Punch-Drunk Slugnuts: Violence and the Vernacular History of Disease

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Abstract: The observation that neurological illnesses follow recurrent hits to the head was tempered by the terms that first called the diseases into scientific existence: “punch-drunk,” “slugnutty,” “slaphappy,” “goofy,” “punchy,” and a host of other colloquialisms accompanying class identities. Thus the discovery of disease and its medicalization ran straight into a countervailing belief about losers—losers in boxing, losers in life, losers in general. To medicalize such individuals was to fly in the face of a culture that made them jokes. Yet a subculture began to emerge around pathological understandings: first in medicine, then in journalism, then in the courts, and finally with patient accounts about illness.

Sometime before 1940, Roaldus Richmond interviewed a down-and-out newspaperman named Rodney for the American Federal Writers' Project (FWP). Like many interviewees whose life histories make up the manuscripts in the 1936–1939 Folklore Project of the Works Progress Administration (WPA), Rodney spoke in a peculiar dialect—what the historian Michael Denning has described as the "mechanic accents" of the American working class.¹

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¹ Michael Denning, Mechanic Accents: Dime Novels and Working-Class Culture in America, rev. ed. (London: Verso, 1998), p. 82. See also Denning, The Cultural Front: The Laboring of American Culture in the Twentieth Century (New York: Verso, 1998), pp. 133-135. On the FWP see Jerrold Hirsch, Portrait of America: A Cultural History of the Federal Writers' Project (Chapel Hill: Univ. North Carolina Press, 2005). For a taste of Richmond's work see Mari Tomasi, Roe Richmond, Alfred F. Rosa, and Mark Wanner, Men against Granite (Shelburne, Vt.: New England Press, 2004); for further background on the FWP see Paul Sporn, Against Itself: The Federal Theater and Writers' Projects in the Midwest (Detroit: Wayne State Univ. Press, 1995).
Rodney frequented the company of police officers, chasing their arrests for news stories. He had seen the back alleys of speakeasies, written about sports, become close with gamblers, and watched people beaten almost to death in brawls. He blamed most of what he observed on the banks. Things were bad. But they’d been worse, Rodney recalled: “When it was really bad here though, was when the [Civilian Conservation Corps] were here working on the flood-control dams. They were mostly World War Vets, tough and wild and slap-happy. They’d come into town and sell their jackets . . . to get a drink. Hemingway tells about the Vets down in Florida in his book To Have and Have Not. Well, these guys were the same way. Punch-drunk and slug-nutty.”

Rodney’s language fashioned a world out of slurs and insults. It drew on what the sociologist Charles Tilley termed “violent rituals” and spoke to constituencies experientially familiar with violence. “Slaphappy,” “punch-drunk,” “slugnutty,” and “goofy” emanated from gossip around boxing rings, the talk of enlisted men, maudlin journalistic prose, and racist humor that drew audiences together. The slang showed up everywhere: dime fiction, comics, magazines, low- and high-brow journalism. Even the Disney character first named Dippy Dawg, who later became known as Goofy, gestured toward the stereotype. The ever-rough and masculine Ernest Hemingway included a derisory line in To Have and Have Not: “It wouldn’t mean anything to you, punch drunk.”

This slang found its way into medicine as well. It appeared first in a famous 1928 essay on brain injury, entitled “Punch Drunk,” by the New Jersey forensic examiner Harrison Martland, then later in essays in the 1930s and after (the condition was termed “dementia pugilistica”) by J. A. Millspaugh in 1937. In a 1936 essay entitled “Punch Drunk,” the psychiatrist Edward Carroll observed that there was a “clinical syndrome of frequent occurrence among boxers,” something they called “‘punch-drunk,’ ‘punchy,’ ‘goofy,’ ‘slap happy,’ ‘cutting paper dolls,’ or ‘slug nutty.’” Carroll added that doctors used the terms “traumatic dementia” or “traumatic encephalopathy” but observed that “punch-drunk” seemed most descriptive. In this way he connected modern slang to an older diagnostic nomenclature. “Traumatic dementia” had been bandied about in the nineteenth century, most famously in Daniel Hack Tuke’s dictionary of psychological terms. “Traumatic encephalopathy” was newer, perhaps coined in 1930 to refer to a neuropathological cause of traumatic insanity.

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2 Roulshus Richmond and Rodney, “Just Hanging Around,” Vermont, 1940, Manuscript/Mixed Material, https://www.loc.gov/item/wpalh002684/.  
3 Charles Tilly, _The Politics of Collective Violence_ (Cambridge: Cambridge Univ. Press, 2003), pp. 81–101. On chronic traumatic encephalopathy see Matt Ventresca, “The Curious Case of CTE: Mediating Materialities of Traumatic Brain Injury,” _Communication and Sport_, 2019, 7:135–156. See also Kathryn Henne and Ventresca, “A Criminal Mind? A Damaged Brain? Narratives of Criminality and Culpability in the Celebrated Case of Aaron Hernandez,” _Crime, Media, Culture_, 2016, 19:395–415, https://doi.org/10.1177/1741659019879888; Gregory Hollin, “Making a Murderer: Media Renderings of Brain Injury and Aaron Hernandez as a Medical and Sporting Subject,” _Social Science and Medicine, 2019, 244:12598_; Kathleen Bachynski, “The Duty of Their Elders: Doctors, Coaches, and the Framing of Youth Football’s Health Risks, 1950s–1960s,” _Journal of the History of Medicine and Allied Sciences, 2019, 74:167–191_; Dominic Malcolm, “Soccer, CTE, and the Cultural Representation of Dementia,” _Sociology of Sport Journal, 2020, 38:26–35_; and Emily A. Harrison, “The First Concussion Crisis: Head Injury and Evidence in Early American Football,” _American Journal of Public Health_, 2014, 104(5):822–833.  
4 Wilfred Jackson, dir., _Mickey’s Revue (Columbia Pictures) (Walt Disney Productions, 1977); How to Play Football (Burbank, Calif.: Walt Disney Educational Media); and Ernest Hemingway, _To Have and Have Not_ (London: Cape, 1955), p. 200.  
5 Harrison S. Martland, “Punch Drunk,” _Journal of the American Medical Association_, 1928, 91(15):1103–1107; J. A. Millspaugh, “Dementia Pugilistica,” _United States Naval Medicine Bulletin_, 1937, 55(297):297–303; and Edward Carroll, “Punch-Drunk,” _American Journal of Medical Science_, 1936, 191:706–712, on p. 706. See also I. Strauss and N. Savitsky, “Head Injury: Neuropologic and Psychiatric Aspects,” _Archives of Neurology and Psychology_, 1934, 31:893–955; H. L. Parker, “Traumatic Encephalopathy (Punch Drunk) of Professional Pugilists,” _Journal of Neurology and Psychopathology_, 1934, 15(57):20–28; and C. E. Winterstein, “Head Injuries Attributable to Boxing,” _Lancet_, 1937, 230(5951):719–722.  
6 “Traumatic Factor in Mental Disease,” in Daniel Hack Tuke, _A Dictionary of Psychological Medicine: Giving the Definition, Etymology, and Synonyms of the Terms Used in Medical Psychology with the Symptoms, Treatment, and Pathology of Insanity and Dementia Pugilistica_.  
7712, on p. 706. See also I. Strauss and N. Savitsky, “Head Injury: Neuropologic and Psychiatric Aspects,” _Archives of Neurology and Psychology_, 1934, 31:893–955; H. L. Parker, “Traumatic Encephalopathy (Punch Drunk) of Professional Pugilists,” _Journal of Neurology and Psychopathology_, 1934, 15(57):20–28; and C. E. Winterstein, “Head Injuries Attributable to Boxing,” _Lancet_, 1937, 230(5951):719–722.
It was this mixed vernacular that created what by the 1950s came to be called “chronic traumatic encephalopathy,” a brain disease consequent of recurrent head impact. As with many illnesses, the origins of the term “chronic traumatic encephalopathy” reside in the observational (often gendered and racialized) language of lay cultures, and it is striking that these languages of violence, which appear to have been emergent in the interwar period, should so rapidly have been adopted for clinical frames and pathological study. Yet, paradoxically, having met the high threshold for what Janet Golden and Charles Rosenberg termed “biological specificity” in the making of disease, chronic traumatic encephalopathy resisted its opportunity to escape into medicalization. The disease instead slipped into cultural ambiguity and linguistic ambivalence, remaining a matter for humor, slur, innuendo, and libel rather than a provocation to public awareness about the dangers of normalizing brain injuries.

In other words, the framing of recurrent brain injury from sports (as well as vigorous and dangerous masculine pursuits more generally) reflected both the evolution of clinical medicine and the ordinary meanings given to observations about the effects of blows to the brain, as recorded in vernacular language. Both parts of that framing—the professional expertise of the medical man and public familiarity with sporting violence—were necessary to the recognition and acceptance of this type of brain injury. Yet the mixing of various languages introduced ambiguities into the interpretation of the condition. Was it the result of continual repetitive blows to the head, a susceptibility to brain injury inbred in certain individuals or racially determined, or the consequence of a dissolute life spent among second-rate athletes? To a degree, the popular understanding was that punch-drunkness was a normal part of sport (as would be contended for professional sport generally and American football and British boxing and soccer in particular). Such an understanding inhibited attempts to acknowledge the seriousness of the medical condition. Sport in general, and boxing in particular, drew on contradictory tropes about aristocratic honor and martial violence as essential for shaping masculine identities, ones that pitted feminized concerns about violence against norms that aggrandized the experience of enduring and perpetrating violence as a mark of manhood.

It is hardly novel in historical studies of disease to explore the role language plays in shaping disease. Typically, doing so reveals generational, gendered, and racial struggles for legitimacy.
Historically, the discovery of diseases like cholera, migraine, syphilis, Alzheimer’s disease, epilepsy, multiple sclerosis, breast cancer, anorexia nervosa, and aphasia has led to linguistic specificity and epistemic clarity. Other conditions—most clearly alcoholism, but more recently Gulf War syndrome, chronic fatigue syndrome, and fibromyalgia—have struggled for both and, accordingly, have produced advocacy subcultures located on the fringes of medical society. That disease can hold such rhetorical multitudes shows the material working power of culture, custom, and conceit in shaping clinical knowledge.

