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Death and euthanasia in Jewish law

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Pittsburgh, 1995

DETERMINING DEATH IN JEWISH LAW

urn:nbn:de:kobv:517-vlib-10100

DETERMINING DEATH IN JEWISH LAW*

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Determining *halakhic* death is not merely a theoretical issue or academic exercise. Historically, the *halakhic* definition of death has had practical consequences for many matters including marital status, *yibum*, inheritance, euthanasia, homicide and, more recently, organ transplants.

The following example may well illustrate that this is a contemporary issue: A violent argument broke out between a married couple on 16 November, 1982, at 3:45 am in a community near Tel Aviv. The husband put an end to the dispute by throwing his wife out of the window of their fourth floor apartment (the equivalent of the fifth floor in North America). When the victim was brought to Assaf HaRofe Hospital, the attending physicians pronounced her brain dead. They connected her to an artificial respirator and other life support systems.

It took five days to locate the woman's relatives to receive permission to have her kidneys donated to two desperately ill patients. After extracting the kidneys the doctors disconnected the support systems.

The "bereaved" widower was convicted of murder in the first degree by the Tel Aviv District Court. In his appeal to the Israel Supreme Court, the defense attorney put forth an original argument on behalf of his client. The appellant admitted that he threw his wife out of the window, but claimed that it was not he who had killed her. She was still alive in the hospital--her heart was beating and she was breathing as long as she was connected to the life sustaining apparatus-- until the doctors pulled the plug and disconnected her. That's what really killed his wife!

The verdict of the Supreme Court, which includes a learned study on determining death in the *halakhah*, upheld the District Court's conviction and sentence of life imprisonment.¹

Defining death in Jewish law begins with an entirely different issue: How long must a rescuer continue to desecrate the Shabbat while digging a victim from the debris of a collapsed building? Since *piquah nefesh* (danger to life) overrides virtually all the *mitzvot* including the Shabbath, we must continue to dig away as long as the trapped victim is known or believed to be alive. Once the person is found to be dead, we may no longer violate the Sabbath for him/her.

The *Mishnah Yoma* specifies: "If debris fall on someone, and it is doubtful... whether he is alive or dead...you should clear away the debris from the person [even on *Shabbat*]. If you find him alive, the debris should be removed, but if he be dead, leave him there [until the Shabbat is over]."²

The *Gemara* asks: "How far does one search (if the person buried under the debris gives no sign of life? One view is that you search until you reach his nose. The other view is as far as his heart..."³

Rashi comments that we search as far as his nose because "if there is no sign of life in his nostrils, (which means, he is not breathing), then he is indeed dead and they may leave him. A contradictory view claims that we should check as far as his heart...to determine whether there is life with his breath pulsing there."⁴

Rav Papa (a fifth generation Babylonian *Amora*) ruled between these two views: "If one has searched as far as the nose, it is not necessary to search any further as is written in Scripture: "In whose nostrils is the breath of the spirit of life." (Genesis 7:22)⁵

This verse reveals that the essential test of existence is the breath of life in one's nostrils. This also appears to be the *peshat* (plain meaning) of the Torah's story of the creation of man: "And the Lord

fashioned man of dust of the earth and instilled in his nostrils the breath of life and man became a living creature." (Genesis 2:7) Spontaneous respiration is thus the primary sign of the living state.

Maimonides rules that the *halakhah* in this controversy is according to the *tana kama* (first opinion) of the *beraita* (Tannaitic statement):

If they examined him as far as his nostrils and found no breath there - they leave him alone because he is already dead.⁶

The *Shulhan Arukh* followed suit:

Even if they found him crushed and mangled, so that he can live a short while, they clear away the debris and examine him as far as his nose, so if they determine no sign of life there, then he is indeed dead.⁷

BRAIN DEATH

Is there a scientific basis for the *halakhic* determination that the cessation of respiration is the end of life? Yes, indeed. This view of the *halakhah* is related to the most authoritative, modern medical determination of human demise, namely, brain death. The ability to determine a state of brain death is the most widely accepted medical and legal definition of death. It has also advanced the understanding of *halakhic* demise.

In 1968, a special interdisciplinary group of experts was brought together at Harvard University to investigate this problem. It became world renowned as the "Ad Hoc Committee of the Harvard Medical School to Examine the Definition of Brain Death." Its report declared: "Our primary purpose is to define irreversible coma as a new criterion

of death." The committee set four very thorough neurological examinations to establish brain death, that became known as "the Harvard criteria."

