

IN THE MATTER OF
HELLFRIED E. SARTORI, M.D.

* BEFORE THE
* COMMISSION ON MEDICAL
* DISCIPLINE OF MARYLAND

* * * * *

FINDINGS OF FACT, CONCLUSIONS OF LAW
AND ORDER

BACKGROUND AND PROCEDURAL HISTORY *

On February 13, 1981, based on certain information coming to the attention of the Commission on Medical Discipline of Maryland (the "Commission") and a peer review by the Medical and Chirurgical Faculty of Maryland, the Commission charged Hellfried E. Sartori, M.D. (the "Respondent") with violation of Article 43, § 130(h)(18) (recodified at § 14-504(4) of the Health Occupations Article) of the Annotated Code of Maryland, which provides as follows:

When the Commission has completed its investigation according to the process outlined herein, it may reprimand a physician or place him on probation, revoke or suspend his license, or dismiss the charges against the physician for any of the causes listed below as unprofessional conduct:

* * *

(18) Professional . . . incompetency.

On July 30, 1981, the Commission supplemented the February 13, 1981 charge letter with additional allegations relating to the professional incompetency charge against Respondent.

A hearing on the professional incompetency charge was held on sixteen dates: February 2, 9, and 16, 1982; March 16,

1982; May 4, 11, and 18, 1982; June 29, 1982; September 7, 1982; April 5, 19, and 26, 1983; May 17, 1983; June 7, 1983; August 30, 1983; and September 27, 1983. The following members of the Commission, constituting a quorum, were present on each hearing date and participated in the deliberations regarding this case: Thomas C. Cimonetti, M.D.; Virginia M. Karr; Karl F. Mech, M.D.; Hilary T. O'Herlihy, M.D.; Alexander Williams, Jr., Esquire; and Robert L. Young, Jr., M.D. Dr. Mech chaired each of these proceedings as the Presiding Officer.

When the February 13, 1981 charge letter was issued, Susan K. Gauvey, Assistant Attorney General, was assigned as the administrative prosecutor for the State. Sometime prior to the first hearing date, Ms. Gauvey transferred from the Department of Health and Mental Hygiene to the Civil Division of the Office of the Attorney General of Maryland. Nancy E. Gregor, Assistant Attorney General, assumed Ms. Gauvey's role as the administrative prosecutor. Ms. Gregor presented the case against Respondent at the February 2, 9, and 16, 1982; March 16, 1982; May 4, 11, and 18, 1982; June 29, 1982; and September 7, 1982 proceedings. In late summer 1982, Ms. Gregor left the Office of the Attorney General to return to private practice. Her replacement, Barbara Hull Foster, Assistant Attorney General, was appointed by the Attorney General in December, 1982. She assumed the role of administrative prosecutor in this case in January, 1983. Ms. Foster was present at the April 5, 19, and 26, 1983; May 17, 1983; June 7, 1983; August 30, 1983; and September 27, 1983 pro-

ceedings. Either Jack C. Tranter or Ronald S. Gass, Assistant Attorneys General and counsel to the Commission, was present on the various hearing dates to advise the Commission on procedural matters and the rules of evidence.

Between March and October, 1981, Respondent was represented by Judith D. O'Neill, Esquire and the law firm of Weinberg and Green. However, that firm was discharged by Respondent in October, 1981. On February 2, 1982, the first hearing date, Burton W. Sandler, Esquire and Joseph Kiel, Esquire entered their appearance on behalf of Respondent. Messrs. Sandler and Kiel represented Respondent at the February 2, 9, and 16, 1982 and March 16, 1982 proceedings.

On February 2, 1982, both Respondent's Motion for More Definite and Detailed Statement, dated January 29, 1982, and Respondent's Motion to Dismiss and/or Disqualify, dated February 2, 1982, were denied by the Commission following oral argument by the parties. On February 12, 1982, a Motion to Quash Subpoena Duces Tecum dated February 9, 1982 was filed by Weinberg and Green and granted on February 16, 1982 after the Commission heard oral argument by all parties on February 9 and 16, 1982.

Although all parties had been given timely notice of the March 16, 1982 proceeding by the Commission, only Ms. Gregor and Mr. Kiel appeared. Neither Mr. Sandler nor Respondent were in attendance. Mr. Kiel stated that Mr. Sandler and he had terminated their attorney-client relationship with Respondent on March 8, 1982. Consequently, they moved to strike their appear-

ances in these proceedings. Mr. Kiel stated that the reasons for their motion to withdraw were twofold: (1) There was disagreement between Respondent and counsel over a substantive matter which Mr. Kiel declined to reveal to the Commission, and (2) Respondent's failure to pay his attorneys' fees. After hearing oral argument from the parties on this motion, the Commission granted Messrs. Sandler and Kiel's motion to strike their appearance.

By letter dated April 9, 1982, Gail Veroneca Burgess, Esquire entered her appearance on Respondent's behalf. On or about April 28, 1982, Ms. Burgess filed a Motion for Admission of Out-of-State Attorney and Certificate of Counsel (pursuant to the procedure set forth in Maryland Admission to the Bar Rule 20 prior to its January 1, 1983 revision) on behalf of Richard D. Albright, Esquire, a member of the District of Columbia bar but not admitted to practice law in Maryland.

