REMINISCENCES OF AN EARLY DENTAL PRACTITIONER IN WESTERN OKLAHOMA

By Dr. F. C. Holmes

INTRODUCTION

The Oklahoma State Dental Association celebrates its fiftieth anniversary this year and members are proud of achievements made by the profession: high standards of excellence, a dental law recognized as one of the best in the nation, and national recognition accorded to individuals. These accomplishments are a natural outgrowth of the labors performed by pioneer dentists interested in professional growth, attracted to the Twin Territories and platted towns or small communities. Although some of the dentists drifted away to larger cities or more settled communities in the state, a few sank their roots deep in the life of crossroads and villages to survive the rigors of frontier conditions and be a part of the development of settlements into towns, villages into cities.

Among these was Dr. C. F. Holmes, thirty-one years of age when attracted to Western Oklahoma in 1889 from Galveston, Texas. He made his home in Mangum, at that time in Greer County, Oklahoma Territory. Some forty years later, Dr. Holmes was persuaded to record his early-day experiences and they were published in the Bulletin of the Oklahoma State Dental Society shortly before his death. Few copies of the Bulletin in which his reminiscences appeared are extant and re-publication of them—his description of travelling from place to place ministering to frontier wants and needs, a changing country seen through the eyes of a professional man—points up the deep contrast between dentistry and the region yesterday and today.

—Stanley Clark

1 The Oklahoma Territorial Dental Association was formed at Guthrie, May 6, 1891. If not the first, this is one of the first professional associations formed in the territory and is remarkable when it is considered that Kansas, which became a state in 1861, did not form an association until four months later, and Arkansas, which achieved statehood in 1836, established its association in 1890. The Indian Territory Dental Association was formed at South McAlester, November 18, 1903. At a joint meeting of the territorial associations held in Oklahoma City, June 17-20, 1907, the Oklahoma State Dental Association was formed.

2 Dr. Holmes practiced at Mangum until his death, September 27, 1942. He was licensed to practice dentistry in Oklahoma Territory, May 1, 1900 at the first annual meeting of the Territorial Board of Dental Examiners after his arrival in the territory; he was issued License No. 68.

Since portions of his reminiscences reproduced in this article appeared in Open Wider Please, The Story of Dentistry in Oklahoma, by J. Stanley Clark (University of Oklahoma Press, Norman, 1955), the publishers have consented to its publication here. (Dr. Clark has contributed the complete article with annotations for this number of The Chronicles.—Ed.)

3 F. C. Holmes, "Reminiscences of an Early Dental Practitioner in Western Oklahoma", in the Bulletin of the Oklahoma State Dental Society XXIX, pp. 43-46 (October, 1940) and pp. 90-92 (January, 1941). During the period 1914 to 1947, the Oklahoma State Dental Association was called the Oklahoma State Dental Society.
In the month of May, 1899, I left Galveston, Texas for Washita County, Oklahoma at the solicitation of two friends, who were practicing medicine there, and who seemed so impressed with the possibilities of the new country that I decided to come up and look it over.

My friends were Dr. J. C. Baker and Dr. DeWitt Stone, both of whom later practiced at Sayre. Dr. Baker was located at Wood, afterward named Port, a then flourishing community in Washita County.

Before leaving Galveston, I sent a telegram to my friends stating the date of my expected arrival. The message was received by mail ten days later from Chickasha. I mention this fact to stress the lack of modern communication facilities that then existed in a large part of Western Oklahoma.

It was a wide open range country, featured by boundless rolling hills carpeted by green grass and acres of many hued wild flowers in the springtime, canopied by blue skies and inhabited by ranchers, whose cattle dotted the prairies. Truly a thrilling and inspiring picture to a young man from the older settled communities.

On our journey up from Texas on the train, we could see heavy clouds north of us and upon arriving in Chickasha about midnight, found a town of about two thousand people; mud, knee-deep in the streets, several houses blown off their foundations, freight cars turned over, and other evidences of a severe wind-storm; which I had been informed was a characteristic feature of the Oklahoma climate, so I was not taken by surprise.

