PREFACE, CLARIFICATIONS AND MOOK RULES

*Preface *(short intro to these new 4E versions of my old 2E charts)*

*What's a Wound? What's a Critical Wound? *(interpreting what Wounds and Criticals represent)*

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*The Bleeding Condition and How Not To Bleed To Death *(summary of all the different ways to stop your character from bleeding out, with a few takes of my own on it)*

*A few words about magic… *(my take on how to fit healing spells and prayers into your game, specifically in regards to Bleeding Condition and Surgery)*

*A few words about the iconic Healing Draught and Healing Poultice… *(my take on the possible uses and drawbacks)*

*A few words on amateurish amputations… *(exactly what it says)*

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*What supplements do I have? *(where I confess to having only one)*

*MOOK RULES – ALTERNATIVE SUDDEN DEATH RULES *(my suggestions on the possible use of these charts for unimportant NPCs with a minimal amount of record keeping)*

PREFACE

A bunch of years ago I wrote an extended set of Critical Hit charts for WFRP 2E, inspired by fellow physician Chuck's charts. My efforts were published at his Winds of Chaos website and evidently grew quite popular. There are a few things to be said about them, for example that I hadn't bothered reading the magic rules properly despite frequently referring to magic for healing purposes, or that my initial die roll columns didn't really reflect the lethality of the rule book sets (something I tried to address by making several versions of different lethality to choose from). Anyway, I had a lot of fun writing them…

Then 2E disappeared and the new 3E never really seemed suitable for converting my old charts… but now 4E has appeared and I'm totally excited!

I rather like the new injury rules, mostly because they enabled me to write results with a minimum of extra book-keeping required. The whole vibe of the 4E injury rules appear to me entertainingly cinematic and somewhat less lethal than in 2E, although fighting remains a deadly serious business. This is what I have tried to convey with my new charts. I haven't really tried for realism, because I think most users will appreciate the charts mostly for the gory descriptions rather than any lessons I could convey on trauma medicine. Indeed, some of the results can be described as just plain silly or blatantly unrealistic! For example, historically pretty much any trauma that penetrated into the abdominal or thoracic cavity was a death sentence. And things like a neck brace for "clearing up" whip-lash trauma (one of the results in the Crushing chart) is the cinematic treatment; in real life it tends to be more complicated….

Again, the whole purpose is pure entertainment employing gruesome descriptions and dark comedy in the WHFRP style, where the descriptions and effects vary depending on the method of harm. Realism is very much a secondary concern.

House rules for trauma in 4E that I've seen seem to be focused on adjusting Conditions (I fully agree that Bleeding can be an overpowered result) and/or the die roll for results (making higher or lower results more or less likely depending on what state your character is in). Rather than make my charts dependent on house rules (my own or anyone else's) I chose to just use RAW to the greatest extent possible. I believe this also offers the best chance for people to modify as desired.

What's a Wound? What's a Critical Wound?

Wounds are easily lost and generally easily recovered, and the Rule Book even outright says they represent things like minor cuts, abrasions and bruises, or the depletion of mental or spiritual energy reserves. You could also think of it as plain running out of luck (although Fate, Fortune, Resolve and Resilience also reflect that). Losing Wounds does not really represent taking a solid hit with ensuing tissue damage and trauma, but represents rather the steady degradation and draining of mental and physical reserves leading up to taking such a hit. A good roll could still result in a Critical Hit even with plenty of Wounds left.

A Critical Wound *does* represent actual tissue damage. Some argue certain weapons should cause an automatic Critical just from hitting, but there are Weapon Qualities giving an increased chance of causing a Critical Wound, like Impale or Damaging, that cover this.

"Hitting" an opponent does not necessarily mean actually connecting with your weapon; you can think of it as tiring the target out, causing him pain, beating down his defenses, or otherwise inconvenience him, making it more likely your next swing *will* be a solid hit. A blow that resulted in lost Wounds without causing a Critical Hit could well have been deflected by the target's armor, shield or weapon; it was just a much closer call than an outright miss or parry that did not result in any lost Wounds.

Minor Clarifications

Any Condition with a number attached, such as Bleeding (3), refers to the number of Conditions gained (in this case a total of three Bleeding Conditions).

