

Short Communication

A PRIVATE INQUIRY INTO THE CIRCUMSTANCES SURROUNDING THE 1972 DEATH OF JOHN GOMILLA, JR., WHO DIED AFTER ALLEGEDLY CONSUMING TEN HALLUCINOGENIC MUSHROOMS WHILE RESIDING IN HAWAII

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In the summer of 1987, the author of the present article was residing on the island of Oahu. During this period, while researching numerous articles for a book on the recreational use of hallucinogenic mushrooms, a particular reference in an article by Pollock (1974) peaked this author's curiosity. Pollock cited an article titled "Death Cause Not Revealed" (Unsigned 1972b). The following story unraveled (Allen 1988).

THE CIRCUMSTANCES

On Monday, December 25, 1972, an 18-year-old male who lived in a tent near Mokuleia, Hawaii, died after becoming ill from consuming what were believed to be 10 hallucinogenic mushrooms (Unsigned 1972c; Unsigned 1972d). The mushrooms had allegedly been picked the previous Friday in a pasture near Mokuleia.

The youth had told the doctors who were attempting to treat him that he had been picking and eating hallucinogenic mushrooms in Hawaii for over six months, and several of the doctors claimed that the young man was very adamant and assertive in his belief that he had only picked and consumed no more than 10 mushrooms and nothing else.

The doctor's who examined the young man in the emergency room said that he had become seriously ill on Friday night after eating the alleged mushrooms. He was subsequently admitted to the Wahiawa General Hospital at 3:30 a.m. on Saturday. The attending physician was William Wilkinson, who diagnosed the youth as "suffering from severe diarrhea, vomiting spasms, extreme cramps, and showed other signs of muscarine poisoning." Wilkinson (1987) reported that the youth succumbed to this illness 31 hours later.

Within a few days of the youth's death, Wilkinson—along with investigators from the Honolulu Police Department and the University of Hawaii—met with several of

the youth's friends, and together they visited the area where the young man had supposedly picked the mushrooms. Eventually some specimens were harvested for study, and after examination they were positively identified as belonging to a species of *Copelandia* (Majoska 1987).

One of the other doctors who had treated the youth stated (Unsigned 1972d) that "other people have eaten this same kind of mushroom before with no ill effects. This boy claimed to have eaten them before on several occasions and so had his friends. But this time he had a very violent reaction to something, and he claimed that he did not eat a very large amount of them."

On Wednesday, December 27, 1972, an autopsy was ordered (Unsigned 1972a) and then performed to determine the cause of death, but the results of the autopsy were never released to the public (1972b). Due to the sketchy information regarding this matter that was provided to the Honolulu newspapers, which in turn presented the so-called facts of the case to the public, the author of the present article decided to conduct an independent investigation into this matter.

To begin with, it seems that personal experimentation with hallucinogenic mushrooms by thousands of individuals over the past 17 years has not caused a single reported death. Ott (1978) reported that one would virtually have to consume an amount of mushrooms equal to one's own body weight in order to bring about death. Scientific literature on hallucinogenic mushrooms that has been published during the past 30 years has only attributed two deaths to the possible ingestion of *Psilocybe baeocystis*. Two children, both of whom were six years old, died after eating mushrooms containing psilocin and psilocybin. One child lived in Oregon, the other in California (McCawley, Brummett & Dana 1962).

On December 24, 1981, a 16-year-old girl died after consuming several specimens of *Galerina autumnalis*, which had been mistaken for *Psilocybe* (Allen 1988; Stafford 1983; Bigwood & Beug 1982; Unsigned 1981a; Unsigned 1981b). Two other youths, both males, also became sick but eventually recovered.

As to the causes behind Gomilla's death, Ott (1978) briefly mentioned the case after reading about it in the aforementioned article by Pollock (1974). Ott assumed that Gomilla had accidentally picked and eaten a toxic mushroom by mistake. The author of the present article came to the same conclusion. At first, this was a plausible assumption because the newspapers reported that the

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doctors at Wahiawa General Hospital had diagnosed Gomilla's symptoms as possibly resembling muscarine poisoning.

