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Embodying the Healthy Charitable Child in the Junior Red Cross

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Although Canadian children actively contributed to a variety of fundraising and other charitable activities during the First World War, many of which were organized by or for the Canadian Red Cross, the Junior Red Cross (JRC) was not formally established in Canada until 1922. After the war, when its *raison d'être* was no longer as obvious, the Canadian Red Cross became a vital organization that could assist federal, provincial, and local governments in their efforts to improve health and prevent disease. The JRC, it was felt, could “do better work than the grown-ups, because good health depends largely on the practice of right health habits, and these are more easily learned in childhood than in adult life” (“What” 3). One of the primary ways in which JRC ideals about health and disease prevention were conveyed to children was through the pages of its official publication, the *Red Cross Junior* magazine. This chapter examines the early years of the magazine between 1922 and 1930 to show how Canadian children were guided towards behaviors and attitudes designed to promote a healthy and charitable life. The monthly magazine incorporated a variety of content that encouraged JRC members to embody the healthy values of the organization. These values included becoming healthy, but also helping others to become healthy through charitable activities.

Pierre Bourdieu’s idea of *habitus* provides a framework for understanding how the healthy child is embodied in and through the pages of the *Red Cross Junior*. He describes *habitus* as a set of “individual and collective practices” that are produced by and emerge from “a system of dispositions” that “tends to perpetuate itself into the future by reactivation in similarly structured practices” (54). As Claire Edwards and Rob Imrie explain, “Habitus, then, seeks to focus on the corporeal, embodied experiences of everyday life and to understand systems of interaction between individual social beings and broader social structures” (241). The *habitus* of child health is produced by a set of practices that are “inscribed on bodies” (Bourdieu 59). The *Red Cross Junior* attempts to enact the *habitus* of child health by promoting a series of health rules to be adopted by child readers in the hope that they will become internalized to the extent that they will seem natural and will activate similar practices in other children. The ongoing enactment of the *habitus* is central to its perpetuity since it generates ideas and actions within the “limits set by the historically and socially situated conditions of its production” (Bourdieu 55). By creating the *habitus* of child health for child readers, the magazine also presumably hoped it would continue into adulthood as the children grew up and became adults who likewise valued children’s health.

Michel Foucault provides a complementary framework that operates within the *habitus* to embody the healthy child. The child readers of the *Red Cross Junior* are encouraged to govern themselves according to the rules and guidelines provided by the magazine and the Junior Red Cross organization. Foucault describes governmentality as “the art of self-government” based on “a form of surveillance and control” (“Governmentality” 91, 92). The child readers of the magazine are encouraged to self-govern by observing and controlling their actions and activities to produce a “docile body” (*Discipline* 136) that is relatively “ignorant of what is being done to it” (“Governmentality” 100). The child reader is guided towards practices of health and charity, but remains relatively ignorant about the significance of these activities in the broader social context.

The embodiment of child health was enabled through the co-operation between Canadian public health workers and provincial departments of education. According to the Canadian Public Health Association in 1911, its primary focus was on the “rising generation” through whom they hoped “first of all to create a strong and healthy race” (qtd in Sutherland 39). School children were more likely to contract infectious diseases at school, which meant that the school was an important arena in which to examine, treat, and educate children about habits of healthy living. By the advent of the First World War, Canadian cities had largely already implemented campaigns to improve children’s health while rural areas were considerably behind urban areas in understanding the value of maintaining sanitary schools and medically inspecting school children.

In post-war Canada, the healthy body of the child was an especially salient symbol. As Nancy Janovicek observes, young people became “the cornerstone of modern prosperity and industrial development” (446) in the twentieth century. The healthy child became an indicator by which the nation’s health and well being could be measured as well as a rallying point for a healthy society following the devastating years of the First World War. A healthy, prosperous nation must be able to produce healthy children. This chapter argues that the *Red Cross Junior* was an important vehicle through which children were encouraged to embody and promote habits of health in the post-war years.

