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JACK LONDON: NOT A SUICIDE

REACTING AGAINST CHARMIAN LONDON'S whitewashed biography, *The Book of Jack London* (1921), the person interested in Jack London these days finds it all too easy to believe Irving Stone, who indicated in the final pages of *Jack London, Sailor on Horseback* (1938) that London deliberately murdered himself with an over-dose of morphine and atropine sulphates. Stone presents certain tenuous evidence, totally omits opposing evidence, and slams the door in the face of the still curious by leaving out all documentation. To make matters still worse for anyone seeking the truth, Stone then employs the subtitle "A Biographical Novel" in a reprint of his book brought out later that year. A possible threat of court action by Charmian may have dictated this manoeuvre, for she had already, a few years earlier, threatened Georgia L. Bamford, who reluctantly removed *The Mystery of Jack London* (1931) from the market. Certainly one's faith in *Sailor on Horseback* as a truthful record is weaker when the author himself has so little respect for his "facts". He need not have backed down, for Charmian's lawyers were supposed to have told her that legal action to stop publication would actually increase the book's sales.¹

We cannot deny Stone the right to lace his fact with fiction and concoct a biographical novel. The responsibility is simply with the scholar-readers and other interested people: *caveat emptor*. Consequently, when a man declares that he has written a novel, let us not suppose that anything in it is literally true just because the pages contain many facts. And yet this is precisely what has happened in regard to Stone's book. Richard O'Connor in his biography² accepts it as gospel—but he also does the same for the transparently vindictive work of Joseph Noel,³ who made London a member of an informal suicide club. London reportedly told Noel of his fears of future biographers, that "no matter how persuasive the pen delineating him [London], he would get scant justice."⁴ The warning had little useful effect upon most of the chroniclers, including Noel himself.

Inasmuch as there is still no definitive biography of Jack London, whereas

there is a considerable amount of popular and even bad writing about him and his work, much of it idolatry or image-breaking, it is no wonder that readers have accepted so unquestioningly the sensational account that is offered by Stone. Even the latest edition of *Literary History of the United States: A Bibliography* refers to Stone's gambit as the "only unprejudiced life"—not only untrue, but misleading in that one is supposed to regard *Sailor on Horseback* as reliable on factual matters. This in spite of the reviewers having found enough slipshod technique to dismay any serious readers of biographies. One has only to look up the magazine *Ken*⁵ and the *New York Times*⁶ for that year to discover this reception. He will find that Stone had plagiarized many passages from *John Barleycorn* and the short story "The Apostate", and palmed off the information lifted from the story as a record of fact. This is the sort of man upon whom the suicide theory largely rests; others simply take up the cue and elaborate. It is easy to do.

But the main intent of this paper is not to belabour Stone, open as he is to criticism, but to present a few things in a positive sense that would show London to have died in the manner most probable in his case, essentially of natural causes, *i.e.*, uraemic poisoning, following a renal colic, having as a contributing cause chronic interstitial nephritis.⁷ This is what the death certificate actually states, though Stone keeps this part out of his book (it would have played havoc with his theory of suicide). O'Connor mentions the verdict on the death certificate but gives it no credence. Joan London, in her biography of her father,⁸ believes that London's last years were suicidal in tenor even though he might not have administered his own *coup de grâce*. Later in the paper, a little problem of the morphine poisoning will be covered in detail.

Clearly Stone has selected and shaped evidence to fit a preconceived conclusion; he takes for granted a suicide, and his evidence, circumstantial as it is, *must* prefigure and culminate in the final act. And because Stone was the first to publicize London's illegitimate birth, the reader tends to have confidence in him henceforth in other ways, including belief in his version of the final hours. Unfortunately, in the total context of London's life this version does contain a certain credibility. The man did attempt suicide once *when he was drunk* (note!); he once stated that every man has the right to take his own life, if he wishes; his was a demonic burning of energies that knew little restraint; several of his fictional characters kill themselves; the circumstances surrounding his own death were a trifle suspicious; therefore, *therefore* he must have put an end to himself. We must be wary of this neat common-

sense logic. Someone has aptly said that common sense is what tells us the earth is flat.

