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Dr. Cooper Holtzclaw: Healing Through Change

Peter Houmann

Historiography

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Dr. Cooper Holtzclaw was one of the most eminent physicians in Chattanooga in the early 1900's, and was instrumental in the establishment of Erlanger Hospital, an enduring establishment. Dr. Holtzclaw's status as one of the first members of the Erlanger medical staff illustrates a larger trend in healthcare in late 19th and early 20th century America: the movement towards hospital-employed physicians and away from the single-doctor private practice. The professionalization of the health care industry, as well as an overall increase in the number of hospitals, physicians, and patients defined the next era of healthcare. New challenges presented by the unprecedented growth of the industry led to massive transitions in the fields of medicine and healthcare in America.

Dr. Holtzclaw was born on July 22, 1861, in Bibb County, Georgia. After completing his education at Atlanta High School, he worked in a drugstore from 1878-1880, until being admitted to the Atlanta Medical College, from which he graduated in 1882.¹ (This relatively short medical training was the subject of some debate at the time, and in 1901 the time required to obtain a medical license was extended to four years).² Dr. Holtzclaw practiced in Dalton, Georgia, until 1883, at which point he traveled to New York Polyclinic to study in a surgery residency. Holtzclaw finally landed in Chattanooga in 1884 and continued to practice in Chattanooga for 45 years, earning him considerable prestige in the community. Upon the opening of the new Baroness Erlanger Hospital on September 17, 1899, Dr.

¹ Chas D. McGuffey, *Standard History of Chattanooga, Tennessee* (Knoxville: Crew and Dorey, 1911), 384.

² James M. Livingwood, *Chattanooga and Hamilton County Medical Society* (Tennessee: Jones Printing Co., 1983).

Holtzclaw was inducted as an employee of the hospital, thanks in part to his faculty status at the Chattanooga Medical College.³

Before exploring Dr. Cooper Holtzclaw's life as it relates to the tremendous transitions in healthcare during his life, it is necessary to paint a picture of what the healthcare industry looked like in the late 1800's. Nearly all physicians were self-employed and served well-off individuals in the community who could afford their attention. Hospitals were few and far-between. In fact, there were a scant 178 hospitals in the entire United States in 1873.⁴ These hospitals were generally avoided, perhaps rightfully so, by the majority of people. Although the Civil War had brought advances in the organization and administration of hospitals, they were still largely unregulated. Most hospitals only existed to serve the citizens that were too poor to afford a private physician, and the number of poor persons needing care began to immensely outpace the growth of hospitals in America.⁵ This led to a colossal increase in the number of hospitals being constructed, making the total number of hospitals in the United States reach 6,830 by 1923.⁶ This large spike in hospital growth opened up new employment opportunities for practicing physicians, and also created new relationships between hospitals and medical schools in cities.

With the rise in the number of hospitals in the United States in the early 20th century as well as increased demand for care, the position of the physician changed drastically from the late 19th century. Charles Rosenberg notes that "there are striking parallels between

³ Erlanger Hospital Ready for Opening, *Chattanooga Times*, September 16, 1899.

⁴ Susan Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945* (Cambridge, UK: Cambridge University Press), 61.

⁵ Charles. D. Rosenberg, *The Care for Strangers* (New York: Basic Books Inc. Publishers), 116.

⁶ Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945*, 61.

the elements of an *elite* career in the late nineteenth century and a *normal* late twentieth-century medical career.”⁷ This is to say that an employed position at a hospital in the late 19th century was a rarity for a physician, and was considered a badge of honor for only the most proficient practitioners. “Ordinary” physicians (those employed outside of a hospital, such as the ubiquitous family doctor of years past) grew to resent the hospital system for this disparity. However, as the century turned over and progressed into its early years, hospital employment became the norm, rather than the exception. Dr. Holtzclaw represents this transition, as he was a member of both eras. Although he began his career as a traditional family physician, his position at Chattanooga Medical College and his great respect in the community earned him a position at the newest, brightest hospital in the area.

In the early and mid-1800’s, hospitals provided physicians with the opportunity to observe and learn from patients outside of their scope of care. Private physicians collected the vast majority of their income from their middle or upper class private patients. Accordingly, physicians spent much more time outside the hospital than in it, even if they were employed at the hospital. The only benefit that physicians gained from hospital employment was experience and education in treating special or rare cases. These patients at city hospitals were often extremely poor, and were thus unable to object to being made into little more than objects of study and experimentation to the physicians.⁸ This precedent was beginning to disappear when Dr. Holtzclaw was admitted to the staff of Baroness Erlanger Hospital. Instead, hospitals began to align themselves with a local

⁷ Rosenberg, *The Care for Strangers*, 177.

