New Bedlam Asylum™

By Chris Avellone

HERO GAMES

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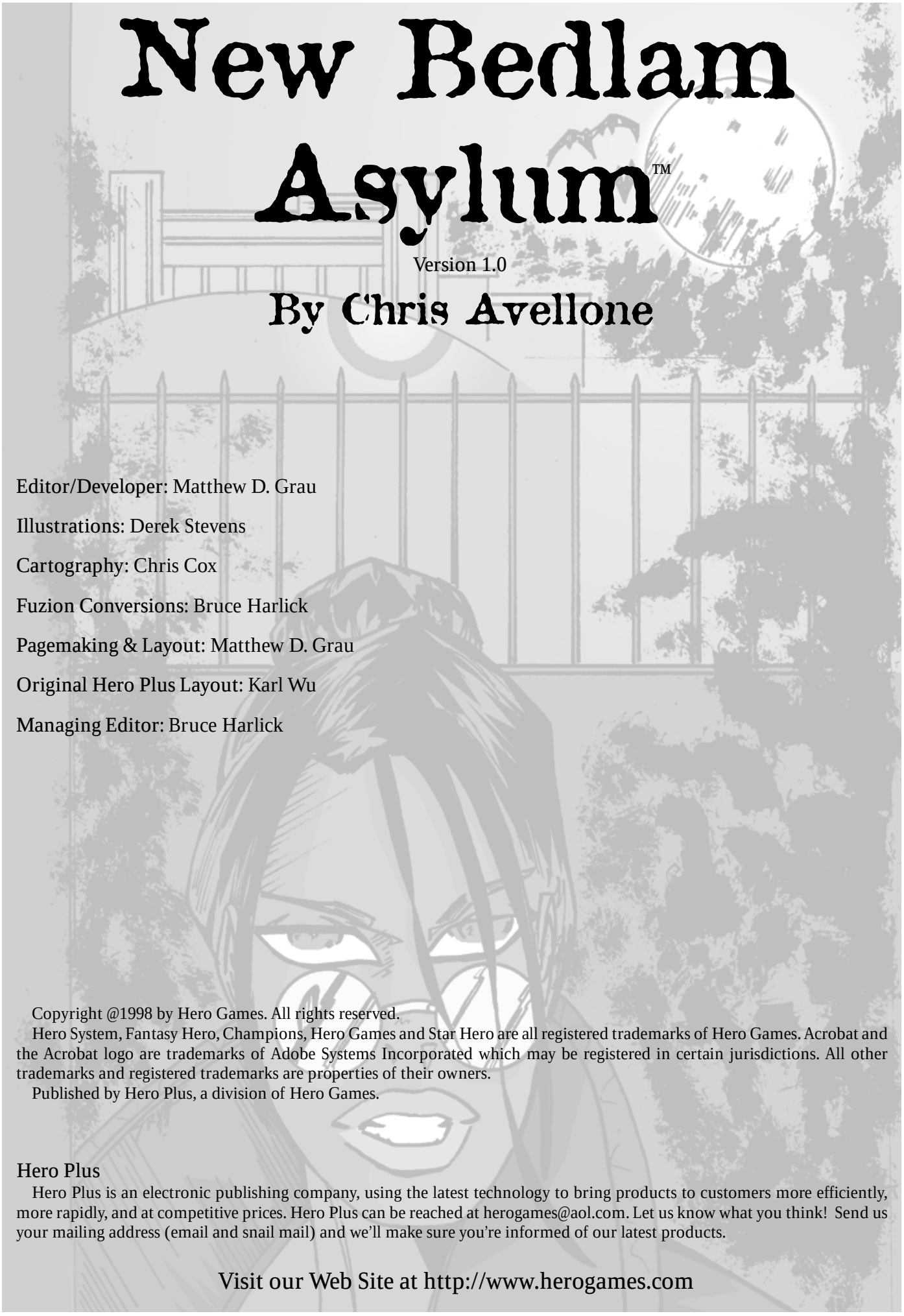
Version 1.0

By Chris Avellone



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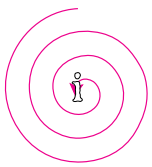

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Foreward

A Word of Warning

New Bedlam Asylum deals with mature themes, and GMs should be aware that using such subject matter in role-playing games requires a certain level of maturity and caution. Some players may find the subjects contained herein uncomfortable, and GMs should take this into consideration.

Sensitive readers, however, should also keep in mind that *New Bedlam Asylum* is a work of fiction. Neither the author nor Hero Games condones any of the activities mentioned in this book... except, of course, compassionate care for the mentally ill, making sure the criminally insane are properly confined and treated, and spreading the knowledge of what constitutes mental illness so that others may learn from it.

Author's Note: There has been a tendency on the part of the media and Hollywood to portray mental institutions in a negative light; nevertheless, while mental health care still has a long way to go, it has improved vastly since the days of "One Flew Over the Cuckoo's Nest." The Asylum in these pages is an *unconventional* institution and should not be seen as a realistic depiction of a modern-day mental hospital.

Dedication

First of all, this book is dedicated to everybody who has driven me crazy over the years. You know who you are. Rest assured that I will find you and destroy you.

Second of all, this book is dedicated to the following people, without whom this book would have lacked something special. For their time and help, I am grateful. Thanks.

Brad Reed provided the personalities of Dr. Masters (Hegemon), Jimmy the Kidney-Eating Killer, and dozens more clever, creative and amusing patients who did not have a chance to appear in these pages (stay tuned). He is also responsible for naming some of the sections of Fell's Point and for fleshing out various inhabitants of the peninsula. He is talented and gifted. Ask him... he will tell you so.

George and Kristine: George "Albert E. Jones" Sedgwick and Kristine "Lion" Evans provided me a ton of research material that came to comprise a majority of the raw data for chapter three. On top of that, they're great friends and really nice people.

Steve Long took a break from writing the next hundred Hero books to provide the research material for "Insanity and the Law," editing suggestions, and held competency hearings on most of the characters in this book and in *Underworld Enemies*. You may not have seen these things in the text, but they'll be coming along in some form soon.

Amy Crittenden: Nurse, author, superheroine... in addition to her help with the Psychotech appendix, the Staff chapter, and general editing, Amy also made a concise "quick sheet" for the *Horror Hero* Shock and Stress rules that helped me actually understand the Hero Insanity Rules.

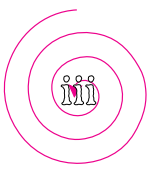
Mark Arsenault provided Asylum security, editing, and laid down the law throughout the text.

Thuy Dang just because he's cool.

The Fell's Point Jerky Boys: To the players who plunged into Fell's Point after the Fall: Glenn "Tertius Krieg" Andrews, Dale "St. Jude" Glasier, John "Buddha" Davis, Art "Annihilation" Lathrop.

The AOL Crew: Many people on AOL took the time to suggest material, references and provide criticism. Rob Barnes, Steve Barr, J. Crocker, James Davis, Mike Dean, Al Dickerson (thanks with interest), Sean "Master of My Domain" Fannon, Fernando Vigil, Joe "I *am* The Average Man!" Genero, Sonia Handforth-Kome, Bruce Harlick, Greg "Bonehead" Lloyd, Bob (Disinformer in Russian is...) O'Neal, Bruce Neidlinger, Robert Neumann, Marty 'Starjammer' Nix (Science god of the Hero System, Inspiration, and True Friend, without whom I never could have done this, and would have had to give up my writing career, such as it is), Steve Peterson, KC Ryan, Mark "Spence" Spencer, Bruce Tong, and David Utter. Thanks for the input, all. I appreciate it.

APA Central: Thanks to the following Hero APA authors for specific suggestions and criticisms: EROICA: Andy Mathews, Tim "Presence Defense is a bad, bad power" Binford, Greg Smith, Scott Jamison, Gary Mitchel, Martin Maenza, and David Utter. Rogue's Gallery: Will Geiger, Scott Heine, Steve Perrin, Nonie Rider, and Scott Bennie. Clobberin' Times: Brian Curley, Kaye Dunham, Joel Levy, Troy Hickman, KC Ryan, and Charles Brown. Thanks, all.



Thanks also to Mitch Michaelson whose review of *Underworld Enemies* in *Morningstar Rising* helped convince me that a story format could work within a Hero book.

Last, but not least, thanks also goes to my good friend Lisa Reneé Butler, who always reminds me that I'm going to hell for writing books like this.

Abbreviations

Throughout the book, some supplements and campaign books are referred to extensively. For the sake of convenience, and to allow more new material to be presented, the title of the books have been reduced to the following abbreviations:

A	=	*New Bedlam Asylum (self-referential)*
DC	=	*Dark Champions*
I4I	=	*An Eye for an Eye*
JNL	=	*Justice Not Law*
MR	=	*Murderer's Row*
SS	=	*Shadow Syndicates*
UE	=	*Underworld Enemies*
UM	=	*The Ultimate Mentalist*
UMA	=	*The Ultimate Martial Artist*

These references, whenever possible, include a page number for convenience.

Note: All references to the "Champions Rulebook" in the text refer to the *Champions Fourth Edition Rulebook*.

Chapter Zero: Preludez

How To Use This Book

The heading of this section is something of a misnomer, for any GM or player reading *New Bedlam Asylum* will know how to use this book far better than the author will. Although a summary of what this book was intended to provide follows, GMs should take what they wish from *New Bedlam Asylum*, tailor it to their campaign, and disregard the rest.

(A) *New Bedlam Asylum* provides details of a sample mental institution, complete with staff, patients, and encounters that can easily be removed and placed in the GM's campaign. While there is a connection between the Asylum's characters and encounters for the sake of story and campaign purposes, they can easily be separated and inserted into a preexisting campaign. [1]

(B) *New Bedlam Asylum* tells a story about the characters and locales in the text, primarily for flavor and entertainment value. As a result, some of the factual information herein is presented in narrative form. Any details omitted from descriptions or backgrounds can be filled in by the GM or the players. [2]

(C) Sections of *New Bedlam Asylum* were written to supplement the material introduced in *Horror Hero*, notably the random notes and events contained in the Asylum and the Asylum timeline. While it is written in a *Dark Champions* "format," the Asylum could exist in *Dark Champions*, *Horror Hero*, and/or *Champions*.

(D) *New Bedlam Asylum* employs many rules and clarifications provided in the *Ultimate Mentalist*, and can be used as a potential setting for GMs running psychic campaigns.

As a final note, the Asylum itself does not have a proper name; this is done for a reason. If the lack of a specific name disturbs either the GM or players, give it one.

Asylum Dreams

Shreiver

Diary of Dr. Shreiver

April, 1995

I still dream of the Asylum.

Not as it is, but as it was... in its infancy with Gans, the shadows cast by the flickering candlelight unable to hide the despair etched into his face. The silence of the dining room, the two of us sitting in the hard wooden chairs, separated by more than distance... I remember how the wine had distorted his reflection, the ripples from every movement of the glass sending new lines of worry across his features.

This had been our ritual, the way we marked the passage of days at the Asylum. The evening came, darkness fell, and the gates were closed fast. We assumed our wooden thrones in the dining room, and as the silence and the shadow stretched between us, I watched Gans die.

It was inevitable. It seemed that Gans's body had always betrayed him, denying him just enough strength to realize what his fevered mind desired. And so he dwelled among

1: As scripted, *New Bedlam Asylum* is set in the fictional city of Fell's Point, a *Dark Champions* city south of Hudson City. Do not be alarmed. "Fell's Point" could just as well read Hudson City, New York, San Francisco, or the GM's own campaign city. For the sake of story (and to try to appeal to as many genres as possible), "Fell's Point" is assumed to exist simultaneously in *Dark Champions*, *Champions*, and *Horror Hero*.

2: The Asylum, Dr. Shreiver, and Sally Anne Robinson, Crusader's lover, were introduced in *Underworld Enemies*. The events in the *New Bedlam Asylum* take place after the events in *Underworld Enemies* have run their course; Crusader (Sam Saunders) is dead and his murderer either punished or running free in the depths of the Underworld.

Although *New Bedlam Asylum* is the second in a series that elaborates on events and characters established in *Underworld Enemies*, GMs and players do not need *Underworld Enemies* to use this book. *New Bedlam Asylum* stands on its own, providing a campaign setting, foes and adventures for *Champions*, *Dark Champions*, and/or *Horror Hero*.

the dead, dying... the all-powerful lord of the world that surrounded him, yet forever alone and isolated from it.

I am afraid to die here, he had told me on our last night together.

His breath was ragged in his throat. It was the toll the Asylum winters had placed on him. He did not look at me as he spoke, and I did not look at him. This was the way we communicated.

I fear death, he spoke again, and a tremor passed through his body.

I worry that when my shadow steps out from within me, that I shall find that I can never leave the Asylum. And I shall surely go mad.

For this is EREBUS, he said. **It is HADES. All the hells of the world. And more.**

His voice was a rattle in his throat.

The shadows lengthened across the table upon which we ate, and Gans spoke no more.

That night I laid him to rest in the heart of the Asylum. Within his mouth I placed a copper penny, but his eyes I left open.

I wanted him to see death coming for him.

I wanted him to see what he had feared so much, yet had sent so many to before their time.

There was no anger left in the gesture, I discovered. It gave me no satisfaction.

And so I bent and let my lips, which had never touched him while he lived, brush his cold forehead.

And there I left him, in the cold and the dark.

That was many, many years ago.

• • •

And thus the world changed hands, and the house of the dead was passed on to me.

I am its caretaker now, and I tend what has been sown here. I care for the shades that fill these halls. They inhabit the cells and wards in numbers almost too great for the stones to bear, yet the shadows make room, always, for one more.

In my youth, I had taken the miracle of consciousness, the miracle of organized consciousness, as something that just *was*. It was sinews that held bone and flesh together and made life.

And now, in my old age, slow realization has finally buried this belief of my youth, as it has so many others. I have come to the understand that it is the mind which makes life.

It has taken many broken minds for me to see this, to see what death is. It fills the Asylum and resides in these human shells.

Dr. Reeves, who no one can look at without going mad, Percy, who believes the world to be nothing more than a huge game played by vengeful, uncaring Gods, Manns, who embarks on mad schemes to raise the consciousness of humanity... and Gans.

Gans, trapped in the labyrinth.

• • •

He came to me last night as I was reading in my office, a faint whisper that made me tremble with implications. He invited me to the nail-studded oak door that opens to the precipice beneath the Asylum, the abyss that falls the distance of the sky into the depths of the Earth. And I went to him, as I had thirty years before, reminding myself to take nothing he offered.

When I descended the steps to the Ninth Ward, I found the door open, and only darkness beyond. After a moment, I stepped inside.

Gans was there, and yet not; most of his presence was still caged in the paradox, but the echoes of his mind wanted to talk of things, of distant places and far-off times. Marvelous tales he related, of how he had communed with the mists of Avalon, how the Progenitors came to Earth and bestowed their libations, of long dead Kings that fought and died in battle against the slithering blasphemies of Tyrannon, of the shattered pillars held by bleeding Taurus in the labyrinths of ancient Greece, of a simple farmer in Yugoslavia with the power to end creation in his two hands, of immortals who gazed down on humanity from the peak of Olympus.

And he spoke of us. He spoke such words that brought tears and a fierce hatred that burned the sentiment and his words from my mind even as he spoke them.

There are other worlds, Gans told me.

Worlds with mysteries the scientists with their crude instruments and castrated minds will never unlock. Unless made to see, they will die in mediocrity, encased in their mortal clay.

I will shape them, free them until they are exquisite perfection, true in thought and deed, raise them to the pinnacle of human awareness and beyond. As they are destined to be.

History does not treat kindly those who try to hurry it along, Gans, I replied.

And he laughed.

I AM history.

Sally

I dream of Sam sometimes. Not so much anymore, but sometimes.

It's always the same dream.

Im lying in bed, somewhere gray - a featureless gray. And Im watching myself from a distance, watching myself sleeping in the middle (?) of an indistinct landscape, with a mist - no, not a mist, really, just a gradual gray that fills every corner of the world.

Suddenly, silently, Sam walks from the gray, his form slowly resolving itself. Hes wearing the Crusader costume, the shield gone, his face troubled. I have only seen the costume twice. Once when he came to my apartment, it's surface cut, torn and bloodied. When I first found out who he really was.

The second time was in the morgue.

Sam doesnt say anything. He comes toward the bed and kneels beside it, watching me, asleep. I want to say something, but I cant move. He brushes the hair away from my face and then bends down to kiss me on the forehead. His lips are cold, freezing. Then he stands, and walks away again, into the gray, except there is something else there this time. Something else in the gray.

The Asylum.

come to the Asylum sallee

And then I wake up. And I remember it perfectly, clearly.

SALLY ROBINSON

Sally Robinson

10	STR	12	DEX	11	CON	10	BODY	15	INT
15	EGO	13	PRE	10	COM	2	PD	2	ED
2	SPD	4	REC	22	END	21	STUN		

Powers and Skills: Contact: The Idiot King (*Underworld Enemies*, p. 14) 8-; Contact: The Poet (see *Asylum Grounds*) 11-; Contact: (Investigative) Reporter (either Clayton Cooper, *Normals Unbound*, p. 16, if in the *Dark Champions* universe; a member of SABER [e.g., Jim Bob Barnes], *Horror Hero*, p. 199, if in the *Horror Hero* universe; or Jimmy Dugan from the *Champions Rulebook*, p. S39, if gaming in regular Champions) 11-; Contact: Dr. Shreiver 8-; Bureaucratics 12-; Criminology 12-; Deduction 12-; Language: Latin (Fluent); Oratory 12-; Persuasion 12-; KS: Law 11-; KS: Library Research 11-; KS: *Underworld Enemies* 11-; PS: Defense Attorney 11- [1]; SC: Computer Science 12-

25+ Disadvantages: DNPC: Carol Robinson, mother (Normal) 8-; Hunted by Crusade (Mo Pow) [2] 11-; Physical Limitation: Near-Sighted (Wears Glasses, Infrequently, Slightly); Psychological Limitation: Living in the Past (Common, Strong); Psychological Limitation: Obsession with the Asylum (Common, Strong); Public ID: Sally Anne Robinson (Sally is now a public figure); Watched by the Asylum (The Idiot King among others, including staff members such as Dr. Shreiver and Dr. Masters; Mo Pow, NCI) 11-; Watched by the Central Intelligence Agency (Mo Pow, NCI) on an 11 or less.

Background: Sally was born in Georgia. Not long after she was born, her family moved north to Ohio, where her father served as a judge for several years. He died of cancer when Sally was in her teens.

His skin had been like polished ebony, and when she had seen him at rest in the coffin, he reminded her of a statue that had flickered to life, briefly, then had returned to stone. He had not smiled in all the time she had known him.

She suspected that perhaps he had seen too many things for him to be able to smile anymore.

...

Not long after her father's death, Sally decided to pursue a law degree at Hudson City University; unable to secure a scholar-

1: Sally has been disbarred, for reasons revealed below. She retains knowledge of the profession, but she cannot legally practice it.

2: If this is not possible, replace Crusade with the American Flag (*AC#23*). In this case, the American Flag is working for the CIA.

ship on her grades, she was forced to work her way through college, and was forced to drop out of school for a semester at a time, resuming her studies when her loan checks cleared. After several years of hard work, she graduated, then moved south to Fell's Point after being offered a promising job at a small firm.

This was not much of a surprise; lawyers filled the peninsula. In Fell's Point there was always someone to prosecute.

Most of her professors at Hudson City University never remembered her as being anything other than quiet and attentive. She was not their best student and was soon lost in the school yearbooks, one unperson among many that filled the University shelves.

...

Fell's Point had never had a reputation for being a safe place to live... or even a safe place to practice law, for that matter. That may have been what lured her there; a job in Fell's Point practically guaranteed a full work load, and with it, perhaps the chance to do some good. And she liked the city. Rural life had lost what little charm it had when she was twelve.

Nevertheless, there were dangers to living in the city, and she took it upon herself to make sure she was able to defend herself.

She signed up for self-defense classes at the local community center.

...

The first sessions were unremarkable, more of a chore than a learning experience. She found that the classes to be a distraction in her already busy work schedule. The instructor, Mr. Saunders, was a little too intense. He was, as her father might have said, *disciplined*.

Sally thought he was an asshole.

...

After a month, she was surprised to discover his intensity had a much different effect on her. The sessions took on a different light, and where she was once irritated with him, she found she was more curious about him than anything else. She struck up a few conversations, and when he was tight-lipped and deflected her questions, it only fed her curiosity.

She invited him to dinner once. He turned her down, somewhat abruptly.

At the next class, he asked her if she wanted to have lunch. She turned him down, feigning indifference.

They compromised. One afternoon, after the class had ended, they toured the city, and he showed her some of the brighter places of Fell's Point. She was surprised by how much he knew about the city... and that despite his knowledge of it, that he hated it, in some quiet, secret way.

She asked him once if he had ever thought of moving. North, perhaps to Hudson City.

He looked troubled. He said he belonged here, in the Point.

When he spoke, she felt this great weight descend on him, and his features became heavy. She wondered if Sam had meant what he said, about belonging in Fell's Point.

Or whether he was trapped there.

...

They became involved. Looking back, Sally felt that neither of them had meant it to turn out that way; it simply happened. They had both expressed disdain for "relationships." Nevertheless, he seemed to understand what many of her previous lovers had never been able to accept; her devotion to the law. No matter how busy it kept her, he never complained.

They disagreed on a number of things, but both had a preoccupa-

tion with justice, sometimes disturbing in its intensity. It gave them both an emotional charge.

She fell in love with him.

...

Sam was killed.

...

His murder ate at her. That he had not had the chance, the choice, to die, if such a thing were possible. The fact that he had been killed made all the difference in the world. Natural death had an inevitability about it that seemed to resist all attempts to rage against it. Murder was different.

To describe what it had meant to her, the feelings it had given birth to, was impossible. She could not convey the meaning with words. But there was one thing that stood in her mind.

She had never *known* him. With the thought came anger, frustration and helplessness.

The helplessness that she would never know.

That she would never be able to know.

...

Not long after Sam was killed, Sally met his murderer.

The killer spoke in a calm, clear voice about what had transpired. According to him, Sam had not been capable of putting murder in its proper perspective. Killing human beings was a matter of context.

The killer wore a mask and called himself a hero.

...

Sam's death left a wake that ran through every part of her life. Nothing remained untouched.

The polite meeting at work was not a surprise, but it came sooner than she had expected. They had presented her with options and suggested she might seek employment elsewhere, perhaps with some of the firms in Hudson City who could use someone with her talents. But the references they gave were token gestures, and they made it clear they had no need for the attention her presence generated. The acquaintances she had chosen to keep had tarnished her reputation... if she remained, it would damage the firm. She was sure, looking back, that there was an implication that she had somehow aided Sam in his illegal activities, that she may have provided him with information on clients, their activities, and perhaps more, but they did not take the implication far. They seemed to know her that well, at least.

She chose not to fight it. She was tired of fighting. She just wanted it to be over. All of it.

But there was a dangerous undercurrent in the conversation, the hint that something else had affected their decision and forced their hand. Sally was certain that an outside pressure had been applied.

With it came the sense of being watched.

...

There was a brown paper bag in Sally's apartment. She kept it tucked in the closet, next to boxes of old files and papers from her University days.

Inside the bag was a costume of red and black fabric, neatly folded. Within the costume were two bandoleer straps, a belt, and three holsters. The holsters were empty.