Defining the Healthy Child

The *Red Cross Junior* took on the task of helping to formulate a healthful *habitus* by simultaneously asserting the idea of the healthy child as innately natural and inherently good while also instructing children about how to be healthy. The *habitus* of healthy children in the magazine includes a definition predicated on the able-bodied child who is “crucial to the smooth operation of traditional theories of democracy, citizenship, subjectivity, beauty, and capital” (Breckenridge 350). The healthy child’s body meets norms pertaining to weight, activity, and its physical movement through space, but is also subject to regulatory practices related to cleanliness and emotion. Children are asked to regulate their own behaviors to meet this normative ideal with little discussion of the children who do not, and cannot, satisfy the requirements of the *habitus*. This “self-government” (“Governmentality” 91) is fundamental to the development of the healthy-child *habitus* of post-war Canadian society. As Chris Shilling explains, this notion of governmentality contributed to a *habitus* “in which embodied subjects were encouraged to structure their lives in particular ways” (3). The child reader and the children depicted in the pages of the magazine were subject to and operated within the networks of power defined by the school and the family.

The JRC was intended to help children to fulfil their potential as healthy Canadian citizens, yet the magazine’s ideal was somewhat narrowly defined to include only certain Canadian children. Nation was an explicit framework for the Canadian JRC, although Junior Red Cross organizations around the world were inducting their children into similar patterns of healthy behavior. The *habitus* of child health was promoted through nationally written and published magazines, but was based on a shared international belief in its importance. The ideal of health in the *Red Cross Junior* was thus not distinctively Canadian, except insofar as many of the models of health that appeared in its pages—in fiction, illustrations, or photographs—were defined as

Canadian. Child readers of the magazine were encouraged to see themselves as part of an “imagined community” (Anderson 46) of healthy Canadian and international children who both comprised and contributed to the *habitus* of health.

The magazine’s rhetoric is characterized by slippages between its ideal and the myriad of children it served. The 1922 Annual Report describes the Canadian Red Cross belief that “a sound, clean and strong body” was “the birthright of every child” (CRC *Annual Report*, 1922, 20) and would enable clear thinking (and thus intelligence), the ability to appreciate beauty (a signifier of character), and the ability to be unselfish (a quality of good citizenship). Its lofty aims “to promote Health, Humanitarian Ideals and Good Citizenship” (CRC *Annual Report*, 1922, 21) were predicated on a narrow understanding of JRC children as predominantly white, able-bodied, and largely middle class.¹ It promoted membership by the “issuing of special Junior Membership badges and certificates, to which each child shall be entitled on the payment of a membership fee of twenty-five cents” (CRC *Annual Report*, 1919, 17). Not all children would have been able to raise the membership fee to become a member. The healthy ideal of childhood, enabled by and facilitated through membership in the Junior Red Cross, was thus available only to children who could afford the annual subscription fee.

Creating the Healthy Child in the *Red Cross Junior*

Although some unofficial Junior Red Cross branches emerged during the war, the organization rapidly expanded after 1922 when the Junior Red Cross was formally established and introduced into Canadian schools. As James Robertson, Chairman of the Canadian Red Cross Society Council, explained, the primary purpose of the JRC was “to get the boys and girls interested in learning and doing voluntarily those things which promote health knowledge and health habits, linking up a knowledge of hygiene with habits of living so that the child may have them for all time” (4). Children were encouraged to join the JRC, where they would “acquire habits of healthy living, become actively interested in their own health and that of others, find opportunities for the exercise of their natural altruism and develop a friendly interest in their contemporaries in all the civilized countries of the world” (“Canadian Red Cross Society” 93). These objectives reflect the JRC interest in embodying health in Canadian children but also in inspiring children to help others.

The JRC school health campaign operated alongside the increasing intervention of school health doctors and nurses into children’s lives through regular inspections. A proper school medical program “detected contagious disease, discovered physical defects in pupils, made the school ‘the most sanitary place in the community’, inculcated hygienic habits in young people, provided for their physical training, and improved the methods and materials of health instruction” (Sutherland 49). Thus the school medical program simultaneously examined children’s bodies for physical imperfections when measured against a normative standard as well as inspecting them for communicable diseases. This medical examination of children’s bodies was accompanied by a concurrent campaign to instruct children in proper habits of health, hygiene, and physical development. These combined efforts coincided with a “sharp rise” (Sutherland 52) in the standards which were being applied to the care of children.

