetic cases well into the 1970s and 1980s. A recent similar dentally injudicious political policy decision was the closure of “unessential” dental offices by some governors for 30–60 days in the spring of 2020, resulting in the loss of millions of otherwise restorable teeth nationwide.⁷

That many dentists felt a little picked-on was understandable. Just because some physicians could not diagnose the true etiologies of these infections, did they have to blame the teeth? Unfortunately, these doctors received significant supportive validation from plaintiff attorneys, some of whom never let sound science get in the way of a money-making theory. To this day, infections of unknown origin are often designated odontogenic in desperate default.

Your editor helped defend a focal infection case a few years ago. The allegation was that a mandibular bicuspid caused a brain abscess. Instead of discussing with the plaintiff expert how he knew (since he’d never requested comparative genetic

A recent similar dentally injudicious political policy decision was the closure of “unessential” dental offices.

microorganism identification) that the tooth caused the brain abscess, he was asked why, if indeed, this patient had a brain-threatening bicuspid in place, why he had not consulted with a dentist, virtually the only specialty not called upon, or at least why he had not ordered a diagnostic radiograph during the hospital admission? In addition, why had he discharged the patient without referral to a dentist? Might he want to address the premolar's issues before it caused another brain abscess? The case was resolved nicely for the defendant dentist later that week.

Focal (tooth) tales reached the height of their infamy in three areas: brain abscesses, prosthetic joints, and bacterial endocarditis.

Millions and millions of antibiotic prescriptions have been taken to prevent potential orthopedic joint infections. But, studies have shown that the worst-case scenario for such a development is 1 per 2,500,000 dental visits.⁸ This was actually another perfect treatment plan for increasing antibiotic-resistant bacteria.

The sequelae with prophylaxis for BE during dental procedures is even worse. Beginning in 1955, the American Heart Association (AHA) recommended one regimen or another, changing the protocols every 2–3 years, to prevent BE secondary to dentistry. It took a while, but the AHA finally recognized that viridans group streptococci are ubiquitous and that one gets an equivalent bacteremia from normal activity (brushing and flossing) as from dental therapy. In fact, the risk of bacteremia arising from routine daily activity is 1,000–8,000 times greater than from dental treatment.⁹ Not all dentists understood this, and the focal theory of disease was an old wives' medical expert's tale that refused to go away. It led to some interesting articles in the dental literature. One in JADA recommended that dentists wait 10 minutes between multiple extractions.¹⁰ At least the article didn't recommend that patients wait 10 minutes between flossing each tooth,

possibly so they would have 32 minor bacteremias instead of one major one?

Of course, over 50 years worth of unscientific prophylactic antibiotic prescribing has had devastating consequences that persist to this day for the population in general, in particular with regard to the development of strains of super bacteria that are resistant to every antibiotic known to man.

But, in 2007 the AHA's guidelines morphed to: "The guidelines for prevention of BE...are substantially different from previously published guidelines." Further: "The AHA's Endocarditis Committee together with national and international experts on BE extensively reviewed published studies in order to determine whether dental, GI, or GU tract procedures are possible causes of BE. These experts determined that there is no conclusive evidence that links dental, GI, or GU tract procedures with the development of BE."¹¹

Finally: "The current practice of giving patients antibiotics prior to a dental procedure is no longer recommended except for patients with the highest risk of adverse outcomes resulting from BE.¹² The Committee cannot exclude the possibility that an exceedingly small number of cases, if any, of BE may be prevented by antibiotic prophylaxis prior to a dental procedure. If such benefit from prophylaxis exists, it should be reserved only for a small subset of patients. The Committee recognizes the importance of good oral and dental health and regular visits to the dentist for patients at risk of BE." Today, the ADA supports the new guidelines for BE and orthopedic concerns.¹³

It was a great day when the AHA disposed the Focal Tooth Tale that related BE to dentistry. This was a miraculous victory against the harmful and inaccurate, but politically correct, theories of the day. It resulted from a cadre of heroic

minority-opinion dentists led by Tom Pallasch from the University of Southern California who fought the prevailing medical, legal, and political establishment for decades.^{14,15,16,17,18} Dr. Pallasch, a colonial, was subsequently inducted into Honorary Fellowship with the Royal College of Surgeons secondary to the recognition of a lifetime of exceptional efforts to truthfully set the record straight in this field of medicine.

