

close with an analysis of the discharge of the debtor and his property, the last problem being the rights of dissenting creditors in a reorganization by virtue of the so-called fixed principle of the *Boyd* case.

From this cursory examination of the mass of material it manifestly is not very fair to assert dogmatically that the authors have or have not succeeded in treating the subject a realistic treatment. Perhaps a real judgment of a case book can be made only by one who has used it in leading a pack of students over the course. The reviewer, nevertheless, feels that something is lacking. If a study is to be realistic it must have a guiding purpose. Hanna, for example, in his *Law on Creditors Rights*,⁸ as well as Glenn in his *Law of Fraudulent Conveyances*,⁹ seem to have as a theme song running through their materials the conclusion that results in the assertion of rights by creditors between "the race of diligence" and "the rule of equality".

A still more realistic approach is the one to be used in the law school of the University of Pennsylvania whereby the more important part of such materials will be dealt with under a study of a failing enterprise which, in turn, is to be part of an advanced course in business associations. This method will certainly have the advantage of making the problem more interesting, in that the study will concern itself, not with an enterprise that has already failed, but with one that may yet be kept alive, or even rejuvenated. The case book under review, however, cannot deal adequately with such matters and thus, aside from the many problems of reorganization, there is not one single reference, even in the index, to composition agreements.

The authors of this book, on the other hand, have illustrated most emphatically the great advantage of treating assignments for the benefit of creditors, receiverships in equity, and bankruptcy as mere methods and not ends in themselves. Their correlation of these methods of administering insolvent estates can be most highly commended and is just as significant a step in the right direction as the analogous modern treatment of the law of the various forms of business association.

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HUMAN STERILIZATION. By J. H. Landman. The Macmillan Company, New York, 1932. Pp. xv, 341. Price: \$4.00.

The voluminous literature on human sterilization which has appeared in recent years has been for the most part definitely biased in favor of this procedure and has served to influence a considerable group of people to believe that the general employment of this method as a compulsory eugenic measure will bring about a substantial reduction in the number of the socially inadequate, especially the feebleminded. The enthusiasts have succeeded so well in their propaganda that even sober-minded persons have urged the adoption of broad human sterilization legislation as a means of coping with the mentally disordered and deficient, and of reducing the burden of state appropriations to public institutions supporting them.

Human Sterilization is an opportune work in that it "is not designed as propaganda either for or against the program of human sterilization. It purports to be a scholarly and scientific treatment of the available data on the subject. The conclusions are not final but suggestive".¹ The presentation is remarkably impartial and fair, the material well arranged, and the style pleasing

⁸ Commerce Clearing House, Inc., Chicago (1931), to be reviewed in an early issue.

⁹ Baker, Voorhis & Co. (N. Y. 1931).

and effective. The author has placed in easily accessible historical² and tabular³ form the important facts relating to the various sexual sterilization statutes which have been enacted in the United States. A very comprehensive and valuable bibliography is appended.

Most informed readers will agree in the large with the author's interpretation of his material. Several passages, if taken literally, are, however, amazing. "The psychiatrists and psychologists in their respective sciences have made little progress in determining the causes, symptoms, diagnoses, prognoses and therapeutics of the various mental disorders"⁴; "Chaos exists in the diagnoses and the prognoses of the mental disorders"⁵; "the study of the causes of the mental diseases and the mental deficiencies has thus far been practically fruitless"⁶; "Many efforts have been made to classify the mental disorders and to understand their nature, but to date very little progress has been made."⁷

Yet sixteen pages are devoted to the faithful presentation of the classification of mental diseases which is in general use in this country today and which the author notes as "devised by the American Psychiatric Association, endorsed and adopted by the National Committee for Mental Hygiene, the United States Census Bureau, the United States Public Health Service, the United States Veterans' Bureau, the Medical Department of the United States Army and by a vast majority of the state and private hospitals".⁸ The author's own statement indicates clearly the almost universal acceptance and approval of this classification in this country. It is, however, but one "of the many diagnoses and classifications of mental diseases".⁹ "How long this will durate time can only tell."¹⁰ The author's comment in presenting the classification of mental deficiency of the American Association for the Study of the Feeble-minded is: "The nature of feeble-mindedness is no better mastered by psychiatrists and psychologists than mental disease."¹¹

The author's dissatisfaction with the accomplishments of psychology and psychiatry is apparently based upon his desire for a final enduring classification and for clearness and certainty in the etiology, nature, diagnoses, prognoses and treatment of the mental disorders and deficiencies. This end is obviously desirable, but the human material with which psychology and psychiatry must work is too innately complex, variable and heterogeneous ever to admit of a definitive classification.

