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**How to prove her wrong:  
Hierarchies of watching in the case of the fasting girl Sarah Jacob**

**Marie-Andrée Jacob**

**Abstract**

This article revisits the story of the watch of thirteen-year-old Sarah Jacob's miraculous fasting, showcased as a lucrative spectacle in her family home in Wales, and followed by her death in 1869. The Sarah Jacob case rehearses the familiar urge amongst Victorian English medical men to watch and detect, including a calculated drive to make breakthroughs in popular research areas of hysteria and simulation within the domain of female maladies. It also embodies a particular historical moment of London metropolitan expertise's curiosity towards 'Welsh culture.' Yet the article explains how the case reveals the need for medical men to turn away from the fasting girl's bedside and, in turn, to outsource the act of watching to nurses. Shifting the emphasis from the girl to the watch itself, I argue that the function of nurses in the case has been unjustifiably ignored. Their role as mediators between the different worlds that the case brings into conflict sheds further light on the 'clinical gaze' and more specifically on the hierarchies of professional observations of bodies that defy rational explanations.

**Introduction**

In June 1867 in the Welsh county town of Carmarthen, a ten-year old farm girl made a pledge to never eat again, claiming that God provided her with sustenance. Supported by her parents, she kept that pledge until the 18<sup>th</sup> of December 1869. By that time, the 'miraculous Welsh fasting girl' Sarah Jacob had become a source of local pride, national attraction for pilgrims, and sensational story for journalists. On

the background of Wales's complex relationship with the imperial metropole, the story was initially ridiculed in the English-speaking medical press. However, the girl and her fame irritated the London medical establishment, sufficiently for Guy's Hospital to send a team over to investigate the case and expose her deceit. On 9 December 1869 four nurses began a formal round the clock watch, combined with planned daily visits by local doctors. She died of starvation nine days after, under the watch of members of the medical profession. Following furor in the media, Sarah's father Evan Jacob and mother Hannah Jacob stood on trial and were found in breach of duty to provide for their child amounting to manslaughter. The father was sentenced for twelve months imprisonment and the mother for six months. At the pre-trial inquiry, the doctors got reprimanded for their foolishness but left off the dock. In this paper, I interrogate the observation of Sarah Jacob with a focus on the role of the nurses.

Sarah Jacob did not delineate the terms of the 'fasting girl' news story and medical experiment, but her 'case' sparked the imagination of doctors, reporters, pastors and even more recently, a bestseller novelist and a movie director.<sup>i</sup> She features in Welsh local and national history (Davies 2015, The National Library of Wales 2023), and she as well as other fasting women and girls have been discussed in contemporary cultural and historical studies of anorexia nervosa (cf. Lester 2021, Brumberg 1988, Gooldin 2003). Legal historian Richard Ireland's thoughtful account has detailed the criminal law and family law context of the case (2012). Although this has not been made explicit in the literature on Sarah Jacob, her case sits within a larger historical background of intensified scrutiny of Welsh 'culture' by various observers in the nineteenth century (Jones 1992: 3-4, Frankel 2006:15, Prendergast 2018: 18), a part of the context I will be returning to. Through analysing accounts of the case by Dr

Robert Fowler (1871), archives, newspapers, medical journal articles, and secondary literature, this paper contributes to understanding the exuding significance of this case to medical humanities' study of cultures within medicine and healthcare. To do this, the paper focuses specifically on how the role of nurses in this watch can help enrich understanding the hierarchies within the clinical gaze of certain deviant bodies.

The watch of Sarah reached beyond the confines of her parents' farmhouse in Wales, as it drew the attention of the national press and featured in a criminal trial. The modern medical act of watching, accompanied with notetaking and reporting, is conceived as key in the configuration of health consensus and disagreement in society, and crucial for keeping the power to define in the hands of doctors (Foucault 1963, Garland-Thomson 2009). In that context, the paper deliberately moves the spotlight away from the fasting girl and uses the mechanism of the watch as catalyst to examine hierarchies within the clinical gaze. As noted by Foucault, by the nineteenth century individuals became cases in the clinic, and individual descriptions entered the file of scientific discourse (Anderson 2013: 532). Given modern medicine's disdain towards claims to miracles, what then could explain *The Lancet* and the *British Medical Journal* reporting on the 'fasting girl,' other than the fact that Sarah Jacob had become a problem for medical knowledge? In turn, I demonstrate how the involvement of nurses allowed for this curious case to be discussed in medical journals without undermining the authority of medicine.

The paper begins with feminist historians' contextualization of how Western sources tend to document women and girls who refuse to eat, noting a common emphasis on the search for authentication by the clinical gaze. The interpretations of the refusal to eat will be located within the framework of nineteenth century secularized medicine,

and in turn, within the Welsh context. I then turn to the organisation of the watch of Sarah Jacob, before proposing a framing with which this watch can be read. Using the case, I show how differentiated forms of watching can further understandings of the clinical gaze, noting the unique position of the nurses. The case also reveals how certain forms of beings remain unintelligible to medicine and law. Furthermore, I suggest that examining truthfulness and proof can open promising questions into how watching practices get classified and hierarchized by the professions.<sup>ii</sup>

### **Questions around the refusal to eat: a problem of authentication**

A fasting girl story is often compelling. Like an impostor story, it has wide appeal, excites the imagination of various audiences, and its conditions as a spectacle to be watched are intimately connected to its time and place; 'both the difference from and likeness to ourselves give the story its charge' (Zemon Davis 1997: 8). In this section I both localise and enlarge the portrayal of the fasting girl by situating her in her own time, whilst asking what can be more broadly learned from this specificity. Remaining careful not to impose a presentist reading of self-starvation, nevertheless I find that useful insights can be gained by juxtaposing the figure of fasting girl Sarah Jacob as drawn by doctors of her time, her precursors in the form of medieval pious fasters, and contemporary young anorexics under the care of specialist clinics. Their common denominator is how they have been intensely watched. I therefore use these figures to unpack how forms of watching exist under state medicine and law and, in turn, how certain forms of beings have remained suspicious, unintelligible, or intolerable to these disciplines. Historical and contemporary understandings have not evolved in a linear manner, and to this day there is no consensus as to the nature of

the phenomenon of fasting. As anthropologist Rebecca Lester points, debates are still unsettled as to which fundamental questions it raises about 'the nature of human cognition, the relationship between the mind and the body, and the moral dimension of dependency' (2019: 36), and as to whose knowledge can claim authoritative understanding of it (37).

