

CRITICAL HITS ROLLS

#	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
01-07	1	1	1	2	3	4	5	6	7	8
08-14	1	1	2	3	4	5	6	7	8	9
15-21	1	2	3	4	5	6	7	8	9	10
22-28	2	3	4	5	6	7	8	9	10	11
29-35	3	4	5	6	7	8	9	10	11	12
36-42	4	5	6	7	8	9	10	11	12	13
43-49	5	6	7	8	9	10	11	12	13	13
50-56	6	7	8	9	10	11	12	13	13	14
57-63	7	8	9	10	11	12	13	13	14	14
64-70	8	9	10	11	12	13	13	14	14	15
71-76	9	10	11	12	13	13	14	14	15	15
77-82	10	11	12	13	13	14	14	15	15	15
83-88	11	12	13	14	14	14	15	15	15	15
89-94	12	13	14	14	14	15	15	15	15	15
95-00	13	14	15	15	15	15	15	15	15	15

Sudden Death Results

- Any result of 10-15 counts as the target being dead.

Additional points and house rules regarding critical hits

- First of all a few words on how my critical hit tables differ from the original charts. In the original v2 table (table 6:3 p133) a +1 Critical Value is minor stuff. A +2 is pretty much fifty-fifty between minor inconvenience and being so badly beaten you are not likely to win, losing use of a limb or suffering major stunning. A +3 almost guaranteed takes you out of the combat, with an approximately 30% chance of suffering lethal or major crippling and permanent injury. A +4 is pretty much a hit that will always lose you the battle and/or a limb even if you should survive. Once you reach +6 or higher you're pretty much dead or crippled for life almost every time. (Incidentally, this makes the Strike To Injure Talent very powerful!) How does this compare to my charts? Well, luck plays a much greater part. A lowly +1 can kill you, while it's possible to suffer only minor wounds even at the higher Critical Values. So the range of injury for any given crit is much wider. Even with a serious result a PC you can sometimes get away with sacrificing only a Fortune Point, re-rolling a failed Toughness test to avoid a potentially deadly infection. Paying Fate points to avoid crippling injuries is fine, but any GM using these charts should be aware of just how much luck of the roll can influence the effects of a hit!
- Any reference to temporary penalties to WS also applies to BS if the victim is using a ranged weapon.
- Any penalties to WS tests or SB due to parrying or striking a blow with a weapon held in an injured arm or hand are halved if the weapon is two-handed, requiring use of both hands. Penalties to tasks requiring fine manipulation can similarly be halved if the GM judges that the uninjured hand can sufficiently aid the task.
- Being helpless refers to the state described on p133 of the WFRP rulebook, where the victim is automatically hit and suffers an extra 1d10 damage.
- Being stunned refers to the state described on the same page, where you cannot take any actions (even free ones) and your opponent gets +20% to hit you.
- The phrase "until the end of his next turn" means his next turn to act. Since it is now your turn this might mean this round or the next, depending on whether or not he has already acted.
- Any critical hits resulting in the same result as one already suffered by the target counts as the next higher logical result, unless the GM deems it dramatically appropriate to pick a lesser result.
- Sudden Death is mainly for large battles with many NPCs where the GM feels he doesn't want to bother with detailed results. Simply announce that the foe has been put out of action and go on with the battle, otherwise counting the hit as having no effect.
- People with the Frenzy talent who are in a berserk state halve the number of turns they are stunned or helpless and gain +20% to any Toughness or Willpower tests where failure means unconsciousness, stunning or helplessness.
- Undead and Daemonic creatures do not respond to injury like mortals. It is suggested the GM simply uses the Sudden Death rules, counting any non-fatal critical hit to a limb as having incapacitated that limb. Any permanent effects will be up to the GM.

Daemonic substance might simply grow back; a Vampire might spend the next decade slowly regrowing a severed limb; while severed Zombie limbs might require some serious attention with needle and thread, hammer and nails, chewing-gum, etc.

