



[2024] IEHC 357

[Record No. 2021/4833P]

List No. PI 19903 CK

THE HIGH COURT

BETWEEN

WENDY KEENAN

PLAINTIFF

AND

FERGUS O'CALLAGHAN

DEFENDANT

JUDGMENT of Mr Justice Paul Coffey delivered on the 18th day of June 2024.

1. Born on 8 October 1987, the plaintiff is a married woman with four children who, prior to the matters complained of in these proceedings, worked as a part-time cleaner receiving the minimum wage. Her claim for damages arises from a road traffic accident which occurred on 17 February 2007 on the roundabout in Farranree in Cork City when it is admitted that the defendant negligently drove onto the roundabout and into the path of the plaintiff's oncoming car, thereby striking its front passenger side and causing injuries to her. The case therefore comes before the court for assessment of damages only, the issue being the nature and extent

of the injuries that were sustained by the plaintiff and the values to be assigned to all consequent claims that arise from the findings of fact made by this Court.

Background and factual summary

2. It is agreed that the force of the impact was light to moderate and that its trajectory was from side to side such that it caused the plaintiff to sustain a twisting motion to her spine together with a deceleration injury by way of hyperextension and hyperflexion of her neck.

3. Whereas the defendant contends that the plaintiff merely suffered a minor to moderate whiplash injury to her neck, the plaintiff's case is that the collision caused her to sustain injuries to her spine and neck that have brought on a suite of complaints and symptoms of both a physical and psychological nature which have very significantly impacted on her daily living, functioning and enjoyment of life from the date of injury to present.

4. The plaintiff's case is that the trauma of the collision caused her to sustain injuries to her cervical, thoracic and lumbar spine which have precipitated chronic cervicogenic pain from facet joints in her neck together with chronic pain in the area of her anterior chest wall, the neck symptoms being the more debilitating and the most persistent of all her symptoms. The plaintiff further contends that the trauma of the accident rendered symptomatic an underlying but previously asymptomatic congenital Chiari malformation, a condition whereby the cerebellar tonsils in the lower part of the cerebellum descend into the spinal canal through the opening in the base of the skull which when traumatised can lead to compression of the brain stem and spinal cord thereby bringing on very painful pressure headaches. The plaintiff maintains that by causing the herniated cerebellar tonsils to compress further on the brain and spinal cord, the trauma of the accident caused her to develop chronic pressure headaches which escalated in their intensity such that by 2019, any movement caused excruciating pressure pain in her head, a pain which continued until 18 August 2020, when she underwent major surgery

to create more space around the cerebellum in order to relieve the pressure on her brain and spinal cord.

5. The plaintiff attended her general practitioner immediately after the accident when she was recorded as reporting symptoms of left-sided pain in her neck and arm. On 22 February 2017, her GP noted her pain to be “severe”. In her evidence, the plaintiff stated that she also developed headaches after the accident. When examined on 5 April 2017, the plaintiff’s pain in her neck and shoulder was persisting and she reported a headache over the left side of her neck and posterior left scalp. On that occasion the plaintiff described the headache to her general practitioner as being “intermittent” but lasting “for hours”, while also being “intense” and involving “sharp pain, (and) throbbing”.

6. Arising from her reporting of persisting neck pain, the plaintiff was referred for an MRI scan which was carried out on 3 July 2017 which was reported as showing a Chiari 1 malformation. Arising from this finding, the plaintiff was referred by her GP to Mr Chris Lim, Consultant Neurosurgeon who saw her on 24 July 2017. At that stage, she had experienced a few episodes of numbness on the left side of her face and complained of pulsing pain and headaches. Mr Lim’s opinion was that it was “difficult to say” if the accident had brought on her symptoms and he organised a CSF flow study to the cranial-cervical junction to see if there was any abnormality in the flow of cerebral fluid. The CSF study was carried out in 2017 and was initially reported as normal, however, when subsequently reviewed by a different neuroradiologist, the scan was found to disclose evidence of abnormality.

7. By March of 2019, the plaintiff had become frustrated with the lack of progress she was making and began attending her husband’s general practitioner, Dr Nixon, because she felt her previous GP “was not listening to her” and did not understand her level of pain. On 28 May 2019, Dr Nixon referred her to Dr Simon Cronin, Consultant Neurologist to whom the plaintiff

described headache, burning shoulder pains, facial numbness, left facial paraesthesia, left sided facial pain and abnormality in her tongue. She reported daily “8/10 headache with nausea”.