Except that Nathaniel Hawthorne never advocated suicide or admitted any such attempt upon himself, one could even rework his life in a specious manner so that it, too, would foreshadow and culminate in self-destruction. Let us hide the death certificate and largely ignore how ill Hawthorne was before his fatal carriage trip. Turning to the literature, we note the character Ethan Brand who casts himself into a fiery furnace (this might help to convict an author, might it not?). And what about Zenobia, who drowns herself? Then there is Sibyl Dacy of the unfinished *Septimius Felton*, who snatches a poisonous "elixir vitae" from her lover's hands and quaffs it herself in sacrifice. Moreover, what about beautiful Beatrice Rappaccini, and Georgiana in "The Birthmark", women so fearlessly trusting, so sacrificial it may be, that they readily down strange potions offered them and in a trice become beautiful corpses? Didn't they even suspect for a moment that their men were not registered pharmacists? Seriously now, couldn't their bold acts be interpreted as risking suicide in order to prove a faith? Hawthorne's known disregard of doctors and their advice could easily be paralleled with London's case. Yet no one up to now, it seems, has ever suspected that Hawthorne killed himself. And, of course, he did not.

Some of the problem in understanding London's demise has to do with a hang-over of the "death wish" idea once so popular in psychiatry. Actually, many of his stories, with their clearly felt exultation in life and its varied activities, run directly counter to any "death wish" interpretation. "Love of Life" is a superb example of this tendency. Another and even looser line of thinking has it that London somehow destroyed himself through an inability to reconcile the opposing tenets of Nietzsche and Marx. As if one should give up the ghost just because he could not decide whether to be a Socialist or a Democrat! Political indecision might help qualify one for public office, but hardly for the graveyard. One has only to read London's final letters in the recently published correspondence⁹ to see how groundless is any assumption of psychic catastrophe resulting from ideologies that jostled each other and couldn't behave themselves. As a matter of fact, in his literature he several times reconciles the two tenets by creating superman heroes who fight for socialist ends. The impression London gives us in his letters and elsewhere is untroubled certainty—no matter how unstable this certainty might appear to us on a logical basis—even after his resignation from the Socialist party in 1916.

A final fallacy to which the uncritical reader is subject, is reading the novel *Martin Eden* as if it were strict autobiography and therefore more legitimate as prophecy. Martin, a London-like figure, does drown himself. Brissenden, definitely modelled after George Sterling, as we learn in the *Letters*,¹⁰ murders himself too. London's prophesying the death of his friend would not have been at all difficult, for Sterling had long declared that he carried around on his person a bit of cyanide to use when life became too desperate. In doing away with Eden, the author is manifestly indulging in self-pity rather than a sense of failure calling for suicide. As Charles Walcott writes, "the suicide becomes an act of sulky spite, of childish pique."¹¹ Having missed the rewards he had expected from worldly success, London projects into Eden his own disappointment, the significance of which he conveys through giving him an untimely death. In other words, no matter what the motivating bias may have been, London's intent from first to last is dramatic. Since he was in the habit of wasting no sympathy on valetudinarians and physical incurables in his stories, it seems natural that, once he had decided to kill off Eden in the flower of manhood, just after the bouquet of success, he would have selected for him either a self-administered death or an accident. But an accident would not have pointed up nearly so well Eden's disgust with his reading public and the vacuous bourgeoisie.

