

The "Welsh Fasting Girls" and Anorexia Nervosa in the Victorian Medical Imagination

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Introduction

On December 17, 1869, twelve-year-old Sarah Jacob starved to death under medical supervision in her family home in the village of Llanfihangel-ar-Arth, Wales, in rural Carmarthenshire. By the time of her death, she supposedly had been fasting for over two years, and was suffering from a variety of physical symptoms, including partial paralysis on her left side, a series of "fits", and an inability to open her mouth. Ten years later and forty miles away, fourteen-year-old Ann Morgan died on November 9, 1879, in Borth, a seaside village in West Wales. In February 1878, Morgan allegedly had been fasting for over 100 days. Although she was discharged after undergoing treatment in the nearby Aberystwyth Infirmary, doctors speculated that she had been unable to recover fully from the physiological effects of the "fasting mania" and died from exhaustion ("Death of the Borth Fasting Girl" 2). During her fast, Morgan suffered from symptoms of hysteria, including an involuntary movement of her head when anyone was in the room with her ("The Borth Fasting Girl" 5).

This article focuses on the public and medical reaction to two "fasting girls", Sarah Jacob and Ann Morgan, who died in Wales in the nineteenth century from complications related to food refusal. Using evidence from popular newspapers published in Britain from 1860-1890, along with articles from prominent medical journals including *The Lancet*, I discuss the differing attitudes toward Jacob and Morgan during their alleged fasts and shortly after their deaths. I shall situate the cases of the two Welsh Fasting Girls within their historical and medical contexts; provide an analysis of how the medical community characterized and proposed treating the girls' illnesses; and draw connections between the fasting girls and early cases of anorexia in the late nineteenth century. I argue that the fasting girl cases established a precedent for medically treating food refusal through force-feeding, leading to a clinical focus on the physical symptoms of a largely psychological illness. This body-over-mind approach to the treatment of eating disorders informed, and was informed by, a medical model that evaluated patients' recovery based on whether or not they gained weight and kept it on, emphasizing a focus on quantifiable outcomes in patient treatment that still remains influential today.

Although the symptoms that Sarah Jacob and Ann Morgan exhibited were similar, the medical treatments in the two cases, occurring about a decade apart in similar rural settings, underscore an epistemological change that led to doctors treating fasting cases as medical crises rather than curiosities, public spectacles, or hoaxes. The Jacob case established that the human body could actually starve to death in a relatively short period of time. By the time Morgan had allegedly begun fasting, even short periods of food refusal had therefore become pathologized. The Jacob case is relatively well-known, but few records of Morgan's case exist outside of contemporary Welsh newspapers. Yet because the two "fasting girls" died in the same region of Britain only a decade apart, the differences in their medical treatment and the attention they received suggests how medical epistemology influenced public opinion. The effects of fasting – even alleged fasting – that were not considered dangerous at the time of Sarah Jacob's

illness had become medical emergencies by the time Ann Morgan was treated. In this respect, the Jacob and Morgan cases stand on either side of a paradigm shift in Victorian medicine that preceded the classification of anorexia nervosa as a diagnosable illness in the later nineteenth century. The life and death of Jacob, and the ensuing public controversy after her death, helped to shape how the Victorian medical community treated future cases of fasting – alleged or not. By the time Morgan became ill, doctors had become concerned with fasting not as a potentially fatal condition that could be attributed to the patients' "perverted ego", wilfulness, and rejection of accepted gender norms.

In her 1988 seminal text *Fasting Girls: The History of Anorexia Nervosa*, Joan Jacobs Brumberg argues that rather than retroactively applying the diagnosis of anorexia to fasting girls like Sarah Jacob, we might instead understand her case as occurring somewhere on the multifaceted continuum of behaviour and patterns that can be medically, religiously, and culturally interpreted as disordered eating (7). By the late nineteenth century, doctors' adherence to materialistic understandings of the body and rational observation superseded the theistic interpretation of young women who refused to eat as saintly. For this reason, Brumberg argues, the medical reaction to the fasting girls was so defensive; doctors responded to the fasting girls as threats to their rational worldview and scientific understanding of the human body – that one must eat to live. As she puts it:

Throughout the nineteenth century women who refused their food were a focal point in the great debate between priests and physicians over who should be the prime interpreter of human behavior. Even after the issue was settled and anorexia nervosa became a working diagnosis, the medical profession debated the cause or etiology of the new disease and how it should be treated. In truth, neither secularization nor medicalization occurred in short order or with much precision. (8)

Medical science as a field, particularly in metropolitan areas of Britain, therefore vehemently rejected any recourse to superstitious, supernatural, or otherwise miraculous explanations as to how a young girl could go for years without eating yet remain perfectly healthy. In the case of Jacob and, to a lesser extent, Morgan, the Welsh were mocked in national newspapers for considering the possibility that Jacob and later Morgan actually were fasting. Jacob's case, as I argue below, helped to confirm the belief that only metropolitan doctors had the authority to diagnose and treat female fasting or disordered eating, reinforcing a paternalistic power dynamic that took the form of force-feeding and isolation cures in the late nineteenth century.

Other previous scholarship on anorexia nervosa has pointed out how many cases of the disease from the mid-to-later twentieth century until today have developed in young women and girls in pursuit of an aesthetic goal to be slim. Susan Bordo described in her 2003 book *Unbearable Weight: Feminism, Western Culture, and the Body* how the association between femininity and the physical body makes women prone to the influence of "forms of cultural manipulation of the body" that can lead to disordered eating behaviour (143). As Susie Orbach and Hilde Bruch point on in their analyses of anorexia nervosa, many patients today believe that their fasting somehow purifies them or sets them apart. However, this connection is different from the context in which medieval religious women – who many researchers have retroactively diagnosed with anorexia mirabilis – fasted, primarily because the cultural context in which modern patients with anorexia nervosa refuse to eat lacks this association between food refusal

and religious imagery or saintliness. Instead, secular interpretations of food refusal today mean that girls with anorexia who discuss their food rejection in terms of saintliness or holiness are understood to be mentally ill, in different way from their peers who starve themselves out of a desire to conform to physical – rather than moral or spiritual – ideas about femininity.

