

Short Communication

Assault Injuries Due to Glass Bottle on the Body, Involving Alcohol Abuse in the Township of Mdantsane, South Africa

Amitabh Mitra^{1*}; Shubhoshree Mitra²

¹Former head of Emergency Medicine, Cecilia Makiwane Hospital, Mdantsane, Eastern Cape, South Africa

²Medical Doctor, Accident and Emergency Medicine Department, Stanger, Kwa Zulu Natal, South Africa

*Corresponding author: Amitabh Mitra

Former head of Emergency Medicine, Cecilia Makiwane Hospital, Mdantsane, Eastern Cape, South Africa.

Email: amitabh@amitabhmitra.com

Received: April 04, 2023

Accepted: May 10, 2023

Published: May 17, 2023

Abstract

(*Kop* is an Afrikaans word which means *head*. *Bottlekop* is slang used to refer to the top of the bottle). Bottlekop Injuries on the face and scalp are unique to African-township trauma. Accident and Emergency Departments in hospitals situated in African townships receive most of such cases. Its prevalence and subsequent being representative of the population has yet to be done.

Keywords: Bottle injuries; Alcohol; Head; Face and neck injuries; South africa

Introduction

South Africa appears to be a fairly self-sufficient country, at least seemingly, where the economy continues to grow at a steady rate and inflation is under control. However, appearance does not match reality because while the economy is growing, it simultaneously continues to shed jobs, resulting in unemployment. This leads to continuing poverty, which in turn, makes it a fertile breeding ground for crime, violence and disease.

Mdantsane is the second biggest township after Soweto and is situated in East London, Eastern Cape. Crimes in Mdantsane include domestic violence, aggravated robbery, and common robbery, and burglary, theft of motor vehicles, rapes, murders, attempted murder, and unlicensed *shebeens* (Taverns).

The crime and violence level in Mdantsane is deep-rooted and based not only on poverty but also on economical, social, historical and political factors. Addressing the issue is not as simple as just resolving the issue of poverty. A combination of long-term economic and social investments such as skills training, educational opportunities, crèches, etc., alongside crime prevention just might be the answer. However, this might be anticipated to be a slow process.

Background

Bottlekop Injuries are quite commonly seen in our Accident and Emergency unit of Cecilia Makiwane Hospital. These injuries, inflicted due to an assault by a full or an empty bottle,

mostly occurs at taverns, parties, homes and even as stray roadside incidents [1]. Researching the frequent occurrences and incidences of bottlekop injuries on the anatomical aspects for a certain period within the township of Mdantsane will take into consideration the role of drinking alcohol which mostly triggers such incidents. Bottles and glasses have been recurrently used as a weapon of assault but preventive measures have never been taken.

The type of bottles used to inflict injury will also be a useful data as expensive alcohol comes in bottles of reinforced glass and cheap wine and beer bottles have a weaker consistency regarding the glass used to manufacture such bottles [1,4,5].

History

Bottlekop Injuries on the face and scalp are unique to black township trauma. Accident and Emergency Departments in hospitals situated in African townships receive most of such cases. Its prevalence in research and subsequent being representative of the indigenous population in South African townships has yet to be done.

The reasons are as follow:

❖ Bottlekop trauma produces a unique pattern of injury which includes jagged lacerated and incised wounds with contusion/abrasions around it.

❖ Bottlekop Injuries usually involves the use of alcohol by either the perpetrator or the victim or both of them.

❖ Socio-economic patterns are relevant as such type of trauma comes from geographical areas with low growth.

❖ Associated injuries to other anatomical parts of the body involving the fist/kick and knife can also be documented.

❖ Relating the bottlekop injury to alcohol abuse is of prime importance as it will give us indicators that alcohol has been an aggravating factor towards such a trauma.

Clinical Examination

1. Identifying the gender distribution of bottlekop injuries.

2. Evaluating the number and extent of associated Injuries Head / Chest / Abdomen / Limbs /Sexual Assault.

2.1 Bottlekop injuries due to an assault do not always come as an isolated incident, but jointly even as a crush.

2.2 Associated injuries on other parts of the body will give an idea of the extent of trauma happening in Mdantsane.

3. Establishing the related socio- economic factors behind the trauma (domestic violence etc).

3.1 Bottlekop injuries occur exclusively as a Township injury and do not happen so frequently as in the urban areas. The township life relates itself to a low socio-economic background.