8. The plaintiff was thereafter referred by her general practitioner to Dr Donal Harney, Consultant Specialist in Pain Management who saw her on 7 May 2019. He was of the view that most of her symptoms were in the distribution of left sided facet joints at C2/C7 and that she also had tenderness over the left great occipital nerve. He indicated an intention to perform diagnostic facet joint blocks at the relevant sources of suspected pain together with pulsed radiofrequency lesioning to the occipital nerve.

9. The plaintiff was subsequently referred by her GP to Professor Dominic Hegarty, Consultant Pain Specialist who saw her on 13 August 2019 and to whom she gave a history of left sided cervicogenic pain which had persisted from the date of the accident. Using diagnostic facet joint blocks, Professor Hegarty diagnosed the pain to be of a neuropathic nature caused by damage to her cervical facet joints at C2/C3 to which he attributed her complaints and symptoms of pain in her scalp, facial area, shoulder together with pins and needles, burning and hypersensitivity in her hand. In his oral evidence, Professor Hegarty indicated that at that initial consultation the plaintiff further presented with anterior chest wall and lower back pain. The plaintiff, under cross-examination, confirmed the presence of these symptoms prior to her attendance at her initial appointment with Professor Hegarty. The initial correspondence to Dr Nixon from Professor Hegarty dated 13 August 2019, notes the presence of said lower back pain but identifies the headaches, neck, and upper limb pain to be the primary focus for treatment at that juncture. The plaintiff also reported daily headaches to Professor Hegarty, the nature of which he did not note.

10. On 5 November 2019, the plaintiff was reviewed by Professor Hegarty and reported great improvement over the previous summer insofar as a lot of her ear pain, facial pain and occipital territory pain had been resolved for several weeks, albeit that the pain had begun to

reappear late in September. When further reviewed on 28 January 2020, the plaintiff reported significant improvement in respect of the symptoms to her face, ear and the lateral aspect of her neck following diligent work with her physiotherapist and further denervation therapy. However, she further complained of ongoing anterior chest wall pain, at a level that Professor Hegarty noted corresponded with the strap of her safety belt from the time of the accident. Professor Hegarty considered that the reporting of anterior chest wall pain, after the initial complaint solely relating to her left neck and arm, was in line with the pattern of these injuries, particularly the sequence of multi-focal sources of pain. He noted that her headache pattern had improved but that sometimes her headache was “positional”. Following the assessment, he denervated facet joints in the thoracic area of her spine and the anterior sternum area.

11. Following a referral from her GP, the plaintiff saw Professor Donnacha O’Brien, Consultant Neurosurgeon on 30 March 2020 who found clear evidence of impulse type headaches on coughing, sneezing and going to the toilet. At that stage, she was overwhelmed with headaches. Having considered her prior MRI scans and her clinical presentation, Professor O’Brien found clear and obvious evidence of brain stem compression, as referenced in his letter to Dr Dixon dated 30 March 2020, which indicated a need for a surgical decompression which he carried out on 18 August 2020.

12. The surgery undertaken by the plaintiff was invasive, complex, very painful and inherently risky. A photograph taken of the plaintiff after surgery was produced in evidence and graphically conveys the seriousness of the operation that was carried out. The surgical procedure was described by Professor O’Sullivan in his evidence. It involved making an incision from the middle of the back of her head down to the middle of the back of her neck, the dissection of muscle to a depth of 8cm, the removal of a 3 x 3 cm portion of the skull and involved the stretching of occipital nerves. Following the operation, the plaintiff was symptom free for about ten weeks and was found to have come on “tremendously” by Professor Hegarty

when he saw her on 16 April 2020. In her evidence, the plaintiff accepted that she had an excellent result from the decompression surgery which she said completely relieved the sense of pressure in her head.

13. By October 2020, the plaintiff had reported that the terrible pressure which she had previously experienced in her head had been resolved and at that stage she was off all pain relief which she had been taking for many years. She was, however, referred for further physiotherapy. On 11 January 2021 Professor O'Brien noted that she had a "rough couple of weeks over Christmas" but that her symptoms had settled down. By 18 January 2020, it was noted that her thoracic pain had returned for which she had received thoracic joint injections. By 3 February 2021, it was noted that suboccipital non-pressure headaches had returned.

