point it would be better to take such women off the community's hands and treat them, as was done with men.[54]

In August of 1942, there occurred a clash over what Director Hobby described as

> . . . the calling of a meeting of civilians, at the request of the Surgeon General, to discuss the details and scope of the sex hygiene instruction to be given by the WAAC, without reference to the Director WAAC either as to the necessity for or the advisability of such a meeting . . . to the serious jeopardy of the military and civilian acceptance of the whole idea of the Corps.[55]

The civilians thus consulted were scientists of the National Research Council, who were accustomed to advise The Surgeon General on venereal disease control among men, and who emerged with a proposed venereal control program for women so thorough as to disconcert even The Surgeon General. The scientists proposed that Waacs, like men, be taught all of the facts of life concerning sex and how to prevent venereal disease and that, since unmarried women would be too modest to request issue of prophylactics as men did, these be dispensed from slot machines in WAAC latrines.

WAAC Headquarters, shocked but not speechless, denounced this idea, and The Surgeon General hastily rejected it. This apparently Victorian reaction was not so exaggerated as it appeared to disciples of pure science, since the decline of WAAC recruiting a year later was in fact closely connected with the unfounded public charges, possibly based on this incident, that the Army issued Waacs prophylactics which it expected them to put to good use for "morale purposes" among the soldiers.[56] Director Hobby stated that The Surgeon General, in calling such a meeting without her approval, might have wrecked the whole WAAC program had news of the meeting reached the newspapers. To this The Surgeon General replied, "It has never been considered necessary to request the permission of the Chiefs of the various Arms and Services to discuss health problems."[57]

The problems of preventing and treating venereal disease in women were admittedly more complex than those for men, partly because of social taboos and the double standard of morality, and partly because the physical organs involved were less easily protected from infection and less accessible to treatment. Medical officers gave fleeting consideration to setting up prophylaxis stations for women such as those for men, and to providing women with suitable prophylactics comparable to those given to men. Chemical agents, however, were known to offer little protection to women. Mechanical means were not much more reliable, and had an associated contraceptive use that made their issuance even more dangerous from a recruiting standpoint. Also, it was realized that women, unlike men, would not spontaneously avail themselves of such a station's facilities.

In any case, the whole idea was never remotely considered by the directors of the women's services. Early medical meetings concluded that, because of the high type of woman expected in the Corps, no control measures would be needed except a good training course in physiology and hy-

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[54] Sources cited n. 5.

[55] Memo, Dir WAAC for CofS, 4 Aug 42, sub: Status of WAAC Hq in WD Consideration of WAAC Matters. Copies in SGO Classif SPMC 322.5–1, and Adm Serv ASF, DRB AGO.

[56] See Ch. XI, above.

[57] 1st Ind, SGO for CofAdm Serv, 8 Aug 42, to Memo cited n. 55.