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Typhoid Mary: Villain or Victim?

By Judith Walzer Leavitt | Posted 10.12.04 | NOVA

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 \(/wgbh/nova/typhoid/letter.html\)](#).]

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.



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.

This feature originally appeared on the site for the NOVA program [The Most Dangerous Woman in America](http://www.pbs.org/wgbh/nova/typhoid/) (<http://www.pbs.org/wgbh/nova/typhoid/>).



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