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Introduction

Dickens lived in and wrote about a society that was discovering childhood as an enthralling object of scientific inquiry and popular scientific entertainment. He saw the worlds of childhood and science converge in surprising and sometimes disturbing ways when he toured the wards of children’s hospitals, attended scientific shows, participated in mesmerist experiments and gazed at foetuses floating in preservation jars stacked on the shelves of anatomical museums. During Dickens’s long career, knowledge about the child was produced, consolidated and contested in a number of slowly emerging scientific fields, ranging from paediatrics and child psychology to biology and the various disciplines that investigated the natural history of man. In this process, diverse groups – including pioneering medical doctors, parents, radical mesmerists, journalists, evolutionary biologists, showmen and philanthropists – struggled for authority in defining the meanings of childhood, child health and development. In this book, I explore how Dickens’s engagement with novel medical and scientific conceptions of the child, and with disputes over scientific credit and prestige, shaped the development of his narrative techniques and aesthetic imagination. Dickens responded to new practices of constituting knowledge about the child in creative and often ambivalent modes – adapting and transforming some medical and scientific ideas and resisting or challenging others. In turn, some of Dickens’s contemporaries discovered in his child characters a version of childhood that was ready to be inscribed by a wide range of medical and scientific projects: Dickensian child characters were appropriated by different fields of scientific interest, medical institutions and proponents of certain scientific theories in such a way as to privilege their particular claims to legitimacy. In order to comprehend Dickens’s
versatile contributions to the history of childhood in the nineteenth century, I show in this book, we need to readjust our understanding both of Dickens’s approach to science and of the place of literary and Dickensian motifs within Victorian popular scientific discourses of childhood.

No other novelist of the nineteenth century rivals Dickens in shaping Victorian and modern ideas about childhood. Dickens was among the first authors to give the child a central place in the novel, and although his narrative configurations of childhood passed through a number of transformations over the course of his long career, his interest in the child never waned. Dickens's child characters elicited polarized responses from readers on both sides of the Atlantic during his lifetime, and time has done little to restrain their cultural pervasiveness: Oliver Twist and Tiny Tim, for example, have starred in countless television and film adaptations, in musicals and advertisements; characters such as Pip and Little Nell have long secured themselves a niche in popular culture and the public imagination. Although Dickens’s representations of childhood have received a considerable amount of critical attention, scholars have rarely placed them in relation to the scientific debates which reframed Victorian notions of childhood and which continue to reverberate in contemporary discussions of child development, health and disease. This lacuna results from a long-standing critical tendency to underestimate the breadth of Dickens’s interest in science. Unfavourable assessments of Dickens's understanding of science arise when critics confine their definitions of medicine and natural history to those aspects of theory and practice that were later incorporated into mainstream histories of science. As I demonstrate in subsequent chapters, Dickens was immersed in scientific debates about childhood, but his interests were directed primarily at popular renditions of scientific knowledge and at forms of scientific inquiry whose authority was not yet settled: mesmerist trials and popular scientific shows, the movement to establish hospital care for children, popular medical manuals, germinating paediatric and psychological debates in the periodical press, anatomical museums and scientific lectures. I explore these contexts by reading Dickens’s literary works, journalism, letters and speeches through the prism of his support for medical institutions and charity schemes, his network of friends in scientific and medical circles, his penchant for the vibrant culture of popular scientific performances and shows, and his editorial activities for his two weeklies, *Household Words* and *All the Year Round*. 
Dickens and the cultures of Victorian science and medicine

