

Eleanor Dark's *Slow dawning*: a woman in rural practice in the 1920s

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The opposition that aspiring women doctors faced in the late 19th century was well summed up in 1881 by Professor Anderson Stuart of the University of Sydney's Medical School: "I think that the proper place for women is in the home, and the proper function is to be a man's wife, and the wives to be the mothers of our future generations".¹ Even when women were admitted to medical school in Sydney, the medical establishment still resisted, and there was a public furore in 1905 when Dr Susannah O'Reilly, fourth in her year, was denied a resident position at Sydney Hospital. The Sydney newspaper, *Truth*, was moved to verse:²

*The Lady Doctor's come to stay,
No matter what the men may say,
And who should bar the right of way,
To Dr Sue O'Reilly*

By 1911, there were 94 women registered as medical practitioners in Australia, and 14 lived outside the state capital cities.³ However, they left no known records of their experiences. Neve, in her history of Australia's pioneer women doctors, notes "there appear to be no memoirs, diaries, or other papers from which could be gleaned recorded experiences or personal reminiscences".¹ One insight into the world of a woman general practitioner comes from a novel by Eleanor Dark (1901–1985) who "for over twenty years . . . was undoubtedly the best-selling serious novelist writing in Australia".⁴ Eleanor Dark completed her first novel, *Slow dawning*, in 1926.⁵ It is about Valerie Spenser, a 25-year-old doctor, who establishes a medical practice in a (fictional) country town, Kawarra, where she had grown up. There was community prejudice against women doctors, and Valerie struggled to reconcile her career with her desire for a family.

Eleanor Dark understood rural general practice and the difficulties of combining a career with family responsibilities. Her husband, Eric Dark, was a general practitioner in Katoomba from 1923 until 1970. A biographer wrote: "The telephone was the biggest interruption for Eleanor. It rang day and night and she could never ignore it".⁶ In 1975 she told an interviewer: "My books have been written at intervals snatched from years as a housewife . . . it is impossible to keep a home going in Australia unless one is busy most of the time".⁷ Dark's most famous work is *The timeless land* based around the interactions between Australia's first white settlers at Sydney Cove and the local Aborigines. She has been described as "a novelist of ideas. She felt strongly that, while women are the heart of the family system, they should have their own careers to match their abilities".⁶

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In *Slow dawning*, Valerie Spenser at 18 aspired to a life with "three main ingredients: ambition for healing and helping, worship of beauty in all its forms, and an overwhelming desire to love, to be loved by the man who was to be her mate".

Even at school, Valerie met preconceptions. A friend she told of her aspirations to train and work as a doctor, replied "Are you going to be a spinster lady all your days?". When Valerie returned to Kawarra, a local worthy, gossiping to a friend, suggested "The practice of medicine must be death to the natural bashfulness and modesty of womanhood", adding "these women doctors have no modesty and no morals". The local chemist felt "Though she may be clever and all that, she's too young and pretty. They might overlook her being a woman if she was forty-five and hard-faced".

Like most doctors of the time, Dr Spenser practised from her home. For housekeeping she engaged Mrs Gillogley who "had not been able to take this doctor-lady seriously before, but the imposing array of mysterious and deadly looking instruments converted her". Valerie's consulting hours were 9–10 am, 2–3 pm and 7–8 pm. There were numerous house calls every day, including to farms, and home confinements. Adenoids were removed at home. Valerie did her own "after hours", and an evening at the local picture

theatre might be interrupted by a message on the screen: "Dr Spenser wanted".

The *MJA* wrote on "The equipment of the general practitioner" in October 1924, noting: "Every medical practitioner finds it advisable to live in a house of good appearance. Corner houses are frequently selected, although the central situation is more important . . . It is usual for the practitioner to set aside a portion of his house for his professional work. A separate entrance, a suitable waiting room for patients and a consulting room with an antechamber adjoining for the examination of blood, urine and other excretions, are essential". The article also lists equipment required in country areas. "The man in the country will, naturally, find it advisable to have . . . anaesthesia masks, ether drop bottle, a mouth gag and tongue forceps, emergency instruments including tracheotomy tubes, intubation tubes, blunt hooks, directors and aneurysm needles", and "the midwifery bag should be properly equipped with axis traction forceps, uterine dilators, curette, suturing outfit, pelvimeter, douch [sic] can with attachments, the usual drugs, including chloroform or ether, dressings, gloves and antiseptic lubricant."⁸

Kawarra had a population of 3000 and one other doctor, a Scotsman, Dr McCabe. He warned Valerie that "For a month of careful treatment patients will squirm at their doctor's bill, but they'll pawn the family Bible to pay a quack for his incantation". He also observed that "The laity is apt to indulge in fervid party warfare on the subject of doctors". Some of the wealthier locals



Eleanor Dark (by Olive Cotton, 1945)
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of New South Wales.

attended the suave Dr Hughes in the next town and took pride in his “four guinea accounts” for home visits. It gave “a certain prestige to call in a doctor from a town some miles distant”. Valerie didn’t like Hughes, although when they first met “they talked shop for half an hour, as even the most incompatible pair of doctors will”.

