

THE MORALITY OF BOXING

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FOR the most part, discussions on the morality of boxing have remained on the emotional level. Those who like rugged sports are apt to think that boxing is all right; those who do not are apt to think it is all wrong. Very few theologians have discussed the matter as theologians. And among these few, none has offered a really scientific treatment. They have mentioned principles, expressed feelings, and stated some very definite conclusions for both sides. These opinions have been well summarized by Fr. Gerald Kelly in the March issue of *THEOLOGICAL STUDIES*.¹

Here we shall offer several serious reasons why boxing, as we have it today, must be regarded as morally reprehensible. For the sake of an orderly treatment we shall present all the pertinent material in three separate arguments under the principles of the Fifth Commandment. The boxing with which we are primarily concerned is our modern professional prizefighting, and all fighting which is after the manner of our famous title bouts. Secondarily, our conclusions touch amateur boxing, to the extent that it is like professional boxing. In other words, we are here passing judgment on all boxing which holds the knockout and technical knockout as goals, gives credit for punching power, and caters to the brutishness of the spectators.

It might be wondered that the morality of boxing should even be called into question, since it has been for so long accepted as a wholesome form of recreation, and since it has received so much sponsorship from organizations of noble purpose. The reasons for this are not hard to find. The application of moral principles to particular cases depends upon certain facts in the cases. The morality of a case may be wholly changed by the discovery of some previously unknown physical fact. On the basis of newly discovered medical data it sometimes becomes necessary to reconsider moral principles in their application to particular cases. Thus it sometimes happens that practices which were previously considered licit may no longer be permitted.

¹Gerald Kelly, S.J., "Notes on Moral Theology," *THEOLOGICAL STUDIES*, XII (1951), 75-78.

This is the situation today with regard to boxing. Medical findings have compelled us to a reconsideration of our moral principles in respect to boxing as it is carried on at present.

FIRST ARGUMENT

Our first argument is based on the principle that only a proportionately grave reason can justify a man's placing an action which is calculated to deprive another of his consciousness violently. Although this principle has not been fully thought out by moralists in respect to boxing, it has been well analysed in its application to drunkenness which, in the judgment of medical men, is a state closely resembling that of a boxer who has been dazed by repeated blows on the head, even short of what is referred to as a knockout.²

To place a man violently in such a state is to deprive him of his specifically human powers; it is to dehumanize him. For it is man's most precious good which is attacked, the good by which he is distinguished from the brute, his ability to think rightly and choose freely and to control his body as a responsible human being. Even the desire or the intention to attack such a good is sinful if there is not present some proportionately grave reason, such as the good of integral bodily health or the repelling of an unjust aggressor. There is hardly another reason which would justify the violation of so fundamental a human good. Certainly, no sum of money, no amount of fame or pleasure can be considered equal to the good of human consciousness. Indeed, if we may not deprive our neighbor of his material goods unless we are in a state of extreme need, then surely we are not justified in depriving him of his spiritual powers for any reason which is less than extreme need. Even in extreme need we may deprive our neighbor of his material goods only when there is no other means of alleviating the situation.

The malice and the gravity of an unreasonable intention or attempt to deprive another of consciousness may be seen through a consideration of the parallel state of perfect drunkenness which is gravely sinful, although admitting of parvitude of matter. Vermeersch, Prümmer, and others tell us that the essential gravity of an unreasonable

² G. W. Will, "Punch Drunk," *Journal of the Royal Army Medical Corps*, LXXII (1939), 389.

deprivation of consciousness prescind from any duration of time, and consists precisely in the violent deprivation of the ability to think normally and judge rightly, without a proportionately grave justifying reason.³

Lest it be thought that the knockout suffered by boxers is really not a deprivation of consciousness in the proper sense, but merely a state of temporary grogginess, let us consider the statements of some competent physicians who have made a serious study of the medical aspects of boxing. Dr. Ernst Jokl, who is regarded as the leading medical authority on boxing injuries, has this to say about the knockout:

... if a blow is sufficiently strong the opponent may be rendered unconscious, irrespective of the region where the blow is landed. The most frequent form of knockout is that from a punch on the chin. There occurs a sudden loss of consciousness. The duration of the loss of consciousness is quite varied; as a rule it is less than ten seconds. The consciousness returns slowly. Frequently the boxer may be capable of continuing the fight even before the complete return of consciousness. In some cases the loss of consciousness may persist for a few minutes and occasionally for a few hours. It leads not only to complete loss of memory, but occasionally even to a retrograde amnesia extending to the entire fight.⁴

The parallel between the knockout and the state of perfect drunkenness is clear not only at the point of complete loss of consciousness and in the period of partial consciousness following the knockout, but also in those cases where a series of blows on the head has brought a boxer to the verge of unconsciousness. This state is described by Dr. G. W. Will:

Such a man appears dazed, his resistance to his opponent is more or less automatic, and there may be amnesia for all or part of the contest. This confused state may follow a single knockout blow where there has been a period of unconsciousness, but it may also follow a series of blows none of which has been serious enough to produce unconsciousness.⁵

³ A. Vermeersch, S.J., *Theologia moralis* (2d ed.; Rome: Pontificia Universitas Gregoriana, 1926), I, n. 493; D. M. Prümmer, O.P., *Manuale theologiae moralis* (4-5th ed.; Freiburg: Herder, 1928), II, n. 670, c; J. Ubach, S.J., *Compendium theologiae moralis* (Freiburg: Herder, 1926), I, n. 69.