In the first half of the nineteenth century, Britain’s medical infrastructure expanded to an unprecedented extent and hospitals moved from the fringes to the centre of medical practice, research and teaching. Dickens witnessed momentous diagnostic and therapeutic advances such as the rise of pathological anatomy and the introduction of the stethoscope and of anaesthesia through his numerous visits to hospitals, including the Royal Free Hospital, the North London Hospital (later University College Hospital), the Hospital for Consumption and Diseases of the Chest, the Royal Hospital for Incurables and the East London Children’s Hospital. His interest in benevolent establishments extended to other progressive medical institutions at home and abroad, too many to list all of them here. In 1841, Dickens was on the committee for the foundation of a middle-class nursing home in his local neighbourhood at York Gate. He was well acquainted with the principal mover of the sanatorium, the medical doctor and social reformer Thomas Southwood Smith. During his travels in the United States in 1842, Dickens toured the Perkins Institution and Massachusetts Asylum for the Blind (described in praising detail in American Notes) and he regularly visited the Lausanne Asylum for the Blind during the summer of 1846, which he spent with his family in Switzerland. He co-wrote an enthusiastic article for Household Words about the Park House Asylum for ‘idiots’ at Highgate that had been founded by the Reverend Andrew Reed and Dickens’s friend John Conolly, the celebrated physician and psychiatrist who famously campaigned for the non-restraint system and contributed to the emerging field of child psychiatry.

However, the medical institution that was closest to Dickens’s heart was Great Ormond Street Hospital, the first British hospital for sick children, founded by the pioneering paediatrician Charles West in 1852. It was only after Dickens co-authored an article for Household Words, making an urgent case for the hospital and the young discipline of paediatrics, that a wave of donations poured in and stabilized the shaky budget of the children’s hospital. Memories of Dickens’s own childhood, as well as his experiences as father of ten children, strengthened his conviction that the diseases of childhood were not sufficiently understood. It has been estimated that in the period between 1840 and 1900, fourteen per cent of children born to middle- and upper-class families died before reaching adulthood and the numbers were, of course, even higher for the children of the working classes. As a young
Charles Dickens and the Sciences of Childhood

child, Dickens witnessed the death of two of his siblings: he was two years of age when his baby brother Alfred died of ‘water on the brain’ and about ten when his infant sister Harriet succumbed to smallpox. Looking back to the days of his childhood, Dickens described himself as a ‘very small and not over-particularly-taken-care-of boy’ whose health was ‘delicate’ and kept him ‘from playing as other children did’. He suffered from chronic ‘attacks of violent spasms’ and, having witnessed the helplessness of doctors, later called these attacks ‘the torment of his childhood’. Even if Dickens’s works are largely devoid of scenes or constellations that draw direct inspiration from his family life, his letters reveal that his own children frequently reminded him of the fragility of child health. Although generally hardy, several of his children experienced very serious bouts of disease and Dickens was familiar with sick-room routines. In a potentially hyperbolic remark in her memoirs, Dickens’s daughter Mamie notes: ‘And how useful he was in a sick-room! He always knew the right thing to be done, and did it so quietly and so cheerfully, was so ready and so handy, that he inspired every one with unbounded confidence and hope in him’. In 1851, Dickens and his wife Catherine lost their ninth child, Dora Annie, at the age of eight months. Dora’s sudden death from ‘unexpected convulsions’ is sadly representative of the frequent inability to predict a child’s death and to define exactly its medical causes in the nineteenth century. Convulsions were often given as cause of infant death, but doctors associated them with a notoriously diverse spectrum of underlying diseases.

