CLELIA DUEL MOSHER, “THE RELATION OF HEALTH TO THE WOMAN MOVEMENT,”
ASILOMAR, CA (15 MAY 1915)

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Abstract: This essay analyzes Clelia Duel Mosher’s 1915 speech to the YWCA national convention, entitled “The Relation of Health to the Woman Movement.” I analyze how Mosher defined women’s health as a feminist issue, refuting limiting views of women’s biology. Addressing the taboo topics of menstruation and menopause, Mosher redefined what it meant to be a healthy, active woman in all phases of life. Relying on her credibility as a physician and scientist, Mosher urged the next generation of women to reject traditional and outdated thinking about women’s reproductive health and instead embrace new opportunities in a changing world. Mosher’s progressive research on women’s sexuality predated Alfred Kinsey’s work by more than forty years, making her a pioneer in women’s health.

Keywords: Clelia Duel Mosher, woman suffrage, women’s rights, menstruation, menopause, women’s health.

In the spring of 1915, the Young Woman’s Christian Association (YWCA) invited Clelia Duel Mosher to address their national convention in Asilomar, California. At age 51, Mosher was a well-respected scientist and physician who had earned a “national reputation for teaching and research.”¹ In 1901 Mosher had published the first longitudinal study on menstruation, and she was considered a pioneer in the field of women’s health.² Throughout her career Mosher challenged the conventional wisdom of male educators, physicians, and scientists by studying and talking about the taboo topics of menopause, menstruation, and women’s sexuality. Her argument that menstruation and menopause were natural processes that should not hold women back were both provocative and controversial, challenging traditional assumptions that menstruation was a debilitating illness best treated with bedrest and that menopause invariably led to complete incapacitation.³

In her speech in May of 1915, Mosher went well beyond her previous research on women’s health and sexuality, as she tackled a new issue: women’s rights in all realms of social and political life. Grounding her speech in the feminist philosophies of the late nineteenth century, Mosher defined feminine beauty and womanhood as grounded in good health. Mosher argued that women could be healthy and productive in all stages of life—from puberty through menopause. Insisting that the long-term prosperity of the country depended on women taking an active role in the workforce and even in politics, Mosher advocated a novel approach to women’s rights, concluding that women’s good health and well-being was not just a matter of self-preservation but a patriotic duty.

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Clelia Duel Mosher: An Unlikely Advocate for Women’s Rights

Clelia Duel Mosher was born on December 16, 1863 in Albany, New York as the favored daughter in an upper-middle-class family. Mosher’s father was a respected and progressive physician who encouraged Mosher’s intellectual pursuits. Even as a child, Mosher “saw herself as different from other girls—more independent, intellectual, persistent, and ambitious.” In an unpublished autobiography, Mosher explained that her father believed that girls should be surrounded by “the best books” and “the talk of writers, poets,” and even “artists.” A self-described tomboy, Mosher caused her mother “grief” with her “boyish ways,” but was “a joy to her father,” who encouraged her free-thinking and independence. Mosher idealized her father, describing their “beautiful companionship” as a “rare and precious thing.” With the support of her father, Mosher enrolled in the Albany Female Academy—one of the oldest and most prestigious preparatory schools for girls in the country—in 1874, at the age of eleven. The Academy prided itself on rigorous academic standards, and Mosher excelled in the classical subjects of rhetoric, history, and Latin.

Mosher’s father, however, was a man of his time, and his progressive ideas about female education were limited. Although he encouraged his daughter’s early education and unconventional upbringing, he still subscribed to the conventional belief that college was not a place for young women. Convinced that the mental strain of academia would impair Clelia’s physical and mental health and might even compromise her fertility, he refused to pay for his daughter’s college education. Mosher’s father may have been influenced by the well-respected, Harvard-educated physician Edward H. Clarke. In his lectures and in a popular book, *Sex in Education*, Clarke argued that women who pursued higher education could suffer from “neuralgia, uterine disease, hysteria, and other derangements of the nervous system.” Even worse, Clarke argued that the “education of the brain” could destroy a woman’s “reproductive system,” leading to a host of illnesses, including sterility. Clarke was alarmed by the increasing number of women attending college, calling for “serious attention” to this growing societal threat. Like many in his day, Clarke viewed women as victims of their biology, calling menstruation a period of “danger,” “shame,” and “punishment.” He certainly was not alone in this view, as historian Carroll Smith-Rosenberg has argued, as many Victorian “experts” agreed that a woman’s reproductive organs controlled her “physiology, determined her emotions, and dictated her social roles,” and that menstruation in particular made women “weak, diseased, and dependent.” Thus, it comes as little surprise that Clarke, like many others of that day, viewed female education as something of an “evil,” not only unnatural but a “crime before God and humanity.”