Would that today we as editors could critically look beyond politically correct popular dogma in order to discover truths about controversial subjects, and perhaps accomplish a modicum of good for honest, forthright, and correct minority-opinion doctors and patients as courageously as Tom Pallasch and other doctors through the centuries have done.

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Editors, Journalists, and Communicators Unite

Stuart Segelnick, DDS, MS, AADEJ President-Elect



Stepping up into the role of the 90th president of our esteemed organization is a great honor which I humbly and wholeheartedly accept. How did a boy from Brooklyn, New York ascend this dreamy path leading to the heights of the greatest national dental editors, journalists, and communicators association? I thank Dr. Howard Lieb, a longtime member of the AADEJ and chair of the Second District Dental Society of New York's (SDDS) publication committee, who sent me a copy of a mass email blast from AADEJ with the headline: "We need you to be part of what

makes the AADEJ work!" that announced the open position of Vice-President on the AADEJ board. Responding to the request and throwing my hat into the race is one of the best decisions I've ever made. Though Dr. Lieb's initial push brought me on this journey from the SDDS, where I have been their bulletin editor for the past seven years, it was the faith of the AADEJ board in my abilities that kept me going. Drs. Mary Jennings, Michael Diorio, Brian Shue, Dan Jenkins, Dan Orr, and Richard Roadcap have been my leadership role models in the communication field. This small group of

dedicated members along with David Chambers, Denise Maihoffer, Mali Schantz-Feld, and Kevin Hanley have contributed tremendously to improving our organization. The history of the AADEJ is rich from the quality of dental editors who have made our mission successful.

Dan Jenkins recently gave a historic perspective in our *Communicator* Bulletin mentioning how our society was initiated by the forward-thinking leadership of the American College of Dentists (ACD) through their Commission on Journalism. This commission stepped away from having any further relationship with our association after the ACD's October 18, 1931 convocation. (Until this year, when we are bringing back this affiliation by becoming a non-geographic section of the ACD.) Two days later the AADE, which is how we were known back then, received its charter in Tennessee. On November 7, 1931, a temporary slate of officers was formed to serve until the first annual meeting of the AADE. This group, consisting of President Robert S. Vinsant, Secretary John E. Gurley, and Treasurer William J. Gies, all agreed not to run for any positions at the first general meeting's elections to be held on January 18, 1932. In this two-month interval the AADE board of directors elected to membership 48 active members and one associate member, adopted our bylaws, and codified annual dues at \$5 per active member and \$3 for associate member.

Out of the initial 48 active members of the AADE, I was happy to see Dr. C. Raymond Wells, Bulletin of the Second District Dental Society of New York had joined. Although, he never was President of the AADEJ, his many accolades and accomplishments included being the editor of my local component's SDDS bulletin in 1931, 1935-1941, president of the SDDS in 1934, and president of the ADA in 1944. I am sure he would be proud to see a member of the SDDS finally becoming president of the AADEJ. A 90-year drought of the SDDS not having an

AADEJ president may not beat the Boston Red Sox baseball team who after 86 years finally won a world series, but it does beat the Chicago Cubs who took 108 years to win one!

