

A History of British Sports Medicine

By Vanessa Heggie. Published in 2011 by Manchester University Press
(222 pp., £60.00)

Reviewed by Ian Ritchie, Brock University, St. Catharines, Ontario, Canada

A significant gap exists in sport history, in the sense that the medical and scientific aspects of sport and physical movement have been understudied. Part of the reason for this may be that the parent disciplines of history and philosophy of science have tended to treat sport in the same manner as other parent disciplines: “merely fun and games.” But it may also be the case that the practices of sport science and medicine have themselves been confusing and at times incoherent. So difficult has it been in creating institutional legitimacy for themselves that few would even think to ask questions about the history of sports medicine or sciences in the first place. Indeed, one of the major contributions of Vanessa Heggie’s *A History of British Sports Medicine* is to demonstrate just what a long road trip it has been for British sports medicine to reach its current destination of legitimation. Difficulties in being accepted by the medical community at large, internal organizational conflicts, changing conceptions of what the “object” of study should be, and the impacts of various forces in international sport have all played significant roles and are discussed in detail by Heggie.

A History of British Sports Medicine is a well-written and researched book that will be seen as the authoritative source on British sports medicine for some time to come. The central thesis that Heggie defends is that sports medicine could only be legitimized as such when the athlete came to be defined as a human “type” that was abnormal or supernormal, and warranted specialized attention. Only then could sports medicine stake its claim. However, defining the athlete as fundamentally different was no simple matter. The construction of “the athlete” required (at least) two significant steps: organizations with increasingly vested interests in defining and treating athletes had to convince others that the athlete was unique and achieve institutional legitimacy in turn, and certain forces in international sport in the twentieth century had to, and did, coalesce to create the idea of the elite athlete as extraordinary.

Heggie recounts British sports medicine’s history chronologically, starting at the turn of the twentieth century and ending in 2005, when sports medicine received its formal status as a specialty by the British government. Correcting many former accounts that locate sports medicine’s beginnings only with the advent of formal organizations themselves, chapter 2 discusses practices from 1900 to 1927 that started to carve out a niche for British sports medicine, even if it was not yet defined as such. The sportsperson had yet to be defined as “abnormal,” yet practices emerged, such as “scientific massage,” that had similarities to practices defined as sports medicine later on. Throughout this period, “moderation” and “individualism” pervade the thinking and practices of practitioners, thus catering individual needs

to a basic, healthy lifestyle. However, things begin to change dramatically between 1928 and 1952, the period covered in chapter 3. Although sports medicine was not formally organized per se until the very end of this period, with the creation of the British Association of Sport and Medicine (BASM), a growing body of disparate professional and amateur practitioners began to study and treat the athletic body. Wartime interest in soldiers' physical needs, which have at times striking similarities to those of athletes; a movement to enhance the health of civilians and productivity of workers; and, finally, the heightened emphasis on performance and nationalism in international competitions, especially the Olympic Games, all played equally significant roles.

This heightened competition reached rarified heights during the cold war, and chapter 4 covers the period from 1953 to 1970. Besides the formation of the most important organizations, specifically the BASM in 1953 and subsequently the Institute of Sports Medicine and the British Olympic Association's Medical Committee, the most important development during this period was ideological: the athlete's body was redefined to be abnormal or supernormal and therefore in need of dedicated attention, which in turn justified the specialists who could treat elite athletes for injuries and help them enhance their performances. Interestingly, two "boundary-defining" topics pervade this period, which both define what the "normal" athlete ought to be (and they continue to do so to this day): drug testing and sex testing. Chapter 5 discusses the ongoing push to legitimation but with a new twist: between 1970 and 1987, sports medicine redefined itself once again to include both the athlete's body alongside that of the general public, who exercise for fitness and health. Reflecting a late-twentieth-century concern for the body politic and populations "at risk," organizations and practitioners sought greater legitimacy by treating both elite athletes and the general public, the latter of which takes the form of "prescriptive" sport, or the idea that sport and fitness can be thought of as a curative, like medical drugs. Finally, chapter 6 culminates in the full legitimacy of sports medicine in Britain, as mentioned earlier, and makes the claim that, contrary to many other historical accounts, British sports medicine was not as far behind other countries in terms of its development as has been assumed.

Two aspects of Heggie's book stand out. First, her text moves far beyond the limitations of attempting to understand the history of sports medicine by studying the formal organizations alone. Her discussion of everyday practices and those that might not be typically thought of as "sports medicine" per se help redefine what we think of when we use those terms. The discussion of massage in chapter 2 is a good example. Second, Heggie does not make the mistake of assuming, teleologically, that because organizations and attendant practices exist now their existence was always therefore inevitable. Indeed, avoiding this pitfall is stated explicitly as a goal right from the start. The organizations and human agents that helped create what we now take for granted as sports medicine could only have been successful under the specific historical, social, and political conditions described by Heggie. Drug and sex testing provide terrific examples of this: they are topics that are obviously of great relevance today, but ones that Heggie shows us became "boundary definers" for what was—and what still is—considered the "natural" athlete only under specific circumstances. And that is exactly why *A History of British Sports Medicine* should be read and appreciated: it has great relevance today and reminds us that "sport" should not be taken for granted.