A vast array of questions has been asked about not taking nourishment, especially for girls: about causes (etiology); cure; the materiality of food and its meaning for the faster and those surrounding her, and food as a privileged mode of expression; and around truthfulness and proof. The contemporary literature often assumes that the causes of fasting had been theologized in the past and medicalized in modern times (Brumberg 1988, Liles and Woods 1999). As the story goes, in medieval times people would attribute religious significance to behavior, which today doctors explain with various secular causes (medical, psychosomatic, psychoanalytic causes). But historian Caroline Bynum (1987) documents that in medieval and early modern sources fasting could be attributed to a range of causes, not all about sanctity or God's power. Bynum maps patterns in these interpretations: sometimes it was seen as supernatural and miraculous; at other times it was seen as having a natural, physiological cause but by no means a condition that necessarily needs curing (e.g. inedia); and at others it could be perceived as deliberate fraud or self-delusion. Her and others' findings challenge that the interpretation of refusing to eat as fraudulent and attention-grabbing is linked to Victorian medical notions of hysteria. They also place fasting within a historical realm of intense bodily practices experienced by women and related to piety (Brumberg 1988, Lester 2019; Mahmood 2005:50). Furthermore, historical sources show that people were able to draw distinctions between the voluntary refusal to eat and the inability of eat and did not see all the

cases as matters for doctors alone, but also not all as cases of penitence, or fraud. To Bynum, through their fasting medieval Christian women not only sought a direct encounter with God but also acquired a place of their own within the patriarchal Church. She contrasts this diversity of explanations and inquiries of medieval times with modernity's single interpretation frame of secular medicalization. She also notes the contemporary imposition of a psychiatric framework on fasting cases spanning periods and places, from early miraculous abstainers in Europe to contemporary inedia ascetisim cases in India. Fine distinctions between various explanations could be drawn in the medieval sources that Bynum consulted, but medicalization prevented observers to make them in the nineteenth century, and still prevents some from making these distinctions today.

Medicalization tends to impose a professional, state validated version of medicine and medical norms on religious norms (Asad 2003). It rationalizes the world, sets the religious apart from state-based medicine, and posits medical knowledges above religious ones. Further, as Lavi notes, with medicalization, the sphere of discussion is designed by secular medicine, meaning that the religious gets constructed and is given permission to exist, or not, by secular medicine (Lavi, forthcoming). From medieval times to this day, the refusal of food is a behavior and bodily ethics that directly confronts the secular norms of medicalization. It poses a serious challenge not only to rational, but to empirical and instrumental understandings of medicine and of law. The remaining parts of the paper builds on this medicalization to explore how the practices of watching took form and got attributed to nurses in the case of Sarah Jacob.

Typical nineteenth century medicine focused on the objective reading of physical examinations and tests and tended to set aside or confront the patients' own

impression of their illness (Anderson 2013: 534). Bynum has observed a similar tendency in early texts to discount the interpretation of fasting given by the behavers as an epiphenomenon. What women, and girls, said about their behavior was labeled as a symptom of something else, as 'rationalization' or 'avoidance tactics' implying that it is not the truth. Children tended to spur additional questioning due to them lacking credibility and the suspicions they raise (Withey 2011: 159), and in this sense posed additional challenges to authorities given how the children's parents also became the object of scrutiny. Reflecting on Victorian doctors' interest in the connection between female maladies of anorexia nervosa and hysteria, Poovey (1988:45-6) notes that hysteria itself was portrayed as a problem of duplicity, of 'the body's capacity to mock itself' (46), highlighting again the issue of women (and girls) concealing and pretending. Deceit, conscious or not, thus seems widely conceived as a constitutive element of anorexia (Boyle 2019, Norris et al. 2006) and anorexic are 'resistant' and 'difficult,' (Lester 2021: xix), posing intractable problems for health care providers. In the 2006 documentary *Thin*, a specialist clinic's nutritionist cautions an inpatient that 'eating disorders are about hiding things and secrets' (Greenfield 2006, see also Lester 2019, Freeman 2023). What those who do not eat are saying can be used as proof of the inaccuracy of the perception of bodily sensations and understood as signs of something else lying behind. In contemporary English legal cases authorizing the coerced treatment of anorexics, as put by Boyle (2019) 'even impressive reasons made in support of the refusal can simply be treated as more persuasive emanations from the illness (255).' Foster (2014) comments that Courts of Protection often treat any refusal as being 'made by the parasite' (61). That is, a refusal (to eat, to be treated) is seen as the symptom of another pathological refusal. Apart from leading to problematic medical and legal



assessments of capacity, the circular reasoning and the assumptions of a withheld reality reveal an enduring mistrust of justifications given for fasting by the behavers themselves.

These Victorian and contemporary interpretations of refusal to eat can be helpfully situated within a broader movement of secularized modern interpretation, and within the nineteenth century Welsh context. Lavi (2011) speaks about how in the nineteenth century certain practices (Lavi refers to religious practices and objects) get 'bifurcated' and domesticated, as their 'meaning' is perceived as hidden or symbolic. The significance of the bodily practice is not conceived as itself bodily; rather it is understood to lie 'beyond the practice itself in another world or in another realm of symbolic signification' (2011: 825). The idea of something lying behind can imply that a deliberate concealment or trickery hides the truth. Indeed, both the nineteenth century miraculous fasting girls and contemporary anorexic patients have been conceived as trickster figures. The nineteenth century fasting girls allegedly tried to convince their environment that something marvelous occurred in their life. Their fasting got portrayed with theatrical, performative element, and so was the search for truth.

The search for a hidden truth behind the spectacle became particularly acute in the case of Sarah Jacob, as will be made explicit below. In this sense her watch offers an example of clinical gaze with which to compare the gaze of contemporary specialist care for anorexics. Since Sarah Jacob was suspected of eating in secret, traces of food and excrements were carefully searched in her bed, because these traces would offer factual evidence of nourishment and thus expose her deception. In contrast the modern anorexic's secret is her extreme fasting, hence what gets allegedly hidden -- and therefore what nurses on duty search for -- is not eating in

disguise, but morsels of food left uneaten. Under a contemporary clinic surveillance model, fasting girls don't pretend to fast, they pretend to eat. But in both cases the common denominator is that the fasters raise suspicion. In addition, whilst Sarah Jacob read and spoke English, her family appeared to have been monoglot Welsh-speakers; their engagement with doctors and nurses from London, who were mainly monoglot English-speakers, surely contributed to compound the linguistic divide and fuel distrust. In both cases, the watch should detect cunning as much as food, and the search is executed by nurses.

In addition to the cunning, the watch was supposed to clear the exotic religiosity of the faster. Recognizing this fact necessitates a look into the specific place and time of the secularized modern interpretation of the case. As put by I.G. Jones, mid-Victorian Wales featured under the gaze of various observers – mainly 'moralist' clergymen, state salaried social scientists, and reporters (1992: 3-7). Each had their respective intentions guiding their writing yet together they composed a uniform image of Wales as a peripheral backward place made not only of rituals, superstitions and fanaticism, but of destitution, malnutrition, and disease, with Welsh language seen as the key culprit for this stunted development. The state-initiated 1847 'Blue book' on Welsh education exemplifies that outlook (Jones 1992; Frankel 2006). Seen with the lens of this nineteenth century British modern imperial mindset, the anorexia itself appears insufficient to justify the watch. The deception and religious fanaticism drew the expert observers in.