⁸ Morris J. Vogel, *The Invention of the Modern Hospital* (Chicago: University of Chicago Press), 18.

medical college and implement training programs for medical students. This also changed the role of many physicians from clinicians to teachers. While these doctors still practiced on a regular basis at the hospital, much of their time was spent instructing students on rounds or delivering lectures on unusual cases. Interestingly, a very similar transition was taking place in the field of nursing at almost the exact same time. Nursing became more professionalized, and nursing schools affiliated with hospitals implemented hands-on training similar to medical schools.⁹

Dr. Holtzclaw's faculty position at the Chattanooga Medical College also indicates a larger revolution in healthcare during this time. During the late 1800's and early 1900's, the healthcare industry as a whole became more professionalized and standardized, beginning with increased certification and licensing of medical doctors. Prior to the 1870's, nearly anyone with some degree of medical training could call themselves a doctor. The only practical way that a physician could validate his status was by joining the American Medical Association, which was established in 1847 to promote the standardization and professionalization of medicine.¹⁰ The development of hospitals as official institutions provided another avenue to legitimate the practice of medicine as a profession.¹¹ Although he was already well-respected in the community of Chattanooga, Dr. Holtzclaw was able to advance his status as an eminent physician through his employment at Erlanger Hospital. The trend towards more standardization was another important transition that occurred during Dr. Holtzclaw's life.

⁹ Susan Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945* (Cambridge, UK: Cambridge University Press), 61.

¹⁰ "The Founding of the AMA," American Medical Association, accessed March 23, 2015, <http://www.ama-assn.org/ama/pub/about-ama/our-history/the-founding-of-ama.page?>

¹¹ Rosenberg, *The Care for Strangers*, 191.

The impact of the professionalization and increased licensure of physicians during the late 19th and early 20th century should not be understated. Prior to these changes, the field of medicine was notoriously competitive and even hostile. There was very little cooperation between practitioners and doctors often fought (sometimes literally) over patients, who were often scarce before the advent of the hospital and the rise of urbanization. The Boston Medical Journal made a point of this scarcity in 1836, when it noted that "...there are dozens of doctors in all great towns, who scarcely see a patient from Christmas-time to Christmas-coming."¹² Although the number of patients had increased towards the end of the 19th century as a result of more affordable transportation costs, urbanization, and industrialization, the number of physicians increased to match the demand. In fact, from 1890 to 1910, during the bulk of Dr. Holtzclaw's career, the number of physicians in the United State increased by 55,000.¹³ This ensured that fierce competition still existed in the profession.

The answer to this growing problem of physician competition was found in the licensing boards and medical clubs that rose to prominence in the late 1800's. With the inception of the American Medical Association, certain ethical standards were established among the medical community. These standards included the regulation of state medical societies, which were also growing in popularity. The new AMA also encouraged common-sense practices such as limiting patient-stealing by physicians, and fellow doctors covering the responsibilities of doctors temporarily absent from town. Physicians were united by

¹² *Boston Medical and Surgical Journal* 15, (November 30, 1836), 275.

¹³ United States Bureau of the Census. *Historical Statistics of the United States 1789-1945*. 1949.

<http://www2.census.gov/prod2/statcomp/documents/HistoricalStatisticsoftheUnitedStates1789-1945.pdf>

their support for increased regulation and licensure, which encouraged the growth of the AMA. This in turn helped to reduce some of the animosity that previously existed between medical practitioners.¹⁴

In 1890, before the creation of Erlanger Hospital, Dr. Holtzclaw spent a year studying medicine in Europe. While this may seem like a minor detail at first, it is actually an interesting point about the nature of scientific medicine at this time. Following the conclusion of the Civil War, American health care began to express more interest in scientific, evidence-based medicine. This interest was also encouraged by the recent developments in germ theory and efforts to improve sanitation in hospitals. As this interest developed, many physicians traveled to Europe to study their techniques and brought some practices back to America. From the 1850's to the early 1900's, American healthcare depended on elite European universities for much of its scientific progress.¹⁵ Although there is no specific record of what Dr. Holtzclaw studied while in Europe, it is a fair assumption that he brought back advanced techniques and disseminated them through his position at Chattanooga Medical College. America's new obsession with evidence-based medicine and biochemical research was another jarring transition for the conservative medical community.