After spending the night in Chickasha, I took the Rock Island branch westward to Mountain View, then the terminus. I met Dr. Al Nicholson of El Reno on the train, who seeing my traveling outfit, introduced himself. He was with a party of men, who were booming the new town of Mountain View, and had city lots for sale. As we crossed the Washita river on a temporary bridge, we all stood on the back platform of the coach for fear the bridge would give away, and let us down into the swollen stream, which was on a big rise. Arriving at Mountain View, and finding no one to

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4 Dr. Arthur L. Nicholson was issued license number 12 by the Oklahoma Territorial Board of Dental Examiners in 1891. He was chosen as the first Treasurer of the Oklahoma State Dental Association in 1907.

During the first session of the Oklahoma Territorial Legislature, held in 1890, pharmacy and dentistry were the only professions for which laws regulating their practice and licensing were passed. The dental act provided for a Board of Dental Examiners to examine applicants for the practice of dentistry in the territory; successful applicants were licensed. The Board held an organizational meeting at Guthrie May 5, 1891. At the second meeting, Oklahoma City, on June 10, licenses were first issued, to ten successful applicants. At the third meeting, in Guthrie, June 25, Dr. Nicholson was among six successful applicants who received licenses.
meet me at the new city of tents, I sought out a tent marked "Restaurant," had some lunch, and then noticed another tent marked "Livery Stable," where I hired a lumber wagon and team with a cow-puncher for a driver started on my journey westward to Wood, where my medical friends had located. I was surprised to find no established roads, but the driver informed me that he knew where Wood was, and we struck out over the prairie trails and through the big ranch pastures forty-five miles north and west. Occasionally we would pass a pile of fresh dirt and upon asking what it meant, the driver would inform me that it was a dugout, where a new citizen had established his home on a claim, to battle with the vicissitudes of a new country and help to establish the commonwealth that we live in today with all the modern conveniences which we enjoy.

After passing the Indian Agency buildings at Anadarko, I doubt if I saw but two or three frame houses from Chickasha to Wood, a distance of about a hundred miles. And they belonged to ranch men, who were not pleased with the influx of nesters with their dugouts, who were gradually encroaching on the big pastures.

During the afternoon we came to a little rock store and post-office, called Rocky, where the town of Rocky now stands. Upon asking how a store could exist without any town to support it and no human being in sight for miles around, I was informed that the little store often sold several hundred dollars worth of supplies to ranch men and travelers in a single day. After driving all the afternoon and not seeing a soul until we met the store keeper at Rockey, I was beginning to wonder where I should find the people who could support a new dentist and where I should find a place to work, if they should need my services.

About sundown, we arrived at the home of a German homesteader, who was living in a half dugout; a structure dug down in the ground about four feet, with sod walls built up around the edges to support the roof. Here one of my medical friends, Dr. Stone boarded. After calming down several large fierce looking dogs, which were used to drive up the cattle and as a protection against wolves, we were admitted and enjoyed the hospitality of our host for the night in his, to me, very strange abode.

The next morning, Dr. Stone noticing my disappointment at the scarcity of towns and people, suggested that we drive over to Wood, which he intimated was quite a flourishing community.

Wood consisted of a general store, a post office and a blacksmith shop; a church, schoolhouse and half a dozen residences. These evidences of urban progress did not lessen my disappointment to any great extent. But later when a saloon and a bank moved in, Wood began to assume metropolitan airs. I remember the
local undertaker, a tall rawboned Arkansawer, who went barefoot all summer. His place of business was an unpainted board shanty about ten feet square, with a sign painted over the door, "Cold Drinks and Coffins," quite a combination of wares it seemed to me. He could refresh the weary wayfarer on his journey, and help put him away at its end. This good citizen seemed to have some very pronounced views on matters educational. He threatened to take his boy out of school if the teacher insisted on his spelling taters with a 'p.'

I remained at Wood all that summer and until the following spring. I kept my office rent paid in Galveston until the fall of 1899 but finally yielding to the lure of the wide open spaces, the green grass, the blue sky, the democracy and hospitality of the West, and the continued interest of a rapidly growing country, decided to stay in Oklahoma.