In 1852, a year after Dora’s death, Dickens evoked the powerlessness of parents and doctors in the face of many serious childhood diseases in his *Household Words* article about the newly founded Great Ormond Street Hospital, arguing for the pressing need for a children’s hospital that would facilitate paediatric research. Dickens continued to support the institution in other articles and through public readings at the hospital. He hosted the hospital’s first annual charity dinner, became an Honorary Governor and fictionalized Great Ormond Street Hospital in *A House to Let* (1858) and *Our Mutual Friend* (1864–5). As I discuss in Chapter 3, the hospital management and journalists shrewdly seized on the popularity of Dickens’s name and his iconic child characters to promote the hospital. In 1908, the hospital board posthumously declared Dickens co-founder of the institution: ‘The Hospital for Sick Children was founded on small scale by that immortal friend of children Charles Dickens, Charles West, and a few others fifty-six years ago, and was the first hospital ever established in this country for children’.15
Besides Conolly and West, Dickens entertained cordial friendships with other eminent medical men and naturalists of the period. Among these were Dickens’s family doctor, the controversial physician and supporter of mesmerism John Elliotson, and the comparative anatomist Richard Owen, head of the natural history department of the British Museum and Charles Darwin’s notorious rival. Elliotson and Dickens read each other’s works, visited each other’s homes in England and abroad, and Dickens even collected material for inclusion in Elliotson’s medical opus magnum, *Human Physiology* (1835).\(^{16}\) Owen, too, was an admirer of Dickens’s novels and a guest at his house, and he contributed a number of articles to Dickens’s weeklies.\(^{17}\) From the earliest days of his literary career, Dickens was a keen observer of the burgeoning public interest in scientific demonstrations, associations and exhibitions that would intensify over the course of his lifetime. Both the opening scene of *The Posthumous Papers of the Pickwick Club* (1836–7) and two satirical sketches, the ‘Full Report of the First Meeting of the Mudfog Association for the Advancement of Everything’ and the ‘Full Report of the Second Meeting of the Mudfog Association’, which Dickens wrote for *Bentley’s Miscellany* in 1837 and 1838, poke hilarious fun at what Dickens perceived as the bombastic jargon and eccentric scientific disputes of the newly founded British Association for the Advancement of Science (founded in 1831).\(^{18}\) Dickens’s comic account of the activities of scientific gentlemen such as the Professors Snore, Doze and Wheezy displays a keen awareness of the manifold ways in which scientific knowledge is acquired, authenticated and represented. The members of the Mudfog Association keep statistics, observe animals, dissect animals, test experimental doses of medication on humans, discuss competing theories, make calculations, build models and machines, and exhibit botanical and anatomical specimens. While each of their scientific projects trumps the last in sheer absurdity, Dickens’s sharp-sighted satire also points to the imbrication of science and the larger social world: utilitarian principles provide a grim agenda for ludicrous schemes such as the ‘establishment [...] of infant schools and houses of industry’ among ‘industrious fleas’ in order ‘to employ the labour of these fleas as part and parcel of the productive power of the country’ (521) and for Professor Muff’s theorem that a sufficient workhouse diet consists of ‘the twentieth part of a grain of bread’ and ‘the fifteenth part of a grain of pudding twice a week’ (526). These early sketches also showcase Dickens’s understanding and humorous exploitation of the potential friction between the ambitions of scientific men and the expectations and values of the wider public – illustrated in the public uproar that
follows the dissection of a dog who was ‘much and deservedly respected by the whole of his acquaintance’ (518).

Dickens visited a range of scientific entertainments and shows. In the late 1830s, for instance, he zealously attended private soirées and public demonstrations of mesmerism conducted by Elliotson, frequently featuring children as mesmerist subjects. 19 American Notes (1842) includes a detailed account of Dickens’s attendance of a public lecture on phrenology and Pictures from Italy (1846) reports his delight in the Royal Museum of Physics and Natural History in Florence. 20 Dickens was familiar with London’s bustling scene of popular scientific exhibitions, which put on display not only objects but also people, including children from ‘primitive’ foreign cultures. He regularly solicited articles for Household Words and All the Year Round which gave vivid accounts of individual exhibitions on subjects ranging from geology to natural history, and from anatomy to ethnology. 21 In 1863, Dickens even gave permission to John Henry Pepper, famous lecturer in popular science and manager of the Royal Polytechnic Institution, to mount a production of his Christmas story The Haunted Man (1848) in the Polytechnic. 22

Trading zones: Dickens and the sciences of childhood

This book describes a complex nineteenth-century culture of representing childhood and children that grew out of the enmeshment of literary and popular scientific registers in a variety of institutional, material and print contexts. My focus lies on instances in which Dickens’s critical and creative engagement with the aesthetics and institutional politics of scientific venues, practices and forms of inquiry generated new modes of writing about the child. This study also explores cases in which medical and scientific communities and institutions strategically integrated versions of the Dickensian child, and sentimental and melodramatic literary modes linked to Dickensian motifs of childhood, into their self-fashioning.

