

# Rush on the Mind

A focus on mental illness was a constant throughout the multi-faceted career of Benjamin Rush, a signer of the Declaration of Independence, prolific writer, longtime Penn faculty member, and the most prominent—and controversial—physician of his day. In this excerpt from a new biography, as his own death nears Rush distills a lifetime’s worth of experience and insights “to show that the mind and the body are moved by the same causes & Subject to the same laws.”

By Stephen Fried

In the fall of 1812, Rush published *Medical Inquiries and Observations, upon the Diseases of the Mind*. Most people referred to it by the shortened name embossed on the spine: *Rush on the Mind*. It was a late-career effort by the most celebrated doctor in America to bring all his credibility as a physician, a scientist, a revolutionary, and a man of faith to the most vexing and painful problem of all: mental illness, and society’s failure to understand and care for some of its most marginalized members. “In entering upon [this] subject,” Rush began, “... I feel as if I were about to tread upon consecrated ground.” He wanted, once and for all,

to dispel the view of “madness” as a failure of will or belief or philosophical perspective, and to recast “mental derangement” as a disease of the brain that could—periodically or sometimes permanently—distort or create “errors” of perception of the world. He wrote in a style he felt was “accommodated to the ‘Common Science’ of Gentlemen of all professions as well as medicine.” The diseases of the mind had “hitherto been enveloped in mystery,” he wrote to John Adams, a frequent correspondent: “I have endeavoured to bring them down to the level of all the other diseases of the human body, & to show that the mind and the body are moved by the

same causes & Subject to the same laws. For this Attempt to simplify the ‘*medicini mentis*’ I expect no Quarter from my learned brethren. But time I hope will do my Opinions justice. I believe them to be true and calculated to lessen some of the greatest evils of human life.”

He reviewed historical theories of madness, from Hippocrates to Cullen, then offered his own (and without naming names, included French mental health pioneer Philippe Pinel and several British physicians for whom “madness has been placed exclusively in the mind”). But instead of spending many pages discussing where mental illness sat in the body, he shared a career’s



worth of patient anecdotes and insights, exploring all possible “causes” and predisposing events tied to “intellectual derangement,” and perhaps most ambitiously, explaining what it was like to experience various mental illnesses.

Among the medical causes, or triggers, were head injury, tumor, water in the brain, epilepsy, palsy, vertigo, headache, gout, dropsy, consumption, pregnancy, malnourishment, and “profuse evacuations.” But the single biggest cause of mental illness that he had seen at Pennsylvania Hospital was “excessive use of ardent spirits”—an issue for more than a third of the patients in the mental health ward.

Several cases of madness appeared linked to “inordinate sexual desires and gratifications,” especially, onanism—which was “more frequently” problematic “with young men than is commonly supposed by parents and physicians.” Some cases of mental illness had been triggered by “certain cutaneous eruptions” and the trauma of becoming “repelled” by one’s own skin. He had seen patients become deranged after “intense study, whether of the sciences or the mechanical arts ... [and] real or imaginary objects of knowledge,” like those who sought “the means of discovering perpetual motion, of converting base metals to gold, of prolonging life ... , of producing perfect order and happiness,” or who researched “the meaning of certain prophecies in the Old and New Testaments.” He had seen madness brought on by “the frequent and rapid transition of the mind from one subject to another. It is said that booksellers have sometimes become deranged from this cause.”

But madness was “excited ... most frequently by impressions that act primarily upon the heart,” which included “joy, terror, love, fear, grief, distress, shame from offended delicacy, defamation, calumny, ridicule, absence from native country, the loss of liberty, property and beauty, gaming, an inordinate love of praise, domestic tyranny, and, lastly, the complete gratification of every wish of the

heart.” A clergyman in Maryland “became insane in consequence of having permitted some typographical errors to escape in a sermon which he published upon the death of General Washington.”

Rush had grown interested in the concept of hereditary predisposition to madness—which he especially associated with suicidal behavior. In his latest study of his patients, only five seemed to have hereditary disease. But he had treated families with multiple members affected, including one in which three members came to the hospital for treatment the same day.