Hypotheses, classifications and the orderly arrangement of data are not therefore the primary aims of psychology and psychiatry. They are steps in the scientific method of painstaking search for the ultimate truth and real law of mental functioning in health and in disease. The classifications and hypotheses of psychology and psychiatry will be kept only as long as they are confirmed by observed facts and experience. The classifications of mental disease and defect now in general use and presented by the author have for some years and still do apparently fulfill the canons of science. When and if, however, these classifications and the hypotheses implied therein prove untenable in whole or in part in the face of further observation and experience, they will be ruthlessly scrapped or modified. Psychiatry confidently expects its current classifications to undergo modifications. To think otherwise would be to assume that the point of complete knowledge had been reached.

The author considers the question of the inheritance of mental disease and deficiency.¹² Theories of heredity are presented briefly and ably. While the

² Chapter III.
³ Appendices, 287-314.
⁴ 258.
⁵ 128.
⁶ 182.
⁷ 129.

⁸ 129-130.
⁹ 129.
¹⁰ 130.
¹¹ 148.
¹² Chapters VI, VIII and IX.

informed reader will probably be disappointed in the hypotheses of heredity from the accompanying bibliography will pursue this subject further. Heredity problems to be attacked by scientific, painstaking observation to yield substantial results, not which has already been accomplished. The whole crux of the question of heredity is a radical advocate of compulsion whether the etiology of the patient is essential."¹³

In the psychoses of frank insanity the predominant causal factor is the mental diseases. Most of the mental diseases a question today is that only 50 per cent of the rest having become defective or infectious diseases, such as syphilis and similar processes during the life of the hereditary group in and the course of heredity is obvious. In *Treatman*¹⁷ the patients were in twenty-six years of age, physically four or five years of age. His nature all feeble-minded. In other cases the question of heredity must be decided in the light of experience. To decide whether the defect is hereditary or not, the parents who in the lig examinations are mentally and if the heredity may be negative for mental conditions. Is the child's condition a result of one or both parents?

and every mentally diseased person who were sterilized, the resulting defect would be insignificant. In order to determine the number of mental defectives and to determine those who are necessary to sterilize, or other those who are themselves feeble-minded and heterozygous, that is, latent

Criminals, *per se*, should not be considered as mentally diseased. Criminality itself is not inherited but the evidence of a mental disease. The terms "mental disease" a disease entities but designate a diversity of causes.²⁰ The hereditary transmission of individuals, not classification of individuals.

There is no doubt that the future of humanity's impending self-destruction is a popular presentations of feeble

¹³ 163.
¹⁴ *Ibid.*
¹⁵ 175.
¹⁶ 274 U. S. 200, 47 Sup. Ct. 584.
¹⁷ 50 Idaho 673, 299 Pac. 668 (19)

interested reader will probably gain but a smattering understanding of the psychoses of heredity from this presentation, nevertheless this outline and the accompanying bibliography will serve as a ready guide for those who may wish to pursue this subject further. Heredity is one of the most complex and baffling problems to be attacked by science. It will undoubtedly consume many years of patient, painstaking observation and study in the various branches of biology before substantial results, notwithstanding the vast amount of valuable work which has already been accomplished. The question of heredity is, however, the crux of the question of human sterilization. "Whether one is a moderate or a radical advocate of compulsory human sterilization, the information as to whether the etiology of the patient's mental ailment is hereditary or acquired is essential."¹³