The *Red Cross Junior* was an obvious method by which the JRC shared its health, hygiene, and physical development objectives with its members. The publication was intended to “attract and interest children and young people, and to be of service to teachers and organizers of Junior work” (CRC *Annual Report*, 1919, 17). It contained stories, games, puzzles, correspondence from other JRC branches, and educational articles to promote the threefold ideal of health, citizenship, and service. By 1930, it had a paid circulation of approximately 30,000 (“Canadian Red Cross Society” 93). Each sixteen-page issue featured an illustrated black and white cover depicting the cross and title in red. Edited by Jane Browne, national director of the Junior Red Cross, the magazine included Canadian content such as informational articles on beavers, as well as photos and illustrations, poetry, songs, and reading recommendations. It also regularly featured reports from Junior branches in Canada and around the world, intended to help promote the national and global breadth of the organization.

One of the main methods for encouraging children to learn about and embody health was through the establishment of “The Health Game,” which introduced twelve health rules in the magazine to encourage proper eating habits, hygiene practices, and regular exercise. The rules included: regular baths; frequent brushing of teeth; drinking milk and eating plenty of fresh fruit and vegetables; using a handkerchief when coughing or sneezing; daily outdoor activities; and sleeping at least ten hours each night. These rules presumed access to healthy food that was predicated on an assumed standard of living in which such food was regularly available. The model of the health game was intended to make it entertaining for children while also providing a clear set of rules to be followed.

While Bourdieu argues that the field (“the pitch or board on which it is played, the rules, the outcome at stake, etc.”) of the game is clearly understood as “an arbitrary social construct” (67), the stakes of the JRC health game were not clearly articulated in the magazine. Instead, children were encouraged to become healthy by adhering to “a policy of coercions that [acted] upon the body, a calculated manipulation of its elements, its gestures, its behavior” (Foucault *Discipline* 138). The consequences of failure were both moral and physical, with children who failed to abide by the rules seen as spiritually weak and physically inferior. Yet the rationale for the rules, and the context which made the introduction of these rules necessary, was elided. Canadian children were merely told that they should follow these rules for the betterment of themselves, their friends and family, and their nation. Healthy children were the product of this *habitus*, and the normativity associated with the idea of “health” remained unquestioned.

Prize competitions were a common way that the *Red Cross Junior* supported the *habitus* of child health as they encouraged children to learn and remember these healthy habits. A health poster competition was one such example. Readers under the age of fifteen were asked to illustrate one or more of the health rules. The winning poster by fourteen-year-old Gladys L. Cook of Hamilton, Ontario is reproduced in the magazine, with a smiling and healthy Gladys pictured below (See Fig. 1). Entitled “HEALTH RULES FOR YOU,” the poster directs readers to see the rules as relevant and applicable to them since they are rules “for you” as the reader. Cook has illustrated six rules with simple drawings of children performing these good behaviors. Readers are encouraged to see themselves following the health rules and consequently becoming both healthy and happy. This idealized self-government enabled the “subtle coercion” (Foucault *Discipline* 137) of the child readers to produce the embodiment of health.