I often use the Fatigued Condition to represent the effects of many different Critical Hits, like a collapsed lung or severe pain. In these cases the conditions for removal are specified; the Condition usually does not get removed after mere rest, as it would have otherwise.

For example: "*Collapsed Lung.* Gain *Fatigued (3)*. For healing purposes, count as **Torn Muscle (Major)**, with partial healing reducing your Conditions from *Fatigued (3)* to *Fatigued (1)* which will be removed once fully healed." This means that the Fatigued Condition is the effect of the injury. TheTorn Muscle mechanic is used only to determine the time required for partial and full healing, with the usual penalties/effects of Torn Muscle (Major) ignored and replaced by the prolonged Fatigued Condition. In this case we're talking about partial healing after 30 – Toughness Bonus day, with full healing after another 30 - Toughness Bonus days, as per the rules in the Rule Book.

The different charts are not quite equivalent in their seriousness of the trauma inflicted. For example, piercing injuries to the body tend to be very serious indeed, which is why wearing a Breastplate with its Impenetrable Quality is such a good idea!

And for the record, I am not nor have I ever been a trauma surgeon. I actually specialize in geriatric medicine…

What's new? What's planned? What's not?

My new charts consists of the following ones:

- **Cutting** – *for bladed weapons used to slash and chop, like an axe*
- **Crushing** – *for weapons causing mainly blunt trauma, like a mace*
- **Piercing** – *mainly for melee weapons with a sharp point and usually also two edges, like a gladius-type shortsword or broadbladed spear, although also appropriate for thin blades like a rapier or stiletto*
- **Bullets** – *for gunpowder weapons firing a single heavy bullet*
- **Arrows/Bolts** – *for projectiles fired from a bow or crossbow, also appropriate for javelins and darts*
- **Teeth & Claws** – *for natural weapons like fangs, claws and horns*
- **Shrapnel & Shot** – *for gunpowder weapons and bombs using a multitude of smaller shot or pieces of shrapnel, like the iconic Blunderbuss*

- **Sling** – *for the iconic Sling, whether firing stone or lead projectiles*
- **Flame & Energy** – *mainly for the effects of magical spells, could also work for various Skaven devices using flame*
- **Unarmed** – *for fighting with your bare hands, feet, elbows, knees, teeth and nails, also appropriate for some Brawling weapons like Knuckledusters and Saps*

At first I wasn't sure it was even possible to gain a crit from a *magical missile*-type spell unless your target went below 0 Wounds from the effects, but then I saw that you could indeed make a Critical Cast which would cause a Critical Wound. With Miracles no such thing seems to be possible, but I assume you would still suffer a Critical Wound if taken below 0 Wounds. So mostly you would only bother with that when important NPCs or player characters were involved.

For 2E I made a Crit chart for Large Monsters, specifically so that huge and monstrous foes would not be crippled by injuries that would take down a frail human-sized target. Because the 4E Bestiary rules are so very different and because I do not know if any supplements modify the Rule Book take on large creatures to any greater extent, I do not plan on writing any 4E equivalent. Same goes for the Quadruped and Winged charts.

A few words about the two different die roll columns…

I have included die roll columns both for those who use the original rules from the Rule Book and for those who prefer the alternate ones from the Up In Arms supplement. In the latter critical hits taken while you still have Wounds left generally tend to be less serious but things turn much deadlier once you cross the 0 Wounds threshold, somewhat similar to how Critical Hits were treated in 2E (with the exception of Head hits where the chart is actually much deadlier with the Up In Arms version compared to the Rule Book chart). Up In Arms also introduced the Trivial (T) level of critical wounds (which do not cause additional Wounds and do not count towards the number of Critical Wounds counted towards killing a Character), which I have borrowed and used in my tables. Also note that the alternative rules for what happens when a character reaches 0 Wounds are different in the Up In Arms supplement compared to the Rule Book.

Which chart should I use?

Many weapons are obvious, such as an Axe (Cutting), Mace (Crushing) or Rapier (Piercing). Some weapons can use more than one chart. For example, depending on the design many Swords can be used to either slash (Cutting) or thrust (Piercing) – the old point vs edge discussion was first recorded in Roman times and still a hot topic in the Napoleonic Era! With a Pollaxe you are spoilt for choice (Cutting, Piercing *or* Crushing, depending on which end you use). Firearms firing a single projectile use the Bullet chart, but with weapons like the iconic Blunderbuss or a Bomb that use a hail of smaller projectiles or shrapnel you go with the Shrapnel & Shot chart.