In the psychoses of frank mental diseases, heredity can be demonstrated as the predominant causal factor only in a relatively small proportion of cases. Most of the mental diseases are acquired.¹⁴ The consensus of psychiatric opinion today is that only 50 per cent. of the feeble-minded inherit their defects, the rest having become defective because of intra-uterine injury, birth accidents and infectious diseases, such as meningitis, sleeping sickness, whooping cough and similar processes during the very early years of life.¹⁵ In a number of cases the hereditary group in and outside of institutions for the feeble-minded the evidence of heredity is obvious. In the leading cases of *Buck v. Bell*¹⁶ and *State v. ...*¹⁷ the patients were in this category. In the latter case the appellant, twenty-six years of age, physically normal, had the intelligence of a child of five years of age. His mother, father, five brothers and six sisters were feeble-minded. In other cases of this group the evidence is less convincing and the question of heredity must be decided by carefully weighing all the facts in the case in the light of experience. Finally, there is a group in which it is impossible to decide whether the defect is hereditary or acquired. A feeble-minded child may be born of parents who in the light of the most searching psychiatric and medical examinations are mentally and physically normal or superior. The family history may be negative for mental disease and defect and known predisposing conditions. Is the child's condition to be attributed to latent defect in the germ plasma of one or both parents? "Suppose we sterilize every mental defective and every mentally diseased person. If every mental sub-normal now living were sterilized, the resulting decrease in number of them a generation hence would be insignificant. In order to produce any marked decrease in the total number of mental defectives and mentally diseased a generation hence, it would be necessary to sterilize, or otherwise prevent the propagation, not merely of those who are themselves feeble-minded or mentally diseased, but all those who are heterozygous, that is, latent carriers of these mental ailments."¹⁸

Criminals, *per se*, should not be subject to compulsory human sterilization; criminality itself is not inherited but is an acquisition; the facts of crime are not inherited but the evidence of a maladjustment between the individual and society.¹⁹ The terms "mental disease" and "feeble-mindedness" do not denote specific disease entities but designate symptoms or a symptom complex arising from a diversity of causes.²⁰ The human sterilization program provides for the sterilization of individuals, not classes.²¹

There is no doubt that the alarmist eugenicists with their jeremiads of humanity's impending self-destruction,²² have done a service through their popular presentations of feeble-minded families in focusing attention upon this

¹³ 193.

¹⁴ 184.

¹⁵ 175.

¹⁶ 274 U. S. 200, 47 Sup. Ct. 584 (1927).

¹⁷ 10 Idaho 673, 299 Pac. 668 (1931).

¹⁸ 195.

¹⁹ 181.

²⁰ 193.

²¹ 182.

²² 4.

group as a whole. They have, however, unduly exaggerated the danger inherent in the feeble-minded and have by their overemphasis of the rôle of heredity led people to place too much hope on sterilization. This group has also succeeded for a long time in obscuring the work of the school of optimists in eugenics, which points out the value and function of painstaking and painstaking individuals of low mentality in society and sees encouragement and protection and the survival of the superior and in the institutionalization of the inferior as a contraceptive and social measure. The author presents a synopsis of various methods suggested or employed for race betterment in the history of mankind. These include restrictive marriage laws and customs, eugenic education, systems of mating designed to conceal defective strains, general environmental improvement which is emphasized by the mental hygiene movement, scientific breeding which is obviously impractical in our present society, euthanasia, neomalthusianism with its doctrine of birth control or control in marriage, *laissez faire*, institutionalization or segregation, and human sterilization.²³

Statistics regarding the incidence of mental illness and deficiency have received a wide publicity in recent years and always prove interesting and sometimes startling.²⁴ The author presents in handy and condensed form important statistics regarding the mentally incompetent in the United States, principally the figures of the Bureau of Census of the Department of Commerce of the United States Government, of the American Medical Association and of H. M. Pollock to show the number and distribution of mentally diseased patients, feeble-minded and epileptics, the economic waste of mental disease and the economic loss of earnings of these individuals. The average daily census of nervous and mental hospitals in 1930 was 415,042. More than 52 per cent of all the patients in all the hospitals and institutions in the Union are in institutions for nervous and mental disorders, although only 8.4 per cent of the hospitals of the country are for nervous and mental cases. It is estimated that one person out of twenty-two becomes a patient in a hospital for mental disease during the lifetime of a generation.²⁵

Eugenic and therapeutic human sterilization is distinctly a modern movement. The first eugenic human sterilization bill in the United States was introduced in 1897 in the Michigan Legislature but failed to be enacted.²⁶ Sixty-three different human sterilization acts have been enacted since the legal inception of the movement in the United States. Twenty-seven states in the Union may legally practice eugenic human sterilization today. About twelve thousand individuals have been already sterilized under the onus of this legislation. It was in the Indiana Legislature, on March 9, 1907, that the first compulsory human sterilization act was adopted.²⁷

²³ Chapter I.

