# THE DREAMING WARD

A CONVENTION SCENARIO FOR CALL OF CTHULHU

#### **CREDITS**

#### Written by

Matthew Sanderson

#### Development and Editing by

Mike Mason

Layout by

Nicholas Nacario

Cartography by

Matthew Sanderson

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This supplement is best used with the CALL OF CTHULHU (7th Edition) roleplaying game, available separate-ly from www. chaosium.com

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## THE DREAMING WARD

Seeking a way to repair their damaged sanity, the investigators are about to enter a waking nightmare.

#### INTRODUCTION

The Dreaming Ward takes place in the psychiatric ward of a university hospital, during January 1926. The investigators are seeking psychiatric help after suffering mental trauma (that resulted in Sanity loss). Horrifying dreams, relating to a recent trauma, have been disrupting their sleep. After hearing of dream therapy studies at the University at Albany, the investigators have applied to attend sessions there. The head of the psychiatric ward, Dr. Randall Thorne, believes he might be able to help them.

Six pre-generated investigators can be found at the back of the scenario. Keepers may use these or create their own pre-gens. Likewise, if desired, the setting could be renamed and relocated with a little work.

While the scenario does not take place in the Dreamlands, the Keeper is encouraged to be familiar with Lovecraft's "The Dream-Quest of Unknown Kadath" which explains many of the references within. The sourcebook *H.P. Lovecraft's Dreamlands* is helpful but not essential.

**Note:** the events surrounding the Mythos induced trauma that feature in the backgrounds of the pregenerated investigators are taken from the scenario "Amidst the Ancient Trees," which appears in the Call of Cthulhu Rulebook.

#### THE UNIVERSITY AT ALBANY

The official title of this internationally recognized research institution is the University at Albany, State University of New York. Founded in 1844, its campuses are located in Guilderland, and East Greenbush, New York. Albany, New York is approximately 30 miles southwest of Bennington, Vermont (where the pregenerated investigators are based).

## INVESTIGATOR INFORMATION

Paraphrase the following information to the players:

In their dreams, the investigators are reliving the subject of their trauma (i.e. what caused their Sanity loss). Each night, they wake in terror from their nightmares. After weeks of tortured sleep, the investigators have sought out help can come into contact Dr. Thorne after seeing an advertisement in the local newspaper.

Give the players Handout: Newspaper Advertisement.

Subsequently, each investigator has been visited by the doctor and told they will benefit from taking part in the study. The investigators arrive at the university hospital in the opening scene.

#### RESEARCH

If a player states they would have wanted to research Dr. Thorne before heading to the hospital, call for a KNOW or Library Use roll; if either is successful, they learned the following:

Born in the local area, Dr. Thorne studied medicine and psychology at university. After fifteen years of working in the medical profession, he returned to academia, taking up a teaching role at the hospital of the University at Albany to help cultivate new talent. He took an interest in dream research following outbreaks of group folly and mania that occurred across the country during the spring of 1925. In many instances, patients admitted to having suffered from nightmares, which may have caused their condition. Dr. Thorne has been studying dream therapy ever since.

#### KEEPER INFORMATION

Dr. Thorne has no knowledge of the Cthulhu Mythos. He does not comprehend that he actually witnessed the aftermath of the "Call of Cthulhu" amongst sensitive dreamers during the spring of 1925. After much research, manipulating patients' dreams through a combination of drugs and hypnosis, Dr. Thorne believes he is close to finding a cure for certain forms of madness.

Recently, he uncovered a series of images that recur in different patients' dreams and is investigating this coincidence. Unbeknownst to him, he has stumbled upon the experiences of travelers to the Dreamlands. In trying to determine the nature of these images, Dr. Thornes' experiments have weakened the barrier between the Waking World and the Dreamlands.

The psychiatric ward has formed its own Dreamscape, which is affecting the chasm (divide) separating the Waking World from the Dreamlands. The incident has attracted Atlach-Nacha, the Great Old One, who seeks to bridge and repair the chasm with its web. The breach threatens to destroy strands of its web, something Atlach-Nacha will not allow to happen. When the damage becomes too great, its minions will break through to destroy the Dreamscape, thus halting further threat to the web. This means killing all the dreamers and anyone else that gets in their way – like the investigators.

#### FIRST DAY: ARRIVAL

Being January, it is bitterly cold outside and a layer of snow covers the ground. The university hospital is on the outskirts of town, close to the university campuses. Formerly a manor house belonging to a former chancellor of the university, the building was left to the university in his will. A large set of iron gates opens through the eight-foot wall surrounding the grounds. The drive is long and wide, passing through a large garden decorated with immaculate topiary of geometric shapes. The front entrance leads to the reception. Ambulances admit patients through the converted rear of the building.

The lobby retains some of its opulent past but is now a working reception. The receptionist shows the investigators through to the East Wing (formerly servants' quarters and guest bedrooms). A barred, prisonstyle door leads to a helical staircase that accesses all three floors of the ward, overlooked by a glass dome. Wire mesh fencing lines the open center space of the staircase. All entrances from the staircase to the rest of the hospital are locked at all times.

# SUFFERING FROM NIGHT MARES?

University Hospital Seeks Participants For Dream Therapy Study

Successful applicants will be paid \$5 a night (3 nights, with accommodation and meals provided) to participate in a study of their dreams, leading to possible treatment. Group therapy involved. Confidentiality assured. Please contact the Office of Dr. Randall Thorne to arrange an appointment.

University at Albany, State University of New York

The ward's reception desk is located at the base of the staircase. The investigators are greeted by two administration clerks, who check them in and call for Dr. Thorne. After a few minutes, Dr. Thorne soon appears with Nurse Amy Levine.

Dr. Thorne begins by asking the investigators to sign a confidential agreement. The therapy and study involve group sessions wherein patients' dreams are discussed. The doctor explains that group therapy is effective, emphasizing that a problem shared is a problem halved. The agreement binds the investigators to confidentiality, making them open to prosecution if they divulge information about another patient's therapy to a third party. A successful Law roll confirms there is not untoward or malicious intent concealed in the wording of the document.

With all the documents signed, Dr. Thorne outlines the study to the investigators (paraphrase the following):

#### Day One

- Day: the investigators undergo normal patient check-in, involving leaving all personal items at the reception. Clothes will be provided. After this, a tour of the ward is given and everyone allocated his or her rooms.
- Night: patients are monitored as they sleep.

#### Dr. Thorne

**Description:** graying, well-kept hair, with an aging face. Warm eyes behind a pair of round spectacles. Dressed in a smart, tweed suit with pocket-watch chain across the front of his waistcoat. The faint odor of tobacco smoke surrounds him, and a pipe is tucked into his top pocket.

**Traits:** caring, confident, determined, dignified, polite.

#### Roleplaying hooks:

- Genuinely cares for his patients. Strong desire to uncover the truth behind the investigators' shared dreams. Has to be careful not push his patients too far in his eagerness.
- A firm skeptic and does not believe in the supernatural, as science can explain everything. Once confronted by evidence of the Mythos, he retreats into complete denial.

#### Day Two

- Day: patients gather for a group session to describe their experiences of the previous night.
   The rest of the day is theirs.
- Night: patients are given drugs to take them to the edge of consciousness and then hypnotized to allow Dr. Thorne to manipulate their dreams. This procedure should allow them to confront the source of what troubles them.

#### Day Three

- Day: a possible side effect of the drugs is tiredness; thus, the following morning patients get to sleep in for longer than usual. Later, patients are interviewed to record their response to the therapy session.
- Night: patients are monitored again.

#### Day Four:

• Day: patients are interviewed to assess how they slept. Following this, patients are released from the program and their possessions returned, along with a payment of \$15.

#### TOUR OF THE WARD

Note: see the plans of the Ward, collected at the end of the scenario.

Nurse Amy Levine is stern but polite; a short lady, with tied-back red hair. She takes the investigators to the changing rooms where they are instructed to change into sets of plain, hospital gowns. All of the investigators' clothing and possessions are collected and put in storage for the duration of their stay. Investigators wishing to sneak items into the hospital can do at the Keeper's discretion (within reason), requiring a successful Stealth roll.

The investigators then assemble back at the reception desk, while Nurse Levine outlines the rules all must follow in the ward:

- Instructions from all doctors, nurses, and attendants are to be obeyed without question.
   Failure to comply may result in the intervention of an attendant to force compliance.
- Antagonizing patients will not be tolerated. Those breaking this rule will be isolated for the duration of their stay.
- No contact with the outside world is allowed until the program had ended and the patient has left the hospital. Therapy is being conducted in a carefully controlled environment; external stimuli can disrupt this and affect the study's results.
- Failure to comply with these rules forfeits all payment for the study.

