

*Fear Itself*

TRAIL OF CTHULHU

# Invasive Procedures

← Mortuary

Surgery →

• Hospital Entrance  
• Patient Admission  
• and



by  
Gareth Hanrahan



Pelgrane Press

*Fear Itself*

**INVASIVE PROCEDURES**

TRAIL OF CTHULHU



## CREDITS

**PUBLISHER:** Simon Rogers

**WRITTEN BY:** Gareth Hanrahan

**ARTWORK:** Pascal Quidault

**LAYOUT:** Roderick Robertson

**PLAYTESTERS:** Phil Rodger, Karen Rodger, Roy Miller, Andrew Pickford, Sinclair Manson, Sunain Rai, Graham MacDonald, Kafka, Lisa Sapinsky, Christoph Sapinsky, Thomas Fisher, Alexander McClelland, Jonas Lindh, Angelica Dal, Morgan Hedbom, Patrick Lewinson, Niclas Matikainen,

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## RUNNING THIS ADVENTURE WITH TRAIL OF CTHULHU

## THE PRACTICE



# Fear Itself

The premise of this adventure is that the player characters are patients in Our Lady's Hospital. It's an old hospital, built almost a hundred years ago. Part of the hospital is shut down, but the state keeps a few wards open. It's used to handle overflow patients from the big county hospital down the road, and for end-of-life care, and for other odds and ends – some psychiatric patients end up there, or long-term bedridden patients who need constant care. The hospital is a rambling, decaying gothic place, originally built by a Catholic charity, and acquired by the state in the 60s. The equipment is out of date, the staff unmotivated, and the whole place stinks of death, despair and seventy years of disinfectant and soiled bedsheets.

If you're using the [sample player characters](#) on pages 36-40, then those writeups describe how the characters ended up sharing Ward Three in Our Lady's. (Wendy's amnesia is not necessarily part of the mystery. It's intended to serve as a plot hook for future investigations using the same characters; if you want to wrap up all the loose ends in a one shot, then Wendy is an escaped clone created by a former applicant to the Practice – see [Painful Memories](#), page 28.)

If you're running this as part of an ongoing Fear Itself game, then the characters might end up here if they were all injured at the climax of their last adventure.

## INTRODUCTION

The hospital has its fair share of ghosts, but the horror awaiting the characters has little to do with the dead. They are about to become the latest victims of the hospital's resident mad genius, the surgeon and occultist Dr. Drake. In his studies, he uncovered a cryptic reference to the Practice, a mysterious order of occult medical scholars. Drake became obsessed by the Practice; he wants to join them, and to do, he must attract their attention. He must find these immortal, inhuman crafters of flesh and draw them to him, and then he must impress them with his works of scalpel and bonesaw, drawn in grafted flesh and sewn skin.

The player characters are the clay with which he will make his masterpiece.

*The kids all say Our Lady's Hospital is haunted. You can see why, when you look at it; that big gloomy pile of staring windows and rusting beds. They should have torn the place down years ago, instead of letting it linger on like this. I'd hate to be a patient there. They send you there to die.*

## THE FEAR ITSELF

This adventure plays feelings of helplessness and violation. The characters start out weak and get weaker. Their health gets sapped over the course of the game; they have to hoard their strength and choose between recuperation and investigation. They are at the mercy of the doctors and

staff of Our Lady's Hospital. They are the subject of ghastly experimental surgeries that are designed to disturb the players. It's a game about lying there in bed, knowing that you cannot trust your own body, and wondering what that sound was in the corridor outside.

Don't let the players fall into passivity. You need to foil their escape attempts, which can be frustrating for the players, and many of the horrific encounters involve paralyzing the characters so they are mute, helpless victims. It's therefore key that the players have some successes when they investigate. Every exploration should garner some clues, even if the clues don't shed light on the character's immediate problems.

The other major theme of the scenario is the classic concept of the dark twin. The primary antagonist, Dr. Drake, has a Jekyll & Hyde-style split personality. The hospital shifts between the mundanity of the day side and the nightmares of the Practice at night. Emphasize contrasts, patterns of light and shadow, and transitions between day and night.

If you're looking for further inspiration, the major influences on the scenario were the *Silent Hill* computer games, the *Hellraiser* movies, and the original *The Kingdom* tv series.

## TRAIL OF CTHULHU CONVERSION

Many of the Investigative and General Abilities used in Fear Itself are the same as those used in Trail of Cthulhu. Square brackets around text denotes *Trail* skills that can be used in place of the Fear Itself skills. Full details on how to run the conversion can be found in the Appendices on page 41.



## DR. CLIFFORD DRAKE

Drake is a brilliant surgeon and doctor. He's astoundingly gifted, but also damaged. He is divided against himself. He wants to be a healer, he wants to help people, but some dark shadow of his psyche is always lurking in the back of his mind. It reminds him that he would learn more by letting the disease progress, that medical knowledge advances through the suffering of others. Over the years, this dark half has grown until it is a full-fledged other personality within Drake's mind.

His career path resembles the ECG graph of a heart attack victim – peaks and valleys, then a stratospheric rise, massive crash, and then a flatline. He was one of the most promising surgeons of his generation – top of his class in medical school, a natural talent coupled with an obsessive drive for perfection. He had his pick of jobs – and one by one, he alienated them all. Surgeons are notoriously hard to work with at the best of times, but Drake's unpredictability made him especially hellish. Some days, he was caring and considerate, but when fatigued he would become eccentric, irritable, blasé about even basic medical ethics and even cruel. His co-workers grew to loathe him, which only strengthened his darker impulses. His career failed to find traction. Dr. Haverly recruited him, reasoning that if Drake could overcome his personal demons in the relative calm of Our Lady's, he would be a valuable asset to the county hospital. Instead, Drake has used Our Lady's Hospital for his secret and ghastly ambitions.

Drake's interest in the occult started back in medical school; he experimented with using old and discredited medical techniques, wondering if there might be some virtue to old wives' tales and medieval cures. Leeches and maggots have returned to the medical lexicon – why not the doctrine of signatures or the virtue of blade salve or mummy dust?

In a battered old German medical textbook, Drake found a sheaf of handwritten notes that described the Practice. He used one of the patients, Gavin Langley, as a translator to help him understand the documents. Suddenly, Drake's whole life fell into focus; his dark half realized that he was destined to join the Practice. His genius for medicine coupled with his misanthropy made sense. It was all preparation for his immortality. The saner, human side of Drake recoiled from this ghastly ambition.

**Playing Drake:** You'll need to hint that there are two Dr. Drakes without making it too obvious. When playing the 'good' Drake:

- Hunch your shoulders slightly, as if nervous
- Look the players straight in the eye
- Make physical contact every so often to reassure them

At night, or when Drake is tired or angry

- Stare at the players as if they're specimens pinned to a board
- Pause and blink before asking any questions
- Remember that everyone annoys you with their stupid questions; try but fail to hide your irritation
- If possible, have a white lab coat to use as a costume. Drake is the key NPC in this adventure; it's worth making him memorable and imposing.

**Drake:** Athletics 3, Fleeing 6, Health 9, Medic 10, Sense Trouble 4, Scuffling 6, Stability 4.

## THE PRACTICE

The Practice (excerpted from the [The Book of Unremitting Horror](#) on pages 42-52) is an ancient... cult? Guild? College? Call them what you will – they no longer have names for themselves in any language that humans can speak. They were once mortal, but have transformed themselves into something else. The Practice exists in some scar or twist of space-time within the Outer Black; they make invasive expeditions into our reality to acquire experimental subjects. They are the footsteps outside your room at night, the unexplained scar on your arm, the aching pain in your side after a strange dream of knives and syringes. They are in every hospital, every abattoir, every morgue, watching and sharpening their blades.

Joining the Practice is almost impossible, but Drake believes he has found a way.



## THE HAND, THE EYE AND THE RIDDLE OF FLESH

To join the Practice, Drake intends to create two surgical masterpieces, the Hand and the Eye. Over the course of the game, Drake repeatedly operates on the player characters to turn one of them into the Eye and the other into the Hand.

The Eye has a third eye implanted in his or her forehead, and has both male and female reproductive organs, symbolizing the ability to simultaneously exist in two worlds, while the Hand has finger-bones from multiple donors, combining their spiritual strength into one act of will. The extra organs and bones needed to create the Hand and the Eye will be taken from the other player characters.

Together, the Hand and the Eye are needed to solve the Riddle of Flesh. The Riddle of Flesh is a weird growth within the stomach of a third victim. The Key to the Practice is held within the riddle – to prove himself worthy of entering the Practice, a prospective candidate must retrieve the Key from the Riddle using the Hand and Eye.

If you're using the pregenerated characters, then Herman is a good candidate for the Eye, while Wendy makes an excellent choice for Hand. You can assign fates randomly if you prefer.

## THE SPINE

The game alternates between night and day scenes. The various core scenes described below are noted as happening at a particular time; there are also several optional scenes for both night and day. During the day, the characters can investigate the hospital and try to recuperate. At night, the horror begins. Each night, Drake removes two of the characters to perform experiments on them; the other characters can explore the hospital at night.

The outline below assumes that the adventure takes place over three days, but this timeline is flexible.

Adjust the pacing as dictated by your group.

- **The Madman (night):** The characters are woken by an intruder in the night.
- **Meeting Dr. Drake (day):** Drake interviews one of the characters. **Core Clue:** Drake's key amulet.
- **In the Morgue (day):** After being examined by Dr. Drake, one of the characters spots the stranger from the night before in the hospital morgue. **Core Clue:** The Dead Patient
- **The First Operation (night):** Two of the characters are taken from the ward and operated on at night. One of them is made into the Eye.
- **Questioning the Staff/Hospital Records/Drake's Office/Ward 4 (day):** The characters investigate the dead patient. They discover that there is a connection to the old hospital library. **Core Clue:** The Hospital Library
- **They Come At Night (day):** The characters meet a young girl, Beth, a patient in the hospital. She confides her nightmares to the characters. **Core Clue:** The front door
- **The Kindly Dr. Drake (any):** Dr. Drake intervenes to help a player character, confusing the players about the identity of the villain. **Core Clue:** Drake's psychology.
- **The Second Operation (night):** Two more characters are taken from their beds and subjected to bizarre medical experiments.
- **The Hospital Library (any):** The characters break into the old library and undercover notes describing Drake's experiments. **Core Clue:** The translated notes
- **Dr. Haverly Visits (day):** A consultant from the county hospital visits Our Lady's and interviews the characters. Before he can report on the strange goings-on, he is murdered by agents of Dr. Drake. In his death, however, is the final clue the characters need to understand Drake's intentions for them. **Core Clue:** Dr. Drake's history



- **Exploratory Surgery (night):** The characters are drawn into the Practice's realm by Dr. Drake. He starts to operate on them, but is paralyzed by one of the Nurses.
- **Dealing with Dr. Drake:** The characters can either help Drake redeem himself, or kill him.
- **The Nightmare Hospital:** Trapped in the Practice, the characters need to find a way out with Drake's help, or else escape the resurrected monster that was Drake.

In addition to these scenes, there is a selection of **Day Scenes** and **Night Scenes** that can be run in any order, depending on the actions of the PCs.

The PCs' freedom of action is deliberately curtailed in this adventure, both through the *Walking Wounded* rules (see sidebar) and through their status as patients. Have the staff escort them back to bed just as they are about to discover the next clue and keep reminding them of their fragile health. Encourage the players to make opportunities to investigate by distracting the staff or seizing chances at night.

## HOSPITAL LAYOUT

The hospital consists of a central section flanked by two long wings. It is three stories tall; the floors are linked by stairs in each section and by an old, unreliable elevator in the central area.

Floor	West Wing	Central	East Wing
0	Administration, Kitchen	Administration, Canteen, Chapel, Morgue, Reception	Ward 1 (Childrens), Doctors' Offices
1	Wards 2-3	Operating Theaters, X-Ray	Disused (Hospital archives, library, empty ward)
2	Ward 4	Disused (Operating theatre)	Disused (empty ward)

At least, that's the layout during the day – once the sun goes down, there are corridors that stretch on forever, and horrors lurking the wards (see the *Night Scenes*.)

## HOSPITAL STAFF

The hospital is severely understaffed. The following are staff that the players may interact with during the game; if by some chance you need an extra staff member, assume that he or she barely cares about the job and is just punching the clock until retirement.

## Walking Wounded

All the characters are ill or recuperating from operations when the game begins, and Dr. Drake's experiments also take a huge toll on their health. To simulate this weakness, it costs characters 1 **Health** Point to get out of bed and walk around the hospital. If a character wants to do anything strenuous (like making a **Scuffling**, **Athletics** or **Fleeing** test), there's a levy of another **Health** point. Finally, if characters are partially sedated, they can spend a **Health** point to struggle through the mental fog.

Characters regain 4 **Health** per full day or night of complete rest, or 2 **Health** if they are mildly active during the day or night. The **Health** of all the characters is capped at half its normal starting value (on the pregenerated characters, their actual starting health is in brackets).

Let the players know this rule from the start, so they can weigh the healing benefits of forced inaction against the need to discover what's happening in Our Lady's.



# Fear Itself

- **Dr. Drake:** The hospital's resident doctor and surgeon. He is the doctor assigned to half the characters' cases.
- **Dr. Haverly:** A specialist from the county hospital, Haverly visits Our Lady's a few times a week. Although he's officially assigned to half the characters, they haven't seen him yet.
- **Head Nurse Ann Mather:** The chief nurse. She treats patients like disobedient children and has no patience for troublemakers or wild tales about monsters and abusive doctors.
- **Nurse Dampier, Nurse Clayton:** The two regular nurses attending Ward 3. Both of them are overworked and permanently exhausted; the characters can try to convince the nurses that something strange is going on by [Questioning the Staff](#) (page 15).
- **Alf the Porter:** The hospital's porter and general handyman, Alf is a lurching, shambling mountain of a man with oddly smooth, pinkish skin. See *The Porter* sidebar.

## OTHER PATIENTS

- **Gavin Langley:** A German lecturer and translator. His nervous breakdown was artificially prolonged by Drake, who used Langley to translate the notes about the Practice.
- **Jared Links & Dee David:** Other patients in Ward 4.
- **Beth:** A patient in the children's ward.

The few other patients in the hospital are either unaware of the horrors at night, or are drugged into insensibility.

## The Porter

He is actually a previous experiment of Drake's; he's a homunculus grown in a vat in the abandoned wing of the hospital. A second, misshapen copy of the porter lurks in the library. There are other Porters slowly maturing in the vats, so you can kill Alf off if necessary or have him appear in two places at once. He speaks with a slurred voice, but communicates largely in grunts. He has a knack for turning up at exactly the wrong moment to foil the player characters' plans – use him to cut phone wires, uncover places the characters are hiding, interrupt important conversations and so on. He's inhumanly strong, but clumsy and slow.

The Porter: Athletics 7, Filch 2, Health 8, Infiltration 10, Mechanic 12, Preparedness 7, Scuffling 8

## THE MADMAN

### SCENE TYPE: INTRODUCTION

The game starts in the middle of the night. All the characters are asleep in Ward Number 3 in Our Lady's hospital. Make sure all the players know the following facts:

- They are patients in Our Lady's Hospital, a small state-run medical hospital.
- It's old and due to be demolished any year now; there are only a handful of patients, and most operations are done at the larger, newer county hospital, which is a mile down the road. Technically, Our Lady's is part of the county hospital complex.
- The characters are all sharing a ward. They've each got their own bed surrounded by a privacy curtain, but they're sharing a bathroom. If you're using the pregenerated characters, then Wendy's the most recent arrival – she was brought in last night suffering from dehydration.
- None of the characters are high-risk patients; those who are seriously ill don't get sent to Our Lady's. This place is usually for those with minor complaints... or those who aren't going to survive, no matter what hospital they go to.
- However, there are building works underway at the county hospital, so some patients have been moved to Our Lady's on a temporary basis.
- It's an unusual cold winter. The grounds outside the hospital are blanketed in snow, and the forecast is for a big blizzard.