One of these observers was eminent physician Dr Robert Fowler. His book on Sarah Jacob rehearses Foucault's notion of the 'gaze' by compiling a 'full story': a comprehensive statement putting together in one text all the meaning the case can possibly generate, 'a single trope impervious to counter-readings.' (Samuel 1991:

96). The tone of his book indeed imitates the style of nineteenth century social investigations commissioned by state inspectorates (Frankel 2006).

Members of Sarah's local community also liked the idea of a watch as vehicle to retort to previous outsider judgements and to reveal the truth: they saw Sarah as defying the experts from London and predicted that her case would eventually 'outwit' the doctors from the metropolis with their professional arrogance (Ireland 2012). In their outlook, we can reckon echoes of the incensed public reactions to the 1847 Blue book, whose condescending experts' views on Welsh society had provoked 'a fury that never really subsided in Welsh national consciousness' (Frankel 2006:167).

It makes sense to turn to the practicalities of the watch to see what form it can take when imperial professional hierarchies mandate at once both a medicalized secular watching of a girl's claim to miracle and the maintenance of the authority of medicine.

### **Dr Robert Fowler's *A complete history of the case of the Welsh Fasting-Girl: a communal, institutional, and professional watch***

Sarah Jacob was born in 1857 to Evan and Hannah Jacob, in a family of seven children. The Jacob's rented farm was located one mile from the Welsh town in Carmarthen (Ireland 2012, Fowler 1871). At the age of ten, poorly with scarlet fever, Sarah stopped eating for number of days. She recuperated without medical attention but a year later started to suffer from stomach and gastric pain and got 'in a fit' for a month every time food was offered or mentioned. She took little food and turned emaciated. She started eating again for a few months, but during the autumn of

1867 made a pledge not to eat ever again. She kept that pledge until her death in December 1869. During the period of her pledge, excluding the last ten days of her life, Sarah had kept growing normally, and her health continued to improve. Her parents maintained that she took no food and was having a fit whenever the topic of food was mentioned. The almighty doctor, God, was taking care of Sarah, and she was eating 'angels food' (Davies 2015: 2). In his deposition during the trial, the Vicar of Llanfihangel-Ar-Arth, Evan Jones, reports that during the initial months of the pledge he remonstrated Sarah's parents, telling them what was happening was not a miracle and that it was sinful to defraud the public, also warning them of the risks of being held in execration by posterity.<sup>iii</sup> The Vicar recalls that Sarah's mother had told him that Sarah felt anxious about the salvation of her soul.<sup>iv</sup> Jones also told Evan and Hannah Jacob that he found improper the change in appearance of their girl. His concern about the girl's symptoms might speak to a tendency to interrogate irregularities in children more than in adults, given historical connections between children's illness and suspicions of witchcraft (Withey 2011:159). By then, Sarah had become a regional attraction, and she sat in bed dressed in white like a bride, wearing a crown of flowers on her head, reading prayer books, and receiving visitors, who were transported to the site and given tours by locals. During the visits her parents insisted on not accepting money and gifts; instead, Sarah was to receive the donations, which should be placed on her chest.

In February 1869 a letter penned in English by Evan Jones for *The Welshman* journal got reproduced widely and reached the London newspapers. Jones, who had remonstrated the parents about their girl's behavior, stirred further interest in his letter, claiming she had not eaten for 16 months and admitting that to many this seemed impossible, but pleading 'wouldn't be worth for medical men to make an

investigation on the nature of this strange case?’ Initially, the response of the medical profession was clear: the request was too absurd to even be received, and it was clearly not worthwhile to send medical men two hundred miles away to investigate the case. The editor of *The Lancet* published a sarcastic response, which was followed by the Vicar’s retort that medicine was the most uncertain and immature of all sciences.<sup>v</sup> By then Sarah’s fame had spread – she had become part of long line of prodigious phenomena and valorized as such (Zemon Davis 1992) -- and so had the idea of investigating her case. A group of local men held a public meeting at the Eagle Inn pub and decided to organize a watch. Four surgeons from the nearby area were asked to each recommend four respectable men to conduct a watch of fourteen days. Of that pool seven men were appointed, but three had to be dismissed during the watch for drinking and dozing whilst on duty. The watch was therefore considered to be unreliable; its coverage in the press brought yet a new wave of tourists.

Dr Robert Fowler claims that during the summer of 1869 he used the opportunity of touring Wales on holiday to visit Sarah. In noting that he went ‘in passing,’ he indicates his disinterest and importantly, his neutrality, towards the case. After visiting the Jacob farm, Fowler wrote a letter to *The Times* raising the possibility of having witnessed a ‘morbid perversion.’ To him, Sarah suffered from hysteria and was probably deceiving her own parents, as ‘deception and cunning stratagems are common to this condition.’ Welsh correspondent John Griffiths, who often wrote in the Welsh press, sent a letter to London newspapers, asking for a full investigation, including the organization of a second, ‘more scientific’ watch. On 6<sup>th</sup> November 1869, the *British Medical Journal* published a short article titled *The Welsh Fasting Girl*: ‘at the request of several gentlemen and medical men in Wales, it was arranged

to 'send three reliable nurses to watch the girl ... and once and for all, to expose the imposition in which she has been so long encouraged.' This paragraph was recopied in the local Welsh press. Sarah had become a source of local pride and Welsh patriotism by then, and the patronising outlook of London doctors on their miraculous girl got badly received. Griffiths later recalled visiting Evan and Hannah Jacob and asking, 'if nurses might come from the Infirmary or anywhere else,' to which the parents answered, 'we not only consent, we should be glad to have nurses!' or anything 'so as to clear their character,' thereby showing their receptivity to be observed as well. Griffiths wrote to one of his contacts in London, Dr Phillips, an assistant obstetrics physician at Guy's Hospital and 'a learned and eminent countryman.' Following their meeting in London, Griffiths and Dr Phillips began to correspond with the Superintendent and Treasurer at Guy's to explore the possibility to obtain four hospital nurses to be sent to Wales to undertake a watch.

