Notting Hill Carnival 1988

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SUMMARY

The injuries sustained at the 1988 Notting Hill Carnival were documented in order to suggest ways in which these might be reduced in future years.

Sixty-four patients presented to six hospitals participating in the study over a 48-h period, most of whom were victims of accidents (63%) rather than assaults (37%). Many of the accidents were caused by motorized floats or by stepping on broken glass.

INTRODUCTION

The Notting Hill Carnival, held on the Sunday and Monday of the August Bank Holiday, is the largest street carnival in Europe, attracting about one million visitors in 1988. It consists of colourful displays of West Indian pageantry, both on motorized floats and on foot.

Such a large gathering inevitably leads to injury (Franaszek, 1986), either accidental or by assault (Weller, 1985). A medical audit of Notting Hill Carnival has not been previously published.

METHODS AND RESULTS

All patients attending the Accident and Emergency Departments of St Charles W10, St Marys W2, St Stephens SW10, the Hammersmith W12, Charing Cross W6, and the Central Middlesex NW10 hospitals, who were injured at the carnival, from 0800 h on Sunday 28 August to 0800 h on Tuesday 30 August 1988 were included in the study.

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The following information was noted: the nature and mechanism of injury; whether by accident or assault; the weapon involved (if any); and whether the attending doctor considered the patient to be under the influence of alcohol (Brain, 1986).

The injuries sustained are detailed in Table 1. Sixty-four patients with carnival-related injuries attended the six hospitals. Fifty-five (86%) presented to St Charles' and seven (11%) to St Mary's hospital. Thirty-one (48%) patients were considered to be under the influence of alcohol and 57 (89%) presented before 2300 h (the closing time of public houses) on both nights. Only 34 (53%) were of Afro-Caribbean origin.

Table 1 Injuries

Total number of patients	64
Lacerations requiring suture	20
Head injury	7
Fractures nose	3
mandible	1
ribs	1
tibia	1
toes	2
Fracture dislocation of finger	1
Mid-tarsal dislocation	1
Corneal abrasions	3
Contusions/abrasions	20
Ligamentous injury	10
Human bite	1

Twenty-four (37%) were victims of assault. Of these assaults, 10 were from punches or kicks, resulting in contusions. Three were caused by knives, three by blunt instruments, including a snooker cue and an intact milk bottle, and two by broken bottles causing facial lacerations. One patient had had ammonia sprayed in his eyes, but without obvious damage.

Only two policemen presented with injuries; one was bitten whilst apprehending a suspect, and another strained his back while lifting a barrier.

Ten injuries (16%) were caused by moving floats. The patients were either run over or crushed against a static object. Six (9%) injuries were caused by stepping on broken glass.

Only five of the 64 patients were admitted; one with a mid-tarsal dislocation and one with fractures of all toes of one foot. Both of these injuries were caused by being run over by floats.

Two patients had had head injuries (one caused by an accidental fall, and one by an assault) and one sustained a fractured tibia after a fall from a second-floor window, from which he was a spectator.

DISCUSSION

Even allowing for the reduced attendance, this year's carnival resulted in comparatively fewer injuries than in previous years, accounting for a total of only 55 additional patients, compared with 143 additional patients presenting to St Charles' hospital in 1987.

St John's ambulance treated 179 injuries, compared with 611 the previous year. There were relatively few assaults, perhaps because of better organization and increased policing.

It should be possible to reduce the number of float-related injuries (half of which were to feet and legs as a result of being run over) by introducing wheel guards. The number of injuries related to broken glass could be reduced by the wearing of shoes (preferably with thick soles), and the use of only plastic glasses in public houses (Ousby & Wilson, 1986).

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REFERENCES

- Brain P. F. (1986) Multidisciplinary examinations of the 'causes' of crime: the case of the link between alcohol and violence. *Alcohol and Alcoholism* 21, 237-40.
- Franaszek J. (1986) Medical care at mass gatherings. *Annals of Emergency Medicine* 15, 600-1.
- Ousby J. & Wilson D. H. (1982) One thousand and eighty-six consecutive injuries caused by glass. *Injury* 13, 427-30.
- Weller M. P. I. (1985) Crowds, mobs and riots. *Medicine, Science and the Law* 25, 295-301.