disabling that a disability discharge was appropriate.[50]

The Surgeon General in return repeatedly proposed that the maximum age for enlistment in the WAC be lowered from 50 to 38, to avoid admitting women liable to menopausal difficulties. Statistics revealed that the disability discharge rate for women over 40 was almost three times the average rate. Director Hobby and The Adjutant General's Office refused this suggestion, pointing out that the WAC badly needed recruits. Even under the higher discharge rate, 9 out of every 10 older women remained, and many of the most valuable skills were in this group. It was therefore believed undesirable to bar many useful mature women in order to avoid finding some means of discharging the few who had difficulty.[51]

Medical supply catalogs, which originally authorized only those items needed for the treatment of men, were belatedly amended to add the drugs and hormones needed for women. However, many medical officers, according to inspectors, were unaware of this, and required enlisted women to buy necessary supplies if they wished treatment.[52]

Major Craighill therefore in 1944 proposed to The Surgeon General that some definitive policy concerning treatment and discharge be established by headquarters. She reported that discharge of menopause cases was often refused to genuine but not "disabled" sufferers, while elsewhere disability discharge was "being used loosely, especially to avoid the stigma of psychiatric conditions, or to get rid of people who had undesirable traits of character or could not adjust." About a year later, a policy was published in a technical bulletin; the type and length of treatment was specified, and discharge was authorized if a patient showed no improvement after six months.[53] By this time, as Major Craighill noted, the advice was not greatly needed, since, with V-E Day past, the Army had already authorized the discharge of any man or woman over the age of 38.

Social Hygiene

By the guarded title of *Social Hygiene,* WAC authorities usually avoided potentially sensational terms such as sex hygiene and venereal disease control, believing that they would affect recruiting adversely if they appeared in the public press. The Surgeon General's Office, however, although silent on the innocent problems of menstruation and menopause, had a large and active program for combating venereal disease, headed by an officer with the title of Director of Venereal Disease. This office, where dormancy would have been welcomed by WAC recruiters, promptly sprang into activity at the prospect of setting up a thorough venereal disease control program for women. In its efforts to devise a program comparable to that for men, this office was always to feel itself hampered by the Director WAC, and Director, Army Nurse Corps, because of their belief in different moral standards for women.

Thus, in the initial and all wartime admission standards, venereal disease was made a cause for rejection of women, although The Surgeon General's specialists believed that from a public health stand-

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[50] Memo, Exec WAC for Air WAC Off, 16 Jun 44. WDWAC 720.

[51] (1) Memo, SG for CG ASF, 7 Feb 44, SMPDA 322.5–1, with remarks of MPD ASF, 15 Feb, SPGAP 342 Gen, and Dir WAC, 3 Mar, WDWAC 341. All in SPWA 341 (1942). (2) Rpt cited n. 5(3), p. 285.

[52] Memo cited n. 32(1).

[53] T. B. Med 158, May 1945.

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