These include:

1. Lack of receptivity and response to external stimuli or internal need.
2. Absence of spontaneous breathing or movement as observed by a physician over a period of at least one hour,
3. Absence of elicitable reflexes,
4. And a flat EEG, i.e., an isoelectric electroencephalogram, in order to confirm the first three.⁸

There is a conflict among certain Orthodox scholars as to whether the Harvard process is acceptable. on the other hand, Rabbi Walter Jacob accepts these recommendations of the Harvard Committee, finding them compatible with the *halakhah*. "We are satisfied that these criteria include those of the older tradition and comply with our concern that life has ended."⁹

How does this scientific determination of brain death relate to the Talmudic criterion of the cessation of respiration? Medical science tells us that the center that controls breathing is located in the medulla oblongata in the brain stem. Some modern *halakhists* claim that the cessation of breathing signifies the death of the brain stem which controls breathing. From this point of view, the halakhic test for death, the cessation of breathing parallels the modern medical test for brain death. The former Chief Rabbi of Israel, Shlomo Goren expressed such a view: "Brain death means the irreversible cessation of all the functions of the brain including the brain stem...I have clearly established that the cessation of respiration of an injured person, when he is in the condition of irreversible brain death, as when breathing through the nose has ceased, constitutes death. This is exactly what we have found in the tractate *Yoma*".¹⁰

Not every *halakhic* authority has accepted the cessation of breathing as the sole criterion for death.

Rabbi Zvi Ashkenazi, known as Hakham Zvi of Lemberg, (1660-1718) declared that assigning the sign of life to the nostrils alone was too simplistic: "Breathing going from the heart through the lung is recognizable only as long as the heart is alive. It is very clear that there is no respiration except when there is life in the heart." In his view, the heart-beat must serve as an additional criterion for the cessation of life.¹¹

Rabbi Moshe Schreiber, the famed Hatam Sofer of Pressburg, Hungary, (1762-1839) stated: "The measure and determination of death were given as Law to Moses on Sinai (*halakhah lemosheh misinai*) "and established three criteria for determining death:

1. The person has been lying still like an inanimate stone,
2. There is no pulse whatsoever
3. And respiration has ceased,
(This means) he is dead and his burial should not be delayed.

The decisor conjectures that "this determination of death might have been a tradition of the first naturalists (*mesorat mibaalei tivium harishonim*), on whom our rabbinic sages relied in many matters of Torah, but forgotten by today's physicians."¹² Unfortunately, Sofer does not reveal to us the identity of these "first naturalists".

Rabbi Solomon B. Freehof, contrasts the traditional and scientific approaches to determining death. He underlines Moses Sofer's defense of the Jewish custom of immediate burial, on the same day. This custom relies on traditional judgement, embodied in the knowledge of the *Hevra Qadishah* (Burial Society), constituting sufficient proof of death. Freehof claims that modern scientific opinions are much stricter than Jewish tradition in determining when a potential donor is actually dead.¹³

Rabbi Shlomo Goren claims that the above responsum by the Hatam Sofer establishes only one criterion for death: the cessation of breathing. "The other two are merely an expression of the condition of the irreversible cessation of breathing, namely brain death, including the brain stem."¹⁴ As we shall see, some contemporary rabbinic scholars disagree with this interpretation resulting in a severe *halakhic* controversy.

SCHOLARLY VIEWS OF THE MEANING OF HUMAN LIFE AND DEATH

Professors of medicine and law have interpreted the process of determining death as more than a medical or legal issue.

A foremost legal savant declared: "In reconsidering the definition of death, the medical profession has determined that death is a process rather than an event. Recent medical achievements in artificially prolonging life have led physicians to conclude that patients reach a stage in the process of dying beyond which no chance for recovery exists. The cessation of total brain function known as brain death, is widely accepted as constituting an irreversible stage in the process of dying beyond which all other organs imminently will cease to function."¹⁵

Scholars of the *Journal of the American Medical Association* stated:

The principal reason for deciding that a person is dead should be based on a fundamental understanding of the nature of man... Without a brain, the body becomes the convenient medium in which the energy-requiring states of organs run down and the organs decay. These residual activities (of organs without nervous system influence) do not confer an iota of humanity or personality. Thus in the circumstance of brain death neither a human being nor a person any longer exists... Almost all segments of

society will agree that some capacity to think, to perceive, to respond and to regulate and integrate bodily functions is essential to human nature. Thus, if none of these brain functions are present nor will they ever return, it is no longer appropriate to consider a person as a whole as being alive.¹⁶

Expressions of this sort are rarely, if ever, found in *halakhic* literature, where human life or death are empirical issues.

DECAPITATION

There is an additional *halakhic* explanation of brain death other than that of the cessation of respiration.

