The Criterion: An International Journal in English
Bi-Monthly Peer-Reviewed Open Access e-Journal
(ISSN: 0976-8165) Vol. 17, Issue-V, October 2026
www.the-criterion.com

Public Health Measures and Human Rights in Daniel Defoe's *A Journal of the Plague Year*

Dr. Mamta Singh
Independent Researcher,
Department of English,
Patliputra University, Patna, Bihar.
mamta23singh123@gmail.com
https://orcid.org/0009-0008-4108-7815

https://doi.org/10.66376/criterion.v17.n5.4

Abstract:

This paper examines the relationship between public health measures and human rights in Daniel Defoe's *A Journal of the Plague Year* (1722). It analyses how the narrative depicts the plague not only as a medical emergency but also as a social experience regulated by public health measures such as quarantine, surveillance, restrictions on movement, and the shutting up of infected houses. While the government introduces these measures to control the spread of the plague, they result in separation from family members, trauma, loss of livelihood, displacement, and social inequality among the people. The study explores how these measures affect people's basic human rights at the social, psychological, and economic levels in 17th-century England.

The paper also uses Michel Foucault's idea of biopolitics to examine how the government controls people's movement and affects social behaviour, mental health, and economic activities during the plague. The study shows that the authorities often confine healthy people with infected family members, restrict burial practices, and closely monitor public movement during the plague. The paper further examines how poor people suffer more because they lack food, medical care, employment, and shelter during the outbreak. These actions limit personal freedom and affect the dignity and rights of individuals. The paper also connects the experiences described in the novel with the COVID-19 pandemic, when governments across the world imposed lockdowns, quarantine, and restrictions on movement to control the spread of the disease. The study concludes that Defoe's narrative shows how public health measures can protect society during a pandemic but can also interfere with basic human rights. It encourages governments to adopt more humane and balanced responses to public health emergencies.

Keywords: Quarantine, surveillance, biopolitics, trauma, displacement, social inequality.

Article History: Submitted-06/08/2026, Revised-04/10/2026, Accepted-09/10/2026, Published-31/10/2026.

Copyright vests with the author. Licensing: Distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (https://creativecommons.org/licenses/by/4.0/)

Introduction

Pandemics have always brought major changes not only to the medical field but also to social relations, economic activities, government policies, and civil liberties. Writers from different generations describe their experiences of pandemics either in a fictional or a realistic manner. These works, often called pandemic literature, help readers understand how our ancestors dealt with fear, anxiety, surveillance, restrictions on freedom, the loss of family members, and economic hardships during such medical crises. Priscilla Wald, in her famous book, *Contagious: Cultures, Carriers, and the Outbreak Narratives* (2008), describes pandemic accounts as "critiques of socioeconomic inequities and titillating tales of apocalyptic struggles with primordial earth demons, hardheaded analyses of environmental exhaustion, and hopeful stories of timeless renewal" (10).

The COVID-19 pandemic once again increased people's interest in earlier pandemic narratives because they experienced problems similar to those described in these works. This included fear, anxiety, lockdowns, surveillance, quarantine, restrictions on individual freedoms, death, and unemployment. Secondly, people read these narratives to gather authentic knowledge about pandemics, learn from mistakes, receive emotional support, and find a temporary escape from their daily problems. On the other hand, authors write such narratives to educate readers about the causes, preventive measures, impact, and false superstitions associated with diseases. Similarly, literary scholars analyse these works to identify common and unique patterns in the description of pandemics by examining the authors' purpose, use of vocabulary, and storytelling methods (Tica et al. 125–126).

Daniel Defoe's classic work *A Journal of the Plague Year* (1722) describes in detail the responses of ordinary people as well as the various government policies adopted during the Great Plague of London in 1665. A major part of this work is devoted to the description of

public health measures implemented during the 1665 plague, such as lockdowns, isolation, and the appointment of different officers for inspection. These measures were introduced to control the spread of the disease, but the restrictions on individual freedom resulted in various emotional, social, and economic problems. For example, healthy people were often confined with their infected family members, which further resulted in the spread of the disease. These measures also created displacement, migration, and unemployment, especially among poor people. Defoe's work indirectly shows how public health measures can sometimes result in the violation of basic human rights.