Several factors contribute to understand why this experiment could be envisaged and authorised in this way. An endowed hospital, Guy's owned substantial land and estates and did not depend on charity from donors like many other London teaching hospitals. This autonomous financial situation meant it received minimal scrutiny from patrons and little outside influence, and it delayed the implementation of professional reforms (Waddington 1995). Guy's governors were invited to take part in its management through 'family and friendship ties,' (224) a common type of patronage in voluntary hospitals at the time. Besides that, neither physicians nor surgeons were involved in the governance of Guy's (Helmstadter 2002:327).<sup>vi</sup> The Superintendent and Treasurer who corresponded with Griffiths and subsequently approved the secondment of four of their nurses to watch Sarah Jacob were not medics. They were not managed by medics either, as there were none on the Board

of Governors at that time. Guy's approach to nursing also differed from that of other hospitals. It still operated under the 'old nursing system,' under which training was considered deficient, and working conditions and wages lower than in other hospitals (327). Waddington notes that 'nursing staffs only apparent virtue was their loyalty to the doctors' (1995: 213). By then it had become increasingly difficult at Guy's to recruit experienced nurses from other London hospitals like Barts, St. George or St. Thomas. Salaries had been raised in 1855, and from 1857 nurses no longer had to oversee scrubbing 'in the hope that a better class of woman would be attracted' to the posts. (214) Yet in 1880 probationer and campaigner for nursing reform Margaret Lonsdale, still described the nurses at Guy's in the following terms: 'physically and morally unrestrained and ill-suited to proper patient care, with the matron as nothing more than an 'experienced housekeeper.'" (214). Lonsdale's portrayal reveals her prejudice as much as it maps the conditions at Guy's as compared to St. Thomas and other hospitals. Lonsdale described Guy's nurses as careless and incompetent and lazy, and the medical students as 'uncouth;' (Young 2019) however, sisters were thought to be 'virtuous, knowledgeable models of efficiency.' These comments evoke the triumph of Nightingale's model and the longstanding role of religious nurses that preceded Nightingale (Nelson 2003:2). To the Anglican sisters, for instance, the labour of nursing did not only consist of the discharge of professional duty but had a vowed quality and pastoral element (2), to which I will return later.

This combination of institutional factors enabled the recruitment of four nurses and supervisor sister to travel to rural Wales to watch the fasting girl. It does not necessarily mean that hospital authorities perceived the nurses and sister selected for this special assignment as less respectable and trustworthy than any other nurses. It had been eight years since Florence Nightingale had published the 2nd

edition of her *Notes on Nursing* primer, *Notes on nursing for the labouring class*, and the Guy's nurses probably had access to a copy. But whereas this exceptional secondment got authorised at Guy's, it might well have been perceived differently in a London hospital where nursing reforms had already taken place. Given the reaction to the watch in the mainstream medical press, the idea of sending nurses to watch the alleged miracle of a fasting girl might have been inadmissible in many hospitals.

Fowler gives a detailed account of the procedures and conduct of the watch based on testimonies given at the trial. On the 9<sup>th</sup> of December 1969 nurses Sarah Palmer, Sarah Attrick and Anne Jones (who spoke Welsh), and superintendent Elizabeth Clench travelled to Wales, whilst a local Committee of gentlemen had prepared for their arrival by meeting to organize and manage the watch. The medical arrangements were left to the Secretary, Dr Lewis. The simple instruction to the nurses was to watch the girl and ascertain whether she was fed. The nurses should not offer food, but not refuse food if the girl asked. The Secretary had suggested that three young women would be appointed to assist the nurses. To counter one doctor's objection the Secretary emphasized that they would only assist the nurses, not interfere. At the beginning of the watch Sarah was asked if she would like young girls to be present, to which she responded she did not need this as she did not think the nurses would do her any harm, and thus the proposed young assistants never attended the watch. The Secretary had also asked three doctors to be appointed as part of a medical committee for consultation should the nurses need assistance. The doctors should take turn to visit every day to watch any change in the patient. The three doctors approached (Dr Corsellis, Mr John Hughes, and Mr James Rowlands) agreed. The terms of the watch were drawn in a legal agreement by a solicitor.



Cross-examined at the trial, nurse Elizabeth Clench read from her diary: 'I am not aware that Sarah was a consenting party to the written Agreement.'<sup>vii</sup> Anomalous within the brief, her comment suddenly alludes the possibility of legal agency for the child, not realized here.

The agreement clarified that 'the object of the watch was not the withholding of food but to ascertaining whether food was given'. It included undertakings by the assigned medical doctors to make daily visits to the girl, and by the father not to interfere or prevent physical examinations. The father also signed he was to afford every facility for the watch to be conducted and assured the expenses incurred would be not rendered useless due to interference of parents or friends. The special procedures preempting Evan Jacob's involvement signals to his character, but also aligns with the role of fathers as points of reference and authority in the Welsh household (Withey 2011: 150) and is telling of the nature of the father-daughter relationship in the case (Wade 2014; Wilkinson 1870:73).

On 9 December 1869 the watch began. It started with nurses searching the bed for signs of food. Sarah's body was examined, with particular attention under the armpits to look for food that might be concealed. A thorough overhauling of the room surrounding Sarah took place, as the nurses examined furniture, bookshelves, carpets, and curtains in front of the Committee of medical men. The parents' beddings and curtains were examined with equal detail. On the first day of the watch, the nurses commented that Sarah looked 'healthy, fat and plump, muscular, like other girls of her age,' and that there are 'no signs of bed sores.'

Over the days, nurses Clench and Allick monitored her and recorded in their diaries the change in her pulse, the color of her skin, and the sunk eyes. Her increasingly weak voice is also noted. Despite what had been stipulated in the legal agreement,

during the watch there were no daily arrangements to schedule medical visits, and the daily attendance of doctors was not strictly carried out. When they did visit, the doctors faced challenges: they were not allowed by the father to check Sarah's tongue, to strip clothes and examine her body, and the father always stood by Sarah. At the pre-trial inquiry in 1870, the judge showed puzzlement at the fact that the doctors indeed obeyed so tamely to the father's authority. In fact, by avoiding to look and by surrendering control to the father, the doctors could keep a careful distance from the miraculous body. From the third day onwards, nurses noticed that the girl is getting weaker, has episodes of fainting, followed by episodes during which she reads to nurses and asks to be read the Bible. One of the doctor visits and notices that she is worse, pale, weaker. He checks her pulse and even though it is high, concludes there is no signs of danger. The nurses and the doctor notice a change in her voice, and the doctor warns the father about it. On that day the visiting doctor resigned from the committee given that he was not allowed to conduct a proper physical examination, mentioning he no longer wishes to serve on the committee. On the following days, the nurses noticed other symptoms, such as the foul smell of her breath. As reported in the nurses' testimonies that were minuted in the brief for the defence, the nurses repeatedly noted the smell of Sarah's breath. The breaking of particles in the stomach results in a distinct foul smell, making it a physiological recognizable sign of starvation. The smell of her breath was noted in the nurses' diary, Elizabeth Clench noting it was making her feel sick. Yet the nurses' notes did not elicit intervention, and Dr Fowler's account reveals a patent dismissal by doctors of nurses' assessment based on smell.