“Punch-drunk slugnuts” originated in the accents of a culture industry that denigrated sufferers as having lost an admirable edge. Once great and glorious, the punchy had deteriorated, becoming fit only for mockery and shame. Glass-jawed, irritable, and vainglorious, slurred in speech, often intoxicated, perhaps a bum struggling to find employment or a member of an allegedly “inferior race,” the down-and-out victim made desperate efforts to rekindle fame and fortune by fighting past his prime or joining the circus as a punching bag. To describe such individuals as medical patients, to point to underlying brain pathologies as a result of occupation or exposure, was to challenge popular culture and hint at shameful cultural legacies of violent rituals. Deeper critiques pointing to the nature of poverty and the legacy of racism further tarnished medical claims by bringing in political controversy. Medical findings indicted and threatened outlets that shaped and also reconditioned constituencies conditioned to hear other meanings and ready to disbelieve, disregard, and deny.

12 Christopher Hamlin, Cholera: The Biography (Oxford: Oxford Univ. Press, 2009); Katherine Foxhall, Migraine: A History (Baltimore: Johns Hopkins Univ. Press, 2019); Jesse F. Ballenger, Self, Sensitivity, and Alzheimer’s Disease in Modern America: A History (Baltimore: Johns Hopkins Univ. Press, 2010); Colm Lee Talley, A History of Multiple Sclerosis (Westport, Conn.: Praeger, 2008); Barron H. Lerner, The Breast Cancer Wars: Hope, Fear, and the Pursuit of a Cure in Twentieth-Century America (Oxford: Oxford Univ. Press, 2003); Joan Jacobs Brumberg, Fasting Girls: The History of Anorexia Nervosa (New York: Random House, 2001); and Allan H. Ropper and Brian Burrell, How the Brain Lost Its Mind: Sex, Hysteria, and the Riddle of Mental Illness (New York: Avery, 2019).

13 Marcia Beaulieu, “Stigma and Legitimation in Chronic Fatigue Syndrome: The Role of Social Location” (Ph.D. diss., McGill Univ., 1997); J. A. Richard and L. A. Jason, “Gender Biases Underlying the Social Construction of Illness: The Case of Chronic Fatigue Syndrome,” Current Sociology, 2001, 49(3):15–29; Robert A. Aronowitz, “From Myalgic Encephalitis to Yuppie Flu: A History of Chronic Fatigue Syndromes,” in Framing Disease, ed. Golden and Rosenberg (cit. n. 9), pp. 155–181; J. D. Kate, G. Mamyrova, O. Guzhva, and L. Furmark, “Gender Bias in Diagnosing Fibromyalgia,” Gender Medicine, 2010, 7:19–27; Janet Oppenheim, “Shattered Nerves”: Doctored, Patients, and Depression in Victorian England (Oxford: Oxford Univ. Press, 1991); and Martin L. Pall, Explaining “Unexplained Illnesses”: Disease Paradigm for Chronic Fatigue Syndrome, Multiple Chemical Sensitivity, Fibromyalgia, Post-Traumatic Stress Disorder, Gulf War Syndrome, and Others (New York: Informa Healthcare USA, 2009).

14 Dan Streible, Fight Pictures: A History of Boxing and Early Cinema (Berkeley: Univ. California Press, 2008); Jeffrey T. Sammons, Beyond the Ring: The Role of Boxing in American Society (Urbana: Univ. Illinois Press, 1990); and Stephen Smith, Puckstruck (Vancouver: Greystone, 2015).

15 See Karl T. Neuburger, David W. Sinton, and John Denst, “Cerebral Atrophy Associated with Boxing,” AMA Archives of Neurology and Psychiatry, 1959, 81:403–440, esp. p. 403.

16 Harry Edwards, The Revolt of the Black Athlete (1970; Urbana: Univ. Illinois Press, 2018); David J. Leonard and Richard C. King, eds., Commodified and Criminalized: New Racism and African Americans in Contemporary Sport (Lanham, Md.: Rowman & Littlefield, 2012); Ben Carrington, Race, Sport, and Politics: The Sporting Black Diaspora (Los Angeles: Sage, 2010); Gamal Abdel-Shennid, Who Da’ Man? Black Masculinities and Sporting Cultures (Toronto: Canadian Scholars, 2004); and Tamara McNulty Estle and David J. Estle, “Race, Cultural Capital, and the Educational Effects of Participation in Sports,” Sociology of Education, 2002, 75:123–146.

17 See the pioneering work of Kathleen Bachynski, No Game for Boys to Play: The History of Youth Football and the Origins of a Public Health Crisis (Chapel Hill: Univ. North Carolina Press, 2019), to which I am indebted intellectually.

18 Daniel S. Goldberg, “On Stigma and Health,” Journal of Law, Medicine, and Ethics, 2018, 45:475–483.
These sporting vernaculars drew on racialized and gendered assumptions that circulated within a geographically global sporting world that also possessed national and local characters. To be clear, then, different local class cultures operated according to highly differentiated logics, but sporting vernaculars appear to have entered them in similar ways in English—and indeed publications in, for example, German and French described the problems of recurrent concussion in ways similar to those in English-language contexts. For the purposes of this essay, however, the geography of this sporting vernacular for head injury, global in its circulation, encompassed an English-speaking world of sport and medicine, stretching from Australia and New Zealand through North America to Britain and South Africa, albeit with important nuanced differences for sporting, class, colonial, and racial realities in every context.

This essay thus draws primarily on source material published in the United States and Britain, and it does so for good reason. In her major study of masculinity and sport, the Canadian political scientist Varda Burstyn observes that the United States and Britain “gave birth to the major global sport forms dominant today” that receive so many accolades. Burstyn’s scholarship signals that the popularization of sports, with their common violence and inevitable injuries, formed one cultural context of a white colonial world that instilled martial values in its own and its subjugated populations. In that world, racism, race science, nascent sports medicine, and sport reflected broader concerns about physical supremacy and prowess that justified imperial projects and signaled concerns about white masculinity in confrontation with nonwhites in sports and society. Similarly, in his pioneering exploration of racial diaspora and sport, the sociologist Ben Carrington explored these same matters in the context of a “sporting Black Atlantic,” a geography he argued was central to the making of the transnational athlete and generative for the “hidden history of not only black boxers, but footballers, rugby players, cricketers, cyclists and athletes in Britain.” In Carrington’s sociology, these transnational athletes navigated a specific Anglophone world, one that gave rise to the political significance of sports that became symbolic in the “struggles of black people for freedom and liberty, cultural recognition and civic rights, against the ideologies and practices of white supremacy.” In other words, these athletes, regardless of their sporting prowess, experienced segregation or subjugation that placed them on the margins of white settler colonial societies.

Furthermore, beyond this important history of sport, culture, and geography, the history of neurological medicine in Britain and America was equally Atlantic. Many institutional and personal relationships emerged after World War I, creating epistolary and shared epistemic realms of clinical neurological knowledge that brought together the cosmopolitan worlds of Toronto, Montreal, Boston, New York, Baltimore, Washington, D.C., Minneapolis, Los Angeles, London, Newcastle, Edinburgh, and Glasgow. In this way a transnational community of Atlantic investigators (some born in Australia) shaped brain injury research in the interwar and postwar periods.

19 A representative bibliography of source material appears in Friedrich Unterharnscheidt and Julia Taylor-Unterharnscheidt, Boxing: Medical Aspects (New York: Academic, 2003), pp. 758–788.
20 Stephen Townsend, “‘The Tragedy of the Punch Drunk’: Reading Concussion in Australian Sporting Newspapers, 1843–1954,” Frontiers in Sports and Active Living, 2021, 3:676/663, arrives at similar conclusions about the ubiquity of these sporting languages in the Anglophone world.
21 Varda Burstyn, The Rites of Men: Manhood, Politics, and the Culture of Sport (Toronto: Univ. Toronto Press, 1999), p. 9; and Carrington, Race, Sport, and Politics (cit. n. 16), p. 55.
22 In a searing analysis of this situation in the United States, the historian Taylor Branch writes that justifications for NCAA sports, for example, echo “masters who once claimed that heavenly salvation would outweigh earthly injustice to slaves. In the era when our college sports first arose, colonial powers were turning the whole world upside down to define their own interests as all-inclusive and benevolent.” See Taylor Branch, “The Shame of College Sports,” Atlantic, 2011, 308(3):80–110.
23 See Stephen T. Casper, The Neurologists: A History of a Medical Specialty in Modern Britain, c. 1789–2000 (Manchester: Manchester Univ. Press, 2016); Casper and Delia Cavan, eds., The History of the Brain and Mind Sciences: Technique, Technology,
The sources of this Atlantic but vernacular economy are many, and those that appear in this study are taken mainly from American and British publications. Few sources record active resistance to the emergence of the neurodegenerative disease categories of recurrent impact trauma; rather, newspapers, magazines, literature, legal decisions, medical books, and television programming point to the way the working language in which these diseases were discussed in the United States and in Britain found its way into the language of brain injury medicine. It was the everyday deployment of that rough language that constructed the medical focus as suspect and arbitrary, even incommensurable with public knowledge. A shameful past combined with the stigma of mental illness kept the disease—as a disease—squeezed away from public attention. Chronic traumatic encephalopathy, the sources suggest, thereby found a paradoxical disease status. Observed by American and British doctors but resisted and resented by the public and industry stakeholders in both countries, the acquired diseases of brain injury hid within cultures that acquiesced to sports violence, normalized head impacts, relied on slang that expressed knowledge of them as slurs, and engendered colloquy, as Brian Wynne might have put it, between medicine, sport, and lay cultures that required translation on all sides.

All the while, head impacts continued to occur in one cultural arena or another, from the 1930s to the present. They were most clearly visible in collision sports—but only because in some other spaces, particularly private domestic and carceral settings, recurrent violence was invisible. In other contexts, such as car crashes, visibility was predicated on a consumer culture of speed that cast higher-level risks as a worthy consequence of freedom. Together, these varying sources of exposure unfolded into a disease population experience that fought against its own discovery across the Cold War period. Because these illnesses were remote in onset (occurring sometimes even decades after the original trauma), and because they impacted populations in such ways that patient histories of exposure rarely surfaced, it is likely that only now are they becoming visible in a way that reflects their actual incidence. In consequence, over the next two decades, impact-related neurodegenerative disease will come to be characterized as an emerging disease that, paradoxically, found its literary, linguistic, and clinical origins in the observational and violent cultures that produced the illness.