At the May 4, 1982 proceeding, Ms. Burgess and Mr. Albright appeared on Respondent's behalf. At that time, Ms. Burgess reiterated her motion for the special admission of Mr. Albright. The Commission specially admitted Mr. Albright as co-counsel on the condition that Ms. Burgess be present at all Commission proceedings involving Respondent. Mr. Albright and Ms. Burgess represented Respondent at the May 4, 11, and 18, 1982 and June 29, 1982 proceedings before the Commission. Respondent's Motion to Bar Expert Testimony, dated May 18, 1982, was denied by the Commission on that same date.

On June 21, 1982, the Attorney General of Maryland issued Attorney General's Opinion No. 82-019 (the "Opinion") in response to a request from the Maryland Health Claims Arbitration Office, an independent State agency not affiliated with the Department of Health and Mental Hygiene or the Commission. The Opinion concluded that administrative agencies had no authority to grant the special admission of out-of-state attorneys pro hac vice to participate as counsel in "contested cases" or similar quasi-judicial proceedings.

On June 29, 1982, just prior to the resumption of the hearing in Respondent's case, the Commission became aware of the existence of the Attorney General's Opinion. The Commission's counsel, Ronald S. Gass, Assistant Attorney General, provided counsel for Respondent and the State with copies of the Opinion. When the hearing reconvened, Mr. Albright stated that in the face of the Opinion he had no choice but to withdraw as co-counsel in Respondent's case. As a member of the Maryland bar, Ms. Burgess was not prohibited from continuing her representation of Respondent; however, she voluntarily moved to withdraw her appearance on the ground that she was a new attorney and without the requisite expertise to continue with Respondent's defense. The Commission granted Ms. Burgess' motion and gave Respondent two weeks to enter the appearance of new counsel or else proceed pro se. In the presence of his former counsel, Respondent was informed that failure to have substitute counsel enter his appearance within two weeks would not be grounds for postponing the proceedings in the case.

By letter dated July 23, 1982, Respondent notified the Commission that he had been unable to obtain counsel and requested a continuance. By letter dated July 29, 1982, the Commission, as an accommodation to Respondent, granted his request for a continuance. The next hearing date was subsequently set for September 7, 1982.

At the September 7, 1982 hearing, Respondent appeared pro se and conducted cross-examination of the State's final witness. At the conclusion of the State's case on that date, Respondent filed a Motion to Dismiss. Sometime between the September 7, 1982 and April 5, 1983 hearing dates, Mr. Albright was admitted to the Maryland bar.

At the April 5, 1983 hearing, and on all succeeding hearing dates, Respondent was represented solely by Mr. Albright. On April 5, 1983, Mr. Albright renewed Respondent's Motion to Dismiss. On April 19, 1983, the Commission heard oral argument from the parties and denied that motion.

On or about October 11, 1983, Respondent filed two Motions for Summary Judgment and Argument as well as a second Motion to Dismiss. All of these motions were denied by Commission Order dated December 6, 1983.

Following opening statements by Ms. Gregor and Mr. Sandler, Ms. Gregor called the following witnesses to testify on behalf of the State: Walter J. Alt, M.D.; David S. McHold, M.D.; Michael V. Edelstein, M.D.; Bonnie Prokop; and Bruce Merchant, M.D., Ph.D. She also introduced into evidence the documents

listed in Appendix A. At the conclusion of the testimony of the various witnesses, Ms. Gregor concluded her case on behalf of the State.

Mr. Albright called the following witnesses to testify on behalf of Respondent: Sumio Uematsu, M.D.; William Nagler, M.D.; Richard A. Passwater, Ph.D.; Yehuda Barsel, M.D.; Alan R. Gaby, M.D.; Warren M. Levin, M.D.; Bruce W. Halstead, M.D.; and Respondent. He also introduced into evidence the documents listed in Appendix B. At the conclusion of the testimony of the various witnesses, Mr. Albright concluded his case on behalf of Respondent. On its own motion and without objection, the Commission accepted into evidence the documents listed in Appendix C.

Closing arguments by Ms. Foster and Mr. Albright were heard by the Commission on September 27, 1983, after which the hearing was adjourned. Proposed findings of fact were requested by the Commission and filed by the parties on March 12, 1984.

After the conclusion of the hearing, Respondent filed three motions: (1) a Motion to Reopen the Record, dated February 7, 1984, which was granted by Commission Order dated March 6, 1984; (2) a Motion to Take Administrative Notice of Front Page of U.S.A. Today, February 10, 1984, received by the Commission on March 13, 1984; and (3) a Motion to Reopen Record, dated May 8, 1984. The last Motion to Reopen Record was opposed by the State which filed a Motion in Opposition to Respondent's Motion to Reopen, dated May 13, 1984. The Commission unanimously voted to

(1) grant Respondent's March 13, 1984 motion to the extent that it would accept the two newspaper articles into evidence and (2) deny Respondent's May 8, 1984 Motion to Reopen Record.

FINDINGS OF FACT

On the basis of the entire record and its collective experience, technical competence, and specialized knowledge in the practice of medicine, the Commission finds:

1. That the factual matters set forth in the foregoing section entitled "Background and Procedural History" are found by the Commission as facts and are hereby incorporated into these Findings of Fact as if fully set forth herein.

2. That Respondent was licensed to practice medicine in Maryland and subject to the jurisdiction of the Commission at all times relevant to this Order.

