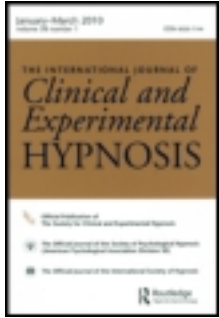


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BOOK REVIEWS

HILGARD, ERNEST R., & HILGARD, JOSEPHINE, R. *Hypnosis in the Relief of Pain* (Rev. ed.). New York: Brunner/Mazel, 1994. Pp. xvii + 294. \$29.95 U.S.

The revised edition of *Hypnosis in the Relief of Pain* comes 20 years after the first edition and 11 years after the second (for reviews of these editions, see Sacerdote, 1977; Venn, 1987). The latest edition includes a new introduction by Joseph Barber, who argues that the book remains a primary reference source for both students and scholars. The book gives an account of some of the research that emerged from the Hilgards' laboratory at Stanford and subsequent work inspired by that research. Overall, it aims to provide an understanding of hypnotic processes in general and hypnotic analgesia in particular, and it highlights their importance in both the laboratory and the clinic. The book is divided into four parts: Part I offers a perspective on hypnosis, pain, controlling pain, and hypnosis in pain control; Part II explores the relevance of hypnosis to clinical pain, specifically in cancer, obstetrics, surgery, and dentistry; Part III examines hypnotic pain control from a theoretical and experimental point of view, focusing on "hidden pain" and its implications for the future of pain control through hypnosis; and Part IV, which was new to the second edition, presents developments in the knowledge of hypnosis and pain that had occurred since the first edition. This section includes a replication of the Hilgards' original research using the real-simulating paradigm; discussions of the relative efficacy of hypnosis versus acupuncture, biofeedback, and cognitive therapy; as well as a review of research on the neurological basis of hypnosis (for example, endorphins, cholinergic mechanisms, and cerebral lateralization). The only new material in the present edition is the introduction by Barber.

Although there is no question that this book—either the first, second, or revised edition—should be compulsory reading for those in the areas of hypnosis and pain, it needs to be recognized that there are both other findings and other interpretations with which a reader would need to be familiar. These include, for example, recent developments and findings in hypnotic pain management techniques, the neurological basis of hypnosis, and other theoretical approaches to hypnosis and pain control (such as social psychological theories) that have responded to questions about the nature of hypnosis, and, in particular, the validity of the hidden observer phenomenon. Nevertheless, *Hypnosis in the Relief of Pain* remains a classic in the fields of both hypnosis and pain control and is of

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continuing value. It gives insights into hypnosis, insights into pain, and a powerful sense of what can be achieved when scientific rigor and clinical acumen converge to deal with the human problem of pain using the resources of hypnosis.

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TINTEROW, MAURICE M. *Hypnosis, Acupuncture and Pain: Alternative Methods of Treatment*. Kansas: Bio-Communications Press, 1989. Pp. xvi + 212. \$10.95 U.S.

This book has been written by a medical doctor, an anesthetist for 40 years and educator for 6 years, who now practices holistic medicine including pain relief. To this end, Tinterow uses both hypnosis and acupuncture. While learning about hypnosis, he started to read the history of mesmerism, animal magnetism, and hypnosis, and collected 640 rare books, including most of those authored by Mesmer and Braid. He donated this collection to the Rare Book Collection Department of Wichita State University. Following this, he wrote *Foundations of Hypnosis: From Mesmer to Freud* (Tinterow, 1970), reviewed in this journal by Raginsky (1973). He was inspired by Esdaile's *Mesmerism in India* (1850/1957) to begin using hypnotic analgesia during surgery in 1960 and by Reston's (1971) account of the use of acupuncture to relieve his postoperative pain following an appendectomy in China. Consequently, Tinterow began using hypnosis and acupuncture for the treatment of patients with chronic pain. To retrain himself in hypnosis and acupuncture, Tinterow accumulated notes and diagrams, and these form the basis for the book. He hoped that they would be of value for readers, especially for patients with chronic pain.

Following a short Foreword and Preface, Tinterow's Introduction is written in everyday language for the nonprofessional. He describes his own profound interest in pain and suggestion, and the use of the latter in treatment with hypnosis, and outlines both the history of hypnosis and surgical procedures in which he has used hypnotic analgesia.

Chapter 1 describes hypnosis in more detail, primarily for novice hypnotherapists. Tinterow maintains that hypnosis is a state of suggestibility, that all hypnosis is self-hypnosis, and that the subject of hypnosis is always in complete control. He continues with basic instructions on hypnotic techniques.