Although scholars such as Brumberg have examined the cultural and medical traditions that have treated anorexia as both a mode of misplaced self-discipline for women who have internalized masculinist efforts to control the female body, this analysis serves as a starting point rather than a full explanation of the many questions the Jacob and Morgan cases raise. Their alleged fasting falls on the spectrum of eating-disordered behaviour, yet the fasting-girl cases suggest that their fasts likely were motivated, in part, by familial financial gain rather than pursuit of an ideological or aesthetic ideal. As such, I argue that by comparing the two fasting-girl cases and analysing their place in the history of anorexia nervosa as a modern disorder, the Jacob and Morgan cases reveal a medical paradigm shift that was mirrored in popular newspapers, ultimately influencing the public reaction to “fasting girls”. After Jacob’s death, then, the phrase “fasting girl” became, as Brumberg argues, more of a tongue-in-cheek description of what was known to be, at best, an exaggeration of fasting and, at worst, an outright fraud for financial gain (64).

While this previous work, in addition to other scholarship on anorexia nervosa, has addressed the Sarah Jacob case, her alleged fasting typically has been interpreted as an early example of anorexia nervosa, or behavior consistent with disordered eating. Yet as doctors commenting on the case agreed – and as we know now – Jacob was not truly fasting for over three years, and perhaps was not really fasting at all. Many of the likely motivations for her pretended fast suggest that the “Welsh Fasting Girl” enjoyed her status as a local celebrity, and her family supported her behavior for financial reasons. As a result, the social, historical, and medical circumstances surrounding alleged fasting complicate the idea that Sarah Jacob and other Victorian “fasting girls” suffered from what we now would diagnose as anorexia nervosa. In this article, I attend to this gap between modern diagnostic perceptions of anorexia and contemporary, nineteenth-century reactions to the spectacle of fasting girls by analyzing how the Jacob and Morgan cases were covered in the popular and medical press.

The Jacob case solidified for physicians and laypeople alike the belief that a person could starve to death in a relatively short period of time. As a result, doctors paradoxically diagnosed Morgan and Jacob as frauds who were not truly fasting at the same time as they also diagnosed them as hysterics who required medical intervention, specifically force-feeding. By the time Ann Morgan’s case was first discussed in the Aberystwyth press, even shorter periods of alleged fasting had become pathologized despite the fact that the individual patient was treated paradoxically as both hysteric and fraud.

History of the Fasting Girls

In the early nineteenth century, before the case of Sarah Jacob and the “fasting girls” who followed her, cases of starvation covered in Welsh newspapers highlighted tragedies of destitution, illness, and other circumstances that led to emaciation and death. In these cases, however, articles typically use the word “starvation” rather than “fasting”, a term reserved to indicate religious abstention from meals for holy days. The term “fasting girls”, then, seems to have evoked for readers an association between holy fasting, saintliness, and the young women who claimed to go without eating. In medical literature, on the other hand, a history of interest in fasting had already been established

before the onset of Jacob's illness. In *The Lancet*, an article published in 1851 details the case of an emaciated man who started fasting after a railway accident. The author of the article, Dr William R. Basham, describes how he intervened in a case that homeopathic medicine had failed to treat. He coaxed the patient to begin eating again with "cautious quantities of the simpler forms of nourishment" and "port-wine freely diluted", for which he credits the patient's recovery (603). Basham also recognizes that had he not intervened in the case, the patient likely would have died, as he was "carried to the very threshold of the grave" while his physicians failed to act (603). True cases of extended fasting, then, were medically recognized as unhealthy and potentially deadly. Starvation to the point of emaciation was thus an emergency warranting quick and efficient treatment in order to save a patient's life.

While many cases of legitimate fasting, starvation, and emaciation appeared in medical and popular literature alike, the phenomena of "fasting frauds" also occurred throughout the nineteenth century. Most famously, Ann Moore of Tutbury claimed to be fasting for over six years but was discovered to be a fraud. During her alleged fasting, Moore became extremely emaciated and experienced "a dislike for food, and even nausea at the sight or mention of it" (Hammond 11). After a successful watch to see whether or not she was eating, many people became convinced that Moore truly was fasting, and she received at least two hundred and fifty pounds in donations from visitors. However, during a second watch, Moore's weight was checked, and it was clear that she was losing weight daily. This was taken as a clear sign that Moore was wasting away and, therefore, could not have been fasting for many years, as she claimed (12). Similarly, Bernard Cavanagh, a "fasting man" who allegedly lived without food, was convicted as a fraud and sentenced to three months' hard labour (*Glamorgan Monmouth* 4). While allegedly fasting for over six years, Cavanagh drew large crowds of spectators who visited him, often for a fee ("Extraordinary Anomaly"). According to Welsh custom in the nineteenth century, visitors offered money and gifts to the sick (Dubé 151). In this way, both Moore and Cavanagh – along with other fasting girls, fasting men, and hunger artists in the nineteenth century – tried to make a living from supposed starvation, setting a precedent for both public interest in and scepticism of alleged fasting, particularly alleged long fasting.

The mid-Victorian audiences who were so captivated by fasting men, hunger artists, and the fasting girls likely were familiar with cases of actual starvation. Throughout the nineteenth century, devastating famines occurred in the British colonies, notably in India, the result of a combination of weather patterns that produced droughts and colonial economic policies that limited relief efforts. In India, the British Raj in the 1870s provided little to no famine relief, instead allowing millions of people to starve to death, despite a grain surplus. As drought ravaged crops in India, cholera outbreaks added to the suffering. In *Late Victorian Holocausts*, Mike Davis historicizes the Victorian understanding of starvation by analysing the droughts and resulting famines occurring outside of Western Europe in the late nineteenth century. Using photographs and first-hand accounts, including those from British missionaries, Davis demonstrates that the connection between emaciation and starvation would have been clear to most laypeople – and doctors – in the mid- to late- nineteenth century in England.