Women like Mosher were thus “caught between two worlds—the Victorian world of domesticity, with its restrictive view of femininity, and the rapidly changing world of the late nineteenth and early twentieth centuries, with its beckoning opportunities.” Although Mosher aspired to attend college after she graduated from the Albany Female Academy in 1881, her father’s refusal to provide financial support prevented her from following her dream for nearly a decade. To give Mosher something productive to do, her father taught her both horticulture and botany and bought her a small floral shop, which thrived throughout the 1880s. Mosher’s small business taught her useful skills and, equally important, provided a good
income to finance her own education. In 1889, at the age of 25, Mosher surprised her family and friends when she enrolled at Wellesley College in Massachusetts, paying for her college tuition with the earnings from her floral shop.  

Women’s higher education was still a relatively novel idea in the 1890s. Wellesley had been founded just fifteen years earlier, and the private, all-women’s college prided itself on preparing women for “vast reforms in social life.” Founder Henry Fowle Durant proclaimed that “women can do the work. I give them the chance.” The college offered a rigorous and demanding curriculum at a time when women made up less than thirty percent of undergraduate students in the United States.

Mosher’s academic career, like her life, would follow an unconventional path, and her time at Wellesley would be short-lived. In the fall of her sophomore year, Mosher’s father died unexpectedly, and she left Wellesley to grieve and to recover from unspecified health problems. In the fall of 1891 Mosher transferred to the University of Wisconsin at Madison, where she thrived for a time. Yet, in 1892 she would transfer again, this time to Stanford University in California. Founded just seven years earlier by Senator Leland Stanford and his wife, Jane, Stanford already had developed a reputation as a progressive, co-educational university and one of the premiere research facilities in the country. Mosher was drawn to the “spirit of adventure that accompanied the opening of Stanford” and its “pioneering spirit.”

Earning her Bachelor of Science degree in zoology in 1893, Mosher continued on to graduate work at Stanford, earning Master of Science in physiology in 1894 at the age of 30. As a graduate student at Stanford, Mosher worked as a research assistant in the Department of Hygiene, which like a modern program in physical education sought to “understand the scientific bases of both personal and public health, especially in relation to physical exercise.”

In her capacity as a graduate assistant, Mosher made an important scientific discovery on respiration. At the time, most women breathed costally—from the chest—instead of utilizing diaphragmatic breathing, a healthier and more effective method more commonly practiced by men. Scientists at the time believed that these differences were anatomically based, allowing women to adapt to pregnancy when an expanding belly compromised diaphragmatic breathing. Yet Mosher proved that these sex differences in respiration were instead caused by the restraining corsets popular at the time, and that the shortness of breath women so frequently complained of was not based on biology but on fashion. This seemingly common-sense observation was quite radical for the 1890s, as it challenged at least one aspect of the biological determinism that governed the laws, customs, and social mores of the day.

In 1896 Mosher enrolled in Johns Hopkins School of Medicine in Baltimore, Maryland. Founded just three years earlier, Johns Hopkins was the first major medical school in the United States to admit women, and Mosher found the environment supportive of female students. Mosher and the twelve other women in her class were treated the same as the male students and expectations for their achievement were high. Classes were small and involved hands-on training with patients, which was a departure from the strict lecture format of the past. With its progressive ideals and rigorous curriculum, Johns Hopkins allowed Mosher to thrive, and she graduated with her medical degree in the spring of 1900 at the age of 36. That year only six percent of physicians nationwide were women, making Mosher a pioneer in the medical field.
Pioneer Researcher on Sexuality and Woman’s Health

While an undergraduate at Wisconsin, Mosher’s interests in women’s health and physiology led her to study women’s sexuality. In 1892 she developed what researchers would later call the “Mosher Survey”—25 open-ended questions, asking women about their sexual practices and attitudes. Forty-seven married women answered questions about their desire for sexual intercourse and their ability to achieve orgasm. One question asked participants to define the “true purpose of intercourse,” and furthermore asked if they had a “desire for intercourse.” An astounding sixty-one percent of the women surveyed believed that the “true purpose” of sexual intercourse was not reproduction, but pleasure for both sexes. This controversial revelation countered conventional beliefs that women lacked sexual desire due to their inherent “passivity and purity.”

