

BOXING – SHOULD IT BE BANNED?

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Let me declare my corner at the outset: I have enjoyed boxing throughout my life, originally as an active participant as a schoolboy. Even then it was becoming an uncommon school sport, but is now virtually non-existent. I enjoyed modest success as a Lancashire schoolboy champion. The prestige this gave me with my peers far exceeded my actual achievements, but I do still cherish my medals. It is honest to say that my academic achievements at school were less a source of pride to me than my boxing prowess. My boxing memories rate alongside my happiest experiences in life. My friendship and respect for my boxing trainer, Jimmy Flynn, were part of my education for life, an important relationship which my academic teachers were not able to give to me.

After school my boxing took up the armchair form, a pastime I still enjoy. These were the halcyon days of Cassius Clay, a great entertainer and a superb athlete. Yes, you may wish to remind me of the tragic outcome of his career, but more of this anon.

THE LOCAL SCENE

In more recent years I have been able to contribute a little to the sport as medical officer at local boxing tournaments. I have been pleased to have the opportunity to give a little back to the sport. I act as honorary medical officer to the Lancaster Boys' Club, which has an active boxing section, twenty to thirty lads turning up regularly to a training session. Not all are going to go on to box competitively, but all enjoy the exercise, discipline and friendship. Again on the local scene Dr Martin Yule has given his time and support to help establish a new boxing club, Morecambe Amateur Boxing Club. This now has an enthusiastic and growing following. There is clearly a demand, and it is very encouraging to see these young men getting themselves fit, disciplining themselves to learn a new skill, and taking pride in themselves. I am sure this sport is enhancing their mental, physical and social well-being, a laudable aim for any health promotion project! For some of these lads boxing lends a discipline to their lives which counterpoises the indiscipline of unemployment and the low self-esteem this engenders.

THE BMA STANCE

So why is the BMA set on banning the sport, professional and amateur? The BMA has been running a campaign to this end since 1984 when it produced a report bringing together all the published research into brain injury due to boxing, and the increased incidence of retinal detachment in boxers. This clearly makes uncomfortable reading. As far back as 1969 Roberts produced a report for the Royal College of Physicians on the medical aspects of boxing¹ in which he claimed 55% of boxers had some neurological evidence of brain damage.

A further report from the BMA working party in 1993,⁽²⁾ using information from the new imaging techniques, indicated that the changes in the brain can be demonstrated after a single fight. If these changes are cumulative then the spectre of 'punch drunk' syndrome must loom for every boxer. It is indeed tragic that Mohammed Ali, formerly Cassius Clay, the boxer who flew like a butterfly and stung like a bee, should appear to be a victim of this syndrome. I believe that this tragedy could have, and should have been prevented. The argument that this outcome is inevitable is not proven. If it were, then I would indeed have to join the bandwagon to ban the sport. The amount of cumulative brain damage occurring in other contact sports such as rugby and soccer has not been compared scientifically. It is likely, considering the far larger number of participants, that it poses a much greater risk in these sports than in boxing. The evidence is that the punch drunk syndrome is now very rare in boxing.

Sensible regulations to limit this risk have been introduced and perhaps can be further improved. Every professional boxer has a mandatory annual CT scan before he is granted an extension to his licence. A limit to the number of bouts a boxer is allowed to take part in on an annual and cumulative basis is clearly desirable.

The BMA campaign has been partially successful. The fall from 40,000 to 25,000 boys boxing over the last ten years is some evidence of its effectiveness. There is now considerable support for a total ban, and each time there is an injury in the ring this is fuelled further. The recent litany of deaths includes Steve Watt (1986) and James Murray (1995), and those maimed Rod Douglas (1989), Michael Watson (1991), and Gerald McLellan (1995). I watched the McLellan fight from my armchair with my family and was enthralled, but hugely saddened at the outcome. It was difficult explaining to my ten year old daughter what had happened. Changes have to be made but I do not believe banning is the answer.

