

clairvoyant as to the internal conditions in Army hospitals.¹²

Commissioned Duties

Somewhat more fortunate were those few skilled technicians who were recruited on a commissioned instead of enlisted status.¹³ Since The Surgeon General lacked Congressional authority to commission females in the Sanitary Corps, a special arrangement was made whereby WAC bacteriologists, serologists, and biochemists were commissioned in the WAC and detailed in the Sanitary Corps. Similarly, a number of WAC officers holding administrative jobs in hospitals were detailed in the Medical Administrative Corps to replace combat-fit male officers.

The Surgeon General had for some time had Congressional approval of commissioning women physiotherapists in the Medical Corps, without reference to the WAC. For a time the training course leading to a commission was open only to civilian women. Finally, at Colonel Hobby's insistence and because of difficulties in recruiting students, qualified enlisted women were offered the same opportunity, and several hundred were commissioned. Eventually the Medical Department's interests in this work were found better safeguarded by WAC recruitment of college graduates for training on an enlisted status and subsequent commissioning, and the greater part of the procurement of commissioned physical therapists was thereafter managed through the WAC.

Medical and Surgical Technicians

Greater in numbers than all of the skilled specialists obtained through the Officer

Procurement Service or by commissions were those women obtained direct through recruiting stations—the medical and surgical technicians.¹⁴ These were to number from 6,000 to 10,000 by the end of the war. Such women ordinarily had no medical experience, but upon proof of the required education and AGCT score were promised training in the Army's enlisted technicians schools and subsequent assignment as medical or surgical technicians.

The duties of such ward personnel proved in general only slightly less suitable for women than those of the Officer Procurement Service technicians. Medical technicians made beds, gave baths, took temperature, pulse, and respiration; prepared patients for meals, carried trays, and fed patients if necessary; gave enemas and bedpans; filled icebags and hot water bottles; kept ward records, prepared dressings, and kept linen closets neat. Surgical technicians performed much the same duties, as well as sterilizing gowns and equipment and giving pre- and postoperative care. In general both were intended to assist nurses by relieving them of simple details of patient care.

Wacs ordinarily proved highly adept at such simple nursing duties, and approached the work with an enthusiasm and a sense of dedication not always found among male technicians. On the other hand, it was an accepted principle from the beginning that women could not replace all or even half of the male tech-

¹² Ltr, Dir Tng, MD Enl Techns Sch, Camp Atterbury, Ind., to Dir WAC, 28 Aug 44, and reply. WDWAC 210.3 (1945).

¹³ Sources for this section cited ns. 9, 11.

¹⁴ WD Cir 121, 19 Apr 45, defining duties of all SSN's. Ltr, Dir Pers ASF to Maj Gen Russell B. Reynolds, 15 Feb 45, with incl. SPAP 220.3 WAC (7-28-43). Statistics from Rpt cited n. 9(3).