

THE CURIOUS CAREER OF TYPHOID MARY*

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I N spite of the fact that Mary Mallon was the most famous typhoid carrier who ever lived, the world knows very little about her. There is the paper in which I announced her discovery, published in the *Journal of the American Medical Association*, June 15, 1907, and the article in which I traced her career up to her final incarceration by the City of New York, eight years later, published in *The Military Surgeon* for July, 1919; but in the innumerable printed references which have appeared in the last thirty years these authoritative sources have generally not been fully utilized. Errors have been committed where one would least expect them and, these being copied and sometimes elaborated on, there have been woven accounts which depart materially from the facts. In my way of thinking the truth about Typhoid Mary is far more interesting than the tales which have been imagined about her, and as all the essential facts have not yet been told, I am glad to tell you some of the things which I think medical men may be interested in.

I first saw Mary Mallon thirty-two years ago, that is, in 1907. She was then about forty years of age and at the height of her physical and mental faculties. She was five feet six inches tall, a blond with clear blue eyes, a healthy color and a somewhat determined mouth and jaw. Mary had a good figure and might have been called athletic had she not been a little too heavy. She prided herself on her strength and endurance, and at that time and for many years thereafter never spared herself in the exercise of it. Nothing was so distinctive about her as her walk, unless it was her mind. The two had a peculiarity in common. Those who knew her best in the long years of her custody said Mary walked more like a man than a woman and that her mind had a distinctly masculine character, also.

I think Mary was born in the north of Ireland. She could write an excellent letter, so far as composition and spelling were concerned. She wrote in a large, clear, bold hand, and with remarkable uniformity. She

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read a good deal in the days of her captivity and seldom missed her daily paper.

At the time I knew her, Mary had no home. If she had relatives or friends in this country or Europe, she never revealed the fact. Twice I thought I talked with a sister; once in Bridgeport, Connecticut, where my investigations carried me, and once in Brooklyn; but I could not prove it. At the time of her death relatives were advertised for in two newspapers for one month, by order of the Surrogate of Bronx County, and a lawyer was appointed to protect their interests, for Mary left a little money, but none appeared. None ever came forward when she was sick or in other trouble, and she never sent for any.

My discovery of Typhoid Mary was the outcome of an investigation made in the winter of 1906-'07 into an outbreak of typhoid fever in the house of Mrs. George Thompson, at Oyster Bay, N. Y., the preceding summer. The place had been rented to a New York banker, General William Henry Warren, who had occupied it with his family of three, and seven servants for the summer months. Late in August an explosion of typhoid had occurred in which six of the eleven persons in the household were taken sick. The epidemic had been studied immediately after it occurred by persons who were regarded as experts, and there were a number of typewritten reports upon it, but the cause had not been positively ascertained. It was thought by the owner that unless the mystery could be cleared up, it would be impossible to find tenants for the coming season.

It will be remembered that in those days typhoid fever was far more common than it is today and that the knowledge of its transmission was less complete. The reported cases in New York City in 1906 were 3,467 and the reported deaths, 639. The actual amount of typhoid was probably much greater.

Typhoid was believed to be due generally to polluted water or milk, or, in the opinion of some, to putrefying organic matter and sometimes to sewer gas. A paper was presented before the Royal Society by Horrocks at the end of 1906, in which he reported that typhoid and other bacteria might be carried by sewer air after being disengaged from the sewage or walls of the sewers, and the *Journal of the American Medical Association* declared that this possibility should be remembered.

At the end of the century typhoid epidemics, occasionally of hundreds of cases, were occurring in different parts of the country. They

were frequent among students of colleges and universities, and now that it is all over it is amusing to see the attempts that were made by college and town authorities to shift the responsibility for them.

Also there were villages and isolated houses to which typhoid clung with inexplicable pertinacity, and solitary cases or small groups appearing here and there in healthy communities for which no explanation could be found.