Nurse Levine then conducts a tour of each floor:

- First floor: restrooms, washrooms, storage rooms and a dining hall. Food is delivered to the dining hall via dumbwaiter from the basement.
- Second floor: patient quarters and communal area.
- Third floor: examination rooms, Dr. Thorne's office, Miss Louisa Baker's office (Dr. Thorne's secretary), and treatment rooms.

**Note:** the laundry and kitchen, etc., are located elsewhere in the hospital.

As they are shown around, the investigators get to see the various staff on the ward (see Ward Staff, nearby). During the tour, mention that the corridors

are somewhat dusty. The odd cobweb dangles from the ceiling—if asked about cleaning, Nurse Levine shrugs and states that the old house has always been dusty; their prime focus is helping the patients recover.

Nurse Levine ends the tour in the communal area on the second floor. A pool table stands to one end, while a table at the other end has a chess set. There are many comfortable chairs. Dr. Thorne is here and introduces the investigators to the **Other Patients** (see following).

Following introductions to the patients, the investigators are shown to their rooms, which resemble prison cells with sturdy metal doors. The doors are usually open and never locked, as the patients are not considered to pose any significant risk or danger to staff.

Once in their accommodation, the investigators are free to explore as they wish and are encouraged to socialize in the communal area, where they can talk with the other patients, learn about their stories, and get a feel for life on the ward. On the whole, the other patients are favorable to Dr. Thorne, although Celia James doesn't believe she has any problems that need fixing, and Edmund Newton is impatient to see an improvement in his condition.

#### OTHER PATIENTS

The psychiatric ward accommodates twelve patients, who are usually transferred from nearby asylums (if considered to be not a danger to other patients), as well as those referred by local psychiatrists. The current patients all suffer from sleep disorders. They are all participating in Dr. Thorne's study.

#### CELIA JAMES (19)

A literature student at the university, Celia was always close to her brother Lewis and took it very hard when he was killed in an automobile accident a couple of years ago. In her grief, Celia dwelt on her memories of Lewis and this echoed into her dreams, wherein she found the way to the Dreamlands. Eventually, she recreated Lewis there from her memories.

Celia sleepwalks. Her parents have seen her climb up and down the stairs at home, representing her descent along the 700 steps to the Gates of Deep Slumber. After hearing her talk to Lewis in her sleepwalking state on numerous occasions, her parents were worried she was becoming unstable. They referred her to the university hospital.

Celia has been in the ward for about a week and a half now. She has found that, while there, she is completely incapable of reaching the Dreamlands. The steps that should lead to the Cavern of Flame now lead only to an empty stone chamber, from which there is no exit—while

#### Ward Staff

In terms of staff, there are six attendants, two nurses, and two administration staff, in addition to Dr. Thorne, Nurse Levine, and Miss Baker. The Keeper is encouraged to generate some personalities for these other unnamed members of staff; they are not integral to the scenario but can provide as much added texture as the Keeper sees fit.

#### Roleplaying hooks:

 All of the staff shares the common desire to protect their patients; they know how dangerous patients can become and, to protect themselves, they must be fair but firm.

she dreams here, she can only access the Dreamscape of the psychiatric ward, which has blocked the way to the Dreamlands. Unbeknownst to Celia, her continued efforts to try and reach the Dreamlands are causing more damage to the fabric of reality around her, making the Dreamscape of the psychiatric ward larger still.

Celia is of special interest to Dr. Thorne, as she has confided some details about her Dreamlands experiences to him. Her descriptions of the Cavern of Flame and the Enchanted Wood match those he has obtained from other dreamers. Dr. Thorne wants to begin hypnosis sessions next week to uncover more details of her dreams.

- **Description:** short, round face, with curly blonde hair and deep blue eyes.
- Traits: shy but only because she doubts people
  would believe the truth about her dreams. If
  someone talks to her about literature (her favorite
  subject) she opens up a little and is friendlier to
  them.
- Special: an accomplished dreamer who would give anything to physically enter the Dreamlands (where she can be with her brother forever), but only because she doubts people would believe the truth about her dreams.

#### EMMA GILL (25)

Worked as a florist and shop cashier. She's led a relatively normal life and married the love of her life late last year. She suffered from night terrors since childhood. Her husband John is an artist, who was recently injured when Emma awoke in a fit and nearly blinded him. John begged

Emma to seek help and she checked herself into the ward.

Dr. Thorne is trying to establish what triggers Emma's night terrors. He suspects it might be tied to her being frequently overtired. Emma has to work two jobs to support her family, putting a strain on her body and mind. During her stay, Emma's night terrors have lessened. Her sleep patterns are being varied to provoke a response. She's been in the ward for about a week.

- Description: slender, average height, long brown hair tied back.
- Traits: Emma desperately wants the treatment to be successful so that she can return home. She is anxious or tired at times due to her new sleep patterns. She also suffers from extreme arachnophobia (fear of spiders) and will scream uncontrollably if she sees a spider.

#### BARRY LAMBERT (36)

A librarian who adores books, especially gothic horror stories (which he often reads late into the night), Barry has suffered from sleep paralysis for about six months. When he awakens, he is unable to move for several minutes, leading to several panic attacks that have impacted greatly upon him. His wife and fellow librarian, Jenny, suggested he check into the ward to find a means to end his panic attacks (at the very least). He's been in the ward for two weeks.

Dr. Thorne believes the cause is tied to sleep deprivation (caused partially by late-night reading). Since being admitted two weeks ago, he has suffered fewer incidents of paralysis. The doctor is ensuring Barry gets more sleep and has prescribed drugs to address his anxiety of further attacks.

- Description: wild and untidy brown hair, thick eyebrows above wide brown eyes, unshaven.
- Traits: Barry is friendly, helpful, and talkative during the day. He gets on well with Celica James, sharing her love of literature. He is quieter and anxious at night; the approaching inevitability of sleep makes him uncomfortable, fearing he might be paralyzed again when he awakens.

#### EDMUND NEWTON (27)

Edmund was a policeman but was dismissed a month ago. His development of narcolepsy (excessive daytime sleepiness) and cataplexy (sudden loss of muscle strength) was to blame, preventing him from performing his duties. Edmund fell asleep on duty repeatedly, once collapsing in mid-pursuit of a burglar. Since then, finding employment has been difficult; thus, he has sought help at the ward. He's only been in the ward for three days by this point.

In the 1920s, narcolepsy was not fully understood. Dr. Thorne is trying to determine the trigger for his attacks, suspecting it may be tied to strong emotion. He has prescribed Edmund various mood-altering drugs and is monitoring each one in relation to his attacks.

- Description: average height, well-built, short hair, clean-shaven.
- Traits: Edmund always wanted to be a policeman but now his hopes have been dashed. He has a short fuse, often lashing out in frustration at those around him; however, such bursts of anger can trigger his narcolepsy. He wants to be cured but doesn't know what he will do with his life when he returns home.

#### BERNARD ROWE (42)

Recently promoted to a key account manager at a local bank, Bernard was in high profile position dealing with influential clients. While it gave him a larger salary, it has also given him a lot of stress. Recently, he's developed insomnia, which makes him acutely irritable and has affected his short-term memory. Bernard has been granted extended leave, although he fears that if he isn't cured soon, he could lose his job. He's been in the ward for five days.

Dr. Thorne is currently prescribing a variety of drug treatments in combination with a strict sleep pattern.

- Description: tall, balding, thick mustache, wears glasses.
- Traits: Bernard is unmarried. He is worried that losing his job might cost him everything, being unable to maintain payments on his house. The drug treatment has helped him sleep but suffers from short-term memory loss.

## FIRST NIGHT: EVENTS

#### CELIA SLEEPWALKS

After a mediocre stew for dinner, the investigators retire to bed. They are told the attendants will look in on them every 30–60 minutes to record their behavior; otherwise, they will be left alone for the night. Each door is left open a fraction, allowing in some light from the corridor. All patients are in bed by 10 p.m., with Dr. Thorne and Nurse Levine doing their rounds (administering drug treatments). Dr. Thorne then sits down at a table at the end of the corridor where he can see all the patients' room doors. He waits here with a newspaper and cup of coffee, waiting for Celia James to sleepwalk.

