

*Guidelines for the Assessment of General Damages  
in Personal Injury Cases  
in Northern Ireland  
(fifth edition)*

*Compiled for*

*The Judicial Studies Board for Northern Ireland*

*by a Committee under the Chairmanship of  
The Right Honourable Lord Justice Stephens*

## ACKNOWLEDGEMENT

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**INTRODUCTION TO FIFTH EDITION OF THE GREEN BOOK**  
**by The Right Honourable Lord Justice Stephens**

This most recent Edition of the “Guidelines for the Assessment of General Damages in Personal Injury Cases” assists in the task of providing an appropriate level of compensation for a range of injuries up to the most devastating. I emphasise, as have all previous Chairmen, that they are guidelines not to be applied mechanistically but rather with close attention to the characteristics and circumstances of the particular individual involved. At one end of the spectrum, particularly in relation to minor soft tissue injuries, an assessment of an individual’s credibility may result in awards, if any, considerably lower than the figures suggested recognising that expert medical evidence, which is only a part of the evidence, can be tempered or rejected. At the other end of the spectrum these figures can be exceeded. Emphatically these are only guidelines (as John MacDermott pointed out) to a “fair assessment by the Judge applying his training, experience and innate sense of fairness to the individual case which he is trying and which he will approach both sensibly and with sensitivity.” So the Guidelines are to be applied with caution and discretion always maintaining focus on a particular injury or combination of injuries so that the Judge arrives at fair compensation for the *particular impact on the individual*. Suffering is very individual. The just and fair recompense for injury and the consequences of injury should be tailored to that individual.

Liam McCollum in the introduction to the Second Edition emphasised a point that should be repeated. Assessing the appropriate level of damages remains the responsibility of the Judge who is not constrained by any range identified in these Guidelines which are persuasive but not obligatory it being a matter for the Judge as to whether to adopt any suggested range.

It is also important to note in the application of these Guidelines that it will never be the case they can cover every detail of every injury.

I am grateful to the Law Society and the Bar Council for jointly undertaking to fund a print run of this Fifth Edition so that it is again available in book format though it will also be published by the Judicial Studies Board online within the JudiciaryNI website where it may be accessed and consulted free of charge by practitioners as well as the public at large.

In previous Editions and in this Edition we have adjusted for inflation applying the Retail Price Index (“RPI”). Those adjustments have been either to the figures in the First Edition or to those in the Fourth Edition. In the Fourth Edition the figures were adjusted up to the date of publication using RPI on the basis that during the 5 years of

the Guidelines the figures could and would be further adjusted in individual cases. It is our experience that this did not occur so in this Edition we have factored forward for inflation, again applying RPI at its present rate, to the midline of the next 5 years on the basis that the guideline figures will be applicable for the entire 5 year period.

The Committee recognised that an understanding of the impact of particular injuries or disabilities may be affected by increasing medical knowledge. This might operate either to increase the significance of an injury or by virtue of technological advances to ameliorate some of the worst effects of certain conditions. The Committee, whilst identifying a number of areas in which this may have occurred, considered that it was appropriate for any consequential re-assessment of the amount of damages to be left to determination by a Judge having heard and evaluated all the evidence and submissions in an individual case.

In relation to changing social attitudes towards particular injuries or disabilities the Committee again considered that any re-assessment of the guidelines should be left to determination by a Judge having heard and considered all the evidence and submissions in an individual case.

The Committee considered that the guidelines in the Fourth Edition for minor soft tissue injuries to the neck and back remained adequate so that those guidelines have not been adjusted by the application of RPI.

It has been traditional to republish the wise words of John MacDermott in his introduction to the First Edition. On this occasion I have asked that the valuable introductions to all the previous Editions are re-published so that they are available for consideration by those using this Edition.

I take this opportunity of thanking all the members of the Committee for their valuable contributions to this revision of the Guidelines. I also thank Maguire J and David Reid for their assistance together with the assistance of the members of the Judicial Studies Board, Terence Dunlop and Denise Bloomer. I am indebted to all of them.

Ben Stephens  
10 December 2018

A handwritten signature in blue ink that reads "Ben Stephens". The signature is written in a cursive style and is positioned to the left of a faint, illegible stamp or mark.

**INTRODUCTION TO FIRST EDITION**  
**by The Right Honourable Lord Justice MacDermott**

This Committee was set up by the Lord Chief Justice at the suggestion of the Judicial Studies Board for Northern Ireland. In March 1992 the first edition of the *Guidelines for the Assessment of General Damages* was published in England and the Board felt that it would be helpful to Practitioners and others concerned with the assessment of damages if a Northern Ireland edition were produced.

Our initial approach to our task was to question the wisdom of such a venture. The assessment of damages is not an exact science: it is not a mechanical process achieved by recourse to an analysis of allegedly comparable cases or reference to well known books such as *Kemp and Kemp*. A fair assessment is achieved by the Judge applying his training, experience and innate sense of fairness to the individual case which he is trying and which he will approach both sensibly and with sensitivity. There is a real argument that “guidelines” will become “norms” and that the existence of a book of this nature will depersonalise the assessment of damages. On reflection, however, we concluded for several reasons that there should be a Northern Ireland Guidelines Book.

Firstly, the level of damages in Northern Ireland is significantly higher than in England and Wales. As was pointed out by Lord Lowry in *Simpson v Harland & Wolff* [1988] NI 432 this variation is in large measure due to the fact that in Northern Ireland the assessment of damages was in the hands of juries until 1987.

Secondly, Practitioners when valuing cases and Judges when assessing damages have had regard to the 1987 level of damages adjusted to reflect inflation.

Thirdly, if there are no local guidelines there is a danger that the existing English Guidelines will be accepted as relevant by default. This would be both irrational and unjust.

That said, we would emphasise that this book must be used with caution and discretion. It must not be considered as a “ready-reckoner” which by reference will provide an instant valuation to every case. The suggested valuations are guidelines and will best be used as a check upon a tentative valuation reached after a careful consideration of how particular injuries affect a particular individual.

A meaningful valuation of general damages depends upon many variables such as age, sex, pre-accident health and so on. The guidelines in this book are often given as a wide bracket so that these variable features may be fitted in and they are also wide

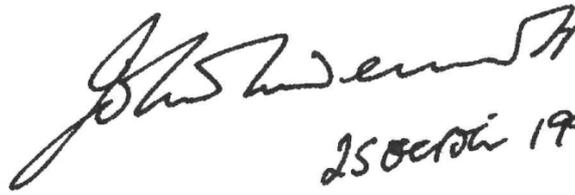
so that they may last for a number of years without being rendered unreal by the erosion of inflation.

We have followed the headings adopted in the original book with some minor variations. They are, however, somewhat rigid and do not reflect the frequent situation where injuries are multiple and their sequelae varied and at times overlapping.

Finally, we would repeat what we have already said: this book must be used cautiously and sensibly. The figures which we suggest are no more than guidelines and must always be treated as such and kept under regular review.

JOHN MACDERMOTT

**25 October 1996**



25 October 1996  
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<b>1. INJURIES RESULTING IN DEATH</b>	
<p>Fatal accident claims sometimes include an element for pain, suffering and loss of amenity for the period between injury and death. In some circumstances the awards may be high, for example those relating to asbestos exposure or misdiagnosis of cancer. Others follow extensive periods of disability before death supervenes. In such cases reference should be made to the awards for the underlying injuries or condition, suitably adjusted to reflect the fact (if it be the case) that the plaintiff knows that death is approaching, and the period of suffering.</p> <p>There are cases in which a serious injury is followed by death relatively quickly. Factors which will inform the level of general damages include:</p> <ul style="list-style-type: none"><li>(i) the nature and extent of the injury</li><li>(ii) the nature of the traumatic event causing the injury</li><li>(iii) the degree and duration of pain and discomfort</li><li>(iv) the plaintiff's awareness of pain and discomfort</li><li>(v) the effect and effectiveness of medication and medical treatment on the plaintiff and any side effects</li><li>(vi) the length of the period of survival</li><li>(vii) the plaintiff's awareness of his impending death</li><li>(viii) loss of amenity.</li></ul> <p>There are many variables rendering it difficult to give meaningful guidelines. Immediate unconsciousness after the trauma causing the injury followed by death within a matter of weeks where it is clear that the plaintiff has not suffered may attract damages in the range of £12,000 whereas a trauma such as severe burns with lung damage causing</p>	

<p>excruciating pain for a significant period would attract a high award. There will be cases falling closer to one side of the range than another. Each case will call for a careful assessment by the court of all the circumstances to arrive at the appropriate award.</p>	
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<b>2. INJURIES INVOLVING PARALYSIS</b>	
<b>(a) Quadriplegia</b>  Considerations affecting the level of the award:  (i) Extent of residual movement (ii) Pain (iii) Effect on other senses (iv) Depression (v) Age and life expectancy.	£475,000 – £700,000
<b>(b) Paraplegia</b>  Considerations affecting the level of the award:  (i) Pain (ii) Depression (iii) Age and life expectancy.	£380,000 – £575,000