It was to be Mary Mallon's fate to clear away much of the mystery which surrounded the transmission of typhoid fever and to call attention to the fact that it was often persons rather than things who offered the proper explanation when the disease occurred in endemic, sporadic and epidemic form.

It happened that in 1907 I had had a good deal of experience with typhoid fever. This began when as an undergraduate student passing my Christmas holidays at Warrensburg in the Adirondacks, I had the temerity to move two typhoid patients and their families out of a house which had a long history of communicable disease and, with the consent of the owner, burn it to the ground. My experience grew with my years. Eventually I was called on to investigate and put a stop to many epidemics, numbering the City of New York and the State of New York among my clients. I was called an epidemic fighter.

When I went to Oyster Bay, the first thing I did was to get together all the essential facts about the outbreak: the dates of attack, the diagnoses, and like information. The next was to check over the possible sources and channels of infection as suspected and studied by preceding investigators. This check up was done with the utmost care, my assumption being that somebody might have overlooked some important detail.

I was disappointed. They had done their work thoroughly. Try as I would, I could not find anything wrong. The nearest explanation was that an old Indian woman who lived on the beach had brought polluted shellfish to the household, but this theory would not stand the rigorous inquiry which I gave it.

So I turned my attention from the well, the overhead tank, the cesspool, the privy, the manure on the lawn, the food supplies, the bathing and the sanitary condition of the neighboring property to the people in the house. I thought it probable that some event outside of the usual routine in this well-regulated household had occurred a little before the outbreak began. Had a carrier come to the house?

The idea of carriers was not entirely new to me. I had taken care to guard against carriers — urinary carriers — in my epidemic work. As is well known, a considerable percentage of convalescents pass a highly infected urine for many weeks after they are sufficiently recovered to go about; so I had had urotropin put up in convenient form to administer and issued an order that no patient might be discharged from medical attention until his urine was proved to be bacillus-free.

It was hard to identify typhoid in the feces by current bacteriological methods. I had read an address which Koch had delivered in 1902 on typhoid investigations in Trier which were based on a paper by Conradi and Drigalski in the same year, setting forth results they had obtained with a new culture medium in examining the stools of apparently well persons. A *Festschrift* on the sixtieth birthday of Koch, which appeared in 1903, contains several papers on the probable role of healthy carriers in producing typhoid, and publications by others in Germany were to like effect. Most of these I had not seen until Dr. Simon Flexner called my attention to them after I had concluded my work on the Mary Mallon case.

Nothing of the kind had been done in America and the discovery of Typhoid Mary brought to light for the first time in America, or any other English-speaking country, a chronic typhoid carrier with infected feces. This type of carrier is now regarded as by all means the most common.

Having undertaken to see if there had been any carriers in the Oyster Bay house before the outbreak there occurred, I soon came, through the process of exclusion, to the cook. But where was she? She had left soon after the epidemic and that event had occurred over six months ago. I tried to find out everything I could about her, but there was not much to learn. Mrs. Warren said she was a good plain cook, her wages were forty-five dollars a month, and she had been obtained from Mrs. Stricker's. Stricker's was a well-known employment agency on Twenty-eighth Street. The cook had not fraternized with the other servants and they knew little about her. She was not particularly clean. Her name was Mary Mallon. That was about all.

But some of the details were of great significance. The cook had come to work on August 4, the first person fell ill August 27, and the last September 3. It seemed probable that all of the patients, the dates of whose attacks fell within a period of seven days, were infected at the

same time and that this was after the new cook's arrival.

It was not at first clear how the family could have been infected from the cook, granting that she was a carrier, for, where there are so many servants, there is little food that a cook handles which is not subsequently raised to a temperature sufficient to make it harmless. I found, however, that on a certain Sunday there was a dessert which Mary prepared and of which everybody present was extremely fond. This was ice-cream with fresh peaches cut up and frozen in it. I suppose no better way could be found for a cook to cleanse her hands of microbes and infect a family.