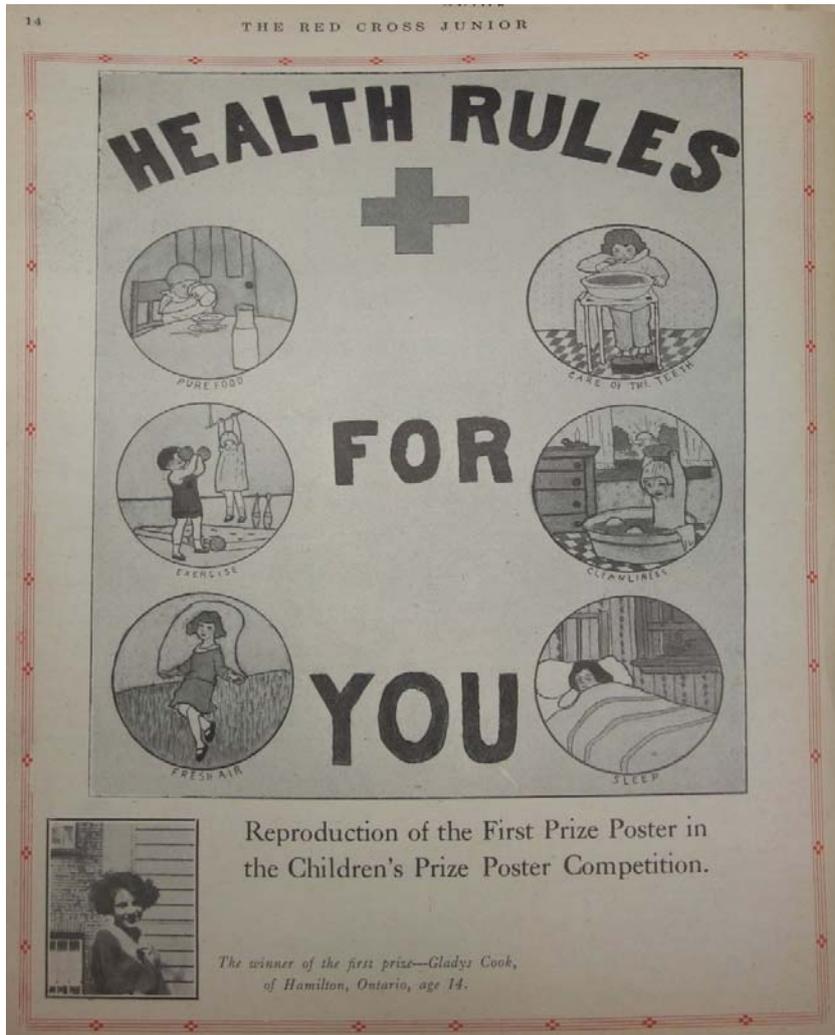


Figure 1: “Reproduction of the First Prize Poster” *Red Cross Junior* January 1923.

The poster competition functions like a game, much as the “Health Game” does. There are rules, winners and losers, and a field of play. The *habitus* of health enacted in and through the magazine means that competitors are presumably sufficiently in agreement with the magazine’s principles to submit to the competition, thereby encouraging reader identification with the magazine and its ideals. The participatory culture of the magazine is encouraged through these types of competitions. Readers want to “play” the game by submitting their visualization of the rules and contributing to the magazine’s culture of health. Through the inclusion of Cook’s photo, she becomes – or at least appears to be – an example of the model of healthy childhood that the magazine encourages. She embodies the health rules while also contributing to the magazine’s construction of the *habitus* of health through her participation in the competition.

A 1923 *Red Cross Junior* health story competition likewise encouraged child readers to provide examples of how health could be embodied and how challenges to health could be overcome. In the winning story, “The Runt and the Red Cross Rules,” author W. Owen Conquest of Calgary,

Alberta demonstrates how healthy children could help unhealthy ones by encouraging them to become healthy.ⁱⁱ This *habitus* of health dominates the story. New student Billy Hooley is quickly nicknamed the “Runt” and described as a poor, unhealthy child who neither knows about nor follows the health rules. He is “a wan-faced, puny-looking, shrivelled-up lad of, perhaps, twelve summers” (Conquest 10). His Irish accent signifies his working-class origins, and the “Runt” soon confides to his teacher that his mother died when he was young; his father works in the mines and “hasn’t any time” (Conquest 10) to look after him. His weak body is a consequence of ignorance, poverty, and the lack of maternal care. The tellingly named teacher, Miss I.M. Kind, resolves to approach her JRC members to see if they would be interested in helping the Runt become “a healthy normal child” (Conquest 10). Soon they have organized a benefit concert to raise money, with which they anonymously provide Billy the food he needs to become healthy. The fresh milk they provide is accompanied by an initial note: “Billy, drink one glass at each meal” (Conquest 10). In addition to the milk, Billy also needs to be educated about proper health habits. The requirement for good food to be supported by education is a central premise of the magazine and is reinforced in the story.