<b>3. HEAD INJURIES</b>	
<p><b>(a) Very Severe Brain Damage</b>                  In the most severe cases the plaintiff will be in a vegetative state; there may be recovery of eye opening and some return of sleep and waking rhythm and postural reflex movements; no evidence of meaningful response to environment. Unable to obey commands; no language functions and need for 24 hour nursing care.</p> <p>Considerations affecting the level of the award:</p> <ul style="list-style-type: none"> <li>(i) Insight – low insight or awareness will diminish general damages.</li> <li>(ii) Life expectancy</li> <li>(iii) Extent of physical limitations.</li> </ul>	£360,000 – £670,000
<p><b>(b) Moderately Severe Brain Damage</b>                  Severe disability. Conscious, but total dependency and requiring constant care. Disabilities may be physical, e.g. limb paralysis, or cognitive, with marked impairment of intellect and personality.</p> <p>Considerations affecting the level of the award:</p> <ul style="list-style-type: none"> <li>(i) Insight - low insight or awareness will diminish general damages.</li> <li>(ii) Life expectancy</li> <li>(iii) Extent of physical limitations.</li> </ul>	£250,000 – £550,000
<b>(c) Moderate Brain Damage</b>	
<ul style="list-style-type: none"> <li>(i) Moderate to severe intellectual deficit, a personality change, an effect on sight, speech and senses with an epileptic risk.</li> </ul>	£240,000 – £460,000
<ul style="list-style-type: none"> <li>(ii) Modest to moderate intellectual deficit, the ability to work is greatly reduced if not lost and there is a risk of epilepsy.</li> </ul>	£130,000 – £275,000

<p>(iii) Concentration and memory are affected, the ability to work is reduced and there may be a risk of epilepsy.</p>	<p>£45,000 – £175,000</p>
<p><b>(d) Minor Brain Damage</b></p>	<p>£40,000 – £90,000</p>
<p>A good recovery will have been made. The plaintiff can participate in normal social life and return to work but restoration of all normal functions is not implicit. There may still be persistent defects such as poor concentration and memory or disinhibition of mood which may interfere with lifestyle, leisure activity and future work prospects.</p> <p>Considerations affecting the level of the award:</p> <ul style="list-style-type: none"> <li>(i) Extent and severity of the initial injury</li> <li>(ii) Extent of any continuing and possibly permanent disability</li> <li>(iii) Extent of any personality change.</li> </ul>	
<p><b>(e) Head Injury</b></p>	<p>£3,500 – £37,500</p>
<p>This category is a broad one. Where a head injury involves other injuries or damage (e.g. loss of taste or smell, damage to hair, injury to the jaw, scarring, psychological or psychiatric damage and personality change) the level of damages will take account of the ranges applicable to these other injuries in addition to damages for physical injury to the head (e.g. by reason of a fractured skull). The damages will range from a lower end of about £3,500 in cases where a full recovery is established within a few weeks to cases of more longstanding sequelae. In more serious cases the damages may exceed the upper level of award shown.</p>	

<p>These are not cases of brain damage from which they must be distinguished.</p> <p>Considerations affecting the level of the award:</p> <ul style="list-style-type: none"> <li>(i) Severity of initial injury</li> <li>(ii) Period of recovery from acute symptoms</li> <li>(iii) Extent of continuing symptoms at trial</li> <li>(iv) Headaches</li> </ul> <p>Cases where there are one or two discrete epileptic episodes, or a temporary resurgence of epilepsy, but there is no risk of further recurrence beyond that applicable to the population at large.</p>	
<p><b>(f) Established Epilepsy</b></p>	<p>£85,000 – £185,000</p>
<p>This includes both Grand mal and Petit mal. The factors which will affect the award will be:</p> <ul style="list-style-type: none"> <li>(i) The existence of other associated behavioural problems</li> <li>(ii) Whether attacks are successfully controlled by medication and the extent to which the appreciation of the quality of life may be blunted by that medication.</li> </ul>	
<p><b>(g) Other Epileptic Conditions</b></p>	<p>£7,500 – £48,500</p>
<p>Cases where there are one or two discrete epileptic episodes, or a temporary resurgence of epilepsy, but there is no risk of further recurrence beyond that applicable to the population at large. The level of the award within the bracket will be affected by the extent</p>	

of any consequences of the attacks on, for example, education, sporting activities, working and social life, and their duration.	
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<p><b>4. PSYCHIATRIC DAMAGE</b></p>	
<p>The factors to be taken into account in valuing claims for psychiatric damage include the following:</p> <ul style="list-style-type: none"> <li>(i) Ability to cope with life, education and particularly work</li> <li>(ii) Effect on relationships with family, friends and those with whom he comes into contact <i>etc.</i></li> <li>(iii) Extent to which treatment would be successful</li> <li>(iv) Future vulnerability</li> <li>(v) Prognosis</li> <li>(vi) The extent and/or nature of any associated physical injuries</li> <li>(vii) Whether medical help has been sought.</li> </ul>	
<p><b>A. Psychiatric Damage Generally</b></p>	
<p><b>(a) Severe Psychiatric Damage</b> In these cases the injured person will have marked problems with respect to factors (i) to (iv) above and the prognosis will be very poor.</p>	<p>£82,000 – £210,000</p>
<p><b>(b) Moderately Severe Psychiatric Damage</b> In these cases there will be significant problems associated with factors (i) to (iv) above but the prognosis will be much more optimistic than in (a) above.</p>	<p>£47,500 – £125,000</p>
<p><b>(c) Moderate Psychiatric Damage</b> While there may have been the sort of problems associated with factors (i) to (iv) above there will have been marked</p>	<p>£12,000 – £48,500</p>

improvement by trial and the prognosis will be good.	
<p><b>(d) Minor Psychiatric Damage</b></p> <p>The level of the award will take into consideration the length of the period of disability and the extent to which daily activities and sleep are affected.</p>	Up to £15,000
<b>B. Post-traumatic Stress Disorder</b>	
<p>An increasingly large number of cases deal with a specific reactive psychiatric disorder in which characteristic symptoms are displayed following a psychologically distressing event outside the range of human experience which would be markedly distressing to almost everyone. Such symptoms would affect the basic functions such as breathing, pulse rate and bowel and / or bladder control. They would also involve persistent re-living of the relevant event, difficulty in controlling temper, in concentrating and in sleeping, and exaggerated startled response.</p> <p>There may be exceptional cases where consequences are so severe they equate more with the type of damage envisaged in paragraph A. above.</p>	
<p><b>(a) Severe</b></p> <p>Such cases will involve permanent effects which prevent the injured party from working at all or at least from functioning at anything approaching the pre-trauma level. All aspects of the life of the injured person will be badly affected.</p>	£60,000 – £120,000
<p><b>(b) Moderately Severe</b></p> <p>This category is distinct from (a) above because of the better prognosis where some recovery with professional help is anticipated. However, the effects are still likely to cause significant disability for the</p>	£45,000 – £95,000

foreseeable future.	
<b>(c) Moderate</b> In these cases the injured person will have largely recovered and any continuing effects will not be grossly disabling.	£12,000 – £48,500
<b>(d) Minor</b> In these cases a virtually full recovery will have been made within one to two years and only minor effects will persist over any longer period.	£4,500 – £13,000

<b>5. INJURIES AFFECTING THE SENSES</b>	
Loss of or damage to senses can be restricted to one particular sense, <i>e.g.</i> loss of one eye or total blindness or loss of the sense of smell. However, very often damage to senses can be caused by other injuries. In such cases damages are likely to be viewed as “multiple injuries” awards.	
<b>A. Injuries Affecting Sight</b>	
<b>(a) Total Blindness and Deafness</b>	£400,000 – £600,000
<b>(b) Total Blindness</b>	£275,000 – £485,000
<b>(c) Total Loss of One Eye</b>	£80,000 – £140,000
<b>(d) Loss of Sight in One Eye with Reduced Vision in the Remaining Eye</b>	
(i) Where there is serious risk of further deterioration in the remaining eye, going beyond the normal risk of sympathetic ophthalmia.	£145,000 – £240,000
(ii) Where there is reduced vision in the remaining eye and other problems are experienced <i>e.g.</i> double vision.	£97,500 – £185,000
<b>(e) Complete Loss of Sight in One Eye</b>	£70,000 – £130,000
<b>(f) Cases of serious but incomplete loss of vision in one eye without significant risk of loss of or reduction in vision in the remaining eye, or where there is constant double vision.</b>	£40,000 – £80,000
<b>(g) Minor but permanent impairment of vision in one eye including cases where there is some double vision which may not be constant.</b>	£17,500 – £60,000
<b>(h) Minor Eye Injuries</b>	Up to £18,750
<b>B. Deafness</b>	
The word “deafness” in this context is used to cover both total and partial hearing loss. However, in assessing awards for hearing loss regard must be had to the following:	
(i) Whether the injury complained of is:	
(a) A hearing impairment	
(b) A disability	