⁴ E. Jokl and E. Guttman, "Neurologic-Psychiatric Studies on Boxers," *München med. Wehnsehr.*, LXXX (1933), 560.

⁵ G. W. Will, *loc. cit.*

In this state of confusion or grogginess the specifically animal functions of man continue to operate, but he is unable to think and control his body as a responsible human being. For there occurs, according to Dr. Jokl, "a degree of cloudiness of the consciousness which leaves intact the automatic motoric functions, but interferes with the conception ability, and decreases the reaction rate."⁶ A man in such a state hardly seems capable of moral responsibility. From a moral viewpoint, one in such a state is lacking consciousness no less than one in a state of perfect drunkenness.⁷

Because of the moral principles concerning the violent and unreasonable deprivation of consciousness, and because of the nature of the knockout as explained by those who have seriously studied the matter, it must be said that boxing as we have it today involves serious sin, at least materially, on the part of the contestants who attempt or intend to win by a knockout.

That most boxers, at least on the professional level, make such attempts and have such intentions can be shown from the testimony of boxers themselves, and from the nature of the contest, as it is today.

Every boxer wants to win, and he knows that today the most desirable means to victory is the knockout. If a fighter wants to be popular and successful, he knows that it is knockouts that count. It is a fact that the majority of title bouts end in knockouts; and young boxers look to such bouts as the point of success in their profession. It is exceptional when a promising young boxer does not have on his record a high percentage of knockouts. Even technical knockouts are professionally more desirable on a boxer's record than victories by decision. This information has been gathered from the knockout records of title bouts since 1946, from the records of individual boxers, and from consultation with experienced boxers, all of whom agree substantially with Murnane's statement:

Most fighters want to win by knockouts, if possible, for knockouts pay off. They build up a fighter's reputation, making it possible for him to demand more money and to advance in division ratings. . . . When a fighter sees his opponent in a bad

⁶ E. Jokl, "Medical Research in Physical Education, VI: Boxing Injuries," *South African Medical Journal*, XX (1946), 209.

⁷ With this problem of the knockout in mind, it might be well to read pages 125-26 of Fr. John C. Ford's "Depth Psychology, Morality, and Alcoholism," *Catholic Theological Society of America, Proceedings of the Fifth Annual Meeting* (1950).

way, he doesn't let up. On the contrary, he renews his efforts to score a knockout. . . . The head is the main target and most knockout blows are delivered to the head. Even when a fighter directs his attack to other parts of the body, it is generally a diversionary measure to get an opening to the head.⁸

The nature of the contest today, at least on the professional level, holds the knockout to be the most desirable means of victory. This is what the spectators want, so the boxer who would be successful must also want it and produce it. Judging from statistics in professional boxing, this type of victory is very frequently attained.

So, from boxing statistics on the number of knockouts, from the nature of the contest today, and from the testimony of boxers we conclude that the boxers who want to get ahead, probably most boxers, have the intention of knocking out their opponents whenever this is possible. Is it even conceivable that one could engage in such a profession without ever intending or attempting to deprive another of his consciousness?

We have seen above that the duration of time has nothing to do with the essential gravity of an unreasonable and violent deprivation of consciousness. So, the mere intention of rendering a man unconscious for a moment is a sin, if there is no proportionate reason. And, as there is question here of man's most precious good, there is grave matter from the very nature of the case.

The boxer's knockout is certainly a more violent deprivation of consciousness than that effected by an excess of alcohol; it is also more calculated and deliberate. In both cases the dehumanizing effect is essentially the same, regardless of the time element. So, we may conclude that, while the full knockout has the same malice as perfect drunkenness, the partial knockout or the state of grogginess has at least the same malice as imperfect drunkenness. It is, therefore, sinful for a boxer to intend or attempt to inflict a knockout on his opponent. And, since the proximate occasion of sin must be avoided, one may not engage in a contest which has as a desirable and frequently attained objective an action which is sinful from its very nature.

