Heritage, Memory and Female Representation in the Sheffield Medical School by Joseph Newman, MA History (2025)

Introduction

This blog post reflects on the experiences, discoveries and reflections that I had during my MA work placement with the University Heritage Collection and the School of Medicine and Population Health. The aim of this blog was to demonstrate that combining structural analysis with biographical storytelling enables a richer and more inclusive historical narrative. The project arose from an evaluation which identified limitations regarding equality, diversity and inclusion within the visual collections displayed in the Medical School's Heritage Boardroom. The material currently on display is owned by the NHS Collections and managed by a group of volunteer medical historians. Upon entering the Heritage Boardroom for the first time, I was greeted by a panopticon of male portraiture, which evidently provided the impetus for the project. I left feeling fairly shocked. The heritage communicated was one in which the women were conspicuously absent, but this was unreflective of the Medical School's history. Their material traces: medals, certificates, dissertations and photographs, survive in the University's Heritage, Archive and Special Collections. The Heritage Boardroom had afforded them the drawer of a display cabinet, positioning the women *beneath* the men. Whether consciously or not, this spatial arrangement had reproduced the gendered hierarchies of early twentieth-century medicine itself.

Collection of medals awarded to Winifred Wells, placed inside a drawer of a display cabinet in the Medical Heritage Boardroom (2025)

Women, Medicine and Cultural Pushback

With the University's Medical School approaching its bicentenary in 2028, the project raised several important questions. While anniversaries often provide an opportunity for institutional reflection, they can also encourage overly sanitised narratives of progress. Lydia Henry was the first woman to graduate from the Medical School in 1916. However, only a few years earlier, in 1913, Almroth E. Wright, a leading medical authority, wrote a treatise *against* women's suffrage and validated the medical man who *'asks that he should not be the yoke-fellow of a medical woman'*.[1] He believed that it was simply impossible for the two to work together, as these women, in his view, were *'of course never on the side of modesty, or in favour of any reticences'*, the values *'upon which our civilisation has been built up'*.[2]

Wright may have been one particularly vocal critic, but his views were reflective of broader professional and social attitudes that shaped women's experiences of medical education in the early twentieth century. Women who aspired to become doctors entered institutions that were designed, culturally and physically, for men. Medical schools were environments structured around masculine assumptions of authority, proper conduct, and intellectual ability. As a result, women's presence within them was often treated as an exception that required justification or negotiation, rather than open acceptance.

By the turn of the twentieth century, women's entry into the medical profession in Britain remained contested and uneven. Although the Medical Act of 1876 had made it legally possible for women to pursue a medical education, their ability to do so depended heavily on institutional willingness and personal circumstances. Some medical schools admitted women earlier than others, but many delayed the process until well into the twentieth century. This reflected the deeply entrenched societal belief that medicine was a male occupation by nature. Queen Victoria herself had criticised the idea of women becoming doctors, as well as the women's rights movements of the late nineteenth century generally. In a letter to Prime Minister William Gladstone in 1870, she even remarked, *'Let woman be what God intended; a helpmate for a man—but with totally different duties and vocations'*.[3]

The Sheffield Medical School was one of the last institutions to admit women, which it did in 1905 after merging with Firth College and the Technical School to form the University of

[1] A. E. Wright, *The Unexpurgated Case Against Woman's Suffrage* (New York: Paul B. Hoeber, 1913), p. 88.
[2] *Ibid*., pp. 171-172.
[3] Philip Guedalla, *The Queen and Mr. Gladstone Vol. I* (London: Hodder and Stoughton, 1933), pp. 227–28.

Sheffield upon receiving its Royal Charter in 1903. This delay does not suggest that Sheffield was singularly hostile towards women, but is illustrative of how professional medicine across Britain was slow to dismantle its gendered boundaries. Admission and acceptance were not the same thing and it would take another three years before a woman was matriculated into the Sheffield Medical School. Female students may have been held in negative regard by staff and peers, alongside practical barriers from limited access to clinical experience or accommodations that were once built with only men in consideration. For women of this period who were training to be doctors, inclusion was only partial. An extract of a document contained in the Meeting Minutes from the Medical School's Board detailed changes to the Department of Anatomy in the late 1910s to provide 'adequate lavatory accommodation for women students' to reflect, in part, 'the growing numbers of women students'.[4]

Women, War and the Medical Profession

The First World War marked an important, albeit temporary, shift in dynamics. Many male doctors were serving overseas, and even those who had not completed their studies were called up for service. Consequently, women were increasingly called upon to fill medical roles at home and abroad. However, this was not an immediate change, and initially, the government was reluctant to allow women to participate in the conflict. Anecdotally, Lydia Henry recalled that women were told to *'go home and knit'* instead. While 'new opportunities' for women were driven by wartime necessity, this did not necessarily dissolve pre-existing prejudices. Women were often excluded from formal recognition and senior positions, even as they had performed such essential work. In effect, the war had disrupted professional hierarchies, but had not fundamentally dismantled them.