I went to the employment agency which had sent the cook and explained the situation. I asked for Mary's references, for I wanted to know where else she had worked. I obtained all the help that could be given there, but it was not very much.

Mary appeared to be a person who moved about a good deal; she did not remain long in any situation. She did not get all her situations through one agency, or any agency for that matter. Sometimes they came through advertisements.

I found some of the places where Mary Mallon had worked and asked if anything unusual had happened there. I would like to describe at length what I learned, but it would take too long. I uncovered a series of seven household epidemics. They were alike in the unexpectedness with which the cases occurred, the complete ignorance as to the source, the apprehension as to who would be next, the suffering of the patients, the disruption of the household arrangements, the general bewilderment. The cook had, of course, never been suspected as the cause of any of these epidemics.

My earliest record places Mary Mallon at Mamaroneck, where a New York family had a house for the summer. A young man made a visit there and came down with typhoid ten days after his arrival. The date was September 4, 1900. At the time it was thought that he had contracted his disease during a visit to East Hampton, because that place was at no great distance from the Montauk army camp where typhoid was prevalent. No definite route of infection was indicated.

In 1901-'02, Mary lived about eleven months with a family in New York City. A laundress was taken to Roosevelt Hospital with typhoid, December 9, 1901. The case was seen by Dr. R. J. Carlisle, but not investigated.

In 1902 Mary was taken to Dark Harbor, Maine, to a new house that had been rented for the summer by Coleman Drayton, a lawyer of New York City. A case of typhoid fever occurred June 17, two weeks after the cook's arrival. Seven days later a second case occurred. Two days after that there was a third. Soon seven out of the household of nine were sick, the only two escaping being Mr. Drayton, who had had typhoid some years before and was presumably immune, and the cook. A trained nurse followed and a woman who came to work by the day was attacked. The outbreak was investigated at the time by Dr. E. A. Daniels of Boston and Dr. Louis Starr of Philadelphia. The first case was that of a footman; some believed that he had become infected outside and brought the sickness to the house. Dr. Daniels thought the first three cases were simultaneously infected somewhere; but on checking over his report I could not agree with him. I found that the three had not eaten the same food or drunk the same water.

As may be imagined, the household was pretty well upset. Proper help could not be had. Mr. Drayton and Mary Mallon worked side by side taking care of the sick and attending to all the manifold tasks which illness brings upon a family. Mr. Drayton told me that when it was over he had been so grateful to Mary for all the help she had given him that he rewarded her with fifty dollars in addition to her full wages.

In 1904 Mary figured in an outbreak in the household of Mr. Henry Gilsey at Sands Point, Long Island. There were, all told, eleven persons on the place: four in the family and seven servants. The cook arrived on June 1 and on June 8 the laundress, who had been on the place ten days, fell ill of typhoid. Then followed the gardener, the butler's wife, and finally the butler's wife's sister. There were four, all told, who fell ill within three weeks in this outbreak. The cases were all among the servants, and since they lived in a house apart from the family, it was thought that there must be something wrong about their house. Several persons investigated this outbreak, including Dr. R. L. Wilson, superintendent of hospitals for communicable diseases of the New York City Department of Health. His opinion was that the laundress must have become infected before she entered this employment, but, although he tried, he could not find how this could have happened.

After leaving Oyster Bay, Mary Mallon was employed as a cook at Tuxedo. She remained from September 21 to October 27, 1906. Fourteen days after her arrival a laundress was removed with typhoid to

St. Joseph's Hospital at Patterson. She was seen by Dr. E. C. Rushmore.

Here was a curious group of epidemics. In nearly every instance, a well-to-do and socially prominent family, soon after moving from the city to the country for the summer, experienced an outbreak of typhoid fever. In no instance had its cause been satisfactorily explained. The cook always left soon afterward. She had never been suspected.