There is a mushroom in Hawaii that is commonly referred to as "Green Gills" or "Morgan's Lepiota," which is known to be toxic. Its botanical name is *Chlorophyllum molybdites*. This mushroom is commonly found on lawns, and the author of the present article has observed this mushroom in pastures along the North Shore district of Oahu. In Florida, this mushroom has caused much discomfort to pickers who usually mistake it for *Psilocybe cubensis* Earle. However, after reading the present article, the reader will learn the true facts about the Gomilla case.

THE INVESTIGATION

On the morning of June 23, 1987, the author of the present article located a working phone number—through the Honolulu telephone directory—for the physician who had attempted to treat Gomilla's illness in December 1972. William Wilkinson (1987), who still practices medicine in Hawaii, could barely recall the details of the case until his memory was refreshed by reading one of the newspaper clippings to him regarding the case. The doctor was very cordial about the matter. He explained that his records from 1972 had been destroyed in a fire several years before, but that the original information was stored on tape in his office at the hospital, and if given a little time, he would be able to provide the requested information concerning the case.

Later that afternoon, the doctor called and said that he remembered that John Gomilla was brought into the emergency room of Wahiawa General Hospital on the morning of December 23, 1972. The patient arrived complaining that he was suffering from severe diarrhea and vomiting. He also exhibited extreme sweating, dilated pupils, increased pulse, and muscle spasms, compounded by gastroenteritis. Gomilla told the doctors who were examining him that he had consumed 10 hallucinogenic mushrooms that he and some friends had picked in a pasture, and as seriously ill as he was, the doctors felt that the youth was telling the truth. They also believed that the patient had no reason whatsoever to lie about the circumstances regarding his illness.

Because of Gomilla's insistence that he had only eaten "magic mushrooms," the doctors who examined him assumed—as previously mentioned—that the youth was suffering from muscarine poisoning. Yet no atropine or scopolamine was administered, nor was a gastric lavage employed.

After thanking Dr. Wilkinson for his help, the present author informed the doctor of his intent to contact the Honolulu Medical Examiner's Office to speak with Dr. Alvin Majoska, who was the contract pathologist who had performed the autopsy on John Gomilla, to see if he could

shed some light on the situation as to what caused Gomilla's death. Wilkinson then stated that he "doubted very much that Dr. Majoska had bent over backwards" in determining what caused the young man's death.

Continuing the investigation, a call was placed to the coroner's office to Dr. Majoska. After explaining the situation of the case to the secretary, the present author was informed that the doctor was not available at the moment, but that she would call back and provide the specifics of the case.

On the afternoon of June 24, 1987, a call came from the coroner's office indicating that Gomilla had died from an apparent overdose of heroin. This startling revelation was verified by Gomilla's death certificate, which read: "Cause of Death: Unknown, probable heroin overdose." Again, as before, Dr. Majoska was not in or was not available for comment, nor were there any phone numbers available where he could be reached. His secretary also stated that it was against office policies to give out employees home phone numbers.

Once more, a home phone number for Dr. Majoska was obtained in the Honolulu telephone directory. A call was placed and a recorded message informed callers that the doctor was not in, but if one were to leave a message, the doctor would return the call as soon as possible. One half hour later, the telephone rang; it was Dr. Majoska.

Like Dr. Wilkinson, Dr. Majoska (1987) could barely recall the details of Gomilla's death. After explaining some of the facts of the case to him, he mentioned that he believed that the youth had probably died from unknown circumstances due to heroin intoxication. He also recalled that he had sent some stomach specimens back to the mainland to be analyzed for toxins, but he could not remember what the results of those tests had been. Dr. Majoska also recommended that a Dr. Alvin Omori—who is presently the chief coroner at the Honolulu Medical Examiner's Office—be contacted in order to see the original pathologist's report on Gomilla's death. When asked why the newspapers had not printed a follow-up explanation of the true facts behind Gomilla's demise, Dr. Majoska replied that "one should not believe everything that is printed in the newspapers, especially in regard to this particular incident."

The next day, June 25, 1987, the present author went to the coroner's office and asked to speak to Dr. Omori. The secretary indicated that the doctor was not in and that he would be unavailable for some time due to a busy schedule. She then asked if she could be of any assistance, at which time a copy of the pathologist's report that Dr. Majoska had written back in December 1972 was requested.