During the interwar period, women's participation in medicine was scrutinised due to 'allegations of a glut of doctors' being heard, as service doctors were demobilised and patient numbers decreased.[5] This issue intensified in the 1920s when women who had entered medical schools during the war began to finish their studies. Amidst contemporary concerns over low birth rates and the *'postwar reaction against women's new confidence and contemporary anti-feminist biologism*', career progression could become somewhat restricted, as many women were expected to return to domestic life.[6] Those who continued to work in

[4] University Archives
[5] Mary Ann C. Elston, 'Women Doctors in the British Health Services: A Sociological Study of Their Careers and Opportunities' (doctoral thesis, University of Leeds, 1986), p. 296 <https://etheses.whiterose.ac.uk/id/eprint/247/1/uk_bl_ethos_375527.pdf>
[6] *Ibid.,* p. 303.

medicine were sometimes viewed as ‘degenerate’ for participating in a field that contemporary commentators deemed a *‘physical or mental “masculine” activity’* and therefore inappropriate for women.[7] Expectations surrounding proper feminine conduct, marriage and motherhood were disproportionately shaping women’s working lives.

Context to Case Studies

Against this broader backdrop, the experiences of Sheffield’s first female medical students emerge more clearly. Rather than being isolated pioneers or passive recipients of a more progressive society, these women were individuals navigating a profession in constant flux. They persevered, becoming adaptable and resilient in the face of systemic constraints. Their achievements were shaped by the institutional frameworks within which they worked, as well as by their individual ambition and ability. Understanding this context is crucial to interpreting the archival record and intangible heritage of Sheffield’s Medical School today. Their barely visible presence alongside their medals, dissertations and written testimonies reflect historical patterns of recognition rather than absence. It is in this social and professional context that Sheffield's first female graduates trained and qualified as doctors. Their stories challenge simplistic narratives of progress, instead inviting consideration of how opportunity, resistance and change intersected in the everyday lives of women during the early twentieth century.

Lydia Henry (30th June 1891 - 27th March 1985)

Lydia Henry’s career exemplified the endurance required of early female medical students, as well as the uneven recognition of their contributions. After enrolling at the Medical School in 1909, she contracted a serious infection during a dissection, which forced her to suspend her studies for a year. Despite initially finding medicine uncongenial and having become seriously ill, she did not abandon her studies altogether, but instead continued her education in isolation before her return, emphasising both the physical risk of medical training in this period and her determination to complete it. Graduating in 1916 as Sheffield’s first female medical graduate was a hard-won achievement and a testament to her character.

[7] *Ibid.*

Lydia's professional life was shaped by her involvement in the First World War. She served in the Scottish Women's Hospitals Unit at Royaumont Abbey in France, providing essential care to wounded soldiers in conditions of extreme pressure and limited resources. The French government recognised her work there by awarding her the Croix de Guerre, a distinction that stood in stark contrast to the response at home. The work carried out by the Scottish Women's Hospital at Royaumont was excluded from the British Official Medical History of the War, and no British medals were awarded to its staff. Yet its significance was not universally ignored: Winston Churchill wrote of the 'heroic band' at Royaumont, describing their service as a 'lasting source of pride' and a 'glorious' contribution to the war effort.[8]

Lydia Henry with her Croix de Guerre (MS 110/2/2)

During the interwar period, Lydia remained acutely aware of the challenges facing her and other female doctors. After delivering a speech to female medical students in Liverpool around 1922, she joked about the contemporary concerns surrounding the *'surplus of women entering medicine'*, yet still encouraged them to persevere. Her career encapsulated the ongoing precariousness of women's position within the medical world, as well as her commitment to providing encouragement rather than giving up.

[8] Eva Shaw McLaren, *A History of the Scottish Women's Hospitals* (London: Hodder and Stoughton, 1919), pp. viii-ix.

Winifred Wells (c.1894 - c.1951) and Ethel Sharrard (30th December 1919 - c. 2001)

Winifred Wells' experience demonstrates how women could achieve academic distinction in medical education despite the gender-based constraints of the profession. She achieved notable success during her studies at Sheffield, as reflected in the awards and medals she obtained. These material artefacts, now preserved in the University's Heritage Collections, testify to a level of excellence that challenged the contemporary assumption that women were unsuited to medicine due to their supposed intellectual inferiority. Her achievements were the result of her determination to succeed within an institutional framework that did not readily celebrate women's successes.

