Dr. WESTON. The record is made by the doctor. The record is not made by the hospital.

Senator NELSON. Well, the patient goes into a hospital and is being treated there.

Dr. WESTON. The hospital supplies the paper. The doctor makes the record. The nurse writes her notes. But the record is made by the doctor.

Senator NELSON. Is it common in the medical profession for a doctor who has made a diagnosis but is afraid he has made a mistake, to keep his patient in the hospital and be treating him covertly and not putting in the record what it is all about?

Dr. WESTON. I would not say it is common, but I have encountered it more times than I can count on my fingers and toes in the course of my reasonably limited career, so it is not so completely uncommon, and you have in the California proceedings the statements of at least one other physician who says that he saw blood dyscrasia misdiagnosed as leukemia, spontaneous cerebral hemorrhage, spontaneous GI hemorrhage.

Now, I do not think there is any question but what some of the doctors in our medical community would be prone to cover up this sort of reaction if they had used the drug injudiciously and it had caused a bone marrow dyscrasia. I do not think there is any question about it. And, I think any doctor who came in here and said otherwise would be naive.

Senator NELSON. It would not be possible, would it, for a doctor to fail to disclose all the details of a case if he had some kind of a clinical practice in which more persons than one were seeing the patient? If a person came in with a serious blood dyscrasia, I would assume he would then call upon other specialists in the hospital to evaluate the patient.

Dr. WESTON. Well, that is the assumption that I am not making.

Senator NELSON. I see. You scare me. I had assumed that.

Dr. WESTON. If you do not take a bone marrow biopsy on one of these patients, you really sometimes are not going to know exactly what is going on in their bone marrow. I do not mean to frighten you, but I just know that it does occur. It is not in a very large segment of our profession fortunately, but it does occur in a small segment, small percentage.

Mr. GORDON. I have just one question. In the cases in which you were the medical expert, what were the issues involved?

Dr. WESTON. Well, in the cases that I was the medical expert in, the issues revolved around three things, the first of which was the dicta I have already enumerated, the watering down, so to speak, of the warning which was initially directed to be put on the product by Parke, Davis, and in this one I have already stated that at least two other physicians besides myself, felt that the tenor of the warning had been altered significantly in the form that it was presented to the physicians, and the impact of it was altered considerably by the promotion that occurred in addition to this.

Now, the other issues concerned indications and contraindications for the drug and whether in fact a condition had been diagnosed at all in this particular circumstance.