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Boxing

A Medical History

Introduction

In 1991 Michael Watson was stopped in the last round of his contest with Chris Eubank. He later collapsed and was rushed to hospital where he underwent lengthy brain surgery. The fight had been broadcast live and had earlier been the focus of much media hyperbole. As Watson's condition deteriorated it became clear that he was to suffer from the consequences of long-term brain damage. It re-ignited the debate over the ethical nature of boxing and whether the sport should be banned. A few months afterwards a bill to ban the sport was brought before the House of Lords. Although this was defeated, consequences of the Watson-Eubank fight and the Benn-McClellan fight four years later would have important consequences for boxing. In 1999 Watson, now severely disabled, successfully sued the professional sport's governing body, the British Boxing Board of Control (BBBC),¹ for a breach of their duty of care, and received £1 million. Following similar criticisms of the sport during the twentieth century, boxing responded by tightening up its medical regulations. Not only was this for the benefit for the safety of the boxers, however, but also to protect the public image of the sport.

This high profile case highlighted many of the medical issues concerning the relationship between sport and medicine. A case study of boxing in general, and the issue of punch-drunkenness and injuries to the head in particular, pulls together many of the different themes of this book. This includes developments within medicine generally, duty of care, the changing medical provisions of sport, legal aspects and injuries. The focus is essentially on Britain. Other countries have engaged in similar debates but it is Britain where they have been most illuminating. America has lacked a national boxing body while elsewhere the sport did not have the popularity it enjoyed in Britain and the US.

The essence of boxing's relationship with the medical profession has revolved around debates over the morality of the sport. These debates have been embedded in two opposing ethical stances.² The first stresses the principle of 'individual autonomy'. In other words, those who freely choose to box know the potential injury and damage they can inflict on opponents and also be inflicted upon themselves, thus they should be granted the right to do so; and

others have no right to prevent such freedom of choice. The second stance, and one largely associated with the medical profession, has been based on the idea of 'paternalism': whereas in other sports injuries are accidental, it is the specific aim of boxers to injure and harm their opponents. Such damage, it is argued, is morally objectionable in a civilized society.³ Of course, notions of a 'civilized society' and 'civilization' are themselves social and cultural constructions, which owe much to the emergence of an English national character in the early nineteenth century built on Burkean conservative values.⁴ Moreover, rather than the sport being subjected to a 'civilizing process' in the era since the prize-fighting era, as Sheard has argued,⁵ boxing during the twentieth century, at its core, was and remains inherently violent. Instead, this chapter builds on other work by Sheard as well as Welshman that has analysed the relationship between boxing and the medical profession.⁶

Here, medical intervention in boxing and the accompanying debates are analyzed through three overlapping processes. First, the relationship between boxing and medicine owed much to voluntarism with both doctors giving up their free time to supervise boxing promotions as well as highlighting sport's place more generally within civil society i.e., free from government intervention. Second, and most significantly, as part of the emergence of a social democratic ethos and the pervasiveness of welfarism during the twentieth century, the medical profession held a more prominent and visible role in society. Third, boxing's survival has been partly a product of consumerist tendencies which have placed an emphasis on the freedom to choose.

The ethos of boxing and its early history

Boxing, or as it was more commonly known prizefighting, had largely been an illegal activity since the 1700s and its history of the sport has been bound up with its fluctuating legal status over the last 250 years. Initially, boxing contests had been banned largely on the grounds of public order and from 1800 nearly all fights took place in the countryside to frustrate attempts by local magistrates to suppress them.⁷ Early in the nineteenth century, prizefighting had been run largely by 'the Fancy', a group of leisured gentlemen who regularly placed wagers on sporting contests, especially in prizefighting and pedestrianism. However, their influence, along with the sport's reputation due to its association with gambling and corruption, waned from the 1820s with the emergence of the moral reform movement and the sport only survived at a subterranean level.⁸

Importantly, for its future survival during the nineteenth and for most of the twentieth century, boxing was part of the curriculum at public schools. Students were inculcated with a sense that boxing was the noble art that had character-building qualities. It was vital to the virility of the British male race

and supposedly imbued the principle of fair play. Boxing was inscribed with English virtues. In 1864 it was described as a manly exercise in which fists were regarded as natural weapons. It was said that 'All Englishmen, and therefore, all English boys, are proud of their natural weapon and compare it with the knife, the loaded stick, the knuckleduster and the pistol of other nations'. By contrast, the French system of fighting, Savate was described as contemptible as it was the 'execrable French custom of striking upwards with the knee when at close quarters'. Instead, emphasis was placed on the 'principle of fair play and justice' which is 'strongly developed in an English breast' and where 'no unfair advantage is allowed to either side, no striking upon the vital parts of the body is permitted, and the use of the foot, tooth, or nail is forbidden under the severest penalties'.⁹

The idea of boxing as the noble art that had character-building qualities was still prevalent when medical arguments began to challenge the sport's legality. In the columns of the medical journals, doctors who had boxed at school countered the medical arguments of colleagues. One letter in the *British Medical Journal* in 1955 acknowledged the dangers of the sport but still felt that,

from the experience of some ten years of active participation, and many more years of interest, that boxing is sufficiently worth while as a virile character sport to justify our taking every precaution to ensure its continuation under conditions of reasonable prudence.¹⁰

One of the opponents to the first motion calling for the abolition of boxing at the British Medical Association's AGM in 1960 stressed boxing's 'character building' qualities, and concluded by saying 'What would Sir Francis Drake have thought of this motion?'¹¹

Boxing and the medical profession

Doctors were often split on the dangers of boxing, partly on cultural grounds. While those who disliked the sport were part of a tradition of self-improvement and rational recreation, other doctors became supporters of the sport after enjoying a public school education in which boxing was part of the curriculum.¹² Lew Blonstein, who was the long-time medical officer for the Amateur Boxing Association (ABA), had first boxed at a club affiliated to the London Federation of Working Boys Clubs in Aldgate when he was eleven. Boxing was introduced into his school when he was in the sixth form and he continued fighting at University College London when a medical student during the 1920s. He fought in inter-hospital matches against other students from Guy's and St. Bartholomew's. Medical students continued to fight in the United Hospital Championship up to at least the 1960s.¹³ Given his background, it is perhaps unsurprising that of all the defenders of boxing in light of the increasing

attacks on it, Blonstein's voice was the loudest. Blonstein's counterpart in the professional game for many years was John Graham. Although he did not box at school he had whilst serving in the army during the First World War. He continued his interest after the war by training in a gym whilst undertaking his medical studies in Manchester.¹⁴

That doctors were aware of the damage blows to the head could cause had not been restricted to the twentieth century. However, there was only a limited understanding of how the brain worked in the medical world. Neurology was still an embryonic specialty by the late nineteenth century. It had largely evolved out of psychiatry. Nerve doctors, as neurologists were called, were mainly concerned with organic diseases whereas psychiatrists treated the functional disorders of nervous patients, especially after the Great War.¹⁵ Research on reflexes, however, had led to a number of conditions being attributed to neurological diseases. Strokes, for example, had been diagnosed in 1658 while Parkinson's disease was first recognized as a clinical condition attributed to some form of damage to the brain in 1817. In 1906 Alois Alzheimer outlined the clinical and neuropathological evidence for the disease that would carry his name. Because of the ignorance of how the brain worked, brain surgery on living patients was mostly guesswork. For hundreds of years no one had dared to operate on the brain. The work of two Englishmen, John Hughlings Jackson and David Ferrier, on epilepsy in the late nineteenth century, led to a more confident mapping of locating tumours and mapping the brain generally. Another Englishman, Victor Horsley, later became the world's first specialist neurosurgeon.¹⁶ As a result, without the knowledge that boxing could produce significant brain damage, doctors were able to pursue their interest in boxing. And even when this medical knowledge came to light, a culture of resistance had been built up within a significant section of the medical profession. Due to the enthusiasm of some doctors for the sport, it allowed boxing to call on their support, thus giving it some credibility.