Winifred Wells in later life

Gold medals awarded to Winifred Wells in 1916 and 1917 (ID 1839)

After qualifying, Winifred began working professionally and later opened a medical practice with her husband. This career path reflected both opportunity and compromise. Joint practices were a socially acceptable way for female doctors to remain professionally active after marriage, even though making independent advances remained challenging. The continuity of her medical legacy is also evident in her daughter Ethel Sherrard's career. Ethel lost her hearing as an infant following a bout of meningitis, and went on to study medicine at the University of Sheffield between 1937 and 1943.

The Medical School had contested Ethel's admission. She encountered institutional opposition due to her deafness, highlighting the intersection of ableism and gender in relation to access to medical education in this later part of the twentieth century. Despite these challenges, she went on to become the second deaf doctor in Britain and has been regarded as *'the first deaf female surgeon in a world dominated by men'*. She worked throughout the Second World War until her retirement in 1984. Her career demonstrates the ongoing barriers within medical institutions, as well as the ways in which individual determination can expose and defy such limitations.[9]

Together, the careers of Winifred and Ethel complicate straightforward narratives of progress, revealing the tensions and contradictions within and demonstrating continuity and change across a generation of women trained at Sheffield Medical School.

Mary Prowse Gell (16th April 1894 - 24th October 1978)

Mary Prowse Gell's career exemplifies the global impact of women's medical work, demonstrating how professional commitment could draw women beyond Britain's borders. After qualifying in 1922, she travelled to China, where she practiced and taught medicine in an area that was becoming increasingly unstable due to conflict. Like other female doctors in the interwar period, Gell found that opportunities overseas were more readily available than at home, particularly in fields that demanded resilience and adaptability.

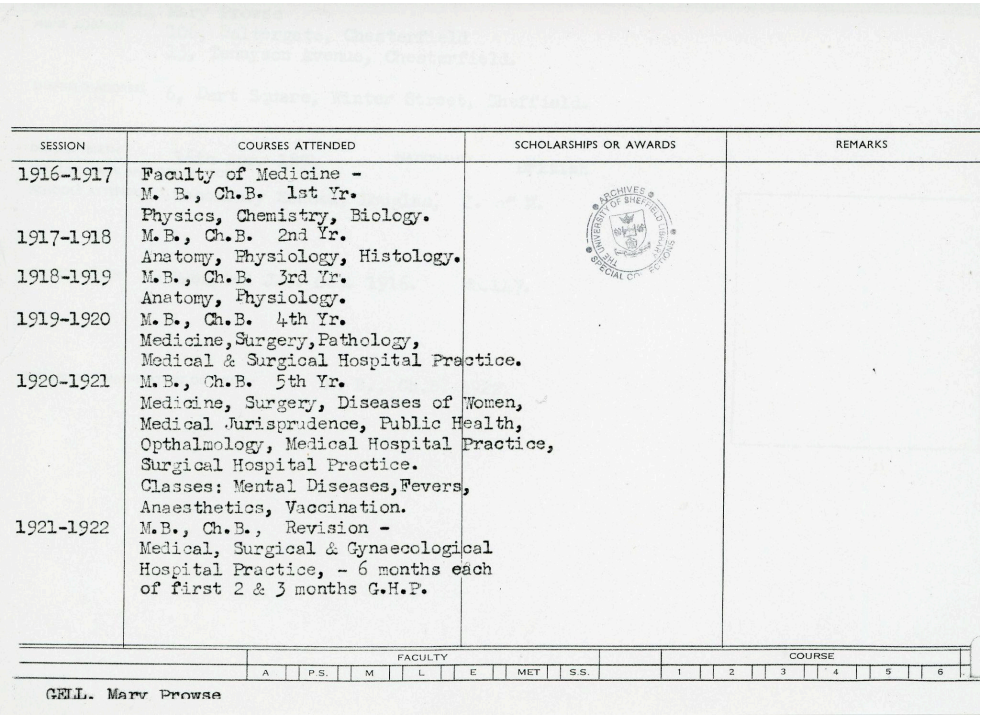
[9] Peter Harrod, *Item of Interest No 76* 'The Remarkable Story of Ethel Sharrard From the Garton Archive at Lincoln Christ's Hospital School', March 2023.

