

Judith: Mrs. I., aged thirty-five, has five children and lives in a crowded apartment in the ghetto area of one of our large cities. She and her husband share their bedroom with their five-year-old daughter.

Dr. Hellman: The diaphragm would be difficult to use in such crowded conditions. Moreover, with all her responsibilities, she might be forgetful about the Pill. An IUD would probably be the best contraceptive, although, with five children, she really ought to consider having her tubes tied.

Judith: Are there any final words you'd like to say about the choice of contraceptives available?

Dr. Hellman: The ladies usually have the last word. Nine out of ten of them have a preconceived notion of what is best. Unless there's a medical reason not to, I try to give them what they want in the first place.

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CONTROVERSY OVER "THE PILL"

(By Bill Surface)

When Betty Jo Black died suddenly in 1965, doctors blamed it on the flu. But her husband, convinced that oral contraceptives had caused her death, challenged the diagnosis in court. This is what triggered the current controversy over The Pill.

Almost daily there are disputed accounts that oral contraceptives—popularly called the Pill—can sometimes cause impaired vision, jaundice, cancer, strokes or fatal blood clots. As a result, 135 suits are pending against manufacturers of the Pill for allegedly causing death or serious side effects, and some insurance companies now advise doctors not to prescribe it unless a patient signs a statement admitting "awareness of the serious risks involved." The Black vs. Searle case that was tried in May, 1969, is a microcosm of the controversy over a product that is used by approximately 8,500,000 women.

Raymond Black, a tall, bespectacled engineer, had just returned from a business trip. He was surprised that Friday evening when his mother-in-law, but not his wife, greeted him at the door of his two-story, colonial home in South Bend, Indiana. He hastened into the front bedroom, where Betty Jo, his attractive, 29-year-old wife, lay ill from an apparent case of the flu. Her mother was there to attend to the couple's five daughters. As Betty Jo tossed restlessly in bed, she told her husband that their doctor, Bernard J. Dolezal, had treated the children's colds and, though he'd given her an injection of penicillin, she continued to "feel worse."

Early the next morning, Black drove his wife to St. Joseph's Hospital where, Dr. Dolezal reported, a chest X-ray and tests of her blood and urine indicated nothing more serious than an "influenzal type of bronchitis." Told to take antibiotic capsules every six hours, Betty Jo returned home, only to twist in bed throughout the day because of what she called a "burning feeling in my chest and back." Suddenly, around 8:40 P.M., Betty Jo clutched her chest, gasping: "I'm having trouble breathing—get an ambulance!" In a call to Dr. Dolezal, Black was told that the hospital would have a "Code Blue"—a team of specialists—waiting by the time he arrived with his wife. Perspiring heavily, Betty Jo coughed and convulsed until the ambulance's siren could be heard, then collapsed. "All of a sudden her chest heaved up and she groaned," Black recalls. "Her eyes went back in her head and she passed out."

As the ambulance driver instructed, Raymond Black held an oxygen mask over his wife's face and massaged around her heart until they reached St. Joseph's Hospital. Noticing Betty Jo's pupils were dilated from a lack of oxygen to her brain, one internist pushed a tube down her windpipe, a second injected Adrenalin into a heart muscle, while other physicians and nurses pressed on her breastbone 70 times a minute to simulate a heartbeat. But, after almost two hours, an electrocardiogram showed that her heart still was not beating. Looking puzzled, Dr. Dolezal led Black into a vacant emergency room. "It looks real bad," he said. "She's just not responding." Minutes later, at 10:55 P.M., Black saw a nurse shaking her head as she spoke to Dr. Dolezal and realized that Betty Jo was being pronounced dead.