In the Mishnah¹⁷, we learn that if the head of an animal is cut off, it becomes unclean, (as a dead creature), even if its limbs continue to quiver, just like the lizard whose tail still twitches (after it is cut off).

Dr. Moshe Tendler, son-in-law of Rabbi Moshe Feinstein, explains that the authorities of Jewish Law considered the decapitated individual dead immediately upon severance of the spinal cord although cardiac function had not ceased. The residual life is considered to be without ethical import "like the twitching of a lizard's amputated tail." (*M. Ohalot* 1.6) It would follow logically that irreversible loss of spontaneous respiration due to interruption of blood flow to the brain stem is tantamount to a physiologic decapitation.¹⁸

IS ORGAN TRANSPLANTING HALAKHICALLY PERMISSIBLE?

What is the *halakhic* and practical significance of brain death today? Of all of the areas of Jewish medical ethics, perhaps its definition is most crucial for organ transplanting.

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Human organ transplantation of various kinds have been successfully performed for four decades. The first heart transplant took place in Capetown in 1963. Since then there have been lung, heart, liver and other organ transplants in many parts of the world including Israel. In the beginning of each new surgical transplant procedure there was a high mortality rate among the recipients.

At the end of the 1960's, Rabbi Moshe Feinstein of New York and Israel Chief Rabbi Yehudah Unterman proclaimed that heart transplants were tantamount to double murder of both the donor and the recipient. The donors were not considered dead before the extraction of the organ. A very large percentage of recipients died shortly after surgery.¹⁹

In 1976, Feinstein wrote a responsum to his son-in-law, Rabbi Prof. Moshe Tendler, of the Departments of Biology and Talmudic Law at Yeshiva University, stating that he had revised his position on brain death. Prof. Tendler had informed him that it had become possible to determine by various tests that there was no longer any connection between brain and body, the brain had already been completely destroyed and would be considered like a decapitated person... once the death of the person has occurred and can be determined, there is no *halakhic* obligation to maintain treatment or artificial support of the corpse. Thus, according to Moshe Feinstein, there is no religious imperative to continue to use a respirator to inflate and deflate the lungs and thus maintain the cellular viability of other organs in an otherwise dead patient.²⁰

The next step to permit extraction of donor organs for transplants was not far away. And indeed the Israel Chief Rabbinate Council reached a decision on brain death and heart transplants a brief ten years later on November 30, 1986.

The decision included the following points:

"In the last decade several fundamental medical changes affecting heart transplants have taken place:

- a. The survival rate has risen. Approximately 80% of heart transplant recipients now survive at least one year (*hayei olam*, namely, long term life) and approximately 70% survive five years.
- b. It is possible today to confirm in an absolutely reliable and secure manner that cessation of respiration in a dying person is final and irreversible.
- c. Evidence has been brought before us that even Rabbi Moshe Feinstein, in later years, permitted heart transplant procedures in the United States [thereby reversing his previously negative position].
- d. Based upon the Talmudic principles of *Yoma* 85, and ruled according to Hatam Sofer, the *halakhah* holds that death occurs with the cessation of respiration. Therefore one must confirm that respiration has ceased completely and irreversibly.
- e. The medical-rabbinic committee must follow certain procedures and guidelines to confirm the brain death of the donor [which include the Harvard criteria and additional tests].²¹

Thus heart transplants were made possible from a religious-*halakhic* point of view as well as medically.

SHORT TERM VS. LONG TERM LIFE: *HAYEI OLAM VE-HAYEI SHA'AH*

A crucial *halakhic* issue is whether to endanger the short term life (*hayei shaah*, literally, "life of the hour") of the dangerously ill recipient of the organ transplant if this surgical action will increase his longevity (*hayei olam*, or long term life). At a time of certain danger, we do not pay attention to the short term as long as there is the slightest chance of prolonging his life.

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A physician asked R. Yaakov Reischer (1670-1733, Austria) about a patient who was near death. All his doctors gave him but a day or two to live. However, they believed that there was another medicine which may cure him or possibly the opposite, for if he takes the medicine and it does not succeed, Heaven forbid, (*has vehalilah*) he will die within an hour or two. Is it permissible to give him this drug or are we concerned for his short term life so that it would be preferable to take no action? R. Reischer replied: If it is possible that he may be completely cured by means of this medicine, then we are not concerned about his short term life.²²

R. Reischer's verdict is based on a *sugya* in the Talmud: "Raba said in the name of R. Johanan: In the case where it is doubtful whether the patient will live or die, we most not allow gentile physicians to heal; but if he will certainly die, there is still the life of the hour [*hayei shaah*] (to be considered). [The conclusion of the gemara is:] The life of the hour is not to be considered."²³

ULTRA-ORTHODOX OPPOSITION

Not all of the traditionalists agree with the Chief Rabbinate's decision on brain death and heart transplants.