Mary (centre) with nurses, China c.1930 (MS 301/1)

Her perseverance was tested during the Second Sino-Japanese War, when she was imprisoned in a camp for prisoners of war. Reflecting on her experience, Mary stated that *'we women… felt quite clearly that it was our duty as doctors or nurses to stand by our jobs whatever happened; that if we were alive when the worst was over we would be needed for helping other survivors; and I felt too that it would be a betrayal of friendship to go and leave'*.[10] She articulated a sense of professional and personal obligation that defied the contemporary assumption, often voiced by male medical colleagues, that women should be kept safe from danger and removed from areas of conflict.

Mary's refusal to disengage from her work highlights the extent to which female doctors challenged gendered expectations surrounding risk and authority, as well as the idea that women's medical careers were secondary or auxiliary. Her work demonstrates that women were integral to international medical networks and humanitarian responses. However, their contributions were often overlooked in British institutional histories. This invites broader consideration of how gender shaped the geography of medicine in the twentieth century and how global contexts could both limit and expand women's professional lives.

[10] University of Sheffield Special Collections, MS 301



SESSION	COURSES ATTENDED	SCHOLARSHIPS OR AWARDS	REMARKS
1916-1917	Faculty of Medicine - M. B., Ch.B. 1st Yr. Physics, Chemistry, Biology.		
1917-1918	M.B., Ch.B. 2nd Yr. Anatomy, Physiology, Histology.		
1918-1919	M.B., Ch.B. 3rd Yr. Anatomy, Physiology.		
1919-1920	M.B., Ch.B. 4th Yr. Medicine, Surgery, Pathology, Medical & Surgical Hospital Practice.		
1920-1921	M.B., Ch.B. 5th Yr. Medicine, Surgery, Diseases of Women, Medical Jurisprudence, Public Health, Opthalmology, Medical Hospital Practice, Surgical Hospital Practice. Classes: Mental Diseases, Fevers, Anaesthetics, Vaccination.		
1921-1922	M.B., Ch.B., Revision - Medical, Surgical & Gynaecological Hospital Practice, - 6 months each of first 2 & 3 months G.H.P.		

FACULTY: A | P.S. | M | L | E | MET | S.S.

COURSE: 1 | 2 | 3 | 4 | 5 | 6

GELL. Mary Prowse

Mary's examination record (MS 301/8 (ii))

Ethel White (later Skerritt; 1896 - 1990)

Although Ethel White has a more fragmentary archive than those of her contemporaries, it remains no less revealing. After graduating in 1918, she returned to complete her PhD in 1933 and obtain her M.D. Ethel's dissertation on rheumatic carditis in children reflected the gendered career paths often open to women in medicine at that time. Paediatrics and related specialisms were widely considered more suitable areas of practice for women, in line with contemporary assumptions about their affinity for care and domestic responsibilities.

Hand painted photograph of Ethel (White) in 1918. (ID 1842)

Ethel's academic achievements are preserved in her dissertation, which is available in the University library, as well as in photographs, certificates, and a bronze medal held in the Heritage Collections. These artefacts attest to her intellect and professional competencies, even if her subsequent medical career is more difficult to trace. Such absences are instructive in themselves, reflecting the fact that women's medical careers were less likely to be formally documented or institutionally commemorated, particularly if they did not culminate in public distinction or leadership roles. Ethel's life highlights the importance of considering incomplete archives and the everyday professional lives of women in medicine. Her story reminds us that early female doctors were not only 'pioneers' or 'exceptional figures', but also practitioners whose contributions were shaped, and sometimes obscured, by the social and institutional frameworks of their time. Nevertheless, their stories deserve visibility too.

Bronze medal awarded to Ethel for completing her 4th year, 1916-17 (ID 1842)

The lives highlighted here are exceptional in many respects. Lydia Henry's wartime service, Winifred Wells' intergenerational legacy, Mary Prowse Gell's international medical work and Ethel Skerritt's perseverance in the field of interwar medicine are all remarkable. However, exceptional stories should not be the only stories we tell. Focusing solely on exceptional individuals risks obscuring and diminishing the structures that shaped opportunity and exclusion, and reinforces the impression that progress depends solely on individual resilience rather than collective change.

Meaningful public histories must ask difficult questions as well as celebrate inspiring lives. Why have certain figures been commemorated while others have been overlooked? What institutional practices shaped visibility, preservation and recognition? Exceptional women mattered, but so did the experiences of many others that have not yet been fully explored. My work with the archives and heritage collections revealed the names of numerous other women who studied at the Sheffield Medical School during this period. These individuals left fainter traces in the archives, but their presence was an integral part of everyday medical education. Their diminished presence does not diminish their significance, but rather points to future possibilities for research, recovery and representation.