At midnight, Celia begins her descent into the Dreamlands, sleepwalking down the corridor to the staircase. Dr. Thorne follows close behind, writing everything she mumbles in his journal. If they are asleep, the investigators can attempt a Hard Listen roll to hear Celia's door open and the two sets of footsteps moving down the corridor. If they are already awake, they automatically hear the noise.

If following quietly, Dr. Thorne does not notice the investigator(s) until Celia reaches the bottom of the staircase. He turns and silently motion for everyone to remain quiet. A Listen roll is needed to hear Celia's mumblings more clearly. On the way down the stairs, she looks around, saying, "This isn't right" and "something is wrong" (as the staircase to the Cavern of Flame is still not as it should be). There are 30 steps between each floor; Celia walks down 10 steps, then backward up the stairs for 5 steps, then down 10 again, back 5, and so forth, counting as she does. This way, she reaches the bottom of the staircase upon counting to 70. She then looks concerned and moves over to the wall beside the door leading to the rest of the hospital. She runs her hands along the wall asking "where has it gone?" and "where is the way down?" (She cannot find the 700 steps that lead to the Gates of Deep Slumber.) Before giving up and walking back to her room, Celia mumbles "my friends, where are you?" She has, once again, reached the empty cavern of the psychiatric ward's Dreamscape rather than the Cavern of Flame where her friends (Nasht and Kaman-Thah who guard the Gates of Deep Slumber) usually greet her. Following this, Dr. Thorne leaves for the evening and instructs the investigators to return to their beds.

#### SHARED DREAM

When the investigators are asleep, they enter a shared dream and find themselves at the end of the hospital corridor. The doors to all the patients' rooms are wide open. In their own rooms, they see the subject of their nightmares and psychological trauma being played out again and again, provoking a Sanity roll (0/1D3 loss)—see Nightmares of the Investigators in the box nearby.

Each of the nightmares links to the investigator's backstory (see the write ups at the back of this scenario). Note that while each investigator's room is personal to them, other investigators entering that room also get to experience the same nightmare. If they wish, the investigators can run away from the living nightmare or fight it—by making a POW roll; if successful, the nightmare vanishes. Failure results in the subject of the nightmare struggling with the investigator until they eventually wake, inflicting a further and automatic 1D3 Sanity loss.

If entering the rooms of the other (non-investigator) patients, the investigators see writhing impressions upon the beds, as though an invisible figure was restrained there. Should they check, they can feel nothing nor see any sign of the room's occupation, just their invisible impression upon the bed; Sanity roll (0/1 loss).

From Celia's room, there is a sudden scream. Inside, the investigators see a four-legged and four-armed figure in a nurse's uniform from behind, leaning over Celia's bed. Celia is strapped down on the bed. The nightmare nurse holds a variety of surgical implements (two saws, a scalpel, and a syringe). The scream is cut short and the figure turns around with Celia's severed head in one of its hands. The nightmare nurse's face is full of blinking insect-like eyes and a wide mouth lined with needlesharp teeth. It smiles and says, "Most satisfactory. Next patient, please!" Call for a Sanity roll (1/1D4 loss).

Finally, some huge and invisible force starts to pull and wrestle with the chain-link fence surrounding the stairwell, causing a tremendous and fear-inducing noise. Just then it seems the fence is about to be torn asunder, the investigators wake up with a scream, which echoes those of Emma Newton as she suffers an attack of night terrors. She has not experienced the same dream; none of the other patients have.

## SECOND DAY: MORNING

On the way to the washrooms, the Keeper should mention that more cobwebs have appeared overnight. Little spiders sit in the webs and seem to watch the investigators. Any

#### Nightmares of the Investigators

**Simon Gregory:** the floor of the room is a pool of water. Gla'aki begins to rise from the depths. Tentacles try to pull Simon onto its spikes.

**Alexis Wright:** the walls of the room are dark, shifting water. Through them, Roger (her dead fiancé) tries to pull Alexis in to join him in the cold embrace of death. The room is freezing cold and water drips from the walls, making a large pool on the floor.

**William Hoffman:** a shadowy room, lined with trees, the sound of gunfire in the distance. William enters and is knocked to the ground by an unseen force. A figure rushes out of the trees and stands over him, moving in to shoot.

**Pamela Campbell:** the entrance to a cabin appears on the far wall. An undead zombie-like man (a servant of Gla'aki) emerges, dressed in an old Union Army uniform. He tries to grab and drag Pamela into the darkness within the cabin.

**Anthony Neal:** the room is an inferno. Patients run out of the burning walls and into others in a chaotic and confusing pandemonium. On the far wall is the blocked entrance to the hospital ward. Screaming patients can be seen banging on the other side of the doors through small windows.

**Gayle Shelton:** a dark mine tunnel extending into the distance. Approaching the tunnel, Gayle feels something bad is coming. Suddenly, a swarm of rats rushed forward as the light in the room diminishes into darkness.

webs the investigators might have brushed away in their rooms before sleeping have now returned with more besides. A few larger spiders scuttle along the skirting boards in some rooms before disappearing behind furniture. As the first investigator enter the washrooms, a dozen large spiders scurry and escape down the central grate in the middle of the tiled floor.

On the way to a breakfast of almost-warm porridge, Emma Gill notices the spiders—ideally when an investigator mentions them; otherwise, she does so when dramatically appropriate. She screams and recoils into a corner whereupon a spider falls on her from a web above and scuttles into her dress. After this, she cannot be calmed without a sedative. Searching her clothes, the spider is nowhere to be found. The attendants, at Dr. Thorne's instruction, take her back to her room. She is sedated and remains in her room all day.

Confronting Celia James over breakfast about her sleepwalking requires a successful Charm or Persuade roll; otherwise, she becomes agitated, prompting Nurse Levine to intervene and remind the investigators about not upsetting the other patients. Celia is moved away from them. If they succeed in getting Celia to talk, she states that she doesn't remember sleepwalking but believes she did dream. While it started like other dreams she has had before (the staircase leading down), it eventually went wrong, as the staircase didn't look the way it should, the cavern at the bottom was wrong, and her friends weren't there to meet her (she describes her "friends" (Nasht and Kaman-Thah) as being dressed in robes). If questioned further, she says nothing more and becomes agitated, prompting Nurse Levine to intervene.

After breakfast, the investigators and patients (except for Emma Gill) are invited to a group session with Dr. Thorne. The doctor proceeds to ask questions about any dreams they had the previous night. Use the following, paraphrasing a necessary—pick two before moving onto the investigators' experiences (or vice versa); the investigators can always hear about the rest of the patients' dreams after the session, during the afternoon or before bed (or can be ignored if the Keeper needs to move things along to keep to time).

- Celia James, feeling pressured by everyone looking at her, states abruptly that her staircase was "all wrong" and that her friends didn't meet her in the chamber; "the way down there was blocked." She refuses to answer more questions and clams up. If any of the investigators try to press for more details, Celia becomes agitated and Dr. Thorne intervenes, stating that Celia has recurring dreams. He considers Celia's account to be an interesting development, as there has been a significant change, which could mean her stay in the ward is having a positive effect. At this, Celia makes it clear she doesn't want her dreams to change.
- Barry Lambert describes how he wandered around a deserted castle during a thunderstorm. In the distance, a clock repeatedly struck midnight, and he could hear monstrous beasts stalking the corridors, their silhouettes cast upon the walls. Dr. Thorne says this is obviously a collection of images drawn from Barry's love of gothic fiction and asks if he had been thinking about such stories before he slept. Barry confirms this is the case.

- Edmund Newton chased a shadowy figure down endlessly recurring corridors that led back on themselves. When he finally caught the figure, it vanished and he was lost in the maze. Dr. Thorne believes this is, partially, a memory of Edmund running after the burglar who got away (see Edmund's write up in Other Patients, page @@), and a metaphor for Edmund's opinion that his condition might not be curable (that there is no way out). The doctor says he wants to conduct a therapy session tomorrow where they can try to manipulate the dream to create an exit and shatter Edmund's perception of the situation.
- Bernard Rowe dreamt that he was sat at his desk at the office. His in-tray kept filling up with paperwork whenever he looked away and, eventually, the room was completely full of typed sheets. Slowly buried alive by the increasing volume of paperwork appearing from nowhere, the walls started to close in around Bernard, crushing him, and he awoke short of breath. Dr. Thorne is quite to the point, stating this is a clear manifestation of Bernard's stress.