At the first AADE annual meeting, two new officer positions were added to the slate of elected officers, the Vice President and the Editor. Dr. Grace Rogers Spalding was elected our first editor. Dr. Spalding, a fellow periodontist, went on to become the first female President of the AADE and our 10th president in 1941-1942. Many of our members know about our famous former presidents, especially after Dan Jenkins' last two articles. The first renowned President you may have thought of was Dr. William Gies or perhaps the new ADA executive director Dr. Ray Cohlma. For me, the one that always comes to mind is Dr. Spalding, who was also co-founder of the American Academy of Periodontology (along with Dr. Gillette Hayden) in 1914 and the second president of the AAP (known then as the American Academy of Oral Prophylaxis and Periodontology), and was founding editor of the *Journal of Periodontology* in 1933. Dr. Grace Spalding became a fellow of the ACD in 1950, becoming one of the first four females elected to the college. She was also the sixth president of the American Association of Women Dentists. Talking about great leaders leads the discussion to Dr. Brian Shue who has been a phenomenal President. He has been instrumental in

hiring our new executive director and refreshing our commitment with the ACD. Brian has run very effective board meetings to accomplish the strengthening of our society. All these activities have gone on under the heavy stress of the COVID-19 pandemic where Dr. Shue suffered personal loss with the passing of his father. To the testament of Dr. Shue's generosity and good heart, I will never forget a package that arrived early on during the pandemic. New York, if you remember, was one of the first states hit very hard, and dentists were without many important supplies. That package I opened contained several K-95 masks that were very much appreciated. Thank you Dr. Shue for your leadership, service, and editorial contributions. Dr. Spalding and Dr. Shue possess many admirable qualities, three of them are leadership, ethical principles, and editorial prowess. These abilities are what helps unite our organization with the ACD and each other. My goal as President is to continue moving our organization forward and upward and working to unite the dental editors, journalists, and communicators of our country for the benefit of our members and our profession.

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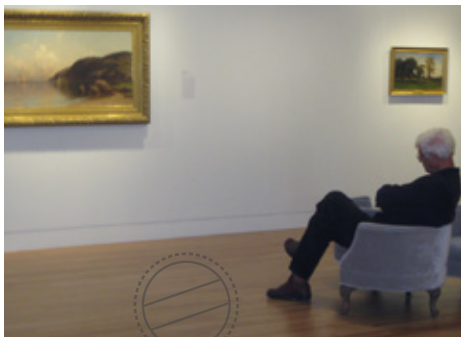
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*My goal as President is to
continue moving our organization
forward and upward and working
to unite the dental editors,
journalists, and communicators.*

“”

Beyond the Editorial

David W. Chambers, EdM, MBA, PhD, AADEJ Executive Director



Why do we communicate? Simple: to maintain our place in community. Humans are social animals, and we thrive to the extent that we function well in the groups that are important for us. Dentists who are a bit behind on CAMBRA or current regulation for staff certification are a threat—not only to themselves, but to colleagues, patients, and staff. Communication is how we learn how to be good at what others expect of us. Editors play a critical role in building community.

There are three primary types of messages in dental communication: (a) information, (b) news, and (c) perspective.

Information has the potential to change one's behavior. "I see that aligner technology can be used to correct Class II malocclusions." "I need to mark my calendar for 13 October, for the AADEJ annual meeting." Information changes how we intend to behave. (The scientific definition of information is reduction in uncertainty.)

This is a challenge for publications since uncertainty is a characteristic of the reader not the presenter of information. Much (most) potential

information falls on barren ground, not because of the poor quality of the information, faulty grammar, or wimpy graphics, but because those it is addressed to have no particular need for it. One of the first responsibilities of editors is to work with their organizations to get a clear understanding of the market. Who are we communicating with, and why do they consider us to be important sources of information as they define it?

Most dental publications are newsletters. By definition, news is something that has temporal and community currency. It will not matter to those in other groups or next year. That includes the message from the president, announcements of upcoming events, availability of services provided (for a fee) by the organization, and shout-outs to members and pictures of the golf tournament. We want to get the hardcopy newsletter, even if we don't read it. That is proof that we are members of the in-group.

