UPPER ARM INJURIES IN FENCING.

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Introduction

Like boxers, fencers try to keep out of distance, but when an attack is delivered and arrives the force of impact is very greatly reduced compared with the boxer, because it is transmitted through the length of the blade which bends, thus minimising the force reaching the arm of the attacker or the body of the recipient. Nevertheless, especially when there are double attacks, there may be considerable jarring of the fingers and wrists. Normally the inside of the guard is well padded to take a sudden jar or jolt but an old weapon may have a wornout pad and I have seen and suffered very painful subungual haematomata as a result of this.

There are a number of special grips now available for foil and epee, some even called "orthopaedic" grips which give some people a firmer control of the sword although they may reduce the finesse which a straight grip allows. Some of these grips have produced painful callouses and blisters which need attention and a method of prevention.

One final hand injury occurs in fencing with the sabre when a whippy blade having been parried with the guard allows the terminal four inches of the blade to whip over and deliver a very painful blow on the little finger of the defender.

Elbow

The main trouble here is exactly as was previously described anatomically as the "tennis elbow". The elbow joint is continuously used in the fencing movements both in defence and attack, for pronation, supination, and long extension. It is little wonder that the limb fixed by gripping the sword and attacked by beats on the blade is strained when caught in half pronation and at a mechanical disadvantage pointing across the body. These injuries are treated as for other sports and do well but take time. Once again in sabre fighting where the forearm is moved about more loosely than in the other weapons and where a cut is allowed as well as an attack with the point, the defender may receive a cut right on the tip of the olecranon. This may result in a severe bruise with a superiosteal haematoma, or in a fractured

olecranon process. In either case this is one of the most painful injuries in fencing. As you might imagine there is a very good protective elbow guard which is available, but so often it is not being used.

Shoulder

The commonest injury is the "cuff" lesion usually starting at the insertion of the biceps tendon. I believe that this injury is more common in those fencers who fence with a rigid outstretched sword arm and may result from a series of heavy beat attacks or heavy parries. The treatment is as was described earlier in this journal, (TUCKER, W. E.) and occasionally quite excellent results are obtained with cortisone and novocaine type of injections, usually however the course of the injury is protracted and may result in a fully "frozen" shoulder which may need manipulation. There have also been a few cases of subluxation and recurrent dislocations of the shoulder which need operative repair, frequently with very good functional results even in top class fencers.

Penetrating Injuries

Fencers are expected to wear regulation protective clothing which consists of two layers of stout canvas for the sword arm. In addition they wear a "plastron" of an underarm sleeve and half body covering. As the sword of each type of weapon has of course a blunted point the fencer should be adequately protected. Penetrating wounds therefore only occur when in the first phase of an attack the point meets the arm or the guard and the force of the impact snaps the blade whilst the attacker is still in full momentum, the broken sword with perhaps a jagged end may then penetrate all three layers and produce a deep irregular wound of the arm. This becomes extremely dangerous when the attack ends up at the axilla, or the unprotected neck, the defender having perhaps turned his head away thus exposing his neck, or lower down the point may enter the thoracic cage and puncture the lung. Fortunately these are really very rare injuries and fencing can be considered a "safe" sport.