In their research article, Knowles et al. insist that *A Journal of the Plague Year* can also be read as a study of crisis management. Defoe's work shows how the powerful management system of an active government often fails during large-scale crises. The government first hesitates to acknowledge the outbreak of the plague and then tries to hide the actual number of deaths, which eventually allows the disease to spread across a large part of London. When people begin to die in large numbers, the government is forced to declare the outbreak of a pandemic, put the city under lockdown, isolate patients, and appoint watchmen to monitor infected families. These measures are implemented at such a late stage that it becomes impossible to control the disease. Defoe's work shows that effective planning, quick action, and better coordination among all the stakeholders are essential requirements for the successful management of a pandemic.

This article has four main objectives. Firstly, it studies the public health measures discussed in *A Journal of the Plague Year*, such as lockdown, isolation, surveillance, and the appointment of officers to monitor infected families in London during the 1665 plague outbreak. Secondly, this paper examines how these public health measures violate the basic human rights of movement, privacy, and personal choice. Thirdly, this paper applies Michel Foucault's theory of biopolitics to explain how the government uses preventive measures as

powerful tools to control people's lives during a public health crisis. Finally, the article examines the similarities and differences between the experiences described in this narrative and the situation during the COVID-19 pandemic.

Public Health Measures

Defoe provides valuable information regarding the preventive measures that the chief magistrate and the municipal council introduced to control the spread of the plague in London. The law passed during the administration of King James I in 1603 gave them the power to isolate infected households. It also enabled the municipal council to appoint various officials for the identification, separation, treatment, and burial of patients. The authorities issued elaborate guidelines for infected families, doctors, nurses, inspectors, watchmen, and sweepers to follow during the plague. The chief magistrate, along with the municipal council, decided to implement these measures in mid-1665. The functions of different government officials, such as examiners, watchmen, surgeons, nurses, grave diggers, and rakers, are described in detail in these preventive measures (Defoe 37–38).

The authorities must appoint one or more trusted and respectable people as examiners in every province for at least two months. Those who refuse this duty due to fear of infection are also subject to imprisonment. Before assuming office, the examiners are required to take an oath of professional integrity before the local magistrate. They are instructed to inspect each district and gather information about the number of infected houses, the sick people, and the type of illness affecting them. If the examiner fails to identify the actual disease, the household remains under restriction until the disease is confirmed. When the illness is identified as the plague, the examiner orders the constable to seal the house. If the constable fails to perform his duty, the examiner can file a complaint with the local authorities (39).

The authorities assign two watchmen to every affected residence. One guard remains on duty during the day, while the other takes charge at night. They prevent anyone from going into or coming out of the quarantined residence. Officials also give severe penalties to people who break these regulations. In addition, every district will appoint honest and experienced female searchers to examine the bodies of people who have died in that area. These women determine the actual cause of each death and prepare a detailed report stating whether the person died from the plague or another illness. Medical officers supervise their work and ensure "that no searcher during this time of visitation be permitted to use any public work or employment, or keep any shop or stall, or be employed as a laundress, or in any other common employment whatsoever" (40).

The authorities also appoint competent and trustworthy medical practitioners in every province to support the female inspectors, apart from those already serving in the plague hospitals. These medical practitioners visit only those families that ask for their help or those sent to them by the plague examiners to identify the illness. During the pandemic, they cannot treat any disease other than the plague. The government pays them twelve pence for examining each dead body. Furthermore, every nurse assigned to an infected household must remain in quarantine there for twenty-eight days when the person under her care dies from the plague. However, if a nurse leaves before completing the required period and enters another house, that house will also be placed under quarantine for the next twenty-eight days. Every household must report any suspected plague symptoms to the plague examiner within two hours. After the authorities confirm the disease, they must isolate the patient at home, and the family must keep the house under restriction for one month even after the patient's recovery (41).

Examiners use high temperatures or other cleansing agents to sanitise the clothes, beds, and furniture of infected people so that these items become safe for reuse. They also punish anyone who visits an infected family without permission by placing their home under

quarantine. Sick people cannot move to another residence within the city unless they are transferred beforehand to an isolation facility, a temporary shelter, or another property under their care. People who own two houses may shift either healthy or infected family members to the other residence. Officials arrange the burial of plague victims before dawn or after nightfall, while relatives and friends cannot attend the funeral or enter infected homes. The authorities also ban funeral gatherings during religious services, keep children away from burial sites, and require every grave to be at least six feet deep to reduce the spread of infection (41–42).