Encourage the players to roleplay being asleep. Have them close their eyes and lean back, or rest their heads on the table. Turn down the lights. Give them a few moments of quiet.

## THE MADMAN

The characters are woken suddenly by a nude madman bursting into their room. He's wild-eyed, emaciated, and stark naked. He jumps onto the bed of one of the male player characters and screams incoherently. He tears at the characters' blankets, scrabbling like a desperate animal, searching for the character's crotch. One of the characters notices that the intruder is missing his testicles; his scrotum is clearly loose and empty, and dribbling blood over the bed. There's a hospital patient bracelet, partially chewed, around his wrist. The madman continues to shout and babble incoherently.

- Languages: He's muttering something in German, about 'the Eye that sees, and the Hand that unlocks'. A 1-point **Languages** spend suggests that he's quoting something.
- A 1-point **Intimidation** spend lets the character shout at the madman, startling him. The madman cowers in the corner, muttering 'No needles! No needles!' over and over until the nurse arrives.

**The Madman: Health 6, Scuffling 6**

If the characters try to restrain the madman, it's a **Scuffling** contest. Remind the characters that it costs them one 1 **Health** point each to get out of bed, and another point to make that **Scuffling** roll. If the madman wins or is unrestrained, he tears the blankets off his victim and grabs that character with a vice-like grip, inflicting one point of **Health** damage each round until he's dragged off.

The scene should be as confusing and shocking as possible. Play it as a completely bizarre and unexpected intrusion.

## RESTRAINT

A few seconds later, two of the hospital staff – Nurse Dampier and the porter – arrive and grab the intruder. He is wrestled out of the room; as they drag him out, he screams 'they'll come for you too!' In the corridor outside, Ben restrains the madman while the nurse sedates him. Shortly afterwards, Nurse Dampier returns to the ward and apologizes for the intrusion. The nurse's lip is bloodied; anyone with **Investigative Procedure [Medicine]** or **Scuffling** higher than 4 can work out the patient hit her in the face with an elbow.

She explains that the escaped lunatic, Gavin Langley, is a patient upstairs in Ward 4, which is used for psychiatric patients. He has never been violent before, but he must have had a reaction to some new drugs. She promises that Langley's now securely sedated and will not be wandering the halls again. Dampier reassures the characters as best she can, with a strong undertone of 'please don't sue us', as anyone with **Law** realizes. A character who responds with a 1-point **Reassurance** spend can win Dampier's trust by making light of the incident; conversely, hitting her with a 1-point **Intimidate** or **Law** spend and threatening to make trouble for the hospital can intimidate Dampier and ensure she gives that patient extra consideration in future scenes (see [Questioning the Staff](#), page 15).

She asks if she can get the player characters anything like a cup of tea or coffee, some food, or a sedative.

After a few minutes, she leaves the characters to sleep.

## THE HOSPITAL AT NIGHT

There are no other disturbing events tonight. That said, as the characters drift off to sleep after the intrusion, they think they hear strange noises at the edge of their perceptions... something dragging along the floor, distant banging like metal hitting a pipe, and the strong smell of disinfectant. The whole building shifts uneasily, as if its sleep was also disturbed by the events of the night.



## THE NEXT MORNING

### SCENE TYPE: CORE

The next morning, the characters are woken by Nurse Clayton, who bustles in and opens the curtains, letting cold spring light spill into the room. Outside, the characters can see the grounds of the hospital, white snow-covered lawns stretching to a row of leafless trees along the road. Plaster statues of saints and martyrs stare out of the fog.

Let the players talk about the events of last night. If you're using pregenerated or new characters, this scene is a breathing space to let the player characters get to know each other. Optionally, run a few directed scenes to set the mood, such as:

- A flashback to how the character became injured
- An argument between the character and a family member, explaining why the character has had no visiting relatives while in hospital
- A flashback to a bad experience in a hospital as a child, or as a result of The Worst Thing the character ever did

The morning and early afternoon meanders by in its usual hospital routine. The characters are given their medication, blood samples are taken, blood pressure and temperature are checked, and the nurses wander in and out. There's little else to do but lie there and recuperate (remind the players about the Health benefits of resting). There is a single television set in the room; technophile characters presumably have their own laptops for entertainment.

Drake performs his rounds in the afternoon, briefly checking each character and talking with them. He's thoroughly in his good persona at this point, so he chats in a friendly, reassuring way. He apologises again for the events of the previous night. During this time, pick the character who'll be given a private examination in the next scene.

If any of the players try exploring the hospital, the nurses encourage them to stay in bed, but won't stop them poking around. Remember to collect the Health levy for characters who don't stay in bed.

Let characters contact the outside world if they wish – the hospital doesn't cut them off until after night two.



## MEETING DR. DRAKE

### SCENE TYPE: CORE

**Core Clue:** The key around Drake's neck

Pick one of the characters; either pick someone who hasn't done much so far, or a character with either **Science** or **Occult Studies** [**History** or **Occult**]. This character will become the host for the Riddle of Flesh. Nurse Clayton comes into the ward during the afternoon and collects that character in a wheelchair, and brings him down via the elevator to Floor 0, then through the corridors to an examination room opposite the doctors' offices in the East Wing. The characters can hear music from the children's ward down the hall. Leave the character waiting in the examination room and cut back to the other player characters – either continue their explorations of the hospital and interactions with each other and the NPCs, or else run another flashback scene for a player character who hasn't been spotlighted yet.

Back in the examination room, Dr. Drake arrives and explains that Dr. Haverly down at the county hospital asked him to examine the character; Haverly is behind on his rounds and can't make it up to Our Lady's today. If possible, plant the suspicion that Dr. Haverly is more significant than he seems to be; paranoid players will already be on the watch for villains, so give them a red herring to toy with. Drake might look nervous when Haverly is mentioned, for example, or he might be especially thorough with his examination because 'that's what Haverly would want'. If the characters ask about the events of the night, Drake glosses over them as much as possible, saying that Dr. Haverly will deal with all those problems.

Drake gives the character a careful and highly competent examination. If the character is in hospital because of an injury, Drake asks how the injury was sustained; characters who mention occult

events or strangeness pique his interest. At the start of the examination, Drake is in his 'good' personality; the dark half comes out at the end.

### The Riddle of Flesh

The Riddle of Flesh is a bezoar – a tangle of indigestible matter lodged in the stomach of a patient. There are different types of bezoars, such as trichobezoars made of hair, or pharmabezoars made of tablets. In the middle ages, it was believed that bezoars could cure all poisons.

Over the course of the scenario, the bezoar grows from the pill that Drake gave the unfortunate victim. It becomes a tangled, jagged lump of flesh, tearing strips from the character's stomach and intestines and wrapping them around itself. It becomes a Gordian knot of living tissue, intimately entangled in the victim's guts. The character feels increasing discomfort as the bezoar grows, until it reaches maturity in [Retrieving the Key](#) (page 31).

Unlike the Hand and the Eye, possession of the Riddle of Flesh gives the character no additional powers or advantages.

- **Bullshit Detector** [**Assess Honesty**]:

Drake seems perfectly calm when performing medical tasks, but stumbles over small talk. A 1-point **Bullshit Detector** spend informs the character that Drake is concealing his opinion of Dr. Haverly.

- A character with **Occult Studies** notices an odd charm hanging around Drake's neck, quite at odds with the rest of his attire. It looks like a small brass key that's been twisted and broken. If the character mentions the charm, Drake puts on a clearly practiced smile and says that he picked it up at a flea market as a joke.

If the character keeps asking about the charm, and uses either **Occult Studies** or **History** to ask about its origin, or an interpersonal ability like **Flattery**, then Drake admits he keeps it as a reminder to himself about something a mentor once told him – the key to good medicine is your relationship to the patients. In the past, he admits, he was too focussed on the clinical aspects of treatment and ignored the human dimension.

- If asked about Gavin Langley, Drake says that the patient died during the night because of complications related to recent surgery. Asking about Langley triggers a change in Drake's demeanor from light to dark. **Social Science** [**Assess Honesty**] lets the character notice this sudden and total shift in attitude.

## DRAKE'S OFFICE

[Drake's Office](#) is described more fully on page 18; the character being examined by Drake can see the contents of the room, but obviously can't poke around unless he finds a way to get Drake out of the room.



# Fear Itself

## IMPLANTING THE RIDDLE

Once he is done with the examination, Drake dismisses the character and calls for Nurse Clayton to bring him back to Ward 3. He then stops, consults the character's chart, and announces that the character's blood tests show signs of mild anemia (low iron) and he wants to treat it. He produces a cup with a black pill in it and offers it to the character. He watches the character to make sure he swallows it, then has the nurse bring the character back to Ward 3. En route, run *The Body in the Morgue* (below).

Over the course of the next few days, the Riddle of Flesh grows within the character's stomach. See the sidebar.

## THE BODY IN THE MORGUE

### SCENE TYPE: CORE

**Core Clue:** Gavin Langley was murdered.

The character passes the entrance to the hospital morgue as he's being wheeled back to his bed. The night porter happens to walk out from the morgue doors at this moment, and the character catches a glimpse of a body under a sheet. Something about the body is familiar. The porter peers at the player character, sniffs him, and then walks off.

A light outside the children's ward down the corridor lights up, indicating that one of the kids has summoned a nurse. Nurse Clayton apologizes and leaves the character near the morgue; she'll be back in a minute. The character can take this opportunity to slip into the morgue and investigate.

Beneath the sheet is the body of Gavin Langley. His throat has been cut.

- **Science [Medicine]** suggests this was done with a scalpel. A 1-point **Science** or **Medic** spend confirms that it was done with a scalpel, but that Langley was unable to resist. It was an execution, not the result of a struggle.
- A character with **Photography** notices a digital camera on a shelf, used for recording autopsies. If he grabs this, he can take photos of the body for later examination, but he'll need to smuggle the camera past the nurse with an easy (Difficulty 3) **Filch** test afterwards. The photos reveal the following:
  - » Langley's testicles are missing. A **Science** spend confirms they were surgically removed several hours before he was killed.
  - » There are needle marks on his arm. A **Photography** spend lets the character





zoom in sufficiently to make out four marks on each arm, in a semi-circle, like fingernails. Remind the players, if they don't realize it themselves, that Langley said something about 'sharpfingers' as he was being dragged out.

- During the following night, a Mortician (see the excerpt from the *Book of Unremitting Horror*) materialises in the morgue and erases the scalpel wound, the needle marks and sews back up the cut in Langley's scrotum. The Practice have no intention of letting mortal authorities interfere with Drake's test.

## THE FIRST OPERATION

### SCENE TYPE: ANTAGONIST ACTION

The characters fall asleep as normal; if a character wants to stay awake, it costs a point of **Health**. If everyone tries staying awake, then have the players bid **Health** – the two players who bid the lowest are too exhausted to stay awake. (Only bring up the question of staying awake if the players ask; otherwise, jump straight to the characters being abducted.)

Pick two of the sleeping player characters, ideally one male and one female. These two characters are woken during the night by their beds being rolled out of the ward. Inform the other players that they hear something during the night, and can wake up if they wish at the cost of 1 **Health**. The characters are aware, but paralyzed.

The beds are pushed by a pair of bizarre figures. The things wear tattered, old-fashioned nurses' uniforms; their faces are a mess of scars and stitches, and their eyesockets are covered by flaps of grey flesh. They do not breathe, but wheeze like mechanical ventilators. Rubber tubes run through their necks. They move like insects; their limbs have too many joints. They are the Night Nurses.

If a character struggles, one of the Nurses reaches out and places a clammy hand on his exposed skin. Needles slide out of the Nurse's fingers and plunge into the victim's flesh, pumping numbing drugs into the victim.

All conscious characters must make **Stability** tests for seeing the Nurses; the **Stability** loss is 3 for those left behind, and 4 for those characters being abducted. Those who are still asleep lose nothing.

## SURGICAL PREP

The abducted characters are wheeled through the abandoned hospital to the disused operating theatre on the top floor. There, they methodically strip dust covers from the equipment and the stainless steel tables. The characters are shoved onto the icy cold tables and stripped of their clothing. An extra dose of paralytic drugs is injected into each character. The nurses withdraw, leaving the characters alone. They can talk, and even scream, but no-one will come to help them. They hear footsteps from outside...

Cut to the characters left behind in Ward 3.

## THOSE LEFT BEHIND

The remaining player characters are semi-conscious; they can fight their way to full awareness by spending a **Health** point, if they have not done so already. They can see that two of the beds are missing from the ward. If a character struggles out of bed (costing yet another **Health** point), then they can try raising the alarm or searching the hospital for the abducted characters.

See [Night Scenes](#) (page 26) for possible scenes. The characters have little chance of making it to the abandoned operating theatre in time to stop the operation – throw encounters in their way to delay them. If they do make it to the operating theatre, then the bird-masked doctor (see below) opens the valve on a tank of anaesthetic gas, knocking the characters out before they can interfere.

## THE OPERATION

The door to the operating theatre opens, and the surgeon arrives. He is dressed in a surgical gown and wears plastic gloves; his face is hidden by a *Medico Della Peste* mask, a medieval plague mask in the shape of a bird's beak and a black hood, so none of his features can be seen. Describe the surgeon's mask as a weird bony bird, a nightmare out of Bosch. A character with



**Humanities** or **History** can identify it as the sort of mask worn by medieval doctors.

The surgeon bends over one of the paralyzed characters and begins to operate, first with a scalpel, and then with a bone drill... the character blacks out from the pain.

The surgeon then turns to the other character. The last thing he remembers is a needle puncturing his left eye...

A 4-point **Stability** test must be made here.

## AFTERMATH

All the characters wake up back in Ward 3. A brief physical examination reveals the effects of the surgeon's operation. One character has been transformed into the Eye, and has had several grotesque surgical modifications:

- He has both male and female reproductive organs. If male, he has unexplained scars above his kidneys where his new ovaries were implanted. If female, her scars are just below her stomach where testicles were grafted under the skin. If the other character is of the opposite gender, then the relevant organs were harvested from that character; otherwise, the organs were taken from Gavin Langley or another dead patient. The operation transferred only testicles or ovaries, not external genitalia or other organs.
- The character has a faint scar on his forehead, and a crippling headache. He has, in fact, had a third eye implanted in his forehead. This eye is not yet healed, but after the character regains 2 **Health** points, the character can open this third

## The Eye

The character transformed into the Eye gains a number of unwelcome but potentially useful abilities. When the third eye implanted in the character's forehead is open, he can see auras, as per the **Aura Reading** psychic power. The character gains eight points in the **Aura Reading** pool (if the character already an Aura Reader, then he can add these eight points to his existing pool).

The Eye can also see beyond our three-dimensional space. It can see psychic echoes like ghosts, or intrusions into our reality such as the entities of the Practice. At times, it can look backwards and forwards in time simultaneously, which is a dizzying experience. To the Eye, a human looks like a bizarre temporal centipede moving through space-time.