Martin, one must remember, is necessarily a simpler man than his author is, and there are several known points of divergence in their lives. The confusion existing between these two reminds one of how literally Melville's *Redburn* had once been taken as a direct transcript from life. After *Martin Eden* appeared, London on more than one occasion remarked how mistaken his hero was in slipping into despair and self-destruction. He congratulated himself on avoiding this pitfall. One can not deny that an author might make in his novel some illuminating revelations about his general trend of private thinking, but to overlook the advantages of fictionalizing here and there on key points, and improving upon even the most interesting autobiography, shows a fundamental misunderstanding of the literary craft. Although biographical criticism certainly applies to much of London's work, a relentless application of this method takes no account of the *imaginative* processes inherent in the works of even the most narcissistic of writers, such as Thomas Wolfe for example. The anthropoidal hero of *Before Adam* swings through the branches of the forest trees; we have no evidence that London possessed any unusual prehensile talent, nor any evidence that he planted those thousands

of eucalyptus trees on his ranch so that he could swing through them on the way down to the bars in Glen Ellen; or on the way back.

Now let us put down once and for all the notion that once a writer demonstrates in his private life a suicidal act, and fails at it, he thereafter keeps a sharp if jaundiced eye alert for an opportunity to dispatch himself for good, let alone gratify romantic readers, and savants who discover or contrive literary patterns and parallels indicating that life ought to imitate art, as well as those people who demand consistent human behaviour. But consistent human behaviour for a quarter of a century, in that span between London's admitted attempt and his death, is a bit too much to ask.

Poe did not die a suicide even though he once tried to kill himself with opium. Conrad in his young manhood attempted suicide; nevertheless he survived this folly and died a natural death. Jessamyn West in her college days fully intended to drown herself in a tank of water after her English teacher belittled a composition of hers one day in class. She postponed her fatal bath indefinitely, and forever we hope, when she found that the tank was, alas!, boarded over. Jack London tells us in the autobiographical *John Barleycorn* of an attempt to drown himself in the Carquinez Straits after a debauch; later in the book he confides that during his "Long Sickness" period he put thoughts of suicide out of mind by remembering that many people were dependent upon him. The People saved him, he claimed. In 1916, the year of his death, there were still just as many people dependent upon him, in fact more. His Beauty Ranch was by then considerably enlarged, workmen with their families lived in his houses on the premises, and he was even planning to erect a store, a schoolhouse, and a post office.

On November 22, 1916, following an excessive self-administered intake of morphine and atropine sulphates, normally used by him to relieve uraemic pain, London passed away on his ranch. By early November he had already had experience in making hypodermic injections.¹² In his huge library on the ranch he had thirty-six medical books,¹³ four of which contained passages on morphine.¹⁴ As negative evidence, it might be kept in mind that in none of these four is a poisoning or lethal dose of morphine in any way indicated,¹⁵ and there are no underlinings, annotations, or marks of any kind, nor any evidence of erasures.¹⁶ More than likely, London had injected one or more doses of his drug during a sharp seizure of pain from his kidney stone, and did not give sufficient heed to possible toxicity. Extreme suffering can lead

one to risk desperate measures in medication that do not necessarily include self-murder.

Yet Stone reports that Dr. Allan Thompson, an "outsider" called in during the emergency, found on a table in the bedroom a pad containing what Thompson said was a calculation of the fatal dose of morphine. Thompson, it seems, did not preserve the pad or copy down its details—nor did anyone else. We have only his word via Stone for the pad business. Dr. William S. Porter, the regular family physician and surgeon, who arrived some hours after Thompson, either saw no such pad or drew a different conclusion from it. What the other two doctors saw or concluded, we do not know. Rumours of suicide, poisoning, murder, and death by disease were rife just after London's passing. It is assuredly odd that Dr. Thompson kept his "secret" even through this period so tempting to disclosure, for he could have exploded many ridiculous conjectures with this bombshell, coming as it would from a medical man, but he lay in wait no less than twenty-one years before throwing it, not to the ordinary peddlers of gossip or to the press but to a stranger, Irving Stone, in Santa Rosa about 1937.¹⁷

