

THE CHILD WELFARE CLINIC OF SHERBROOKE FONDS (P151)

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The Child Welfare Clinic of Sherbrooke was first organized in 1920 as a committee of the Sherbrooke Branch of the Canadian Red Cross Society. According to the minutes of its first meeting, the committee's mandate was to provide "a free clinic for children of ex-soldiers & ex-sailors, of soldiers & sailors & of parents too poor to provide medical care for their defective children."¹ In an effort to increase funding for its activities, the Clinic was later incorporated as an independent charitable association in 1923. For much of the 20th century, the Child Welfare Clinic of Sherbrooke remained invested in the health of children in Sherbrooke and the surrounding region until its dissolution in 1992. The archives of the Child Welfare Clinic of Sherbrooke include minutes produced from 1920 to 1974, as well as financial reports, correspondence, reports of their activities, some photographs, news clippings and donation information. Together, the documents span from the Clinic's beginnings in 1920 to 1989.

Over the course of its existence, the Child Welfare Clinic of Sherbrooke modified its services as its resources and the needs of the region changed. Early on, it appears that the services offered by the Clinic were at least partly influenced by the possibility of receiving a provincial grant to fund the Clinic. As a result, it was committed to providing dental, surgical and medical care to "defective children ... whose parents are unable to pay for such treatment."² After its incorporation, it was able to acquire further funding, thus dramatically increasing the number of children it was able to help. From 1920 to 1923, the Clinic treated only 101 children but succeeded in treating 529 children in 1924 alone. By the 1930s, the Clinic was offering a variety of health care services to the economically disadvantaged Anglophones and Francophones of Sherbrooke and the surrounding regions. At an annual meeting, the members noted that the Clinic had gone from "a small one to a large and most important work".³ Children were declared eligible for the services if

the members of the Clinic determined that they were from poor families and were under the age of 14. While the Clinic struggled to find funding for its activities early on, they were able to secure sufficient funding by the 1930s.

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1955 ANNUAL REPORT FOR CHILD WELFARE CLINIC 1955

George
93505 - *H. Shelle.*

Madam President,

For the second consecutive year, I have the pleasure to present the Nurse's Annual Report for the Child Welfare Clinic.

Unfortunately, we have discontinued immunization and vaccination in June 1955, just at the beginning of the school vacation. On account of this event, my report will not be so interesting. But, in spite of that, I will repeat again that as V.O.N. Nurse, I am always at your service and my interest for the Clinic will always be the same.

For the past year we held 21 sessions; the attendance was 197 - in 1954 - it was 261, a difference of 64. In 1955, we received:

School Children ----	82	
Pre-School ----	7	
Infants ----	14	
Referred to dentist ↙	73	
C.N.F.B. -----	5	
T & A -----	4	(2 were operated)
Check-Up -----	18	
Patch-Test -----	6	
Temp. taken ↙-----	9	
Weight -----	7	
For Immunization ↗↗↗	9	
Home Visits -----	7	

I have observed, this year, while talking with mothers, and not only at the Clinic, that the experience was more complete with home visits. The school children and young workers leave the home without breakfast or just a cup of coffee or one glass of juice or milk.

Well, a good breakfast is a good beginning for the day. Not one of these hurriedly scrambled affairs eaten with one eye on the clock, but a well balanced meal planned in advance with sound principles of nutrition in mind. It should provide approximately one quarter to one third of the day's total food supply. Members of the family would face the world in a more cheerful mood and would be able to do a better day's work, with an adequate supply of calories under their belts.

Before conclusion, a short anecdote: "In a family visited a neighbor came to help the patient; showing the bird they had in the kitchen she asked the little girl, about 2½, "what is this bird able to do and me unable? The child promptly answered: "Take a bath in a saucer, Madam."

Madam President, Ladies, may I take this opportunity to offer my heartfelt thanks to all who give time and endeavours for the Clinic, in the name of all the children. Thank you.