However, the early cases of anorexia and the "fasting-girl" cases showed food refusal and starvation occurring in a different demographic: girls and young women of the middle and upper classes. As a result, anorexia, for doctors, became a frustrating puzzle because these young people starved not out of necessity – they typically had plenty of food – but out of a supposed perverse obstinacy. Starvation, then, was treated

as an act of universal natural and economic laws in colonized India, but had become a pathology in Britain where food and resources were plentiful. By the late 1870s, a young woman, like Morgan, who seemed to be starving because she refused to eat, often was placed in a hospital and force-fed under the assumption that restoring her physical appetite could improve her allegedly pathological condition. But doctors practicing prior to Sarah Jacob's death in 1870 often were reluctant to intervene in cases where young women had stopped eating. For example, in the 1740s, George Cheyne, Samuel Richardson's doctor, treated Robert Walpole's daughter Catherine for what appears to be an example of proto-anorexia (Charlton 109). While Cheyne recommended a variety of treatments for Catherine, including a light diet, Bath waters, and light exercise, he never force-fed his patient. Young women who refused to eat might have become emaciated, but they were not treated for what, in retrospect, may have been psychologically-motivated food refusal related to anxiety or other illnesses. In the eighteenth century, force-feeding had become established as a treatment for "lunatics", but not for young, otherwise healthy, upper- and middle-class English girls.

The First "Welsh Fasting Girl"

Sarah Jacob was neither the first nor the last fasting girl, but her story is by far the most famous, even today. The popularity of her case is demonstrated by the collections at the National Library of Wales in Aberystwyth, which holds a collection of ephemera related to the Jacob case, including a copy of a woodcut of her parents during their trial, a lock of her hair, and several manuscript collections donated by independent researchers who had investigated the Jacob case. Sarah Jacob has also influenced many literary works from the nineteenth century to today. Welsh dramatist Gwenlyn Parry staged *Sal*, a play about the Jacob case, in 1980. Additionally, two recently-published novels – Emma Donoghue's novel *The Wonder* (2016) and Varley O'Connor's *The Welsh Fasting Girl* (2019) – were inspired by her story.

Jacob's illness, tragic death, and the ensuing trial for manslaughter caused widespread, public ramifications for the medical-legal world of Victorian Britain, in part because the local and national press coverage attracted the attention of numerous visitors to rural Wales, including doctors and other medical professionals. During Jacob's two-year period of alleged fasting, newspapers across Britain – in addition to prominent medical journals like *The Lancet* and *The British Medical Journal* – published frequent updates about her situation. However, few comprehensive histories of her life and death and the ensuing legal trial remain accessible. The most thorough account in English of Jacob's life and the official investigation into her death was recorded by Dr Robert Fowler in his 1871 monograph *A Complete History of the Case of the Welsh Fasting-Girl (Sarah Jacob)*. Little biographical information about Fowler remains today, but the title page of his book about Jacob indicates that he was a physician in Edinburgh and had served in a variety of other positions, including as District Medical Officer in East London. Fowler's book includes a transcription of the trial and a collection of public records related to the Jacob case. Although detailed, the work reflects a metropolitan, English bias toward fasting. Throughout his monograph, Fowler consistently condemns the people surrounding Jacob who he believes enabled her condition, including her parents, her doctors, and the watchers who were present as she was starving to death. In debunking the claims of fasting girls like Jacob, Fowler's text provides an influential analysis of the symptoms and phenomena that would be diagnosed as anorexia nervosa three years later. The following account has been derived mostly from Fowler's text, but I point out the effects of his bias towards the Jacob

family and, more generally, the Welsh people who he believes are responsible for Sarah's death.

In 1867, after recovering from scarlet fever without medical aid, Sarah Jacob began suffering from stomach pain and convulsive fits. When she initially started fasting, she did so in an effort to relieve this pain. Starting in May, Jacob gradually began eating small amounts of "rice and milk, or oatmeal and milk" but she could not keep the food down (Fowler 7). She also lost her hair and suffered from "fits" that, although initially convulsive, later manifested as periods when she simply lost consciousness (7). Dr Henry Harries Davies, a surgeon who practiced in Carmarthen, diagnosed her with catalepsy (265), a catch-all diagnosis that referred to a variety of symptoms related to a trance-like, comatose state. In the Jacob case, the diagnosis included "a state of sleep-like unconsciousness . . . accompanied by a peculiar plastic state of the limbs . . . most common in the subjects of hysteria" (Gowers, qtd. in Clifford, 426-7). After regaining consciousness, Jacob gradually reduced how much she ate until she began fasting completely in October 1867. Davies was unable to diagnose Jacob's illness that caused her fainting fits and unwillingness to eat, claiming that only "Doctor Mawr" – the "Great Doctor", or God – could help her (Fowler 6). As she continued fasting, Sarah paradoxically seemed to grow stronger and healthier, but she never got out of bed. She also continued suffering from physical symptoms with no apparent cause, including loss of control over certain body parts, continued fits, and a bloody discharge in her mouth.

Fowler was an avowed sceptic, and his text makes a case that Jacob was not truly fasting, but was maintaining the pretence for other reasons. Sarah was one of seven children, living in a farm house on 124 acres. The Jacobs had only one servant (Fowler 3). This means that Sarah was likely responsible for domestic duties, which would have limited her ability to read and study. When she fell ill with Scarlet Fever, Jacob perhaps realized that illness provided her release from her chores and other familial expectations. As a result, the motivation for her alleged fast might have become self-fulfilling. Some have speculated that Jacob's parents convinced Sarah to pretend to fast for their own financial benefit. This theory is the subject of *A Welsh Miracle*, a drama about the Jacob case written in 1929 by Welsh playwright William Frederick Lloyd. Yet Fowler notes that the Jacobs were not in dire financial circumstances; they always paid their rent in full and on time (4). Instead, he suggests, Sarah's fast was self-motivated, a result of her hysteria that was exacerbated by her special status as a "fasting girl". He characterizes the Jacobs as "uneducated, simple-minded, ignorant persons", who may have been gullible enough to believe their daughter's alleged fasting (4).

