

Second, through complete, repeated, and intensive physical examinations of candidates for such competition and the barring or removal from competition of those whose physical condition makes it unsafe for them to compete.

This matter of safety appears in at least two particulars. Not only should the school health service have in mind the fatigue and exhaustion inherent in the present basketball rules, but also the fact that studies of athletic injuries at the secondary school age level indicate strongly that the younger the competitors, the greater the incidence of injuries.

The school physician, therefore, must make his decision as to whether it is advisable, or even permissible, for the pupil under physical examination to compete in intramural and interscholastic athletics, having in mind these things:

Is the candidate organically sound? Has the growth of the pupil during the previous year been greatly accelerated? Vital organs that have recently grown rapidly tend to lack endurance and resistance to injury by fatigue.

Into what sport or type of physical competition does the pupil plan to enter, and is it physically safe for him to enter that competition?

The decision is a responsibility inherent in any adequate school health service. Rarely has that service striven for, or even accepted, its full responsibility. Basically, it gets back to the responsibility of the superintendent of schools and of the board of education. (Meeting, as we now are, in New England, presumably we should say School Committee.)

It would seem unnecessary to emphasize the belief that these examinations and decisions should be made by the regular school physicians, were it not for the fact that in at least one city of considerable size a special medical examiner has been appointed to examine candidates for interscholastic athletics, this examiner being responsible, not to the director of the health service activities, but to the Director of Physical Education. It is apparent that such a set up lacks some of the elements of protection of pupils that should be a basic objective in any educational program.

We find then these objections, based on physical stress, poured out by various types of persons who are closely in contact with interscholastic and inter-collegiate basketball as played under the present rules. We observe coaches, athletic directors, sports writers, health officers, and physicians uniting in opposition to this "speed up". Such an unanimity of opinion from these different groups is in itself almost unique. Only the rule makers seem insistent on the retention of the present rules. At least I have seen no strenuous activity on their part favoring modification toward what Jourdet calls a "return to sanity".

This is unfortunate. One gets the feeling that the rule makers are more interested in increasing the "take" in the basketball gate than they are in improving the sport itself or in protecting the welfare of the players.

Perhaps a new Rules Committee is what we need.

In what way should the school health service enter into this athletic competition situation?