Equally provocative was Mosher’s revelations about women’s use of birth control. In an era when the Comstock Law criminalized not only birth control but the distribution of educational materials about contraception, 83 percent of Mosher’s respondents admitted to using some form of birth control (albeit, in many cases, dangerous or unreliable forms). Mosher’s research provided the earliest data on the sexual habits of women, predating Alfred Kinsey’s controversial book, *Sexual Behavior in the Female Human*, by more than forty years.

In the 1974 Mosher’s provocative research would finally come to light when social historian Carl Degler discovered the Mosher Survey bound with Mosher’s personal papers in the Stanford University Archives. In an article published in the *American Historical Review*, Degler argued that Mosher’s work proved that conservative Victorian dictates regarding sexuality were not “actually put in to practice by most men or women in the nineteenth century.” Degler would later publish the Mosher Survey in its entirety, describing the excitement he felt upon discovering it, much like an “archaeologist to a new excavation.”

Most revealing to Degler was the lack of any “evidence” of the “Victorian prudery” that supposedly characterized the era. Although Mosher is most remembered today for the ground-breaking research on women’s sexuality published decades after her death, her studies on menstruation and menopause were equally, if not more, significant. At the turn of the nineteenth century, physicians and scientists alike considered menstruation a time of disability. Referred to at the time as “functional periodicity,” physicians like Edward Clarke recommended “a complete intermission from mental and physical effort” during menstruation. Clarke urged women to avoid all “muscular effort,” “brain work,” or any form of “mental” or “physical excitement” for at least one week per month. In fact, the only safe course of action for a menstruating woman was complete bedrest to avoid possible “aborted ovarian development.”

Dr. Clarke was not alone in viewing menstruation as a “period of danger, shame and punishment.” Conventional wisdom considered women prisoners to their reproductive cycles, rendering them “weak, diseased, and dependent.” Some doctors went as far to say that menstruation could cause insanity.” These arguments were used to “rationalize women’s traditional roles” and to keep them in their their circumscribed position in the private sphere of domesticity. As historian Carroll Smith-Rosenberg summarized it: “Victorians believed that women’s reproductive organs controlled her physiology, determined her emotions, and
dictated her social roles.”  

Even the most progressive physicians of the era urged complete bedrest for at least the first three days of menstruation. In 1894, as a graduate student at Stanford University, Mosher began the first longitudinal study of its kind, examining the menstrual histories of more than four-hundred women over the course of 3350 menstrual cycles. Unlike her short survey on women’s sexuality, Mosher conducted lengthy interviews with participants who were required to keep detailed diaries for many years. Mosher compiled this research in her master’s thesis in 1894, concluding that most of the pain and discomfort associated with menstruation was not a function of anatomy at all, but instead was caused by social and cultural practices—specifically, women’s restraining clothing and sedentary lifestyles. Mosher developed a series of abdominal exercises, eponymously named “Moshers,” that helped to relieve menstrual discomfort. In 1901 Mosher published this research in the prestigious *John Hopkins Hospital Bulletin* in an article entitled, “Normal Menstruation and Some Factors Modifying it.” In this work Mosher argued that menstruation was not an incapacitating disease that should deter women from either work or higher education.

After graduating from Johns Hopkins Medical school in 1900, Mosher moved to Pala Alto, California and opened a private medical practice. Mosher’s practice struggled for a decade, as even women were hesitant to see a female physician at the turn of the twentieth century. In 1910 Mosher closed her private practice and accepted a joint position at Stanford University as Assistant Professor of Personal Hygiene and medical adviser to female students. The field of physical hygiene included a curriculum of courses in physical education, sex education, anatomy, and physiology. According to historian Elizabeth Griego, Mosher was “on the vanguard of the movement that encouraged women toward greater activity and development of their physical abilities.” Advocating the masculine pursuits of sports like tennis, swimming, bicycling, basketball, and even horseback riding, Mosher defied the conventional wisdom of the day that encouraged a sedentary lifestyle for women. For Mosher, physical exercise was the key to women’s health and well-being throughout her life span. But Mosher also believed that women should understand their political and social history, and she made the unusual decision to assign readings by eighteenth-century feminist philosopher Mary Wollstonecraft and nineteenth-century suffragists Elizabeth Cady Stanton and the Reverend Anna Howard Shaw. By including these early feminist thinkers in her curriculum, Mosher clearly linked ideas of women’s health to feminist advocacy. She would explore these issues more thoroughly in her speech, “The Relation of Health to the Woman Movement,” delivered to the YWCA in 1915.