When at length I caught up with her, which was some four months after I started out on the Oyster Bay epidemic, Mary was working as cook in an old-fashioned, high-stoop house on Park Avenue on the west side, two doors above the church at Sixtieth Street. The laundress had recently been taken to the Presbyterian Hospital with typhoid fever and the only child of the family, a lovely daughter, was dying of it.

I had my first talk with Mary in the kitchen of this house. I suppose it was an unusual kind of interview, particularly when the place is taken into consideration. I was as diplomatic as possible, but I had to say I suspected her of making people sick and that I wanted specimens of her urine, feces and blood.

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 long narrow hall, through the tall iron gate, out through the area and so to the sidewalk. I felt rather lucky to escape.

I confessed to myself that I had made a bad start. Apparently Mary did not understand that I wanted to help her. It mattered not that I told her if she would answer my questions and give me the specimens, I would see that she got good medical attention, in case that was called for, and without any cost to her.

As a matter of fact, I did not need the specimens in order to prove that Mary was a focus of typhoid germs. My epidemiological evidence had proved that. Laboriously I had worked out every one of the seven outbreaks and I was positive that Mary had produced them all. Just exactly how she did it I didn't know. I wanted to find out. No doubt her hands played a part in it. They became soiled when she visited the toilet, but whether from her urine or feces I had no way of knowing.

I felt a good deal of responsibility about the case. Under suitable conditions Mary might precipitate a great epidemic.

I found that Mary was in the habit of going, when her work for the day was finished, to a rooming house on Third Avenue below Thirty-third Street, where she was spending the evenings with a disreputable

looking man who had a room on the top floor and to whom she was taking food. His headquarters during the day was in a saloon on the corner. 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.

I made an arrangement with Mary's friend to meet her in this room; and taking an old assistant, Dr. B. Raymond Hoobler, later head of the Children's Hospital at Detroit, I waited one evening for Mary at the top of the stairs.

Mary was angry at the unexpected sight of me, and although I recited some well considered speeches committed to memory in advance to make sure she understood what I meant, and that I meant her no harm, I could do nothing with her.

She denied she knew anything about typhoid. She had never had it nor produced it. There had been no more typhoid where she was than anywhere else. There was typhoid fever everywhere. Nobody had ever accused her of causing any cases or had any occasion to do so. Such a thing had never been heard of. She was in perfect health and there was no sign or symptom of any disease about her. And she would not allow anybody to accuse her. Again I saw I was making no headway, so Dr. Hoobler and I left, followed by a volley of imprecations from the head of the stairs.

Learning that Mary was going to leave her Park Avenue situation and knowing that if she did so it would be hard to find her again, I brought her case to the attention of Commissioner Thomas Darlington and Dr. Hermann M. Biggs, Medical Officer of the New York City Health Department, and recommended that Mary Mallon be taken into custody. I wanted to have her excretions examined by Dr. William H. Park at the Department's Research Laboratory. I called Mary a living culture tube and chronic typhoid germ producer. I said she was a proved menace to the community. It was impossible to deal with her in a reasonable and peaceful way, and if the Department meant to examine her, it must be prepared to use force and plenty of it.

The Department acted favorably on my recommendation. It would get the specimens peacefully, if possible, but if this was not possible it would get them anyway.

An inspector in the person of Dr. S. Josephine Baker was sent to see

Mary about it. But the success of this gentle yet redoubtable warrior was at first no greater than mine had been. Mary slammed the door in her face.

Next morning a Department of Health ambulance drew up quietly in Sixtieth Street beside the church, with three policemen under Dr. Baker's orders. Two of the policemen were carefully placed so as to prevent Mary from escaping, and one was taken by Dr. Baker with her to the front door. They rang the basement bell and Mary opened the door before she saw who was there. Then she attempted to shut it but the policeman interposed his foot. Mary ran back to the kitchen and disappeared. The doctor and policeman followed quickly, but could not find her. Other servants were there, but they declared they had not seen her. A search was made of the cellar, coal bins and closets, but without result.

