“Cultures and Carriers” and the Science of Social Control

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In 1907, the discovery of the first known “chronic typhoid germ distributor”—or healthy carrier—was announced to the members of the Biological Society of Washington, D.C.¹ The theory that an apparently healthy person could transmit a contagious disease was already under investigation, having been publically advanced in 1902 by the German bacteriologist Robert Koch. But few, even in the medical community, knew of this research. And no one had documented such an individual in the United States until an engineer in the U.S. Army Sanitary Corps known for his work on typhoid was called in to investigate a typhoid outbreak in a house on Long Island. He was Dr. George A. Soper, and the “carrier” he discovered was Mary Mallon, an Irish immigrant who worked as a cook for the family vacationing in the Long Island house and who would become infamous as “Typhoid Mary.”

Soper’s early accounts of his discovery manifest a fairly characteristic affinity between epidemiological investigations and detective narratives. Having ruled out all other possibilities of transmission in the house and grounds, to which the disease had been confined, he became suspicious of a missing cook and set out to find Mary Mallon. Enlisting the help of the somewhat shady owner of the employment agency through which Mallon had sought employment, he discovered a trail of typhoid epidemics that tracked her through her domestic engagements. Here, he concluded, was the “fact” that could substantiate the hypothesis of the healthy carrier of typhoid. And he proceeded to locate and contact Mary Mallon to inform her of her status as a “living culture tube and chronic typhoid germ producer.”²

Mary Mallon dismayed the medical and public health communities by her unwillingness to believe Soper’s hypothesis and allow herself to be tested for evidence of the typhoid bacillus. Child-hygiene pioneer Sara Josephine Baker, sent in her capacity as a public health official to collect blood and urine specimens from Mallon, describes her as “maniacal in her integrity,” and Soper reports being stunned that he could not “count upon her cooperation in clearing up some of the mystery which surrounded her past. I hoped,” he explains, “that we might work out together the complete history of the case and make suitable plans for the protection of her associates in the future.”³ Public health officials responded to Mal-
Ion’s recalcitrance by forcibly removing her to a contagious hospital, where they ordered the extraction and evaluation of her bodily excretions. “It was her own bad behavior that inevitably led to her doom,” remarks Baker. “The hospital authorities treated her as kindly as possible, but she never learned to listen to reason” (75).

Mary Mallon’s condition posed a social as well as a medical dilemma. Her celebrated legal appeal brought her plight to public attention, and she even elicited a significant amount of public sympathy, but the court declared her a threat to public health and ordered her return to the Riverside Hospital on North Brother Island, off the east coast of Manhattan. A change in the administration of the department of public health resulted in her liberation; she was ordered to give up her profession and to report regularly to the department of public health. But within two years of her release, Mary Mallon assumed an alias and disappeared. In the story Soper tells about his nemesis, this willful disobedience proved beyond doubt that she was the menace he had avowed her to be from the start. His version of her story dominated the newspaper accounts of her rediscovery in 1915, which depicted her as a public menace and ensured her enduring notoriety as “Typhoid Mary.”

The discovery of the healthy carrier demonstrably changed the direction of medical research and of public health policies, and it both registered and helped to shape changes in social policy as well. At the base of this discovery is a healthy human being turned pathogen, and central to it is also a particular kind of story with recognizable features and properties—a “carrier narrative”—generated to explore and exploit this fact. Central to this story is a contagious disease that is explicitly menacing the population (at large or in a particular locale) and implicitly threatening the social order. The story recounts how experts—typically scientists and public officials—track the spread of the disease back to its source, an unrecognized infective agent; these experts, moreover, make visible the cause of a problem in terms that lead directly to, and therefore justify, their particular solution. Typically, the story poses social problems in scientific language. Reading like a detective novel, it presents a theory as a discovery.

The story of “Typhoid Mary” represents a collaboration between the medical community and the media to support a theory that would become a scientifically based social policy. The transformation of Mary Mallon into “Typhoid Mary” was the U.S. archetype, as well as the most sensationalist manifestation, of the carrier narrative. Her story demonstrated, first, that she was a human vector of typhoid (that is, she was capable of transmitting without falling victim to the disease); second, that she posed a danger to the community; and, finally, that her isolation was justified.
Regardless of the outcome, narratives like this one establish the existence of carriers, assess their threat to the community, and justify the treatment accordingly. To understand accounts of carriers as “narratives” is to attend to the recognizable features and common formal properties of stories that fashion theories—in this case, the discoveries of bacteriological research—into cultural conventions; technical terms and concepts become the “truths” of lived experience.

In concert with other cultural narratives of this period, stories like Mary Mallon’s displayed a subtle shift in emphasis in the understanding of personhood and social responsibility: individuals once seen primarily as endowed with natural rights were now viewed as social beings charged with responsibility for their actions, witting or otherwise. In particular, these narratives negotiated the transformations in the structure and function of families and the gender roles they reproduced that resulted from the pressures of urbanization and industrialization. The prototypical story of “Typhoid Mary” influenced more than public health policy; it helped to articulate, as it fleshed out, a narrative that worked to contain dramatic changes in familial and social structure by linking transformations in gender roles to the fate of the (white) race and therefore to the security of the nation. Carrier narratives called forth the new authority of science to substantiate the danger and entrust the health and well-being of the nation to social engineers like George Soper.

Writing at the turn of the century, sociologist E. A. Ross used the term social control to explain the premise that motivated the shift in the conception of personhood and its connection to the health of the body politic. The term refers to the external influences that find expression in “the goodness and conscientiousness by which a social group is enabled to hold together.” The concept is part of the early sociologists’ efforts to develop a science of society that would help them understand and promote such cohesion. In Ross’s formulation, social explanations and criteria replace moral ones. A more scientific penology, for example, would evaluate and punish crimes not chiefly on the basis of the depravity of the individual criminal act but “primarily according to the harmfulness of the offence to society” (110). By these standards, a crime of negligence might meet with a more severe penalty than a crime of passion. Ross explains that the law “will be hard,” for instance, “on the careless train despatcher, because mistakes must not occur in despatching trains” (110). Public health policy concerning the earliest carriers manifests the influence of this principle. It even extends, as the story of “Typhoid Mary” in particular demonstrates, to the regulation of gender roles as an expression of national health and well-being. The carrier narrative grows out of and develops the ideology of social control.
Vague social threats find more tangible expression in the contagion that motivates the carrier narrative and justifies measures, in the interest of social control, that might otherwise seem too extreme. It is not surprising that carrier narratives would be especially prevalent at a time, as Ross observes, of great demand for social control. In his 1901 book-length study of the subject, he explains the correspondence between the vicissitudes of social control and the magnitude of social change resulting from a variety of factors, including cultural encounters, political upheavals, and economic developments. He describes his contemporary moment as a time when “powerful forces are more and more transforming into society, that is, replacing living tissue with structures held together by rivets and screws” (432). With the move from an organic to a mechanistic conception of society, argues Ross, comes the increasing replacement of natural by artificial bonds and supports. Anticipating our own contemporary theorists of nation, especially Benedict Anderson, he observes that “as the means of communication improve, as the school and the press grow mighty, and as man dares to look up from his engrossing daily task, the ease of comprehending distant persons and situations enables fellowship to overlap the limits of personal contact” (435). Ross is witnessing what he understands as “the rise of the nation” (435; original emphasis), and it is accompanied by the need for a “more searching and pervasive means of control” (432).

The rhetoric of hygiene manuals from this period enlisted individuals in one of the projects of social control: the campaign against the spread of contagious disease. The militaristic language characteristic of these discussions anthropomorphized disease, incriminating germs (and, by extension, sick individuals). “Disease germs are the greatest enemies of mankind,” a biology professor explained to the young audience intended for his 1910 Primer of Sanitation.6 “Between these germs and the body there is never-ceasing war” (11). With this rhetoric, the author puts distance between the bodies of his young readers and disease. An illness attributed to a contagious agent, however, implicitly represents a moral defeat: “After all,” he concludes, “most families suffer from germ diseases more because of their own carelessness than because of the faults of others” (191).

