

SOUTH AFRICA / JUDGMENT

S.M v Road Accident Fund (893/09) [2017] ZAECMHC 13 (13 June 2017)

[2017] ZAECMHC 13

COURT

Eastern Cape High Court, Mthatha

BEFORE

Z.M. Nhlangulela

CASE / FILE NUMBER

893/09

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IN THE HIGH COURT

OF SOUTH AFRICA Not

Reportable

[EASTERN

CAPE LOCAL DIVISION, MTHATHA]

CASE

NO: 893/09

Delivered on: 13/06/17
In

the matter between: S
M
Plaintiff
and
ROAD
ACCIDENT FUND
Respondent

JUDGMENT

NHLANGULELA DJP:

- [1] The plaintiff was 12 years old when he was involved in a motor vehicle accident on 10 July 2006 as a passenger in a private motor vehicle driven by his cousin on a public road in Libode, Eastern Cape. He thereafter sued the Road Accident Fund, at the time duly assisted by his mother. He has since attained the age of majority, hence the presentation of the claim in his name.
- [2] Although the plaintiff claimed for damages under various heads, as predicated on the injuries he sustained in the accident, in terms of the Road Accident Fund (Transitional Provisions) Act 15 of 2012 (the Act) this Court is only called upon to adjudicate a claim for future loss of income capped as set out in s 17 (4)(c) of the Act. If the plaintiff succeeds in his claim an award in the sum of R12 000 000,00 will be made in his favour.
- [3] It bears mentioning that the merits of the plaintiff have since been conceded by the defendant.
- [4] It is common cause that the plaintiff sustained, inter alia, head injuries from the accident. The main issues raised at the trial concern the extent of the brain injury sustained by the plaintiff and what his income will be having regard to his brain injury. The onus of proving the quantum of damages lay on the plaintiff.
- [5] Both parties relied on the evidence of expert witnesses to establish their respective contentions. The plaintiff's expert witnesses who testified at the trial were:
 - (a) Dr Rosanne Hardy, a Neuropsychologist;
 - (b) Dr Gideon de Kock, an Industrial Psychologist;
 - (c) Ms Felicity Van Vuuren, an Educational Psychologist; and
 - (d) Dr Johan Williamson, a Neurosurgeon.
- [6] The defendant's expert witnesses who testified at the trial were:
 - (a) Mr Larry Loebenstein, a Clinical Psychologist;
 - (b) Dr C.F. Kieck, a Neurosurgeon; and
 - (c) Mr Jean Du Randt, an Industrial Psychologist.
- [7] All the expert witnesses agree to the correctness of the following facts: The plaintiff was 12 and 6 months years of age when he met the accident. He was a scholar doing grade 7. After the occurrence of the accident he was transported to Mthatha General Hospital where he was admitted and treated until he was discharged on 21 July 2006.

- [8] The plaintiff's case is that he sustained injuries that are described as a rupture of the spleen; general guarding and tenderness of the abdomen; tenderness of the back; abrasions/laceration on the arm; laceration on the left aspect of the left eye; cuts on the left parietal area of the head; long and ugly laparotomy scar; loss of consciousness; and Post Traumatic Amnesia. It is not in dispute that the head injury suffered by the plaintiff is medically described as Traumatic Brain Injury (TBI).
- [9] The extent of the TBI is in dispute. In essence, the plaintiff's case is that he sustained a mild to moderate head injury with cognitive impairments resulting in him being unable to reach his pre-morbid potential of qualifying as an Actuary. The

defendant's case, to the contrary, is that the plaintiff merely sustained an uncomplicated mild traumatic brain injury (minor

concussion) which should have no consequences at all.