(c) A handicap.	
(ii) Whether the injury is one that has an immediate effect of causing one or more of the disabilities above or whether the same occurred over a period of time, <i>e.g.</i> in noise exposure cases.	
(iii) Whether the injury / disability is one that the plaintiff has suffered at an early age with the result that the same has had an effect upon his speech or if it is one that he has suffered in later life.	
<b>(a) Total Deafness and Loss of Speech or Gross Impairment of Speech</b>	£290,000 – £500,000
<b>(b) Total Deafness</b>	£200,000 – £300,000
<b>(c) Total Loss of Hearing in One Ear</b>	£40,000 – £75,000
<b>(d) Partial Hearing Loss / Tinnitus</b>	
(i) Severe tinnitus The higher end of the range will be appropriate where there is a high level of tinnitus with hearing loss and psychological sequelae. In very severe cases the level of damages is likely to exceed £70,000 though care should be taken not to overcompensate the plaintiff if damages are also awarded for psychiatric injury brought on by the tinnitus.	£40,000 – £80,000
(ii) Moderate tinnitus and hearing loss	£20,000 – £42,000
(iii) Mild or occasional tinnitus with some hearing loss	Up to £20,000
<b>C. Impairment of Taste and Smell</b>	
<b>(a) Total Loss of Taste and Smell</b>	£40,000 – £75,000
<b>(b) Loss of Smell and Loss of Taste</b> The higher end of the range will be appropriate in cases of total loss of smell with a significant loss of taste. Total loss of smell	£34,000 – £65,000

<p>nearly always leads to some loss of taste. The damages in this category will reduce the greater the plaintiff's residual sense of smell and taste.</p>	
<p><b>(c) Loss of Smell</b>  A plaintiff who suffers from a loss of sense of smell will normally suffer a loss of a sense of taste. See above. In a case where the plaintiff falls to be compensated for a loss of a sense of smell on its own the upper range figure would be appropriate in a case of a total loss of the sense of smell. The damages will diminish the greater the residual sense of smell.</p>	<p>£34,000 – £55,000</p>
<p><b>(d) Loss of Taste</b>  In a case where the plaintiff falls to be compensated for a loss of a sense of taste on its own the upper range figure would be appropriate in a case of a total loss of the sense of taste. The damages will diminish the greater the residual sense of taste.</p>	<p>£22,500 – £42,000</p>

<b>6. INJURIES TO INTERNAL ORGANS</b>	
<p><b>A. Chest Injuries</b></p> <p>This is an especially difficult area because the vast majority of cases relate to industrial <i>disease</i> (dealt with in paragraph <b>B.</b> below) as distinct from traumatic <i>injury</i> and the level of the appropriate award for lung disease necessarily reflects the prognosis for the future and / or the risks of development of secondary sequelae (such as mesothelioma). When assessing claims it must be borne in mind that particular injuries may not fit neatly within the following categories and the appropriate damages may lie somewhere between the ranges.</p>	
<p><b>(a) Most serious cases</b></p> <p>These will include cases involving the removal of one lung with considerable pain and discomfort.</p>	£180,000 – £245,000
<p><b>(b) Traumatic injuries to the chest involving the lung(s) and/or heart causing permanent damage and impairment of function, physical injury and reduction of life expectancy.</b></p>	£110,000 – £180,000
<p><b>(c) Damage to the chest and lung(s) causing continuing disability</b></p>	£25,000 – £110,000
<p><b>(d) A relatively simple injury such as a simple penetrating wound causing some permanent damage to tissue but with no significant long term effect on lung function</b></p>	£12,000 – £21,000
<p><b>(e) Injuries leading to collapsed lung from which a full recovery is made</b></p>	£8,500 – £17,000
<p><b>(f) Smoke inhalation which is not serious enough to interfere permanently with lung function.</b></p> <p>Relevant factors to be considered will include:</p> <p>(i) the degree, nature and duration of interference with lung function</p>	£6,000 – £24,000

<ul style="list-style-type: none"> <li>(ii) the nature and duration of the residual symptomology</li> <li>(iii) the degree, nature and duration of breathing difficulty</li> <li>(iv) the degree, nature and duration of physical discomfort</li> <li>(v) the impact on quality of life</li> <li>(vi) the long term prognosis.</li> </ul> <p>The lower end of the range reflects some minor residual damage of short duration. The upper end reflects more long term residual though not serious sequelae. Where the sequelae are more serious and/or more long term the damages will fall to be assessed by reference to the figures in (c) above.</p>	
<p>(g) Fractures of ribs or soft tissue injuries causing serious pain and disability over a period. The award will depend (inter alia) on the number of ribs involved, the degree and duration of the pain and discomfort and the prognosis. <b>Long term or permanent pain will attract an award in excess of the upper figure in the range.</b></p>	Up to £20,000
<p><b>B. Lung Disease</b></p>	
<p>(a) Pleural Plaques. On their own, asymptomatic pleural plaques would justify an award in the region of £3,500. It is unlikely that any case of distress and anxiety caused by a diagnosis of pleural plaques, absent some evidence of grave psychiatric sequelae, will recover outside the bracket of £6,000 - £17,500 however long the stress or anxiety lingers on.</p>	£3,500 – £17,500
<p>(b) Pleural thickening with functional impairment. This is a final award to include the risk of subsequent developments adversely affecting the respiratory condition such as further pleural thickening,</p>	£25,000 – £50,000

asbestosis, mesothelioma and lung cancer.	
(c) Minimal to mild asbestosis with at most slight impairment of function and quality of life. Award on a full and final basis to include future risks of deterioration and asbestosis, mesothelioma and lung cancer.	£34,000 – £60,000
(d) Moderate to severe asbestosis with considerable impairment of function and quality of life. Award on a full and final basis to include all future risks of deterioration, mesothelioma and lung cancer.	£50,000 – £100,000
(e) Lung cancer or mesothelioma where death within a few years of trial is inevitable.	£100,000 – £200,000
(f) Occupational asthma with impairment of function and quality of life.	£35,000 – £70,000
(g) Aggravation of a pre-existing, constitutional Asthma.	£17,000 – £50,000
(h) Chronic Bronchitis or Chronic Obstructive Airways Disease.	£15,000 – £50,000
(i) Mild respiratory conditions, including mild bronchitis (usually resulting from unfit housing or similar exposure, particularly in cases of young children) treated by a general practitioner and resolving within a few months.	Up to £9,000
<b>C. Digestive System</b>	
It is to be noted that the risk of associated damage to the reproductive organs is frequently encountered in cases of this nature and requires separate consideration.	
(a) Serious damage with continuing pain or discomfort	£42,000 – £100,000
(b) Serious non-penetrating injury causing long-standing or permanent complications, e.g. severe indigestion, aggravated by physical strain.	£24,000 – £42,000
(c) Penetrating stab wounds or industrial laceration or seat belt pressure cases.	£8,500 – £24,000

<p>(d) <b>Illness/Damage Resulting from Non-traumatic Injury, e.g. Food Poisoning.</b> There will be a marked distinction between those, comparatively rare, cases having a long-standing or even permanent effect on quality of life and those in which the only continuing symptoms may be allergy to specific foods and the attendant risk of short-term illness.</p>	
<p>(i) Severe toxicosis causing serious acute pain, vomiting, diarrhoea and fever, requiring hospital admission for some days or weeks and some continuing incontinence, haemorrhoids and irritable bowel syndrome, having a significant impact on ability to work and enjoyment of life.</p>	<p>£60,000 – £210,000</p>
<p>(ii) Serious food poisoning, diarrhoea and vomiting diminishing over two to four weeks but leaving residual discomfort for a protracted period.</p> <p>Contributing factors may include: -</p> <ul style="list-style-type: none"> <li>• disturbance of bowel function</li> <li>• impact on sex life</li> <li>• enjoyment of food.</li> </ul>	<p>£20,500 – £48,500</p>
<p>(iii) Food poisoning causing significant discomfort, stomach cramps, alteration of bowel function and fatigue. Hospital admission for some days with significant symptoms lasting for some time but complete recovery within two years.</p>	<p>£7,000 – £21,000</p>
<p>(iv) Varying degrees of disabling pain, cramps and diarrhoea continuing for a short period of time.</p>	<p>Up to £7,000</p>

<p><b>D. Reproductive System</b></p> <p>The assessment of damages in this category requires a careful consideration of the differing issues of (a) loss of or interference with sexual function (b) loss of libido (c) loss of fertility (d) incontinence and the impact these have on the quality of the plaintiff's life. The range of injuries involved may include total loss of or serious damage to the genitals, physical scarring, psychiatric damage including depression (often associated with infertility and loss of sexual pleasure and function), loss of amenity, interference with, serious damage to or destruction of personal relationships. The factors which will be relevant will include the age of the plaintiff and whether he or she has children or planned to have children or more children. The damages payable to a young person without children will be likely to be at the upper end of the range particularly where the loss of sexual function is complete and untreatable. In the case of infertility amounting to little more than an insult (<i>e.g.</i> where the plaintiff has no intention of having children or is past child bearing years the damages may be in the region of £12,000 - £18,000). Damages may be awardable in addition for <i>e.g.</i> scarring or psychiatric damage.</p>	
<p><b>Male</b></p>	
<p>(a) Loss of genitals. Total loss will be towards the top of the range</p>	<p>Up to £250,000</p>
<p>(b) Impotence and loss of sexual function</p>	<p>Up to £180,000</p>
<p>(c) Infertility</p>	<p>Up to £120,000</p>
<p><b>Female</b></p>	
<p>(a) Injuries rendering sexual intercourse painful and unpleasant combined with loss of libido and infertility</p>	<p>Up to £200,000</p>
<p>(b) Infertility Awards at the top of the range may include</p>	<p>Up to £150,000</p>

cases where there is removal of uterus	
(c) Failed sterilization leading to unwanted pregnancy	£24,000 – £36,000
<b>E. Kidney</b>	
(a) Serious and permanent damage to or loss of both kidneys.	£170,000 – £250,000
(b) Where there is significant risk of future urinary tract infection or other total loss of natural kidney function. Such cases will invariably carry with them substantial future medical expenses which, in this field, are particularly high.	£75,000 – £120,000
(c) Loss of kidney with no damage to the other.	£40,000 – £60,000
<b>F. Bowels</b>	
(a) Total loss of natural function and dependence on colostomy.	£120,000 – £210,000
(b) Impaired function with continuing problems and accidents and embarrassment.	£60,000 – £100,000
(c) Severe abdominal injury causing impairment of function and often necessitating temporary colostomy (leaving disfiguring scars) and/or restriction on employment and on diet.	£60,000 – £90,000
(d) Penetrating injuries causing some permanent damage but an eventual return to natural function control.	£20,000 – £50,000
<b>G. Bladder</b>	
(a) Complete loss of natural function and control.	£125,000 – £170,000
(b) Impairment of control with some pain and incontinence.	£50,000 – £100,000
(c) Where there has been an almost complete recovery but some fairly long term interference with natural function.	£21,000 – £42,000
The cancer risk cases still occupy a special category and can properly attract awards at the top of the range even where natural function continues for the time being. Once the prognosis is firm and reliable the award must reflect the loss	