In light of the lack of medical knowledge, the medical profession was not that interested in boxing in the early twentieth century. Instead, it had previously turned its attention to the physical dangers of football (see Chapter 2). An early mention of boxing as a hazard to health had appeared in the *Lancet* in September 1893 under the heading of 'Revival of Prize-fighting: Serious Results'. Little was known of the medical effects of boxing and any objections were usually on moral and social grounds. One letter to the *Lancet* in 1901 had hoped that the medical profession would throw some light 'on what appears to be a ghastly mystery in the matter of these last three deaths ... under apparently the safest of conditions'.¹⁷ In 1913 the *Encyclopedia of Sport* had made an indirect reference to brain damage but rather than through repeated blows to the skull, the focus was on punches to the jaw and how this force transmits through to the brain.¹⁸

The modernization of boxing

During the late nineteenth century, similar to other sports, boxing was 'modernized'. Rather than make the sport safer, it would both change the nature of boxers' injuries and ultimately lead to the condition of punch-drunkenness. The modernization of sport has exhibited a number of features such as codification, national and global competitions and the establishment of a governing body. Boxing's status as a major sport had partly been saved through the publication of the Marquis of Queensbury Rules in 1867. The rules included the introduction of a specified number of three-minute rounds with one minute between each round; previously prizefights only ended when one of the combatants retired, i.e., it was a test of endurance. Importantly, whereas prizefights were bareknuckle affairs, in the amateur game the use of gloves, or 'mufflers' as they were known, was made mandatory. Holding and wrestling moves were also now outlawed. The new rules enabled boxing to shake off the mud – and blood – from its boots of the spectacle of bareknuckle pugilism and gave the sport more respectability as well as to express its manly qualities where only the use of fists was allowed. The rules' main purpose was to essentially create a new sport: amateur boxing. Like other sports during this period, amateurism enabled it to distance itself from the sordidness of professionalism.¹⁹ As a result, amateur boxing took place in the public schools, the universities, the armed forces as well as the medical schools. The Amateur Boxing Association, newly formed in 1880, adopted the Queensbury rules.²⁰

Boxing's legal status had been given greater credibility by the 1882 *R v Coney* case because an important distinction was made between a prizefight and a sparring match – with gloves – over the issue of consent. It was judged, and presumed, that a boxing contest was like a sparring match and, therefore, legal because it was not the intention of the boxers to fight until one of them was exhausted.²¹ As Gunn and Ormerod have argued, 'the questionable legality of boxing as we now know it came about by default rather than design'. Indeed, boxing in England has never been declared legal. Rather its legality was largely due to the fact that it was not prizefighting. It was not until the infamous 1995 case of *R v Brown* that the question over consent in boxing arose again. Here, certain acts of sado-masochism had been declared illegal despite consent being given by the participating adults. As a consequence, boxing's legality was brought into question, although not challenged.²²

Another key event in boxing's modernization was the establishment of the National Sporting Club (NSC) in 1891, which acted as a *de facto* governing body for the professional branch of the sport.²³ It was a commercial venture and because of the game's reputation the NSC strove to make itself and the sport respectable. Contests took place in near silence with the audience dressed in dinner jackets. Its membership and administrators comprised members of

society's elite including royalty.²⁴ The NSC also adopted the Queensbury rules, as well as adding some of its own. These stipulated a maximum number of fifteen rounds (twenty for championship contests) and a scoring system was put in place with contests decided by the referee and judges. In the case of a knock down the boxer had to get up within ten seconds or would lose the contest.

Nevertheless, following the deaths of some boxers during fights at the NSC, there were a number of legal challenges to the sport around the turn of the twentieth century.²⁵ The case that had the most far-reaching consequences followed the death of Murray Livingstone in 1901, an American who used the name Billy Smith. It also led to the state of boxing being raised in the House of Commons where a Mr Tennant asked the Home Secretary if he could 'abolish this institution'.²⁶ Charges of manslaughter were brought against the NSC and its management and the opponent of Livingstone, Jack Roberts. The prosecution argued that the contest was really a prizefight and therefore unlawful while the defence maintained that it was one of skill.²⁷ The jury agreed with the defence; the contest had been a boxing match not a prizefight.²⁸ Following this trial the reputation of boxing grew as the case had legitimized the NSC rules and inadvertently popularized the sport. Except for one case in Birmingham in 1911,²⁹ the legality of boxing has not been challenged since in a British court of law.

Boxing in other countries was also under threat from the law. In 1912, across the Channel, the regulations for future boxing contests in France had to be submitted to the Prefect of Police before the sport could continue.³⁰ Boxing on the other side of the Atlantic was continually under legal scrutiny. Canada had banned prizefighting in 1881, although boxing clubs continued.³¹ Boxing in America, or more specifically, New York, was legalized and then criminalized on a regular basis up to 1920. In 1896, for example, the sport was legalized in the state under the Horton Law only to be repealed four years later. Boxing was again legalized in 1911 but again declared illegal in 1917. Finally in 1920, under the Walker Law, the sport's legality was firmly established and as a consequence laid the foundations for New York's position as the centre of world boxing for the next fifty years.³²

Medical concerns over boxing were not absent at this stage. Doctors attended fights at the NSC and they gave the boxers a pre-fight examination. In 1911 the medical officer of the NSC was Dr Collins; the ABA's medical officer was a Dr Allport.³³ Gloves had to be a minimum of six ounces, a measure designed to make the sport safer while some types of punches were outlawed including the kidney punch, hitting with the elbow and a head butt. Boxers also had to hit with the knuckle part of the glove. Not only was this the only method from which to score points but hitting with an open glove was illegal. They were also not allowed to wear rings on their fingers and the boards of the floor of the ring were padded. Following the death of Michael Riley in 1900 contests were reduced from twenty rounds to fifteen, except for championship fights.³⁴

The role of the referee was also important. His authority in the ring was all-powerful, even at the expense of medical advice. Because the emphasis was initially placed on the sporting aspect of the contest rather than the welfare of the boxers, the referee's duty lay with the spectators to ensure that boxers were not only fighting fairly but also not feigning injury.³⁵ Compared to the bloody violence of prizefighting, boxing was now, to use a medical metaphor, more 'clinical'. Rather than fights, the modern boxing contest made boxers concentrate on targeting specific areas of the body, in this case, any part of the front or sides of the head or body above the belt.

Despite the establishment of professional boxing in Britain on a firmer footing, the governance of the sport came under increasing pressure from promoters. The NSC could only hold 1,200 spectators, which limited both its commercial potential and influence.³⁶ In 1909, to maintain its pre-eminence, the NSC had brought in eight different weight classes and instituted the Lord Lonsdale Championship Belts. In 1929, partly to dilute the influence of promoters as well as regulate the sport more firmly at the professional level, the British Boxing Board of Control (BBBC) was formed. It became responsible for awarding licences to promoters, managers, boxers, referees, masters of ceremonies, ringmasters, trainers and seconds alike.³⁷

The culture of boxing

Future medical debates were significant given boxing's place in British society. In terms of popularity, up to 1939, boxing was second only to football amongst the working classes. A boxing boom took place during the inter-war years, and there were about 5,000 registered professionals. The sport's influence was also felt throughout the upper echelons of society. At top public schools, such as Rugby, Repton, Eton and Charterhouse, boxing remained part of the curriculum.³⁸ Organized boxing in the army had begun in the mid-1880s and in 1891 the Public Schools Championships had started, under the control of the Army. A schools championship, now under the umbrella of the ABA, began in 1921. In the next year the London Schools ABA was established. Following the Second World War a national body, a Schools ABA, was formed and in 1953 the total nationwide entry for the national schools championship was 53,000.³⁹

A change in fighting style due to the sport's commercialization had important medical consequences. In the early twentieth century British, small hall crowds had appreciated defensive skills based on the straight left – left jab – which generally encouraged skill and discouraged sluggers.⁴⁰ By the 1930s, however, there was a shift towards a more aggressive, American style. As they were putting on the shows, promoters preferred fighters, known as 'promoters' men', who would go 'toe to toe'. At the same time they left themselves open to more punishment and, as result, the possibility of some form of brain damage.