3. That Respondent specializes in family practice medicine.

Use of Unvalidated Diagnostic Techniques.

4. That Respondent ordered and subsequently relied on the following unvalidated diagnostic techniques [hereinafter collectively referred to as the "Unvalidated Techniques"] to diagnose certain medical conditions in his patients:

A. Hair analysis (also known as trace mineral analysis or "TMA") to diagnose systemic heavy metal or organic lead

intoxication in Patients A, B, C, D, E, F, G, and J.*

B. Cytotoxic testing to diagnose food allergies in Patients C, D, E, G, H, and I.

C. Thermography to diagnose vascular insufficiency in various parts of the body in Patients A, B, C, D, E, F, G, H, I, and J.

D. The Heidelberg pH capsule transmitter and receiver to diagnose hyper- or hypoacidity of the gastrointestinal tract in Patients C, E, G, H, I, and J.

5. That Respondent's reliance on these Unvalidated Techniques was medically inappropriate because they have not been scientifically demonstrated to be sufficiently accurate (i.e., reliable or valid) for diagnostic purposes at this time; thus, reliance on them for treatment decisions may endanger the patient's health, safety, and welfare.

6. That neither reasonably competent family practitioners nor the vast majority of physicians practicing in Maryland or the United States use these Unvalidated Techniques for the purpose of diagnosing and treating the medical conditions for which Respondent ordered them.

7. That hair analysis is not an accepted diagnostic technique for the diagnosis of systemic heavy metal or organic lead intoxication.

*To protect patient confidentiality, the names of the patients corresponding to the code letter designations are contained in a separate sealed Appendix E.

8. That the correlation between the trace mineral content of hair and dietary vitamin or mineral deficiencies in humans has not been scientifically established at this time and that it is inappropriate to base treatment decisions on such an unvalidated diagnostic technique as hair analysis.

9. That thermography is presently in the experimental stages of development, not widely used by reasonably competent family practitioners or physicians in Maryland or the United States to diagnose vascular insufficiency in humans, and has not been scientifically demonstrated to be sufficiently accurate for diagnostic purposes for which Respondent ordered it.

Use of Unvalidated Treatment Modalities.

10. That without first documenting that he had obtained informed consent from Patients B, C, D, and E, Respondent ordered "EDTA chelation therapy" for the treatment of arteriosclerosis or organic (as opposed to inorganic) lead intoxication -- a treatment modality that has not been scientifically demonstrated to be safe and efficacious at this time.

11. That the administration of EDTA without carefully monitoring its administration and dosage can result in life threatening adverse reactions.

12. That Respondent ordered the administration of EDTA for the treatment of arteriosclerosis or organic lead intoxication for Patients B, D, and E without first taking an adequate history or physical examination.

13. That the medical charts of Patients B and D fail to document the dosage or rate of administration of the EDTA solution or the patients' vital signs (i.e., blood pressure, pulse rate, and respiration) before, during, and after the administration of "EDTA chelation therapy."

14. That it was medically imperative that this information be recorded in each patient's chart given the potentially life threatening side effects of EDTA administration.

15. That the Commission finds that "EDTA chelation therapy" is not an accepted treatment modality used by reasonably competent family practitioners or physicians in Maryland or the United States for the treatment of arteriosclerosis or organic lead intoxication.

Inadequate Medical Records.

16. That Respondent's medical record keeping practices are deficient in the following respects:

A. The medical records of Patients A, B, C, D, E, F, G, H, and I lacked adequate histories or physical examinations.

B. The medical records of Patients C, E, and H lacked adequate or pertinent follow-up evaluations.

C. The medical records of Patients C, D, and E lacked appropriate integration of laboratory results, physician examination results, and progress notes to support Respondent's diagnoses.

D. The medical records of Patients B, E, and H failed to set forth a medically acceptable rationale for the treatment prescribed by Respondent.

E. The medical records of Patients C, D, and E were disorganized, making it difficult for another physician to follow chronologically the course of treatment prescribed by Respondent.

F. The medical records of Patient C had undated histories, physicals, or diagnostic test results.

G. Respondent failed to use standard nomenclature or notations in the medical records of Patients C, D, and H that another physician would be able to interpret if he had to treat those patients.

H. Respondent failed to obtain copies of the medical records of Patients B, C, E, and H, all of whom had extensive prior medical treatment, to enable him to evaluate their medical history and to treat them efficiently and effectively.

17. That a complete and organized medical record serves a number of extremely important purposes in the course of providing competent medical care, including the following:

A. It enables another physician to continue the proper treatment of an unfamiliar patient and to understand the prior physician's treatment plan. Hence an illegible or incomplete medical record may endanger the patient's health and safety, particularly if follow-up or emergency care is necessary and the original physician is unavailable.

B. A detailed history and physical examination provide baseline data for future treatment. In order to be useful,

the record must include notations of both positive and negative findings. If a finding, positive or negative, is not written down, the assumption is that that system of the body was not examined. Moreover, no physician can recall every finding for every patient unless he records them in the patient's medical record.

C. It prevents the duplication of treatment; thereby reducing medical costs and increasing efficiency.

D. It encourages sound logic in the assessment of symptoms and the development of treatment plans because it requires a systematizing of medical findings about the patient.

E. It organizes critical information about the patient in a readily retrievable format, e.g., highlighting life threatening allergies to certain drugs.