Billy is gradually introduced to patterns of Foucauldian self-government that improve his health, while also making the stakes of the health game more clear. A weak, underdeveloped runt can be transformed into a specimen of health and vigor. In addition to regular good food and fresh air, Billy is guided towards disciplinary practices related to hygiene and is finally given a complete list of the “Rules of the Health Game.” A player of the health game can “win” only if he or she has the appropriate supplies and understands the rules. The successful potential of the health game is demonstrated when the “Runt” gradually gains his strength as a result of following the rules, and the story concludes with him winning a running race as “one of the best athletes in the West” (Conquest 11). From a child who, because of his ill health, could contribute only minimally to Canadian society, he has been transformed into an athlete. Sporting achievement has long been connected to nationalism, as Shilling notes, and Billy models Canada’s success in producing healthy children when he becomes a regional winner. In this story, the healthy JRC members help other, less fortunate, children to embody the ideal of health, and unhealthy children are encouraged to pursue the health habits to become contributing members of society.

The implied child reader of the magazine thus has a dual obligation as a member of the JRC. Not only must she be healthy, but she must also help others to be healthy as well. As the editor explains: “The JRC member takes upon himself the obligation of *actually putting into practice* the facts he has been taught about health” (“Junior Red Cross” 9, emphasis added). The child reader must do more than simply consider the health habits; he or she must embody them and become healthy. The fictional stories contributed by *Red Cross Junior* readers provide an imaginative space in which children explore how and why to embody health in addition to helping others to do so.

In contrast to Conquest’s story, which is focalized through the ignorant, unhealthy child in need of outside assistance, “Some Game” demonstrates how children with the ability to embody health should transform their behavior and adopt the disciplinary practices that will enable them to conform to the JRC ideal.ⁱⁱⁱ In this story Billy Smith eats poorly throughout the day. As a consequence, he gradually loses “all his ‘pep’” (G.G.N. 11) with no energy for play and no interest in his lessons. When his teacher introduces the Health Game by hanging a growth chart

on the wall, Billy is unsurprised to find that he is below weight because he has not been “playing the game” (G.G.N. 12). In this case, the health game is framed within a set of norms for weight based on height, age, and sex. Once the students begin following the health rules, they soon embody the healthy ideal. In contrast to Billy the runt in the first story, who lacks the requisite knowledge to become a “docile body,” Billy Smith is easily able to learn about and adopt the rules that will make him healthy.

Margaret Beetham, in describing nineteenth-century women’s magazines, explains how “femininity is always represented ... as fractured, not least because it is simultaneously assumed as given and as still to be achieved” (1). Likewise, the *habitus* of health in the *Red Cross Junior* is simultaneously assumed to be true for children while also still needing to be achieved. Only certain (white, able-bodied, middle-class) children depicted in the *Red Cross Junior* magazine are able to adopt the practices of healthy self-government without any outside intervention or resources. Child readers who saw similarities between Billy and themselves could be inspired by the ease of Billy’s transformation. Alternatively, a child reader who already abides by the health rules can follow Billy on his journey to health. Although both stories feature male protagonists, the health rules are clearly intended for both boys and girls and are designed to encourage self-governing healthy behaviors in all able child readers. A character like Billy could represent any white, working- or middle-class child, with parents who care for him and who are concerned about his unhealthy habits. His ready ability to buy candy suggests a certain degree of financial stability and implies his middle-class standing. This kind of story presumably also functioned aspirationally for working-class readers who hoped to improve their material circumstances.

Charity in the *Red Cross Junior*

Entwined with the *habitus* of health are disciplinary practices related to service. To become a good Canadian citizen, the JRC encouraged habits of health, but also expanded upon the wartime necessity of helping others through charitable giving. The fundraising in the *Red Cross Junior* is oriented towards health, as readers are reminded in June 1922: “there are many unfortunate children in the world who, through no fault of their own, cannot enjoy good health, because of some physical defect. We all know of such cases that are not receiving the necessary treatment because their parents are unable to pay for it. It is the work of Junior Red Cross branches to raise money to make possible the treatment of such children” (“What” 3). The healthy child readers of the magazine are expected to help other children who require medical attention – and possibly surgical intervention – to be healthy. In “A Letter from the Editor” in September 1922, the editor reminds child readers to “[p]ractice all the good health habits that you already know” so that there will not be “so much sickness and suffering in the world” (16). She also hopes that JRC members “will give even more thought...towards helping less fortunate children” (“Letter” 16). The health habits are intended to be produce “subjected and practised [healthy] bodies” (Foucault *Discipline* 138), but ideally they will be accompanied by altruistic behaviors that will contribute to the governance of unhealthy bodies as well.

