This issue of *Pediatric Annals* includes an excellent set of articles related to youth athletics and sports medicine, and is guest edited by Drs. Chris Koutures and Valarie Wong. Pediatricians and other child health providers, with increasing frequency, are being asked by parents, “Should my son be allowed to play football?” Awareness of the hazards, both real and potential, has certainly grown in recent years, affecting football at all levels from elementary school to high school, college, and professional leagues. Although football is still the most popular high school sport in the US, with over one million participants, the number of participants has dropped by about 2.5% over the past 5 years.1 However, from 2007 to 2013, there was a 26.5% decline in the number of school-age children 6 to 12 years playing football, suggesting that parents may have become less enthusiastic about exposing them to this sport.2

In the last decade, there have been an average of about five deaths per year directly related to high school football, i.e., eight in 2013 and five in 2014; six additional players in 2014 died of indirect causes such as heat stroke, asthma, or a cardiac issue.1 Through early December 2015, 14 deaths had occurred in high school football players in 2015, including Andre Smith from the Chicago area who suffered a traumatic head injury on the last play of a game. The other deaths included a broken neck on a punt return, two related to head trauma, one with a lacerated spleen, one due to an apparent cerebral aneurysm, and another to a cardiac cause, possibly hypertrophic cardiomyopathy.3 The National Center for Catastrophic Sports Injury Research tallied 118 deaths from football injury in the US from 1982 to 2013.4

High school players, unlike those who are in grade school, are potentially strong enough to generate more damaging high-velocity and high-force collisions, but they are also thought to be more susceptible to second concussions prior to recovery from a first concussion. An Iowa jury in May 2015 awarded $1 million to a former high school player who was allowed to continue playing despite a head inju-
This kind of potential liability of schools and coaches is contributing to a reassessment of football programs by a number of US high schools. At the college and professional levels of football, with the larger body masses and greater speed of players, much more forceful hits are routine, and the evidence of a link between repetitive head trauma and chronic traumatic encephalopathy (CTE) has become stronger. One study found that 87 of 91 brains of former football players had pathologic evidence of CTE at autopsy. It is this new finding, I believe, more so than the death statistics, that has placed the future of football in jeopardy.

The recent movie Concussion stars Will Smith who plays the real-life Dr. Bennett Omalu, the Nigerian immigrant who became a forensic pathologist and was the first to recognize CTE during an autopsy of the Pittsburgh Steelers center Mike Webster. In my view, this movie almost certainly will accelerate the spread of concern about the impact of repetitive head trauma from football throughout our society.

The American Academy of Pediatrics recently released a policy statement that advocated for more youth leagues playing nontackling football, more instructions in proper tackling techniques, and zero tolerance for illegal hits to the head. Relatively few (~37%) high school football programs have fulltime trainers who can help supervise techniques and provide real sideline evaluations after injuries and monitor for concussive symptoms.

At this time, I believe we are obligated to advise families that there are real risks to participation in football, at least at the high school level and beyond. The risks need to be weighed against the potential benefits of participation, including experience with teamwork, discipline, development of a work ethic, and the real fact that, for many, athletic activity may offer the best (or only) opportunity for a chance at a college education.

**OTHER ISSUES**

We should note the recent amazing statistics related to poliomyelitis: (1) the last case of wild-type Type 3 polio in the world occurred 3 years ago in Nigeria on November 10, 2012; (2) wild-type Type 2 poliovirus was last seen in 1999; therefore, only wild-type Type 1 poliovirus is important today; (3) as of November 17, 2015, only 56 poliovirus cases had occurred worldwide in 2015, an 80% drop from 2014; and (4) only Pakistan and Afghanistan still have circulating wild-type poliovirus at this time. Recently, a few cases have occurred in Ukraine where only 50% of children are vaccinated, but the end is clearly in sight.

Also newsworthy is an amazing advance related to mosquito-borne malaria, one of the major killers of children worldwide. Mosquitoes have recently been genetically engineered to produce antibodies to a key malarial protein, making the mosquito resistant to malaria and incapable of spreading the disease, and also engineered to drive the resistance genes to spread throughout the natural mosquito population. This needs to be studied in a malaria-endemic area but suggests the possibility of control of
this major killer of children by modifying the vector within a geographic region rather than the parasite. Extremely clever!

THIS MONTH’S STAMPS

The two Hungarian stamps displayed here were issued in 1975 to honor the life of Dr. Albert Schweitzer (1875-1965), the great medical missionary, physician, philosopher, organist, and musical scholar. Schweitzer was born in Alsace-Lorraine, the area that has sometimes been a part of Germany and sometimes belonging to France, as at the present. He received his doctoral degree in theology as well as his medical degree from the University of Strasbourg, and in 1913 founded the Albert Schweitzer Hospital in French Equatorial Africa (now Gabon), which he worked at and sustained the rest of his life. Among his many talents, he was a highly skilled musical scholar and organist, playing on a piano-organ that had been shipped to Africa at least until his 88th year of life in 1962.

Schweitzer was awarded the Nobel Peace Prize in 1952 and numerous other awards and honors for his humanitarian activities in Africa, and he then worked against nuclear testing and weapons development with Albert Einstein, Bertrand Russell, and others. In 1957, he was a founder of the Committee for a Sane Nuclear Policy. With his Nobel Prize money, Schweitzer also founded a leprosarium in Gabon. The Albert Schweitzer Fellowship to support the hospital and train African and western students was founded in 1940 and is still active. The third stamp honoring Schweitzer was issued by Senegal.

REFERENCES

5. Wilhalme M. Brain disease found in 87 of 91 NFL players tested, researchers say. Los Angeles Times. September 18, 2015.