<p>of life expectancy, the level of continuing pain and suffering and most significantly the extent to which the plaintiff has to live with the knowledge of the consequences which his death will have for others.</p>	
<p><b>H. Spleen</b></p>	
<p>Present medical opinion suggests that this organ is more important throughout life than was previously thought.</p> <p>Loss of spleen where there is a continuing risk of internal infection and disorders due to the damage to the immune system.</p>	<p>£34,000 – £50,000</p>
<p><b>I. Hernia</b></p>	
<p>(a) Continuing pain and / or limitations on physical activities, sport or employment excluding the migration of mesh into the bowel or post-operative infection.</p>	<p>£18,000 – £34,000</p>
<p>(b) Uncomplicated inguinal hernia with no other associated abdominal injury or damage.</p>	<p>£5,000 – £15,000</p>
<p>(c) Vasectomy leaving prolonged groin pain. The plaintiff may suffer additional psychiatric damage which may be the subject of an additional award.</p>	<p>Up to £50,000</p>

<b>7. ORTHOPAEDIC INJURIES</b>	
<b>A. Neck Injuries</b>	
<p>There is a very wide range of neck injuries. Many are found in conjunction with back and shoulder problems.</p> <p>The assessment of damages for whiplash injuries requires particular care. Allegations of such injuries are easily made and not easily disproved. The medical experts are reliant on the honesty of plaintiffs. The evidence relating to such a claim requires careful scrutiny. It is for the plaintiff to prove the existence and the nature and extent of the injuries. Exaggerated claims may call into question the very existence of whiplash injury. They may also result in the court being unable to be satisfied on the evidence as to the nature and extent of the alleged whiplash injury. Where the court is not satisfied on a balance of probabilities of the existence of a whiplash injury there will be no award. Where the court is not satisfied on a balance of probabilities that the injury is of the nature and extent alleged the court may be left without any credible evidence on which to base an award. The court should make its findings of fact on the issues of:</p> <p>(i) Whether a whiplash injury was sustained; and</p> <p>(ii) If so, the nature and extent of the injury.</p> <p>The court should avoid simply making a small award to avoid the necessity of making its findings on (i) and (ii).</p>	
<b>(a)</b> Neck injury associated with incomplete paraplegia or resulting in permanent spastic quadriparesis or where despite the wearing of	£145,000 – £370,000

a collar 24 hours a day for a period of years, the neck could still not move and severe headaches have proved intractable.	
(b) Injury falling short of the disability in (a) above but being of considerable severity, e.g. permanent damage to the brachial plexus.	£90,000 – £180,000
(c) The injury is such as to cause severe damage to soft tissues and / or ruptured tendons and results in significant disability of a permanent nature.	£40,000 – £130,000
(d) Injuries and fractures or dislocation causing severe immediate symptoms or necessitating spinal fusion leaving significantly impaired function or vulnerability to further trauma, pain and limitation of activities.	£50,000 – £90,000
(e) Whiplash or wrenching-type injury and disc lesion of the more severe type, which may result in cervical spondylosis, serious limitation of movement, permanent or recurring pain, stiffness or discomfort, the potential need for further surgery or increased vulnerability to trauma.	£30,000 – £60,000
(f) Relatively minor injuries which may or may not have exacerbated or accelerated some pre-existing unrelated condition but with, in any event, a complete recovery within a few years. This bracket will also apply to moderate whiplash injuries where the period of recovery is fairly protracted and where there is an increased vulnerability to further trauma.	£12,500 – £30,000
(g) <b>Minor neck injuries</b> This bracket includes minor soft tissue injuries. Whilst the duration of symptoms will always be important, the level of award will also be influenced by factors such as:  <ul style="list-style-type: none"> <li>• the severity of the neck injury;</li> </ul>	

<ul style="list-style-type: none"> <li>• the intensity of pain experienced and the consistency of symptoms;</li> <li>• the presence of additional symptoms in the back and/or shoulder and/or referred headaches;</li> <li>• the impact of the symptoms on the injured person's ability to function in everyday life and engage in social/recreational activities;</li> <li>• the impact of the injuries on the injured person's ability to work;</li> <li>• the extent of any treatment required;</li> <li>• the need to take medication to control symptoms of pain and discomfort.</li> </ul>	
(i) Where a full recovery takes place within a period of about one to two years. This bracket will also apply to short-term acceleration and/or exacerbation injuries, usually between one and two years.	Up to £12,500
(ii) Where a full recovery takes place within a period of several months and a year. This bracket will also apply to very short-term acceleration and/or exacerbation injuries, usually less than one year.	Up to £5,000
(iii) Where a full recovery is made within a period of a few days, a few weeks or a few months.	Up to £3,000
<b>B. Back and other Upper Body Injuries</b>	
(a) The most severe of back injuries which fall short of paralysis but the results of which include, e.g. impotence.	£150,000 – £300,000
(b) Special features exist which take the particular injury outside any lower bracket applicable to orthopaedic damage to the back, e.g. impaired bladder and bowel function, severe sexual difficulties and unsightly scarring.	£70,000 – £140,000
(c) Serious back injury, involving disc lesions or	£60,000 – £110,000

<p>fractures of vertebral bodies where, despite treatment, there remains continuing pain or discomfort, considerations affecting the level of award may include: - impaired agility and sexual function, depression, personality change, alcoholism, unemployability and the risk of arthritis.</p>	
<p><b>(d)</b> Permanent residual disability albeit of less severity than in the higher bracket. This bracket contains a large number of different types of injury; for instance</p> <p>(i) a crush fracture of the lumbar vertebrae with risk of osteoarthritis and constant pain and discomfort and impaired sexual function</p> <p>(ii) traumatic spondylolisthesis with continuous pain and risk of spinal fusion</p> <p>(iii) prolapsed intervertebral disc with substantial acceleration of back degeneration.</p>	<p>£35,000 – £60,000</p>
<p><b>(e) Moderate Back Injuries</b></p> <p>A wide variety of injuries qualify for inclusion within this bracket. The precise figure depends upon the severity of the original injury and / or the existence of some permanent or chronic disability.</p>	<p>£17,000 – £50,000</p>
<p><b>(f) Minor Back Injuries</b></p> <p>This bracket includes injuries such as sprains, strains and soft tissue injuries which are less serious. As with minor neck injuries, whilst the duration of symptoms will always be important, the level of award will also be influenced by factors such as:</p> <ul style="list-style-type: none"> <li>• the severity of the original injury;</li> <li>• the degree of pain experienced and the consistency of symptoms;</li> <li>• the presence of any additional symptoms</li> </ul>	

<p>in other parts of the anatomy;</p> <ul style="list-style-type: none"> <li>• the impact of the symptoms on the injured person’s ability to function in everyday life and engage in social/recreational activities;</li> <li>• the impact of the injuries on the injured person’s ability to work;</li> <li>• the extent of any treatment required;</li> <li>• the need to take medication to control symptoms of pain and discomfort.</li> </ul>	
<p>(i) Where a full recovery or a recovery to nuisance level takes place without surgery within about two to five years. This bracket will also apply to shorter term acceleration and/or exacerbation injuries, usually between two and five years.</p>	<p>£12,000 – £30,000</p>
<p>(ii) Where a full recovery takes place without surgery within a period of several months and two years. This bracket will also apply to very short-term acceleration and/or exacerbation injuries, usually less than two years.</p>	<p>Up to £18,000</p>
<p>(iii) Where a full recovery is made within a period of a few days, or a few weeks or a few months.</p>	<p>Up to £4,000</p>
<p><b>(g) Fracture of sternum.</b> On-going symptoms depending on severity, duration and prognosis may attract damages in excess of this sum.</p>	<p>Up to £20,000</p>
<p><b>C. Injuries to Pelvis and Hips</b></p>	
<p><b>(a)</b> Extensive fractures of the pelvis involving, <i>e.g.</i> dislocation of a lower back joint and a ruptured bladder or a hip injury resulting in spondylolisthesis of a low back joint with intolerable pain necessitating spinal fusion. Substantial residual disabilities, such as a complicated arthrodesis with residual lack of</p>	<p>£110,000 – £185,000</p>