This report is respectfully submitted,

Laurence E. Egan
V.O.N. Nurse

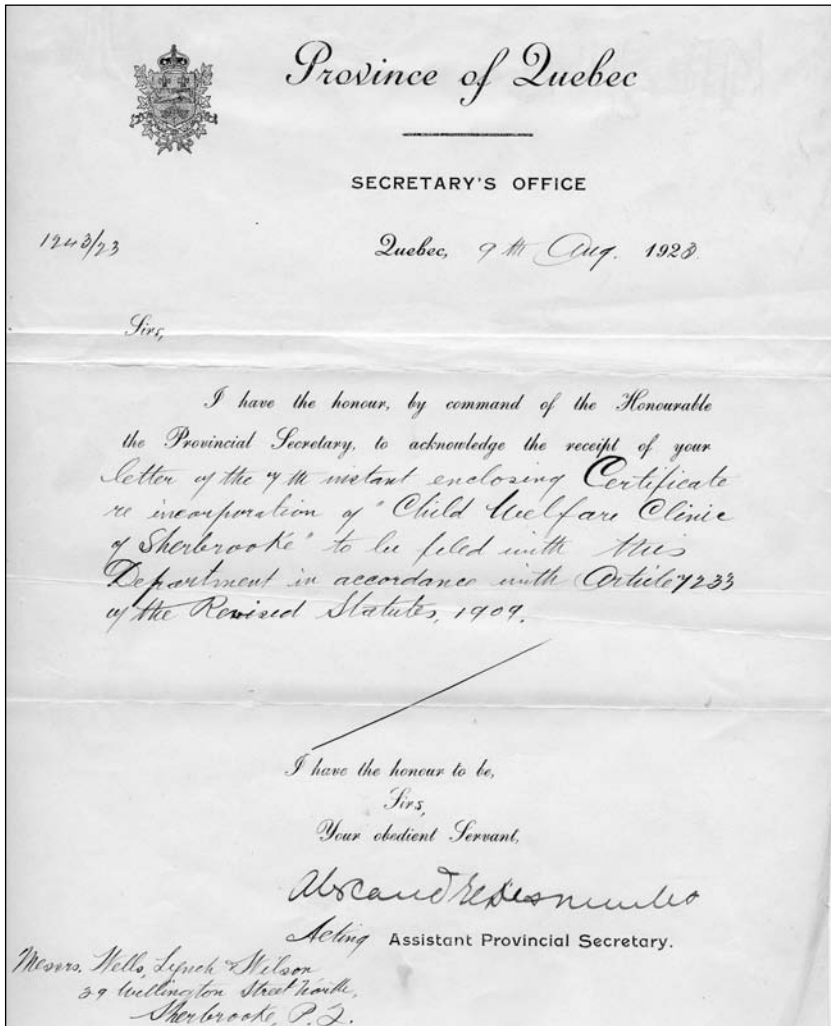
	Clinics held	Total # of children attended
1924	51	529
1933	122	1775
1934*	84	1049
1936	38	189
1937	48	391
1939	51	764
1943	49	634
1944	44	533
1946	55	416
1949	32	363
1950	24 (plus 12 well-baby conferences)	N/A
*According to the minutes, the Clinic was forced to suspend its activities from October to February (the end of the business year) as the result of a lack of funding.		

With the funding, it hosted health clinics each month where children were checked by a nurse or doctor and, if needed, were referred to dentists, eye specialists as well as ear, nose and throat specialists. Children were also provided with X-ray services, and the doctors working for the Clinic performed circumcisions, tonsillectomies and appendectomies, among other procedures. With the changing needs of youth in the region, the Child Welfare Clinic shifted its activities. It ceased to hold weekly clinics and instead supported the medical treatment of children who were sent by a school nurse. It also organized larger dental clinics in the summer. By the last years of its existence, the Clinic's activities mainly included the distribution of vitamins and of milk to local elementary schools.