- [10] In the context of academic record, the plaintiff seeks compensation for loss of future income on the alleged basis that had the accident not occurred that caused him permanent brain injuries he would not lose a future career as an Actuary together with remuneration associated with it. The evidence placed before the Court is that the plaintiff comes from an academically successful family, he himself having passed his classes at school, before the accident, with flying colours so much so that he found it fitting to choose a career path in actuarial or accounting sciences. He excelled in the subjects of mathematics and accountancy and he had earned special awards and national recognition by South African Insurance Association. The available school reports show in that 2007, after eleven months of his detention in the hospital, he passed grade 8 with 58.4% aggregate; in 2009 he passed grade 10 with 69% aggregate; and in 2011 he passed matric with 78% aggregate. In pursuit of his long held aspirations for a career in Actuarial Science, in 2012 he enrolled at the University of Pretoria (UP) to study towards a degree in BSc in Actuarial and Financial Mathematics. But his record of academic excellence tumbled as his cumulative weighted average for the first year was 57.07%. In 2013, he continued to second year and passed two remaining first year subjects, but failed all his second year subjects, but one. His cumulative weighted average was 52.73%. In 2014, he passed only three second year subjects at the cumulative weighted average of 44.80%. In 2015, he did a combination of second and third year subjects, achieving an even lesser cumulative weighted average of 44.18%. The degree for which he registered in 2012 normally takes three years to complete without repeats. In addition, the plaintiff would have to attain a satisfactory level of work based skills over six more years. So, to become Fellow of Actuarial Society the plaintiff would have to undergo preparation for a period of nine years.
- [11] Although the academic background that is sketched out above is common cause; its explanation against the injuries sustained by the plaintiff is not. Whereas the expert witnesses for the plaintiff contend that there is a connection between the academic

decline of the plaintiff to the accident, those for the defendant refute that connection in the strongest possible terms. I next deal with the contradictory versions that have been proffered in evidence by both sides.

[12] Dr Hardy, a female person, testified that the defendant sustained a mild to moderate traumatic brain injury, not mild uncomplicated head injury as suggested by Dr Loebenstein in his report filed of court. She based her expert opinion on the hospital records that show that the Glasgow Comma Scale (GSC) reading of 15/15 that had earlier on been recorded by the nursing staff who received the plaintiff from the scene of accident later on dropped to 11/15 due to the ruptured spleen of the defendant that required an operation (splenectomy). She stated further that the Post Traumatic Amnesia over several hours that was observed from the defendant, the laceration to the plaintiff's left eye and a blunt chest trauma were fairly severe injuries that account for a mild to moderate head injury. In the neuro-psychological tests she performed on the plaintiff to assess the extent of the head injury she found that although the plaintiff still had a high competence for academic achievement he displayed a significant inter-test scatter that showed a potential to do well but at the same time functioning poorly in executive test indicating a probability that he is more than likely to experience a fall-out on the demanding career tasks. She told the Court that the plaintiff did poorly on motor speed and fine motor tests; in one attention-concentration test he showed a superior performance, but dropping suddenly in travelling and trail tests; he scored both well and badly in Visual Perceptual Domain test; he scored a significant

variability on speech and language test; and he recorded an average score in the Memory Domain test. On the recent academic record the witness testified that the zig-zag scores reflect a compromise to the plaintiff's academic achievements due to the accident. For the reasons as aforementioned Dr Hardy agreed with the opinion expressed by Ms Van Vuuren and Dr de Kock that the plaintiff will not be able to practice actuarial science work successfully even if he does continue to pass his degree, engage in the requisite skills training and enter the labour market as an actuarial scientist.

[13] Ms Van Vuuren agrees with Dr Hardy that the plaintiff will not become an Actuary due to a drop in academic performance owing to the head injury he sustained in the accident and the neuro-psychological sequelae. She based this opinion on vigorous tests that she conducted and the poor results that came out of it. She conducted dynamic testing comprising the Raven Standard Progression Matrices to test plaintiff's non-verbal inductive problem solving reasoning in which a superior score of 80 – 95 in percentile was achieved; the WAIS Indexes tests in which superior range of scores were achieved by the plaintiff in verbal

comprehension index; Perceptual Organisation Index in which the plaintiff obtained a superior score on the ability to think, reason

and link; Working Memory Index testing incidental learning ability on which, yet again, a superior score was obtained. Ms Van Vuuren then concluded that the plaintiff can obtain the highest range of scores only when he is pushed to the limit, there is a huge gap between when the

plaintiff functions and when he can function under the best circumstances possible, plaintiff's intellectual and cognitive functioning is uneven, jagged and very inconsistent in the way that he performs given tasks and he is not trusting in himself and others. However, the plaintiff will always appear on the outside as a normal person and being backed by intact language abilities, albeit applying knowledge gained without speed. According to the witness, the plaintiff has deficits of perception, memory, concentration and information processing speed which are brain injury related.

