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Introduction

Published in 1962, *Sports Medicine* was the first English language book with the phrase ‘sports medicine’ in the title.¹ Edited by John G.P. Williams, a pioneering figure in British sports medicine, this collection of essays, aimed mainly at general practitioners but also coaches and trainers, was a landmark study. In the preface it was claimed that the book was necessary because of the intensity of modern competitive sport, which had resulted in the emergence of a new type of person – the trained athlete; hence the need for a book, which could cater for the special demands of this lifestyle. There are chapters on both the physiological and psychological aspects of sport, training methods as well as the treatment of injuries. ‘The Athlete’s Life’ is the final chapter. Written by Williams, it touches upon aspects of physical hygiene and includes advice on cleanliness and oral health. There is also a section that gives guidance on an athlete’s sexual habits. It was recommended that a ‘married couple should maintain the normal pattern of sexual relationship during the training and competition season’. So far, so good. The advice then gradually takes on a decidedly moral tone. Single athletes are advised ‘most strongly against extramarital intercourse’. Athletes are advised against masturbation on moral grounds but if he – and there is no mention of she – feels he must then he should go ahead. Nocturnal emissions, i.e., wet dreams, are explained as ‘a natural and normal part of adolescence’, and there is no need, as one male athlete did, to tie a soft-drink bottle around his waist to prevent himself lying on his back. Homosexuality is regarded as a perversion. This ‘problem’, it is stated, ‘must be handled with sympathy and delicacy’, which includes the seeking of psychiatric advice. Williams cautioned that if ‘cases’ appear – like an outbreak of the measles – among members of a touring team they may have to be sent home and classified as ‘sick’. Interestingly, in a later book, published in 1965, Williams makes no reference to homosexuality, although he repeats his other advice on ‘sexual hygiene’. It perhaps indicates how even within three years the Sixties were having an impact on social discourse.² The aim here is not to criticize Williams’ attitudes towards sex. Instead it is to demonstrate the increasing role doctors were now playing in the lives of athletes and how far this extended, as well as how their views on the bodies of athletes were shaped by wider social and cultural forces.

The actions of the body have become part of the sporting language. Whether through the pushing of an athlete’s body to the limit of its capabilities or the breaking down of a particular part of this ‘machine’ through injury, sport has been expressed in medical terms. In his study of American sporting autobiographies, James Pipkin has identified how athletes base their identity

on their bodies and have an obsession with body image. However, while their 'super fitness' and athletic prowess engenders a feeling of indomitability, there is also the constant pressure of competing and the fear of injury and that this indomitability will be taken away from them with the loss of identity that this would entail.³

In her autobiography, Paula Radcliffe makes the reader fully aware of the importance she places on her relationship with medicine. It reads in part like a medical logbook due to the numerous visits she makes to various practitioners. However, she puts more faith in one form of therapy than the others – and this 'faith' is a recurrent theme throughout. Moreover, another important part of the life of the modern athlete that comes through in the book is the time spent coping with and recuperating from injury.⁴ The obsession with medicine, therefore, is unsurprising. An athlete's body is his or hers only resource. How this resource has been studied and managed through the prisms of sport and medicine is the focus of this book.

Sport and medicine have been two of the major cultural and scientific growth areas of the twentieth century. Medicine has become 'increasingly central to changing expectations of life and death' and has 'pervasively and profoundly influenced the ways in which people come to maintain their bodies, to mind their minds and to interact with the world around them'.⁵ Sport similarly exerts powerful but largely unseen influences on much of the world's population. It has not only influenced leisure and consumption patterns, moral values, aesthetics, conceptions of time and space, work and play, individual and society but also ideas about race and gender, and the body.⁶

The aim here is to write a history of the relationship between sport and medicine in its widest possible context. In many ways sport and medicine are natural bedfellows because of the emphasis on bodily experiences. As Richard Holt has observed, 'Sport is cultural as well as physical, and what we do with our bodies is very much a product of what we think we ought to do with them'.⁷ Similarly, while much of medicine is based on knowledge about the body in sickness and health, these 'ideas and practices do not develop through their own inexorable logic'.⁸ Instead, as Cooter and Pickstone argue, medical knowledge is subject to the social, political and cultural contexts in which it is produced and used.⁹ These 'bodily experiences', therefore, have not been politically or socially neutral because both sport and medicine also act as cultural agencies. In linking the two together, Patricia Vertinsky has identified how the expanding power of medical knowledge in the production and regulation of sporting bodies has been one of the most significant developments in sport over the second half of the twentieth century.¹⁰ Sport has also been an expression of twentieth century modernity in which the rational, scientific measurement of the performer as well as the performance has been an integral part. As athletes have come to see the benefits of medicine so scientists have become interested in investigating the possibilities and potential of the athletic body.