On looking out of a rear window Dr. Baker noticed a chair that had been drawn up beside the high fence which separated the property from that adjoining. The ground was covered with snow, and footprints in it led from the house to the chair. Dr. Baker went into the next house and made a thorough search of it but Mary was not to be found. By this time some three hours had been spent in hunting for her.

Dr. Baker then went out into the street and found another policeman and the search was renewed. The hunt was about to be given up when a bit of gingham was seen caught in the door of an outside closet in the rear of the second house. Ashcans were piled against the door. When these were removed, there was Mary. To use Dr. Baker's words:

"She fought and struggled and cursed. I tried to explain to her that I only wanted the specimens and that then she could go back home. She again refused and I told the policemen to pick her up and put her in the ambulance. This we did and the ride down to the hospital was quite a wild one."

A few days later I received a telephone call from Dr. Park, which told me that Mary's bowel movements contained a pure culture of the *Bacillus typhosus*. The examinations were made three times a week from the date of her capture, March 20, to November 16, 1907, and only in a few instances were the typhoid organisms not found.

Some weeks after Mary's arrival at the Willard Parker Hospital, where she had been taken on her arrest, I called on her there. She had been placed in one of the outside isolation wards. In view of her actions

when arrested, she was regarded as a dangerous and unreliable person who might try to escape if given a chance. So she was locked up. It was not an attractive or particularly comfortable room and there was no reason why a strong, active woman of forty who felt herself to be in perfect health, should be contented with it. And Mary Mallon was not.

The room, with its white walls and ceiling and floor, the white bed and the white bathrobe which Mary was wearing, gave the curiously healthy and fearfully angry-looking person a startling appearance.

"Mary," I said, "I've come to talk with you and see if between us we cannot get you out of here. When I have asked you to help me before, you have refused and when others have asked you, you have refused them also. You would not be where you are now if you had not been so obstinate. So throw off your wrong-headed idea and be reasonable. Nobody wants to harm you. You say you have never caused a case of typhoid, but I know you have done so. Nobody thinks you have done it purposely. But you have done it just the same. Many people have been made sick and have suffered a great deal; some have died. You refused to give specimens which would help to clear up the trouble. So you were arrested and brought here and the specimens taken in spite of your resistance. They proved what I charged. Now you must surely see how mistaken you were. Don't you acknowledge it?"

Mary looked at me steadily, but neither spoke nor moved. Her eyes gleamed angrily.

"Well," I continued, "I will tell you how you do it. When you go to the toilet, the germs which grow within your body get upon your fingers, and when you handle food in cooking they get on the food. People who eat this food swallow the germs and get sick. If you would wash your hands after leaving the toilet and before cooking, there might be no trouble. You don't keep your hands clean enough."

Mary's expression did not change nor did she utter a word. I was bound to tell her all that I had come to say, so I continued.

"The germs are probably growing in your gallbladder. The best way to get rid of them is to get rid of the gallbladder. You don't need a gallbladder any more than you need an appendix. There are many people living without them."

"Mary," I continued, "I don't know how long the Department of Health intends to keep you here. I believe that depends partly on you.

I can help you. If you will answer my questions, I will do everything I possibly can to get you out. I will do more than you think. 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. It will be easy for you to answer my questions. You know what I want to find out. Above all, I want to know if and when you have had typhoid fever, and how many outbreaks and cases you have seen.”

As I finished with my back there against the door, Mary rose. She pulled her bathrobe about her and, not taking her eyes off of mine, slowly opened the door of her toilet and vanished within. The door slammed.

There was no need of my waiting. It was apparent that Mary did not intend to speak to me. So I left the place.

It was not long after my third meeting with Mary that she was sent to Riverside Hospital on North Brother Island. There she was given a little bungalow which had been built for the superintendent of nurses. It consisted of a living room, kitchen and bathroom. It was supplied with gas, modern plumbing and electricity. It was pleasantly situated on the river bank, next to the church.

Mary's food was brought to her; she cooked and ate it alone.