If the character who bears the Eye uses **Aura Reading** on the Hand, he sees the transplanted bones glowing a hot blue beneath the flesh, like an x-ray. If he looks at the carrier of the Riddle of Flesh, he sees the tangle of flesh growing in the character's stomach like a monstrous fetus. At the centre of the Riddle there is something that looks like a key made of bone.

eye and perceive the invisible world. In addition to reading the emotional state of those around him, he can also perceive the invisible.

Once the player puts the clues together and realizes his character has a third eye, he can open the eye and use its powers. See *The Eye* sidebar.

This eye has been taken from the other player character. The character's eye has been replaced by a glass replica. The character's eye feel sore and bruised; a close examination of the eyesocket reveals the presence of the glass eyeball.

A 4-point **Stability** test is needed for both characters once they discover the surgical modifications. Both characters also lose 4 **Health**.

The next day, emphasize the complete normality of the hospital by day with the weirdness of the night before. The nurses come in and out in exactly the same routine as the day before. Breakfast is served, temperatures and blood pressures are checked, the morning news is on the television. Drake does not perform rounds today; if asked, the nurses say that he's gone down to the county hospital to report to Dr. Haverly.

If the characters try to show their mutilations to the nurses, their concerns are dismissed. The cuts are small and appear to be old surgical scars, and could not have been inflicted last night. As for the glass eye, the character's chart clearly shows that he has always had a glass eye. Checking the chart at the end of the character's bed confirms this – during the night, someone added a report to the character's medical history, describing an injury to his eye that left him with an artificial eyeball. The report is dated several years ago and is oddly non-specific, mentioning the patient's name only once. The signature at the bottom is cramped and hard to read, but it could be 'Haverly'.



## QUESTIONING THE STAFF

### SCENE TYPE: ALTERNATE

**Core Clues:** Gavin Langley, the Hospital Library

There are three regular nurses on Ward 3 – Nurse Marie Clayton, Nurse Una Dampier, and Head Nurse Ann Mather.

**Marie Clayton** was a medical student, but was forced to curtail her studies and switched from a full medical degree to a shorter nursing course when her father became ill and she became his live-in carer. She lives a short distance away from the hospital, and divides her time between her father and her patients in Our Lady's. Her life is already too complicated, so she tries to avoid entanglements with the patients.

- Her father calls her on the hospital land-line several times a day, interrupting her work. This can give the characters a chance to slip out of the ward, or to eavesdrop on her conversations.
- A character with **Science [Medicine or Oral History]** picks up that she is better trained than either of the other two regular staff; if questioned about this, she mentions her postponed medical degree.
- Similarly, **Negotiation [Oral History]** allows a character to notice her frustration with the interruptions, which can also lead into a discussion of her father.
- Once the characters know about her situation, spending a point of **Reassurance** to assure her that she need not worry about neglecting the patients wins her trust.
- Her father's condition worsens over the course of the scenario. As a red herring, drop hints to suspicious characters that Clayton is helping the Practice in exchange for a cure for her father, or use her father's health as a reason for Clayton to leave the hospital if the characters are relying on her help.

**Una Dampier** is a trainee nurse; play her as young, inexperienced and easily flustered. She's terrified of losing her position at the hospital, so she won't take any risk that would put her career in jeopardy. She reports anything unusual to the Head Nurse or the hospital administrators.

- Spending **Flattery** or **Flirting** takes her off guard, long enough for her to let something slip in answer to a question, or for another character to take advantage of the distraction.
- Spending **Reassurance** gives her more confidence in her work, and also convinces her to confide in the character.

Fear Itself



# Fear Itself

- Once the players know that Dampier needs to impress her superiors, they can volunteer to speak to Head Nurse Mather on her behalf with **Negotiation**, or use **Impersonate** to give the impression that Dampier is especially competent. Either approach wins her trust.

**Head Nurse Ann Mather:** The junior staff joke that they built the hospital around 'Old Lizard' Mather. Certainly, her retirement can't be far off, but no-one can imagine Our Lady's without her. She runs the nursing section like a tyrant empress. As far as she's concerned, the role of patients is to lie there, eat their meals, and not make a fuss. Doctors are not to be questioned under any circumstances. Convincing Mather that something is wrong is extreme difficult. If the characters persuade her to help them (either by persuading her with a lot of **Negotiation [Bargain]**, showing her proof of mistreatment, or browbeating her with legal threats using **Law**), she marches into Drake's office and complains about the treatment of patients.

There are several topics the characters might ask about. In each case, the characters only get the first item on the list unless they have won the trust of that particular member of staff.

## Gavin Langley

- Langley died of complications related to his medication. (Untrue, but the nurses were told this by Drake and have no reason to doubt it.)
- (**Core Clue**) He was a lecturer on the German language and a translator before he had a nervous breakdown two years ago.
- He's been in and out of hospital since then. He was up in Ward 4, the psychiatric ward, for the last three months – he was suffering from appendicitis that led to gastro-intestinal infections as well as psychological problems.
- He was always such a charming patient when he was in a good mood, but he sometimes had strange delusions about people following him at night.
- If the characters claim to have seen Langley's corpse in the morgue with his throat cut, the nurse is confused and suspicious of the character. She quickly ends the

conversation unless the character spends a point of **Reassurance**.

## Dr. Drake

- He's the doctor on call at Our Lady's. He's an odd fish, but perfectly competent.
- Drake was hired by Dr. Haverly. The rumor is that Our Lady's is a chance for Drake to salvage his career. Apparently, he got into trouble at his last job.
- Drake's very moody. Some days, he's a pleasure to work for; other times, he's cold and harsh.
- He started carrying that broken brass key around with him a few weeks ago.

## Strange Events

- Everything's fine. It's just your imagination.
- Our Lady's does have a certain... reputation. It's a creepy old building, with a lot of history. There are stories about the abandoned wards over in the East Wing, for example, about ghosts and spectres. The old library is supposed to be the centre of the haunting. (**Core Clue**)
- Several patients have complained about strange noises at night, or unexplained scars. Gavin Langley was among these; he was on the verge of recovery several times, but then relapsed.
- Some of the staff have been unwell or abruptly quit in the last few months. There have been complaints about short-staffing at night.

Ultimately, none of the nurses can truly help the characters. If the characters convince a nurse to help them, then let her give them some minor aid, like carrying a message out of the hospital or passing on information about the hospital or Dr. Drake, then have her disappear. Abducted staff can meet some grisly fate in one of the night scenes or in the nightmare hospital at the end.

## HOSPITAL RECORDS

### SCENE TYPE: ALTERNATE

**Core Clues:** Gavin Langley, the Hospital Library

The hospital records are contained in the administration section. The clerk, David Saul, is elderly and short-sighted; characters can sneak past with **Infiltration** (Difficulty 3) or bluff their way past by **Impersonating** a doctor.

Once inside, either **Research** or **Computer Science [Library Use]** lets the characters search the records and obtain the following information:

- Gavin Langley was a German lecturer before suffering a breakdown. He's been a patient in Our Lady's for several months. He's almost recovered several times before relapsing.
- All of Dr. Drake's cases are to be reviewed by Dr. Haverly; it looks as though Haverly is keeping a close eye on Drake's work.
- Drake recently asked for repairs to be made to the roof of the abandoned East Wing, in the old library.
- The player characters' own medical records have been tampered with – Drake updates these records to hide the evidence of his experiments. For example, if he takes bones from the hand of one player character, then he forges a note in the character's patient history describing an old accident that damaged the fingerbones.

## WARD 4

### SCENE TYPE: ALTERNATE

**Core Clue:** The Hospital Library

Ward 4 is reserved for psychiatric patients. With Langley gone, there are only two left – **Dee David**, who severely damaged her stomach lining in a suicide attempt using

caustic chemicals and now has to be fed intravenously; and **Jared Links**, who suffers from renal problems and severe delusions. The nurses discourage visitors in Ward 4; to question Jared or Dee, the characters have to distract the nurses or spend a point of **Reassurance**.

Characters can use **Impersonate [Disguise]** to pretend to be a psychiatrist and question Jared, or use **Reassurance** on Dee. Both offer the same clues, delivered in their own unique idiom (Jared: confused, surreal, and mixed with asides about how the doctors are drugging him through the oxygen tubes; Dee: mocking, sarcastic, defensive).

- Langley was a German lecturer. (**Core Clue**)
- He had a nervous breakdown because of stress two years ago. Three months ago, he had an attack of appendicitis, and ended up here in Our Lady's.
- He seemed to be recovering, then got worse, then got better again, then got worse again. Then he died.
- Both Jared and Dee complain about having sore hands. (An x-ray would show that they are both missing bones in their left hands. The bones were surgically removed and replaced by plastic struts.)
- If the characters mention nightmare nurses or strange events at night, the two patients glance at each other and refuse to talk about it. It's clear that they have both seen horrific things.
- If pressed (using a 1-point **Interrogation** spend each), then the two patients describe the Nurses coming in at night and taking Langley away with them. Sometimes, there was a 'bird-man' with them.

Note that Jared or Dee might be unwilling donors for the organs used in the First Operation or the Second Operation.

## THE BOOK

Looking around the ward, Langley's personal possessions are still lying around his bed.



# Fear Itself

Notably, there's an old, musty-looking book open on his bedside locker. There's a book-plate on it, announcing that it belongs to Our Lady's Hospital library.

- **Trivia** or **History** [**Architecture**]: There once was a library in the hospital for the benefit of patients, but it was closed down years ago. If this book exists, then Langley must have broken into the abandoned wing. The existence of this library is a **core clue**. The book is a treatise on the history of medicine. Among the illustrations is a picture of a medieval plague-doctor, almost identical to the apparition the characters saw in the operating theatre.
- Tucked into the book is a page of handwritten notes in German. Translating it with **Languages** yields the phrase 'The Eye sees and the Hand unlocks; The Key is born of the riddle of flesh'.

## DR. DRAKE'S OFFICE

### SCENE TYPE: ALTERNATE

**Core Clue:** The Hospital Library

Breaking into the office requires **Filching** a key (Difficulty 4) or picking the lock with **Mechanic** [**Locksmith**] (Difficulty 4). Alternatively, a character can fake symptoms with a 1-point **Impersonate** [**Disguise**] spend or demand a meeting with Drake by spending **Intimidate** or **Law**.

Drake's office reflects his obsessions. One wall is covered with his certifications and qualifications. **Trivia** [**Evidence Collection**] notes that there are no class photos or personal mementos. On a shelf behind Drake's desk is a glass tank containing writhing maggots, along with various curios and statuettes. **Humanities** or **Occult Studies** [**Anthropology**] identifies them as all being icons of healing and medicine from different cultures; there's a centaur who must be Chiron, Iron-Crutch Li of the Eight Taoist Immortals, a painting of Isis restoring the shattered body of Osiris and many more images of the healer's art.

There is also an extensive library of obscure and outdated medical books, many of which were salvaged from the hospital library. Again, **Trivia** or **History**

[**Architecture**] points out that the characters haven't seen any library in the hospital, so it must be in the abandoned section.

If the characters search the office thoroughly, they turn up more clues:

- On a notepad next to the telephone, Drake has made a number of doodle drawings, which resemble a bird mask.
- There is a folder in a drawer in his desk, containing x-rays of hands and skulls. With **Science**, characters can recognize these x-rays as images of their own body parts. They have no memory of these x-rays being taken.
- Searching the bookshelves with **Research** [**Library Use**] lets a character notice that one book is misfiled – everything else is grouped with similar books, but there's an old German textbook on the very top shelf, next to some journals. If the characters check this book, they find a yellowed, curling black-and-white photograph of a strange heart-shaped lock on a massive chain. A one-point **Architecture** or **History** spend recognizes the setting of the chain as being attached to the inside of the main door of Our Lady's Hospital. There's certainly no such chain there now.

## THE ABANDONED WING

### SCENE TYPE: HAZARD

A third of the hospital is shut down and abandoned. The doors to the upper two floors of the east wing and the third floor of the central hospital are locked. The staff all have keys, which the characters can **Filch** (difficulty 4), pick the lock with **Mechanic** (difficulty 4) or they can break through the flimsy door with **Athletics** (difficulty 5).

Beyond are dark, dank corridors, walls covered in peeling paint, and wards crammed with rusting beds.

## PURSUED BY THE PORTER

An intruders in the abandoned wing must deal with [the Porter](#) (see the sidebar on page 8). This lumbering brute discovers the intrusion soon after the characters first break into the abandoned section, and he begins loudly searching for them. The characters hear his heavy tread echoing through the corridors. Call for **Infiltration** tests, starting at Difficulty 3, and rising as the porter gets closer. An Infiltration test must be made for each room the characters search. Ramp up the tension as the porter gets closer.

If the characters fail a test, then the porter has spotted them – they can try **Fleeing**, but that will cost them Health.

The porter's actions depend on how the characters behave. If the players pretend that they got lost or are just innocently exploring the hospital, then the porter escorts them back to their beds with forced politeness. If they're obviously trying to evade the porter, then he is not gentle once he catches them, and forcibly drags them back to Ward 3. If the characters try fighting the porter, he shouts for orderlies to come and help him.

Try to foil the characters' initial exploration of the abandoned wing with the porter. They need to come up with a way to deal with the porter before they can explore the wing in safety.

If the characters try exploring the abandoned wing at night, then they may run into the night nurses instead of the porter.

## STORES

Most of the storerooms contain mundane hospital supplies – cleaning products, spare blankets, cooking equipment, spare parts and other junk. If the characters keep exploring the storerooms, they eventually come to a locked door. The lock has obviously been recently replaced. There's a strong smell coming from the far side of the door. **Natural History** [Outdoorsman] identifies the odor as horse manure.

The locked storeroom contains half-a-dozen plastic oil drums.

Two are empty, but stink of chemicals and faeces.

The other four drums are packed to the brim with warm horse dung. Electric blankets are wrapped around the drums to keep them warm. Next to each of the drums is a hospital drip stand with a blood bag hanging from it; the cable from the drip stand runs into the dung. A short cord trails over the lip of each drum. These cords are attached to glass bottles buried deep in the manure. If the characters pull a bottle out, they find it contains a tiny waxen figure, a miniature version of the porter. The cable from the drip stand is threaded through the bottle's mouth; a single drop of blood hangs from the end of the cable.

A 1-point **Occult Studies** spend lets the character remember stories about Paracelus' method for creating a homunculus, a 'little man' made from human semen buried in dung and fed on blood. The porter was created in this room as an experiment by Dr. Drake. If the players work this out, it's worth a 1-point **Stability** test.

**Turpentine:** There are six bottles of turpentine in this room, each one within arm's reach of an oil drum. Turpentine dissolves the homunculi; Drake keeps these weapons to hand in case one of the homunculi turn on him. If the characters hit the porter with a bottle of turpentine, it inflicts 2d6 damage on him in a most horrific fashion; his skin sloughs off and his bones melt like styrofoam under acetone. Seeing that is worth a 4-point **Stability** test.

## HOSPITAL ARCHIVES

Most of the hospital archives and records were removed to the county hospital years ago; this room is crammed with battered filing cabinets and piles of moldy documents. A 1-point **Research** or **Bureaucracy** [Library Use or Accounting] spend lets the characters go through the documents in search of anything interesting. Notably:

- Notes from an inquest in the 1930s. One of the hospital surgeons, Dr. Anthony Copel, committed suicide. There are veiled references to abuse of patients; one photo of a patient's hand shows sutures along the length of all the fingers.
- A box of old surgical equipment, including rusted knives and surgical tubing for improvised weapons.