The Sling chart is slightly special as the results depend to some degree on what kind of sling bullet you launched. This is because the historical descriptions of the effect of the more effective elongated almond-shaped cast lead bullets (often inscribed with phrases like "Take that!") are just plain nasty, with lead sling projectiles actually penetrating into a target's body, something a stone bullet or rock picked up from the ground wouldn't do.

A few words about removal of embedded projectiles…

Under the Impale Weapon Quality in the Rule Book you can read that a Critical Hit from an arrow/bolt or bullet will mean the projectile is lodged in the body, and that you cannot heal one of your lost Wounds for each projectile that remains unremoved. Removal requires a Challenging (+0) Heal test for an arrow/bolt, or the same aided by the Surgery Talent for a bullet.

The requirement for, and difficulty level of, any such removal will vary in my tables depending on the result. To differentiate from removal of Conditions I'll refer to projectile removal as **Extraction**. If a projectile is lodged, it will be stated as requiring **Extraction (Difficulty)** or that **Extraction** will require **Surgery (Difficulty)**. Several results will not require **Extraction** at all, with the projectile either not lodged or simply stuck somewhere where it'll cause no harm. If there is an added risk of infection it will also be stated.

The ammunition of Blunderbusses and Bombs do not have the Impale Quality, which is why requiring **Extraction** doesn't seem right, at least not to any frequent extent. That said, the Shrapnel & Shot chart will probably feature at least some results requiring projectile removal for the sake of flavor…

Surgery assumes you have at least a Physician's Trade Tools, containing things like arrow spoons and similar devices to extract projectiles. Generally speaking, if the arrowhead has come out the other side of the target, or if nothing sensitive is in the way of simply pushing it through, the Heal skill is sufficient in itself as you can usually then just break the shaft and pull it put. When lodged in bone or with vital organs in the way of pushing it through, Surgery may be required. Projectiles stuck in bone were notoriously difficult to get out, sometimes involving creative solutions like tying the offending arrowhead to a horse or the string of a wound-up crossbow.

As an aside, the behavior of bullets when encountering bone varies depending on time period. The round bullets used in smoothbore weapons (the most likely kind to be used in WFRP) tend to simply crack bone or deflect away from it. The later Minié Bullets used with rifled muskets instead tended to deform and spread out, totally shattering the bone and necessitating amputation, some of that effect due to the higher muzzle velocity. In my charts I've chosen to simply mix and match such descriptions according to the seriousness of the die roll, with higher results more similar in description to the effects of a Minié Bullet.

Medical Attention – what is that?

The Rule Book defines Medical Attention as including but not limited to

- Successful use of the Heal Skill
- Application of bandage, healing poultice, or similar
- Successful use of a spell or prayer that heals Wound.

What the Rule Book leaves largely unsaid is how long this takes. Using the Heal Skill to speed up the healing of lost Wounds and applying a Healing Poultice to prevent a Minor Infection are actions that take place between combat encounters, not during them, and can take anything from minutes (for preparing and applying a poultice) to an extended effort spread out over most of a day (making an injured character comfortable, cleaning his injuries, etc).

- Any Heal tests to remove Bleeding Conditions, applying a Bandage, or taking a Draught or Herb that removes Conditions or recovers Wounds, are one-turn Actions that can be repeated turn after turn. Such an Action cannot be taken while in melee with an opponent, so you may have to depend on your friends and allies to keep unfriendlies away!

You could argue this isn't realistic, but the actual length of a turn is left deliberately vague in the Rule Book. It could be the couple of seconds necessary for a single swing, or it could represent a longer period of time with a series of exchanges finally resulting in someone landing a hit. Anyway, not allowing it would result in an awful lot of characters bleeding to death, with the rules for the Bleeding Condition being what they are…

- Surgery (a Heal Test with the benefit of the Surgery Talent) assumes you have at the very least a Physician's Trade Tools. Any Surgery use to remove Bleeding Conditions (with the requirement for Surgery defined in the Critical Hit chart results) is a one-turn Action as well. Using Surgery to prevent long-term effects, like setting a complicated fracture, will usually take an hour or more.