The brown paper bag sat patiently in Sally's closet.

...

Sally had once held the costume in her arms and had wondered what it would feel like to wear it. She thought that to wear it would come close to how Sam had felt under his mask. For that reason alone, she had almost put it on.

The costume was light, made of what seemed to be a ballistic mesh. When she held it in her

hands, the temptation to put it on became strong, almost insistent. It bothered her. The black face mask, the vivid, almost blood-red armor, was not something a hero would wear. It looked dangerous and threatening. It *felt* threatening.

And so it was folded neatly and placed within the brown paper bag and placed in the closet. It sat there with the rest of Sally's memories.

Later, Sally could not recall why she had not gotten rid of it.

...

The red and black costume belonged to a vigilante called "Purge." Sally thought that was a pretty stupid name, but considering that Purge seemed to spend most of his time putting holes in random citizens, she supposed he had thought that his name was appropriate. To her, it sounded like the wearer had had Bulimia.

Sally really didn't know why she didn't tell the police about the armor. She had certainly had ample opportunity to do so once Crusader's identity had been uncovered. The Fell's Point Police Department had had many questions for her.

It may have been their attitude that caused her to remain silent about the Purge armor. Sally had never cared for the FPPD; an honest Fell's Point cop wasn't much better than a dishonest one. While she had had a job, she had encountered a wide variety of Fell's Point's finest and had quickly learned that the surly officers often took out their frustration at their low pay and long hours by padding their pockets and disregarding basic police procedures. As a general rule, they didn't care for defense attorneys much either, especially those that shacked up with non-sanctioned vigilantes. They'd had a number of non-constructive comments to make on this point.

Still, that had only been a part of their anger while they had been questioning her. As Sally had been at the station, one of the officers had mentioned that they had run into some "red tape" while trying to identify Sam's body, and once they had sent his prints to the FBI, there had been a long lag time (to her knowledge he'd had no criminal record and no fingerprints were on file) and some feds had made an unscheduled visit to the morgue.

According to the officer, the feds hadn't been FBI, and they hadn't had much to say when examining the body. Eight days after viewing the corpse, the FPPD was informed that the body was that of a "Sam Saunders." There was little elaboration on this information, other than he was believed to have lived in Fell's Point for a number of years.

"It doesn't take eight goddamn days for a name and a one-line profile," one officer remarked. "And you know what that bastard told me... he told me 'we could deal with the body as we saw fit.'"

The officer had become quite angry at this.

"What the hell does he think we do down here? Toss the bodies in the river? Christ."

...

So Sally had not told them about the Purge costume. At first, strangely enough, with everything else that had been going on, it had slipped her mind.

She had found the armor in Sam's apartment though, and as that fact sunk in, she decided that she would keep it for a while. It had probably been with Sam shortly before he had died.

Her first thought was that Sam might have been Purge, but she recalled his distaste of firearms and abandoned that idea. Purge shot a lot of people.

Her next thought was that Sam had probably captured Purge and kept the costume as some sort of trophy.

But that didn't sound like Sam.

At least, the Sam she had known.

To her knowledge, Sam had never encountered Purge. At least publicly. She wondered what he had

done with the costume's owner if he had encountered him. That thought led her to wonder what Purge looked like beneath the mask. And if he looked anything like Sam. If Purge had had a family. If he had loved ones. If he was still alive, or whether he had been killed on the streets like Sam.

The Purge armor gnawed at her for many weeks.

The brown paper bag sat patiently in Sally's closet.

...

Sally had spent most of her days after the loss of her job sifting through Sam's things. There wasn't much. She suspected he'd had a cache of items elsewhere, perhaps some workshop or "Crusader cave." If he did, he hadn't kept any record of it.

Research had shown that Sam had worked with some Fell's Point vigilantes in the past. He had attacked others. Purge wasn't among them.

Sam had generally acted alone. There was one vigilante, Sniper, who was believed to have assisted Sam, but Sally could not find him. Sam and Sniper had parted ways many years ago, though Sniper was rumored to still be in Fell's Point. If he was, he made no attempt to contact her.

She supposed he had his own life beyond the mask.

...

It was not until summer that Sam's killer resurfaced. He had traveled north, to Hudson City, where he had been identified, attacked, and arrested by the police.

His name was Daniel Sheridan. It had taken fifteen officers and several vigilantes to subdue him.

As she watched the news, Sally thought again about the Purge armor. She felt something stir, some trace of anger, but she quickly repressed it.

She was just glad that Daniel was no longer on the streets.

...

Sally continued sifting through Sam's past. He seemed to have a pattern of tracking down criminals, beating them up, then tossing them in jail. Or the Asylum.

Whether in jail or in the Asylum, however, they inevitably came back for him. It seemed that Sam attracted a number of colorful personalities. The capture-escape-capture cycle went on for a number of years, until Sally was quite bored with it. They acted like children.

She wondered if Sam had been bored with it. If he had thought about quitting.

There were a number of people who had hated Sam. The police had detested him because he hadn't Sanctioned himself and joined the ranks of the "official Vs" in Fell's Point. This in itself was admirable... Sally had met many of these official Vs.

Many civic groups hated Sam. Almost every criminal hated him.

And it seemed the Asylum patients had hated him. He had certainly fought a number of them. Repeatedly. Sally had flipped through their encounters without much interest.

It took a while for the gap in Crusader's activities to sink in.

He hadn't made the papers at all in 1989.

...

There had been an explosion in Fell's Point in early 1990, a riot of such proportions that the National Guard had been deployed. There had been many factors contributing to it as far as the sociologists had determined. Unemployment had been high that year, there had been some questionable activities concerning the trial of some Vs at the time, and several penal code patients that had escaped from the Asylum were causing a great deal of trouble, and the FPPD was having difficulty tracking them down.

Sally had always nursed the suspicion that most of the people in Fell's Point simply hadn't had a very good Christmas and an even worse New Year's.

The only thing of interest to her was that Crusader had been involved in quelling the riot, his first public appearance after his yearlong absence. There were several articles about him in the *Fell's Point Dispatch*. According to the articles, it seemed that the vigilante had tracked down many of the Asylum patients by himself, and in several instances of uncharacteristic brutality, had beaten many of them to near death. This had gone on for a number of days.

Sally scanned through the articles on microfiche at one of the public libraries in Fell's Point. She could remember the smell of wood and glue in the tiny stall as the words and pictures had marched past her eyes. Some of the photographs were very graphic, and it bothered her. She hadn't thought that Sam could bring himself to do the things he had done during the riot. It was as if he didn't care anymore.

On her third run through the pictures, she suddenly realized that one of the early pictures of Sam showed him out of costume. She had missed it before.

The fact that Sam had been using his shield was what had caused the photographer to recognize him. Sam's face had been covered with a ski mask.

And he had been wearing an Asylum patient uniform.

Personality: It has been more than a year since Sam Saunders' death, and Sally's confusion has cooled beneath a slow remorse. Her misfortunes, both Sam's loss and the loss of her job in Fell's Point, has left her empty; seeing little hope for the future and unable to reconcile the past, Sally's life has reached a stalemate.

Before her experiences in *Underworld Enemies*, Sally experienced the world of *Dark Champions* only through the media and secondhand sources, and she had previously maintained a black and white view toward vigilantism. In the wake of Sam's death, she has become obsessed with case studies of vigilantism and Sam in particular, attempting to piece together what could have fed his obsession with crime-fighting for nearly two decades.

Following her discovery in the *Background* above, Sally has been troubled by a recurring dreams, urging her to come to the Asylum (see *Dreams*, above). She has discovered that she is unable to discuss the dream with anyone, except in the most general terms. When she attempts to describe it, words fail her, and the memory of the dream slips away.

Quote: "I'm trying to find out who Sam Saunders was..."

Powers/Tactics: Sally has no superhuman powers and no combat training. She functions primarily as an adventure catalyst, a contact for PCs, and a means by which the reader can experience *New Bedlam Asylum* as fiction. She also provides an example of how a lone PC, super-powered or not, could adventure here.

Appearance: Sally is a slight black woman, 35 years old, with long black hair (usually fastened behind her head with a bow or a clip). She wears thick glasses and dresses in business suits. She looks perpetually uneasy, with a slight nervousness in her face and undercurrents of tension running through her body that make her jumpy and uncomfortable around others. Her expression becomes intense and focused when she is pursuing an investigation.

Dark Champions Continuity: *New Bedlam Asylum* occurs after the events in *Underworld Enemies* have run their course; what occurred at the end of *Underworld Enemies* varies according to the campaign. In the published universe, Daniel Sheridan (Crusade) was attacked and captured during the events that took place in Ed Carmien's *Hudson City Blues* (p.46). As of autumn 1995, he awaits trial in the Longview Correctional Center.

The *Background* listed above takes place after *Underworld Enemies*, through the summer of 1995 (*Hudson City Blues*), up until just before Sally has her conversation with Terry (the Tramp) in *Shadow Syndicates* (*SS, Clown Alley*). After her conversation with Terry, Sally travels to the Asylum.

As of *New Bedlam Asylum*, Sally is still in possession of the Purge armor.

Chapter One: Asylum Grounds

The True Path

Sally had not thought that finding the Asylum would be much of a problem. It was presumably located at the edge of the peninsula, and everyone in Fell's Point had a general idea where it lay.

Sally suspected none of them had ever tried to drive there, however... though no one would really admit going to the Asylum in any event. It just wasn't the sort of place you told people you were going to. They would look at you like you were diseased.

She had tried to call the institution several times, speak to the Medical Director, speak to anyone at all, but she had not been able to get through... so she had decided to drive there. The thought had just surfaced in her mind; she had set down the phone, taken her briefcase and the brown paper bag from the closet, gotten in her car and had set out.

She left Fell's Point behind. The road rolled beneath her as she drove, and the day stretched into afternoon. A light rain began to fall, becoming stronger as the day wore on, but she did not stop driving.

The thought that she might become lost, that she might be lost, did not even occur to her.

It was one of those things that one seems to see only in retrospect.

Introduction

Finding the Asylum would not seem to be a major difficulty. It is not hidden, and characters may either arrange an appointment by phone or stage an impromptu visit. If in need of directions, almost anyone in Fell's Point can give a character general directions how to reach the Asylum. If the GM does not want the characters to find the Asylum, have NPCs give contradictory or false directions, or else rule that the characters become lost trying to find the Asylum due to extenuating circumstances (a road sign has been stolen or turned ninety degrees, a detour has been set up, and so on). If none of the suggestions above would dissuade characters from trying to find the Asylum, arrange a distraction to reroute the characters (a sudden villain attack, a serious crime overheard on the police radio, a clue turns up that leads the characters in another direction, and so on).

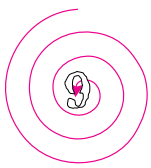
Appointments

Calling the Asylum is an experience in frustration. Callers will face a maze of multiple transfers, holds and disconnections, followed by a buzzing dial tone. If characters call the Asylum, the GM should keep the following rules in mind:

• The caller can never obtain any information on a patient over the phone; in fact, the staff will go so far as to "neither confirm or deny" that a patient is even interred at the Asylum. (It is a violation of the Nurse Practice Act in all fifty states to give *any* information out over the telephone, even if the caller is a guardian/parent/spouse of the patient.) Even if the staff wanted to convey information to the character, they will be unable to do so; the line will either be disconnected or the staff member will be distracted and hang up on the character. To learn about a patient, characters have to come to the Asylum.

• Visiting the Asylum always produces more results than any attempt to call the institution.

When characters are lucky enough to have someone at the Asylum pick up the phone (some callers have had the phone ring for hours with no one answering), the secretary will place callers on hold for five to ten minutes, after which the connection will



THE ASYLUM

In Case Of Emergency…

Player characters may call the Asylum in desperate need of information on an escaped patient or to warn someone in the Asylum of an impending disaster. The GM should decide if the call goes through based on the amount of horror or uncertainty that can be added to the adventure depending on whether or not the PCs can reach the institution. If the PCs are calling the Asylum to warn them of an imminent escape attempt by the patients, then not being able to get through might add to the tension of the adventure. On the other hand, having Jimmy the Kidney-Eating-Killer answer the phone and informing the caller that the escape plan is progressing nicely might be equally effective.

In addition, if the adventure is in danger of bogging down because of a lack of information on a patient or a missing a clue that a staff member can provide, the call should go through.

be broken. If the characters call back, the process will be repeated.

The GM should vary the response of the Asylum secretary with every call so that the same process is not repeated the same way; occasionally the secretary may ask the characters for personal information, their business with the Asylum, offer to let them talk to a physician or a charge nurse on duty, place them on hold for several minutes, then the phone will be disconnected again, leaving the characters with a dial tone.

If the staff is ever asked to account for their phone difficulties, they will state that the telecommunications system at the Asylum is substandard; in addition, phone lines are frequently going down in storms and are subject to power outages. The staff will claim to know nothing about the other disturbances.

Peculiarities

The Asylum has some unusual features that GMs may wish to be aware of:

Stress: Each area of the Asylum has its own General Presence Attack and can also generate Long Term Stress if the GM is using the Long Term Stress rules described in *Horror Hero*, p. 29. The level of the stress (see the *Horror Hero*, pp. 25-29) is labeled by an adjective. According to the charts in *Horror Hero*, sample labels include "Spooky," "Wrong," "Threatening," and so on; these adjectives can be cross-referenced on both the General Presence Attack chart and the Long Term Stress chart to measure the effects of stress on characters depending on which set of rules the GM is using. The intensity of stress varies depending on the PCs' proximity to the Asylum and in which wards they find themselves. [1] When possible, descriptions are provided with each stress listing to help the GM convey to the players what is disturbing or frightening about the situation.

As the PCs proceed to the lowest wards of the Asylum, the intensity of the stress will increase dramatically. If the GM plans to run *New Bedlam Asylum* all in one go, he may wish to consider lowering the level of stress by one or two levels throughout the Asylum or else the PCs may no longer be able to function at the end of the adventure.

Hallucinations: In addition to the stress that surrounds characters as they enter the Asylum, some characters may manifest psychotic symptoms in the Asylum (i.e., experience auditory and visual hallucinations, delusions, and so on). These hallucinations generally occur with characters with Strong or Total

1: GMs may wish to increase the level of stress by one if the characters are in the Asylum during the night and add another level of stress if the character is alone.

Intensity Psychological Limitations (especially anxiety, dissociative and psychotic disorders, see *Eye for an Eye*, pp. 24-28) or characters suffering from Temporary or Long Term Psychological Limitations. These hallucinations are extremely vivid, and GMs should take pains to make sure that once unstable characters enter the Asylum, they can no longer draw the line between reality and the "hallucination." These hallucinations may also come to characters in their dreams, whether the PCs have Psychological Limitations or not.

The psychotic symptoms and dreams that occur in the Asylum are explained further in the *Heresies* chapter.

Canto One: The Dark Wood Of Error

Note: The following section describes what may happen the first time characters approach the Asylum. It should be modified for subsequent visits.

Sally found the idea of being lost quite irritating.

She had been no more than a hour's distance from the Asylum, she had been sure of it, but a wrong turn and the slow pounding rain had conspired against her. She suspected that a new road must have been added, or a road sign stolen, because there was no way she could have missed the access road to the Asylum... according to the map, it was almost a straight line from the highway to the institution. She had checked and rechecked the map in her glove compartment, and every time she had consulted it, it had told her the same thing: nothing. She should be at the Asylum already, the map goaded her. There was no such road as the one she was on. She was obviously stupid to have messed up such simple directions.

Her only conclusion was that somewhere down the line, she had gone astray from the true road and somehow woke up in the dark woods. The thought made her angry.

Hours later, as the last rays of day were dragged beneath the horizon, she felt the coming of night, and her anger left her.

...

The car tires plowed through the muddy water of the road ahead of her, and the windshield wipers jerked frantically back and forth to push the downpour off the windshield. Next to her on the car seat lay her briefcase and the brown paper bag, folded at the top.

The road dipped beneath her tires again, and the jagged silhouettes of the trees seemed to rise higher around her in response. She kept her eyes focused on the road ahead of her and tried to ignore the knot that was growing in her stomach.

How she had come to the road she was driving on, she could not remember. The drenched roads turned and bent like snakes, forming a warren within the woods. Whenever it seemed that the forest was thinning out up ahead, the trees would press in closer, like walls.

The overhanging limbs and thick trunks of the forest formed corridors through which her car drove. Occasionally a gnarled branch would fall from above, be dragged beneath her tires and *snap*.

Stress, Dark Wood of Error: Entering the dark woods around the Asylum (either walking or driving) is a 2D6 General Presence Attack (*Spooky*). By the end of Canto One, the intensity will have increased to a 4D6 General Presence Attack (*Wrong*). Characters will be unable to isolate the source of their unease. Near the end of Canto One, they will be certain the woods are either hiding something threatening or the woods are somehow threatening in themselves. Paranoid characters will find themselves on edge throughout this entire scene.

Themes to be emphasized in this section should include confusion, loss, losing one's way, festering doubt, and error. The roads to the Asylum weave and dip through dark, heavily-forested areas of gnarled and twisted trees, their trunks grasping up from the ground lining the road. The thick woods are dreary, and the tree trunks are so close together they look as if they would be impossible to navigate on foot; even the flashes of lightning penetrate no more than a few feet into the wilderness surrounding the road. No matter what direction of travel, the characters should have the growing feeling that they are becoming more and more lost, compounded with doubts and fears that every choice they made while traveling to the Asylum was a mistake. The GM should reinforce this with hints ("...this doesn't look like the right road... it has been miles since you've seen a road sign or even a speed limit sign... you're not even sure people *use* this road..."). Have the characters slowly run out of gas, and give them the impression that if they become stranded out in the forest, no one will ever find them.

Sally was positive these roads were not on any map she had ever seen. The roads that she drove over felt like mud and gravel, not asphalt, and this did not bolster her confidence. If the roads seemed to lead anywhere, it was down... it was a slow, gradual slope, but Sally could feel it. The ground was giving way inch by inch.

She felt drugged, tired, and her eyes felt like lead weights, but she kept driving. Several hours ago, she had found it had become impossible for her to take her hands from the steering wheel.

The rain fell in sheets against the windshield and formed a gray mist in the high beams of her car. No matter how much the rain and wind raged outside, however, the world inside her car was silent, and the rain and wind fell against her car like a blanket. Sally did not turn her head to look out her side windows... she was afraid that she would see something in the rain, something waiting in the woods that lined the muddy road that she traveled on.

The rain fell in such amounts that Sally thought she would soon be swimming... great sheets of water were kicked up from her tires and mud sloshed against the side windows, doing their part to obscure her vision. She did not even glance in the rear view mirror. It had stopped showing her anything except the gray curtain of rain hours ago. The dim red taillights seemed lost in the lake of night that flowed around her tiny vehicle.

Her passenger seat and back seat were thick with shadow, but she knew the brown paper bag was beside her, and it provided her with some reassurance.

The road bent and wove through the black woods of Fell's Point.

The PCs will not reach the Asylum area until nightfall. No matter what time of day they leave, a slow rain begins to fall minutes after they start their journey (the famous Fell's Point peninsula weather blowing in off the coast), accompanied by heavy wind and lightning. The rain picks up intensity until it becomes a blinding downpour. Even with high beams, characters cannot see the road more than a few feet in front of them, and whether traveling by foot or by vehicle, characters will quickly become lost in the darkened back roads of the Point. Allow PER Rolls for Characters who have the Bump of Direction Talent to help find their way, but no matter what the roll, tell them they cannot orient themselves (or even better, tell them what direction they are traveling in and then disorient them by changing the area, having them retrace their steps, circle the same roads, all the while telling them they are certain that they traveling in the right direction).

Sally

Sally watched the gas needle trail near E. It had been dipping, almost in tandem with the road's gradual descent, and with every drop of the needle, the knot in her stomach tightened.

She was not even sure she was on a road anymore; if there was a road, it had been slicked over with mud and rain. She dimly wondered what she would to if the car got mired, then pushed away the thought. One thing at a time.

The Asylum *had* to be close by... and she should be able to find help there. At the least, they should be able to lend her some gas, allow her to call a cab, or something. If she could just *find* the Asylum. Why did the simplest things always become so complic—

When the figure stepped out of the curtain of rain ahead of her, it did not register at first. The figure was so frail and thin, he might have been a sapling growing in the middle of the road. He was walking toward her car, seemingly oblivious to her.

It suddenly occurred to Sally that unless she swerved, she was going to kill him.

Without a sound, her hands tore at the steering wheel, forcing it to the left, as she slammed her foot on the brake. There was the sickening feeling of free fall as the car spun in the mud, and the black teeth of the forest rose and spun around her, swallowing her. There was a lurch as the car struck something solid, and the steering wheel plowed into her forehead.

Distraction

As the characters are driving on the back roads in an attempt to reach the Asylum, the GM should ask how they plan to proceed once they get to the Asylum and engage them in conversation. Encourage the players (especially whichever player's character is driving the vehicle) to get involved in a discussion of what they plan to do once reaching the Asylum. Just as the players are outlining their plan and getting into the discussion, turn to the player whose character is driving the (lead) vehicle and tell them, as clearly and calmly as possible, that someone is standing in the road directly in front of them and they are about to hit the figure. Ask them immediately what they will do, then count to three out loud. By the end of the count, if the character who is driving has not taken action, they will strike the figure. See below for details.

If the driver attempts to avoid the figure, have them make a Combat Driving roll. If they succeed, they will swerve off the road and plunge into a muddy ditch. If they fail their roll, they strike the figure. See below:

If Characters Strike the Figure: There is a heavy *thump*, the crunching of bone, and a black shape tumbles over the hood and across the windshield, leaving a bloody smear. Characters who stop the car after striking the figure will be unable to find the body, but the blood (and the dent in the front of the car) is very real. The blood on the windshield streaks in the rain, running down the glass in rivulets and becoming smeared by the wipers.

If the PCs stop to check the surrounding area for the figure they struck, the Poet (see p. 17) will be waiting for them when they return to the car (he is not bleeding or wounded, so it is unlikely that he is the one they struck). If the PCs continue driving without stopping, he will appear farther up the road, shuffling along the muddy shoulder, his head bowed down. If they ignore him, they will continue to pass him farther up the road, still walking in the same direction (away from the Asylum).

If Characters Miss the Figure: The character swerves off the road and the vehicle plows into a muddy ditch, sending streams of mud splattering against the side of the car and the windows. The characters will be knocked unconscious for a moment (no longer than a minute), then will slowly regain consciousness. It is important that characters blackout in this scene, even if only for a second (see *Stage Directions*, side-bar). As they awaken, there is the sound of someone moving outside the vehicle and scraping at the handle of the car door (this is the Poet, below, who is checking to see if the characters are okay). In the rain and darkness, he appears as a frail ghost.

As the characters are pulling themselves from the vehicle, they will feel dizzy and drugged. This lethargy will not affect any of their Skills or Characteristics, however, and it will slowly pass as the scene continues.

The Figure: The figure on the road was the Poet. He is dressed in a black three-piece suit and doesn't look like a patient (unless the characters look at him carefully... see below). He was trying to escape the Asylum when he encountered the characters.