3.2 Accurate measurements are not possible but people involved in such assault injuries rarely have the capacity to pay a minimum fee to the public hospital towards expenses.

4. Assessing the association of bottlekop injuries with substance abuse (alcohol)

4.1 Measuring blood alcohol is next to impossible as the patients themselves will not allow drawing blood and it would be unethical to force them. Hence, although patients might smell alcohol, no conclusive assessment can be reached regarding the followings:

- ❖ Whether patients are intoxicated or not
- ❖ Whether patients are accepting that they had taken alcohol
- ❖ Whether friend and relatives telling that the patients had taken alcohol
- ❖ Whether the person (M/F) who assaulted the patient was intoxicated as told by the patient
- ❖ Whether patient who had been assaulted and the person who assaulted with the bottle had taken alcohol, as told to the doctor

4.2 A few clinical tests to check cerebellar involvement in alcohol abuse would be Romberg Test e.g. participants standing heel to toe for 60 secs or walking on a line and standing on one foot.

5. The presentation patterns of bottlekop injuries by time of day and day of the week should be formulated.

6. The geographical area of local pubs and unlicensed bars where the assault took place should be correlated with the crime.

Suggestions and Conclusion

The South African Alcohol Industry is a major contributor to fiscal economics. Therefore, adhering to laws relating to alcohol consumption is poor. Here are a few suggestions to keep the assaults at bay, but it would take a long time and effort to eradicate the problem completely.

- ❖ Glass bottles should be replaced with plastic ones.
- ❖ The age of allowing alcohol drinking should be made 21 (Although this is not a very reliable solution) 11.
- ❖ All unlicensed bars should be abolished.
- ❖ Timing of pubs operating should be made compulsory from 5 pm to 7 pm.
- ❖ Police hotline should be a necessary accessory at every pub.
- ❖ A meticulous check for carrying illegal weapons etc. should be in place.
- ❖ Policing should be made visible near pubs as an assurance for people living near bars.
- ❖ 48 hour observation should be made compulsory for intoxicated and assaulted patients (due to alcohol abuse) in the hospital post surgical repair.

References

1. Coomaraswamy KS, Shepherd JP. Predictors and severity of injury in assaults with barglasses and bottles., *Inj Prev.* 2003; 9: 81-4.
2. Burkhard Madea, Peter H Schmidt, Eberhard Lignitz, Stephan A Padosch. Forensic Pathology. Skull Injuries Caused by Blows With Glass Bottles Reviews. 2.
3. Jonathan Shephard. Preventing alcohol-related violence: a public health approach. 2007.
4. BBC News Health. Fresh call for alcohol glass ban. 2013. <http://www.bbc.co.uk/news/health-11392685>.
5. Harm Reduction International. Glassware in Bars. <http://www.ihra.net/contents/791>.
6. Kirsten McKenzie, James Edward Harrison, Roderick John McClure. Identification of alcohol involvement in injury-related hospitalisations using routine data compared to medical record review. *Australian and New Zealand Journal of Public Health.* 2010; 34: 146-152.
7. Cheryl J Cherpitel. Alcohol and Injury in the General Population: Data from Two Household Samples. *Journal of Studies on Alcohol and Drugs.* 1995; 56: 83-89.
8. Alasdair JM Forsyth. Banning glassware from nightclubs in Glasgow (Scotland): Observed impacts, compliance and patron's views. *Alcohol and Alcoholism.* 2008; 43: 111-117.
9. Leanne R. Brecklin. The Role of Perpetrator Alcohol Use in the Injury Outcomes of Intimate Assaults. *Journal of Family Violence.* 2002; 17: 185-197.
10. Cynthia Chavira, Shahrzad Bazargan- Hejazi. Type of Alcohol Drink and Exposure to Violence: An Emergency Department Study. *Journal of Community Health.* 2011; 36: 597-604.
11. Legal Drinking Age in South Africa: Should it be 21? <https://www.lawforall.co.za/legal-news/legal-drinking-age-south-africa/> Law for All.