More problematic was the representation of the healthy carriers who, often unbeknownst to themselves as well as others, literally embodied disease. Descriptions of the carrier bear witness to the medical establishment’s attempt to conceptualize an individual whose very body had become the site of infectivity. For example, in a textbook for medical personnel written on phorology (the study of carriers) in 1922, when carrier work was well into its second decade, Major Henry J. Nichols of the U.S. Army Medical Corps steps up the militaristic language as he casts the
struggle in existential terms. “The parasitology of Pasteur and Koch,” he explains, has become “linked up with Darwin’s grand conceptions and has taken its place in the scheme of the struggle for existence. . . . It pointed to a new possibility in the outcome of the fight of man against his parasites. The patient may recover with complete destruction of the parasite. The parasite may win with death or disability of the patient. But there may also be a draw with the production of a carrier.”7 The higher stakes evoked by the Darwinian model intensifies the language of demonization. “While we accredit nature with marvellous adaptations for the welfare of mankind,” remarks Nichols, “it should not be forgotten that a typhoid gall bladder or a diphtheria tonsil represent [sic] a diabolical mechanism for the perpetuation of some of man’s real enemies. It is the aim of preventive medicine to break up this balance in favour of man” (18). Nichols carefully posits a diseased organ, rather than an individual, as a “diabolical” force, poised on the border between “man” and “his parasites,” between civilization and nature. That diseased organ becomes a paradigm for an environment gone awry, one that ultimately constitutes a threat to civilization itself. The definition and perpetuation of humanity are equally at stake in the battle that Nichols describes, and medical personnel and carriers alike must be prepared to dissociate the carriers’ organs from their selves in the greater cause of the preservation of mankind.

Phorology, for Nichols, simultaneously represents and calls for a change in the way medicine is practiced and in the way individuals are understood. Troubled by what he calls “the extreme individualism of the past,” he argues for “the socialization of medicine,” urging physicians to “keep pace with the increasing social demands for the application of practical measures,” and he concludes the introduction to his book with an impassioned polemic:

As physicians and citizens we need to realize, once for all, that while in some respects the individual is an ultimate unit, in others, he is only a part of higher units, the family, the community, and the nation, and he cannot exist without them. Hence, medically as well as biologically, the interests of the whole, that is, of the race, are greater than those of the individual parts. On the other hand, it is the individual who, in the long run, profits from the welfare of the group. (18)

Speaking in the language of Progressivism, Nichols clearly marks existence as both a social and a physiological condition. Hovering on the border between sickness and health, the carrier turns the focus on other borders as well: the porous and permeable borders of the body and the equally permeable borders between social units—among classes, neighborhoods, municipalities, and even nations. At the same time, the carrier is a demonstrable fact of medical science, a creature empirically deter-
It is fitting that such a border figure, the healthy carrier, would occasion the articulation of a shift in emphasis in how personhood was conceived in the United States (and elsewhere in the West) at the turn of the century. In his recommendation that tests to determine whether or not someone is a carrier become part of routine medical examinations, for example, Nichols argues that “if we . . . view the individual as a social being, it is also indicated to determine whether he is a carrier” (115). The sentence can be read in two ways: first, if we understand that individuals are social beings, then we must acknowledge their susceptibility to contagion; and second, if we acknowledge that they are social beings, then we must also ask them to subordinate their individual rights to the greater good of the group. Obviously, Nichols does not invent the concept of “social being,” but his perception that he needed to make this point—especially when addressing scientists and medical professionals—is significant. Counterposing the emphasis on the social that characterizes Progressivism with what he calls “the extreme individualism” that typifies scientific thinking in the early years of bacteriology, Nichols calls attention to a fundamental clash of philosophies and to the carrier’s position at the center of that clash.

As contemporary historians of medicine have noted, the advent and wide-scale acceptance of bacteriology promoted a change in the medical profession’s understanding and regulation of disease. The social and environmental focus of the nineteenth-century sanitarians, which was compatible with the theory that filth generated disease, gave way to the more individualistic strategies of health management that emerged from the germ theory of disease. The transformation is registered in the work of the superintendent of health in Providence, Rhode Island, Charles V. Chapin, a leader in the field of public health policy in the early years of the twentieth century. Writing in 1910, Chapin calls for immediate modification in the “prevailing notions as to the sanitary functions of the state” and in the common belief among “the laity and the lay press . . . that most of the infectious diseases have their origin outside of the body, in filth” or at best “attach equal importance to external sources of infection.” While Chapin admits that certain sanitation initiatives, such as improvements in the disposal of human excrement and in water purification, have resulted in diminishment of certain diseases and that hygienic municipal habits promote hygienic personal habits—“doubtless an important factor in the prevention of contagion”—overall he insists that...
except for one or two diseases, and except for very indirect effects, the cleansing of streets, alleys, and back yards, of dwellings and stables, the regulation of offensive trades, and the prevention of nuisances generally, have, so far as we can see, no relation to the general health, nor any value in the prevention of specific diseases. While municipal improvements such as the above are desirable, there is little more real reason why health officials should work for them, than there is that they should work for free transfers, cheaper commutation tickets, lower prices for coal, less shoddy in clothing or more rubber in rubbers,—all good things in their way and tending towards comfort and health. (28)

Chapin advocates individual activism in the prevention of disease—the minimizing of “contact infection” by proper behavior, such as “keeping our fingers out of our mouths, and also everything else except what belongs there” (164). Like the author of the Primer of Sanitation, published the same year as Chapin’s Sources and Modes of Infection, Chapin urges individual responsibility and personal habits as the greatest weapons in the war against the microbes, and individuals as the most important units for medical focus.

The development of public health policy manifests the influence of the competing perspectives of the new individualist science of bacteriology and the evolving environmentalist perspective of Progressivism. By the time Chapin penned his influential remarks, for example, Sara Josephine Baker had already begun to implement preventive medicine reforms as chief of the New York City Department of Health’s Division of Child Hygiene. Baker used the most current scientific techniques to design and justify the social reforms that stemmed from what “at that time . . . really was a startling idea”: that “the way to keep people from dying from disease . . . was to keep them from falling ill. Healthy people didn’t die.”10 Throughout her career, Baker, like many health reformers, consciously sought to bring the individualist perspective of scientific discovery and the environmentalist focus of social reform together in the service of preventive medicine, which she understood as the basis of public health. Even in the highest echelons of bacteriology, scientists cautioned against what German medical researcher Ferdinand Hueppe called “the ontological contemplation of diseased cells and disease-producing bacteria,” referring to the tendency to think of microbes as exclusive agents of disease and to ignore the environments in which they flourish. Railing against the animistic and superstitious thinking that characterized much medical research in his day, Hueppe finds even such prominent figures as Robert Koch and Louis Pasteur, widely hailed as the founders of modern bacteriology, guilty of the ontological fallacy that he labels “a mere remnant of priest medicine” that “can have no place in any scientific
conception of biology, pathology or hygiene.” By contrast, he insists on a more dynamic (and environmentalist) conception of disease, one that understands it as “a process resulting from the action of a series of factors of unequal value” (275), as a chain of interlinking events, including microbes and environments receptive to their proliferation.

In their recent studies, medical historians Judith Walzer Leavitt and J. Andrew Mendelsohn posit the case of “Typhoid Mary” as central to understanding the discordant premises of bacteriological science and social reform—and hence the tensions of public health—at the turn of the century. For Leavitt, the ambiguities of the case stem from overtly competing languages, ranging from “the language of the new science of bacteriology” that marked her as “laboratory-defined sick because she could spread the disease” to the language of individual rights and social justice. She argues that Mallon’s public transformation into “Typhoid Mary” represents the triumph of the language of laboratory science over the language of rights and justice, but she keeps in view the ultimately tempering effect of social concerns on the medical perspective in the development of public health policies in the early decades of the twentieth century. Mendelsohn takes issue with Leavitt, labeling typhoid policy in this period “humane but not social” and pointing distinctly to the role of phorology in the erosion of social explanations and factors and their conspicuous replacement with scientific ones (and with increased attention to the individual) in the etiology of disease and the articulation of public health policy more generally. Bacteriologists and their supporters placed emphasis on locating, recording, and tracking carriers, rather than on alleviating the conditions in which diseases like typhoid flourished. Thus, he argues, the carrier state as theorized by bacteriologists maintained, as it exemplified, the bifurcation between the scientific and the social.

Mendelsohn convincingly demonstrates the replacement of the social by the scientific in the medical and public health officials’ definitions and treatments of the carrier state. Yet while attending to their explicit claims, he does not consider the alternative context in which the scientific focus of the bacteriologist is already suffused by, and rearticulates, the social terms through which the individual is imagined. Even if, as Mendelsohn suggests, public policies bifurcated into scientific (individualist) and social (environmentalist), the concept of the individual had already been transformed by the mutual permeation and reconfiguration of both perspectives. The individual that constituted the focus of the scientific perspective, in other words, had been articulated through the terms and according to the assumptions of social responsibility and “social control.” Moreover, the social responsibility alluded to in the Primer of Sanitation and in the work of Chapin and Nichols reflects a fusion of individualism and environmentalism. As the media and the medical establishment conspired
to transform Mary Mallon into “Typhoid Mary,” their language and logic dramatized the metamorphosis of an individual into what Nichols calls “a social being.” When Mary Mallon refuses to accede to the authority of public health officials and medical personnel, when she will not join in the battle by dissociating her organs from her self and surrendering her body to science, she constitutes a threat to the terms of social responsibility. As “Typhoid Mary,” she emblematizes the premises, justification, and ultimate victory of social control. Designating her “Typhoid Mary,” the scientists reclaim her body and reestablish order. Her story mediates even as it marks the change in emphasis that conceives of individual rights in terms of social responsibility.