A colleague had also written him about twin brothers who had fought together in the Revolutionary War, went on to have successful careers, marriages, and young families in different cities, and then one of them, a member of the general assembly in Vermont, took his own life by cutting his throat “from ear to ear.” Two years later, the other brother got up one morning, asked his wife to take a ride with him, went to shave before they left, finished, wiped his razor, and then went to put it away—when his wife heard a strange noise like water on the floor. She found him dying with his throat cut. When this was reported to the rest of the family, it triggered derangement in both their mother and their two sisters.

No possible causal factor was too far-fetched for Rush to study. He had found that a disproportionate number of his patients had dark hair—and he had heard the same thing from other doctors. Fifty-six of his seventy-nine patients had light-colored eyes, even though only six of them had light-colored hair. He studied the age of onset of mental illness—prompted, most likely, by a study Pinel had done of French patients in the 1790s. Rush found that over 86 percent of his patients had become ill between twenty and fifty, more than the 50 percent-plus that Pinel had recorded. During those years, he thought, the blood vessels and nerves were “in a highly exciteable state,” and the mind was “more easily acted

upon by mental irritants” including “family afflictions ... [and] disappointments in the pursuit of business, pleasure and ambition.” Madness almost never appeared before puberty, he thought.

He also observed that patients with mental illnesses “seldom live to be old.” The one exception he could recall was Hannah Lewis, his first psychiatric patient as a staff physician at Pennsylvania Hospital in 1784. She had died in the hospital in 1799 at eighty-seven. Over fifty, Rush believed, people were more protected from the onset of mental illness because their “blood-vessels lose their vibratility from age” so the “causes of madness make but a feeble and transient impression upon their minds.” Their bodies “revert to that state which takes place in children,” which Rush felt protected them.

Women were “more predisposed to madness than men,” Rush explained, because of the impact of “menstruation, pregnancy, and parturition” on their bodies and the impact of “living so much alone in their families” on their minds. He had become aware of this early in his career when the hospital treated a woman “who was deranged only during the time of her menstruation, and who in one of those periods hung herself with the string of her petticoat.” He cited statistics from several hospitals and asylums about the proportion of male to female patients, and the possible reasons for this (including whether men or women were more likely to be sent to a hospital in the first place). He speculated that perhaps women were more subject to madness from “natural causes” while men were more likely to be triggered by “artificial” causes, such as “the evils of war, bankruptcy and habits of drinking.”

More important than gender, in any case, was marital status: “single persons,” he declared, “are more predisposed to madness than married people.” He believed this to be true of many diseases and sometimes would recommend

## Rush went out on a lot of limbs, hoping to provoke conversation.

that patients, especially single people with chronic illnesses, get married as part of his treatment. “The absence of real and present care” from a mate “gives the mind leisure to look back upon past, and to anticipate future and imaginary evils.” Single people were likely more prone to madness because of “the inverted operation of all the affections of the heart upon itself, together with the want of relief in conjugal sympathy from the inevitable distresses and vexations of life, and for which friendship is a cold and feeble substitute.”

Moreover “certain states of society ... opinions, pursuits, amusements and forms of government” could predispose people to derangement. In the United States, “madness has increase[d] since the year 1790,” which he blamed on “the number and magnitude” of “objects of ambition and avarice.” He singled out “the funding system, and speculations in bank scrip” and noted the alarming suicide rate in New York—which meant, to politically attuned readers, he was partially blaming Alexander Hamilton for its rise.

Rush was careful to specify that derangement was often partial or episodic. He thought it unfortunate that people used the term *hypochondriasis* for “the lowest grade of derangement,” which, given its implied accusation of fraud, “is always offensive to patients who are affected with it.” Rush used the term for patients who, while seeming to be fine otherwise, had ongoing “errors” of thinking or “erroneous opinions” on certain subjects. Some patients erroneously believed they had physical afflictions, such as consumption, cancer, impotence, venereal disease. He once treated a sea captain who believed “he had a wolf in his liver.” Others were convinced that “animals were preying upon different parts of their bodies.” He had one patient who believed he had been “transformed into glass,” and another who was certain that “by discharging the contents of his bladder he shall drown the world.”

To treat these myriad conditions, Rush provided a list of interventions. Some, like bloodletting, were physical, “intended to act directly upon the body,” while others were psychological, acting “indirectly upon the body, through the medium of the mind.” He held the two categories to be equally important, requiring great balance and the judgment of a worthy doctor.