The Rule Book's reference to "resolving internal issues" refers to things like doing surgery to remove gallbladder stones or fix an inguinal hernia, not dealing with combat trauma. Although if the GM feels particularly evil, he can insist on enforcing the rules regarding risk of infection even for other uses of Surgery.

The Bleeding Condition and How Not To Bleed To Death

It will not have escaped anyone that acquiring a Bleeding Condition or two in combat is a very serious thing indeed, especially if you don't have the Heal skill or a nearby ally possessing that skill. Not having the means to remove Bleeding Conditions means that you've pretty much lost the fight as you'll inevitably go Unconscious sooner or later and may die from bleeding out - with Bleeding (1) the chance is 50/50 whether the injury clots up or you expire eventually. Some injuries are extra tricky, requiring Surgery to remove the Bleeding Conditions.

So I'm going to list the ways to remove Bleeding Conditions, at least according to my own take on what the Rule Book says, as well as some extra suggestions:

- A successful Heal Test, with each SL removing one Bleeding Condition, unless Surgery is required. The Test is usually Challenging (+0).
- If the description of the Critical Wound says that Surgery is required to remove the Bleeding Conditions you'll need the Surgery Talent apart from a successful Heal Test. This also pretty much assumes you also have at least a Physician's Trade Tools or the GM will be well justified to dramatically increase the Difficulty of the Test.
- Any spell or prayer that recovers Wounds, with one Bleeding Condition removed per Wound recovered, including ones normally requiring Surgery.
- Application of the Faxtoryll Herb, which removes all Bleeding Conditions caused by a single Critical Wound. This does not work on Bleeding Conditions requiring Surgery to remove, as those represent internal bleeding not really accessible to a Faxtoryll poultice. (Although if the GM feels merciful he may allow the character to spend a Resolve Point to ignore the extreme discomfort of having the herb stuffed deep enough into a wound to staunch even internal bleeding.)
- Using a Bandage with a successful Heal Test, whether combined with Surgery or not, will remove one additional Bleeding Condition. A Bandage can also be applied by someone without the Heal Skill, substituting a successful Challenging (+0) Dexterity Test, which will remove a single Bleeding Condition. A Bandage is one-use, whether a Test is successful or not, although it can be boiled and repackaged between encounters. If Bleeding Conditions still remain after application, additional Bandages can be applied with further Heal or Dexterity Tests, although Difficulty will increase one level for each successfully applied Bandage previously used (for lack of room if nothing else).
- Spending Resolve. Spending a point of Resolve will remove one Condition. Ordinarily I'd say that applies to Bleeding that would require Surgery to remove as well, but you'd have to bear in mind that would make some Internal Bleeding results on these charts considerably less serious.

All the above methods are single-turn Actions and may be repeated indefinitely, until either all Bleeding Conditions are removed or the patient has bled to death. Think of it as a hastily applied tourniquet or improvised bandage, or if used with the Surgery Talent then the necessary anatomical knowledge and equipment for a quick clamp, suture or tied-off blood vessel.

At least, this is my take on the rules with some extra bells and whistles; your GM has the final word.

A few words about magic…

In my 2E charts I put quite a bit of emphasis on magical healing as a way to save characters from the worst effects of various injuries. The 4E somewhat downplays the usefulness of magic as a method for healing, making Surgery the method of choice for rescuing wounded characters on the brink of death.

I'm ok with that, but I still think the use of magic and divine blessings and miracles, being so hard to acquire and master, should come with some possibilities in the area of healing.

- A Blessing of Tenacity can remove any one Condition, including Bleeding even if it ordinarily would require Surgery to remove.
- A Blessing of Healing DOES NOT count as applied Surgery *except* for the purpose of removing one Bleeding Condition along with the single Wound recovered.
- Rhya's Touch will count as applied Surgery.
- Shallya's Tears will totally remove any Critical Wound and its effects, regardless of whether or not it ordinarily would have required Surgery.
- Cauterise, from the Lore of Fire, will remove even Bleeding Conditions that would ordinarily require Surgery to remove. Apart from that, I don't think it should count as applied Surgery.
- Earthblood, from the Lore of Life, will count as applied Surgery.
- Healing Light, from the Lore of Light, will count as applied Surgery.
- Nostrum, from the Lore of Hedgecraft, will count as applied Surgery.