If the theories and stories about the carrier state that comprise carrier narratives show the effort of maintaining the distinction between the social and the scientific, they also manifest their straining to come together. Social being, as Nichols uses it, constitutes a mediating term between scientific and social understandings of disease and personhood; an individual derives existence from a community, not just in the social sense (of meaningful existence), but also in the sense that the material conditions and the social interactions of a community have physiological consequences for the individual.

In many ways, Mary Mallon was not representative. At the time of her discovery, her dilemma was unique in the United States, and both Leavitt and Mendelsohn note that the 1909 decision authorizing her confinement set no legal precedent for the treatment of carriers. But “Typhoid Mary” has served as an archetype of the carrier (as her story has of the carrier narrative) from the scientific, sociological, and journalistic literature of her own period into the present. The particular prominence of this story, how it evidently captured and held the public imagination, derives in part from the nature of the disease under discussion—typhoid. But the concern evoked by the disease was exacerbated by other cultural anxieties at work in the stories that spread the tales of its contagion. The story of Mary Mallon’s transformation into “Typhoid Mary” in particular demonstrates how the medical language of disease and contagion at once shaped and was shaped by the anxiety attendant upon the shifts in the articulation of personhood and social responsibility reflected in this formative carrier narrative.

A National Disease

In the early years of phorology, studies of typhoid dominated the literature. The chance occurrence of Soper’s discovery partly explains that early emphasis, but the nature of the disease was also relevant to that

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dominance, as it was to the story of "Typhoid Mary." Among the contagious and infectious diseases commonly understood to pose the greatest threat in the United States at the turn of the century, only typhoid spread more widely through contamination of the food and water supply than through intimate contact. More than other diseases, then, typhoid required a combination of social and scientific solutions. Even the most outspoken "individualists" acknowledged the importance of municipal reforms that addressed the storage and distribution of food and water to the control of typhoid. "Among the common infectious diseases," Chapin told his readership, "typhoid fever is practically the only one at present of any great importance to the people of Western Europe and North America which is often disseminated by means of drinking water." Therefore he finds it "worth while to make large expenditures for its prevention."14

Probably because of typhoid's mode of transmission, outbreaks carried with them the particular onus of familial and national failure. As the title of one article proclaimed, typhoid was a "national disgrace," a disease of "dirt, poverty, and national carelessness." It was, announced another, "a disease of defective civilization."15 Typhoid marked the failure of industrialization, of social responsibility and control—and of modernity. Prior to the discovery of Mary Mallon and other carriers (in the United States and in Europe), typhoid had largely been associated with contaminated fluids (water supply and milk) as well as with certain foods, such as oysters, that were tainted by their contact with those fluids. The earliest suspected "carrier" was the ordinary housefly; with the advent and wide-scale acceptance of bacteriology, housewives and screens were repeatedly enlisted in the campaign against what one report called the "simplest" health problem and the "least excusable" disease. In that report, "Typhoid: An Unnecessary Evil," Samuel Hopkins Adams, author as well of "Tuberculosis: The Real Race Suicide," told his McClure's readership that "all typhoid is traceable to polluted water. If, for a year, the world were to stop drinking dilute sewage, typhoid fever would vanish from our vital statistics."16 Typhoid resulted from the ingestion of fecal matter, as many authors of this period liked to explain: a result of an industrializing nation's inability to reabsorb its waste.

In the service of social control, typhoid vividly depicted the social networks of the modern nation, bringing the problem spots into focus. Typhoid was one among a number of contagious and infectious diseases whose etiology and infectivity became clear through the discoveries that, together, chronicled the nascent science of bacteriology and brought it into the service of the state. The discovery of microorganisms that could be identified as causing diseases such as typhoid, tuberculosis, anthrax, diphtheria, and puerperal fever involved a changing understanding not
only of disease and the body, but also of the nation. Most notably, the discovery of microorganisms allowed scientists to chart contacts that would otherwise have been invisible to all participants. When people became ill with typhoid, it meant that they had ingested someone else’s bodily excretions. The source of an epidemic in Lawrence, Massachusetts, could be traced to the excretions of a sick mill worker in Lowell; those whose illness led Soper to Mary Mallon could be assured that at some time they had ingested the cook’s bodily waste.

Typhoid made gruesomely literal the material relations of, and the intimate contact with strangers in, the industrial, immigrant city. The discovery of human vectors of disease fleshed out the contours of contact phobias, explaining the easy enlistment of typhoid in the discourse of “race suicide.” Typhoid epidemics typically struck the affluent as often as the destitute. Thus they served as a convenient analogue for the extinction of the white race that was to attend the competition offered by the cheap labor of migrants and immigrants. Physically and economically, in other words, white middle-class America was apparently under siege. Epidemics, moreover, were the disruptive result of increased global commerce. English psychiatrist Havelock Ellis, for example, advocating a health reform program that required “a strong national sentiment and some degree of realised national progress,” conceded that disease (like capital) does not maintain borders: “before we have continued long on the path [to reform] we may at any moment be confronted by the westerly movements of some monstrous epidemic coming out of its Asiatic lair and breathing forth death and misery.”

A disease like typhoid confounded American—and, in general, Western—chauvinism, which invoked epidemics in nonindustrialized nations and regions to mark Western progress and superiority. A medical doctor writing about typhoid for the *American Review of Reviews*, for example, begins his piece, “Fighting American Typhoid,” with a lushly written image of sanguine Americans:

Asiatic cholera, for many weeks last year and up to the coming of the present winter, visited the European peoples, especially in Russia; and morning after morning the American citizen, educated, sovereign, eminently practical, not to be put upon, free as the upward-soaring lark—and all that sort of thing—has, in glancing over his newspaper, pitied those poor folk for the sufferings they had to endure by reason of their ignorance and their supineness. And as regularly, along with his breakfast cup of coffee, has the American citizen been blessing himself that he is not as those blind, bludgeoned, superstitious moujiks, who so submissively endure and die of the cholera. Pending such unctuous reflection he has held in abeyance, somewhere among the subliminal strata of his consciousness, any consideration of American typhoid.
The excessive prose captures the reader's presumed smugness and illusion of safety. Clause upon clause conveys the reader's dissociated perusal of the report of an epidemic elsewhere, until the intrusion of American typhoid complicates the distinction between an American “us” and a Russian “them”: Americans are as “foreign,” as unrecognizable to themselves, as the Russian moujik is to them. Dr. Huber enjoins his readers to look at “them” and see “us.” And he calls for the mobilization of citizens against the disease as a patriotic measure: “The better citizens we are, the more surely, the more satisfactorily our laws will be enforced. And what can the citizen better work for than the conservation, through the government, of the home.”\textsuperscript{19} Typhoid threatens the American’s recognizable self—the home and, by extension, the larger community, the nation, by which that “self” is defined. And it registers the breakdown of social control.

Compounding that threat is the representation of typhoid as a military disaster—literally, a threat to the national security. The title of a \textit{National Geographic} piece, “Our Army versus a Bacillus,” drives home the point, which surfaces throughout typhoid literature, that hygiene is a military issue. The disease “exacted a toll in the northern army during the Civil War of 80,000 cases, and was the cause of not less than 86 per cent of the total mortality of the American Army in the Spanish War of 1898.”\textsuperscript{20} The Japanese army is lauded, by contrast, for its successful preventive measures, and military success is depicted as contingent on attention to hygiene.

Not surprisingly, immigrants and ghettos became a focal point of the threat, even though the medical literature regularly established the inassociability of typhoid with a particular class or group of people.\textsuperscript{21} Nevertheless, the connection was more than an analogy. Contagion in general was a fact of, as well as a metaphor for, life in the crowded conditions of industrializing nations. Ghettos of immigrants and migrants offered the most visible representation of the excesses of industrialization and of the limits of assimilation. Nationally, industrial prosperity produced insufficiently absorbed waste as it produced insufficiently absorbed foreigners (migrants and immigrants). The denizens of the ghetto were readily identified with the waste, and that tendency was reinforced when epidemics did accompany immigrants or when they did spread to the ghetto where conditions were particularly favorable to their growth. Diseases associated with bodily excretions, like cholera and typhoid, evoked particular fear and disgust, which were displaced easily onto that same population, especially the most recent immigrants. The assimilation (ingestion and digestion) of waste made people ill; that waste was, therefore, unassimilable. Typhoid made that unassimilability visceral, a literal taking in of the foreigners' waste products; it evinced the unassimilability of the products of
industrialization with which waste was associated, including immigrants and other residents of the ghetto. The polluted fluids of the immigrant body became the polluted fluids of the body politic. The threat of national disaster, articulated in the language of nativism, constitutes a consistent refrain in the typhoid literature of the period.