[14] Dr Wilkinson told the Court that the plaintiff has a 20% whole person impairment, as demonstrated by Dr Hardy, which is a situation similar to 90% glass water that is full but not completely full because, on his own reasons, the head injury suffered by the plaintiff is a silent mild brain injury that has turned into a Traumatic Brain. He testified that, in his opinion, the history of injuries do confirm that the brain injury suffered by the plaintiff is not a mere concussion as he had a spleen injury, hypovolemic shock, facial palsy and conduction in the left ear deafness. He stated that poor concentration, somnolence, frequent headaches, decreased endurance, emotionally and physically, and the decline in academic progress are the features that are often associated with the effects of brain injury. He told the Court that the GCS reading of 15/15 is not reliable because it was not done during six hours after the accident, splenectomy was done one day after the accident instead of it being done in the same day when a proper GCS reading could have been done or an MRI/CT scan done to confirm the existence of traumatic brain injury.

[15] Dr de Kock's evidence is based on the medical records, medico-legal reports and supporting documents that informed the

opinions of the other expert witnesses for the plaintiff. He also dealt with information that derived from interviews he held with the plaintiff and his mother. Given the evidence of the expert witness Dr de Knock opined that the plaintiff's pre-morbid level of intellectual functioning was probably in the above average to superior range. He stated that owing to the accident the plaintiff was likely to have matriculated with university exemption, as he did, whereafter he probably would have pursued tertiary education at the degree level, as he is currently doing, which would have enabled him to compete at the skilled level in the open labour market until normal retirement age. However the head injury he sustained with associated loss of consciousness and a compromised cognitive functioning, he remained a candidate for training in sedentary occupations with complex cognitive demand that will require of him to exert extra effort when compared to non-injured individuals. In the event that the plaintiff qualifies as an actuary or works in an accounting field, he may be prone to committing errors when working under pressure and as a result will have to exert effort to ensure accuracy. Given the neuro-cognitive behavioural and physical sequelae of the head injury he sustained, the plaintiff should change his course towards accounting or economic sciences, but will be vulnerable to poor performance, disciplinary issues and possible dismissal or redundancy. The witness postulated two scenarios with regard to the plaintiff's income. The first scenario, in an uninjured state, the plaintiff would have enrolled for a BSc degree in Actuarial and Financial Mathematics for 3 – 4

years (2012 – 2015). Thereafter, in 2016 at the age of 23 years he probably would have entered the open labour market at the lower level Paterson C3. After about 3 years of service he probably would have been earning at the mean level of C3 (2019, age 26). Through further education, training and experience he would have progressed through the next levels of C4 (2022, age 29), C5 (2025, age 32) with three intervals, and through D1 (2029, age 36), D2 (2034, age 41), D3 (2040, age 47) and D4 (2047, age 54) with four, five, six and seven year intervals respectively. Thereafter, he would have received only inflationary increases until retirement at age 65 years.

[16] The second scenario, at the injured state, the plaintiff will probably pass his second year subjects but fail the third year

subjects in 2015, whereafter he will change course to BCom for two years (2016 – 2017). Thereafter, in 2018 at the age of 25 years he will probably enter the open labour market at the mean level of Paterson C2. After about three years of service he will probably be earning at the mean level of C3 (2021, age 28). Through further education, training and experience he is likely to progress through the next level of C4 (2025, age 32), C5 (2030, age 37), the next level of C4 (2025, age 32), C5 (2030, age

37) and D1 (2038, age 45), with four, five and eight year intervals respectively. Thereafter he will receive only inflationary increases until normal retirement at age 65 years. However, given his impairment of neuropsychological functioning, behavioural difficulties, and emotional distress he will be vulnerable to poor performance, disciplinary issues and possible dismissals or redundancy, thus a higher than normal contingency for unemployment or loss of promotion should be applied in the injured state. According to Dr de Kock since the plaintiff's abilities have declined it would be fair to compensate him for loss of post and future income.

[17] Generally, the cross examination of the plaintiff's expert witnesses turned on the defendant's case that the plaintiff's

injuries were superficial and, therefore, could not have translated to mild to moderate head injury; and let alone the existence of anoxic brain injury (secondary brain injury) as suggested by Dr Wilkinson. I proceed to recount the evidence of the defendant's

witness, Dr Kieck, on which the defendant's main version is based.