<p>bowel and bladder control, sexual dysfunction or hip deformity necessitating the use of a calliper, will be inevitable.</p>	
<p>(b) Less serious injury to hip or pelvis but with particular distinguishing features taking them out of any lower bracket.</p>	£75,000 – £135,000
<p><b>(c) Less Complicated Injury to the Hip or Pelvis</b></p>	£60,000 – £100,000
<p>A variety of injuries fall within this bracket, such as a fracture of the acetabulum leading to degenerative changes and leg instability requiring an osteotomy and the likelihood of hip replacement surgery in the years ahead; or the fracture of an arthritic femur or hip necessitating the insertion of a hip joint; or a fracture resulting in hip replacement surgery being only partially successful with a clear risk of a need for revision surgery.</p>	
<p><b>(d) Injuries to pelvis interfering with natural childbirth and requiring Caesarean Section:</b></p> <p>(i) Where no previous children</p> <p>(ii) Where previous child or children</p>	<p>£35,000 – £55,000</p> <p>£25,000 – £45,000</p>
<p>(e) Significant injury to the pelvis or hip but where any permanent disability is not major nor any future risk great.</p>	£30,000 – £70,000
<p>(f) Relatively minor hip or pelvic injuries with no residual disability.</p>	Up to £25,000
<p><b>D. Amputation of Arms</b></p>	
<p><b>(a) Loss of Both Arms</b></p> <p>The high figure would normally apply where the arms are lost at the shoulder region.</p>	£340,000 – £600,000
<p><b>(b) Loss of One Arm</b></p> <p>The value of a lost arm depends upon:</p> <p>(i) Whether it is amputated below or above the elbow. The loss of the additional joint obviously adds greatly to the disability.</p>	

<p>(ii) Whether or not the amputation was of the dominant arm.</p> <p>(iii) The intensity of any phantom pains</p>	
<p>(1) <i>Arm amputated at the shoulder</i></p>	£150,000 – £210,000
<p>(2) <i>Above elbow amputation</i>  A shorter stump may create difficulties in the successful use of a prosthesis. This will make the level of the award towards the top end of the bracket. Amputation through the elbow however will normally produce an award at the lower end of the bracket.</p>	£110,000 – £170,000
<p>(3) <i>Below elbow amputation</i>  Amputation through the forearm with residual severe organic and phantom pains would attract an award at the upper end of the bracket.</p>	£90,000 – £140,000
<p><b>E. Other Arm Injuries</b></p>	
<p><b>(a) Severe Injuries</b>  Injuries which in terms of their severity fall short of amputation but which are extremely serious in their own right and leave the plaintiff little better off than if he had lost his arm.</p>	£110,000 – £150,000
<p><b>(b) Injuries Resulting in Permanent and Substantial Disablement</b>  Examples are serious fractures of one or both forearms where there is significant permanent residual disability whether functional or cosmetic.</p>	£50,000 – £85,000
<p><b>(c) Less Severe Injury</b>  While there will have been significant disabilities, a substantial degree of recovery</p>	£17,000 – £50,000

will have taken place or will be anticipated.	
<b>(d) Simple Fractures of the Forearm</b>	Up to £17,000
<b>F. Shoulder Injuries</b>	
<p><b>(a) Serious Injury</b></p> <p>Dislocation of the shoulder and damage to the lower part of the brachial plexus causing pain in shoulder and neck, aching in elbow, sensory symptoms with forearm and hand and weakness of grip. The higher level would be appropriate where there is damage to the brachial plexus resulting in significant disability. This does not include injuries which fall more properly under loss of arm which is dealt with at para. <b>D.</b> sub-para. <b>(b)</b> above.</p>	£25,000 – £90,000
<p><b>(b) Moderate Injury</b></p> <p>Frozen shoulder with limitation of movement and discomfort with symptoms persisting for some years.</p>	£12,000 – £30,000
<p><b>(c) Minor Injury</b></p> <p>(i) Simple fracture of clavicle with good recovery</p>	Up to £14,000
<p>(ii) Soft tissue injury to shoulder with considerable pain but almost complete recovery in less than one year.</p>	Up to £12,000
<b>G. Injuries to the Elbow</b>	
<b>(a) A Severely Disabling Injury</b>	£42,000 – £85,000
<p><b>(b) Less Severe Injuries</b></p> <p>These injuries lead to impairment of function but do not involve major surgery or significant disability.</p>	£17,000 – £42,000
<p><b>(c) Moderate or Minor Injury</b></p> <p>Most elbow injuries fall into this category. They comprise a simple fracture, tennis elbow syndrome and lacerations; i.e. those injuries which cause no permanent damage and do not result in any permanent</p>	Up to £17,000

impairment of function.	
<b>H. Wrist Injuries</b>	
(a) Injuries resulting in complete loss of function in the wrist. Deformity may increase the award depending on severity.	£42,000 – £87,000
(b) Injury resulting in significant permanent residual disability.	£34,000 – £70,000
(c) Less severe but still permanent disability as, <i>e.g.</i> persisting pain and stiffness.	£21,000 – £50,000
(d) Where recovery is complete. The appropriate position in the bracket will depend on such factors as:  (i) the nature and extent of the original injury (ii) the treatment required, (iii) the time taken to achieve a full recovery (iv) the effects on the injured party.	Up to £17,000
(e) An uncomplicated Colles' fracture.	Up to £9,000
(f) Very minor undisplaced or minimally displaced fractures and soft tissue injuries necessitating application of plaster or bandage for a matter of weeks and a full or virtual recovery within up to 12 months or so.	Up to £7,000
<b>I. Hand Injuries</b> Of the arm, the hand is both functionally and cosmetically the most important feature. The loss of a hand is valued close to the amount which would be awarded for loss of an arm. The upper end of any bracket will generally be appropriate where the material injury is to the dominant hand.	
(a) <b>Total Effective Loss of Both Hands</b> Serious injury resulting in extensive damage to both hands.	£250,000 – £425,000
(b) <b>Serious damage to both hands</b> giving rise to permanent cosmetic disability and significant loss of function.	£100,000 – £210,000

<p><b>(c) Total or Effective Loss of One Hand</b>          This bracket will apply to a hand which was crushed or thereafter surgically amputated or where all fingers and most of the palm have been traumatically amputated. The upper end of the bracket is indicated where the hand so damaged was the dominant one.</p>	<p>£85,000 – £145,000</p>
<p><b>(d) Serious Hand Injuries</b>          For example, loss reducing hand to 50% capacity with, <i>e.g.</i> several fingers amputated and rejoined to hand leaving it clawed, clumsy and unsightly or amputation of some fingers together with part of the palm resulting in gross diminution of grip and dexterity and gross cosmetic disfigurement.</p>	<p>£72,000 – £135,000</p>
<p><b>(e) Moderate Hand Injury</b>          This is a broad category which will include crush injuries penetrating wounds soft tissue type injuries and deep lacerations. The top of the range would be appropriate where there is loss of sensation and scarring, permanent disability and surgery has failed.</p>	<p>£18,000 – £72,500</p>
<p><b>(f) Minor Hand Injuries</b>          Where recovery occurs within a short period the award will be significantly lower. Pain and reduction in functional use will be relevant aggravating features.</p>	<p>Up to £18,000</p>
<p><b>(g) Severe fractures to fingers</b> with partial amputations resulting in deformity, impairment of grip, reduced mechanical function and disturbed sensation.</p>	<p>£40,000 – £85,000</p>
<p><b>(h) Total Loss of Index Finger</b></p>	<p>£32,500 – £50,000</p>
<p><b>(i) Partial Loss of Index Finger</b> or injury giving rise to disfigurement and impairment of grip or dexterity.</p>	<p>£20,000 – £42,000</p>
<p><b>(j) Fracture of Index Finger</b>          This level is appropriate where a fracture</p>	<p>Up to £17,000</p>

mended quickly but grip has remained impaired, there is pain on heavy use and osteoarthritis is likely in due course.	
<b>(k) Total Loss of Middle Finger</b>	£24,000 – £42,000
<b>(l) Total loss of both Ring and Little Fingers</b>	£35,000 – £60,000
<b>(m) Serious Injury to Ring or Middle Fingers</b>	£17,000 – £34,000
<b>(n) Loss of the Terminal Phalanx of the Ring or Middle Fingers</b>	£12,000 – £24,000
<b>(o) Total loss of Little Finger</b> The little finger is the main contributor to effective grip in the hand and has a greater functional importance than might be thought.	£24,000 – £42,000
<b>(p) Loss of Part of the Little Finger</b> where the remaining tip is unusually sensitive.	£10,000 – £17,500
<b>(q) Amputation of index, middle and/or ring fingers</b> , rendering hand of very little use with exceedingly weak grip.	£70,000 – £140,000
<b>(r) Partial amputation of Ring and Little Fingers</b>	Up to £36,000
<b>(s) Amputation of the terminal phalanges of the index and middle fingers</b> with further injury to the fourth finger, scarring and restriction of movement with grip and fine handling impaired.	£24,000 – £42,000
<b>(t) Fracture of one finger</b> with complete recovery within a few weeks.	Up to £5,000
<b>(u) Total Loss of Thumb</b>	£45,000 – £75,000
<b>(v) Very Serious Injury to Thumb</b>	£35,000 – £60,000
<b>(w) Injury to thumb</b> involving amputation of tip, nerve damage or fracture necessitating insertion of wires, and operative treatment leaving limb cold and ultra-sensitive, or leading to impairment of grip and loss of manual dexterity.	£24,000 – £42,000
<b>(x) Moderate Thumb Injuries</b>	£17,000 – £30,000
<b>(y) Severe Dislocation of the Thumb</b>	Up to £15,000
<b>(z) Minor Thumb Injuries</b>	Up to £12,500