SECOND ARGUMENT

In virtue of the Fifth Commandment it is forbidden, except for reasons of integral body health or of just punishment by civil authority

⁸ T. A. Murnane, "Let's Face the Facts About Boxing," *America*, LXXXIV (1950), 185-86.

for serious crimes, to harm a man in his rights to bodily integrity or well-being by inflicting wounds, acts of violence which impair the strength or beauty, or break the continuity, of his body. Under this principle fall all acts of mutilation. The application of this principle to boxing will be clearly seen through an examination of the studies of Martland, Jokl, Carroll, and others whose findings have been confirmed by recent medical discoveries and experiments on the nature, the causes, and the effects of brain injury. It need hardly be demonstrated that only a most grave reason could justify one who would inflict a permanent wound, or place an action which by its very nature will very probably produce a permanent wound, upon a man's most delicate vital organ. Where such an action is placed, without a proportionately grave reason, there is mortal sin—at least material.

Obviously, no amount of money or fame can be considered a good effect proportioned to the evil effect of certain, or even very probable, permanent brain injury. Again, if we may deprive our neighbor of his material goods only when we are in a state of extreme need with no other means of escape, then certainly we may not violate his bodily rights merely for the sake of a large sum of money and a bit of glory. A fighter has, then, no just reason for harming a neighbor in his rights to bodily integrity or well-being by inflicting wounds which certainly impair the strength and beauty, and break the continuity, of his body.

God alone has direct dominion over man's body; no man has the authority to dispose of his own body just as he wishes. Just as one may not, without a proportionately grave reason, intend to harm another, so no one has the right to allow another to harm him without such a reason. Indeed, one may not permit another to inflict upon him even moderate blows except for reasons of just correction, discipline, or punishment.⁹ Boxers, then, may not implicitly grant mutual permission to punish one another.

Boxing may not be regarded as a licit dangerous occupation, such as the work of a test pilot, a miner, or an acrobat. Between such occupations and boxing there is a parallel in respect to the good effect (money), but not in respect to the evil effect. For in the dangerous occupations which are permitted for the sake of money, the evil

⁹ B. H. Merkelbach, O.P., *Summa theologiae moralis* (3d ed.; Paris: Desclée de Brouwer, 1938), II, n. 371.

effect (the danger of physical harm) may not be held in any way as a goal, or as a desirable and most efficient means of obtaining the good effect. Yet, boxing today holds the knockout to be a most desirable way of obtaining the good effect; and the very intention to win a fight, since this is almost always done by a series of head blows, implies the intention of directly inflicting physical harm to the extent that the opponent is unable to defend himself. Moreover, to engage without sin in so-called dangerous occupations, it is required that at least ordinary means be taken to make the danger remote. In boxing it is precisely the hitting on the head that makes proximate the danger of permanent brain injury. Let this proximate danger be removed by ordinary means (e.g., a second foul line at the shoulder level), and the whole nature of modern boxing will be changed.

The above principles may be readily granted, but the facts remain to be seen. Does a boxer really attempt to inflict serious wounds, and does he frequently succeed? An affirmative answer to this question follows from an examination of (a) the nature of modern pugilism; (b) the nature of the brain structure, and recent data on the causes and effects of brain injuries; and (c) a consideration of the common opinion of the competent medical authorities who have studied boxing injuries.

The nature of modern pugilism

Modern pugilism, as we have already seen, has as a principal and most desirable objective to inflict such punishment on the opponent's brain that he is no longer able to act as a human being. This objective is frequently attained. This was not the case forty years ago. In seeking the reason for an "increased frequency and severity of cerebral traumas among pugilists," a writer offers two very plausible suggestions:

. . . technical progress in boxing, leading to more precise and rapid blows; boxers nowadays know that facial and chin blows are more effective than any other, and they concentrate on these. Together with technical development, a change of the public taste has led to a significant modification of the character of boxing; . . . years ago the science of evasion and parry was stressed, nowadays the public wants offensive action to the utmost, without regard to blows received. . . . This technique . . . exposes the fighter to more traumatisms.¹⁰

¹⁰ A. Ravina, "Traumatic Encephalitis or Punch Drunkenness," *Presse médicale*, XLV (1937), 1362.

A boxing promoter wants a crowd. So the thing he likes better than a puncher is two punchers, says a writer in a popular boxing magazine. Of a "grudge fight" he says: "There's nothing like it to pack an arena."¹¹ Invariably the most hard-hitting fights are regarded as the best. If fighters stall or slow up, the crowd boos and urges them to "mix it up," to "cut out the exhibition," and to "fight." Boxing magazines, which naturally try to keep people interested in the sport, are a good indication of the boxing fans' tastes and the current of the sport itself. These magazines are filled with gruesome pictures of the most popular fights in their most bloody moments. Why emphasize this aspect of the contest, unless it is what the fans want? This is the aspect emphasized by sports writers with all their talk of "fierce," "hard-hitting," "smashing," "slaughtering," "savage" blows.

