In the High Court of Fiji at Suva
Civil Jurisdiction
Civil Case No. 131 of 2015
Saukat Ali
First plaintiff
And
The Ministry of Health
First defendant
And
The Attorney General
Second defendant

COUNSEL: Ms M.Tarai for the plaintiff
Ms S Taueki with Mr A.Prakash for the defendants
Dates of hearing : 12th,13th and 14th September,2017
Date of Judgment : 27th November,2017

Judgment

1. This is a claim for medical negligence. The plaintiff alleges that two of his toes on his right foot were amputated at the CWM hospital on 29th March, 2012, as a result of the negligence of Dr Mortel Wahler and "*Dr Mereseini*" of the Samabula Health Centre,(SHC) as servants of the first defendant. The particulars of negligence provide that these medical attendants had failed to examine his wound, investigate his complaints, take steps to ensure that his condition did not deteriorate, provide the proper treatment and refer him to the CWM hospital, at the initial stage on 22nd and 26th March, 2012. The statement of claim also alleges that his wound on the amputated right toes burst open and he was admitted to the CWM hospital again, due to the amputation, as he was not properly treated. The plaintiff claims damages for pain and suffering, loss of amenities, loss of past and future earnings and cost of future care. The first defendant is sued as responsible for the administration of public health and the SHC. The second defendant is added under the State Proceedings Act.

2. The first and second defendants in their statement of defence deny the allegations and state that the plaintiff was unaware that he had stepped on a crooked rusty nail for 12 hours. He had removed the nail from his foot and visited SHC on 22nd March,2012, and was seen by the medical attendant. On 26th March, 2012, he returned to SHC and his wound was treated by a Nurse Practitioner. On both occasions, his wound was examined and treated. He was given medication.

3. The statement of defence continues to state that on 28th March,2012, he was seen by the Surgical Registrar of CWM hospital and admitted. He was treated with antibiotics. His surgery was scheduled for 29 March,2012. Proper procedures were undertaken by the medical staff during the day to prepare him for surgery. He did not complain of pain. His two toes were amputated as a planned procedure due to diabetic foot sepsis, not as a result of the surgery. Amputation of his two toes was necessary to save his life, as his foot had become infected with diabetes sepsis. It was necessary to prevent it spreading to the rest of his foot or body. His foot healed. He was never advised that his right foot would be amputated from his ankle.

4. The plaintiff, in his reply admits to stepping on a nail on the night of 21st March, 2012. He became aware of the nail stuck in his foot the next morning, after which he immediately went to SHC. The Doctor examined the foot from a distance . He failed to physically touch or feel his foot, which would have given a more informed assessment on his condition as a hypertension and diabetic patient. The medication prescribed to him was not proper and suitable. When he returned to SHC, the Medical Staff prescribed the same medicine given to him earlier, even though there was no improvement in the condition of his foot. Nothing was done to ease his pain and suffering at the CWM hospital, though this was communicated to the medical attendees.

5. ***The hearing***

a. The plaintiff,(PW1) testified that on 22nd March,2012, he felt pain in his leg. His wife found a nail stuck on his leg and took him to SHC by taxi. The triage nurse checked his blood pressure, sugar level and temperature. He was called in to Dr Wahler's room. He advised him that he was a known case of hypertension and type 2 diabetes. Dr Wahler asked him to show his wound. He lifted his leg to show the wound. Dr Wahler saw him from the position where he(Dr Wahler) was sitting. He prescribed Amoxicillin, a tetanus injection and asked him to rest. The plaintiff said that his wound at that time "*was a bit swollen, it had a black spot which* (he) *felt was a foreign object, the wound was painful*..".

Paracemetol was given for his pain.The black spot on his wound was not removed, despite his request. He was given an injection by the nurse. His wound was washed with saline and bandaged. He was advised to wash his wound with salt and water by the Nurse.

The plaintiff said that Dr Wahler was negligent in not touching his foot. It was warmer than normal. If he touched it, he would have been in a better position to ascertain if there was pus or water in his foot. Amoxicillin was not the correct antibiotic for an open wound. He also felt that he should have been given extra care and referred to the CWM hospital for assessment, since he was a known case of hypertension and type 2 diabetes. He went home by taxi.