Valerie remembered having a teenage infatuation with Jim Hunter, the son of a prosperous local businessman and had hopes that the attachment might be revived. But Jim had fought in France in World War I and “the whole hideous proceeding had sickened and disgusted him. He came back believing in, desiring, thinking of, hoping for nothing on earth but peace, peace to the point of placidity — and the safe haven of work”. When Valerie returned to Kwarra, Jim was about to marry Kitty, a 19-year-old local girl.

Kitty consulted Valerie before the wedding. Valerie had found, as a medical student, that many people felt “a working knowledge of one’s own body was ‘not nice’”. Kitty “at the age of nineteen, was almost as ignorant of everything pertaining to sex as a child of three”. She did understand “married people sleep in the same bed”. Valerie “a couple of times, made little clear diagrams” which evoked from Kitty “I do love Jim; but o-o-o-h.” Dr Valerie’s advice: “Don’t think of it as a dose of castor oil, Kitty”.

A new doctor, Dr Owen Heriot, comes to Kwarra, despite the Sydney medical agent advising that the town could not support three doctors. Heriot was not deterred: “You know as well as I do that there’s still a certain prejudice against lady doctors. If one of the trio has to starve, she’ll be the one . . . if she can do a man’s work, and make a man’s money, she’ll have to take a man’s risks”.

Life became difficult for Valerie. There was Jim’s marriage, unwanted propositions from Dr Hughes, and a falling off in her practice with the arrival of Heriot. She “was tired and unhappy and fighting and persecuted — and no one stood beside her. It was not the troubles themselves that could beat her — it was the solitariness in which she must face them . . . no one was ever meant to be lonely”. Valerie mused “I want real love, and marriage, and a couple of babies . . . I have my mental and physical needs and desires . . . must they be forced back, and repressed till they twist me into something horrible?”.

On top of this, an accumulation of little things “tried her strength”. Mrs Gillogley “reported a leaking gas pipe connecting the gas heater; she reported the front-door bell out of order; she reported an incorrect milk bill. There was a hawker, with haberdashery — did Dr Spencer want any? The butcher couldn’t send an ox-tail, would steak do? The cord of the kitchen window was broken — a mouse had been in the pantry — the ice chest was leaking — the clothes line rusting — the best tray cloth had iron-mould on it . . .”.

An *MJA* editorial in 1923 may have given some comfort to women doctors facing similar frustrations when it observed that: “In medicine women have revealed aptitude of no mean order”, and predicted that with “unity of purpose . . . the medical women of Australia will have little difficulty in breaking down the last remnants of the sex barrier which has impeded them for so long”.⁹

Heriot had been an army medical officer through the trench warfare in France. Valerie felt he was “a cynic, a sneerer, a disdainer of life”. However, when things became really difficult for Valerie, with rumours about her “goings on” with Dr Hughes and nasty gossip about some of her medical treatment, it was Heriot who understood and sympathised. “He realised the intolerable and unnatural restraints which convention thrust upon her . . . it haunted him that he had harmed his rival not through her incompetence but through her sex.” It is enough to say that Valerie and Heriot married.

The fanciful romantic storyline in *Slow dawning* is only touched on here. Dark felt she went much too far, referring later to “my unspeakable *Slow dawning*” and admitting it was the only time she wrote “with the object of making money” by trying to appeal to “the addicts of popular romantic fiction”.⁶ However, this admission does not detract from the book’s description of general practice 80 years ago or its record of community attitudes to women doctors.

Today, with the proportion of women in Australia’s general practice workforce rising from 32% to 35% between 1995 and 2000,¹⁰ and around 60% of general practice trainees being women,¹¹ it is interesting to speculate how the impediments facing women doctors have changed over the last 80 years.

In 2002, Kilmartin and colleagues conducted a structured qualitative study of 40 women general practitioners designed to rank “the 10 most important issues in their professional and non-professional lives”.¹² The women described “enormous pressure . . . trying to balance professional and non-professional roles” leading to “stress, guilt, ‘burnout’ and ill-health”. Major issues articulated by the group included “achieving job satisfaction in general practice through mental stimulation, challenge and a variety of work”, “having time to nurture a quality relationship with a partner” and “having a strong sense of self-esteem and self-image, leading to autonomy and control over one’s professional life”.

Valerie Spenser would probably have agreed had she participated in Kilmartin’s study.

In the depths of her troubles, Valerie told herself that women “would climb at last to a height where they would perform not only the artistic or intellectual work to which their natures inclined, but the normal functions of wifehood and motherhood as well. A terrible fight, a slow one . . . generations it would take . . .”.

For Valerie, the most important issue may have been what Dr Heriot called “a certain prejudice against lady doctors” doing “a man’s work”. This prejudice is a major theme in *Slow dawning*, reflecting Eleanor Dark’s assessment of community attitudes in the 1920s. While there is no suggestion in Kilmartin’s research of this attitude, some women doctors might question whether the “terrible fight” has yet been won.

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