14. While the surgery was wholly effective in eliminating the pressure symptoms in the plaintiff's head and the associated headaches from which she had suffered, the plaintiff has continued to suffer from chronic left sided cervicogenic pain and chronic anterior chest wall pain which is continuing. The plaintiff's evidence was that she can "work through" the background pain that arises both from her neck and thoracic spine but that she is subject to recurring, sporadic and therefore unpredictable flare-ups which when they occur inflict pain so bad that she cannot function.

15. Since coming under the care of Professor Hegarty on 13 August 2019, the plaintiff has been treated with denervation therapy by way of targeted injections to her neck and thoracic spine, only three of which can be administered every year, each one of which gives relief for diminishing periods of less than six months but usually more than three months. For this reason, Professor Hegarty has recommended the insertion of a spinal cord stimulator to better control her pain symptoms so that her susceptibility to flare-ups is either eliminated or minimised on a long term basis. The plaintiff also self-medicates with anti-inflammatories, analgesics and strong opioids.

16. The plaintiff has also manifested psychological complaints and symptoms which her treating consultant psychiatrist, Dr O’Leary, attributes to an adjustment disorder which she primarily associates with the chronic pain the plaintiff has suffered from date of injury, together with her sense of guilt at not being available either physically or emotionally for her family and her children, and especially a vulnerable son who has ADHD.

17. In addition to general damages for pain and suffering, the plaintiff claims agreed special damages for past outlays in the sum of €20,009, the cost of the insertion of a spinal cord stimulator together with the cost of battery replacements on a ten year basis for life in the sum of €98,100, past loss of earnings from 20 February 2017 to the date of trial in the sum of €92,869 (including €5,892 in interest pursuant to s. 22 of the Courts Act 1981), and future loss of earnings for one year in the sum of €14,196.

18. Her claim for loss of earnings to date and for a year into the future is predicated on her assertion that she was due to return to work as a parttime cleaner on 20 February 2017 following a previous road traffic accident which occurred on 9 December 2016. The plaintiff’s evidence is that her injuries incapacitated her from all physical work including the cleaning that she did prior to the accident and that they have further rendered her uncompetitive even for sedentary work into the future unless she has a spinal cord stimulator inserted to either eliminate or significantly reduce her susceptibility to flare-ups. The vocational assessors called by both parties gave evidence to the effect that she is currently unfit for physical work and uncompetitive for sedentary work but that if she has a spinal cord stimulator fitted to eliminate or minimise her susceptibility to flare-ups and completes a nine month course in office administration that is available to her in Cork which will finish next May, she will be competitive for office work as a receptionist or office worker from June of next year.

Issues to be decided

19. The contested part of the case relates to the following issues: -

- (1) the plaintiff asserts that she was due to return to work on 20 February 2017 but could not do so because of the injuries she sustained in the index event. The defendant contends that there is no independent proof that she was due to return on 20 February 2017 and further contends that her injuries, albeit left sided, merely exacerbated the right sided injuries she sustained in the previous road traffic accident of 9 December 2016;
- (2) the plaintiff contends that the injury to her cervical spine caused her underlying congenital Chiari malformation to become symptomatic, causing her to become overwhelmed with chronic, excruciating and debilitating pressure headaches which required a surgical decompression which was carried out by Professor Donnacha O'Brien at Beaumont Hospital on 18 August 2020. The causal connection between the trauma of the accident and the onset of Chiari symptoms is wholly supported by the plaintiff's treating consultant neurosurgeon, Professor O'Brien, and is further supported but subject to caveats by the defendant's expert, Professor Michael O'Sullivan, Consultant Neurosurgeon;
- (3) the plaintiff contends that the accident caused her to suffer whiplash type soft tissue damage to her neck together with damage to the cervical facet joints at C2/3 which has caused her to suffer chronic left sided cervicogenic pain which is continuing, a diagnosis that was made by the plaintiff's treating pain specialist, Professor Hegarty, following the use of diagnostic injections. The defendant did not call a pain specialist but contends through the medical experts that were called on his behalf that the injury is more in keeping with a soft tissue whiplash injury to the neck. The defendant's medical expert, Professor O'Sullivan, accepted that the injury was compounded by the invasive nature of the decompression surgery that was performed in August 2020 which he said would have caused significant

residual pain for a long period. However, when cross-examined, Professor O'Sullivan, accepted that he had "no issue" with Professor Hegarty's diagnosis of neuropathic pain from the facet joints and deferred to his expertise on that issue;

