rhea in women was more difficult, as smears were found unreliable and cultures required expert laboratory technique which was available in few places. The Medical Department expressed an interest in experimenting with the hitherto-unproved penicillin treatment for gonorrhea and salpingitis in women. A treatment center was established, but, said the disappointed authorities, "Unfortunately for study, very few cases were discovered for this treatment," and the test had to be completed by civilian agencies with civilian women. Effective standards for this and other treatments were eventually developed and published.

Pregnancy

The WAC pregnancy rate, like that of venereal disease, was never great enough to require any special studies or recommendations from the Office of The Surgeon General. The total rate varied from 0 to 7 per 1,000 per month at different times. Toward the end of the war a noticeable increase occurred, which was attributed to the return of husbands from overseas, their wives' desire to get out of the Army, or "a family was desired before becoming too old." Even so, the final average of 4 per 1,000 per month or 48 per 1,000 per year was considerably less than the rate of 117 per 1,000 per year for civilian women in comparable age groups.[69] Since the WAC rate was computed on the basis of pregnancies, and the civilian rate on actual births, the gap was obviously even greater.

Medical authorities were of the opinion that the lower WAC rate did not indicate that military service was damaging to the fertility of women. It was in fact reported that many married women who had never before been able to become pregnant now did so, perhaps because of "a routine healthy life, plus the temporary separation from the husband . . . [or] high emotional states while on leave." [70]

As for the necessary medical considerations for treatment of pregnant servicewomen, the Office of The Surgeon General found that these differed from existing provisions for nurses and soldiers' wives only in that most Wacs were enlisted personnel with certain service records to be kept. Thus, soon after the Corps' organization, inquiries were frequent from station hospitals as to whether pregnancy should be entered in the individual's records as incurred "Not in line of duty," and if so, whether time lost should be required to be made good, as it was for certain other "NLD" cases, and also how these decisions would apply to the complications and sequelae of pregnancy, such as hemorrhages, toxemias, abortions, and miscarriages.[71]

In 1944, the Army Regulations were amended to make clear that, while pregnancy would be recorded as "not in line of duty," the individual would not be required to make good lost time, and neither AR 35–1440 nor AW 107 would apply. The same ruling was applied to the sequelae of pregnancy, except for illegal abortions.[72]

A particular problem for medical officers was that of quick and accurate certification of pregnancy in order to expedite discharge. Where delay occurred, protests were frequently received from husband or

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[69] Med Stat Div SGO analysis. Also see Table 9, Appendix A. Civilian rate for 1944 is from U.S. Bureau of the Census, *Statistical Abstract of the United States: 1948,* Table 69, p. 67; rate for each age group of civilian women has been weighted according to the percent of Wacs who were in that age group.

[70] Menninger, *Psychiatry in a Troubled World,* p. 114.

[71] Ltr cited n. 68.

[72] AR 615–361, 4 Nov 44, sec 22.