Chapter 2 is a very brief history of hypnosis, with some details of suggestibility related to religious, medical, and magnetic practices prior to Mesmer. The life and work of Mesmer is described in some detail, with some mention of Puységur, Esdaile, Braid, Charcot, and Freud. Finally, Hull, Williams, Wells, Erickson, LeCron, Kline, Weitzenhoffer, Rosen, Raginsky, and Wolberg are mentioned by name.

Chapter 3 is concerned with hypnotic induction techniques. Tinterow begins with the stage hypnotist and rightly condemns this use of hypnosis. He then gives verbatim descriptions of two recommended hypnosis techniques, the eye fixation and hand levitation, but also mentions others (e.g., hand clasping). Finally, he outlines principles for using hypnosis in the relief of chronic pain.

Chapter 4 deals more specifically with the use of hypnosis for patients with chronic pain. Tinterow claims that the method will only help those who can go into deep hypnosis. At the same time, however, the technique of hypnoanalysis is attempted on all patients, with the more psychological aim of removing possible trauma or guilt by abreaction. Four successful case reports are presented in detail, drawn from a series of 178 patients (and reported by Tinterow, 1987). Follow-up showed that the chronic pain of 78% of patients was relieved after 6 months, 47% after 1 year, 44% after 2 years, and 36.5% of those living after 3 years.

Chapter 5 describes the use of hypnoanesthesia during surgery, with case reports of cesarean section, bilateral varicose vein ligation and stripping, vaginal hysterectomy, repeated debridement and skin transplantation for severe burns, hemorrhoidectomy, appendectomy, and open-heart surgery for the closure of an atrial septal defect. Details are given of the preparation, maintenance, and termination of the hypnoanesthesia, and the list of operations is one for which Dr. Tinterow can be proud!

Chapters 6 and 7 return to the use of hypnosis for chronic pain, particularly headache and backache, and there is some discussion of how Tinterow as an anesthetist developed his abilities in the use of hypnosis. He also mentions direct and indirect techniques and hypno-analysis as possible approaches to chronic pain. Chapter 7 is both a continuation of chapter 6 and a summary of Tinterow's ideas about the use of hypnosis in the relief of chronic pain.

Chapters 8 and 9 introduce Tinterow's second therapeutic modality for treating pain, acupuncture. Chapter 8 provides a short history of acupuncture, a summary of the Chinese view of the use of acupuncture, and a plea for wider use of acupuncture in the United States, and

chapter 9 discusses various needles and insertion techniques and includes short descriptions of ear acupuncture and the use of acupuncture as anesthesia for surgery.

Chapters 10 through 15 discuss more advanced topics on the nature of acupuncture and describe in some detail the 12 meridians and symptoms of pathology. These chapters include discussion and diagrams that outline the various meridians (including the lung meridian, the spleen meridian, the kidney meridian), and the most important acupuncture points, as well as indications for needling. In addition, there is more discussion of needling techniques and a summary of recommended acupuncture techniques for 13 of the most common diagnoses in chronic pain. Finally, in chapter 15, Tinterow provides a summary of the mechanisms and uses of hypnosis and acupuncture in the treatment of chronic pain.

Hypnosis, Acupuncture and Pain is the work of an inspired, competent, and experienced clinician. Tinterow clearly feels deeply for the suffering of his patients, and he has found hypnosis and acupuncture valuable, singly or in combination, for patients with chronic pain and sometimes for surgical procedures.

Overall, however, I found the book disappointing to read because editorially and in terms of its aims, it is confusing. The text could profitably be a collection of notes accompanying courses in hypnosis and acupuncture given personally by Tinterow. The hypnosis chapters are too conversational in style, whereas the acupuncture chapters are too detailed and formal. There are no titles to the chapters and no index. There are a number of repetitions of the same message in different chapters and some of the historical facts are, to my knowledge, wrong. For example, the wonderful "cures" were performed by Father Hell (not Hehl, p. 14); Mesmer was born at Iznang on Lake Constance (not at Weiler-on-the-Rhine, p. 14); his dissertation from 1766 was called "De Planetarum Influxu" (not Planetarium, p. 14); he moved from Vienna to Paris in 1778 (not 1777, p. 15); his dissertation from 1779 was called "Mémoire sur la découverte du magnétisme animal" with French spelling (not Memoire sur la decouverte du Magnetisme Animal, p. 16); Esdaile's *Mesmerism in India* was published in 1850 (not 1842, p. 17); Elliotson was neither a physiologist (p. 34), nor a surgeon (p. 45), but a Professor of Medicine.