24 One referee expressed concern that this essay might have reflected a sampling frame promoted by digitization. In fact, many sources used for this study are not, so far as I am aware, digitized. Sources like Index Medicus and the Index-Catalogue of the Library of Surgeons General drove my research here. I found many sources in stacks at Harvard, the University of Minnesota, and the Wellcome Library. I often acquired magazines through unlikely repositories of sources, including online auction sites like eBay, which proved an important source for historical magazines. A representative bibliography of source material appears in Unterharnscheidt and Taylor-Unterharnscheidt, Boxing (cit. n. 19), pp. 758–788. There are many sources like theirs that have been assembled since Courville wrote his history of concussion in 1953: Courville, Commotio cerebri (cit. n. 7). I used them in my research.

25 Brian Wynne, “Sheepfarming after Chernobyl: A Case Study in Communicating Scientific Information,” Environment: Science and Policy for Sustainable Development, 1989, 31(2):10–59.

26 Stephen T. Casper and Kelly O’Donnell, “The Punch-Drunk Boxer and the Battered Wife: Gender and Brain Injury Research,” Soc. Sci. Med., 2020, 245:112688; and Lee Vinsel, Moving Violations: Automobiles, Experts, and Regulations in the United States (Baltimore: Johns Hopkins Univ. Press, 2019).

27 Frances Saunders, The Cultural Cold War: The CIA and the World of Arts and Letters (New York: New Press, 2013); Tony Judt, Postwar: A History of Europe since 1945 (London: Vintage, 2010); and Allan M. Brandt, The Cigarette Century: The Rise, Fall, and Deadly Persistence of the Product That Defined America (New York: Perseus, 2007).

28 My study’s frame draws on Robert N. Proctor and Londa Schiebinger, eds., Agnotology: The Making and Unmaking of Ignorance (Stanford, Calif.: Stanford Univ. Press, 2008).
THE ROUGH ORIGINS OF DISEASE

John Steinbeck’s 1936 novel *In Dubious Battle* recounts a world of strike organizers and would-be Communists working toward a lost paradise in the rough world of California agriculture. The protagonist, Jim Nolan, a reader and newcomer to dissident politics, has the family pedigree to become a Party strike organizer. Asked early on, “Why do you want to join the Party?” Jim says: “Well—I could give you a lot of reasons. Mainly, it’s this: my whole family has been ruined by this system. My old man, my father, was slug-nutty so much in labor trouble that he went punch-drunk.”

As the fictional Jim’s life spirals into violent labor confrontations, his own family background and his early encounters with other revolutionaries foreshadow the inevitable outcomes of confronting capitalism. Early on Jim meets Joy, a deranged foot soldier in the labor movement. Joy had been beaten mercilessly and then trampled by horses. “Don’t mind Joy,” Mac McLeod, the local Party leader, whispers to Jim. “He’s slug-nutty. He’s been smacked over the head too much. We take care of him and try to keep him out of trouble.” Like Jim’s father, Joy is eventually shot in labor strife: “The misshapen, gnome-like figure faced the doorway and the men. The arms waved jerkily. . . . The men in the doorway dropped to the ground and stood in front of the frantic, jerking Joy. He turned and waved his arm toward the strikers. His beaten face was contorted.” And then “three sharp, cracking sounds.” And Joy is dead.

Such literary efforts to emulate everyday language in America raise the question of whether these accents and vocabulary mirrored actual conversation or were mere conceits of storytelling. Substantive records point to the widespread existence of such observational language in working cultures in America and Britain during the interwar period and after. Among the documents gathered by writers working for the Works Progress Administration Folklore Project, any number record the spontaneous deployment of these accents of violence. In Texas in 1941, for example, Woody Phipps interviewed a man called J. M. Brown who reminisced about his days as a “cowpunch” (i.e., a cowboy), when he had been a “right able bronc buster” who had been involved in stampedes and had seen brawls. “The trouble about it all,” he said, is “I hurt all over, all the time. I’m just like a punch drunk prize fighter. I got hurt in the business, and I’ll never get over it.”

Indictments like Brown’s mirrored other gripes about Depression-era workplace conditions. A WPA worker was overheard in 1938 declaring: “Let ‘em fire, and be damned. Hell, I’ve got now so that I’m like a punch-drunk fighter in the ring, and don’t care much which corner I’m knocked out in.” A post office worker in Chicago observed of a co-worker: “That goofy L., ‘e’s gettin’ punchier every day, ‘e’s gettin’ really wacky. ‘E’s a big goofy carrier. We was standin’ at the registry window one day, an’ he was signin’ for thirteen registers. But ‘e didn’t know how to spell ‘thirteen,’ so ‘e turns around an’ asks me. . . . Ya oughtta see ‘im talk—‘is shoulders keep jerkin’. I think ‘e’s goin’ goofy.”

Obviously, such spontaneous observations should not be viewed as in any way diagnostic. Instead, they reveal a vernacular economy. There were other ways people used such language. One common way was as a humorous dismissal that hinted at a deeper slur and pointed to a dazed view of reality. In 1941 the *Wilmington Morning Star*, for example, asked, “Is Hitler Punch-Drunk?” The author concluded that “Hitler is punch drunk from Russian blows—delivered in a land

29 John Steinbeck, *In Dubious Battle* (New York: Random House, 1936), p. 7.
30 Ibid., pp. 19, 162.
31 Woody Phipps and J. M. Brown, Texas, 1941, Manuscript/Mixed Material, https://www.loc.gov/item/wpalh002579/.
32 Wayne Walden, interviewer, [Folk Talk], New York City, 1938, https://www.loc.gov/item/wpalh001678/, p. 6, and Abe Aaron, interviewer, [Postoffice Workers (Carmen)], Chicago, 1939, https://www.loc.gov/item/wpalh000038/, p. 18.
he declared already fallen.”33 While this remark has a certain charm, it should not be lost on us in hindsight that such a declaration cut both ways. It was a known characteristic of punch-drunk slughunts that they did not appreciate that they were beaten.

In 1942 Life Magazine described some drawings by the American cartoonist Abner Dean, dubbing them the surrealist fantasies of a “punch-drunk prophet.” Dean, the magazine suggested, proffered his weird works of art as the result of being “punch drunk—but not from blows.” “Too many people, he complains, try to explain too many things in too many words. As a result, Dean is punch drunk from words.” The 1939 novel Set ‘Em Up, authored by “Joe (The Markee) Madden,” laughed at itself in the same way on its title page: “Published by a Punch-Drunk Author who still hasn’t learned his lesson.” Norman Mailer, quoted in Encounter Magazine, once described himself as on the brink of professional and personal disaster: “I started as a generous but very spoiled boy, and I seem to have turned into a slightly punch-drunk and ugly club fighter.” Mailer, one obituarist noted, was brutally violent over the course of his life toward his many wives and had a fear of effeminacy that bordered on mania.34

Similar comparisons appeared in descriptions ranging from the work of reading newspapers to critiques of international diplomacy.35 Encounter Magazine used the trope of the effect of incessant beating in 1957 when it described the representation of the Suez Crisis in the London rag-sheet the Daily Mirror, which cared not whether the readers understood or believed what they were being told but instead sought to render them “punch-drunk” and was willing “to take off its gloves if that is the only way of doing it.” The metaphor proved durable. The legendary stock trader Richard Dennis, interviewed in the self-help volume Market Wizards, observed of his career as a trader: “Everyone has shock absorbers that deteriorate over time. Being a trader is like being a boxer: Every now and then, the market gives you a good wallop. After twenty years you get a bit punch-drunk.” Dennis’s language conjured the way the imagery of progressive decline was itself a feature of colloquial language that preceded the idea of punch-drunkkeness and was handed down in the social Darwinist, racist, and eugenic rhetoric of “degeneration,” a term the historians Allan Ropper and Brian Burrell describe as “entrenched” in medicine through the concept of “degenerative brain disease.”36 Chronic traumatic encephalopathy is degenerative in a fuller sense than we appreciate today.

Another way such terms were used was as statements of fact. In such instances, even when fictionalized, the implications were deleterious. The most famous example referenced in the medical literature was a horrific concussion experienced by the world champion boxer Gene Tunney.37 His groggy state hinted at a future of deteriorating fighting prowess; worse, being found out meant an immediate risk to his income, because gamblers wouldn’t bet on a punch-drunk boxer.

So grave were the potential repercussions that such innuendo could become a cause for libel charges in Britain and America. In 1937 a Cincinnati court learned that “when a boxer goes

33 “Is Hitler Punch-Drunk?” Wilmington Morning Star, 4 Oct. 1941, p. 4.
34 “Punch-Drunk Prophet,” Life Magazine, 23 Nov. 1942, p. 150; Joe Madden, Set ‘Em Up! (New York: Cornwall, 1939), p. iii; Norman Mailer, quoted in George Steiner, “Naked but Not Dead,” Encounter Magazine, 1961, 17(6):67–70, on p. 69; and Joan Smith, “Farewell to Norman Mailer, a Sexist, Homophobic Reactionary,” 13 Nov. 2007, https://www.theguardian.com/books/bookblog/2007/nov/13/farewelltonormanmailerase (accessed 3 Aug. 2020).
35 “Notes of the Changing Times,” Changing Times [pre-1986], 5 Apr. 1951, p. 45; and “How’s Business? Permanent Crisis Faces United States,” Barron’s National Business and Financial Weekly, 13 Sept. 1948, pp. 1, 5.
36 Henry Fairlie, “Brilliance, Skin Deep: The Case of the Daily Mirror,” Encounter Magazine, 9 July 1957, p. 14; Jack D. Schwager, Market Wizards: Interviews with Top Traders, Kindle ed. (Hoboken, N.J.: Wiley, 2016), p. 269; and Ropper and Burrell, How the Brain Lost Its Mind (cit. n. 12), p. 94. On degeneration see Daniel Pick, Faces of Degeneration: A European Disorder, c. 1848–c. 1918 (Cambridge: Cambridge Univ. Press, 1989).
37 Tunney’s concussion is described Strauss and Savitzky, “Head Injury” (cit. n. 5), p. 947.
‘punch drunk,’ he’s known as ‘slap happy’...you know—‘slug nutty,’ or maybe ‘punch goofy.’” One pugilist sued Tele-Flash Loudspeaker Corporation for calling him such names. The plaintiff argued that these terms were slurs that implied a “lack of mental co-ordination,” while the defendant’s attorney protested that such descriptions were in fact laudatory, a “reveling in having so scored to many hits against his opponents [sic].” In Britain the Liverpool Daily Post reported libel damages of £3,000 against the Daily Mirror when it suggested that a nineteen-year-old boxer was “punch-drunk” and that his father should be “prosecuted.” In that same case, the British physician Robert Gillespie complained that the proper term was “traumatic encephalopathy”; he explained in cross-examination that “punch drunkenness was not yet a medical term.” Similarly, in 1956 Lou Stillman brought a complaint in the United States against Paramount Pictures for releasing a film in which a leading actor described Stillman’s gymnasium, famous worldwide for training boxers, as the place to find a “punch-drunk fighter.” The American court’s opinion called out the linguistic ambiguity:

The alleged libel states that a punch-drunk fighter could be got at the plaintiff’s gymnasium. The meaning of a punch-drunk fighter as a derelict and degraded person and the context in which the expression was used, as set out in the complaint, have already been given. Quoting from dictionaries of American slang, the defendants attribute a different meaning to “punch-drunk.” They say it means merely a person dazed by the impact of blows. Obviously, the term is not one in general use, having an accepted meaning.38

It is important to see that while the court (and sometimes experts in other cases) saw distinctions between slang, slurs, and synonyms in a parlance it regarded as uncommon, it also noted that the defendants purported to have meant that the subject was “merely” dazed, as opposed to being in progressive decline.39 Whereas public uses in literature, autobiographical testimony, and journalism and even figurative deployments tended to point toward dereliction and permanent decline, another available usage of “punch-drunk” suggested a transient, contingent state where a person was knocked momentarily goofy. That meaning pointed to the synonyms and images in colloquial use to describe what was in fact concussion of the brain: seeing stars, hearing a bell ring, caricatures of tweeting birds around a head, and comparisons with intoxication were all possible depictions of head trauma. The distance between the effects of an acute occurrence and chronic recurrence of blunt force trauma was indicated by this vernacular hairsplitting in the court.