Authorities do not allow anyone to reuse or sell valuable personal items from an infected household in the market. Health authorities also order workers to mark every infected house with a red cross and a written request for God's mercy, and the mark remains until officials declare the house safe. People living in shared houses must obtain a fitness certificate before moving to another one, and coach drivers must disinfect their vehicles after transporting infected people. Authorities also require:

> THAT precise Order be taken that the Searchers, Chirurgeons, Keepers and Buriers are not to pass the Streets without holding a red Rod or Wand of three Foot in Length in their Hands, open and evident to be seen, and are not to go into any other House then into their own, or into that whereunto they are directed or sent for; but to forbear and abstain from Company, especially when they have been lately used in any such Business or Attendance. (Defoe 44)

Authorities make it mandatory for every household to maintain cleanliness around their homes, and sanitation workers regularly collect garbage after announcing their arrival with a horn. Officials move dumping grounds away from residential areas and stop workers from dumping waste near the city. They also ensure that the market sells only fresh and unspoiled food items. They require taverns and breweries to store wine in clean containers. In addition,

the government bans pet animals and birds inside the city and removes stray animals from the streets. Officials also remove beggars; stop large gatherings, entertainment programmes, and public feasts; and ban drinking wine in public places after nine o'clock at night to reduce the spread of the plague (44–46).

Violation of Human Rights

According to the United Nations, human rights are "inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status". These rights give every person the freedom to choose their language, education, and profession; practise religion; and express their opinions freely. Although the public health measures implemented during the 1665 pandemic played a significant role in controlling the disease, they violated other basic human rights of the people of London. Quarantine separated people from their loved ones, while surveillance and the monitoring of infected households threatened their privacy. Lockdowns restricted freedom of movement and affected people's ability to work and earn a living. Similarly, restrictions on public gatherings also affected freedom of assembly and religious practices. Governments have a responsibility to respect, protect, and fulfil these rights while ensuring the safety and well-being of society.

Confinement of healthy individuals with infected family members has a severe impact on their physical and mental health. Instead of isolating only the infected person, authorities forced every family member to remain in the house and appointed a watchman to monitor their activities. However, they did not arrange food, medicine, or other necessities for the families kept in quarantine. In most cases, healthy individuals who were forced to live with their infected family members in the same house caught the disease. If the officials had separated the healthy relatives from the infected person, thousands of lives could have been saved. Sometimes, people died not from the plague but from hunger, loneliness, and a lack of proper

medical treatment. In fact, long periods of unnecessary isolation made them depressed, and they lost interest in daily life (Defoe 47–48).

When the government decides to quarantine an infected person, several violent quarrels begin to arise between family members and the guards posted outside their homes. In fact, many angry residents attack and injure these guards in their attempts to run away from their houses. At least twenty guards lose their lives or become injured during these violent clashes. The authorities try to emphasise the importance of preventive measures but fail to analyse how these measures violate the basic human rights of the people. While the government forces the entire family to live under confinement, it does not make arrangements for their basic requirements. As a result, many people try different methods to fool the guards and escape from their houses. These escape attempts often end in arguments, violence, and physical fights between the residents and the watchmen (48).

Many families employ several dexterous tricks to escape from their locked houses. Some make identical keys and break the inner locks so that they can leave when the watchman leaves his post for a short time. Others try to escape through windows using long ropes or clothes and, in some cases, lose their lives. If the watchman tries to stop them or call for help, they sometimes threaten him with a dagger or a rifle. Most families in the city have a lawn or a fence outside their houses, which separates them from their neighbours' houses. People often ask their neighbours for permission or offer them a favour so they can climb over these barriers and go outside through their neighbours' houses. Some families also bribe their servants, who make arrangements for their owners to go outside at night (50–53).

People who escape from forced confinement often spread the disease to other places without having the intention to do so. Strict isolation forces many infected people to leave their homes in fear and desperation. They wander from one place to another without knowing where

to go or what to do. Due to the fear of infection, most people refuse to help them and also doubt their claims of being uninfected. This results in the deaths of a large number of infected people who collapse on the streets due to hunger, weakness, or high fever. Instead of controlling the spread of the disease, this harsh measure forces people to escape and increases the risk of disease transmission. Thus, the government's policy of confining healthy people with infected ones does not prove successful as a long-term preventive measure (53).