That boxing is potentially dangerous is a fact, both in terms of acute brain injury and cumulative damage. It does not follow that it should be banned. If danger were a reason to ban, then many other sports which cause injury and death would be banned before boxing. Enthusiasts of motor racing, rugby, scuba diving and mountaineering would all have to be deprived. The peculiarity of the call to ban boxing must therefore stem from the moral issues surrounding the sport. Those who call for a ban see the aim of the sport as being primarily to damage and render the opponent senseless. For most of us this would indeed be morally unacceptable. This is a naive interpretation. My acquaintance with professional and amateur boxers indicates that although they appreciate the dangers there is no personal malice and no desire to harm. They have worked hard to acquire skills and enjoy the competition as do any other sportsmen. At a professional

level there are other factors which blur the moral issues, with the risk of boxers being manipulated for money. Mohammed Ali is a victim of this. This, however, is others abusing the sport, not the boxers having any evil intent towards their opponents. What about the moral dangers for those who watch the sport? Eager to see injury and death? I think not, and differ little from the average football supporter although I would not wish to condone all of them! I believe the BMA has a role to inform of the dangers of the sport, but in calling for a ban it is allowing the moral dimensions of the argument to cloud its judgement. The BMA is not a body with authority to proclaim moral judgements, and should firmly remain within its reasonable spectrum of activity.

It is right and proper to be informed of the dangers of the sport and from this to look at ways of improving safety as far as possible. All boxers, amateur and professional, undergo medical examinations before they are allowed to box. Pre- and post-fight medical inspections are carried out, and boxers made aware of head injury instructions.

BRAIN INJURY AND SAFETY MEASURES

The acute brain injury leading to mortality and morbidity is due to subdural haematoma. The mechanism of injury is due to shearing forces on the brain substance from the rapid acceleration and deceleration imparted by a punch causing rupture of bridging veins reaching from the surface of the brain to the dural sinuses. This will lead to coma but there is often a lucid interval. Rapid treatment is essential and any delay is proportional to the degree of subsequent disability or even death. The British Boxing Board of Control has acted on this knowledge. At professional tournaments two doctors, one of whom is preferably an anaesthetist, must be at the ringside, resuscitation equipment available, an ambulance on site purely for the boxers' use, and the local neurosurgical unit alerted to the possibility of an emergency. At amateur level the regulations are less stringent but a doctor must always be in attendance. The incidence of serious injury occurring at an amateur tournament is extremely low. Any more elaborate measures on site are clearly not practicable, considering the many thousands of amateur contact sports events that take place every weekend.

Other changes to the sport to improve its safety must be considered. The vast majority of injuries are seen at the very top level of the sport. Such boxers are likely to be able to punch harder. Glove design is primitive and it is time modern technology and materials were applied to reduce the energy delivered by a punch.

Helmets have been satisfactorily introduced into amateur boxing. However there are some controversial issues

surrounding their use. A larger target may increase the number of blows received and increase the rotational force exerted. Again research into design is appropriate.

Fatigue reduction is a critical issue, as the major injuries occur in the later rounds of a bout. The fatigued boxers are less able to defend themselves in their normal way of deflecting and riding blows and leave themselves open to injury. Several measures could be adopted to reduce this dangerous fatigue state:

- a Moving the weigh-in** Many boxers struggle to meet the weight requirement for their class. I have seen mere schoolboys attempting to lose weight through dehydration by vigorous skipping in thick clothing and polythene before stepping on to the scales. Any boxer who steps into the ring in a dehydrated state is at great risk. Moving the permitted weigh-in time to several days before a competition would eliminate the risk of such foolish behaviour.
- b Reducing the number of rounds** Injuries as a rule occur beyond the sixth round. Most boxers who are injured would have finished their bouts before injury occurred if the bout finished in the sixth round. Amateurs are out of the ring at the end of round three.
- c Changing the structure of rounds** Reducing the length of a round to two minutes and increasing the interval between rounds to two minutes is likely to ensure that boxers remain alert enough to defend themselves, even if there is a danger that the time in the ring is more frenetic.

CONCLUSION

Even if such changes were introduced a risk would remain. But few things in life are risk-free, and some balanced judgement has to be made from an informed position as to whether the risk is reasonable and whether the benefits outweigh the risks. In this context banning boxing is not credible, and the spectre of the sport "going underground" without regulation is alarming. I believe the BMA should continue to work to improve safety standards, but stop presuming to be a keeper of morals and abandon its boxing witch hunt.

REFERENCES

1. Roberts A Report on the medical aspects of boxing. Roy Coll Phys Lond 1969
2. BMA working party report on boxing 1993