<p>Such as a minor dislocation or sprain or laceration with or without some minor functional sequelae.</p>	
<p><b>J. Work-related Upper Limb Disorders</b></p>	
<p>This section covers a range of upper limb injury in the form of the following pathological conditions from finger to elbow.</p> <ul style="list-style-type: none"> <li>• <i>Tenosynovitis</i>. Inflammation of synovial sheaths of tendons usually resolving with rest over a short period. Sometimes it leads to continuing symptoms of loss of grip and dexterity.</li> <li>• <i>De Quervain's tenosynovitis</i>. A form of <i>tenosynovitis</i>, rarely bilateral, involving inflammation of the tendons of the thumb.</li> <li>• <i>Tenovaginitis stenovans</i>. Otherwise trigger finger / thumb: thickening of tendons.</li> <li>• <i>Carpal tunnel syndrome</i>. Constriction of the median nerve of the wrist or thickening of surrounding tissue, often relieved by decompression operation.</li> <li>• <i>Epicondylitis</i>. Inflammation in the elbow joint: medial (golfer's elbow), lateral (tennis elbow).</li> </ul> <p>The various levels of award below apply to each such condition. The following considerations affect the level of award regardless of the precise condition:</p> <ol style="list-style-type: none"> <li>1. Bilateral or one-sided</li> <li>2. Level of symptoms (pain, swelling, tenderness, crepitus)</li> <li>3. Ability to work</li> <li>4. Capacity to avoid recurrence of symptoms</li> </ol>	
<p>(a) Continuing bilateral disability with surgery</p>	<p>£21,000 – £50,000</p>

and loss of employment.	
(b) Continuing symptoms, but fluctuating and unilateral.	£17,000 – £34,000
(c) Symptoms resolving over two years	£10,000 – £14,000
(d) Complete recovery within a short period	Up to £9,500
<b>Cases of Vibration White Finger</b>  (This is not an orthopaedic injury).  This is a particular form of Raynaud’s phenomenon caused by prolonged exposure to vibration:	
(i) Extensive blanching of most fingers with episodes in summer and winter of such severity as to necessitate changing occupation to avoid further exposure to vibration.	£21,000 – £34,000
(ii) Blanching of one or more fingers with numbness. Usually occurring only in winter and causing slight interference with home and social activities.	£12,000 – £20,000
(iii) Blanching of one or more fingertips, with or without tingling and numbness.	Up to £12,500
<b>K. Leg Injuries</b>	
(a) <b>Total Loss of Both Legs</b>	£300,000 – £475,000
(b) <b>Below Knee Amputation of Both Legs</b>	£200,000 – £400,000
(c) <b>Above Knee Amputation of One Leg</b>	£200,000 – £300,000
(d) <b>Below Knee Amputation of One Leg</b>	£140,000 – £245,000
(e) <b>Leg Injuries</b>	
(i) There are some injuries which, although not involving amputation of the leg, are nevertheless so severe that the courts have awarded damages in the same region.  Examples would be a degloving injury from knee to ankle, gross shortening of the leg, non-union of fractures and extensive bone grafting.	£100,000 – £250,000
(ii) Awards within this bracket will be made	£100,000 – £210,000

<p>where the injuries leave permanent disability necessitating the use of crutches for the remainder of a person's life with very limited walking capacity; where multiple fractures have taken years to heal with resulting leg deformity and limitation of movement; or where arthrosis has developed in <i>e.g.</i> the knee joint and further surgical treatment is likely to be necessary.</p>	
<p>(iii) A claim may be brought within this bracket by reason of some factors such as significant damage to a joint or ligaments causing instability, prolonged treatment or a lengthy period of non-weight bearing, substantial and unsightly scarring, the likelihood of arthrodesis to the hip, the near certainty of arthritis setting in, the gross restriction of walking capacity and the need for hip replacement. A combination of such features will be necessary to justify such an award.</p>	<p>£75,000 – £160,000</p>
<p>(iv) This level of award still applies to relatively serious injuries, including severe, complicated or multiple fractures. The position of an award within this bracket will be influenced by the period of time off work and by the presence or risk of degenerative changes, imperfect union of fractures, muscle wasting, limited joint movements, instability of the knee, unsightly scarring and permanently increased vulnerability to damage.</p>	<p>£50,000 – £120,000</p>
<p>(v) Most awards that fall within this range comprise fractures where there has been incomplete recovery.</p>	<p>£30,000 – £70,000</p>

<p>Examples are:</p> <p>A defective gait, a limp, impaired mobility, sensory loss, discomfort or an exacerbation of a pre-existing disability.</p>	
<p>(vi) Simple fracture of femur, with no damage to articular surfaces.</p>	£14,000 – £24,000
<p>(vii) Simple fracture of the tibia or fibula with complete recovery will attract a figure towards the top of the bracket. Below that level will be a variety of different types of soft tissue injuries, lacerations, cuts, severe bruising or contusions all of which will have recovered completely or almost completely, with any residual disability comprising scarring or being of a minor nature.</p>	Up to £17,000
<p><b>L. Knee Injuries</b></p>	
<p>(a) This bracket is appropriate to the serious knee injury where there has been disruption of the joints, gross ligamentous damage, lengthy treatment, considerable pain and loss of function and an arthrodesis has taken place or is inevitable.</p>	£60,000 – £120,000
<p>(b) This applies where a leg fracture extends into the knee-joint causing pain which is constant, permanent, limits movement or impairs agility and renders the injured person prone to osteoarthritis and the risk of arthrodesis.</p>	£50,000 – £100,000
<p>(c) The injuries justifying awards falling within this bracket are less serious than those in the higher bracket and / or result in less severe disability. There may be continuing symptoms by way of pain or discomfort and limitation of movement or instability and deformity with the risk of degenerative changes occurring in the long term,</p>	£34,000 – £60,000

consequent upon ligamentous or meniscal injury, damage to the kneecap or muscular wasting.	
(d) This bracket is appropriate to cases involving a torn cartilage or meniscus, dislocation, ligamentous damage and the like or injuries which accelerate symptoms from a pre-existing condition but which injuries additionally result in minor instability, wasting, weakness or other mild future disability.	£25,000 – £40,000
(e) Awards in this bracket will be made in respect of injuries less serious than but similar to bracket (d) or in respect of lacerations, twisting or bruising injuries. Injuries resulting in continuous aching or discomfort or occasional pain will attract awards towards the upper end of the bracket.	Up to £21,000
<b>M. Ankle Injuries</b>	
(a) Examples of injuries in this bracket include: Transmalleolar fracture of the ankle with extensive soft tissue damage resulting in deformity and the risk that any future injury to the leg might necessitate a below knee amputation. Bilateral ankle fractures causing degeneration of the joints at a young age necessitating arthrodesis.	£58,000 – £120,000
(b) Awards in this bracket are justified where the ankle injury is severe necessitating an extensive period of treatment and / or lengthy period in plaster or with pins and plates inserted and where there is significant residual disability by way of ankle instability, severely limited ability to walk <i>etc.</i> The position within the bracket will, in part, be determined by, <i>e.g.</i> a failed arthrodesis, regular disturbance of sleep, unsightly operational scarring and any need to wear	£50,000 – £100,000

special footwear.	
(c) This would include fractures, ligamentous tears and the like, giving rise to less serious disabilities such as difficulty walking over uneven ground, awkwardness on stairs, irritation from metal plates and residual scarring.	£24,000 – £60,000
(d) Less serious, minor or undisplaced fractures, sprains and ligamentous injuries. The position within the scale will be determined by whether or not a complete recovery has been made and if not whether there is any tendency for the ankle to give way, any scarring, aching or discomfort, or the possibility of later osteoarthritis.	Up to £24,000
<b>N. Achilles Tendon</b>	
(a) Where there has been severance of the tendon and peroneus longus muscle giving rise to cramp, swelling and restricted ankle movement necessitating the cessation of active sports.	£30,000 – £60,000
(b) This figure is appropriate for an injury resulting in complete division of the tendon, followed by a successful repair operation but leaving residual weakness, a limitation of ankle movements, a limp and residual scarring with further improvement unlikely.	£25,000 – £42,000
(c) Complete division of the tendon but with no significant functional disability.	£12,000 – £25,000
(d) Ankle turned resulting in damage to tendon and feeling of being unsure of ankle support.	£9,000 – £18,000
<b>O. Foot Injuries</b>	
(a) <b>Amputation of Both Feet</b>	£200,000 – £400,000
(b) <b>Amputation of One Foot</b>	£150,000 – £250,000
(c) Serious foot injuries such as traumatic amputation of a forefoot when its effect was to exacerbate a pre-existing back problem and where there was a significant risk of the need	£90,000 – £180,000