It is a standard technique among prizefighters today to try for a technical knockout whenever the opportunity presents itself. This is done by concentrating as many severe blows as possible upon any wound. Often it is an eye cut, a weak or broken nose which is concentrated upon until a doctor or the referee stops the fight. Frequently this enrages the crowd. What amount of money or what degree of fame can justify these deliberate and direct attempts to aggravate an open wound or to displace an oft-broken nose? Yet they say: "It's all part of the game!" Although statistics are hard to find on the point, an examination of countless pictures of boxers' faces has revealed only one who does not seem to have suffered a broken nose; and he is very young in the sport. Blindness resulting from a detached or torn retina is all too common a fate of boxers. The nature of this profession seems to make it almost impossible for a man to retain the normal beauty of the human face.

The fighter today is forced by the desires of the spectators to take the maximum beating. If he confesses that he is hurt and retires, he will be derided by the mob, as is the referee when he stops a fight because there is too much bloodshed or because there is too much "glassiness" in the eyes of one of the contestants who has already been knocked about sufficiently. Frequently full knockouts occur because a boxer has been so dazed by previous blows that he leaves himself open to a hard and calculated final punch.

¹¹ A. Buck, "How to Pack Them In," *Ring*, April, 1951, p. 19.

It is a fact that medical attention and state regulations do not protect the boxer from taking a severe beating. For only a severe beating can render a man defenseless; and this happens to be a commonly attained objective of the contest. There are recorded incidents of fights in which examinations and regulations did nothing to prevent men from fighting in spite of severe injuries suffered previously. It will be seen presently that the most serious wounds suffered in a fight are hidden from the best medical examination. Television's boxing fans know this already. Not long ago they saw a physician, after looking into the eyes of a groggy fighter, permit that man to fight on to his death. Nor is the X-ray of any help, aside from cases of bone injuries, in aiding one to estimate the effects of a previous head injury.¹² Recent experiments on brain-wave alterations resulting from concussions, and the electroencephalographic findings in the cases of two hundred boxers studied, cast doubt upon the efficiency of electroencephalograms as a means of making boxing safe.¹³

It is clear then that a boxer intends to hit his opponent on the head as often and as severely as his skill will permit him. He does this because he wishes to render the man defenseless and he knows that unconsciousness is a most effective means. Now what is the significance of all these severe blows to the head?

Causes and effects of brain injuries

The weight behind a boxer's punch is very great. In a test at the University of Wisconsin it was shown that a one hundred and forty-five pound amateur is able to deposit an impact of six hundred pounds of pressure on his target.¹⁴ In a fight the actual weight of a punch may be less, or it may be more, depending upon many conditions.¹⁵ However, aside from weight of the blows, it is the very fact of the blows that does the real harm. According to Gene Tunney, the real danger in boxing consists in the minor head blows received over the years

¹² G. W. Will, *loc. cit.*

¹³ The electroencephalographic experiments of Jaspers, Kershman, Evidge, and the findings of Dr. Sjaardema and Dr. Waxman are well summarized for our purposes by Dr. A. H. Steinhaus in a paper which will soon be published in the *Journal of the American Association for Health, Physical Education, and Recreation*.

¹⁴ A. H. Steinhaus, "Boxing—Legalized Murder?", *Look*, XIV (1950), 39.

¹⁵ These conditions are described by Murnane, *loc. cit.*

which beat a man into a mental wreck.¹⁶ The truth of this will be seen through a consideration of the nature of the brain which, in the judgment of a brain specialist consulted on this point, is so constructed that it cannot suffer a series of such blows without certainly, or at least very probably, incurring thereby some permanent injury.¹⁷

The brain weighs about three pounds. It is not securely tied down, but rests in a fluid within the cranium. Any blow to the head will cause the brain to wobble or bounce back and forth inside the skull. Recent experiments give us an idea of what happens when the head suffers a blow which is severe enough to cause momentary unconsciousness or even grogginess or dizziness without total unconsciousness. Even a moderate blow will cause the brain to bang against the sides of the skull. But a more severe blow may cause such a movement of the brain against the skull as to produce bleeding or bruises, not only on the side which takes the impact but also on the opposite side where the bounce is absorbed. On the inside of the front part of the skull the brain rests against the sharp, bony sphenoidal ridge. Any severe jolt which sends the frontal lobes of the brain into this ridge may cause the destruction of brain tissue. Halstead concludes from Holbourn's experiments with gelatin models of the brain fitted into human skulls "that concussive blows inducing rotational shear to any part of the skull tend to produce selective damage to the cortex of the frontal lobes. The middle and hind parts of the brain are apparently well damped to blows while the frontal poles shear across the sphenoidal ridge, tearing meninges and brain substance and inducing hemorrhage."¹⁸ This explanation is corroborated by the experiments of Dr. Shelden who studied cranial trauma and brain movement by direct observation through transparent lucite domes which had been put in place of the bony skull caps of living simians.¹⁹ It is to be noted that when the sphenoidal ridge bites into the frontal lobes, it is, from the viewpoint of normal intellectual function, the most

¹⁶ Quoted by Dr. Steinhaus, *Look*, XIV (1950), 37.