# Fear Itself

- A letter from Dr. Haverly to the hospital board, praising Dr. Drake and arguing that he would make an excellent addition to the hospital staff, despite his 'past issues'.

## ABANDONED WARDS

During the day, these wards are empty. At night, it's a different matter – run one of the [Night Scenes](#) (page 26) if the characters explore here at night.

## THE OPERATING THEATRE

Any character who was abducted by the night nurses recognizes this room – here is where the beak-masked doctor operated on them. That's worth a 1-point **Stability** test.

**Architecture:** One of the floorboards has been moved recently. Drake's bird mask is hidden underneath.

## THE LIBRARY

See [The Library](#), page 23. Ideally, that scene should take place after *The Second Operation*.

## THEY COME AT NIGHT

### SCENE TYPE: CORE

**Core Clue:** The importance of the front door at night

You can run this scene at any point, although it works best when the characters are exploring the hospital by day. The characters meet Beth Farrow, a 7-year old patient in the children's ward. Depending on the circumstances, the characters can just meet her in one of the public areas of the hospital, or find her hiding in a closet. **Social Studies** or **Streetwise [Oral History]** reveals that she's very scared, but trying to hide it.

With **Reassurance**, the characters can get her talking. Beth's account is disjointed and hesitant, but she does reveal the following:

- She's a patient in the children's ward. She got sepsis (blood poisoning) from a cut on her leg. It's nearly better now.
- She doesn't like the nurses who come at night. They don't speak, and their fingernails are really sharp.



- One night, she tried to run away. She tried all the doors, but they were all gone except for the front door of the hospital, and that was locked with a big heavy chain. The front door was the only exit she could find. (**Core Clue**)
- Then this thing started chasing her, and it was all arms, and it caught her and it was going to eat her, only Dr. Drake found her and brought her back to bed and said it was all a dream only it wasn't, she's sure it wasn't, dreams don't leave marks.
- To prove that it wasn't a dream, she shows the characters her upper arm. It's badly bruised; any suitable investigative skill (from **Streetwise** to **Scuffling**) suggests that she was grabbed and shaken by a strong adult.

## DON'T TALK TO STRANGERS

The Practice eliminates Beth the following night. If the characters ask the staff about the girl, they're told she was transferred to the county hospital. Her body can show up in one of the Night Scenes (a merciful GM might allow her to survive so the characters can rescue her).

## QUESTIONING THE OTHER CHILDREN

If the characters question the other patients in the children's ward, they're met with stony silence. They're all much too scared to talk about what goes on in the hospital at night.

**Trivia:** There's a box of toys in the children's ward; poking around reveals that all the dolls have been dismembered by the kids. One's had a hole drilled in her head, another has four extra arms taped around its actual arm, and a third has something rattling inside it, which turns out to be a small key.

## THE SECOND OPERATION

### SCENE TYPE: ANTAGONIST ACTION

This scene begins in the same way as [The First Operation](#) (page 13). Pick two different characters this time.

Again, the characters left behind in Ward 3 can struggle out of bed. Attempting to fight the Night Nurses is likely to be futile in the player characters' weakened conditions, especially as the Nurses will use their paralyzing touch ability, so the best option is to wait until the Nurses have departed before dragging themselves out of bed and sneaking down the corridor.

The most likely course of action is that the characters try to foil the operation by following the Nurses into the abandoned section of the hospital and then into the old operating theatre. For the purposes of the scenario, the characters should not be able to stop the operation, but they might be able to get there in time to see Drake testing the Hand.

Run any of the [Night Scenes](#) (page 26) for those left behind.

## MAKING THE HAND

Both victims are semi-conscious for this operation. The beaked doctor enters and places the left hand of both characters on small raised platforms. He then begins to operate. He cuts open the flesh of one finger on the first character, and removes the bones one by one with marvelous dexterity. As he remove the bones, he replaces them with shaped plastic replicas.

Once all three of the finger's bones have been removed, he turns to the hand of the other character. He makes an incision in three of the character's four fingers, and again removes the bones of one finger. He replaces these bones with the fingerbones taken from the first character. Once these have been implanted, one of the nurses enters, carrying a metal tray. Fingerbones taken from other patients (such as Dee and Jared from Ward 4) lie on the tray. The doctor implants these stolen bones into the character's hand, shaving the bones to fit or adding what looks like grey-pink putty as needed. Once the bones of the character's three fingers have been replaced, he sews up the wounds and injects a syringe of clear liquid into the palm of the character's hand. It burns.



# Fear Itself

## The Hand

The character who is transformed into the Hand is gifted with a gory form of telekinesis. These powers only manifest after the character has regained two **Health** points after the surgery. The Hand can be used to push or pull things at a distance, or even move internal parts of an object. For example, the Hand could be used to punch someone on the far side of the room, or to turn the tumblers of a lock from the outside. The character must move the Hand in mimicry of the desired movement – if he wants to lift a glass from a table, he needs to reach out the Hand and make a lifting motion. The Hand's powers must be discovered through experimentation.

Most importantly for this scenario, the Hand can move internal organs in a living patient. The character can use this power offensively – punching someone in the brain has a nasty +1 damage modifier and ignores armor. Using the Hand as a weapon still uses **Scuffling**.

With more finesse and the guidance of the Eye, the character can perform psychic surgery.

This telekinesis comes at a price – each time the character uses the Hand, it costs a point of **Health**. Spending more Health increases the effective strength of the telekinesis – moving a small object costs one point, while smashing through a wall might cost 4 or 5 points.



The doctor then reaches over and takes the paralyzed hand. Carefully, almost fearfully, he flexes the character's fingers and clenches them into a fist.

All through the hospital, the lights flicker. Dust falls from the ceiling. Hearts on life support skip a beat. The earth trembles. The Hand is ready.

All that's worth a 4-point **Stability** test.

A Night Nurse returns and sedates the characters once again. They are returned to Ward 3.

## THE NEXT MORNING

When both characters wake up, their left hands are agonizingly tender. The slightest touch causes unbearable pain, and the characters cannot move their hands until they have regained 2 **Health**. The character who donated finger-bones has no further ill effects, beyond a slight stiffness (and, if he listens very closely, he can hear a little plastic squeak when he bends his finger).

The other character is the Hand. See the sidebar.



## THE LIBRARY

The hospital library stinks of mildew. The shelves are mostly empty, the furniture mostly broken, but there are a handful of damp cardboard boxes stuffed with the books that the county hospital didn't want. It's a collection of obsolete medical texts, morally uplifting books on the Temperance movement from the 1920s, soiled and torn novels and other junk. There is a side room adjoining the library, which once contained tapes and videos, but is now crammed full of broken crutches and wrecked wheelchairs. There is also a copy of the porter lurking in the side room, but the characters only find him if they bother fighting through all the junk – or when he comes for them.

In one corner of the room is a chair and a desk that have clearly been used more recently than the rest. If the characters search, they find the following:

- **(Core Clue)** Amid the debris is a pile of discarded hand-written notes. A character with **Languages** can interpret them – it looks like someone was trying to translate a German text into English. The original text must have been quite complex and obscure, as there are lots of false starts and corrections.
- The handwriting on most of the pages matches that of Langley. There's one page with crabbed, hard-to-read writing that has to belong to a doctor; this page was written by Drake.
- A discarded packet that once contained medication. A 1-point **Science [Medicine, Pharmacy or Library Use]** spend or access to the Internet and **Research** identifies the drug as an anti-psychotic.
- A 1-point **Investigative Procedure [Evidence Collection]** spend lets the character interpret scratch marks on the floor. There is a small scar on the linoleum floor where the top of the chair back hit it when the chair was violently toppled, and scrapes and tracks where someone was dragged out of the chair and pulled off towards the side room.

## THE NOTES

Interpreting the notes is tricky; not only was the German of the original text obscure and difficult, but Langley was terrified and ill when he wrote them. The characters can make out the following information, but couch it in ambiguities and suggestions that they may be misinterpreting some parts of the translation.

- One page of notes talks about the hand and the eye as 'necessary tools for the physician'. The eye sees 'that which is hidden to laymen', and the hand 'opens the doors of understanding and higher knowledge'. It cautions the physician to keep the hand bound and the eye blind at all times, except when 'the school of night is in session.'
- Another page discusses the necessity of the doctor to maintain 'a detachment from the flesh'. Suffering and joy must both be seen as 'expressions of the nerves'. Emotion and desire must both be purged; knowledge, skill and 'the surgeon's art' are the only things worth pursuing.
- The third page, apparently related to another section of the original text, discusses medical training techniques, arguing that the only true judges of a surgeon's talent are the 'heirs of Chiron'. It fulminates against Hippocrates, arguing that 'harm' should never hold back knowledge. It says that every great doctor must 'prove himself by solving the riddle of death' and 'purge himself of doubt and fear'.
- The final page is written by Dr. Drake, not Langley. It's a disjointed psychological assessment of a patient. It refers to the patient's 'delusional sense of superiority' and 'limited intellect', and recommends that he be 'excised' as soon as possible once the specialists arrive.

### The Notes as a Floating Clue

If the characters don't follow the chain of clues leading to the library, they can still find the notes in the otherworld of the Practice during the night scenes. Drop a copy of the notes into *Evidence of Past Successes*, page 28.



## THE PORTER ATTACKS AGAIN

Hidden from view inside the side room is another copy of the Porter. This one was the first homunculus grown by Drake, and did not mature properly. His features are ugly and misshapen, as if the flesh of his face had partially melted like candle-wax. His body is inhumanly thin, as if he is nothing but skin stretched over bones, with no muscle or fat. He has built a nest of soiled bandages, surgical gauze and half-chewed pharmacy scrips to hide in during the day. The characters' presence in the library woke him. (If they're using **Infiltration [Stealth]** to hide from the 'real' porter, then they have more time to search the library before the duplicate notices their presence.)

The porter waits until one of the characters is alone in the library, or comes too close to the entrance to the side room, or investigates the junk in the side room. When prey comes within arm's reach, he grabs this victim and pulls him away, then throws an old bookcase against the door of the side room to block the entrance. Forcing the door requires a successful **Athletics** test against Difficulty 6 is needed to force the door; each failed test reduces the difficulty by 1.

The porter will not kill the Hand, the Eye or the bearer of the Riddle of Flesh, but other characters are fair game. In his nest, he methodically prepares the victim for the surgery to come, by removing the victim's limbs joint by joint with a cleaver. With luck, the other characters can find the nest and rescue their companion before he loses more than a few toes.

If pursued, the monstrous porter scuttles into the hospital's attic, a maze of central heating pipes and debris. The characters can pursue him into the attic, but they must make **Athletics** tests to keep up with the porter. A failed **Athletics** test means the character loses sight of the porter; a cruel GM can have the character crash through a rotten part of the ceiling into the ward below.

## DR. HAVERLY VISITS

### SCENE TYPE: CORE

**Core Clue:** Drake's split personality

Dr. Julian Haverly, the best doctor you never had. He's your favorite uncle with a medical degree; genial, reassuring, reliable and caring. Most of the week, he works at the nearby county hospital and leaves Drake running things in Our Lady's, but today he's doing rounds in Ward 3. While not all of the characters are his cases, he knows Drake can be unreliable at times, so he makes a point of checking on all patients.

When playing Haverly, distinguish yourself from your portrayal of Drake.

- Haverly's older and heavier, so move slowly and deliberately
- Reassure your patients verbally; always speak calmly
- Stroke your chin thoughtfully.

## HAVERLY'S INTERVIEW

Haverly examines each of the characters. Initially, he just looks at whatever ailment brought the characters to Our Lady's, but if his attention is drawn to any new surgical scars, he conducts a more thorough examination. He also questions the characters on their experiences in Our Lady's.

At the start of the scene:

- Haverly believes that Drake is unreliable and needs to be kept under supervision, but not actually dangerous. Drake's a lawsuit waiting to happen, not an inquest.
- He has no idea about the supernatural, and assumes that any accounts of weird events are delusions or drug hallucinations.
- He has reviewed the characters' case histories, but has never spoken to them personally at length.

Note that if you're using the pregenerated characters, Haverly is a Source of Stability for Wendy Shawl.

The characters' task in this scene is to convince Haverly that something is very wrong at Our Lady's Hospital, and that Drake is putting them all in danger. Mechanically, the characters need to spend **Reassurance**, **Cop Talk**, **Science** or **Negotiation** [**Bargain**, **Credit Rating**, **Medicine**, **Cop Talk** or **Theology**] points (spending a total number of points equal to the number of player characters) to give a convincing, accurate account of their experiences. They need to prepare Haverly for the revelation of the supernatural before jumping ahead to tales of monstrous nurses, third eyes and psychic powers.

If the characters convince Haverly to help, then he promises to launch an investigation of Our Lady's and Dr. Drake. He reassures the characters that Drake will be suspended and that they will be in no further danger. Give the players the impression that they have succeeded, and that Haverly will protect them. Let them think that surviving the events of the past two nights was the goal of the scenario, and that all that's left to do is unmask Drake in the epilogue.

If they give the impression that they are delusional, then Haverly is reassuring but non-committal, and will be of no help to them. (Of course, since Haverly has only a short time to live after this scene, he's not going to be much help to anyone...)

**Haverly & Dr. Drake (Core Clue):** When Haverly mention Dr. Drake during his interview, any character with **Bullshit Detector** [**Assess Honesty**] notices that the older doctor is picking his words unusually carefully, as if there is something he wants to leave unsaid. If the characters call him on this, or use **Reassurance** to assure him that they can be trusted, or if they found the letter in the archives to the hospital board, Haverly admits that he has a personal stake in Drake's career. He sighs and explains to the characters that Drake was a brilliant but troubled young doctor, who was sabotaging his own career with erratic behavior. Haverly arranged for Drake to come and work at Our Lady's. Haverly hoped that by removing Drake from the pressure of a busier, more prestigious hospital, Drake could overcome his personal demons and fulfill his potential.

Haverly insists that Drake cannot be responsible for all the unnatural events in Our Lady's. Even if the young doctor is involved, then he can still be convinced of the error of his ways. He would trust Drake with his life.

## HAVERLY'S DISAPPEARANCE

After Haverly is finished with the characters, he tells the characters to remain where they are until he returns. He goes out to his car, which is parked outside the hospital. The characters can see him from the window of their ward. The bent old figure traipses across the snow-strewn courtyard and removes a sheaf of documents from the back seat of the car before walking back towards the hospital. Drake comes out to greet him, his white coat flapping in the wind. Any watching characters cannot hear their conversation, but they see both men look up at Ward 3. The pair walk out of sight when they enter the hospital.

Time passes. Dr. Haverly's car is still in the parking lot. Dusk falls. In the distance, the characters can see the lights of the city and the county hospital.

## DAY SCENES

### SCENE TYPE: ANTAGONIST ACTION

This section covers the hospital's reactions to the player characters' actions. These scenes are a bit of a balancing act – you want to have mundanity as a contrast to the weirdness of the night scenes, but not so much that it bores the players. You want to thwart their attempts to escape, but not frustrate them so completely they stop trying. The trick is to keep putting new and different barriers in the characters' path, so there's the illusion of progress even if there's no escape from the hospital.

## CONTACTING THE OUTSIDE WORLD

Mobile phones are forbidden in the hospital ward by Head Nurse Mather. There's no wifi in the hospital, and there's only a single telephone in the ward. If the characters try calling for help, then the porter can cut the phone line. Similarly, letters sent through the hospital get intercepted. Be as heavy-handed as you need to be – have the porter show up just at the wrong moment to interrupt a phone call or catch a PC who's trying to send an email.