**R***ush on the Mind* went on for three-hundred-sixty-seven pages, reading like what it was, a first draft thrown together from thirty years of notes. There were repeated ideas and disorganized sections, and Rush apologized for failing to cite all his sources. Yet, on almost every subject, sometimes just in passing, there were flashes of insight on issues that have always vexed people with mental illnesses and addictions, as well as those who care for them.

Studded throughout, too, were tiny, powerful moments from the author’s years at Pennsylvania Hospital—such as his description of the day in June 1806, when, during a total eclipse of the sun, he recalled “a sudden and total silence in all the cells of the hospital.”

Rush also recounted his vivid journeys into patients’ minds:

The associations of a madman are often discordant, ludicrous or offensive, and his judgment and reason are perverted on all subjects. He sometimes attempts to injure himself or others. Even inanimate objects, such as his clothing, bed, chairs, tables, and the windows, doors and walls of his room, when confined, partake of his rage. All sense of decency and modesty is suspended, hence he besmears his face with his own excretions, and exposes his whole body without a covering. ... What is called consciousness in his mind is at this time destroyed in his mind. He is ignorant of the place he occupies, and of his rank and condition in society, of the lapse of time, and even of his own personal identity.

It reminded him of a passage in *King Lear*, Act IV: “I am mainly ignorant. What place this is and all the skill I have Remember not these garments; nor I know not Where I did lodge last night. Do not laugh at me.” Rush quoted the play several times. “The reader will excuse my frequent references to the poets for facts to illustrate the history of madness,” he explained. “They view the human mind in all its operations, whether natural or morbid, with a microscopic eye; and hence many things arrest their attention, which escape the notice of physicians.”

Rush went out on a lot of limbs, hoping to provoke conversation. One can only imagine what his religious mentors would have made of his discussion of visual and auditory hallucinations. After offering physical explanations for why people might “see” and “hear” things that weren’t there, he speculated on whether the prophets and apostles in ancient times had actually seen and heard “the supernatural voices and objects” ascribed to them in the Bible, or whether these might have been “produced by a change in the natural actions of the brain.” In all cases where “miracles were necessary to establish a divine commission or a new doctrine,” he pointed out, they had to have been seen by at least two or three people.

Finally, in the middle of an exegesis on whether those with mental illness should be held personally and criminally responsible for their actions when deranged, Rush just stopped writing.

He picked up his pen just one more time, and scribbled this:

Here the reader and the author must take leave of each other. Before I retire from his sight, I shall only add, if I have not advanced, agreeably to my wishes, the interest of medicine by this work, I hope my labours in the cause of humanity will not alike be unsuccessful; and that the sufferings of our fellow creatures, from the causes that have been mentioned, may find sympathy in the bosoms, and relief from the kindness, of every person who shall think it worthwhile to read this history of them.

THE END

Not long after *Rush on the Mind* was published, the doctor attended the funeral of a patient on a cold, damp November day. Soon afterward his cough, which his beloved wife Julia described as “constitutional with him on the slightest cold,” came back with a vengeance. While it seemed under control during the day, he suffered harsh spells at night and upon rising. He tried to combat them by taking a drink of warm molasses and water, mixed with brandy or lime juice, before bed—sometimes with a few drops of laudanum to help him sleep.

Julia had grown so accustomed to his coughing, especially during the winter months, that she accepted his self-diagnosis that this was just another passing bout. She remained optimistic even after he suddenly stopped drinking his daily “one to two glasses of good Madiera,” and then even the “small table beer of which he was fond, and always used at his dinner.”

Besides being ill, Rush was upset by the reception to his book. “It has been well-received by many of my fellow Citizens, and particularly by some Gentlemen of the bar,” he told Adams, “but not a single physician in our city ... has taken the least Notice of it.”

Adams was not surprised. Before he even saw it—Rush’s publisher failed to send the former president an advance copy promptly—he predicted that his friend’s book would be met with “Reproaches, vilifications and Lies and Slanders ... You will be accused of Materialism and consequently of Atheism. They are all mad as I am, and we Shall all see ourselves in Some or other of your Theories and then We Shall all call you a Blockhead and Swear that We are as rational Men as ever existed, as an Inhabitant of Bedlam once Swore to me, that he was.”

