received a request from The Surgeon General to discontinue the Female Medical Technicians Campaign. At this time, some months before the Battle of the Bulge, war news seemed good, and on the basis of low casualty estimates from overseas The Surgeon General believed that adequate hospital personnel had been obtained. Recruiting of paid nurses' aides was also scheduled for suspension; recruiting of nurses lacked only a few hundred of meeting the original ceiling. On the basis of similar reports from other agencies concerning the approaching end of the war, the entire WAC Recruiting Service made plans to go on a maintenance basis at the end of the year.[31]

It was thus prematurely hoped that a clash between procurement and medical authorities had been avoided for the duration. Surveyors, reporting finally in October, believed that they had corrected half of the cases of broken recruiting promises, and others were scheduled for correction if and when discovered. The ASF was not willing to take further action at the moment, since this "would harass commanders . . . corrective action is not now advisable"; it was hoped that time and the end of the war would bring the necessary readjustment.[32]

Resumption of the offensive in Europe brought greatly increased casualties, plus heavy hospitalization from combat fatigue, exposure, and trench foot. In one month the Army received more casualties from overseas than it had in all other months since Pearl Harbor, and soon the sick and wounded were being returned at the rate of 20,000 monthly. Almost overnight the situation regarding future medical care changed from comfortable to desperate.

A re-evaluation of the Nurse Corps ceiling indicated that installations in the United States would be short more than 8,000 nurses; only 41,839 nurses were in the Army, 75 percent overseas, of the 50,000 now believed needed at once. Also, although the Cadet Nurse Corps had absorbed some 177,000 young women and $192,285,518 in appropriations, it was chiefly designed to meet civilian nursing needs and had at this time furnished the Army only a few hundred cadets. In a final blow, more than 5,000 general service enlisted men were again ordered transferred from the Medical Department to make up Army Ground Forces casualties. This was the situation when, on 16 December 1944, the Battle of the Bulge began.[33]

At about this time a number of drastic measures were taken simultaneously by the Medical Department, any one of which would have been adequate to meet the situation that actually developed. In spite of certain objections from the General Staff, the Nurse Corps ceiling was raised to the total of 60,000 recommended by The Surgeon General. The Surgeon General on 19 November assured the Secretary of War that the nursing situation was "nearly hopeless." In an effort to arouse both the public and the General

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[31] (1) M/R, Conf of Representatives of Dir WAC and TAG, 19 Oct 44. SPWA 341. (2) Memo, G–1 for ASF, 26 Oct 44, with Inds and M/R through 8 Dec 44. SPAP 341 WAC (11–6–44).

[32] (1) Memo cited n. 26 and Min cited n. 27. (2) Memo, MPD ASF for Dir Pers ASF, 7 Aug 44, SPGAA 210.3 WAC (7–6–44)–157; (3) Memo, Dir Pers ASF for MPD, 9 Aug 44; (4) Memo, MPD for Dir Pers ASF, 3 Oct 44, SPGAC 210.3 WAC (10–3–44)–157. All in SPAP 220.3 WAC (7–28–43).

[33] (1) Organized Nursing and the Army in Three Wars: A Political and Administrative History of the Army Nurse Corps, by Mary W. Standlee, Walter Reed Gen Hosp, in collaboration with Col Florence A. Blanchfield, R.N., ANC, pp. 461, 479, 606. MS copy furnished author for review and comment. Hereafter cited as ANC Hist. (2) Rpt cited n. 6(7).