Despite her extremely limited food intake in 1867 – by October, she was hardly eating anything at all except for "a little apple, about the size of a pill" – Jacob did not become emaciated (7). Fowler suspects that Jacob was a "night-feeder", sneaking out of bed in the middle of the night to eat, allowing her both to deceive her parents and consume enough food to keep herself alive (100). In this way, Jacob, a child in rural Wales from a modest background, was able to transform herself into a local celebrity. Her case was covered not only in Welsh newspapers, but dailies elsewhere in Europe and the United States. Yet her alleged fasting, while gaining some sympathy, often was presented as an affront to scientific knowledge and a challenge to the field of physical medicine that was dominated by male doctors. As a result, Jacob – and the other fasting girls and, later, patients with anorexia – struggled against medical attempts to disprove their fasting claims.

Fowler first visited Jacob on August 30, 1869, and performed a physical examination, diagnosing her with hysteria and recommending that Sarah be moved to

a hospital or a local infirmary for medical treatment. Although Fowler never believed Sarah's fasting claims and posited that she was deceiving her parents, he nonetheless expressed an overarching concern for her health. Although she was not emaciated and in was in no danger of starving herself, Fowler believed that the special treatment Sarah received as a miraculous "fasting girl" was only reinforcing her deception, and that her recovery depended on her relocation to a hospital or infirmary:

Admitted into a London Hospital, or into the Carmarthenshire Infirmary, this poor child would, doubtless, be quickly relieved from a malady which in a year or so many not only become chronic, but also be the forerunner of some physical or some more severe form of mental disease. . . Being made an object of curiosity, sympathy, and profit is not only totally antagonistic to this girl's recovery, but also renders it extremely difficult for a medical man to determine how much of the symptoms is the result of a morbid perversion of will, and how much is the product of intentional deceit. (32)

Fowler argues that Sarah's hysteria made her susceptible to deceiving people around her by continuing to claim that she was not eating. The environment she remained in at home only served to reinforce this behaviour, and so she continued her deception until her environment were to change. This is not a surprising analysis; at the time, physicians – most notably, Charcot – advocated for isolating patients with hysteria out of fear not only that the illness could be "passed", but also that the hysteria stemmed largely from relational patterns between parents and children that both produced and fueled the child's food refusal. For Fowler, removing Sarah from her parent's house, placing her in a hospital, and force-feeding her would separate her from visitors and attention, which Fowler believed was reinforcing her fasting claims. Like later physicians, he saw force-feeding as both an assertion of scientific power and a physical treatment to alleviate the mental symptoms from which he believed Sarah was suffering, forcing her back from a mental illness into a subservient, normative femininity.

Force-Feeding in the Nineteenth Century

Treating patients with force-feeding was an invasive and potentially dangerous method for intervening in cases of food refusal. The idea of inserting a tube through the oesophagus into the stomach was conceived of in the seventeenth century but was not used for feeding until about a century later. One of the early methods of force-feeding involved using the stomach tube, which was passed down the throat directly into the stomach. In 1790, physician John Hunter had used a tube to feed a patient who suffered from paralysis (Paine 753). In 1812, Philadelphia physician Philip Syng Physick used a stomach tube to treat a case of overdose in two twin infants with whooping cough. Their mother had accidentally given them too much laudanum (754). Physick, "feeling sure they would die, used a urethral catheter and syringe to wash out the stomach of both infants", which saved the life of one of the babies (754). Although today's stomach pump is conceived as an instrument used to treat cases of poisoning or overdose to remove contents from a patient's stomach, early stomach pumps and stomach tubes were used to insert contents into the stomach. In this way, physicians in the later nineteenth century who used the stomach pump to force-feed their patients who would not eat were using methods derived from a long trajectory of artificial insertion and removal of stomach contents.

The stomach pump was, however, a dangerous tool for force-feeding, and its use led to many accidental deaths. Doctors realized that the feeding tube accidentally could be passed into the lungs, leading to infections and other complications that could be fatal. In addition, force-feeding with the stomach pump required physical force from doctors, who often had to work as a team to restrain a patient, insert the gag and stomach pump, and then ensure that the patient did not vomit up the food. By the 1870s, physicians writing in *The Lancet* were debating the ethics of the stomach pump as a tool for force-feeding. In 1872, Dr Anderson Moxey published an article discussing the case of a convicted murderer sentenced to hang who refused to eat while in prison. The patient eventually was force-fed using a stomach pump, but a botched force-feeding attempt left the man's throat

‘. . . lacerated so much that the surgeon found it useless to attempt to use the pump again.’ My impression from this statement – always, of course, subject to correction – is that the injury done to the man's throat was such, that it would have been *impossible* to use the pump again; and that even had the man himself relented, and tried to eat, he would have been unable to do so . . . (445-46; emphasis in original)

As a result, the patient died before the day of his execution, despite efforts made to keep him alive. To conclude, Moxey recommends force-feeding using an intranasal tube rather than the stomach pump, a more humane tool to treat patients who refused to eat on their own.

Throughout the 1870s, physicians continued to debate the ethics of force-feeding through the nose versus force-feeding with a stomach pump. On December 21, 1872, Dr Harrington Tuke published an article in *The Lancet* discussing the benefits of intranasal feeding in contrast to using the stomach pump. From his clinical experience, he concludes that:

The moral effect of this mode of feeding is very often most satisfactory. The patient is at once persuaded of the folly of resistance, and again takes proper food. There is not the degradation attendant on the stomach-pump procedure. The operator in no way goes beyond the proper functions of a surgeon; he lays no hand upon the patient, inserts no finger in his mouth, and enters into no contest. The patient must certainly be held; but so he would be in any severe operation, unless performed under chloroform; and skilful and kind nurses, in sufficient numbers, can restrain without violence. (876)

In other words, the threat of the stomach pump – meaning that undergoing this type of force-feeding was so brutal that patients would often start eating again to avoid the procedure – still persisted with the nasal tube; however, force-feeding intranasally was less risky, with fewer complications, and was easier from the physician's standpoint. For Tuke and others, intranasal feeding was also more ethical and humane, but the practice emphasized the physical state of patients rather than their psychological symptoms or mental distress.

In this way, force-feeding in cases of female fasting was used to assert patriarchal authority over young women whose cases frustrated physicians. The circumstances surrounding the fasting-girl cases, specifically those that led to Sarah Jacob's death under medical observation, revealed the persistence of doctors' limited understanding of the relationship between food refusal and underlying psychological

conditions. For this reason, Victorian medicine treated eating disorders under the assumption that restoring health to the physical body through weight gain in turn would cure the mind. In other words, a patient's ability to gain weight and begin eating again was taken as a sign of her recovery from anorexia nervosa. Force-feeding treatments not only raised questions about patient autonomy, medical ethics, and compassionate care, but also reinforced physicians' assumptions that their fasting female patients suffered from an obstinate, immoral disposition that only the enforced restoration of appetite – and weight gain – could cure.