A year later, in September, 1900, the Galveston flood drowned some 600 people. This tragic event caused me to reflect upon the observation of a great philosopher, who said, "There is a Providence that shapes our end; Rough hew them how we will."

As soon as I was assured that the Rock Island was going to build west to Mangum, I located there in the spring of 1900. During the year spent at Wood while waiting for the Rock Island to build to Mangum, I secured a horse and buggy and traveled wherever my services were needed.

One day while working for a family, who lived in a half dug-out and kept the post office in a little community near where Sentinel now stands, I was summoned by a man, who rode up on horse back to come over to Head Quarter Mountain, a point several miles northwest of the present town of Granite, to see a man with a broken jaw. Upon finishing my work for the post master's family, I packed up my outfit and proceeded to Head Quarter Mountain about twenty miles westward. I found my patient and his wife living in a little one room rock house, which some sympathetic and hospitable neighbor had donated for the duration of his illness.

He, his wife, his son-in-law and daughter were traveling from Texas up into northwest Oklahoma, where they had filed on homesteads. And engaging in a fight over some disagreement, the son-in-law struck the old man with his fist on the jaw, fracturing it through the lower right cuspid socket downward and backward. A local physician had treated him for three weeks without much success, and learning of my presence in the land, called me.

My patient was a tall spare elderly man. A preacher, I was told, who talked with a hypocritical whine, as he told me his troubles, trying to exonerate himself from blame in the affair. My antipathy
steadily increased as he talked until I was convinced that the son-in-law might have been justified even in the use of brass knucks as was claimed.

Realizing my obligation to humanity and casting aside my repugnance, I started to make him a splint, according to the approved methods of that day. His jaw was badly swollen and painful. A cartilaginous union seemed to be taking place. The ends of the fracture were not in apposition. The cuspid in the line of fracture and one bicuspid had to be removed as they had been loosened by the impact. I had him bite into home softened compound, holding the ends of the fracture in their proper relation as near as I could judge. Reproduced the compound in rubber, leaving an opening in front for the intake of liquid food, placed the splint with depressions for the upper and lower teeth, in place, and finally a bandage fastened with a buckle cut from my vest to fasten it firmly on top of his head.

I was about three days making the splint, during which time I partook of the food that kind neighbors sent in to the stricken family. The house having only one room and devoid of furniture, I slept in the yard, the weather being mild, on some bundles of fodder that had been brought along to feed his team.

Beautyrest mattresses were not considered so necessary in Western Oklahoma in those days, and as the food was wholesome and my sleeping apartment air conditioned by nature, and my over head expense light, as they also fed my horse, I rather enjoyed such novel accommodations. I awoke each morning invigorated after a night's rest in such a well ventilated apartment, ready to tackle with the enthusiasm of youth and health what was then to me, a new phase of dentistry—my first fracture case. My ardor was somewhat dampened by the fact that the old man had informed me at the start, that he had only enough money to enable him to finish his journey, but would pay me some day, if he lived. My fee was to be $25.00, the price of a set of teeth at that time.

After I had been in Mangum about a year, one of his neighbors, a lawyer, possibly with the idea of a fee in his mind, sent me word that the fracture had healed as a result of wearing my appliance and suggested that I send him a bill. I did. He sent me $10.00, all that he ever paid me for my trouble, but to show, in his way, some appreciation for my efforts. He sent his wife down to Mangum to have a set of teeth made, for which she paid me.

I had made a set of teeth for a rancher's wife, who lived in Washita County at the time but shortly after getting her dentures, moved to a ranch in Collingsworth County, Texas. In order to secure the work, I had promised to do anything in my power for the rest of my natural life to make her teeth satisfactory. My patient
being very excited and seeming somewhat suspicious of my ability and integrity, several weeks after moving to Texas, sent me word that the plates were not functioning properly, and expected me to keep my word. Whereupon, I packed up my traveling outfit and drove a hundred miles westward to their ranch.