But while typhoid disturbed the sanguinity of national self-representation, it could also be recuperated in its service. “The disease . . . runs parallel to industrial prosperity,” explains Adams. “When business is good, typhoid rates boom.”22 At the same time that it represented the industrial nation’s failure to absorb its waste, typhoid also marked industrial prosperity; it was a beacon of national success. Writings about typhoid in the popular and medical press registered the nation’s ambivalence toward, and anxiety about, its own rapid industrialization. That anxiety found particular expression in the failure of social control, represented by the impossibility of identifying and documenting healthy carriers. Officially tracking individuals, especially immigrants, was the object as well of the reforms of the census in the late nineteenth and early twentieth century, initiated by statistician and outspoken nativist Francis Amasa Walker. The 1906 Naturalization Act, with its emphasis on documenting immigrants, came out of the spirit of those reforms, and in that spirit, public health officials like Soper and Nichols mused on how the identification and control of healthy carriers could eliminate or at least significantly contain the threat of many contagious diseases. The health of the nation marked the power of both the state and the nation (the body politic), and the failure represented by epidemics could be recast as a call to public action and a reaffirmation of national potential.

Thus were bacteriologists and public health officials enlisted in the project of representing the importance of social measures that reinforced national borders and that documented individuals. And the scientific and epidemiological discovery of the healthy human vector of disease embodied the greatest risk to, and the most urgent symbol of, public health recast as national security. Debates surrounding the carrier attest to the increasing acceptance of a concept of personhood forged through a social language of responsibility and a medicalized language of national identity.

The Birth of “Typhoid Mary”

Carrier narratives inscribed social responsibility as they reinforced both medical authority and empiricism, bearing witness to the crucial role of science in the perpetuation of society. Mary Mallon’s recalcitrance is an important part of that story. In the last of many essays he wrote about his discovery of and encounters with her, Soper recalls visiting her at the
hospital where he redoubled his efforts to enlist her as a collaborator in the telling of her story, with her liberation and more as a promised reward. “I will do more than you think,” he promises. “I will write a book about your case. I will not mention your real name; I will carefully hide your identity. I will guarantee that you will get all the profits.” But Mallon remains inexplicably silent—inexplicably, that is, for Soper. To a friend, she writes plaintively about her incarceration, her fears and suspicions, and her refusal to cooperate:

I’m a little afraid of the people + I have a good right—for when I came to the Department the said they were in my track later another said they were in the muscles of my bowels + laterly the thought of the gall Bladder I have been in fact a peep show for Evrey body even the Internes had to come to see me + ask about the facts alredy known to the whole wide world the Tuberculous men would say there she is the kidnapped woman Dr. Parks has had me Illustrated in Chicago I wonder how the said Dr. Wm. H Park would like to be insulted and put in the Journal + call him or his wife Typhoid Willam Park.

With these words, Mallon manifests a lack of faith in the medical personnel who, despite urging her to have her gall bladder removed, repeatedly tell her contradictory things about the source of the typhoid bacilla she has been excreting. Particularly striking is the final lament in which Mallon expresses her dismay at being put on public display and, I would add, being turned into a fact. For that is exactly what Soper had initially asked her to be—not just an emblem, but a fact, demonstrable proof of the disease itself and the fact of contagion. Soper, that is, asks Mallon to put on display—make visible—what the organisms under the microscope could only suggest: that an apparently uninfected person can transmit the typhoid bacilla to other (unsuspecting) people and make them sick. With her refusal to believe, Mallon strikes at the nerve center of the new scientific authority that Progressives like Soper sought to claim for themselves. With her refusal to accept the role he fashions for her, she confounds his strategy.

Significantly, Soper responds to Mallon’s refusal to cooperate by telling a different story, by his own admission, from the one he initially offers to tell. The first offer is of a case study from which, as he sees it, both will profit. She will receive financial benefits (in addition to the assurance of anonymity), and he will presumably advance his professional reputation. All she has to do, again from his point of view, is to submit to being the fact that substantiates the hypothesis. When she declines his offer—ironically, by (silently) retreating into her toilet—Mary Mallon, as I have suggested, refuses to put herself at the disposal of science. Moreover, she challenges the authority of both medical personnel and empirical data. Soper, in turn, then tells a story that focuses on her recalcitrant
behavior, which becomes, particularly in his numerous retellings, the sign of her criminality. Mary Mallon’s refusal to collaborate with him makes his moralistic tale and her subsequent life sentence inevitable. He turns her into “Typhoid Mary,” the emblem of social control.

Regardless of her behavior, Mallon’s ethnicity, class, and occupation, combined with her condition, ensured her transformation into an object of disgust and reprobation in the public health and medical literature of the period. The generally enlightened Sara Josephine Baker, for example, describing the Irish as “incredibly shiftless, altogether charming in their abject helplessness, wholly lacking in any ambition and dirty to an unbelievable degree,” noted as a matter of fact that “the Irish and the Russian Jews vied for the distinction of living in the most lurid squalor. The Irish did it . . . out of a mixture of discouragement and apparent shiftlessness.”

It is impossible to know whether or not Mallon really would have been, as Baker suggests, “a free woman all her life” (75) if she had behaved differently, but transgressiveness inheres in Soper’s and others’ very descriptions of her, which suggests that her behavior only exacerbated a perceived problem or even that her recalcitrance marks her response to the contempt she experienced at the hands of the public officials.

The leading lady of the story Soper does tell—or stories, since there are many retellings—is “an Irish woman about forty years of age, intelligent, tall, heavy, single and non-communicative.” (As both Judith Walzer Leavitt and Alan M. Kraut remark, Soper’s description of her consistently underscores her departure from conventional norms of white femininity.)

Her intelligence itself makes her more masculine—and more dangerous—in Soper’s stories. Mallon is excessive—“a little too heavy,” as the 1939 account explains. Moreover, Soper reports the results of his earliest investigations, during which he had learned that Mallon spent “the evenings with a disreputable-looking man . . . [whose] headquarters during the day was in a saloon on the corner.” He recalls, “I got to be well acquainted with him. He took me to see the room. I should not care to see another like it. It was a place of dirt and disorder. It was not improved by the presence of a large dog of which Mary was said to be very fond” (704–705). Soper uses Mallon’s recalcitrance to criminalize her, to justify her detention; it certainly contributes to her transformation.
But her refusal to cooperate with medical authorities interanimates, in this description, with the characteristics that mark her as an Irish immigrant and domestic servant. Strikingly, Soper’s portrait corresponds neither to that of Baker, who describes Mallon—in contrast to her general depictions of the Irish—as “a clean, neat, obviously self-respecting Irishwoman with a firm mouth and her hair done in a tight knot at the back of her head,” nor, as Leavitt notes, to the photographs of Mary Mallon from this period. Yet it is on Soper’s accounts that most of the subsequent depictions of her build. In his descriptions of a sexually transgressive, generally recalcitrant, masculine woman, Soper marks Mallon as a threat to social control. When he adds “chronic germ distributor” to the list of her other traits, the metamorphosis into “Typhoid Mary” is complete: she becomes recognizable, that is, within the terms of a carrier narrative.

The combination of Mallon’s medical condition and her social status constitutes her danger to the American public as it illustrates what Kraut calls “medicinal nativism.” “In American legend and lore,” he writes, “Mary Mallon has become synonymous with the health menace posed by the foreign-born.” In the early medical and legal records of her case, Mallon’s medical condition absorbs, even as it is informed by, her social status—class and gender as well as ethnicity; and that condition figures more importantly than her specific resistance in her detention. These cases bear witness to the multiple determinations that inform the articulation of new social and medical categories. They show the medical and legal establishments in the process of determining not just the treatment, but the representation and larger implications of carriers. The particularities of Mary Mallon helped to fashion the public understanding of the concept of the healthy carrier.

Mary Mallon is christened “Typhoid Mary” not by Soper, but by Milton J. Rosenau, a prominent public health official, in response to a paper by Dr. William H. Park (dubbed “Typhoid Willam Park” in Mallon’s letter) that was discussed in Park’s absence at the annual meeting of the American Medical Association in June 1908. Using Mallon as a case study, Park documents the existence of chronic and healthy carriers. But the main thrust of his paper is the epidemiological question of what to do about this new category of healthy carrier, in a sense a new category of person. Observing that “the case of this woman brings up many interesting problems,” he asks, “has the city a right to deprive her of her liberty for perhaps her whole life? The alternative is to turn loose on the public a woman who is known to have infected at least twenty-eight persons.” In the end, he finds that the presence of typhoid-bacilli carriers mandates the preventive measures of “safeguarding . . . food and water,” rather than the less practicable solution of “isolating for life so many persons . . . except as in the case of the cook already described [Mary Mallon], where condi-
tions increase the danger to such a point that an attempt at some direct prevention becomes an essential” (982). Park never mentions Mallon’s recalcitrance, but refers instead to dangerous “conditions”—her occupation and social position—that make her confinement “essential.” There is a larger principle at work in the passive construction of the sentence: state intervention (never articulated as such) “becomes an essential,” and the individual is implicitly but fundamentally conceived primarily as a person with unquestionable responsibilities to the community.