The value of these altruistic behaviors is embedded in the *habitus* that children should be healthy and that society should help them to become so. The *Red Cross Junior* employs the rhetoric of helping less fortunate children in ways that are similar to Red Cross fundraising campaigns during the First World War. Consequently, child readers’ engagement with the fundraising

“game” is not entirely a “conscious act,” but is instead based on their “ignorance of all that is tacitly granted through [their] investment in the field and [their] interest in its...existence and perpetuation” (Bourdieu 67). The demand that Junior Red Cross members should help other children is part of a set of behaviors perpetuated by the Red Cross in conjunction with society at large through examples appearing in the magazine. In “A Junior Red Cross Patient in Saskatchewan,” for example, readers are introduced to Gladys, a “happy-looking little lady” (11) who was born with deformed feet. Without a “very difficult and expensive operation,” she would “always be a cripple” (“Junior” 11). With the help of the JRC, she undergoes a successful operation. Her feet are now “like those of other children,” and when she grows up, she may have forgotten that she has “suffered a great affliction” (“Junior” 11). Child readers are shown how their fundraising has helped to transform an unhealthy child, reinforcing the charitable rhetoric in the magazine and the value of their work.

Ill health is explicitly made into a spectacle encouraging healthy and charitable disciplinary practices in the pair of photos appearing directly under the article about Gladys. The two photos are of Stanley B, who lives in Nova Scotia and was also born with deformed feet. Unlike Gladys’ feet, which are hidden under the bedcovers, Stanley is depicted in before and after photos. In the left-hand photo, Stanley is being helped to stand as he balances on feet that point inward. In the right-hand, post-operative photo, Stanley stands alone, dressed for the outdoors. His feet, now straightened, are encased in boots. Unlike the first photo, which emphasizes his dependence on others, the latter photo depicts a child ready and able to play outdoors. The caption explains that, with the help of the Junior Red Cross, Stanley can now “walk and run about and is a happy little boy” (“Junior” 11). The two photos are clear evidence of the original disability and Stanley’s transformation into healthy able-bodiedness. Stanley is now a healthy child who—consciously or not—follows the rules of the health game by eating “lots of bread and butter” and drinking “plenty of milk” (“Junior” 11). The *habitus* and disciplinary practices of health have produced a new, productive member of Canadian childhood.

This *habitus* presumes a “compulsory able-bodiedness” (McRuer 383) that is based on an industrial capitalist society requiring able-bodied people to work and be productive. The magazine never articulates the future for unhealthy children, nor does it offer possibilities that incorporate disability within the *habitus* of child health. Robert McRuer explains that the origins of compulsory able-bodiedness “emanate from everywhere and nowhere” (386), much like the *habitus* of health that permeated Canadian culture in the 1920s. The transformative potential from ill health (which is broadly defined to include both sickness and disability) is positioned as desirable for all readers of the magazine and to be enacted on unhealthy children in the community.

Special reports about branch activities were occasionally included in the *Red Cross Junior* to demonstrate how JRC branches—in Canada and internationally—enacted the *habitus* of charitable fundraising while also inspiring further events, thus reinforcing and maintaining the disciplinary logic and practices of helping others. One such report from Grace E. Cummings of summarizes her branch’s successful bazaar. The report discusses the practicalities of the event, including the eight summer meetings where the older girls sewed dresses, aprons and fancy work while the younger girls helped with minor tasks like basting and crocheting edges. The meetings opened with the singing of the “Maple Leaf,” the unofficial Canadian national anthem of Anglo-

Canadians, closed with “God Save the King,” and included refreshments. These meetings deserve attention for the way that they demonstrate how JRC members functioned as “docile bodies” united in their desire to organize a successful event that enacted the *habitus* of health indirectly through fundraising. They also show how the girls functioned as a self-governing body by adhering to social conventions, possibly learned at school assemblies, related to opening and closing anthems that demonstrated their nationalism and imperialism. By providing refreshments, the *habitus* of charitable work that was promoted by the JRC was complemented by the prospect of a sociable gathering and enjoyable food.