In short, any healing spell or blessing/miracle recovering more than a single Wound at a time can stand in for Surgery, and any spell or blessing/miracle that removes Conditions and Wounds can also remove any Bleeding Conditions, even ones normally requiring Surgery to remove.

The Cauterise spell would be an exception, counting as Surgery only when applied to removing Bleeding Conditions. If the GM likes he could allow it to count as Surgery in special circumstances, such as when trying to mend damage from the Flame & Energy chart, narrating it as the spell somehow drawing the fire away from the wounded limb and negating the damage.

This is merely my own optional take on it; your GM has the final word.

A few words about the iconic Healing Draught and Healing Poultice…

These things were such an iconic part of WFRP 2E that I just have to mention them! Here are a few suggestions on how to interpret their effects, uses and limitations, and also make them more entertaining.

The 4E Rule Book states that preparation is usually required, using Trade (Apothecary) and Herbalist's Trade Tools. For things used between encounters (like a Healing Poultice or Earth Root) this is usually not a problem, but deciding whether or not you happened to have a ready potentially life-saving Healing Draught available in the middle of a fight could be troublesome. I suggest that all Draughts as well as the Faxtoryll and Salwort Herbs (all of which can be useful during an ongoing combat encounter) are simply counted as available if needed.

Healing Draught – Since lost Wounds usually represent minor cuts and bruises as well as depleted energy reserves or just plain running out of luck, with actual major tissue damage being represented by the Critical Hits, the consequence of ingesting this draught is more a matter of a pick-me-up effect than actually speeding up any healing process.

These usually come in a small tightly stoppered glassware or ceramic bottle with a long enough shelf-life that it should last a while after acquiring it, carefully tucked into a backpack or belt. The actual content may vary wildly, often including things like laudanum, alcohol, weirdroot and such fun stuff, but the actual effect tends to be roughly equivalent, with the character being able to ignore all the aches and pains from lost Wounds, effectively recovering his Toughness Bonus number of Wounds.

Although the Rule Book states that dosage is one Draught per encounter, I suggest that the GM allows the use of more than one… with suitable side effects. For each extra Healing Draught ingested the character will have to pass a Challenging (+0) Endurance Test or gain Fatigued (1) as he becomes progressively more "high" from the contents. Just a suggestion!

Healing Poultice – As stated by the Rule Book, this one negates the need to test for Minor Infection after an encounter in which the character suffered a Critical Wound (assuming the GM enforces the rules for Disease and Infection), which would normally have been a Very Easy (+60) Endurance Test. Nothing is said about any effect on Festering Wounds or Blood Rot.

I suggest that this poultice also negates the need to test for a Festering Wound after combat with Creatures with the Infected Trait, normally an Easy (+40) Endurance Test if you suffered any Wounds in the fight.

For any Festering Wounds acquired in some other way, like from the Wounded Symptom or as a result of a Critical Hit, I'd suggest gaining a +20 Bonus to all Tests required by the Symptoms.

The ingredients of a Healing Poultice vary wildly, with every herbalist, physician, hedge witch or quack swearing by their own recipes. Some may have actual antibacterial properties, like honey or mouldy bread and various herbs, other creative ingredients including everything from eye of newt to grave soil or the (alleged) ash of saints. These ingredients are then usually combined with animal dung or boiled cow's urine to make a nice warm (and very smelly) sludge that you can wrap up in leaves or linen to hold in place against the injury.