In the ensuing discussion, reprinted with the paper in the Journal of the American Medical Association, Rosenau responds to a discussant’s suggestion that surgical removal of the gall bladder might cure this condition by stating his conviction that if Park were present “he would say that ‘typhoid Mary’ refuses to submit to surgical interference.” She is named into her notorious public identity in the act of a refusal of medical authority. Yet Park acknowledges her possible justification in this challenge, conceding that “the gall bladder is not the only source of the typhoid bacilli that appear in the feces” (982). In effect exonerating her of precisely the kind of unreasonable recalcitrance consistently emphasized by Soper, Rosenau implicitly leaves only the ominous, unspecified “conditions” as justification for Mallon’s incarceration. She is detained because the department of public health, as well as Mallon herself, has a responsibility to the community. She is not a criminal, but her condition—the nature of her occupation and social position combined with her production and dissemination of typhoid bacilli—requires ongoing isolation and treatment. In this context, Park replaces Mallon with her alter ego, named by the dehumanizing epithet “typhoid Mary.” Identified with and by the disease that she carries, “Typhoid Mary” is justifiably taken out of circulation, despite the possible violation of her rights and despite the fact that her actual responsibility for the cases of typhoid charged to her still remained to be incontrovertibly demonstrated.

The responsibility of human vectors—especially healthy carriers—for typhoid outbreaks was at least a controversial subject when “Typhoid Mary” came into existence, one that would continue to be debated within the scientific community for several years following the initial discovery of healthy carriers. As late as 1911, W. H. Hamer urged his Royal Society of Medicine audience to be cautious in the deployment of any new theory, especially one with such consequences. “It is, indeed, a very debatable point,” he argued, “whether there is, in fact, any conclusive epidemiological evidence to show that typhoid bacillus carriers (or paratyphoid bacillus carriers) are a source of danger.” Responses to his paper ranged from pointed disagreement to cautious concurrence; challenges, such as Hamer’s, to the human vector thesis were increasingly rare by 1911. Nonetheless, it is certainly worth considering both how documentation of
human vectors as causal agents advanced and illustrated the concepts of social responsibility and social control and how, in turn, these concepts may have provided an especially fertile environment for the thesis of human vectors as causal agents of contagious disease.

Debates about the fate of healthy carriers crossed from medical societies and journals to public forums and tabloids when Mary Mallon brought her situation before the courts. In June 1909, she hired a lawyer and filed a writ of habeas corpus, requiring the board of health to justify her detention before a court of law. Filing for dismissal of the writ, the board of health cited as the reason for her confinement her infection “with the bacilli of typhoid” and her current “treatment under the care of physicians” of the Riverside Hospital. Even the most detailed statement, offered by Riverside physician Fred S. Westmoreland, bases the conclusion “that the patient would be a dangerous person and a constant menace to the public health at large” only on “the large quantities of typhoid bacilli existing in the alimentary tract, or gall bladder of the patient and her occupation as a cook or the fact that she may at any time come in contact with people wherein they would be likely to be infected with the typhoid bacilli.” While Soper particularizes Mallon’s case by suggesting that her lack of cooperation explains her detention, the legal documents demonstrate that more was at stake in the trial: scientific discoveries had introduced, or at least called attention to, the ambiguities of cultural change.

In her reading of the central issues of the trial, Leavitt demonstrates that the case had three distinct components. Since Mallon had submitted the reports of a private laboratory that contradicted the findings of the Riverside laboratory by discovering no typhoid bacilli in her bodily excretions, the court had first to decide which laboratory reports were valid. Once it tacitly favored the board of health reports, the court still had to decide whether or not the presence of typhoid bacilli meant that Mallon was responsible for typhoid outbreaks, and, finally, whether or not such responsibility justified her confinement. “It is unjust,” Mallon is quoted to have said, “outrageous, uncivilized. It seems incredible that in a Christian community a defenseless woman can be treated in this manner.” Against her opponents’ efforts to depict her through the disease she carried, Mallon clearly sought to emphasize her humanity and her womanliness—her humanity, perhaps, as a result of her womanliness—for the public. Using the image of a damsel in distress to counter the portrait of a “chronic typhoid germ distributor,” Mallon opposed a rights-based individuality to the medical establishment’s emphasis on social responsibility. The court ruled in favor of the board of health, finding, according to a New York Times article, that “her release would be dangerous to the health of the community. The court therefore, said the Justice, did not care to assume the responsibility of releasing her.”
With emphasis on the outcome, Leavitt sees the importance of the trial as establishing the new acceptance of scientific authority in the legal measurement of truth. But the court was also asked to determine who had the authority to interpret both scientific data and social responsibility; the trial, as the aforementioned New York American article forecast, was “expected to demonstrate just how far the Board of Health powers go.” And so it did, in this individual case. Yet, as Leavitt also notes, the court failed to establish a precedent for the definition and legislation of healthy carriers; subsequent cases over the succeeding two decades met with fates very different from Mallon’s. Leavitt remarks on “the ease with which the health department lawyer assumed that laws written about people sick with infectious disease could be applied to this new category of healthy people who harbored bacilli (especially when faced with evidence upon which two laboratories disagreed) even while they wrote of their uncertainty elsewhere.”  

But where Leavitt sees an easy assumption, I see a legal argument. It is precisely the scientists’ uncertainty that made the legal decision so important: defining the healthy carrier was as much a legal as a medical concern. The role of the court is, in part, to negotiate the contradictions that arise with dramatic change, such as conceptual shifts and the emergence of new social categories. In this case, the court’s decision seems to register deferral: Mallon was sent back, but no strong statement was forthcoming from the bench, and evidently no precedent was set. Mary Mallon was sent back to the Riverside Hospital because the court did not want to accept responsibility, as the New York American reports it, for the possible threat she posed. The major cultural impact of the case was to bring Mallon and her alter ego into the public arena and to represent the threat to social control posed by the healthy human vector of disease. In turn, that threat led to the new acceptance of scientific authority that Leavitt describes.

Mallon was not a complete stranger to media coverage in 1909, but her court case brought the complex social and political issues of her situation more dramatically to the attention of the media both within and beyond the borders of the United States. Public opinion divided in response to her. A cartoon in the British magazine Punch showed her frying sausages comprised of distinctive typhoid bacilla; a letter to the New York Times asked, why not “start a colony on some unpleasant island, call it ‘Uncle Sam’s suspects’, . . . request the sterilized prayers of all religionized germ fanatics, and then leave the United States to enjoy the glorious freedom of the American flag under a medical monarchy.”  

Mallon was sometimes a dangerous “living culture tube” passing among an unsuspecting populace, but more often a member of that populace deprived of the full and equal rights to which she was entitled by a frighteningly unresponsive government; she either carried or embodied a threat to citizens of the United States.
Throughout the many accounts of her, her disease and in particular her status as a typhoid carrier are coded as gendered, racial, and class-based challenges to the family, to the nation, and most dramatically to white Americanness. A government that was supposed, either way, to protect them. Her case made apparent the ambiguities implicit in the mandate of protection and the strategies of social control.

Finally, a change in the administration of the department of health brought her long-awaited release. She was forbidden to practice her trade and was required to report regularly to the department of health, but, after three years, she was otherwise free to pursue her life. Health Commissioner Ernst J. Lederle, who ordered the release, manifested precisely the uncertainty about how to conceptualize and legislate healthy carriers that the 1909 court case had failed to resolve. According to the *New York Times* article that reported Mallon’s return to public circulation, “Dr. Lederle admitted that there might be other persons quite as dangerous to their neighbors as ‘Typhoid Mary’ from their peculiar harboring of germs. This, he said, was one reason why he did not think that she should be any longer singled out for confinement.”40 And nearly a year later, in December 1911, the *New York Times* placed Mallon at the center of another suit with the headline, “‘Typhoid Mary’ Asks $50,000 From City.”41 Although the article, which reports only Mallon and her lawyer’s intention to file suit, is written exclusively from their point of view, the reporter presents the statement that “the physicians of the Health Department have never been able to discover that Mary herself ever had typhoid” as an established fact, rather than as Mallon and her lawyer’s assertion. The continuing struggle over both the issues of the case and the representation of Mary Mallon registers the ongoing efforts of the medical and scientific communities, the media, and the public to come to terms with the status of a healthy carrier and with the changing conceptions of personhood and social control that the healthy carrier at once reflected and helped to bring into being.