Early in his research, the present writer, an ex-pharmacist, consulted a physician and two practising pharmacists¹⁸ on the problem of morphine poisoning as it is related to London's case, and studied the relevant medical literature. He had long been convinced that only a sprinkling of people, limited almost exclusively to trained toxicologists, have precise knowledge of the minimum poisoning doses of drugs. This is not to say that medical men in general do not know safe therapeutic limits or average doses, beyond which danger lurks. Despite their training and obvious competence in their work, *the three medical authorities just cited had no mathematically precise figure for what the toxic dose of morphine might be*, nor were they much surer after consulting at leisure the various standard reference books in their professional libraries. It was clear that, if no figure was forthcoming, and a non-variable one at that, London himself could have made no *recognizably* accurate calculation, would have been confused, and all his so-called figuring must have represented risky guesswork at best and have been difficult for anyone to interpret. If the foregoing authorities could not establish the dose, how could London, a layman, at a time when medicine was certainly not more advanced than it is now, come up with the answer? And in a hurry, too, for the accepted belief today is that he decided upon killing himself after, rather than before, his final uraemic seizure.

It may be said in advance that Dr. Thompson's verdict of suicide was

unwise indeed, and unwarranted by the evidence, for the death could easily have been caused by disease.

On the floor (O'Connor tells us) were found two empty vials bearing the label: "Morphine sulphate— $\frac{1}{4}$ grain, with atropine sulphate, 1/150 grain." The vials had contained tiny tablets for hypodermic injection. The vials themselves were necessarily short and thin, less than half the length of an unsharpened pencil, and thinner than a pencil, of the size that could easily be discarded into some part of the room and be overlooked for days by the sweeper. Such a vial may have lain there empty in London's bedroom for several days or a week or two before discovery. This porch bedroom must have been cluttered at times with the writer's paraphernalia. Each of the prescriptions called for twenty-five pills. If there had been two vials, as we are told, it is more than possible that one of them was already empty or nearly so in order to account for procuring the second and full vial from the pharmacy. The upshot is that London might have injected into himself during the course of the night not two full or nearly full vials, as Stone and O'Connor want us to believe, but one and at most part of another. This lessens somewhat the suicidal appearance of the case.

On the other hand, the fact that there was even this amount of morphine at London's free disposal is suspicious when it is added that he had been taking opiate medicine (morphine is an opium derivative), apparently in liberal quantity, as early as December, 1915.¹⁹ Such consumption being a fact, he may well have built up by the time of his death a tolerance with respect to his drug and was requiring for relief larger than ordinary doses. Putting several tablets into the hypodermic solution each time could have become at last a normal procedure for London.

Poisoning from the atropine contained in as many as fifty such tablets, even assuming that he actually used so many in a brief time, is rather unlikely, for this drug has one of the widest safety latitudes of all the potent alkaloids. There is no appreciable synergistic effect with morphine. It was only with morphine poisoning that the doctors were concerned in trying to revive London.

As he had a severe kidney disease (uraemia) that would have slowed down the excretion of metabolized morphine, any normal morphine doses taken to relieve the agony of the calculus suffered during the night²⁰ could easily have cumulated dangerously in the body. The cumulation would have been the greater since the excruciating pain of renal colic²¹ called for extra morphine. As it is in the nature of pain to bestow on the body a temporary tolerance to the morphine used—the greater the pain the greater the tolerance—Lon-

don could have been seduced into injecting frequent or increased doses without immediately noticeable ill effects. Now here is where Nature has its rub: once the greatly heightened dose, or cumulation of it, has relieved the pain (London fell into a long coma), the body tolerance to pain *per se* drops sharply, and poisoning occurs. Strange as it may seem, where morphine is concerned there is actually a measure of safety from toxicity as long as intense pain is present. Remove the pain—catastrophe! In London's situation, one assumes that any acquired tolerance gained through long use of the drug merely raised the quantities involved. The fact that he incurred morphine poisoning at all suggests that he was not a confirmed addict, for an addict even without pain is able to tolerate indefinitely such quantities of morphine as would quickly poison the unhabituated person.