But Adams wanted Rush to know, with all “the Sincerity of my heart,” that the controversial subject he had dared to tackle was “one of the most important, interesting and affecting, that human Nature and terrestrial Existence exhibit. And you will merit everlasting Thanks of your Species, for your Attempt to investigate it, whatever your present Success may be.”

After reading the book, Adams said it would:

run mankind still deeper into your Debt. ... If I could afford the expence, I would advertize a reward of a gold Medal to the Man of Science who should write the best Essay upon the question whether the Writings of Dr Franklin, or Dr Rush do the greatest honour to America, or the greatest good to Mankind. ... You would not have been so industrious nor so useful, if you had not been persecuted. These Afflictions are but for a moment and they work out greater Glory.

Julia was pushing Rush to retire to Sydenham and let his young physician son James run the medical practice, but he felt he couldn’t afford to quit just yet. Though they were financially secure—largely from Rush’s real estate investments, which had allowed them to pay off their large house on Fourth Street, and the smaller one next door they were renting out—they still had three children

living at home: young Julia, who was twenty; Samuel, who was seventeen; and William, who was about to turn twelve.

Their second daughter, Mary, who was now twenty-nine and had been married to British Capt. Thomas Manners for nearly a decade, had recently moved back home with her two young children while her husband fought in the War of 1812. “Should her husband fall in battle (which is Alas! not improbable, for he is now at Queenstown or in the neighbourhood of it with his regiment),” Rush told Adams, “... his whole family would remain with me for life with but a scanty inheritance from him.”

**So** Rush kept working through the winter, even as his cough got worse. Julia kept telling him that “his labors and his advancing years required more generous living.” She noticed that while he still “ate plentifully of buttered toast, and buckwheat cakes,” he ate very little meat and drank nothing more than water, tea, or coffee. He claimed that this diet allowed him to continue working after dinner, as he had done since he was thirty, but Julia begged him to eat more because “his dieting plan was more likely to injure him now.” She urged him to try the wine, but every time he did, it seemed to make him cough. While he still claimed to have no “apparent disease,” he “looked pale and reduced,” and she feared the overall “sinking of his system.” Julia also noted that her husband had recently “burned a great many letters.”

On March 6, 1813, Dr. Benjamin Rush missed rounds at Pennsylvania Hospital. Over the years, he had opted out of rounds before—he sometimes sent James in his place. But he hadn’t missed rounds for the past six months, even as his colleagues noticed he was weakening. So when he missed rounds again on March 10, and then on March 13, 17, 20, and 24, they had reason for concern.

Dr. Rush reappeared for rounds on Saturday, March 27, and saw dozens of

patients, including seventy-three suffering from mental disease—nearly half of the entire population of the hospital. While over thirty of them had been admitted during the previous year, he had been treating quite a few for a decade or more, and a handful had been there during his entire thirty years on the Pennsylvania Hospital staff.

Most important to Rush, he saw his oldest son John for the first time in almost a month. John had been in the hospital's locked mental health wing for over two and a half years. Long troubled in his mind, John had grown steadily worse after killing a friend in a duel, ultimately leading to his inpatient treatment. It was beyond even his father's most optimistic hope that he might recover, or respond to the treatments he received when his dark mood worsened or his thoughts grew more disordered than usual.

John spent his days pacing and talking to himself, in a low voice but with expansive, theatrical movements of his hands and arms. He walked back and forth in such a tight, uniform line that he was wearing down several floorboards inside, and doing the same thing on a boardwalk outside where the patients were allowed on pleasant days. The staff referred to these deeply grooved boards as “Rush's Walk” and sometimes showed them to visitors to illustrate the impact of serious mental illness.

That Saturday Rush visited his son, finished up his hospital business for the day, and went home.

Two weeks later, Benjamin Rush wrote his last letter to John Adams—although he didn't realize it because he felt as well as he had over the past few months. Adams, more than a decade his senior and often in challenged health, seemed more at risk. Whenever either of them ended a letter with a cryptic comment about dying soon, it wasn't Rush they were referring to.

Of the 223 letters they had exchanged since reconnecting in 1805—letters their wives loved to watch them retrieve from

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# Rush Revealed

An underappreciated Founding Father and key figure from the University's early years takes center stage in author Stephen Fried's new biography.