F. It promotes better coordination of care if the patient is being followed by more than one physician.

G. By recording what treatment was received, a legal document is created for reimbursement and medical malpractice purposes.

H. It provides a means for peer review and similar medical audits by providers, insurance companies, and governmental agencies responsible for professional discipline.

I. It provides a basis for continuing medical education.

J. It provides a fund of information that may serve as a basis for clinical research.

18. That all reasonably competent family practitioners or physicians in Maryland and the United States are, or should be, aware of the critical role accurate and complete patient records play in medical practice and that no competent physician would have maintained records in the incomplete and haphazard manner in which Respondent did.

Over-Utilization of Standard Diagnostic Tests.

19. That Respondent over-utilized the following standard diagnostic tests in the treatment of the patients indicated:

- A. Glucose tolerance test ("GTT") ordered for Patients B, C, and F.
- B. Adrenal function tests ordered for Patient C.
- C. Hemoglobin A-1C (blood screening test) ordered for Patient C.
- D. Urine cultures ordered for Patients A and C.
- E. Spirometry ordered for Patient H.
- F. Creatine clearance test ordered for Patient A.

Unsupported Diagnoses.

20. That Respondent diagnosed medical conditions in Patients B, C, D, E, F, G, H, and I without appropriate clinical findings and laboratory data.

21. That Respondent failed to order standard diagnostic screening tests prior to ordering more extensive and expensive diagnostic tests in the treatment of Patients C and D.

22. That a reasonably competent family practitioner or physician in Maryland or the United States would first order recognized diagnostic screening tests to determine if a more extensive and expensive array of tests were necessary.

After-Hours Office Coverage.

23. That Respondent did not make adequate provisions for coverage of his practice at times when his office was closed.

Cognitive Knowledge.

24. That after interviewing Respondent, members of the University of Maryland School of Medicine Department of Family Practice found that he was seriously deficient in medical knowledge and clinical judgment and that in their opinion no remedial education program could correct this deficit.

25. That the Commission concurs with the Department of Family Medicine's conclusions regarding Respondent's cognitive knowledge and clinical judgment and further finds that Respondent's understanding of the pathogenesis, diagnosis, and treatment of arteriosclerosis, hypertension, schizophrenia, psychosomatic diseases, multiple sclerosis, Addison's disease, rheumatoid arthritis, and staghorn renal stones is deficient and below the standard of a reasonably competent family practitioner or physician practicing in Maryland or the United States.

Cell Therapy.

26. That the Commission makes no findings of fact with respect to cell therapy because the record does not clearly re-

flect that Respondent actually used this modality on any of the patients whose individual charts were introduced into evidence.

Rulings on Proposed Findings of Fact.

27. That with regard to the proposed findings of fact submitted by the parties, the Commission makes the specific rulings set forth in Appendix D.

CONCLUSIONS OF LAW

By a unanimous vote of the members hearing this case, the Commission concludes as a matter of law that Respondent is professionally incompetent to the extent reflected in the foregoing Findings of Fact and that he violated Article 43, § 130(h)(18) (recodified at § 14-504(4) of the Health Occupations Article) of the Annotated Code of Maryland.

ORDER

Upon the foregoing Findings of Fact and Conclusions of Law, it is this 26th day of September, 1984, by a unanimous vote of the members of the Commission considering this case

ORDERED that Respondent's license to practice medicine in Maryland is hereby **REVOKED**; and be it further

ORDERED that Respondent shall immediately cease and desist from the practice of medicine in Maryland effective on the date of this Order; and be it further

ORDERED that the Commission shall not consider a petition for reinstatement of Respondent's license to practice medicine in Maryland until at least three (3) years from the date of this Order have elapsed; and be it further

ORDERED that a copy of this Order shall be filed with
the Board of Medical Examiners in accordance with § 14-507 of the
Health Occupations Article of the Annotated Code of Maryland.

Karl F. Mech, M.D.

Karl F. Mech, M.D.
Presiding Officer
Commission on Medical
Discipline of Maryland

APPENDIX A

STATE'S EXHIBITS

State's Exhibit #1: Copy of letter to State Health Department from father of Patient E*, dated April 8, 1980.

State's Exhibit #2: Pamphlet -- "Peer Review Handbook: Standards for the Process of Peer Review," Medical and Chirurgical Faculty of the State of Maryland, dated July 1, 1980.

State's Exhibit #3: Excerpt from Goodman and Gilman's The Pharmacological Basis of Therapeutics (6th ed.), at 1619-20, 1622.

State's Exhibit #4: Copy of letter to Medical and Chirurgical Faculty of Maryland, Peer Review Commission, from Walter J. Alt, M.D., dated September 1, 1980.

State's Exhibit #5: Copy of letter to Dr. Walter J. Ault [sic], from Jerome T. O'Connell, M.D., dated August 8, 1980.

State's Exhibit #6: Medical Record of Patient A.*

State's Exhibit #7: Medical Record of Patient B.

State's Exhibit #8: Medical Record of Patient C.

State's Exhibit #9: Medical Record of Patient D.

State's Exhibit #10: Medical Record of Patient E.

State's Exhibit #11: Copy of advertisement for the "Holistic Health Center, Hellfried R. Sartori, M.D., Medical Director," no date.