To add to the complications already inherent in a very sick man who could have deceived himself into taking too much narcotic, there is also the inescapable factor of alcohol. If London had drunk his usual strong cocktails at dinner (O'Connor reports him as "drinking hard" during this period), the imbibed alcohol had every chance of reinforcing the depressant effects of morphine and, in other words, made as little as a fair-sized dose take on the potency of a huge one. His damaged kidneys would have served to keep up the blood-alcohol level, prolonging the state of depression. And the kidney stone would have added its own troubles to an already clogged system.

Next we come to Dr. Thompson's testimony about the notations on the pad. In so far as is known in the present state of toxicological science, the lethal dose of morphine is most uncertain, for individual susceptibilities vary greatly: "The fatal dose may be from 1 to 2 to 4 or 6 grains, depending very much upon the individual . . ." Newton I. Sax *et al.*, *Handbook of Dangerous Materials* (New York, 1951), p. 260). This is a range of six hundred percent. What will it be, four tablets or eight? Sixteen or twenty-four? A man bent on destroying himself had better be sure, else he will recover, perhaps under suspicious circumstances, and when he essays the trick again the insurance investigator will raise his eyebrows and invalidate certain policies.

Another and more authoritative reference on this subject of morphine toxicity, one of the best available, is the study of Louis S. Goodman and Alfred Gilman, in which one reads:

Even after a complete tabulation and analysis of all available reported cases of opium or morphine poisoning, Eddy (1941) was still unable to arrive at more than rough approximations of the potentially lethal doses of morphine. . . .

Doses of 250 mgm usually cause death. [One full vial of London's tablets contained about 407 mgm.] Nevertheless, fatalities have occurred from 60 mgm and less. Conversely, extremely large doses have been survived, and the explanation is not readily available.²²

As an agent for self-destruction, morphine is therefore a most unwise and unlikely choice for anyone who has better means available, and it should not be hard to find better means.

It is safe to conclude that neither London nor Dr. Thompson could have had any precise figures in mind for determining the lethal dose of morphine, nor could they have looked them up. Hence, London undoubtedly made no calculation for this purpose at all, even assuming that he had wanted to take his life. The figures on the pad, if real, might have referred to any one of various innocent things, even to what London supposed was a safe amount to take at once or over a period of time. A patient taking a dangerously habit-forming drug such as this one might be expected to be curious as to how much he had already injected piecemeal during the preceding hours or days, particularly if the therapeutic or usual doses had failed and still larger ones were needed.

Of course, it is entirely possible that London had at his disposal some kind of printed guide for a lethal dose, a guide now lost to us, but he would surely have been confused at the outset because of the lack of exact information and the possibility of recovery. Being confused, he would have chosen another form of annihilation.

The pathological disease (uraemia) clearly evidenced in him by the fatigue, the oedema, the dysentery, the headaches, the rheumatism in his swollen legs, might very well have been the main cause of his death, even if the morphine were contributory. His seems to have been a complicated case. It ought to be kept in mind, nonetheless, that none of the physicians present, including Drs. W. B. Hays and J. W. Shiels, disagreed with each other to such an extent that they did not put out for the press a joint bulletin, duly signed by all four of them, testifying to death by "a gastro-intestinal type of uremia."²³ Stone tells us that Charmian urged Dr. Thompson to have the death assigned to natural causes, *i.e.*, uraemic poisoning, to which Thompson was supposed to have demurred. Charmian, doubtless acquainted with her husband's reckless ways, and fearful that an innocent poisoning might appear to someone else a deliberate one, took no chances. She had the wifely impulse to cover up evidence that might be prejudicial to her husband. She had to work fast, as

some things were against her. How could she explain, or remember to explain, to the outsider Thompson that her husband had been used to taking larger than average doses of morphine, so that there was nothing odd about the two empty vials? Did she want London to appear an addict? How could she have known, as most doctors would know, that renal colic is accompanied by such a peculiarly excruciating agony as to make the afflicted desperate for relief, doubling or tripling his drug, it may be, and even then wanting more drug? The pain is supposed to exceed even that of the terrifying angina pectoris. This being so, how easy it would be to throw caution to the winds and use those extra tablets!