After spending two days and nights on the road, one of which I occupied the guest chamber in a huge dugout, the guest chamber being curtained off from the one large room, my hosts being two bachelor brothers, who afterward became my patients and friends, I arrived at the ranch about lunch time.

I observed that my patient could eat fried ham and other substantial food without apparent difficulty. Wishing to give her more time to master her new dentures, I did not question her about them as some of the neighbors needed my services, I was busy for about ten days doing my work in the different homes.

When ready to leave, I asked her what seemed to be the matter with her plates. For want of a better excuse, she said she thought that the molars were too broad. I told her that I would have to take the plates back to my office where I had smaller teeth and would send them back my mail. She said, "You wouldn't have to tear these plates up to make the change would you?" And upon assuring her that I probably would, she said, "Why I wouldn't have that done for anything; they might never fit as well again."

I left there about noon on my return trip and late in the afternoon came upon a cattleman's family living in a dugout, dug back of the bank of a ravine, where a creek headed. The woman of the family needed some teeth extracted and it was about sundown when I resumed my journey back to Wood. I drove until midnight over the prairies not seeing a soul nor a human habitation, when suddenly my horse stopped before a new wire fence which had recently been built across the trail. Tying my horse to the fence I wandered up and down for some distance without finding a gate. As the night was dark and being very sleepy, I unhitched my horse, hobbled him so he could graze, and lay down on my lap robe under my buggy to wait for day. Awakening at daylight, I was somewhat startled to see a coyote seated on his haunches about 150 feet away and calmly watching me; and much more to my surprise, about two hundred yards across the fence was a two story ranch house. Aided by daylight I soon found the new gate and resumed my journey.

There were about three important towns west of the Rock Island Railroad at that time, as I remember, Mangum and Woodward, trading points for cattlemen on the trail from Texas to Kansas, and Weatherford, the terminus of the Rock Island branch west from Oklahoma City. Weatherford was then aspiring to become an educational center.
With the completion of railroads, those great empire builders, across the country, two branches of the Rock Island westward, the Orient and Katy north and south, new towns sprang up like magic. Dugouts and tents were replaced by more substantial structures as lumber became available and cheaper, not having to be hauled overland such long distances from the nearest railroad points.

And with the establishment of towns came a great many new dentists, mostly fine young fellows from our western states bringing up to date methods and sharing the practice of we older men to care for the rapidly increasing population.

It was not an uncommon occurrence in my early practice in Mangum for a cowboy to ride in from the Panhandle of Texas perhaps a hundred miles away to have a tooth extracted. There was one dentist located temporarily at Old Frazier, a community about where the town of Altus not stands, who used a dental engine propelled by a hand crank instead of a foot pedal, I was told.

In the short space of forty years, Western Oklahoma was transformed from a range country to a populous and prosperous agricultural country. And I am proud to state that Dentistry in Oklahoma has kept pace with the marvelous strides of that period. And as I look forward, it is heartening to realize that our depleting ranks are being filled with young and energetic men of skill and character, who will carry on, and uphold the best traditions of our calling.

**AS TRAVELING PRACTITIONER**

When I located in Mangum in the spring of 1900, the town had a population of about seven hundred. Some of the people lived in tents and some in dugouts. The town had been called “tin can town” by the cow men because many of the box houses, then the prevailing style of architecture, had been weather stripped with tin cans flattened out and nailed over the cracks.

A few traveling dentists coming through the country at long intervals provided the only dental service for the community. And unfortunately some of the dentists had not dealt fairly with the people, extracting large fees for inadequate service, departing between suns, leaving their board bills unpaid and defaulting on other obligations.

By the time I arrived, the people were becoming rather suspicious of the traveling practitioner and would usually ask me

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5 The picture of Dr. Holmes standing near buggy and horse appears in *Open Filer* between pp. 20-21 and has this caption:

"BUCKBOARD DENTISTRY AT THE TURN OF THE CENTURY"

"Dr. F. C. Holmes of Mangum, setting out to see his patients. Dr. Holmes would travel from dugout to dugout, staying with each patient until his work was completed."
how long I intended to stay in Mangum before intrusting their work to me. Realizing that I would have this distrust to overcome, I would look the questioner straight in the eye and tell him in a very solemn manner: "expect to remain here for seventy-five years." This statement seemed to restore confidence; it amused those who had a sense of humor, and properly impressed those who could never take a joke. So they quit traveling several hundred miles to find a dentist and came to me, their first resident dentist.