If the characters miss the Poet and plow into the muddy ditch, they will be unable to get their car or vehicle out. Characters determined to reach the Asylum will have to proceed on foot through the thick forest, over the rise of hills and across the valley to make it to the crag upon which the Asylum lies. If they intend to give up and attempt to hike back to civilization, they will find that they keep returning to their vehicle... as soon as they are out of sight of it, they encounter it farther ahead on the road. The Poet stands next to it, trembling in the cold rain and watching them with wide, dark eyes.

Stage Direction: At some point after the characters are on the dark road and before they actually reach the Asylum they should experience a "blackout." The blackout does not have to last long, a few seconds will do, but the characters should all fall unconscious for a time, either because of sleep, head trauma, or some other means. It is up to the GM to decide when and how the blackout takes place... some suggestions are listed in *The Distraction*, above (i.e., if the characters swerve to miss the figure, they are knocked unconscious when they strike the dashboard or the seat in front of them). The PCs should not be aware how long the blackout occurred and may not even be aware what caused it.

Sally

Sally awoke, her head throbbing; it felt like all the blood in her body was rushing through her ears and pumping its way out her eye sockets. The slightest movement sent pains through her neck and skull, and she gasped as she lifted her head from the steering wheel. She fumbled for her seat belt and found it curiously loose around her chest... it had remained tight around her waist, so tight that it hurt, and Sally absently fumbled for the catch on the door, her fingers scrabbling at the lock and forcing the door open. There was a slow metallic grinding as the door opened, then a dull *splash* as the bottom half sunk into the mud that had gathered outside the car... rain formed small ripples and circles in the surface of the mud, and...

God, her head *hurt*.

She lifted her hand gently to her head, and found it sticky. She drew her hand away and her fingers glistened red. She stared at the stains on her fingers for a moment, listening to the rain pounding in tempo with the blood in her skull.

She tried to lift herself out of the seat, tried to get herself outside, and found that she couldn't move. There was a pressing weight, almost pinching her

middle that was preventing her from moving... she might have hurt her legs, or...

She looked down and unfastened her seat belt, almost crying with relief. There was a slight rattle as the seat belt released her.

It was raining outside, and a small trickle dripped from the top of the car and fell onto her face. She took a deep breath, and her thoughts stopped racing and her heart beat calmed.

She could not see out of the windshield in front of her. It had been plastered with mud, like a cast. The headlights had been buried too, but she couldn't hear the engine running, so she absently reached over and turned off the ignition. It made a strange kind of sense to her at the time... she felt a need to minimize all outside distractions. Like turning off the car engine that wasn't running. Perfect sense.

It was dark outside. She would need a flashlight. There was a flashlight in the glove compartment. She would reach over, open the compartment and get the flashlight. Then she would get out of the car and see how deeply she was in trouble.

She looked slowly to her right, onto the passenger seat. The briefcase had fallen to the floor. The brown paper bag, however, was open.

She knew without looking inside that its contents were gone.

...

She staggered from the car, her feet sinking into the mud outside the vehicle. She almost fell into it (sending shooting pains through her head as her body lurched), but she clutched at the side of the car at the last moment and used it to hold herself upright. After steadying herself, she used the edge of the car to slowly pull herself upwards... the car had plunged headfirst into a muddy ditch just off the shoulder. The front of the car was buried in the mud, and the tail end of the car was thrust up in the air.

Sally clawed her way up to the level of the road, and took another deep breath as she looked down at the car. The rain continued to fall around her.

It seemed thicker than before, the raindrops falling like stones into the mud and gravel around her.

Like footsteps.

...

Sally blinked, then turned, glancing around her. She was not alone. Where was the man she had seen—?

The forest *moved*.

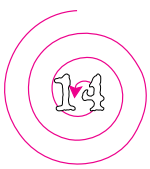
Sally froze. Through the gray sheets of rain, Sally saw the shadows in the forest move and peel away from the bark and trunks, to step towards her. She knew instinctively that the shades were moving to cut off her escape.

The first shadow moved in front of her, keeping a steady six paces distance. Even as close as the shadow was, it took Sally a moment to register the shadow... when she did, she took a step back, frightened.

As she did, Purge took a step forward, mocking her movements. The armor, now with substance and form and weight, moved with a casual and sensual murderousness. Its limbs seemed to flow rather than bend, and the forest surrounding Purge seemed to be in league with it, flanking its movements.

Sally instinctively knew that she did not wish to move forward, but there was sense of *pain* inside her that pulled her like a magnet toward the red and black shape before her. Fighting it with her fear, Sally took a step back, then turned to run... where she did not know.

But the second shape was there as if he had burst from the ground, crouched on his legs, his thick hands drenched in the mud of the road surface. As he raised his hands and balled them into fists, the mud ran from between his fingers like brownish blood. The shadows obscured his face, but Sally recognized the inhumanly muscu-



lar frame, the body that looked like it had been pulled from a comic, and the fevered eyes. Tilting his head back, Crusade screamed into the sky, as if to strike terror into the storm that raged above him.

From behind him stepped the third shape and Sally stared at herself.

It was a starved horror, a ravening she-beast, wasted, gaunt and craving. Her hair was unkempt and wild, like a nest of snakes and branches, and the fingernails of her hand were so long they might as well have been claws... her clothes were tattered, wrapped around her emaciated form like bandages. As soon as Sally saw her, a terrible weight descended upon her, and she knew that she would not be allowed to continue on the road... if she survived at all. The beast advanced on her, her feet sinking into the mud, as Crusade howled behind her and Purge watched silently. The two of them might have let her go, but Sally, it seemed, had no intention of letting herself go unscathed.

As Sally wavered, her reflection smiled. The reflection's fingernails were encrusted with blood and dead skin. The bandages were red and black, torn and frayed at the edges. They seemed to cover not only her body, but the terrible scars and injuries that scabbed the skin beneath the reflection.

Sally retreated bit by bit, the reflection forcing her toward the forest, smiling and waiting for an opening.

Sally turned to run, and almost immediately, her feet skidded on the mud, and she stumbled, the world tilting as her legs twisted and her face bit the road's surface. Her fall was followed by terrible, shooting pains that traveled from her neck and through her head and back again.

She lay there, trembling, until she felt the hand touch her shoulder.

...

"Stop!" She found herself shouting. "Please, don't...!" She rolled and her hands rose frantically, as if to strike at the shade above her, but instead she folded back, cringing. Her voice was trembling. "Please... please save me from her... she is..." She blinked, the rain and fear clouding her features; she felt as if her insides were shaking. When a moment passed in silence except for the whisper of the rain and the drops upon the leaves of the trees, she retracted her hands from her face, frightened.

She found herself staring up at a man, who was looking at her with concern.

He was a terribly old man, Sally thought. His hand was no longer resting on her shoulder, but his touch seemed to have calmed her, and he looked as if he meant no harm.

He opened his mouth as if to speak, but his words blurred in the storm, and Sally could not decide what he was really saying to her, or if it was what her hearing tricked and shaped into words. Was he even speaking... what...

"Please... that woman... she is..." Sally gestured frantically, noting absently the blood on her hands, as her hand jerked in the direction of the road. "She..."

The man looked around briefly, turned back to her and seemed to nod at her through the storm, his features pale but understanding. His hand reached out for her again, and he gently touched her forehead.

Sally found she was still trembling, and the wound on her forehead was still throbbing.

"Can... can you help me?" Sally managed. The rain was soaking through her clothes, and where she lay on the road, not an inch of her was dry. She was wet, cold, and the... the experience (the hallucination?) had frightened her.

The man looked at her for a long moment, and Sally thought that he was about to say something, but he merely nodded.

With his light touch, he helped her to her feet and let her lean on him.

He seemed to weigh almost nothing, but he supported Sally as best he could.

The Poet [WARD 1]

10	STR	13	DEX	12	CON	10	BODY	10	INT
15	EGO	13	PRE	10	COM	2	PD	2	ED
2	SPD	4	REC	24	END	21	STUN		

Powers and Skills: Danger Sense (Intuitional) 11-, Contortionist 12-, Criminology 11-, Deduction 11-, AK: Asylum 12-, KS: Asylum Subculture 8-, KS: Boxing 11-, Paramedic 12-, Sleight of Hand 12-, Streetwise 8-, and +1 Combat Level with All Combat.

Stress, Dark Wood of Error and the Poet: While accompanying the Poet, characters will not be subjected to more than a 2D6 General Presence Attack (*Spooky*) until they reach the Asylum. They feeling of being watched is still with the characters, but the sense of imminent threat has abated. Any injuries the characters suffered during the crash or the attack should also distract them from their surrounding, deadening any of their fears or insecurities. The Poet's presence seems to ground any flights of anxiety.

50+ Disadvantages: Psychological Limitation: Code vs. Killing (Common, Total), Psychological Limitation: Persona Personality Disorder [1] (Currently in Remission; Uncommon, Moderate), Age: 60+, Monitored by the Asylum (Ls Pow) 8-, Mystery ID: J. Hess Curtis.

Appearance: This emaciated figure looks as if he should have died many years ago. A wisp of a man with beady eyes and arthritic hands, his face is furrowed by worry lines and makeshift smiles, and strands of stark white hair cling to his head like cobwebs. His movements are slow and careful, as if he is dragging a great weight behind him. He typically dresses in an old three piece suit, worn through in several places. A red handkerchief is folded in his breast pocket.

PER Roll: A character who carefully studies the Poet will notice each of his wrists have four identical scars, the last series of scars sealed with a new set of stitches. Beneath his clothing, his body is covered with nicks and scratches, some old, some new, as if he crawled through a thorn bush, and there is a wound in his side (a bullet hole) that has healed badly, leaving a purple scar.

Notes: The Poet will forward no information about his past to the characters. As he will not speak when he first meets the characters (see *Quote*, below), this may hold at bay any questions the characters may have about him. If the characters probe him too deeply, the Poet will become visibly upset, and may even go catatonic (GM's discretion).

The Poet will not use his real name (Mr. Curtis) while he is with the characters. If they should find it out by chance (say, by records), they will feel that there is something familiar about it, but they will not be able to recall what.

When the characters enter the Asylum, they will notice that the other patients at the Asylum call Mr. Curtis "the Poet." When they do so, it sounds like a derogatory nickname (probably due to his reluctance to speak). Still, as with his real name above, every time the characters hear Mr. Curtis addressed as "the Poet," the same nagging feeling of familiarity (as with his real name, above) will surface in their minds. Attempts to research his past in the Asylum records and in the campaign city libraries will only lead to dead-ends (i.e., no information is forthcoming in this text). Within the confines of the Asylum, the Poet functions as a guide and an unknown quality that should make characters wonder whether he can be trusted or not.

The Poet is allowed to wander wherever he wishes in the Asylum, and no matter where he goes, he is recognized, usually with catcalls and scornful laughter. If the characters are trapped in the Asylum and are being harmed by the staff and the inmates, the Poet will do his best to aid them, even going so far as to sacrifice his life for theirs.

Quote: The Poet will not speak when the characters first encounter him (they may believe him to be mute, as he will communicate only with hand gestures). Only after they have spent some time around him, will he speak; his voice is rusty and cracked with age, as if throat is parched, and he may respond to many of their questions in sentence fragments. PCs may initially believe the Poet is schizophrenic (i.e., disorganized speech) or affected by some form of dementia, but the longer they stay with him, he will slowly become more coherent. In no instance will he ever speak in metaphor, simile, or use colorful description... he seems to be purposely avoiding it.

Canto Two: The Descent

They moved ahead in silence, and she followed where he led.

The air amongst the trees was a dull gray mist, and Sally could hear creatures silently settling in the surrounding blackness. Sally half-stumbled, half-fell through the underbrush, led by the steering hand of the elderly figure. His feet seemed to glide over the ground, moving as if the roots and stretches of forest were not there. As she tried to match his pace, she slowed and hesitated. Her head still throbbed, and the wet blood that had covered her forehead had crusted over. The rain trickled down in light drops from

1: A Persona Personality Disorder results from an over-identification with a costume or piece of apparel. The disorder is usually split into two different Personality Disorders... one while the character is in costume, and the other when the character is out of costume. As the Poet's Personality Disorder is in remission, the "split personalities" in the disorder are not really important.

the forest canopy, and from the downpour of the road, the rain had become a light drizzle. The forest seemed to lose some of its malevolence... her traveling companion seemed to help steady her.

She dimly realized that she had traded one companion for another, and her thoughts turned to the brown paper bag that still rested with her car, back in the storm.

She felt fuzzy, as if cloth had been pulled over her eyes; the wool was thick in her thoughts and in her mouth, and it took her a long time to realize that a question lingered in her, one she had meant to ask much sooner.

She took another look at her guide, more carefully this time. Beneath his faded jacket, he was wearing a faded green uniform of some sort, like –

a hospital patient.

A cold panic suddenly seized her. "Um..." she faltered for a moment, feeling an extraordinary tightness and weight pulling at her. She swallowed. "I'm not sure I should be going... to the Asylum... I... the main road...?" Without meaning to, her statement became a question; her words tumbled over each other, superimposed with the slow dull thought that she had hurt herself more than she knew in the crash. "I'm not sure if I should... be..." She glanced at his uniform beneath the suit; it seemed a deep sea green in the low drizzle. "If I should be going there...? I don't want to go there... to the Asylum. I'm..."

The man did not turn around and continued to guide her through the woods. He seemed certain of his destination.

Sally blinked and a feeling of dizziness overcame her; the shadows of the trees became momentarily blacker as she felt the salty taste of blood on her lips. "I'm not sure if I should... be..."

He turned when as she spoke. Her eyes flickered, and his grip graced her arm to help steady her. After making sure she was still able to walk, he continued to silently guide her forward.

At his back, Sally entered on the hard and perilous track.

At The Wall

Characters approaching the Asylum, whether from the woods or the Access Road, will eventually find themselves at the great gray wall that encircles the institution (the front gate has its separate description, below):

Huge blocks of granite, ten feet high and two feet thick, have been mortared to raise the gray wall that encircles the Asylum. For all its great weight and thickness, however, the wall's crumbling moss-covered stones and the long coils of rusted barbed wire draped limply across its top lack strength, as if the wall has long since given up hope of keeping the Asylum within its bounds. Clinging brown vines wind through cracks in the wall and pick at its mortar, slowly widening the hairline fractures and loosening the ties that hold the great granite blocks in place. It looks as if a single stone was dislodged from its expanse, the wall would collapse and the rubble would be lost in the weedy grass and dead leaves that have shored themselves at its base.

Stress, Wall: Seeing the wall for the first time is a 3D6 General Presence Attack and entering the wooded areas bordering the wall is a 4D6 General Presence Attack (*Wrong*). If the characters are being chased by the staff as they are trying to escape in the woods, tension and uncertainty will cause the General Presence Attack to increase anywhere from 5D6 or 6D6 (*Threatening*) depending on the circumstances; if the PCs are being pursued by patients, the General Presence Attack will jump to 7D6 or 8D6 (*Dangerous*).

The Wall, Technical: The stone sections of the wall are easy to climb, and the vines and projecting stones give a character +2 to their Climbing Skill (it is an Easy Task; see *Hero System Rulebook*, p. 18). Once on top of the wall, it is a simple matter to pick one's way through the barbed wire. If the character is in a rush, however (i.e., they are being chased), the GM should have the character make a DEX Roll to thread their way through the barbed wire, assigning penalties if necessary... anyone caught in the barbed wire (i.e., fails the DEX Roll) will be hit with a 1/2D6 HKA attack and must spend one Phase disentangling themselves for every point of BODY damage they took (GMs may also wish to roll randomly to see if the character contracts lockjaw from the encounter with the barbed wire).

Nevertheless, while the wall is easy to climb from the outside, characters who scale the top and land on the other side will notice it appears much stronger from the inside; projections are few, and the barbed wire is more densely packed than it first appeared. PCs who attempt to jump the wall from the inside have a -2 to their Climbing Skill and -2 to their DEX Roll to navigate the barbed wire.

Patient NPCs will not be subjected to this modifiers mentioned above; for them, the reverse is true: they suffer a -2 to their Climbing Skill when trying to climb back into the Asylum, and +2 when trying to escape.

NPC Patients who make it to the gaps in the fence (mentioned above) will automatically escape; Hospital Security are reluctant to scour the back woods unless they are in a large group, and even then, they will remain in a thick clot for the entire search (they do *not* spread out under any circumstances... years of experience have taught them that this leaves them vulnerable). Many of the police will not go too far into the woods: they will simply wait at the fringe, then head back to the main buildings after fifteen or twenty minutes to report that the patient has escaped.

PCs who flee into the woods will become lost and have considerable difficulty in finding the gaps that the patients seem drawn to so easily; in addition, the Hospital Police have no fear of entering the woods if they are pursuing a PC.

Stage Directions: If the GM wishes, choose a PC in the party to experience a "hallucination" when they see the gate for the first time (see *Hallucinations*, above). When possible, choose a PC who is considered to be "disturbed" (i.e., has a Psychological Limitation, preferably a phobia or anxiety, in the Strong or Total range) or is suffering from a Temporary or Long Term Psychological Limitation. If none of the PCs fit the bill, choose a character with Mental Awareness, some form of mental power, or a high EGO to experience the "hallucination" when they approach the Asylum gate:

Everything around you goes still, sounds fall from your senses, thoughts recede from your mind, until only the iron gates before you command your attention. As you watch, paralyzed, an oily blackness crawls at the edges of the gates where the hinges touch the wall. First only a flicker at the edge of the gates, the blackness seeps up and through the arches and bars of rusted iron, changing them to a slick ebony, then stretches from the iron to fill the space between the bars until the gates are submerged in a glistening wall of darkness. Before you, for the barest second, there is only a deep, impenetrable black... then the gates slowly reappear, except this time they are not of iron, but are two nail-studded oak doors of unusual thickness, so thick they might as well be extensions of the wall itself. The doors look impenetrable, their surface blackened and charred as if from some terrible fire.

If the GM wishes, the character can either interact with the hallucination, or may simply "snap back to the real world." In the hallucination, the doors should be impregnable and impossible to open; the doors radiate malevolence, but the malevolence does not seem to stem from the doors themselves but from something behind them.

Thematic: No matter what the season, the Asylum wall looks out of place in the surrounding landscape; it feels as if nature itself is trying to scour the crumbling structure from the Earth. In winter, great drifts pile against the Asylum wall, and come spring and summer, the vines renew their assault on the wall as the sun beats down upon the weathered stone as if to split it apart with its blistering heat.

The Asylum wall was originally supposed to encircle the entire grounds, but the ambitions of the builders and the state legislature ran out long before the acres of woods beyond the buildings did. While the characters cannot see this from the entrance gate, the stone wall abruptly gives way to sections of wire fence amidst the trees. Furthermore, there are large gaps in the fence, torn and hidden in areas of the woods so thick they have never been adequately surveyed by the Asylum grounds crew.

The Front Gate

In the distant past, the stonework at the front gate was beautiful to behold, complemented by landscaped grounds with tall, attractive trees. Now, the stonework has faded into a dull grotesqueness barely discernible to visitors, and the trees have all been leveled in the wake of the fires that have plagued the Asylum.

The rusty iron gate that stands at the Asylum entrance has long since lost the proper name of the institution it guards. Only the word *Asylum* remains embedded in the wrought iron crowning the entrance.

While the gates are chained and padlocked at 10 PM every night (by a pair of hospital police from the Admissions Building), the characters will find that the gates offer little resistance to anyone wishing to enter. Even if padlocked, there will be just enough space between the gates to slip through.

Characters who examine the wall where the hinges of the gates are located should make a Sight PER Roll. If the roll is successful, they will find some evidence that another pair of gates may have once guarded the entrance of the Asylum, for some old marks in the stone suggest another, older pair of hinges may have been set in the wall.

Past The Wall

Entering the Asylum should not present a difficulty. There are no guards to stop the characters, and even if the gate has been closed and locked for the night, the wall is easy to scale. At the most, characters will suffer only a few scrapes and bruises climbing the wall.

Once past the wall, however, characters may find that they are unable to leave.

Every hour the characters spend within the grounds lessens their chances of escaping from the Asylum. This chance may be affected by staff or patient escorts, who will "allow" the characters to leave, but characters who sneak onto the grounds in the dark hours will become residents if they stay too long. There is no hard and fast rule for determining the character's chance of escape... role-playing and cinematic flavor should be the deciding factors as to whether the character will be allowed to return to the outside world once they have crossed over.

The Grounds

Once past the crumbling stone wall, almost a mile separates the characters from the Asylum. From the gate, a rutted road runs along the base of the crag. The road is flanked by withered fields of sickly brown weeds and clumps of dead grass, interrupted with rocks gouged from the earth floor or dragged from the cliff farther to the west. If the characters travel on the road, they will barely be able to see the thin strand of the river that flows in the distance, winding its way to the drop hundreds of feet below the crag to the west.

As characters near the Asylum, the thick weed-choked fields recede and are replaced with brown crabgrass, cut close to the ground so only the tips of the stems are visible in the dirt and gravel surrounding the Asylum buildings.

Fringes

The road that curved through the Asylum grounds was black and wet. Mud washed from the surrounding fields was spread thinly across its surface.

Through the light rain, the cracked asphalt track stretched on forever, lengthening as one walked upon its slick surface. Sally's eyes blurred as rain ran in rivulets down her face.

It seemed that she had been walking for days, and the distant crag upon which the Asylum lay was no closer than it had been from the gate. The road seemed to be trying to tire out anyone walking upon it... more than once, Sally's thoughts turned back to her abandoned car. She would have rather have tried to pull it from the mire than feel the throbbing pain in her head and the needles through her neck that accompanied every step she took.

Her soaked clothes clung to her body like leeches, and when she was no longer able to focus on the buildings in the distance, she stared at her feet as she walked in the dim hope that keeping her eyes off the Asylum might allow her to make some progress toward the structure.

Her guide walked on tirelessly, and his hand still rested lightly on her shoulder. She had long since forgotten that it lay there, it was so light... and her head hurt so much that she found it difficult to pay attention to what was going on around her.

Her feet wavered and blurred as she stared at them.

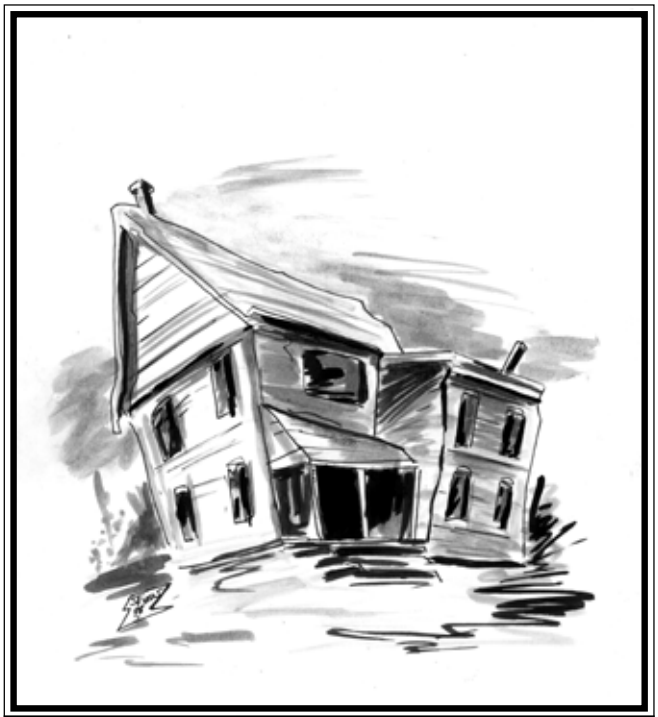
As her pace slowed, her guide's hand tightened on her shoulder, as if to restore feeling, or to reassure her. It did both.