The nature of boxing's relationship with medicine was also shaped by the struggle for control of boxing between the BBBC and the promoters. The treatment of boxers by managers and promoters alike could be exploitative and there was little emphasis placed on their welfare.⁴¹ During the inter-war period boxers in the preliminary contests at shows, which could last up to ten rounds, were obliged to pay what was known as 'seconds' money; boxers called it 'blood money'. Out of the few shillings they earned, boxers, instead of the promoters, were forced into giving the house seconds a cut. If they did not pay up they were unlikely to get further work.⁴² The sport was largely based on casualized labour and with the aim of improving conditions and pay, the National Union of Boxers was formed in 1934. At first it was more interested in the fighters' financial welfare than their health but by 1939 medical provision had risen to the top of its agenda.⁴³

What medical regulation existed in boxing up to 1939 was not particularly comprehensive. In 1942, when an amateur, Randolph Turpin fought and lost a fight only a few hours after been (accidentally) hit on the head by a brick on a building site. He later felt groggy and was sick for hours afterwards. This had not been noticed before the contest.⁴⁴ John Graham described how after one fight he complained to the referee that he should have stopped it earlier to prevent the beaten boxer from taking too much punishment. The referee simply replied, 'But he wasn't out, doctor.' Furthermore, before Graham could reach the badly defeated boxer he had been thrown over the shoulder of a 'burly second like a bag of oats'. An hour afterwards Graham was putting stitches into the boxer's eyebrow but was arguing with the trainer who said, 'What it wants doctor is antipholgistine'; a preparation that quickly stops the bleeding but leaves the eyebrow scarred and puffed up and more likely to bleed the next time there is contact on the scar.⁴⁵ The future world light-heavyweight champion, Freddie Mills, had his first fight in 1936. It's likely that he wore a pair of ordinary shorts and plimsolls. Boxers then were able to turn up at a tournament and hope to get a fight. He would be told to see the doctor and pay the Inspector 5 shillings. There was no real medical or a trial to see if he could look after himself.⁴⁶ It was not all that uncommon for a boxer to have two bouts on one evening. On one occasion, in 1936, Mills fought the same opponent twice in the same night, knocking him out twice in the first round. In the first fight the crowd had taken the view that the count had been too quick by the referee.⁴⁷

During the first half of the twentieth century fighters fought a huge number of contests. Jimmy Wilde, for example, the Welsh flyweight world champion from 1916 to 1920, had 145 professional fights and more than 800 overall. Len Harvey, the leading middleweight of the inter-war years had 412 contests while Jack Matthews, the 'Fighting Barber' from Stoke (and father of Stanley) fought in 350 bouts.⁴⁸ Many contests were catch-weight with lighter fighters allowed to box heavier ones.⁴⁹ There was also no mandatory rest period

between fights and boxers also took fights at short notice. Freddie Mills, for example, met Bruce Woodcock only twenty-one days after a very tough fight against Gus Lesnevich.⁵⁰ Furthermore, boxing booths were totally unregulated. Gordon Cook, a former lightweight champion of Wales, was a chronic gambler who was still boxing in the fairground booths at the age of forty-two in the 1930s. He had a glass eye, which he would keep in a handkerchief during the bout, using a towel as cover to slip it back at the end. Few in the crowd seem to have noticed.⁵¹ Furthermore, there were murmurs that powerful promoters could influence the opinions of doctors. Ray Clarke who went on to become the Board's general secretary claimed that, 'In those days [before 1950] the Board's chief medical officer was Phil Kaplin and he was [Jack] Solomons' man. If Solomons wanted it, he would OK it: "He's fit to fight."⁵²

The punch drunk boxer

During the thirties a greater awareness emerged of boxing's long-term medical consequences in the form of punch-drunkenness. Because of how boxing had developed as a sport this disease was a peculiarly modern one. The figure of the punch-drunk boxer, if not the medical condition, had been well-known in boxing circles. The phrase is probably American in origin and was used in a boxing context in American newspapers in 1913 and 1914.⁵³ Terms like 'punchy' and 'groggy', which were alcohol related, were also used to describe some former fighters who it was felt were a bit 'slow' and had fought too many fights. By 1937 the American doctor, J.A. Millspaugh, had coined the medical term 'dementia pugilistica' for 'punch drunk'.

The image of punch-drunk boxers was becoming more widely disseminated within popular culture such as in Ernest Hemingway's 1926 short essay, 'The Battler'.⁵⁴ An American comedian and impressionist from the 40s and 50s, Red Skelton, created 'Cauliflower McPugg', a former 'punchy' boxer. The play, and later a film, *The Square Ring* (1953), looked at the seedier side of the professional game and also featured a punch-drunk boxer who was exploited by promoters, giving 'an ironic twist to the claim of professional boxing to regard itself as a noble art'.⁵⁵

One of the seminal moments that reflected a shift in medicine's relationship with boxing was the publication of an article 'Punch Drunk' by Harrison Martland in 1928. For the first time a link between boxing and brain injury, based on the opinion of 'shrewd laymen' including a fight promoter, was made in a medical journal.⁵⁶ Other articles on the neurological symptoms of boxing followed. In 1937 C.E. Winterstein's 'Head Injuries Attributable to Boxing' was published in the *Lancet*. Like Martland, he concluded that a cause of punch-drunkenness was simply 'continued hammering' and that the symptoms did not increase after a boxer stopped fighting.⁵⁷ Four years later, Ernst Jokl

published *The Medical Aspect of Boxing* in which for the first time the sport's abolition was advocated.⁵⁸

This growing awareness in medical circles had coincided with a greater concern for the welfare of boxers within some boxing circles. In 1933 the American-based National Boxing Association had discussed a proposal for boxers to wear leather helmets (a forerunner of headguards) to prevent them from getting 'punch-drunk'. Although the editor of the sport's trade journal in Britain, *Boxing*, called it a stunt, he admitted that there may be something in it. He added that, 'I could name many boxers who have been "punch-drunk" – who have become nervous and physical wrecks – and that is not the thing we want in boxing'.⁵⁹ In the same issue there was criticism of how the sport was organized to the detriment of boxers, particularly how some licensed managers operated. The editor alleged that they were 'nothing but parasites' whose only qualification was a term of imprisonment. He added that these managers had ruined the careers of many boxers because their only thought was how much money they could make out of a boxer before he was too punch-drunk to fight any more. He would then be discarded to make way for another 'deluded youngster'.⁶⁰

Professional boxing was also gaining a seedy reputation amongst the popular press and the phrase 'punch-drunk' began to take on libellous connotations. In 1939, for example, the boxing manager, Ted Broadribb, had successfully sued the *Sunday Dispatch*, which claimed that he was punch-drunk.⁶¹ Another trial was held following an article that appeared in the *Daily Mirror* in 1938 titled, 'So this is boxing', which featured 'the scandal of punch-drunk boxers'.⁶² It was claimed that one young fighter, managed by his father, had become punch-drunk because he had had too many contests against experienced fighters early in his career. They sued the paper.⁶³ During the trial the BBC's secretary, Charles Donmall had said that to claim a boxer was punch-drunk meant that 'he was so helpless and so battered to pieces that it was impossible for him ever to engage in a professional boxing contest again'.⁶⁴ The plaintiff argued that if a fighter was deemed to be punch-drunk no promoter would sign him for a contest. The father and son won the case.⁶⁵

Debates concerning the punch-drunk boxer also tapped into contemporary anxieties about inter-war society, in particular the popular memory of shell-shocked soldiers as wretched figures whose symptoms included stumbling gaits, tics, tremors and shakes.⁶⁶ In the boxing and daily press there were a number of references to boxers 'who have become nervous and physical wrecks'.⁶⁷ In addition, punch drunkenness mirrored contemporary perceptions in relation to mental disability and pointed to debates concerning mental deficiency and citizenship.⁶⁸ Negative eugenics – obsessed with the idea of social degeneration – had long been pre-occupied by the threat posed with the mentally ill.⁶⁹ Moreover, social degenerates as well as the feeble-minded were associated with the working class, and it was this class that dominated boxing.