## Stephen Fried C'79 thinks the University pays too much attention to the wrong Benjamin in telling its origin story.

Sure, the Franklin connection is essential to the school's founding date of 1740, and the great man's personal example and guiding philosophical precepts—you know the quotes—have been an indispensable inspiration for Penn throughout the generations.

*But.*

“Even though Penn is very in love with its Benjamin Franklin roots, the truth is that Benjamin Franklin was dead before there was a Penn,” he insists. Benjamin Rush, on the other hand—who happens to be the subject of Fried's new book, *Rush: Revolution, Madness & the Visionary Doctor Who Became a Founding Father*, an excerpt from which begins on page 48—“was the leading intellectual for science, for philosophy, for medicine” at the University when “Penn became Penn,” after the original College of Philadelphia and the University of the State of Pennsylvania created during the Revolution were merged in 1791 to form the University of Pennsylvania.

Rush was affiliated with Penn from his student days on. He attended the first course of lectures on anatomy given by William Shippen in 1762, considered the beginning of medical education in the US, and was also mentored by John Morgan, who founded what became Penn's medical school—with or without Shippen, depending on who you believe [“The Link,” Jul/Aug 2015]. (Rush

would later fall out with both men, though not over that.) After further medical study in Europe, Rush would go on to join the fledgling institution's faculty as a chemistry professor.

His academic gig got more interesting after Morgan died and Rush took over his position. One perk was “teaching the biggest course, the overview course that doctors needed to understand all medicine,” and in particular the introductory lecture. Designed to “raise the curtain on the school year, give the students something to chew over,” it allowed Rush to range widely in subject matter. One year, Fried says, “he gave a lecture on the responsibilities of patients”; others focused on historical subjects—like the impact of Hippocrates' ideas on contemporary medicine—or offered “practical advice on how hard it was to be in business as a doctor.”

From the 1790s through his death in 1813, Fried says, Rush was “the most recognizable member of the faculty,” in addition to being the most prominent doctor in Philadelphia, then still the nation's largest city and its capital from 1790 until 1800. He battled heroically—if to little effect (like every other physician, Fried notes)—against Philadelphia's horrific Yellow Fever epidemic of 1793, and he was the first medical profes-

sional in the United States to focus on improving the living conditions and treatment for mentally ill patients and to advance the view that diseases of the mind were no different than those of the body.

**Rush was still a young doctor** building his practice when he was among the signers of the Declaration of Independence, his membership in Pennsylvania's delegation to the Second Continental Congress in 1776 more or less engineered by Franklin, who had earlier mentored Rush when he was studying medicine in Europe. (Rush returned the favor at the time of the Constitutional Convention, when other



delegates at first considered Franklin too aged and infirm to participate, Fried says.)

During the Revolutionary War Rush advocated measures to improve health and medical care for the troops, and moved among the major figures of the battle for independence, forming friendships with Thomas Jefferson and especially John Adams, with whom he conducted a lively correspondence. Toward the end of his life, Rush also stage-managed the rapprochement between the estranged former presidents, who hadn't communicated in more than a decade.

Rush also was a prolific writer, on matters relating to politics, medicine, philosophy, and religion, including on abolition and race relations. He coauthored the proclamation that led to the Boston Tea Party, "which was published here in Philadelphia and then republished in Boston because they thought it was good," Fried says. Another pamphlet not only argued against slavery, but racial prejudice generally. "He lost a good bit of his business in Philadelphia when people found out that he wrote that." He was more cautious about the pamphlet that would be published as *Common Sense*. He had the idea, but convinced Thomas Paine to write it.

"It's hard to even keep track of all the interesting things that he wrote," Fried says. "He wrote really fast. He was a very good first draft writer." In fact, we have Rush to thank for some of the most vivid firsthand reporting on the revolution. "He wrote really eloquently about what it was like to sign the Declaration, Fried says. "I think his is some of the best writing, just [on] what it was like in the room. You see it quoted a lot.

"And he also made a little joke. He remembered that one of the guys who was very heavy joked to one of the guys who was very thin that, when they were all hung for this, he would go faster, and the other guy would dangle for a while."

Rush also witnessed—and wrote about—the high stakes drama of Washington's crossing of the Delaware. "He goes up to see Washington. They spend an hour together in his tent. And Washington is very nervous, and [Rush] sees that Washington is holding pieces of paper in his

hand, and he sees one of them says 'Victory or Death,' which is a great image that we see everywhere," Fried says.