**The YWCA and the Spirit of Reform**

The Young Women’s Christian Association (YWCA) began as part of the “evangelical Protestant religious revivals in the United States and England” in the 1850s and is among only a handful of American reform organizations that originated in the nineteenth century and continue to flourish today. Motivated by religious concerns, the YWCA differed little from the numerous voluntary and mutual aid societies of the era. In the early days, the YWCA focused on the “spiritual and moral uplift” of single women coming to the cities to work unsupervised. Their goal was to protect young women from unchristian influences and immoral distractions,
by promoting “wholesome activities and respectable behavior” and a refuge from the “demoralizing forces of urban life.”

In 1855 Emma Robarts, a Christian activist and social reformer in London, founded an organization initially called the Prayer Union—a place for bible study and fellowship. Robarts envisioned the Prayer Union as a place for women to offer each other spiritual and emotional support. This initial group of twenty-three women would expand over the next decades to include 130 branches throughout Great Britain. They would eventually include not only prayer, bible study, and social support, but also boarding houses for single women living in the city alone for the first time. The same year Robarts founded the Prayer Union, Mary Jane Kinnaird opened a home in London with a “friendly Christian atmosphere” for Florence Nightingale’s nurses. Kinnaird aimed to “establish homes all over London, with a missionary in each to be a friend and teacher” to young women who were working in the city alone.

These two independent groups merged in 1870 to become the modern-day YWCA—a “Christian Sisterhood” that spread to the Northeast United States in the years following the Civil War. As more universities opened their doors to women, student branches soon opened. The first student YWCA group was founded in 1873 at Normal State University (now Illinois State University), helping young women adjust to college life. By the end of the nineteenth century, local branches of the YWCA could be found in most American cities, providing a place for “spiritual development” and “moral uplift” for young women. What started as a movement promoting “moral uplift” would later evolve into an organization dedicated to improving the social and economic conditions of young wage-earning women.

From the earliest days, the YWCA offered wholistic and progressive programs for women’s health and wellness. As early as 1877 the Boston association of the YWCA organized classes in the new and controversial form of exercises called “calisthenics.” Reformers like Catherine Beecher had introduced this form of physical exercise to her Hartford Female Seminary in the 1820s, but it was slow to catch on. An early pioneer of physical education for girls, Beecher disputed prevailing notions of women’s fragility, and she encouraged women to exercise regularly. The YWCA was one of the first organizations to formally adopt Beecher’s exercise programs, but it wasn’t until 1915 that physical education programs became widespread within that organization. As historian Mary Sims has explained, by 1915 the YWCA was encouraging women to “take pride in personal vitality and their knowledge of how to maintain health.” It was within this context of growing awareness and changing social norms regarding women’s physicality that Clelia Mosher delivered her address to the YWCA’s national convention in Asilomar, California, “The Relation of Health to the Woman Movement.”

The Relation of Health to the Woman Movement

Celia Duel Mosher’s pioneering work on women’s sexuality remained unknown to modern historians until professor Carl Degler’s discovery of the “Mosher Survey” among Mosher’s personal papers in the Stanford University Archives in the 1974, nearly early six decades after she spoke to the YWCA. His “excavation” brought Mosher’s work on sexual mores, attitudes, and practices to light, but few have looked at her work on women’s health, including her controversial views on such taboo subjects as menstruation and menopause. Mosher’s speech to the YWCA has been but a footnote to her story, yet it reflected the
boldness of her controversial ideas and her commitment to feminist principles. “The Relation of Health to the Woman Movement” provided guidance not just on women’s health, but women’s rights—a cause with which Mosher typically has not been identified.

As Gerda Lerner observed many years ago, women have often been “obliterated or marginalized” in “recorded history,” and Mosher is no exception. Her papers, like those of many influential women of the past, are scattered across various archives, which makes recovering her story and ideas difficult. Although a respected scientist and physician at the time, Mosher still faced gender discrimination, and much of her work went unpreserved. The University of California has a small collection of Mosher’s papers in its Bancroft Library, but it remains largely uncatalogued. The largest collections of her papers are at Stanford University, divided between the Special Collections Archives and the Hoover Institution’s Library and Archives.