¹⁷ C. W. Anderson, Norwalk, Connecticut.

¹⁸ Ward C. Halstead, *Brain and Intelligence—A Quantitative Study of the Frontal Lobes* (Chicago: University of Chicago Press, 1947), p. 135.

¹⁹ C. H. Shelden, R. H. Pudenz, and J. S. Restarski, *The Lucite Calvarium, A Method for Direct Observation of the Brain, II: Cranial Trauma and Brain Movement* (Research Project X-182, Report No. 2, National Naval Medical Center, Bethesda, Maryland, Jan. 28, 1946).

important part of the brain which is compromised. And damage done to the brain cells is permanent.

Grunthal's studies lead to the conclusion that these tiny wounds or "closed-head" injuries, following falls and blows, cause more damage than crushings cause. For in these closed-head injuries it is usually the frontal lobes which are compromised, causing abnormalities which are not immediately perceptible, and are certainly irreparable.²⁰

Another typical closed-head injury suffered by boxers is that of petechial (small or punctate) hemorrhages in the pons and medulla. These may be caused by concussion alone, without any contusion of the brain substance, although they are also known to follow contusion or bruising. These may be present without any other injury of the skull or the brain. These hemorrhages are most apt to follow from a severe beating in which a boxer is groggy and, as they say, "out on his feet." He is partially conscious, so he keeps fighting. This state commonly precedes a full knockout. The more relaxed and decreased muscular tone at such a time permits the motion of the head on the cervical vertebrae to be more pronounced in its response to severe blows. There is a very acute angulation of the brain stem upon the flexion and extension of the head. The hemorrhages seem to result from this acute angulation and pinching of the pons and medulla over the tentorium.²¹

Another explanation for the existence of these tiny hemorrhages after a concussive blow is that such a blow drives cerebrospinal fluid down into the perivascular space or Virchow-Robin space, causing congestion and perhaps tearing the delicate vessels which branch from

²⁰ E. Grunthal, pertinent material summarized by Steinhau, see note 13.

²¹ Jesse L. Carr and A. M. Moody, "Boxer's Hemorrhage," *California and Western Medicine*, LI (1939), 227 ff. In this connection Dr. J. W. Brown draws the following conclusions from a study of the concussion experiments on animals: "A tolerance to increasingly severe blows apparently develops as measured by the force necessary to produce unconsciousness during successive episodes. Thus, one may eventually remain conscious after a severe blow has been received which would have formerly produced complete loss of consciousness. If one relates this experience to man, the results may explain the ability of professional boxers to remain on their feet after a succession of severe blows have been received in a bout. In theory the injury received may be far greater than if the contestant had fallen when struck the first time. Such individuals also are undoubtedly the more likely to become defenseless while not 'out' in the strict sense and thus more susceptible to serious injury" (*Report to the Faculty on the Study of Intercollegiate Boxing at the University of Wisconsin*, Document 959 [October 2, 1950], p. 6).

this tunnel. The ramming of this fluid into these delicate regions by the extraordinary intracranial pressure caused by a concussive blow may account for the presence of small hemorrhages found in the Virchow-Robin spaces after concussion.²² A blow that produces a fracture may do less harm to the brain substance than one which does not produce a fracture, for the fracture relieves the tremendous intracranial pressure following a concussive blow.

From Dr. Steinhaus' résumé of the latest findings and experiments on brain injury done by blows there is complete agreement among the experts as to the causes and effects of closed-head injuries. Between the various precise physiological explanations given there are no contradictions; rather, they are mutually corroborative. The cause-and-effect experiments on animal and model human brains, the latest deductions from post-mortem findings in cases of brain injury, all go to support the theories of the doctors who have studied the matter of boxing injuries during the past twenty years. Among those who have studied this problem there exist no significant contradictions and no opinions which oppose our contention that boxing, in which the head is the object of severe blows, involves serious permanent wounds to the brain.

Depending upon the number of these wounds which progressively extend as long as a man continues to fight, and depending upon the exact location of these wounds, there will be perceptible bad effects, especially such ones as impairment of speech, gait, thinking powers, emotional stability, and other forms of "slowing up." So, even though a series of blows to the head or a knockout may not produce immediately perceptible bad effects, the fact is certain that some permanent harm has been done to the brain. Dr. Martland, who was a pioneer in the study of boxing injuries, puts it this way:

It is easily conceivable that after many cranial injuries unassociated with fracture of the skull, the so-called concussion hemorrhages may be fewer and not in such vital places as in the fatal cases. Recovery, therefore, takes place. If this is true there is a purely morphologic lesion as the basis of many cases of post-concussion neuroses and psychoses. A replacement gliosis (scar) or even a progressive degenerative lesion may be the late manifestations of these former hemorrhages. It is not surprising, then, that some of these cases will mimic the juvenile and presenile forms of paralysis agitans or the late manifestations of epidemic