However, we can also identify elements within sport that makes its relationship with medicine seem peculiar to other areas of society. In particular, although the idea of regular exercise has long been thought of as a pathway to good health, sport at the elite level (and even at recreational level to a certain extent) is about excess and it can be considered unhealthy – maybe pathological – due to the general wear and tear on the body and the injuries sustained. Whereas the function of medicine has generally been to act as a rational response to ill health, elite sports, especially those that involve physical contact, have produced different responses from doctors. As a consequence, it can lead to dilemmas for practitioners, patients and medical organizations alike that are alien to the ‘normal’ response.

Sports medicine or sport and medicine?

The breadth of the relationship between sport and medicine is wide as well as complex. One means of simplifying the relationship has been to just call it ‘sports medicine’. However, like ‘medicine’ itself, the phrase sports medicine is protean. Cooter and Pickstone have stated that medicine can range from what we take or receive ‘for our own good’ from a bottle, as pills or products from multi-national companies. It can also mean the professional practices of healers as well as refer to institutions of research and education, hospitals or the local GP’s surgery. Medicine is often equated to the provision nation-states make for the fitness of their populations through national health schemes.¹¹

The term ‘sports medicine’ had not been coined by 1914 and as a specialism sports medicine has been a relatively late modern innovation. It was only in 1932 that the first book to use the term was probably written: Dr Hermann Herxheimer’s *Grundriss im Sportsmedizin (Foundations of Sports Medicine)* was published in Germany. An international organization, the Fédération Internationale de Médecine Sportive (FIMS), was founded in 1928.¹² However, sports medicine was not used regularly in the English language until the formation of the American College of Sports Medicine in 1954. Medical specialisms have tended not to have had fixed definitions. Instead they have evolved, making any definition problematic. Defining sports medicine is further complicated because it is a holistic practice, covering a wide range of interests, such as the treatment of injuries and performance enhancement.¹³

At the heart of sports medicine’s identity have been debates over whether it should be directed more towards elite athletes or the general population. In the late 1950s, for example, the Canadian doctor, Doris Plewes argued that sports medicine was about ‘the physical efficiency of normal people’ not with athletes *per se*. Any experiments on elite athletes, therefore, should be for the benefit of the population as a whole.¹⁴ In 1999 the British Association of Sport and Medicine (BASM), which had been formed in 1952, changed its name to the British Association of Sport and Exercise Medicine (BASEM).

This was to accommodate a shift towards a greater emphasis on exercise medicine by the state, partly due to concern over rising obesity levels. In 2005 the UK government bestowed specialty status on sport and exercise medicine despite no consensus amongst sports medicine practitioners in the United Kingdom (nor in many other countries) over what actually constituted a sports medicine specialist.¹⁵ In 2006 Paul McCrory, the editor of the *British Journal of Sports Medicine* could still state:

There is no universally accepted definition of sports and exercise medicine (SEM). The nature of the discipline has changed over time and continues to do so as SEM begins to clarify its scope more clearly and delineates itself from the traditional medical specialities.¹⁶

As McCrory also pointed out, the British government now set the parameters of the discipline whereas previously an unregulated sports medicine landscape allowed for much flexibility in its definition.

Because it has held different meanings at different periods throughout recent history, there is a danger of seeing sports medicine solely in terms of the medical profession and how it has developed as a medical specialty. The development of sports medicine as a specialty is an important element in the story of the relationship between sport and medicine but it is only one part. Because of this elasticity, therefore, rather than make claims about writing a hermetically-sealed history of sports medicine, this book is more concerned with the relationship between sport and medicine and how this has developed over time and place.