[18] Dr Kieck, a neurosurgeon like Dr Wilkinson, testified that the plaintiff sustained an uncomplicated brain injury that did not

involve damage to the neurons or to any other structure(s) of the brain, and which did not involve neuro-cognitive and/or psychological

sequelae. At the outset the witness pointed out that at the GCS score of 15/15 the plaintiff would have only sustained a concussion that manifest in sleep walking, talking at night, loss of concentration, forgetfulness, poor memory and dizziness, and frustration as reported by the plaintiff and his mother which are the symptoms that would all have cleared completely by the

end of three years from the date of accident. He based these opinions on the American Medical Association Guides on Impairment, 6th Edition. The thrust of these guides is that symptoms of mild to traumatic brain injury generally resolve in days to weeks and leaves

the patient with no impairment. According to Dr Kieck the symptoms that are associated with the plaintiff's injuries

continue to show beyond a short period of time will disappear completely by the end of three years. According to the witness

the plaintiff's symptoms as mentioned by the plaintiff's experts would not have a bearing on the injuries sustained by the plaintiff. The witness stated further that the abdominal laceration sustained by the plaintiff, which led to an exploratory

laparotomy that was conducted later on the date of accident and the splenectomy operation performed on the next day, are not medically

connected to TBI; and as such the plaintiff would not have experienced hypovolemic shock. In the circumstances, there was

no need to subject the plaintiff to MRI/CT scan as he did not have inter-cranial injury and the neurons were not disrupted.

[19] Asked to comment about the tests that were conducted by Dr Hardy, which proved that the plaintiff had neuro-cognitive and psychological

deficits that can only be traced to mild to moderate brain injury, Dr Kieck dismissed such deficits based on medical literature that the symptoms of brain injury that have disappeared in three years cannot suddenly show after ten years from the date of accident.

[20] Mr Loebenstein is a neuro-psychologist called by the defendant to testify that, in the main, the tests results he conducted on the plaintiff did not confirm the existence of neuro-psychological deficits that are alleged by Dr Hardy. The witness stated that a focussed individual approach to assess the plaintiff had to be applied due to the illustrious scholastic record of the plaintiff which, in his opinion, rendered IQ testing unnecessary. According to the witness plaintiff's cognitive domains needed to be tested as the plaintiff had a history of memory loss due to the injuries he sustained in the accident. He found that the plaintiff did well on various tests, namely: the WAIS, Digit Symbol loading, Simple Processing Speed, Trail Marking, Stroop, Rey Auditory Verbal Screening and Digital Symbol Substitution. He opined that the plaintiff would have recovered from the head injury within few days or weeks. He testified that Post Traumatic Amnesia of a long duration is excluded in the case of the plaintiff because he was found to be fully conscious and had a GCS score of 15/15 within one hour of the time of accident. He relied on the DSMS literature for the neuro-psychological interpretation of the plaintiff's injuries. He disagreed with Dr Hardy on the issues of the nature of plaintiff's injuries, the GCS 11/15 score, cognitive deficits and personality changes. He criticized Ms Van Vuuren's assessment of intellectual functioning

because, in his view, the plaintiff's neuro-cognitive functioning was never disturbed. He regarded Dr Hardy's findings of inter-scatter as a red-herring. To the witness the inter-test scatter results would have occurred naturally. He stated that the neuro-psychological results of Dr Hardy did not make neurological sense that is sustained in the report by Dr Kieck. He contended that Dr Hardy's results did not mirror in the real life situation. For the witness the plaintiff's results at University are normal and they should enable him to make progress in his current studies, even if it is in the BCom (Accounting degree).