About two years after her arrest Mary sued the City for her release under habeas corpus proceedings, a clever lawyer named George Francis O'Neill bringing suit in the Supreme Court. A strong argument was made on Mary's behalf. It was claimed that she had been imprisoned without due process of law. She had, in fact, not been accused of any crime, nor been given a hearing, nor been represented by counsel.

Mary took the stand and testified that she had never had typhoid fever or caused it in others. She was described by the newspaper reports as robust, bright eyed and energetic.

Dr. Park testified that in spite of appearances and her testimony, Mary was a menace to the community; he had found typhoid bacilli in her excrement and Dr. Soper had traced many typhoid epidemics to her. The judge eventually dismissed the case, saying the Court was unwilling to take the responsibility of releasing her.

When Mary had been incarcerated two years and eleven months, the Health Department released her on her pledge to give up her vocation of cook, not handle the food of others, observe various other precautions and report to the Department every three months. It was

believed that she had had an opportunity by this time to learn all about her condition and how to avoid infecting people.

Various attempts had been made to cure her, but nothing had proved effective. The only thing that remained was to remove the gallbladder, where the germ focus was believed to be situated; but, as Mary would not give her consent to this, it was thought nothing more could be done about the matter.

On her release Mary promptly disappeared. She violated every detail of the pledge she had given to the Department of Health. She changed her name and went to cooking again. Under the name of Marie Breshof, and sometimes Mrs. Brown, she now cooked in hotels, restaurants and sanatoria. At one time she ran a cheap rooming house, but kept it so badly that it failed to pay. She tried ironing, but found cooking paid better.

For five years Mary traveled about New York and its vicinity without restraint and without her identity being discovered by the authorities. I was not asked to find her again, but I think I could have done so. My official connection with the case ended when I cleared up the Oyster Bay outbreak in 1907 and turned Typhoid Mary over to the Health Department. Mary's history during these five years has never been traced in detail, but I know some of the places where she worked and some of the things that happened to her.

The world was not very kind to Mary. She could not resume her cooking in rich private families, for practically all of them got their cooks through two agencies — Mrs. Stricker's and Mrs. Seeley's — and both knew Mary and were afraid to place her.

She never had what might be called a permanent situation. She did not get on well with other servants and wanted to be moving about, anyway.

One day her best friend, a man whose name she often went by, sent for her. He was ill with a bad heart. Mary got him into a hospital, where he died.

She injured her hand; it became infected, and she could not cook for several months. This was too bad, for she had no home and she had little money.

She worked in a Broadway restaurant, a hotel at Southampton, an inn at Huntington, a fashionable hotel in New Jersey, and a sanatorium in New Jersey. There were cases of typhoid which she produced, but

there is no record of all of them. The list includes two children. There was a man for whom Mary mixed a home-made remedy for indigestion and who soon had to be taken off to the hospital with typhoid fever. It is probable that she produced a good many cases in her five-year period of liberty.

One day Dr. Edward B. Cragin, head obstetrician and gynecologist at the Sloane Hospital for Women, telephoned me asking that I come at once to the hospital to see him about a matter of great importance. When I arrived there he said he had a typhoid epidemic of more than twenty cases on his hands. The other servants had jokingly nicknamed the cook "Typhoid Mary." She was out at the moment, but would I recognize her handwriting if she was really that woman? He handed me a letter from which I saw at once that the cook was indeed Mary Mallon, and I also identified her from his description.

I advised that the Health Department be notified, and it was not long before Mary was again taken and sent to North Brother Island. On this occasion she made no struggle.

Mary was on the island the second time for twenty-three years. During this long period she never once tried to escape. Did she want to regain her liberty after her second arrest? I believe she did not.

Some think she had come to recognize her condition as inevitable and had become reconciled to a life of imprisonment.