The details of the bazaar show that the *habitus* of helping others is not exclusively the province of girls. Instead, children and adults should exhibit charitable behaviors, thus making the whole community responsible for the success of the fundraising efforts. The boys, Grace is careful to note, “played their part” (Cummings 15) by erecting tables and platforms and running errands, and the district ladies kindly contributed much of the supper. Boys and girls, adults and children, are expected to work toward the charitable ideal promoted by the JRC. Grace’s example demonstrates how the community is collectively a docile body that has been employed to circulate and promote the *habitus* of child health through indirect means.

The extent to which the *habitus* of health has become ubiquitous and the community adheres to disciplinary practices related to philanthropy is evident by the brief mention of the charitable cause itself. Although this fundraising is intended to help children in need, Grace makes only one slight reference to the children who will be helped, asking “Are we not trying to do our bit in aid of the poor suffering children?” (Cummings 15). In a summary that is otherwise full of practical details about the bazaar, its organization, and its success, this rhetoric is striking in its lack of sentimentality or detail. The idea of the “poor suffering children” seems to have been so intrinsic to the *habitus* of health and charity that it required no additional discussion. Instead, the importance of the bazaar lies in how it promotes and reinforces practices of health and philanthropy for JRC members.

Conclusion

The post-war years of the Red Cross enabled it to consolidate its efforts to attract children to its organization through the formal establishment of Junior branches around the world. Its relatively rapid uptake in Canada reflects Canadian interest in developing a *habitus* designed to guide children towards habits of health. The *Red Cross Junior* magazine was one of the main methods by which the JRC taught child readers about these habits and encouraged them to govern themselves according to clearly defined health practices. The magazine inspired Canadian children to acquire “habits of healthy living and of serving others less fortunate than themselves” (“Canadian Red Cross Society” 94). The “health game,” one of the main strategies for promoting this culture of health, appeared in fictional and informational forms in the pages of the magazine and encouraged children to practice and promote the rules of health while simultaneously suggesting that they should also be thinking of how they could aid in the transformation of unhealthy children.

Underlying the embodiment of child health were disciplinary practices designed to encourage children to adopt certain behaviors as part of a tacit understanding that improving Canadian

children's health was beneficial to the children themselves and to society as a whole. Child readers were expected to govern themselves in ways that supported the magazine's ideal of health by eating properly, exercising regularly, and practicing good hygiene. This self-government was accompanied by charitable practices intended to enable other, less fortunate, children to become healthy as well. The magazine's success appears in philanthropic reports like those from Grace Cummings, in which the *habitus* of child health and charity was so obvious and intrinsic to the attitudes and behaviors of JRC members that it barely receives a mention in her discussion of her branch's fundraising efforts. Nonetheless, this *habitus* of health and philanthropy, and the disciplinary practices that children were encouraged to adopt, presupposed two types of children: those who were ready and able to embody these ideals; and those who needed assistance to adapt or transform themselves. That these children could be differentiated based on race, class, or able-bodiedness is a complication that the magazine neglects to explicitly address. Instead, the *habitus* of health elides these differences and produces disciplinary practices that could be applied to any who failed to meet the white, middle-class normative standards.

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ⁱ Mona Gleeson has similarly argued that public health reform in British Columbian schools at the turn of the twentieth century reflected “the values and priorities of white middle-class professionals” (287).

ⁱⁱ Launched in February 1923, this competition was aimed at JRC members aged fourteen and over, with submissions of less than 600 words and dealing with a health topic. Only three prizes were to be awarded, with \$10 for first prize, \$8 for second, and \$5 for third. The results were published in September 1923.

ⁱⁱⁱ This story does not emerge from the health story competition. Instead, it is contributed by G.G.N., presumably a paid contributor.