"Th... thank you ... th..." she mumbled. The rain was cold and tasteless upon her lips.

She prayed that there was a physician on duty in the Asylum tonight. She was certain she had a fractured skull.

Her feet continued to move along the road.

Her muddy footprints filled in with water and were washed away behind her.



THE FARM

Sites

During the nineteenth century, several minor structures of wood and stone were constructed around the two main Divisions of the Asylum, including a barn, an ice house, stables, granaries, carriage and wagon sheds, a repair shop, and several farm houses. These structures may still exist in a dilapidated state somewhere on the Asylum grounds (or may be healthy and well in an Eldritch Era *Horror Hero* campaign) and can be used as hiding places or combat sites. The only structures that have survived the passage of time are the various houses and cottages that surround the grounds (see below) and the remains of the farm and pier on the eastern edge of the Asylum grounds (again, see below).

The Hill

The "hill" is something of a misnomer. It is wrinkled section of land West of the Asylum that holds many valleys and rises, hidden by thick forest. A weathered trail leads from the Asylum to a valley cemetery hidden by heavy trees and underbrush. While the undergrowth prevents characters from seeing too far, the cemetery seems to stretch down the valley, its small gray tombstones like road markers. Characters searching the cemetery will discover that many bodies have been unearthed, and bones and large holes lie scattered next to graves, as if the graves were burrowed into by some animal, perhaps a dog.

In the past, if a patient died and had no family, he was buried in this cemetery. PCs in a *Horror Hero* campaign who enter a catatonic state in the Asylum may find themselves buried here.

The Farm

The farm is in disrepair... the walls stand, but only barely; it looks as if a strong wind could topple the beams and send the entire structure crashing

Stress, The Hill: This area generates a 4D6 General Presence Attack (*Wrong*); the thick woods shield the characters from the outside world, and the unearthed graves and sickly undergrowth suggest that the area is somehow stricken with some wasting disease.

Stress, The Farm: Once characters enter the farm house, the stress will rise to a 4D6 General Presence Attack (*Wrong*); if they fall into the basement and proceed through the tunnel there, the stress rises to a 6D6 Attack (*Threatening*).

down. The farm building needs painting, its leaks patched, the broken windows replaced, lights and plumbing repaired, and the overgrown grass cut away so that the buildings can be reached.

The farm house is one and a half stories high. The second floor of the structure is claustrophobic, and the floor beams on the first and second floors are weak and unsteady. (Characters searching this structure are likely to go crashing through the floors onto the first floor or crashing through the first floor and into the swampy basement.) Past a small door off the kitchen, rickety stairs flanked by warped railings descend to the water-logged basement. The rains and run-off from the Asylum have filled the basement with water to a height of three feet in places, and rats have made their nests here among the refuse and cluttered shelves. Characters who remain here too long will be attacked by the hungry vermin.

Submerged beneath the water are several bloated corpses and an underwater tunnel (two and a half feet in diameter) that winds its way toward the Asylum from the basement (it rises above the water a few feet into the tunnel and allows a character to breathe the tunnel's stale air). It looks as if the tunnel was clawed from the dirt by hand, but the effort required must have been tremendous... the tunnel stretches hundreds of yards to the Asylum. Many false burrowed tunnels split off from the main tunnel, and sharp stones and roots jut from the walls and claw at the hands and face of characters. It is likely characters may encounter someone or something if they crawl through this tunnel.

The Pier

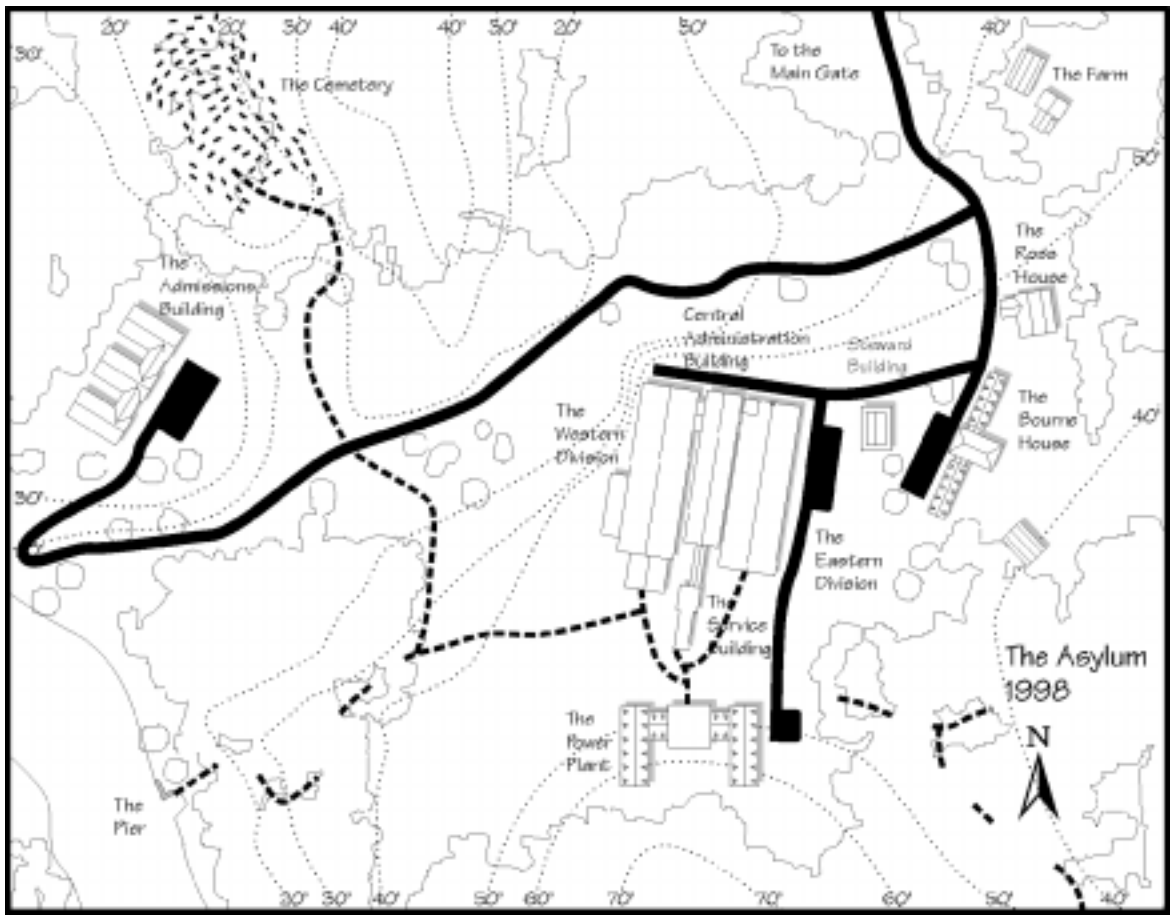
There is a small pier and launch here, next to a man-made inlet choked with reeds and algae-covered water. The pier is now in disrepair, and the planks are splintered and rotting. During the nineteenth and early twentieth century, the river saw a great deal of barge traffic and boats who would deliver supplies to the Asylum. This area may be used as an escape site for patients or PCs with access to some form of water travel.

The Asylum

When Sally lifted her head up from the rain-slicked road beneath her feet, she was there. They were there.

They had reached the crest.

At the crest, the top of the crag spread out, displaying the huge gray structures that rose from its surface... were it not for the grilled windows and the black slits of doors carved into the buildings, Sally would have mis-



taken the buildings as part of the crag itself.

The disturbing array of oddly-peaked roofs and aging, sharp-angled structures had been broken into three pieces.

The extreme East and West Divisions counterbalanced each other, and a central building had been forced between them like a wedge to keep the Divisions from crashing together.

Sally thought that should the wedge be removed, the sound, the force of the two Divisions colliding would be felt throughout Fell's Point. The splintering walls, crumbling mortar, bricks ripped and torn from the walls in great strips and fractures, iron beams bending and twisting from the impact... the cries of the patients would be lost in the grinding thunder of the stones as the Divisions hurled themselves against each other.

It would be a terrible sound, a terrible thing to witness.

The building to her left, the Western Division, though, drew her eyes; even though it composed barely more than a third of the structures that loomed before her, it looked as if had more *weight*, that it was the core around which the others moved.

The Western Division, Sally concluded, had *gravity*.

There was the sense, much more so than the other buildings, that the Western Division was more of the crag... that the crag only allowed the tiniest glimpse of the Western Division and kept the rest of it carefully concealed and buried under stone and key.

Great wings of stone branched out from the ribs of the Western Division like crooked appendages. Windows dotted its walls like empty eye sockets.

Sally turned to focus on the Western Division's twin structure.

While the Eastern Division appeared to be the same as the Western Division, it came across as smaller, colder, but more structurally sound. Where the Western Division seemed to sink into the ground, the Eastern Division seemed to be pulling itself from it, trying to achieve a definition of its own.

No matter what their characteristics, however, the dark stone and brick buildings had a commonalty that could not be ignored... they were heavily aged, bent... old. Very old. Older than Sally.

They weren't dead yet, but time had left its wounds.

The structures looked terribly weathered, the roofs and walls scarred by storm and rain, and their stones infected by the same desolate gray as the crag upon which they lay. Sickly moss and creeping ivy gathered at the roots of the buildings and fed on the crumbling foundations.

As she took in the Asylum, her guide stood silently by.

The rain continued to fall, but it was not heavy enough to obscure the splintered gray mass that rose before her.

Terror Incognita

GMs should consider the following when characters set foot within the Asylum:

General Stress: While each Asylum ward and Division has its own unique character and stress levels, the feeling described below is inescapable once the characters enter the Asylum walls. It can be used to reinforce a General Presence Attack or raise the intensity on the Long Term Stress chart to whittle away a character's EGO and PRE.

Stress: Something elemental and primitive permeates the hollows of the Asylum, a raw, inescapable sense of *non-belonging* that assails characters, penetrating their marrow and seeping into the tissues of their mind and body. This gravity will be present no matter where characters travel within the Asylum. Its intensity will ebb just when characters feel they can take no more, only to return, redoubled in force, when the character is about to release their built-up anxiety and tension. Whenever players seem to be getting comfortable, give them a sharp reminder that they are intruders in the Asylum.

Night: The "lid" of the Asylum loosens when night falls, and *things* begin to seep out into its corridors. As the patients drift into fitful sleep, the Asylum stirs, and subtle sounds creep and ripple from their niches in the Asylum. These sounds can never be heard while

Note On Maps Within The Text

GMs examining the Asylum maps will notice that while main buildings are labeled, there are no interior keys, only general descriptions of the building floors within the text. The reason for this is in keeping with the *Unfamiliarity, Hobson's Choice* and *Your Own Private Asylum* ... the Asylum is not a static place. Divisions and wards seem to move within the buildings (often causing the staff some surprise and concern), and there is no guarantee what is there one visit will be there when the characters return. [1] The GM always has the option of nailing down certain locales within the Asylum to suit their own campaigns; in the *Asylum* text, however, the "floating locale" syndrome is intended to reinforce the Asylum's surreality.

1: The wards and divisions do not physically move. Their movement can be attributed to staff disorientation and the transfer of patients within the walls.

the sun burns in the sky... they are swallowed by the background noise and bustle of the Asylum as it labors beneath the sun.

The Asylum becomes even more surreal when darkness cloaks its hard stone walls and muffles the sharp echoes born from the tile surfaces. When night falls, the Asylum becomes a place of fevered imaginings. There is the half-recognized sound of what sounds like relatives and family screaming and crying, unexplained footsteps (always carried through the ventilation shafts or taking place just out of sight), the squeaking wheels of stretchers as they are rolled to the morgue and distant peels of laughter. Some patients keep their eyes open all the time, for it is when night falls that the most monstrous events occur at the Asylum. Patients are lost, killed or the floodgates of their minds splinter open, and they are assailed by horrendous nightmares.

Unfamiliarity: The Asylum should *never* be familiar to the PCs, no matter how many times they visit. Undercut their expectations and force them to react to the unexpected. This constant "keep 'em on their guard" can put a strain on the GM but is necessary for maintaining the Asylum "feel." The Asylum should give PCs the creeps... every time.

Stress, Central Administration: The Central Administration Building generates a 2D6 or a 4D6 General Presence Attack (*Spooky/Wrong*).

Hobson's Choice: Characters may occasionally find themselves in sections of the Asylum that they did not mean to enter, even if they have visited the Asylum in the past and are certain of where they intended to go. For some reason, characters will find it impossible to do such simple things as "retrace their steps" or even find their way back to the front door unless the GM wants them to.

Archaic Sanction: When characters step into the Asylum, it's like stepping into the past. Despite grants and funding, the Asylum resists modernization; new paint, new structures, new furniture... all decay in the Asylum. Once inside, its primitiveness is astounding to visitors. The Asylum itself wages war on modern technology and prevents it from operating within the walls of the institution. Gothic and Victorian architecture predominates.

Telling Time: Time is not a constant within the Asylum walls. The difficulty of seeing the outside world in some of the closed wards, the psychogenic medications inmates are forced to take, and the hallucinogenic pseudo-dream state that many patients are reduced to all conspire against pinning down the exact time within the Asylum. This may become important in adventures where the characters are attempting to determine when an inmate died, how much time they have left before a criminal mastermind enacts his plan outside the walls, or how long they have been trapped within the Asylum. This "time distortion" is intended solely for cinematic effect... it is another constant, a sign of order, that is stripped from characters once they enter the Asylum. [1]

Your Own Private Asylum: Not every corner of the Asylum is described, for several reasons. One is to give the GM (or GMs, if the campaign has multiple gamemasters) a chance to design their own sections of the Asylum... and the second reason is in the interests of privacy and secrecy: even if the players have read this book, there is nothing here to tell them what your private wards and shadowy halls hold for their characters once they step past the heavy doors.

See the *Wards* chapter for information on designing Asylum wards.

Main Buildings

Central Administration Building

The construction of this building was spurred on by Superintendent Ross (the second Superintendent of the Asylum; see *Timeline*) during the 1940s. Confronted with the fact that the Western and Eastern Divisions were crammed with activities, offices and patients, so much so that the patient's medical records had to be stored in the basements of the two Divisions, Ross advocated that this administration building be built.

Interior: This Central Administration Building is three and half stories high but looks much smaller in comparison to the two huge Divisions that flank it (to say that it is "dwarfed" by its neighbors would not be an understatement). The ground level contains a kitchen and dining room, and the remaining levels are crammed with offices. The first floor of the Central Administration Building is connected to both Divisions and to the Service Building by a covered corridor (see below).

The wiring in this building is terrible. Lights flicker, phones become disconnected, and power outages and blown fuses occur regularly.

Medical Records: A majority of the Asylum's medical records reside in the Central Building. The Records Librarian usually sits at the desk that guards this section of the building, and he is responsible for the protection and confidentiality of all patient records. His desk is littered with charts, graphs and an ancient typewriter (no computers are visible). The librarian will be rude to any characters requesting files and will hinder their search if the PCs somehow coerce him into helping them.

Past the desk, is the workroom of the Medical Records division. No matter what time of day, however, this area is strangely dark and silent. Desks are empty, typewriters and files lie discarded on the table,

1: Absolute Time Sense will not work within the Asylum, although the PCs will believe it does. Any PC with this Talent can be given a "time" to work with, but it may not actually be the real time.

Horror Hero Note: The museum is kept locked during the night. A year ago, one of the hospital police went mad in this room. He claimed that the bust of Dr. Shreiver was pleading to him in some language he couldn't understand... when one of his buddies attempted to calm him, the man drew his pistol, shot his friend through the head, then inserted the barrel in his mouth and blew his brains out.

GMs should include more disturbing pieces of artwork within the museum for their own campaign or to foreshadow themes and events that will occur in the future (or that have already taken place in the past).

GMs may also include some magical items from the list described on pp. 94-95 of *Horror Hero* and place them within the museum... some powerful artifacts may be resting upon the shelves, waiting for the PCs to discover them (the *Deep Map* and the *Destiny Chess Set* described on p.95 have many interesting applications if used within the Asylum... characters falling into a Deep Map of the Asylum may find they cannot escape).

Several of the art pieces in the museum were actually sculpted by Gough Godfrey (see *Patients*). Despite his fascination with human excrement, he is a talented artist.

and chairs are pulled back from the desk as if the employees have stepped out for a moment. The lights over the desks have been dimmed... at night, only shadows fill this room.

Past the records division is a corridor lined with rows of plain brown doors with little plaques that read "Records." The doors can be locked (but rarely are) and open silently to the touch. The bulbs in these rooms seem to be of a low wattage, and they barely illuminate the rows and rows of files, and the sagging cardboard boxes crammed with old medical records. The stacks of boxes and filing cabinets have turned the records rooms into small mazes; several characters could be searching for files in one room and not be able to see each other.

Characters will find nothing in the records unless the GM (or the patients) wants them to.

The Steward Building ("The Central Services Department")

Description: The Steward Building (also called "the Gallery") was built at the turn of the century from funds from the Luther Steward donation. It is a one and a half story building, sixty-nine feet long and forty feet wide, and rounded on all sides by a twelve foot veranda. The veranda has not been painted in a while, and the crusty white paint is peeling from the wood in several places. The top of the building rises to a sharp angle, and viewing it from the side, it looks as if someone set a cleaver in the earth so its edge was facing the sky. Even during the day, the Steward Building looks dark and empty inside.

Horror Hero Historical Note: This building was the result of Luther Steward's wealth and influence (see *In the Shadow of the Civil War*, *Horror Hero*, p. 96), and as such, could be considered the "Devil's Workshop." It served as a focusing of several malevolent energies over the past century, the most notable being the items that were fashioned here by the patients in Occupational Therapy, including paintings, crafts and several psychoactive works of art that had the ability to curse their possessors and inspire evil acts in others. Steward would occasionally visit this building when he was on the peninsula and found many of the patients to be intuitively-gifted when it came to fashioning spell components and foci that could be used in rituals and in psychic divinations. Several of these items were used (and lost) in magics throughout the Point or were otherwise seeded through the Fell's Point population to cause misfortune. Some of these works of art are still in the building (in the basement and in storage in the first floor) and others have been placed throughout the Asylum to be found by PCs.

First Floor: The first floor is defined by a wide hall, large enough for light gymnastics, and several smaller rooms for games, music, a graphic arts center, sewing, a photography lab, reading and craft areas. Some spaces on this floor have fallen into disuse and are used only for storage.

The Museum: Just past the main entrance of the building (tucked in a small alcove that can almost be missed when the characters enter), is a heavy wooden door that reads "museum." While the door is always closed, it is never locked, and swings open easily. Characters stepping through the door will find themselves in a small museum where works of art made by the Asylum patients are on display. The floor of this room is covered with a plush red carpet, thick enough to dampen footfalls, and the dimmed lighting, glass displays, and the many floor-to-ceiling shelves prevent visitors from getting an accurate feel for the room's dimensions.

At first, the museum displays look unremarkable, with rows of baskets, books, paintings, pottery, carpentry, and sculpture. A series of portraits of all the Asylum Medical Superintendents, painted by the patients, dominates one wall, terminated at one end by a picture of Luther Steward himself (for some reason, this portrait looks half-finished, but characters will be unable to say why... it just doesn't seem to be a *true* representation). [1]

Still, this room is dangerous in its subtlety. Many characters who enter this room may not even realize that the door has silently closed behind them (it cannot be propped) and some paranoid characters may discover that any sounds that come from this room are difficult to hear past the door and walls... it is as if the walls and the exhibits themselves drink up any sounds or screams that may come from this room.

Only when characters spend some time in this room that objects they hadn't noticed before suddenly begin to catch their attention, one by one, as if they were waiting for just the right moment to introduce themselves. In one corner, almost lost on the shelves, is a dodecahedral chess board that looks like it can be played by nine people, and the pieces are carved in disturbing facsimiles of the Asylum staff (and perhaps

Stress, Steward Building: Whenever PCs are in the Steward building, they will experience a 4D6 General Presence Attack (i.e., something feels *Wrong*). If characters descend into the basement, it will rise to a 5D6 or 6D6 Attack (*Threatening*). There is an unnatural something about the building, but the characters cannot pin it down, other than describing it as "unhealthy" and "threatening."

Stress, Museum: The museum is curious in that it generates "quiet stress"... the exhibits creep up on characters, slowly making the viewer uneasy and uncomfortable while luring them in. Characters may not even be aware that they are on edge while in the museum until they leave, at which point they will suddenly realize how tense they were while among the exhibits. The museum generates a 4D6 General Presence Attack (something about the museum is *Wrong*); see the description below for details.

1: Alternatively, characters looking at the portrait of Luther Steward may see his snake or dog forms (see *Horror Hero*, p. 104). If they make a repeat visit to the museum, they may notice that while the painting still hangs in its frame, Luther Steward is no longer in the painting... it as if he stepped out for a moment, leaving the canvas and the painted background behind.

the PCs). In another section, half-hidden in shadow, is a plaster bust of Dr. Shreiver, that, except for its chalk-white appearance, looks disturbingly alive. In front of it lies two fresh corn stalks, the stems crossed over each other like some kind of offering. Another piece of artwork, macramé, takes on a curious quality if one looks at it too long... almost a four dimensional quality, if such a thing is possible. One sculpture, [1] that appeared at first to be nothing more than a woman in a shroud kneeling, on further study, looks twisted somehow, as if the sculpture is in fact not one, but two people, the fringes of the second person blurring into the first.

Basement: As far as the staff knows, the basement to the Steward Building has been sealed due to flooding, and all the doors to the basement have been rusted shut and locked. Characters who explore the lower levels of the Asylum may find some of the tunnel entrances to spaces beneath the Asylum, as well less savory items lying in the dirt and filth of the basement.

Stress, Bourne House: The Bourne House generates a 2D6 General Presence Attack (*Spooky*).

Stress, Ross House: The Ross House generates a 2D6 General Presence Attack (*Spooky*) under normal circumstances. The invalid wing on the first floor and the second floor of the Ross House generates a 4D6 General Presence Attack (*Wrong*). Psychics will feel extremely uncomfortable in this building... their nostrils feel as if they are filling with the thick smell of death and cleanser.

Bourne House

Hallucinations: Any character experiencing hallucinations or under the control of a Temporary or Long Term Psychological Limitation will feel uncomfortable in the Bourne house and will flinch around the lights in the house as they burn in their fixtures. The afflicted characters will be unable to explain why they find the lights disturbing.

If any character experiencing hallucinations or a Temporary Psychological Limitation has the misfortune to fall asleep in this house, they will beset by nightmares of dancing flames and a black, shadowy figure that stands just outside the firelight. The air is filled with the cries of what sounds like a woman, the smell of burning flesh, candle wax, and the hissing of fat and oil being fed to the flames in the character's mind. The dreams are so vivid that characters may jolt awake and still smell smoke and feel their skin flushed with warmth (some characters with Mental Awareness or Psychic Abilities, especially Clairsentience, will have minor burns and blisters on their skin).

Notes: During the early years of the Asylum, most of the medical staff lived in the two main Divisions; after a while, it was felt Dr. Bourne, the Asylum's first Superintendent, deserved some relief from the continuous care of the patients and a house was built for him and his family on the grounds. It was originally finished in 1904, but a fire burned it down shortly after it was constructed, requiring it be rebuilt at an additional cost.