Dr. Omori's secretary was very evasive and stated that records dating back to 1972 were stored on microfilm and kept in another building on the other side of town. She explained that a release order would have to be typed up and then someone from her office would have to go search

for them and then bring them back to the office. She did mention that Dr. Majoska had called the office saying that someone would be dropping by to inquire about the Gomilla case. She then asked for a phone number and indicated that Dr. Omori would call at his convenience.

When two weeks had gone by and Dr. Omori had not called, another call was placed to his office. This time the explanation was that Dr. Omori had been given an incorrect phone number, thus making a response impossible. Of course, there had been no mistake on the phone number, and the present author felt impelled to say so; but again, the "correct" number was provided to Dr. Omori's secretary. After patiently waiting around at home for the next few days hoping Dr. Omori would call, one more call was made to the coroner's office on July 7, 1987, and surprisingly Dr. Omori was available to talk about Gomilla's death.

However, unlike Dr. Majoska, who was more than willing to assist, Dr. Omori was very reluctant to provide information regarding the case over the telephone. He offered no specific information whatsoever, unless it was specifically asked of him. The present author then explained the reasons behind his inquiries; Dr. Omori claimed that he had no way of knowing who he was conversing with, and asked the present author what he was trying to stir up. Dr. Omori claimed that the coroner's office receives many requests for information about old, obscure cases such as this one. Then he asked if he was being taped, and stated that as far as his office was concerned, the case was closed and should remain that way (Omori 1987).

The outcome of this conversation did disclose some information that was pertinent and conclusive, showing that Gomilla did not die from eating hallucinogenic mushrooms as reported in the press. The stomach specimens that Dr. Majoska had sent to the mainland were to be analyzed for the presence of amatoxins, which are deadly when associated with certain species of *Amanita* and *Galerina*. None were found, nor was any psilocin or psilocybin detected. Dr. Majoska offered no explanation as to why he requested a screening for the presence of amatoxins, inasmuch as *Amanita* species are uncommon in Hawaii and bare no resemblance whatsoever to *Copelandia*.

Further inquiries and attempts to discuss the irresponsible newspaper reports about the case proved to be futile. The reporters and managing editors at both Honolulu newspaper offices were not interested in discussing the

matter, nor were they interested in attempting to rectify their erroneous reporting.

SUMMARY AND CONCLUSIONS

In December 1972, an 18-year-old male apparently took an accidental overdose of heroin. After becoming ill, he attempted to receive treatment for his condition by being admitted to the emergency room of Wahiawa General Hospital. When confronted by attending physicians in the emergency room as to the nature of his illness, the youth stated that he had only eaten 10 hallucinogenic mushrooms (an average dose for *Copelandia cyanescens*, the mushroom in question) and nothing else. This story was most likely concocted either by the youth himself or by some of his friends, who probably thought that they could or would be prosecuted for the use of an illegal substance. It is not uncommon that when confronted by an overdose of drugs, many young people are afraid to report their illness to the proper medical authorities out of fear of prosecution due to their illegal activities (Young et al. 1982).

The doctors who attempted to treat this young man should not be held liable for his death, even though their treatment of the patient was more supportive (i.e., the talk-down method) than pharmacological. They had no way of knowing that the patient had lied to them about his condition. While it is true that several doctors had diagnosed Gomilla as possibly suffering from muscarine poisoning, why was no atropine or scopolamine administered to the patient? And why was his stomach not pumped and specimens collected for a toxicologist to study for the presence of toxins?

Furthermore, why were the results from the coroner's office about the case held back from the press, who never provided the public with the true facts of the case? Because of the notoriety surrounding the illegal recreational use of hallucinogenic mushrooms and other psychoactive substances by many segments of contemporary society, media reports of drug-related stories are often greatly exaggerated and unfortunately they misinform the public. This is probably due to the fact that the average reporter has had little drug education, much less acquired knowledge about ethnobotany or the pharmacological actions of drugs. The Gomilla case, involving the reported death by hallucinogenic mushroom ingestion, would seem to be a case in point: sensationalism over responsible journalism.

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