O'Connor misleads us when he states (p. 397) that "Dr. Porter alone signed the death certificate. . . ." Anyone who takes the trouble to examine the certificate can see that the Cause of Death section in it requires one signature only; there is space for only one; as a general rule, it is superfluous to have more than one signer for this purpose.²⁴

Dr. Porter insisted even into 1938, when Thompson's change of mind became public, that the real cause was uraemic poisoning, the morphine merely complicating and hindering recovery. In a letter to the present writer (July 19, 1966), Joan London (one of London's two daughters by his first marriage) writes:

. . . Dr. Wm. S. Porter (who was also our physician) came to see me when Irving Stone's account . . . became public. Porter was upset, since he . . . signed the certificate of death from uraemic poisoning. He swore that this was the cause of death, and that whatever morphine Jack had taken earlier was *not* the cause, although it might have been a contributing cause. . . . Then he described in considerable detail the state of Jack's health, and how Jack had ignored everything he (Porter) had told him nearly four years earlier (in the summer of 1913 when Jack had his appendix removed): to cut down on alcohol, to stop eating raw fish and meat and underdone game, and to *exercise* daily, horseback riding being no substitute. In other words, Dr. Porter believed that Jack's health was in such a precarious state that death could have come at any time. Certainly, Charmian's account of the last few weeks of his life shows the continued violation of Porter's urgent recommendations—a whole wild duck, cooked barely twelve minutes, twice a day!

Since Dr. Porter had had a longer and more intimate knowledge of his patient than did the other doctors, since it was he who signed the death certificate, and

since *he* never did change his mind about the verdict, he is surely the safest guide to follow.

It is doubtful that, if London had planned to kill himself, he would have left behind the telltale evidence of the pad so that Charmian might have trouble collecting on several life-insurance policies for which he had designated her as the beneficiary. He had willed to her the whole estate in 1911. The same reasoning applies to the empty vials.

Let us assume for the moment that he nevertheless did want to do away with himself and, perforce, wanted to be certain that he would die—and quickly in order to avoid needless and excruciating pain. Surely he would not want to wait the six to twelve hours required by morphine for its lethal effect.²⁵ Not with a renal colic torturing him. Morphine is obviously too slow and unsure. Louis J. Stellmann, who visited London at the ranch a few weeks before the death in question, unwittingly suggests an alternative method: "Within easy reach of his [London's] right hand [near the narrow cot on the porch where he always slept] was suspended a Colt's forty-five revolver. Jack was an expert shot, and more than once arose from his slumbers to drive off a nocturnal intruder."²⁶ We may conclude that he kept the weapon loaded, or had cartridges handy. How much simpler, and surer, and more in keeping with the impulsive, violent tenor of his life this would have been rather than the way of poison traditional with women—not red-blooded he-men! Revolvers do go off by accident. Hardly anyone in adult life takes by accident, and by injection at that, a huge amount of drug all at once.

As evidence that he relished life and, in this instance, made plans for the future, the very last letter he wrote—sometime on the night of November 21—was to his daughter, Joan, with whom he had become reconciled, setting an appointment with her and her sister for lunch and a boat ride the following Sunday, and telling her of his plans to leave California shortly, on a trip to New York and thence to the Scandinavian countries. This is but one of several pieces of evidence that could be cited to show that London was too eagerly enjoying himself to say good-bye willingly to this world. His intent was to burn life, burn it fiercely; he knew that it would extinguish itself soon enough at that rate. Stellmann puts it this way: "When I saw him last [a few weeks before his death] he seemed so full of vitality—so identified with life itself—that the thought of dissolution seemed farther from him than from perhaps any other person I have ever known."²⁷

To conclude, London's death could easily have resulted from the severe

case of uraemic poisoning which he was known to have had and which the death certificate duly records. The injection of excessive morphine could have triggered his collapse, and made difficult or impossible his treatment and recovery. On the other hand, it would not be difficult to explain his death mainly in terms of an innocent over-dose of a drug. There is no reason at all to suppose that he knew he was poisoning himself. Alcohol probably had something to do with his demise.