Friends and family members who visit the characters on day one can cluck sympathetically about the sorry plight of Gavin Langley, but that



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won't affect the mystery. Optionally, let some relative or friend visit on day two or three. If the characters try to explain what's going on, the relative can meet a similar fate to the unfortunate Dr. Haverly, or else be found horribly mutilated in the nightmare hospital.

If all else fails, you can resort to supernatural interference – by Day Two, the Practice want to keep the characters in their hospital.

## DISOBEDIENT PATIENTS

During the day, the characters can move around the public parts of the hospital. The nurses encourage them to go back to bed and rest, and will escort them back to Ward 3 if the PCs are obviously spending too much time wandering around. If the characters refuse to go back to bed, or cause a disturbance, then orderlies and the porter show up to drag the characters back to their ward. Characters who start a fight get transferred up to Ward 4. If the characters keep causing trouble, Drake has them sedated.

If the characters suspect they are being drugged at night, or start refusing treatment, then Drake has them transferred up to Ward 4 and forcibly sedated. Make it clear to the players that fighting Drake openly is futile; patients only have the rights he permits them in his hospital.

## ESCAPING THE HOSPITAL

The characters start out as ordinary patients. Theoretically, they could check themselves out at any time, despite Drake's wishes. If the characters try this, then Drake starts out by arguing they are putting their health in danger. If they persist, he conveniently finds something unusual in the character's medical records that needs further tests.

If they just walk out, or if they escape the hospital in secret, then they're still not out of Drake's clutches. Firstly, remember the characters' Risk Factors – can they walk away from the mystery of Our Lady's? If that fails, then point out that Our Lady's Hospital is on the edge of town, and it's a long walk through the snow along the road to the nearest gas station or bus stop. You can throw a snowstorm down on the hospital to further dissuade the characters. If the players

insist on walking away, then the porter can drive out and collect them when they run out of Health.

Again, if mundane solutions fail, you can invoke supernatural methods of trapping the characters in the hospital. A thick fog might roll in, and then melt away leaving the characters in a hospital ward. Doors slam shut, corridors twist back on themselves, windows are sealed with an unbreakable substance that looks like a scab... try to keep the Practice's interference subtle during the day, but you can be as disturbing as you need to be at night.

## NIGHT SCENES

### SCENE TYPE: ANTAGONIST ACTION

By night, Our Lady's changes. Drake's experiments have attracted the attention of the Practice, and their alien presence warps the building. There are corridors and rooms at night where there are only blank walls by day, and horrors stalk the wards. The characters are not wholly within the Outer Black, just on its fringes, so they can find their way back to normality. For example, a character walking the corridors at night might turn a corner, and be confronted by a Night Nurse in a blood-stained passageway lined with rusted blades. He turns and runs back around the corner, and finds himself back in our reality. When he looks around the corner again, everything's back to normal.

The hospital staff know that strange things sometimes happen in Our Lady's, and that there are parts of the hospital you don't want to be alone in at night, but have never seen any overt supernatural activity. There is a nurse on call for each ward at night.

The Practice looks superficially like Our Lady's, but more decayed and more organic. The paint peels off the wall like scabs, and the fittings are crusted with dried blood. The lights flicker and pulse in tune with the beating of some distant heart.

Run any of the following scenes as needed when the characters are exploring the hospital at night. Most Night Scenes sap one or more points of **Health**, so the characters' ability to explore is limited.



## NIGHTMARE VOICES

*Inching down the corridor, you come to a closed door. It wasn't there earlier. Reddish light, like firelight, spills out from underneath, and you can smell burning. You can hear voices from within, but you can't quite make them out.*

If the character listens at the keyhole: Pressing your ear to the door is painful – it's hot to the touch, and the room on the far side must be an inferno. You can hear the voices now, two of them.

HAS HE FOUND THE KEY? booms one voice. It sounds like metal crashing into metal.

'THE RIDDLE IS GROWING, THE HAND AND THE EYE ARE READY, BUT HE STILL LACKS DETACHMENT' comes the reply. The voice is wet and makes you think of slabs of raw meat slapping against each other.

LET HIM BE FLAYED

*They keep talking, but suddenly you can't understand them any more. It's like a radio being tuned to a different channel; you can still hear them speaking, but it's an alien language that makes you feel sick just listening to it. Your flesh quivers with each syllable, and you have the sudden conviction that they're somehow talking to your cells.*

## HAUNTED CORRIDORS

*You find yourself in a long corridor. It looks like a derelict section of the hospital. To either side are empty wards, empty rooms. You can hear someone crying in the distance. Walking down the corridor, you come to a corner. You turn and keep going. The crying turns to screaming, a chorus of agony and suffering. More corridors branch off this one. You come to a stairwell.*

*This is impossible. Looking up, you see dozens of floors above you, maybe hundreds, and just as many levels below. This hospital would have to be bigger than a skyscraper to have so many wards. Screams of pain echo down the stairwell from above and below. There could be millions of people out there...*

Finding a route out of this maze of corridors requires a one-point **Architecture** spend. If no-one has any **Architecture**, then they wander the corridors at the cost of one **Health** point until they find their way back to Ward 3 or stumble into another Night Scene.

## THE SHAMBLER

*There's something coming down the corridor towards you. It's too dark to make out many features, but it's BIG, the size of a car. It stinks like a slaughterhouse. There are arms, human arms, sewn to the front of this mound of flesh, and it's pulling itself forward with them. As it gets closer, you see its hands scrabble blindly, feeling the ground for a handhold, then grip and strain to drag the bulk of the thing's body forward.*

The crawling, shambling thing moves at a crawl, but it is relentless. It keeps following the characters until it either catches them, or they find a place to hide from it. The shambler can't follow the characters up or down stairs, into the elevator, or into narrow spaces. A successful **Infiltration** or **Fleeing** test (Difficulty 5) allows escape from the shambler.

If the shambler reaches a character, it pins him against the wall and runs its hands over his face and neck, probing for his eyes. If the captured character is the Eye, the shambler tries to prise the third eye out of his forehead.

The characters have little chance of beating the shambler in a fight; the thing might crawl off disappointed if it finds a glass eye (if it catches the character who donated an eyeball), or the victim could be rescued by Dr. Drake or another PC.

## THE EMERGENCY ROOM

*There's a soldier lying on a metal trolley in this room. He's wearing desert camo, and it's soaked in blood. His right side and his whole head are wrapped in gauze and bandages, and his right arm ends at the wrist in a bloody, bandaged stump. His right leg is also missing. As you enter, he painfully pushed himself half-upright. 'Who's there?' he mumbles.*

This unfortunate victim of the Practice is Private Jesus Flores. He was on patrol in Iraq [Spanish Civil War] when a roadside bomb exploded nearby. He was airlifted to a military hospital, but the Practice

### The Shambler

Athletics 4, Health 20, Scuffling 10

Hit Threshold: 3

Weapon: +0 fingernails

Armor: 1 against Scuffling



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took him instead. He has no idea where he is; he knows he's in a hospital, but the staff aren't talking to him and he does not know how badly he is injured. He is scared and confused – play this scene for pathos. Flores is too badly wounded to move, so there is no way for the characters to save him.

If the characters use **Reassurance**, they can explain the situation to him. Jesus, a devout Christian, immediately assumes that he's in Hell for 'what he did to his mother' (he won't elaborate on this).

Examining his wounds with **Science [Biology]** reveals that the injuries are covered in a grey film that seems to be bonding with his flesh. It's a caul of lizard cells, an experiment in human regeneration. If he survives, Flores will be transformed into a hybrid of man and lizard. A non-viable hybrid, admittedly, doomed to a short, agony-filled life divided between two species, but progress demands suffering.

There is a kitbag under his bed; it contains his personal effects, including a pistol and a clip with fifteen rounds in it. Flores tells the characters to look for his kitbag if they make it clear that they need help. Run this scene if the players are feeling frustrated and powerless; the gun will give them the feeling that they can fight back.

## PAINFUL MEMORIES

Pick the character with the most alarming or violent Worst Thing I Ever Did. That character encounters a gory tableau of flesh drawn from their memories. If someone died as a result of their actions, they stumble across the reanimated remains. If someone was injured, they find that victim undergoing ghastly experiments to 'cure' that wound.

For example, using the pregenerated characters:

- Ed Hayward finds the young criminal he brutalized, hooked up to a bizarre life support machine that's made from body parts. A pair of yellowed lungs in a bell jar breathes for the victim; a heart in a brass cage pumps his blood.
- Bobby finds the little girl he ran over. To keep her alive, she's been turned into something monstrous, a crawling, leech-like thing in a tattered red rain-jacket.

- Roberta finds the disembodied head of her husband. It's still alive. The back of the skull has been surgically removed, and the parts of the brain are annotated like a phrenology bust.
- Wendy finds a room containing half a dozen huge glass jars, each of which contains a misshapen, hairless, half-formed version of herself. On a bed nearby lies a perfect copy of her, dressed in old-fashioned clothes – or, more accurately, this is the original, and she is the copy. Wendy was created by another doctor of the Practice, a clone of his dead daughter. There's blood on the floor; **Investigative Procedure** lets the character interpret the splash marks as indicative of a stabbing.
- Herman finds his mother, impossibly old and still alive. He's keeping her alive with his guilt.

## EVIDENCE OF PAST SUCCESSES

*This room looks like a storeroom or trophy room. There are three sets of shelves. On one, there's row after row of disembodied heads. On the next, dozens of skeletal hands. On the third set of shelves, there are ugly spherical lumps of flesh and bone, like pink sea urchins wrapped in intestines.*

Drake is not the first doctor to have aspired to join the Practice. This room contains the masterworks of dozens of other surgeons who completed the same rite. A closer examination of these grisly trophies reveals that all the disembodied heads have a fine scar in the middle of the forehead. Peeling back the skin exposes the third eye implanted in the skull.

Similarly, **Science** or **Natural History** allows the character to notice that bones in each of the severed hands are mismatched.

The 'pink sea urchins' are bezoars. If a character picks one of these up, it comes apart in his hands, unravelling into a sticky pile of offal. In the middle of each bezoar is a hollow space.

## A TERMINAL CONDITION OF HUMANITY

*This room is lit by a buzzing ultraviolet light. On the walls are hundreds of x-ray transparencies.*

If examined, the characters discover that the x-rays are all images of a male torso. There's an odd object around the neck of the subject; if the characters noticed Dr. Drake's key, they realize that it's the object visible in the x-rays.

Going through the x-rays, the first dozen are virtually identical, all showing Drake's ribcage. Then, in the next few frames, x-ray images of clawed hands move in from the sides of the sheet, digging into Drake's chest. In the penultimate set of images, his ribcage is torn apart by these clawed hands. The final x-ray at the end of the display is the same torso again. The images presage Drake's likely fate.

## THE KINDLY DR. DRAKE

### SCENE TYPE: CORE

**Core Clue:** Drake's split personality

To throw the player characters off the scent, and to establish the divided nature of Drake's psyche, run the following scene whenever the characters get themselves into trouble. For example, Drake could intercede when the characters are being pursued by the porter, or if a character runs out of Health while wandering the hospital. He might help a character who he just operated on in his masked persona. He can even show up in a Night Scene, rescuing a character from the nightmare Practice.

Drake escorts the characters to safety, using his *Medic* skill if necessary to treat them with first aid. He brings them back to Ward 3 if possible before leaving.

## QUESTIONING DRAKE

If the characters speak to Drake after this scene, he blinks in confusion, and clearly has no memory of the events. **Bullshit Detector** confirms that he's genuinely mystified by the characters' account. If pressed, he admits that he had a confused dream that bears some

resemblance to those events. If the characters keep pushing, then Drake's demeanor switches over his dark side, and he curtly tells the patients that he has a great deal of work to do, and walks out.

Anyone with **Social Science** or **Shrink** can clearly see a shift in Drake's behavior and attitude, as sudden as someone pressing a light switch.

## EXPLORATORY SURGERY

### SCENE TYPE: CORE

This scene moves the adventure into its final stages. It begins when the characters are in Ward 3 at night. The door bursts open and a trio of Night Nurses stalk into the room. The Nurses menace the characters, but do not attack unless a character tries to escape or fight back. If a character does defy the nurses, the creatures use their paralyzing ability to restrain him.

The beak-masked doctor follows the nurses into the ward. Speaking in a throaty whisper, he addresses the characters.

*'Tell me, have you ever heard of Henrietta Lacks? Patient died from complications related to cervical cancer. She died poor and forgotten – but her cells live on in every medical laboratory. I offer you similar immortality. The fruits of my research will live on forever!'*

*There is a line of physicians and healers who have transcended death. They are artisans of the flesh – and tonight, I will join them! I shall prove my worthiness to them with this operation. The key to the Outer Black has gestated for three days, locked within a riddle of flesh. It is time to...'*

*He hesitates. 'God, what am I doing? Where am-'*

One of the Nurses interrupts him by stepping across the room and driving her needle-fingers into his neck. Drake is instantly paralyzed. The Nurses skitter out of the room, like cockroaches fleeing the light. The characters are left alone with their suddenly helpless tormentor.



# Fear Itself



- **Occult Studies/Natural History [Occult or Anthropology]:** On a close examination of Drake's amulet, it appears to be made out of bone. It is a broken key; half the amulet is missing.

- **Sensitive (Psychic Power) [Cthulhu Mythos]:** If a sensitive examines the key, he feels that its power is gone, but there is a strange echo of it nearby. Perhaps there is a second key? With a 1-point spend, he gets a psychic flash of a lock on the front door of the hospital.

- **Medic or Science [Medicine or Pharmacy]:** The paralysis should wear off in a short time.

## QUESTIONING DRAKE

Dr. Drake is still groggy as the paralyzing drug wears off. The characters can question him safely. Remember to use the same mannerisms as you previously used for the 'good' doctor. If the players don't pick up the change in behavior from your roleplaying cues, anyone with **Social Science** or **Shrink [Assess Honesty or Psychoanalysis]** notices that Drake is shaken and confused, and bears little resemblance to the megalomaniac surgeon.

From Drake's perspective, all this is – or should be – a bizarre dream. For weeks now, he's been dreaming about weird medical experiments and Gavin Langley. He remembers some German textbook, something about a Hand and an Eye and a Key. In the dreams, he did horrible things. He tried to stop himself, to restrain himself, but he couldn't do it. He would never do such things in reality – but if those were just dreams, what's happening here?

- **Bullshit Detector** confirms that Drake isn't lying, and is genuinely confused and terrified by what's going on.

Questioning Drake with **Interrogation** or **Reassurance** gets the following information:

- He admits that he had problems in his previous work; conflicts with other staff, obsessing about medical problems, using unorthodox or

**What's Going On:** The Practice does not tolerate weakness or hesitation. If Drake is going to join the Practice, then his caring, moralistic, human side must be expunged. If the characters murder Drake, they are killing his humanity and confirming his worthiness to join the cruel surgeons of the Outer Black. If they work with him and keep him alive, he is obviously too weak and emotional to be allowed ascend.

## SEARCHING DRAKE

While Drake's paralyzed, the characters can remove his mask and search him. He's got a scalpel, stethoscope, a foil packet of pills (the same antipsychotic that the characters may have found in the library) and his key amulet.

experimental treatments.