²⁴ The number of patients in public and private hospitals for the mentally diseased, mentally deficient and epileptic in Pennsylvania on May 31, 1932, was 38,814. On the basis of the average increment in number of patients in public mental hospitals in Pennsylvania for the last five years, we have to look forward to an increase of 800 patients per annum or 1600 per biennium, which means that unless other means be found to handle these patients Pennsylvania should construct every biennium a new mental hospital of the size of the Danville State Hospital.

²⁵ Chapter II.

²⁶ The first human sterilization bill in the United States to be passed was approved by the Pennsylvania Legislature on March 21, 1905. This bill (Senate 35), entitled "An Act for the Prevention of Idiocy", was returned to the Senate by Governor Samuel W. Pennypacker on March 30 with his veto.

The Pennsylvania Legislature passed a second sterilization bill (Senate 560) on April 28, 1921, which met the same fate as its predecessor. Governor William C. Sproul vetoed the bill on May 25, 1921, taking the position that the bill was too drastic and the state was not prepared for it.

²⁷ 51, 52, 54.

Three landmark bills decided May 2, 1927, in the struggle for the United States, the law, authorizing social safeguards, the Federal Constitution, *Davis, Ward* on April 9, 1929, held unconstitutional but the court arguing that the defendant was a criminal and which. This decision stands as a constitution. The patient has inherited his or her offspring. *Buck v. Bell* (1927).²⁸ In *State* legal point in Supreme Court of sterilization statutes, epileptic, habitual criminal, and feeble-mindedness were sterilized.²⁹

Consideration of sterilization laws, their process of law, and in the treatment of criminal and detailed toward human sterilization, interesting and apparently due to elsewhere treated.

An elementary is presented and of human sterilization upon a great majority of a most question. Whom shall only as strong a force, those soci-

²⁸ 271 Utah 80.

²⁹ *Supra* note

101.

³⁰ See, for in

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Introduction.

Chapter XI

Chapter XI

Three landmark legal decisions on human sterilization are presented. *Buck v. Bell*, decided May 2, 1927, represents a historical and highly important decision in the struggle for the compulsory sterilization of the mentally disordered in the United States. The Supreme Court held unequivocally that the Virginia law, authorizing the sterilization of mental defectives and others, under certain safeguards, is not void under the Fourteenth Amendment to the Federal Constitution, as not denying due process and equal protection of the law. *Davis, Warden v. Walton*,²⁹ rendered by the Supreme Court of Utah on April 9, 1929, held that the Utah human sterilization law providing for the sterilization of sexual criminals, idiots, epileptics, imbeciles and insane, was constitutional but that the appellant should not be sterilized notwithstanding, the court arguing that, judging from the facts in the transcript of record, the appellant was a criminal and a sodomist—behavior he had acquired and not inherited and which could be remedied by a reeducation and a reconditioning. This decision stands for the proposition that, though the human sterilization laws are constitutional, they shall be enforced only in those instances where the subject has inherited his insufficiency and will in all likelihood transmit it to his or her offspring. *Davis, Warden v. Walton*³⁰ decision is thus an advance over the *Buck v. Bell* decision, which merely declared such legislation constitutional.³¹ In *State v. Troutman*,³² decided May 20, 1931, and in which every major legal point in the whole field of human sterilization was contested, the Supreme Court of Idaho upheld the constitutionality of the Idaho human sterilization statutes which contemplate the sterilization of feeble-minded, insane, epileptic, habitual criminals, moral degenerates, and sexual perverts, who are a menace to society. In this case the appellant was charged with hereditary feeble-mindedness which was established to the court's satisfaction, and had been sterilized.³³

Consideration is given to the present legal status of current human sterilization laws, their judicial interpretation, their relationship to the police power, the process of law, as class legislation, cruel and unusual punishment, bill of attainder, and in connection with public opinion, the courts and legislatures.³⁴ The treatment of these important and interesting points is all too brief. A critical and detailed discussion by the author of the current attitude of our courts toward human sterilization and the legal points involved would have been most interesting and valuable. The brevity of his presentation of this subject is apparently due to the fact that, as the author states in his introduction, he has elsewhere treated these phases.³⁵

An elementary anatomical description of the male and female genital organs is presented and the techniques of the common surgical operations for purposes of human sterilization are briefly outlined.³⁶ In considering the effects of human sterilization upon patients,³⁷ the author reaches the conclusion accepted by the great majority of psychiatrists that the therapeutic value of sterilization is still a moot question. A summary of the operations authorized by law for this purpose in the respective states is presented.³⁸

Whom shall we sterilize?³⁹ The eugenic motive of human sterilization is only as strong as our knowledge of the inheritance of human qualities. Therefore, those socially inadequate persons, the heredity of whose undesirabilities

²⁹ *Supra* note 17.