Preparing a Healing Poultice takes some small amount of time, usually requiring a small pot or mortar and pestle (included in an Apothecary's Trappings or a Herbalist's Trade Tools), and possibly the cooperation of a friendly animal. A poultice does not keep well and cannot be kept in a character's backpack for later use, needing to be applied quickly after preparation. It is thus something prepared and applied in the peace and quiet after a combat encounter, not during one. It also inevitably makes you smell very bad for the rest of the day, possibly resulting in some penalties depending on what social interactions you engage in…

A few words on amateurish amputations…

There are a few results that require an actual amputation. That's not a reference to the **Amputation (Difficulty)** rules in the Rule Book, but an actual saw-it-off procedure with gangrene and **Blood Rot** setting in unless the limb is removed. This is described as requiring **Surgery**, which includes removing the limb in such a manner that the stump can be sewn up with a flap of skin to aid healing, and that major blood vessels are properly tied off to minimize blood loss. That's the safe way to go about it…

If a character's limb is removed through the simple expediency of lopping it off with an axe or other sharp implement, because of a lack of surgeon availability, then the patient immediately gains *Bleeding (3)* and will contract a **Festering Wound**. Unless someone nearby has the **Heal Skill** or plenty of **Bandages** ready this may well be fatal, but that's the price you pay for going on adventures without some kind of healer along!

A few words about pronouns (and a couple of more words about groin hits)…

Throughout these charts I refer to characters and their foes as "he" – this is for simplicity's sake, nothing else. I sometimes also refer to results that differ if the character is male or female, which in no way suggests either the writer or any reader should feel bound to or limited by those terms. If the target of a certain hit has certain anatomical features the results ought to be appropriate, regardless of identity or pronoun used. If anyone feels offended, I am entirely to blame and I assure you it's not intentional.

(Incidentally, there are a few results with the added description "If male, you may find yourself having problems procreating" – this does not necessarily imply genital mutilation; it could be an injured seminal duct higher up in that area, temporary bruising in an uncomfortable spot, or just the psychological possibly fleeting effects of a disturbingly close call. It's up to the group if you want to use it just for a laugh and then ignore it. It's not important unless you agree to make it so, which is why the results description says "*may* find yourself having problems" rather than "*will* find yourself having problems".)

What supplements do I have?

I have only the Rule Book and the Up In Arms supplement. I do not have knowledge of any additional rules, spells or new items found in other supplements, so you'll just have to fit them into my rules interpretations and suggestion as you see fit.

MOOK RULES – ALTERNATIVE SUDDEN DEATH RULES

As suggested with the Sudden Death rules in the Rule Book, sometimes you don't want to bother with book-keeping for unimportant NPCs like minor brigands, Goblins, animals, etc. But you may still want the pleasure of rolling for those juicy Critical Hits that your character worked so hard to achieve. I suggest the following rules:

- When the NPC reaches 0 Wounds the player who inflicted the damage gets all the fun of describing his kill-move. The NPC is either dead, dying or unconscious. The player may opt to knock the NPC unconscious for later interrogation, ransom or whatever, but the GM may decide that deliberately knocking someone out without accidentally killing him is harder than in the movies, requiring some suitable Test for a successful non-lethal KO (like a WS Test for the player character or an Endurance Test for the NPC).
- If the player inflicts a Critical Hit while the NPC still has Wounds left it'll usually be enough to either take the NPC out of the fight or inconvenience him enough to set him up for a killing blow next turn. You can roll on the usual charts for the gory descriptions, but replace everything under Additional Effects with the effects described below and ignore any additional Wounds inflicted except as a measurement of the seriousness of the effects. The effects below are deliberately written with minimal book-keeping in mind.

Number of extra Wounds the Critical Hit would normally have caused	Description	Effects on NPC
T	*Trivial Damage.* Your blow wasn't really that effective.	The NPC suffers no extra ill effects.
1	*Distracting Injury.* Your foe flinches with pain.	The NPC gains *Stunned (1).*
2	*Harmful Injury.* You prove your superiority to all mooks by landing a good one.	Head – the NPC is *Blinded (3).* Body or Legs – the NPC is *Prone*. Arm – the NPC's arm is useless.
3	*Demoralizing Injury.* You convince your foe that he is better off somewhere else.	The NPC crawls or staggers away, bleeding and whimpering. If inflicted in melee, the player character may use his next Action to automatically finish the NPC off, cutting him down from behind. If not and the fight subsequently goes against the players the GM may decide the NPC returns to the fight, but will then count as *Fatigued (2)*.
4	*Crippling Injury.* Pieces go flying as you expertly dismember your foe.	The NPC is *Unconscious* and will die at the end of the encounter without medical attention.
5 or D	*Gross…*	The player gets to describe the kill-move, just as if the NPC had been reduced to 0 Wounds.