

## **Metatarsals and ‘Magic Sponges’: British Football and Medicine**

I initially intended to begin this paper by focussing on a foot injury sustained by one particular player, the England captain, David Beckham, a few weeks before the 2002 World Cup. It was announced at the time, to the bemusement of the public, that he'd broken a 'metatarsal' bone. Because of the celebrity of the player, there were frequent updates on Beckham's fitness and the media ran features on where the metatarsal was located – its one of five on the instep that join the foot with the toes. Since then the word has entered everyday vocabulary.

Four years on, and another England player, Wayne Rooney, again, weeks before the World Cup, broke two metatarsal bones. Other England players have also broken bones in their feet, leading someone to suggest that they had been 'metatarsaled'. This recent interest in the bodies, or perhaps it would be more accurate to say, 'broken bodies' of English footballers has highlighted, if in a small way, not only how sports medicine has now been 'consumed' but also how the relationship between medicine and professional soccer has become closer.

What I would like to look at here is how this relationship has evolved over the 20<sup>th</sup> century by briefly exploring four areas: first, the duty of care regarding footballers; second, the role of a soccer club's medical practitioners i.e. the doctor and the trainer; third, how injuries have been treated; and finally, some ethical dimensions to the relationship.

Before this, I would like to outline the context in which the relationship between the sport and medicine has taken place. Two of the main driving forces have been competition and commercialisation. Commercialisation in British soccer, however, if not absent, was initially limited, something that inhibited medical developments within the sport. Until 1981, directors of clubs were not allowed to earn a salary while share dividends were restricted. Football club directors were part of the British voluntary tradition. Many saw a place on the board as a civic duty and selecting the team as a perk of the job. This amateur and voluntary tradition persisted well into the 20<sup>th</sup> century. It was only in 1992, with the formation of the Premier League and its subsequent relationship with Rupert Murdoch's television company, BSkyB, that English soccer began to display overt signs of becoming more business-like. In addition, in Britain, there has been a feeling that sport in general has been somehow autonomous from the rest of society. Moreover, Ross McKibbin has argued that English football has generally suffered from 'a lack of organised intellectuality'. As a result, there has traditionally been an emphasis on the virtues of experience over education and training. Rather than embracing medicine, there was much cultural resistance within football to contemporary medical advances.

### **Duty of Care**

From its early beginnings as a professional sport, injuries have been an occupational hazard for players. Indeed, one of the Football Association's earliest Presidents, Lord Arthur Kinnaird, a notable amateur, was described

as a 'ruthlessly robust player'. His mother once said to one of Kinnaird's friends, Francis Marinidin, 'I'm afraid that one of these days Arthur will come home with a broken leg.' Marinidin replied, 'Never fear. It will not be his own.'<sup>1</sup> In the early years, the game was characterised by its emphasis on the physical, especially, heavy shoulder charges which caused broken legs, arms and collar-bones; knees and ankles have always been the areas most susceptible to injury, however. The nature of soccer changed following the alteration of the offside law in 1925 with the game becoming faster and collisions bigger, a trend that has continued.

Although lacking the violence of either rugby code or American football, deaths from soccer related injuries have not been uncommon. A number of these were due to wounds turning septic from a lack of medical attention, although they could also be a product of rough play. Goalkeepers were particularly vulnerable. In 1931, during a Glasgow derby between Rangers and Celtic, the Celtic goalkeeper, John Thomson, sustained a depressed fracture of the skull and died from the injury. The death of the Sunderland keeper, Jimmy Thorpe, in 1936, led to a change in the rules, designed to give greater protection to goalkeepers.

Nevertheless, clubs have always been concerned with the maintenance of the fitness of players and treating their injuries. This became of greater concern as the game's commercialisation, as well as the quest for sporting success, increased. Clubs looked to buy better players, something that was reflected in the rise in transfer fees and when the maximum wage was abolished in 1961.

Players, therefore, were increasingly looked upon as assets, and their welfare and management became more important whether in the treatment or prevention of injuries.