Dr. Laird, who recently died in Oklahoma City, was known as a picturesque street vendor and is remembered by many. He wore a ten-gallon hat and long hair hanging down over his shoulders. He extracted teeth with his fingers, the teeth having previously been loosened by pyorrhea, before the awed crowd. He was a force to be reckoned with in the early days as people accredited him with all but supernatural power because of his ability to use fingers rather than the "dreaded" forceps.

I cultivated the doctor's acquaintance to learn if possible the secret of his success as an extractor. I was just beginning the use of cocaine, which did not give perfect anesthesia in many cases and often caused nausea and fainting. I could hear occasionally of one of my patients going to Dr. Laird for an extraction. He confided in me that he depended more on rapid skilful technique, using a little campho-phenique on the gum for its psychological effect.

He injected no anesthetic and if extracted on the street before a crowd, who were eagerly waiting to give the victim the "horse laugh" at the first sign of weakening, his black-faced artists kept up a running fire of jokes. The doctor's wife a pretty little woman wearing a fancy costume, stood in front of the victim urging him to keep smiling. All this served to keep the patient's mind diverted until, suddenly, the tooth was out without one having had time to dread it.

The doctor never performed a difficult extraction before the crowd if he could help it. And should a tooth break, he would conceal the fact from his audience. Some dentist would get the patient later and remove the roots with the aid of cocaine as an anaesthetic.

One of my patients was having all of her teeth extracted. They were so hard to remove that I dreaded to see her come into the office. Many of them fractured and she was extremely nervous.

I had removed about half of them by using cocaine when Dr. Laird came to town in his private car. The car served him as his office.

A few days after his arrival, the lady returned to my office with all of her teeth out. She said: "Dr. Laird removed them without
an anaesthetic but his forceps were so hot from the boiling water that he had taken them out of, that I dreaded the heat worse than the pain of extraction." Dr. Laird was a master psychologist, a skillful extractor, and I must give him praise for the good he did in relieving human suffering in those early days when no other help was available and local anesthesia was in its infancy.

Speaking of anaesthesia—the wonderful strides we have made in the last forty years. Dentistry of today takes anaesthesia for granted. The younger members of our profession know nothing of the suffering of humanity from toothache before the days of local anaesthesia. People would suffer for years before they would submit to an extraction. General anaesthesia was dangerous and few dentists were equipped to use it. And local, with cocaine, was imperfect and dangerous.

I remember having three patients stretched out on my office floor at one time recovering from the toxic effect of cocaine. They belonged to one family who had come by horse and buggy about seventy-five miles to have their work done and were anxious to return as soon as possible. They seemed to possess an idiosyncrasy for cocaine. In those days dental offices were not equipped with retiring rooms. I had to let my patients lie on the floor until they recovered.

About 1914, Dr. Fisher's book on "Conductive Anaesthesia and the Use of Novocaine—Suprarenin" was published in America. We invited Dr. Ruethmuller, the American translator of the book, to lecture our State Society. Later, Dr. Arthur Smith came to us on the same subject. I am proud of the fact that Oklahoma dentists were quick to take advantage of these new methods which marked an important milestone in the conquest of pain.

As to dentures, I once took a trip far from the railroad back in Alabama. I accompanied an older dentist, Dr. Bradley, who made occasional visits to that community. Dr. Bradley, while there, made several sets of teeth which he vulcanized in an iron teakettle hung over an open fire in the fireplace of his patient's home. As I remember, he kept the pot boiling for about a half-day. The dentures came out with a tough and springy texture that is unexcelled today. He used porcelain block-teeth with platinum pins, the best available at the time.