- (4) the plaintiff contends that the accident caused her to suffer chronic anterior chest wall pain which she stated in evidence began months before she first reported it to her treating pain specialist Professor Hegarty in August of 2019. Professor Hegarty attributes her chronic pain to the trauma of the accident because it is at the level of T11/12 which corresponds to the strap of her safety belt. He also gave evidence that the intensity of her headaches and cervicogenic pain would have initially obscured the presence of the pain coming from her thoracic spine. Mr Mulcahy, dismissed any possibility of any causal connection between the trauma of the accident and her chest pain on the basis that if there was a direct impact to her chest from her seatbelt, he would have expected the immediate onset of symptoms;
- (5) the plaintiff contends that she suffered an injury to her lower back which on occasion has caused her to feel weakness in her left leg which her treating pain specialist Professor Hegarty attributes to a twisting/acceleration injury to her lumbar spine. Mr Mulcahy gave evidence that there was unlikely to be a causal relationship between the accident and the lower back symptoms which first manifested in 2018;
- (6) the plaintiff contends that the unrelenting pain that she has suffered from date of injury has caused her to suffer an adjustment disorder which was diagnosed by her treating psychiatrist, Dr Marie O'Leary. This claim was interrogated by the defendant but only to the extent that the defendant sought to attribute the

plaintiff's psychological suffering in part to anxiety and insomnia that she had been complaining of to her GP after the road traffic accident on 9 December 2016 but before the occurrence of the index event;

- (7) assuming without deciding that this court finds that the plaintiff was due to return to work as a part-time cleaner on 20 February 2017, the plaintiff claims loss of earnings to the date of trial on the basis that her injuries incapacitated her from doing any physical work and further rendered her uncompetitive for sedentary work due to the fact that she became susceptible to sporadic but debilitating flare-ups after she had recovered from her decompression surgery. Relying on the evidence of Professor O'Brien who stated there was no medical reason why the plaintiff could not have returned to sedentary work following her recovery from the decompression surgery which was performed in 2020, the defendant contends that the plaintiff's claim for loss of earnings should either be limited to a shorter period or at least to the period from 20 February 2017 to around February 2021 when it is suggested that the plaintiff should have recovered from her decompression surgery;
- (8) the plaintiff further claims future loss of earnings to May 2025 and/or for each further year that the court finds that the plaintiff is likely to be out of work because of her injuries. Although she obtained an excellent result from her decompression surgery which relieved her pressure headaches, the plaintiff contends that her residual chronic cervicogenic complaints and symptoms are subject to flare-ups which are so intense and debilitating that she cannot return even to sedentary work unless, as recommended by her treating pain specialist, Professor Hegarty, she has a spinal cord stimulator inserted in her spine and is retrained for office work. It is common case that if the plaintiff attends a course in office administration

which is available to her in Cork beginning this Autumn and finishing next May, she will be able to replace the income she has lost doing a sedentary job as a receptionist or as an office worker. The plaintiff therefore claims loss of earnings from 20 February 2017 to the date of trial, the cost of the insertion of a spinal cord stimulator and the cost of battery and other replacements on a ten year basis for life and future loss of earnings for one year until June of next year. Relying on the fact that the plaintiff has not done so to date, the defendant contends that the plaintiff will not undergo the procedure for the insertion of a spinal cord stimulator, and further contends that the plaintiff's claim for loss of earnings should at least be limited to the period from 20 February 2017 to February 2021.

Findings of fact

20. It is a striking feature of this case that the plaintiff, who I find to be a very genuine and honest witness, is wholly supported by all her treating doctors. Professor O'Brien stated that the plaintiff has been "plagued" with symptoms as a consequence of the index event and that it has had a "very negative affect on her". His conclusion is that overall she has had "a terrible time". Dr O'Leary has described the plaintiff as being very genuine and very distressed at the fact that she was not believed by the doctors who initially treated her as to the severity of her pain. Professor Hegarty gave unqualified evidence that he believed that "all" of the plaintiff's symptoms were caused by the trauma of the index event.