Histories of sport and medicine

The histories of medicine and sport have followed similar trajectories, although medical history was being written from the nineteenth century – by doctors to mainly illuminate scientific or professional issues – whereas academic histories of sport emerged only in the 1970s.¹⁷ Each benefited from not only the expansion of higher education and with this the growth in academics and newly researched subjects but also both drew upon the new social history from the Sixties. Initially, the history of medicine placed an emphasis on medical knowledge whereas labour history provided a framework for the history of sport. Both sub-disciplines later came under the influence of cultural history and the linguistic turn. As a consequence, the history of medicine has seen a growth of cultural and historical studies of the body and its diseases and a shift away from the history of science and technology, health services and demographics. Within the history of sport there has been a quest to locate its meanings, especially identities, whether local or national, or increasingly the self.¹⁸

What attempts have been made to merge these two branches of history? Unsurprisingly the shifting debates over definition have also been mirrored in

the scope of the academic work on sports medicine. In their edited collection, Berryman and Park make a similar observation about the difficulties in nailing down a definition, and indeed, their ground-breaking book is perhaps confusingly titled, *Sport and Exercise Science: Essays in the History of Sports Medicine*.¹⁹ Some early histories of sports medicine and sports science were written by practitioners and had teleological tendencies.²⁰ There continues to be a sense in some of the literature that emphasizes the idea of the ‘progress’ of both sport and medicine; possibly a product of sport being judged by the stop-watch and tape. Even the otherwise excellent doctoral thesis of Nicholas Bourne on a history of sports science tends to look upon the subject uncritically and with an inevitable sense of improvement.²¹ But just as improvements in health have resulted in people living longer and has shifted debates towards issues such as Alzheimer’s, so with sport, improvements in human athletic performance has provoked debate over topics such as drugs. This book is concerned with the historical context in which these ‘improvements’ have taken place.

Pioneered amongst others by Roberta Park, much of the early academic literature focused on the fusion of ideas that linked health and wellbeing through the pursuit of physical activity as well as the development of physical education in North America.²² Patricia Vertinsky, another pioneer, has analysed how prevailing medical discourses concerning women’s exercise since the nineteenth century have shaped gender power relations²³ while some of Park’s work has also overlapped with the history of sports science.²⁴ Other work here has tended to focus on the idea of performance enhancement within specific contexts.²⁵ The area that has attracted most academic attention though has been on drugs in sport, a subject not only tightly linked to athletic performance but also tied to ethical and moral debates around cheating, which has led to a focus on the anti-doping regulations of sporting authorities in their attempts to eradicate cheating.²⁶ More recently there has been a shift towards seeing drugs in sport in a wider historical context and the questioning of some past assumptions.²⁷

In 2007 Mike Cronin noted that there had been a gap in the historiography of sports medicine as ‘a practice that treats injury’. While there is now some work in this area stressing continuities and discontinuities²⁸ there is also a large sociological literature, which has mainly focussed on the notion of pain and the professional credentials of sports medicine practitioners.²⁹ Linked to debates on the culture of risk, a considerable literature on the working lives of physiotherapists and doctors – and their professional status – in football and rugby has been produced.³⁰ Ken Sheard has similarly examined how injuries in boxing have been managed as well as the moral implications for the sport.³¹

In her recent book, Vanessa Heggie has written persuasively on how in Britain the history of sport and exercise medicine as a formal medical specialty can be explained through a biomedical understanding of the athletic body: ‘It is only

when the athlete becomes “not normal” – that is, both supernormal as well as abnormal – that one can have sports medicine as distinct area of expertise’.³² While the emergence of a distinct athletic body is not denied, this book takes a slightly different direction. Because sports medicine has traditionally been a space occupied by a variety of practitioners – medical and non-medical – the objective here is to explore the multi-faceted relationship between sport and medicine through a number of the constituent elements that have emerged such as fitness, injuries, performance enhancement and ethics as well as a specialty. In the heart of every athletic body beats a strong competitive impulse but this book also gives a nod to the different types of athletic bodies, which have been inscribed with different meanings. While sport – through its rules – has been an artificial construction, it has also been a cultural agent that has had a power to work on its participants and consumers ideologically,³³ and as the meaning of sport has mutated there has been a subsequent shift in the demand for medicine.