No transcribed or published version of Mosher’s speech to the YWCA exists, although a typed manuscript with a hand-written notation of “Final Copy” can be found in the Stanford Special Collections Archive. This version, with the title “The Relation of Health to the Woman Movement,” was prepared with endnotes and other notations, presumably for later publication, but it probably is the best representation of what she actually said in her convention address to the YWCA. According to Mosher’s personal correspondence, she “revised” and “amplified” her speech for publication as a pamphlet in August of 1915, with the shortened title, Health and the Woman Movement. In 1916, the National Board of the YWCA reprinted the original pamphlet verbatim, and in 1918 a second revised edition of the speech, with the same title and a new “Foreword,” was published by the Woman’s Press of New York City. A final and greatly “enlarged” version of the speech was published in 1923 by the same press under the title, Woman’s Physical Freedom.

Mosher spoke for fifty-five minutes on the final day of the YWCA’s three-day conference. Many of the speakers on the schedule were grouped thematically under such topics as “Women Working Together,” “The Woman Movement,” and “Religious Trends of the Time.” As the latter topic suggests, conference planners hoped to link Christian charity with women’s rights activism, and for an organization that promoted Christian values and “moral uplift” Mosher was an interesting choice as a featured speaker. Little is known of Mosher’s religious upbringing, and none of her writings mention Christianity. In fact, her controversial research on women’s sexuality challenged prevailing Christian doctrine in the Victorian Era, which emphasized women’s purity and submissiveness.

Mosher began “The Relation of Health to the Woman Movement” on a feminist note, responding to a published interview with Professor William G. Sedgwick of the Boston Institute of Technology regarding the threat posed by the “new doctrine” of feminism. According to Sedgwick, that doctrine threatened to “throw the world back 1000 years” by obliterating all distinctions between the sexes. Mosher responded by declaring Sedgwick’s views “discouraging, if true.” But as an academic scientist she then asked, “But what of the facts?” And the facts, according to Mosher, not only showed that women could be the equal of men in virtually all realms of human endeavor, but also that it was “life itself, not the feminist movement,” that was “altering the status of women.” Specifically, “changes in economic conditions” were reducing the demands of homemaking, including the size of families, and with these “diminishing requirements” came the threat that idle women would “sink into a
condition of parasitism which will result, not only in her own physical and mental deterioration, but in an injury to the race.” As a result, women themselves were raising a “strange new cry” for “labor and the training which fits us for labor” (2).

Mosher pointed to the demands of wartime as another factor in changing gender roles. “The European war is demonstrating that women may not only fight in the trenches,” she argued, “but may receive the same rewards for bravery as her husband and brother” (3).

Women in the “warring nations” were suffering many of the same hardships as men, and they had proven they could excel “in all occupations,” even those requiring “great endurance” and “physical strain” (3). In England, France, Germany, and Italy, woman were working as “conductors and motormen, railroad laborers, cab drivers, [and] baggage porters,” and of course women had long excelled at “plowing, sowing, and reaping” (3). While men still handled most of the fighting at the front, Mosher reminded her audience that much of the “work of the world” back home was being “carried by women” (3).

Mosher noted other trends as well to refute Professor Sedgwick’s argument that women were biologically ill-equipped to lead full, productive lives outside of the home. “At the present moment,” she argued, “every profession and occupation is not only open to woman but are being successfully undertaken by her” (4). Mosher noted how fears that college education would harm women’s health and the broader society had proven unfounded, as women were now attending college “as a matter of course” and were not producing the “anticipated evils.” Indeed, the college woman had proven “rather healthier than her sisters who did not go to college, to marry as other women of her class, and to bear a rather large number of healthy children” (4).

Beyond that, women in California and twelve other states and one U.S. territory now had full citizenship rights, and by the millions they now turned out to “cast their votes, perform their civic duties,” and even serve “as election officials,” all “without destroying health or homes” (5). Again responding directly to Sedgwick, Mosher posed a rhetorical question: “Where are the traditional handicaps of sex?” Sedgwick’s answer was an outmoded and unscientific conception of the effects of the “periodical recurrence” (5)—the notion that menstruation somehow rendered women nervous, irritable, or even mentally unstable. If Sedgwick and the supposed expert (a “distinguished” yet unnamed physiologist) he cited were correct, the future of the human race was “gloomy indeed.” Fortunately, “millions and millions” of women were already proving him wrong, “carrying on every kind of labor” during that so-called “incapacitating periodic function of menstruation,” even as the “frightful” conditions of war and the “increasing strain of modern life” deprived them of sheltering care (6).