Boxing, welfarism and politics

The twenty-five year period from 1945 set the tone for boxing's relationship with medicine for the rest of the century. The medical evidence about the health risks of boxing and especially punch-drunkenness began to mount in the medical journals while new medical technology was able to highlight the health risks that boxers took both long-term and short-term. The language also changed. It became more medicalized. Punch-drunken was replaced by 'traumatic encephalopathy' and 'chronic concussion'. Through the expansion of television the dangers of boxing were now beamed into the living rooms of the public, none more so when Benny Paret died following a live fight with Emile Griffith in New York in 1962. These developments were set against the creation of a welfare state in Britain that had promoted a greater sense of social democracy.⁷⁰ It not only invoked a 'cradle to grave' culture but there was more emphasis on health and safety in the workplace, albeit mainly in nationalized industries.⁷¹ Moreover, a campaign to abolish the sport was headed by the MP Edith Summerskill. Boxing now became a political issue and the sport's authorities responded to the growing criticism by initiating a culture of safety, something highlighted by the BBC appointing Colonel John Graham as its Chief Medical Officer in 1946.

Because of a rise in the number of reported deaths in the ring, a greater awareness of the perceived need for safer boxing also developed amongst the popular press. Between 1926 and 1951 thirteen fighters had died as a result of injuries inflicted in British rings, including two after the war. In 1951 the sports columnist for the *Empire News*, Harold Mayes, had investigated the causes of 'Deaths in the Ring'.⁷² He followed this up with a series of articles advocating some safety measures. These included giving all boxers a log-book and suspending a fighter for six months after he had been knocked-out. He also suggested that the ideal boxing referee would be a 'medical man'.⁷³

Interestingly, it was the amateur game that had initiated a greater drive towards boxing safety. In 1949 the Amateur European Boxing Association held a meeting on the question of traumatic encephalopathy.⁷⁴ The following year it introduced a raft of safety measures that were adopted by a newly-formed medical commission of amateur boxing's international governing body, the International Association for Amateur Boxing (AIBA). These included boxers not being able to fight after being knocked out and being banned for one year if they had been knocked out three times in a row. In addition, boxers under seventeen would not be able to compete in international events. The medical commission was also to compile a database of the physical state of international amateur boxers.⁷⁵ Medical controls were also tightened up at the Olympic boxing tournament. Previously, there had been a 'box-off' for the bronze medal between the losing semi-finalists. These box-offs last took place at the 1948 Olympics. In 1955 it was decided that for 1956 the losing semi-finalists

would share bronze medals.⁷⁶ Two years later the AIBA suggested that the number of bouts at Olympic tournaments should be reduced as too many were thought to be a danger to boxers.⁷⁷

In 1950 boxing authorities in all parts of the world were tightening up existing regulations. In the USSR the Committee for Physical Culture and Sport declared that a man would be declared the loser if he was knocked down three times in the same round. In addition, a boxer injured during a contest could now be removed on the decision of a doctor or a chief judge.⁷⁸ However, not everyone was completely in favour of these moves, highlighting not only the cultural resistance to medicine's increasing influence on the sport but also that boxing was a commercial venture. The editor of *Boxing News* felt that the sport as a spectacle had suffered because of the emphasis now placed on shorter bouts. He believed that British professional boxers no longer had the reserves of stamina or were able to stand 'the wear and tear of a marathon contest'.⁷⁹ Commenting on the AIBA's medical commission recommendations of 1950, *Boxing News* was broadly in agreement but it warned 'they have to realize that boxing is a tough sport and must remain so. The boxers must be cared for – but not molly-coddled'.⁸⁰

In 1951 the London ABA also introduced a medical welfare scheme, subsequently adopted by the national body and set-up by Lew Blonstein. On joining a club every boy was examined by its medical officer as well as having a chest x-ray or an electrocardiogram. Boys with a squint were not accepted. In addition, the boy was given a log-book that stated that he was fit to box. It had to be produced at every contest and in it was recorded any injury received in a bout by the medical officer present and his recommended time of rest.⁸¹

Following the initiatives of the amateur authorities the BBBC established a medical sub-committee in 1950, headed by John Graham. From the start, eliminating punch-drunk fighters was its main aim, and one of the committee's first moves was to change the term punch-drunk to 'chronic concussion'.⁸² Other medical controls included the appointment of medical officers, plus a deputy to each of the BBBC's eight regional areas. Now every applicant for a boxer's licence was subject to a medical examination by a registered doctor before he could embark on a professional career. At first there was no neurological examination, although there was a psychological test that included questions on the boxer's recent memory and whether there had been evidence of a change in character.⁸³

Of course, these initiatives were prescriptive and to what extent examinations were comprehensive is unclear. One boxer, both professional and amateur, from the late 1950s has claimed that although he needed a medical certificate to gain a licence all this necessitated was a visit to his local GP. Furthermore, there was no medical exam involved, he was automatically upgraded from amateur to professional. Examination before an amateur fight took place two to three hours before the contest, and took about five minutes. In this time the

doctor examined a boxer's blood pressure, made him 'cough', tested the bones, breathing plus the eyes and ears.⁸⁴ The British heavyweight, Henry Cooper, described a similar pre-fight test where a doctor would grip a boxer's hand to discover if anything was broken. He was then checked for a hernia or a rupture. The boxer also had to bend down with his feet together and his eyes closed. It was felt that there would be something seriously wrong if the boxer fell over.⁸⁵

Without the technology it was difficult to detect brain injury and because of the absence of any treatment for the condition, emphasis was placed on prevention. The role of the referee was also brought into sharper focus. Under the new medical sub-committee, the area medical officers lectured all licensed referees on the medical aspects of boxing with particular reference to chronic concussion. They were instructed – although this was left open to interpretation – that they must not allow a boxer to take unnecessary punishment and 'under no circumstances allow a defenceless boxer to be struck'. If a referee ignored these instructions it could result in a suspension or losing his licence.⁸⁶

The medical profession's growing criticism of boxing

It could be argued that these measures were partly in response to doctors' growing attention to boxing's medical aspects during the 1950s. By the end of the decade the weight of medical evidence regarding the dangers of boxing had grown to such an extent that in 1959 the *Lancet* called for the sport's abolition. Significantly, it stressed the moral aspect of their decision by stating that 'as doctors we have a clear duty' to campaign for its abolition.⁸⁷ A year later an (unsuccessful) motion was put forward at the BMA's AGM calling for the abolition of boxing for the first time.⁸⁸

When concerns had first been raised about the benefits of the sport, emphasis had been placed on safety rather than abolition. In 1954 and 1955 articles, written by Blonstein and Graham on the medical aspects of their sport, had appeared in the *British Medical Journal* (BMJ).⁸⁹ Both Blonstein and Graham admitted that the sport was dangerous but that they had taken the necessary steps to prevent punch-drunkenness in boxers and that, anyway, more deaths and injuries took place in other sports. This response was one that would echo throughout the rest of the twentieth century. In an editorial, showing more sympathy with the amateurs, it was hoped that the controlling body of professional boxing would listen to the words of its medical advisers.⁹⁰