It was only from the 1970s, however, when transfer fees began to escalate, that clubs started to regularly undertake medical examinations of players before buying them. This led to some high profile cancellations of proposed transfers. Frank Worthington's move to Liverpool was called off after it was found he had high blood pressure. This was later put down as a consequence of his 'nocturnal' activities. More seriously, the medical team at Leeds United discovered that in, 1971, Asa Hartford had a hole in his heart and his transfer from West Bromwich Albion was cancelled.<sup>2</sup> It also led to an unfortunate football fans song that went to the tune of 'There's a hole in your bucket dear Liza.'

### **Doctors**

When examining the role of English soccer's medical practitioners that of the club doctor can be placed firmly in soccer's tradition of voluntarism. Many early doctors were on the boards of football clubs and looked upon their position more as a civic duty rather than as a medical vocation. Kudos also came with the position and importantly a seat in the directors' box on match days.

Traditionally, there has been no standard appointments procedure relating to the job and doctors have usually been invited to be the club's medical officer.

In other words, it lacked the rigorous screening standards normally associated with the medical profession. Sometimes a partner in the practice replaced another colleague, or a son took over from his father. In general, most club doctors were general practitioners i.e. family doctors. Any payment was usually in the form of an honorarium or a nominal fee. It is only since the 1990s that football clubs have begun to employ doctors who specialise in sports medicine.

Even then reasons that have been put forward for doctors working in football have included, that they like being around footballers, are classic hangers-on, or as someone has unkindly put it, 'jock sniffers'. When asked what was the best part of her job, the current Medical Officer of Tottenham Hotspur, Dr Charlotte Cowie, replied, 'Sitting pitchside at a Premiership match.' Questioned on which historical figure she would most like to meet, she nominated the former England player, Paul Gascoigne.<sup>3</sup>

Little interest was shown in sports medicine by English football until the 1960s. The English national team first appointed a team physician in 1962, and later, the FA ran some courses for doctors from the 92 Football League clubs. However, even this highlighted the problems associated with an essentially honorary position as many were family doctors who could ill-afford the time off from their day job.

For some, the job became increasingly time consuming, especially when clubs entered European competition. Ian Adams, Leeds United's physician

from 1962 to 1975, had to give up some of his holidays due to the club's increasing fixture list. Similarly, Neil Phillips combined his general practice responsibilities with those of director and doctor at Middlesbrough FC as well as being the team doctor for the England national team from 1969 to 1974. Again, all his holidays were taken up by his England duties, which were unpaid. Furthermore, the market for full-time doctors in English professional soccer was, and remains, a very narrow one.

As well as attending matches, the job itself usually involved holding clinics with injured players, sometimes on a daily basis, although doctors could also be on call 24 hours a day. In 1981, the Football League made it the responsibility of the home club for a qualified medical practitioner to attend games. Following the Hillsborough disaster in 1989, all clubs were required to have a designated crowd doctor. Previously, the club doctor had responsibility for both spectators and players. At first, clubs rarely took their own doctors to away matches and instead, it was the home team doctor who had responsibility for both sets of players. Doctors attended few on-the-pitch injuries and instead left this area to the team trainer. By contrast, in European football, doctors usually went on the field. The approach of European football club doctors seems to have been more proactive, perhaps reflecting how football there has been taken more seriously in a scientific and technical sense. Ajax of Amsterdam, for example, had 4 team doctors even in the 1970s. In Brazil there has also been a tradition of clubs employing doctors. For the 1958 World Cup, which Brazil won, the team physician, Hilton Gosling, even helped to pick the team.<sup>4</sup>

## **Trainers**

Within the relationship between soccer and medicine, it has perhaps been the image of the trainer jogging onto the pitch with his bucket and so-called 'magic sponge' to douse an injured player that has been its most emblematic. Whereas the trainer was once both 'chief cook and bottle washer', since the 1960s, there has been a steady division of labour regarding the preparation of players and the treatment of their injuries.

Originally, the main job of the trainer was to maintain the players' fitness and to keep an eye on them on a day-to-day basis for discipline purposes. The first generation was mainly professional athletes or athletic trainers who came from working-class backgrounds. As Roberta Park has argued, they relied on experienced-based methods to treat players' injuries rather than any professional medical knowledge.<sup>5</sup> The chartered society that dealt with treatments relevant to the job of the football club trainer, such as massage and rehabilitation, was only open to women, this was the Society of Trained Masseuses. Men working in this field were known derogatorily as 'rubbers'.