The American court’s recognition that “punch-drunk” was not always a reference to chronic debility had precedent. Outside the courtroom, however, where dereliction and other problems paralleled inevitable experience, the chronic meaning largely prevailed. That nasty stereotype debility had precedent. Outside the courtroom, however, where dereliction and other problems being in progressive decline.39 Whereas public uses in literature, autobiographical testimony, that the defendants purported to have meant that the subject was

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38 “Even Judge Gets ‘Slap Happy’: Definitions Confuse Court as Boxer, Called ‘Punch Drunk,’ Ads Damages,” Washington Evening Star Sports, 27 Feb. 1937, p. A10; “Boxer Wins Case; £3,000 Damages for Father and Son, Judge ‘Saw No Mental Fault,’” Liverpool Daily Post, 20 Jan. 1939, p. 10; “Boxer Who Could Not Do Sums,” Daily Record and Mail, 19 Jan. 1939, p. 2 (Gillespie’s clarification); and Stillman v. Paramount Pictures Corp., 1 Misc. 2d 108, 147 N.Y.S.2d 504, 1956 N.Y. Misc., LEXIS 2260.
39 Robert E. Creighton, “Jargon of Fistiana,” American Speech, 1933, 8(3):34–39.
40 Joseph D. O’Brien, “Another Kind of Punch Drunk,” Ring Magazine, Mar. 1966, p. 10. J. W. Graham, “Professional Boxing and the Doctor,” British Medical Journal, 1955, 1(4907):219–221, discusses the way this condemnatory term had flourished on p. 220.
League Review, the official journal of British soccer, observed “danger in heading” in 1966 and noted allegations “by a doctor that boxing isn’t the only sport which can produce punchies.” But the Irish center Derek Dougan, who played for Leicester, replied jokingly when asked about these matters: “Time and again after a game I suffer from headache, obviously from all the heading I do.” But punchy? the writer asked rhetorically. “I might be a bit of a character,” Dougan allegedly grinned, “but that I’ll never be.”41

That these rough origins could lead to such ambiguities in the courts and national cultures between acute moments of injury and chronic exposure should not divert attention from the fact that the routine figurative deployment of these terms, whether affected or in the real utterances of particular working cultures, cut two ways. Against the heroic image of the boxer Joe Palooka, a favorite radio and comic book character in America, the figure of Cauliflower McPug is fittingly juxtaposed. McPug was a recurring character created by the American comedian Red Skelton. In this role, Skelton produced numerous quotable funny utterances and affected twitchy movements and crossed eyes—all humor fashioned from the character’s presumed history of too many hits to the head. No matter the medical reality of the condition; the implication was clear: no one should think the victim blameless. As McPug became a popular caricature in the 1950s, the truth that the condition was also a medical one came to be accepted by clinicians, even if the irony of the language in action remained that it spoke to that truth in a way that permitted its own denial.

ANECDOtal appearances in sporting cultures
The way brain injury–related diseases were described by observational lay languages reflected the permissibility and symbolic importance of male violence. The prominence of shell shock suffered by fighting men in World War I brought similar problems of translation from the vernacular appearance to the medical illness and, like punch-drunkness, cast shadows of suspicion. Sporting violence, whether licit or illicit, was connected with masculinity and martial culture in the Atlantic world and tied the experiences of soldiers and athletes together in norms that deified stoicism, pain, and comradeship while also judging failures to uphold those norms because of disease and disability to be failures of (often white) manly identity.42

From the 1930s on a growing collection of sources—sometimes polemical and provocative, and sometimes autobiographical—began to reclaim ownership of punch-drunkness as medical and embodied and thus to challenge the universality of those masculine and martial values. The genres of these observations fit familiar vernacular patterns. Writers, including some who fashioned themselves as patients, began to talk in medical ways about the afterlives of violence and to proffer anecdotal observations about the deferred effects of blunt force trauma on bodies. In this way stories about the hazards of sports begin to circulate—as matters of gossip, curiosity, and self-discovery.

In 1939 Nelson Algren, working in the WPA project on the industrial folklore of Chicago, found an informant within masculine sporting culture who was willing to speak to the medical aftermath of blunt force trauma. Algren’s informant, Davey Day, said he was of Russian-Jewish extraction and described himself as “all fight and fancy footwork”; he meant to beat the boxer Henry Armstrong. Things had not gone well for Day the first time he met Armstrong. Day claimed that he had “wanted to take nine counts and then got up after him again because he didn’t throwin’ nothin’ but hands.” Meanwhile, Algren, who had listened to the fight on

41 “Danger in Heading the Ball? Pass Me the Aspirin,” Football League Review, 1 Oct. 1966, 1(4):6; similarly, see Vojin N. Smolak, “How Dangerous Is Heading?” FIFA Magazine, 1984, no. 12, pp. 17–18.

42 Philippa Gates, Detecting Men: Masculinity and the Hollywood Detective Film (Albany: State Univ. New York Press, 2006); Nicholas L. Syrett, The Company He Keeps: A History of White College Fraternities (Chapel Hill: Univ. North Carolina Press, 2009); and Michael S. Kimmel, Manhood in America: A Cultural History (New York: Oxford Univ. Press, 2018).
the radio, asked Day why the radio announcer said that “Armstrong had been muttering to himself.” Day’s analysis of the situation—self-serving to be sure—indicated a worsening of Armstrong’s condition and ventured a cause: “Don’t let nobody kid you, fella. He talks to himself cause he’s getting punchy. . . . Say, when you see a fighter goin’ back to this corner talkin’ to himself it means jest one thing, that his heels is beginning to click. You can take my word on that one, that burrhead’s heels is getting rounder every out.” Despite having taken intense punishment himself over the years, Day entertained no comparison between himself and Armstrong.

Roaldus Richmond, still interviewing for the WPA Folklore Project in 1940, found an individual who used an alias as his last name, Dunkirk. Dunkirk, an insurance salesman, sold policies to stonecutters’ families for a living. When not selling policies, however, he refereed high school and college football games. Dunkirk described his father as a “a two-fisted old Scotchman, a fighter, and an honest lawyer” who “took the little guy’s side every time because he was a big man all the way.” Dunkirk said that he and his four brothers had turned into “gorillas” and averred that they were disappointments to their father, not least because they brawled:

Sure, we used to fight—and we still do. One night up here Gray and I were battling. Gray’s a lot bigger than I am, and strong!—he’s got arms and legs like tree trunks, and he’s faster’n hell besides. He always licks me. When we get tight together we always fight and I always take a beating. This night we wrecked the place and the cops came up to stop it.

Several of the Dunkirk boys had played college football, and among them the one Richmond referred to as Gray Eagle had been the best. Describing his brother, Dunkirk observed that he had “played pro football, big league football. Five hundred bucks a game, three or four games a week, Jesus Christ. It ruined him though. He never could adjust himself to living on a normal salary.” What’s more: “I think he’s a little punch-drunk too. From the awful drubbings he took in the pro game.”

In contrast to Davey Day’s assessment of Henry Armstrong—whose condition was a matter of public record—it is hard to know how far the views of Richmond’s interlocutor can be trusted. We have no further information on Dunkirk or Gray Eagle, no identifying facts to allow us to locate individuals who fit these descriptions, but Dunkirk’s concern to use an alias is perhaps not so hard to understand once we appreciate that Day’s social circles and his own were drawn differently. Dunkirk’s family members—for all his protestations about their lack of respectability—appear to have been college-educated working American professionals. To describe a brother with a record like Gray Eagle’s as punch-drunk was hardly flattering, but it seems to point to Dunkirk’s understanding of the condition as a chronic medical problem.

Harder to find are unflattering sources from what the scholars David L. Andrews, Ronald L. Mower, and Michael L. Silk term the “post-Fordist” inner cities of America, where “policing strategies . . . stigmatized entire communities by treating them en masse as potential deviants.” The often-deleterious effects and heightened experiences of violence for nonwhite and poor people situated in such ecologies of violence are part and parcel of the “ghettocentrism” and the essentialization of “the black male athlete” that came to dominate in Cold War American culture and that turned black sporting bodies into stereotyped “branded commodities” packaged with the social pathologies of the ghetto. Yet, even there, we find traces of these rough languages and also

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43 Nelson Algren and Davey Day, [Industrial Folklore of Chicago], Chicago, 1939, https://www.loc.gov/item/49000043/. Day did not exaggerate his own prowess. See Kenan Heise, “Former Boxer Davey Day, 78,” Chicago Tribune, 3 Oct. 1990.
44 Roaldus Richmond and Mr. Dunkirk, [Gray Eagle], Vermont, 1940, Manuscript/Mixed Material, https://www.loc.gov/item/wpalh002682/.
resistances to such essentialist thinking. A passage in Malcolm X’s 1965 autobiography reflects on his impoverished existence in Lansing, Michigan, around 1937 and the way boxing then figured in his life and for those around him. His brief boxing career ended when a “white boy” knocked him out; he remarked of this embarrassment that he was grateful, because he might have become “punchy” had he continued boxing.45 He likely meant it in the derogatory fashion.