21. I find as a fact that such injuries as were sustained by the plaintiff in the index event were not caused by way of exacerbation of injuries that the plaintiff sustained in the road traffic accident of 9 September 2016. I have arrived at this conclusion primarily because the injuries that were sustained in the earlier accident were to the right clavicle and to the right side of the neck which were unaffected by the trauma of the index event which caused left sided injuries to the plaintiff's neck and shoulder. No less significantly, the trauma of the previous accident

did not cause the plaintiff to develop the headaches which it is alleged led to the need for decompression surgery in August of 2020. I further accept the plaintiff's assertion that she was due to return to her previous work on 20 February 2017 and make this finding because of its inherent probability having regard to the plaintiff's credibility, her previous work record (whereby she had worked continuously from leaving school) and the relatively minor injuries that she sustained in the previous road traffic accident.

22. I find that the trauma to the plaintiff's cervical spine caused her underlying but previously asymptomatic congenital Chiari malformation to become symptomatic such that she developed chronic, excruciating and debilitating pressure headaches which were only relieved when she underwent decompression surgery in August 2020. I arrive at this conclusion for the following reasons: -

- (1) it is common case that the plaintiff had a significant and very extensive underlying congenital Chiari malformation such that the cerebellar tonsils were highly vulnerable to trauma in the event of the plaintiff sustaining a hyper flexion and hyperextension injury due to the tightness of the space in which the relevant anatomy is located;
- (2) it is not in dispute that shortly after the accident the plaintiff developed headaches which became chronic, and which thereafter escalated in their intensity;
- (3) although she did not initially report headaches that can be properly characterised as "impulse" headaches (which I accept is the signature symptom of a symptomatic Chiari malformation), the plaintiff was recorded on 5 April 2017 as reporting headaches that "lasted hours" which Professor O'Brien stated in his evidence was "entirely in keeping" with a symptomatic Chiari malformation because it was consistent with pressure in the brain going up and staying up for hours afterwards;

- (4) whilst I must have regard to the fact that impulse headaches do not appear to have been elicited from the plaintiff by Mr Lim (who saw the plaintiff in July 2017 and March 2018) or by Professor Cronin (who saw her in May 2019), I must also have regard to the fact that neither expert gave evidence to this Court or appear in their relevant letters or reports to expressly address the issue of whether the plaintiff had or had not reported impulse headaches or indeed to expressly discount the presence of such headaches. I therefore draw no inference from their silence on this issue;
- (5) although it is far from determinative, it is nonetheless not without relevance that the CSF study which was carried out in 2017 was reviewed and that upon review, it was found to disclose evidence of abnormal cerebral fluid flow which Professor O’Sullivan accepted was secondary to Chiari malformation;
- (6) I accept Professor O’Brien’s evidence that when he first saw the plaintiff in March of 2020, he did so in the context of the plaintiff having “ongoing” impulse headaches which are therefore likely to have been going on for some time such that they are likely to have been present in 2019. Professor O’Sullivan accepted both in his final report and in his evidence to the court that if the plaintiff did manifest impulse headaches which were particularly problematic in 2019, on the balance of probabilities the accident precipitated the relevant headache secondary to the Chiari 1 malformation.

23. For the reasons given by Professor Hegarty, I am satisfied that the trauma of the road traffic accident caused damage to the plaintiff’s cervical facet joints which have caused her to develop chronic left sided cervicogenic pain, which is likely to continue indefinitely into the future. Whilst I accept that the plaintiff was otherwise medically fit to return to sedentary work after she recovered from her decompression surgery, I also accept that in or about that time she

became susceptible to flare-ups or acute episodes of neuropathic pain in the nerve distribution of the relevant cervical facet joints such that they have rendered the plaintiff uncompetitive even for sedentary work unless her symptoms are better controlled. I accept the plaintiff's evidence that she will undergo a procedure for the insertion of a spinal cord stimulator, as she manifestly believes that it is the only way of moving forward to try and get more relief. I further accept, for the reasons given by Professor Hegarty, that a spinal cord stimulator, if inserted in the plaintiff's back, is likely to better control, if not eliminate the plaintiff's flare-ups such that she will be able to return to at least sedentary work. I further accept that if she is fitted with a spinal cord stimulator and undergoes a course in office administration, she will be competitive for sedentary employment as of June 2025.

24. I am satisfied that the plaintiff suffered an adjustment disorder in response to the chronic and unrelenting pain that she was subjected to following the accident. I do not find that the anxiety and insomnia that she was reporting to her GP and suffering from in December of 2016 was a material contributing factor to her adjustment disorder which I wholly attribute to the trauma of the index event.