The public health measures implemented during the 1665 pandemic not only violated the freedom of movement and privacy but also the right to conduct business. When the plague broke out, the government decided to close shops, markets, and other workplaces to control the spread of the disease. These restrictions forced people to leave their jobs, created a shortage of workers, disrupted the supply chains, and reduced the production and sale of goods. Due to great financial losses, many merchants decided to close their businesses and leave London to settle in other places. While rich merchants were able to pay their workers for some time, small business owners could not afford the substantial losses and had to stop production. Since other countries refused to purchase goods from England and did not allow English ships to enter their ports, the country’s international trade suffered a severe decline (Defoe 214). Kari Nixon, in her article, criticises the government's policy of completely stopping trade in London during the 1665 plague. She argues that this policy not only causes unemployment and inflation but also encourages people to hoard and black market essential goods.

Public health measures create more problems for poor people than rich ones in London. As soon as the plague breaks out, wealthy families, along with their relatives, servants, and household goods, decide to leave London. They easily obtain health certificates from the authorities that allow them to travel and stay in other towns for a limited time. On the other hand, poor people have no such choice because they do not have enough money to pay for transportation or a place to live outside the city. Most of them depend on their daily wages, so

leaving the city means losing their only source of income. Their daily wages force them to visit the market every day to buy essential goods, which increases their risk of catching the infection. They also cannot afford protective materials such as vinegar or fragrance to sanitise money or other items they handle in the market.

Since the burden of the 1665 plague falls mainly on the poor, Nathaniel Hodges describes it as “the Poor's Plague” (15). As most experienced physicians and midwives become infected, die, or leave the city during the plague, poor people, especially pregnant women, are forced to depend on untrained healthcare workers for medical treatment and childbirth. Poverty also forces many people to earn money through dangerous jobs such as working as caretakers for infected people and watchmen of infected households. Apart from this, they also work as drivers who carry infected individuals to quarantine centres and as burial workers who dig graves and bury infected people with full precautions. These jobs bring them into close contact with sick people and increase their chances of getting infected. People from the lower class believe that it is better to die from the plague while working than to die from starvation.

Emmanuelle Peraldo, in her article, analyses how public health measures introduced to control the outbreak sometimes cause more suffering and violate even basic human rights. In *A Journal of the Plague Year*, the government depends on reports of the number of deaths to decide when and what type of preventive measures should be used to control the disease. However, Peraldo believes that these data contain many errors in the calculation and reporting of the number of deaths and the actual diseases from which people die. The government uses these statistical data to design public health policies, but these records fail to address the emotional suffering of the people. The practice of confining healthy people along with their infected family members inside the same house creates more problems than it solves. While preventive measures help to control the disease, they often violate basic human rights and make life more difficult for the lower sections of society.

Biopolitics and Government Control

Michel Foucault's concept of biopolitics offers an important framework for understanding the relationship between government power and public health measures in *A Journal of the Plague Year*. Foucault develops the concept of biopolitics in part five, "Right of Death and Power over Life", of *The History of Sexuality, Volume 1*. He explains that modern states increasingly became concerned with the management of human life and the regulation of populations. He identifies two forms of power – one that disciplines individual bodies and another that regulates the population by addressing issues such as birth, health, mortality, and life expectancy. He refers to this second form as "a biopolitics of the population" (139). Public health therefore becomes an important area through which governments manage and regulate populations. This concept helps explain the government's response to the plague in Defoe's narrative, particularly its regulation of movement, isolation, and public behaviour.

Foucault's discussion of the plague in *Discipline and Punish* also presents an important basis for understanding government control. In chapter 3, "Panopticism", he describes how a plague-stricken town is divided into separate areas, movement is restricted, houses are closed, and inhabitants are kept under continuous observation. He also explains how officials maintain records of inhabitants, illnesses, deaths, and other events and pass this information to higher authorities. The plague town thus becomes an example of disciplinary power based on surveillance, registration, separation, and control (195–98). Similarly, in Defoe's narrative, the authorities control different aspects of human life during the plague. The government regulates movement, monitors infected individuals, records the number of deaths, and isolates suspected patients. Officials closely observe houses, streets, and neighbourhoods to prevent the spread of infection (Defoe 39–41).