State's Exhibit #12: Copy of letter to Commission on Medical Discipline from David S. McHold, M.D., Chairman, Peer Review Committee, dated December 12, 1980.

State's Exhibit #13: Copy of letter to Hellfried Sartori, M.D. from David S. McHold, M.D., Chairman, Peer Review Committee, dated December 16, 1980.

State's Exhibit #14: Copy of Article -- "EDTA Chelation Therapy for Arteriosclerotic Heart Disease," from The Medical Letter,

*To protect patient confidentiality, the names of the patients corresponding to the code letter designations are contained in a separate sealed Appendix E.

APPENDIX A (cont'd)

at 51 (June, 1981).

State's Exhibit #15: Copies of letters to: (1) Hellfried E. Sartori, M.D. from Lewis C. Breschi, M.D., Chairman, Physician/Patient Relations Committee, dated November 17, 1980; (2) John E. Adams, M.D., Chairman, Commission on Medical Discipline, from Lewis C. Breschi, M.D., Chairman, Physician/Patient Relations Committee, dated November 17, 1980; (3) Patient F from John E. Adams, M.D., Chairman, Commission on Medical Discipline, dated November 5, 1980; (4) Medical and Chirurgical Faculty of Maryland from John E. Adams, M.D., Chairman, Commission on Medical Discipline, dated November 5, 1980; Copy of Complaint Form from Patient F to the Commission on Medical Discipline of Maryland, dated October 24, 1980.

State's Exhibit #16: Copy of Complaint Form from Patient G to the Commission on Medical Discipline of Maryland, dated October 24, 1980.

State's Exhibit #17: Copy of letter to Lewis C. Breschi, M.D., Chairman, Physician/Patient Relations Committee, from Hellfried E. Sartori, M.D., dated December 12, 1980.

State's Exhibit #18: Copy of letter to Commission on Medical Discipline from David S. McHold, M.D., Chairman, Peer Review Committee, dated December 16, 1980.

State's Exhibit #19: Medical record of Patient F.

State's Exhibit #20: Medical record of Patient G.

[State's Exhibit #21 marked for identification only.]

State's Exhibit #22: Copy of letter to John E. Adams, M.D., Chairman, Commission on Medical Discipline, from David S. McHold, M.D., Chairman, Peer Review Committee, dated March 26, 1981.

State's Exhibit #23: Copy of Complaint Form from Patient I to the Commission on Medical Discipline of Maryland, dated March 21, 1981.

State's Exhibit #24: Copies of letters to: (1) Patient H from John E. Adams, M.D., Chairman, Commission on Medical Discipline, dated March 30, 1981, and (2) the Medical and Chirurgical Faculty of Maryland from John E. Adams, M.D., Chairman, Commission on Medical Discipline, dated March 30, 1981; Copy of Complaint Form from Patient H to the Commission on Medical Discipline, dated March 21, 1981.

State's Exhibit #25: Medical record of Patient H.

APPENDIX A (cont'd)

State's Exhibit #26: Medical record of Patient I.

[State's Exhibit #27 withdrawn.]

State's Exhibit #28: Copy of letter to John E. Adams, M.D.,
Chairman, Commission on Medical Discipline, from David S.
McHold, M.D., Chairman, Peer Review Committee, dated May 12,
1981.

State's Exhibit #29: Copy of Article -- K. Michael Hambidge,
Hair Analyses: Worthless for Vitamins, Limited for Minerals
(n.d.).

State's Exhibit #30: Copy of Journal Article -- Benson & Arkins,
Cytotoxic testing for food allergy: Evaluation of reproducibility
and correlation, 58 J. Allergy Clin. Immunol. 471
(Oct., 1976).

State's Exhibit #31: Copy of Journal Article -- Golbert, A
review of controversial diagnostic and therapeutic techniques
employed in allergy, 56 J. Allergy Clin. Immunol. 170 (Sept.,
1975).

State's Exhibit #32: Copy of Journal Editorial -- Lowell, Some
untested diagnostic and therapeutic procedures in clinical
allergy, 56 J. Allergy Clin. Immunol. 168 (Sept., 1975).

State's Exhibit #33: Copy of Article -- "Allergy group questions
use of five procedures," American Medical Association News
(June 12, 1981).

State's Exhibit #34: Copy of Advertisement -- Life Science
Universal Aurora Medical Center, printed in Pathways, no
date.

State's Exhibit #35: Copy of Curriculum Vitae -- Michael V.
Edelstein, M.D., no date.

State's Exhibit #36: Copy of letter to Edward J. Kowalewski,
M.D., Chief, Department of Family Medicine, University of
Maryland, from John E. Adams, M.D., Chairman, Commission on
Medical Discipline, dated April 20, 1981.

State's Exhibit #37: Copy of memorandum to E. J. Kowalewski,
M.D. from Michael V. Edelstein, M.D., dated May 25, 1981.

APPENDIX A (cont'd)

State's Exhibit #38: Copy of letter to Edward J. Kowalewski, M.D., Chief, Department of Family Medicine, University of Maryland Hospital, from Peter Rasmussen, M.D., Director, Hospital Laboratories, University of Maryland School of Medicine, dated May 25, 1981.

State's Exhibit #39: Copy of memorandum to Edward J. Kowalewski, M.D., Professor and Chairman, Department of Family Medicine, University of Maryland, from J. Roy Guyther, M.D., Associate Professor, Department of Family Medicine, University of Maryland, dated May 22, 1981.