Over the course of the last twenty years, transactions between nineteenth-century literature and science have received sustained critical attention. My study builds on two general assumptions about the relationship between literature and science that are currently shared among many literary critics and historians of science: first, transfers between the spheres of literature and science were uneven and discontinuous but never simply one-way; and second, these transfers should be broadly defined to include specific ideas and rhetorical strategies as well as publication formats, marketing schemes, modes of cultivating
new audiences and reading practices, and the dynamics of distribution and reception. When discussing literature and science, many critics and historians still by default refer to written scientific texts. While medical and scientific publications play an important role in my study, I also explore a range of non-textual practices of producing and disseminating knowledge about the child, including mesmerist experiments on children, hospital ward tours, popular scientific lectures and demonstrations, and the collection and display of anatomical specimens. In order to conceptualize interactions and forms of creative dialogue between these variegated (non-textual) epistemological procedures and Dickens’s writing, I engage Peter Galison’s concept of the ‘trading zone’. Galison developed this concept to discuss processes of exchange and collaboration among practitioners from vastly different disciplinary backgrounds in which ‘traditions coordinate with one another without homogenization. Different traditions of theorizing, experimenting, instrument making […] meet – even transform one another, but for all that, they do not lose their separate identities and practices’. Galison studies processes of institutionalized collaboration (his example is microphysics), whereas I am interested in informal and transitory transactions between Dickens’s works and different scientific cultures. Galison’s concept of the ‘trading zone’ is useful, however, because it invites an approach that gives attention to the important material and representational differences between literary and non-literary practices of knowledge production with their different traditions, interests and stakes; at the same time, the concept prompts us to examine the transformative procedures by which these different fields interface with each other, borrowing and adapting aesthetics, modes of address and claims to legitimacy in unanticipated ways.

Dickens’s fiction and journalism, his private pursuits and public causes, responded to new scientific theories and practices related to childhood with an immediacy that is not found in most other contemporary writers. On Dickens’s death, the widely circulated medical weekly *Lancet*, which had often championed Dickens’s novels for their outspoken social critique, published a long obituary:

The organs of literature and politics have already paid their tribute to the rare intellectual and moral gifts of the novelist; […]. It remains for us only to make special acknowledgement of the obligations he has indirectly imposed on every practitioner of the healing art.

Medical science, particularly in its bearings on the community as distinct from the individual, requires organisation – the establishment
and maintenance of centres of relief, such as dispensaries, hospitals and convalescent homes. Depending as these do on voluntary support, they flourish or languish in sympathy with the liberality or the selfishness of the public. To soften this selfishness, to quicken this liberality, was the task to which Charles Dickens devoted himself.26