- He found notes in a textbook left by a previous doctor in the old library; he initially believed that it was a discussion of medieval treatments.
- He found the broken key in the same textbook. It was broken when he found it.
- He worked with Gavin Langley to translate the notes.
- After that... it's a blur. He dreamed about wearing a mask, about bizarre operations based on the notes, about strange nurses.
- **Social Science** or **Shrink [Medicine or Psychoanalysis]**: That sounds like some sort of psychotic break. It's likely that Drake was also off his medication.
- If questioned about the Hand, the Eye or the Riddle of Flesh, Drake grows wary. He remembers dreaming about making tools to accomplish some great work involving a key. The key was supposed to open up the way to... something wonderful.

He doesn't know why the Nurse turned on him. **Occult Studies** or **Humanities** suggest that the Nurse appeared to attack when Drake had a momentary change of heart.

## DRAKE'S DEATH... AND RESURRECTION

The characters can easily murder Drake when he's paralyzed. Killing him in cold blood calls for a 4-point **Stability** test. If they wait until the drug wears off, they can still defeat him. He will fight back as best he can, but his Scuffling score is low enough for the characters to beat him down.

Murdering the doctor is exactly what the Practice want. If the patients murder the doctor, they are symbolically destroying his humanity. See [Drake's Resurrection](#), page 34. Drake is resurrected by the Practice; his first experimental victims are the player characters. He pursues them through the hospital

## RETRIEVING THE KEY

To escape the hospital, the characters need to obtain the Key. They may realize this immediately, or only come to this conclusion when they get to the locked door. (If the players are completely stuck, you can drop hints to a character with **Occult Studies [Occult or Cthulhu Mythos]**, or use the Eye as a clue dispenser).

If the Eye looks at the character who bears the Riddle of Flesh, he can make out the outline of a key within the knot of flesh. If he stares at the Key, the outline becomes dimly visible to everyone. The Hand can try to retrieve this Key, but doing so without causing hideous damage to the victim is very difficult. The Hand (or the character guiding the hand) must spend **Medic [Medicine]** points to successfully retrieve the Key. The damage inflicted depends on the number of points spent.

0: Killed outright

1-6 [1-2]: 4d6

7-9[3-4]: 3d6

10+[5+]: No damage

[Drake has Medicine 5]

None of the pregenerated characters, or most other *Fear Itself* characters, will have anywhere near that number of Medic points to spend for a safe extraction. (Medic spends cannot be combined in this case - only one surgeon can guide the Hand).

Dr. Drake has the requisite number of points. If the characters work with Drake, he can retrieve the Key safely. He clips the Eye open, then wields the Hand like a scalpel, gently teasing the wrapped barbs of flesh and bone apart, then drawing the key out through a narrow incision.

Alternatively, the Key can be recovered from the dismembered body of the player character.



## THE NIGHTMARE HOSPITAL

### SCENE TYPE: HAZARD

Our Lady's Hospital has been engulfed by the nightmare reality of the Practice. If the characters look out the window, they see that the real world is still out there. They can see the parking lot, the surrounding garden, cars passing on the road, but it is as though there is a layer of gauze between the hospital and reality. The window cannot be opened by any force; even if the characters smashed the glass, some invisible force prevents them from leaving the hospital that way.

Outside, in the corridors, the hospital is beset by the same horrors that stalked the corridors in previous nights, but this time there are no safe havens, no fading in and out. The whole hospital is part of the nightmare now. The characters can hear screams and monstrous roars echoing down the hallways.

### EXPLORING THE HOSPITAL

The nightmare version of the hospital made up of all the glimpses of horror the characters saw during the Night Scenes. The layout is the same, but there are monsters everywhere. Any of the Night Scenes that are still unused can be inflicted on the characters, along with the following encounters:

**The Nurses:** At the nurses' station in the corridor outside, there's no sign of Nurses Dampier or Clayton. Looking around with a one-point **Investigative Procedure [Evidence Collection]** spend lets the character find signs that they have been dragged away towards the operating theatre in the central section.

**The Operating Theatre:** In one of the operating theaters, one of the two kidnapped human nurses are being transformed into a Night Nurse, while the other lies paralyzed on a trolley. The thing operating on her looks like a spider made of knives and plastic tubes and gobbets of rotting flesh. Its scalpel-limbs slice and cut and maim with inhuman precision. There is nothing the characters can do for one of the nurses, but with an **Athletics** test (Difficult 5), a character could dodge in and grab the trolley, rescuing Nurse Clayton.

**Ward 2:** Squatting in Ward 2 is a huge slug-creature, with skin like wet, overfull garbage bags and a round mouth lined with yellowish spines instead of teeth. It feasts on a pile of medical waste, devouring soiled bandages and used syringes with gusto. It slithers torpidly towards the player characters if they get close to it. It does not eat flesh, but gobbles up their bandages like spaghetti and sucks their sutures out of stitched wounds. The creature has a **Scuffling** pool of 4; fighting back is futile. These attacks only affect characters who have recently regained hit points from Medic or who underwent one of Drake's experiments.

**The Back Stairs:** The back stairs in the west wing are gone; in their place is a waterfall of blood, gushing from somewhere above and falling into the stygian depths under the hospital. Climbing down is possible, but very dangerous (**Athletics**, Difficulty 6; fail and the character is swept away, never to be seen again).

**The Elevator:** The floor of the elevator is awash in a slurry of blood and organ meat. If any of the characters are brave enough to try using the elevator, they can pull the cage shut and press the button for the floor they want. The elevator stops half-way between floors and spikes emerge from the walls. The spikes keep closing in. There is space for one character to stand in the exact centre of the elevator car to avoid the spikes; any other characters take 1d6+2 damage. If the characters in the elevator are willing to share the central space, then they each take only 1d6 damage.

**The Library:** The hospital library is full of rare, lost medical textbooks and secret grimoires, all written in blood and bound in human skin. In this library is the key to cancer, the composition of the philosopher's stone, the cure for all diseases, and the recipe for immortality, but only members of the Practice can decode the cryptic symbols.

**The Children's Ward:** The player characters were not the only unfortunate souls drawn into the Practice. The children in Ward 1 were also dragged in. A leprous Patch Adams of stitched-together body parts cavorts to keep the children distracted, while doctors slice open their skulls with bone-saws and implant wriggling worms in their brains. These worms are malefic ideas that take root in the febrile grey matter of the young, shaping their development. The obsession that drove Dr. Drake to this place may have been born of a similar experience.



(After the player characters escape the hospital, they discover that all the children survived, but have no memory of the night's events. The effect of the surgeon's experiments on the children is left as a future plot hook.)

**Ward 4:** The psychological ward is another nightmare. Both of the patients have been cured in a horrible fashion. Jared's non-functional kidneys have been replaced by long tubes of flesh that snake across the floor to Dee's body; her kidneys are now filtering the blood for both of them. Her mouth is gone; in its place is a transplanted piece of skin. Her mouth has been transplanted to Jared's body, just below his own. Dee looks pleadingly at the characters, and Jared screams in two voices at once.

**The Abandoned Wards:** The upstairs wards are abandoned no longer – in each bed is a shimmering, human-shaped figure, apparently made of light or ectoplasm or some spiritual substance, like sick ghosts. These spectral figures lie in bed like patients, tossing and turning in their sleep. If a character closely examines one of these figures, the features are hard to discern but remind him strangely of a deceased friend or relative (ideally, one connected with the Worst Thing He Ever Did).

**The Morgue:** Gavin Langley dared to share the secrets of the Practice; now he will become a secret. In the morgue, his corpse is being flayed by invisible hooks; his skin will be binding and his blood ink for the medical textbooks of the Outer Black.

On the next slab is Dr. Haverly. He is not dead, merely paralyzed. A quick examination of his body reveals the tell-tale needle track marks of a Nurse's touch. If the characters revive him with Medic, he staggers to his feet and groggily accompanies the characters. When the situation is explained to him, he blames himself for



the situation – he brought Drake here, he set the young doctor on this damnable road.

Haverly has the Medic skill needed to remove the Key safely. Once he has done so, his usefulness in the scenario is at an end – it's best to have the resurrected Drake kill him off in a suitable gory fashion.

**The Front Door:** The front door is the only way out of the hospital. It's changed in the Practice's nightmare world – it's now chained shut



with a huge brass lock. The lock is the size and shape of a human heart. The keyhole matches the shape of the key retrieved from the Riddle of Flesh.

## DRAKE'S RESURRECTION

If the characters killed or abandoned Drake, then his body is brought to one of the hospital's operating theaters by the Practice, and he is remade into the perfect surgical machine he wanted to be. The remade Drake still needs the key to join the Practice. He will prove himself to his fellow doctors by murdering the player characters. He pursues them through the corridors and wards, toying with them until they are all dead.

Athletics 8, Health 16,  
Scuffling 12

Hit Threshold: 4

Alertness Modifier: +1

Stealth Modifier: +2

Weapon: +2 Scalpel

Armor: 2

### The Transformed Drake:

He is not remotely human now. The Practice split his arms down the middle,

and replace his hands with blades. He has no need for a heart, so they give him a stainless steel pump to drive his ice-cool blood. His flesh is a distraction; most of it was removed, so his muscles and bones could be optimized for inhumanly precise surgical procedures. He is dressed in a white gown stained with blood; his face is reshaped to resemble the bird-mask he once wore.

- If Drake inflicts damage on a foe, he also reduces their **Fleeing** or **Athletics** pool by 1d6, as his blades cut tendons and cripple his enemies.
- If Drake injures the Hand or the Eye, he can make lightning-quick cuts that destroy their supernatural powers. He must spend two extra **Scuffling** points after making a successful attack to do so; his scalpel-fingers slice into the augmented character's flesh, blinding the Eye or cutting the tendons of the Hand. He does this only if the characters have already retrieved the Key, or if he is in danger of being killed by the Hand's power.

## ESCAPING THE HOSPITAL

To leave Our Lady's, the characters need to unlock the front door, and for that they need the Key. Drake also needs the Key to join the Practice. There are several ways to run this final scene:

- If you're down to only one or two surviving characters, then one can escape the hospital an instant before Drake's stainless-steel blades rip them to tatters. Make the players roll **Fleeing**; the fastest character escapes, the others are caught by the insane doctor.
- The characters can bargain with Drake with **Negotiation [Bargain]**; if they break the Key, he'll never be able to complete his ambition. They can trade the intact Key in exchange for safe passage out, but they'll be stalked by the Practice for eternity. Double-crossing characters could bargain with Drake, then break the Key in the lock as they exit.
- If they rescued Dr. Haverly, he can sacrifice himself to buy the characters time to escape.
- If they spared Drake and brought him with them, then one of the Practice doctors appears as they reach the door. He points at Drake. *'Your spirit is weak. You have failed your test'* intones the monster. The Doctor butchers Drake and will turn on the player characters once he's dead. Their only hope is to use the Key to flee the hospital immediately.

## OUTPATIENTS

Once the characters escape Our Lady's Hospital with their lives, the adventure's over. Stumbling out the door, they find themselves in the parking lot of the hospital. The building behind them is on fire. Moments after they escape, fire engines and ambulances from the county hospital arrive to fight the blaze. Fire officers race into the building, rescuing the few other staff and patients to survive.

**The Official Record:** According to the official inquest, Our Lady's Hospital burnt down due to faulty wiring in Ward 4. The building's antique fire suppression system completely failed to work, and the oxygen pipes fed the fire. The whole place was engulfed in





minutes. Was the inquest scrabbling for any evidence that could explain the strange events, or was it an Ordo Veritas cover-up?

**Dr. Drake:** If the characters managed to bring Dr. Drake out of the hospital without killing him, then he is a changed man. His dark half was destroyed, and he is now a much more humble and caring doctor. He is left with a crushing fear of the occult, so he abandons his investigations into medieval medicine. He owes the characters his life; if they need medical treatment or money in future games, he can provide it, no questions asked.

If Drake 'died' in the hospital, then he has excised his human morality and become part of the Practice. He is now one of the inhuman, immortal surgeons. The characters will never see him again, except in their nightmares... unless the Practice takes continued interest in the characters.

**The Hand and the Eye:** It's up to the Referee whether or not the powers of the Hand and Eye continue to function. If there's no place in your campaign for a three-eyed psychic or a telekinetic hand, then assume that the powers fade after the characters leave the hospital. The third eye seals shut, leaving only a small scar and a weird knot of bone in the front of the character's skull; the Hand twitches of its own accord, but has no residual psychic power. Optionally, the Hand and the Eye could work again *in extremis*, but only at great cost to the characters.

Alternatively, having supernatural powers may draw the characters into further mysteries, or attract the attention of other strange entities.

Finally, if Drake became a member of the Practice, then he could return in the dead of night to operate on the characters one last time, removing the powers he gave them. The character awakens in the middle of the night, paralyzed and pinned to his bed. Once again, a bird-masked figure looms above him, scalpel in hand...

Fear Itself



# Fear Itself

## CHARACTER SHEET

PLAYER NAME :

CHARACTER NAME : Ed Heyward

CHARACTER CONCEPT : Grizzled Ex-Cop

### SOURCES OF STABILITY :

- My old partner Ray, down at the precinct
- Being the toughest guy in the room
- My cop badge

### ABILITIES :

#### ACADEMIC

- Law ..1.
- Social Sciences ..1.
- Trivia ..1.

#### INTERPERSONAL

- Bullshit Detector ..1.
- Bureaucracy ..1.
- Cop Talk ..1.
- Interrogation ..1.
- Negotiation ..1.
- Streetwise ..1.

#### TECHNICAL

- Investigative Procedure ..1.

#### GENERAL

- Athletics ..3.
- Driving ..3.
- Filch ..3.
- Health ..6. (10)
- Infiltration ..3.
- Mechanics ..3.
- Medic ..3.
- Sense Trouble ..5.
- Preparedness ..5.
- Scuffing ..8.
- Shooting ..8.
- Stability ..9.

You were a beat cop for thirty years. In that time you were shot at, beaten up, stabbed... hell, they even tried to run you over with a hijacked bank truck once, and in all that time, you never spent a day in hospital. You've always hated these places. It's where weak people go to die.

They made you retire five years ago. You got a job as a rentacop security guard; you hated that too, but at least you weren't sitting on your ass in an old folk's home somewhere. Then some kid got the drop on you and put a bullet in your side. You've had worse hits, but at your age, they want to keep an eye on you for a few days. Ten years ago... hell, even five years ago, you'd never have let yourself get blind-sided like that. Are you really that old? Have you lost your edge? Or was that kid just lucky? If you can't be the big tough guy anymore, what's left for you?

You've been under observation in the hospital for three days; they're worried about the wound getting an infection.

RISK FACTOR : Protective

### THE WORST THING I EVER DID :

It was a drugs bust. There was this punk kid on the street nearby, and he ran. You chased him down and beat the crap out of him, beat him so bad he never walked again. Turned out he wasn't part of the drugs gang at all. Your sergeant covered for you, but you still crippled an innocent kid. Ever since then, you've worried about getting the wrong guy.

### WHAT I WANT :

Reclaim lost glory

### AFFINITY :

### ENMITY :



# Fear Itself

## CHARACTER SHEET

PLAYER NAME :

CHARACTER NAME : Bobby Wiseman

CHARACTER CONCEPT : Stupid Kid

### SOURCES OF STABILITY :

- Your parents
- Your youthful resilience and good health
- Having a future
- Your buddies, Chris and Eric and Weebo.

