eral's Office made surveys of the locations of Army doctors who had been civilian specialists in gynecology,[40] but Major Craighill noted that it was not until after the victory over Japan that a systematic effort was made to place such specialists in hospitals serving the largest numbers of women. She also reported:

> Equipment and supplies for use in these conditions have not been readily available in many places because these items were not included in the early equipment and medical supply lists.

It did not appear that, while the WAC remained a tiny group in the Army, the Medical Department would find it possible to fulfill its responsibilities to women soldiers as well as it did to men on all of the scattered stations employing a few Wacs. Major Craighill was of the opinion that at least one consultant in gynecology and obstetrics could reasonably be appointed in the Office of The Surgeon General, but this was not done, these specialties instead being handled by the Surgical Service.

For this reason, very little information was collected on the extent of gynecological problems among Wacs and nurses. Only scattered reports were made on the causes and cures of the various disorders in menstruation and menopause, or the extent to which they were influenced by military service or were a handicap to it.

Menstrual Disorders

In 1943, a brief and sensible discussion of the anatomy and physiology of menstruation was included in WAC training courses. This was supplemented in 1945 by a general hygiene film, brief sequences of which mentioned menstruation by way of exploding popular superstitions and fallacies on the subject and teaching women a sensible health regime.[41] No further attention was given the matter. However, it was ordinarily apparent to a woman, even before completion of basic training, that one of the most frequent effects of military service upon her physical condition was some change in menstruation. Some women noted considerable improvement, with less painful and more regular periods. A few experienced an increased and often debilitating loss of blood (menorrhagia), or the absence of one or more periods with consequent gain in weight and general sluggishness (amenorrhea), or increased pain and disability for a day or more each month (dysmenorrhea).

Incidental notes made on the subject by medical officers were frequently contradictory. Thus, British reports indicated that "the best menstrual health prevails among women doing strenuous and active work," and that the worst disorders were found among clerical, medical, and communications personnel and waitresses.[42] This view was supported by Major Preston of the Fort Des Moines consultation service, who noted a complete lack of serious menstrual difficulties among student drivers, as contrasted with higher rates among cooks and clerks.[43] On the other hand, a survey made near the end of the war noted that drivers and women who had been long in other strenuous outdoor work suffered from menorrhagia to an extent that was a distinct occupational hazard, although they experienced less

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[40] Rpts by Paul Titus, MD, Consultant to SG, in Hist Div SGO 210.01; info from Mr. Clarence Smith, SGO Hist Div.

[41] WD Pamphlet 35–1, Sex Hygiene Course, 27 May 43, and later edition, May 45. WDWAC 720 (1945).

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

[43] Ch. XXXII, below.