

# The Stella Walsh Case

by Dr. Eduardo Hay

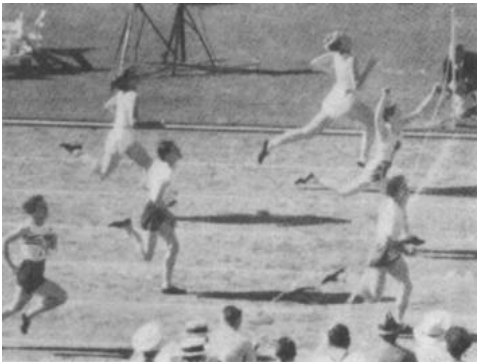
IOC member in Mexico,  
vice chairman of the Medical Commission



*In Los Angeles, in 1932, the athlete Stanislawa Walasiewicz (POL) became an Olympic champion in the 100 m sprint. In Berlin four years later she was a runner-up in the same event.*

*Having moved to the United States and changed her name to Stella Walsh, she was to die in tragic circumstances last January in Cleveland. The genetic anomalies which the autopsies revealed aroused much comment.*

*We are grateful to Dr. Eduardo Hay for having accepted to express an expert's opinion for the "Olympic Review".*



1932: The finals of the 100 m event, won by Stanislawa Walasiewicz.

Some people are wondering how it was that the International Olympic Committee allowed this athlete to compete, given the fact that her femininity was in doubt.

As a member of the IOC's Medical Commission since it was created in 1964, I would like to make the following points.

Stella Walsh, according to what we have been told in the press, lived all her life as a member of the female sex. As such, she took part in sports competitions and set various records, even winning a gold medal at the Olympic Games.

As ever, when the press receives news items which offer any degree of sensationalism,

such as the case of the former Olympic champion Stella Walsh, questions are raised and the IOC is asked how it was possible that this athlete was allowed to compete in the Olympic Games in view of the fact that she was not a normal athlete from the femininity standpoint.

Let us go back in time to explain the case we are considering.

From the time of the first Olympiads, hermaphrodites were known to exist, and Ancient Greek statues show us examples of superb works of art which interested the artists of the time. The problem of competition did not arise since, let us recall, women were not admitted to the Games, even as spectators.

In the modern Olympic Games, the level of women's participation has progressed both quantitatively and qualitatively, to such an extent that events which once were the exclusive reserve of the male sex, because of the degree of effort or resistance they demand, are now being claimed by women, and what is more, the difference between men's and women's records is becoming less daily. Nevertheless there is still a difference, varying between 10 and 18 % depending on the discipline, in favour of men's records. The only reasons for this, at the moment in any case, are of an anatomical and physiological nature.

It would be unfair in a women's competition to give this advantage to an athlete with masculine characteristics.

From the medical point of view, thorough study of sexual differentiation problems has only been undertaken in the past forty years.



1932: The 100 m event: (from left to right) Stanislava Walasiewicz (1st), Hilda Strike (2nd) and Wilhelmina Von Bremen (3rd).

Studies and investigations are far from complete, but nowadays, with present methods of tracing any change in gonadic factors, we are able quickly and easily to reveal an anomaly which would give an advantage to a competitor by reason of her masculine characteristics.

The problems concerning accidents arising at competitions due to the use of products or drugs to improve performance regardless of the health or even the life of the athlete were the reason for the creation of the IOC's Medical Commission at the Tokyo Session in 1964.

Since the Games in Mexico and Grenoble in 1968, anti-doping and femininity controls are carried out on a regular basis throughout the Olympic Games.

Cases of doping are made known and published, since the decision and sanction should be circulated in order to discourage the use of these methods, which put the lives of the athletes concerned in danger.

In cases of sexual differentiation problems, care must be taken for the result to be kept secret, and the athlete prevented from participating in a competition for which unfortunately, because of the anomaly with which she has been born, she is ineligible. But her malformation should not be publicised since she is not at fault and in the majority of cases is even unaware of it. The athlete Stella Walsh took part in the competitions in 1932 and 1936. At that time, cases of hermaphroditism were scarcely known from the medical point of view, it was difficult to trace them and anomalies were only discovered after thorough gynaecological examination. According to ar-

titles which have appeared in the press, this would seem to be a case of masculine pseudohermaphroditism. She probably had a feminine external appearance, with more or less developed external female genitalia - breasts, vulva and vagina - but with intraperitoneal testicles in the place of a uterus and ovaries. These anomalies, with greater or lesser variations, are characteristic of this type of sexual differentiation.

This could not arise nowadays at the Olympic Games.

The IOC, in paragraph D of Rule 27 in the Olympic Charter (1979 edition), requires that "competitors in sports restricted to women must comply with the prescribed tests for femininity. There are also instructions and methods of applying the femininity control, the main points of which can be summarised as follows :

- a) Absolute secrecy regarding the result. In the case of an anomaly being found, the athlete does not participate, without anything being divulged, even to the other members of the team. Only the head of the delegation and the team doctor are informed and it is specified that they are bound by professional secrecy.
- b) Every female athlete must undergo the femininity test before the competitions begin ; it consists of a straightforward sample being taken from the buccal mucous membrane and trying to identify Barr's corpuscle, which is a simple tracing method which confirms a negative sexual chromatin.
- c) If there is a negative sexual chromatin, then an anomaly exists. The Medical Commission immediately calls the team doctor, informing him and giving him the possibility of withdrawing the athlete at that stage or having the athlete undergo clinical and analytical examination to determine the full extent of sexual differentiation anomaly presented by the athlete, and if she may be allowed to participate in the Olympic Games.

Returning to the unfortunate case of Stella Walsh, it is obvious that she would not have been allowed to participate nowadays, since she would have undergone and failed the femininity control of the IOC's Medical Commission

What happened almost half a century ago cannot be taken into account since there was no desire to break the regulations which were valid at the time, or indeed any awareness of having done so.

E. H.