RISK FACTOR : Thrill-Seeking

### THE WORST THING I EVER DID :

This one time years ago, you were in a car with some friends, and you hit something while you driving. It made a wet slap when you hit it, and you didn't stop. Everyone agreed that it was probably a deer or a big dog, but when you close your eyes, you see a red kid in a rainjacket.

### WHAT I WANT :

To grow up

### ABILITIES :

#### ACADEMIC

Trivia ..2.

#### INTERPERSONAL

Bullshit Detector ..1.  
Flattery ..1.  
Flirting ..1.  
Impersonate ..1.  
Negotiation ..1.  
Reassurance ..1.  
Streetwise ..1.

#### TECHNICAL

Photography ..1.  
Science ..1.

#### GENERAL

Athletics ..8.  
Driving ..5.  
Filch ..5.  
Health ..5. (10)  
Infiltration ..6.  
Mechanics ..4.  
Sense Trouble ..3.  
Preparedness ..1.  
Scuffing ..4.  
Shooting ..1.  
Shrink ..1.  
Stability ..12.

You're seventeen and bored. There's not a lot to do in this town. You tried to impress your buddies by stealing a car. That was stupid - you lost control, and wrapped the car around a lamppost. You can't believe you were that clueless. That whole life flashing in front of your eyes thing is real, only you haven't lived yet. Your friends think what you did was the coolest thing ever, but now you realize they're just stupid kids. It's like you aged ten years in those ten seconds between skidding and hitting that lamppost.

Now, you're going to make plans. Get out of hospital, study hard, get into college. Make something of yourself. Your real life starts here.

You've been in hospital for four days; you had a concussion for the first three.

### AFFINITY :

### ENMITY :



# Fear Itself

PLAYER NAME :

CHARACTER NAME : Roberta Caroll

CHARACTER CONCEPT : Young Widow (Good girl)

SOURCES OF STABILITY :

- Your wedding ring
- Your love of history
- Your best friend, Jules.

ABILITIES :

## ACADEMIC

History	..1.
Humanities	..1.
Langages	..1.
Occult Studies	..1.
Research	..1.

## INTERPERSONAL

Bullshit Detector	..1.
Bureaucracy	..1.
Flattery	..1.
Reassurance	..1.

## TECHNICAL

Science	..1.
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## GENERAL

Athletics	..4.
Driving	..3.
Filch	..2.
Fleeing	10.
Health	..5. (10)
Infiltration	..6.
Mechanics	..2.
Medic	..3.
Sense Trouble	..5.
Preparedness	..6.
Scuffing	..3.
Shrink	..4.
Stability	..9.

Life can change so quickly. A year ago, you were focussed on your career, determined to get tenure in the history department in university. Then, you met Trevor in one of your classes. It was like something out of a movie; the misunderstandings (he thought you were a student, not the lecturer) the whirlwind romance, the dream wedding... and then the sudden, unexpected death. You had an argument, he walked out, and the next thing you got the call from the police, saying he'd been found dead. They still aren't sure what killed him, some sort of undetected heart problem. All you remember is how you parted so angrily.

Ever since Trevor died, you've been on anti-depressants and sleeping pills. They didn't do much for you, so you took more and more. Next thing you know, you started having blackouts and dizzy spells, and they're running tests. Hey, what else can go wrong for you?

You've been in hospital for a week.

RISK FACTOR : Drug Fiend.

THE WORST THING I EVER DID :

That argument with Trevor, right before he died. You were so cruel, and he was so angry...his face flushed, blood pumping, eyes bloodshot. Did that kill him?

WHAT I WANT :

Find a way to put my life back together.

AFFINITY :

ENMITY :



# Fear Itself

## CHARACTER SHEET

PLAYER NAME :

CHARACTER NAME : Wendy Shawl

CHARACTER CONCEPT : Amnesiac

SOURCES OF STABILITY :

- Your handbag
- Dr. Haverly, the doctor who's looking after your case. You don't trust anyone else yet.
- Your own determination to survive

ABILITIES :

### ACADEMIC

Languages	..1.
Natural History	..1.
Occult Studies	..1.

### INTERPERSONAL

Bullshit Detector	..1.
Flattery	..1.
Impersonate	..1.
Interrogation	..1.
Streetwise	..1.

### TECHNICAL

Computer Science	..1.
Photography	..1.

### GENERAL

Athletics	..5.
Filch	..7.
Fleeing	10.
Health	..5. (10)
Infiltration	..8.
Mechanics	..4.
Medic	..4.
Sense Trouble	..6.
Scuffing	..4.
Stability	..9.

You don't know how you got here. You woke up on a cross-country bus as it pulled into the station, with no memory of who you are or where you were going. No ID, no phone, only a little money. Even your name is a guess; it was written on your bag, but it could mean anything. They've put you in hospital for observation and testing while the cops try to figure out who you are and where you came from. Someone out there has to be looking for you, right?

All you know is, you're sick. You were really dehydrated when they found you, and you have bruises and needle track marks all down your arms. You couldn't keep any food down last night, and you're still pretty weak. Maybe you were running from someone...

For some reason, this hospital feels really familiar to you. Maybe all hospitals too - you get the feeling you've spent a lot of time in places like this.

RISK FACTOR : Vengeful

THE WORST THING I EVER DID :

You never told anyone this, but when you woke up in the bus station, the first thing you did was go into the bathroom and wash all the blood off your hands. It wasn't your blood.

WHAT I WANT :

To find out who you are.

AFFINITY :

ENMITY :



# Fear Itself

## CHARACTER SHEET

PLAYER NAME :

CHARACTER NAME : Herman Minnow

CHARACTER CONCEPT : Chronic Sufferer

SOURCES OF STABILITY :

- Your laptop
- Losing yourself in a book
- Your sister, Martha

ABILITIES :

### ACADEMIC

Architecture	..1.
Humanities	..1.
Langages	..1.
Natural History	..1.
Research	..1.
Trivia	..1.

### INTERPERSONAL

Bullshit Detector	..1.
Impersonate	..1.

### TECHNICAL

Computer Science	..1.
Science	..2.

### GENERAL

Athletics	..6.
Driving	..4.
Filch	..3.
Fleeing	12.
Health	..6. (8)
Infiltration	..3.
Mechanics	..4.
Medic	..6.
Sense Trouble	..3.
Preparedness	..5.
Scuffling	..2.
Shrink	..4.
Stability	..9.

You've been in and out of hospitals since you were a kid. You've got what one doctor called an 'interesting tangle of autoimmune problems'. They're still not sure exactly what's wrong with you - whether it's genetic, or some sort of allergic response - but it's mostly under control with medication. You're no longer the boy in the bubble, but you still spend several weeks every year in hospital. You're used to it; it gives you time to read, and you could pass for a doctor with the amount of medical jargon you've picked up through osmosis.

You've got few close friends. You've been so cut off from normal life it's hard to connect with people. Still, maybe this time they'll figure out what's wrong with you. You've heard good things about this Dr. Drake...

This time, you've been in hospital for two weeks.

RISK FACTOR : Curious

THE WORST THING I EVER DID :

Your mother was dying, and you couldn't stand it. You left the hospital and left her die alone.

WHAT I WANT :

To know what's wrong with you.

AFFINITY :

ENMITY :



# RUNNING THIS ADVENTURE WITH TRAIL OF CTHULHU

You can run *Invasive Procedures* as a one-shot without any Mythos content, but you can also replace the Fear Itself/Esoterror mythology of the Outer Dark and its Creatures of Unremitting Horror with creatures from the Cthulhu Mythos. Two Mythos races – the Mi-Go and the Elder Things – are known for their surgical expertise, and either species would work well as Drake's alien patrons.

The Mi-Go might be trying to manipulate Drake into completing some bizarre experiment on their behalf. In this scenario, the Nurses are Mi-Go servitor constructs, and there's probably a brain cylinder under the desk in Drake's office. The characters hear strange buzzing noises when exploring the hospital at night.

The Elder Things are best known for their appearance in *At The Mountains of Madness*, but there's a very suggestive sequence in *Dreams in the Witch House* where the unfortunate Walter Gilman dreams of Keziah Mason meeting with an Elder Thing. Perhaps Elder Thing sorcerers can project themselves forward in time, and are tutoring Drake in their bizarre arts. The hospital's night sequences are explorations in the Dreamlands; the shambling horror on page 27 is a shoggoth.

Moving the scenario to another era does not affect the content. Our Lady's Hospital can still be old and run-down, and reducing the characters' access to the outside world is even more plausible in the 1930s.

Fear Itself



DAVE ALLSOP  
ADRIAN BOTT

# THE BOOK OF UNREMITTING HORROR

GUMSHOE VERSION



THE PRACTICE



# THE PRACTICE

You are hovering near the ceiling, looking down at your own body.

Your face is mostly covered by the oxygen mask. Surgeons bend over you, their attention fixed on a crimson spread of tissue, exposed by a hole in the center of a white sheet. Glinting forceps have peeled your skin back. Clamps protrude from the red mass.

The thought that you might be dead occurs to you, but brings no panic. There is only an oceanic calm, as if you were floating in the womb again. Perhaps there will be a tunnel soon, with a white light at the end. You have heard of this. You are having an out of body experience.

The billows of the respirator rise and fall. Your pulse traces a glowing trail across a screen. The lights in the room are bright; everything is moving in slow motion. It is like being drunk, or drugged. It is real and yet it is not. No tunnels have appeared, nor any white light. Everything is surprisingly ordinary.

You feel yourself rising. The ceiling offers no resistance. The dusty hollows of the void behind it are a secret space, where only ghosts like yourself linger. There are cables and ventilation ducts, and pipes that nobody bothered to paint, because nobody would ever see them.

You emerge from the floor. The room you are entering is much darker. It is a space like your own room. The bed stands silent in the center. It is not empty.

They are bending over him. You cannot see their faces, only skin like tree bark, knotted with stitches like clots of blood. Their uniforms are ragged and anachronistic.



One of them wears a once-white Florence Nightingale gown that has a Rorschach butterfly of blood across the back. You catch the gleam of a raised scalpel.

The only sound is a steady stream of blood spattering wet on the floor, as if a man were urinating there. It flows from the foot of the bed.

You cannot make yourself look away.

They move slowly, patiently. They nod to one another. They do not speak. Dripping things are lifted out and laid aside. You recognize the dark purple bulk of the liver.

One of them moves aside and for a second you see the face of the man on the bed. Tubes lead from his nostrils. His mouth is closed with a succession of Xs in tight black thread. A single mad eyeball rolls around, then fixes itself on you. He is still alive.

As he notices your presence, they notice it too. Or perhaps they already knew and were in no hurry.

As one, they turn to look at you. Their grins are fixed.





## THE PRACTICE

Their eyes are dry sockets. Heads tilt to one side and then the other, examining you.

Silently, gliding, they approach.

The body they move away from is no more than an excavated crater with arms and legs. All the ribs have been snipped off and discarded. Intestines lie in curious designs. Lungs inflate and deflate. The head still jerks spasmodically. The mouth tries to speak and cannot, because of the stitches.

They crowd around you. Eyeless faces peer down at yours.

When the morning comes and you wake, with the drip in your arm and the stitches from your own operation crisp on your chest, you try to dismiss it as a dream, even when you learn of the death in the room above yours. There were no traces of foul play. He simply died in the night. It happens all the time in a hospital.

They claim that you are making an excellent recovery. You think otherwise.


You lie awake that night, too afraid to sleep, listening for the sounds of feet treading light as shadows in the sterile corridors. You know about them. They know that you know.

It is only a matter of time.

### All That Remains

**Electronic Surveillance:** Members of the Practice do not show up on security cameras or similar forms of surveillance. Careful study of the videotapes from the time of their visit reveals bursts of apparent static, lasting a fraction of a second. These bursts can be frozen during playback and examined more closely. They prove to be images of human blood cells, bacteria, antibodies and similar microscopic entities, seething in relentless activity, as if the Practice had somehow blinded the camera with a glimpse into the carnal chaos of the human body.

**Evidence Collection:** The victims of the Practice are found in varying states, depending on how thoroughly the surgical team has been able to clean up after itself.



The great majority of Practice teams will be meticulous in tidying up the scene. The mortician in attendance will close the ravaged body up again, sealing it shut and smoothing over the wounds. Bloody surfaces will be wiped clean, so that only microscopic traces remain. Forensic analysis reveals that hospital grade disinfecting cleanser has been used to do this.

**Forensic Anthropology:** A body that has been violated by the Practice is only revealed to be such once the body is opened. Then, it is immediately obvious that some horrible surgical butchery has taken place. Organs have been snipped free, grotesque stitches connect parts that do not belong together, and some of the viscera even appear to have been fused by an unknown means, so that the organs are merged, as if they had grown like that. There is no sign of an entrance wound.

The Practice do not make a habit of leaving their victims like this, as it would lead to their detection, but occasionally a given surgeon will be more obsessed with the operation than with the clean-up procedure, or some outside force will interrupt the operation.

If the Practice have been interrupted, the sight is altogether more terrible. The body is sliced open with long, deft cuts, the skin peeled back and the innards scattered around with careless abandon, as if the carcass had exploded from within.

Forensic evidence (in particular the blood flow, the adrenaline levels and the absence of anesthetic chemical residue in the bloodstream) leads to the conclusion that this surgery was performed while the victim was both alive and conscious. Moreover, the procedure went on for some time without killing the victim, which seems miraculous given the extent of the injury.

**Pathology:** In a very tiny number of cases, a victim will be found still alive. Such unfortunate wretches can live for several hours before dying from blood loss and system breakdown caused by absent internal organs. They are opened up and disemboweled as above, but their eyes are open and moving and their lungs still inflate and deflate. If the left lung has been removed, then the heart can be seen clearly, pulsing among the ribs. Some form of muscular paralysis is preventing them from moving, though they are obviously in agony.



**History:** The careful evisceration of the victim, performed as it is with evident surgical skill, is reminiscent of the infamous 'Ripper' murders in Whitechapel, the victims of which were also missing certain internal organs.

### Who Are They?

The Practice is an ancient organization of monstrous entities that were once medical practitioners and scholars that dabbled in things they should not have. They appear as vaguely human, yet horribly mutilated and disfigured. Their faces are covered in scars and stitches, where they have replaced parts of themselves or practiced surgical techniques on their own bodies. The Practice has been around for a very long time. Its members stood by Galen's side as he made his pioneering incisions into cadavers. They sniffed the wounds in the bellies of disemboweled Vikings, and chuckled over illuminated tracts on the four humors; they tore leeches from diseased peasants and eagerly unwrapped the latest delivery from the 'resurrection men' in Victorian times.

The intentions of the Practice are ambiguous at best and their habits are only vaguely documented. They creep into hospitals at night, like silent ghosts, always passing through their doors at the stroke of three, when the body is closest to death. Somehow, security cameras and human senses are blind to their passage so, undetected, they go about their grim business, torturing and mutilating patients in the interests of science. If someone comes across the Practice at work, they will see bizarre, gruesome men and women dressed like nurses, surgeons and morticians. Often, the clothes are very dated, and occasionally they span centuries of style. Some practitioners even wear medieval, Hellenistic or Ancient Egyptian costume. These are to be feared greatly for their advanced age and the power they have accumulated. When discovered, the Practice will, depending on the circumstances, flee or fight.

If the operation has gone successfully, hospital staff will find a dead patient the next morning. The body will show no obvious sign of mutilation. As far as any of the staff will be concerned, the deceased passed away overnight, quietly in her sleep. Sometimes a 'salmonella outbreak' will be blamed, sometimes an epidemic in the ward, sometimes malfunctioning equipment. Usually, no member of the hospital staff who

examines the corpse will notice anything unusual. An outside investigator, on the other hand...