As Leavitt documents, other healthy carriers met with more understanding, compassion, and leniency than did Mary Mallon, even under nearly identical circumstances. Surely Mallon had the misfortune of being the first such case in the United States, a metaphorical oldest child who suffers from the inexperience of those in charge. Her story reflects a concept (the healthy carrier) in transition and in need of definition. Yet it reflects other changes as well. In her many identities—including Irish immigrant, domestic servant, sexually active unmarried woman, and typhoid carrier—“Typhoid Mary” embodied the conjunction of challenges to the concept of Americanness represented by the demographic and social changes of an industrializing and expanding nation. Throughout the many accounts of her, her disease and in particular her status as a typhoid carrier are coded as gendered, racial, and class-based challenges to the family, to the nation, and most dramatically to white Americanness. As I have suggested, the particulars of Mallon’s case underscore the
mutual constitution of the human carrier and the concepts of social responsibility and social control, even as they account for her exceptional treatment. In particular, it is interesting to consider her in conjunction with another figure at the center of public debate during the time of “Typhoid Mary’s” debut—notably, the “American woman.”

The “American Woman”

A year after Mallon’s “discovery,” the Spectator, a London periodical that served as the model for the Nation, published a letter penned by a prominent Canadian man of letters that offered an interesting (although indirect) gloss on Mary Mallon’s status. The author, Dr. Andrew Macphail, was also a medical and military historian. As a doctor and medical historian, Macphail could plausibly have heard of Mary Mallon’s case by 1908, since Soper had introduced her to the medical community in April 1907 and his address had been published in the June Journal of the American Medical Association. But whether or not Macphail had Mary Mallon in mind when he described the “American woman,” arch rival of the homemaker, as a disease, his commentary (which was reprinted in the Living Age, an eclectic Boston-based periodical that collected and ran a number of letters and essays on “the American woman”) certainly dovetails in important ways with her story. Denounced in the press and from the political pulpit, the much maligned figure of “the American woman,” in her many incarnations, occupied the center of debates about the decline of the white race—widely dubbed “race suicide”—and the consequent collapse of the American nation. The story of “Typhoid Mary” was partly shaped by and in turn helped to develop the narrative of the “American woman,” and their intersection accounts for the threat to white Americanness that “Typhoid Mary” represented.

The “American woman,” as Macphail characterizes her, was a figure notorized by fiction writers “long before the United States were discovered,” but she proliferated in an industrialized society. Probably the most dramatic of her detractors, Macphail labels her a disease, nature gone awry. She is not indigenous to the United States or even the Americas, but, he writes,

we suspect her presence at Ephesus and in Corinth, and the Proverbialist had her in his mind when he declared in his great eulogy that “favor is deceitful and beauty is vain.” . . . To speak of the “American woman” as if she were confined to, or even especially characteristic of, the United States is as if one were to assume that the common scale which destroys apple-trees is found nowhere else than in San José, or that the potato-bug confines its rav-
An epidemic does not necessarily imply contagion, although this “epidemic of unexampled fury” certainly appears poised to spread across the borders, carried by women. Macphail carefully distinguishes her from “the mothers, wives and daughters of the average American man.” In the 1910 essay in which he expands upon his original letter, Macphail describes an American woman who is the victim of industrialization, a woman whose “natural occupations” vanished “when the family life was swallowed up in the industrial life.” The unhappy survivor of the effects of industrialization becomes the “American woman” when she fails (or refuses) to find a worthy substitute for the domestic duties she has relinquished and when she refuses to reproduce the numbers of progeny that her preindustrial predecessor bestowed upon a growing nation. Too much leisure has given birth to her, and her idleness and independence challenge the social and cultural work of American women. In her refusal of domesticity and reproduction, in other words, she promotes and embodies social, political, and cultural disruption—she is a threat, that is, to social control.

Like typhoid, she represents the perils of prosperity. A piece from the Nation reprinted in the Living Age several months prior to the Macphail piece describes “the American woman” as “the ‘show’ in successful America, somewhat overdone and too exacting to the eyes of a European audience, but clever and very creditable to the management.” Building on Thorstein Veblen’s analysis of gendered labor within the industrial upper echelons, the author explains that “the industrial male conqueror . . . display[s] his financial power through the ostentatious waste and conspicuous leisure” embodied by his wife and daughters. If, argues the author, a woman’s social work is to display her husband’s power, then woman’s cultural work is to attest to the industrial might of the emerging world power. According to this author, she is akin to the “ostentatious waste” of the feudal state. Like typhoid, however, she also marks the danger posed by the failure of reabsorption, which turns waste into pollution. Implicitly, the author suggests the possibility of reclaiming “the American woman” through better management.

The “American” in “American woman” describes character traits and behavior and suggests a culture in uneasy relation to national frontiers, which it is precisely the job of American women to reinforce. Macphail’s metaphors especially capture the common sentiment of culture itself as contagious, passed through female behavior for better or worse. Women—particularly mothers—must be encouraged in their work of con-
taining, if not preventing, infection as they set about their task of reproducing national subjects, and thereby national culture and its corresponding borders. With an eye toward management, Macphail’s letter to the editor suggests as a “cure” for the disease of the “American woman” that “all women becom[e] nurses and cooks.” In response, the editor of the Spectator issues his one corrective: those particular occupations are not necessary for the motivated woman of leisure, who “can find plenty to do if she has the will and is inspired by a sound tradition of domestic and social duty.” For the editor, attitude is more important than occupation, and the woman of leisure is better equipped than her impoverished sister to display the “sound tradition of domestic and social duty” by which nations must reproduce themselves.

The “sound tradition of domestic and social duty” could take any number of forms, and many white upper- and middle-class women responded to calls such as Macphail’s or the editor’s in a variety of ways. In 1909, founders of the Home Economics Movement, for example, developed college and university curricula designed to turn housework into a science—and to represent it more accurately as a profession. Their curricula invariably included bacteriology, and their graduates were trained to run a disease-free as well as an efficient house. The leaders of the movement did not expect their graduates, in most cases, to spend their time actually performing housework; rather, they were expected to know how to run a household, and they were to understand that household as their responsibility, if not always as their sole domain. This widespread and successful movement articulated the terms of social responsibility for white middle-class American women.

The leaders of the Home Economics Movement did not challenge—and in fact supported—the ideology that made upper- and especially middle-class women the particular target for those, like Macphail, concerned about “race suicide.” Macphail is clear that parenting is the primary function of the female and the national duty of the white, native-born, upper- or middle-class female, and the editor of the Spectator follows the first installment of Macphail’s piece (on 31 October 1908) with a postscript that alludes to Theodore Roosevelt’s remarks on this subject. Roosevelt, who popularized the term race suicide, had proclaimed the danger to any nation when “the men of the nation are not anxious . . . to be fathers of families, and . . . the women do not recognize that the greatest thing for any woman is to be a good wife and mother.” Similarly, a medical doctor from Philadelphia was not expressing a solitary point of view when from the pages of the Pennsylvania Medical Journal he enjoined, “Mothers, teach your boys patriotism and citizenship and your girls to be womanly women, to the uplifting of the home and motherhood.”

Cultures and Carriers

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The reproduction of Americans was a medical issue, one addressed predominantly to women (specifically, mothers) and contingent upon the reproduction of carefully preserved gender roles: not only wife and mother, but also patriot and womanly woman. The fact that this writer addresses his piece directly to mothers could suggest the impact of the Home Economics Movement, which made familial and national health a central concern of the professional housewife.

“Race suicide,” like typhoid, was figured as a health concern—a disease of sorts—indirectly linked to prosperity. Industrialization changed the composition as well as the structure of American society; the increasing problem of ghettos marked the difficulty of the task of absorption (or assimilation) posed by the influx of foreigners—migrants as well as immigrants—and added urgency to the reproductive shortfall (the decline in [white] childbirth). The imminent “race suicide” predicted as a result of couples marrying later and having fewer children was typically linked to the “new immigration” that had degraded labor and reduced the standard of living. Francis Amasa Walker used the “race suicide” theory to contradict what he saw as a false, although popular, “old world” view of “the indebtedness of the population of the US to continuous immigration from abroad,” the necessity, in effect, of an infusion of new blood. Drawing on the censuses of 1870 and 1880, which he had superintended, Walker asks whether the declining “rate of increase in the pre-existing population” of the United States has “been due to a decline in physical vitality and reproductive vigor in that part of the population which we call, by comparison, American, or . . . to other causes, perhaps to the appearance of the foreigners themselves?”49 Against the improvements effected on the English short-horn, the English racehorse, and the English man (“the American of pure English stock is to-day the better animal”), Walker enumerates the social and economic causes because of which the “new immigration” has “amounted not to a re-enforcement of our population, but to a replacement of native by foreign stock” (643, 642). The “native American,” he explains, shrinks from competition with the immigrant laborer, who is accustomed to standards of living far below that of the American laborer, and the “native American” is reluctant to bring children into a world where they will be forced to engage in such competition. Citing the need “to digest and assimilate” the current foreign population, Walker advocates restriction as the only “justice . . . to our posterity” (644).

