Association football, swimming, rugby, athletics (field and track), cross country, basketball, cricket, table-tennis, cycling, shooting, horse riding, badminton, judo, tennis, golf, gymnastics, sailing and canoeing

so all their energies were not exhausted by boxing.

A significant percentage also listed art, either in the form of painting or sketching as their chief non-sporting recreational activity. 63% of the boys had some relative who had boxed.

Many young boxers are able to participate in local, regional and national championships. Some ultimately represent their countries in international boxing. Young boxers broaden their outlook by travelling all over the country for matches and also abroad for inter-city matches.

Boxing is fully justifiable both morally and physically provided it is properly controlled medically.

We are told by the opponents of boxing that boys' intellectual functions are damaged by head injuries. In

London we selected two groups of 100 boys from a Secondary Modern School, at the age of 12, one group being boxers and the others not. We followed their scholastic careers up to the age of 15.

Two educational psychologists carried out I.Q.'s and aptitude tests during this time. There was no appreciable difference between the two groups and actually more boxers went on to the Universities to take up professional careers than the non-boxers. In fact, one schoolboy champion who had over 200 bouts won a Scholarship to Cambridge University, which is an outstanding intellectual attainment.

We also took the E.E.G.'s of 100 youth boxers immediately after their bouts. We found gross changes in the wave patterns in 48%, but all these became normal in 4-6 minutes, thus showing there were no permanent pathological changes.

I would like to sum up by saying that boxing is a real democratic sport bringing together people of all sorts in the very best kind of comradeship; a sound body is essential for a sound mind.

**MEDICAL REPORT ON BOXING, COMMONWEALTH GAMES, CHRISTCHURCH
NEW ZEALAND, JANUARY 24th TO FEBRUARY 1st 1974**

J. L. BLONSTEIN, O.B.E.
President of the Medical Commission
European Amateur Boxing Association

There were 155 boxers and 140 bouts (with two walkovers).
The number of injuries compared with similar tournaments was low.

Injuries:	K.O.s	Round I	1 unconscious, 5 seconds. 7 (not unconscious)
		Round II	5 (not unconscious) 1 unconscious, 10 minutes. Admitted to hospital overnight. Discharged satisfactory.
	Cuts	left eye, 3 (stopped) left eye, 4 (not stopped) right eye, 1 (not stopped)	
	Abrasions	4 (not stopped)	
	Haematomata	3 (not stopped)	
	Sprains	one shoulder (not stopped) one ankle (not stopped)	
	Nasal injuries	1 bruised nose (not stopped)	
	1 bruising of ribs — not stopped		
	1 retired — cut upper left eye-lid		

INTERNATIONAL ASSOCIATION OF AMATEUR BOXING

A Meeting of the Medical Commission of A.I.B.A. took place at the Kilimanjaro Hotel, Dar-es-Salaam on 20th September 1974 at 10.00 a.m. The President, Dr. J. L. Blonstein (England) was in the Chair.

At a recent meeting in Cuba Professor A. Francone proposed:

- a) that the members of the Medical Commission should examine the boxers at Regional, World and Olympic Championships, as it was thought that doctors from the host country, although good physicians, did not have adequate knowledge of boxing medicine and some of the examinations were perfunctory.
- b) that the President of the Medical Commission should be a full member of the Executive Committee with power to vote on all matters.

Both resolutions were carried unanimously.

Election of Medical Commission and Officers

Dr. J. L. Blonstein (England) was unanimously elected as President. Professor B. Schwarz (DDR) was elected as Honorary General Secretary, and twenty other members were accepted.

The medical proposals to go before Congress had been discussed twice previously. They were therefore perused and no changes were suggested.

The Medical Handbook was carefully scrutinised, each item being discussed. It was agreed to add the following items:

1. All boxers should be encouraged to be vaccinated against smallpox.
2. A boxer who was R.S.C. and had received numerous blows to the head should be treated as having failed to beat the count and should be put off boxing and training for at least four weeks.
3. During the periods off boxing for head injuries, boxers should not be allowed to train.
4. It was decided to allow boxers who have had one testicle removed or who suffered from migraine to box.
5. After hernia operation the boxer should not resume boxing or training for at least six weeks.
6. If a boxer has been K.O. three times in twelve months he should not be allowed to box for at least a year after and should be examined by a neurologist and have an EEG before resuming boxing.
7. Trainers should not normally carry their own supply of adrenalin. The team doctor should be in charge of supplies.
8. It was suggested that all boxers have their photograph attached to their medical card for proper identification.

E.A.B.A. MEDICAL COMMISSION

INJURIES SUSTAINED AT THE EUROPEAN JUNIOR CHAMPIONSHIPS AT KIEV

May 30th — June 9th 1974

117 boxers 130 bouts

- 1 sprained thumb
- 1 cut scalp (not stopped)
- 4 small cuts at eye (not stopped)
- 4 cuts at eye (stopped)
- 1 sprained ankle (stopped)
- 3 K.O.'s (none unconscious)
- 1 haematoma left eye (not stopped)
- 10 anti-doping tests carried out. All negative.

J. L. BLONSTEIN, O.B.E.