"A lot of things that we know about certain interactions come from Rush," he adds, even though people don't always acknowledge—or realize—that his writing was the source. "Rush's descriptions of being involved in the crossing of the Delaware are wonderful, and they really give you a handle on what was this crucial turning point in the war."

In fact, Fried argues, "You can't really tell the story of the American Revolution unless you take [Rush] and what he can teach us into consideration." But for a long time those insights were suppressed—deliberately, he says.

The Founders were keenly aware of posterity, and their efforts to shape the historical record—counseling each other on which letters to keep private, or burn, etc.—is a recurrent theme in the book. "I guess you could argue that this is America," Fried says. "As soon as there's no king, there's publicity. There's spin. It's democratic how history's going to be retold, too."

Rush's wide circle of acquaintance and love of talk (he was a "gossip," Fried says), his intellectual adventurousness and ready pen, may have played a role in his relatively obscure standing among the Founders. "It was a very conscious thing on the part of Adams and Jefferson and Rush's family" to make sure that all controversial materials—such as Rush's autobiography, which included frank descriptions of "every person who signed the Declaration and what he really thought of them," and various potentially sensitive letters—remained out of the public eye. Jefferson, for example, demanded the return of a letter in which he told Rush that "he and Adams were back together after 12 years—because it was embarrassing that two former presidents hadn't talked" in all that time.

Another secret the Rush family sought to keep was "that Rush had had a terrible run-in with Washington at the lowest point in the war and wrote something very critical about him to Patrick Henry." The letter

ended with instructions to burn after reading, and it was sent anonymously. "But it did get back to Washington. Washington never forgave him."

The letter haunted Rush for the rest of his life. By the time he died, veneration of Washington was immense and universal. Rush's son Richard, an official in the John Quincy Adams administration, had presidential ambitions of his own, says Fried. "So what's it going to do to [him] if people know that at the lowest ebb of the war his dad dissed George Washington?"

In an afterword, Fried traces the tangled history of Rush's papers. Most materials weren't available to historians until 1943, he says, when they were sold at an auction held by the Biddle family, to which they had come through intermarriage. Some materials disappeared after the auction. Others were donated to the Rosenbach Museum and the American Philosophical Society in the 1970s and 1980s. Some, Fried adds, "are still in private hands."

**In his own time and afterward,** Rush was criticized for his liberal use of bloodletting to treat yellow fever and other conditions, which Fried thinks is mostly unfair. "The idea that less treatment turned out to be a little safer [in the epidemic] doesn't change the fact that everybody thought that what they were doing was curing the disease," he notes. Treatment protocols also turned political. When Alexander Hamilton chose a different doctor's method, it became known as the "Federalist cure," Fried notes. "Jefferson wrote this really funny letter saying, 'Well, if Hamilton was cured, that's because he never had it in the first place—because he's really a wuss, and he didn't fight in the wars, either.' There's a lot of that kind of stuff back and forth."

Fried—whose previous book, coauthored with Patrick Kennedy, was *A Common Struggle: A Personal Journey Through the Past and Future of Mental Illness and Addiction*, and who has written extensively on mental health issues—is passionate about Rush's significant contributions in that area, even if many of his specific theories

and treatments haven't aged well ["Rush's Remedies," Jul|Aug 2012].

"Rush inherited mental-illness care during the 1780s. The first thing he did was go to the hospital and say, 'You've been telling people all these years that people with mental illness can't feel hot and cold. Well, that's bullshit. And we need heaters in these cells,'" he says. "So that's the first step."

Rush successfully pressed for the construction of an entire building at Pennsylvania Hospital devoted to mentally ill patients, replacing the old basement cells. While the Institute of Pennsylvania Hospital, the nation's first large asylum, built in 1844, gets all the attention in mental health histories, "What people forget is that the first important building in mental healthcare in this country was built and finished in 1796. It was the Ninth Street building of Pennsylvania Hospital."

Rush and his staff experimented with various clinical approaches. "They are trying different medical treatments to see what they do. They also try talking to the patients, which no one ever thought of, and writing down sometimes what they think ... knowing that the things that they say that are imaginary had some value," he says. "It's very rudimentary, but it's the beginning of medical therapy for mental illness."