The assertion that the notations on the pad represented a fatal dose is seriously weakened in the light of the imprecise data available even now on the lethal dosage. Considering the wide toxic range of morphine, and the imponderables of body condition and tolerance, even an attempt at such a calculation seems to be out of the question. The brief survival of the notations on the pad, as well as the vials, argues against suicide, since secrecy was desirable.

As London had begun using opium or its derivative, morphine, as early as December, 1915, for relief of pain, it seems reasonable that he could have had on hand at times any number of empty medicine containers awaiting refill, and could lose sight of two slender morphine vials. Put the other way around, he may well have established by the time of his death a tolerance requiring suspiciously large doses, making even one or two empty vials on the scene explainable in non-suicidal terms. Empty vials alone, therefore, do not suffice to prove that he killed himself in a premeditated manner. It is almost needless to add that the number of hypodermic tablets used on the night of November 21 is quite conjectural.

The presence of renal colic helps as much as anything to explain why London took as much excessive morphine as he did. In such acute pain he could have been lured into an irrational use of his drug, raising the dosage several times over, or repeating injections too often, he being ignorant or regardless of the cumulative potency once the pain had vanished.

Finally, to a man in agony, alone in his room and contemplating suicide, the revolver's annihilating certainty could not fail to appeal.

One cannot deny that morphine may have had more to do with the death than Dr. Porter believed. But the evidence seems to assign the drug to a secondary role, that of contributory factor. Given uraemic poisoning, or morphine poisoning, or both in combination, London met his end innocently—perhaps recklessly, if you will.

NOTES

1. Joan London, letter to Alfred Shivers, August 14, 1962.
2. *Jack London: A Biography* (Boston, 1964).
3. *Footloose in Arcadia: A Personal Record of Jack London*, George Sterling, Ambrose Bierce (New York, 1940).
4. *Ibid.*, p. 144.
5. *Ken*, Vol. II, No. 4 (August 25, 1938), 26-27.
6. Hassolt Davis, review in *New York Times*, September 18, 1938, section VI, p. 1.
7. O'Connor, p. 397. See also note 26.
8. *Jack London and His Times: An Unconventional Biography* (New York, 1939).
9. King Hendricks and Irving Shepard, eds., *Letters from Jack London* (New York, 1965).
10. *Ibid.*, p. 427.
11. *Jack London*, University of Minnesota Pamphlets on American Writers, Number 57 (Minneapolis, 1966), p. 41.
12. Charmian London, *The Book of Jack London* (New York, 1921), Vol. II, p. 374.
13. Letter from Richard Bernard, Head of Reference Department, Henry E. Huntington Library, to Alfred Shivers, July 26, 1966. Mr. Bernard writes that he has examined all thirty-six works looking expressly for passages dealing with morphine and its lethal or poisoning dosage.
14. These are: Richard Krafft-Ebing, *Text-book of Insanity Based on Clinical Observations* (Philadelphia, 1905); Emanuel Mendel, *Text-book of Psychiatry* (Philadelphia, 1908); H. Senator and S. Kaminer, eds., *Health and Disease in Relation to Marriage and the Married State* (New York, 1904); W. F. Waugh and W. C. Abbott, *Positive Therapeutics* (Chicago, 1913). Taken from letter from Richard Bernard to Alfred Shivers, August 2, 1966.
15. Bernard letter, July 26, 1966.
16. Bernard letter, August 2, 1966.
17. Joan London, letter to Alfred Shivers, July 19, 1966.
18. Dr. Myron W. Larsen, M.D., Director of the Student Health Service, Northern Illinois University, DeKalb, Illinois; Lew P. Sisco, R.Ph., also of DeKalb; and Lou J. Fiorillo, R.Ph., Rockford, Illinois. To all of these, and to Dr. Sarah Ferguson, M.D., and Mr. Ernest A. Coulter, R.Ph., both of Nacogdoches, Texas, I owe a debt of gratitude for gracious and willing assistance.
19. Joan London found during her research for *Jack London and His Times* two letters and a prescription which cast some light on our problem. She copied her items from the miscellaneous "business" correspondence in the Hunting-