Having initially answered Professor Sedgwick with sociological observations, Moser finally arrived at the real purpose of her speech: to examine whether the historical treatment of women and the traditions that kept her in her place were warranted by her physical limitations. Promising a “judicial examination” of those “traditional handicaps in the light of scientific knowledge” (7), Moser donned her physician’s hat, launching into a long, detailed review of both the scientific literature and her own decades of research, stressing the urgency of such an examination in light a war that threatened to exterminate a “large portion” of the “best manhood” in the warring nations, leaving women “obliged to undergo the strain of unparalleled labor which they are traditionally unfit to bear” (7). Mosher assured her audience that she was not out to eliminate all gender distinctions; she did not aim to “make a man into a
woman nor a woman into a man” (7), in words she quoted from Professor Meyer of Stanford University. But in light of the demands upon women in modern life, she did think it worth reflecting on the question: “Is it not possible that at least some of women’s physical disqualifications . . . have been owing to surrounding conditions rather than inherent in her sex” (7)?

Mosher began answering that question by recalling how her own ground-breaking research on respiration challenged the conventional wisdom of the 1890s. At the time, physicians believed that men and women’s lungs were anatomically different and that these differences affected their lung capacity and therefore their physical capabilities. Noting that women often breathed “costally”—taking shallow, unhealthy chest breaths—while men breathed abdominally, many considered this anatomical adaptation to pregnancy, when an expanding belly made breathing difficult. Invoking her work as a graduate student at Stanford, Mosher recalled how she had debunked such claims, proving in her Master of Science thesis that “there is no sexual difference in the type of respiration” (8). The limitations of lung capacity commonly observed among women, she concluded from her extensive studies, were more likely caused by fashion and lifestyle factors, not biology, including the tight clothing and corsets women wore at that time.

That laid the groundwork for a lengthier discussion of the most serious yet taboo subject relating to women’s participation in civic and industrial life: “menstruation, whether this is to be put into words or not” (9). As the first physician to systematically study the subject, Mosher sought to prove that menstrual complaints, including pain and discomfort, were caused mostly by lifestyle and psychological factors, not biology. As such, she argued that they could be eliminated with simple lifestyle changes and new ways of thinking. According to Mosher, menstruation was not a disability requiring bedrest, but instead a natural physiological process, no more debilitating than respiration or digestion. Once again, Mosher relied upon her own credibility as a scientist, citing her exhaustive study of more than 800 women during more than 6000 menstrual cycles to make the case.

Mosher’s lengthy dissertation on menstruation went into great detail how the circulation of blood throughout the body affected women’s health. Along the way she emphasized how most of the issues women complained about during menstruation could be blamed on constrictive clothing and an unhealthy, sedentary lifestyle. But even more important than those physical causes was “the morbid attitude of women themselves toward this function,” along with the “habit of mind” among physicians, who tended to define “the whole of a woman’s life” in terms of menstruation (25). If young girls were simply taught that menstruation is not necessarily a “bad time” and that the “pain or incapacity at that period” was no more inevitable than “bad breath due to decaying teeth,” there could be a “revolution in the physical life of women” (25). In short, the problems of menstruation were, in large measure, educational and psychological problems, brought about by teaching women from a young age that the menstruation period was a time of “periodic illness involving suffering and incapacity” (30).

Mosher made much the same argument about “the climacteric,” or menopause—the so-called “change of life” (30). Noting how menopause often led to “morbid unhappiness,” she argued that the “climacteric” should instead “produce in the mind of a normal healthy woman no more than a mild regret that the period of youth and potential motherhood is over, and
should be naturally welcomed as a release from the inconvenience attendant upon menstruation” (30). According to Mosher, the problems women faced during menopause were not caused so much by the physical change as by psychological and social factors: an acceptance of the “inevitable incapacity,” a decrease in “muscular activity,” and “social” and “family” changes, including the “loss of her usual occupations and an absence of all necessity to exert herself” (30). Without meaningful occupations and “mental diversions,” and “encouraged by the sympathetic pity of her friends,” too many women let themselves go and accepted the idea that life was no long “worth living” (30). By contrast, women who remained “busy and useful” during these years—those who had “absorbing occupations” and remained “vitally necessary in the world” (32), typically thrived throughout this period. As with menstruation, Mosher thus concluded that “many of the disabilities” associated with the “change of life” were “due to removable and preventable causes,” much like the problems caused by “bad hygiene” (33).