There are those who have made it their business to study the Practice over the years. Many believe the Practice come for organs and other body parts from healthy patients, to replace their own rancid innards, and cheat death for another century. There is some truth in this. Others suspect an even sicker purpose, that this organ stealing and swapping is in the interest of research, that the Practice studies us, looking for new ways to weaken and conquer our civilization. Whatever they once were, they are now servants for a far greater and more sinister entity; perhaps even a god.

### Common Abilities

All members of the Practice, whatever their function, have the following special abilities.

**Dimensional Walk:** A member of the Practice can phase out of this reality and into the spirit realm (and back again) as easily as stepping from one room to another. The Membrane is only a mild hindrance to them. A member of the Practice can pass from the spirit realm to the mundane world by expending a point of **Aberrance**. It costs the Practice member no **Aberrance** to re-enter the spirit realm.

**Eyeless Vision:** Although they do not have eyes any more, the Practice can see perfectly well. They can see in the dark as clearly as if it were daylight. The lamps their surgeons wear are not merely for illumination; see below.

**Heal Injury:** Any member of the Practice can stitch itself or a wounded associate back up again. It does this by expending points from its **Medic** pool, just as characters do. One point from the **Medic** pool heals two levels of **Health**.

However, the Practice are not subject to the restriction that affects PCs, by which use of the **Medic** ability can heal only the most recent injury. They can restore any amount of **Health** by expending **Medic** pool points, and take half the time a human medic would to do the job.

This crude surgery is only effective on members of the Practice (or upon similar monstrosities such as a residue daemon) and leaves hideous scars behind.



mortician





## Mortician

The morticians of the Practice have the duty of cleaning up once the surgeons have done their work. They are putrescent artists, with a supernatural understanding of dead flesh and an appreciation of its beauty. If necessary, they can dismember a dead body in seconds and incinerate the remains. The Practice will always do this if it is not possible to reshape a corpse so that it appears to have died a natural death.

### Game Statistics

Aberance 10, Athletics 6, Driving 3, Filch 4, Health 12, Medic 14, Preparedness 8, Scuffling 12, Shooting 8

Hit Threshold: 3

Alertness Modifier: +1

Stealth Modifier: +2

Weapon: Claw (+0) or scalpel (+1)

Armor: +1 vs. Scuffling

**Animate Carcass:** An operating theatre can be a busy place, with instruments to hold, machines to work and, sometimes, doors to barricade. Occasionally, an unwilling patient will attempt to escape, or resist the paralyzing grasp of the nurse. To prevent the surgeon from becoming distracted, it is often helpful to have a few silent, reliable assistants standing by.

The mortician can create *ad hoc* assistants from dead bodies by using this ability. Each animated corpse costs it 2 points of **Aberance** to create. A typical zombie assistant has the following statistics:

Health 12, Scuffling 4

Hit Threshold: 3

Alertness Modifier: -2

Stealth Modifier: -2

Damage Modifier: Fists (-2) or scalpel if it has been given one (+1)

Armor: +1 vs. Scuffling, +2 vs. Shooting

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The animated corpses are not intelligent and are not capable of independent action. They follow their most recent command from the mortician that created them or any other member of the Practice that addresses them directly.

**Incinerate:** The touch of a mortician can cause bodies to burst into strange colorless flames. They burn flesh, hair and bone, while leaving the surrounding environment untouched. Once set on fire, the body is quickly consumed, leaving only a gray ash that can be swept up. This ability works with complete reliability on dead bodies. The mortician can also use it on living beings, but the fire is not quite so controlled, nor does it necessarily consume the body altogether. It leaves a greasy, lumpy residue with parts of limbs still recognizable. Many cases of 'spontaneous human combustion' can be attributed to morticians trying to burn up someone who saw too much.

To use incinerate on a living victim, the mortician must first expend 4 points of **Aberance**. As it does this, its fingers glow and char like cigarette ends. It must then succeed at a **Scuffling** attack against the target. A successful attack not only deals damage as normal, but sets the victim on fire. Burning victims take 1d6 damage per round until they die or the flames are extinguished. This requires a whole round of uninterrupted help from another person, along with suitable equipment such as a fire blanket. A burning victim can attempt to 'stop, drop and roll' to put the flames out, which requires an **Athletics** test (difficulty 5).

Many victims, of course, die screaming.

**Mould Dead Flesh:** A mortician can shape dead flesh as if it were clay, but cannot create new dead flesh. By expending a **Medic** point it can perform simple changes, such as smoothing over the rent in the belly of a disemboweled cadaver. More thoroughly mangled corpses, such as the victims of serious car crashes, can be restored to a normal appearance with a two or three-point **Medic** spend. Incomplete bodies can be made to appear healthy at the point of death, but the missing parts cannot be recreated. Ordinarily, this is enough for the Practice, since they usually remove internal organs and seal up the incisions.

If an observer casually examines a corpse that has been treated with the mould dead flesh ability, the **Forensic Anthropology** ability may detect the tampering. (This happens automatically if the information is necessary to the plot, and requires a 1-point spend otherwise.) A full post-mortem will automatically reveal the absence of internal organs.



**Sever Limb:** The mortician's bone saw can zip through bone as if it were soft cheese. So long as the mortician can get a good grip on his victim, he can easily sever a limb in seconds. (The head is treated as a limb for the purposes of this ability.)

A mortician within scuffling range may use its action to make an **Scuffling** contest (opposed by the victim's **Athletics** or **Scuffling**, target's choice) and grasp hold of its target. If the mortician wins the contest, it deals no damage but has caught the victim and is holding him fast, and continues to do so for as long as its grip lasts.

If the mortician begins its action grappling a target, it may attempt to sever one of the target's limbs with its bone saw. To do this, it engages the target in a **Scuffling** contest (the target may oppose the contest with **Scuffling** or **Athletics** as he pleases) but must also expend 2 points from its **Medic** pool if it intends to sever a limb, and 4 points if it intends to sever the head.

If the mortician wins the contest, the limb of the mortician's choice has been sawn clean off. This automatically deals 1d6+8 **Health** damage as well as the obvious game effects of missing a limb, such as not being able to hold an item in a severed arm, or flee at speed with only one leg. The victim also loses one **Health** per round from bleeding until he receives medical treatment.

The grappled victim may use his action to attempt to free himself from the assailant's grasp by beating the assailant in an **Athletics** or **Scuffling** contest (victim's choice).

Reattaching a severed arm or leg is extremely difficult but possible. It requires three consecutive **Medic** tests across 8 hours (difficulty 5), a **Pathology** rating of at least 1, and access to hospital facilities.

GMs should always have Morticians use this ability on non-PCs first, in preference to PCs. Severed limbs and heads flying about are very true to the horror genre, but a missing arm or leg can easily spell the end of a character's useful life. The recuperation process can take months, and the other characters in the group will need to get on with their cases.

## Nurse

The nurses of the Practice are eyeless, shriveled horrors that reek of antiseptic. They wear the tattered remnants

of uniforms. Their main function is to prepare the patients for surgery by immobilizing them. This ensures that the suffering is heightened as much as possible but the victim's thrashing about will not spoil the surgeon's work. The nurses also insert catheters and intravenous drips whether necessary or not (usually not) and assist the surgeons during the operation. If the mutilation from surgery risks killing the patient too quickly, the nurse can provide a surge of life energy to keep the patient alive.

## Game Statistics

Aberrance 8, Athletics 6, Driving 1, Filch 7, Health 12, Medic 10, Preparedness 10, Scuffling 10, Shooting 8

Weapon: Hook-nailed claws (+0)

Hit Threshold: 3

Alertness Modifier: +1

Stealth Modifier: +2

Armor: +1 vs. Scuffling

**Immobilize:** When the nurse lays her twisted hand upon a human body, spurting needles emerge from under her fingernails and dig into the victim's veins. Paralyzing liquors, burning like stinging ants, flood from the wound and into the circulation. In seconds, the victim is unable to move or speak and can only stare as the surgeon's gleaming blades descend.

The nurse must expend up to three points of **Aberrance** and then hit with a **Scuffling** attack in order to immobilize. If the attack is successful, the target must make a **Health** test (difficulty 2 plus the number of points of **Aberrance** expended) or be paralyzed by the injected toxins. A paralyzed character is completely helpless and can take no action at all. Paralysis lasts for 1d6+1 hours, though most victims are long dead by the time the toxins would wear off.

**Life Surge:** A nurse can pump energies into living creatures in order to keep them alive, (and worse, conscious) even when their innards are lying all around them.. This can either restore a creature to consciousness when it has passed out, or heal it for 1 point of **Health**. The nurse may choose which. The nurse can use this ability at will, but each use costs it



THE  
PRACTICE

nurse





surgeon



one point of **Aberrance**. Unlike the use of **Medic** to heal damage, this ability works instantly.

A nurse will only ever use *life surge* when a patient is in danger of dying too soon, or in similarly dire circumstances. The ability does not work on members of the Practice.

**Vital Sign Awareness:** Part of the nurse's job is to monitor the patient's condition and make sure that he does not perish too quickly. They can hear the blood rushing round the circulatory system and sense the flickers of consciousness in the brain as if they were precise medical instruments; the Practice does not need mere human technology, and never has.

Nurses are automatically aware of the state of health of any being within 30 feet of them. They do not have to concentrate; the awareness is constant. In game terms, they can tell how much **Health** a creature has, what sort of state its General Ability pools are in and what its current condition is, such as nauseated, scared or crippled.

They must be aware of the creature first in order to use this ability; it does not reveal any creatures that the Nurse does not already know are there. Nurses use this knowledge to their advantage in combat. It is impossible to fool avoid notice by pretending to be asleep, unconscious or dead. Nurses know better.

This ability does not help the Nurse to find a target that she cannot see, though she will notice if the target moves out of her sensory range.

## Surgeon

The surgeons are the senior members of the Practice. Many of them are over four hundred years old. Only rarely do new members qualify for acceptance into their distinguished society. Like the rest of the Practice, they are corpse-like manikins of contorted and scar-laden flesh, with pathetic scraps of uniform over the top. The surgeons are even more scarified than the rest of the Practice, because of the surgical work that they perform on each other.

The oldest surgeons look like unwrapped Egyptian mummies, which is exactly what some of them are; the combination of dark magic with the removal and replacement of preserved internal organs was

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what first caused the Practice to come into being, many thousands of years ago.

### Game Statistics

Aberrance 12, Athletics 8, Filch 8, Health 18, Medic 20, Preparedness 8, Scuffling 14, Shooting 8

Weapon: Scalpel (+1)

Hit Threshold: 4

Alertness Modifier: +1

Stealth Modifier: +3

Armor: +3 vs. Scuffling, +1 vs. Shooting

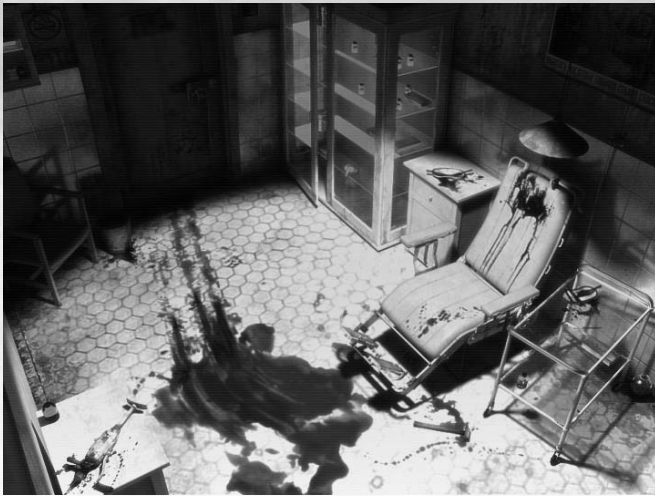
The statistics given above are for a typical surgeon. It is not unusual for a given surgeon to have General Abilities even higher than this, due to repeated necrotic transplants (see below). Many surgeons stuff their skulls with additional brain matter until they begin to split like over-boiled eggs and need sutures to hold the brains in, while others graft muscle tissue on to their arms and legs until they resemble bloated and partially burst sausages.

**Deep Gash:** Surgeons can draw upon their anatomical knowledge to disembowel a target with a stroke. They can rip their scalpel blades through the spinal cord, paralyzing the victim, or slice through important organs, often killing the victim immediately.

A surgeon may forego action for one round to study a target within **Scuffling** range, working out the best place to strike and spending a point from its **Medic** pool. If it makes a successful **Scuffling** attack against that target in the next round, the surgeon deals +10 damage (if it meant to kill) or severs the spinal cord and causes permanent paralysis. The surgeon must attack on the round immediately following its round of observation for this special attack to be effective.

**Necrotic Transplant:** The rumors that the Practice steals organs so that its members can replenish their own putrefying organs are true. This is not their only purpose in butchering human beings, but it is a handy side effect. If this were not bad enough, there is a dark metaphysical aspect to their work. An organ is only useful to the Practice if it is charged with negative energies, such as those that result from fear, panic and agony. They cannot use organs taken from sleeping or anaesthetized patients, as these are just so much bland





flesh to them. Only an organ extracted from a living, conscious human will do. This is the reason why the Practice dissect their victims while they are still alive.

A surgeon can remove one or more organs from a living victim and place them in the body of a member of the Practice. This requires a successful **Medic** test (difficulty 4) and ten minutes of work. Depending on the organ removed, the patient is either killed outright (if the organ is essential) or loses 3 points of **Health rating** (if the organ is non-essential). The effect upon the member of the Practice is to grant him or her three rating points to allocate to General Abilities. The ability increased will depend upon the organ taken; hearts increase **Athletics** or **Health**, sections of the brain increase **Medic** or Alertness Modifier, nerve tissues (or, indeed, hands) increase Scuffling and so on. The GM will no doubt be able to improvise on this theme if necessary...

While the transplant is taking place, the member of the Practice receiving the organ is helpless, though he can revive himself (and abort the surgery) by using his action for the round. A surgeon can attempt to

transplant organs into his own body, but he makes his **Medic** test against a difficulty of 6 if he does this.

**Pliant Flesh:** The lamp affixed to a surgeon's skull is not just for illumination. Its radiation renders flesh even more malleable than usual, so that it almost begs for the touch of the blade. Wounds inflicted by the light of the lamp are deep, deliberate and sure.

Within the cone of lamplight (directed by the surgeon at the start of his turn as a free action), all weapons have their damage modifiers increased by +1 when they are wielded against living flesh, and all uses of the **Medic** ability to perform surgery receive a +1 bonus to the roll. The surgeon will usually employ this ability to assist him in his surgical work, though it is also useful when slicing the faces off those who are stupid enough to disturb him.

**Suture:** The surgeon can use a needle and thread to stitch an opponent's flesh with blinding speed. Gnarled hands move in a blur, and an ugly row of black stitches knots across the skin. This can be used offensively – and the results are disgusting.

To use the suture ability, the surgeon must succeed at a **Scuffling** attack against an opponent he is already grappling (see the **Grapple** rules on page XX). If this attack is successful, it deals only one **Health** point of damage, but the victim has his flesh stitched either to another part of the body or to a soft object nearby, such as the victim's clothes or a mattress. The surgeon might, for example, stitch an opponent's lips together, or his legs, or stitch him down on a bed. Ripping the sutures apart deals 1d6 damage to the unfortunate (and agonized) victim.