Description: The Bourne House is a brown shingled structure, two and a half stories tall with two brick wings set apart from the main house. Connecting sections with high French windows have been inserted between the wings and the original house, as if to make the brick wings appear part of the original structure. Long windows to the rear of the House provides a full view of the Asylum fields as they stretch toward the East. A dilapidated barn lies in the rear of the structure, its walls and roof sagging. The barn is old, unpleasant to look at, and has obviously fallen into disuse, but no one has torn it down.

Main House: Before 1920, this House was a residence for Dr. Bourne. At this time, Dr. Bourne's house was the model of a home, with high ceilings in all the first floor rooms, along with large drawings rooms, a dining room and a spacious kitchen. The second floor was home to several bedrooms. Eventually, the dining room of the Bourne House was made into a classroom and two wings for students were added to the residence in the 1930s. Furthermore, a new library was constructed for the nurses, and the entire house was carpeted and air-conditioned.

In the modern day, the first floor of the House is now a series of classrooms and a library for nurses, and the second floor now serves as rooms for some of the Asylum nurses.

There is room for about eighty nurses in the house. Each student nurse's room has a sink and mirror, and is furnished with bed, study table, desk and chair. On the ground floor of the Western wing of the Bourne house are a set of offices that serve as the Asylum's Out-Patient Center. This Center gives support to Asylum outpatients, and provides an alternative for the mentally disturbed who do not require full inpatient attention.

Barn: This barn was built to be large enough for the Superintendent's horse and carriage. It has long since become the nesting place of hundreds of pigeons and their refuse. Sunlight pokes through the holes in the roof. A broken old horse-drawn coach has been abandoned in a corner of the barn, almost hidden by the dust and wreckage that has accumulated over the years.

If the GM is playing a *Horror Hero* campaign in the Eldritch Horror Era, the barn will be in usable condition, and Bourne's black coachman (with his distinctive black stovepipe hat) will have a room in the barn, complete with a small fireplace and cot. [2] The

1: PCs who study the sculpture will somehow be certain that the second figure is a male, and if the sculpture is viewed from the correct position, it is the male that is dominant in the sculpture and the female that is secondary. If a PCs make a Sight PER Roll, they will notice that the woman seems to be carrying what look like small seeds in her hands. The expression upon her face looks as if she might have just tasted one of them.

2: The black coachman may be a servant of the Black Dawn or the Cult of Taxlan (see *Horror Hero*), stationed at the Asylum to look for victims or new recruits for his masters. When darkness falls, he often leaves his small residence in the barn and walks into the woods surrounding the Asylum, where he starts a small fire with animal fat, strips himself naked, then waits before the fire for signs from his masters, who communicate with him through the flickering flames. If the coachman is a member of the Cult of Taxlan, he will make his way to the water's edge that borders the Asylum grounds and conduct his communications via the murky water of the river.

coach and its horse will be stabled in the barn, both of them a sinister shade of night-black.

Ross House

History: Earlier in the century, before rapid transit was available, many staff lived in the two Divisions on the Asylum grounds. In the early part of the century, however, it was decided that Superintendent Ross deserved a house on the grounds. Never achieving a title more glamorous than "Ross House," the structure was completed late in 1927.

Description: Ross House is a spacious two and a half-story brick house, with a long eastern porch that provides a full view of Fell's Point Bay. Connected to the main house is a minor wing that looks like it was not added too long ago (at least in relation to the other structures on the grounds). While the first floor windows appear normal, the windows on the second floor are covered with security grills (as near as one can tell, there are grills on the exterior and interior of the window). Depending on when characters visit the Ross House, they may see elderly patients on the porch or walking slowly on the grounds surrounding the house. Other patients simply sit and stare into space.

While this building originally served as quarters for Ross and his wife (they had no children), it was renovated to serve as a Geriatric Ward in the 1960s The House was intended to be a home for elderly people no longer able to live alone or bear responsibility for their own care. Thus, the Ross House has become a combination custodial residence, nursing home, and a mental hospital... facilities are present in the building to treat dementia and delirious patients as well as those with physical disabilities. Most patient discharges from the Ross House go to the morgue.

First Floor: The first floor of the Ross Building is for "well-integrated" elderly patients, who are generally alert, able to move around, and comfortable in their surroundings. Each patient on this floor has their own private room. This floor is relatively comfortable to take in with the eyes, but the bathrooms are harshly sterile, and the air in the building smells strongly of cleanser and disinfectant. If asked about the smell, none of the patients and staff claim to be able to smell it.

The Second Floor: The second floor of the Ross House is reserved for confused and restless patients, and the heavy entrance door at the top of the stairs is usually kept locked and bolted.

If PCs enter this floor, they will smell the faint odor of urine and feces, as well as catch what seems to be a trace of rotting meat lingering in the air (PCs will be unable to determine where these smells are coming from, but mentalists will smell them more strongly than other characters). While each patient on this floor has their own room, this floor is chaotic, and elderly patients roam the halls, wild-eyed, darting into and out of rooms (and sometimes being chased out by screaming and howling from the room's occupant). Other rooms seem like coffins. Behind the doors to these rooms come muffled cries, the scratching of fingernails on wood, and tiny sobs... it's like these patients have been sentenced to death in their rooms before their time.

Power Plant/Laundry/Utilities

Hallucinations: Any character experiencing hallucinations or under the control of a Temporary or Long Term Psychological Limitation will feel "strange" while in the Power Plant. Goose bumps will rise on the surface of their skin, and they will feel curiously lightheaded, then alternately tired, jumpy, lethargic, nervous, and hyperactive... their behavior may change radically from moment to moment the longer they spend within the Power Plant.

If a character experiencing hallucinations or a Temporary Psychological Limitation falls asleep in the Power Plant or is knocked unconscious, they will beset by a vision of falling through a hollow, bony column that pierces the crag. Mildew and small flashes of lightning crosses the interior of the column and its exterior ridge pierces the Earth like some great stone spine, one end sinking into the depths of the crag, the other end snaking into the hemispheres of the Western and Eastern Divisions. The longer the character remains unconscious, the more their body will be drawn into the stones that compose the monstrous spine, their body decomposing and becoming part of the gray-green fungus that grows along the interior.

Stress, Power Plant: Whenever PCs are in the Power Plant alone at night, they will experience a 4D6 General Presence Attack (*Wrong*). If the characters descend into the basement, it will rise to a 5D6 or 6D6 Attack (*Threatening*).

Description: This building is 300 feet south of the Eastern and Western Divisions. Its most noticeable feature is its ninety-foot square tower, it walls pierced with narrow windows along its height and rising to a flat roof. The rest of the structure is partially set into a hill that rises toward the south, and this section is divided into three sections that form a rough "C." One of the three sections (connected to the tower) rises to about one and a half stories tall, while the two remaining sections are two and a half stories tall. All have sloping roofs and the windows on the top half-story of each section project out onto the roof.

Outside the Power Plant are long mounds of dirt where pipes, both for fresh water and sewer drains, are buried. At first glance, they look like grave mounds (or the tunnels of some large burrowing animal). These extend to the Service Building and the Western Division.

Note: This is the Asylum's power plant and laundry; the ninety-foot tower used to hold the Asylum's water tanks (and still does in any campaign prior to 1930). These outlying buildings are connected to the Western Division by an underground tunnel to ac-

commodate the heating, water pipes, and (later on in the century) the Asylum's electric lines. The plant has been renovated many times, but the renovations never solve the Asylum's power difficulties. [1]

Floors: The rambling corridors and distant hum of machinery in this building make it seem much larger than it is. Only maintenance personnel can be found in this building (usually in one of the offices in the Western portion of the building) when the laundry, below, is not in operation. When the laundry is fully operational, the temperature in the building rises several degrees, and attendants pushing carts and carrying loads of sheets and uniforms bustle about in the eastern part of this structure, near the water tower.

The Laundry: The laundry is 59 and a half feet long, 25 feet wide, and has a ceiling that barely tops eight feet. No matter what time of day or night, the laundry is humid and smells thickly of cleanser and detergent. A number of the windows seem to have rusted shut, so that even with both doors to the laundry open, a large amount of heat and steam remains trapped in the building (pipes along the ceiling and some of the machines leak steam into the room, enough to cloud its dimensions). Washers and dryers extend the length of the room and are flanked by a number of drying tables, racks, and bins filled with patient "greens." Adjacent to the laundry is a storeroom, where clothing, detergent, and other articles are kept on long shelves built into the walls.

Stress, Service Building: PCs are in the Service Building will experience a 2D6 General Presence Attack (*Spooky*). If the characters descend into the basement, it will rise to a 3D6 or 4D6 Attack (*Threatening*).

Basement: (The door to the basement is always locked.) Past the heavy metal door to the basement is a gridlock of thick iron pipes and dark, dust-filled corridors whose silence is occasionally broken by the distant sounds of groaning metal and hissing steam. The air is musty, and everything is covered with an oily, black dust. Antique boilers look like the husks of huge iron insects in the half-light of the basement fixtures.

The construction of the plant makes it impossible to get the dimensions of the basement; the heavy network of pipes and machinery makes seeing more than two hexes in any direction impossible, and the heat coming from the pipes makes infrared vision near useless. Characters can wander through the maze of pipes and ducts for hours and not get an accurate feel for the place.

In the northern section of the basement is a tunnel that originally ran to both Divisions; it has collapsed several times, and is now only a reinforced crawl space, crammed with pipes and bundles of wires. It is large enough for a man to squirm through if necessary, although PCs may risk electrocution from the open wires that the patients have left as traps in this corridor.

Service Building, The Block

Description: It is not surprising that the Service Building is tucked behind the Divisions and the Administration Building. The Service Building is an ugly, two-story, flat-topped structure of gray and ash-blackened brick, fashioned into a T, with the top of the T the dining room area, and the kitchen and annexes located in the stem. The building, about 45' wide and 132' long, is located about 50' south of the two main Divisions. A corridor runs from the Service Building and enters the Administration Building to the North. If the GM is running a *Horror Hero* "Beating it to a Pulp" campaign, the Administration Building is absent, and a joined corridor connects the Service Building to the Western and Eastern Divisions.

Outside the Service Building are long mounds of dirt where pipes, both for fresh water and sewer drains, are buried. At first glance, they look like grave mounds (or the tunnels of some large burrowing animal). These extend to the Power Plant and the Western Division.

First Floor: This floor houses the Asylum kitchens and dining rooms. Four dining rooms are on this floor, two for men, two for women, each filled with small tables that can sit up to four people. The kitchens are 40 by 30 feet and are well-lighted by large side windows. The white tile that covers the walls and floors seems more for convenience than anything else (stains and food come right off). Diet kitchens, auxiliary food preparation rooms, and storage spaces complete the first floor.

From morning to evening, a clamor fills the Service Building kitchens; plates crash, pots and pans ring, and silverware clangs together, all of it mixing with the background hum of the dishwashers and hissing grills. The kitchen lights are extremely bright, the smell of burned meat fills the air, and puddles of milk lie on the floor, trod through by the hurried workers who jostle each other as they rush to finish their jobs. Arguments frequently break out among the kitchen staff (mostly among three or four heavily muscled cooks and servers), though only rarely among the patient-helpers who mull silently about their tasks. The doors to the kitchen are usually open to the outside air, in the hopes that some of the heat, the smell and the noise will leave the building.

After dinner, the staff spends an hour and a half cleaning up the work area. The kitchen is then closed down and the staff and patients retire for the night, either going home or shuffling back to their wards.

1: Wires are strung from this building (and beneath it) like it was a marionette. Over the years the growing number of electric fixtures added to the Asylum put a strain on the power supply, so much so that the electricity coming into the Asylum was insufficient to serve the new fixtures. Although larger transformers were installed and wires run from the power plant to the new buildings, the electrical supply is still inadequate.

Second Floor: The second floor of the Service Building was originally designed to house Asylum employees and release rooms in the Western and Eastern Divisions for more patients. Rooms for dietitians and attendants were located on the southern portion of this floor, and bedrooms for nurses, a nurses' parlor, dining room and pantry were located on the north side. Ever since the 1940s, however, these rooms have slowly been converted into additional offices for the Asylum Maintenance Personnel.

Basement: As with many of the basements in the Asylum buildings, the Service Building Basement has a malevolence about it... although it can be difficult to discern past its sheer ugliness. The basement's original design allowed for cold storage rooms, a meat cutting room, and a dining room for employees, along with a number of food storage rooms beneath the kitchens and extra tables and chairs for the dining area. In addition, during the Asylum's early years, sections of the basement were partitioned off to be used as a dairy and a larder (they are now abandoned and sealed off).

The smells from the kitchens filter down into the basement, whether they mix with the dampness and the mold to become nauseating. Rats, roaches, and other vermin and insects infest the basement, and particularly lucky characters may stumble across the nests of worms and grubs in the walls and in the damp spaces beneath the rubble. Bare light bulbs hang from the ceiling, stretching out in a faint line down the center of the basement area, and many of the rooms are dark (the light bulbs having either been shattered or the wiring pulled out). The staff does not come down into the basement without a flashlight, and some even carry filtration masks to keep out the stench that settles down here. Mold has grown over almost all the exposed pipes, and sickly weeds have even begun to sprout in some corners of the basement. The humidity is terrible, and small trails of steam leak from some of the pipes.

Tunnels comb this basement, leading almost anywhere into the two Divisions, the power plant and the Administration Building, as well as to dead-ends, sealed wells, and large nests of rats that will swarm over any characters invading their territory.

Admissions Building E

Sally was still staring at the three splintered buildings when her guide touched her again, pressing his hand lightly on her shoulder and rousing her from the sight before her. The slow patter of the rain on her face and shoulder again registered, and Sally blinked, the chill of the wind and the mud beneath her feet returning to her senses.

The buildings on the Asylum grounds seemed to have a strange hypnotic quality about them. She had no idea how long she would have stared at the buildings before her had her guide not awakened her.

He stepped lightly across the ground and nodded toward a building she had not noticed before, a building that seemed lost in the shadow of the Western Division.

Without a word and without risking a glance behind her, Sally followed her guide to the eclipsed building. Through the rain, dim lights flickered in its windows like tiny fires.

Description: The Admissions Building, in the shape of the letter E, is three and a half stories high, 275 feet long, and rests on a natural plateau about a thousand feet from the Western Division. Its gabled roof is composed of brown shingles, with abscesses in several places where storms have torn shingles from the roof. The heavy brick walls have been tainted by the gray of the surroundings, so when night falls on the Asylum, the admissions building looks like a giant slab of stone.

History: A young Fell's Point architect, Thomas Warren, designed this building in 1926, and the building was dedicated in 1929. It has room for ninety beds and was built with newly admitted patients in mind (i.e., it was in "reassuring" surroundings, out of sight of visitors, and away from the disorderly patients in the other two Divisions).

The financial pressures and staffing shortages present during the Great Depression and into World War II combined to make the Admissions Building unusable for many years after its construction. Furthermore, the building itself seemed to be incompatible with the climate of the peninsula. The walls were easily damaged by moisture and wind, the floors on all three levels buckled, and much of the furniture in the building seemed to become old, worn, and drab within months of being purchased. Even after the renovations were completed near the close of World War II, the building maintained an unhealthiness about it, and many structural problems have resurfaced throughout its history.

Canto Three: The Vestibule

Sally heard the anguished cries first as they crossed the threshold of the Admissions Building. It was like being swallowed by sound.

A great confusion of voices and shouts echoed and twisted within the stone walls. Sally could feel the stomping of feet, the small whining, and even as her guide averted his eyes, she was drawn to the scene unfolding in the hall ahead of her. She stepped slightly behind her guide as they entered the room.

As she stepped into the hall, she saw them, the five or more green-garbed patients running, stumbling wildly throughout the hall, so frenzied that they appeared as a great rout of limbs chasing each other in a maddening path. One of the shapes, his slack lip pulled down so far it seemed to touch his chin, was swatting at invisible shapes that seemed to be hovering about him, his skin a mass of welts and sores where some thing or things had bitten him.

As she watched, the ghostly white shapes that pursued the patients resolved into orderlies, their uniforms making their features pale in the shadowed hall. The orderlies brandished clubs as if to try and bring the patients down, but the clubs only seemed to drive the patients onwards. A foul scent filled the air, of urine and defecation, and it seemed that in the hall, things crawled and slithered in the foulness.

As Sally watched, the maddening path of limbs rolled from the room, their green patient uniforms whispering as the legs and arms rubbed against the coarse fabric. On the heels of the rout followed the ghostly orderlies, and the mob was swallowed by the darkness of the Admissions Building halls, leaving her alone in the silence of the Vestibule.

Her guide moved quietly to the great hall into which the mob had disappeared, beckoning Sally to follow.

Stress, Admissions Building: Characters in the Admissions Building will be subjected to a 2D6 General Presence Attack in the daytime (the Admissions Building is *Spooky*) and 4D6 at night (something is *Wrong*). Stress in this building comes from its emptiness and its way of making visitors feel inconsequential and insignificant. There is the feeling that if the Asylum somehow turned its attention to the characters, they would be engulfed by its immensity... as it stands, they are barely worth notice. A character's sense of space seems to be distorted while they are in the Admissions Building, like they are on the lip of some great crater.

First Floor

Reception Room: The Admissions Building can lull visitors into a sense of security. Its comfortable reception room is located on the east end of the ground floor and even has a fireplace to make the room seem more "homey." Despite the cheerfulness of the room, however, the front desk is almost always abandoned, and the room itself seems unnaturally cold... with the fireplace thrown in as if to remind visitors that the room *could* be warmer. At night, this room loses all traces of friendliness and sounds echo alarmingly throughout the room and adjoining halls.

Although the windows to the Reception Room are closed, the curtains are stirred by some invisible wind. They constantly shift between white and gray, like wavering spirits, *tut-tuting* as the wind blows through them.

Hallway: A large wooden door just past the admissions desk leads to a wide, spacious hallway that runs the length of the Admissions Building. Hardwood benches line the hall, and the tall ceiling only seems to emphasize the building's hollow immensity. There are no patients or staff to be seen in the hall... the Asylum appears deserted. Whenever a character enters this hall, it seems that they are the sole admission; the wide hallway and tall stone ceiling is akin to entering a tomb.

The long hall is flanked with admission rooms, examination offices, conference rooms and doctors' offices. Rooms for visiting specialists (orthopedists, gynecologists, neurologists, optometrists, dentists, urologists) are spaced intermittently down the hall, including rooms that contain various medical equipment such as X-ray and ECT apparatus (most of these rooms, except for the ECT room, are labeled in large, bold letters). Several closed laboratories are also located on the ground floor, along with all other necessary service rooms, including the nurses' stations, sun rooms and some additional Occupational Therapy rooms, which are located close to the first floor wards. Some specific rooms off the hall include the Triage Station, the Shock Shop, and Solomon's Ward.

The Triage Station: A small area just to the left as characters enter the great hallway is the "Triage Station." This small lobby-like area adjacent is where potential admissions can come in and talk to a psychiatrist on duty, and it's where the decision is made to hospitalize a character or not... from there, patients are usually admitted to a locked holding area (i.e., the Admissions Ward). The Triage Station is usually manned by an intern and a resident on call.

The Shock Shop: A featureless steel door marks the entrance to this room. Beyond the door lies the ECT (electroconvulsive therapy) equipment for the Asylum. Any patients sent to the Shock Shop are usually escorted by a pair of orderlies or wheeled there strapped in a gurney. Characters who must wait on the benches for a "buzz" are usually flanked by orderlies to prevent them from escaping before they receive treatment.

Solomon's Ward: In a remote corner of the first floor, past several featureless metal doors lie "Solomon's

Ward." Dr. Solomon (see *Timeline, 1922*) was responsible for the design of this six-bed ward, complete with sitting rooms and bath and insulated from the rest of the floor. Although this ward was initially set aside for young male schizophrenics from 1922 until the late 50s, it has been changed into an admissions ward in the modern day, and characters may find themselves sealed in this ward pending a diagnosis by Shreiver and the rest of the staff. For more information on Solomon's Ward, see the *Heresies* chapter.

Hallucinations: Any character experiencing hallucinations or under the control of a Temporary or Long Term Psychological Limitation will experience an undertow in this building; no matter where they go, they will always find themselves back at the Reception Room, with its cold fireplace and its fluttering curtains. All furniture will be absent... the only decoration in the room is the curtains.

Characters who turn their attention to the curtains will see them shift through many colors (bright colors, however, will all be dulled somehow... red becomes rust, yellow becomes a strange shade of sulfur, and so on), and as they watch, the curtains will be stripped from the windows and begin to float about the room, as if chased by invisible phantoms. If characters wish, they may chase the shifting curtains, but if they do, they will be roused from the hallucination just before they can catch them.

If any character experiencing hallucinations or a Temporary Psychological Limitation falls asleep in the Admissions Building or is knocked unconscious, the character will begin to dream (as above). Characters chasing the curtains will find they dart and flit throughout the room, but after a tedious pursuit, the curtains will flutter into the cavernous fireplace and plunge downwards into darkness. Characters will find that they cannot help but follow the curtains. and will run into the mouth of the fireplace (its interior covered with putrid streams of fecal matter and viscous substances, not unlike saliva) and fall screaming into its depths.

After this, the characters will awaken. They will automatically gain 1 Stress Level or 1 point of Long Term Stress.

Sharon

The great hall of the Admissions Building seemed more of an underground cavern than the interior of a mental institution. The ceiling was so high as to be nearly lost in shadow, and the cold stone floor stretched straight into the distant blackness like a river. Sally noticed her guide stepped cautiously through the corridor and stared straight ahead, as if expecting the rout of limbs they had seen in the Vestibule to be coughed forth from the darkness ahead and stream over them. While he did not seemed worried, his cautious tread caused Sally to become concerned. He was waiting for something.

She walked beside him in silence.

When the shape poled from the darkness ahead of them, Sally felt a blade of fear stab through her.

...

Sharon Ferry is a patient that haunts the Asylum (see her character brief below); characters entering the Asylum/Admissions Building for the first time are likely to encounter her in the Reception Room or in the great stone corridor that runs the length of the first floor of the Admissions Building. Sharon is one of the "events" the PCs will experience when they come to the Asylum; no matter when or where they enter the Asylum, she will stream from the darkness to intercept them.

...

The figure streamed from the darkness, leaning upon a gnarled cane that seemed to push her along, slowly, as if the floor was viscous. Wearing a thick coat and a cap, her eyes burned like coals within her sockets.

"Woe to you!" she howled, sweeping the cane in her grip. "Bury here forever any hope of Paradise... eternal dark you have come to, into fire and ice, and you..."

Her eyes narrowed at Sally, as if seeing her for the first time.

"Not here." She pointed her skeletal finger at Sally... even with the distance separating them, Sally could feel it pierce her chest. Sharon hissed between clenched teeth, like an angry cat. "She does not *belong* here." She flourished her hands upwards, as if she was trying to banish Sally. "Begone! Begone, I say! You are not *allowed* here!"

Sally took a step back... only to have her guide fill the space, standing firmly in front of Sharon. Sharon blinked and stopped.

Something passed between them. Sally felt it from where she stood... it was like an electri-

Campaign Note: Sharon has been discharged from the Asylum several times (the PCs should always meet her in the Asylum first, however). When she is discharged, she has been known to drive a dilapidated convertible (top down even in the rain) in the roads around the Asylum late at night, sometimes picking up escaped patients and driving them where they wish to go, usually into Fell's Point. Why she does this is unknown, but with her Pain Disorder, it must prove difficult. At other times, she has been picked up in Fell's Point for vagrancy, begging passers-by for pennies, then placing them in her mouth.

