When the trial opened on May 13, 1969, in a courtroom in South Bend's post-office building, there was no shortage of equally reputable physicians willing either enthusiastically to support—or dispute—Black's accusation and, in the process, capsulize the medical profession's division of opinion toward all 22 brands of the Pill.

The doctor called by Black's attorney who was perhaps the most blunt was John F. Hillabrand, director of obstetrics and gynecology at St. Vincent's Hospital in Toledo, Ohio, and chairman of the National Commission of Human Reproduction and Rhythm (which advocates the rhythm method of birth control). A tall, distinguished-looking critic of the Pill, Hillabrand nodded slightly while being asked if he could be "medically certain" about a connection between Enovid and Betty Jo Black's death. "My opinion is that this [Enovid] was directly related to the cause of her death," he testified. "I believe that there is a very definite, positive, chemical statistical and biological effect of all of the oral contraceptive pills in predisposing to the formation of blood clots and thrombi and embolism."

As Hillabrand answered carefully worded questions, he theorized how the Pill might have caused Mrs. Black's blood clot. Physicians, he said, still don't know exactly what keeps normal blood from clotting inside the body but, when necessary, they will cause it to clot and thereby prevent an injured person from bleeding to death. Physicians do know, Hillabrand insisted, that the Pill artificially slows down the blood's circulation and enlarges the veins in the genital organs and chest so that the blood congeals, much the same way that water freezes in a leisurely flowing stream. Mrs. Black's flow of blood similarly decreased until it clotted, Hillabrand said, and it was not necessary to rely upon other physicians' articles to reach such a conclusion. "I have seen and followed many cases like this," he testified. "I have seen enough deaths under similar circumstances where an autopsy will reveal evidence which is almost carboncopy evidence of this and in which no other apparent cause of death is available, and then with all of the side effects you have described . . . and knowing that this pill can affect the coagulability [clotting] of the blood —finding a clot in the ovarian vessel and finding an embolism [clot that blocks a vein] in the pulmonary artery—to me this is a straightforward association."

Rising slowly from his chair, James Pankow, one of Searle's attorneys, attempted through questions to characterize Hillabrand as someone who had not written enough medical articles to formulate a creditable opinion. After naming journals that had published his articles, Hillabrand crossed his legs and emphasized: "You see I've not been identified with a medical school which gets grants and does research projects and which publishes to stay in business. In the private practice of obstetrics and gynecology, I have delivered eight thousand babies and not lost a mother and I kind of like to keep it this way."

Under further cross-examination, Hillabrand conceded that the Pill could be useful in treating disease and he had prescribed it "repeatedly in the treatment of various disordered conditions." Before Pankow could rest after that seemingly incongruous statement, Hillabrand added: "But here we are dealing with healthy people when we use it contraceptively . . . [For them], it is a risk that isn't justified."

Pankow countered by saying that the risks attributed to the Pill were similarly unjustified. He emphasized that several doctors reported, for example, that the blood of women using the Pill doesn't congest. Hillabrand was no less adamant about that contention. "I reserve the right to violently disagree with that," he rebutted, "because had you been in the operating room with me on any number of occasions when you tried to perform major surgery—either vaginal or abdominal—on some of these people, you will have the most exciting time trying to control bleeding because of the dilation [expansion] of these vessels. It doesn't take you long to get the message that this isn't a very good procedure. I would take them off the Pill and let them simmer down for a while. I have had this experience and I don't like it."

The reply led to a series of answers that many doctors also won't like.

"Obviously," Hillabrand was asked, "you will admit that there are competent gynecologists and obstetricians who prescribe the Pill for contraceptive purposes."

"No, I will say they do it," Hillabrand replied, "but to the extent they do it, in my opinion, their competence should be questioned."

"Let me say they are board-certified," the attorney retorted.