On Day six, the Nurse on shift expresses worries about Sarah and the vicar speaks to the parents. Following a custom of involvement of extended family members as

sources of authority (Withey 2011:150), one of the doctors brings in Sarah's uncle, her mother's brother, in an attempt to convince the father to give Sarah fair play to eat at her convenience. The uncle also asks Sarah if she would like the strange women to go away, if she would like a drop of water, to which she simply closed her eyes. The uncle's visit was noted as not well received by the parents, and according to the nurses, Sarah seemed displeased by his visit and turned away. Around that time the Welsh-speaking nurse also has a word with the parents about offering a drink to Sarah. On the eighth days of the watch, the nurses note that Sarah seems better. Fowler writes that in the family 'it was confidently predicted that the Doctors, as a body, would be outwitted' and their 'professional arrogance' decried (Fowler 1871: 78). A few hours later her pulse rapidly increases and she becomes restless. On the ninth day, 18<sup>th</sup> of December, Sarah dies, in her bed, under the watch of members of the health profession.

During the postmortem examination and inquest, the father and mother stood on trial and were found in breach of duty to provide for their child amounting to manslaughter. In law the father was responsible to provide and to induce child to take food, and they were both found guilty though the jury recommended mercy for the mother as she was under the control of the father (Ireland 2012). The Father was sentenced for twelve months of hard labour in prison and the mother for six months, after which they returned to their town, suggesting their neighbors forgave them or remained unconvinced of their guilt. Legal historian Richard Ireland (2012) suggests that but for the press and ensuing reaction across the country, there probably would have been no prosecution, indicating a social change in the nineteenth century from seeing the law of crime as a local matter to an issue of national interest. As to the doctors, from the pre-trial examination stage they were

left out of proceedings. Given the absence of personal act, they could not be blamed, having been deceived (or controlled, as noted earlier) by the father. Their 'much cool composure' as they watched the child dying and her parents being tried for manslaughter, will get noted by a commentator (Wilkinson 1870: 7).

## **Watching**

Always a located and context-laden practice, watching may take many forms. For instance, the Foucauldian clinical gaze is an organized, highly disciplined way to seek truth and to see the world. Watching can be collectively structured and standardized but can also take the form of contemplation or an intimate improvised staring. People can watch animals, stars, artwork, or inanimate things, but it is the live, face-to-face staring of humans that appears the most intense, dynamic, and unstable form of watching (Garland-Thomson 2006:175).

The watching itself therefore contributes to the performative element to the fasting girls. The fasting is spectacular because it is watched as such, with a wish for the revelation of another spectacle to be discovered: validation or discredit. Watching and revelation do not always necessarily go hand in hand, however. For instance, there is a satisfying dimension to the spectacle of the hunger artists who toils hard at resisting eating but then releases tensions -- his and that of his watching audience, by eating to satisfaction (Gooldin 2003). In contrast, the watch of Sarah Jacob allows an exploration of distinct historicized aspects of watching: its experimental and truth-finding basis; the alleged tension between a passive watching (alike a vigil) and a more active watching; and 'watching over' as a form of care enacted by the nurses.

The history of watching as a scientific practice tells us about the role of data collection as a specific component of science and medicine. The nineteenth century brought unprecedented acceleration of scientific discoveries, some repudiating earlier theories that were thought to be eternal and immutable. To Daston (2005), this vertiginous acceleration of change in theory meant that as a response many scientists decided to stick to factual descriptions, 'in order to salvage a stable core of knowledge from the ebb and flow of theories' (29). Facts became hardened as the only remaining things scientists could cling to. This would contribute to explain a turn to 'fervor' towards mechanical objectivity, and a resolute prohibition of 'all possible adulterations and distortions of facts by judgment or worse, imagination' (2005: 29).<sup>viii</sup> This did not mean that observation could be immune to scrutiny, to the contrary. By the time Babbage (1830) published his pamphlet *Reflection on the decline of science in England*, observation itself had come to be seen as fraught with risk of trimming, hoaxing, cooking, forging data. Many scientists worried that observation was no guarantee of objectivity and could instead be vulnerable to subjectivity and fraud. Despite these criticisms it was still considered a rational and careful way to gain mastery over nature and its abnormal breaches, but which should be kept in check.

For example, as noted by Poovey (1988), the medical category of hysteria stimulated competitive debate between medical men but was also surrounded by an uncertainty and controversy that could eventually threaten the medics' claims to expertise (45). If hysteria became *too* controversial, open debates about it could erode the public's trust in medicine. At the time of Sarah's fasting, medicine in Europe and the United States was buoyant with observations and discussions around *anorexia nervosa*. William Gull, a physician of the Queen and censor for the Royal College of

Physicians, had coined the term *Apepsia hysterica*, (which became *anorexia hysterica*, then *anorexia nervosa*) and linked it to hysteria. Yet, in his address to the British Medical Association in 1868 and in his later papers in 1873 and 1887, in which he developed his ideas around *anorexia nervosa*, he made no mention of Sarah Jacob. Gull could have easily heard about the girl, as he was working as a consultant at Guy's at the time, and so is not out of question that Gull had heard of but wilfully ignored the case (Brumberg 1988: 145-7). With lively debates burgeoning in the background, we can understand better why the case of Sarah Jacob elicited cautious questions of validation and authenticity of symptoms. Much of the professional anxiety focused on the authenticity of the female sufferer herself, as pointed by Poovey (in the context of hysteria) and Bynum (in the context of anorexia). And yet, precisely because fasting cases were controversial, doctors with a keen interest in them might have been wary of showing too much of their curiosity and well advised to turn away rather than watch. To maintain the epistemological authority of medicine it made sense for doctors to refrain from direct observations of the girl, and to devolve the watching to nurses. In turn, direct watching also encompasses menial tasks best left to assistant roles like that of nurses.

Concurrently, the task of watching aligned with the emergent secular professionalism of nurses; as their relationship with the state and medicine changes, they are seen as respectable, efficient, reliable women who can be trusted with delicate tasks.

Validating the authenticity of fasting through watching involved much more than just the ocular scoping of the individual sufferer. The spectacle to be carefully watched included the fasting and decaying bodily functions of a young girl, her cunning, and the culture surrounding her. Watching the surroundings of the sufferer implied hands-on bedside watching, touching, and smelling. The moral ambitions of nursing reforms

promoted the view that nursing was much more than tending to the care of ailing bodies. 'Nurse the room as well as the patient,' admonished Nightingale. Dr Robert Fowler's book frontispiece indeed displays a drawing of the modest Welsh cottage of Evan and Hannah Jacob, a rural pastoral nature under the gaze of the author.

*Active/passive observation: watching the room as well as the patient*

Observation could be thus contrasted to experiment, which was seen as more active, and therefore more prestigious than observation. This hierarchy between aligns with the determination of who gets invested with the mandate of watching and documenting.