**An award-winning journalist** turned historical-biographer whose books have ranged from fashion, to pharmaceuticals, to the hospitality industry, Fried is struck by how much remains to be discovered about the past, as well as the vagaries of how new information comes to light. "You figure: it's history. You do a search. It's either there or it isn't. But guess what? You search again six months later, there might be 10 new letters," he says.

That's what happened with the story of Rush's death, which had been told and

retold—including by Fried, in draft—based on a letter from Rush's son James, who would take over his medical practice, recounting his father's final instructions to him to "Be indulgent to the poor."

But then a new letter surfaced online "that Rush's wife [Julia] wrote to Abigail Adams in June, after Rush died in April," says Fried, freshly excited by the memory. "And not only does it show where that scene with James fits in, but it's like a five-page letter explaining everything that the Rushes went through during Rush's illness, all the way to the end, in incredible, beautiful detail.

"All I want, when I interview people who are alive, is for somebody to, like, tell you the truth," he continues. "To tell you a real human emotion.

"To be able to get that for Benjamin Rush ... and in a letter between his wife and Abigail Adams." The letter was written, "because John Adams cannot get over the fact that Rush is dead," he adds. "He's just broken by this. So they want to know everything that happened."

A number of Penn students helped with the research on *Rush*, continuing a practice Fried has followed to varying extents with all his books. Some of the students were scheduled to participate in a panel on the book at Kelly Writers House during Homecoming Weekend.

"They are an astonishingly accomplished bunch," Fried says—and have taken to heart his words about the mutability of the past. "A book like this is kind of endless—I mean, you have to stop at some point, but there are still questions. I expect to see these people, and some of them are going to say, 'Did you ever get this thing solved?' And I'll be, like, 'No.' And then I'll be calling my editor saying, 'When we do the paperback, could we have a couple sentences to do this?' Because we had changes at the last—we were finishing this book in July, and we got new information in July that we had to jam into the book. New information about something that happened 250 years ago!" he marvels.

"I mean, history is alive."

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the post, because they were so excited to open them—this last one wasn't in any way exceptional.

Before mailing his pages, Rush added a postscript about two new pieces of writing he had begun. His students had requested them, and he wanted to write them quickly, "Knowing that my time is Short and that the night of imbecillity of mind or death is fast approaching."

Four days later, on the Wednesday before Easter, Rush returned home from seeing patients at around seven in the evening, ate a quick dinner of buckwheat cakes and coffee, and then repaired to his writing desk, where he was drafting a new book on personal hygiene. Julia wandered in and out of his room, offering tea but mostly just keeping an eye on him, until nine p.m., when she discovered him away from his desk, sitting close to the fire; he said he "feared he was getting a chilly fit." She told him it was time for bed, and while preparing warm water for his feet, she also warmed his heavy coat by the fire and made him more tea. They walked up the stairs together, Julia in the lead holding a candle. She got him into bed, wrapped in his heated coat and blankets, but within twenty minutes he was complaining of chills and fever. Soon after he reported pains in his limbs, and after midnight he said he felt a sharp pain on his right side—and asked Julia to call him a bleeder. She talked him out of it, saying it was too soon and he "was too pale and thin to bleed upon every little fit of pain that occurred." She finally coaxed him to sleep.

Julia felt strange denying a bleeder to the doctor who had advised generations of physicians to let blood early and often. "I do not know why," she later admitted to Abigail Adams, "but I did feel a great reluctance." But the next morning he was clearly worse, so a bleeder was summoned at seven a.m.; he took twelve ounces. Rush said he felt better and began sweating away his fever.

Later that morning Dr. John Syng Dorsy, the twenty-nine-year-old surgeon,

Stephen Fried spoke at length with *Gazette* editor John Prendergast about *Rush* and *Rush* shortly after the book's publication in September. A lightly edited transcript of that interview can be found on our website.

—JP

stopped by the house. He diagnosed Rush with typhus and told Julia to prepare some “generous wine whey”—warm milk mixed with wine and water—which seemed to help. But Rush never regained the strength to leave his bed. He disagreed with Dorsey about the typhus diagnosis, guessing rather that the pulmonary tuberculosis he believed had ebbed and flowed in his body for years was finally reaching its acute stage.