My belief is that a change had come over her — a change that was due largely to the passage of time. It was both mental and physical. She felt that she had been hounded because of typhoid fever. She did not admit that there was any typhoid about her, but since others said there was, she had not been allowed to go freely where she pleased and do what she wanted to do. As her lawyer had said, she had been advertised to the world as a dangerous person and had been treated worse than a criminal, and yet she had not been guilty of the least violence toward anybody.

Mary was now about forty-eight years of age and a good deal heavier than she was when she slipped through a kitchen full of servants, jumped the back fence and put up a fight with strong young policemen. She was as strong as ever, but she had lost something of that remarkable energy and activity which had characterized her young days and urged her forward to meet undaunted whatever situation the world presented to her. In these eight years since she was first arrested, she had learned

what it was to yield to other wills than her own and to know pain. In the last five years, although she had been free, there had been times when she had found it hard to fight her battles unaided.

On North Brother Island the City afforded her a comfortable place to live — a place where she could cook and sleep and read to her heart's content. Her old age was provided for. There was a good hospital with doctors nearby. She knew by experience that the people on the island would be kind to her. She knew she could keep them from talking about typhoid fever or asking questions about herself.

Mary possessed a violent temper against which, when fully aroused, few persons had ever been willing to contend. I had had this weapon used against me three times, Dr. Baker had seen it in full force on the occasion of Mary's first arrest, and there is a story of it when an English health officer, neglecting a warning he had received, undertook to interview Mary and photograph her at her bungalow. Mary knew how to throw herself into a state of what Dr. John A. Cahill, Superintendent of Riverside Hospital, called, "almost pathological anger."

In the many years of her incarceration, Mary made good use of this personal weapon. Usually a look or a word gave sufficient warning of what might lie behind. When, on the basis of a long and friendly relation, the head of the laboratory asked Mary to tell her about her love affairs, Mary silenced her with a glare.

When Mary returned to North Brother Island she had reason to think that if she showed she would not run away, she might get permission to visit the mainland, and could then see her old haunts in the East Thirty-third Street region, the shops and the streets and the other sights of the city. She could mingle with the crowd as though she belonged in it—as she felt she did.

Whether all this was planned by Mary I do not know, but the fact is she went back to her bungalow and made no fuss about it. She became a privileged guest of the City. Nobody ever talked to her about anything she did not want to talk about. She announced that her past life was a "closed incident," and nobody bothered her about it.

Mary was given a job in the laboratory and learned to make routine simple tests such as all hospitals require. She was paid well for what she did. When she wanted to, she could go to the mainland unattended, and when she came back, nobody made her give an account of herself. Sometimes she would go all the way over to Queens and make a long

visit to a family she knew there. They were not particularly glad to see her.

On Christmas morning, 1932, a man who came to deliver something to her found Typhoid Mary on the floor of her bungalow, paralyzed. She had had a stroke of apoplexy and never walked again. Thereafter, for six years, she was taken care of in the hospital.

She died November 11, 1938. Her body was hurried away and buried in a grave bought for the purpose at St. Raymond's Cemetery in the Bronx. There was no autopsy.

The official death certificate states that the diagnosis was terminal bronchopneumonia of seven days' duration, following chronic nephritis and chronic myocarditis of ten years' standing, and that the fact that the deceased had been a typhoid carrier for twenty-four years had been contributory.

The funeral possessed elements of irony as well as pathos. It was an odd climax to the curious career of this remarkable woman. It was held in the large Roman Catholic Church of St. Luke's, in 138th Street, the Bronx. Only nine persons were present. Of all those in the City employ who had known Mary Mallon and had seen her come and go for so many years, there was not one who followed her to her grave.

The total number of typhoid cases traced to Mary Mallon was fifty-three and the deaths, three. This is not a large toll, compared to the records of some carriers who have since been found. There were doubtless many cases produced by Mary that never came to light.

I could obtain only fragments of her history at the time of my connection with the case, and nobody else seems to have done much to find any more. But if there had been only the Oyster Bay outbreak that was proved to have been caused by her, it would have been enough to make her a woman of mark.