In the Introduction Tinterow states, "You won't need a medical dictionary to learn the definition of medical terms, and the approach will not be to give you the various treatments for the relief of pain" (p. x). Yet in describing various operations where he used hypnotic analgesia, the names for the procedures would require a medical dictionary for the layperson. This is also the case with some of the indications for acupuncture. In addition, the references are not new, but this is understandable considering that the book was published in 1989. There is no specific relationship in the text to specific references other than Tinterow's own papers.

In summary, I cannot recommend the book in its present form; with stringent editorial assistance, however, it might have a place in the literature as a short book of notes on hypnosis and acupuncture for some pain problems.

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LOFTUS, ELIZABETH, & KETCHAM, KATHERINE. *The Myth of Repressed Memory: False Memories and Allegations of Sexual Abuse*. New York: St Martin's Press, 1994. Pp. x + 290. \$22.95 U.S.

This book is an attempt to translate complex ideas into a form that appeals to a general audience. It deals with Loftus's involvement in the heated emotional debate concerning the accuracy of "decades-delayed" traumatic childhood memories, the validity of multiple personalities, and the existence of covert satanic cults. Perhaps as a result of targeting a general rather than scholarly audience, the book often misses the subtle complexities surrounding the "recovered memory therapy" controversy and its effect on the theoretical and clinical foundation of modern dynamic psychotherapy. The credibility of the book suffers because the authors attempt to critique theoretical ideas and clinical techniques outside Loftus's expertise in memory and cognitive psychology.

The book is at its best when sharing Loftus's vast knowledge and personal experience in memory research. Unfortunately, this is limited to one excellent chapter (7, "Lost in a Shopping Mall"). This chapter summarizes some lay misconceptions about memory and emphasizes its reconstructive nature and plasticity in the face of suggestion, inside and outside the laboratory setting. The book describes the research that has led to a new paradigm of memory that focuses on reconstructive processes rather than on interpretation of memory as literal truths. The authors recount Piaget's famous childhood "false memory," where he

reported a childhood memory of an attempted kidnapping that was thwarted by his nurse. Although he later found out that the event never occurred, Piaget constructed a visual memory of the fictitious incident on the basis of information from his parents. The book describes attempts to replicate this constructive process by implanting a memory of being lost in a shopping mall in the brother of one of Loftus's graduate students. After the memory was implanted, he embellished it with increasing detail; when he was informed that it had not occurred, he was reluctant to admit that the event he now vividly recalled had never happened.

The book gives the unfortunate impression that Loftus's knowledge and interest in psychoanalytic theory and practices are constrained to the sometimes bizarre and unconventional practices of "recovered memory therapists." Rather than separating this "pop" psychology from contemporary psychoanalytically oriented psychotherapy, the book promotes the misconception that "modern-day analysts [are] on an expedition for literal, historical truth" (p. 52). However, my reading of the writings of the authors whose "trauma memory" theories and therapies Loftus and Ketcham spend several chapters attempting to describe and debunk (e.g., trauma researchers/clinicians Judy Herman and Lenore Terr; self-help mavens such as Ellen Bass and Laura Davis, E. Sue Blume, Renee Frederickson, and John Bradshaw) does not indicate a primarily psychoanalytically oriented treatment approach.

For the most part, the recovery of lost memories, whether real or fantasized, is a minor theme in contemporary psychoanalysis. Modern psychoanalytically oriented therapists are concerned with resistances to conscious awareness of intrapsychic conflicts over unconscious wishes, worries, urges, and fantasies about self and others as manifested in the transferences that emerge during therapy. The vocal group of trauma memory researchers and clinicians on which the book focuses would have us return to Freud's earliest, linear trauma theory, which he abandoned in favor of a more sophisticated model of the mind. The failure to differentiate between trauma memory therapists and professionals who practice modern psychoanalytically oriented psychotherapy may lead to unwarranted concern about the safety and effectiveness of all therapy.

The book argues that individuals do not "repress" from consciousness multiple traumatic experiences and then accurately remember them years later. However, the definition of repression ("the active banishment into the unconscious of a traumatic event or series of traumas," p. 141) that is offered is somewhat simplistic and does not do justice to the subtleties of modern psychoanalytic theory's concept of repression (e.g., Moore & Fine, 1990). The book's explanation of repressed memories, which are facetiously defined as "memories that did not exist until someone went looking for them" (p. 141), is likewise overly simplistic.

