panded, and it was required that the menstrual history be recorded.[7]

In spite of the publication of standards, the circumstances of WAC enlistment did not lend themselves to sudden improvement. Wacs were enlisted at many widely scattered stations, where the relatively small numbers of women processed made it necessary to use the medical staff that processed inducted men; it was impossible to provide every small station with a gynecologist. Also, medical examiners were generally uninformed about the work the WAC would do, and admitted a tendency to underrate the physical and mental strain of military life. In addition, examining officers pointed out that they were frequently urged by recruiters to overlook "minor" disqualifications, particularly in matters involving personal judgment, such as stamina and personality defects. Doctors were also hurried by recruiters who wished to swear in an applicant before she changed her mind, without waiting for a full check on her records of civilian hospitalization.

As a result, while the number of psychiatric and gynecological rejections increased, 1944—and the beginning of the Corps' third year—found the situation still unsatisfactory. Almost 75 percent of WAC disability discharges continued to be for psychiatric and gynecological reasons, most of them occurring within a few months of enlistment, and rates from different service commands still varied widely.[8] Training centers continued to send reports of causes for which new recruits had to be discharged at once: dementia praecox, schizophrenia, manic-depressive psychosis, epilepsy, fibroids of the uterus, tumor of the ovary, and advanced pregnancy, as well as other matters such as diabetes, arthritis, goiter, peptic ulcer, tertiary syphilis, and tuberculosis.[9]

By February of 1944, all responsible officers were seriously concerned about the situation. The Surgeon General, Maj. Gen. Norman T. Kirk, informed General Somervell at this time that "the physical examination of Wacs at induction stations and other stations is not being conducted satisfactorily and is not sufficiently thorough." [10] The Director's staff noted that "the enlistment of unqualified women continues to create serious problems for recruiting, for the Corps, and for the individuals concerned." [11] Reports from service commands noted that among the "worst deterrents to recruiting" was faulty psychiatric screening. It appeared to be equally bad to accept an applicant known to her community to be "queer" or seriously delinquent, or to select one well thought of in the community who immediately broke down and had to be discharged.[12]

The Administrator of Veterans' Affairs, Brig. Gen. Charles Hines, wrote to the Secretary of War concerning cases in which women had been discharged for neuropsychiatric disorders immediately after enlistment, and thrown upon veter-

[7] Change 5, AR 40–100, 27 Sep 43. See also D/F, Dir WAC for SGO, 20 Dec 43, incl 1st Ind from SGO, SG 322.5 (1st SC) AA. SPWA 220.8 (9–30–43).

[8] Bull, SGO Med Stat Div, *WAC Enlistment Data*, 6 Mar 44, Rpt 5–W, Contl Symbol SPMCS–96.

[9] (1) Memo, Craighill for Gen Bliss, SGO, 28 Apr 44. SGO Hist Div folder. (2) Ltr, Post Surg to Comdt Ft Oglethorpe, 11 Nov 43, and Inds; (3) Ltr, Post Surg Ft Oglethorpe to SGO, 21 Jan 44. SGO Hist Div 322.5–1.

[10] Memo, The SG to CG ASF, 7 Feb 44. SPAP 341 WAC (11–6–43).

[11] M/R, O Dir WAC, 29 Feb 44. WDWAC 326 (1945–46).

[12] (1) Speech of Dir WAC, Recruiters Conf, Chicago, Feb 44. WDWAC 337. (2) Memo, Sp Asst Elizabeth DeSchweinitz for Dir WAC, 12 Feb 44. WAC files, OCMH.