The shutting up of healthy individuals along with their infected family members is one of the clearest examples of biopolitical control in the narrative. Officials do not allow them to leave their homes, and watchmen guard the doors and monitor their activities. As a result, even healthy people in the house lose their freedom because the government gives more importance to protecting public health than to individual rights. In this way, the government controls not only people's physical health but also their movement and economic activities (47–48). This policy raises important questions regarding the relationship between public safety and individual rights. Governments have a responsibility to protect society from infectious diseases, but they must also keep in mind the rights and well-being of citizens.

Michel Foucault, in *Discipline and Punish*, states that modern governments often use information and official records to exercise control over the population (196). Similarly, in Defoe's work, the government also uses statistical data to monitor the spread of plague. It records the number of infections and deaths in the weekly Bills of Mortality across London. These records help the authorities understand how quickly the disease spreads and plan public health measures. At the same time, the government uses these numbers to monitor the people's movement and control society. These statistical data turn human beings into mere numbers that the government uses to regulate society. The narrative further shows how fear becomes a tool of social regulation during the outbreak. Public announcements, death reports, and visible signs of infection create anxiety among the population. Fear encourages people to obey government orders and avoid social contact (Defoe 197–198).

Biopolitics also appears in the regulation of burial practices during the plague. The government controls funerals, limits gatherings, and organises mass burials to prevent infection. Although these measures aim to protect public health, they also interfere with religious traditions, emotional expression, and personal dignity. Families lose the opportunity to perform traditional mourning rituals because the state prioritises disease control over

individual and cultural needs. The experiences described in Defoe's narrative closely resemble many modern forms of public health regulation. These similarities demonstrate how biopolitical forms of control continue to shape modern public health responses (Defoe 42).

Margaret Healy explains that Daniel Defoe uses *A Journal of the Plague Year* (1722) as a narrative to support the government's public health policies, especially quarantine. Many people, however, oppose these actions because they believe that the government is trying to interfere in their social, religious, and personal affairs. As a result, the authorities later adopt a less strict quarantine law in 1722. Defoe publishes his journal soon after this change and presents the terrible effects of the pandemic to justify the quarantine and surveillance policy of the government. Martin Wagner explains three ideas in *A Journal of the Plague Year*: the political dream, the literary dream, and the novelistic dream. The political dream shows official control through health rules, but people often resist them. The literary dream presents fear and social confusion during the pandemic. The novelistic dream emphasises voluntary self-separation before official orders. These three ideas together explain the relationship between authority, disorder, and personal responsibility.

Relevance to the COVID-19 Pandemic

Defoe's work consists of various incidents that remind us of the experiences we faced during the COVID-19 pandemic. Human response and the government's preventive measures are two basic characteristics that connect pandemics from different historical periods. During the COVID-19 pandemic, the government implemented lockdowns, quarantined infected people, and developed a contact tracing system to control the spread of the disease. Most of these measures are discussed in great detail in Defoe's work. The government's quarantine policy not only made people feel isolated but also resulted in large-scale unemployment. Both pandemics show that the government and the public are equally responsible for controlling the

spread of the disease. When people voluntarily follow rules, it becomes easier for the government to manage the situation during a pandemic.

Separation from loved ones is another important similarity between the 17th-century plague and the COVID-19 pandemic. Defoe's work also shows the various negative aspects of lockdown, where people cannot participate in religious activities or attend the funeral ceremonies of their family members. Economic loss is another important issue that people of every generation face during a pandemic. Manufacturers close their factories, merchants make huge losses in their businesses, and workers lose their jobs and struggle for their necessities. A similar example can be seen in Defoe's work, where the impact of pandemics is evident in international trade, local businesses, production of goods, and supply chains. Healthcare workers put their own lives at risk while providing medical treatment to infected people during both the 1665 plague and the COVID-19 pandemic.

In spite of these similarities, many differences can be noticed between the 1665 plague of London and the COVID-19 pandemic. In the seventeenth century, people had limited knowledge about the causes and transmission of the disease, and effective medical treatments and vaccines were also not available. During the COVID-19 pandemic, medical science enabled governments to identify the virus and its rate of transmission, develop diagnostic tests, and produce vaccines within a relatively short period. Secondly, during the 1665 plague, authorities mainly depended on examiners and watchmen for surveillance, whereas mobile applications and electronic health records are used to track patients during the COVID-19 pandemic. Thirdly, in the 17th century, printed works and public announcements were the only sources of information, whereas social media and digital platforms played a major role during the COVID-19 pandemic. Lastly, the coronavirus spreads more rapidly across different parts of the world than the plague did in 1665. Both these pandemics show that public safety and human rights should be given equal importance in the implementation of preventive measures.