Awareness of the unflattering connotations of “punch-drunk” extended into British journalism. The British clinician Carl Winterstein, who testified in a libel case against the Daily Mirror in 1939, observed in quoted courtroom testimony that he had first come into contact with punch-drunk boxers in America and that at Guy’s Hospital in London he had seen “many boxers” who “had submitted themselves for examination...in regard to punch drunkenness and a disproportionately large number were affected.” Yet Winterstein’s testimony in this public outlet also carried a familiar tone of unsympathetic judgment. The boxers he had seen included people of “whom it might be said their intelligence at the start of their career was low”; and, moreover, low intelligence was a common characteristic among “mostly fighters instead of boxers, and not fighters of a high standard—mostly of the willing type of ‘promoters’ men,’ who stood up exchanging blows toe to toe, dropping their guard.” They were, the Liverpool Daily Post reported, exhibiting “punch-drunkenness” because of “head injuries superimposed on a low mental state.”46

Health advisories about recurrent concussions in boxing and football had resulted in guidelines for college sporting authorities. Just as everyday storytelling pointed to traumatic damage from concussion in both sports, so, too, did American journalism identify nervous diseases with exposure to hits to the head. A powerful screed appeared in Liberty Magazine in 1937. Written by Frank Scully, a sportswriter, humorist, and eventual boxing promoter, it was an incisive polemic that opened with an anecdotal observation at a football banquet at the Columbia Club: “the thing that shocked me was that none of the old-time football stars from Columbia were at the table. . . . I couldn’t help wondering what had happened to the football heroes of my day.” Upon investigation, Scully found that a third had vanished. What followed were descriptions of stumble-backs he had located. While Scully wrote with humor, it was clear that his satire drew on real medical conditions. He described stumble-backs as slugnuts, punch drunks, and stumblebums and drew parallels between their conditions and the “chronic psychosis” experienced by boxers.47

Rather than reading Scully’s critique as invective against football or as mere satire, it is important to note that he was writing within the conventions the argot allowed. The admission of a medical reality difficult to accept and associated with slurs and jokes left little room for nuance. While Scully’s satire may have been grounded in statements of fact, he played up puns and jokes, noting, for instance, that many football players who had addled their brains had gone on to become coaches or assistants “on the theory that they were industrial casualties who had to be taken care of.” The sarcasm kept coming, but Scully’s portrayals were consistent throughout, and his conclusions, unsparing, noted that as the medical profession had succeeded in diminishing deaths by tuberculosis, the result had been longer lifespans; and so college football players have a better chance to go through life tackling imaginary opponents, kicking the nearest pedestrian in the groin whenever they hear a cop’s whistle, and starting for the showers whenever they hear a gun go off. In twenty years the only change one can see between

45 David L. Andrews, Ronald L. Mower, and Michael L. Silk, “Ghettocentrism and the Essentialized Black Male Athlete,” in Commodified and Criminalized, ed. Leonard and King (cit. n. 16), pp. 69–93, esp. pp. 72–76; and Malcolm X, The Autobiography of Malcolm X, with Alex Haley (New York: Ballantine, 1965), p. 30.
46 “Boy Boxer Wins Case; £3,000 Damages for Father and Son, Judge ‘Saw No Mental Fault’” (cit. n. 38), p. 10.
47 Frank Scully, “Stumble-Backs—Does Football Make Players Stupid?” Liberty Magazine, 9 Oct. 1937, pp. 35–37, on p. 35.
the championship teams of 1916 and those of today is that the present-day football stars are knocked about the head so much, that when they break down later with some diseases, their minds are so anesthetized that they are spared the mental anguish which normal patients have to endure.48

Other critiques followed Scully’s article, though his appears to have been the only satire on football. Look Magazine published a trenchant attack on boxing in 1939, which included pictures of boxers being killed in the ring and photographs of damaged brains.49 More hard hitting in its coverage, the magazine adopted a rhetoric of moral outrage and abolitionism. What is noteworthy in hindsight about Scully’s piece, in contrast, is that it offered a convincing sociological hypothesis about the invisibility of punch-drunk slugnuts. Many were down and out and forgotten; others had died.

Such anecdotal journalistic offerings began to be joined by more autobiographical reflections. Describing his experiences riding and working on trains running between Boston and Washington, D.C., in the early 1940s, Malcolm X reflected on the poorest sections of Washington and observed, “I had seen a lot, but never such a dense concentration of stumblebums and other down-and-out sorts. According to Samuel Berg, the biographer of Harrison Martland, the pathologist who first clinically described the pathology of punch-drunkness, famous boxers like Gene Tunney and Jack Dempsey spoke out about the dangers of boxing. Some individuals adopted self-deprecating humor as a strategy for confronting innuendo and slurs. The former boxer turned funny-guy “Slapsie Maxie” Rosenbloom, for example, acting as a master of ceremonies at a nightclub, responded to being heckled as a “punch drunk” by shouting back: “Yeah . . . but I’ve had a hundred and fifty fights. What’s your excuse?"50

Rosenbloom’s raucous approach was comedic and self-deprecating; there were also more sentimental accounts—as, for instance, in an autobiographical essay that appeared in the Saturday Evening Post in 1955. The author of “I Know What It Means to Be Punch-Drunk” was the former featherweight Harry M. Blitman. Blitman’s self-portrayal began with a candid reflection on Red Skelton’s popular comic routine as Cauliflower McPug. “I can’t laugh very long or hard,” Blitman reflected, because “Cauliflower McPug isn’t so funny to one who has been on the fringes of Queer Street himself. It isn’t very funny to move along with short bouncing strides, to feel your hands tremble and your head shake uncontrollably. Nor is it funny to see the pitying, amused or derisive glances that follow as you go.” Blitman described his rise and fall as a fighter and detailed his military service, marriage, and the experience that led him to stop boxing. Blitman’s wife, he observed, carried their family. “She got a job to keep food on the table while I was getting re-adjusted. It wasn’t an easy adjustment. I had to learn to live with my condition—to build a protective armor against insults, real and imagined.” Learning to live with his condition meant seeking medical attention:

I consulted doctors who remembered me from my better days and wanted to help. I pored over scientific journals. I’m certainly no medical authority, but I did get some understanding of my problem. I learned that in the severe head thumping a boxer sometimes takes, tiny arteries in and around the brain surface may be severed. This can lead to blood clots

48 Ibid., pp. 36, 37.
49 Joe Jacobs, "Prizefights, Pugs, and Profits," Look Magazine, 31 Jan. 1939, pp. 6–11.
50 Malcolm X, Autobiography of Malcolm X (cit. n. 45), p. 94; Samuel Berg, Harrison S. Martland, M.D.: The Story of a Physician, a Hospital, an Era (New York: Vantage, 1971), p. 97; and Eddie Cantor, "Adding Insult to Comedy," Washington Evening Star, 14 Sept. 1941, p. 14 (on Rosenbloom).
which, sooner or later, may cause anything from death, paralysis and blindness to impairment of physical or mental processes. This last is the condition commonly known as punch-drunkenness.51

Blitman thought that his own condition had ceased to deteriorate, but he noted that many were not so fortunate. His manager, Jimmy Coster, was in a mental institution, and Blitman was aware of others he dubbed pitiable who struggled to hold onto “the most menial of jobs.” Ultimately, Blitman argued that boxers needed to be protected from themselves, and he was well aware of the many forces aligned against common sense.52

Blitman wrote in a period when amateur and professional boxing were under increased public and media pressure—a rarity, for as a rule the cultural and economic prominence of sport protected it against any criticism that threatened its material foundations. In the 1950s and 1960s, for the first time, doctors connected to organized boxing interests were beginning to publish their own analyses of the well-being of boxers and arguing that concerns about brain damage from recurrent impact trauma were overblown.53 The stories of patients like Blitman introduced important counternarratives that called attention to the violence of sporting arenas and the hazards associated with recurrent exposure. Such patient narratives were rare. Their importance emerges in part from the way they demonstrated growing awareness that insults and humor were in fact a clinical semiology indicative of damaged brain tissues. Whether through critical journalism, satire, everyday speech, or the rarer self-portraits of patients, then, elements within sporting culture were beginning to hear a different story and to articulate the significance of chronic medical problems. In his classic 1970 autobiographical study The Revolt of the Black Athlete, Harry Edwards set out on the page the legacy of losers and misfits that shadowed many a “famous-in-their-day” athlete:

In general, few if any former black boxing champions own their own businesses, or homes, or hold executive jobs in private or public businesses. Most of them end up on welfare, in state hospitals, in prisons, or working at menial jobs. Perhaps the most pathetic image of the black athlete in all sports annals, however, is that of the beaten, scatterbrained, broke black ex-boxer. Some of the greatest of the great have ended up as physical and emotional wrecks.54

MEDICAL DIALECTS IN ROUGH CULTURES

“It is extremely rare in Negro boxers,” wrote the British general practitioner Joseph L. Blonstein of punch-drunk syndrome in a 1966 article on the medical aspects of amateur boxing, “and occurs in the ‘slugger’ as opposed to the scientific boxer.”55 The contrast with Harry Edwards’s reflection could not be starker. Remarkably, as the sociologist Ben Carrington describes in recounting an incident that took place on the high seas of the “Black Atlantic,” the racial language Blonstein mobilized ignored the fact that Black boxers often encountered white “brawlers” who hoped, as the boxer Larry Gains recalled, “to knock me out.”56 Blonstein, it should be noted,

51 Harry M. Blitman, “I Know What It Means to Be Punch-Drunk,” Saturday Evening Post, 5 Mar. 1955, 227(36), pp. 30, 110.
52 Ibid., p. 110.
53 The most notable clinicians were Joseph L. Blonstein, Edwin Clarke, J. W. Graham, and Harry S. Kaplan. Blonstein, Clarke, and Graham worked in Britain. Kaplan worked in the United States.
54 Edwards, Revolt of the Black Athlete (cit. n. 16), p. 28.
55 J. L. Blonstein, “Medical Aspects of Amateur Boxing,” Proceedings of the Royal Society of Medicine, 1966, 59:649–652, on p. 651; more broadly see Louis Moore, I Fight for a Living: Boxing and the Battle for Black Manhood, 1880–1915 (Urbana: Univ. Illinois Press, 2017), pp. 44–65.
56 Carrington, Race, Sport, and Politics (cit. n. 16), p. 62 n 25.
had been writing articles in the 1950s and 1960s defending boxing against the slurs of the medical profession, but his comment makes it clear that regarding traumatic encephalopathy as a disease was an affront to a particular white mythology of sport and masculinity that denigrated the bodies and the brains of the “other.”57 It is possible, too, that Blonstein was reflecting on the medical constructions that cast the black body as naturally violent.58 Dubbing traumatic encephalopathy “so-called,” Blonstein, a former welterweight champion for United Hospitals and a medical officer to multiple boxing organizations, argued that it had never been demonstrated that boxing caused the damage that was the underlying cause of the punch-drunk syndrome. Looking back before the 1930s, he acknowledged that such cases had occurred—because that had been a time when professional boxers went twenty rounds or more. In those men “there was diffuse cerebral atrophy similar to presenile dementia”; its other symptoms included

fatuous or euphoric dementia, with emotional lability and little insight. The speech and thought became progressively slower and the memory deteriorated. Efficiency and conduct fell away and there was irritability, truculence and depression with paranoid colouring; whilst there might also be tremor and dysarthria. The final picture was a mask-like face, slurred monotonous speech, slowness of movements, tremors, persistent dull headaches, postural dizziness, deafness, poor vision, alcoholic intolerance, unsteady gait, shakiness and seizures.59

