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Southern/ Decorative

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“Set of Dental Tools and the 1898 Dental Pocket Register Williamson County, Texas”

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The Root of the Matter: Oral Care in Texas at the Turn of the 20th Century

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When one thinks of a dental visit, the image of a brick and mortar dental office typically comes to mind. The patient—let us call him John Matthews—enters the office and stays in the waiting room until he is called in. The dental assistant would take Mr. Matthews’s x-rays, send him back to the waiting room for about thirty minutes, and then call him back in to finally see the dentist. The dentist might floss Mr. Matthews’s teeth, do prophylaxis, and finally instruct Mr. Matthews on how to better care for his teeth. In the late nineteenth century and early twentieth century, none of these events would have occurred during a dental visit in Texas.

In the Museum of Southern History, Dr. John W. Baxter’s dental tools and pocket dental register provides a glimpse into what dental service was like from 1880 to 1912. According to the description provided for this artifact, Dr. Baxter was a traveling dentist in Williamson County, outside Austin, Texas. Mr. Matthews, who was an actual patient listed in Dr. Baxter’s pocket register, would not have even gone to a dental office for dental services. Instead, Dr. Baxter would have ridden his horse to Mr. Matthews’s house to provide his services.

When Dr. Baxter got to Mr. Matthews’s house, he would have performed only a superficial check. Since x-rays were not used in dental diagnosis until 1898,¹ Dr. Baxter could not identify any problems under the gums or inside the tooth. The best he could do to assess Mr. Matthews’s oral health was look for swelling or decay and ask Mr. Matthews if he was in pain. If Mr. Matthews had calculus build up, then the first step would be to scrape off the calculus. Sometimes, this would be enough to save the tooth and reduce the toothache.² However, scrapers

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1. Sami Hamarneh, “Dental Exhibition & Reference Collection at the Smithsonian Institution,” *Health Services Reports* 87, no. 4 (1972), accessed March 22, 2019, <http://www.jstor.org/stable/4594494>, 293.
 2. Steve Auger, “Solving the Calculus Removal Mystery,” *Colgate-Palmolive Company*, accessed March 23, 2018, <https://www.colgate.com/en-us/oral-health/life-stages/adult-oral-care/solving-the-calculus-removal-mystery-0516>.

were helpful only if the tooth could be saved. When the calculus had irrevocably destroyed the surrounding bone, the only other option was to extract the tooth. Dr. Baxter had more forceps than scrapers because the main service dentists provided at the turn of the century was an extraction.³

There were not many ways to save the tooth if it was decayed or infected, so the tooth often had to be removed. Dr. Baxter had ten dental forceps that were each a different design because of two reasons. One, each design was tailored to the specific tooth that it was intended to remove.⁴ For instance, forceps that were designed to remove incisors were shaped differently than forceps used to remove molars. Two, each design was tailored to the location of the tooth in the mouth.⁵ For instance, forceps were angled a certain way to better reach the back teeth as opposed to the front teeth. If the incorrect forceps were used, the tooth could be only partially removed or the gums could be seriously damaged.⁶ That Mr. Baxter had a variety of forceps proves he at least had the right tools for a professional 19th century dentist.

People especially needed trained dentists in the 19th century because they had poor oral care regimens. Toothpaste was massed produced in America by the 1870s, and toothbrushes were massed produced by the 1880s, but most American did not brush their teeth. It was only after World War II that teeth brushing became part of most Americans' routine. Soldiers were required to brush their teeth, and when they came home, they brought their teeth brushing habit with them.⁷ Because people often did not brush their teeth before the 1940s, it was common for

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3. Walter C. Stout, *The First Hundred Years: A History of Dentistry in Texas*, The Egan Company, 1969, ix.
 4. "The Tooth Extraction Procedure," *Animated-Teeth.com*, accessed March 23, 2018, <https://www.animated-teeth.com/tooth-extractions/t5-extracting-teeth.htm>.
 5. *Ibid.*
 6. Richard Buckley, "How Our Ancestors Conducted Dental Surgery," *History in an Hour*, last modified September 7, 2013, <http://www.historyinanehour.com/2013/09/07/how-our-ancestors-conducted-dental-surgery/>.
 7. Mary Bellis, "A Comprehensive History of Dentistry and Dental Care," *ThoughtCo*, accessed March 23, 2018, <https://www.thoughtco.com/history-of-dentistry-and-dental-care-1991569>.

people to have dental caries, or tooth decay. In the 19th century, dental caries also increased dramatically as a result of the “growing general availability of refined flour and sugar.”⁸

Consequently, tooth extractions were often needed.

Unfortunately, before there was formal education for dentistry, extractions were usually performed by the family doctor, a blacksmith, or anyone who had forceps or pliers.⁹ For toothaches, people used home remedies such as “snuff, tobacco, chewing bark from the prickly ash tree, and oil of cloves sealed in the cavity of the aching tooth with beeswax.”¹⁰ People would also sometimes use manure for extra-oral application.¹¹ Powerful levers, or “keys,” were also popularly used by untrained dentists to remove teeth.¹² Although these dentists liked how the keys allowed for quick and easy extractions, these keys would occasionally break the jawbone as well as the tooth. Primitive extractions could also lead to excessive bleeding, infections, and sometimes death.¹³ Because of these horrific results, throughout the 19th century, dentists had a reputation for being unscrupulous. Dentists were considered to be on the same level as charlatans or snake oil peddlers.¹⁴

Therefore, by the late 19th century, formally trained dentists began to organize themselves into an association to improve the status of their profession.¹⁵ In 1869, the Texas Dental Association adopted a constitution.¹⁶ In the 1870s, there was an influx of immigrants to Texas

8. Theodore M. Brown and Elizabeth Fee, “Popularizing the Toothbrush,” *American Journal of Public Health* 94, no. 5 (2004), accessed March 23, 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448323/>, 721.

9. Stout, *First Hundred Years*, ix.

10. Ibid.

11. Ibid.

12. Hamarneh, “Dental Exhibition,” 299.

13. Buckley, “How Our Ancestors.”

14. Stout, *First Hundred Years*, 26.

15. Erbert W. D’Anton, “Dentistry,” *Handbook of Texas Online*, last modified January 23, 2017, <https://tshaonline.org/handbook/online/articles/sidfs>.

16. Ibid.

because of events such as the railroad boom and Texas being readmitted to the Union.¹⁷ With the influx of immigrants, there was also an influx of dental surgeons coming to Texas.¹⁸ Although many of these dentists' "conduct and practice were deterrent to the advance of the profession," some dentists who were formally trained also came to Texas at this time.¹⁹ Dr. Baxter, who was originally from Kentucky, was probably one of those dentists.

Dr. Baxter was probably a dentist who genuinely wanted to help his patients for their sake. While he might not have had modern drugs or equipment to ease his patients' pain, he at least used the best and proper tools available at that time. At the end of his visit with Mr. Matthews, unlike a modern dental visit, Dr. Baxter would accept consumables, such as meat or vegetables, as payment before riding off into the Texas sunset.

17. Stout, *First Hundred Years*, xi.

18. *Ibid.*, x.

19. *Ibid.*

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