R. Shlomo Zalman Auerbach, one of the foremost Orthodox rabbinic authorities in Israel met with Dr. Avraham Sofer Avraham, the head of internal medicine at Jerusalem's Sha'arei Zedek Hospital. This physician, who is also an Orthodox rabbi, explained the medical aspects of brain death to him. Auerbach replied:

You have convinced me that in most cases a patient like this (whose brain is irreversibly damaged) will die in an extremely short period of time. However, there is no evidence at all that he is dead now. In any event as long as his heart is beating, it is forbidden to do anything that

will hasten his death. In order to establish death you must prove the absence of all three conditions (set by the Hatam Sofer: an inanimate body, no pulse and no breathing)... Since there is no definition (of brain stem death) in the Talmud, we cannot invent a new definition in our time. Only when the *Sanhedrin* will be established, will we have the power to determine whether brain stem death is considered death or not. Until then, he said, it is forbidden to extract his heart or any other organ as long as his heart is beating.²⁴

R. Auerbach and another ultra-orthodox colleague, Rabbi Yosef Elyashiv published the following proclamation on 18 Menahem Av, 5751 (29 July, 1991):

Behold, any time that the donor's heart is beating, even in the case that his entire brain, including the brain stem, is not functioning at all, which is called 'brain death', our judgement is that there is no *heiter* (no permission) whatsoever to remove any of his organs; doing so is a form of murder."

(Rabbi) Shlomo Zalman Auerbach (Rabbi) Yosef Elyashiv

Auerbach strictly forbids disconnecting a brain death patient from life supporting systems:

In our day if a patient is still connected to the artificial respirator which doesn't allow him to die, his *halakhic* position is that part of him is alive since his heart is beating, even though this is only because of the respirator...²⁵

Eliezer Yehudah Waldenberg, a member of the *Bet Hadin*

Harabbani Hagadol, (the Supreme Rabbinic Court which is part of Israel's religious establishment) is considered the foremost respondent on *halakhah* and medicine today. In a learned responsum he gives a medico-historical survey of determining death:

The sages of the nations disagreed whether the life of every living creature depends on the brain or the heart. Claudius Galenus (the Greek physician of the second century B.C.E) determined that it is dependent on the brain. Aristotle reasoned the opposite that everything depends on the heart. Then came the great teacher and physician, our Rabbi the Rambam z"l, and decided according to the view of Aristotle that life depends on the heart, and as long as there is a sign of life in it, this creature has a status of a living person.

Waldenberg proceeds with a severe critique of modern medical science and physicians for their contrary views, and particularly, the introduction of "so-called brain death":

The intention of these doctors is to make changes in matters which our Holy Sages have established. No power exists which may change them at all. (These scientists') revelations and learned articles stand in contradiction to *hazal*. We know by virtue of innumerable *experiments* from ancient times until today that medical proclamations and revelations are not always "the last word". Whatever was determined to be true medicine, was afterwards disregarded as useless, or even harmful.

In contrast to R. Goren, he interprets Hatam Sofer literally:

In addition to the cessation of the functions of the brain,

even in its entirety, we need, according to the *halakhah*, in order to determine brain death, also the absence of breathing and the absence of heart function including the lack of pulse and activity."²⁶

We see that Orthodox *halakhic* pluralism exists in Israel. Those who are in favor of religious pluralism might see this as a positive step forward. However, the result is a severe obstacle to organ transplants. What is the reason?

Israel has excellent surgical teams. It has the Chief Rabbinate's decision which gave their *hekhsher* in 1986. However, there is a drastic shortage of donor organs. Unfortunately, Israel has a very high mortality rate from automobile and other accidents which result in head injuries and brain death. Desperately ill people, Jews and Arabs, are waiting for a heart or liver or other organ which will save them from certain death. The physicians turn to the family of the fatally injured for permission to donate the organ. Rabbis like Auerbach, Elyashiv, Waldenberg and their followers are constantly preaching and publishing their view that giving permission to extract an organ from their beloved dead is murder.

Mourning often involves religious regression. Relatives of the deceased, who are not orthodox or even traditional, may at this time of tragedy be influenced by such *halakhic* and theological harassment. The family may be subject to implantation of fear and guilt that they are murdering their beloved and disobeying God's commands. The result is that they refuse to allow the transplant. This refusal is a death warrant for the ill. In spite of all the progress with transplantation, with life support systems and the ability to determine a state of brain death and to find *halakhic* justification for each step, extremist religious groups are interfering with the process of saving human lives.