²² Steinhaus, see note 13.

encephalitis. . . . We now have the possibility of a definite type of brain injury explaining the various phases and late manifestations following many cases of cranial injuries.²³

Hence, it seems almost impossible for a boxer to avoid suffering, in the course of varying periods of time, a degenerative progressive lesion or series of scars in the brain tissue. This may eventually result in the condition known as traumatic encephalitis (punchdrunkenness) or it may cause premature death; for there is evidence from autopsies that death may occur from a cranial injury in which there are no other lesions but multiple punctate hemorrhages in the deeper structures of the brain, without the presence of skull fracture or scalp laceration.²⁴

Dr. Edward J. Carroll, who studied the problem of boxers' injuries for two years, tells us that a boxer begins to "soften up" after he has engaged in thirty to sixty professional bouts.²⁵ This "softening up" is one of the first manifestations of traumatic encephalitis which comes on slowly, as we have seen, from numerous traumas which produce tiny wounds in the corona radiata, the frontal lobes, and the striate bodies.²⁶ Actual statistics on the incidence of traumatic encephalitis in its various stages of progression are hard to find. Fighters are most reluctant to mention that there may be something wrong with them.²⁷ But Dr. Carroll gives an estimate based on the findings of competent observers. In a period of five years of professional boxing there occur about five cases of manifest traumatic encephalitis out of every hun-

²³H. S. Martland, "Punch Drunk," *Journal of the American Medical Association*, XIX (1928), 1103-1107.

²⁴*Loc. cit.* Dr. J. W. Brown observes that, while the clinical syndrome called punchdrunkenness is well known, "the pathologic nature of the lesion is not well understood; but the cause is known and consequently the means of prevention. According to the literature, the 'punchdrunk' state is the result of severe and repeated blows of blunt nature to the head, usually not apparent until after several years of professional boxing. . . . The effect on the brain of a blow received in boxing which is sufficient to cause immediate temporary unconsciousness is thought to be due to concussion. The medical consensus suggests that demonstrable disability does not occur subsequent to complete recovery unless several episodes of this character are experienced" (*op. cit.*, p. 6).

²⁵Edward J. Carroll, "Punch Drunk," *American Journal of Medical Sciences*, V (1936), 706 ff.

²⁶Ravina, *loc. cit.*

²⁷"Carroll emphasizes that in a large percentage of cases marked nervous and mental disturbances exist together with an excellent general condition and that consequently the patients think that they are perfectly healthy and do not even want to be examined medically" (Ravina, *loc. cit.*).

dred fighters. Out of the same number, sixty will develop mental and emotional changes which are obvious to people who knew them previously.²⁸ Martland reports a much higher frequency. So we may say that, while all professional boxers suffer some permanent brain injury, most of them suffer such injury to the extent that their brain deterioration is manifest. Incidence of outright death caused by boxing injuries is estimated to be one out of a thousand, which is very high in comparison with deaths caused by other contact sports. Football injuries, for example, are said to cause one death out of one hundred thousand players.²⁹

The common opinion of the experts

The competent medical authorities, who have studied the significance of cerebral traumas among pugilists, have offered opinions which must be considered seriously by anyone forming a moral judgment on boxing. Here, in summary, are their opinions.

Ravina is convinced that modern boxing, with its increased frequency and severity of cerebral traumas, is of a dangerous nature, producing physical and mental decline as a result of too many hard blows received. He suggests the use of protective helmets as a means of reducing the dangers.³⁰ However, the more recent data presented above cast doubt on the value of such a safety device. For it is the severe jarring of the brain which does the greatest damage. The American Medical Association has stated: "Heavy gloves and headgear may reduce external head injuries, but their effectiveness against brain injury is open to question."³¹ A similar view was recently expressed by the editor of an important boxing magazine: "Headguards . . . won't stop fatalities or severe injuries in the ring. I predict that there will be an increase in states where headguards are used. Their use won't halt knockouts or injuries to the brain."³²

Dr. Carroll summarizes his treatment of traumatic encephalitis in this way:

²⁸ Carroll, *loc. cit.*

²⁹ Arthur H. Steinhaus, Abe J. Greene, and Theodore Granik, "Is Boxing Legalized Murder?", *American Forum of the Air*, XIII, n. 23 (1950), published by Ransdell, Inc., Washington 18, D. C.

³⁰ Ravina, *loc. cit.*

³¹ Quoted by Steinhaus, *Look*, XIV (1950), 37.

³² Nat Fleischer, *Ring*, March, 1951, p. 15.