- [21] When subjected to cross examination Dr Loebenstein testified that he did not assess the plaintiff on the psychological problems reported to him during an interview. But that notwithstanding he was prepared to advance an assumption that the psychological deficits were attributes that existed prior to the accident. On the academic decline in performance he stated that decline could be due to the vicissitudes of doing a very tough degree. He agreed with Dr Kieck that the stated neuro-psychological effects on the plaintiff would have healed by end of three months from the date of accident. He stated that the hypothesis that a person with a head injury such as that of the plaintiff grows into the deficits does not apply in this case.
- [22] Mr Du Randt also testified to bolster the defendant's case. He testified that the school programme of the plaintiff was never a good one due to the fact that he did not perform well in languages. On the matric results, he stated that plaintiff's overall mark did not qualify him for enrolment in Actuarial Science as the APS entry average was 42 points, yet he had a below average score of 38 points. The witness emphasized the point that the actuarial course in UP is demanding, and for the plaintiff a daunting task to pursue. Mr Du Randt's opinion on the future career of the plaintiff post-morbidly is that the plaintiff could as well have opted for a less exacting alternative course in BCom as he would never pass a degree in Actuarial Science for which he registered in
2012. According to the witness the plaintiff would nevertheless pass a course in economics or financial sciences, enter the labour market in 2018 at 34 years of age and enter the labour market within C3 – C5 range in terms of the Paterson grading scale. The plaintiff would then progress to D1 – D3 range, in the bracket of age 35 – 50 he would progress to D1 – D3; and retiring at age 65.
- [23] Pre-morbidly, Mr Durandt gave a scenario that the plaintiff will enter the labour market at 26 years of age and at level D1 of the Paterson scale. Plaintiff will progress to D3 at age 45, with his career to plateau at the same level after which he will receive inflationary increases including those for further education and experience on his salary from ages 50 to 65.
- [24] Mr Du Randt was content and saying that the plaintiff lacked potential to succeed as an Actuary – based on an alleged poor academic record as seen from before and after matric in 2011. He flatly refused to be drawn into a debate concerning the implications of plaintiff's alleged existence of neuro-cognitive deficits, choosing to defer to the opinion(s) of a neurosurgeon.

[25] Mr Jeffrey SC, counsel for the plaintiff, brought the attention of this Court to the case of Louwrens v Oldwage 2006

(2) SA 161 (SCA) in which the proper approach to be applied in dealing with the evidence of expert witnesses. In that case the Supreme Court of Appeal said he following at 175 H – I:

“The uncritical acceptance of the evidence of Professor De Villiers and the plaintiff's other expert evidence and the rejection of the evidence of the defendant's expert witnesses falls short of the requisite standard and the approach laid down by this Court in Michael v Linksfield Park Clinic. What was required of the trial Judge was to determine to what extent the opinions advanced by the experts were founded on logical reasoning and how the competing sets of evidence stood in relation to one another, viewed in the light of the probabilities. I have already indicated why I found the evidence adduced on behalf of the defendant to be more acceptable than that of the plaintiff's witnesses and why the conclusion of the trial Court cannot stand.”

[26] The type of evidence the Court has to analyse here is somewhat complicated by the fact that whereas both Dr Wilkinson and Dr Kieck examined the plaintiff each arrived at conflicting findings on the issue of the injuries that were sustained by the plaintiff in the accident. There is definitely is a conflict where Dr Wilkinson found that the plaintiff had sustained a laceration on the left aspect of the left eye, and cuts on the left parietal area of the head resulting in facial palsy and conduction deafness in the left ear and, on the other hand, Dr Kieck did not observe the same injuries. It is also a matter of grave concern that Dr Wilkinson should have found that the plaintiff did exhibit some neuro-cognitive deficits, neuropsychological deficits and behavioural changes that are linked directly to TBI. Dr Kieck did not make these findings. Dr Hardy and Ms Van Vuuren agreed with Dr Wilkinson. The expert witnesses for the defendant also support the version of Dr Kieck.

[27] Applying the test as adumbrated in the case of Louwrens, supra, this Court can only resolve the conflict by assessing the probabilities in the evidence of the experts. Of course this Court cannot prejudice the plaintiff on the basis of the injuries that Dr Kieck did not observe. Moreso there is no scope provided by the entire evidence in which the Court can answer the question why and how Dr Kieck did not see the head injuries. The best approach would be to assess the logical reasoning of the plaintiff's expert evidence against the probabilities emerging

from the entire evidence that was adduced. I do not intend to recount the evidence adduced as that exercise has been conducted

already. Suffice it to say that the evidence of Dr Wilkinson is acceptable as compared to that of Dr Kieck. Expert witnesses for the plaintiff gave sufficient supportive facts for the Court to believe that the plaintiff sustained mild to moderate head injury. Dr Hardy, Ms Van Vuuren as well as Dr De Kock, who filed reports based on the hospital records that Dr Wilkinson had studied, did confirm the existence of the head injury as described by Dr Wilkinson.