In the following items it should be noted: first, how early London had begun taking opium; (he could, of course, have begun still earlier); second, his attempt to raise the amount in the prescription—more than quadruple it; third, his getting an “outside” doctor, Francis, to write his prescriptions. (If London had wanted to increase his intake in a manner not to be countenanced by the family physician, he may well have picked this new one for his purpose, the new one being relatively unfamiliar with his case history. However, the relationship between London and Francis is at present largely a mystery). The items are:

- (a) Note from a letter from the Bowman Drug Co., Oakland, Calif., dated either Nov. 24 or Nov. 26, 1915: “On account of the Harrison Act, it will be necessary for you to have your physician write another prescription for the balance of the capsules.
- (b) Note from a letter signed “Secretary for Jack London”, addressed to R. A. Leet, Secretary, Bowman Drug Co., Dec. 1, 1915: “. . . I am enclosing another prescription from Doctor Francis, calling for thirty-eight (38) more capsules. This with the 12 capsules covered by prescription #2705, will make 50 capsules desired by Mr. London.”
- (c) The smaller prescription alluded to in the foregoing letter is:

Camphor Monobromated	grs. xxiv
Pulv Opii	grs. vi
Ext. Hyoscyamine	grs. xii
M. ft. capsules No. XII	

Sig. for pain. One every three hours until relieved. Copia.

These items are taken from a letter from Joan London to Alfred Shivers, September 27, 1966.

20. O'Connor, p. 395.
21. “In the typical form known as *renal colic* the pain is the most severe known, and may resist large doses of morphine.”—Russell L. Cecil and Foster Kennedy, *A Textbook of Medicine By American Authors*, 4th ed., rev. (Philadelphia, 1938), p. 982.
22. *The Pharmacological Basis of Therapeutics*, 2nd ed. (New York, 1960), p. 239.
23. O'Connor, p. 397.
24. Photostatic copy of Jack London's Standard Certificate of Death, prepared by J. Watson, Deputy Recorder, Bureau of Vital Statistics, Santa Rosa, Calif., Oct. 17, 1966. Copy owned by Alfred Shivers.
25. See *Pharmacological Basis of Therapeutics*, p. 239.

- ton Library, to which collection was later added the "personal" correspondence.
26. "Jack London—The Man," *Overland Monthly*, LXX (1917), 385-387. London also owned a rifle during November of 1916; for this see *Book of Jack London*, II, 377.
27. "Jack London, Super-Boy," *Sunset, the Pacific Monthly*, XXXVIII (February, 1917), p. 42.

THE GIPSY GIRL

Charles Edward Eaton

What could be more vivid than the gipsy girl,
A world of flowers on her skirt,
Her brown flesh the color of rich dirt,
Her eyes like onyx embedded in true pearl?

Thus she is both earth and artifice,
A crumpled map of races—
There are the light and dark conflicting faces
With which the lover tests his kiss.

Of all our women, O how proud
We are, the light, the dark!—
And this young woman mottled like a mark
At birth is all that love has disallowed.

Let us feed upon this beauty, men.
There is something marvelous in one
Who has let the colors run
Instead of choosing some in desperation.