With restriction, Walker and other like-minded spokespeople argued, would come renewed (white) reproduction; without restriction, (white) reproduction was even more urgent. And the task of reproducing white America fell largely to the white American mother. Even those women who did not become mothers could participate in the reproduction of gender roles so central to the making of Americans. The “social work” of
the women in settlement houses, for example, entailed turning immigrant
(and even wayward native) girls into American women (as opposed to
“the American woman”) and immigrant mothers into American mothers.
In fact, as manuals written by settlement workers and educators regularly
stressed, every generation needed to be Americanized anew, and the
process of Americanization was largely parents’ (and especially mothers’)
work. “If we do not Americanize them,” progressive educator John Dewey
had cautioned, “they will foreignize us.” But, as Walker had warned and
as overworked and understaffed settlement houses could attest, the over-
whelming number of foreigners complicated the task of absorption.
In particular, Irish immigrant women, as Hasia R. Diner notes, “devi-
ated markedly from that celebrated ‘cult of true womanhood’ that com-
manded American women to lead lives of sheltered passivity and ennobled
domesticity.” She demonstrates that their personal and economic self-
sufficiency and independent migration patterns contributed to their depic-
tion as deviant, and those traits certainly characterize descriptions of
Mary Mallon. Soper, for example, is troubled by Mallon’s refusal to offer
any kind of family history. And it is precisely her independence and
mobility as she practiced her trade that made her so difficult to track and,
therefore, so dangerous. For Soper, Mallon’s deviance compromises her
femininity; her walk and her mind specifically mark her as “masculine.”
Yet Mallon’s exclusion from American womanhood did not constitute her
as an “American woman.” For all the blame that is projected onto Mary
Mallon, there is another character—or character in absentia—in her story.
The counterpart to the leading lady is none other than the missing
mother, and her absence links the story of “Typhoid Mary” with the
narrative of the “American woman.”
The story of Mary Mallon is a cautionary tale of bad domestic
management, at once implicating the bad homemaker and illustrating the
need for better state intervention and supervision. The families in each
epidemic are identified (if at all) by the father’s name, including details of
his occupation and social status, while no mention is made of a mother.
Yet the domestic servant, an Irish immigrant, is in the house precisely
because the American mother has become an “American woman”; the
“American woman,” in other words, provides the enabling environment
for the disease carrier. The disappearance of the American mother (and
her reincarnation as “the American woman”) has introduced into the
house not only a disease, but a disease that has been explicitly coded as
both a national and a domestic threat. That disease makes the American
family susceptible to, and in effect turns that family into, foreigners.
The lady of the house, as the Home Economics Movement makes
clear, is exclusively responsible for the efficiency and health of her home,
especially in light of the discoveries made by bacteriology with which
The story of “Typhoid Mary” that we have inherited emerges from her reappearance in 1915. Her release from Riverside in 1910 had not been unconditional; she had had to agree not to seek employment as a cook and to keep the board of health apprised of her whereabouts. Eventually, she stopped reporting to the board, and this for many put her criminality beyond dispute. She was rediscovered in 1915 during a typhoid outbreak at the prestigious Sloane Hospital for Women, where she was employed as a cook. This time, the media foregrounded her behavior rather than her condition to justify her confinement, and surely her violation of the conditions of her release was not likely to gain sympathy for her plight. This time, public health authorities argued, she knew better; this time she could have prevented the outbreak.

So ran public opinion as well, and accounts of Mary Mallon following her rediscovery in 1915 are markedly less sympathetic to the cook. A 1915 issue of Outlook, for example, coupled “Typhoid Mary” and the unfortunate immigrant Nathan Cohen (dubbed, in the headline, “A Man Without a Country”) as “two strange cases, both illustrating how hardship is often unavoidably inflicted upon individuals by society in its efforts to protect itself.” Cohen was a Russian who immigrated to the United States via Brazil and, diagnosed as insane within three years of his arrival in the United States, found himself in perpetual transit between the United States and Brazil, neither of which would accept him. Caught between cultures, the immigrant paradigm taken to an extreme, Cohen is forced to play out a physical analogue to intracultural existence: a man without a country is a man without cultural identity, a man excluded from personhood. Cohen’s plight in fact emblematizes that of Mary Mallon’s: the
healthy carrier in her way confounds familiar categories; the nature of her disease makes her hard to categorize and harder still to identify. But, argues Outlook, “Nathan Cohen’s affliction is dangerous to no one but himself, although it may render him dependent upon society. It is different with the woman known as ‘Typhoid Mary.’” According to this reporter, Mallon’s behavior has made her incarceration necessary: unwilling to take the “precautions, which require some intelligence and consideration for others, ‘Typhoid Mary’ . . . will probably be cut off from society or allowed to go at large only under surveillance for the rest of her days.”52 And, when the New York Times announced that “‘Typhoid Mary’ Has Reappeared,” the subheadline ran, “Human Culture Tube, Herself Immune, Spreads the Disease Wherever She Goes.” Mallon’s culpability is not in question in this piece: “When Mary Mallon first swam into the public” as “one of the most celebrated bacillus carriers in the world, a cartoon appeared in one of the daily newspapers [the New York American] representing Mary before a large frying pan tossing a typhoid germ in the air like a flapjack. She has returned to justify her reputation.”53 Swimming into the public, Mallon is herself a bacillus, “dispensing germs daily” with an intentionality that melts her condition into her behavior.

The fact that Mallon should now have known about her condition and therefore have taken precautions only partly explains this characterization. More generally, it signals the wider acceptance of the concept of the healthy carrier. Such acceptance meant that the individual, conceived through the terms of social responsibility, had a responsibility to the group, and that the carrier conceived through the terms of social control could be disciplined by the appropriate authorities. According to Soper, “‘the problem of eliminating typhoid is more than one of general city sanitation; it is a problem of individual cleanliness, and until that side of the problem is attacked typhoid will remain with us a remnant and reminder of those dark ages of ignorance and filth before science showed how wasteful and needless was disease.’”54 In other words, human beings are all social beings, and disease manifests both their transgressions against that concept and the breakdown of social control.

The New York Times article registers another important change that the previous half decade had wrought on the story of “Typhoid Mary.” Soper rather than Mallon dominates the piece in terms of coverage and of voice. His picture rather than hers appears in the center of the page. At this point, the story becomes incontestably a tale of bad management and improper housekeeping. The case of Mary Mallon, notes Soper in a subsequent retelling of her tale, “shows how carefully we should select our cooks, and it calls attention in a startling manner to the fact that we ordinarily know very little about them. It confirms the truth of the adage that the more we pay the less we know about our servants.”55 The responsibility for that knowledge devolves exclusively upon the lady of the house:
Not only does the story of "Typhoid Mary" imply the responsibility of the "American woman" for the cook's contagion, but it also demonstrates an important correspondence between the healthy carrier and the mother: the healthy carrier emblematically perverts the reproductive role of the good mother.

"Who is your cook?" he asks the *New York Times* readership in the 1915 report. "Has she ever had typhoid? Has she ever nursed a typhoid patient? It should be of special interest to housewives to know that for some mysterious reason a large proportion of all bacillus carriers are women"—more specifically, according to one medical study, *housewives*.56

Soper follows up his observation with how "a lady engages a cook," a description that suggests irresponsibility: she goes to an employment office to interview a number of candidates who, she is told, "have good references as to character and ability, and she employs the one who makes the best personal impression. In five minutes she has satisfied herself concerning the person who is to perform the most important functions in the household—the preparation of food for the family. That food can, quite innocently, be polluted by the cook and made the vehicle of sickness and death. And the cook's part in the epidemic will never be suspected."57 Soper stresses the importance of the housewife's vigilance in getting a complete medical history of the servants, but he offers no suggestions for how she is to do so and assigns the employment agency no part in that process and no responsibility for the outcome. Here he plays to the fear of bringing the foreigner into the house—the lower class, the immigrant, the nonwhite stranger. Disease comes with her, and death: one family even loses its only child to the carelessness of the absent or nonvigilant mother, the white woman who shirks her responsibility, thereby relinquishing her role in social control. Whether she is supervising the household or performing the housework herself, she is responsible for the cleanliness of her kitchen. For Soper, "the Mallon case affords a striking proof of the fact that our food is not infrequently contaminated by excrement."58 The housewife, like the public health officer, must become more adept at surveillance.