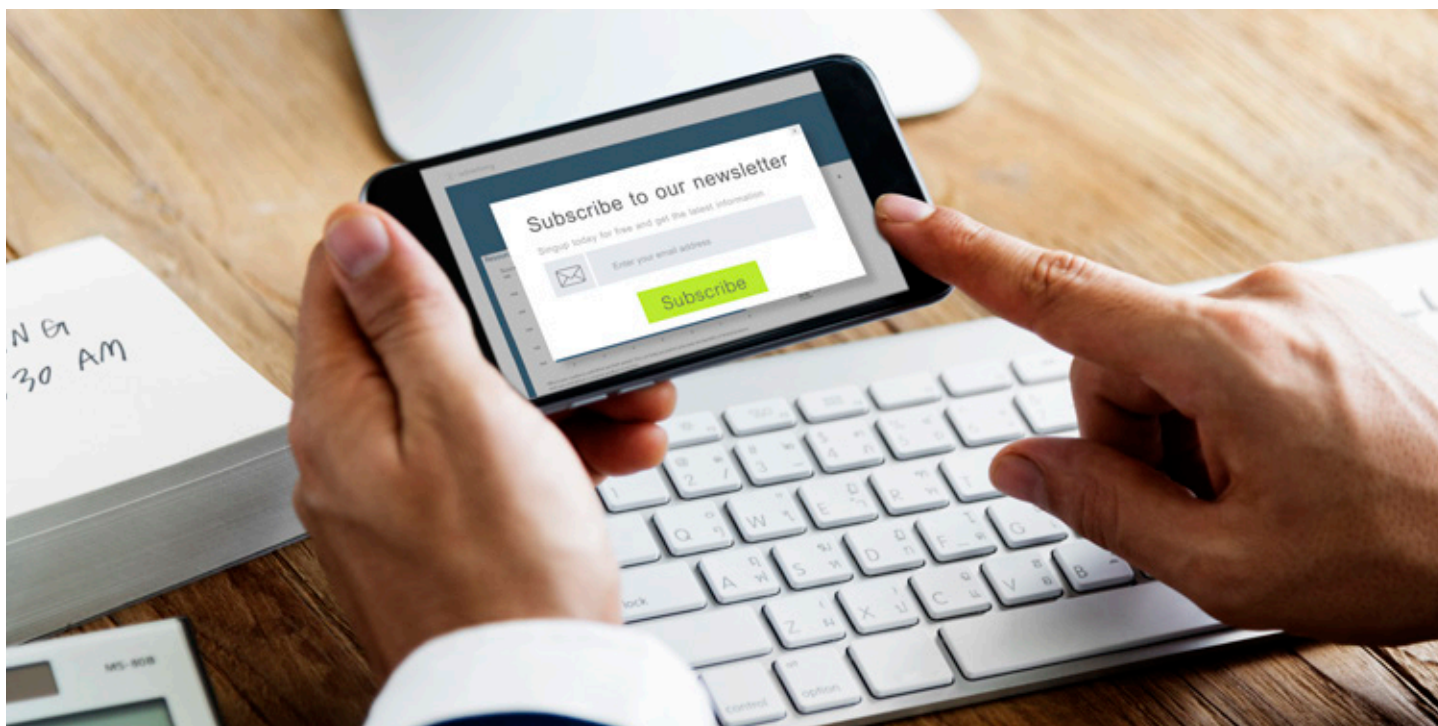
Timing matters for news. News also has exchange value for those who are part of the network. It is embarrassing not to know that a friend was just honored. There is a little bump of prestige in being able to tell other members of the committee that the state association just took a position on this or that when the others hadn't heard it yet. News strengthens our place in community. We care about what our colleagues care about. Of the roles of communication, the sense of belonging that news provides is probably the strongest. That is why digital platforms that allow multiple "membership" of the user's choosing and instant access to what others might not know has achieved such a

dominant place.

Publications also play a role in shaping our perspective. Sometimes we hear something that jogs our insight. "Teledentistry provides valid oral health services in some circumstances (information), and recent legislation in our state permits billing for it (news), so that may require a rethinking of how I practice (perspective)." Introducing and calling for analysis of perspective is the traditional role of the editor. It is more difficult than generating information or getting out the news. It is human nature to skip the need for having fresh looks at our assumptions. Only the best editors can penetrate that barrier.