Through sport, for example, meanings of gender have been produced and re-produced. Sport has been a largely masculine affair with an emphasis on the values of courage, loyalty and hardness as well as an ability to withstand pain that have been traditionally associated with men. However, in their attempts to claim some of the cultural space filled by men, female athletes have also appropriated some of these qualities. Moreover, sports with physical contact have also engendered attitudes that they are about the giving and taking of hard knocks. As a consequence, playing with injury has become an acceptable part of the sporting sub-culture. Some sports created their own individual meanings. Cricket was seen as a gentlemanly game while prize-fighting became a metaphor for British patriotism. The Tour de France, through the media, developed a heroic ethos and a cult of suffering and survival.³⁴

In addition, sport has created its own ideologies. In the early twentieth century, sporting values had been seen as a preparation for war, for example.³⁵ The amateur ideology was the most persistent. Amateurism is a slippery concept but it carried heavy moral and ethical overtones. It was essentially a state of mind in which social status was all important. British ‘gentleman amateur’ administrators ran sports for themselves in order to transmit the values of *esprit de corps*, the character building nature of sport, fair play and sportsmanship, as well as to *de facto* exclude the working classes and to keep the professionals in their place. Tensions between amateurs and professionals reverberated throughout the twentieth century. Amateurs loathed the association of sport with money, especially through gambling. There was also a dislike of winning through any form of ‘specialization’. Yet for many amateurs winning was important. This was partly the reason why in 1882 the Amateur Rowing Association had excluded manual workers because amateur oarsmen could not hope to compete with the watermen of the Thames and Tyne. Also in 1882, the formation of the Corinthians, that bastion of amateurism, had

been underpinned by competition. The club's founder 'Pa' Jackson, fed up with Scotland regularly defeating England in the annual football international, wanted to build a team that comprised the best English (amateur) players so that they would become familiar with each other's play.³⁶ Amateurism ran deep into British society. It was also an aspect of the Victorian obsession with health and the idea of *mens sana in corpore sano*. Sporting administrators emphasized active participation and there were attempts to regulate violent play: the amateur body had to be protected as well as developed. As a consequence, moderation in exercise became the watchword.³⁷

Moreover, given their middle-class backgrounds many doctors were instilled with these notions and a number of them played an important role in running British sport during the twentieth century. Amateur values were also present in professional sports like football, which was largely resistant to coaching. The amateur hegemony within British sport ran into the 1960s, although amateurism was not applied uniformly by each sport and the nature and meanings of amateurism itself shifted in light of changes in the sporting world. However, these attitudes coloured the sport-medicine relationship and can be summed up by Geoff Dyson, who was the first chief coach of the Amateur Athletic Association from 1947 to 1961,

the British attitude, particularly in Oxford and Cambridge, the Fighting Services perhaps a little less so but at public schools, would go something like this – if you do well in sport and you train, 'Good show', but if you do well in sport and you don't train, 'Bloody good show'.³⁸

Similar views about the 'amateur nature' of British sport would be aired frequently throughout the twentieth century. International sport had begun to emerge from the early 1900s due to the founding of organizations like the International Olympic Committee (1894) and football's world governing body FIFA (1904) and the values of amateurism later became embedded in the administration of these bodies. Yet this did not mean notions of fair play and competition were incompatible. Out of his admiration for the English sporting model, Pierre de Coubertin, the founder of the IOC, advocated an (elitist) ideology of Olympic universalism. While invoking Greek classicism, 'Olympism' also promoted notions of athletic excellence because de Coubertin felt that men should strive to their physical limits in order to aspire to heroism; an ideal that has much resonance in the twenty-first century.

While amateurism was not absent in American sport either, it was defined more in monetary than moral terms. Amateur athletes did not get paid but that did not prevent them from adopting a 'professional' attitude. American sport was mainly based on its collegiate system, and this was very competitive. In particular, college football had become *de facto* professionalized by the 1920s. Moreover, American culture promoted a more competitive society than Britain, certainly in sport, which had consequences for the demands put on

athletes. This ultra competitiveness is illustrated in Philip Roth's *The Great American Novel*:

'I am talking about winning, Roland, winning – what made this country what it is today. Who in his right mind can be against that?'

Who, indeed. Winning! Oh, you really can't say enough good things about it. There is nothing quite like it ... Winning is the tops. Winning is the name of the game. Winning is what it's all about. Winning is the be-all and the end-all, and don't let anybody tell you otherwise. All the world loves a winner.

Show me a good loser, said Leo Durocher, and I'll show you a loser ... Losing is tedious ... Losing makes for headaches, muscle tension, skin eruptions, ulcers, indigestion and for mental disorders of every kind. Losing is bad for confidence, pride, business, peace of mind, family harmony, love, sexual potency, concentration ... Losing makes the benign malicious, the generous stingy, the brave fearful, the healthy ill and the kindly bitter. Losing is universally despised, as well it should be. The sooner we get rid of losing, the happier everyone will be.