Later that evening, he told Julia the pain in his right side had returned. The doctors tried a blister in the area, to no effect. His cough returned, and he took more laudanum to sleep. He slept most of the next day, which was Good Friday, but on Saturday morning he awoke very early in pain and demanded another bleeding. Julia was afraid to let him be bled without a doctor seeing him first, because “if he should sink under bleeding I could never forgive myself.”

Dr. Dorsey arrived and was against it but agreed to send for his uncle and Rush’s friend, Dr. Philip Syng Physick, for a second opinion. Physick concurred that opening a vein was a mistake—no matter how much Rush asked for it—and instead performed a cupping on the side where Rush’s pain was, and took four ounces of blood from there. Rush said he felt more comfortable but remained weak. Every few hours Julia tried to get him to eat wine whey and drink porter, as the doctors had suggested. By Sunday morning, Easter, Rush said he was feeling better, and “when the Doctors came,” Julia recalled, “they congratulated me on his being in safe way.” Before heading to church, “the children came in,” and “he kissed the girls and shook hands with his sons, and said he hoped to be down among them in a few days.” He told Julia he was happy he “could think again” after days of pain. When afternoon Easter services ended, Bishop William White paid Rush a visit; they spoke for fifteen minutes and the bishop offered a short prayer. When he left the room, he was certain Rush was out of danger, and that

he would be seeing him soon. The doctors returned and said they were pleased with his progress. Rush too believed the worst was over and told Julia he was “thankful to be spared yet a little longer” to his family. But he also said that “if god had done with him here, he was perfectly resigned to his will and ready to go.”

At nine p.m., the doctors returned again, and Julia “soon awoke to the horrors.” Her husband’s pulse had grown faint, and he needed strong stimulants poured down his throat and applied externally. He was given brandy until it made him cough, he was blistered on his body—then rubbed with cloths soaked in turpentine to dry the blisters. Regular blisters were applied to his wrists. On Monday, Julia felt her husband was “sensible of his immediate danger, but meek, resigned and collected.” Rush called in James to tell him where to find the legal papers he would need, explained his responsibilities as new head of the house, and gave him some final career advice. James, now twenty-seven, had shadowed his father often and occasionally filled in for him, but it was only just dawning on him that he was about to become “Dr. Rush.” His father’s last words to him were “Be indulgent to the poor.”

A message was sent to his son Richard, a lawyer and government official in Washington, even though it was unlikely he could make it back in time. Rush said goodbye to his other children, and then Julia came to the bedroom alone. They had been together for nearly thirty-seven years, since she was sixteen. Now he took her hand, looked at her with his wide, blue-gray eyes, and said, “My excellent wife, I shall leave you, but your son will take care of you as I have charged him to do so.”

Then he raised his eyes to heaven, and repeated a phrase from the litany of the Episcopal Church, Matthew 13: “By the Mystery of thy holy incarnation, by the holy nativity and circumcision, by the baptism fasting and temptation, by thine agony and bloody sweat, by thy cross

and passion, by thy precious death and burial, by the glorious resurrection and ascension, and by the coming of the holy ghost, blessed Jesus wash me from the defilements of sin and receive me into thy everlasting arms.”

Rush lasted for a few more hours “in a tranquil and happy state,” either sleeping or silently raising his hands, wiping cold sweat from his face with a handkerchief he would not let go of. Then “at seven minutes after five in the evening,” Julia recalled, “... without a struggle or a groan he took his flight to an happier region. ... A more quick, happy death no mortal was ever favored with, perfectly rational to the last moment—he put the seal to the piety and usefulness of his life by his composure and resignation in death.”

With that, Julia Rush said goodbye to her one and only love.

“But oh ...,” she thought, “what an aching heart is left to me.”

Five days after Rush’s death, John Adams stepped out of his home in Quincy to meet the morning post. As Abigail watched from a window, he looked through the mail and, disappointed at seeing nothing from Rush, opened a letter from a medical student acquaintance who was taking classes with Rush in Philadelphia.

The letter, as she described the scene, bore “tydings that rent his heart,” and as he read it, John Adams cried out, “O my friend, my friend, my ancient, my constant, my unshaken Friend, My Brother, art thou gone, gone forever? Who can estimate thy worth, who can appreciate thy loss? To thy Country, to thy Family, to thy Friends, to Science, to Literature, to the World at large? To a Character which in every relation of Life shone resplendent?”

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