One struggle that Dr. Holtzclaw and Erlanger Hospital faced was overcoming the health disparity that existed between rural and urban populations. As noted previously, urban hospitals were notorious for their poor response to urban disease and poverty. In the year of 1900, a disproportionate amount of urban dwellers died from transmissible

¹⁴ Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books), 102-110.

¹⁵ John Burnham, *Health Care in America: A History* (Baltimore, JHU Press).

infections such as tuberculosis, pneumonia, and gastrointestinal diseases associated with poor sanitation in cities.¹⁶ An overall trend towards urbanization also served to increase the number of patients suffering from these ailments. Hospitals were aware of the sanitation issues (Joseph Lister had developed sterile technique in 1870, and strove to popularize its use¹⁷) but the expense of implementing these practices was still great, and practitioners faced many years before these efforts took effect.

The struggle to prevent these common transmissible diseases was a prominent aspect of healthcare during Dr. Holtzclaw's career. During the 20th century, when he did the majority of his teaching and practicing, a debate began between the sectors of conventional medicine and public health regarding the responsibility of preventing these diseases. In the 19th century, before medicine began in its course of professionalization and standardization, participation in public health measures was often viewed as a dignifying activity for physicians.¹⁸ However, as the field of medicine began to be more commercialized and professionalized, it also conflicted with the field of public health. Some animosity developed between the two professions, even though they were seeking the same thing: improved health for all people. Dr. Holtzclaw's position as a healthcare educator as well as a practicing physician placed him in an awkward limbo between the two parties. Physicians, in general, held the opinion that addressing the root causes of these diseases (poverty, poor city sanitation) was too mired in politics to have a practical effect. Instead, the focus of medical schools and hospitals was directed to research into

¹⁶ Cheryl Elman and George Myers, *Geographic Morbidity Differentials in the Late Nineteenth-Century United States* (New York City: Springer Publishing), 430.

¹⁷ John Bankston, *Joseph Lister and the Story of Antiseptics: Uncharted, Unexplored, and Unexplained* (Bear, DE: Mitchell Lane Publishers).

¹⁸ Barbara Rosenkrantz, *Public Health and the State* (Boston: Harvard University Press).

treating specific diseases and improving the outcomes of these diseases.¹⁹ However, public health officials remained resolute in their attempts to solve the issue from the root cause. Since the construction of Baroness Erlanger hospital was partially financed by citizen donations and the city of Chattanooga, public health officials likely pressured the hospital to entertain their proposed solutions.

Another paradigm that existed in traditional medicine during the 1800's was focusing on individuals as the recipients of directed care, rather than addressing the health of the population as a whole. This contributed to the clash between the fields of public health and medicine in the late 1800's and early 1900's, during which Dr. Holtzclaw was practicing. Thanks largely to the work of Joseph Lister, medicine was undergoing a "biomedical revolution" at this time, which solidified the position of physicians in the conventional paradigm.²⁰ The understanding of individual diseases and the new emphasis of research encouraged physicians to continue to treat patients on an individual basis, despite the enormous changes that were wracking the industry. This paradigm survived the transitional period and has continued to this day.

There are few eras in the history of medicine in America that experienced as much change and advancement as the post-civil war period through the early 1900's. The cooperation of medical schools with hospitals in training physicians led to a generation of physicians with more practical experience than the previous generation. The enormous increase in the number of physicians, hospitals, and patients led to new challenges in managing the clunky industry, which led to much of the increased regulation and

¹⁹ Allan M. Brandt, PhD, and Martha Gardner, MA, "*Antagonism and Accommodation: Interpreting the Relationship Between Public Health and Medicine in the United States During the 20th Century*," *American Journal of Public Health* 90, no. 5 (2000): 711.

²⁰ *Ibid.*

standardization that still exists today. Finally, the rise of urbanization presented the challenge of increasing rates of transmissible diseases, which encouraged the biomedical revolution and subsequent increase in hospital and medical school research. Through all of these transitions, Dr. Cooper Holtzclaw managed to excel in his practice, and continued to earn great respect in his community. This is a great testament to his character and intelligence, and the City of Chattanooga was lucky to have him during such a tumultuous time.

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