Although multiple punctate hemorrhages probably constitute the underlying pathologic change in punch-drunk, extensive degeneration might be explained even without reference to such vascular lesions. It is hardly possible that a blow which jars the brain sufficiently to cause loss of consciousness will not be followed by some tissue reaction, such as hyperemia and edema with effusion into the intercellular spaces, leading to disturbances of nutrition and thus to impairment of function. An area with anatomic predilection to this type of injury is the midbrain. With a jar of the skull, the midbrain is forced against the sharp edge of the tentorium and bruised, resulting in edema and hyperemia. Following repeated insults to this region a gliosis may begin and increase with each succeeding trauma. . . . Another explanation is that the jarring of the brain by a blow results in the fracturing of cell processes. The unequal specific gravities of the gray and white matter give to them different degrees of acceleration and response to force. This inequality of movement might cause a rupture of the neurones at the junction of the tissues. The technical problems of demonstrating such minute lesions and differentiating them from artefacts leaves this occurrence unproven. . . . It is especially important that athletes entering into competitions in which head injuries are frequent and knock outs are common should realize that they are exposing themselves not only to immediate injury, but also to remote and more sinister effects.³³

It is probable that no head blow is taken with impunity and that each knockout causes definite and irreparable damage.³⁴

After describing the physiology of the common knockout, Dr. Will of the Royal Army Medical Corps expresses surprise that so little permanent damage appears to be done by a single knockout. "An injury in the boxing ring," he says, "may produce just as severe after-effects as a fall hunting or at polo, and I see no reason for discriminating between the two classes of case." He also expresses surprise that boxing fans tend to regard so lightly the dangers of the sport. And there is something more than surprise in his words when he says: "In army boxing circles there seems to be a tendency to make light of the effects of a knockout, or head injury received during a contest. In calling attention to possible dangers attendant upon the practice of the noble art of self-defense I am treading on delicate ground."³⁵ Might not a theologian in times like ours say something very similar?

A noted brain surgeon, who has seen hundreds of boxers with marks of brain injuries, expressed to Dr. Steinhaus the conviction that every head-pummelling is likely to leave some small portion of the brain

³³ Carroll, *loc. cit.*

³⁴ Quoted by Ernst Jokl, *The Medical Aspects of Boxing* (Pretoria: J. L. Van Schaik, 1941), p. 201.

³⁵ Will, *loc. cit.*

tissue permanently damaged, even though this may not be noticed for some time.³⁶ Dr. Steinhaus offers an abundance of statistics, points of information, and observations which show that the characteristics of professional and amateur boxing are not unlike one another. "Boxing is the only sport in which the primary purpose is to inflict bodily punishment and damage, preferably to the head, on the opponent, and the audience waxes enthusiastic in proportion to the amount of such damage done."³⁷

It is certainly ironical, as Dr. Steinhaus points out, that this sport should sanction the head as the main target and hold inviolate the area below the belt. For, with the adequate devices for protection of the genitals, and the proper development of the musculature in this area, there would be no serious danger of permanent damage from blows; whereas the brain cannot be adequately protected nor repaired when damaged.

Dr. Ernst Jokl, who has published a very complete study of boxers' injuries,³⁸ has this to say about the sport:

. . . of all major sports, boxing occupies a special position since its aim is that of producing injuries, more particularly to the brain. As the more dramatic manifestations of such injuries are colloquially referred to by such terms as "knockout," "grogginess," "punchdrunk," etc., it is not usually appreciated that these conditions indicate the presence of serious cerebral disorders. It is true that similar injuries occur in sports other than boxing, e.g., in football or wrestling. But here they are accidents rather than sequelae of intentional acts. Only in boxing are traumatic injuries unavoidable even if the rules are adhered to.³⁹

We have seen the significance of head punches from the medical viewpoint. Real and serious wounds are inflicted on man's most delicate vital organ, and the natural beauty of the human face is directly attacked by the boxer who aims blows at the head of another in an attempt to win a fight for the sake of money and fame. In such an action there is no just proportion between the bad effect (permanent wounds on the brain with progressive impairment of functions and loss of mental power) and the good effect (a sum of money and a measure of "popularity"). The moral implications are obvious. A

³⁶ Steinhaus, see note 13.

³⁷ *Ibid.*

³⁸ E. Jokl, *The Medical Aspects of Boxing*.

³⁹ E. Jokl, "Medical Research in Physical Education, VI: Boxing Injuries," *South African Medical Journal*, XX (1946), 209.

boxer sins when he attempts to land severe blows on the head of his opponent. The matter is grave because of the importance and the delicacy of the organ which is attacked.

THIRD ARGUMENT

As a corollary of all that has preceded, a third argument presents itself against boxing as we have it today. A study of the physiological facts involved in such boxing has led to the conclusion that modern boxing cannot be reconciled with the principles proceeding from the Fifth Commandment. When a contest or spectacle of such a kind is held primarily for the spectators, something must be said about the morality of being one of the spectators. Boxing fans, by their presence and their enthusiasm, give to the spectacle its reason for existing and its peculiar character. Is it possible to contribute in this way to such an institution without participating to some extent in the sins of the principal contestants? Here we face the moral problem of cooperation in sin.