Increasingly, through articles and letters in the medical journals, there were growing criticisms of the sport's dangers. In 1957 the *British Medical Journal* had published four papers in one issue on the subject, recognizing that 'boxing is by no means the innocuous sport that some suppose it to be is apparent from the attention paid in recent years to the injuries sustained in

the ring by both amateurs and professionals'.⁹¹ The articles included one by MacDonald Critchley, described as a world famous neurosurgeon, who wrote dispassionately about the growing evidence that punch-drunkenness was a serious cause of progressive physical and mental deterioration in professional boxers.⁹² Blonstein had again contributed an article defending amateur boxing asserting that he had never observed the punch-drunken syndrome in any fighter from their ranks.⁹³ In summarising the articles, the accompanying editorial felt that, 'Many will feel that the benefits derived from boxing outweigh its dangers'. However, it also warned that 'this opinion will be hard to sustain unless every reasonable step is taken to minimize the risks of permanent injury'. Although not damming of the sport, the article suggested the weight of evidence was becoming increasingly influential in informing medical opinion on the subject.⁹⁴

Advances in medical science, particularly knowledge of the workings of the brain, gradually helped to change the nature of the boxing debate. In 1929 a German psychiatrist, Hans Berger, had invented the electroencephalogram (EEG), which could record electrical currents generated on the brain. Professor Douglas Gordon was another pioneer in the use of ultrasonics in the diagnosis of brain injury. In 1947 he set up the first EEG clinic in London.⁹⁵ By 1957 an English physician, William Grey Walter, had developed an EEG topography, which helped to locate the origins of an epileptic fit within the brain. Arguments over the effectiveness of the EEG for mapping any brain injuries of boxers continued throughout the 1950s.⁹⁶ By 1957 the *BMJ* felt that serial EEG recordings could be of value in detecting early evidence of cerebral damage.⁹⁷

Edith Summerskill and the campaign to abolish boxing

At the same time that the boxing authorities were taking greater responsibility for their fighters and the awareness of the medical profession regarding the sport's dangers was increasing, the Labour MP, Edith Summerskill launched a campaign to ban the sport. Summerskill herself epitomized post-war social democracy. A qualified doctor, she was a socialist, a modernizer and a feminist who was particularly interested in family planning and was a supporter of Marie Stopes; and like Stopes she was also a eugenicist. Her views on boxing partly reflected a wider paternalistic impulse within the Labour Party to 'improve' the population's leisure habits. In reality little reform took place, mainly because the majority of Labour voters preferred popular cultural tastes.⁹⁸

Why did she want to ban boxing? Penny Summerfield has argued that her opposition should be seen in a Cold War context. Summerskill felt that boxing glamourized violence, and that instead young men should be taught to 'hate violence and control their aggressive instincts in the interests of world peace'.⁹⁹

Her argument against boxing also combined medical reason with morality. In 1950 she had described one particular fight as a 'degrading exhibition', and later, boxing as 'appealing to sadistic impulses and the lowest and crudest passions in man'.¹⁰⁰ In 1956 she wrote *The Ignoble Art*, which again invoked medicine with a high moral tone and was replete with social democratic sensibilities.¹⁰¹

The fact is that a pleasurable feeling is induced by the sight of one man beating another into insensibility, and this primitive emotion, which in civilised people should be disciplined, is fostered by those responsible for staging these bouts. The brutishness of man is no secret. It is revealed every day in our criminal courts. We have yet to evolve into a higher society.¹⁰²

Summerskill was the public face of the campaign to abolish the sport. This led her to confront the boxing establishment, debating with the promoter, Jack Solomons, on whether professional boxing should be banned.¹⁰³ Both in 1953 and 1954 she had opposed amendments to the Budget to reduce Entertainment Duty on boxing. Proponents had argued that unless the duty was cut the sport would not survive; this is exactly what Summerskill had wanted. In 1960, following a debate, she attempted to introduce a bill in the Commons to ban professional boxing but lost the vote 120 to 17. Two years later she introduced a bill in the Lords to prohibit the authorization of boxing matches for profit. This motion also failed but the vote was much closer – 29 to 22 – and it led to the Royal College of Physicians setting up a committee to examine boxing. Its outcome, the Roberts Report (see below), was published in 1969.¹⁰⁴

Another significant landmark in the boxing debate and its public visibility was a two-day conference at Goldsmith's College on the 'Medical Aspects of Boxing' in 1963 (the papers and the ensuing discussions were published as a book in 1965). Hosted by BASM, it included representatives from the BMA, both the royal colleges of physicians and surgeons, the ministries of Health and Education as well as Blonstein and Graham representing the medical face of the amateur and professional boxing bodies, respectively. Head injuries drew the most attention. The neurosurgeon, McDonald Critchely, drew attention to the punch-drunk syndrome, or as he preferred to call it, 'chronic progressive traumatic encephalopathy', highlighting that it was difficult to diagnose the condition in its early stages.¹⁰⁵ The conference ended with a panel discussion that was chaired by Arthur Porritt and included Edith Summerskill who restated her opposition to the sport.¹⁰⁶

Criticisms of the sport did not go unheeded. In 1964 the BBBC brought in the 21-day rule; any professional boxer who had been knocked out or if the contest was stopped by the referee would now be automatically suspended for twenty-one days. Previously his licence would have been suspended just until he had been passed fit by the Board doctor, and he might have been back in the ring again after four days. In addition, any boxer would be suspended if a

doctor reported him unfit to continue boxing for an undetermined period due to an injury.¹⁰⁷ The new rule had important economic consequences for the sport as it led to a further decline in the number of boxing shows. Promoters were now unable to hire journeymen boxers who fought – and usually lost – on a regular basis. Following the Second World War boxing went into decline and the number of professional fighters fell from about 5,000 in the 1920s and 30s to 1,000 by 1950; in 1971 the figure was 250.¹⁰⁸

What was the impact of these debates on the general public? Social change was perhaps important here. In the post-war period family life was increasingly centred on children and accompanied with greater anxieties for their safety.¹⁰⁹ Where once parents gave boxing gloves to boys as Christmas presents, now they were more questioning of the sport's merits.¹¹⁰ In 1954 the National Association of Organisers and Lecturers in Physical Education had met opposition over boxing in schools from parents who were afraid 'that a blow on the head would affect a boy's mental powers'.¹¹¹ In 1960 a Mr Casson wrote to the Medical Research Council asking for their advice on the dangers of boxing. His eight-year-old boy wanted to take up the sport but he wanted to know what the doctors thought of the sport before he agreed.¹¹² Boxing was also removed from the curriculum of most schools – state and private. In 1966 the Inner London Education Authority advised its schools to remove boxing from their curriculum.¹¹³

Britain's private schools were another barometer as the sport, like fagging, the cane and cold baths, had largely disappeared by the mid-1980s. Rather than the headmasters of whom some still believed that the sport was replete with manly, character-building qualities, the parents – who paid the fees – forced the issue. The increasingly professionalized middle classes now placed a greater emphasis on educational achievement than social values and no longer accepted the traditional view of the benefits of boxing. Eton gave up boxing in the mid-1970s and instead offered the pupils judo to work off their aggression. Boxing at Marlborough had been banned in the mid-1960s. The school's medical officer and its authorities had decided it was too dangerous.¹¹⁴ Charterhouse was amongst the first to ban the sport in 1957. This had largely been through the efforts of the school doctor, Dr Waycott, who was described as young, intelligent and holding 'mildly progressive views'. In addition to boxing, he had wanted to ban nude bathing, early morning school and corporal punishment. It was only the latter that was not repealed.¹¹⁵

The Roberts Report

The publication of the Roberts Report in 1969, in light of Edith Summerskill's campaign, was an important moment in boxing's relationship with medicine.¹¹⁶ The final report conclusively made the link, for the first time, between the

length of a boxer's career and the number of bouts (referred to as 'occupational exposure') he fought with the severity of 'traumatic encephalopathy', i.e., neurological damage suffered.¹¹⁷ A random sample of professional boxers had been taken from a population of 16,781 registered with the BBBC between 1929 and 1955 and who had been a professional for at least three years. Within the sample of 250 it was found that 37 suffered from chronic brain damage.¹¹⁸

