istrator's office, for example—to the administration office in the hospital.

Senator NELSON. I am thinking that if this information would be valuable to the medical profession, where would hospitals ultimately report it?

Dr. DAMESHEK. Well, at the present time there is a voluntary agency for picking up reports of drug reaction that is handled by the American Medical Association, in their offices. That is one possibility.

Another possibility would be that such reactions would be reported to the Food and Drug Administration. That is another possibility that might be more official, I suppose.

Senator NELSON. As one who has had a great deal of experience working in hospitals, if you had some defined requirement that serious reactions to drugs be reported by the hospital, what kind of a paperwork problem would this be?

Dr. DAMESHEK. Oh, it would simply increase the paperwork which already is extremely high at hospitals. Some hospitals have more paperwork than others as I have found in my move from Boston to New York. So that this would simply increase the paperwork in New York by a very small fraction, in other places by a very large fraction.

It could be done. I see no reason why it could not be done.

Senator NELSON. It could be confined to reactions knowledge of which would be of some value. In other words, there are drugs where I suppose you have had enough experience so that everybody in the profession knows about all the possible reactions that could occur. I suppose that is one kind of situation.

Dr. DAMESHEK. I would think serious drug reactions—you take, for example, penicillin occasionally has drug reactions, that you are undoubtedly familiar with. You may get a skin rash or something of that sort. I doubt that anyone would want to report any more cases of drug rash with penicillin. But, when you talk about aplastic anemia or severe blood reactions, if I were an administrator of a hospital, I would like to know something about those reactions.

Senator NELSON. Since all the information is there in the hospital records on every patient anyway, what you would be talking about is that at the conclusion of some period, 6 months or a year of the appropriate professional people and specialists in the hospital, would decide which of these reactions were reactions knowledge of which would be of some value to medical knowledge and literature, and they would then report those possibly to the FDA and the AMA.

Dr. DAMESHEK. Right. Most hospitals already have the machinery set up. They have a drug committee which in some hospitals, I believe, functions with respect to drug reactions. So that the machinery is there in many hospitals and could easily be set up in other hospitals.

Senator NELSON. And, do I understand it to be your judgment that, if this kind of information were collected and properly submitted to the right places, whether it be FDA and AMA or wherever, it would be a valuable contribution to medical knowledge?

Dr. DAMESHEK. I would say it would be valuable because one of the functions of dissemination of knowledge is development of facts first, accumulation of facts, and then one can draw conclusions from those facts, yes.