Research Open

Integrative Journal of Nursing and Medicine
Volume 2 Issue 3

Short Commentary

The Politics of the Medical Gaze in Anthony Bourdain's *Typhoid Mary*

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Received: July 15, 2021; **Accepted:** September 01, 2021; **Published:** September 30, 2021

The historical narrative of Mary Mallon, known as "Typhoid Mary" revolves around the crime she never committed; that of having been the cause of a good number of typhoid cases [1]. Held in detention on North Brother Island for more than two decades as a precautionary measure, her story tells the tale of anger, anguish, fear and disregard for the medical gaze as the Department of Health became obsessed with her case as a carrier of typhoid fever in an otherwise healthy individual. Typhoid fever is caused by *Salmonella typhi,* a bacterium which causes a moderate to high fever over several days, abdominal pain, headaches, mild vomiting and general aches and pains [2]. Symptoms may occur after a number of weeks after exposure and may be mild or severe. Initially believed to spread by contaminated food and water, this particular disease has been circulating for centuries [3]. Research on disease transmission at the time was still in its early stages and although public health officials were aware that the sick could spread disease, concrete evidence was not available. Many "health officials were baffled by the fact that sometimes even the cleanest and wealthiest communities were struck by typhoid outbreaks [4]. By 1906, there were 3,467 reported typhoid cases in New York alone, of which 639 were deaths" [5]. Health inspectors were intent on finding ways of protecting the public from this severe illness. When Robert Koch, a German bacteriologist, discovered that perfectly healthy individuals can be carriers of typhoid, such news quickly spread in America about the need for special and new approaches that focused on these "carriers" [6]. Although researchers at the time knew that the mode of transmission of typhoid was primarily through "fingers and the filthy fly", they were also aware of the difficulty of applying preventive measures [7]. To gain traction, these new bacteriological approaches needed efficacious proof; therefore their focus was based primarily on individual carriers. The discovery of Typhoid Mary as the first known case as a typhoid carrier aided their legitimation of the cause and illustrated the potential benefits of discovering individuals who carried typhoid microorganisms. The trials and tribulations of Mary Mallon were played out against a backdrop of medical authority represented mainly by George Soper. Both had a role to play – George Soper, a United States Army Sanitary Corps engineer, would "gain the reputation of being an expert in typhoid investigations", while Mary Mallon would become an infamous discovery, scorned for her behaviour in spreading disease [8]. Mary Mallon's historical narrative is a quintessential example of how the clinical gaze can incarcerate the patient if the relationship between the doctor and the patient is severed.

The narrative establishes the events that occurred in August 1906. Members from the Warren's household fell sick while on vacation at Oyster Bay, Long Island [1]. The owner, George Thomas, worried that he would lose the rental income, called in health investigators to try and identify the cause. George Soper, an expert involved in the case became convinced that a "carrier" might be involved. Soper's success lay in his relentless search for the bacteriological cause which led him to conclude that Mary Mallon, a cook, was the main cause for the typhoid cases. He managed to gain access to some of Mary Mallon's employment records through a local agency, and he finally succeeded to establish contact with her in March of 1907. Soper's enactment of the clinical gaze – an investigative journey spanning a decade of history – led him to find out that "in every household in which she had worked in the last ten years there had been an outbreak of typhoid fever" [1]. He knew that his discovery, if proved to be correct, would change the course of his life. Given that typhoid carriers were a novelty in America and no one had ever been identified, "Soper was suddenly very, very interested in getting his hands on the mysterious Mary Mallon" [1]. He knew that it was an important advancement in medicine, one which would cement his reputation. He also saw this opportunity as his responsibility; "of what he perceived to be up against" [1]. Soper chased this endeavour using Public Health as a necessary tool for his own advances. Soper's clumsy approach led to Mary's instant resistance to the clinical gaze. She could not comprehend why she was asked to be subjected to "demanding samples of urine and blood", especially when she felt perfectly fine and healthy [1]. Mary resisted in the only ways she knew – "she fought and struggled and cursed". Because Mary Mallon resisted the medical encounter, she found herself relegated to the panopticon, "a prisoner, locked away in a stark white room at the Willard Parker Hospital, regarded by Soper and others as a 'dangerous and unreliable person, who might try and escape if given the chance" [1]. At any historical junction, there is evidence of iconic figures who through their violations of societal norms make a significant imprint. Unfortunately, Typhoid Mary was one of these characters. Although a skilled cook, Mallon was still considered a domestic helper, therefore a member of the inferior classes who needed to defer to her betters. Living during an age in which the cult of "true womanhood" was given great importance [9], she was accused of having masculine traits [10].

While one of her "supposed victims at Park Avenue was described as a young and talented girl," Mallon was portrayed as someone "who purposely refused to face facts or help others" [1]. Indeed, this reinforces the common perception that the poor were seen as a commodity in medicine and hospitals to be used as teaching tools by the medical profession for the advancement of medicine to cure the middle classes. Mary Mallon was also aware of this. To make matters worse, Soper's name and blame attitude only served to reinforce Mary's uncooperative attitude. Ruining her career as a cook, this was a no-win situation for her, therefore, there was nothing personal to be gained by acquiescing to Soper's demands. Mary Mallon was exiled and banished overnight because she was considered a threat to society. After being held hostage for several years at Riverside Hospital, Mary Mallon had had enough. Motivated by her anger relating to the press characterizations of her as "Typhoid Mary", Mary hired her own lawyer, George Francis O'Neill. Fighting for her right to exercise freedom, "Mary Mallon, with George Francis O'Neill at her side, appeared before Justice Erlanger, claiming that there was no law in the books to justify her continued detention" [1]. The clinical gaze had not only been uncaring, it also incarcerated Mary Mallon. Dr Walter A. Beusal referred to her as a "great menace to public health, a danger to the community", and on that account she was made a prisoner [1]. George Soper and the Department of Health had the power to arbitrarily lock anyone who was considered a threat and the power associated with the clinical gaze went even further than that. Section 1170 of the Charter of Greater New York stated specifically:

Said board may remove or cause to be removed to proper place… any person sick with any contagious, pestilential or infectious disease; shall have exclusive control of the hospitals for a treatment of such cases [1].