<p>for complete amputation. Similarly an injury resulting in the loss of a substantial portion of the heel with limited mobility.</p>	
<p><b>(d)</b> This level of award is suitable for severe injuries, such as where there have been fractures to both heels or feet with substantially restricted mobility or considerable or permanent pain in both feet. This bracket is also suitable to unusually severe injuries to a single foot which have resulted in heel fusion, osteoporosis, ulceration or other disability preventing the wearing of ordinary shoes.</p>	<p>£78,000 – £150,000</p>
<p><b>(e)</b> Towards the top end of this bracket would be the injury resulting in grievous burns to both feet requiring several operations but nevertheless leaving disfiguring scars and persisting irritation.</p> <p>Lower in the bracket are those injuries which are less severe but nevertheless result in fusion of foot joints, continuing pain from traumatic arthritis, prolonged treatment and the future risk of osteoarthritis.</p>	<p>£50,000 – £100,000</p>
<p><b>(f)</b> This bracket is appropriate for displaced metatarsal fractures resulting in permanent deformity and continuing symptoms.</p>	<p>£25,000 – £50,000</p>
<p><b>(g)</b> This level of award applies to the relatively modest injuries such as metatarsal fractures, ruptured ligaments, puncture wounds and the like.</p> <p>Relevant factors will be:</p> <ul style="list-style-type: none"> <li>(i) Nature of original injury Treatment required</li> <li>(ii) Duration of symptoms Effect on the plaintiff</li> <li>(iii) Any ongoing problems</li> </ul>	<p>Up to £25,000</p>

<b>P. Toe Injuries</b>	
<b>(a) Amputation of all Toes</b>	£40,000 – £85,000
The position in the bracket will be determined by the extent of loss of the forefoot, and residual effects on mobility.	
<b>(b) Amputation of Great Toe</b>	£30,000 – £50,000
<b>(c)</b> This is the appropriate bracket for severe crush injuries, falling short of the need for amputation or necessitating only partial amputation. It also includes bursting wounds and injuries resulting in severe damage and in any event producing continuing significant symptoms.	£24,000 – £45,000
<b>(d)</b> This bracket will apply to serious fractures of the great toe or to crush and multiple fractures of any toes. Permanent disability by way of discomfort, pain or sensitive scarring should be present to justify an award within this bracket. A number of unsuccessful operations, stabbing pain, impaired gait and the like would place the award towards the top end of the bracket.	£17,000 – £42,000
<b>(e)</b> This level of award applies to modest injuries including relatively straight forward fractures or the exacerbation of a pre-existing degenerative condition.	Up to £18,000

<b>8. FACIAL INJURIES</b>	
<p>The assessment of general damages for facial injuries is an extremely difficult task. Two elements complicate the award.</p> <p>First, while in most of the cases dealt with below the injuries described are skeletal, many of them will involve an element of disfigurement or at least cosmetic disability.</p> <p>Secondly, in cases where there is a cosmetic element the courts have invariably drawn a distinction between the awards of damages to males and females, the latter attracting the higher awards.</p> <p>The subject of burns is not dealt with separately because burns of any degree of severity tend to be so devastating as to be invariably at the upper ends of the brackets.</p> <p>In the guidance which follows some effort has been made to distinguish these cases but the above considerations must always be borne in mind. Where there is a cosmetic element care must be taken to remain broadly within the guidelines which are extracted from reported decisions always remembering the existence of a subjective element therein.</p>	
<b>A. Skeletal Injuries</b>	
(a) Le Fort fractures of frontal facial bones.	£35,000 – £60,000
(b) Multiple fractures of facial bones involving some facial deformity of a permanent nature.	£28,500 – £48,500
<b>(c) Fracture of Nose</b>	
(i) Serious fractures requiring a number of operations and resulting in permanent damage to airways and / or facial deformity.	£24,000 – £42,000
(ii) Displaced where recovery complete but	Up to £17,000

only after surgery.	
(iii) Displaced fracture requiring no more than manipulation.	Up to £12,500
(iv) Simple undisplaced with full recovery.	Up to £12,500
<b>(d) Fractures of Cheek-Bones</b>	
(i) Serious fractures requiring surgery but with lasting consequences such as paraesthesia in the cheeks or the lips or some element of disfigurement.	£21,000 – £42,000
(ii) Simple fracture of cheek-bones for which some reconstructive surgery is necessary but from which there is a complete recovery with no or only minimal cosmetic effects.	Up to £17,500
(iii) Simple fracture of cheek-bones for which no surgery is required and a complete recovery is achieved.	Up to £14,000
<b>(e) Fractures of Jaws</b>	
(i) Very serious fractures followed by prolonged treatment and permanent consequences, including severe pain, restriction in eating, paraesthesia and / or the risk of arthritis in the joints.	£35,000 – £70,000
(ii) Serious fracture with permanent consequences such as difficulty in opening the mouth or with eating or where there is paraesthesia in the area of the jaw.	£24,000 – £42,000
(iii) Simple fracture requiring immobilisation but from which recovery is complete.	Up to £17,000
<b>(f) Damage to Teeth</b>	
In these cases there will generally have been a course of dental treatment. The amounts awarded will vary as to the extent and discomfort of such treatment. Costs incurred to the date of trial will, of course, be special damage but it will often be necessary to	

award a capital sum in respect of the cost of future dental treatment.	
(i) Loss of or Serious Damage to Several Front Teeth	£15,000 – £45,000
(ii) Loss of Two Front Teeth	Up to £20,000
(iii) Loss of One Front Tooth	Up to £12,000
(iv) Loss of or Damage to Back Teeth: per tooth	Up to £3,500
<p><b>B. Facial Disfigurement</b></p> <p>This is an extremely difficult area for generalisation.</p> <p>In this class of case the distinction between male and female and the subjective approach are of particular significance:</p>	
<b>(a) Females</b>	
(i) Very severe facial scarring. Factors to be taken into account: - age, cosmetic deficit and psychological reaction.	£100,000 – £275,000
(ii) Less severe scarring where the disfigurement is still substantial and where there is a significant psychological reaction.	£40,000 – £100,000
(iii) Significant scarring where the worst effects have been or will be reduced by plastic surgery leaving some cosmetic disability and where the psychological reaction is not great or having been considerable at the outset has diminished to relatively minor proportions.	£35,000 – £90,000
(iv) Some scarring but not of great significance, either because there is but one scar which can be camouflaged or because although there are a large number of very small scars the overall effect is to mar but not markedly affect the appearance and where the reaction is	Up to £36,000

no more than that of an ordinary sensitive young woman.	
(v) Trivial Scarring In these cases the effect is minor only.	Up to £7,000
<b>(b) Males</b>	
(i) Particularly severe facial scars especially in males under 30, where there is permanent disfigurement even after plastic surgery and a considerable element of psychological reaction.	£75,000 – £220,000
(ii) Severe facial scarring leaving moderate to severe permanent disfigurement.	£36,000 – £90,000
(iii) Significant but not severe scars which will remain visible at conversational distances.	Up to £40,000
(iv) Relatively minor scarring which is not particularly prominent except on close inspection.	Up to £18,000
(v) Trivial Scarring In these cases the effect is minor only.	Up to £7,000

<b>9. SCARRING TO OTHER PARTS OF THE BODY</b>	
<p>This is an area in which it is not possible to offer much useful guidance. The principles are the same as those applied to cases of facial disfigurement and the brackets are broadly the same. It should be remembered that many of the physical injuries already described involve some element of disfigurement and that element is taken into account in suggesting the appropriate bracket. There remain some cases where the element of disfigurement is predominant in the assessment of damages. Where the scarring is not to the face or is not usually visible then the awards will tend to be lower than those for facial or readily visible disfigurement.</p> <p>The effects of burns will normally be regarded as more serious since they tend to cause a greater degree of pain and lead to greater disfigurement.</p>	

<b>10. DAMAGE TO HAIR</b>	
<p><b>(a)</b> Damage to hair in consequence of permanent waving, tinting or the like, where the effects are tingling or “burning” of the scalp causing dry, brittle hair, which breaks off and / or falls out leading to distress, depression, embarrassment and loss of confidence, as well as inhibiting social life. In the more serious cases thinning continues and the prospects of regrowth are poor or there has been total loss of areas of hair and regrowth is slow.</p> <p>Where damage to the scalp and hair is severe and unsightly damages may be up to £90,000.</p>	Up to £30,000
<p><b>(b)</b> Less serious versions of the above where symptoms are fewer or of a minor character; also, cases where the hair has been pulled out leaving bald patches. The level of the award will depend on the length of time taken before regrowth occurs.</p>	Up to £25,000

<b>11. DERMATITIS</b>	
(a) Gross cases causing pain and discomfort, and likely to continue, affecting work severely.	£42,000 – £85,000
(b) Rash which covers other parts of body and lasts more than 3 years and may continue.	£26,000 – £50,000
(c) Primary Irritant rash on hands which clears up or is likely to clear up in 2 / 3 years.	£12,000 – £24,000
(d) Allergic rash as above.	£17,000 – £35,000
(e) A rash which clears up in a matter of months. (Only those whose regular employment is affected by the condition will achieve awards at the higher end of the scale. A minor non-recurrent, non-itchy rash with no employment issues up to a maximum of £3,000)	Up to £15,000

**INTRODUCTION TO SECOND EDITION OF "THE GREEN BOOK"**  
**by The Right Honourable Lord Justice McCollum**

I am pleased to introduce the second edition of "the Green Book", as it has come to be known, some five years after publication of the first. I thank all the members of the Committee for their diligent efforts and helpful contribution.