On 26th March,2012, he returned to the SHC by taxi, as his wound was swelling and deteriorating further. He was in pain. He was seen by *"Dr Mereseini"*. She prescribed Penicillin injections and Flucloxacillin capsules for 5 days from the position she was sitting. She had his folder. He was asked to wash his foot with salt and water. He felt that a proper assessment was not done for a known case of diabetes. An X ray was not done. Dr Mereseini was negligent.Both the Doctors at SHC did not touch his foot. The plaintiff added that they did not get an X ray nor take a sample to assess the actual bacteria and right medication.

At that stage, Mr Prakash, counsel for the defendants objected to the plaintiff giving evidence on what should have been done, as he was not a medical professional. Mr Prakash submitted that he can call a Doctor. Ms Tarai, counsel for the plaintiff said that she was not calling medical evidence.

The plaintiff continuing his evidence in chief said that he went to SHC on the next two days for injections. On the second day, he complained of pain to the Nurse. He said his wound was "*lot swollen*". The Nurse called Dr Swastika. She touched the wound and said that it was filled with watery liquid. She carried out an ECG and referred him to CWM hospital for further assessment and treatment.

On the morning of 28th March,2012, he went to CWM by taxi. His request for a wheel chair and painkillers were declined. He had to walk to the laboratory, X ray room and back to the Emergency dept. He forced his way to a bed, as he could not sit on a chair.

The Surgical Registrar came at 2pm. The plaintiff said that he advised him of his pain, but he left for an emergency. He returned at 6pm. He was only given his medication for diabetes, not for the pain. He requested that his surgery be not postponed.

After he was discharged from CWM hospital, he went to SHC for reviews on a regular basis. During these visits, he felt infection in the same foot. He was referred again to CWM. He was advised that his leg would be amputated, but a Samoan surgeon scraped and cleaned his infection.

He claims damages for pain and suffering, loss of amenities, loss of earnings, future care and special damages for transport by taxi, medication including cost of clutches.

In cross-examination, the plaintiff said that he was diagnosed as a diabetic from 1996. This was confirmed in 2001. He did not feel pain when he stepped on the nail on 21st March,2012. He feels numbness when he walks on cement. He denied that he felt the same numbness and had no pain on 22nd March,2012. He was not aware that numbness was a symptom of diabetes**.**

Next, he was cross-examined on the black spot in his wound. He said that he felt a foreign object. It was put to him that he testified that the nail on his foot was removed. He then said that "*probably there was a piece of rust from the nail"*.He admitted that he was not in a position to differentiate between correct and incorrect medical procedures, as he was not a Doctor. He said it was based on his previous experience.It was put to him that Ms Meresaini was a Nurse Practitioner. His response was that he was told she was a Doctor.

Dr Swastika felt and pressed his wound. She said that it was very bad.

On 29th March,2012, his wound was examined and diagnosed by Dr Ali of CWM hospital. He agreed to the amputation of his toes, as advised.

One year after the amputation, on 21st July,2013, he went to the SHC and was seen "*for severe pain and suspecting infection on the amputated toes*", as stated in paragraph 18 of his claim. He was referred to CWM hospital. It was put to him that his condition had naturally deteriorated as he was a diabetic. He replied that he was unaware why the infection had occurred, as he was on medication. He agreed that on 22nd July,2013, his big toe burst open, not his "*amputated right toes*", as averred in paragraph 20(a) of his statement of claim, which he said was a typing error.

On 26th July,2013, his wound was examined by a Samoan Dr at the CWM hospital. The infected part was scraped off and cleaned thoroughly. After July,2013, his right leg was amputated because of his ongoing diabetes.

The plaintiff was not re-examined.

b. *DW1*,(*Dr Mortel Wahler*) in his evidence in chief said before he called the plaintiff in, he looked at his medical folder. It provided that on one consultation, he had 25.5 millimols of sugar in blood, given a shot of insulin and booked in OPD clinic for diabetes.

On 22nd March,2012, it was recorded that he was a "*known non-insulin dependent diabetes mellitus type2/hypertension*". On that day, the plaintiff walked in unaided. His grimace showed that he was not in pain. The plaintiff lifted his right foot to the right side of his (DW1's) face. The foot was clean. There was a small wound at the base of the third toe. His foot was not swollen. There was no redness in the wound. The wound was punctured, not infected. His medical folder provided that he was a diabetic. Numbness was a symptom of diabetes. He prescribed Amoxicillin, Paracemetol, a tetanus injection, dressing of his wound and wound care. The initial treatment was for proper wound care and dressing. He told him to come back, if there was a problem with the wound.