'Roberts' was part of significant on-going changes in medicine and public health in post-war Britain. Virginia Berridge has argued that the publication in 1962 of the Royal College of Physicians report on smoking had been a key stage on 'the road to the new modernized and mediatized medicine and public health'. The report on smoking signified 'a new willingness on the part of medicine to speak to the public and to use the media to do so'. This new media-friendly approach contrasted significantly with its previous secretive approach to public matters. In addition, the report also marked a paradigm shift with the growing acceptability of the epidemiological mode of investigation – mainly on chronic diseases – rather than the biomedical, laboratory-based model. The smoking report was not only an important catalyst for evidence-based medicine but the ensuing debate highlighted how publicity on medical issues would now have the authority of the profession behind it.¹¹⁹

While systematic in its research and findings, the Roberts Report, mainly a medical history of the sport during the inter-war period, was relatively sympathetic to boxing. 'Roberts', acknowledging the greater medical controls imposed by the sport's authorities since 1945, stated that, 'Medical supervision of the sport was not a prominent feature of professional boxing before the war as it became soon after and has become, increasingly since'.¹²⁰ In addition, most of the fighters who had been afflicted by traumatic encephalopathy had fought before the war: the younger the fighter, the less chance of brain injury. This was something that the BBBC was quick to point out, predicting that in five years a report would produce dramatically different results.¹²¹ Furthermore, despite pressure from Summerskill and Lord Platt, a former president of the Royal College of Physicians, the government considered that the sport, highlighting its quasi-legal status, was 'adequately controlled by the authorities' and did not 'intend to introduce statutory limitations or measures to prohibit professional boxing'.¹²² However, the overall findings of the report were largely lost in the confirmation of the link between boxing and chronic brain damage. Instead, despite the improvements in medical care, 'Roberts' had confirmed boxing's inherent dangers.

The BMA and the campaign to ban boxing

The Roberts Report also changed the nature of the medical debate. Ever since, boxing has had to defend and justify itself in light of growing medical evidence. The attitude of the boxing authorities shifted from one of denial to a need to

manage the sport's dangers. The medical profession became more assertive and more confident in its public pronouncements through its new relationship with the media, and in 1982 the British Medical Association finally called for the sport's abolition.¹²³

In 1982 it was estimated that since 1945 at least 336 boxers worldwide had died from injuries sustained in the ring, of which nine had been in Britain.¹²⁴ Despite a rise in professional British boxers from 250 in 1971 to 480 in 1980, this still represented a picture of a sport in decline.¹²⁵ Numbers within the amateur ranks also fell. In 1979 there had been 44,850 registered amateurs on the ABA's books; this had dropped to 30,540 by 1987.¹²⁶ By 1984 there was little dispute about boxing's dangers and the BBC's chief medical officer, Dr Adrian Whiteson, in response to the BMA's stance, accepted this. In an open letter, he emphasized the board's 'philosophy on the medical protection of boxers'. He continued, 'As Chief Medical Officer my approach has always been that preventive controls are the key to making a physically hazardous sport as safe as possible'. He then tellingly invoked the claim that boxing was about freedom of choice. With the banning of boxing unlikely, what was now most important was the sport's medical management rather than if it was dangerous or not.¹²⁷

Boxing had come under further scrutiny following the deaths of a number of high-profile boxers and criticism of the sport in the media. In 1978 the Italian Angelo Jacopucci went into a coma and died of a cerebral haemorrhage after being 'battered to defeat' by the British fighter, Alan Minter. Subsequently, three people were charged with his manslaughter in an Italian court – the referee, the ringside doctor and Jacopucci's manager. All were later acquitted.¹²⁸ In New York, boxing was briefly suspended in 1979 following the death of Willie Classen. An inquiry by the State senate was held, indicating the importance the authorities were giving the matter. Boxing resumed a few weeks later following neurological training courses for physicians and referees alike.¹²⁹ In 1982, however, the South Korean, Duk Koo Kim died after lapsing into a coma following his US-wide televised world title fight against Ray Mancini.¹³⁰ The fatality that received most publicity in Britain was that of the Welsh bantamweight, Johnny Owen, in September 1980. A blood clot developed on his brain after being knocked out by Lupe Pintor and in the motion of falling his head struck the floor heavily.¹³¹ Young Ali from Nigeria died after being knocked-out by Barry McGuigan in 1982.

The spectacle of boxing was also beginning to be seen by some boxing supporters as barbaric and uncivilized. Following what was called a 'one-sided pummelling' of Randall Cobb by Larry Holmes for 15 rounds, Howard Cosell, America's best known sports commentator, vowed that the sight was so sickening he would never report on another boxing match.¹³² The fight that aroused the most controversy was Muhammad Ali's defeat against Larry Holmes in 1980. It was shown around the world and it was widely believed

that Ali took too much punishment. Ali was later diagnosed with Parkinson's disease. Similarly, the former World heavyweight champion, Joe Louis, was portrayed by television as a 'shambling hulk' in his declining years.¹³³ In 1980 *The Times*' boxing correspondent, Srikumar Sen, a former Oxford boxing blue, had urged the BBC to oppose Ali continuing his career after the Holmes fight against the British heavyweight, John L Gardener. He also opposed the fight between Sugar Ray Leonard and the British boxer, Maurice Hope, on the grounds that Hope had 'a good chance of being seriously injured'.¹³⁴ During the contest Hope was duly knocked out and lay on the canvas unconscious for almost 10 minutes, his body shaking in convulsive shudders. It prompted another attempt to ban the sport in Parliament: the bill failed by 77 votes to 47 to gain a second reading in the Lords. It had been moved by Lord Gfrye who felt that, 'The perpetration of violence was evil' and that 'Anything [that] encouraged or glorified it damaged the fabric of civilised society'.¹³⁵

The research of Roberts was built upon by further work, especially J. Corsellis, a neurologist who examined the brains of fifteen former boxers in 1973. From this study, symptoms of 'progressive neurological deterioration' became apparent and proved that chronic concussion was a much more insidious process than had been first thought. Some fighters had begun to deteriorate mentally while still boxing. With others the process had been slower and could take ten to twenty years after retirement until the condition was noticed. This could then lead to the onset of cerebellar ataxia, slurring dysarthria, confusion and intolerance to alcohol. The personality could also deteriorate along with violent behaviour and rage reactions with symptoms of Parkinson's disease also appearing. Several had ended up in psychiatric institutions. Of the two world champions in the study, one died severely demented in a psychiatric hospital; the other died a vagrant and also seriously mentally deranged. The cardinal point of the study was that the brain could not withstand the repeated trauma that apparently even relatively light blows to the head could induce.¹³⁶

While boxing and its dangers were now a frequent topic in the mainstream medical journals, it is interesting that the subject was hardly broached in sports medicine's main journal, the *British Journal of Sports Medicine*. In a letter to the journal, for example, one prominent BASM member, Rex Salisbury Woods, also the honorary medical officer for Cambridge University boxing club, bemoaned the constant attacks on boxing during this period for making the sport less popular, especially in schools.¹³⁷ In 1991, the year of the Watson-Eubank fight, there were no articles on boxing. The BASM position had been spelt out in an editorial of the journal in 1983. It asserted that the medical risks of amateur boxing were few, and made the point that even professional boxing was now more strictly controlled than it had been twenty years previously.¹³⁸ Another editorial in 1986 had complained that while there were plenty of column inches on injuries sustained in boxing, there were relatively few reports devoted 'to favourable influence of sport on health and well-being'.¹³⁹