For Leavitt, "being a carrier was a gendered condition, one in part defined by sex-role expectations. As cooks, all women food handlers were potentially dangerous to the public health, whether they were employed outside the home or within it."59 Yet there is a deeper dynamic at work in gendering the carrier female. Not only does the story of "Typhoid Mary" imply the responsibility of the "American woman" for the cook's contagion, but it also demonstrates an important correspondence between the carrier and the mother: the healthy carrier emblematically perverts the reproductive role of the good mother.60

The explicit call for better surveillance among housewives and public health officials, in fact, conjoins the challenges posed by the immigrant, the healthy carrier, and what Chicago sociologist W. I. Thomas calls "the unattached woman" in his 1907 study, *Sex and Society*. All three are drawn by the geographical expression of industrialization—the big city—and all three benefit from its anonymity. For Thomas,
the girl coming from the country to the city affords one of the clearest cases of detachment. Assuming that she comes to the city to earn her living, her work is not only irksome, but so unremunerative that she finds it impossible to obtain those accessories to her personality in the way of finery which would be sufficient to hold her attention and satisfy her if they were to be had in plenty. She is lost from the sight of everyone whose opinion has any meaning for her, while the separation from her home community renders her condition peculiarly flat and lonely; and she is prepared to accept any opportunity for stimulation offered her, unless she has been morally standardized before leaving home. To be completely lost sight of may, indeed, become an object under these circumstances—the only means by which she can without confusion accept unapproved stimulations—and to pass from a regular to an irregular life and back again before the fact has been noted is not an unusual course.61

Thomas’s account reads like the plot of Theodore Dreiser’s *Sister Carrie*, in which the lower-middle-class heroine aspires to a version of womanhood that her finances make impossible. Here is the “American woman” as she crosses class lines. The danger is not so much that she will be lost, but that she will reappear unpunished, that she will elude surveillance (a word used both by Thomas and in reference to Mary Mallon in the *Outlook* report of her rediscovery). In fallen woman narratives—then as now—she will also be in a position to transmit any number of diseases to her unsuspecting future family, spouse and children alike. But the possibility of such transmission does not fully explain the anxiety her disappearance evokes. Rather, her elision of surveillance confers upon her a mobility that complicates the maintenance of social and racial boundaries. Undocumented women, immigrants, and carriers, all in their fashion, pose a distinct danger to the reproduction of white Americanness. The concept of a socially responsible individual, as articulated in the carrier narratives, presumes general acknowledgment of the need for documentation and state surveillance.

With each retelling, Soper’s account of his discovery of “Typhoid Mary” reads more like a detective story. In the end, that story is as much a reassuring national fantasy as a cautionary tale. It marks not only the need for social control but also the success of public managers. After all, the public health officials turn her into “Typhoid Mary,” and as “Typhoid Mary” Mallon is rediscovered, marked, and ultimately contained; she is recaptured because her “fellow-servants” jokingly and unwittingly nickname the incognito Mallon “Typhoid Mary.” In that incarnation, Mary Mallon cannot disappear, and she cannot endanger her fellow-citizens. “Typhoid Mary” embodies, in other words, the reassuring fantasy that surveillance works, that the subject is eventually apprehensible, comprehensible, and manageable, if not safely assimilable.
Mary Mallon is, of course, not the only danger posed by her story. The careless homemaker, and her extreme incarnation, “the American woman,” is clearly a problem of national dimensions that falls to social engineers such as Soper to solve. The story of Mary Mallon, I have been arguing, is not just a story about the behavior of a recalcitrant carrier, but about a whole environment conducive to the spread of disease. From the standpoint of the theorists of social control, the disruptive social and cultural changes that have thrown the environment into disarray must be understood as part of the process that is the disease and as conducive to its spread. “Typhoid Mary”—or, more accurately, the story of Typhoid Mary—is the social fact that justifies the surveillance and substantiates the pathologizing of the working-class immigrant and of “the American woman.” The carrier narrative that it inaugurates manifests both the medical pathologizing of social disorder and the reconceptualization of individuals in the terms of social responsibility. After all, if it demonstrates the importance of subordinating Mallon’s right of freedom to the survival of the group, it equally insists on the importance of white motherhood (carefully defined) to the same end. The story of “Typhoid Mary” at once frightens and reassures: carriers are out there, but the conservators of social health and social control are on the job.

The carrier narrative, as I have been suggesting, negotiates as it registers the social transformation described by E. A. Ross as a replacement of “living tissues with structures held together by rivets and screws” (432). It simultaneously inverts and preserves a fantasy of interconnectedness. On one hand, it partially mitigates some of the anxiety of social change by preserving the sense of the “living tissue” that connects individuals—not by kinship, in this case, but by personal contact, made visible, oddly, by contagious disease. On the other hand, the carrier narrative capitalizes on and reinforces the anxiety of social transformation by using contagious disease as an explicit manifestation of the dangers of social contact in the industrial nation. In that way, it makes apparent the importance of social control and the structures designed to implement it, thus rendering the anxiety available to theorists of social control. When individuals inevitably—as Ross argues—jealous of their liberty chafe under the perceived constraints of a more intense social control, the carrier narrative restores their sense of agency through the concept of social responsibility, as it enjoins their informed acquiescence in the strategies of social control.
For extremely useful feedback on versions of this work, I am grateful to audiences at Stanford University, Columbia University, the University of Illinois (Urbana), Wayne State University, and the Northwest Center for Research on Women-University of Washington (Seattle) as well as at conferences of the Modern Language Association, the American Studies Association, the Society for the Study of Narrative, and the Law and Society Association. I would especially like to thank Dale Bauer, Janis Caldwell, Amy Kaplan, Anne McClintock, and the members of my UW writing group, Angela Ginorio, Caroline Chung Simpson, Matthew Sparke, Shirley Yee, and particularly Susan Glenn (who read and commented on each draft I wrote) for their helpful readings of this essay, and Elizabeth Klimasmith for invaluable research assistance.


4. This shift rearticulates the Enlightenment distinction between civil and natural liberty; it represents a renewed emphasis on the former in the United States, following a nineteenth-century discourse of individualism.


17. Havelock Ellis, *The Nationalisation of Health* (London: T. Fisher Unwin, 1892), 248. Ellis’s formulation reflects what I think of as the return of an imperial repressed—the same formulation that earned cholera the name of “Asiatic cholera.”
19. Ibid., 348.
32. William H. Park, “Typhoid Bacilli Carriers,” *Journal of the American Medical Association* 51 (September 1908): 981. See also Leavitt, *Typhoid Mary*, 127–28. Leavitt points out that Rosenau, and subsequent medical professionals, used the term to protect Mallon’s anonymity and that it did not necessarily carry negative connotations. While she may accurately describe Rosenau’s intentions, the effect is certainly dehumanizing, and, as I shall argue, it contributes to the justification of Mallon’s incarceration.

34. From file WR-M, see note 24 (emphasis mine).

35. For a fuller discussion of the legal dimensions of this case than I will be offering here, see Leavitt, *Typhoid Mary*, chaps. 3 and 5.


37. “‘Typhoid Mary’ Must Stay: Court Rejects Her Plea to Quit Riverside Hospital,” *New York Times*, 17 July 1909, 5.


41. *New York Times*, 3 December 1911, 9. The article reports only Mallon’s and her lawyer’s intention to sue. I have found no legal documentation of this suit, nor any reference to its resolution. Perhaps it was never filed.

42. Andrew Macphail, “The American Woman,” in *Essays in Fallacy* (London: Longmans, Green, 1910), 5. This essay expands the letter to the editor.

43. Andrew Macphail, *Living Age*, 31 October 1908, 298, and 7 November 1908. Reprinted from the *Spectator*.


45. *Living Age*, 27 April 1907, 251.

46. *Living Age*, 31 October 1908, 302.


54. Ibid., 4.

55. Ibid.

56. Ibid.

57. Ibid., 3–4.

58. Ibid., 4.


60. This connection is most explicit in the discussions that proliferated in both the medical and the sociological literature of this period concerning the
prostitute. In an essay that appeared in the *Journal of the American Medical Association* in 1906—originally a talk delivered at the American Medical Association convention in June of that year—medical doctor Albert H. Burr locates “the supreme importance of woman” in “her office in prenatal existence; her role as the nourishing mother; her place as the very foundation stone of every hearth and home, and her life as the vital center about which cluster families and tribes and nations.” Burr is quite explicit in his assertion that “the welfare of society depends far more on the physical, moral and intellectual excellence of woman than on that of ‘mere man.’” (See “The Guarantee of Safety in the Marriage Contract,” *Journal of the American Medical Association* 47 [8 December 1906]: 1887–89.) Burr’s is one of seven essays on that topic to appear in that issue; two more appeared two issues later, on 22 December. For related discussions see Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (New York: Oxford University Press, 1985); Regina G. Kunzel, *Fallen Women, Problem Girls: Unmarried Mothers and the Professionalization of Social Work, 1890–1945* (New Haven, Conn.: Yale University Press, 1993); Mary E. Odem, *Delinquent Daughters: Protecting and Policing Adolescent Female Sexuality in the United States, 1885–1920* (Chapel Hill: University of North Carolina Press, 1995); and Ruth Rosen, *The Lost Sisterhood: Prostitution in America, 1900–1918* (Baltimore, Md.: Johns Hopkins University Press, 1982).