Dr. Thorne also asks the investigator to share their dreams and it may become apparent they experienced a shared dream. The doctor becomes very interested, as he explains, shared dreams are an exceptionally rare phenomenon and demand more study. He states this evening's therapy session will attempt to uncover the meaning behind the metaphoric images in their dreams. In the process, he aims to guide them in confronting the subjects of their nightmares. This will be the first step towards longer-term psychological recovery.

If the investigators describe what happened to Celia James in their shared dream, she becomes very agitated, potentially requiring her to be taken back to her room. For her, the dreams are real and, given the changes in her own dreams, she is very worried. Something is wrong.

#### SECOND DAY: AFTERNOON

For the rest of the day, the investigators are free to do as they wish. They may choose to spend time with the other patients and hear about any dreams not covered in the morning's group therapy session.

Dr. Thorne leaves the ward for a meeting elsewhere and returns later that afternoon. In his absence, the investigators might wish to break into his office to look at his research (journal). The door in the hallway is locked, requiring a **Locksmith** roll to pick the lock (which needs a lock-pick fashioned from a hairpin or similar item, if they can find one) or, if they don't mind making noise, a Hard **STR** or **SIZ** roll. The connecting door in Miss

Baker's office is unlocked but the investigators need to distract the secretary to cover any entrance or exit. See **Dr. Thorne's Office**, following, if events proceed in this manner.

Alternatively (at the Keeper's discretion), if the investigators decide to explore any of the unoccupied rooms on the first floor, they could encounter a void spider (profile at end of scenario), which has only partially manifested in the Waking World for a short time (halve the listed statistics to represent this). The void spider is about two-feet across and lurking in the shadows of one of the unoccupied rooms. Upon being discovered, it tries to escape out of view behind some furniture. Pulling the furniture away, the spider is nowhere to be found. If attacked, it fights back for a round (without biting) before trying to escape.

Should the investigators report an incident with the void spider this to the staff, the attendants and nurses are far more interested in what the investigators were doing in the unoccupied room, rather than tall-tales about spiders. Meanwhile, the investigators should notice more cobwebs have appeared in the rooms and corridors.

#### DR. THORNE'S OFFICE

Dr. Thorne has a corner office on the third floor. Once a lavish guest bedroom, the office retains a lot of the original furnishing (minus the bed). It has a picturesque view of the gardens. Bookcases of medical textbooks line the room, while a filing cabinet of patient records stands behind a large antique desk.

**Note:** in describing the office, comment that some of the shelves on the bookcase are dusty, while spiders' webs cling to the upper corners of the ceiling.

Dr. Thorne's large, leather-bound journal (detailing patient accounts of Dreamlands-related imagery) sits on the desk. The journal can be skim-read in the office (if the investigators are prepared to take the risk of being caught) or can be concealed upon their persons (Stealth roll). It takes an hour to skim through, giving the reader an insight into some of the more commonly experienced aspects of the Dreamlands (see Handout: Thorne's Journal). To thoroughly study the journal and its complex notes requires an entire day of study, which is beyond the confines of this scenario.

When Dr. Thorne returns, he discovers the journal is missing (if not already replaced) and searches his room. If the investigators left no evidence of their entry, he mistakenly thinks he left the journal at home. Of course, if the investigators damaged the door by using brute force to get in, the doctor calls a staff meeting and orders a search of the patient's rooms. If the investigators succeed with the Stealth roll, they manage to keep the journal out of sight.

#### Handout: Thorne's Journal

Dr. Thorne's journal consists of notes from his interviews with patients, who are referred to by single initials, rather than their full names. The following are excerpts of the most common imagery appearing in multiple accounts:

- A long, tunneled stairway that descends into darkness.
- Two priest-like figures, in Egyptian-style attire, stood in a rocky cave in front of a pillar of purple flame, which reaches from floor to ceiling.
- A forest of oak trees. The boughs are intertwined so that little light reaches the ground. Glowing fungi illuminates the twilight.
- Ruins of a long dead city stand on the shore of a dead lake in a desert.
- Enormous pillars rising high out of a mighty ocean. Beyond them, the ocean falls into oblivion, forming a gigantic waterfall.
- Shepherds guiding flocks on flat fields.
   A gray mountain range stands on the far horizon. From between two peaks, a shaft of blue light shoots up into the dark sky.
- A Middle-Eastern city has wide streets paved in onyx and lined by whitewashed clay buildings, topped by the bronze minarets.
- Underground. The floor of a vast cavern is littered with countless bones as far as the eye can see.

If the journal is found on an investigator or is discovered in their room, the member of staff who finds it appears sympathetic, as they know how boring it can be in the ward for the patients—this is a hint to the investigator, who may attempt a Charm roll to appeal to the staff member's better nature. If successful, the nurse or attendant says they will get the journal back to Dr. Thorne's office; no one else needs to know. If unsuccessful, the nurse or attendant smiles and says, for a small fee, they could turn a blind eye and not find the journal at all. The member of staff will comply honestly with whichever option the investigator chooses. If the investigator messes up, the journal is taken and Dr. Thorne is told. The doctor doesn't bring the incident up again unless the investigator in question does something to provoke him.

#### SECOND NIGHT: THERAPY SESSION

The therapy session takes place in Dr. Thorne's office after the other patients have been sent to sleep at 10 p.m. All of the investigators are required to attend. A cocktail of drugs is injected into the investigators; Dr. Thorne then proceeds to hypnotize each of them. The investigators drift towards sleep but remain conscious; it gets harder to focus as their perceptions become distorted. Colors are vivid one moment and subtle the next. The investigators stand on the border between waking and sleeping. Dr. Thorne tells them to close their eyes. A few moments later, the doctor asks them to open their eyes. The investigators see themselves in Dr. Thorne's office.

Movement in this state feels more like gliding than walking. Dr. Thorne's voice, as he guides them via hypnosis, manifests through intercom speakers on the walls. He directs the investigators back to the corridor they saw themselves in last night; gliding through the office door brings the investigators to the corridor as it was in their dream. Dr. Thorne asks each investigator, in turn, to go their room and confront the subject of their nightmare (see Nightmares of the Investigators, page @@).

Combating their nightmare requires each investigator to succeed with a Hard POW roll. If successful, ask each player to describe how he or she overcomes their fear, making the subject of their nightmare vanish. Note that an investigator receives a bonus dice to the POW roll if they successfully combated the subject of the nightmare the previous night (see Shared Dream, page @@). Failure manifests in a standoff; the investigator is forced to withdraw, returning to the corridor and suffering the automatic loss of 1D3 Sanity points.

After each investigator has tried to combat their nightmare, Dr. Thorne leads them to what they saw in the other patients' rooms (Shared Dream). Each room requires a POW roll to see a deeper level of the image. The impressions upon the beds are made by the sleeping patients, who are cocooned in cobwebs. Spiders crawl under their skin and across their bodies. Call for a Sanity roll (0/1 loss). When they enter Celia James' room, they see the nightmare for what "it" really is—a void spider—provoking a Sanity roll (1/1D6 for seeing a void spider).

This is the moment when the barrier between the Waking World and ward's Dreamscape shatters. Suddenly, the investigators find themselves back in Thorne's office—the investigators may think they have woken up but in actuality, they are still dreaming. The shattering of the barrier between worlds means that they are now trapped in the Dreamscape of the ward (see below). An unwelcome visitor is also present in the office—a void spider, which fully manifested, attacks Dr. Thorne and successfully implants an egg in him (see the monster's write up at the end of the scenario).

The void spider attempts to use its spawning bite attack on all present; once it has implanted at least one egg in an investigator present, it flees through the door into the ward.

#### THE DREAMSCAPE

The Dreamscape is a pastiche of the dreams and nightmares of the patients in the ward. The corridors now resemble those of an abandoned castle, which stretch on for great distances, with the "remains" of the entire ward's staff (including Miss Baker and Nurse Levine) scattered throughout. Some have been torn apart by void spiders, others killed from eggs hatching inside them. Screams can be heard in the distance from unseen sources. The ominous sound of a clock chiming midnight comes from somewhere above at random times. Shadows flicker on far walls, hinting that something terrible might be lurking close by.

Looking out of the windows, the investigator sees a forest of oak trees surrounded by glowing fungi (the Enchanted Wood in the Dreamlands), which seems to be receding into the distance, swallowed by darkness. Breaking the window exposes the truth of what lies beyond: the gaping void of the chasm between worlds (provoking a Sanity roll (1/1D4 loss)). Sticky cobwebs, carried on a breeze of stale air, blow in through the open window.

