

accurately what the pill can do and how it does it. The one serious exception is the repeated denial in the text of any evidence of an association between oral contraception and venous thromboembolism. In the opening paper Professor Celso-Ramon Garcia advises that any possible risk of the oral contraceptives should be weighed against the known hazards of pregnancy, and in his editorial introduction Sir John Peel comments "This is precisely what the Minister of Health has done in a public statement which he made concerning the risks of thromboembolic disease". This only reference to the 'new' evidence was available eight months before the publication date of this special issue and surely deserved more emphasis and elaboration. This apart, the publication provides a more authoritative, interesting and comprehensive account of oral contraception than any monograph currently available.

Glancing again through the list of contents one is tempted to emphasize points of special interest to general practitioners—Professor Garcia's masterly summary of his ten years' experience; Professor Scott of Leeds reporting on the value of the pill in dysfunctional bleeding and primary dysmenorrhoea; the elegant study of gonadotrophins by Professor Flowers of Houston, Texas; Mr. Albert Sharman of Glasgow showing that ovulation may occur as early as the forty-second day postpartum, so that starting the pill after the post-natal examination may be too late; the pill and the climacteric; Dr Aviva Wiseman describing six years' experience of oral contraception in the Family Planning Clinic. From general practice Dr J. Eric Murphy compares consultation rates in women before and after starting oral contraception and demonstrates—not entirely convincingly—a reduction from 4.8 to 1.8 respectively in annual rates.

Then the notes of caution are sounded. There are biochemical changes noted in liver function and Dr Victor Wynn describes the changes induced in the carbohydrate and lipid metabolism. Finally, the value of the pill in the underdeveloped countries is discussed.

But no—these selections do no justice to the reader. There is no one more directly concerned with oral contraception than the general practitioner. Get the journal and read it all. You will have no regrets.

**The Eye. Phenomenology and psychology of function and disorder.** J. M. HEATON, M.A., M.B., B.Chir., D.O. London. Tavistock Publications. 1968. Pp. xii + 336. Price £3 10s.

This book presents a holistic view of visual phenomena. It brings together facts as diverse as the Platonic discourse (*Charmides*) on the cure of bodily ailments, on why witches are unable to weep, the fact that the U.S. dollar bill has a magic eye on it, and includes many psychosomatic theories such as the rather debatable one that patients with recurrent styes show an excessive interest in childbirth. There is a great deal about religious and mystical considerations in visual perception. Quotations are made from the Upanishads and other religious literatures to illustrate the symbolism of the eye. It shows how visual perception, action and feeling are inseparably related, quoting Blake: "The fool sees not the same tree that a wise man sees". Our desires influence perception. Looking at the same coin, the rich child sees it small and the poor child sees it large. It naturally includes a great deal of the physiology and pathology of the eye; discusses hallucinations, illusions and the effects of hallucinogenic drugs, the place of colour in disease and its effects on individual and community psychology. Symbolism in art and literature forms a most interesting chapter. This book should prove of considerable interest to the general reader. Its width of view is stimulating and interesting and its synthesis of disease and personality concepts is a welcome antidote to much specialist knowledge in depth.