State's Exhibit #40: Copy of letter to John E. Adams, M.D., Chairman, Commission on Medical Discipline, from Edward J. Kowalewski, M.D., Professor and Chairman, Department of Family Practice, University of Maryland, dated May 27, 1981.

State's Exhibit #41: Copy of memorandum to File from Bonnie Prokop, Medical Service of the District of Columbia, no date.

State's Exhibit #42: Copy of Curriculum Vitae -- Bruce Merchant, no date.

[No State's Exhibits #43 through #50.]

State's Exhibit #51: Medical record of Patient J.

APPENDIX B

RESPONDENT'S EXHIBITS

- Respondent's Exhibit #1: "Guidelines Used in Reviewing Physicians' Office Practices" -- Developed by Peer Review Committee, Medical and Chirurgical Faculty of the State of Maryland (Jan. 19, 1978).
- Respondent's Exhibit #2: Medical Thermography, Theory and Clinical Applications (S. Uematsu, ed. 1976).
- Respondent's Exhibit #3: B. Brenner & F. Rector, Jr., The Kidney (2d ed. 1981) (Volume II).
- Respondent's Exhibit #4: Excerpt from Book -- Harrison's Principles of Internal Medicine (9th ed., n.d.) at 1710-36.
- Respondent's Exhibit #5: Excerpt from Book -- Duncan's Diseases of Metabolism: Endocrinology (7th ed., n.d.) at 1105-80.
- Respondent's Exhibit #6: Excerpt from Book -- Goodman and Gilman's The Pharmacological Basis of Therapeutics (6th ed., n.d.), at 1466-96.
- Respondent's Exhibit #7: Excerpt from Book -- Bedside Diagnostic Examination (E. DeGowin & R. DeGowin, 4th ed. 1981), at 1-55.
- Respondent's Exhibit #8: Excerpt from Book -- 1981 Current Therapy (H. Conn ed. 1981), at 839-45 (with handwritten notations).
- Respondent's Exhibit #9: Excerpt from Book -- E. Martin, Hazards of Medication, (2nd ed., n.d.), at 106, 135, 204, 259, 327 & 338.
- Respondent's Exhibit #10: Excerpt from Book -- 1981 Current Therapy (H. Conn ed. 1981), at 965-71.
- Respondent's Exhibit #11: Excerpt from Book -- E. Martin, Hazards of Medication (2d ed., n.d.), at 319, 335-36, 561-62.
- Respondent's Exhibit #12: Copy of Journal Article -- Leestma & Koenig, Sudden Death and Phenothiazines: A Current Controversy, 18 Arch. Gen. Psychia. 137-48 (Feb., 1968).
- [Respondent's Exhibit #13 marked for identification only.]
- Respondent's Exhibit #14: Copy of Journal Article -- Casdorff, EDTA Chelation Therapy, Efficacy in Arteriosclerotic Heart Disease, 3 J. Holistic Med. 53 (1981).

APPENDIX B (cont'd)

[Respondent's Exhibit #15 marked for identification only.]

Respondent's Exhibit #16: Copy of Curriculum Vitae -- Michael V. Edelstein, M.D. (with handwritten notation in upper right corner on p. 1), no date.

[Respondent's Exhibits #17 through #25 marked for identification only.]

Respondent's Exhibit #26: Copy of Curriculum Vitae -- Sumio Uematsu, M.D., no date.

Respondent's Exhibit #27: Copy of Journal Article -- Blume, Promising agents for limiting renal damage, 249 J.A.M.A. 1987 (April 15, 1983).

Respondent's Exhibit #28: Copy of Journal Article -- Pauling, Orthomolecular Psychiatry, 160 Science 265 (April 19, 1968).

Respondent's Exhibit #29: Copy of Journal Article -- Pauling, On the Orthomolecular Environment of the Mind: Orthomolecular Theory, 131 Am. J. Psychia. 1251 (Nov., 1974).

[Respondent's Exhibit #30 marked for identification only.]

Respondent's Exhibit #31: Booklet -- Canadian Schizophrenia Foundation, Megavitamin Therapy (Aug., 1976).

Respondent's Exhibit #32: Copy of document entitled "Profile, Richard Albert Passwater, Ph.D., Biochemist-Author-Lecturer," no date.

Respondent's Exhibit #33: Copy of document entitled "About Yehuda Barsel, M.D.," no date.

[Respondent's Exhibit #34 withdrawn by Respondent.]

Respondent's Exhibit #35: Copy of Curriculum Vitae -- Warren M. Levin, M.D., no date.

Respondent's Exhibit #36: Book -- M. Walker, Chelation Therapy: How to Prevent or Reverse Hardening of the Arteries (1980)

Respondent's Exhibit #37: M. Walker & G. Gordon, The Chelation Answer: How to Prevent Hardening of the Arteries and Rejuvenate your Cardiovascular System (1982).

Respondent's Exhibit #38: Curriculum Vitae -- Bruce W. Halstead, M.D., dated June, 1983.

APPENDIX B (cont'd)

Respondent's Exhibit #39: Book -- B. Halstead, The Scientific Basis of EDTA Chelation Therapy (1979).

Respondent's Exhibit #40: Copy of Document -- U.S. Environmental Protection Agency, Toxic Trace Metals in Mammalian Hair and Nails (Aug., 1979).

