

"I would not object to my son playing football.

"I would object to his playing basketball under the present rules."

Other recent studies on blood pressure indicate the strong desirability of low pressures. The report on the recent studies on blood pressure by Robinson and Brucer (9) based on a statistical study of 10,883 persons, and on a study of five to ten year continuous records of 500 persons, and an appraisal of mortality at various age levels makes this statement:

*Important  
effect  
of  
blood  
pressure*

"They all (mortality records from a variety of insurance companies) agree further that a higher mortality is to be expected among persons with pressures of 130 systolic and 80 diastolic. Many go further and show that a pressure of 110 systolic and 70 diastolic is associated with a lower mortality rate than one of 120 systolic and 80 diastolic. Some of the companies indicate that pressures below 110 systolic and 70 diastolic may have the best mortality rate. In general, the mortality of any random group of 1,000 persons with pressures over 120 systolic and 80 diastolic is higher than that of a similar group with pressures under these levels."

This year another change has been adopted, lengthening the fair area back of the basket two feet on each end of the court without moving back the baskets. This makes much less frequent the going out of the ball over the end line and, therefore, reduces greatly the opportunity for brief "breathing spells" which the shorter court made possible. Those in control of secondary school education owe a distinct duty to pupils and parents to make this game less strenuous. They should remember that the game should be made a boys' sport, not a town spectacle.

These complaints concerning the present basketball rules bring forcibly to mind the urgent need for more adequate control of physical education activities, particularly athletic competition, by those whose major interest is in the health and education of pupils and students. Too long have physicians and educators sat supinely by, while rules for competition (as well as the permission of outrageous violation of proper sanitary precautions) are made and controlled by persons suffering with acute exacerbation of chronic "spectatoritis". To these persons, the interest of the spectators, and therefore the size of the "take" at the admission gate, seemingly is of greater moment than the welfare of the boys whom trusting parents, - seemingly, oftentimes, foolishly trusting parents - have placed in the care of coaches, trainers, and rule makers.

The elimination of the center jump - except at the beginning of each half - from basketball was brought about largely for the purpose of saving the playing time used in this method of putting the ball in play after a basket has been made. It was done to make a "faster" game so as to keep at a higher pitch the excitement and hysteria of the lookers-on. There is nothing evil in such a motive, if no harm results to the players. These physicians quoted have emphasized their professional belief that harm does result. The time spent in getting the ball in play by means of the center jump gave to the players an opportunity for a "breather" during which the proper physiological balance between fatigue products piled up in the body cells and the oxygenation of the cells might be partially restored.

(9) "Range of Normal Blood Pressure, A Statistical and Clinical Study of 11,383 Persons", Samuel C. Robinson, M.D. and Marshall Brucer, Chicago. Archives of Internal Medicine, Vol. 64, No. 3, September 1939, p. 438.