The majority of the new medical and scientific institutions and organizations which emerged in the first two-thirds of the nineteenth century depended – as the Lancet reminded its readers – on public funds and private donations. The obituary describes the pivotal role of Dickens's writings in bringing together the public on the one hand, and these institutions and their medical ambitions on the other, but my book shows that this was not a straightforward process of mediation. Although Dickens did at times write about medical ideas with the main purpose of disseminating them to a wider audience and of campaigning for a particular paediatric institution, as was the case in his articles about Great Ormond Street Hospital, his interaction with popular scientific and medical debates was generally more complex and equivocal. Dickens was able to exploit the aesthetic value of scientific practices and to hone his modes of representation by reflecting on the epistemological strategies of specific medical or scientific fields without necessarily espousing their truth claims. He transformed biological, medical and psychological conceptions of the child not only by testing them against the demands of narrative and plot, but also by linking them in his novels to surprising new cultural contexts – including debates about national identity, Britain’s colonial expansion, social reform projects and new legislation – and by harnessing them to his social critique. Emotional involvement rather than analytical detachment characterized Dickens's response to many popular scientific cultures of his day: he relished the melodrama of mesmerist trials; he experienced the limitations of nineteenth-century paediatrics as both a social and a personal (in the case of Dora's death) tragedy; and he was appalled, as the sketches about the Mudfog Association show, by scientific endeavours that served narrowly defined political ends. Despite (and often because of) his emotional investments in medical and scientific practices, Dickens was an astute and critical observer of these newly emerging forms of making and organizing knowledge about the child. He was ready to affirm some medical and scientific explanations and to resist others – for instance, he disagreed with the widespread tendency among medical writers to moralize the child’s emotional life, and he drew attention to the inconsistencies and tensions between conflicting models of speciation.
Dickens’s plots and characters appealed to readers from vastly different backgrounds and this cultural mobility was attractive to different medical institutions and communities. Medical writers and doctors appropriated Dickensian figurations of children in order to defend scientific theories and principles, to turn them into instruments of medical knowledge upon which experiments could be tried and tested, and to legitimize the medical agenda of newly founded institutions. In studying how these literary constructions of the child were taken up and refigured by different groups, I am particularly interested in how some of Dickens’s narratives and child characters functioned as ‘boundary objects’ – a concept I am borrowing from sociological debates. Boundary objects can take material form (e.g. technical instruments or standardized charts) or abstract form (e.g. methodologies, ideas or motifs) and they travel between different communities of practice. They are invested with discrete local meanings in the context of each of these communities, but they also carry generally recognizable meanings which enable them to function as a means of communication and, sometimes, mediation across different communities. Dickensian motifs and child characters emerged as crucial boundary objects during debates among the various groups – including the hospital management, medical doctors, journalists and social reformers – whose fraught collaboration enabled the foundation and later expansion of the Great Ormond Street Hospital. Doctors, writers and reformers, all of whom had different stakes in the hospital project, used these literary figurations to articulate their contrasting visions of the social and medical mission of the children’s hospital, to negotiate compromises and stake out common ground, and to campaign for funds in the wider community.

By drawing attention to the place of literary and Dickensian representations of childhood within a number of epistemological battles about the scientific meanings of child health and development, this book also foregrounds the cultural embeddedness of medical and scientific understandings of childhood. Since Thomas Kuhn’s *The Structure of Scientific Revolutions* (1962) and Bruno Latour’s works, including *Laboratory Life: The Social Construction of Scientific Facts* (1979, co-authored with Steve Woolgar) and *The Pasteurization of France* (1988), redefined scientific practices as part of larger social and ideological dynamics, historians of science – and historians of popular forms of science in particular – have given increasing attention to the intersections between newly emerging scientific trends and wider social, political and cultural struggles in the nineteenth century. ‘Science’, as David N. Livingstone has observed, ‘is not above culture; it is part of culture. Science does not transcend our
particularities; it discloses them. Science is not a disembodied entity; it is incarnated in human beings'\textsuperscript{29} Dickens's literary and journalistic writings, and the popular-scientific debates to which they contributed, open a window onto the various social and political pressures that inflected the formation of new scientific practices and medical concepts of childhood. These include conflicts between the medical establishment and more marginal bodies of medical knowledge, attempts to assimilate certain strands of paediatrics to the larger political aims of the public health and sanitary movements, and the powerful mark which discourses of class left on scientific practices and definitions of the child in health and disease.

Although medical doctors, social reformers, and literary and journalistic writers approached both working- and middle-class children as objects of scientific inquiry, they implicated them in very different debates. Mesmerists like John Elliotson, for instance, preferred working-class children as experimental subjects because their allegedly less developed intellect seemed to suggest that their bodily reactions would produce more credible evidence for mesmerist phenomena. As I argue in Chapter 1, this social inequality that existed between working-class subjects and middle-class mesmerists is also encoded in Dickens's literary engagement with the mesmerized child in \textit{Oliver Twist} (1837–9). Institutional approaches to children were similarly marked by class divisions. Charles West's attempts at founding a children's hospital, I suggest in Chapter 3, failed repeatedly until sanitary reformers, philanthropists and the mushrooming child rescue movements developed an interest in the idea of a hospital for the children of the poor. The hospital management used Dickensian images of childhood to fashion the hospital into a domestic haven for the homeless children of the streets, implying that they would be cured at Great Ormond Street both through expert medical attention and through the healing experience of middle-class childhood. In practice, however, street children were rarely if ever admitted to the hospital, and throughout Dickens's lifetime middle- and upper-class families remained far more successful than their working-class counterparts in securing medical care for their children.