On 22nd March,2012, his CBG- random blood sugar reading was "*13.7*", which indicated the concentration of sugar in his blood at that time. A normal person has less than 6.5. DW1 explained the symptoms of diabetes and its consequences, viz, it destroys kidneys, nerves, blood vessels and causes numbness.

In cross-examination, DW1 confirmed that the plaintiff's CBG reading, at the time he saw him, was high at "*13.7* ". It was put to him that it was advisable that extensive treatment should be given to a diabetic patient. DW1's response was that there was no need to treat extensively, as there was no sign of any infection in the plaintiff's wound. Specific medications are given depending on the appearance of the wound. A physical examination of the wound was not necessary.

In answer to Ms Tarai, he said that Flucloxacillin is used for swelling and if the wound is infected. It was not necessary to give medication to lower a sugar level of 13.7.The effects of sugar in his blood was not reversible.

DW1 said that a neurological assessment is only done in the Special OPD diabetic clinic. At the General out-patient clinic, a patient is assessed on the complaint he presents. The plaintiff came to the General out-patient clinic for treatment of his wound.He denied his failure to diagnose the plaintiff's condition led to amputation of his toes and reiterated that the plaintiff's wound was not infected at the time he saw him.

It was not necessary to palpate,(touch),conduct "*percussion*"(tap the surface) or auscultate,(listen to the sound) the plaintiff's wound. Palpation is required if there is a lump. He examined the wound .There was no black spot, no redness nor swelling of his foot. It was not infected. At that stage, it required wound care, which was also the responsibility of the patient. Monitoring and follow up was sufficient. It is only if there is no improvement in the initial management that a referral is made to the CWM hospital. He denied that he breached the duty of care owed to the plaintiff.

In re-examination,DW1 said that he correctly diagnosed and prescribed the correct medication for the initial management of the plaintiff's condition,. There was no evidence of a lump. The colour of the wound area indicates the condition. He reiterated that there was no black spot,swelling, pus or redness. Physical examination of the wound was not required. At that stage, only wound care was required. There was no necessity to refer to CWM. This is done only if there is a problem, if the microorganism is resistant, then a review is done**.** He produced the plaintiff's medical report as issued by the CWM hospital.

c. DW2,(*Meresaini Lasike, Registered Nurse*) said that she saw the plaintiff at the SHC on 26th March,2012, with a complaint of a right leg pain due to an injury caused by a nail. His CBG, (random blood sugar) reading was "*15.2*" and blood pressure was 150/90. He was limping. He had a pain in his right leg. His right leg was "*red and hot*". There was no "*exutate*"(pus) in his wound, it was" *still closed*", but "*hot outside and going to extent it can affect the wound*". The plaintiff was seen in the General OPD, not the Special OPD. She is allowed to prescribe medications as a Nurse Practitioner. She put him on Propenicillin,(Penicillin) injections and asked the Nurse to check on his wound. It was an antibiotic which works better and faster for cellulitis, and as she suspected he had diabetes with a CBG of 15.2. He did not tell her that he had diabetes. She advised him to return, if he did not get better.

In cross-examination, DW2 said that she touched the plaintiff's wound. There was "*some infection inside*". It was closed, red and warm. There was no "*exutate*",(pus) or water in his wound, no discharge. It was a punctured wound.

It was put to her that knowing the wound was infected, she had failed to take his history, prescribe medication for diabetes,(though she was allowed to do so) and refer him to CWM. She said that she decided not to give drugs for diabetes for the following reasons. Firstly, his CBG reading was 15.2 and according to her knowledge, the CBG goes up when there is infection and goes down when the infection is controlled and treated. Secondly, as he was 48 years. On referral to CWM, she said that she advised him to come back if he does not feel better.

It was also put to her that she had not prescribed proper medication,

In re-examination, DW2 said that the plaintiff had not come to the SHC with a diabetic problem. He did not tell her than he was diabetic.

d. *DW3*,(Dr Swastika Chandra) said that when she saw the plaintiff at the SHC, his foot was not looking good. It was swollen, red and discharging pus. It was smelling. She asked the Surgical Registrar of the CWM hospital to review his case. Her diagnosis was that he had diabetic foot sepsis. She explained the effects of diabetic sepsis in laymen's terms. His sugar reading was high at CBG 20. She said that in the case of a diabetic, wounds take longer to heal if it is uncontrolled, and the sugar reading is above CBG 10, which can also be a result of the infection.