Those men, Blonstein argued, were shadows from the past. Boxing was now safer than ever. The early authors who described mental instability arising from head injuries, the pathologies of concussion, and the “punch-drunk syndrome” recognized that controversy dogged their research topic.60 Schisms had begun to emerge within neurology, psychiatry, and psychology across the globe, with the effect that the status of lesions in the brain and their resulting clinical presentation were debated. In the United States, Freudian interpretations of mental disorder were popular; brain lesions were out of style. In Britain, the fallout of mental disabilities among fighting men returned from war drove debates about the significance of lesions in the allocation of veterans’ benefits.61

Many clinicians in the 1920s recognized that litigation was driving the controversy.62 The case of shell shock had honed courtroom debates. Of particular concern was the patient whose

57 J. L. Blonstein, “Boxing and Head Injuries,” Brit. Med. J., 1962, 1(5291):1556; Blonstein, “Electroencephalography in Boxers,” Journal of Sports Medicine and Physical Fitness, 1960, 1:30–31; Blonstein and Edwin Clarke, “Further Observations on the Medical Aspects of Amateur Boxing,” Brit. Med. J., 1957, 1(5015):362–364; Blonstein and Clarke, “Medical Aspects of Amateur Boxing,” ibid., 1955, p. 417; Blonstein and Clarke, “The Medical Aspects of Amateur Boxing,” ibid., 1954, pp. 1523–1525, and Blonstein and J. Sharp Grant, “Gentlemen Boxers’ Brains,” ibid., 1960, 1(5194):313.
58 See David K. Wiggins, Glory Bound: Black Athletes in a White America (Syracuse, N.Y.: Syracuse Univ. Press, 1997), pp. 170–199.
59 Blonstein, “Medical Aspects of Amateur Boxing” (cit. n. 55), p. 651. For his obituary, which outlines his activities as a boxer and medical officer, see “J. L. Blonstein OBE, MRCS, LRCP, DIH,” Brit. Med. J., 1978, 1(6110):448.
60 David R. Morgan, The Boxing Debate (London: British Medical Association, 1993).
61 Casper, Neurologists (cit. n. 23); and Edward Shorter, A History of Psychiatry: From the Era of the Asylum to the Age of Prozac (New York: Wiley, 1998). On Freud see Nathan G. Hale, Freud and the Americans: The Beginnings of Psychoanalysis in the United States, 1876–1917 (New York: Oxford Univ. Press, 1995); and John C. Burnham, ed., After Freud Left: A Century of Psychoanalysis in America (Chicago: Univ. Chicago Press, 2014).
62 Roger Cooter, “Malingering in Modernity: Psychological Scripts and Adversarial Encounters during the First World War,” in War, Medicine, and Modernity, ed. Cooter, Mark Harrison, and Steve Sturdy (Somerset: Sutton, 1998), pp. 125–148; and Mark S. Micale and Paul Lerner, eds., Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870–1930 (Cambridge: Cambridge Univ. Press, 2001).
improvement seemed to be predicated on receiving compensation for an injury. That doctors and pathologists were producing evidence of hemorrhages from single incidents of blows to the head, and calling attention to their putative clinical consequences, was high-stakes gambling, epistemologically and culturally, and it is for this reason that Harrison Martland’s 1928 study of punch-drunk boxers was accorded such standing.

Martland’s study combined prior work on the pathology of single blows to the head with provocative reasoning that a series of such hits over time accumulated damage to the brain tissue of boxers. The clinical presentation of the boxers was paramount in that they displayed typical symptoms, leading toward degenerative cognitive and motor processes. Other researchers soon published their own analyses in the 1930s, and still more followed in the 1940s and 1950s. By the 1950s it had become common for scientists to speak of traumatic encephalopathy or chronic traumatic encephalopathy. With the emerging field of neuropathology, more careful microscopic analysis of brain tissue produced evidence that violence resulted in pathological findings matching those seen in senile dementias.

Yet this chronology of progress in clinical medicine offers little explanation as to why Martland’s 1928 study was accorded almost immediate fame the world over. Martland’s observations constructed a semiotic reality from the language of the prizefighting ring, from the slurs and insults and allegations of slugnuttiness. The authors of an editorial published in 1929 in the *Journal of the American Medical Association* explained:

The association of these minute bruises with the sequence known for a long time as “punch drunk,” a colloquialism among those occupied in one way or another with prize fighting and professional boxing, was a manifestation of discriminating judgment. . . . Thus we are continually reminded of the way in which progress is made unexpectedly by a synthesis of observations in fields that are apparently wholly unrelated. This relevancy of the gossip of the prize ring to the knowledge of concussion possessed by a few pathologists specializing in medicolegal work, knowledge that has heretofore found but little clinical application, may have surprisingly rich consequences.

The combination of anthropology and forensic medicine had resulted in “a new era in our knowledge” that produced “reliable details about the nature of the violence concerned in producing the pathological changes in the tissues.”

In hindsight, the authors of that 1929 editorial appear prescient, for indeed research on the way violence produced pathological changes in the tissues of the brain continued and was elaborated and refined with each passing decade up to the present. Yet they underestimated the way in which the language of violent cultures, drifting into medical interpretations, could create an indeterminacy that stymied the medicalization of the disease. A 1941 review of Ernst Jokl’s *The
Medical Aspects of Boxing published in the British medical magazine the Lancet is illustrative. Condemning Jokl’s call for the elimination of the sport, the reviewer suggested that boxing was not as deadly as Jokl claimed and observed that punch-drunkness too was “more complicated than one would think from reading Jokl’s book.” This deference to sport became an exercise in seeking blameworthy subjects:

There is no evidence to show, and some reason for disbelieving, that punch-drunkness can be produced by one or two knockout blows. It is much more likely that continuous hammering, too frequent fights, fighting against heavier or otherwise superior opponents and continued fighting in a “groggy” state are responsible for traumatic encephalopathy. There is also evidence that a considerable proportion of punchdrunk boxers are defectives to begin with. The incidence of punchdrunkness varies with the social status of the boxer; amateurs are rarely affected, good professionals and paid sparring partners are most liable. The social and economic pressure on these poor “chopping blocks” which makes them go on fighting in spite of all warnings is the main cause of punchdrunkness.68

The intimation of defectiveness invited eugenic explanations: dereliction, poverty, menial jobs, and intellectual problems might well point to a deeper set of biological explanations for social patterns.69 Punch-drunk slugnuts, mainly white men (as Blonstein would later remark), could be construed as deficient in a way that bypassed existential concerns about white supremacy. If that option was off the table, others could be mustered—perhaps in the guise of sexual innuendo. The mention of amateurism, too, spoke to an essential class prejudice that shaped nineteenth- and twentieth-century sports in Britain and America, disparaging those who made sport pay—indeed, needed it to pay. A British letter writer, responding to the review of Jokl’s book and the exchanges it elicited in the Lancet, said that the only way such brain sequelae might follow would be in the absence of “proper control or medical supervision, and in those boxers who, against medical advice, allow themselves to be used as chopping blocks. Punch-drunkenness is a very rare condition, found in second-rate sparring partners. Some of these have a history of syphilitic disease which accentuates the symptoms. I have never seen punch-drunkenness in first-class amateur or professional boxers.”70

It was easy to believe in the rarity of the condition and in the blameworthiness of the victim. Casual slurs and simplistic innuendoes left little room for arguments that focused on the toll of violence on the tissues of the brain. While evidence of the hazards of recurrent concussion emerged in the 1930s and was accepted by the 1950s, everyday language still contributed to medical prejudices. Some doctors, like Blonstein, sometimes former boxers themselves, dismissed violence and normalized head trauma—perhaps for the same reasons that had led others to sue for libel over the implications about damage. Other clinicians went in the opposite direction, proclaiming that the care of athletes “in the old days” had been deficient. One doctor, for example, averred that “the old-time ‘punch drunk’ type of trainer is being replaced by men of training and sympathetic outlook” as a way of explaining how the growing specialization of sports medicine ensured the safety of athletes.71

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68 “Punch with Care,” Lancet, 28 June 1941, p. 759.
69 Nathaniel C. Comfort, The Science of Human Perfection: How Genes Became the Heart of American Medicine (New Haven, Conn.: Yale Univ. Press, 2014); and Mark A. Largent, Breeding Contempt: The History of Coerced Sterilization in the United States (New Brunswick, N.J.: Rutgers Univ. Press, 2011).
70 E. F. St. John Lyburn, “Medical Aspects of Boxing,” Lancet, 25 Oct. 1941, pp. 500–501.
71 J. W. Graham, Eight, Nine, Out! Fifty Years as Boxer’s Doctor (Manchester: Protek, 1975) (“old days”); and Packard Thurber, “Athletic Injuries,” California and Western Medicine, 1936, 45:261–263, on p. 263 (quoting the doctor on the new breed of
Meanwhile, the language of violence as a medical and forensic reality required translation back into the language of everyday life. In so doing, it had to overcome both the notion of shame and the threat of libel suits that hung in the air with each discussion, while also coexisting with jokes, slurs, and metaphors. What’s more, it faced the cultural reality of the way men viewed themselves, as one American doctor explained to a newspaperman in 1981. Dr. Max Novich reflected on how boxing had saved him personally in his down-and-out days before World War II. He said: “I was a product of the depression. A good pair of fists gave me an opportunity to live... It’s essential that young men learn to take care of themselves... to develop the confidence and ability to withstand a physical assault. Quite simply, there are times when words will not suffice. The world is not a nice place.”

