Dinner With Typhoid Mary
A household in Oyster Bay is stricken, and the trail leads to the cook, Mary Mallon

By Ridgely Ochs
Staff Writer

Poor Mary Mallon. Of all the bizarre and melancholy fates that could befall an otherwise ordinary person, hers has to be among the most sad and peculiar.

Like millions before and since, she came to this country from Ireland, seeking a better life. Instead, she was forced by public health officials to live for a total of 26 years on a tiny island in the East River, isolated from and shunned by her fellow humans. And while she was not the only one of her kind, her name became synonymous with disease and death.

She was Typhoid Mary, and her story really begins on Long Island.

In the summer of 1906, Mallon, who was born in 1869 in County Tyrone and emigrated to the United States in 1883, was working as a cook for a wealthy New York banker, Charles Henry Warren, and his family. The Warrens had rented a house in Oyster Bay for the summer, described as `large, surrounded with ample grounds, in a desirable part of the village," from Mr. and Mrs. George Thompson.

From Aug. 27 to Sept. 3, six of the 11 people in the house came down with typhoid fever, including Mrs. Warren, two daughters, two maids and a gardener.
Typhoid fever, caused by the bacteria salmonella typhi, is spread through water or food supplies. In the 19th Century, typhoid fever, which causes headache, loss of energy, upset bowels and a high fever, was a scourge, especially in cities, killing about 10 percent of sufferers. But by the turn of the century, public health officials understood the need for a clean water supply and the death rate from the disease was falling.

In Oyster Bay at the time, typhoid fever was "unusual," according to three doctors who shared the medical practice there. And two investigators were unable to find contaminated water or food to explain the outbreak.

Worried they wouldn't be able to rent the house unless they figured out the source of the disease, the Thomsons in the winter of 1906 hired George Soper, a sanitary engineer.

Soper, in his description of his investigation published June 15, 1907, in the Journal of the American Medical Association, said he for a time believed soft clams might be the source of the outbreak. But he soon dismissed them and other potential contaminants as the cause and began to focus on the family. Soper wrote:

``It was found that the family had changed cooks on August 4. This was about three weeks before the typhoid epidemic broke out. . . . She remained in the family only a short time, leaving about three weeks after the outbreak occurred. . . . The cook was described as an Irish woman about 40 years of age, tall, heavy, single. She seemed to be in perfect health."

This cook was Mary Mallon, and Soper became convinced she was a healthy carrier of the disease. This meant she had at some point had a mild case of typhoid, which she still carried and could spread, although she herself was not affected. Soper was the first to identify a healthy typhoid carrier in the United States.

Although his deduction was undoubtedly brilliant, his handling of Mallon was not.

``I can't help feeling that if that initial encounter had been different, the whole story could have been different," said Judith Walzer Leavitt, a professor of the history of medicine at the University of Wisconsin and author of the book "Typhoid Mary, Captive to the Public Health" (Beacon Press, 1996).

Soper tracked Mallon down in March, 1907, to the home on Park Avenue in Manhattan where she was a cook. Appearing without warning, Soper told her she was spreading death and disease through her cooking and that he wanted samples of her feces, urine and blood for tests.

In a later description, Soper wrote: ``It did not take Mary long to react to this suggestion. She seized a carving fork and advanced in my direction. I passed rapidly down the narrow hall, through the tall iron gate."

Unable to get any lab samples from Mallon, Soper reconstructed her work history: Within the previous 10 years, the cook had worked for eight families. Seven had had typhoid outbreaks, including the Park Avenue home in which she was working. Twenty-two people had become ill and one had died of the disease, Soper said. One of the epidemics occurred at Sands Point in 1904, and four servants were infected.
Convinced by Soper’s data, the New York City health inspector in March, 1907, carried Mallon off, screaming and kicking, to a hospital, where her feces did indeed show high concentrations of typhoid bacilli. She was moved to an isolation cottage on the grounds of the Riverside Hospital, a hospital for infectious diseases on North Brother Island, between the Bronx and Rikers Island.

She stayed there for three years, in relative isolation. It was during that time that she was dubbed Typhoid Mary. Described as intelligent but capable of “almost pathological anger” by the head of Riverside Hospital, Mallon despised the moniker and protested all her life that she was healthy and could not be a disease carrier: She apparently could not accept that unseen and unfelt “bugs” could infect others. As she told a newspaper: “I have never had typhoid in my life and have always been healthy. Why should I be banished like a leper and compelled to live in solitary confinement . . . ?”

After three years, she was allowed to go free as long as she stayed in touch with the health department and did not work with food.

For a time she worked washing clothes. But, apparently unable to earn enough money, she disappeared from health department view and returned to cooking. She resurfaced again in 1915, using the name Mrs. Brown and working as a cook in Sloane Maternity Hospital in Manhattan. During her three months there, she had spread typhoid to at least 25 doctors, nurses and staff, two of whom had died.

She was sent again to North Brother Island, where she lived the rest of her life, 23 years, alone in a one-room cottage. She was certainly not the only known typhoid carrier: In 1938 when she died, a newspaper noted there were 237 others living under city health department observation.

But she was the only one kept isolated for years, a result as much of prejudice toward the Irish and noncompliant women as of a public health threat, Leavitt believes.

She labored in the hospital as a domestic worker and toward the end of her life, she worked in a bacteriology lab on the grounds, washing bottles.

She also had a cottage industry making and selling goods to hospital employees. In fact, according to Leavitt, who quotes the son of two employees, she baked and sold cakes.

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