By focusing attention on the intersections between literary and (popular) scientific constructions of childhood, and by charting the cultural, social and political conditions (including class conditions) under which they came into being, my study contributes to the ongoing revision of the history of Victorian science.\textsuperscript{30} For the greatest part of the twentieth century, historical approaches to institutional developments
in nineteenth-century science, and to the rise of paediatrics in particular, were dominated by studies on the professionalization of metropolitan elites. Over the course of the last decade, however, historians of Victorian science have begun to explore a constantly expanding spectrum of knowledge-producing practices, undertaken by many different social groups to different ends and in a wide variety of venues. Building on this work, I examine the cultural spaces in which doctors, scientific writers and laypersons collaborated in collecting and defining knowledge about childhood. This perspective allows me to reconstruct a more democratic history of nineteenth-century scientific inquiries into the physical health of the child – a history which sheds light on both the struggles and the compromises which defined the relationship between the diverse social and professional communities which invented the meanings of childhood in the nineteenth century.

Chapter 1 demonstrates that Dickens’s discovery of childhood as a fruitful literary topic in *Oliver Twist* needs to be placed in relation to his keen participation in mesmerist experiments on children. I trace currents of exchange between Dickens’s writing and the work of a group of mesmerists who gave child subjects a central role in their theatrical magnetic demonstrations, and I explore the different ways in which author and mesmerists constructed the child as an instrument of scientific knowledge and as a passive generator of social information. Chapter 2 reads Dickens’s correspondence and *Dombey and Son* (1846–8) against the unprecedented outpouring of popular medical childcare manuals in the 1840s. I look at the flexible modes in which non-medical readers such as Dickens interacted with these publications and trace the ways in which the quickly expanding dissemination of paediatric theories during this period altered cultural attitudes to childhood. The establishment of Great Ormond Street Hospital in 1852 and the battles which doctors, mothers, sanitary reformers and philanthropists fought about the meanings of child health provide the framework for Chapter 3. There, I show how Dickensian notions of childhood, as well as some of his fictional characters, came to be inextricably linked with the new hospital in the public imagination of the 1850s and 1860s, and I reveal how different professional and social groups used Dickensian motifs of childhood to imagine and promote the social uses of paediatrics.

Chapter 4 turns to the mind of the child. It places a group of Dickens’s works, including *David Copperfield* (1849–50), *A Child’s History of England* (1851–3) and the first two series of ‘Uncommercial Traveller’ essays (1860, 1863), in the context of budding discussions about child psychology. It explores how Dickens and the medical and scientific
writers he knew grappled with similar questions about understanding and representing the emotions of the child even though they arrived at different conclusions. Chapter 5 investigates how Dickens in his portrayal of child characters in *Our Mutual Friend* and other late writings creatively adapts features of the sensationalist displays of popular anatomical museums. I argue that in these late works Dickens engages speculations about the evolutionary meanings of ‘monstrous births’ in order to scrutinize tensions between different modes of evolutionary change.

A word needs to be said about the ways in which I use the terms ‘childhood’ and ‘child’. As Carolyn Steedman and Sally Shuttleworth have observed, Victorian literary and medical writers ‘give widely variant definitions of the age range they deem to be covered by the term “child”, or “youth”’, which could easily extend into the twenties.31 It is impossible, therefore, to approach the topic of Victorian childhood without a certain level of flexibility in terms of the age groups examined. When Great Ormond Street Hospital was founded in the early 1850s, the hospital statutes defined childhood as the age between two and twelve. The hospital drew the core group of its patients from this cohort but the doctors were free to admit both younger and older patients, if the study of their particular diseases promised to make a contribution to knowledge about childhood pathologies. I adopt a similarly elastic approach: many of the characters I discuss fall into the age range the hospital defined as childhood. However, I also include a number of characters who are younger or older in cases where Dickens’s novels implicate them in scientific discourses of childhood. Adolescence is not a concern of this book, nor are forms of mental disability which fix adult characters such as Barnaby from *Barnaby Rudge* (1840–1) or Maggy from *Little Dorrit* (1855–7) on the developmental stage of a child.

