

Typhoid Mary: Villain or Victim?

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Public support plummeted and opinion turned against Mary Mallon in 1915 because of her conscious return to cooking when people believed she should have learned her lesson. "The chance was given to her five years ago to live in freedom," editorialized the *New York Tribune*, and "she deliberately elected to throw it away." Historians have since that time been no more lenient in their assessment of Mallon's informed return to cooking. In 1994, Robert J. T. Joy put it directly: "Consider that Mallon disappeared for five years, and used several aliases and went straight back to cooking! ... Now, as far as I am concerned, this verges on assault with the possibility of second degree murder. Mallon knows she carries typhoid, knows she should not cook—and does so."



Mary Mallon (wearing glasses) photographed with bacteriologist Emma Sherman on North Brother Island in 1931 or 1932, over 15 years after she had been quarantined there permanently [Enlarge](#) Photo credit: Courtesy of Ed and Bubbles Yadow

To be sure, Mary Mallon was not entirely blameless when she knowingly returned to cooking in 1915, but the blame must be more broadly shared. Much of what Mallon did can be explained by events greater than herself and beyond her control. It is only in the full context of her life and the actions of the health officials and the media that we can understand the personal position of Mary Mallon and people like her—people whom society accuses of endangering the health of others—and can hope to formulate policies that will address their individual needs while still permitting governments to do what they are obligated to do, act to protect the public's health.

Mary's straits

Mallon was not a free agent in 1914, when she returned to cooking. Consider her circumstances. She had been abruptly, even violently, wrenched from her life, a life in which she found various satisfactions and from which she earned a decent living. She was physically separated from all that was familiar to her and isolated on an island. She was labeled a monster and a freak. [For more on the quarantine of Mary Mallon, aka "Typhoid Mary," see [In Her Own Words.](#)]

She was not permitted to work at a job that had sustained her, but she was not retrained for any comparable work. If Ernst J. Lederle, the New York City Health Commissioner who had released her in 1910, helped her find a job in a laundry, it did not provide the wages or job satisfaction to which she had previously become accustomed. Nor did it provide the social amenities, as limited as they were, of domestic work in the homes of New York's upper class. The health department, for all of Lederle's words of obligation to help her in 1910, did not provide her with long-term gainful employment.

Neither did health officials, who precipitously locked Mallon up, succeed in convincing Mallon that her danger to the health of people for whom she cooked was real and lifelong. The medical arguments that carried weight among the elite at the time and have become more broadly convincing since did not resonate with her. There was no welfare system to support her. There was no viable "safety net," practical or intellectual, for an unemployed middle-aged Irish immigrant single woman.

NAME		ADDRESS		CARRIER NO.	
Mallon, Mary		Riverside Hospital		456	
AGE 45 yrs.		SEX Female		COLOR W	
CRIST=not given		DOB=not given		ISLAND	
CASE NO.		THAD-1907			
<p>HISTORY - IF ANY - Discovered as carrier by Dr. Soper in 1907 as cause of typhoid infection in families where engaged as cook - sent to Riverside - later paroled. Upon agreement would report periodically to H.S. & not engage in foodhandling. Broke her parole and rediscovered at Sloan Hosp. March 1915. Outbreak of typhoid involving 25 persons Jan. 1915 - traced to pudding prepared by cook Mrs. Brown who proved to be Mary Mallon. Exp. at above since Oct. 1914. Was apprehended and sent to Riverside March 1915, where she is 2/15/16. Stools from her periodically are positive. Denies ever having typhoid to Dr. Madden 11/5 to notify River. to send specimen. Dr. Madden inf. 12/10/16. Refused to give stools doctor inf. 1/2/17. Dr. West says he will try again 3/12/17. To H.S. 3/6/22- Chronic Carrier. 5/24/22 Made Chronic Carrier.</p>					
SPECIMENS				COMMENTS	
Stools +	Stools -	Stools +	Stools -		
DATE & RESULT	DATE & RESULT	DATE & RESULT	DATE & RESULT		
12/11/23	12/14/23	80 positive	4/7/19 no growth	Board Action	
12/16/23	12/20/23	stools from 3/16/23	7/7/20 neg.	5/24/22	
12/27/23		to 12/7/23	12/21/21 neg.	(over)	
			12/6/20 No growth		
			neg. 2/12 2/6 too		
			old 3/22- 2/6 &		
			3/11 incomplete		
			inc. 2/16/24 over-		
			green 2/17 -10/10/24		

Extra copy for file

An old file card detailing results from tests on stool specimens from Mary Mallon gives a capsule history of her capture and quarantine. [Enlarge](#) Photo credit: Courtesy of New York County Clerk Archives