By 1981, such a chivalric nineteenth-century representation of violence, to paraphrase the historian Robert A. Nye, was burdened by considerable irony. By the late 1970s, as the cultural studies theorist Stuart Hall and his colleagues noted at the time, the virtues attributed to “using your fists to live” were few, and the very idea had spilled over into moral panic in British and American culture. In Britain, the notion of street violence had been imported (from the United States, we must assume) as a “label for certain kinds of crime” that was “connotatively rich in its racial reference.” Similar existential fears about urban unrest and violence, with concomitant debates about extreme measures to combat them, had informed American policy conversations from the late 1960s through to the mid-1970s. Yet in Britain a particular form of spectator-sport violence had also appeared on the scene, introducing a novel false binary between spectator violence and the violence of sport. Called “football hooliganism,” this spectator violence had also been explored by Hall and his colleagues. In a review of their book, Stephen Keily suggested that football violence was “probably no different from the youth violence of early cultures” and, moreover, that it was “too convenient” to point to the “poor house, bad social conditions, low and mass unemployment.” Keily complained that soccer violence could not be blamed on the “growing commercialization of the game, where victory and trophies count and where pressure on the field has been transferred to the terraces. It has often been those teams lingering in the lower reaches of the football league, such as Millwall, where some of the worst violence has occurred.” For the “hooligans” learning to use their fists in Britain, a whole collection of negative innuendos awaited. At the same time, however, sport itself saw building “manhood through violence” as one purpose and goal of organized competition; moreover, the deployment of physical violence was cast as part of “gendered self-definition and sense of self-worth.” Thus the violence of the actual games, increasing as it was in this period, remained virtuous, a necessary part of commercialized competitions that pitted working cultures associated with place and team against one another in a rough rivalry that always, by definition, resulted in losers. Violence that adhered to sporting rules was noble and martial; violence without rules was criminal. Here a difference to sport defied any translation at all.

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trainee). On sports medicine see Neil Carter, Medicine, Sport, and the Body: A Historical Perspective (London: Bloomsbury, 2014); and Vanessa Heggie, A History of British Sports Medicine (Manchester: Manchester Univ. Press, 2011).

Nye, Masculinity and Male Codes of Honor in Modern France (cit. n. 10), p. 149; Stuart Hall, Chas Critcher, Tony Jefferson, John Clarke, and Brian Roberts, Policing the Crisis: Mugging, the State, and Law and Order (1978; London: Red Globe, 2013), p. 322; and Brian P. Casey, “The Surgical Elimination of Violence? Confllicting Attitudes towards Technology and Science during the Psychosurgery Controversy of the 1970s,” Science in Context, 2015, 28:99-129.

Roger Ingham, Stuart Hall, John Clarke, Peter Marsh, and Jim Donovan, Football Hooliganism: The Wider Context (London: Inter-Action Inprint, 1978); and Stephen Kelly, “On the Embattled Terraces: Football Hooliganism by Roger Ingham, Stuart Hall et al. (Inter-Action Inprint),” Tribune, 7 Apr. 1978, p. 6.

Burstyn, Rites of Men (cit. n. 21), p. 164.
Disease in Translation

Harrison Martland’s science translated the idiom of punch-drunkness into medical pathology, and over the decades many individuals observed the inherent novelty of his medical anthropology and considered it his classic contribution. His approach, Martland’s biographer suggested, had been to find a means to bring his work on the lesions of single brain injuries to the attention of the wider medical world. Martland’s focus on prizefighting had been an advertising effort to argue that even single brain injuries were dangerous (and that recurrence resulted in degenerative disease). But the lesson was not so easily absorbed in a culture that normalized blows to the head. Not a few years later, Augustus Thorndike, an early pioneer in sports medicine, complained that “the ignorance of the laity of the serious complications that may follow a simple concussion of the brain is to be deplored.” Martland’s discovery may well have launched a scientific project, but its immediate impact was to draw attention to sports and the recurrence of injury—though his point had been that even one head injury posed a danger. In this sense, Martland’s translation became an obstacle to medicalization.

Identifying sources of resistance to the medicalization of chronic traumatic encephalopathy does not mean that there were no efforts to translate the findings of scientific and medical research back into a public parlance. Among them is James V. Cerney’s somewhat eccentric 1963 Athletic Injuries: An Encyclopedia of Causes, Effects, and Treatment. Cerney, a chiropractor from Dayton, Ohio, published a number of athletic training manuals, self-help texts, and studies devoted to water therapy over the course of his career. The encyclopedia was one of his earlier works. It had, he wrote in the preface, the purpose of explaining athletic information and, particularly, providing coaches, trainers, team doctors, and majors in the schools of physical education with decent information. Unapologetically “not scientific,” Cerney said that his encyclopedia was “a work manual. Its terminology is often that of the training room. Terms like ‘belly pounders’ and ‘stitch in the side’ are descriptive words straight from the jargon of high school and college athletes.” He further explained that he had written the book “in non-technical language” because he had only “the athlete” and the “lay-person” in mind.

Athletic Injuries described different types of head and brain injuries—and did so in different parts of the volume. He deployed a peculiar rating scale for brain concussion that informed the entirety of his presentation. For Cerney, a mild concussion was indicated by a brief “knock out with loss of consciousness or a “knock out” with no loss of consciousness (this would be a kind of paralytic process or automaticism, being “out on your feet”). A severe concussion was a knockout lasting longer than a minute, with symptoms continuing for days. His most novel category was a “punchdrunk” concussion; he offset the term in quotation marks and described the state in question as an “impaired intellect and sensibilities resulting from recurrent concussion.”

It is clear from his treatment of the subject as a whole that Cerney never meant “punchdrunk” as an acute condition. He showed what he meant with a chart that could help trainers and coaches assess the severity of concussions. While he used a grading scale of his own devising—one used by no other medical author—Cerney classified the concussions he was focusing on according to

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76 Berg, Harrison S. Martland, M.D. (cit. n. 50), pp. 96–97; and Augustus Thorndike, “Trauma Incident to Sports and Recreation,” New England Journal of Medicine, 1938, 219(13):457–465, on p. 464.

77 James V. Cerney, Athletic Injuries: An Encyclopedia of Causes, Effects, and Treatment (Springfield, Ill.: Thomas, 1963), p. vii, viii. For other works see Cerney, Confidence and Power for Successful Living (West Nyack, N.Y.: Parker, 1966); Cerney, Complete Book of Athletic Taping Techniques: The Defensive Offensive Weapon in the Care and Prevention of Athletic Injuries (West Nyack, N.Y.: Parker, 1972); Cerney, The Prevent-System for Football Injuries (Englewood Cliffs, N.J.: Prentice-Hall, 1976); Cerney, Modern Magic of Natural Healing with Water Therapy (West Nyack, N.Y.: Parker, 1977); Cerney, Talk Your Way to Success with People (New Delhi: Tarang, 1989); and Cerney, Thirteen Steps to New Personal Power (New Delhi: Vikas, 1993).

78 Cerney, Athletic Injuries, p. 356.
their chronic effects. He also noted elsewhere that the “punchdrunk athlete takes very little force to knock him out. Under normal circumstances a chemical stimulant such as ammonia or smelling salts, may be used to revive the athlete.” Cerney said in the section marked “punch-drunkenness” that “punch-drunkenness is that recurrent concussion to the brain in any sport resulting in mental inefficiency and irresponsibility.”

Cerney’s approach to translating “punch drunk” as a medical condition into the dialects of coaches, trainers, and athletes may have been idiosyncratic, but his medical advice was mainstream. As one illustration: in the same year that Cerney’s encyclopedia appeared, a textbook on athletic injuries reported that “each head injury adds an increment to the total amount of brain damage” and thus cautioned that “a patient who has had repeated head injuries, even of a minor nature, may be in a serious condition.” The evidence for this was the dramatic illustration offered by “the ‘punch drunk’ fighter,” but “for this reason we feel that any athlete who has had two significant episodes of head injury should not participate further in contact sports.”

Cerney’s encyclopedia did not sell well, and in 1976 Charles Thomas transferred copyright back to him and the volume went out of print. Among the rich sources on the history of violence in sport and its ramifications for the brains of athletes, it is mainly a curiosity. Yet its very existence communicates a few important elements. Cerney was not a major figure in the world of sports medicine. That he was, in fact, unexceptional implies a commonality of understanding within medicine, allied fields, and alternative medicine about the dangers of impact trauma to the head. Further, the fact that Cerney presented his discussion in the parlance of sport indicates that into the 1960s its medicalization was stymied by the very normalness of violence involving the head.

This complication left a visible history in medicine in another way as well. There was an effort to translate the slang of the boxing ring and the playing field into a uniform medical nomenclature. In 1966 the American Medical Association sponsored its eighth conference on medical aspects of sports. It included a forum on the classification of sports injuries. One paper on the use of the vernacular for sports injuries observed that the problem of sports slang was that it offered “a picture of two different athletes”—or, alternatively, as the author Kenneth Clarke observed, that different and seemingly incompatible terms could be used to describe the same athlete. To make his point, Clarke pointed to competing vernacular descriptions for serious injuries. He noted that for some getting your “bell rung” meant a “momentary confusion”; for others it indicated “prolonged unconsciousness.” “It matters little what one person names an injury,” Clarke noted, but if athletic medicine was to advance such experiences needed to be aligned with the experiences of other sufferers.

The result of this work was a vernacular survey published as the Standard Nomenclature for Athletic Injuries. Here the editors defined “punch drunk” as a chronic brain syndrome. Other experts at the 1966 Congress of Neurological Surgeons termed “punch drunk” “chronic neuro-psychological disorder,” which shaped the subsequent Standard Nomenclature definitions. The preceding year (1965), the International Congress on Neurology and the International Congress of Neurosurgery had taken “Head Injuries” as their main theme, initiating a far wider global conversation about the late effects of brain injuries. The British neurologist Macdonald Critchley, who had described the senile plaques in boxers in 1957, was among the conference organizers.