By his presence at a fight the spectator contributes financially to the contest; for the boxer engages in this business primarily for money which is supplied by the spectators. And by his enthusiasm the spectator positively encourages the boxer in the sordid aspects of his profession; for only the matches which promise "a good hard fight" will draw "a good big crowd." This concurrence in which the spectator positively sustains, fosters, and encourages the contestants in their immoral actions can hardly be considered anything less than formal moral cooperation in sin.

And, since the desires of the spectators set the tone of the contest, it is very difficult to see how those who manifest approval of modern pugilism by their presence and their enthusiasm can be free from the sin of scandal. Such is the situation of the spectator from the viewpoint of objective sin. In each case, however, the degree of cooperation and scandal must be judged from the circumstances. And, as in the case of the boxers themselves, it does not seem likely that the sins are ordinarily formal.

Still, something more must be said about the morality of being a spectator at a modern prizefight. Aside from the physiological facts which have been the basis of our considerations up to now, there is

in modern boxing something which might be called the psychological element. The sinfulness involved in this element might be treated under the virtue of temperance; but, for our purpose, it may be considered as it touches the Fifth Commandment. For this law of God forbids man to cooperate and take pleasure in the unjust and unnecessary sufferings of His creatures.

"A man who is angry without being hurt, or with one who has not offended him" is said by Saint Thomas "not to be cruel, but to be brutal or savage."⁴⁰ It belongs to this vice of brutality or savagery to take pleasure in the unnecessary sufferings of man.⁴¹ Besides being directly opposed to the gift of piety, this form of pleasure is an emotional perversion which is directly opposed to the respectful and tender emotions we are obliged to cultivate towards one another. In explaining the Old Testament prohibitions against cruelty to animals, Saint Thomas tells us that the object of such a prohibition is to turn men's minds away from the practice of inflicting needless suffering on animals, lest anyone by exercising cruelty towards animals should also become cruel toward men.⁴² ". . . God's purpose in often recommending and commending kind treatment of brute creation is to dispose men to pity and tenderness for one another."⁴³ Any contest which fosters dispositions exactly the opposite of pity and tenderness for one another is directly opposed to God's purpose.

Moreover, Scholastic theologians rest their condemnation of cruelty to animals primarily on its demoralizing influence.⁴⁴ Cock fights, for example, are condemned by some moralists because of their unwholesome influence upon the spectators.⁴⁵ Now if the causing of needless animal suffering is evil for this reason, it may be said a fortiori that the spectacle of human beings pummelling one another, needlessly and unjustly, is even more evil for the same reason.

The fact that the most violent boxing matches bring the largest crowds seems to indicate that for most of the spectators it is the "pleasure of a good fight" which principally motivates their presence. This is not to say that the display of skill and the element of human

⁴⁰ *Sum. theol.*, II-II, q. 159, a. 2.

⁴¹ Prümmer, *op. cit.*, II, n. 710.

⁴² *C. Gent.*, III, 12.

⁴³ *Sum. theol.*, I-II, q. 102, a. 6, ad 8m.

⁴⁴ J. J. Fox, "Cruelty to Animals," *Catholic Encyclopedia*, IV, 542.

⁴⁵ J. E. Ross, *Christian Ethics* (New York: Devin-Adair Company, 1924), n. 374.

drama may not be motive forces for those who attend fights. The point is that for most fans the unwholesome motives seem dominant; otherwise, the character of boxing would be different. The fights are calculated by the promoter to please the crowd.

Anyone who has attended fights will admit that the animal emotions are dominant; that dispositions of tenderness are opposed; that the spectators are given to a general emotional instability, and are frequently stimulated to the point of frenzy; that the contest easily occasions in the spectators expressions which are akin to hatred and cruelty. For the pleasurable feeling which is fostered by the spectacle of one man's beating another into an inhuman state seems to be an emotion of beastliness which ordinarily proceeds from the vice of savagery or brutality.

If anything has the power of releasing the beast in man it is a fight. For this reason it seems inevitable that an unhealthy enthusiasm should be generated among the spectators at a "good fight." And if the spectator at such a contest does not actually take pleasure in the needless suffering and the crude atmosphere, he does at least cooperate in it and he places himself in a free absolute proximate occasion of taking sinful pleasure.

A contest which has as a direct purpose the violation of the human body, and which fosters such crude emotionalism among the spectators, should appear particularly reprehensible to the Christian conscience in times like ours. For when in history has the body of man suffered violation on a larger scale than it does today? And when have human emotions been more wanting in the cultivation of tenderness and pity? The brutishness fostered by boxing appears especially sinister when we consider that there is always some degree of identification of the spectator with the characters in a drama; and a fight is perhaps the most powerful means of bringing out the animal in man. In a world so filled with suffering and crudeness what place is there for a form of recreation which deliberately places acts of brutality as a means of pleasure, and positively fosters a perverse emotionalism? Boxing, as we have it today, is badly in need of an apologist.