³⁰ 74 Utah 80, 276 Pac. 921 (1929).

³¹ *Supra* note 29.

³² 101.

³³ See, for instance, the author's article, *The History of Human Sterilization in the United States—Theory, Statute, Adjudication* (1929) 23 ILL. L. REV. 463, mentioned in the introduction.

³⁴ Chapter XI.

³⁵ Chapter XII.

³⁶ Chapter XIII and Appendix D.

³⁷ Chapter XIV.

ated the danger of this group has been making and providing in natural selection a synopsis of the history of eugenics, eugenic education, general eugenic hygiene movement, present social control or control, and human ster-

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is doubtful, should not be subjected to sterilization until we are more certain as to which are inherited. Therapeutic sterilization is justifiable in the treatment of pathologic conditions of the genito-urinary tract, but its use as a therapeutic agent should await further investigation to determine with greater accuracy the effects of sterilization on the human being. The punitive measure has not met with the favor of the public or of the courts. The public which is opposed to the sterilization of either one of the socially desirable parents who would ordinarily beget socially desirable children; furthermore, human sterilization is altogether too radical a contraceptive procedure. Thirty-four distinct classes of people are amenable to compulsory sterilization by virtue of the various state laws.⁴⁰ A mere perusal of the list of the socially undesirable classes subject to human sterilization in the several states is sufficient to convince one of the misinformation concerning the mental disorders of mankind that legislators entertain. Well meaning as they may be, they have allowed themselves to fall a prey to the propaganda of the over-zealous doctrinaire eugenicists of our country who regard the sterilization of all our socially inadequate people as one of the panaceas of our social ills. There is no justification for the eugenic sterilization of inmates who are destined to continue indefinitely under custodial care in institutions, but the sterilization of selected institutional inmates is a valuable adjunct to the parole and discharge system in the interests of the individual and society. The tendency in recent years is to phrase the human sterilization legislation so that it will include the intended socially inadequate people at large and in institutions, in order to avoid the charge of arbitrary and discriminatory class legislation. The real menace to society is the cacogenic people at large. One wonders how practically this vastly more numerous group of people might be subjected to this legislation.

As to the administration of these laws⁴¹ the author considers the present basis of selecting cacogenic individuals a most uncertain one and does not approve the usual administrative procedure, which consists in the selection by the institutional superintendent or physician of the alleged cacogenic prospects, submission of a recommendation for sterilization to a higher state board, consisting usually of physicians, which passes on the merits of the institution's judgment and which decision may be appealed by the patient to a judicial tribunal. The author recommends that every state have a department of eugenics and eugenics officiated over by a capable eugenicist and an experienced sociologist and with a special personnel, among the duties of which should be "(1) the study, through field surveys, of the genealogies of all known cacogenic peoples in the state, (2) the study of all doubtful cacogenic people as to their nature, nurture and family history to determine as to whether the individuals are cacogenic, (3) the examination eugenically of all inmates in state and private institutions for dependents, (4) the study and maintenance of case histories of the postoperative period of sterilized individuals to determine the effects of the surgical operation upon their metabolism and upon their social and economic lives, (5) the determination whether the socially unadjusted are cacogenic or merely socially inadequate and (6) the adjustment of the maladjusted and unadjusted people to society through the various social agencies of the state".⁴² The department should be required, after discovering potential parents of socially inadequate people, on its own initiative to institute regular judicial proceedings in the local county court, with jury trial, to determine whether judgment of compulsory sterilization should be passed upon the defendant. The author feels that "What our social welfare work needs today is greater centralization and coordination by the state of its various social agencies for the purpose of greater efficiency and the reduction of the duplication of effort".⁴³

⁴⁰ Also Appendix F.
⁴¹ Chapter XV.