While nineteenth-century discourses of child psychology form part of my study, my emphasis falls on scientific and medical debates about the child’s physical development and health. Shuttleworth’s authoritative *The Mind of the Child* (2010) has shown how the child’s psyche became an object of intense cultural and scientific inquiry between 1840 and 1900, giving rise not only to the disciplines of child psychology and psychiatry, but also to countless novels and autobiographies which explored the growth of the child’s mind. However, Dickens’s avid interest in ailing, grotesque and often eccentric children’s bodies resonates with many nineteenth-century popular scientific debates about physical child health, suggesting that the Victorians, for all their interest in the child’s mind, were equally fascinated by the child’s body and its
puzzling transformations. *Charles Dickens and the Sciences of Childhood* discloses the central place which the material, embodied child held in the Victorian imagination. It argues that for Victorians the child’s body was distinguished from the body of the adult not only by its distinct anatomy and physiology, but also by its more delicate constitution, the pathologies to which it was susceptible, as well as by the affinities which Dickens and many of his contemporaries perceived between the child’s body and the bodies of allegedly ‘inferior’ races.

Locating Dickens’s child characters in the vibrant scene of mid-nineteenth-century popular scientific cultures, I propose, can prompt a critical reconfiguration of Dickens’s conception of childhood. Since Peter Coveney distinguished Dickens as ‘the central figure in the transference of the Romantic child into the Victorian novel’ in his seminal *Poor Monkey: The Child in Literature* (1957) many critics have complicated this narrative. They have variously asked how Dickens responded to the unique historical and cultural pressures of his period by transforming certain elements of the Romantic heritage and resisting others, and by intertwining his portrayals of childhood with trenchant social criticism. Malcom Andrews’s *Dickens and the Grown-Up Child* (1994), the last book-length study on Dickens and childhood, suggests that Dickens’s victimized and prematurely ‘grown-up children’ encapsulate wider cultural concerns about the renunciation of the ‘internalized’ child in an age marked by industrial progress, utilitarianism and the rise of capitalism. According to Andrews, Dickens constructed the world of childhood as a Romantic ‘counter-culture’ and ‘pre-Victorian state of being’, a realm of innocence and fancy that the modern Victorians felt they had to leave behind as they grew up.

Like Andrews I am interested in the ways in which Dickens situates the child in a realm that is profoundly distinct from the world of adulthood. However, I argue that Dickens’s child figures are shaped less by the spiritual difference that characterizes the Wordsworthian child than by forms of childhood difference that are registered and defined through immediately contemporary medical, biological and psychological systems of knowledge. While Romantic motifs of childhood continue to reverberate both in Dickens’s writings and in Victorian scientific debates about the child, they are modified in complex ways through their assimilation into these new medical and scientific discourses. Instead of approaching Dickens’s representations of childhood as a backwards-looking projection of the Romantic child, I am, therefore, interested in tracing the interfaces between Dickens’s vision of childhood, Victorian science and a heterogeneous set of discourses of modernity.
These discourses range from debates about scientific orthodoxy and professionalization to social and sanitary reforms, and from the rise of evolutionary biology to the expansion of the British Empire and the unprecedented global mobility of goods and people. In the past, critics of childhood in Dickens's works have traditionally focused on one or other phase of his writing. By investigating Dickens's shifting representations of childhood across his long career, I show that Dickens's engagement with childhood went through a number of important metamorphoses, and that these metamorphoses are symptoms of wider cultural shifts in the understanding of childhood which accompanied the emergence of new scientific practices and debates. Children take on surprisingly diverse roles both in popular scientific discourses and in Dickens's writings: they figure, for instance, as instruments of medical knowledge and as experimental subjects, as harbingers of species change, as putrefied matter and as primitive 'savages', as fairies, monstrous grotesques and as repositories of national identity. The irreconcilable contradictions between many of these incarnations suggest that the embodied Victorian child – located in the crossfire of contemporary concerns about knowledge, science and cultural authority – continued to elude both epistemological and narrative control.
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