Navigation in the Dreamscape is difficult. Some of the ward's original rooms still exist (the stairwell, Dr. Thorne's office, and the patients' rooms) but the rest of the environment is in flux. If the investigators wish to find any room other than these, a Luck roll is required to see if it exists. If it doesn't, the investigators wander through never-ending corridors in search of a room they will never find. Trying to navigate to one of the existing rooms is a POW roll. Failures on either of the rolls mean the investigators encounter 1D3 void spiders, which attempt to lay eggs in as many of the investigators as possible before scuttling away.

Patient rooms are no longer near each other; they are scattered throughout the Dreamscape. In each room, the relevant patient is sleeping, trapped in the nightmares they described in the group session that morning.

To wake the patients, the investigators must inflict at least 1 point of damage upon them— damage from any other source does not wake them. When the patient either wakes or dies, he or she and the nightmare in their room vanish. Inflicting enough damage will kill the patients.

- Emma Gill is suspended in the center of a cavern, caught in a spider's giant web. Two void spiders crawl towards her. A Hard DEX roll is required to run through the web and get to her before the spiders do. Each spider attempts to lay eggs in her, which hatch 1D6 rounds (rather than hours) later. Time runs differently in her nightmare.
- Celia James sits in the middle of her room, the wreckage of a car crash around her. She holds the lifeless body of her brother in her arms and weeps uncontrollably. She yells at the corpse, "why doesn't it work?" and "why don't you get up?" She attacks any investigators that come close with a piece of sharp, twisted metal (1D8 damage), believing that they are trying to take her brother away.
- Barry Lambert is being pursued by a void spider down a corridor, which continually loops back on itself. The investigators must catch Barry before the spiders do (if time permits, this could be run as a chase sequence; otherwise, call for a CON roll from the investigators in the chase: an extreme success grants two bonus dice, any other success grants a bonus die, and failure a penalty die; then call for a DEX roll from the investigators, applying the penalty or bonus dice as necessary—if successful, the investigator catches up to Barry. The spider tears Barry apart if it catches him first.
- Edmund Newton is trapped in a room with no exits. Opening the door, the investigators are met with a blank wall but can hear Edmund (in the grip of a panic attack) on the other side. The investigators must break through the wall in 1D6 rounds, requiring a Hard STR roll, before Edmund, in his desperation, commits suicide by smashing his head repeatedly into the wall.
- Bernard Rowe is buried and slowly sinking into a pit full of sheets of crumpled paper. The investigators require a Hard Spot Hidden roll to find Bernard within 1D8 rounds before the pit closes and crushes him to death.

Believing that Dr. Thorne might be knowingly responsible for what is happening, the investigators may try to confront him in his office. The doctor has no idea what is happening. It should become apparent that he is completely ignorant of the forces he has meddled with, can be confirmed with a **Psychology** roll. At this point, or when otherwise dramatically appropriate, the egg in Dr. Thorne hatches. The Keeper is free to decide whether or not the doctor survives this unpleasant event.

#### **ESCAPE**

To escape the Dreamscape, the patients and investigators must wake from the Dreamscape. The vanishing of the patients and their nightmares in their rooms should be a clue (per the 1 point of damage inflicted by the investigators). If the players fail to grasp this, Celia James (if brought awake) can present this as a solution. If necessary, she reveals her knowledge of the Dreamlands as a way to convince the investigators that she knows what she is talking about. A successful Psychology roll confirms she believes what she says, even if it sounds far-fetched.

Once all the patients are awake, the investigators can try to wake each other. As with the patients, any sleeping investigator must suffer 1 point of damage, inflicted by another investigator, to wake up. Furthermore, the sleeping investigator must pass a POW roll—the difficulty of the roll is dependent upon how many patients have been killed in the Dreamscape. For every patient killed, the way back to the Waking World becomes harder due to the void spiders repairing the damage to the barrier between worlds.

- If one patient was killed in their nightmare, the
  investigators must succeed a Regular POW roll
  to return to the Waking World. If two patients
  died, this becomes a Hard POW roll. If three
  died, it is an Extreme POW roll. If four died
  (leaving only Celia alive) then it is impossible to
  return in this fashion.
- An investigator may attempt to push the POW roll: if failed, he or she loses 1D10 Sanity points.
   If any investigator fails, everyone still asleep at that time remains in caught in the Dreamscape.

If the investigators all succeed, they return to the Waking World. The ward returns to normal; the remains of anyone killed are gone, as are all the cobwebs. In the event of failure, the Dreamscape becomes separated permanently from the Waking World. The investigators must find another way out—see The Chasm, following.

#### THE CHASM

It is possible the investigators may try to escape without attempting to save the patients, or they have failed their POW rolls to escape the Dreamscape. The Chasm provides an alternative way out.

Trying to find a tangible way out brings the investigators to the stairway, which is now a series of wide stone steps cut into the wall of a cavernous shaft. At the bottom of its 70 steps, torches mounted to a cavern wall point the way to an opening that leads into darkness. The torches can be taken to illuminate the way ahead.

#### Keeper Advice: Running Out of Time

If the Keeper desires, the scenario can be pushed towards a swifter conclusion by moving straight to **The Chasm** and ignoring the option of trying to save patients by waking them up (see **The Dreamscape**).

In this instance, Celia James informs the investigators that there is very little time left and they must move before they become lost forever. She directs the investigators to the stairway and, from there, to the Chasm, sensing it is now the only way out. The screams of other patients and staff echo throughout the Dreamscape as they die, one by one, with no hope of rescue.

Entering this tunnel takes the investigators to the edge of the chasm between the worlds. High above them, the mighty threads of Atlach-Nacha's web span the chasm; some of the threads dangle down into the chasm. The jagged cliff-face on both sides extends in all directions as far as the torches can illuminate. The far side is approximately 20 feet away and dotted with cave openings, each of which ultimately leads to various parts of the Dreamlands.

The investigators can cross the chasm in two ways:

- A Hard Jump roll can propel them across the void and into a cave opening below them on the far side. Failure results in the investigators falling down the bottomless chasm: a Hard DEX roll allows a falling investigator to catch a strand of the web as they fall; otherwise, they fall to their deaths.
- Grabbing hold of one of the dangling threads, the investigators find they appear to be strong and rope-like. Trying to climb a thread and maneuver across the other dangling threads to a cave on the far side requires a Climb roll. Failure means the investigator is stuck to the strand and the vibrations from their struggle attracts Atlach-Nacha (see page @@). The Great Old One arrives in 1D4+2 rounds and attempts to encase the investigators in its web (it will devour them at its leisure). A STR roll is required to break free before Atlach-Nacha arrives, whereupon another Climb roll is required to complete the crossing.

If any of the NPCs are with the investigators, apply the same rules should they try to cross the chasm.

It is up to the Keeper where the tunnels on the far side of the chasm ultimately lead. The investigators could emerge anywhere in the Dreamlands. Celia James may run off, delighted to be where she can be with her brother forever. Alternatively, for Keepers desiring a return to the Waking World, the tunnel could lead into deserted ghoul warrens below the graveyard of an abandoned church (anywhere in the Waking World). Descending these tunnels later only leads back to the Dreamlands again at the Keeper's discretion.

Lastly, those looking for a bleaker ending could simply have the investigators stumble into a nest of void spiders, with their death screams echoing across the chasm as their torches are extinguished...

#### **CONCLUSION**

If returning to the Waking World, the investigators face questions from the authorities about the missing staff (and, possibly patients) from the psychiatric ward; however, with no bodies to prove any wrongdoing, the police eventually (albeit reluctantly) drop their inquiries.

If Dr. Thorne survives, he halts his research immediately and retires from the medical profession. In any police investigation, he claims to know nothing of what happened to the other members of staff, fearing that telling them the truth would have him committed. If he perishes in the Dreamscape, the hospital closes the ward permanently, and no questions are asked.

If their escape culminates in their arrival in the real Dreamlands, explain to the players that their adventures are not over—they are, in fact, only just beginning...

## CHARACTERS AND MONSTERS

Only the relevant and necessary statistics are presented. The Keeper should feel free to modify or expand these as they wish.