While physicians – even those practicing in rural Wales – likely would have been familiar with the debates surrounding force-feeding, it does not appear that Sarah Jacob's family – including her father, Evan – knew about the procedure or the medical debates about the ethics of the stomach pump. When Fowler told him that he could treat Sarah's fasting in a medical facility, he did not understand what the doctor meant, and clearly did not presume Sarah would be force-fed. He responded, "How can you London doctors make my child eat, without making a hole in her?" (Fowler 33). Evan Jacob did not "resign his parental authority" over Sarah, and consequently the doctors and nurses were not able to make decisions about treatment without consulting her parents (95; 118-19). His resistance to seeking medical treatment for Sarah, then, likely stemmed from a distrust of the medical profession or a lack of understanding about what Victorian medicine could do to treat his daughter's condition.

The Two "Watches" of Sarah Jacob

As news about Jacob's condition spread throughout the Welsh countryside, interested neighbours began visiting the so-called "wonderful little girl" (13), and the case of the "Welsh Fasting Girl" became a popular topic of discussion in Victorian Britain. In local papers, doctors, journalists, and the general public debated whether Jacob's fasting was genuine or simply another hoax, like the famous case of Ann Moore and other "fasting frauds" that had occurred in the early 1800s. While the controversy over Jacob's fasting claims continued in public venues, her parents became committed to proving that Sarah was not eating or drinking. Evan Jacob arranged a local "watch" for his daughter that took place from March 22 to April 5, 1869, intended to provide eyewitness support for Sarah's fasting claims (Fowler 22). During the fourteen-day watch, four men from the Llanfihangel-ar-Arth area observed Jacob to see whether or not she was eating. By the end of the watch, three of the men were convinced that Sarah Jacob was fasting (23).

However, the methodological flaws of the watch were criticized in the national press. In a letter to the editor of the *Welshman* printed on May 21, 1869, an anonymous "Observer" surmised that some of the unqualified watchers, who "have not seen or read a great deal", might have had financial motivations for joining because they were paid "a few shillings a day" ("The Fasting Girl, Sarah Jacob" 8). According to reports in both local newspapers and, later, the depositions during the trial of her parents for manslaughter, none of the men in the watch were doctors or had medical training. Some members fell asleep during their shifts or were drunk (Fowler 25). Throughout the watch, none of the men were permitted to touch Jacob's bed, which was a sturdy wooden frame with multiple compartments where food might have been hidden (Hammond 23). Despite these criticisms, interest in the Jacob case continued, and more and more visitors flocked to Lletherneuadd to see her.

By the middle of 1869, visitors had become a regular occurrence in the Jacob home. According to newspaper records, the Jacobs carefully dressed up Sarah and arranged her room. When visitors entered, they were confronted by the spectacle of a bright, attractive young girl who remained in bed due to an inexplicable illness, unable

to eat or even hear anyone mention food in her presence (Jones 10). Sarah would often recite poetry, read aloud, or sing hymns for visitors. An article published in *The Tivyside Advertiser*, a newspaper serving the Cardigan area of Wales, describes in detail a visit to Sarah Jacob:

[Spectators] found little Sarah at her father's house, where [her parents] had placed her in a bed, and dressed her up fantastically with trinkets and with trappings . . . She talked prettily, read earnestly with a musical voice, and composed poetry with marvellous taste, which she recited to wondering and admiring visitors, to whom it was boldly propounded by the parents that the girl – still a fine, plump, handsome child – had not tasted food for two years, and even went into hysterical fits whenever food was mentioned in her presence. Yet her eyes were bright and sparkling, her pulse healthy and regular, her lips as red as ever, her cheeks wore a pinky hue which women ambitious of perfect facial beauty might envy . . . these same visitors meekly placing their offerings upon the child's breast, wonderingly departed, profoundly impressed with the belief that the nineteenth century had furnished a miracle in little Sarah Jacob, the 'Welsh Fasting Girl'. ("The Fasting Girl Case" 6)

Despite her alleged fasting, Sarah appeared radiantly healthy; her mysterious illness enhanced her physical beauty. But the author of the article goes further to provide a problematic description of Sarah's physical appearance that borders on sexualizing the fasting girl: Sarah is not only healthy but physically beautiful enough to provoke "envy" from women concerned about their complexions. Nothing in this account suggests that Jacob is sick or is in need of any medical attention. Although she is confined to bed, she is "plump" and "handsome", seemingly a picture of ideal mental and physical health. However, by dressing her up in white, angelic clothing, the parents emphasized the idea of their daughter as a "miracle"; her fasting is a wonderful spectacle rather than a concerning symptom that needs to be treated. This entire scene lends credit to the interpretation that Jacob's alleged fasting was actually her parents' exploitation of an illness into a long period of fasting for financial gain.

After Fowler visited Sarah in 1869, he published the results of the exam in a letter to the *Times* which ignited the popular press's discussion of the case (Hammond 24). The continuing public spectacle of the Jacob case prompted John Griffiths – a journalist known as "Gohebydd", Welsh for "Correspondent" – to organize a second, more official watch with the Jacobs' consent. He published a letter in the Welsh newspaper *Baner Cymru* urging an investigation and contacted the board of surgeons at Guy's Hospital in London to arrange for a medical team to visit the Jacobs (Fowler 34). They agreed, and Griffiths proceeded to help organize the second watch (33). Fowler supposes that Griffiths' interest in establishing a second watch was a direct response to his letter to *The Times*, stemming from a concern for vindicating the Welsh people from allegations of credulity and from a desire to resolve the Jacob case once and for all.