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79 Ibid., pp. 389 (chart), 391, 663.
80 Lynn O. Litton and Leonard F. Peltier, Athletic Injuries (Boston: Little, Brown, 1963), pp. 41–42.
81 Email with Charles C. Thomas, 27 Jan. 2020.
82 Kenneth S. Clarke, “Forum on Classification of Sports Injuries: The Use of Vernacular for Sports Injuries,” Proceedings of the Eight National Conference on the Medical Aspects of Sports, Las Vegas, Nevada, November 27, 1966 (Chicago: American Medical Association, 1967), pp. 67–72.
83 A. E. Walker, “Preface,” in Walker, William F. Caveness, and Macdonald Critchley, The Late Effects of Head Injury (Springfield, Ill.: Thomas, 1969), p. xi.
CONCLUSION

In 2019 Senator Chris Murphy of Connecticut published a report on American college athletics and health. He noted that doctors estimated that sixteen thousand former American college football players who had played between 1956 and 2008 would develop impact-related neurodegenerative diseases.84 Whereas in 1928 the condition had been encountered in the boxing ring and characterized by its slang, by the early 2000s recurrent head injuries were a medical reality of the gridiron. The intervening years had seen a linguistic change as well. Impact-associated neurodegenerative disease acquired the hallmarks of an emerging disease, one whose growing visibility implied its increasing anecdotal discovery—one patient at a time.

In the period from 1956 to 2008, boxing’s popularity had waned. Football’s had surged.85 As American football became more popular, journalists observed that it also became more violent, decade by decade. Similar changes occurred in British soccer in this period.86 American football players became faster, stronger, and larger, and while rule changes were introduced to mitigate risks, the nature of the game changed, with greater emphasis on crowd-pleasing displays of athletic prowess. Similar pressures emerged to head the ball in soccer. Equipment changes in American football, especially the redesign of helmets, augmented the problem of head injuries by hiding the violence. The improvement of helmets diminished the number of catastrophic injuries but abetted the growing violence of the game. As James Cerney observed in 1976, “No helmet minimizes trauma to the brain!”87 He was a perspicacious observer.

Whereas early on chronic traumatic encephalopathy and its associated slangs and slurs—and indeed those who suffered from the disease—had existed on the cultural margins, by 2019 a variety of publics took the condition’s medical meaning for granted. In 2021, for example, the British House of Commons analyzed the safety of rugby and soccer and the remote effects of brain injury.88 Throughout the years from 2000 to 2022 some medical experts highlighted the risks of head impacts, while a few downplayed the import of their pathology. Yet the older significances of an argot of violence, dereliction, and denigration, though now built into the epistemic nature of recurrent brain injury diagnoses, were forgotten.

Ironically, it was within the health professions that doubts about the dangers of recurrent injury to the brain found its firmest footing after 2005, the year when the Nigerian-American pathologist Bennett Omalu published the results of an autopsy of an American professional football player. Journalists described a culture of denial within industrial sports medicine.89 These hard-hitting critiques did not prevent some clinicians from complaining that the media was fostering “public hyperawareness”; they described cultural concerns as a kind of “hysteria” and calling for

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84 Chris Murphy, “Madness, Inc.: How College Sports Can Leave Athletes Broken and Abandoned” (2019), https://www.murphy.senate.gov/download/madness-inc-3, p. 13.
85 Ronald Austin Smith, Pay for Play: A History of Big-Time College Athletic Reform (Urbana: Univ. Illinois Press, 2011); Smith, Sports and Freedom: The Rise of Big-Time College Athletics (New York: Oxford Univ. Press, 1999); and Joan M. Chandler, Television and National Sport: The United States and Britain (Urbana: Univ. Illinois Press, 1988).
86 On increases in the violence of football see, e.g., Furman Bisher, “College Football Is Going Berserk,” Saturday Evening Post, 1962, 235(37):10–15; and “Football’s Unfolding Tragedy,” Reader’s Digest, Sept. 1979, pp. 92–97. On the changes in soccer see Harry Harris and Mike Varney, The Treatment of Football Injuries (London: Macdonald and Jane’s, 1977).
87 Smith, Pay for Play (cit. n. 85); Arthur H. Steinhaus, “Swapped for Medals,” Journal of the American Association for Health, Physical Education, and Recreation, Oct. 1951, p. 59; and Cerney, Prevent-System for Football Injuries (cit. n. 77), p. 61.
88 House of Commons, Digital, Culture, Media, and Sport Committee, “Oral Evidence: Concussion in Sport,” HC 1177, 9 Mar. 2021.
89 Bennet I. Omalu, Steven T. DeKosky, Ryan L. Minster, M. Ilyas Kamboh, Ronald L. Hamilton, and Cyril H. Wecht, “Chronic Traumatic Encephalopathy in a National Football League Player,” Neurosurgery, 2005, 57:126–134; and Mark Fainaru-Wada and Steve Fainaru, League of Denial: The NFL, Concussions, and the Battle for Truth (New York: Three Rivers, 2014).
balance in reporting.90 Yet counternarratives in the media landscape undermined those represen-
tations, showing that athletes were not immune to pain and debility and heightening empha-
sis on them as patients through powerful sympathetic and emotional portrayals of the costs of
such denials.91

That neurodegenerative diseases associated with recurrent brain injuries initially found ex-
pression in the accents, innuendo, and libels of different national cultures should not distract
us from recognizing that the growing identification of patients with histories of intermittent head
injury violence was foreseeable. In a section of a 1951 essay headed “When a Man Becomes
Punchy” Arthur Steinhaus noted: “Almost everyone who has observed many boxers and football
players can recall some unusually bright and promising lad who ‘lost something’ after a head-in-
jury.” Medical writers published steadily about those risks from the 1950s to the 1980s.92 Author-
ities described senile pathology associated with brain injury in the 1950s, and by 1973 British
pathologists had published on boxers’ postmortem neuropathology, which among other argu-
ments spelled out the dangers of even single injuries in producing microscopic pathologies.
In this way Martland’s 1928 American study echoed across multiple generations and geogra-
phies. Writing in the Lancet in 1975, the New Zealand neuropsychologist Dorothy Gronwall
and neurosurgeon Philip Wrightson described the effects of concussions as cumulative and ex-
horted sporting authorities across the world to regard brain injuries as dangerous.93

Yet there remained a profound cultural counterweight to such strong language. George
Lundberg, writing in the Journal of the American Medical Association in 1986, suggested that
the violence of American football meant that indeed there “may be a substantial prevalence of
chronic brain damage in football players,” but “one senses that football enthusiasts, including the
sports medicine establishment, may not want to know.” Perhaps they were born of denial, but the
jokes continued. At the 1978 Dean Martin roast of the American footballer Joe Namath, a figure
named “O. J. Simpleton” said, to many laughs, that he had taken all the injuries necessary so that
Namath could shine on the gridiron. Simpleton said that he had the same concussion for fifteen
years. Twitching and crossing his eyes, he explained: “My speech is . . . sl . . . my speech is sl. . .
slurred . . . dizzy spells . . . and I can’t, hic, walk straight.”94 It was a familiar joke, though this may
have been the last time it was made.

These rough origins explain the way the disease remained nascent in English-speaking sport-
ing and medical cultures for such a long time. While the evidence was there for responsible au-
torities to see and read about, the illness produced symptoms that, paradoxically, prompted its
denial, challenged its discovery, and permitted questions about the veracity and reliability of its
sufferers.95 This resistance to medicalization meant that recognizing the similarities to the disease

90 Hal S. Wortzel, Lisa A. Brenner, and David B. Arciniegas, “Traumatic Brain Injury and Chronic Traumatic Encephalopathy: A Forensic Neuropsychiatric Perspective,” Behavioral Sciences and the Law, 2013, 31:721–738; Kevin M. Guskiewicz, “When Treating Sport Concussion, Check the Boxes, But Also Go the Extra Mile,” Journal of Athletic Training, 2013, 48:441; and William Stewart, Keren Allinson, Safa Al-Sarraj, Corbin Bachmeier, Karen Barlow, Antonio Belli, Mark P. Burns, et al., “Primum non nocere: A Call for Balance When Reporting on CTE,” Lancet Neurology, 2019, 18:231–235.
91 Zach Furness, "Reframing Concussions, Masculinity, and NFL Mythology in League of Denial," Popular Communication, 2016, 14:49–57; and Venetresca, “Curious Case of CTE” (cit. n. 3).
92 Steinhaus, “Swapped for Medals” (cit. n. 87), p. 59. See also Macdonald Critchley, “Medical Aspects of Boxing, Particularly from a Neurological Standpoint,” Brit. Med. J., 1957, no. 5015, pp. 357–362; Charles Symonds, “Concussion and Its Sequelae,” Lancet, 1962, 279(7219):1–5; and Corse, “AFTERMATH OF BOXING” (cit. n. 65).
93 D. Gronwall and P. Wrightson, “Cumulative Effect of Concussion,” Lancet, 1975, 306(7943):995–997.
94 George D. Lundberg, “Boxing Should Be Banned in Civilized Countries—Round 5,” J. Amer. Med. Assoc., 1986, 255 (18):2483; and Dean Martin Celebrity Roast, 1978, https://www.youtube.com/watch?v=kHdQPhhPBLk&t=2457s (accessed 29 Jan. 2020).
95 Varda Burstyn remarked, for instance, in 1999 that “the brain injuries that often afflict football and other team sports players are similar to the kinds of injuries sustained by boxers.” See Banda, Rites of Men (cit. n. 21), p. 168.
experiences of others with recurrent exposure, particularly those with experiences of intimate partner violence, was stymied by cultural history and structural frames. The racial dimension should also not be ignored; media reports in America in 2021 observed that psychological methods, including racial norming for intelligence, had been used to deny settlement benefits to former American professional football players who sought relief from the effects of degenerative disease.96 Produced out of an ethnographic leap of imagination and resolved onto the microscope slide within a generation, the inevitable fact that the person who had been reduced to an anonymous smear of tissue had volunteered for the activity that caused the harm meant that histological knowledge inserted itself into a transnational dialogue about freedom and sport.97 Having originated from culture, been contested by culture, and remade by culture, the disease’s treatment demanded an impossible unmaking of culture. From its rough linguistic and anthropological origins to the uncovering of its biological specificity, the history of this disease traces our chronology of normal violence as entertainment, reveals its legacies in donated brains, and, above all, foretells tragic futures.

Correction: This article was reposted on August 31, 2022, to note that Emily A. Harrison’s “The First Concussion Crisis: Head Injury and Evidence in Early American Football,” American Journal of Public Health, 2014, 104(5):822–833” should have been cited in the introduction. The author regrets his oversight.

96 Pete Madden, “Former NFL Players Seek to Intervene in Race-Norming Mediation, Citing Mistrust of Class Counsel: Players Allege That a Discriminatory System Has Emerged under the Settlement,” 15 Mar. 2021, https://abcnews.go.com/US/nfl-players-seek-intervene-race-norming-mediation-citing/story?id=76456781 (accessed 17 Mar. 2021).

97 See Smith, Sports and Freedom (cit. n. 85).