#### HOSPITAL STAFF

#### DR. RANDALL THORNE, 45. DREAM RESEARCHER

STR 45 CON 75 SIZ 50 DEX 65 INT 85 APP 55 POW 70 EDU 95 SAN 70 HP 12

**DB:** 0 **Build:** 0 **Move:** 8 **MP:** 14

Brawl 25% (12/5), damage 1D3 or by weapon

Dodge 40% (20/8)

Skills: Climb 35%, Credit Rating 70%, Jump 25%, First Aid 60%, Listen 50%, Medicine 75%, Persuade 60%, Psychology 80%, Psychoanalysis 70%, Spot Hidden 50%, Stealth 40%.

#### HOSPITAL STAFF, NURSES AND ATTENDANTS

Use this profile for all members of staff. Adjust downwards if necessary.

**STR** 70 **CON** 80 **SIZ** 65 **DEX** 60 **INT** 65 **APP** 50 **POW** 50 **EDU** 70 **SAN** 50 **HP** 14 **DB:** +1D4 **Build:** 1 **Move:** 8 **MP:** 10

Brawl 40% (20/8), damage 1D3+1D4 or by weapon

Dodge 50% (25/10)

Skills: Climb 25%, Jump 30%, First Aid 60%, Intimidate 60%, Listen 45%, Psychology 60%, Spot Hidden 45%, Stealth 45%.

#### THE PATIENTS

#### CELIA JAMES. 19. STUDENT AND DREAMER

 STR 40
 CON 50
 SIZ 40
 DEX 55
 INT 70

 APP 60
 POW 70
 EDU 75
 SAN 55
 HP 9

**DB:** -1 **Build:** -1 **Move:** 8 **MP:** 14

Brawl 25% (12/5), damage 1D3–1 or by weapon

Dodge 60% (30/12)

Skills: Climb 35%, Jump 40%, Dreaming 35%, Dream Lore 20%, Listen 45%, Persuade 35%, Psychology 30%, Spot Hidden 50%, Stealth 45%.

#### OTHER HOSPITAL PATIENTS

Use this profile for all of the other patients: Emma Gill, Barry Lambert, Edmund Newton, and Bernard Rowe.

STR 50 CON 60 SIZ 55 DEX 50 INT 60 APP 50 POW 55 EDU 65 SAN 45 HP 11

**DB:** 0 **Build:** 0 **Move:** 7 **MP:** 11

Brawl 30% (15/6), damage 1D3 or by weapon

Dodge 35% (17/7)

Skills: Climb 30%, Fast Talk 35%, Jump 35%, Listen 40%, Psychology 30%, Spot Hidden 40%, Stealth 35%.

#### MONSTERS

#### VOID SPIDERS. SERVANTS OF THE WEB

These huge spiders dwell in the chasm between the Waking World and the Dreamlands, helping Atlach-Nacha build and maintain its vast, complex web. Whether they are offspring of the Great Old One or native to the chasm is unknown. Some scholars of Dream Lore believe they might be a sub-species of the larger Leng spiders found in the Dreamlands.

STR 80 CON 40 SIZ 90 DEX 100 INT 50 APP — POW 60 EDU — SAN — HP 13 DB: +1D6 Build: 2 Move: 8 MP: 12

#### **Special Powers**

Spawning Bite: when bitten, a victim suffers 1D6 damage and also lays that many eggs in the target's bloodstream. The eggs incubate at an accelerated rate inside a human host; 1D6 hours later, they hatch and burst out of the host, each inflicting 1D6 damage. After each hour between being bitten and when the eggs hatch, the host suffers 1 point of damage, manifesting as crippling stomach pains.

Newborn spiders are SIZ 1, defenseless, and have 1 HP. If the host dies in the process, the spiders devour the corpse and grow to full size (taking 1D6 minutes, gaining all skills and stats of a regular spider). If the host survives, the newborn spiders scuttle away, eventually working their way back to the chasm between the worlds.

At the halfway point to where the eggs will hatch, they can be felt as a solid lump in the abdomen. The eggs can be removed through surgery with a successful Medicine roll (inflicting a total of 1D6 damage to the host); failure causes the eggs to prematurely hatch—the newborn void spiders die moments later but the host suffers 2D6 damage.

Attacks per round: 1 (leg strike, abdomen bash, or bite)

Fighting 50% (25/10), 1D6 or Spawning Bite

(see above)

Dodge 60% (30/12)

Armor: 2-point chitin and fur. Spells: Contact Atlach-Nacha.

Sanity loss: 1/1D6 Sanity points to see a void spider.

#### ATLACH—NACHA. GREAT OLD ONE

STR 150 CON 375 SIZ 125 DEX 125 INT 75 APP — POW 150 EDU — SAN — HP 50 DB: +2D6 Build: 3 Move: 15 MP: 30

#### Special Powers

Bite: the bite penetrates any mundane armor and injects paralyzing poison (target must make an Extreme CON roll to resist for 1D10 rounds, after which the roll must be made again. If the second roll is also successful the poison has been fully resisted. If either roll is failed the target is paralyzed (duration at the Keeper's option but not less than 10 rounds).

Cast web: target is entangled in a strong, sticky web. Breaking out requires an opposed STR roll versus the web's STR 150.

Attacks per round: 1 (kick out with many legs, abdomen bash, bite)

Fighting 60% (30/12), 2D6 or bite (see above)

Cast web 80% (40/16), see above Dodge 65% (32/13)

Armor: 12-point chitin and fur. If hit points reach zero, it flees across its complex web to a secret lair where it heals.

Spells: all Contact spells.

Sanity loss: 1/1D10 Sanity points to see Atlach-Nacha.

#### Handout: Thorne's Journal

Dr. Thorne's journal consists of notes from his interviews with patients, who are referred to by single initials, rather than their full names. The following are excerpts of the most common imagery appearing in multiple accounts:

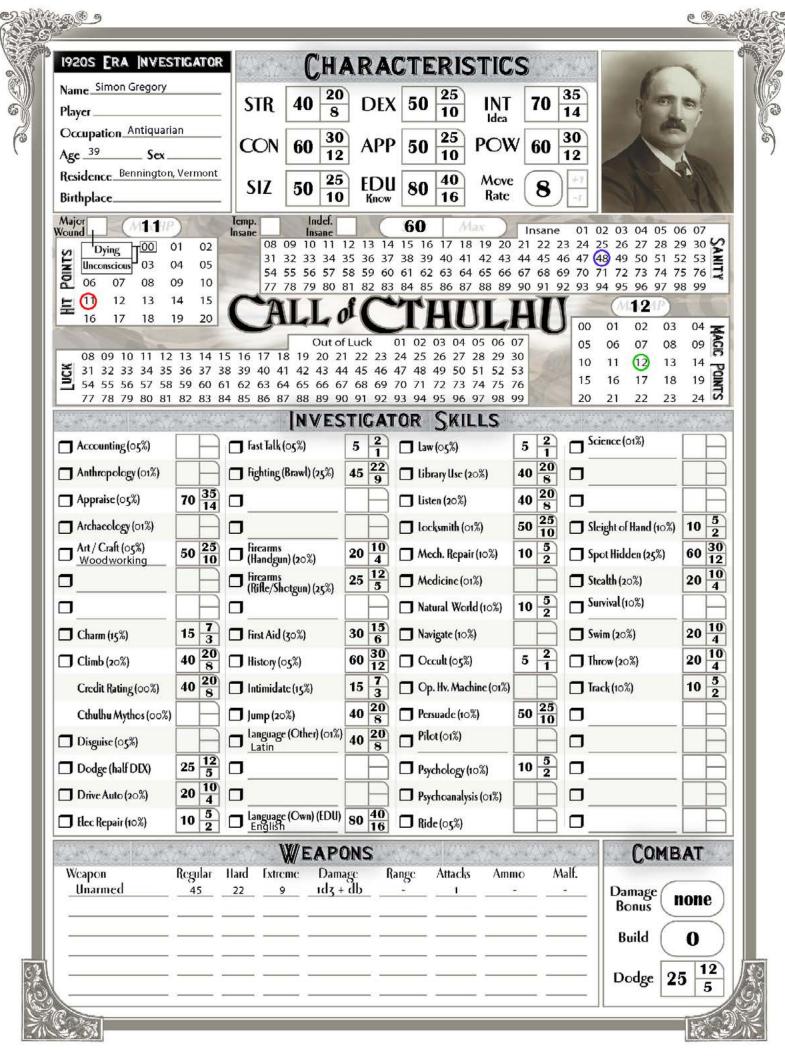
- A long, tunneled stairway that descends into darkness.
- Two priest-like figures, in Egyptian-style attire, stood in a rocky cave in front of a pillar of purple flame, which reaches from floor to ceiling.
- A forest of oak trees. The boughs are intertwined so that little light reaches the ground. Glowing fungi illuminates the twilight.
- Ruins of a long dead city stand on the shore of a dead lake in a desert.
- Enormous pillars rising high out of a mighty ocean. Beyond them, the ocean falls into oblivion, forming a gigantic waterfall.
- Shepherds guiding flocks on flat fields.
   A gray mountain range stands on the far horizon. From between two peaks, a shaft of blue light shoots up into the dark sky.
- A Middle-Eastern city has wide streets paved in onyx and lined by whitewashed clay buildings, topped by the bronze minarets.
- Underground. The floor of a vast cavern is littered with countless bones as far as the eye can see.