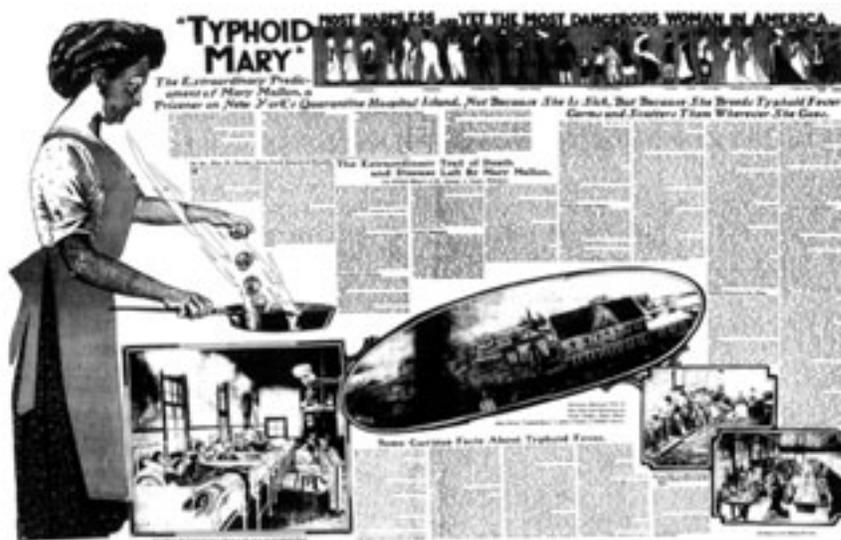
Hard choices

So she did what many other healthy carriers since have done: returned to work to support herself. And the health department responded by doing what it felt it had to do when faced with a now very public uncooperative typhoid carrier: returned her to isolation. New York health officials did not isolate all the recalcitrant carriers it identified; many who had disobeyed health department guidelines were out in the streets during the years Mallon remained on North Brother Island, the East River islet where she was quarantined. But officials had reason to act as they did. And so did Mary Mallon.

Health officials chose not to deal with their first identified healthy carrier in a flexible way.

In other words, there were choices for both the health officials and Mary Mallon, and judgment, when we make it, should take this full context into account. Events could have evolved in a different pattern. If tempers had not been raised to fever pitch in 1907, when Mallon was first quarantined on North Brother Island, and positions not solidified, various compromises and possibilities would have been available for education, training, and employment, all of which might have led to decreasing the potential of Mallon's typhoid transmission.

Health officials, who certainly held the reins of power most tightly, chose not to deal with their first identified healthy carrier in a flexible way. They chose to make an object lesson of her case. But it was a choice. If they had shown some personal respect for how difficult it was for Mary Mallon to cope with what happened to her, it is conceivable that she would have responded in kind and come to respect their position. As it happened, neither side considered the other, and communication was stopped short.



Part of the *New York American* article of June 20, 1909, which first identified Mary Mallon as "Typhoid Mary" [Enlarge](#) Photo credit: New York American, June 20, 1909

Proper treatment

How *can* we address the problem that is now, still, again, before us? Shall we insist on locking up the people who are sick or who are at risk of becoming sick because they threaten the health of those around them? Our own situation in large part determines how we think about these questions and informs our various responses to this public health dilemma. We can view people who carry disease as if they consciously bring sickness and death to others—like the demon breaking skulls into the skillet, as a 1909 newspaper illustration depicted Mary Mallon [see image at right above]. We can view such people as inadvertent carriers of disease, as innocent victims of something uncontrollable in their own bodies. We can see disease carriers as instruments of others' evil, as victims of society's or science's perversity.

Wherever we position ourselves, as individuals and as a society, we must come to terms with the fundamental issue that whether we think of them as guilty or innocent, people who seem healthy can indeed carry disease and under some conditions may menace the health of those around them. We can blame, fear, reject, sympathize, and understand: withal, we must decide what to do. Optimally, we search for responses that are humane to the sufferers and at the same time protect those who are still healthy.

The conflict between competing priorities of civil liberties and public health will not disappear, but we can work toward developing public health guidelines that recognize and respect the situation and point of view

of individual sufferers. People who can endanger the health of others would be more likely to cooperate with officials trying to stem the spread of disease if their economic security were maintained and if they could be convinced that health policies would treat them fairly. Equitable policies applied with the knowledge of history should produce very few captives to the public's health.

Few instances of the thoughts and handwriting of Mary Mallon, aka "Typhoid Mary," have come down to us. The longest surviving letter, and the one most telling of her plight and state of mind in the height of her quarantine, is a six-page, hand-scrawled diatribe she wrote in late June 1909. By this time, she had been quarantined against her will for over two years on an island in New York City's East River. Below, read the letter and get inside the mind of a woman tragically caught between a rock and a hard place: her discovery and labeling as a healthy carrier of typhoid who by this time had already infected numerous people through her cooking—and the city's obligation to protect the public's health. Reading between the lines, one gets a sense of just how frustrated, upset, and spiteful this 39-year-old Irish immigrant has become at her situation, a situation from which she ultimately never escaped.—*Peter Tyson*

Note: Mallon's letter (below) has been edited for clarity, spelling, and punctuation as well as broken into paragraphs for more manageable reading. As you read it, click on highlighted words for more information. To peruse the original handwritten letter, click on image below right.