Later, clubs employed former professional players as trainers. Although they had more experience of dealing with professional footballers, they were largely sympathetic appointments: hired more for the long service they had given to the club than for their medical knowledge. As was the culture in English soccer, they learned their job on the job.

There were some pioneers, however. Tom Whittaker, the trainer of Arsenal, then the most successful and modern team in England, had studied anatomy and massage, and was recognised as the country's leading trainer in the inter-war years. He later became the regular trainer for the England team. Whittaker's reputation spread beyond football. He was trainer for the 1936 British Davis Cup team and also treated tennis players like Fred Perry. He ran a *de facto* sports injury clinic and clients included Steve Donoghue, the jockey, the cricketer Jack Hobbs as well as an Indian maharajah.

Following the Second World War, the Football Association started treatment of injury courses for club trainers. Attendance, however, was not mandatory. Any developments were largely on the initiative of individual clubs. Some recruited qualified physiotherapists, a number of whom had been trained in the army. Their concern was treating injured players while the old-fashioned trainers now concentrated more on fitness training. One of the new breed was Bertie Mee. He had trained during the War and was an instructor on the FA's injury courses. Arsenal initially employed Mee as their physiotherapist, and in 1966, he was actually appointed their manager. In 1970, Laurie Brown became Manchester United's first full-time qualified physiotherapist. It was a 7-day-a-week job and he, naturally, had to take his holidays during the close season. At times he also looked after the club's non-playing staff. On one occasion he was even asked to examine a former player's racing greyhound. Brown was sacked in 1981. Rather than for any professional misconduct, it was because United's new manager wanted to bring in his own staff, a common occurrence. As a result, Brown's successor was actually less

qualified than he was, highlighting how medical care in English soccer was still largely unregulated.

Since the 1990s, there has been an increasing specialisation within the training staffs of top football clubs. Preparation of the players has now become the responsibility of a number of experts such as fitness trainers, nutritionists and psychologists. Clubs can now only employ chartered physiotherapists. Moreover, clubs have spread their net further in looking for the best qualified people, including women.

### **Treatment of injuries**

The treatment that footballers have received for their injuries has, to a certain extent, reflected the medical services open to them over the 20<sup>th</sup> century. It also mirrored what football clubs could afford. In general, professional footballers probably received better treatment than other workers.

In addition to their own medical practitioners, clubs used a variety of outside agencies. John Allison's 'Footballers' Hospital' near Manchester was an early example of a private sports injury clinic. For around 20 years, from the mid-1890s, many clubs sent their players here for the treatment and rehabilitation of leg and knee injuries. Through their doctors, clubs also made arrangements with surgeons to perform operations that became increasingly sophisticated and expensive. Knee cartilage operations were of particular importance to footballers.

Before 1914, Aston Villa was the richest club in the land and it built a self-contained medical room for its club doctor, complete with x-ray and radium appliances.<sup>6</sup> Others later followed Villa's lead in the purchase of advanced electrical equipment. This replaced more traditional methods of treatment where players would sometimes sit all afternoon with towels over their legs with the trainer pouring boiling water over the towels.<sup>7</sup> Many players were also superstitious and would have a massage by the trainer before a game. As a result, dressing rooms would reek of lineaments like wintergreen, a substance used on racehorses.

Later, advances in medical surgery saw clubs send footballers to specialist orthopaedic surgeons with international reputations. Sports surgery in Britain has only just begun to realise its commercial potential when compared to America. One such surgeon is Richard Steadman from Vail in Colorado who specialises in knee injuries. In addition to the likes of Dan Marino and Joe Montana, he has operated on soccer players such as Alan Shearer, the former England captain, and Manchester United's Ruud van Nistelrooy. That English clubs can afford to send their players to America for these operations again highlights the intensification of the game's commercialisation and its competitiveness.<sup>8</sup>

### **Ethical Dilemmas**

Because of the nature of professional sport, the relationship between a footballer and his club with regard to the medical care provided has differed from that of other workplace relationships in an ethical sense. What I would

like to look at here is how the role of the manager, i.e. the head coach, has had potentially important consequences for players and their welfare.