The aims of the Clinic fell into a growing awareness of the necessity of better nutrition and health for the young of Canada. In 1919, Canada had the highest infant mortality rate in comparison to other developed countries.⁴ This fact, along with more general concerns for the health of Canada's youth, contributed to the Canadian government's increased efforts to support and promote the nation's well-being.⁵ This effort was made, at least in part, by supporting philanthropic organizations with similar aims. Included among the documents of the Child Welfare Clinic of Sherbrooke was a copy of

the general aims of the Division of Child Welfare of the federal government's Department of Health. Among the aims, under the sub-heading of Children's Clinics, Maternity Centres, etc. the following mandate can be read:

[...] to assist by advice, information and otherwise in the establishment, organization, equipment and development of Schemes for Maternal and Child Welfare, so that all homes may be able to obtain at least the necessary minimum of medical and dental care, as well as nursing and home and general care, prenatal and obstetrical; and may continue to have such care at least during the period of motherhood, infancy and childhood.



While the document is not dated, the Division of Child Welfare was not created until 1921 and ceased to exist by the 1930s, making it plausible that the founding members were aware of its aims and used it as they put together their own mandate in the early 1920s.⁶

However, the setting described above is only one aspect of the historical context in which the Clinic emerged. The documents created by the Child Welfare Clinic of Sherbrooke could also be considered in the context of female philanthropic associations, feminism, ethnicity and/or social class. As a brief example, like many similar charitable organizations in the early 1900s, the Child

<p>J. EDWARD FERRY, M.A. Director General</p>	<p>C. LORNE CAMPBELL Chairman</p>	<p>HERSCHEL E. FRENCH Secretary-Treasurer</p>
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EASTERN TOWNSHIPS REGIONAL SCHOOL BOARD

<p>126 Wellington South Sherbrooke, Que.</p>	<p>Postal Address Box 560, Lennoxville, Que.</p>
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PHONE 569-9466

January 18, 1966

Mrs. William Richardson
Secretary,
Child Welfare Clinic
27 Clough Avenue
Lennoxville, P.Q.

Dear Mrs. Richardson:

I am aware of the excellent service that you and your committee are rendering to our unfortunate youngsters, and would like to ask for consideration of a problem involving one of our local girls. The girl in question has been at Grace Haven in Montreal for four months. This home is run as a protective institution for unwed mothers by the Salvation Army. Their cost is \$15. a week. Recently, before term, the girl, through the Montreal Children's Service Centre, moved to a private home. In the meantime she spent sixteen weeks at the Haven as a charity patient. The parents are uninvolved and have no funds. The youngster is living on a small allowance paid by the gentleman concerned.

I would like to make at least a token payment to the Administration of Grace Haven in thanks for keeping our girl as long as they did. I feel that this is important as it may be difficult to enroll other girls from this area in time of need into the Home if nothing concrete is done. Grace Haven is one of the two organizations in Montreal servicing English girls with this problem in the Province. If your funds would allow, could I ask you for a donation of \$100.00 as a token of the Community's appreciation for the sheltering provided.

As you realize it is ethically impossible for me to release the girl's name but she is a youngster who has resided in our community all her life and is well worth the effort expended to help her. I would be glad to discuss this with you in more detail if required.

Welfare Clinic was founded by the upper-class women of Sherbrooke.⁷ Throughout the minute books, it is possible to recognize many of the most prominent names of the wealthy Sherbrooke families. Among such names were those of Paton, Echenberg and Sangster. Although the membership was primarily composed of Protestant Anglophone women, there were also some Francophone names listed and, for a time, the Catholic Women's League donated funds to the Clinic's efforts. During the 1920s and 1930s, the Clinic was also specifically keeping track of how many English and French children they treated. These general observations, which have arisen following a brief perusal of the Child Welfare Clinic of Sherbrooke fonds, highlight the potential of this type of archival material as a possible primary source for an academic analysis of Sherbrooke's history.