Conclusion

This article makes two important observations regarding the conflict between public health measures and human rights. First, preventive measures always play a very important role in breaking the chain of infection, whether during the Plague of 1665 or the COVID-19 pandemic. Lockdowns, the isolation of suspected or confirmed cases, maintaining records of deaths, and the appointment of guards were among the important measures adopted to control the plague in the 1665 pandemic. These measures helped control the spread of the plague and encourage people to adopt a scientific approach rather than rely on false remedies. However, while implementing these measures, the government sometimes has to restrict people's basic human rights, such as freedom of movement, access to education, employment and business activities, religious practices, and social gatherings.

Second, although public health measures are essential to control the disease, the government should also protect basic human rights during a pandemic. Quarantine confines healthy individuals with infected family members and limits personal freedom. Surveillance increases governmental control over daily life and raises concerns regarding privacy and autonomy. Restrictions on movement separate individuals from their families and communities, while economic disruption causes unemployment, poverty, and displacement. These experiences show that public health policies can affect a wide range of human rights, including freedom of movement, economic security, dignity, and social well-being. The analysis suggests that public health and human rights should not be viewed as opposite goals. Both seek to protect human well-being, although they approach this objective from different perspectives. Public health emphasises the welfare of populations, while human rights focus on the dignity and freedom of individuals. A balanced approach recognises the importance of both concerns and seeks to protect society without imposing unnecessary hardships on vulnerable populations.

Works Cited:

Defoe, Daniel. *A Journal of the Plague Year*. Edited by Cynthia Wall, Penguin Books, 2003.

Foucault, Michel. *Discipline and Punish: The Birth of the Prison*. Translated by Alan Sheridan, Vintage Books, 1995.

———. *The History of Sexuality, Volume 1: An Introduction*. Translated by Robert Hurley, Vintage Books, 1990.

Healy, Margaret. "Defoe's Journal and the English Plague Writing Tradition." *Literature and Medicine*, vol. 22, no. 1, Spring 2003, pp. 25–44. Johns Hopkins University Press, https://doi.org/10.1353/lm.2003.0006.

Hodges, Nathaniel. *Loimologia, or, An Historical Account of the Plague in London in 1665: With Precautionary Directions Against the Like Contagion*. Translated by John Quincy, London, E. Bell and J. Osborn, 1721.

Knowles, Deborah, et al. "Crisis as a Plague on Organisation: Defoe and *A Journal of the Plague Year*." *Journal of Organisational Change Management*, vol. 32, no. 6, 2019, pp. 640–649. https://doi.org/10.1108/JOCM-03-2019-0074.

Nixon, Kari. "Keep Bleeding: Hemorrhagic Sores, Trade, and the Necessity of Leaky Boundaries in Defoe's *Journal of the Plague Year*." *Journal for Early Modern Cultural Studies*, vol. 14, no. 2, Spring 2014, pp. 62–81. https://doi.org/10.1353/jem.2014.0021.

Peraldo, Emmanuelle. "Telling Figures and Telling Feelings: The Geography of Emotions in the London of Defoe's *Journal of the Plague Year and Due Preparations for the Plague* (1722)." *Revue de la Société d'études anglo américaines*, vol. 69, 2012, pp. 167–183. http://1718.revues.org/617.

Tica, Dijana, et al. “Presentation of Pandemics in Literature.” *Palimpsest: International Journal for Linguistic, Literary and Cultural Research*, vol. 6, no. 11, 2021, pp. 125–34. https://doi.org/10.46763/PALIM21116125t.

United Nations. *Human Rights*. https://www.un.org/en/global-issues/human-rights. Accessed 1 Aug. 2026.

Wagner, Martin. “Defoe, Foucault, and the Politics of the Plague.” *SEL Studies in English Literature 1500–1900*, vol. 57, no. 3, Johns Hopkins University Press, 2017, pp. 501–519. Project MUSE, https://doi.org/10.1353/sel.2017.0021.

Wald, Priscilla. *Contagious: Cultures, Carriers, and the Outbreak Narrative*. Duke University Press, 2008.