Since 1945, managers have gradually gained more power in football clubs. Combined with increasing demands to win, managers have put pressure not only on players to play through injuries but also the club's medical staff. (It should be noted that players themselves are sometimes not only willing to play through injuries but hide them from the club.) In the early days of professional soccer, the trainer would regular report to the board of directors on players that were injured. Increasingly, the manager made this part of his remit.

Doctors were also put under pressure. When he was club physician at Leeds United, Ian Adams resigned on four separate occasions, due to arguments with the manager, Don Revie, over the fitness of players, i.e. Revie played them against Adams's advice. It highlighted the clash between the principles of the Hippocratic Oath and the demands of professional football.

Managers have been, and continue to be, charismatic figures who use the force of their personality to get their own way. In the late 1930s, Frank Buckley, manager of Wolverhampton Wanderers, had his players injected with so-called monkey glands. They were animal secretions and during this time, there had been much publicity over the potential benefits of 'rejuvenation'. It is possible, perhaps likely, that Buckley did it more for publicity reasons than for the purpose of any potential chemical assistance.

Following an enquiry, the Football Association announced that players had the choice to refuse the injections.

The pressure of games could also influence the judgement of managers when players were injured. In 1961, during the half-time interval of one game, the Wolverhampton Wanderers centre-forward, Ted Farmer, discovered that he was urinating blood after being elbowed in the stomach. Despite an examination by the club doctor the then Wolves manager, Stan Cullis, forced Farmer to play on – no substitutes were allowed then. Cullis told the doctor, very forcefully, 'Wait 'til it comes through his backside before you take him off.'<sup>9</sup> The doctor did not intervene any further.

Football club trainers could be even more malleable. Perhaps this was understandable when considering their lack of professional autonomy. With little chance of working outside football in mainstream physiotherapy, they were dependent on work within the game and relied on managers.

As someone who had qualified as a chartered physiotherapist, Laurie Brown at Manchester United had greater professional authority, although this did not stop interference from managers. If Brown felt it appropriate, injured players would be put in plaster, as this sight would immediately dissuade the manager from being able to question his opinion. However, on occasions, Brown discovered that managers and players sought a second opinion on his diagnoses, without informing him.

## Conclusion

In conclusion, perhaps the importance that football clubs now attach to medicine was highlighted by the appointment of a 'neutral' team physician to the English national team in 2002.<sup>10</sup> Previously, the position had been shared by two of Arsenal's doctors. They were replaced, however, following protests from other clubs who argued that they were privy to confidential information about their opponents' players and that this led to a potential conflict of interest. It perhaps showed how the football club doctor once regarded as a gentlemanly position was now subjected to the professional and commercial realities of business. In football's wider relationship with medicine, it brought into focus the potential tensions between the Hippocratic oath and the growing demands of the game.

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<sup>1</sup> T. Delaney, *A Century of Soccer*, London: The Sportsmans Book Club, 1965, p. 37

<sup>2</sup> Hartford's condition did not have a detrimental effect on his career, however. He played in a total of 731 Football League games between 1967 and 1990 for 9 clubs. In 1997, this put him 19<sup>th</sup> on the all-time list for league appearances. Interestingly, Frank Worthington made 757 appearances.

<sup>3</sup> *BASEM Today*, Issue 7, Winter 2006, p. 19.

<sup>4</sup> Ruy Castro, *Garrincha: The triumph and tragedy of Brazil's forgotten footballing hero*, London: Yellow Jersey Press, 1995, p. 94

<sup>5</sup> R. Park, 'Athletes and Their Training in Britain and America, 1800-1914' in J. Berryman and R. Park (eds), *Sport and Exercise Science: Essays in the History of Sports Medicine*, Chicago: University of Illinois, 1992.

<sup>6</sup> *Aston Villa News and Record*, 8 August 1914, pp. 661-9.

<sup>7</sup> Ward and Alister, *Barnsley: A Study in Football 1953-59*, p. 59

<sup>8</sup> *Guardian* (Sport), 13 October 2005, p. 8

<sup>9</sup> T. Farmer, *The Heartbreak Game*, Wolverhampton: Hillburgh, 1987, pp. 53-4

<sup>10</sup> *Guardian*, 10 September 2002.