# SUFFERING FROM NIGHT MARES?

University Hospital Seeks Participants For Dream Therapy Study

Successful applicants will be paid \$5 a night (3 nights, with accommodation and meals provided) to participate in a study of their dreams, leading to possible treatment. Group therapy involved. Confidentiality assured. Please contact the Office of Dr. Randall Thorne to arrange an appointment.

University at Albany, State University of New York



#### Simon Gregory, Antiquarian

A resident of Bennington, Vermont, you own an antique store on Main Street. Recently, you acquired a shipment of artifacts from a house clearance. Among the various books and small antiques was a curious item that attracted your attention: a prism of a strange pale-blue crystal. When the light strikes it, it almost looks like it's glowing from within. Thinking it rather quaint, you've used it as a paperweight in your office.

Since then, your dreams have been disturbed and restless. In your nightmares, you stand on the shore of a stagnant lake. Black, stinking water before you, the pale moon above reflects off of its oily surface. An unhealthy yellow glow shines through the wooded tree line. You can feel "their" presence behind you, blocking your retreat. You've stood there for hours and now you know the time is finally at hand. Strange light pulses from beneath the black water. Tendrils rise slowly from the surface, writhing and twisting in the cold night air. At their ends, lids open and blink, revealing inhuman eyes that look into your soul. An array of metallic-looking spikes begins to thrust upwards as something huge, gigantic, rises to greet the night. Like polished metal, it glistens as the water runs off its surface. You feel a sickening stab as something plunges into your chest, causing you to wake screaming in panic.

Looking for some way to stop the nightmares, you've seen an advertisement in the Bennington Post and called the number and arranged an appointment with Dr. Thorne. He came to your home a few days later, where you told him about your dreams. The doctor' assessment said the dreams are a metaphor for a suppressed memory. Maybe the object triggered a deeply buried memory from childhood, as there is no immediate connection between the two.

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#### Alexis Wright, Dilettante

A resident of Bennington, Vermont, you are a well-known socialite. Born to Old Money, you are always invited to the best parties and are often the center of attention. Recently, you became engaged to Roger Gibson, a wealthy businessman.

However, happiness soon turned to tragedy. On the way home to tell everyone the good news, a tire burst and sent the car Roger was driving into a river. Roger was knocked unconscious and you were concussed. The driver of a passing truck was able to dive in and save you in time but Roger was not so lucky; he drowned as the car sunk out of reach.

Since then, while mourning his death, your dreams have been haunted by that fateful night. You find yourself trapped in the car as the water rises. Roger turns to you with dead eyes and reaches out to embrace you, saying that you will always be together, as the icy waters rise over your heads.

Looking for some way to stop the nightmares, you've seen an advertisement in the Bennington Post and called the number and arranged an appointment with Dr. Thorne. He came to your home a few days later, where you told him about your dreams. The doctor's assessment said the dreams stem from survivor guilt. He believes you need to accept you could do nothing and free yourself from guilt.

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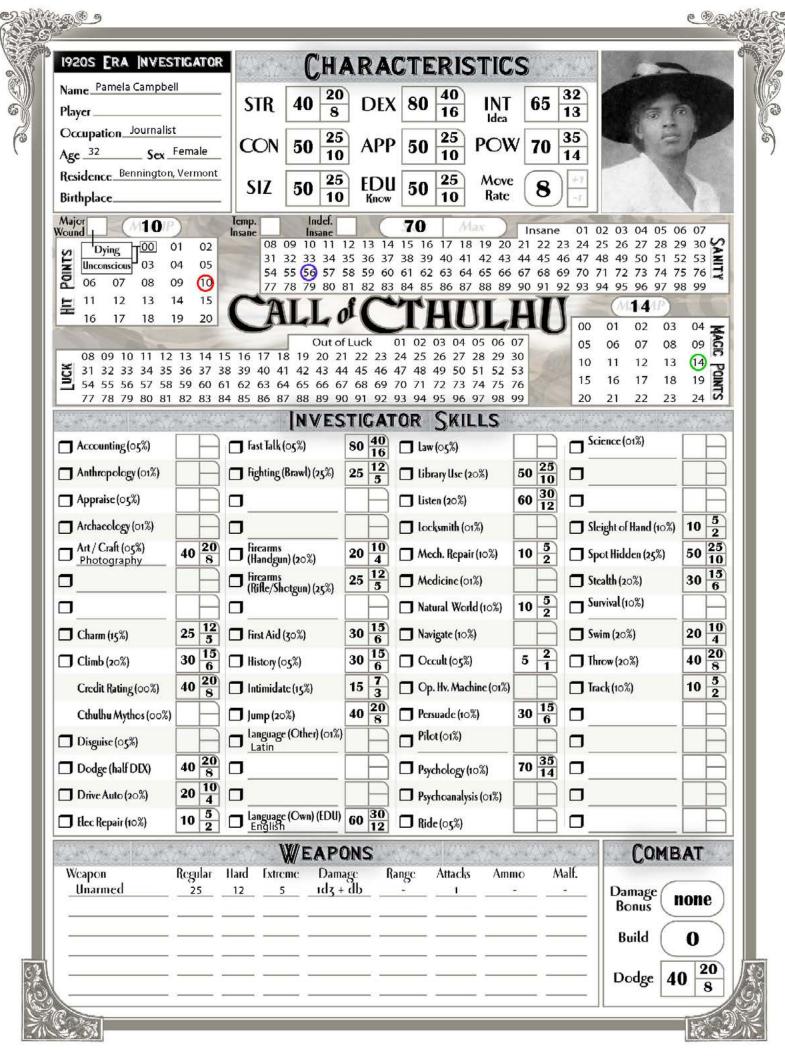
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#### William Green, Ex-Policeman

A resident of Bennington, Vermont, you were a policeman before you were medically discharged. Your career ended in the summer of 1925 on one hot summer's night at the edge of town. Sidney Harris, a local small-time criminal, had kidnapped Jane Strong, the teenage daughter of a local industrialist. A handover was scheduled on the edge of the forest, just outside of town. The kidnappers turned up, panicked at the sight of all the cops and a gunfight ensued.

You were shot in the leg and went down. One of the gang stood over you, pointing the barrel of his gun at your face. A shot rang out and he was hit. His weapon discharged clipping you in the leg. You've walked with a limp ever since. You have recurring nightmares from time-to-time about that moment. In your dreams, he shoots and kills you. You wake with a terrible pain in your chest every time.

Looking for some way to stop the nightmares, you've seen an advertisement in the Bennington Post and called the number and arranged an appointment with Dr. Thorne. He came to your home a few days later, where you told him about your dreams. The doctor's assessment said the dreams are a related to a form of shellshock (post-traumatic stress). After all, you nearly died, no wonder it was such a traumatic experience.

