CORRESPONDENCE TO THE EDITOR, BRITISH JOURNAL OF SPORTS MEDICINE

BOXING AT SCHOOLS AND UNIVERSITIES

From R. SALISBURY WOODS, M.D., F.R.C.S.

President and Hon. M.O., Cambridge University Boxing Club,

Dear Sir,

As a doctor, interested for many years in University boxing, it has been a matter of great concern to me that many of our schools have successively abandoned this traditional English sport. I feel that school authorities have been subjected to misrepresentation of its alleged dangers by false propaganda.

Immense damage has been done to amateur boxing in recent years by intemperate and mistaken attacks, based largely on sentiment and ignorance. These have not only confused the purpose and practice of amateur boxing with the entirely different conditions of professional, but overstated what little argument there was. It is, indeed, as absurd to declare—as has been *published*—that an amateur enters the ring “with the express intention of injuring the brain of his rival”, as to suggest that every rugby threequarter tackles his man simply to break his ankle or collar bone and put him out of action. In fact, amateurs go into the ring to *box*, and the vast majority of fights are won on skilful points, and without serious injury at all.

With the exception of the war years, I have been M.O. to the Cambridge University Boxing Club continuously for well over 35 years, during which I have had to deal but seldom with even minor concussion and never with the vaunted cases of ‘encephalopathy’ and ‘punch-drunkenness’. These find no place in amateur boxing, whatever their frequency in professional.

Here in the University, we are concerned with *amateur* boxing—which differs so radically from professional that the same arguments cannot apply to both. Amateur contests are for three rounds only and the gloves weigh eight ounces. Professional prize-fights are for fifteen rounds of far harder and faster hitting, with gloves that weigh only six. The spectators lay large bets; the professionals are fighting for thousands of pounds throughout a career that lasts about fifteen years; and the whole atmosphere is totally different. Most importantly, the ABA referee has the power—and uses it—to stop the bout if one competitor is obviously outclassed and unable to defend himself. Further, no one is allowed to box for at least four weeks after the briefest knock-out. If he has been knocked-out more than once he is usually referred to a neurologist for electro-encephalographic examination and may be barred from boxing altogether. The critics therefore destroy their own case when they do not distinguish between professional and amateur boxing.

All sports can be dangerous and, in a long experience, I have seen far more serious injuries from steeple-

chasing, rugger, soccer, and skiing; nor is the percentage of serious head injuries from boxing any higher than in these other sports. In fact, this year’s Cambridge Boxing Captain sustained a fractured jaw when playing for the University at *rugger*! Loss of memory over a short period may occur without an actual knock-out—but *even these* cases, too, are precluded from boxing for one month and then allowed only after re-examination. This strict medical control of amateur boxers prohibits the possibility of extensive and repeated neuronal destruction; and the bogey of permanent cerebral incapacity, which has gained so much publicity, should never be allowed to arise.

In fine, the measures described, and the perspective I have endeavoured to keep in view, should help to dissipate those misconceptions and prejudices, deriving from the professional ring, which appear to dominate and bedevil discussion on the subject of amateur boxing. Moreover, in 1962 I attended an all-day Symposium on Boxing Injuries held in London by the British Association of Sport and Medicine under the chairmanship of Sir Arthur Porritt, Past President of the Royal College of Surgeons. The meeting was addressed by distinguished Consultants on brain, eye, nose, jaw and facial injuries; and the claims of the anti-boxing fanatics were completely refuted, as far as amateur boxing is concerned.

A boxing ring can be the loneliest place in the world, where a man has to stand on his own two feet with nothing but his skill and courage to sustain him. Not even rugger with all its virile hazards makes such demands on individual character. Far from promoting ‘sadism’, there is no doubt that amateur boxing benefits the inadequate, the insecure and the aggressive alike. Indeed, boxing in boys’ clubs and schools may be one answer to juvenile delinquency and sadism, for it canalises any aggressive psychopathic traits into a disciplined outlet under the strict and impartial supervision of an experienced referee who will stand no nonsense. Once a boy feels that he can hold his own and becomes more happily orientated thereby, he seldom wants to ‘throw his weight about’, or become a menace to the public. Indeed, a wiser appreciation of boxing would also see it as a means of character-building—and even of self-defence, though a sad comment on the indisciplined lawlessness of our times.

Out of 10,000 Cambridge “Students” today, there are only 12 undergraduates who box.

Yours sincerely,

R. Salisbury Woods