

ABEL, HERSKOWITZ & FISCHER, M. D., P. A.
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SUMMARY OF FINDINGS AT STAR ISLAND AND WHITEHORSE'S, JAMAICA
January 4-5, 1980

On January 4 and 5 I had the opportunity of examining a total of 31 patients, members of the Ethiopian Zion Coptic Church at their two locations on Star Island in Miami Beach and in Whitehorse's, a rural section in Jamaica. In Star Island, I was able to examine almost all of the permanent residents who live there. In Jamaica, since there were many more patients than I could examine in the time which we were allotted, we randomly picked members of the church who were on the grounds. They appeared to be a random sampling of the members who live at that settlement. We were also able to obtain a good cross section of the members of the church as most of the people examined at Star Island were white American-born, whereas the majority of those examined at Whitehorse's were native-born Jamaicans with a smattering of whites who have resided there for some time. At both locations I was able to examine children of the members who had been born and raised at those locales, some of whom had already started ingestion of ganja.

The most impressive thing that I could say of the 31 examinations is the true paucity of neurological abnormalities I was able to discern. Despite careful complete neurological examinations of the 31 people, I really only found three patients with abnormalities. One gentleman, a 21 year old man at the Star Island location, had definite signs and symptoms of a lumbar disc. This came from injuries sustained in a roof accident prior to becoming a member of the church and his findings, which included a lumbar radiculopathy, had nothing to do with his ingestion of ganja. I also found abnormalities in two patients at the Jamaica settlement. One gentleman, a 35 year old Jamaican-born individual, had been involved in a car accident three months prior to my examining him. He had sustained a skull fracture and developed unconsciousness and was left with a residual ophthalmoparesis involving a 6th nerve paresis on the right with a mild ptosis. He complained of being somewhat confused initially, but he felt as if he had improved. Indeed, my examination revealed no deficit in mental status and only the 6th nerve paresis and the mild ptosis noted. Again, this traumatic episode did not appear to have any direct involvement with his ganja smoking. The third individual, a 19 year old right-handed youth, also at the Jamaican home, who is white and American-born, was involved in a boating accident one year prior to my examining him. He had a propeller cause a fracture in the left temporal region from which he was rendered unconscious and was in a local hospital in Jamaica for approximately two weeks. After the incident, he

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apparently had a right hemiplegia, decreased mental status and a complete aphasia. On my examination of the patient on January 5, however, he had a mild nonfluent aphasia with good comprehension and a very mild spastic right hemiparesis, more evident in the arm, with clumsiness, but fairly good motor strength. He had mild right-sided hyperreflexia and a very mild circumductive gait, but no other abnormalities. Again, this post-traumatic injury did not seem to bear any relationship to his smoking.

The other 28 patients I examined, ranging in ages 3-70, appeared to have no neurological evidence of any disease. Particularly, I was examining to see if they had any evidence of any of the reported neurological sequelae of long-term marijuana abuse, i.e., changes in mental status, cerebellar ataxia, peripheral neuropathy, tremulousness or psychosis. I found that none of the patients manifested any of these alleged manifestations. Furthermore, I was quite surprised to find that in addition to the 31 people I examined, the others with whom I met and talked briefly, I found no evidence of any obvious changes in mental status. The people appeared to be alert, coherent, well-oriented and integrated with no evidence of any encephalopathy or intoxication. It was also interesting to note that the two drivers who conducted us on the long road from the airport to the settlement and to the farm, drove quite well with no evidence of any change in their reflexes or coordination. I thought that that was particularly interesting in view of the disturbances which have been associated in the literature with marijuana abuse.

One potential problem which I considered was the difficulty in assessing the mental status of Jamaicans in view of the fact that their culture is quite different from ours. However, my assessment that they were normal was confirmed by the assistance of Dr. Lambert, a well-known native Jamaican physician who was present during the examinations and confirmed my feeling that these gentlemen had appropriate mental status.

In summary then, I had the opportunity to do complete intensive neurologic examination on 31 members of the Ethiopian Zionist Coptic Church. Only three of the members examined had any neurological disease whatsoever and these I could easily explain from other unrelated conditions. I, therefore, am unable to confirm the existence of any neurological damage which can

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be attributed to cannabis in these patients.

I hope this report is clear and I think it is quite important on a scientific basis as it may be somewhat different to some of the feelings neurologists and other physicians have had on this matter.


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cc: Brian L. Weiss, M.D.