Mary Mallon's court attendance for *habeas corpus* proceedings were not remarkably unusual during the Progressive era, however her attendance in these venues must have enraged health officials especially when she "begun to put stock in somebody's laboratory analysis" [1]. She changed her tack from one who condemns all medical science to "selectively believing what some doctors and nurses are telling her", choosing what to believe and "lifting bits of what they've said and what she's overheard, and winnowing out that which she sees as useful to her case" [1]. Unfortunately, through her case, Mary established law. The final nail blow was delivered when the court erred on the side of caution, and on July 16, 1909, Justice Erlanger ruled that Mary Mallon should remain in locked away in quarantine. Mallon was sent back to North Brother Island and New York's health department began "examining the blood of some ninety thousand cooks, waiters, and other food handlers in the city" [10,11]. The state was satisfied with the vast majority of typhoid carriers who obliged to occasional surveillance, the extraction of promises, and some job training. Eventually the unjust quarantine of Mary Mallon was reconsidered by a few of the region's health officials, and in February of 1910 Mallon finally received a stroke of good fortune and was allowed to leave North Brother Island "as long as she observes […]personal cleanliness and the keeping away from the preparation of other persons' food [12]. For several years, Mary Mallon disappeared from public view, but another outbreak in 1915 led to her recapture. Journalists and the general public, who once sympathised with her, now blamed her for her devious plan in spreading the horrendous disease. In this unfortunate incident, the Sloan Hospital for Women reported a considerable number of women who came down with typhoid [13]. Mary was portrayed as a "drifter who went from job to job, carefully dodging her pursuers by taking on work outside of private homes". By resisting the clinical gaze, she threw away her only chance at lifelong freedom. The public was enraged and demanded that Mallon be incarcerated for her actions. As Porter avers, her "treatment was designed to set an example" for other carriers and recalcitrant patients [14].

No longer an "innocent" carrier, she was now viewed as a harbinger of bad news who had to be left in isolation. Mary's "purported obstinacy of the Irish, the lack of deference that came from being a domestic servant, and the masculine traits of a knife welder who had violated the tenets of the cult of true womanhood" led her to her reimprisonment [15]. Mallon thus became the illustrative example of what happens when an individual or society violates and resists the medical gaze. As a result, Mary Mallon was neglected and uncared for both socially and medically. Betrayed by those who should have been her primary carers, Mary Mallon sunk into an abyss making it extremely difficult for herself to climb back up. The tale of Typhoid Mary may have happened over a hundred years ago, but the social template of Mary's disease lives on in this historical narrative. The medical gaze in Mary's story required a state of hyper vigilance in an effort to balance individual liberty and state necessity. Typhoid Mary is a cautionary tale from which we need to learn how to "constantly interrogate the underlying discursive structures and power relations", one that may provide us with a similar template for the next victim or demonised patient who occupy these positions [16]. Mary Mallon may have died while quarantined on North Brother Island in 1938, but "Typhoid Mary" lives on in our collective public memories. Through a greater understanding of the medical gaze, it begs us not to make the same mistake twice.

Funding

No funding was required for this project.

Conflict of Interest

There are no conflicts of interest, actual or potential.

References

1. Bourdain A (2018) Typhoid Mary: An Urban Historical. (London: Bloomsbury).
2. Hinman SE, Blackburn JK, Curtis A (2006) Spatial and temporal structure of typhoid outbreaks in Washington, D.C., 1906-1909: evaluating local clustering with the G statistic. *International Journal of Health*. [crossref]
3. Hinman et al.
4. Gibbins LN (1998) Mary Mallon: Disease, denial, and detention. *Journal of Biological Education* 32: 127-132.
5. Gibbins.
6. Wald P (1997) Culture and carriers: "Typhoid Mary" and the science of social control. *Social Text* 52/53.3/4: 181-214.
7. Typhoid fever (1915). *Scientific American* 428.
8. Hasian MA (2000) Power, Medical Knowledge, and the Rhetorical Invention of Typhoid Mary. *Journal of Medical Humanities* 21: 123-139. [crossref]

9. Welter B (1966) The cult of true womanhood: 1820-1860. *American Quarterly*. 18: 151-174.

10. Soper G (1939) The curious career of Typhoid Mary. *Bulletin of the New York Academy of Medicine* 15: 698-712. [crossref]

11. Mendelson JA (1995) Typhoid Mary strikes again. The social and the scientific in the making of modern public health. *Isis* 86: 268-277. [crossref]

12. Typhoid Mary freed 1910. *The New York Times.*

13. Hospital epidemic from Typhoid Mary (1915). *The New York Times.*

14. Porter R (1996) Book Review: Typhoid Mary. *Nature* 383: 781-782.

15. Hasain.

16. Finkbeiner AK (1996) "Quite contrary". *The Sciences* 36: 38-43.

Citation:

Scerri M, Grech V (2021) The Politics of the Medical Gaze in Anthony Bourdain's *Typhoid Mary*. *Integr J Nurs Med* Volume 2(3): 1-3.