'But winning. To win! It was everything Roland remembered.'³⁹

Following the establishment of international sporting competition, nationalism came to the fore, starting at the 1908 Olympics and the rivalry between Britain and America. Other nations not only began to take a greater interest in sporting success but also the fitness of their populations. During the twentieth century many countries, especially new ones, appropriated sport for the construction of national identity. The Olympic Games and the football World Cup were particularly important in providing a forum for these national rivalries to be played out. This process was further intensified after 1945 with the onset of the Cold War and the rivalry between East and West. Greater resources were devoted to sport as topping the medal table for those leaders of countries in Eastern Europe gave justification for their political system. It was during this period that the relationship between science and sport became closer. The Cold War had ended by 1990 and global sport entered a phase of intense commercialization with television as the paymaster. With greater rewards available, there was an analogous increase in the quest of athletes and coaches for the extra edge that could make the difference between winning and losing. Even in Britain, the mantra of winning would become all-important and hence the need of sportsmen and women to train hard and have access to the best medical and scientific resources.

The role of the state, another theme of this book, has been evident on a number of levels. Public health became an increasing concern for national governments from the nineteenth century and resulted in a drift to increasingly welfarist policies. Through physical education, sport became part of the state. In addition, sport was later used as a tool to boost national prestige. However, this was an uneven process, which was contingent on national political cultures. In America, for example, there was no national health service similar to the

one in Britain, nor was there any wish that the state would interfere in sporting matters. At the other end of the spectrum, communist states controlled all aspects of society through central planning. They were particularly keen on using physical culture to improve the health of their populations as well as exploit sport for matters of politics and prestige.

Britain fell somewhere in-between these two extremes.⁴⁰ While concern and spending for welfare grew throughout the twentieth century, especially with the establishment of the National Health Service in 1948, the mark of British civil society was its voluntary tradition. Associational life continued to be strong throughout the twentieth century. Many nineteenth century charities, for example, had acted as social services but their role was later taken over by the state. But gaps that were left continued to be filled by the voluntary sector. However, there was a great reluctance for the British state to interfere in sporting affairs. Sport was seen as a voluntary activity by a political class, most of whom were imbued with the amateur ethic. Even when a Sports Council was formed in the 1960s, intervention was still constrained. Nevertheless, from the 1990s the British government had begun to see and use sport in the same way as other Western countries like Canada and Australia.

The history of sport and medicine has also been a history of power, especially power in the hands of the medical profession, patients and institutions. In addition, the history of sports medicine – as a medical specialty – has been bound up with tensions between orthodox and alternative medicine. The medical profession has sought to exclude certain practitioners in order to defend their place in the medical marketplace and this has been reflected in sports medicine.

Structure

The book's main focus is on elite sport but developments here are also aligned with the issue of fitness amongst the masses. The British (mostly English) experience is the primary focus but international examples (mainly Western countries) are used to illuminate general points about the relationship between sport and medicine. One justification for this preference is that Britain, America and Europe were the pioneers of modern sport and hence it developed a longer relationship with medicine. Moreover, developments here have tended to be copied elsewhere although more research on the subject, especially in Asia, would be welcome. The book has a thematic structure with each chapter based on a chronological framework, covering both the nineteenth and twentieth centuries. A variety of sources have been employed. These include archival material, newspapers and medical journals as well as secondary sources. A number of interviews have been conducted with doctors, physiotherapists and players from English association football in conjunction with a questionnaire survey (for qualitative purposes) regarding their medical experiences. In a

subject as wide as this one book cannot cover all the ground but some omissions requires acknowledgement. In particular, there is little on sport and disability and sport and race although there is a growing literature on both subjects.⁴¹

The opening chapter places the relationship between sport and medicine in the wider context of health. It explores how, since the nineteenth century, sport, exercise and physical culture were incorporated into cultural and scientific ideas about health, wellbeing and the body. In particular, it examines the impact of eugenics on ideas of national degeneration and the role of the state in its increasing promotion of public health. Sport and exercise were seen as vital in increasing the 'fitness of the nation' throughout the twentieth century. From the late twentieth century, the relationship between exercise and wellbeing became increasingly consumerist. There was a boom in the recreational sport and leisure market more generally that reflected greater individual concerns and solutions over health.