SHARON FERRY

cal charge that made her shiver. Sally's guide did not advance on Sharon; he stood his ground between the old woman and Sally, his gaunt body like a wall.

Sharon's eyes flickered, and her frame trembled beneath her thick clothes, as if in anger. Her eyes were like flames in the withered expanse of her face.

"No one in grace comes here to this crossing," she hissed, as if in reminder to the man that stood before her, but she made no move to touch or strike him. "None in grace."

Sally's guide nodded, slowly. Once. He did not move from where he stood.

Sharon stopped and mumbling, turned and poled herself back along the way she had come. The elderly man motioned to Sally to stay behind him, and they slowed their pace to match hers, following a few steps behind, as if being pulled along in her wake.

As Sally watched Sharon's pole bite into the surface of the stone floor and drag the withered form along, she felt her head begin to *throb* again, and she winced. The pain... it was getting worse.

Sally tried to shrug off the hammering inside her skull, but she found herself growing faint instead. Her eyes became tired and heavy, and as if in response, the walls constricted, then bled outwards like a great black river rushing over her.

SHARON FERRY [WARD 1/WARD 2]

8	STR	8	DEX	12	CON	8	BODY	10	INT
10	EGO	18	PRE	8	COM	2	PD	2	ED
1	SPD	4	REC	24	END	18	STUN		

Powers and Skills: Sharon moves at 2" movement because of her Pain Disorder (below) and also carries a gnarled cane which she can use as a weapon (+1D6 HTH). Sharon also has Mental Defense and Presence Defense, each at 10 pts (this is her stubbornness and fearlessness, not the result of any power). When Enraged, she gains maniacal strength and damage resistance (+5 STR, +5 PD, +5 ED). Sharon is not believed to possess any paranormal powers, but she does possess the full range of Everyman Skills as well as the Stealth and Shadowing Skills at a 13 or less. GMs may wish to give her (Cinematic) Vanishing Teleport and Invisibility while within the Asylum.

25+ Disadvantages: Vulnerability: x2 Effect from Mind Control and Hypnotism (Uncommon), Vulnerability: x2 STUN to any attack aimed at her legs (Common), Enraged if characters attempt to force their way past her (Common) 14-, 8-, Psychological Limitation: Grandiose Delusional Disorder with Religious, Somatic and Delusions of Reference (Very Common, Strong), Physical Limitation (Psychosomatic): Pain Disorder [1] (Legs, Frequently, Slightly), Age: 40+, [2] Distinctive Features (Psychosomatic): Pain Disorder (obvious limp and pain in her movements; Not Concealable, Noticed), Monitored by the Asylum (Mo Pow, NCI) 11-, Mystery ID (Sharon Ferry is not believed to be her real name; the Disadvantage Mystery ID is described in *UE*, p. 5).

Notes: Sharon poles her way through the Asylum wards in the Eastern Division, and the staff generally allow her to come and go as she pleases. She seems to blend into the shadows and dark places of the Asylum, only to materialize, ranting and raving, when a newcomer attempts to gain access to the wards in the Eastern Division.

If any PC gives Sharon a penny, she will immediately stop her diatribe, look confused, then pole on-

1: A Pain Disorder is a mental disturbance where a character experiences pain in portions of their body; the pain is either caused by or exacerbated by the character's psychological state.
2: No one is sure how old Sharon is. Most staff and patients are positive she is over forty years old, but how much over forty, they have no idea. She could be a hundred for all they know.

wards, leading them to the next ward. After receiving her fare, she will not speak unless she is spoken to.

Upper Floors

Second Floor: Among the offices, service rooms, and storage, the main point of interest on this floor is a large auditorium with a stage (it can hold up to three hundred people). It is used for case conferences, staff meetings, and lectures. A number of the rooms on this floor are in need of a good coat of paint. A character could wander around on this floor for hours and encounter no one.

Third Floor: The small rooms on this floor are occupied by orderlies, nurses and offices for some of the low-priority departments of the Asylum. Much like the first and second floors, this floor is usually deserted.

Basement

Used primarily for storing old medical records, furniture and other bulky items, the basement can be reached either by a creaky elevator from the above floors or by threading one's way through a narrow stairwell in the back of the building near the kitchens. One look is enough for characters to see the basement is the underbelly of the Admissions Building... the ceiling has buckled in many places, pipes jut from the walls, stones have come loose, and the brick pillars and walls that crisscross the basement look much too weak to hold up the three stories that rest on them.

The basement is honeycombed with dark, crooked hallways and small, locked rooms. Changes in elevation throughout the basement (the floor slopes up and down in areas, there are steps up and down sometimes so abrupt as to be considered "drops," and the ceiling dips to a height of less than five feet in places, forcing characters to hunch over in order to move forward) make walking through the basement difficult. The floor alternates between concrete, brick, and several sections of packed earth where the concrete and brick have worn away (pulled away?). Several sections of the basement are unlighted, and rats and insects have made their homes among the moldering storage rooms and grime-encrusted pipes. [1]

Ward One

The Receiving Ward (Ward One) is located in the Admissions Building; it holds new admissions who are being observed by social workers and doctors. After a period of observation, the new admissions are eventually transferred to wards in the Eastern and Western Division. Characters who enter the Receiving Ward, however, will notice that many patients seem to have been caged in this building for many years.

The Receiving Ward is not fully described below... it has all the "building blocks" of wards described in the *Wards* chapter, however, and GMs needing more information on the Receiving Ward can refer there for help.

Canto Four: The First Ward (The Receiving Ward)

A great rumbling, like a violent clapping, jolted Sally awake, ringing in her ears; the fuzziness that had grown on the edge of her vision receded; she found herself immediately looking for Sharon, and not finding her, felt a small relief. Next to her was her guide, who was looking at her with some concern. In the dim light of the hallway, he looked deathly pale.

"Are you..." Sally frowned, trying to keep her thoughts together. "Are you okay? Did that woman... did she scare you? You look so..."

The man opened his mouth slightly as if to say something, then shook his head. His concern seemed to fade as Sally glanced around her, trying to get her bearings.

They were no longer in the huge hall that formed the backbone of the Admissions Building. They were in a narrow green corridor; the lights on the ceiling had been dimmed, but even on low intensity, they flickered like candles. Sally suspected that they might be in a smaller building of some sort. She could not recall how she could have gotten here... her guide looked too fragile to carry her.

The stone beneath her hands was cold, and faint cries drifted from elsewhere down the halls.

It suddenly struck her that she must be in one of the wards. This did not concern her... she just absorbed it as a fact.

Her guide helped her to her feet and led her through the narrow hall to the ward beyond.

Stress, Receiving Ward: 2D6 General Presence Attack during the day (things are *Spooky*), growing to a 4D6 General Presence as night settles on the Asylum grounds (when night falls, the characters will feel that there is something terribly *Wrong* stirring within the Asylum). While the inner portion of the ward seems consumed with lethargy, there is the feeling that something lurks outside this ward, waiting for someone to step out so that it can seize them. A constant sighing comes from all around this ward: from the ventilation, from the patients, from behind the cells doors and so on, and becomes disturbing if listened to for too long. Feelings of being trapped, imprisoned and buried all fill this ward.

1: Ever since the Admissions Building's construction, Western Division patients have been using the ventilation tunnels to enter the Building and use it as a gathering area (it was used a great deal by the patients when it was closed for renovations during World War II). During the renovations, they hollowed out new tunnels and crawl spaces, removed some of the furniture and arranged it so that the wards in the building would be "tailored" for new arrivals. PCs exploring the basement (or the other floors for that matter) may encounter several traps and pitfalls that guard the tunnels and secret chambers. They may even find the remains of new arrivals who were kidnapped and tortured by the Western Division patients.

The Door: The door to the Receiving Ward is of riveted steel, with a gaping keyhole and a small security window laced with chicken wire. A soft green incandescence pulses from behind the window, but the origin of the light is unclear. Although the door offers a slight resistance to anyone attempting to open it, it is unlocked.

The Ward: The incandescence comes from the flickering light reflecting off the green enamel walls. The door beyond opens into a narrow hallway, and from there, into a wider space that appears to the dayroom of the ward. Characters who make a Sight/Touch PER Roll can determine that the floor in this building slopes gently toward the West, as if descending along some funnel.

They entered the ward and let it flow around them.

There were no shouts here, just a great breathing... Sally thought for a moment that all the walls were trembling, releasing air in a great, soft sigh that whispered through the ward. The patients pressed in on her, like a forest of rumpled green uniforms, so close and yet so apart and distant from the others, it was as if hundreds of miles separated them.

It occurred to her that it was night; the patients should be asleep, but they wandered through the ward as if this was standard practice. Sally could see no nurses and orderlies... the nurse's station was vacant.

Some patients glanced at them as they entered, but they seemed not to care overly much about the presence of the two figures. Sally noticed that a few seemed to recognize her guide, but they did not address him.

Hallucinations: If any character experiencing hallucinations or a Temporary or Long Term Psychological Limitation falls asleep on this ward, they may dream that they are standing on the ledge of a great, bottomless chasm; it is so wide and deep it as if the Fell's Point peninsula sunk into the Earth and left the chasm to mark its passing. Thunder rolls across the chasm, but it is not a natural phenomena; it sounds like the cries of thousands of people (patients?) in pain and desperation. When the character awakens, they will find themselves pale and sweating, but there are no other ill effects.

Ward Description: This coed ward is the Poet's home; if the PCs do not encounter him outside the Asylum, he will be here. This ward is much larger than it first appears... several doors spaced along the ward lead to seven halls of seven cells each. The thick walls and narrow doors in this ward give it a medieval appearance, as if the characters have suddenly found themselves in an ancient citadel buried in the Asylum.

There are two bathrooms (one for men, one for women), a large dayroom, and a glass-walled nursing station. There are a half-dozen staff offices and therapy rooms, plus three seclusion rooms (one of which has been turned into a storage room), distributed among the hall that linked the ward with the rest of the Admissions Building. See the *Wards* chapter for more details.

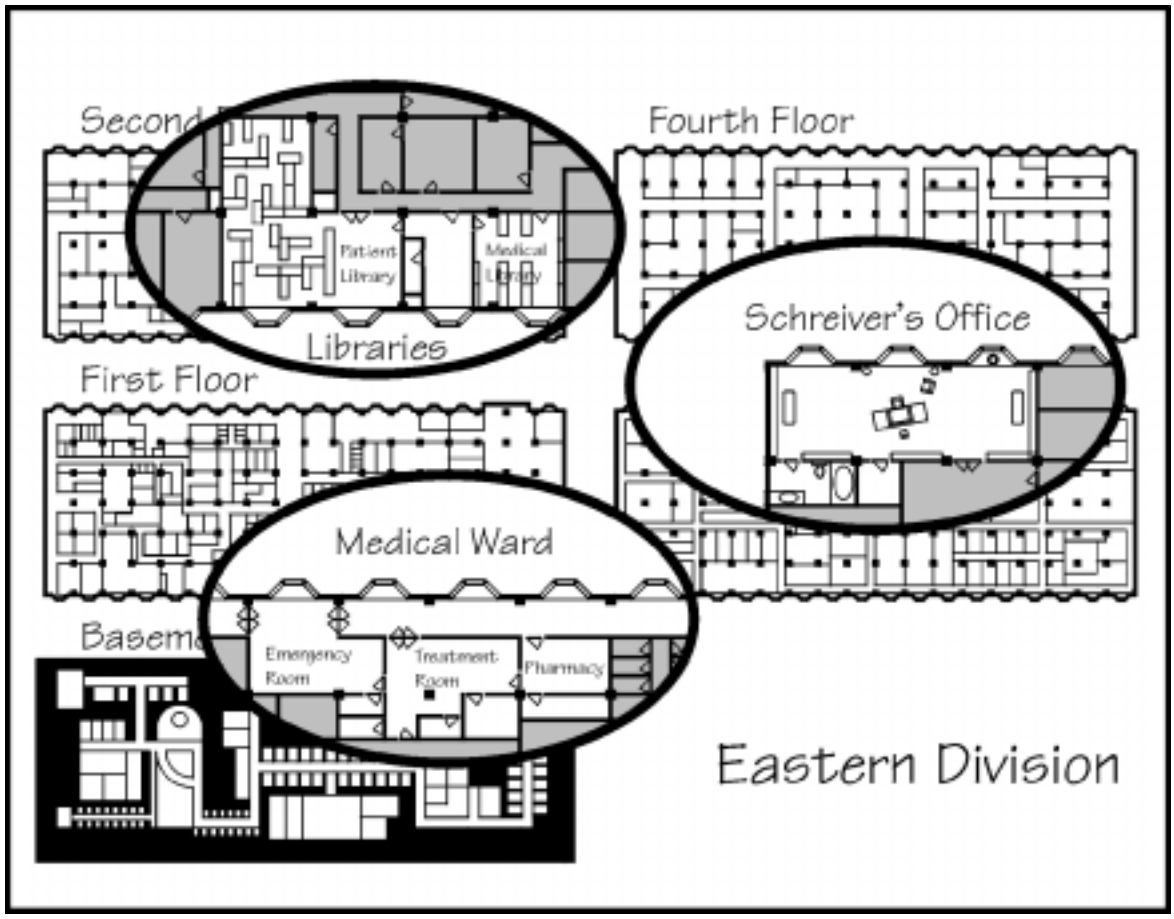
Patients: The patients in this ward are not criminally insane, but most were genetically disposed toward mental illness and never had a chance to escape their fate. Schizophrenics, delusionals, the mentally retarded... all lie here in the darkness, sighing out their hopeless desires.

A majority of delusional patients fill this ward; characters will encounter figures from almost every era of human history, even from Greek and Roman mythology and from the Bible. Caesar, Aristotle, Socrates, Orpheus, Moses, King David and others will be a few of the people PCs may encounter on this ward... and some patients make convincing performances, indeed. GMs should use these characters to reinforce the underworld feel of the Asylum; it seems that this is where all the dead have come to rest.

Sally

There was no staff within the Receiving Ward, but Sally's guide seemed to wish to remain there, perhaps wait until morning when help would arrive. The patients, except for a few wild-eyed would-be prophets and historical figures, seemed to ignore them. As Sally and her guide moved amongst the gibbering shades of green, she felt her head pound stronger, and the dull ache that had followed her from the Admission entrance became honed to an edge and sawed a steady rhythm through her skull. It prevented her from stopping, resting... when her guide offered her a quiet place, an eddy within one of the open cells in the ward (his own?), she shook her head as slowly as she could manage without causing the pain to become unbearable.

"I can't..." she said. As she spoke, pains splintered through her neck. "It hurts too much..."



Her guide stared at her for a moment, then took her shoulder again, and weaving their way through the shadows that surrounded them, they stepped from the ward and back into the great stone spine of the building.

"Where are the doctors... the staff...?" Sally managed to choke out. "Isn't anyone—?"

Her guide urged her to remain silent, and pressed his hand against her shoulder as if to try and smooth away the pain. It helped, but only a little.

They continued to make their way through the corridor, but this time there was no Sharon, no rout of limbs to stop their passing... and they came to a door which led to the grounds beyond the building. Outside, there was a peal of thunder and the white noise of the rain against the muddy crag. The rain collected in the gutters and poured down like great falls to crash against the gray-stained foundations.

Her guide gestured for her to follow him. He stepped into the rain, letting it fall on and through his clothes and gently helped Sally from the building.

The grounds outside were submerged in heavy darkness as the two forms made their way to the Eastern Division.

Eastern Division

DESCRIPTION

The Eastern Division is a large, sterile structure four stories tall and 360 feet in length; when viewed from the front, it seems as if it is being braced by the Central Administration Building.

The Eastern Division houses many of the Asylum's female patients. It is essentially the mirror of the Western Division in its iron and brick construction (see *Western Division*, below). Its walls are broken by oriel windows (secured by iron bars and grills set into the stone), and the structure is topped by two towers, one a sharp-angled, six foot tower encircled by a lattice-work balcony, and the second tower, of more modest design, without a balcony or windows (the windows of this secondary tower have been bricked over).

Stress, Eastern Division: 2D6 General Presence Attack during the day (*Spooky*), growing to a 4D6 General Presence as the sun sets on the Asylum grounds (*Wrong*). Any male character in this building will suffer an additional 1D6 to the stress level. This Presence Attack is for the Eastern Division in general; each ward within this building has its own stress level associated with it.

Despite its size, the Eastern Division seems constricted and claustrophobic. The narrow corridors, small offices, the bare few feet of space between the looming shelves in the Eastern Division libraries... there barely seems to be room to move around, much less run from pursuers. Walking through the Eastern Division is like moving through a rat maze.

The Eastern Division halls are cold and sterile; the building is like a giant storehouse for shuffling slabs of meat dressed in green. Fluorescent tubes in the ceiling glow white like rods of ice and stretch down the corridors to fade into the frosted walls. Some of the offices in this building are like large refrigerators, the light blue interiors only reinforcing the chill in the air. There is no sense of comfort, reassurance or nurturing within this building... whatever potential for caring existed within these walls was frozen long ago.

Hallucinations: Each of the wards within this building have their own hallucinations associated with them; when not in these wards, characters may experience hallucinations that reinforce the chilling sterility of this building. Characters experiencing severe hallucinations (i.e., a Strong or Total Intensity Temporary or Long Term Psychological Limitation) may feel their skin begin to frost over and their flesh from their hands and face shrivel and wither, as if they are aging prematurely. An arthritic ache will penetrate their joints and bones, and their pulse slows as if the blood is freezing in their veins.

Stress, Patient Library: The GM should add an additional 1D6 or 2D6 for characters entering the patient library (this stress level is added to the General Presence Attack of the Eastern Division, above). The library is strangely silent, and the books seem to soak up sounds and footfalls. Sometimes the shelves (ten to eleven feet high) creak as if someone is walking on top of them, but no one can be seen.

First Floor

Department of Medicine: A Department of Medicine is located on the ground floor of this building, complete with offices for the Chief of Service (Dr. Pope), the Medical Assistant, and other physicians. In this section, medical consultants handle ophthalmology examinations, dental examinations, and gynecology examinations. Electrocardiograms, x-rays and laboratory tests are processed here. The Department is responsible for the health of the institution, for emergency treatment, and for screening new employees.

Medical Ward: There is always something going on in this area; usually some form of surgery is scheduled. The Asylum physicians are always hopping over some new emergency or problem. Within the ward is the following:

Treatment Room: This rooms smells of disinfectant. Beds stretch off down the room, and long white metal benches for the patients to sit on rest along the walls. Next to the benches is a suggestion box (empty). Medicine carts holding cotton swabs, ointments, salves, and dressings for the medical treatments are lined up next to the nurse's station, ready for use in this room or to be wheeled down to one of the wards to restock their supply.

Emergency Room: Next to the treatment room is an emergency room set up for any patient or employee who has an accident during working hours. Three nurses work in the treatment room doing medical treatments, along with a Charge Nurse.

Pharmacy: A pharmacy adjoins the treatment room, and two nurses work there, preparing medications for the various wards. In the afternoon, one or all of the three nurses from the treatment room (above) assist in the pharmacy.

Patient Library: The patient's library looks like it was hollowed out from several small offices, and wandering through the shelves is a curious, maze-like experience (characters will not be able to see more than two hexes in any direction). The books have not been entered into a database, so a primitive card catalog is still located in a corner of the library.

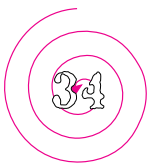
This library is open six days a week in the mornings (opens at 8:30 AM or 9 AM, closed Sunday), and also for two afternoons during the week (usually Monday and Wednesday, but never past 5 PM). On Monday evenings it is used mostly by the staff. When the library closes for the night, some patients enter through panels in the floor or ceiling and read by the faint light provided by the moon or by candles they have brought. If PCs do the same while trapped in the Asylum, the patients in the library will not bother them as long as the PCs do not disturb them and do not make too much noise.

There are approximately four thousand books in the patients' library. [1]

Secret Rooms: There are three secret niches in the Patient's library, one known only to staff, one known only to the patients, and one that has still been undiscovered. Beneath a small trapdoor in the floor of the undiscovered room is a metal-lined trunk with several rare texts written by patients and staff in the past.

From Mind to Paper: Among the texts in this library are several books written by patients. Some of them resemble second-grade readers with scrawled lettering and crude stick figure images, and others are thought-provoking works on seemingly mundane subjects. The binding of these books varies... some of them are professionally bound, others have masking tape spines, and others have been hole-punched and had strings and cords wrapped through them. There are several uses these books can be put to:

1: The sheer number of books in the patient's library is staggering. It is intended to serve as a farm for adventure seeds for the GM's campaign, so feel free to stock with it whatever clues or plot information you wish. A number of suggestions are offered above, but virtually anything could be hidden inside the library shelves... maps, weapons, spells, and even a body or three. The library can even serve as a reason for characters to break into the Asylum in the first place.



1. In a *Horror Hero* campaign, some of these books are cursed or have spells concealed inside the text (it may require that the PCs study the books for some time before they realize what they contain). If this is the case, well over a hundred spells are likely to be concealed in the Patient's library; some of these will be useless, petty magics, but others may be extremely powerful (GM's discretion). Lost grimoires in the GM's campaign may have even been hidden in this library in the past and never found.

2. Some of these books may teach the arts of Mental Combat (see the *Ultimate Mentalist*). Psionic characters examining these books will be able to piece together certain sections and train themselves in mental maneuvers not otherwise known to the Mentalist Subculture. A copy of the *Ultimate Mentalist* may lie on the shelves along with all the material cut from Hero books in the past.

3. Other books may provide clues to the whereabouts of lost villains, heroes, stolen items, priceless artifacts and so on. Others may provide clues to what some villains intend to do in the future (for example, there are at least two books written by Elliot Manns, the Idiot King, in the library, which may provide clues to upcoming adventures involving him).

Medical Library: The Medical Library is an auxiliary to the Steward Library located in the Western Division. This library consists of over two thousand books, under the care of the patient librarian and a number of physicians. Eighty medical and psychiatric journals are received by subscription, and thirty psychiatrists, many who formerly worked at Asylum, send their reprints to the Asylum. It is the job of one of the Assistant Physicians to check the journals each week, and send notes to staff, calling their attention to articles of special interest.

The library is filled to the ceiling with reference material and various bibliographic items. A half dozen patients and volunteers assist in the library, including staffing the circulating desk, sorting and shelving books, arranging ad updating catalog cards, and sending overdue notices.

Second Floor

In addition to the disturbed wards on this floor of the building, there are a number of small kitchens, administration offices, and storerooms scattered across its maze-like expanse. Dr. Shreiver's office is also located on this level:

Shreiver's Office

Shreiver's office is sterile and musty, like an old library. Bookshelves loom against the walls [1] and the only light in the office comes from a tiny lamp and the three heavily-screened windows that admit light at the cost of a disturbing view of the Western Division. When night falls, the lamp is the only light in the office, pitiful in comparison to the darkness that surrounds it.