25. For the reasons given by Professor Hegarty, Consultant Orthopaedic Surgeon, I am satisfied that the plaintiff's chronic anterior chest wall pain is related to the trauma of the accident. I am also satisfied, however, that for the reasons given by Mr Mulcahy, there is no evidential basis to connect the trauma of the accident and the onset of the symptoms that the plaintiff subsequently manifested in her lower limbs. In fairness to the plaintiff, she attributed her inability to stand to the pressure in her head and also accepted in her evidence that her lower limb problems related to problems she had in the womb area and with her bowel.

Award

26. This case falls to be decided under the Book of Quantum (2016 ed.) whereunder a court when assessing general damages for personal injury is obliged to have regard to the Book of

Quantum insofar as it may be applicable, whilst at all times adhering to the principles for the assessment of awards for damages for personal injuries as determined by the Superior Courts. At their core, these principles require the trial judge to arrive at an award that is fair to all parties and proportionate to the maximum and equivalent awards available under the Book of Quantum and to awards made by the courts where directly comparable.

27. Having had regard to the Book of Quantum, I am satisfied that it can offer little or no useful guidance in this case because of the plaintiff's most unusual injury profile. I must nonetheless measure an award which is both fair to the parties and proportionate.

28. As stated by Professor O'Brien in his final report, the plaintiff has been "plagued" with symptoms as a consequence of her road traffic accident which has had a "very negative" effect on her. As further stated by Professor O'Brien in the same report, the plaintiff has done her very best in terms of rehabilitation and done everything that has been asked of her by her healthcare professionals by way of physiotherapy, injections, oral medication, neurosurgery, repeated scans, visits to the emergency department and to neurosurgery in Dublin.

29. I am satisfied that the suffering that the plaintiff has manifested from date of injury has been relentless and utterly demoralising consisting of chronic headaches, waxing and waning cervicogenic pain and to a lesser extent chronic pain in or about her chest. I accept that the pressure headaches that the plaintiff suffered until she underwent major neurosurgery in Dublin in August 2020 were both excruciating and debilitating. In particular, I accept that the surgery that was required was on any view so daunting in prospect that the plaintiff would not have undertaken it unless her suffering was commensurately unbearable. Although her pressure headaches resolved following surgery, the plaintiff continues to be subject to relatively low grade chronic pain from her neck and chest, a pain which is kept at bay by denervation therapy whereby she is required to subject herself to painful injections on a periodic basis from 2020

to date. She remains susceptible to flare-ups which come on sporadically and which when they occur deprive her of the ability to function.

30. I must also have regard to the effect the plaintiff's suffering has had on her functioning and ability to participate both in family life and the workplace. It seems to me that on any fair assessment, the effects of the road traffic accident have had a significantly detrimental effect on the plaintiff at a critical phase in her life when she should be enjoying her young family in the prime of her adulthood. These are years that she will not get back and years when she should have been enjoying life with her husband and children and out in the wider world. I must also measure a sum for future pain and suffering to take account of the fact that the plaintiff's cervicogenic and chest pain is chronic and likely to continue unless better controlled in the future. However, I must take account of the fact that in allowing for a substantial sum for the insertion of a spinal cord stimulator together with battery replacement on a ten year basis for life, her ongoing chronic pain is likely to be greatly reduced if not eliminated by the insertion of the device, albeit that a risk remains that it simply will not work for the plaintiff.

31. Whilst I must have regard to the plaintiff's global suffering, I must also be mindful of measuring a sum of general damages that is proportionate to the maximum and equivalent awards available under the guidelines and to awards made by the courts which are comparable.

32. To take account of all the plaintiff's suffering to date and into the future, I measure a total sum of €110,000 being €85,000 for pain and suffering to date and €25,000 for pain and suffering into the future.

33. Consequent upon my findings as to fact, I will allow the following amounts by way of special damages: -

(1) agreed special damages in the sum of €20,009;

(2) loss of earnings from 20 February 2017 to the date of trial in the sum of €92,869 (including €5,892 in interest pursuant to s. 22 of the Courts Act 1981);

(3) future loss of earnings from the date of trial for one year in the sum of €14,196;

(4) the cost of a spinal cord stimulator for life in the sum of €98,100.

34. There will therefore be judgment for the plaintiff in the sum of €335,174.