- Generally speaking, creatures such as Beastmen and Greenskins are made of sterner stuff than humans when it comes to resisting infection. If important to the story ("The Warboss who got away!"), they'll receive a +20% bonus to any tests resisting infection. In addition, due to the peculiar regenerative properties and semi-fungoid nature of their bodies, Greenskins will receive a similar bonus to any tests resisting crippling effects of an injury. (Tales of Orcs crudely stitching severed limbs back on abound!)
- Mundane healing refers to the Heal skill. If the Surgery Talent is needed it is noted in the text.
- Magical healing is any spell that returns lost Wounds to the receiver. The Shallyan spell Cure Disease is a special case and its usefulness in some situations is mentioned where appropriate in the text. Healing Draughts and Poultices never count as magical.
- In my book magical healing is very powerful even though there are some limits. Magical healing will make fractured ends of bones seek each other out, reattach blood vessels, regenerate limited nerve damage if done before the distal end of the severed nerve has atrophied, etc. The effects are described where appropriate. You can imagine it as the magician sensing the nature of the injury and guiding the reforming and resetting of tissues. He doesn't necessarily understand the function of the organs injured but can still sense the "wrongness" of the damage.
- Any mention of amputation refers to a procedure that requires a successful Heal test by someone with the Surgery Talent. If successful the patient will then have to pass a Challenging (-10%) T test or contract a lethal infection. If unsuccessful the limb will still be amputated but the patient will have to pass the same test or die from shock and loss of blood on the surgery table, otherwise contracting the infection and dying slowly instead. A successful Shallyan Cure Disease spell will take care of such an infection and save the patient's life. The procedure can also be performed by anyone with a sharp implement, removing the limb, but the Heal test is then counted as automatically failed with consequences described above.
- Just in case anyone is wondering, most of the results in the tables referring to a collapsed lung actually represents the serious condition called tension pneumothorax rather than the more common (and less deadly) "sucking chest wound"-style collapsed lung. The latter ought to be more common in the tables, and neither sort of injury usually results in unconsciousness and/or death quite as fast as in the tables, but I have chosen drama over realism in this case.
- Generally speaking, I have employed artistic license in describing the effects and rate of healing for many of the injuries rather than strict realism. I may be a doctor, but I'm also a GM...
- The piercing damage chart is mainly intended for spears and daggers; bladed weapons trusting more to a powerful thrust with the point than a cut with an edge. It may, however, also be used in situations where, for example, a sword is used to thrust rather than to slash.
- Thrown daggers, javelins and spears could do critical hits according to either the Piercing Damage table or the Arrow & Bolt Damage table, although the former is usually more appropriate. It's the GM's call; he might even roll and then pick the most appropriate result from either table. Due to broader heads and (usually) an absence of barbs, such weapons are usually easier to withdraw from a wound, so it is suggested the GM rules that withdrawing such a weapon is easier (say half the time and one or two levels easier for any tests) than withdrawing an arrow as described in the Arrow & Bolt chart, if using those tables. A thrown axe or club/hammer would probably be best suited for the Cutting Damage and Blunt Damage table, respectively.
- The Explosion & Shrapnel table is mainly for damage from Blunderbusses but is also appropriate for gunpowder grenades, Dwarf bombs, etc.
- The Flame & Energy Table is mainly for magical blasts but can be used for Warfire Throwers and similar weapons. Some magical blasts don't strictly use fire, but the table should be good enough anyway. Biologically speaking, whether your get your guts fried by a fireball or frozen solid by an icy blast, the effect on living tissue is remarkably similar, the look of the corpse merely a cosmetic oddity.
- The Teeth & Claws table is for just about any natural weapons, be they pincers or a spiky tail. The GM just has to fudge the text a bit to make it seem appropriate. An arm lost, whether bitten off or torn away by a swinging spiked tail, results in pretty much the same messy sort of death.
- The Unarmed Combat chart is deliberately less deadly and crippling than its equivalent tables for armed combat. Lesser damage and increased AP will probably reduce Critical Values anyway but rolling on this chart rather than the Blunt Damage chart will ensure most people involved in a bar-brawl will be alive afterwards.
- The Critical Hit table for Leg Damage to Quadrupeds is mainly for damage to mounts and the resulting effect on their riders but could also be used for intelligent creatures such as Centigors or various four-legged monsters and beasts. This chart and the Wing Damage chart are also more "generic" than the other tables, ignoring the "type" of damage (cutting, blunt, etc). If the GM wishes, he can add further detail as he deems appropriate, such as the need to remove arrows, effects of burns, etc.
- Considering the seriousness of infections in my tables and that a temple of Shallya is not always nearby when you need urgent antibacterial therapy, it is suggested that the ubiquitous Healing Poultice gets an additional role as a last-ditch defence against infections. Simply assume it contains primitive antibiotics (mouldy bread, for example) and possibly other antibacterial substances (various poisons that hopefully kill off any microbes before killing the patient). If used with a successful Heal test (meaning it was applied correctly and every inch of the wound was packed with the bread) it gains the wounded character a +10% bonus to any T tests to resist infections. In cases where the infection is assumed to happen automatically (such as on a failed Heal roll during an amputation) he may instead attempt a Hard (-20%) T test to resist it. (Incidentally, I think a Healing Poultice needs to be reasonably fresh, not sitting in a backpack for several weeks before being brought out.)
- When I wrote the tables I wanted to incorporate the idea that Healing Draughts and magical healing also speeded up bone growth, thus helping to heal fractures faster, and chose in some cases (not all since I wanted to experiment a bit) to describe the effects of a fracture or similar injury as gone once the character's W characteristic was fully restored rather than after a set number of weeks. Ordinarily this would work just fine. Without any help from Healing Draughts, Healing Poultices, magic or the Heal skill, this would take four to five weeks. However, frequent attention from someone with a good level of the Heal skill would reduce

