tired than the younger ones. Women with family responsibilities, particularly those worried about their parents, were slightly more tired. The number of months a woman had gone without a promotion also had some influence, but slight.

One single factor appeared to have more influence on fatigue than all the others combined, and this was occupation—the woman's job and her interest in it. The group of women not interested in their work showed almost twice as much fatigue as those with keen interest. Medical surveyors reported:

> The women felt that they had entered the service to do a job; they expected many changes in their lives and many inconveniences, but if they had work they liked and felt was worthwhile, the unpleasant things paled to insignificance.

In every occupational group, this held true. Cooks, who were fatigued in spite of little actual damage to health, were revealed to have least interest in their jobs; drivers were very little fatigued, in spite of heavy work, because they thought their jobs interesting. Greatest fatigue was found among shift workers whose sleeping, eating, and recreational habits were necessarily irregular.

Medical surveyors also attempted to judge the impairment of health by military service, and the causes of damage. As in industry, it was found that poor health and fatigue had no necessary connection, since some women in perfect health were suffering from fatigue and decline in efficiency, whereas others whose service had actually damaged their health still enjoyed their work and felt no fatigue or loss of efficiency. About 20 percent of the Wacs appeared to have suffered some loss of health through military service, including more days of illness, more visits to sick call, more respiratory and menstrual disorders, and more headaches and nervousness.

Again, a woman's job appeared to be the greatest factor influencing her health. Clerical workers showed the greatest health impairment, due largely to frequent respiratory infection, headaches and nervousness attributable to poor office ventilation, unbroken sedentary work, and eye-straining jobs. Drivers were second in health impairment. Surveyors noted, "The very factor of constant driving which gave drivers a variety of scenes and associates and was functional in decreasing their fatigue was resultant in their menstrual difficulties." Cooks were well below other groups in respiratory infections and sick call visits.

Although the survey came too near the end of the war to effect changes in current personnel, housing, or medical practices, it appeared significant that military service in the type of work of which civilian women made lifelong careers should, after a mere two or three years of military service, produce "true fatigue" in 40 percent and health impairment in 20 percent.

Reconditioning

There was no provision for women in the physical and occupational reconditioning programs provided for men. There were no accommodations for women at convalescent centers. In the last year of the war, the WAC's National Civilian Advisory Committee recommended to The Surgeon General that women be included in the Army's physical and mental reconditioning programs, but the recommendation was never favorably considered, for unspecified reasons presumably related to