Before the watch began, the nurses conducted a thorough examination of Sarah and searched her room. All who were present signed an official report stating that no food besides "an old shrivelled-up turnip" was found in the bedroom. The witnesses who signed the document included five doctors and surgeons: Thomas Lewis, C.C. Cornellis, Henry H. Davies, George J. Header, and D.G. Rowlands; the Vicar of Llanfihangel-ar-Arth, Evan Jones; William Thomas; John Griffith, also known as

Gohebydd; and the nurses from Guy's: Elizabeth Clinch, Sarah Palmer, Sarah Attrick, and Anne Jones. The watch was set to begin at four p.m. that day. The nurses were scheduled to work in pairs, taking eight-hour shifts watching over Sarah. One nurse sat on each side of Sarah's bed, and neither left the room during their shifts. Nobody was permitted to bring any food or drink into Sarah's bedroom or to offer her food, even once it became clear that her life was in danger.

On the second day of the watch, "plump and well-looking" Sarah woke at six a.m. Sister Clinch and Anne Jones, who were in the room, noticed urine and excrement stains in her bed and on her nightgown, which were taken to be signs that she was eating and drinking. On Sunday, the fourth day of the watch, Dr Davies examined Sarah, noticing that she looked less "cheerful" and that her pulse had risen to 112. By the fifth day, Anne Jones and Sister Clinch noticed that Sarah looked weaker. Yet no doctor visited Sarah on the fourth day, and the nurses did not send for additional medical help nor did they treat Sarah themselves. On Tuesday morning, the sixth day, Davies, John Hughes, and James Rowlands – all surgeons – visited Sarah. Hughes, who noticed Sarah's elevated pulse, was not particularly worried because he believed she suffered from hysteria, a condition marked by a higher-than-normal pulse rate (61). By the eighth day of the watch, however, Jacob had deteriorated. The nurses on duty and Davies, the physician who was examining her that day, grew very concerned but apparently took no decisive action (68). Sarah Jacob died around 3:00 p.m. on December 17, 1869, the eighth day of the watch.

After her death, outrage in the medical journals and newspapers prompted the Welsh Secretary of State for the Home Department to contact the Law Officers of the Crown, launching a legal investigation into Jacob's death. According to Fowler's monograph, the judicial case under government proceedings reignited the public interest in the case (Fowler 89). The ensuing trial charged and convicted Evan and Hannah Jacob of manslaughter, and Evan Jacob was sentenced to ten months of hard labour. Although they were called to testify, none of the medical team involved in the case, nor anyone besides Jacob's parents, stood trial.

On December 25, 1869, only eight days after Sarah Jacob's death, the prominent medical journals *The Lancet* and *The British Medical Journal* printed articles covering the case. The authors of the articles in both journals maintain that Jacob's death was tragic and unnecessary, blaming public interest in journalists' coverage of the case and the doctors' commitment to disproving Sarah's fasting claims at the expense of her health. The author of the *BMJ* article stated that:

. . . the error is one in which the community at large and the public press in particular must take some share. What was done was done very openly, with the best intentions, and, we doubt not, with the approval of thousands who had no part in it. The imposture was gaining disciples; it was becoming a public scandal; and it was high time that it was set at rest. . . . Some of our daily contemporaries of the public press, who now loudly denounce it as 'a cruel scientific experiment,' were, up to the day of the unexpected event, eager to secure the latest news respecting it, and uttered no single word of caution or disapproval. . . . To assert, as some of the newspapers have done, that a life has been sacrificed to science, and to charge the death of the miserable child to the medical profession, is most absurd. We do not believe that five medical men could have been found in the kingdom who felt the slightest tendency to believe in the 'marvel', or who, as far as their own minds were concerned, cared an iota about its elucidation. Some of them

were, however, laudably willing to aid in disabusing the public mind; and, as trained investigators, a large share in the task not unnaturally fell into their hands. . . . ("The Welsh Fasting Girl" 681)

Doctors from Guy's participated in the watch, not to verify Jacob's claims but to demonstrate that there was no way she truly could be fasting. In other words, the goal of the watch was not to decide empirically whether or not Jacob was fasting – multiple physicians who visited her had determined that she was not – but rather to provide clear evidence to the public that the fast was a hoax. The setup of the watch exemplified the paternalistic biases of Victorian medicine during this time period. The nurses in charge of watching were not to examine Sarah. They were simply there to confirm what the physicians already knew: that she was not fasting. The threat, in their minds, was not to Jacob's life, but to the scientific and medical knowledge undermined by the "scandal" of some people's beliefs in the fasting girl's claims. The author of the article defends the medical team's actions, largely blaming the press for perpetuating the myth of the fasting girl to the extent that a watch even needed to be organized at all.

The writer in *The Lancet* goes further than his counterpart in *The BMJ* to blame not only the press, but a lapse in medical ethics and professionalism for Sarah's death. As the author states:

The only medical aspect of the case, of any interest, ought to have been the cure of the child, and this would have been mainly induced by moral means, easily accomplished in the wards of an Hospital, whither she ought to have been removed long ago. . . . The sacrifice of this child ought to be enough, in all conscience, to make any future attempts at similar impostures penal. ("Starved to Death!" 882)

For the author, it is "monstrous" that doctors in the later nineteenth century conducted the watch as an unnecessary medical trial intended to prove scientifically to the public that Jacob's claims were not true. As the author recognizes, had she been placed under medical care in a hospital, her life might have been saved. Although force-feeding, a dangerous technique, likely would have been employed, it is possible that the traumatic practice would have convinced Sarah to eat on her own, and then been discharged as "cured" once she did. The author's perspective about the importance of medical treatment in cases of alleged fasting is consistent with Fowler's opinion on the case: that Jacob should have been treated – explicitly suggesting force-fed – in a hospital. In this way, their views reflect an emerging consensus about the medical establishment that solidified in the late-Victorian methods of treating anorexia nervosa. In the years following Jacob's death, any cases of fasting – even alleged, or without signs of emaciation – were treated as serious illnesses requiring hospitalization.

The Second 'Welsh Fasting Girl'

In March 1878, Welsh newspapers began publicizing the case of a second Welsh Fasting Girl, Ann Morgan. The articles published about Morgan's case focus primarily on her medical treatment rather than on her fasting claims. As a result, the articles about Morgan's story are similar to one another, highlighting doctors' opinions – that she was not fasting, and that she needed to be taken to a hospital – and including details about force-feeding as a medical treatment. By directing their focus from the fasting claims to medical intervention, journalists covering the Morgan case treat Ann as a patient rather than as a potential miracle.