A blend of information, news, and perspective is required for organizations to be effective in communicating with their members and publics. For the most part, we now have a division of labor here with outside experts peer reviewing and consultants in HR and regulatory matters providing the information. The managing editor, executive director, and staff take care of the news. Traditional editors, where they still exist, provide nudges on what it all means.

Regardless of the various ways dental organizations structure these functions, the driving force remains with the interests of the members and publics and how they define their needs for information, news, and perspective. Managing the overall communication program for dental organizations belongs to the executive director or the board. The ones that are best positioned to excel in this role are those supported by metrics on what is working and what others want.



Number One

Dan Jenkins, DDS, CDE, Former President and Editor-In-Chief



When the AADEJ has sent out surveys over the years asking members how the AADEJ can help them, there is one consistent request—article material. Many years ago, the AADEJ kept several articles available on its website that members had submitted

for other members to republish. However, the influx of new articles diminished and soon, the articles in the AADEJ article vault were stale.

The AADEJ is attempting to, once again, develop a vault of articles on its website. All are invited to submit their articles with the understanding that they will be used by other dental editors. Of course, it is common courtesy to acknowledge a reprint's original publication.

New and experienced dental editors have asked me where I find the material for articles. Since this is a common question, I thought I should share what sources I access for material, ideas, or better yet, getting someone else to write an article!

I subscribe to many online newsletters, not just on dentistry but on health, research, medicine, history, and photography. I also will search for specific topics either on PubMed or a general Google search such as teledentistry. The following is my list of

sources and how I use them for articles. I hope you find them useful.

ADA Morning Huddle: ada_morning_huddle@smartbrief.com. This is published daily by an outsource through the ADA. There is the main “Morning Huddle” and a financial one. There are links with each synopsis, and you can also share it to your dental organization’s Facebook page if you wish to provide information quickly to your members. I found this especially helpful during the pandemic.

Science Daily newsletter: Latest Science News—ScienceDaily. This newsletter lists a variety of science topics, some of dentistry and medicine and others of astronomy, chemistry, etc. If you click on a synopsis, it will take you to a short article about the research paper. At the bottom, you can find a link to the original abstract and from there, if you wish, you will be able to find the original research paper. Most of the time there is a fee to

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download the original paper, but more and more are becoming open access, and you can download for free.

Medscape Daily News: medscape_daily_news@mail.medscape.com or, www.medscape.com/medscapetoday/news. This is a daily medical news report. The first link is a daily newsletter and the second is a webpage you can access upon demand. You may have to sign up to get the newsletter, but it is convenient to quickly go over the topics and click on the ones you want to read more of.

MedPage Today: www.medpage.com. This is another gratis newsletter mainly on medicine, but occasionally it publishes information concerning dentistry.

Practice Update: www.ada.org/en/publications/practiceupdate. This newsletter is produced by Elsevier. You can sign up for specific information, such as clinical dentistry, and receive information only on that topic.

Amedeo: www.amedeo.com. Various topics, including dentistry, to choose from for abstract links with some to full downloadable research papers. Amedeo also allows you to choose what topics you wish to receive of their list of links. I receive several newsletter link lists from Amedeo such as sleep, COVID-19, and migraines. During 2020, I would sometimes receive 700 links daily on COVID-19 research articles!

New England Journal of Medicine: www.nejm.org. The NEJM allows a free subscription with a limit of downloading four articles per month.

Nature Briefing: www.nature.com/briefing/signup. (From England by Springer publishing.) This online magazine will have many scientific articles and frequently contains something I could use for dentistry.

Weird History: <https://link.ranker.com/view/6116f918812a73074114c52df627w.1u9b/af85a644>. This “weird” newsletter is something I subscribe to for historical information that I might be able to use.

