

deficiencies in leadership. Army planners also noted delicately that a woman had a "physiological handicap which renders her abnormal, unstable, etc., at certain times."⁴ Medical statistics indicated that women were in general smaller than men in stature, lighter in weight, less in average weight of skeletal muscles and heart, lower in basal metabolism, and with only about 60 percent the strength to lift, grip, or pull loads.⁵

It therefore was a matter for grave consideration whether an Army would be justified in accepting women into military positions where unreliability would be not merely uneconomical but disastrous, even though farm and factory were thereby stripped of their last man. In the relatively flexible civilian economy, a woman might soften in many ways her adjustment to difficult work, but in the rigid military framework, adaptation would be an all-or-nothing affair. There would be no easy absenteeism, home privacy and comforts, or choice of working conditions, nor yet the privilege of quitting a demanding job.

Even if these handicaps proved exaggerated, there was one obstacle that was not—the opposition of the American public. The Army did not operate in the vacuum of a dictatorship, but in a nation, society, and culture whose traditions must be considered. The course of public opinion regarding woman's place had by no means kept pace with her economic progress. The saying was still frequently heard that "woman's place is in the home," and it appeared certain that there would be great public opposition to placing women in soldier's jobs and in positions of rank and command. Army psychiatrists later noted that "in order for women to gain an active participation in military activities it was necessary for man

to change his basic concept of the feminine role, to overcome his fear of 'women generals.'"⁶ Army planners realized that such an obstacle existed, but it was not until after the establishment of a women's corps that its full extent was to be revealed.

The Army Nurse Corps

First to take the field against these obstacles was the Army Nurse Corps, whose development provided a close parallel to later WAC events. The admitted superiority of female nursing first caused acceptance of nurses as civilian employees, but in war after war it was found extremely difficult to maintain a civilian group within a military organization. Much inefficiency in Civil War medical care was believed due to "the lack of a single unified Nurse Corps with official status." In the Spanish-American War, it was noted that "unified direction and control within the Army framework itself was the only way to avoid administrative confusion and to assure maximum efficiency."⁷

Such full admission was delayed chiefly by popular opposition to military status for females, which led one early organizer to remark, "The nurse question is the women question; we shall have to run the

⁴ Ltr, Maj L. W. McIntosh, Exec, Office Chief of Air Corps, to Maj Everett S. Hughes, G-1, 17 Apr 30. G-1/19835.

⁵ Anna M. Baetjer, *Women in Industry; Their Health and Efficiency* (Philadelphia: W. B. Saunders Co., 1946). Prepared in the Army Industrial Hygiene Laboratory under auspices of the National Research Council.

⁶ Maj Albert Preston, Jr., *History of Psychiatry in the Women's Army Corps*, 1946. SGO. Hereafter cited as Preston, *Hist of Psychiatry in WAC*.

⁷ All references to the Army Nurse Corps, and to nursing, unless otherwise stated, are from a pamphlet published by the ANC, *The Army Nurse*. Copy in War College Library.