One of the most thorough accounts of Ann Morgan's fasting claims was published on March 16, 1878, in *The Cardiff Times*. The article credits swift medical intervention for saving Morgan's life and avoiding yet another death of a child from an ill-directed desire to believe spiritually-charged claims about fasting. Like Jacob, Morgan lived in a small village and claimed to be fasting for an extended period of time. By the time her story was featured in a local Aberystwyth paper, the "Borth Fasting Girl" allegedly had not eaten for over 100 days. Ann's mother applied for public aid to cover the costs of her daughter's need for extra care. When the guardians of the Aberystwyth Union met to discuss her request, Dr Jones, a physician who had examined Ann, stated that the case was a hoax. So, instead of financial aid, he offered Ann's mother train tickets to the Aberystwyth Infirmary if she agreed to place her daughter under medical supervision. Eventually, she allowed Ann to travel to Aberystwyth to be treated. While in the infirmary, Ann was force-fed until she began to resume eating on her own. The author concludes that: "Thus has ended what might have been, only for prompt measures, a second edition of the tragical story of the Pencader fasting girl delusion. This time, happily, the child's life has been spared" (5). By the time her case was made public, Morgan already had been admitted to Aberystwyth Infirmary and was undergoing treatment to recover her appetite – force-feeding using a stomach pump. Consequently, unlike the Jacob case, the Morgan case did not offer much space for public speculation. Before her hospitalization, Morgan received a few visitors – mostly neighbours – but after she was admitted, she was a patient who needed medical attention rather than a miraculous curiosity.

The Morgan case has also been nearly entirely overlooked in recent scholarship. The National Library of Wales' *Welsh Newspapers Online* archive contains a complete record of her case, medical treatment, and reports on her death, but other records do not remain. While none of these records explain the motivations for Morgan's fasting fraud, the newspaper articles covering her case suggest that she and her mother had a financial incentive that the Jacobs did not. The Jacob family was able to maintain their lifestyle with their farming, but Morgan's mother was single and relied on public aid. Therefore, small monetary donations and gifts from visiting neighbours who came to see Ann on her sick bed allowed the Morgan family a source of additional income. However, after Jacob's death, the public and medical worlds were unwilling to entertain the existence of another "fasting girl" in rural Wales, and consequently news of her case failed to spread throughout Britain as Jacob's so recently had. After Jacob's death, the medical profession as a whole could not afford to use Morgan as another test case to reinforce medical authority. The time for the public to entertain the fasting-girl's claims – even just for entertainment's sake – had passed. This is likely because by the time of Ann Morgan's alleged fast, doctors had moved on to advocating for force-feeding rather than entertaining the idea of fasting girls, even if they themselves did not believe the girls' claims.

Unlike the Jacob case, where only some doctors assigned to her case – like Fowler – had suggested force-feeding, physicians commenting on the Morgan case recommend paternalistic, intensive interventions such as removal from her home and force-feeding. According to an 1878 article published in the *Monmouthshire Merlin*, Morgan's doctors were "determined to stand 'no nonsense' with their patient and administered to the fasting girl a quantity of milk by force" ("A Fasting Girl" 3). By the time of Morgan's alleged fast – only ten years after Jacob's – the public already had internalized the paternalistic, top-down approach to treating these "stubborn" young women with weight gain through brute force. This represents a shift not only in the treatment of fasting-girl cases, but also in medical epistemology; doctors had reached a

consensus on how to treat patients who refused to eat – whether or not they were truly fasting. The Morgan case provides a valuable perspective of treatment strategies for fasting before the diagnosis of anorexia nervosa in the 1880s and 1890s: medical and popular opinion had accepted that force-feeding was the gold standard for treating the so-called “fasting girls”.

Under medical treatment in the infirmary and threatened with force-feeding, Morgan’s hysterical symptoms resolved, and she began to eat on her own. While nobody believed that Morgan was truly fasting, or that she was in any danger of starvation, she was still treated medically as if she were emaciated and refused to eat. In short, doctors treated Morgan’s psychological symptoms with physical methods. This decisive treatment provided a model for subsequent responses to cases of fasting and, later, anorexia nervosa: confining patients to a hospital and force-feeding them until they regained their appetites and what physicians considered a healthy bodyweight. The Jacob and Morgan cases were influential in convincing doctors that they needed to take cases of starvation – even alleged fasting – seriously, and so they began isolating and force-feeding patients with a stomach pump in order to save their lives. By doing so, doctors in turn asserted a medical authority over their patients that subjected to a socially- and scientifically-sanctioned use of force.

Force-Feeding and Anorexia in the Last Decades of the Nineteenth Century

Cases of “fasting” girls did not disappear with Ann Morgan’s death. However, despite the perpetuation of fasting hoaxes, public fasting spectacles, hunger strikers, and “hunger artists” who appeared well into the twentieth century, clinical treatment was, by the late nineteenth century, recommended for girls and young women who claimed to go without eating for significant periods of time. In the fall of 1868, physician Sir William Withey Gull had addressed the medical community at Oxford. He discussed a disorder occurring in girls and young women between ages sixteen and twenty-three that caused extreme emaciation but had no clear physical source. This disease, also discussed by physician Ernest-Charles Lasègue in France, became known as anorexia nervosa, and was characterized similarly to the way the illness is today. In other words, little has changed in 150 years from the original diagnostic criteria.

Consistent with the medical treatment of Sarah Jacob and Ann Morgan, doctors like Gull adopted a paternalistic view of their young patients who, they felt, stubbornly refused to eat for no reason and suffered from a complication of hysteria that was almost impossible to treat. In 1874, Gull expanded on the condition – by then known as anorexia nervosa – in an article he wrote for The Clinical Society of London’s annual publication, *Transactions*. He summarized three case studies of patients whom he diagnosed with anorexia nervosa. The patients, whom he calls Miss A, Miss B, and Miss C, were already undergoing treatment with other doctors for cases of simple anorexia, meaning a loss of appetite; supposed tuberculosis, and general ailing. Interestingly, alongside the case notes, Gull provided images of woodcuts taken of each young woman both before and after her treatment.