   In cross-examination, she was asked how she knew the medications that were prescribed to the plaintiff, as stated in her referral note to the CWM hospital. She said that it would have come from the plaintiff. This witness was not re-examined.

e. *DW 4*,(*Dr Josese Turagava, Consultant Surgeon, CWM hospital*) said that the plaintiff had come to the Emergency dept on 28th March,2012, with foot sepsis and was referred to the CWM hospital from SHC. He had stepped on a nail and did not feel it. The witness did not examine the plaintiff. He was seen by the Surgical Registrar, Dr Ravvama Ragisia and Dr Sitiveni Vudiniabola.

   The medical records provide that he had a painful right foot and erythema. His second and third toes were black and blistered. Pus and gangrene had set in. At that time, his WBC count was elevated, which meant that lot of infection was developing in his body. His CBG reading was 20, which was very high. His records provided that he had 22 years of diabetes and hypertension. He was admitted on 28th March,2012,and discharged on 6th April,2012. He was operated on 29th March,2012.

Mr Prakash asked DW4, why the plaintiff's toes were amputated, instead of the planned debridement. He said that after all the tissues were removed, it was found that the infection had spread. Amputation was done to save his life.As a medical expert going through his records, correct medical procedures were adopted. It was the standard work Doctors do every day. At that point, Ms Tarai objected to his opinion on the ground that no expert report was filed.

In cross-examination, he said that when the plaintiff presented himself at the CWM hospital, his wound was red and swollen. He agreed that part of the treatment is to control the sugar level, while trying to eliminate the infection. The CWM hospital gave him insulin tablets to control his diabetes, as the medication he was taking was inadequate. He said that the question, whether the amputation could have been avoided if the sugar was controlled before he came to the CWM hospital, has to be answered by the SHC, as he was not sure of the sugar level, white blood count and infection at that time. He was seen one week later at the CWM hospital.

DW4 was not re-examined.

The determination

6. The issue for determination in this case is whether DW1 and DW2 were negligent, in failing to treat the condition of the plaintiff's wound at the initial stage, and refer him to the CWM hospital, as a known case of diabetes.

7. The following particulars of negligence are pleaded :

- *Failing to examine the wound medically and professionally.*
- *Failing to observe reasonable steps to investigate (his)complaints as to his condition.*
- *Failing to take all reasonable and necessary steps to ensure that (his)condition does not deteriorate.*
- *Failing to provide the proper prescription in relation to the wounds suffered ..as a known case of hypertension and diabetic.*
- *Allowing the wound to get infected .*
- *Failing to refer(him) to the Colonial War Memorial Hospital for further medical treatment at an early stage.*

8. The out-patient register of the SHC and referral to the CWM hospital, as produced by the defence, provide that the plaintiff's CBG,(Capillary Blood Glucose)that is random blood sugar readings were as follows:
   (a) On 22nd March,2012: 13.7
   (b) On 26th March, 2012:15.2
   (c) On 28th March,2012 :20

9. The medical record of the CWM hospital of 28th March,2012, provides that the plaintiff was "*initially seen one week ago at Samabula Health Centre but was sent home only on tetanus toxoide..presented today with painful right erythema extending to mid foot and foul smelling right foot*".

10. DW1 in evidence said that on 22nd March,2012, the plaintiff's CBG reading was high at 13.7. He said that the CBG of a normal person was "***less than 6.5***"(emphasis added). Amoxicillin was prescribed, because he was diabetic and there was an opening in his skin. Medication is not given to lower a reading of 13.7. The effects of sugar in his blood was not reversible. He said that "*we say to modify lifestyle, nutrition,avoid smoking, drinking and exercise*". DW1 did not say that the plaintiff was so advised.

11. DW2 said that she touched the plaintiff's wound on 26th March,2012. It was red and hot, but there was no extuate(pus) nor discharge. There was infection. Since he was already on Amoxicillin, she prescribed Penicillin injections, as it had better and faster results and she suspected he had diabetes with a reading of CBG 15.2. She did not prescribe medication for diabetes, considering his age and since the CBG goes high, when there is infection and goes down, when the infection is controlled after treatment.

12. DW3 said that when she saw the plaintiff at the SHC on 28th March,2012, his CBG was high at 20. She said that in the case of a diabetic, wounds take longer to heal, if it is uncontrolled and the reading is above CBG 10, which can also be a result of infection.

DW4, in cross-examination, said that part of the treatment of eliminating infection is controlling the sugar level and infection at the initial stage, when there is swelling and redness. The CWM hospital prescribed insulin, as the medication, he was taking, was inadequate to control his diabetes. He cautiously said the question, whether the amputation could have been avoided by controlling the sugar at the initial stage, had to be answered by SHC, because it turns on what the sugar level and white blood count was at that time. He was seen one week later at the CWM hospital.