Digital Photography School: www.digital-photography-school.com. Out of Australia with a daily newsletter with tips. As editors, we typically take photos. This site provides some tips that I find useful for taking group or individual pictures as well as landscape pics I might use for a cover.

Medscape Topic Alert: <https://www.medscape.com/newsletters?scod=m&client=205502>. This is from the Medscape group and is not a duplication of the daily Medscape news.

PubMed: <https://pubmed.ncbi.nlm.nih.gov>. PubMed contains links to abstracts of various medical and dental topics. You can narrow down your search by typing in “dentistry” and choosing a more specific area in the dropdown. I have published a section of my component newsletter I call, “Short Abstracts.” I mainly post what the paper is about, a very short synopsis of one sentence, and the link. Since we have gone all digital, the reader/member can then click on the activated link and go to the abstract. Members have told me that they really like this feature.

Conventions: ADA, state, and regional. At the conventions you can find speakers to hit up for an article, write your own article about what they talk about in doing a report on the meeting, and go through the exhibits and talk to some of the exhibitors about writing an article. I also stop and

talk to the military recruiters about writing something about dentistry in the military. (I mention that I have two dental schools in our component and many new dentists who have not started their own private practice.)

CE meetings: Talk to scheduled speakers either 1) before a meeting or 2) at the meeting after they have completed their presentation, and ask if they would like to write an article about their topic.

Google: Search “dentistry” and comb through the pages. (649,000,000 results!) You will have to be desperate and have a lot of time on your hands to get past all of the dentist ads!

Dentistry IQ: www.dentistryiq.com. An online dental newsletter. This is a new one I just found. They have a lot of various topics for different areas of the dental practice such as front desk, assistants, hygienists, and dentists.

Of course, if you are republishing an existing article, you should request permission from the publisher to republish.

One last thought! Be sure to invite any of the authors you contact to join the AADEJ as well as any of the publishers whose articles you request permission to republish an article. Spread the word about our organization—it will be better for all of us!

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Bartleby the Scrivener

An AAEJ excerpt

Herman Melville, 1853, *Putman's Magazine*

One afternoon the evil impulse in me mastered me, and the following little scene ensued:

"Bartleby," said I, "when those papers are all copied, I will compare them with you."

"I would prefer not to."

"How? Surely you do not mean to persist in that mulish vagary?"

No answer.

I threw open the folding-doors nearby, and turning upon Turkey and Nippers, exclaimed in an excited manner:

"He says, a second time, he won't examine his papers. What do you think of it, Turkey?"

It was afternoon, be it remembered. Turkey sat glowing like a brass boiler, his bald head steaming, his hands reeling among his blotted papers.

"Think of it?" roared Turkey; "I think I'll just step behind his screen, and black his eyes for him!"

So saying, Turkey rose to his feet and threw his arms into a pugilistic position. He was hurrying away to make good his promise, when I detained him, alarmed at the effect of incautiously rousing Turkey's combativeness after dinner.

"Sit down, Turkey," said I, "and hear what Nippers has to say. What do you think of it, Nippers? Would I not be justified in immediately dismissing Bartleby?"

"Excuse me, that is for you to decide, sir. I think his conduct quite unusual, and indeed unjust, as regards Turkey and myself. But it may only be a passing whim."



About the Cover

From the Editor-in-Chief: Melville's 1853 short story, The Scrivener, A Story of Wall Street, is a nuanced example of a writer's declaration of autonomy. The entire story can be found at: <https://www.gutenberg.org/ebooks/11231>.

"Ah," exclaimed I, "you have strangely changed your mind then—you speak very gently of him now."

"All beer," cried Turkey; "gentleness is effects of beer—Nippers and I dined together today. You see how gentle I am, sir. Shall I go and black his eyes?"

"You refer to Bartleby, I suppose. No, not today, Turkey," I replied; "pray, put up your fists."

I closed the doors, and again advanced towards Bartleby. I felt additional incentives tempting me to my fate. I burned to be rebelled against again. I remembered that Bartleby never left the office.