In conclusion, Mosher urged women to break free of the “tyranny of fashion” that had relegated them to second-class status and threatened their health (39). In vivid, colorful language, she lamented how the whims of fashion had in the past led to unnatural configurations of women’s bodies, with predictable effects:

With fashion molding the feet into some new form each year, with the kangaroo posture one year, the debutante’s slouch the next, with woman’s body resembling the wasp at one time and emulating a cylinder soon after; with strapping the breasts down to hide one of nature’s greatest beauties until they hang at the waist line like the dugs of an animal, what can we expect? (40).

Mosher argued that physicians and “teachers of physical training” had a “great responsibility” to lead women back to the “Greek ideal” of “physical perfection”—to “lead women to ideas of health, to hold out to each an attainable physical ideal, to teach the mechanism of our wonderful bodies so that she obeys the laws of her body, laws learned so perfectly that they are obeyed automatically” (41). The day of the “type of woman who is all spirit, a burning flame, consuming her misused body, is passing” (42), she argued. A new day was dawning, when women would be “no less fine and womanly” but healthier, with “beautiful perfect bodies” and “equally beautiful souls”—women who would “look sanely out on life with steady nerves and clear vision” (42). To these women, she concluded optimistically, we could “safely leave the future of the race” (43).

Conclusion

In her speech to the YMCA, Celia Mosher did more than present a clinical lecture about her research in women’s health. She made a larger argument, linking that research to themes emerging in feminist advocacy at the time. She urged women to think of themselves as healthy, active players in life throughout their lifespan and discard the old, outdated ways thinking—what she called “sex traditions” (10). Women needed to reject “traditional thinking” that treated natural processes like menstruation as “sick time” and instead embrace a fundamental change in their “habits of mind” (23). This new way of thinking, she argued, would bring about a “revolution in the physical life of women” (25). Instead of thinking of themselves as “sick” and
“unwell” during these periodic episodes, women would instead embrace the “opportunities thrust upon her” and “look sanely out on life with steady nerves and clear vision” (41-42).

Echoing the eighteenth and nineteenth-century women’s rights philosophers she required her college students to read, Mosher redefined feminism to include good health in all stages of a woman’s life, from puberty through menopause. She considered good health a natural state, and she argued that a healthy, engaged female citizenry was especially needed in war time. Woman’s health was thus not a privilege, but a fundamental right and also something of a patriotic duty. From this somewhat radical position on women’s health, Mosher naturally evolved into a feminist advocate of women’s rights in all realms of social and political life.

As a prominent scientist and physician, Mosher brought much credibility to her speech to the YWCA. Emphasizing her knowledge of anatomy and physiology, she systematically refuted essentialist arguments rooted in biology that had been used for centuries to prevent women’s full participation in social and civic life. Citing her own research in women’s health, Mosher defined not dependency but good health as the natural state for women. She believed that being a woman was no reason not to be perfectly well.

After it was delivered to the YWCA, Mosher’s speech would be published in three subsequent “enlarged” versions, the last in a book entitled, *Woman’s Physical Freedom* in 1923. In each expanded version, Mosher said more about the links between women’s health and women’s rights. In a 1918 version, Mosher’s call for women’s rights assumed a sense of urgency, focusing on the need for women workers in the war years: “The present stirring time demand women at maximum capacity for work every day of the month.” Yet beyond the war effort, Mosher now made the case for women suffrage, joining the suffrage advocates she had required her undergraduate students to read for decades. “Whatever may be one’s personal opinion of the advantages and disadvantages” of woman suffrage, she wrote, “it may be said that equal suffrage like many of the economic and philanthropic opportunities now open to women helps to meet this problem of hygiene of middle life.” In other words, it gave older women something to do after they were done “bearing and rearing” their children. This, Mosher suggested wryly, was not only good for women but society as a whole, as it provided not only a “safeguard to the women of middle age, a help in preserving the integrity of the family,” but also “protection to the community from the menace of the unoccupied middle aged woman.”