We have considered in every case the usefulness of the categories and description of injuries and the validity of the quantum figures contained in the earlier edition. We have based figures on what we believe to be the rates currently used in negotiation and settlement of claims with an allowance at the upper end for such increases as may be expected to occur during the currency of the booklet as the result of inflation at its present level.

While judges determine the quantum of damages in contested cases, only a small proportion of cases result in judicial assessment of damages. The vast majority of cases are settled by practitioners and the Committee has paid considerable attention to the views of its practitioner members who are familiar with current settlement figures.

It must be emphasised therefore that the figures provided are not supported by the authority of judicial decision, and it will be a matter for the judge in any particular case to decide whether to adopt them.

In some cases we have made quite comprehensive changes to the categorisation of injury, notably in the Chest Disease Section. In others we have altered quantum by amounts which are greater or less than the rise in the retail price index might suggest, to take into account what we believe to be current practice.

The booklet would be unduly complicated if we tried to create different categories to meet every conceivable combination of the outcome of injury. We rely on the fact that those using the booklet are in the main professionals and the figures are set out as a guideline to them in the generality of cases not as a comprehensive answer to the question of damages in each individual case.

We would remind the reader of the wise words of Sir John MacDermott in his Introduction to the first edition, reproduced below.

“Some injuries give rise to consequences over and above the direct trauma inflicted. Where such a result is within the range of what can be considered to be the normally expected consequence of an injury of that type we have taken it into account in assessing the appropriate range of figures. However, where a psychological complication ensues, or disfigurement is caused to an unusual degree, or the development of a medical condition not usually associated with the injury occurs, then separate provision will have to be made for that outcome in assessing the damages in the particular case.”

We trust that the booklet will settle more arguments than it causes and will assist in the speedy and just resolution of personal injury claims.

25 February 2002

**INTRODUCTION TO THIRD EDITION OF "THE GREEN BOOK"**  
**by The Right Honourable Lord Justice Higgins**

To those involved in the assessment of damages in personal injury claims the "Green Book" requires little introduction. Since the publication of the first edition it has proved, to practitioners and the judiciary, a useful aid to the valuation of personal injuries both in the High Court and the County Court. No two cases of personal injury are exactly similar nor are the individuals who have the misfortune to suffer them. The nature of the injury, the degrees of pain and suffering and the range of amenity lost are infinitely variable and the assessment of monetary compensation for such loss can be extremely difficult. As Sir John MacDermott wrote in the Introduction to the first edition of this booklet "the assessment of damages is not an exact science". Nor should it be.

Money cannot really compensate for pain and suffering, or physical injury like the loss of sight or a limb, or the permanent deprivation of some physical ability or amenity, but it is all that is possible and the best that can be done. Against that background it is important to remember that this publication, the third edition of the "Green Book", remains a guideline and that the figures mentioned provide a range for the norm of that type of injury and consequence, and are not 'set in stone'. Sir Liam McCollum in the Introduction to the second edition emphasised correctly that some injuries give rise to consequences over and above the normally accepted consequence of an injury of that type. Such consequences require to be taken into consideration in any case in which they occur. Thus the guidelines offered in this booklet should be approached with caution. Nonetheless, as the popularity of the first and second editions has shown, it remains an instructive aid to those engaged in the assessment of damages for personal injuries, provided it is always remembered that the valuations set out remain guidelines only.

It is now six years since the publication of the second edition and time for a review of the values proposed on that occasion. The Committee established to carry out the review comprised members of the legal profession engaged on both sides of personal injury claims as well as members of the Bench, all of whom brought to the Committee's deliberations a wealth of knowledge and experience in the assessment of damages. I am indebted to them for their valuable contributions.

The format of the booklet remains as before. The passage of six years has given rise to an inflationary effect which, on the basis of the Retail Price Index, has been reflected in the range of figures recommended. Adjustments to these figures were made,

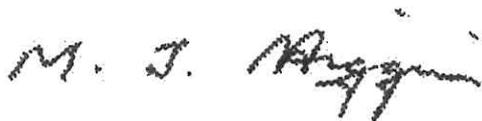
not just to represent current values, but also to take account of the fact that the guidelines will be effective for a number of years. The Committee considered not just the guideline figures for the individual types of injury, but also the various categories and in some instances the descriptions of the injuries themselves or their consequences. This led to some textual changes.

In October 2007 the House of Lords decided that pleural plaques do not constitute actionable damage and are therefore not compensatable (see *Johnston v NEI* and *Rothwell v Chemical Insulating* [2007] UKHL 39, [2007] 4 All ER 1047, [2007] 3 WLR 876). Pleural plaques are formed when asbestos fibres make their way into the pleural membrane of the lungs and form themselves into plaques, which are asymptomatic. This decision has resulted in substantial amendments to Section 5 B under the heading Lung Disease.

The Committee were fortunate to have the assistance of Terence Dunlop of the Judicial Studies Board, who proved an able and efficient Secretary. Louise Mehaffey, assisted by Royanne Hall, was instrumental in marshalling the paperwork and providing various drafts, as well as carrying out research.

I am grateful to all of them for the helpful contributions they made.

7 March 2008

A handwritten signature in black ink, appearing to read "M. J. Higgins". The signature is written in a cursive style with some loops and flourishes.

## **INTRODUCTORY FOREWORD TO THE FOURTH EDITION OF "THE GREEN BOOK"**

**by The Right Honourable Lord Justice Girvan**

“Guidelines for the Assessment of General Damages in Personal Injury Cases” first appeared in 1996. Published under a green cover, the publication quickly became known as the Green Book. Since its inception it has proved to be an invaluable tool for practitioners and courts in the assessment of damages in personal injury cases coming before the courts. As Sir John MacDermott made clear in his Introduction to the First Edition in 1996 the figure suggested in the Guidelines are no more than guidelines, must always be treated as such and must be kept under regular review. The task of the Committee which I chaired in the early part of 2013 has been to subject the Guidelines as shown in the Third Edition to the periodic review called for by Sir John. This is necessary because some five years have passed since the last review which led to the publication of the Third Edition in March 2008. The current review is also timely because of the very recent increase in the jurisdiction of the County Court in personal injury cases.

Sadly, the new edition does not appear in the Green Book format to which practitioners and courts have become accustomed. The Fourth Edition appears online on the Judicial Studies Board Website though it is likely that many users will print off their own copies of the new edition for ready access in court or consultation. I rather suspect that the virtual book will retain its verdant title.

As in previous reviews we have made adjustments to the figures by reference to the Retail Price Index (“RPI”). In doing this we have borne in mind that in the Third Edition the figures took account of the fact that those Guidelines would be effective for a number of years. In the course of the present review we considered it appropriate to go back to the base figures in the Second Edition and we have considered the effect of the RPI indexation to update those figures. We have not factored forward any notional increase for the future. This means the figures which we have given are at current values. As each year goes by, courts in assessing damages should take into account the effect of RPI inflation over time when assessing the appropriate damages in individual future cases. The figures for damages are given in broad terms and with relatively broad ranges to take account of the infinite variety of factual situations. The assessing court can thus determine the appropriate damages at the correct figure taking account of relevant inflation in the period subsequent to the date of publication of these updated Guidelines.

In his Introduction in March 2008 Lord Justice Higgins noted that the House of Lords in Johnston v NEI and Rothwell v Chemical Insulating [2007] UKHL 39 decided that symptomless pleural plaques do not constitute actionable damage and are therefore not compensatable. The Northern Ireland Assembly, following the Scottish example, have legislated by the Damages (Asbestos-related Conditions) Act (Northern Ireland) 2011 to render symptomless pleural plaques and pleural thickening claims once again actionable in Northern Ireland. Pending any judicial determination of the correct level of damages in relation to such claims consequent upon the passing of the 2011 Act the Committee concluded that it would be premature to purport to set out the appropriate levels of awards in relation to these conditions.

Guidelines, whether they relate to the appropriate level of damages or the appropriate level of sentencing in relation to criminal offences, remain just that, no more and no less. The function of the courts in assessing damages requires a careful scrutiny of the evidence, the drawing of conclusions about the nature and extent of relevant injuries and the impact of those injuries on the life of the plaintiff. The function of the court must never be seen as a box ticking exercise. Rather it calls for an exercise of judgment in the light of all the relevant circumstances. The infinite variety of life throws up a huge array of factors and matters relevant to the assessment of fair damages in respect of individual cases. It is thus not surprising that even within individual categories of injuries there may be a wide range of appropriate awards dependent on the circumstances of the individual case. The assessment of damages remains an art and not an exact science. These Guidelines provide assistance to those called on to exercise their art. They do not provide the precise answer to any given case.

The Committee was fortunate to have the assistance of Terence Dunlop of the Judicial Studies Board who proved an able and efficient Secretary. Wendy Murray and Amanda Climie were instrumental in marshalling the paperwork and providing drafts as well as carrying out research. I am grateful to all of them for the helpful contributions which they made to the work of the Committee.

F.P. Girvan

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