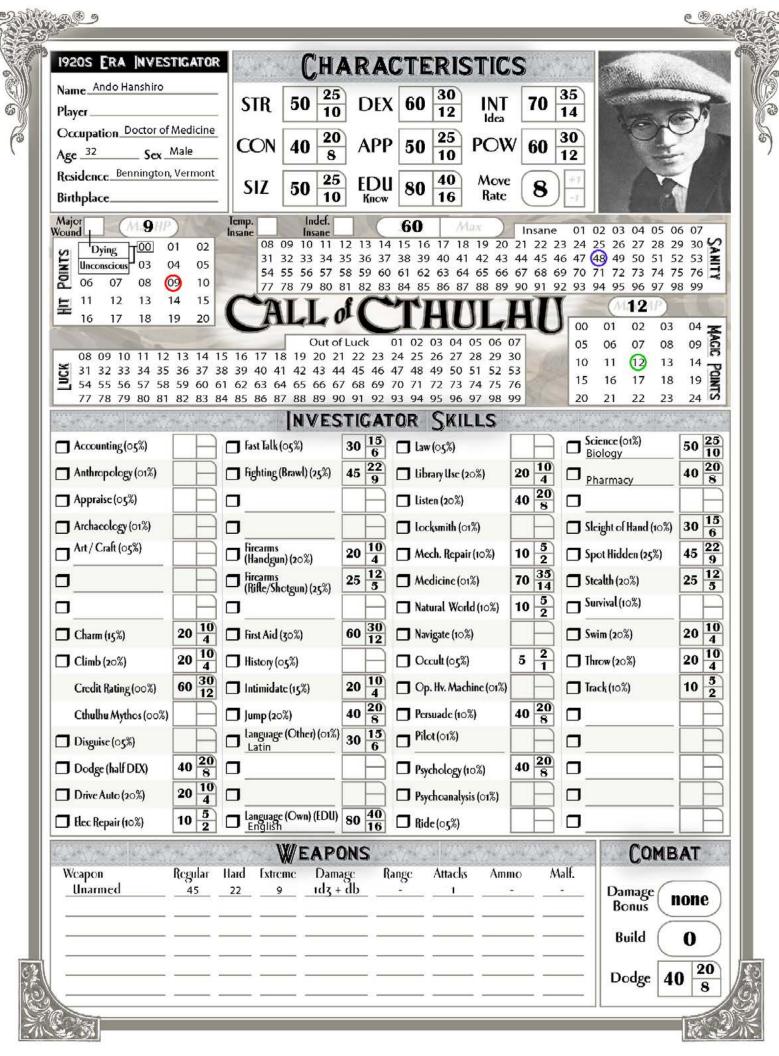


#### Pamela Campbell, Journalist

A resident of Bennington, Vermont, you've worked for the local newspaper, The Bennington Post, ever since you left school. You've always had a nose for a story and now you've made yourself a career from that skill. The only trouble you've ever had in your work came as a result of the kidnapping of Jane Strong in the Summer of 1925. Sidney Harris, a local small-time criminal, had kidnapped Jane Strong, the teenage daughter of a local industrialist. A countywide manhunt took place after a botched handover where several police officers were killed. Jane was rescued, but no one would talk about the specifics. You went out into the Green Mountain National Forest to search for any evidence remaining at the scene of her captivity. You found nothing.

However, after coming back, your dreams have been haunted by terrible images. In your dreams, you stand in front of a dilapidated log cabin. The door swings slowly open and figures emerge, advancing slowly with purpose, towards you. They wear strange hats and something is wrong with their clothes. You hear one of them speak, as he comes closer, "Come with us. Join us. Embrace your destiny." Its face is lifeless, pale, and unblinking. A dark green smear of rotting corruption spreads down from his empty eye socket. When the dead man grins his skin cracks.

Looking for some way to stop the nightmares, you've seen an advertisement in the Bennington Post and called the number and arranged an appointment with Dr. Thorne. He came to your home a few days later, where you told him about your dreams. The doctor's assessment says the imagery in the dreams are drawn from your experience in the forest but the figures are a metaphor for someone else, yet to be determined.



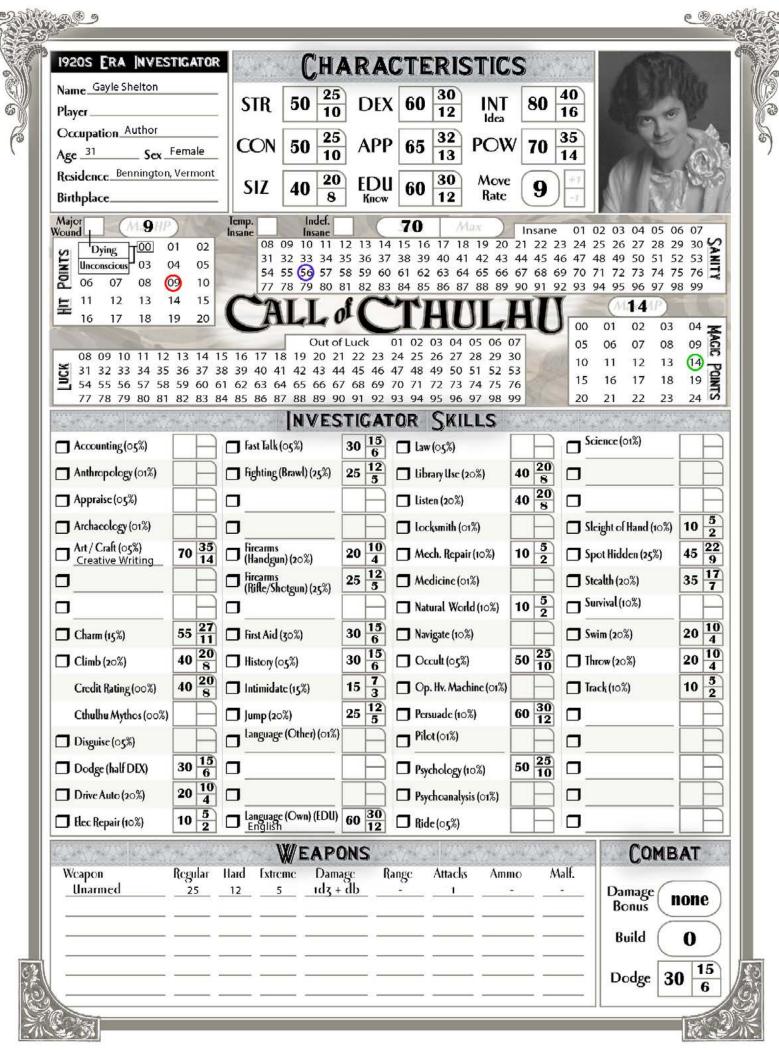
#### Ando Hanshiro, Doctor of Medicine

You always wanted to be a doctor. Helping people has been a calling for you for as long as you can remember. You graduated with your doctorate from the University of Boston and moved to Bennington, Vermont to practice medicine at the local hospital.

Life has been good for you, until recently. Late last year, you were on duty at the hospital when tragedy struck. The investigation after the event ruled a broken gas main that caused the explosion, starting a fire that swiftly spread through the rest of the building. You suffered severe smoke inhalation as you tried to help as many patients escape as possible. One image has stuck in your mind and haunts your dreams to this very night.

The explosion brought down a heavy beam that blocked the exit to one of the wards. You tried to move it with some of the orderlies but, through the small windows into the ward, you could see the patients trying to force their way out as the fire swept over them. They ran through the flames looking for an escape, screaming as one-by-one they fell, burning to death. Night after night, you find yourself back in the burning hospital, failing to open that door, until the fire consumes you too.

Looking for some way to stop the nightmares, you've seen an advertisement in the Bennington Post and called the number and arranged an appointment with Dr. Thorne. He came to your home a few days later, where you told him about your dreams. The doctor's assessment said the dreams stem from survivor guilt coupled with feelings of professional failure. He believes you consider yourself responsible for the deaths and cannot accept that you couldn't save them.



#### Gayle Shelton, Author

Your home is Bennington, Vermont, where you are one of the town's more famous residents. You began by getting short stories published in magazines, which attracted the eyes of a major publisher from New York. You landed a deal for your first novel. You're hoping that, after you've made a name for yourself with a few historical romances, you can branch out and write about more serious subjects.

A few months ago, you took a trip out into the Green Mountain National Forest to stay in a log cabin and get some inspiration for a story you were going to set in the area. While exploring the cabin's basement, the floor gave way and you fell into part of an old mining system beneath. Your leg was broken and pinned down by rubble. You were trapped until a passing hunter passed by and heard you. In the hours before you were rescued, you heard the sound of rats below. As night fell, they advanced and began to bite. You fought them off before they could come back for more. Thankfully, you were rescued soon after.

Since then you have been plagued by the traumatic ordeal replaying in your nightmares. You find yourself back in the tunnel, the rats advancing as the light fades. Alone in the darkness, they swarm over you, tearing you to pieces. You awake crying most mornings.

Looking for some way to stop the nightmares, you've seen an advertisement in the Bennington Post and called the number and arranged an appointment with Dr. Thorne. He came to your home a few days later, where you told him about your dreams. The doctor's assessment said the dreams are born out of a deep fear of rats, combined with a form of shellshock (post-traumatic stress).