Nevertheless, a global consensus emerged over the dangers of boxing. Because, by the early 1970s it was perceived as 'the world's most comprehensive modern welfare state',¹⁴⁰ it was perhaps unsurprising that professional boxing was banned in Sweden in 1969. It was banned in Norway in 1982 although amateur boxing still continued in both countries.¹⁴¹ By 1984 there had also been calls for an outright ban on boxing by the medical associations of Britain, Canada, America and Australia as well as the World Medical Association.¹⁴² In 1980 the Canadian government had set up a task force to inquire into the dangers of the sport following the deaths of two professional boxers in Canadian rings.¹⁴³ In 1983 a ban on boxing was called for by the *Journal of the American Medical Association* after the publication of new research that claimed chronic brain damage was common amongst boxers.¹⁴⁴ However, a report by the association's Council on Scientific Affairs concluded that 'the sport does not seem any more dangerous than other sports presently accepted by society'.¹⁴⁵

Following its decision to campaign to abolish the sport, the BMA's board of science and education commissioned a report, in co-operation with the ABA (although not the BBBC). Its subsequent publication in 1984 concluded that brain damage was a likely consequence of either amateur or professional boxing and that even one punch could cause permanent brain damage. In addition, because of new x-ray scanning techniques the damage associated with the 'punch-drunk' syndrome was now detectable before the clinical signs – slurred speech, staggering movements, poor co-ordination and memory loss.¹⁴⁶ In the same year the BMA voted to stage a campaign against the sport 'to influence public opinion to ultimately ban boxing' – both professional and amateur.¹⁴⁷

Reaction to the BMA's report varied. Despite an editorial headline, 'The noble art of brain damage', *The Times* said in 1984, that any banning of boxing would be an 'unwarranted interference with individual liberty'.¹⁴⁸ Unsurprisingly, following its co-operation, the ABA was unhappy about the report and felt that the BMA had hijacked the debate for its own political ends.¹⁴⁹ The BBBC had anticipated the report's outcome and refused to co-operate. The board's chief medical officer, Dr Adrian Whiteson, not only emphasized the freedom of choice argument but that boxing was safer than sports like rugby union and rugby league. It was pointed out that between 1969 and 1981 480 people had died in sport in Britain: two had been professional boxers and three amateurs.¹⁵⁰ Moreover, it was argued that if boxing was banned it would create other problems i.e., it would 'go underground', and it was better for boxing to be properly controlled.¹⁵¹ Nevertheless, in what can be described as something of a public relations exercise, following the report the board introduced CT scans for new professionals who had had a vast number of amateur fights.¹⁵²

Medical arguments against boxing had been enhanced by scientific advances in the examination of the brain, in particular, Computerized Axial Tomography

(CAT or CT) scans that had been invented by the British engineer, Godfrey Hounsfield in 1967. It transmitted fine x-rays through the patient to produce detailed cross-sections, which were computer processed, creating a 3-D picture revealing pathologies in the brain of various kinds. Unlike other tests such as the EEG, the new techniques revealed the extent of brain damage before there was any outward or visible evidence of deterioration.¹⁵³ Due to the improvements in brain scanning techniques, it was reported that a manager, Burt McCarthy, had cut his links with one of his boxers, David Pearce, because of a possibility of neurological problems.¹⁵⁴

During the 1980s the IOC continued to closely monitor the debates over boxing and set up medical commissions in 1983 and 1990. In 1984 the AIBA made headguards compulsory at the Olympics tournament.¹⁵⁵ The English amateur boxing authorities also tightened up their regulations. By 1990 any amateur boxer over thirty was medically re-examined every year until he was thirty-five when he had to retire; before thirty he only had to be examined at five-year intervals. A boxer knocked out or where the referee had stopped the contest, the rest period was a minimum of 28 days. If he was knocked-out again within 84 days, he wouldn't be allowed to fight for at least another 84 days.¹⁵⁶

In the professional game perhaps the most significant development was the reduction of title fights – World, European and British – from 15 rounds to 12 rounds from 1983.¹⁵⁷ In addition, each doctor on the BBBC medical panel now had to be trained in the management of the unconscious patient.¹⁵⁸ No tournament was allowed to take place without two doctors in attendance and they needed to have 'a working knowledge of sports medicine and trauma management'. Certain medical facilities had to be on site and an ambulance on standby. A local hospital had to be advised that a tournament was taking place, although the need for a neurological unit to deal with head injuries was not compulsory at this stage.¹⁵⁹

Boxing on the ropes

Boxing injuries and deaths remained an ever-present danger. Between 1993 and 1996 six boxers had been seriously injured in the ring and two had died. Based on research between 1974 and 1998, it was indicated that, on a worldwide basis, an average of five fighters died each year. A significant number of injuries occurred during title fights when boxers were physically in peak condition, which increased the potential of serious injury.¹⁶⁰ Compared to other sports, however, boxing remained relatively safe. According to figures from the Office of Population Censuses, between 1986 and 1992 there was one death in boxing in England and Wales compared with 412 deaths in water sports.¹⁶¹

The campaign to ban boxing perhaps reached its peak in the mid-1990s. It had been given greater credence due to the injuries received by Michael Watson and Gerald McClellan in their contests with Chris Eubank and Nigel Benn in 1991 and 1995, respectively. Both fighters were left severely impaired following the fights. In April 1994 the British boxer, Bradley Stone, died from severe brain damage following his contest against Richie Winton, and the next year James Murray also died in the ring.¹⁶² In 1995 the death of Murray had prompted another attempt to ban the sport through Parliamentary legislation. Like the other four since 1981 the bill was defeated.¹⁶³ The *Guardian* newspaper had long campaigned for the abolition of the sport and in the aftermath of the Benn-McClellan contest, an editorial stated that, 'Boxing remains a brutal sport that degrades not just the combatants but the spectators too. A civilised society would insist it was stopped'.¹⁶⁴

Although this was familiar stuff from the abolitionists, predictions of the sport's demise were now also being made amongst boxing aficionados. After the death of James Murray, John Morris, the secretary of the BBBC, remarked that, 'We are responding to the biggest crisis there has ever been in boxing'.¹⁶⁵ Similarly, in the wake of Murray's death, Harry Mullan, who had been editor of *Boxing News* for the previous eighteen years, expressed doubts that the sport could continue. He said, 'I think anyone with half a conscience or a heart or an ounce of compassion has to wonder what he's doing in boxing'. Despite his long association with the sport, Mullan felt that 'the negatives are beginning to outweigh the pluses I'm afraid. These tragedies are happening far more frequently than they were when I came into boxing. I'm sure there must be more than coincidence behind that'.¹⁶⁶ In October 1995 John Rodda, the *Guardian's* boxing correspondent, retired after forty-nine years of reporting on the sport. This had been three weeks after James Murray's death on which he had written that 'the drip, drip, drip on my conscience has taken me close to the point where I believe it [boxing] should be banned', and describing boxing as 'the noble art (that) now seems little more than a bloody way of making money'.¹⁶⁷ Even the promoter, Frank Warren, whose livelihood was dependent on the sport, said in the same month, 'I've spent a long time defending boxing and trying to justify it and I'm not doing that any more'.¹⁶⁸

In addition to concerns over boxing's safety, many commentators felt that the spectacle of boxing was becoming tasteless and tacky (although boxing had always had a reputation for seediness).¹⁶⁹ These criticisms were mainly a product of its relationship with television, which largely financed the sport. Both the Watson and McClellan fights had been subject to much hyperbole and media coverage; thirteen million watched the Benn-McClellan fight.¹⁷⁰ Another consequence of television's growing influence was the proliferation – the alphabet soup – of governing bodies, detracting from boxing's credibility as a sport. By 1999 there were thirteen such organizations – WBC, WBA, WBO, IBF etc. Unlike other governing bodies, like motor racing's FIA and the Jockey