Shreiver's office contains a large mahogany desk, cluttered with papers (some are odd drawings and strange diagrams that don't appear related to the patients) and files. [2] Behind the desk lie sculpted busts of some of the Asylum patients and staff, including Elliot Manns, Shreiver, and any other prominent patients or figures in the GM's campaign. [3] Two uncomfortable-looking black divans lie against the walls flanking the great desk, and a small chair has been positioned in front of Shreiver's desk (though many staff members wonder why, as Shreiver rarely asks anyone to sit down when they enter her office... it encourages them to get to the point and get out). Another chair, a heavy leather armchair, lies behind the desk and to the left of the desk chair. The heavy leather armchair has been turned so that anyone sitting in it has a view of the Western Division and the surface of Shreiver's desk, even if Shreiver is sitting at the desk chair. [4] A dead plant lies on one of the window sills facing the Western Division, its leaves having turned gray and withered. Some blackened seeds lie scattered in the dried dirt beneath the plant leaves.

Shreiver's office lies exactly opposite Gans's former office in the Western Division.

Third Floor

The rooms and halls of the third floor have high ceilings, reaching almost ten feet in places, but the narrow width of the rooms and halls maintain the claustrophobic feel that fills the rest of the building. During the Eastern Division's early years, this floor was not used extensively (it did not even have plumbing until the twentieth century, and only then when the Asylum needed new rooms for attendants and office personnel).

This floor is broken into fifty tiny rooms connected by a maze of corridors. All the rooms have been either abandoned, reduced to minor staff offices, or have become auxiliary laboratories or library storage.

1: Shreiver's personal library may contain rare texts on parapsychology that might help a character in a *Horror Hero* campaign as well as possible spells and adventure seeds, as per the libraries located on the first floor of this building.

2: The desk once belonged to Gans. Characters may find secret drawers or compartments in it.

3: These busts were sculpted by the Pretender (*Underworld Enemies*, p. 24) shortly before he went mad in the Western Division and fled the Asylum. These busts made hold clues or hidden objects within them, perhaps even a clue to the Pretender's real identity.

4: This chair once belonged to Gans when he was Superintendent of the Asylum. How it found its way into Shreiver's office is unknown (even Shreiver does not know), but she has found that she cannot remove it from the office. Its great weight aside, the orderlies and other staff at the Asylum have never been able to bring themselves to move the chair from where it sits, even when ordered to do so. The chair is a constant source of irritation to Shreiver.

Fourth Floor

The fourth floor of the Eastern Division has seen almost no use since it was constructed; it did not even have plumbing for most of the Twentieth Century. Although several staff members and nurses were relocated here in the past to make room in other buildings, the fourth floor was converted into the Asylum's female disturbed ward in the sixties. There are several doctor's offices, research areas, and a small medical library located on this level, all tucked away behind white, heavy metal doors with chickenwire-laced windows. The walls on this level are blindingly white.

Basement

The basement of the Eastern Division consists of a series of dark, narrow corridors with gray and white pipes running along the walls and ceiling of the rooms and halls. The lighting in the basement is poor, but most of the area is clean, sterile and silent. Rows and rows of unmarked metallic gray doors are set into the brick walls.

The Asylum morgue is located here, near stairs to the medical division on the first floor. In addition, several of the metallic doors lead to special seclusion rooms for violent or criminal female patients (see *Seclusion Rooms* in the *Wards* chapter).

Stress, Basement: Characters who enter the Eastern Division basement will feel no change in the stress level until they attempt to leave. At this point, they will suddenly discover they cannot find the stairs or the elevator. GMs should let any PCs who enter the basement without an escort wander for several hours (or more) before finding an exit. No amount of light (i.e., lanterns, flashlights) the characters bring into the basement area will cause the area to become better illuminated... flashlights and other light sources seem to dim and fade the longer characters remain in the Eastern Division basement.

Hallucinations: If any character experiencing hallucinations or under the control of a Temporary or Long Term Psychological Limitation enters the morgue, they will see their DNPCs splayed out on the metal tables... they look as if they died not too long ago. From an adjoining room, the pathologist will be speaking to someone, remarking that the DNPCs "just came in." The character eventually "snaps back" to reality to see the tables unoccupied.

If any character should happen to fall asleep or become unconscious for any reason while in the basement they automatically gain a Temporary Psychosomatic Disadvantage of the GM's choosing. The character will not be able to remember how or why they gained the Disadvantage, but under no circumstances will they want to return to the basement.

Dr. Masters

Characters should encounter the Assistant Medical Director, Dr. Masters (see below and in *Chapter Two*), before they enter the Second Ward (or they may encounter him when he makes the decision of where they should be sent in the Asylum). He works odd hours, and no matter what time the characters enter the Asylum, his office door will be open and dim light shines out from the doorway and into the hall. His perceptions (and his strange symbiosis with the Asylum itself) make it almost impossible to sneak by him... and if a character should do so, he will follow them and surprise them at an appropriate moment.

Reclassified

The stark narrowness of the Eastern Division disturbed Sally. It seemed the corridors ran together much like the roads in the dark woods that surrounded the Asylum. And again, like the Admissions Building, the halls were strangely empty, and no staff seemed to be on duty.

The tread of her guide seemed more cautious here, as it had been with Sharon before, but his face also seemed to hold an expression of uncertainty about it... here he seemed to have no knowledge of what was to happen, no sense of control that Sally had felt from him before.

Sally's guide had removed his hand from her shoulder. Instead of leading her, the two of them explored the cold corridors.

When it seemed that the pain in her head would make it impossible for her to go on, the two figures came at last to the light.

...

The light poured from an open door in the corridor.

It was warm and welcoming, like a gentle hand extended from the room beyond, and Sally stumbled toward it gratefully. It did not register that her guide stepped back into the shadows of the hall, letting her walk toward the door alone. There was the light brush of something on her shoulder, his hand perhaps, but Sally did not feel it as she moved toward the light. Here at last was someone on duty, perhaps a doctor... she could get help, reach a phone...

Behind Sally, her guide watched fearfully. His lips moved as if to speak, as if to warn her, but no words came forth.

...

Sally stepped into the light streaming from the door and stared into the office before her. The light was coming from a lamp on the desk, and behind the desk sat a man, a doctor, writing with a gold pen on the surface of his desk. The man appeared to be in

his early fifties, and his thick dark brown hair and eyebrows were peppered with gray.

On his desk sat a black nameplate: DR. MASTERS.

The doctor pushed his gold pen into the hard wood of his desk, making circles with the tip, deepening circular grooves that looked as if they been worked into the finish over several years.

"Excuse me," Sally said.

...

"Excuse me," Sally said. Her voice sounded small in the vastness of the office. Her head throbbed.

The man before her slowly looked up; Sally had a strange feeling that he had known she was there, but had chosen not to look up until she had announced herself. Now that she had stepped across the threshold of the office, the doctor seemed to be studying her. "I've—"

"—been hurt," the doctor said. His eyes studied her forehead, then the contours of her face, but he did not come around from behind the desk. "Please sit down," he nodded at the hard chair that sat in front of his desk. "You need a doctor."

He spoke with authority. His face was somber, but the strong chin and cheekbones reassured Sally. Here was the help she needed.

"Yes," Sally replied, relieved.

The man's voice was in command, steady, but he did not move from behind the desk. "Who are you and how were you injured?" His questions were delivered like orders.

"My name is Sally Robinson... and my car... um..." Sally frowned; her head was hurting again. She edged around the hard wooden chair and then sat down in it, feeling its back rigid against her spine. Almost by reflex, her arms fell onto its narrow arm rests, the tips of which felt rough, as if someone had dug their fingernails into its edge. "My car slid off the road in the rain, and I hit my head against the steering wheel..."

The doctor nodded. He wasn't nodding for her to go on. He nodded like he was confirming something.

"I think I fractured something. Is there a doctor on duty that I could see or—"

The man smiled slightly. Sally glanced at his white doctor's coat, the button-up shirt.

"Can you help me?" She said, cutting herself off. The hard wood of the chair begin to burrow into her back.

The gold pen gleamed in the doctor's hand, bending the light of the lamp. The tip was extremely sharp. The doctor wielded the pen like a scepter.

"Of course," the doctor replied.

...

In the slow silence that trailed after his words, Sally told of her predicament. She told of her becoming lost, her swerving off the road, the crash.

"The Hospital Police found your car," the doctor said. His statement did not register at first.

When it did, Sally found herself nodding, as if it was the most obvious thing in the world. He had found her car.

"Please continue," the doctor prodded.

Sally said she hadn't been able to contact the institution by phone. She had wanted to ask about an ex-patient.

"Sam Saunders," the doctor nodded. He did not take his eyes from Sally. There was the slow scratch as the gold pen bit into the surface of the table and begin to trace the circular path.

Sally's eyes widened, then she relaxed, smiling in relief. He understood. "Yes, exactly," she said. "How did you—"

"Did you bring anyone with you?" The doctor prodded.

Sally nodded. "A man... a patient led me here."

"Here?" The doctor's expression did not change, but his tone deepened, as if he had not expected this answer. "A patient? Which patient?'

Sally discovered that she had never asked the patient's name. The doctor seemed to sense it.

"Don't worry," he said. "We'll find him. I'm glad that you're okay. It's just that it's not safe for visitors to walk the Asylum grounds with patients... and it's certainly not safe for visitors to walk the grounds alone."

Sally agreed. It was good to no longer be alone. This doctor would help her.

The gold pen in the doctor's hand gleamed.

"I have one more question for you."

Sally nodded. From the man's tone of voice, it seemed that after answering this last question, she would get the help she had been looking for. She would be cared for, her head attended to, and find what she had come looking for.

Sally waited.

...

"Could you please tell me what that is by your leg there?" The doctor motioned at her left leg. Sally glanced down.

By her feet lay the brown paper bag from her car, still folded at the top. Sally stared at it.

She knew she hadn't brought it, but there it was, sitting beside her.

Had it been there when she had first come in? Sally couldn't remember. She hadn't looked. Her attention had been focused on the doctor, and the scratching of his pen. Had that been intentional?

The tension grew as the doctor waited for a response.

"I don't know what that is," Sally whispered, her words freezing in her throat. Something had gone wrong. Something was wrong.

"Put it on my desk please," the doctor said. He did not look at her as he spoke, and Sally had a terrible feeling that she was trapped in some sort of rehearsal that she had known nothing about and was unprepared for. The conversation had taken a formal, distant quality, like she was being dissected.

Her left arm reached down automatically, picked up the bag, and stretching forward, she placed it on the desk. The doctor still did not look at her; he reserved his attention for the bag before him.

It was soaked through, and it had been folded at the top just as Sally had folded it several months ago. It was as if it had never been opened. The bag lay on the desk, waiting.

The doctor's hands reached out for the bag, and unfolded the top. His hands were large and strong, and Sally found herself staring at the dark hairs that peeked from the back of his hand and fingers. Without looking inside the bag, the doctor upended it and let its contents slide out onto the desk.

Even after the storm, the costume seemed dry and unconcerned where it lay on the desk. Sally could see the contours of red, the black hood, the bandoleer straps, the empty holsters. She watched as the doctor touched the costume idly with his finger, stroking its exterior, then hooked his forefinger under the hood and lifted it up to face him.

"Hello again, Purge," he whispered, and his eyes glinted. He seemed fascinated.

Sally felt a chill settle over her. The gaze of the doctor had changed. She had been...

...reclassified. She was no longer someone from the outside.

She was a resident. A patient. The chill kept her from moving. She had to move. She had to get out of here before she became—

"A prisoner," the Doctor replied, noting her change of expression. He leveled his eyes at her, and his gaze pinned her arms. "This time you will not be leaving us."

Western Division

History

Although plans for the construction of the Western Division were drafted in 1853, the Asylum grounds were not broken until 1861, and the structure was not completed and admitting patients until 1886 (hopefully, in just enough time for a *Horror Hero* Eldritch Horror campaign). The Division was designed to house the male patients who came to the Fell's Point Asylum.

In spite of the Civil War, the Western Division's foundation was laid, and the stones and rock excavated from the building's lower levels were used to raise its walls and the Wall surrounding the Asylum grounds. Thick iron beams were erected from the foundation to support the arches of the structure, and the Division's brick walls were then raised around the iron skeleton. It was not until 1887 that all the brick work was completed, and with some ambivalence by the Asylum's directors... the brick which they thought would lend a pleasing air to the structure, gave the Western Division a disturbing red cast when the last rays of the day fell on the Asylum.

When the Western Division was initially constructed, it was intended to be an identical twin, a brother to its sister structure, the Eastern Division. Over the past century and a half, however, the Western Division has grown apart from its younger half, becoming larger, more chaotic and more alien to the Asylum staff. The patients confined in the Western Division are the most disturbed in the Asylum.

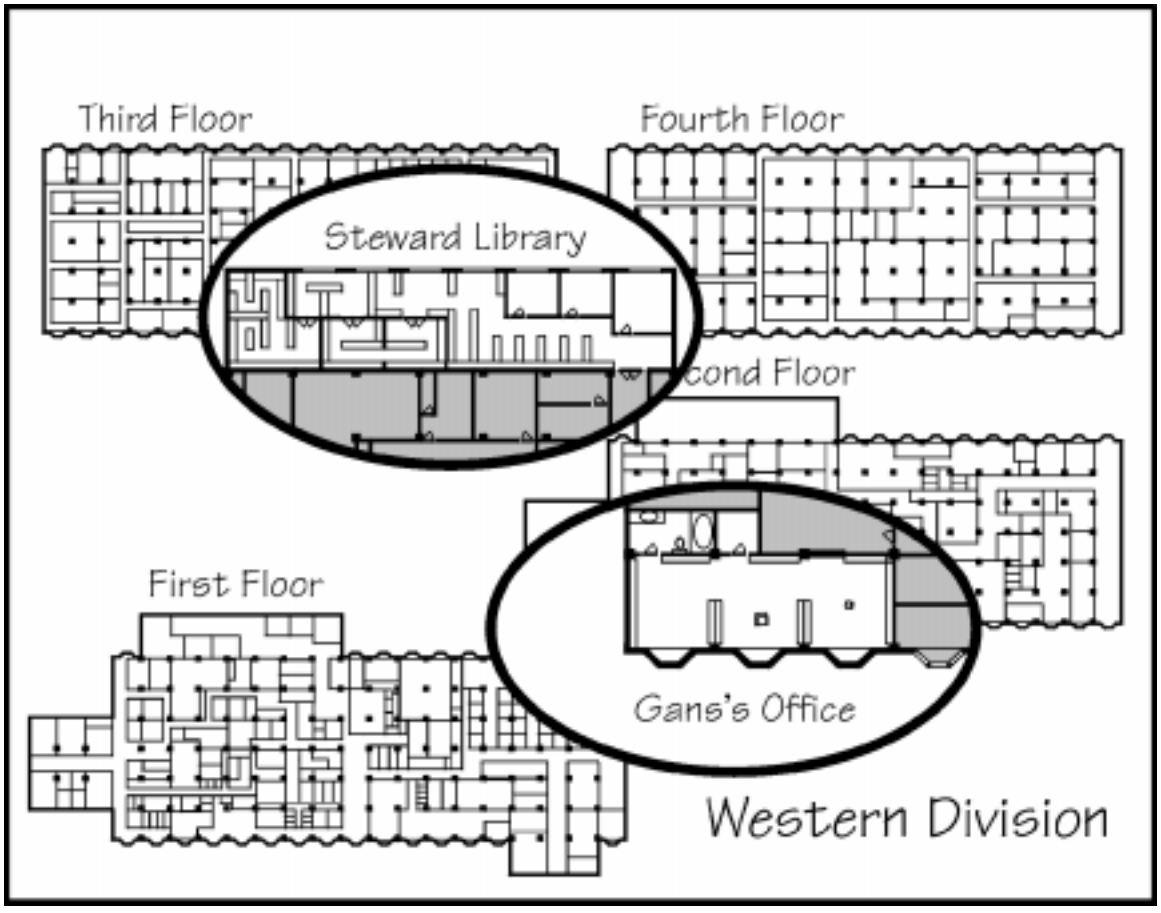
Description

Initially, the Western Division was 360 feet in length and separated from the Eastern Division by a hundred feet of open ground; since then, the structure has swelled, and a broad corridor (its former French windows bricked over) juts out from the eastern half of the Western Division to join with the Central Administration Building.

The walls of the Western Division are broken by oriel windows (all secured by iron bars and grills set into the stone), and the Division is topped by a sharp-angled, six foot tower encircled by a lattice-work balcony. A secondary tower, of more modest design than the first, is also set alongside its wall.

It seems as if the architect had been trying for a Victorian design with the Western Division, but whatever touches that reinforce this effect have either been submerged or chipped away over the years until the building has become an undefined mass of styles.

Note: Outside the Western Division are long mounds of dirt where pipes, both for fresh water and sewer drains, are buried. At first glance, they look like grave mounds (or the tunnels of some large burrowing animal). These extend to the Service Building and the Power Plant.



Stress, Western Division: The Western Division is the oldest structure on the Asylum grounds. It is also the most dangerous. GMs should tailor the wards, staff and patients in this building so that they challenge and disturb characters; descriptions and encounters should be modified so that they strike at PC and player Psychological Limitations and maximize the "Western Division effect."

As a result, characters in this building suffer a 4D6 General Presence Attack during the day (*Wrong*), growing to a 6D6 General Presence as darkness falls on the Asylum grounds (*Threatening*). Any female character in this building will suffer an additional 1D6 to the stress level. This Presence Attack is for the Western Division in general; each ward within the building has its own stress level associated with it.

Hallucinations: Hallucinations and other psychotic symptoms occur more frequently in the Western Division and vary according to which ward characters find themselves in. Characters may also get attacks of Depersonalization Disorder (the feeling of being dissociated or distanced from one's own body) while in this building.

First Floor

Initially, the ground floor of the Western Division had seventy-five rooms, each lighted by windows. Through additions, the number of rooms has expanded as the years have worn on and are used for kitchens, dining rooms, patient activities, and storage. Main offices and reception rooms are located at the eastern end of the Division, where the building faced the Eastern Division. The rest of the floor is divided into a number of wards (see the *Wards* chapter).

The Steward Library: The result of a donation by Steward, this clinical and pathological library was established in the Western Division. Despite its medical bias, a number of different texts have found their way into the shelves, including several occult texts and texts on parapsychology which Steward is responsible for concealing here (it was a convenient storage place should any of his other caches be destroyed), and PCs in a *Horror Hero* may come here in search of a rare tome or grimoire (as per the *Patient Library* in the Eastern Division, above).

Second Floor

Various disturbed wards and abandoned rooms lie on this level, along with anything else GMs wish to include. Gans's office was once located on this level (opposite where Dr. Shreiver's office is located in the Eastern Division), but characters will have considerable difficulty finding it (it has been bricked off and plastered over so that no one might use it). Several areas on this floor hold research labs containing projects in various stages of completion or failure.

Third Floor

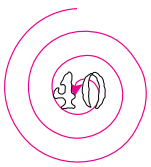
The third floor of the Western Division is much like the Eastern Division, and is broken into a mass of fifty narrow rooms connected by halls with extremely high ceilings. All the rooms have been either turned into disturbed wards, abandoned, reduced to minor staff offices or have become auxiliary laboratories or library storage. Personnel were often shuttled to rooms on the third floor when renovations were taking place in other buildings (see the description for the Eastern Division third floor for more information).

Fourth Floor

The fourth floor is much like the third, except the ceilings are lower and the halls narrower. Everything is a brownish-white, corridors bend at odd angles, and the slope of the ceilings in some rooms is inconsistent with the angle of the roof. All of the windows on this floor are covered with dirt and piled with dead insects in the corners. Chairs, desks and other furniture lies scattered in some corridors, as if someone dragged them there then forgot about them. As with the third floor, the rooms on this level served as places to shuttle employees when renovations were taking place in other structures on the grounds. It is not known what the rooms are used for now.

Basement

The basement of the Western Division is not described here; see the *Wards* and *Heresies* chapters for details.



Chapter Two: Staff

"All psychiatrists are crazy... guilt by association and all."

- Elliot Manns, the Idiot King -

The Morning Conference

The morning conference had been reduced to a drill.

The twenty doctors sat in a rough circle around the meeting table, rigid in the hard wooden chairs as they examined various charts, but none of them spoke, and they did not look at each other.

At the head of the table lay one empty chair. Behind it was a blackboard, smeared with chalk dust and the word SCHIZOPHRENIA with arrows pointing out from it in all directions.

When the door opened at the end of the room, a ripple passed through the room as the doctors stiffened in their seats.

The woman's heels clicked upon the floor as she strode to the head of the table. Not one physician turned to look at her.

"Good morning, gentlemen."

The woman's voice had a touch of dryness and age about it. It was not a greeting, and the doctors, almost in unison, echoed a reply similarly devoid of acknowledgment. There was the general sense that everyone wanted to be somewhere else. The legs of the empty chair scraped along the floor as it was drawn back from the table, yet there was no sound as the woman sat down. All the physicians saw her as only a blurred white shape in their peripheral vision.

"Let's begin," the woman continued, with the same dryness, and there was a rustle of papers across the table. With it, the formal quality seemed to abate somewhat.

One doctor, half-way down the table, spoke first, coughing slightly to clear his throat.

"Cyril Hooks is back. He was brought in by the police last night..." His words came out like they were delivered by a teletype. "Involuntary hold." His eyes did not meet those of the woman, instead scanning down the sheet of paper in front of him. "The police found him crawling naked down the center lane of the interstate." The doctor seemed to shrink slightly, as if recalling something unpleasant. "Took seven orderlies to put him in restraints. I gave him Haldol, and he's sleeping now."

The woman made no motion, and neither did the rest of the doctors. One murmured "PCP" under his breath, and the doctor who had been speaking looked up.

"It's possible." The doctor rubbed the bridge of his nose. "We'll know soon enough as soon as the results of the physical come in."

"Continue," the woman said, irritated at the interruption. Some of the doctors shifted in their seats.

"We got one Michael Tibbet..." the doctor flipped through the pages in front of him, as if to check something. "Ran into a Quick

Corner in Fell's Point claiming that Harbinger was chasing him."

"Any criminal record?" One doctor prompted. A light chuckle passed through the room, but it evaporated before it reached the woman at the head of the table.

"No," the one doctor admitted. "But he's got a long history of mental illness. After making a scene at the counter, he ran into the woman's bathroom and tried to take a bath in the toilet. Contacted his family, his father, and he says the guy hasn't been taking his meds, so I restarted him on Prolixin."

"All right," the woman prompted. "Continue."

The list droned on.

...

It would be fair to say that many of the staff members at the Asylum cared little for the woman who sat at the head of the table. One look was enough to see why this might be so.

Her face was tense... stretched taut, but not enough to smooth the wrinkles on her face. She sat as if the seat was an electric chair, angry and defiant as if the nightly report was a sentence being delivered on her. Her eyes were sharp, unfriendly, and almost everyone at the table was relieved that her gaze was not directed at them. Her hands, resting upon the surface of the table, were thin and sharp, like talons. She did not look like someone who was in the profession of helping others.

If one were to gaze at the woman sympathetically, it would be apparent that she was a very old woman. She was of such an age that pain must be ingrained in her, in every joint and muscle.

Some of the staff described her as withered and angry, like some Fury from myth or legend.

It was Dr. Masters who had drawn that analogy some years ago, and like much of what Dr. Masters said, it carried a certain weight and truth about it.

The woman was the Medical Director of the Asylum. This ostensibly meant that she maintained some control and direction over what took place within its walls. The patients maintained that she was remote, like God, and hard to see.