NOTES

1. P155/001, Child Welfare Clinic of Sherbrooke fonds, ETRC/CRCE (Sherbrooke, Quebec).
2. P151/001/002 Minutes, 4 December 1923, Child Welfare Clinic of Sherbrooke fonds, ETRC/CRCE (Sherbrooke, Quebec).
3. P151/001/002 Minutes, 14 February 1933, Child Welfare Clinic of Sherbrooke fonds, ETRC/CRCE (Sherbrooke, Quebec).
4. Aleck Ostry, "The Early Development of Nutrition Policy in Canada", *Children's Health Issues in Historical Perspective*, eds. Cheryl Krasnick Warsh and Veronica Strong-Boag, (Waterloo: Wilfred Laurier UP, 2005), p. 200, (191–206).
5. According to Hugh Cunningham's *Children and Childhood in Western Society Since 1500* (Harlow, England: Longman Group, 1995), state policies to improve the health of youth were seen throughout Western societies, such as Sweden, France, the United Kingdom as well as in Canada. Some advocates of the development of state policy regarding children, which included medical and health services, felt that this should be done – at least partially – through supporting philanthropic organizations with similar aims (p. 151-3).
6. Aleck Ostry, "The Early Development of Nutrition Policy in Canada", p. 200–202.
7. Yolande Cohen has written an article taking these approaches to the Montreal Diet Dispensary, an organization whose aims were similar to those of the Child Welfare Clinic: Cohen, Yolande. "De la nutrition des pauvres maladies: L'histoire du *Montreal Diet Dispensary* de 1910 à 1940", *Histoire sociale/Social History*, vol. 81 (May 2008): 133–163.

BIOBIBLIOGRAPHIES / NOTES ON CONTRIBUTORS

ANNE-MARIE ARSENEAULT est professeure à la retraite de l'École de science infirmière de l'Université de Moncton. Pendant sa carrière elle a enseigné des cours en soins infirmiers communautaires, en gériologie et les enjeux éthiques en soins infirmiers. Membre fondatrice de l'Association canadienne pour l'histoire du nursing, elle en a assumé la présidence durant deux ans. Ses publications incluent ses travaux sur l'histoire de la formation infirmière au Nouveau-Brunswick.

GENTIANE BÉLANGER holds a Master's Degree in Art History from Concordia University (2008) and is currently pursuing doctoral studies at UQÀM. Her research interests lie in the intersection of art and environmental philosophy. She is a member of the editorial committee for the Montreal-based art magazine *ETC* and she has published in other specialized venues such as *ESPACE sculpture*.

CLAUDE CHARPENTIER has been teaching at Bishop's University for the past five years in the Psychology Department. Dr. Charpentier's most recent research activities include an assessment of the need for mental health services in English for the Estrie region's Anglophone community, and an exploration of the psychological factors underlying recent debates on reasonable accommodation.

MYRIAM CHIASSEON graduated from Bishop's University with an Honour's Degree in Psychology. In addition to working as a counselor for a community-based organization in Sherbrooke and as a research assistant on different projects, she is presently enrolled as a graduate student at Université du Québec à Trois-Rivières in their Psychology PhD program.

GÉRARD COTÉ est un Sherbrookoïse de quatrième génération et diplômé en traduction de l'Université de Montréal. Passionné pour l'histoire de sa ville, il consacre des centaines d'heures à retracer le vécu des gens qui, ayant laissé leur nom à une rue ou autre entité toponymique, ont d'abord posé leur pierre dans la construction de sa communauté. En 1992, il est appelé par la Ville de Sherbrooke à siéger au Comité municipal de toponymie. Il collabore depuis quelques années à des chroniques mensuelles sur les toponymes de Sherbrooke publiées dans les journaux communautaires *Regards d'Ascot*, *L'Info* de Saint-Élie-d'Orford et dans le journal *La Tribune*.

JEAN-MARIE DUBOIS est professeur émérite au Département de géomatique appliquée de l'Université de Sherbrooke. Spécialisé en géographie physique et en interprétation de photographies aériennes depuis 40 ans, il s'intéresse à la toponymie depuis 35 ans, d'abord dans le golfe du Saint-Laurent, puis comme bénévole au Comité de toponymie de la Ville de Sherbrooke depuis 1990. Il est l'auteur ou le coauteur de plusieurs chroniques sur ce sujet dans les journaux régionaux et d'un livre sur la toponymie des rues de Sherbrooke rédigé avec Gérard Côté, collaborateur de tous les jours.

BARRY EDGINTON is a Professor and Chair of the Department of Sociology at the University of Winnipeg. He is a member of the Canadian Society for the History of Medicine and is Associate Editor of the *Canadian Bulletin of Medical History/ Bulletin canadien d'histoire de la médecine*. He was also the founder and editor of *Health and Canadian Society/Santé et Société Canadienne*.

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