The therapists who are criticized in the book appear to be unfamiliar with the psychoanalytic literature that demonstrates that unconscious fantasy and conflict influence our waking thoughts, emotions, and behaviors. Such therapists and their patients are caught off guard by the apparently spontaneous and involuntary manner in which alleged trauma memories materialize under certain conditions. Because neither patient nor therapist is consciously aware of any mechanism or motivation that might account for such vivid and emotionally laden images, they are led to conclude that they must be memories of actual events. The authors should have pointed out that repression per se is not the problem here because such a concept recognizes that the images produced are not necessarily accurate reflections of past events. Rather, it is the failure by recovered memory therapists to recognize the modern psychoanalytic definition of repression that leads to controversial claims of historically accurate recovered memories. Moreover, the book's attempts to destroy the myth of repression and repressed memories undermines its counter-argument that recovered memories, like any other kind of memories, can be heavily distorted or even completely fabricated.

The book's discussion of hypnosis focuses on the use of techniques such as hypnotic age regression and quasi-hypnotic guided imagery techniques by recovered memory therapists, and it is somewhat one-sided and simplistic. A great deal of research indicates that caution should be exercised in the use of hypnotic techniques to uncover memories for past events; for example, we know that memory reports during hypnosis are not necessarily reliable and that suggestive questioning can lead to pseudomemories. However, pseudomemories can be created without the use of hypnosis. Thus, hypnosis is not at fault here; rather, it is therapists who fail to understand the role of unconscious fantasy, suggestion, transference, and countertransference in the therapeutic process, as well as the limitations of hypnotic techniques. The book overemphasizes the dangers of hypnotic techniques and fails to acknowledge their potential usefulness in the skilled hands of well-trained practitioners who are familiar with the limitations of such approaches.

When the *Myth of Repressed Memory* is fully dissected, we are left with a searing indictment, much of it deserved, of the recovered memory therapy movement. Anecdotes of Loftus's debates with those she calls the "believing is seeing" class of researchers and clinicians and shocking "case studies" of lives devastated by misguided therapies and therapists make the book extremely interesting. However, the authors fail to vindicate traditional psychoanalytic and analytically oriented therapies that have, for the most part, been practiced quietly and effectively by dedicated, well-trained professionals for the better part of the 20th century without drawing the harsh criticism that has befallen recovered memory therapy. This omission can be equated to a book focusing on the Three Mile Island and Chernobyl nuclear power plant disasters without men-

tioning the hundreds of other nuclear plants that have been providing clean, safe, reliable power for decades without incident. By failing to make this distinction, the authors have turned what could have been an informative commentary on a high-profile mental health controversy into an enthralling but disturbing potboiler.

Readers who are looking for more thoughtful, scholarly, and even-handed approaches to these topics are advised to turn to a number of available textbooks and journals. A number of scientific journals have published excellent articles or devoted special issues to the controversy (e.g., *Journal of the American Psychoanalytic Association*, 1994, 1996 and *IJCEH*, 1994, 1995). Similarly, books such as *Repression and Dissociation* (Singer, 1990), *Dissociation: Clinical and Theoretical Perspectives* (Lynn & Rhue, 1994), *Recovered Memories of Trauma: Transferring the Present to the Past* (Brenneis, 1997), and *Hypnosis, Memory, and Behavior in Criminal Investigations* (McConkey & Sheehan, 1995) provide more even-handed, detailed, and rational discussions of the issues. From this perspective, Loftus and Ketcham's book should be a catalyst for more serious reading among those who wish to be fully (and fairly) informed.

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EVANS, BARRY J., & STANLEY, ROBB O. (Eds.). *Hypnosis and the Law: Principles and Practice*. Australian Society of Hypnosis, 1994. Pp. 289. \$34.95 AUS. (approx. \$26.00 U.S.)

This anthology illustrates two propositions that are generally so well known as to be truisms. They are, however, worth restating. First, good interdisciplinary work is very hard to do. Second, valuable insights are derived from considering the viewpoint of someone working in another discipline on any matter of mutual interest. The authors whose works appears in this anthology are qualified in the disciplines of psychology, psychiatry, law and police science, and epidemiology. Taking the subdisciplines of psychology into account expands the list of disciplines represented to include clinical psychology, cognitive psychology, forensic psychology, and industrial and organizational psychology. I should acknowledge, therefore, that my own viewpoint is that of an Australian legal academic.

This anthology contains 27 chapters that consider a number of issues that arise in the relationship between hypnosis and the law. The chapters are presented in five parts, and each part contains an introductory chapter written by Barry J. Evans. Four chapters appear for the first time in this anthology. These were written by Robb O. Stanley (chapters 2 and 16), Alan W. Schefflin (chapter 3), and Edward Ogden (chapter 22). Of the remaining 18 chapters, 17 have appeared earlier in the *Australian Journal of Clinical and Experimental Hypnosis*, and 1 chapter, by Martin T. Orne (chapter 7), appeared in the *International Journal of Clinical and Experimental Hypnosis*.