"Bartleby," said I, "Ginger Nut is away; just step round to the Post Office, won't you? (it was but a three minute walk,) and see if there is anything for me."

"I would prefer not to."

"You will not?"

"I prefer not."

I staggered to my desk, and sat there in a deep study. My blind inveteracy returned. Was there any other thing in which I could procure myself to be ignominiously repulsed by this lean, penniless wight?—my hired clerk? What added thing is there, perfectly reasonable, that he will be sure to refuse to do?

"Bartleby!"

No answer.

"Bartleby," in a louder tone.

No answer.

"Bartleby," I roared.

Like a very ghost, agreeably to the laws of magical invocation, at the third summons, he appeared at the entrance of his hermitage.

"Go to the next room, and tell Nippers to come to me."

"I prefer not to," he respectfully and slowly said, and mildly disappeared.

AADEJ

Helping Dental Organizations Communicate with Their Members and Publics

Nota Bene November 2021

AADEJ Needs a Stronger Web Presence

Calling all AADEJ members and organizations—
Share your expertise. We need help on two fronts:

Gracefully Closing Our Current Site

AADEJ has been working with an “inherited” site that is gradually becoming irrelevant. We need help carefully winding down this system.

Designing and Implementing a New Site

AADEJ needs to have a web presence that is a model for dental organizations. Challenges include design, site selection, and set up.



Is there someone in your organization who knows Squarespace or is interested in the big picture of web design? Perhaps you have some other good contacts. Contact Stuart Segelnick at eperiodr@aol.com.

Skill Building Program: Social Media Overview

Friday, 3 December for about 2½ hours, beginning at 4 p.m. Pacific Time, Zoom platform.

“Social media is about finding your reflection online for a moment of micro-fame.”

–Tim Wu, *The Attention Merchants*. (Recently appointed to the presidential commission on social media.)



**Timothy Vassilakos, Director,
Strategic Business
Operations, Henry Schein**
Overview of Social Media



**Nathaniel Lawson,
Biomaterials Director,
University of Alabama**
*Instagram as a remote
instructional platform*



**Theresa Pablos, Editor-
in-Chief, Dr. Bicuspid**
*Building brand loyalty for
your platform*

Skill Building Program: Dentists' Expectations for Communication

Friday, 10 December for about 2½ hours, beginning at 4 p.m. Pacific Time, Zoom platform

"The elements of journalism stem from the function that news plays in people's lives."

–Bill Kovach and Tom Rosenstiel, *The Elements of Journalism*. (Report of a national group called the Committee of Concerned Journalists.)



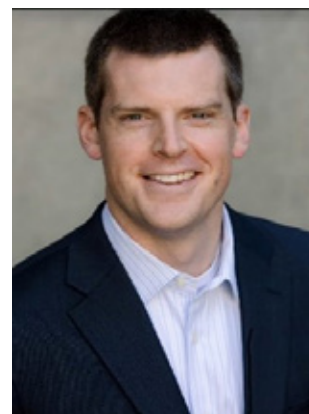
Mike Meru, Thousand Oaks, California

Consumer and Producer



Donna Hurowitz, San Francisco

Newsletter Editor,
General Practice



Dan Hammer, San Diego

Following Technology

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Featured Member



Gail Siminovsky, CAE, is the Executive Director of the Academy of Laser Dentistry (ALD) and the Managing Editor of the *Journal of Laser Dentistry* (JLD). *JLD* features clinical and scientific articles that focus on the safe, efficacious, efficient, and ethical uses of lasers and light-based technologies for improved everyday patient care. *JLD* welcomes communications focusing on the integrations of dentistry, lasers, and light-based technologies with general patient well-being, health, and healthcare. ALD is devoted to clinical education, research, and the development of standards and guidelines for safe, effective, efficient, and ethical uses of laser and light-based technology. Gail appreciates that AADEJ builds our community with best practices and recognizes the challenges facing journalism in dentistry.

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