



Haven Emerson

October 19, 1874—May 21, 1957

**"The world will be saved, if it can be,
only by the *unsubmissive*." *Andre Gide.***

✻ The final curtain for an era in public health descended on May 21, 1957, with the death of Dr. Haven Emerson at the age of 82. His career of almost half a century spanned a period of fundamental achievement and crucial change in the problems of individual and community health. He treated the last case of cholera in New York, and went on to recognize the opportunities for expansion of public health work into such new and untried fields as heart disease, alcoholism, mental hygiene, and numerous others. Haven Emerson began his career at a time when there was no such thing as a profession of public health; at his death there was a recognized, well organized profession, trained to deal with health problems of the community and actively concerned with many of those to which he had called attention.

There were several settings for the activities out of which emerged the major and, in some instances, permanent contributions made by Haven Emerson to the cause of world health. He came of a family with a tradition of public service, and his father, John Haven Emerson, was one of the first physicians in New York to devote himself to public health work. However, after graduating from the College of Physicians and Surgeons in 1899, he taught physiology and clinical medicine there, and carried on a general medical practice until 1913. It was during this period that his attention turned to public health. In 1914 Emerson became sanitary superintendent and the following year commissioner of health of New York City, a position which he held until his entry into military service in 1918.

The foundations for the formidable edifice of his life's work were laid at this time with contributions to epidemiology and vital statistics. The severe epidemic of poliomyelitis which attacked New York in 1916 led him to conduct one of the first exhaustive studies of its etiology, epidemiology and possible control. During the First World War, Emerson served as chief epidemiologist to the A.E.F., an experience summed up in *A General Survey of Communicable Diseases in the A.E.F.* (1919). The importance of these contributions is overshadowed, however, by the report on the *Control of Communicable Diseases in Man*, which remains a lasting

monument to his labors in this field. This is not the place for a history of this remarkable document. Nonetheless, it should be noted that when the first edition appeared in 1917 it covered 38 diseases common to the United States and defined 12 terms. The eighth edition (1955) deals with 102 diseases, almost three times as many as the first, and has 34 definitions. In addition, the report has been translated into a dozen foreign languages and is accepted as a standard guide by many governments throughout the world. Emerson chaired the committee responsible for this report through the first seven editions of the publication. But even while he was still concerned with these problems, he already visualized the tasks to come. As early as 1908 he discussed "Carious Teeth in the Tenement Population of New York City"; in 1917, he pointed to "Alcohol—A Public Health Problem"; in 1921, he emphasized the need for "Making Health Knowledge the Property of the Community"; in the same year he called attention to "The Prevention of Heart Disease: A New Practical Problem"; and in 1922 to "The Place of Mental Hygiene in the Public Health Movement."

These forays into the future were paralleled by equally significant contributions to vital statistics. Haven Emerson has been described, and not without reason, as a man who was easily and usefully irritated to action. Nowhere, perhaps, is this more evident than in his endeavors to develop uniform procedures for reporting and classifying causes of morbidity and mortality. Repelled by the chaotic and illogical state of national medical terminologies, he worked for a uniform system of disease nomenclature now accepted on a global basis. At the same time he also saw how important to the health worker is a knowledge of current morbidity derived from proper hospital records.

Recognition of the need for rationalization and standardization of methods likewise mark Emerson's approach to public health administration. In 1919, he discussed the "Standard Budget: the Health Officer's First Need," and went on to develop other aspects of this field in later years. Thus, in 1930, he presented a study of "Estimated Needs for Organized Care of the Sick," one of the earliest endeavors in this area. All of this led eventually to the campaign for local health services in the forties.

The decades of the twenties and thirties brought these ideas to bear on a wider range of action. During this period, Emerson occupied the chair of public health administration in the Faculty of Medicine of Columbia University and devoted himself to the training of graduate students in public health as well as to the teaching of medical students. Not unexpectedly his academic career was combined with continuous field activity. Between 1921 and 1931, he conducted many health and hospital surveys in the United States and carried on relief work in Germany and Greece. From 1935 to 1937 he conducted the New York Hospital Survey. In 1940, Emerson became emeritus professor at Columbia, but with his innate incapacity for retirement he soon turned with relish to his last great campaign. From 1942 to 1954 he was chairman of the Subcommittee on Local Health Units of the Association's Committee on Administrative Practice. One of the results of this endeavor was the preparation of the standard reference work *Local Health Units for the Nation*, published in 1945. In 1949, Emerson received a Special Lasker Award for developing this program.

Throughout his long career, Haven Emerson was active in many causes and numerous organizations. Not all of them can be mentioned here, but one cannot omit some reference to the whole-hearted devotion and service which he gave to the American Public Health Association. He was president of the Association in

1933-1934, and served with several of its committees, particularly those on Administrative Practice and Professional Education. In 1935, the Association bestowed on him the Sedgwick Memorial Award. He was also a member of the New York City Board of Health (1937-1957), and a trustee of the W. K. Kellogg Foundation and of the Oberlaender Trust.

Alistair Cooke has described him, not unjustly, as a "superb and dedicated nagger in what the public barely knew to be the public interest." Yet, Emerson was a "nagger" because he held unflinchingly to values and principles. Recognizing the profound social significance of health and disease, his motto might well have been the Ciceronian dictum, *salus populi, suprema lex*. At the same time there was in him a persistent strain of the Enlightenment modified by its passage through New England. He expressed this best in his presidential address delivered in 1934. He said: "If I were challenged to describe the elements necessary to assure further improvement of human health in our associated nations, these three would seem real and pressing: some increase in effective intelligence; something of the spirit of religious devotion even to the point of self-denial in the material possessions and accessories of today's life; and lastly, courage to apply what biology has taught us to believe." Out of this profound belief in and respect for the rationality and dignity of man came, paradoxically, his intolerance of the "fuzzy-minded nitwits who speak with authority concerning matters they do not understand," his attacks on the handling of Indian affairs, as well as his distaste for excessive centralization of governmental power. These were the qualities which enabled Haven Emerson to contribute so much to the welfare of the people and the betterment of their health. At the end of his long and fruitful career, Haven Emerson, like the Roman administrator Frontinus, some two thousand years earlier, could have said with pride that by his labors not only had he made the city cleaner but had also removed the causes of disease which had previously given it a bad name. May his example remain an inspiration to those who will carry on in the days and years to come.

LETTER TO THE EDITOR

TO THE EDITOR:

My paper on "Implications of the Midwest Typhoid Fever Outbreak of 1956," presented at the Atlantic City meeting and published in the February issue of the Journal, has apparently been found interesting to a great many people, judging from the comments I have received and a relatively large number of requests for reprints from various parts of the United States and from foreign countries.

Several features of this outbreak made it unusual. The cases were widely scat-

tered throughout several states. There were no multiple cases in a family and no secondary cases. Cultures of family contacts failed to reveal typhoid carriers or Salmonella infections. Except in a few possible instances, the cases were not acquaintances. There was no point of common assembly and no point visited by any large number of cases. The causative typhoid organism, phage Type E1, is one normally involved in only about 20 per cent of cases in the outbreak area. In spite of careful checking no most likely food source could be de-