noted an identical effect. Industry found that the excess of medical visits by women was not due to female disorders but to the common cold and other minor respiratory disorders and digestive upsets. Men, when they finally sought advice, were more apt to have pneumonia, heart disease, or other more serious illnesses requiring longer absence from work.[36]

When the WAC began to note an identical phenomenon, Director Hobby was at first distressed and, in company with many medical officers on posts and stations, felt that the women were perhaps "goldbricking" or malingering. She therefore consulted The Surgeon General's Office as to whether steps should be taken to indoctrinate WAC company commanders to discourage women from reporting to sick call for minor ailments. Major Craighill and The Surgeon General's Office strongly advised her to take no such action, since the tendency was considered a desirable preventive medicine practice.

Army medical statistics soon confirmed this fact. While the WAC sick call rate was found to run about 36 percent above that of the rest of the Army, some 30 percent of WAC cases could be treated in quarters, as contrasted to 8 percent for men. As a result, the rate of admission to the hospital was about the same for women as for nonbattle cases among men, and the length of stay was less. Wacs actually lost less time from work because of hospitalization than did men, a fact attributed by The Surgeon General to the less serious character of the illnesses common among women. Thus, while women reported about 70 percent more colds than did men, and twice the amount of dysentery, men had about twice the WAC rate of pneumonia, measles, mumps, scarlet fever, rheumatic fever, and other more serious diseases.[37]

These statistics seemed to confirm The Surgeon General's belief that a higher sick call rate was good preventive medicine. Therefore, in order to eliminate the resentment of medical officers against enlisted women appearing on sick call, The Surgeon General's Office published a summary of the findings in several of its progress reports, stating, "The higher morbidity of the WAC need occasion no concern. . . ."[38]

Gynecological Care

The WAC's smaller loss of time by hospitalization could not be attributed to especially efficient gynecological care, which in Major Craighill's opinion was largely nonexistent in Army hospitals. Such hospitals, naturally enough, were not originally set up with a view to caring for female patients. Even after the Army ceased to be exclusively male in composition, Major Craighill noted:

> Gynecological and obstetrical conditions have not been given the recognition which the size of the problem warrants when it is considered that over 156,000 women were in the military service at one time, and that there were approximately 31,000 deliveries occurring in dependent civilian wives during 1944 in Army hospitals.

An exactly parallel situation had been found by inspectors of British women's services, who recommended the appointment of more gynecologists, preferably women.[39] In late 1943 The Surgeon Gen-

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[36] (1) Baetjer, *Women in Industry,* pp. 39 ff. (2) *Conditions in the Three Women's Services.*

[37] (1) ASF Monthly Progress Rpts, Sec 7, "Health," for 31 Jul 44, 31 Oct 44, and 31 May 46. (2) Rpt cited n. 5(3). (3) WD Press Release, 18 Oct 46. (4) Annual Rpt of The SG for Fiscal Year 1945.

[38] Rpts cited n. 37(1).

[39] *Conditions in the Three Women's Services.*