While we were in this community a young man came into our office to have some dental restorations and before the examination was made, apologized to Dr. Bradley for not having brushed his teeth. He asked of the doctor his toothbrush which was on the wash stand. Whereupon, presuming on his acquaintance with the doctor, he stepped to the wash stand and carefully brushed his teeth with the doctor's brush. After the patient departed Dr. Bradley threw the toothbrush out the window.
I once made an upper denture for a lady, from the rural districts, whose main regret was that she would have to lose her "tobacker" tooth. She used one of them to bite off a piece of plug-tobacco. Her son, a tall rawboned gentleman from Arkansas, advised me that he did not want Maw's teeth to project out so much that she could bite a pumpkin through a crack in a brush-fence, nor did he want them set in so far that she couldn't bite the cork out of a bottle. This admonition indicated the son had a proper perception of esthetic values. By avoiding either extreme I was enabled to make her a very presentable restoration. But, how crude were our methods and how little did we know in those good old days of the factors which make dentures successful today!

In answer to the almost invariable question as to how long it would take them to learn to eat with their new teeth, I used to tell them "six months." That gave me time to make adjustments and afforded them time to practice. There was a current saying among dentists that "a denture that is not paid for, never fits." I do not think that is true today with any but the extremely difficult cases.

Speaking of root fillings. We remember the time when methods of filling root canals was a matter of paramount importance. Much of the space in dental journals was devoted to that subject. It was our daily practice to treat nerves and abscessed teeth. We were taught to save teeth and attained a remarkable degree of proficiency in so doing.

Many materials and medicinal agents were advocated and sold by the manufacturers for root-canal filling which we never hear of now. I remember discussing with C. L. White, about thirty-five years ago, the method of soaking hickory pegs in creosote and forcing them into root canals as a permanent filling. The two of us had tried the method and considered it of value at the time.

My usual method was to roll out a wax point with my cement spatula on my slab incorporating a little iodoform powder as it was formed. Then after drying out the canals with a hot smooth broach made from a tapered hair pin, place the wax points in the canals, then plunge the hot broach into the wax-filled canal and

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6 Dr. Charles Lincoln White (1877-1941) was issued license number 106 in 1901 by the Oklahoma Territorial Board of Dental Examiners. He moved from Granite to Oklahoma City in 1903, served as Secretary-Treasurer of the Oklahoma Territorial Dental Association 1905-1907, and when that association held a joint meeting with the Indian Territory Dental Association in Oklahoma City June 17-20, 1907, he was chosen president of the newly-formed Oklahoma State Dental Association. He served the association as editor of its quarterly in 1925 and at various times was chosen as a delegate to annual meetings of the American Dental Association. He, along with Dr. B. L. Shobe (1863-1917), Dr. Charles W. Day (1869-1934), Dr. Albert E. Bonnell (1865-1936), Dr. C. R. Lawrence (1879-1940), and Dr. Arthur C. Seids (1881-1947), has been honored by the Association with a plaque that hangs in the lobby of the Medical and Dental Arts Building, Tulsa.
break it off quickly, (the broach had previously been semi-cut for proper length), leaving the broach incorporated in melted wax with iodoform for the antiseptic value—a hermetically sealed root. I mention this method as a relic of bygone days. It was used for many years when we took our root-fillings seriously.

Then came Dr. M. L. Rhein from New York to show us the way. His method was to force chlorapercha through the end of the root, previously enlarging the apical foramen, if necessary, for that purpose and thus encapsulating the root-end. He finished the filling with gutta-percha points. Dr. Rhein mentioned putting in eighteen hours work on one root-canal filling and stated that his fee was proportionate to time spent. Dr. Rhein had a wealthy patronage. The fee was easy for him to obtain but would have been impossible for most Oklahoma dentists of that day.

At the same meeting, Dr. Tom Hinman of Atlanta, Georgia, was with us showing on the screen, pictures of patients suffering from arthritis. Deplorable examples of the result of focal infections from root ends, a brand new theory and soon we ceased to wear ourselves out with tedious root-canal technique and began extracting instead, especially following the advent of novocain which rendered the operation less dreaded by both patient and operator.

With the wonderful advances made in dental knowledge in the last fifty years, we realize that the "world do move" and wonder what will come next in our rapidly advancing progress.