13. I reproduce an excerpt of the cross-examination of DW4 on this point:

Q. ***Can sugar be controlled while trying to eliminate the infection?.***
A. ***Yes, that was part of the treatment.***
Q. *And you had also mentioned earlier Dr that when the plaintiff was presented his wound was red and swelling was there, blisters so that is, infection that you were referring to as well, correct?*
Q. *Yes.*
Q. ***Would it have been proper when there is swelling and redness as soon as it is there from the beginning would it have been proper to control the sugar levels as well while trying to eliminate the infection?***
A. ***Yes***
Q. *And had that been done at the early stages, it is possible that we would'nt get to the stage of amputation, right ?*
A. ***He was already on ..tablets for diabetes. He came in with his tablets to the Emergency dept***.
Q. But however ***Dr, my question is had his sugar levels been controlled at the early stages when there was swelling and redness, is it possible that we would have avoided amputation stage****?*
A. ***From our part is that we only came to see him one week down the line, and if you go through the notes you can see that we were giving insulin to try and help the medication..to help the control of the diabetes because the tablets were not enough***.
Court Q. That is by the CWM. ***The question is before he came to CWM if his sugar level was controlled, would it have led to this****?*
Ms Tarai Yes My Lord., ***would we have evaded amputation stage*** *Dr?*
A. ***That's a question that the Samabula Health Centre has to answer themselves, as we are not sure of what the sugar level was at that time, if it was well controlled, the infection rate at that time and white blood count, a good marker of infection at that point*** ..(emphasis added)

14. In the light of the independent medical evidence of DW4,the reasons given by DW1 and DW2 for not prescribing medication to lower the plaintiff's CBG cannot stand. Clearly, DW1 and DW2 did not act in accordance with accepted medical practice, as laid down in ***Bolam v Friern Hospital Management Committee,***[1957] 2 All.E.R 118 and referred to by both counsel in their respective closing submissions.

15. In ***R v Bateman***,(1925) 94 L.J.K.B. 791 at pg 794 as cited in ***Michael Jones, Medical Negligence,***(3rd Ed,2003) Lord Hewart C.J. at pg 794 said:

> *The doctor 'owes a duty to the patient to use diligence, care, knowledge, skill and caution in administering the treatment…. The jury should not exact the highest, or a very high, standard, nor should they be content with a very low standard.* ***The law requires a fair and reasonable standard of care and compe****tence.'*(emphasis added)

16. In ***Kumari v Taoi,***[2005] FJHC 347 Finnigan J stated:

> ***I am bound to hold that every person who enters into the medical profession undertakes to bring to the exercise of it a reasonable degree of care and skill,that is a fair reasonable and competent degree of skill. I take reasonable skill to be skill that reasonable according to the standards of what the profession does in a given situation. The course I believe I must adopt, so long as there is evidence, is to consider what the profession does in a given situation and then determine for myself what the reasonable doctor would have done****.*(emphasis added)

17. Gates J(as he then was) in ***Shah v Narayan,***[2003] FJHC 340 cited Lord Scarman in ***Maynard v West Midlands Reginal Health Authority,***[1984] 1 WLR 634 at p 639 as follows;

> *..**For in the realm of diagnosis and treatment negligence is not established by preferring one body of professional opinion to another**.* ***Failure to exercise the ordinary skill of a*** *doctor (in the appropriate speciality, if he be a specialist)* ***is necessary.*** .(emphasis added)

And concluded:

> ***Ultimately it will be for the court to decide if the doctor had reached a defensible conclusion****.*(emphasis added)

18. In my view, this Court is entitled to draw the reasonable inference, that the failure of the two medical attendants of the SHC to prescribe medication to lower the plaintiff's CBG, given his high readings, led to the deterioration of his condition which resulted in the amputation.

19. I find and hold that DW1 and DW2 were negligent.

20. The statement of claim alleges that on 22nd July,2013, his wound "*on the amputated right toes burst open*" and he was admitted to the CWM hospital again, due to the negligence of the servants of the defendants and the resulting amputation, as he was not properly treated. In cross-examination, the plaintiff admitted that on 22nd July,2013, his big toe burst open, not his "*amputated right toes*", as averred in his statement of claim, which he said was a typing error. It follows that this allegation cannot stand.