Respondent's Exhibit #41: Copy of Journal Article -- Wurtman, Nutrients that Modify Brain Function, reprinted from Scientific American, at 50 (April, 1982).

Respondent's Exhibit #42: Copy of Journal Article -- Mohler, et al., Nicotinamide is a brain constituent with benzodiazepine-like actions, 278 Nature 563 (April 5, 1979).

[No Respondent's Exhibits #43 through #58.]

Respondent's Exhibit #59: Copy of letter to Doctor Hellfried Sartori from Dr. med. Joachim Stein, Vice-President, German Society for Cell Therapy, dated June 1, 1983.

Respondent's Exhibit #60: Book -- R. Passwater & E. Cranton, Trace Elements, Hair Analysis and Nutrition (1983).

Respondent's Exhibit #61: Book -- W. Philpott & D. Kalita, Brain Allergies: The Psychonutrient Connection (1980).

Respondent's Exhibit #62: Book -- Medical Applications of Clinical Nutrition (J. Bland ed., 1983).

Respondent's Exhibit #63: Book -- W. Philpott & D. Kalita, Victory Over Diabetes: A Bio-Ecologic Triumph (1983).

Respondent's Exhibit #64: Newspaper Articles -- Findlay, New Diet Guidelines to Prevent Cancer, USA Today (Feb. 10, 1984); Cohn, U.S. Launches Campaign to Limit Cancer Deaths, The Washington Post, at A10 (March 3, 1984).

APPENDIX C

COMMISSION'S EXHIBITS

Commission's Exhibit #1: Copy of letter to Robert A. Dobart, Administrator, Commission on Medical Discipline, from Joseph Kiel, Esquire and Burton W. Sandler, Esquire, dated March 8, 1982.

Commission's Exhibit #2: Copy of letter to Hellfried E. Sartori, M.D. from Karl F. Mech, M.D., Executive Secretary, Commission on Medical Discipline, dated March 12, 1982.

Commission's Exhibit #3A: Copy of letter to Joseph Kiel, Esquire, from Karl F. Mech, M.D., Executive Secretary, Commission on Medical Discipline, dated March 12, 1982.

Commission's Exhibit #3B: Copy of letter to Burton W. Sandler, Esquire, from Karl F. Mech, Executive Secretary, Commission on Medical Discipline, dated March 12, 1982.

Commission's Exhibit #3C: Copy of letter to Nancy E. Gregor, Esquire, Assistant Attorney General, from Karl F. Mech, M.D., Executive Secretary, Commission on Medical Discipline, dated March 12, 198[2].

Commission's Exhibit #4: Copy of letter to Karl F. Mech, M.D., Executive Secretary, Commission on Medical Discipline, from Burton W. Sandler, Esquire, dated March 12, 1982.

Commission's Exhibit #5: Letter to Karl F. Mech, M.D., Commission on Medical Discipline, from Richard D. Albright, Esquire, dated March 29, 1983.

Commission's Exhibit #6: Copy of letter to Richard D. Albright, Esquire and Barbara H. Foster, Esquire, Assistant Attorney General, from Karl F. Mech, M.D., Presiding Officer and Executive Secretary, Commission on Medical Discipline, dated April 5, 1983.

Commission's Exhibit #7: Copy of letter (with attachment entitled "Expert Witness List") to Barbara Foster, Esquire, Assistant Attorney General, from Richard D. Albright, Esquire, dated April 11, 1983.

Commission's Exhibit #8: Copy of letter to Richard D. Albright, Esquire and Barbara H. Foster, Esquire, Assistant Attorney General, from Alexander Williams, Jr., Consumer Member, Commission on Medical Discipline, dated April 19, 1983.

APPENDIX C (cont'd)

Commission's Exhibit #9: Copy of document entitled "Hearing Maryland Medical Board, April 26, 1983; 14:00 to 18:00, Witness: William Nagler, M.D., Forensic Psychiatrist, Schizophrenia."

Commission's Exhibit #10: Copy of handwritten document entitled "Cogent - Relevant, Reproducible Schizophrenia I," no date; with handwritten letter on reverse side to Dr. Nagler, dated April 19, 1983.

APPENDIX D

RULINGS ON PROPOSED FINDINGS OF FACT

Pursuant to Article 41, § 254 of the Annotated Code of Maryland, the Commission on Medical Discipline of Maryland makes the following rulings on each proposed finding of fact submitted by the State and Respondent:

Rulings on State's Proposed Findings of Fact

<u>State's Proposed Finding of Fact #</u>	<u>Commission Ruling</u>
pp. 1-9: A.1-A.14; B.1-B.21; C.1-C.12; D.1-D.3; and E.1	Accepted to the extent reflected in Commission Finding of Fact #1 and the Commission Order generally.
pp. 9-16: A.1-A.66	Accepted to the extent reflected in Commission Findings of Fact #24 and #25.
p. 16: A.67-A.68	Accepted to the extent reflected in Commission Findings of Fact #4, #5, #6, and #9.
p. 16: A.69-A.72	Accepted to the extent reflected in Commission Findings of Fact #16 and #20.
p. 17: A.73-A.74	Accepted to the extent reflected in Commission Finding of Fact #16.
p. 17: A.75-A.76	Rejected to the extent reflected in Commission Finding of Fact #26.
p. 17: A.77	Accepted to the extent reflected in Commission Findings of Fact #24 and #25.
p. 17: A.78	Accepted to the extent reflected in Commission Findings of Fact #4, #5 and #6.