In 1923, after the woman suffrage amendment had been ratified, Mosher published yet another, greatly enlarged version of the original speech which read more like a self-help book for the “modern woman.” Providing concrete, practical steps for the next generation of “productive” women, Mosher attacked the beauty and fashion industries with a vengeance, calling upon women to avoid the “momentary fashionable idea of beauty” and instead embrace practical clothing that allowed ease of movement. Ever the champion of physical exercise, Mosher urged women to reject the “changing models of fashion makers” and instead embrace “physical fitness” and “health” as the “birthright of every woman.” This was no frivolous topic, she argued, because if women wanted to be equal partners in “economic and civic life” they needed “sound health.” Mosher thus linked health to citizenship, urging women to reject “the old ideal of physical weakness and dependence” and instead make “herself a better citizen.” She concluded the book on an optimistic note: “To-day woman is offered freedom
unhampered by any tyranny except the tyranny of fashion, which rests with her alone to remove.»87

Clelia Duel Mosher died on January 10, 1941 at the age of 77. Her pioneering research on sexuality and women’s health challenged the male experts of her time—educators, scientists, physicians, and social theorists—who argued that women’s biology limited their role in society. Defying prevailing views, Mosher argued that the limitations imposed on women were social and psychological, not biological, and she urged women themselves to reject those limitations. Citing her own scholarship, she challenged Victorian prescriptions for women, arguing that women’s reproductive biology should not impose limits on their mental, physical, or sexual potential. Mosher’s research also helped lay the groundwork for systematic research on women’s sexuality and addressed the previously taboo subjects of menstruation and menopause. Arguing that women could be healthy and productive in all stages of life, she urged women to choose good health and physical exercise over fashion and social custom, from puberty through menopause. In her empowering message to the YWCA, she also linked good health to feminist advocacy and patriotic citizenship. In that way, she made a unique and noteworthy argument for women’s rights and woman suffrage, helping to redefine what it meant to be both a healthy woman and a good citizen.

Author’s Note: Lisa Shawn Hogan is an independent scholar living in Davidson, N.C.
Notes

2 Griego, “A Part Yet Apart,” 175.
8 (Griego, “The Making of a Misfit,” 179.
13 Clarke, 70.
14 Clarke, 63.
15 Smith-Rosenberg, 189.
16 Smith-Rosenberg, 183.
17 Smith-Rosenberg, 190.
18 Clarke, 72, 127.
22 Griego, “the Making of a Misfit,”151.
23 Parker, 67.
25 (Griego, “The Making of a Misfit,” 151.
27 Parker, 67.
35 Smith-Rosenberg, Disorderly Conduct.
36 Schneider and Schneider, 153.
38 Griego, “A part yet apart,” 290
41 Carl Degler, introduction to The Mosher Survey: Sexual Attitudes of 45 Victorian Women, vi.
43 Clarke, 48.
44 Clarke, 179.
45 Smith-Rosenberg, Disorderly Conduct, 190.
46 Smith-Rosenberg, Disorderly Conduct, 190.
47 Smith-Rosenberg, Disorderly Conduct, 191.
48 Smith-Rosenberg, Disorderly Conduct, 185.
49 Smith-Rosenberg, Disorderly Conduct, 183.
53 Jacob, no pages.
59 Meyerowitz, 1.
60 Robertson, 13.
61 Meyerowitz, 2.

Robertson, 14.

Robertson, 20.

Meyerowitz, 87.

Meyerowitz, 87.

Sims, 7.


Simms, 13.


Correspondence from Anna L. Brown to Celia Mosher, 9 August 1915, Box 1, Folder 1, Stanford University Special Collections.


Mosher, Health and the Woman Movement, 1918, Forward.

Mosher, Health and the Woman Movement, 1918, 20.

Mosher, Health and the Woman Movement, 1918, 34.

Mosher, Health and the Woman Movement, 1918, 34-35.

Mosher, Woman’s Physical Freedom, 68.

Mosher, Woman’s Physical Freedom, 60.

Mosher, Woman’s Physical Freedom, 73.

Mosher, Woman’s Physical Freedom, 79-80.

Mosher, Woman’s Physical Freedom, 80.

Mosher, Woman’s Physical Freedom, 85.

Mosher, Woman’s Physical Freedom, 87.