Club, it meant that boxing was unable to centralize data on injuries and hence, formulate a strategy for their prevention and treatment.¹⁷¹ In an attempt to improve the sport's image in Britain, professional boxers formed themselves into a union, the Professional Boxers' Association in 1992. It represented around 300 of Britain's 650 professional fighters and it made improving medical regulations and campaigning for better insurance and pension conditions its prime objectives.¹⁷² In 1994 the union brought out its own safety code for boxing.¹⁷³

The British Medical Association maintained their publicity drive against boxing with the publication of *The Boxing Debate* in 1993. A new priority was a ban on under-16s boxing. The report also claimed that advances in brain scanning had improved the accuracy of tests on boxers, and had revealed damage not previously traced.¹⁷⁴ In addition, there was a more populist approach to its campaign. In 1996 it launched a sixty-second anti-boxing advert that was screened in cinemas. The commercial featured two conkers banging against each other, which eventually turned into human brains.¹⁷⁵ The BMA's language also became more emotive and populist. 'Chronic concussion' was replaced with 'brain damage'. One doctor compared a violent punch with an effect similar to a 'blancmange being whisked around in a wood box. It scrambles the brain'.¹⁷⁶ A punch from a heavyweight boxer, it was estimated, was like being hit with a 6kg mallet at 20mph. Another BMA claim was that every time a boxer was hit with a hard punch to the head he could lose up to 20,000 brain cells.¹⁷⁷

Medical control, however, was also being shaped by the changing nature of the sport. To appeal to television audiences, fighters with an all-action style were sought while boxers took advantage of developments in sports science, such as nutrition, which enabled them to train longer and hence, give and take more punishment. More boxers introduced weight-training into their training schedules (see Chapter 4). In addition, although gloves had got heavier to cushion blows, the bandaging of hands formed a padding that meant a boxer could hit to the head with full force without taking much risk of injuring his hands, thus increasing the chances of inflicting brain damage.¹⁷⁸

Medical bureaucracy was further increased in the immediate aftermath of the Watson-Eubank fight. It had been found that proper resuscitation procedures had not been in place and that the ringside doctor was not an expert in resuscitation. If these measures had been in place, Watson may not have suffered from long-term brain damage. Moreover, Watson was not stretchered off until fourteen minutes after the end of the fight and it was another fourteen minutes before he received resuscitation at the nearest hospital.¹⁷⁹ The BBBC, in conjunction with the Minister for Sport, announced eight new safety measures. In particular, there had to be an ambulance standing by with paramedics who could take a boxer to a pre-advised neurosurgical unit at a nearby hospital and full, adequate resuscitation equipment had to be available at the ringside,

supervised by fully trained staff.¹⁸⁰ Significantly, these were mandatory regulations and legally formalized boxing's relationship with medicine because now boxing shows could not go ahead if these measures were not in place. Despite these measures being in place for the Benn-McClellan fight though it did not prevent McClellan suffering from brain damage.¹⁸¹

Even before the McClellan and Murray fights, the BBBC had commissioned a report by an independent medical panel in 1994.¹⁸² Recommendations included the suspension period for boxers knocked out or stopped to be extended from 28 to 45 days nor to spar for 28 days. In addition, the referee was permitted to consult a ringside doctor who, between rounds, could alert referees to problems. Traditionally, the referee had been the sole arbiter in this area. The report's most significant recommendation though was that all professional boxers should undergo a Magnetic Resonance Imaging (MRI) scan – an upgrade on CAT scans in detecting brain damage. MRI scans were made compulsory in 1997.¹⁸³

In addition to MRI scans and medical care during fights, more attention was devoted to the preparation of boxers, especially with regard to the effects of dehydration through weight loss. Following a successful operation on Paul Ingle in 2000, it was stated that he was the fourteenth boxer to require an emergency procedure after a contest in a British ring since 1986, and in all but one, weight loss was a factor.¹⁸⁴ This had been a problem, or even a tradition, long associated with the sport where fighters would deprive themselves of liquids in order to make the weight. Some fighters used laxatives, diuretics, saunas and starvation diets to shed excess pounds in a hurry. Following the weigh-in their weights could balloon up to over a stone. Fighting in the nine stones featherweight division, for example, Ingle's weight was up to twelve stones during contests.¹⁸⁵ It was believed that there may have been a link between rapid weight reduction and the loss of cerebral spinal fluid, the fluid in which the brain is suspended, and hence a factor in some boxers developing blood clots on their brains and thus requiring surgery after fights.¹⁸⁶

In 2001 the BBBC introduced regulations where before all championship contests, boxers had to be weighed when a fight was announced or a contract signed. There was to be a second weight check three days before the weigh-in, which was to take place between 24 and 36 hours before the fight. In addition, all boxers were subject to random weight checks to ensure any weight loss was gradual and not likely to cause dehydration. There was to be a greater emphasis on education with more scrutiny of training techniques. In addition, every trainer had to keep a training diary for all boxers, detailing fitness and training programmes, records of sparring and regular monitoring of weight before and after every session. All trainers and seconds were to undergo compulsory courses in techniques of weight reduction as well as diet and nutrition. However, the PBA's chairman, Barry McGuigan called these measures 'old-fashioned'.¹⁸⁷ By 2006 a 'check weigh-in' had been introduced

for title fights to take place three days beforehand in which boxers had to be within three per cent of the weight limit.

Conclusion

While boxing has survived, despite the overwhelming medical evidence that has proved its dangers, the sport remains one punch away from crisis i.e., a death in the ring. Ironically, the sport's survival depends on a close relationship with medicine. So close, that possibly the most effective way for doctors to stop professional boxing would be to withdraw their labour. As professional boxing promotions legally require the presence of doctors, their absence would make it impossible for the event to take place.¹⁸⁸

The relationship has not been an amicable one. Rather the medical profession has attempted to impose its will and influence on the sport, both in a medical and ethical sense. Boxing's resistance and survival has been partly based on its autonomy, a product of British sport's voluntary principles. It meant that any interference by the state would be taken reluctantly. Within this struggle, the medical profession's growing influence on boxing's ethical debate mirrored the changing status of doctors during the twentieth century. One member described the BMA as 'the medical adviser to the nation', and felt that it had a duty to persuade fellow citizens to recognize health hazards, something that it had done with campaigns on compulsory seat-belts and the ban on tobacco advertising.¹⁸⁹ The ethos of welfarism that had permeated society was mirrored by the medical profession's greater concern with boxing, backed up with growing medical evidence. Yet the debate over boxing and its ethical nature also harks back to on-going cultural tensions that have revolved around the notion of 'civilization', dating back to the early nineteenth century. The Golden Age of prize-fighting had been brought to an end due to the onset of the moral reform movement and similar ethical and moral arguments were invoked in attempts to abolish the sport, albeit in a different context during the second half of the twentieth century.

By the twenty-first century boxing was undergoing a mini-revival. It perhaps reflected a shift towards more consumerist attitudes in society generally. During the 1990s the consumption of violence showed few signs of abating. Not only did boxing survive but there was also great interest in the, albeit manufactured, World Wrestling Federation. Martial arts retained their popularity whilst other combat sports, such as Total Fighting and Ultimate Fighting, were causing concern amongst the medical profession.¹⁹⁰ Worst of all for many doctors and in the boxing fraternity, women's boxing was made legal in 1998, and was an Olympic sport for the London 2012 games.¹⁹¹ In 2007 professional boxing was even re-introduced into Sweden after a break of thirty-six years.¹⁹² It is unlikely that boxing in Britain will be banned in the near future – although its legality

has yet to be tested in court. It may be that, because of what may be perceived to be suffocating medical regulations, the sport will fade away. The grass roots of the sport could decline due to pressure from the public and parents, in the case of children. However, there still seems to be a market for violent sports and compared to the emergence of new combat sports and the prospect of boxing going underground, the government may actually prefer that boxing remains legal.