Chapter 2 looks at the occupational culture of athletes and how this shaped the nature of medical provision in its social, cultural and legal context. Attitudes to sporting injuries have been forged by an amalgam of ideas concerning masculinity as well as an intensification in competition and later sport's exponential commercialization, at least in Britain and America. Moreover, because sport was seen as a voluntary activity separate from the state, national sporting bodies acted as quasi-legal organizations that made the rules and had a *de facto* duty of care to athletes. The ever-present threat of injury to professionals, who relied on staying healthy for their ability to earn, was a factor in a gradual shift towards a greater emphasis on the health and safety of athletes.

The third chapter is concerned with the rise of sports medicine as a medical specialty. Initially, a doctor's interest in sport was often personal, reflected by the role – and case study here – of the football club doctor. However, it is also a story about medical politics as the medical profession attempted to bring sports medicine under its umbrella in a professional and institutional sense. Germany had been an early pioneer while an international federation for sports medicine was established in the 1930s. A case study of the British Association of Sport and Medicine, which was founded in 1952, charts how the aims of sports medicine – as a specialty – evolved in the context of medical politics. As a consequence, in 2005 sports medicine was recognized by the government as a medical specialty and became available on the NHS.

Because of the escalating stress placed on their bodies during training and competition it is unsurprising that athletes increasingly sought the expertise of medical practitioners. The fourth chapter is essentially a history of sports science, thus reflecting the wide-ranging nature of sport and medicine's relationship. But this was a bottom-up process and is reflected in an on-going tension between coaches, who were from a practical tradition, and emerging scientific theories and their application to sport, particularly track and field

athletics, the main case study here. At first, athletes' training methods were based on empirical notions but by the twentieth century, modern science played a more influential role and a paradigm shift took place. However, it was not a smooth transition. Not only does the chapter map the evolution in training techniques but it also highlights how they have been shaped by prevailing discourses, both medical and sporting.

Chapter 5 is an extension of the previous one due to its implications for the enhancement of sporting performance. However, the subject is deserving of a chapter on its own because there has been no more emotive subject in sport over the last few decades than the use of drugs. The aim here, similar to the approach adopted by Paul Dimeo,⁴² is to cut across this emotion and see the topic in its wider historical context. In particular, it examines how discourses have been constructed around the topic in light of sporting ideologies of fair play as well as how the issue was inflamed through the sporting Cold War and how doping controls emerged. While much of the literature has focussed on athletics and cycling, the sport of snooker is used as a case study to show how the tentacles of this issue reached into every corner of the sporting world.

For many people, the popular perception of sports medicine's *raison d'être* has been to treat the injuries of athletes and to ensure that they return to the sporting arena as soon as possible. Chapter 6 charts how the treatment of injuries has developed from the application of the 'magic sponge' to more modern sophisticated techniques and a case study of the football trainer plots the professionalization of this role. Moreover, this chapter also highlights how the sporting arena places peculiar demands and provides ethical challenges for medical practitioners due to the not always identical objectives of athletes and coaches.

Chapter 7 is an example of the wider social implications of sport's relationship with medicine. Whilst not the only reason, medicine has been a key factor in shaping the development of women's sport. Importantly, it shaped perceptions of female athletes and reinforced gender stereotypes that were projected through the media and everyday discourse. Starting in the nineteenth century, this chapter will show how notions of 'eternally wounded' women and their perceived role as mothers, persisted along with other medical theories to constrain women's involvement in sport. From medical pronouncements on what exercise was deemed suitable for women to issues such as gender testing by international sporting authorities, the medical profession has played a significant role in shaping the growth in the participation of females in sport and physical activity generally.

Finally, in his review on the historiography of boxing, John Welshman expressed surprise that 'there has been almost no interest in the links between boxing and the medical establishment'.⁴³ The final chapter attempts to fill this lacuna. In medical terms, boxing has been one of the most controversial sports and this chapter shows how from an early stage doctors began to take

an interest in it. Rather than injuries being incidental to the sport, it is the specific aim of boxers to injure and harm their opponents, and has seen high profile incidents of medical intervention, as in the Michael Watson case. This chapter charts how the boxing debate, mainly in Britain, has evolved over the twentieth century, especially in light of a welfarist ethos and growing medical evidence that boxing caused brain damage, leading to a vociferous lobby that wanted the sport banned. It also highlights how the rhetoric of the medical profession came to shape the story of boxing during the twentieth century and how through growing safety measures the sport was increasingly subject to medical control.