21. The plaintiff claims $ 10,000 for general damages for pain and suffering;$ 5,000 for loss of amenities; $36,800 for loss of earnings and reduction of earning capacity and $2000 as cost of future care.

22. The plaintiff's medical report of 27th December,2012, by Dr McCaig of the CWM hospital provides that he has a physical impairment of 8%.

23. The plaintiff has undergone pain and suffering. On 29th March,2012, DW3 found that his foot was swollen,red, discharging pus and smelling He underwent surgery on 29th March,2012, and was discharged on 5th April,2012. The plaintiff said that the amputation increased his pain. He testified that after being discharged, he could not walk properly and was confined to bed. His wife assisted him to go to the washroom. His social life is affected, and he cannot walk long distances. He walks with the aid of crutches. He cannot stand for long. With respect to loss of amenities, damages must also compensate the plaintiff for no longer being able to do the things he was accustomed to do.

24. In the light of the principles applicable to assessing damages, I assess the general damages for pain and suffering in the circumstances of this case at $15,000.00(fifteen thousand dollars).

25. The plaintiff claims that due to the negligence of DW1 and DW2, he was terminated from work as a bus driver and exempted from driving public service vehicles. He cannot find gainful employment due to his inability.

26. The plaintiff has lost his employment. He is no longer capable of driving a bus. He produced his letter of termination of 15th April,2012, and letter from the CentEast Health Service to the LTA recommending the revocation of his license as a bus driver.

27. The plaintiff claims loss of future earnings and reduction of earning capacity. He said that he was earning $200 a week as a bus driver. His earnings were not disputed.

28. Taking into account that in 2012, he was 49 years, his claim for past earnings from 2012 to 2015,(which I allow) and contingencies that may have arisen in his remaining period of work till he reached the age of 55 years, in my view, a multiplier of 1 is appropriate.

29. I award a sum of $10,400.00($200 x 52 weeks x1) as loss of future earnings.

30. I do not accept the plaintiff's evidence that he requires care. The claim is declined.

31. The plaintiff, in his statement of claim seeks as special damages, the following: $500 as transport expenses, $29600.00 as loss of earnings and $800 for medical treatment.

32. The plaintiff claims travelling expenses, in respect of visits made to SHC and CWM hospital. He said that the taxi fare cost $ 4 from his home in Bureta Street to SHC and $10 to CWM hospital. The number of visits was disputed in cross-examination.

33. Despite the absence of any documentary evidence to support the claim and given that receipts are not issued by taxi drivers, I hold the plaintiff is entitled to expenses reasonably incurred in respect of visits made to SHC and to CWM in a sum of $ 100.

34. I disallow the expenses claimed for medication purchased, since no satisfactory evidence was adduced in support. The claim for crutches has not been particularized.

35. In Mahendra ***Naidu and Ravindra Patel*** C.A. No. 105/197999 (West Div) it was stated:

> *No receipt or evidence has been tendered to show that hospital fees amounted to $50.00 and I do not accept that figure. I am unable to guess what it would be and I do not allow it.As Lord Goddard and the F.C.A. have pointed out claimants are expected to call evidence supporting their claims.*

36. I allow his claim for past earnings from 15th April, 2012, to 24 March,2015(date of service of writ) in a sum of $ 29600 .

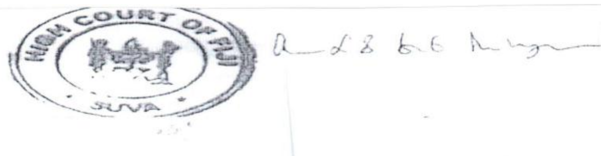
37. The plaintiff has claimed interest. In the exercise of my discretion under section 3 of the Law Reform (Miscellaneous) (Interest) Act, I award interest at 6% per annum on general damages of $15,000.00 from the date of service of writ to date of trial(12th September,2017) and 3% per annum on special damages of $ 29700.00 from 22nd March,2012 to date of trial.

38. ***Orders***

The total sum awarded to the plaintiff as damages is $ 62250.50 made up as follows:

a.	General damages	15,000.00
b.	Interest on general damages	2250.00
c.	Special damages	29700.00
d.	Interest on special damages	4900.50
e.	Future earnings	10400.00
	Total	$ 62250.50

There will therefore be judgment for the plaintiff against the defendants in the sum of $62250.50 together with a sum of $ 2500 payable by the defendants to the plaintiff as costs summarily assessed.



A.L.B.Brito-Mutunayagam

Judge
27th November, 2017