'The observer no longer reasons, he registers' claimed French physiologist Claude Bernard (Daston and Lunbeck 2011: 4). If less active a task, it could be safely left to less trained assistants. Nurses training manuals of the time drew boundaries around nursing work as distinct from doctors' work. The manuals taught to stay away from thinking, assessing, or judging. Instead, nurses had to learn 'doing.'<sup>ix</sup>

Alternative interpretations of 'doing' delineate a more powerful act of watching for nurses. Literature on nursing training manuals also attributed power to the sustained observations performed by nurses, contrasting them to the short occasional observations of doctors during episodic visits (Sandelowski 2000) but also to 'averages' and more abstract approaches. In her 1860 *Notes on Nursing* primer, Nightingale insisted on nurses observing carefully and thus reporting 'the whole truth and nothing but the truth.' (69) Nightingale valued nurses' eyes being as precise as a 'measuring glass.' (69). Further, she promoted 'nursing observation as the artful and idiographic corrective to the scientific 'averages' that threatened to seduce nurses

away from 'minute observation' and physicians away from the particularities and peculiarities of individual cases.' (69) Depictions of nurses' labor of observing demonstrate that a 'watch' is everything but passive. The concentration of vigilance and experience is rather 'intensive' as nursing historians remind us (Fairman and Lynaugh 1998) Watching extends beyond the ocular (Garland-Thomson 2006) and encompasses touch, smell and hear, but not taste (Sandelowski 2000:44).<sup>x</sup>

This watching in-the-flesh can also encompass proactive surveillance and be supplemented by technology. Contemporary rational and empirical medical sciences provide watchers with an arsenal of tools and methods to observe and register the abstinence of food. These surveillance tasks are often executed by nurses and supplemented by using devices: recording and calculations of food intake, observation, and measurement of excrement, weighing of bodies (Brumberg 1988, Gooldin 2003; Lester 2019: 128-9; Sandelowski 2000: 44-46). In the 2006 BBC documentary *I'm a child anorexic* on the London Rhodes Farm clinic,<sup>xi</sup> several techniques of observation are used to work with, monitor, and treat anorexic girls. On weigh day, girls stand in line to go on the scale, charts are drawn, and target sets with calculators. The goal is to meet the target, at which point they can be discharged from the clinic. Eating is at fixed time, for a limited period. Boards post information on strict measurement of solid food and juice, and detail on their caloric intake. During meal, cardigans and jumpers are off, sleeves rolled up, hair bands and long fingernails forbidden. The clinic has two kitchens, a blue kitchen in which girls are trusted to eat responsibly, whilst girls in the brown kitchen are constantly watched by staff. Once a week, room searches involve going through patients' personal belongings, drawers, bookshelves, insides of teddy bears, looking for batteries in pockets (which can add on weight), water bottles (forbidden since water



can be ingested just before weighting to artificially increase weight). Vomit is looked for as it can be spotted in handbag's compartments and inside socks. If caught secretly exercising, the girls get put under total *supervision*, around the clock, that is, watched during shower, toothbrushing, even during sleeping. Staff note the end of amenorrhea, the return of menstruations, as a good sign and reward it accordingly by a reduction in food intake target. Nurses therefore ought to check if the amenorrhea is genuine: whether the stained menstrual pad is their own or someone else's, whether the blood is menstrual blood or from a grazed knee. The observation is highly active, suspicious, assertive, supervisory, and invasive, an attempt to control what seems an uncontrollable world. In this sense watching is also intimately linked to risk, as watching can be a form of risk-alleviating surveillance when people are perceived to be in potentially dangerous situations for themselves or others. Nurses have often been asked to watch on details, on objects such as bed linens in prison to prevent suicide or escape (McFarland-Icke 1999). These detailed checks carry care and moral duty and include escalating matters further up if there is an issue they cannot or must not handle themselves (Lester 2019: 115). Notably, the professionalization of nurses made the performance of these discrete tasks more and more visible and vulnerable to task management, placing nurses themselves under surveillance (Sandelowski 2000: 186).

Until a relative recent past, nurses have tended to be absent from patient records (Sandelowski 2000: 17), and their notes and diaries ignored, or discarded from the archives (16) as nurses counted as poor record-keepers (16). In general diaries were conceived as not particularly reliable a form of knowledge, because of their distinctly personal, intentional and intimate character (Hanson and Donahue 1996: 175). Yet historians and other scientists value diaries greatly for their rich account, as they are

generally eye-witness account kept as events occur, rather than composed long after (172). It is noteworthy that the nurses kept diaries of their watch of Sarah. Their notetaking might have felt personal or within the ambit of their work when on duty; in any case it made their position more visible and vulnerable. That provides context for why nurse Elizabeth Clench had her diaries signed and annotated by the medical men, as the detailed assistant's observations ultimately need objective validation by a superior. Together the nurses' diaries -- as they were recounted during the trial -- provided close interpretive knowledge of Sarah, and even unmatched observations, particularly from nurse Jones who unlike others was capable of understanding family conversations in Welsh in the Jacob's home.<sup>xii</sup>

In the context of her work on the history of community watching practices, Secord (2011) sees observation as a form of monitoring but also watchfulness based on defensive vigilance and suspicion linked with militarized, or patriotic and nationalist sentiments. It can be extended to understand the watchfulness of doctors in the case of Sarah Jacob, where a rational, professionalised but also gendered climate framed a particular form of medical watching. Secord also speaks of an early nineteenth century desire for total visibility through watching, to clarify matters once and for all and ultimately permit the maintenance, or reconstruction, of an order (2011: 438-9). This desire for total visibility echoes the need for the watch to reestablish the world that Sarah Jacob had destabilized. In this space come the nurses. Although the ending of Sarah's world seems predetermined, its hands-on, beside execution had to be outsourced to nurses. In that liminal space between medics and Sarah's family, the nurses get mobilized to undertake the work of witnessing the inevitable ending. The question of the contested passivity of observing, as opposed to active experimenting, spilled over the law in the pre-trial inquiry regarding the behavior of

Sarah's parents and their charge of criminal negligence. The parents, responsible for nourishing their child, were found guilty of criminal negligence for failing to provide for her needs and were sent to prison. The alleged passivity of observing was also determinant when it came to assessing the role of the doctors: was their observation an action or an omission? During the pre-trial inquiry the prosecutor and the doctors' defense lawyer debated the doctors' role as experts to be consulted by the nurses and not as medical men attending to Sarah. It was concluded that the doctors should not be prosecuted because of the 'absence of personal act' and that their involvement was seen as only passive (Ireland 2012).