this to about one week. With application of a Healing Poultice, two successful Heal skill tests and some luck with the die rolls for number of Wounds recovered, a character could conceivably go from 0 Wounds to full recovery in two days! This seems a bit over the top, especially considering that no magic whatsoever was involved! It is thus suggested that whenever something like this happens, and no magical healing or potions were used to explain a remarkably rapid recovery, the GM simply rules that at least an extra week or two is needed to recover full function.

- In my tables I've used a basically realistic approach in regard to what medical attention can do, but this is a role-playing game and shouldn't be about realism in such a way as to prevent players and GMs enjoying themselves. But Renaissance-style surgery was hardly safe - the concept of microorganisms as the cause of infection did not exist and surgeons had pretty vague ideas of the functions of various organs, so any sort of digging into the human body with sharp implements was dangerous indeed, especially for the patient! Abdominal or thoracic surgery simply wasn't done (at least with success) and amputation was the only option in many cases for the limb (gangrene and infection would otherwise set in). It wasn't until about the time of the American Civil War that amputations became reasonably safe (due to the vast amount of experience gained by the surgeons) and use of such things as carbolic acid made any sort of sterile surgery possible. That said, I like the idea of a Warhammer surgeon using weirdo experimental techniques and instruments, like some sort of Leonardo da Vincis of clockworkpunk medicine. Therefore, I would suggest, for more more effective (but less realistic) Warhammer surgery, that the GM 1) decreases the level of difficulty of any Heal skill test with the Surgery Talent by one, and 2) rules that any time the tables mention magical healing to restore lost or reduced function or save a life (assuming there is at least a few hours available before the patient expires), you can replace the magic with a Heal test with the Surgery Talent, except one (or possibly two) steps harder. The plain Heal skill without the Talent is still too "weak" for anything really drastic, being more about dealing with sickness and basic first aid such as setting broken limbs, stop bleeding by tourniquet or cauterisation, basic stitching, etc. Major nerve damage, collapsed lungs or spurting severed arteries deep within the trunk of the body causing death within a few turns will, from any realistic standpoint, be beyond a Warhammer surgeon, but can, if the GM so chooses, be ignored for the sake of drama.