Original publication details appear on the first page of each reprinted chapter. Unfortunately, however, in giving these details the editors have omitted the year of original publication. This is an important omission because this anthology will appeal most to those libraries (and those individuals) that do not subscribe to the journals in which the articles initially appeared. In chapter 6 (Judd, Judd, and Burrows), reference is made to the Australian Law Reform Commission's Evidence Report, and the hope is expressed that it might resolve some issues that affect the admissibility of testimony affected by hypnosis in Australian courts. This report has now been implemented by the passage of significant new legislation in the form of the Evidence Acts 1995 (Cth) and (NSW). This legislation, however, offers no specific resolution for any of the problems identified in the Judd et al. chapter. Lawyers reading this anthology should be aware of this fact; psychologists and psychiatrists, however, may not be. The inclusion of original publication dates would alert these readers to the possibility of such problems and avoid the misleading impression that the material presented is current to 1994.

The chapters of the anthology are arranged into five parts. The first, titled "General Issues," contains articles written by authors from a number of different disciplines. It provides information about the control of the use of hypnosis in Australia and the United States. Noteworthy is the excellent chapter by Alan W. Schefflin (chapter 3), an American legal academic. This section also contains the original article by Martin T. Orne

(chapter 7), and his set of guidelines that have been used as a standard by the courts when they have considered the admission of hypnotically refreshed testimony.

Part II contains a number of articles, authored by Kevin M. McConkey and Peter W. Sheehan, that present original experimental studies. Australians can take pride in the fact that McConkey and Sheehan are world leaders in the experimental study of hypnosis and its legal applications. Significant new information about the process of hypnosis and its effects is presented, and the impact of this information on ideas about the nature of memory and suggestibility are explored. The next two parts present, in turn, the clinical viewpoint and the forensic viewpoint. The final part contains relevant case studies.

Although they are not explicitly identified, it is possible to discern four more general themes to which various passages throughout this anthology relate. One of these is expository. A wealth of information about hypnosis—both general and case specific—is presented. There are three normative themes. First, it is repeatedly suggested that the law should restrict the ability to practice hypnosis to professionals; there is no dissent from this proposition in the anthology. Second, there is general, but not unanimous, agreement that the courts should admit hypnotically refreshed testimony, subject to safeguards. The more interesting question apparently is what safeguards should be imposed. Majority opinion is that the Orne guidelines contain necessary but not sufficient safeguards. Third, there is a strong and important difference between clinical and forensic hypnosis. McConkey (chapter 9) points out that the aim of hypnosis in the clinical setting is to reconstruct past events to aid in the treatment of an individual, whereas the aim of hypnosis in the forensic setting is to determine which past events occurred to fix responsibility for these events. The clear recognition that these two aims are to some extent incompatible echoes the proposition that others have advanced.

In what I have said so far, I believe I have supported the idea that valuable insights are to be derived from the interdisciplinary nature of this work. It remains to be seen whether the anthology demonstrates the difficulties of interdisciplinary work. I wish here to point to two instances. The first is trivial: Technical legal terms have been misused. On page 61, for example, the statement is made that a decision of the Minnesota Supreme Court reversed a decision of the Maryland Supreme court. "Reversed," in legal usage, means that the later inconsistent decision was from a court in the same jurisdiction. The Minnesota Supreme Court cannot reverse the Maryland Supreme Court. Much more serious is the unsatisfactory nature of the first substantive article (chapter 2). This article, authored by Robb O. Stanley, presents information about the legal regulation of hypnosis in Australia and leads to an argument supporting the draft Hypnosis Registration Act. The argument is acceptable, but the

article is poorly organized. It would have been better to take each point and present each jurisdiction's provisions on that point in comparison with the draft act. It would have been even better, however, to start with the concluding paragraphs which, although appearing under the heading Summary, actually present an argument not made earlier. A still greater improvement would have been to consolidate this chapter with chapter 16, also by Stanley, so that the reader knew up front why the regulation of hypnotists was desirable. On further reflection, and taking into account that Stanley is a psychologist, this might be evidence not that interdisciplinary work is hard to do right, but that it is difficult to work outside one's discipline. It is a pity that a good argument has been weakened to the point of extinction by a poor presentation.

In conclusion, ignoring the precept I have just laid down, I'd like to state that what this anthology's substantive chapters lack in primacy is more than compensated for by recency. The account of the *Knibb* case (1987), that leaves readers to draw their own conclusions on the basis of the information presented, will haunt me.

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