Gull’s notes about Miss A, Miss B, and Miss C all characterize the emaciated young women as obstinate, troublesome, and even immoral. Miss A expresses a “peevishness of temper and jealousy” that has no apparent cause; Miss B is restless and “difficult to control”; and Miss C has a “weakened mind” and “obstinate” temper (307-8). This classification raises the question of why the standard treatment for anorexia in the Victorian period was force-feeding. If the disease from which the young women suffered was mental, rather than physical, in origin, then treating the physical body would not seem to be an appropriate cure. Instead, force-feeding created a specific

emphasis on fasting symptoms above any other physical complaints or pains these patients might have. The treatment also suggested that any psychological symptoms a patient might exhibit – such as secrecy, obstinacy, or a general resistance to treatment – would be resolved as soon as normal body weight was restored. For Gull, treating anorexia through force-feeding was necessary because of the possibility that patients could starve themselves to death. Given the patients' "morbid mental state", treating anorexia meant feeding patients regularly, even against their will, until they began to eat on their own. In other words, anorexia, for Gull, was a mental disorder with dangerous physical symptoms that primarily arise from particular "moral conditions" surrounding the patient, such as particular family or home dynamics. Although some contemporary scholars, like Susie Orbach, include emotional characteristics and symptoms in their definitions of anorexia, nineteenth-doctors who described their frustration with their patients' behaviour were reacting to their inability to assert control over their patients, who were typically otherwise healthy and from privileged backgrounds. Instead of recognizing that their patients were suffering, this focus on forcing patients to eat reflects medical paternalism in the treatment of early cases of anorexia nervosa.

On March 17, 1888, Gull published another summary of a case of anorexia nervosa in the "Clinical Notes" column of *The Lancet*. In the article, Gull introduced "Miss K.R.", a fourteen-year-old patient whom Dr Leachman of Petersfield had treated for anorexia nervosa. After reading Dr Leachman's case notes, Gull requested photographs of the patient, which he reprinted in *The Lancet*. The images show two images of Miss K.R., both before and after her recovery, to "provide some assurance . . . that the appearances were not exaggerated, or even caricatured", but that a young English girl could, in fact, become extremely emaciated – just as emaciated as the famine victims living in the British colonies in the nineteenth century (516). According to Gull, Miss K.R.'s refusal to eat came not from a physical illness, but from "perversions of the ego" and a nervous disorder. In other words, anorexia nervosa was described as a mental illness with physical symptoms rather than a somatic disorder. Like Sarah Jacob and Ann Morgan, these young women were blamed for their illness and characterized as deceitful, sinful, and even self-centred.

Gull's article about the case of Miss K.R. and the images included in the article sparked a discussion between physicians in *The Lancet* that continued throughout the rest of March 1888. Writing in response, doctors discussed patients they had treated for anorexia, in some cases also including photographs or images of them. On March 24, 1888, A.M. Edge, a physician, published a description of a patient with anorexia nervosa whom he had recently treated with force-feeding. After the patient regained her appetite, she began soiling the bed; in return, Dr Edge and the medical team withheld food to "punish" her, which successfully "cured her" (818). Like Gull, Edge characterizes his patient who refuses to eat as obstinate, morally compromised, and frustrating, until she recovers and begins to eat on her own. In the same issue of *The Lancet*, physician James Adam describes how the woodcuts Gull includes "serve so forcibly to illustrate and demonstrate the peculiar features of the case in question, and to show the dire effects on the human countenance and frame of prolonged starvation" that otherwise might not be believed. In the April 28, 1888 edition of *The Lancet*, Dr W.S. Playfair suggested isolating anorexic patients for treatment because so many cases involve a "hardened neurotic sinner" with an "unwholesome" ego. As a result, simple hospital treatment was not enough to cure anorexia, according to Playfair.

Treating anorexia through confinement, force-feeding, and moral reform remained popular throughout the rest of the nineteenth century. In 1894, writing to the

editor of *The Lancet*, Dr W. J. Collins explained how he cured an eleven-year-old patient with anorexia using force-feeding. When admitted for treatment, she suffered from a "perverted ego"; however, when she gained weight, which was an explicit sign of her moral reform, she was discharged from the hospital. By "curing" the fasting, doctors theorized, they could cure the patient. Yet these treatments not only raised questions about patient autonomy, medical ethics, and compassionate care, they also reinforced the assumption that their fasting female patients who refused to eat suffered from an obstinate, immoral disposition that only the enforced restoration of appetite – and weight gain – could cure, meaning restoring them to normative standards of appropriate and appropriately submissive feminine behaviour for unmarried women.

Medical literature continued discussing the diagnosis, treatment, and cure of anorexia nervosa throughout the rest of the nineteenth and early twentieth century. Images of patients before and after their treatment provided a visual mode of diagnosing anorexia nervosa for physicians working with young women who refused to eat. Acknowledging the fatal potential of the psychologically-driven disorder meant that the lives of many young women were saved, despite practices such as force-feeding that deprived patients of their bodily autonomy.

After Ann Morgan gained weight and began eating on her own, she was discharged from the Aberystwyth Infirmary supposedly cured of her "fasting mania", yet she died about eight months later at home. While sparse records about her illness and death mean that the exact cause of her death is unknown, the fact that Morgan was discharged as cured yet fell ill once again suggests the problems inherent in the body-over-mind approach to treating anorexia. Although Morgan's physical body was "cured" and she had begun eating again, the treatment paradigm failed to address the psychological factors that initially led her to refuse to eat. This historical model of treating anorexia continues to inform contemporary approaches, which often focus on increasing a patient's BMI through methods such as a strict feeding schedule, group therapy, and observation. The inability of the mind-over-body approach to treat successfully cases of fasting and emaciation might explain why anorexia nervosa remains the deadliest mental illness today. Studies have shown that despite some changes in treatment methods, the prognosis for patients with anorexia is not much different today from it was in the mid-to-late twentieth century. Until the root psychological factors involved in cases of anorexia can be identified and treated effectively, focusing treatments on measurable weight gains – even without force-feeding – suggests how the legacy of Victorian values and assumptions persists.

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