ans' hospitals for what appeared to be indefinite future care.[13] Brig. Gen. William C. Menninger reported that the need for good psychiatric examinations was even greater for women than for men, because of the greater number of peculiarly motivated individuals who applied for a volunteer corps as contrasted to those called up in a nationwide draft, and also because of the higher age limits for acceptance of women.[14]

During these months every possible means of improving the situation was explored, with disappointing results. At The Surgeon General's request, the National Committee for Mental Hygiene made a study of neuropsychiatric induction procedures for both men and women. The committee recommended that women psychiatrists examine women—a suggestion that could not be adopted for lack of women psychiatrists at the hundreds of recruiting stations enlisting Wacs.[15] The committee also recommended an elaborate system of investigation of each applicant's medical and social history, which was found to be too time-consuming to be practical.

Director Hobby next proposed that Selective Service boards assist the WAC "in securing medical history on prospective WAC recruits." For men, such histories were compiled by Selective Service boards and their medical field agencies in the home locality. They included verification of identification, education, medical and social history, and other material of much assistance to induction examiners, who could not otherwise have detected certain traits in one interview. However, General Hershey refused to allow his local boards to extend this service to Wacs, stating:

> The gathering of information in connection with WAC recruiting would not appear to be part of the duties for which they are appointed or compensated . . . it is not deemed advisable that the agencies assume the additional work.[16]

As an alternative, Director Hobby proposed a "New England Plan," used successfully by WAC recruiters in New England, with information derived from both local Selective Service boards and from social agencies. Typical of cases thus detected were that of a woman who had "a call from God" to enlist but many home anxieties; a well-educated and presentable woman found to be unable to hold a job because of fits of depression and hysterical blindness; a woman whose father wept and begged that she be taken away from association with his younger children. However, this plan was frowned upon by ASF's Military Personnel Division, which feared it might give outside agencies undue control of acceptances.[17]

The Surgeon General's Office next turned to an attempt to get WAC enlistments limited to the few large stations where qualified gynecologists and women psychiatrists could be stationed.[18] To this end, Major Craighill worked for some weeks with The Adjutant General's recruiting staff, preparing lists of stations and plans for detailed instruction. Unfortunately for this idea, it came at a time of manpower shortage, when the Army was

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[13] Memo, Dir Pers ASF for G–1, CofS, and SW, 15 Jan 45. SPGAP 710 Gen, in CofS 324.5 WAC.

[14] Menninger, *Psychiatry in a Troubled World,* p. 112.

[15] (1) Memo, SG for Dir WAC, 4 Oct 43. WDWAC 702. (2) M/R, 3 Feb 44. SPWA 080 (9–9–43), copy in OCMH.

[16] Memo, Dir WAC to G–1 WD through CG ASF, 6 Jan 44, and atchd reply. WDWAC 341.

[17] (1) M/R, sub: Memo on WAC Screening in New York City. WDWAC 201.6 (1944). (2) Memo, MPD ASF for Dir Pers ASF, 2 Feb 44. SPGAP 342 Gen, in SPAP 320–340 WAC.

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