This takes us to interrogating the role of the four nurses, who were left out of the pre-trial inquiry and never construed as perpetrators. This was not because they got construed as 'passive,' but rather because they were seen as 'watching over' Sarah. This term, 'watching over,' as the medico-legal framing of the nurses' work, points to the therapeutic and evidential aims of their intervention and indicates that their conduct entailed a form of care. In *The Violence of Care*, Mulla (2015) highlights the dual care practiced by forensic nurses following incidents of sexual violence in 21<sup>st</sup> century America. That dual care is composed of tending to the psychological and physical needs of victims but also of data collection and preservation of evidence for court use. This data collection is increasingly professionalized and governed by institutional requirements, and as Mulla explains, deeply shapes the experience of suffering for those at the receiving end of nursing care. That duality in nursing work -- helper and data collector -- can be historically situated when one looks at feminist history of nursing, which emphasizes work by the bedside and the gendered quality of care (Sandelowski 2000). It also resonates with the modern-day hospital's demands placed on nurses and the tensions created by having to simultaneously

meet patients' needs and filling an ever-increasing amount of paperwork (Latimer 2000).

In this case the nurses were recruited by doctors as collectors of evidence to assess the authenticity of Sarah's fasting and watching its ending, but Fowler recounted that their role as nurses exceeded this mandate, as they also tended to Sarah. The nurses received praise in the first meeting of the Committee immediately following the death of Sarah. Fowler writes:

'Dr Lewis thanked the nurse on behalf of the Committee and for the services to the parents and the demands of the public and 'nothing could be more humane and more perfect than the manner in which the nurses performed their duties.' This motion was brought for vote, seconded, and voted unanimously.'

Nourishment of the child being the legal responsibility of the parents, the nurses here stood in a space of duty between the medical professionals and maternal figures. In the trial, the Welsh-speaking nurse Anne Jones recalled telling the parents 'if she was my child I would give her a drink or a drop of Brandy with water with a spoon'<sup>xiii</sup> (which they refused to give the oath they had made to their daughter.) During the watch the nurses are reported to have read books to Sarah and listened to her reading and praying, thus providing a different, more spiritual form of nourishment, closer to Sarah's interior world. Fowler reported that during Sarah's last hours, when she was very cold, nurses sent one of Sarah's young sisters to Sarah's bed to keep her warm. Nurse Jones' perceptive testimony speaks of Sarah's condition being 'variable, sometimes pleased and sometimes depressed.'

The nurses' dual duty of attending and note-taking to collect evidence is distinct from the realm of watching as medical conjecture and diagnostic, as well as from the medical and legal quest for authentication and validation. I see the nurses' watching as encompassing not only observation but also, more modestly, as *observance* of instructions and of bodily practices. A sense of being there, making sure people are in place around the clock and regimented in being so, denotes watching as *observance*. Here, a watch comprises the ritual act of carefully observing someone or something over a period of time; a period during which a person is stationed to look out for danger or trouble, typically at night, like a vigil during which people watch and pray. Schmidt (2010) sees nurse's 'watching over' as implying taking care, preventing harm, 'being with' (Fairman and D'Antonio 2008:439) and 'making sure' (Schmidt 2010). In her testimony nurse Clench differentiated this remit from that of the medical men, whose role meant that after a fortnight a fortnight they were 'to be called in to cure and to make her to eat.'<sup>xiv</sup>

### *Rationalising the irrational*

For the medical establishment, the watch could assist not only in deciphering the fasting girl but dismantling her charisma. By the time the watch was organized, Sarah had become a dangerous threat to social order. She was a young, uneducated, religious peasant girl, defying rational expert understandings and deceiving her parents, her community, the vicar, doctors, and the press. The fact that she elicited reverence, admiration, money, gifts, and amazement from certain segments of society made her even more threatening. As put by Bynum, 'women manipulated far more than their own bodies through fasting. They manipulated their

families, their religious superiors, and God himself' (Bynum 1987: 207). Further, it seems Sarah's community benefitted from this manipulation. As Prendergast (2018) notes, the local economy profited from the visit of hundreds of pilgrims in the area, and the sensational fasting 'offered an antidote to the feeling of uncertainty and crisis within Wales.' (2018: 179). What was needed was not for her to stop refusing food, but for her to be proven wrong, so that she would be rationalized and normalized again. That way, the world she lived in could also stop being fouled and regain rationality and normality. As explained above, in the mid-nineteenth century when Victorian society is still grappling with touches of early modern evangelicalism (Hilton 2008) and the increased religiosity of the Welsh revivalism (Prendergast 2018:178), Sarah's mysterious significance felt both larger than what she and her family might have realized and became less and less tolerated by modern medical elites. The vacillation of medical men to become and remain involved with Sarah's watch further reveals their need of keeping distance from the inexplicable phenomenon, whilst leaving it out of sight in order to safeguard the authority of medicine.

More recently, in her rendition of the Sarah Jacob story in the form of a novel, best-selling author Emma Donoghue offered a reading of Sarah Jacob in line with contemporary drama. *The Wonder* presupposes that the fasting must necessarily have a rational explanation for the reader: the nurse discovers that Sarah has been sexually abused, and that family secrets and repression are behind the fasting. In the novel and the associated movie picture, the nurse develops as friendship with Sarah and falls in love with a journalist reporting on the case. After discovering that Sarah has been raped by her older brother, the nurse helps Sarah to escape with the help of the journalist. The novel could not refrain from offering a palatable rationale, painful as it may, and from minimizing the uncontainable and undecipherable life and

death of the fasting girl. In this sense, it conjures the impossibility of remaining epistemically modest towards unreason.

Sarah Jacob and modern anorexic girls show what happens when the unreasonable or worse, the 'unreasoned reasonings' of people emerge in the public sphere, before medicine and before the law. Contemporary medical law repeatedly shows its closure to certain ways of being, and this closure fits the image it has of itself. It might be characterized by what Lakoff (2008) calls the 'pharmaceutical reason,' (2008) a presumption that people naturally strive for an optimal state of health, and that agency ought to triumphantly aim at self-empowerment (Asad 2008).

Historically, being ill could lead to sanctity, or economic, psychological or other advantages, and many women, in their terms, have desired to be ill. Yet the idea that illness can be generative is almost completely evacuated from contemporary discourse. Pain and deprivation, which can create meaning for fasters (Lester 2014), tend to get dismissed as obstacles encroaching agency.

The fact that Sarah can hardly be domesticated into a liberal social consciousness justification evokes a formidable closure to alternative epistemologies. Feminist legal theorist Ratna Kapur (2019) refers to this closure as epistemicide. It makes one wonder whether and how worlds that are incomprehensible can be lived with, let alone cared for.

Stubborn, unreasoned muteness might be as challenging as the determined articulate refusal to eat. Their common denominator is their source in a fanaticism that is inaudible to law and medicine given their 'intellectual bias' (Craigie and Davies 2019)<sup>xv</sup> and embrace of an overwhelmingly rational and empirical understanding of the world. Although silence has traditionally been associated with powerlessness, throughout history many silences in law have also expressed different forms of

power— ‘of contempt, of entitlement, of authority, of resistance’ (Constable 2005: 12) or of indifference. I am not suggesting that fasting girls’ agency should be enacted through silence but rather proposing that when it is, the silence and muteness should not be equated with lack of power. I am also suggesting that it is possible that a different form of power can be located in a body that is not only refusing to eat but refusing to utter legible justification or even speak about it.