- [28] The evidence of Mr Loebenstein throw light on the conviction I held that Dr Kieck's examination of the plaintiff was superficial. He was not prepared to make sense of the battery of relevant tests conducted by Dr Hardy in the circumstances where, in my opinion, he must have made an effort to deal with them. The dismissal of Dr Hardy's in-depth tests on the condition of the plaintiff as an inappropriate shotgun method was just unfortunate, to say the least. Dr Kieck's examination itself was shallow and unhelpful. The expert witnesses for the defendant merely left the substantial evidence of plaintiff's witnesses to speak for itself. The evidence of Mr Du Randt is also not without problems. The opinion given that the plaintiff did not have potential to study and pass the degree in actuarial sciences, on the face of the proved superior academic record of the plaintiff before he met the accident, leaves much to be desired. The contention advanced on behalf of the defendant that Dr Wilkinson's opinions are not supported by medical literature, on the face of his undisputed qualifications and experiences in the field of neurosurgeon, are not acceptable. Dr Wilkinson did not display ineptitude and biasness when he testified in court. I find his opinions to be logical and reasonable.
- [29] The evidence of Dr Kieck on the issue of the career path of the plaintiff did in so far as it is predication on the expert opinions of Dr Hardy, Ms Van Vuuren and Dr Wilkinson, is logical. I accept it over that as adduced by Dr Du Randt.
- [30] It is my finding that the plaintiff suffered from mild to moderate TBI and the sequelae thereto which impact his career.
- [31] The order that will be made shall be consistent with the wishes of the parties in the event that the plaintiff is successful on the issues resolved at the trial.
- [32] Accordingly the following order shall issue:
1. (a) The defendant is liable to pay plaintiff's damages for future loss of income.
 - (b) The parties are requested to provide the Court with an agreed actuarial report by the parties' respective actuaries on the plaintiff's future loss of income based on the following parameters:
 1. The plaintiff's date of birth is 19 November 1993.
 2. But for the accident: In 2016, entry into the open labour market at the lower level of Paterson C3; after 3 years at the mean level of C3, progressing through the next levels of C4 (2022), C5 (2034) with 3 year intervals and through D1 (2029), D2 (2034), D3 (2040) and D4 (2047 at age 54) with four, five, six, seven year intervals respectively; and thereafter receiving only inflationary increases until retirement age at 65. A contingency of 10% is to be applied.
 3. Now that the accident has happened: In 2018, entry into the open labour market at the mean level of Paterson C2; after 3 years at the mean level of C3 (2021 age 28); thereafter progressing through the next levels of C4 (2025 age 32), C5 (2038 age

- 45) with four, five and eight year intervals respectively; and thereafter receiving only inflationary increases until retirement age at 65. A contingency of 30% is to be applied.
4. The statutory cap contemplated in s 17 (4)(c) of the Road Accident Fund Act, No. 56 of 1996, shall be applied.
- (c) In the event that the parties' actuaries are able to reach agreement on the quantum of the plaintiff's future loss of income, a final order will be made in that sum. In the event that an agreement cannot be reached, the parties are given leave to set this action down for further argument on this issue.
2. The defendant shall pay interest on the above sum a tempore morae calculated from 14 days after the date of final judgment to the date of payment.
3. The defendant shall furnish the plaintiff with an undertaking in terms of s 17 (4) of the Road Accident Fund Act, No. 56 of 1996, for the costs of the future accommodation of the plaintiff in hospital or nursing home for treatment or the rendering of a service or the supplying of goods to him after each such costs have been incurred and on proof of payment thereof.
4. The defendant shall pay the plaintiff's costs of suit, together with interest thereon at the legal rate from 14 days after taxation to date of payment, such costs to include the costs:
- (a) of two counsel, including all consultations with any by senior and junior counsel, attorneys and experts;
- (b) the travelling and accommodation costs of the plaintiff's legal representatives in respect of attending Court and their consultations with witnesses; and
- (c) the reasonable qualifying fees and reservation costs and attendance fees (where applicable) of the following expert witnesses:
- (i) Dr J Wilkinson, an orthopaedic surgeon.
- (ii) Mr R M Hardy, a neuropsychologist.
- (iii) Ms A Hargraves, an occupational therapist.
- (iv) Ms F Van Vuuren, an educational psychologist.
- (v) Mr G de Kock, an industrial psychologist.
- (vi) Mr Alex Munro, an actuary (reports only).

Z. M. NHLANGULELA

DEPUTY JUDGE PRESIDENT OF THE HIGH COURT

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MTHATHA.

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