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In the Talmud, we are told that if you see your neighbor drowning, mauled by beasts or attacked by robbers, you are bound to save the person—even at the cost of your own life.²⁷

It would seem that *kal vehomer* (*a fortiori*) reasoning may resolve the question before us: How much the more must the organ of a brain dead person be donated to save a human life.²⁸

Notes

* Dedicated to the memory of Sergeant Jonathan Boyden, who fell in battle in Lebanon, July, 1993.

1. (Judge) M. Beisky, Supreme Court Criminal Appeal 341/82, Nathan Blacker v. the State of Israel, *Supreme Court Verdicts*, vol. 41, part 1, 1987. Among the many legal precedents supporting this verdict, the jurist quotes (on page 28) a similar case: "The death resulted not from turning off the respirator, but from the defendant's acts, which undeniably caused the victim's brain to die. Having caused 'brain death', the defendant was properly found criminally responsible for homicide." (State of New Jersey v. Watson 467 A 2d., 1983, p. 591.
2. *Mishnah Yoma* 8:6
3. *b. Yoma* 5a *beraita*
4. Rashi, *ad loc.*, *s.v. ad hotmo*
5. *b. Yoma* 85a
6. *Laws of Shabbat* 2:19
7. *Shulhan Arukh Orah Hayim* 329.4
8. "Ad Hoc Committee of the Harvard Medical School to Examine the Definition of Brain Death." *JAMA*, Chicago, 1968, v. 205, p. 337.
9. Walter Jacob, *Contemporary American Responsa*, ed., New York, 1987, no. 78, pp. 130-131.
10. *Hatzofe*, Tel Aviv, 21 August, 1992
11. R. Zevi Ashkenazi, *Responsa Hakham Zvi*, Jerusalem, 1970, no. 77, p. 40a.

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12. R. Moshe Sofer, *Responsa Hatam Sofer, Yoreh Deah*, Vienna, 1983, no. 338
13. *American Reform Responsa*, (ed.) Walter Jacob, CCAR, New York, 1983, no. 86, p. 292
14. *Harefuah*, Vol. 122, part 4, 16.2.92, p. 263
15. P. L. Ryan, "The Uniform Determination of the Death Act: An Effective Solution to the Problem of Defining Death," *Washington & Lee Law Review*, vol. 39, 1982, p. 1512.
16. Frank J. Veith, *JAMA*, Oct. 10, 1977, Vol. 238, # 15, p. 1653.
17. *M. Ohalot* 1:6
18. Moshe D. Tendler, "Cessation of Brain Function: Ethical Implications in Terminal Care and Organ Transplant," *Annals of the New York Academy of Sciences*, ed., Julius Korein, New York, 1978, pp. 394-395. Similarly, *The Journal of The American Medical Association* explains that complete and irreversible destruction of the brain, which includes loss of all its function can be considered physiological decapitation and thus a determinant *per se* of death. See *JAMA supra* note 16, p. 1654.
19. M. Feinstein, *Responsa Iggrot Moshe Yoreh Deah*. II, no. 74; Y. Unterman, "Problems of Heart Transplants in Light of the Halakhah," *Noam*, vol. 13, pp. 3-9.
20. M. Feinstein, *Op. Cit.* *Yoreh Deah* III, no. 132 (written communication, 15 May, 1976).
21. "Heart Transplants in Israel".....
22. *Responsa Shevut Yaakov*
23. *b. Avodah Zarah* 27b.
24. Avraham Sofer Avraham, *Nishmat Avraham*, Jerusalem, 1992, Vol. 4, # 339, p. 139.
25. *Ibid.*
26. *Responsa Tzitz Eliezer*, Vol. 17, # 66.
27. *b. Sanhedrin* 73a.
28. This paper was presented in part at the 10th World Congress of Medicine and Law in Jerusalem, 1994.

- 12. This paper was presented at the 1961 Annual Meeting of the American Society for the History of Mathematics, 1961.
- 13. A. Weinstein, *ibid.*, p. 10.
- 14. Weinstein, *ibid.*, p. 10.
- 15. Weinstein, *ibid.*, p. 10.
- 16. Weinstein, *ibid.*, p. 10.
- 17. Weinstein, *ibid.*, p. 10.
- 18. Weinstein, *ibid.*, p. 10.
- 19. Weinstein, *ibid.*, p. 10.
- 20. Weinstein, *ibid.*, p. 10.
- 21. Weinstein, *ibid.*, p. 10.
- 22. Weinstein, *ibid.*, p. 10.
- 23. Weinstein, *ibid.*, p. 10.
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