⁴² 272 and 273.
⁴³ 275.

The trend in the law toward and deficient has a desirable tendency in responsibility for patients in higher standards of care, a greater burden, and greatly increased and social rehabilitation department which is charged with the major direct care and treatment of patients themselves and in separate wards or psychiatric hospital and thought to patients in subject to the political vicissitudes are commonly a sharp tendency toward a greater initiative. In procedure is a simplification in the handling of disorder or deficiency is suggested directly with psychology to a psychiatric clinic if these experiences the writer a department of eugenics, socially unadjusted, is a bit nearer our goal.⁴⁴

Doctor Landman stands primarily concerned with the law against human sterilization does not, however, adequately has been the backbone of the menace of mental disorder in this matter. A ray of light on this side of the picture

The author takes as the main, the sterilization of the socially inadequate effect, far from being held in abeyance until established. Human sterilization evidence. In the meantime be employed cautiously, agree.

Pennsylvania Mental Hygiene Act of the Public Charities

"That this problem of sterilization is fully appreciated by the American Bar Association, THE ANNUAL SESSION OF THE AMERICAN BAR ASSOCIATION, Philadelphia, Pa., MARCH 14, 1917.

⁴⁴ 14.
⁴⁵ 151.
⁴⁶ 177.

The trend in the last twenty years in the public care of the mentally diseased and deficient has been decidedly toward centralization of control. This is a desirable tendency insofar as it relates to the state bearing the complete responsibility for the financial support and general administration of public institutions for patients in this group. It leads to greater economies, uniformity of standards of care and treatment and to a more just distribution of the burden, and greatly simplifies the administrative procedures involved in the care and social rehabilitation of these groups. However, the state executive department which is charged with broad administrative responsibilities, should not have the major direct burden and responsibility for research and the clinical care and treatment of patients. This duty is best reposed in the institutions themselves and in separate specialized research hospitals such as state psychopathic or psychiatric hospitals, whose staff members may direct their whole time and thought to patients in the hospital and in the community and who are less subject to the political vicissitudes to which employees of state executive departments are commonly exposed. In just this latter respect is there to be noted a sharp tendency toward decentralization, toward allowing the local clinical units a greater measure of clinical and research responsibility and initiative. In procedure is also to be observed a very wholesome trend toward simplification in the handling of adult and juvenile delinquents in whom mental disorder or deficiency is suspected. Judges and attorneys prefer more and more to deal directly with psychiatrists, to send the delinquent to a mental hospital or to a psychiatric clinic for prolonged and thorough observation. In view of these experiences the writer is of the opinion that the author's careful plan for a department of eugenics and euthenics, with more centralized control of the usually unadjusted, is a bit more theoretical than practical and would not bring us nearer our goal.⁴⁴

Doctor Landman states at the beginning of his work, "Our study is primarily concerned with the relative merits and demerits of segregation as a counter against human sterilization, as social therapeutic agents".⁴⁵ The author does not, however, adequately consider the merits of institutionalization, which has been the backbone of the present system, here and abroad, of combatting the menace of mental disorder and defect, to enable the reader to draw a fair conclusion in the matter. A more comprehensive presentation and critical evaluation of this side of the picture would have been a valuable addition to this work.

The author takes a conservative position toward eugenic sterilization. "In the main, the sterilization of the obviously feeble-minded, though it has a certain diminutive effect, far from solves the problem of eradicating the ever increasing wave of the socially inadequate."⁴⁶ "Any new program for social therapy must be held in abeyance until such time when an adequate scientific basis for it is established. Human sterilization, as a social program, requires more scientific evidence. In the meantime, if human sterilization must be employed, it should be employed cautiously."⁴⁷ With these statements most psychiatrists will agree.

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Pennsylvania Mental Hygiene Committee
of the Public Charities Association.

⁴⁴ That this problem of administration and procedure is difficult and has not yet been fully appreciated by the reviewer, who has recently made a study of this subject: *Maeder, The Problem of Mental Deficiency in Pennsylvania*, PROCEEDINGS OF THE FIFTY-FIFTH ANNUAL SESSION OF THE AMERICAN ASSOCIATION FOR THE STUDY OF THE FEEBLE-MINDED, Philadelphia, Pa., May 26-29, 1932.

⁴⁵ 14.
⁴⁶ 151.
⁴⁷ 157.