In a sense, the ‘say little, do much’ ethos of nurses conjures the bodily ethics displayed by Sarah. In the case, the nurses’ modest observing and observance did not insist on receiving verbal explanations and did not provide teaching about etiology or feminine maladies. It provided a doing of care that filled the interstices between medical expertise, family, and community.

### **Conclusion: at the boundary of two worlds?**

In this paper I unpicked how practices of watching elucidate something about the struggles of modern law, medicine, and nursing to act upon the sensational spectacle of fasting female bodies. I hope to have showed that the case of Sarah Jacob and subsequent publications on her further demonstrate that medical inquiry can be about historical imperial and disciplinary hierarchies as it is about the carefully distanced reporting of facts. More broadly I hope my reading of the case can contribute to a better understanding of what has often remain inaudible to law and medicine. The sources surveyed showed that whilst in medieval times people were accepting distinct, at times contradictory explanations of fasting, these distinctions and contradictions seem no longer acceptable in modernity and postmodernity. Having no satisfyingly rational account at all is also insupportable.



Sarah Jacob's lack of articulation of a reasonable explanation and her failure to meet standards of evidence confronted not only nineteenth century clergy, medical men and judges, but also challenged contemporary, secular socio-legal readings of *anorexia nervosa* case.

As discussed above it has often been assumed that fasting had been theologized in the past and medicalized in modern times. Under this framework, Sarah Jacob would find herself at the boundary between the two explanatory narratives. But as historian Charles Rosenberg (1979) notes, world views tend to change in gradual and syncretic way, not in abrupt, self-conscious and categorical way (128). I hope the paper has unsettled the idea that knowledge around women and girls' fasting bodies can be split into two worlds. The battles between secular science and religion show that each tends to assume that the claims of each body are totally independent of each other. In this case, the local clergy had doubts about the miraculous nature of the fasting, two of the five attending medics believed in Sarah's capacity to survive without food, and the authorization of the watch itself stood on questionable grounds. Through their submission to the father's authority, and their hope to dismiss magic to replace its charisma with the trope of complete all-encompassing truth-finding ability, the doctors revealed their own constructed fantasy for a rational medical order. The classifications of licensed, professionalised and otherwise legally enabled forms of watching do not follow a simple religious versus secular binary. As we saw, as they undertook the dual work of caring for and watching Sarah, the nurses filled a gap left between medics and family, between mystery and science. In turn, the modern clinical gaze on fasting girls was never totally always inquisitive and suspicious, and the admiration from the past was never just religious. Some secularized forms of gaze also venerated the fasting girl as a wonder of nature (Gooldin 2003) or prodigy

(Zemon Davis 1992). Other binary lines of inquiry could interrogate the conducts that feature in the case, for example through drawing different kinds of contrasts. Instead of pitting a rural community standing by their girl and her family against 'the doctors,' we could focus on curiosity with its lineage in exoticization and exploitation of practices and compare the Welsh local doctors' curiosity to the London doctors' curiosity.

Regardless of the binary language we might like to use to describe the tension between Sarah's bodily and spiritual universe, and the professional, institutional, class-based and 'colonial' layers of suspicions that she provoked, Sarah Jacob remains a predictable rather than anomalous figure. Her very specialness – comprised of her devotion, deviance, and defiance – is dependent upon the articulation of her plausibility to those who watched her. Her uniqueness is contingent to her being 'strange' or 'of interest,' to the educated elite of medical professionals, medical journals, the press, and to local gentlemen. She was legible, but only to the extent that she could be proven wrong.

There is something uncanny about the care provided by nurses to a girl whose death was both experimental and predetermined, accompanied by the observation of her decay, and dying. This form of care clashes with ordinary conceptions of clinical care, which is usually meant to triumph over illness and make live. In this case, the nurses deliver this less instrumental form of care; care as dutiful 'making sure' and as observance of rules rather than heroic success over illness. This form of care has a meaningful place in the history and sociology of the efficient and fast turnover 'nursing gaze' (Latimer 2000) under which the demands of tending to patients needs and of reporting back through form-filling pose continuous stress on nurses. The case of the watch thus says something about the multivalent, sometimes aleatory

nature of care, and perhaps of the contemporary treatment of anorexia nervosa in general. More broadly, revisiting Sarah Jacob's case with an emphasis on the watch element calls for reappraisals of contemporary concerns over medical conduct, modern approaches to *anorexia nervosa*, and more generally of professionalised observations of and care for bodies that defy explanations.

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<sup>i</sup> The book *The Wonder* by Emma Donohue was adapted into a 2022 psychological drama thriller directed by Sebastian Lelio.

<sup>ii</sup> It was not appropriate to involve patients or the public in the design, or conduct, or reporting, or dissemination plans of this research.

<sup>iii</sup> *Ibid.* at 11

<sup>iv</sup> NLW MS 23137E, National library of Wales, at 5

<sup>v</sup> Ibid

<sup>vi</sup> This was also the case at St Thomas and Barts and the London, whereas doctors played a very active role in the management of the other London teaching hospitals.

<sup>vii</sup> NLW MS 23137E, National library of Wales, at 49

<sup>viii</sup> Facts had to be separated and sheltered from imagination. Imagination was no longer just feared, or some thinking register to manage or deal with, but it became loathed as the ultimate contamination and transgression of understanding the world. See Daston 2005

<sup>ix</sup> ‘La méthode pédagogique des manuels est simpliste, elle permet d’apprendre non pas à penser, mais à reproduire et à appliquer ce qui a été pensé par d’autres. D’ailleurs, elle sert bien son but: ne jamais juger par soi-même – c’est-à-dire ne jamais penser. Seul le médecin est capable de discernement...’ (Colliere 1991: 27). See also Nelson 2003.

<sup>x</sup> The use of the feminine voice was encouraged to soothe patients, but using the tongue however remains under strict prohibition (Sandelwoski 2000: 44). That prohibition is not without resonance with the instinctive practice of wound licking, and of drinking the pus from wounds, used by medieval mystics to help cure lepers or achieve ecstasy.

<sup>xi</sup> *I’m a child anorexic*, BBC Three Coming of Age Series, 2007

<sup>xii</sup> NLW MS 23137E, National library of Wales, at 111-113.

<sup>xiii</sup> NLW MS 23137E, National library of Wales, at 111.

<sup>xiv</sup> NLW MS 23137E, National library of Wales, at 49.

<sup>xv</sup> See also: Banner (2012: 1040) and Gergel and Owen (2015: 93)