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Typhoid Mary: Captive to the Public's Health (Book Review)

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Judith Walzer Leavitt. *Typhoid Mary: Captive to the Public's Health*, Beacon Press, 1996. Reviewed by Harvey Fenigsohn.

"I am an innocent human being. I have committed no crime and am treated like an outcast - a criminal. It is unjust, outrageous, uncivilized. It seems incredible that in a Christian community a defenseless woman can be treated in this manner. ... Why should I be banished like a leper...?" (p. 180).

Thus, Mary Mallon, better known as "Typhoid Mary," bitterly protested her exile to an island in New York's East River. For over 26 years Mallon was confined against her will until her death at age 69 in 1938. In Judith Walzer Leavitt's *Typhoid Mary: Captive to the Public's Health*, we learn the extraordinary story of this infamous carrier of typhoid fever, and consider how Mary Mallon's treatment can help determine today's public health policies. Leavitt's analysis, compellingly documented and lucidly crafted, challenges us to balance the public's need for safety and health with the individual's right to freedom and justice.

An indigent, fifteen year old Irish immigrant to this county in 1883, Mary Mallon became a valued domestic servant, sought by well-to-do New Yorkers for her culinary skills. Unfortunately, the scourge of typhoid fever continuously plagued the homes where Mallon worked. Linking Mallon with the disease, the relentless medical detective, George Soper, tracked her down, insisting that she be tested. Soper rightly suspected that Mallon was a healthy carrier of typhoid fever. As the heralded new science of bacteriology proved, though healthy themselves, such carriers could unwittingly spread the disease to those with whom they came in close contact. Health officials soon determined that from 1900 to 1907, Mary Mallon infected at least twenty two people. Eventually, Mallon infected 47, causing three deaths.

Confronted with the news that she was suspected of spreading typhoid fever, Mallon fiercely resisted any attempt to be tested, violently rebuffing health officers, asserting that she was completely healthy and a threat to no one. Mallon held this false belief until the day she died. Leavitt reveals that Mallon, while responsible in part for her long incarceration, was not merely the victim of typhoid fever. Rather, as a lower class woman, and Irish Catholic, Mallon suffered from the powerful prejudice at that time directed against those of her gender, her social status, and her ethnic background.

Mallon, who lived alone with no family and associated with a disreputable male friend, was considered unwomanly. In contrast to those she infected, who were upper class and privileged, she was viewed as a menace to respectable society. What is worse, she defiantly refused to accept that she was a danger to others; when granted her freedom after agreeing to refrain from working as a cook, Mallon secretly reverted to making her living the best way she could-cooking for others. After infecting 23 more people, Mallon was apprehended once again and condemned in 1915 to spend the remainder of her days on North Brother Island.

In analyzing Mary Mallon's role in early 20th century America, Leavitt explains why and how she, alone, was demonized, her epithet, "Typhoid Mary" continuing today to represent someone to be feared and reviled, a toxic danger to all. The author reviews the sensational trial of 1907 when the protection of the public's health was pitted against Mallon's right to live as a free

woman. While Mallon was first portrayed sympathetically in the newspapers, her documented threat to the community and her refusal to accept this fact soon turned public opinion against her. Losing her court case, excoriated in the press, she spent two more years in isolation before a sympathetic public health official freed her. But, proving herself unwilling to observe her vow to never again work as a cook, Mallon realized her cause was hopeless.

Nevertheless, as Leavitt reveals, Mary Mallon was one of several healthy carriers to defy public health officials and continue working at their chosen profession. At least three other contagious carriers, some who infected more people than Mallon, were never forcibly confined, though they repeatedly resisted the prohibition against continuing to work as food handlers, the profession most likely to spread the disease. Unlike Mallon, they were men with families who, seemingly, were more willing to acknowledge their danger to others even as they found ways to defy those who would control them. As Leavitt indicates, this uneven application of justice revealed the ambivalence of public health authorities toward curtailing a citizen's freedom --even one clearly known as a deadly threat to the community.

In her final chapter, "A 'Square Deal' for Public Health," Leavitt considers the implications of Mallon's story for today's health policy in managing infectious diseases. She compares Mallon's disbelief when told she was a healthy carrier to the incredulous reaction of the first gay men informed, in the 1980's, that they had contracted AIDS and that their sexual behaviors might endanger others. Leavitt argues that the power of the government to identify contagious carriers can lead to simplistic labeling. She warns against stigmatizing those who contract infectious diseases, insisting the best results will occur only "if people who are infected are treated with respect and empathy for their personal stories" (238).

Finally, Leavitt examines the question of quarantine, the whole issue of isolation. She considers who should be quarantined and why, fully exploring the medical, legal, and moral concerns. Better health precautions and the development of medications have made quarantining of AIDS patients less of a concern since the 1996 publication of Leavitt's book. But there will always be the need to treat bearers of contagious diseases with justice, even as the government rightfully protects its citizens from the threat of contagion. Reconsidering Mary Mallon's case, Leavitt suggests that this unfortunate woman might well have been trained in another means of gainful employment, a vocation comparable to cooking and equally satisfying. Treated with the dignity she deserved, rather than becoming an infamous example, Mary Mallon may have lived a different and better life. Instead we will always have the notorious case of "Typhoid Mary," a lesson in medical history we should never forget.