APPENDIX D (cont'd)

p. 17: A.79	Accepted to the extent reflected in Commission Findings of Fact #24 and #25.
p. 17: A.80	Accepted to the extent reflected in Commission Findings of Fact #4, #5, #6, #7, #8, #24, and #25.
p. 17: A.81	Accepted to the extent reflected in Commission Finding of Fact #15.
pp. 17-18: A.82-A.83	Accepted to the extent reflected in Commission Finding of Fact #20.
p. 18: A.84	Accepted to the extent reflected in Commission Finding of Fact #16.
p. 18: A.85	Rejected.
p. 18: A.86-A.88	Accepted to the extent reflected in Commission Findings of Fact #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, and #15.
p. 18: A.89-A.90	Accepted to the extent reflected in Commission Findings of Fact #24 and #25.
pp. 18-20: B.1-B.11	Accepted to the extent reflected in Commission Findings of Fact #4, #5, #6, and #9.
p. 20: B.12	Accepted to the extent reflected in Commission Finding of Fact #16.
p. 20: B.13-B.17	Accepted to the extent reflected in Commission Findings of Fact #4, #5, and #6.
pp. 20-21: B.18-B.27	Accepted to the extent reflected in Commission Findings of Fact #4, #5, #6, #7, and #8.

APPENDIX D (cont'd)

pp. 21-22: B.28-B.36	Accepted to the extent reflected in Commission Finding of Fact #4, #5, and #6.
pp. 22-24: B.37-B.51	Accepted to the extent reflected in Commission Findings of Fact #4, #5, #6, #7, #8, #9, and #19.
p. 24: B.52-B.54	Accepted in its context.
p. 24: B.55-B.56	Accepted to the extent reflected in Commission Findings of Fact #4, #5, #6, #7, #8, and #9.
p. 24: B.57-B.58	Accepted to the extent reflected in Commission Findings of Fact #19, #24, and #25.
pp. 24-29: C.1-C.56	Accepted to the extent reflected in Commission Findings of Fact #16 and #17.
pp. 29-30: D.1-D.9	Accepted to the extent reflected in Commission Findings of Fact #24 and #25.
pp. 30-31: D.10-D.25	Accepted to the extent reflected in Commission Findings of Fact #10, #11, #12, #13, #14, #15, #24, and #25.
p. 31: D.26-D.27	Accepted to the extent reflected in Commission Finding of Fact #16.
p. 31: D.28	Accepted to the extent reflected in Commission Findings of Fact #4, #5, and #6.
pp. 31-32: E.1-E.7	Accepted to the extent reflected in Commission Finding of Fact #23.
pp. 32-34 F.1-F.24	Rejected to the extent reflected in Commission Finding of Fact #26.

APPENDIX D (cont'd)

p. 34: G.1	Not a factual issue requiring a Commission ruling, but to the extent that a ruling is required, it is accepted.
p. 34: G.2-G.4	Accepted within their context.
pp. 34-35: G.5-G.7	Accepted to the extent reflected in Commission Findings of Fact #24 and #25.
p. 35: G.8	Accepted to the extent reflected in Commission Findings of Fact #24 and #25.
p. 35: G.9-G.10	Accepted.
p. 35: G.11	Accepted to the extent reflected in Commission Findings of Fact #24 and #25.

Rulings on Respondent's Proposed Findings of Fact

<u>Respondent's Proposed Finding of Fact #</u>	<u>Commission Ruling</u>
1	Accepted.
2	The Commission accepts this finding with the exception of the concluding phrase "and by virtue of the above is presumed to be competent," which it rejects.
3	Accepted.
4-5	Rejected as irrelevant.
6-8	Rejected.
9	Rejected as irrelevant.
10	Rejected as being contrary to the weight of the evidence as a whole.
11	Rejected as irrelevant.
12	Rejected as being contrary to the weight of the evidence as a whole.
13-14	Rejected as irrelevant.
15	Accepted.
16	Rejected.
17	Accepted within its context.
18	Rejected as irrelevant.
19	The first sentence is rejected, and the second sentence is rejected as irrelevant. The meaning of the third sentence is unclear; thus, it is rejected.
20-21	Accepted within its context.
22-23	Rejected.

APPENDIX D (cont'd)

24-25	Rejected as being contrary to the weight of the evidence as a whole.
26	Accepted to the extent reflected in Commission Finding of Fact #26.
27	Rejected as being contrary to the weight of the evidence as a whole.
28	Rejected.
29	Rejected as being contrary to the weight of the evidence as a whole.
30-32	Rejected.
33-35	Not factual issues requiring Commission ruling, but to the extent that a ruling is required, they are rejected.
36	Rejected.
37	Not factual issue requiring Commission ruling, but to the extent that a ruling is required, it is rejected.
38	Rejected.
39-44	Rejected to the extent reflected in Commission Findings of Fact #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, and #15.
45	Rejected to the extent reflected in Commission Finding of Fact #23.*

*Respondent's Conclusions of Law #1 through #12 do not require a Commission ruling insofar as they do not purport to be proposed findings. However, to the extent that they are based on factual issues requiring a Commission ruling, they are rejected.