George Francis [O'Neill](#)

~~To the Editor of the American~~

In reply to Dr. [Park](#) of the Board of Health I will state that I am not segregated with the typhoid patients. There is nobody on this [island](#) that has typhoid. There was never any effort by the Board authority to do anything for me excepting to cast me on the island and keep me a prisoner without being [sick](#) nor needing medical treatment. When I first came here they took two blood cultures, and feces went down three times per week, say Monday, Wednesday, and Friday, respectively, until the latter part of June. After that they only got the feces once a week, which was on Wednesday. Now they have given me a [record](#) for nearly a year for three times a week.

When I first came here I was so nervous and almost prostrated with grief and trouble. My eyes began to twitch, and the left eyelid became paralyzed and would not move. It remained in that condition for six months. There was an eye specialist [who] visited the island three and four times a week. He was never asked to visit me. I did not even get a cover for my eye. I had to hold my hand on it whilst going about and at night tie a bandage on it.

In December when Dr. [Wilson](#) took charge, he came to me and I told him about it. He said that was news to him and that he would send me his electric battery, *but he never sent* [it]. However, my eye got better thanks to the *Almighty God* and ~~no thanks~~ in spite of the medical staff. Dr. Wilson ordered me [urotropin](#). I got that on and off for a year. Sometimes they had it, and sometimes they did not. I took the urotropin for about three months all told during the whole *year*. If I should have continued [it], it would certainly have killed me for it was very severe. Everyone knows who is acquainted in any kind of medicine that it's used for *kidney trouble*.

When in January [1908] they were about to discharge me, when the resident physician came to me and asked me where

was I going when I got out of here, naturally I said to N.Y., so there was a stop put to my getting out of here. Then the supervising nurse told me I was a hopeless case, and if I'd write to Dr. [Darlington](#) and tell him I'd go to my sisters in Connecticut. Now I have no [sister](#) in that state or any other in the U.S. Then in April a [friend](#) of mine went to Dr. Darlington and asked him when I was to get away. He replied "That woman is all right now, and she is a very expensive woman, but I cannot let her go myself. The Board has to sit. Come around Saturday." When he did, Dr. Darlington told this man "I've nothing more to do with this woman. Go to Dr. [Studdiford](#)."

He went to that doctor, and he said "I cannot let that woman go, and all the people that she gave the typhoid to and so many [deaths](#) occurred in the families she was with." Dr. Studdiford said to this man "Go and ask Mary Mallon and enveigle her to have an operation performed to have her [gallbladder](#) removed. I'll have the best surgeon in town to do the cutting." I said "No. No knife will be put on me. I've nothing the matter with my gallbladder." Dr. Wilson asked me the very same question. I also told him no. Then he replied "It might not do you any good." Also the supervising nurse asked me to have an operation performed. I also told her no, and she made the remark "Would it not be better for you to have it done than remain here?" I told her no.

There is a visiting doctor who came here in October. He did take quite an interest in me. He really thought I liked it here, that I did not care for my freedom. He asked me if I'd take some medicine if he brought it to me. I said I would, so he brought me some Anti Autotox and some pills then. Dr. Wilson had already ordered me brewer's yeast. At first I would not take it, for I'm a little afraid of the people, and I have a good right for when I came to the Department they said they were in my [intestinal] tract. Later another said they were in the muscles of my bowels. And latterly they thought of the gallbladder.

I have been in fact a peep show for everybody. Even the interns had to come to see me and ask about the facts already known to the whole wide world. The tuberculosis men would say "There she is, the kidnapped woman." Dr. Park has had me illustrated in [Chicago](#). I wonder how the said Dr. William H. Park would like to be insulted and put in the Journal and call him or his wife Typhoid William Park.

A handwritten signature in cursive script that reads "Mary Mallon". The ink is dark and the handwriting is fluid and somewhat slanted to the right.

Epilogue

In mid-July 1909, Judge Mitchell Erlanger of the New York Supreme Court, believing Mallon remained a danger to society, dismissed her petition for release and ordered her back to North Brother Island. But seven months later, Ernst J. Lederle, the city's new health commissioner, took pity on Mallon and released her on the promise that she never again work as a cook. Lederle, however, did not help her train for another profession that would have provided her with the standard of living to which she had become accustomed. This oversight would have serious consequences.

Initially the Department of Health kept tabs on Mallon, but eventually they lost touch with her. Then, in 1915, health officials traced an outbreak of typhoid fever at Sloane Maternity Hospital in Manhattan to the facility's cook, a "Mrs. Brown." This turned out to be Mary Mallon. She was immediately sent back to North Brother Island, where she was forced to remain for the rest of her life. She died there on November 11, 1938, having lived a total of 26 years on the island.

All told, Mary Mallon is thought to have given typhoid to 47 people, three of whom died. ■