The woman's name was Dr. Shreiver.

She maintained such a relationship with her staff and patients that they had never found the occasion to use her first name.

...

The meeting was nearly at an end when one of the doctors happened to mention that one of the patients had been found wandering outside her ward.

"Christ," Dr. Shreiver spat. "The ward doors are supposed to be lock—" She stopped, and several doctors looked up to see what had cut her off. Shreiver's eyes were narrowed, and the next question had an edge to it. "Who was it?"

The doctor blinked, suddenly uncomfortable. "Um... Ferry, I think. Yes, Sharon Ferry, Receiving Ward. We got her back inside without a problem, thou—"

Shreiver immediately turned back to the doctor who had began the meeting. "Give me that list again. Just the names."

The doctor rolled them off his tongue, and Shreiver nodded impatiently until he was finished, then she glared around the room.

"Was anyone *else* admitted last night? Someone who might have been turned aw—?"

"Excuse me," a new voice spoke. Everyone in the room turned to look at the figure at the opposite end of the table. Though his voice was soothing, it silenced everyone in the room.

"There was one more admission, I believe. I did not realize it until the names were re-read."

Dr. Masters folded his arms on the table, the gold pen flashing in his fingers.

...

"It was a Miss... Sally Robinson." Dr. Masters frowned,

as if trying to recall the details. He glanced at the doctor who had started the meeting, looking at him with an eyebrow raised. "She should have been listed in the nightly report..."

"Was she turned away?" Shreiver voice leveled out.

"No, I don't believe so," Dr. Masters tapped the pen in his palm. "Are you sure she's not there in the nightly report? I had heard—"

"She's *not* on the report," Shreiver cut him off angrily. "*Was she admitted*?"

"To my knowledge, she was," Dr. Masters replied, unruffled. "I had heard she was admitted by one of the doctors in the Eastern Division." He turned to glance at several of the physicians on his left, who looked at him blankly, then shook their heads.

"Didn't come to us," one piped up, almost raising his hands to deny the accusation. "Never even heard of her."

Shreiver's eyes narrowed further, and her voice dropped. "If there's a potentially dangerous patient wandering about this institution, I'll—"

"Wait... here it is." The doctor who had begun the meeting was staring in surprise at the report in front of him. "I must have missed—" He shook his head, as if clearing it. Dr. Masters leaned back in his seat as Shreiver focused the heat of her gaze on the speaker. "Yeah, here she is. A Robinson, Sally, black woman, thirties, admitted last night at about three A.M., voluntary admission, administered Haldol to calm her down..."

"You just happened to skip her *twice*?" Shreiver tapped the surface of the table with her fingers. She looked like she was about to deliver a lecture, then frowned. "Could someone please tell me why that name sounds so familiar?"

There was silence surrounding the table, followed by several shrugs. Shreiver shook her head, putting the question aside, then nodded at the doctor holding the list. "What was she admitted for?"

"Let's see... delusional, possible..." the doctor paused. "Uh, possible Persona Personality Disorder..."

"*Excuse* me?" Shreiver's voice rose, as if incredulous. "Could you tell me how you just 'happened' to miss that on the night call?!"

The doctor didn't seem to hear her. He was staring at the rest of the report.

"What *is* it?" Shreiver's question was a warning.

The doctor looked up in shock, then looked around him, as if to seek reassurance from the other doctors.

"She thinks she's Purge." His voice was weak, and he turned to look at the assembled staff. Shreiver looked as if she had just been struck, as did many of the doctors.

"Oh, shit," one of the doctors said.

...

"We can't let that out!" One of the doctors was near panic. "If we let loose the fact that someone who thinks they're Purge is here, we—" his voice stammered, then broke. "We'll have a riot! We don't have the personnel! Don't you remember last time?! Once the patients hear about this..." his hands were waving almost uncontrollably. "That... that patient... she'll be massacred!"

"If she's lucky," another doctor sighed. "Can't we transfer her?"

"Out of the question," Shreiver said irritatedly. "There's nowhere else. You know that." She seemed to be thinking.

"Let me have her," Dr. Masters spoke softly. As before, the room became silent and everyone turned to look at him. Masters's attention, however, was focused solely on Shreiver.

"Let me have her," he prodded again, and his voice was softer than before, almost seductive. "I can keep her under control."

Shreiver stared at him, as if chewing it over. The other doctors waited silently. But what came out of Shreiver's mouth came as a surprise to them all.

"No," Shreiver said. "I'll take care of her."

The Hierarchy

Mapping the Asylum hierarchy is an exercise in frustration. It is not clear exactly who is in charge of what department, of what ward, or who is in charge of making sure that personnel and service needs of the hospital are met. All that can be said for certain is that the Asylum hierarchy is never static. It is generally assumed that Dr. Shreiver sits somewhere at the top, with the patients resting at the bottom, and a number of Directors, Administrators, Therapists, Managers, Charge Nurses, Aides, and Maintenance Personnel scattered in-between.

A general hierarchical map follows:

Asylum Trustees: GM's Decision

Nine Trustees oversee the Asylum, and Dr. Shreiver is required to report to them on all activities taking place within the institution. No one is really quite sure who the Trustees are... most patients and staff assume the hierarchy ends at Dr. Shreiver. They find the idea that Dr. Shreiver may actually have to answer to someone hard to believe. [1]

Medical Director: Dr. Shreiver

Dr. Shreiver has been entrenched in the position of Medical Director since 1972. As Medical Director, Shreiver is expected to have a personal knowledge of many of the patients in the hospital and to examine all the daily reports of all physicians and nurses. She is also expected to carefully monitor the Asylum budget and to see to it that all medical records in the Asylum are properly kept. She answers only to the Trustees (above). Dr. Shreiver's character sheet is located at the end of this chapter.

Assistant Medical Director: Dr. Masters

Answers to Medical Director. In charge of Chief of Service, Director of Training and Director of Clinical Services.

The Assistant Medical Director handles the admission and scheduling of new patients, and is the primary link between the patients and their families. The Assistant Medical Director also supervises ward management, handles the financial details of patients' accounts, advises the Chief of Service, acts as the coordinator of internal hospital activities, handles legal problems concerning patients and acts as Medical Director in Dr. Shreiver's absence. Dr. Masters is the one responsible for assigning the patients to the Asylum wards. His character brief is listed in the *Physicians* section, below.

Director of Training: Dr. Leonard Elkins

Answers to Medical Director and Assistant Medical Director. [2] On the same level with Chief of Service, he is in charge of Assistant Psychiatrists and the Residents.

The Director of Training is in charge of the Asylum's training program, handles the admission of new students [3] and maintains close ties with many staff members at Fell's Point University; Dr. Elkins himself used to teach at Fell's Point University in 1989, but after an accident involving his son in 1990, he resigned from teaching at the University and has devoted himself at the Asylum full time. Dr. Elkins's statistics are listed in the *Physicians* section, below.

Director of Clinical Services: Dr. Benjamin Pope

Answers to Medical Director and Assistant Medical Director. [2] On the same level with Chief of Service, he is in charge of Assistant Psychiatrists.

The Clinical Director is in charge of most medical activities, including the care and treatment of patients, and all clinical research taking place in the Asylum. Presumably Dr. Pope is in charge of the Asylum's clinical laboratory, but he doesn't ever seem to know what sorts of studies and research are being carried out in the Asylum.

Chief of Service: Asylum Administrative Director

Answers to Assistant Medical Director. In Charge of Operating and Professional Departments and Assistant Psychiatrists.

The Chief of Service is responsible for individual admissions and transferring patients from ward to ward when desirable (assigning patients to wards is the province of the Assistant Medical Director, above). The Chief of Service is also responsible for coordinating and overseeing all the operating and professional departments in the Asylum (see below). The Chief of Service also gives administrative supervision to residents working on their wards.

1: The GM can choose the Trustees from the ranks of NPCs in their own campaign or wait for elaboration of the Asylum Trustees in future *Dark Champions* supplements.

2: As of 1990, neither of these two gentlemen answered to anyone except Dr. Shreiver; during the upheaval of 1990, however, the lines of authority were restructured, and now both of these Directors must answer to the Assistant Medical Director. Neither Elkins nor Pope care for this much, not necessarily because of Dr. Masters, but because of principle.

3: The Assistant Medical Director, however, has been placed in charge of deciding where new students and residents are assigned within the Asylum (i.e., to which ward).

Assistant Psychiatrists

Assistant Psychiatrists answer to everyone except Residents. In Charge of Residents.

Assistant Psychiatrists handle many of the patients in the wards; PCs are more likely to encounter them before the senior staff members. GMs can make an assistant psychiatrist template using the information provided for *Physicians*, below.

Residents

Residents answer to everyone except Operating and Professional Department Staff

Residents are graduates of medical school who have come to the Asylum for two years to complete their education. Few stay longer than two years... in fact, few last longer than two years, although this is not advertised in the Fell's Point Asylum brochures. GMs can make a sample resident using the information provided for *Physicians*, below.

In addition, there are several Operating and Professional Departments in the Asylum that answer to the Chief of Service, including:

Operating Departments:

Administrative Assistant, Dietary, Maintenance/Services, Records and Clerical, Personnel, Library

The Administrative Assistant is the Chief of Service's second-in-command and helps with much of the Asylum's day to day scheduling and busy work.

The Dietitian is in charge of about twenty staff members. These staff members include assistants, cooks, dishwashers and so on. These staff members have a high turnover rate.

The Director of Maintenance and Services is in charge of about fifteen staff members, including the Building Maintenance Personnel, Laboratory Maintenance Personnel, and the Housekeeping and Janitorial Staff. Building Maintenance Personnel can occasionally be seen around the Asylum, with heavy tool belts and walkie-talkies crackling at their sides. These staff members have a high turnover rate.

No one is really sure who is in charge of the Records division, but whoever the hell it is, they are doing one god-awful job. It is believed that, in addition to the Director of this division, there may be anywhere from five to eight clerks and assistants "working" in this department.

For more information on the Library division, see the entries for the libraries in the *Asylum Grounds* section.

Professional Departments:

Nursing, Out Patient Services, Occupational Therapy and Social Services

The Nursing Department is the largest department in the Asylum and contains two branches, one headed by the Director of Nursing (in charge of both personnel and nursing services) and the other headed by the Director of Nursing Education (in charge of training the student nurses). Anywhere from fifty to seventy nurses and orderlies answer to the Director of Nursing, and ten to fifteen student nurses answer to the Director of Nursing Education.

The Director of Outpatient Services has two secretaries serving under her. This department handles the Asylum's outpatients (in outpatient therapy, a patient meets regularly with a therapist while continuing to live at home). Their office is located on the first floor of the Western Wing of the Bourne House.

Director of Occupational Therapy has about nine to ten staff members at any one time. These staff members can usually be found in the Steward Building or the Ford Building during working hours.

Social Services Department has been scaled back since the Sixties and Seventies. Anywhere from five to eight social workers are in this department, and they are a tired, cranky bunch. They often complain about the condition of the Asylum records.

Physicians

"You know, sometimes I ask myself, 'Why did I pick this field?' It's just like opening an emotional can of worms. It ruins *everything*... no part of your life remains untouched. My wife hates me for the hours, especially the late-night calls telling me to come in because one of the patients tried to drown themselves in the toilet or slash their wrists... then there's hearing the tired, bigot-ridden Fell's Point cliché that all we know how to do here is beat up the patients and look the other way when they make a break for it. Not only that, everything I do is accompanied by a nagging question: 'Why am I doing this?' If I try to relax by reading a book, I think, 'Oh, this means I'm trying to escape from reality because reality is too painful.' If I get an apple at lunch, I wonder why I chose it, I wonder *why* it's red and what I 'really' meant by picking it up. You end up reading into everything, cross-examining everything you do, again and again and again until you aren't sure whether you're able to see life on the literal level at all! And people think the *patients* here are screwed up... well, they have no idea."

Physicians

Powers and Skills: Use any of the NPC templates listed on pp.133-134 of the *Hero System Rulebook* (including the Incompetent template). Each Physician usually has Bureaucratics 8-, Paramedic 11-, AK: Asylum 11-, KS: Asylum Patients (in their ward) 11-, KS: Personal Hobby or Interest 11-, WF: Syringes, and +1 OCV with Grabs.

Psychiatrist [Psychotherapist]: Perk: Licensed Psychiatrist, Conversation 11-, Persuasion 11-, PS: Psychiatrist 11- and SC: Psychology/Psychiatry on an 11 or less.

Doctor: Perk: Licensed Doctor, PS: Doctor 11- and SC: General Medicine on an 11 or less.

Administrator: As per Psychiatrist or Doctor, above, except for Bureaucratics at an 11 or less.

25+ Disadvantages: Floating Disadvantage (either Psychosomatic Vulnerability, Psychosomatic Accidental Change, Berserk, Enraged, Physical Limitation, Age, a Psychosomatic Susceptibility or Dependency, Reputation, DNPC, Unluck or Rivalry, worth ten points), Psychological Limitation (two Common, Moderate limitations or one Common, Strong Limitation, see below), Distinctive Features: Psychiatrist (Concealable, Recognized), Monitored by Administrator (As Pow, NCI) 8-, Hunted (Stalked) by Asylum Patients (Mo Pow, NCI) on an eight or less.

BACKGROUND: The Asylum physicians usually come from middle or upper-class backgrounds. Their educational background is nearly identical, and is largely restricted to medical and psychiatric training. Most of them have been students of one of the local psychoanalytic institutes in Fell's Point. The number of physicians in the Asylum varies between 18-22... none of these are women. [1]

The Asylum is either the beginning or the end of a character's career. Physicians who can no longer practice at other hospitals frequently come to the Asylum for employment; the shortage of employees at the Asylum usually allows incompetent doctors another chance in the workplace. Once within the Asylum, they remain there until they retire or die.

PERSONALITY: Many psychiatrists suffer damage to their home lives due to their work at the Asylum. Failed marriages, divorces, adultery, petty feuds and jealousies fill the lives of some psychiatrists, and usually result in increasing stress in the workplace. Asylum psychiatrists and administrators have a wide range of emotional problems as well (see their *Disadvantages*, above).

APPEARANCE: Most Asylum psychiatrists wear slacks, a white shirt and tie, and a white laboratory coat. Their mental disturbance will either be prominent (i.e., a facial tic, disorganized speech, disheveled appearance) or quietly hidden beneath a subdued demeanor. Except for three or four seniors, Asylum physicians tend to be between thirty and forty-five years of age. When not seeing patients, they generally wear business suits.

Specific Physicians/Administrators

Dr. Masters [ASSISTANT MEDICAL DIRECTOR]

20	STR	15	DEX	20	CON	20	BODY	20	INT
20	EGO	20	PRE	12	COM	8	PD	8	ED
4	SPD	10	REC	40	END	50	STUN		

Skills and Powers: Damage Reduction 50%, Energy and Physical, Resistant, STUN Only (-1/2); Damage Resistance (Psychosomatic, 8 PD/8 ED), Must be aware of attack (-1/4); Mental Defense (10 Points); Presence Defense (*New Power*, 10 Points of protection against Presence Attacks); 8D6 Telepathy (Pseudopathy), 0 END (+1/2), Invisible Effects (+1/2), AVAD (*New Power Limitation*; pseudopathy works vs. Presence Defense instead of Mental Defense, +1/4), Limited Power: Effect Roll is limited to EGO+20 (-1/2), Ineffective against characters with no human mannerisms (-1/4 or +0); Ambidexterity, Combat Sense 13-, Cramming 8-, Danger Sense (All attacks he can detect with his senses)11-, Defense Maneuver IV (*UMA*, p. 145), Fast Draw 13-, Find Weakness 13-, +10 Lightning Reflexes with all Attacks, Lightsleep, 3D6 Luck, Perk: Licensed Psychiatrist, Acting 15-, Bureaucracy 13-, Conversation 16-, Criminology 15-, Deduction 15-, Disguise 15-, Forensic Medicine 13-, Forgery 15-, Paramedic 13-, Persuasion 16-, Seduction 11-, Shadowing 15-, Stealth 15-, Tactics 15-, AK: Asylum 12-, KS: Asylum 12-, KS: Asylum Subculture 11-, KS: Library Research [2] (Asylum Files) 11-, PS: Psychiatrist 15-, SC: Pharmacology/Toxicology 13-, SC: Psychology/Psychiatry 13-, WF: Garrote, Straight Razor, Off Hand, Small Arms, Syringes, +2 Overall Combat Levels. Masters also has twenty extra points that can be spent in any way the GM sees fit to make him especially dangerous for their campaign.

Note: Within the Asylum, Masters's Stealth and Shadowing are replaced with Cinematic Invisibility and Vanishing Teleport, and he gains +2 to his Combat Sense, Danger Sense and Find Weakness. It is as if he is in tune with every stone in the Asylum, and he can hear them whisper to him of danger and intruders.

1: Dr. Shreiver is the only female physician in the Asylum. It is not known why or how this has come about. No one has really taken the time to study the matter.

2: This skill is allowed for Masters only due to his unnatural affinity for sifting through the Asylum records. He sorts through as easily as plucking a card from a deck. He does wonderful vigilante impersonations and Blue Moon cards.

100+ Disadvantages: Psychological Limitation: Quiet Sociopath (Very Common, Total) and Distinctive Features: Asylum Doctor (Concealable, Recognized). Masters has no other Disadvantages; other than his contempt for humanity, he is quite sane and comfortable with himself. When using his Disguise abilities, he appears to have the Age: 40+ Disadvantage.

Appearance: Past the gray slacks, white button-up shirt, and the pressed and starched laboratory coat, this doctor appears nondescript. He is white, in his early fifties, and his thick dark brown hair and eyebrows are peppered with gray. When standing, he likes to wrap his arms around himself (it almost looks like he is crossing his arms). He appears quite composed, and his face is somber and robust, with a strong chin and cheekbones. A gold pen is tucked in the breast pocket of his lab coat.

Quote: [Smiles.] "Please, let me know if I can be of any help."

Notes: A well-respected administrator and a stern, methodical, and efficient doctor, Masters makes initial contact with the families of patients, arranges dates for visitation and appointments, and remains close to each patient, making rounds and visiting them everyday. He consults with the Superintendent, department heads and service chiefs and conducts six weekly staff conferences, five of which were devoted to clinical affairs, and the sixth to administrative problems. Rumor has it that he and Dr. Shreiver are something of an item (untrue).

DR. MASTERS

Masters spends most of his time greeting new patients that come to the hospital, waiting for them in his office at the head of the Second Ward. Sitting in his huge leather chair, he examines each patient as they arrive. As he questions them about their mental problems and their history (medical and personal), Masters's uncaps his gold pen and scratches its tip into a blank sheet of paper, coiling it inwards in a number of circles equal to the ward which he assigns them to. Once finished, he dabs the dark red ink of the pen onto the bottom of the paper like a signature and tucks the pen back in his breast pocket. He often grins as he does this, and his normally somber features become grotesque. Patients cannot recall this when they leave his office, however.

Masters is one of the most dangerous characters in the Asylum. In addition to his duties as Assistant Medical Director, Masters spends his off-duty time stalking and murdering other human beings. He doesn't have any deep-rooted psychological reason for this... he just does it to "unwind." He has never been caught, much less been placed under suspicion, primarily because he is extremely intelligent, careful and tailors his killing pattern to whoever is in the Asylum at the time. So while the PCs are going apeshit trying to see how Jimmy the Kidney-Eating Killer escaped from his cell, munched down, and came back again, Masters is laughing himself senseless. He has access to the files, so he knows exactly how the inmates kill, and can match the MO perfectly. He has been known to do wonderful vigilante impersonations.

No one really knows what Masters's first name is. If asked, he will respond "Minos," then walk away, chuckling to himself.

Nurses

"It's easy to blame a number of the problems here on the staff shortage, but really, that's only a small part of the problem." [Plunges hypodermic into rubber-stoppered vial, then lifts the plunger slowly.] "Not having enough staff is really irrelevant if you can't even count on the staff that *does* show up to keep things under control. The women..." [Nods her head around at the other nurses.] "...we're really alone here, when it comes down to it, and when you consider the kind of patients they keep here, it's a *very* scary thought." [Sets down hypodermic on tray, prepares another needle.] "If there was an underlying problem here at the institution, it would be one of attitude, I suppose. You can see it when the new batch of student nurses come onto the wards, all eager and ready to begin... a month into working, however, and they've *changed*.... every one of them. Most don't stay. Those that do, lose something inside. This place, well, it rubs off on you." [Plunges another hypodermic into a vial, lifts back plunger.]

"My charge nurse seems to be functioning on little or no sleep, and her voice cracks when she's giving orders... and sometimes she repeats herself, like things will magically become done if she says it

enough." [Shakes her head in irritation.] "I'm not even sure she's even talking to *us* when she's giving the orders... it's more like..." [Struggles for the word, waving the hypodermic in her hand.] "...reassuring herself, I suppose." [Frowns, then returns to filling hypodermic.] "The rest of the staff isn't much better. The physicians make their rounds as quickly as possible, mumble off their orders to us, and that's that for their involvement... they will quickly step out of the ward and back to their offices. Sometimes they even get confused as to which ward they're *on*, as if someone switched the wards around overnight and no one told them! I mean, really! If they spent a little more time with the patients perhaps they'd..." [Shakes head in exasperation.]

"And the orderlies..." [Glances around, lowers voice as she reaches for an empty needle.] "...some of them, have this *deadness* about them... it's like their personality has been cut out of them just by working here. It's so easy to mistake them for one of the patients." [Nods knowingly.]

"So maybe now you understand a little what's it like to be trapped at this level." [Casually stabs hypodermic into her forearm, lifts back plunger.] "You do a job too well, you get in trouble. Don't do a job well enough, and there's going to be some kind of other trouble... no one really—" [Watches hypodermic fill with blood, then her eyes widen.] "Dammit!" [Yanks hypodermic out of her arm and throws it down on counter, glaring at the bloody needle as if it is to blame. After a moment, she starts to shake, and puts a hand over the needle puncture. Her eyes narrow.] "I *hate* this place."

Nurses

Powers and Skills: Use any of the NPC templates listed on pp.133-134 of the *Hero System Rulebook* (including the Incompetent template). Each Nurse usually has the Perk: Licensed Nurse, Paramedic 11-, AK: Asylum 8-, KS: Asylum Patients (in their ward) 11-, KS: Personal Hobby or Interest 11-, WF: Syringes and +1 OCV with Grabs.

25+ Disadvantages: Floating Disadvantage (either Psychosomatic Vulnerability, Psychosomatic Accidental Change, Berserk, Enraged, Physical Limitation, Age, a Psychosomatic Susceptibility or Dependency, Reputation, DNPC, Unluck or Rivalry, worth ten points), Psychological Limitation (two Common, Moderate limitations or one Common, Strong Limitation, see below), Distinctive Features: Nurse (Concealable, Recognized), Monitored by Supervisor or Administrator (As Pow, NCI) 8-, Hunted (Stalked) by Asylum Patients (Mo Pow, NCI) on an eight or less.

BACKGROUND: All the Asylum nurses are women. [1] Springing largely from the middle or lower class, almost all are high school graduates with a nursing education; the few who have gone to college have taken courses in advanced nursing education. Most of the nurses at the Asylum are in their twenties. Few are older than forty.

Nurses generally work on the ward for a few months, learning psychiatric nursing for the first time, then assume the position of charge nurse. If the nurse is successful at this for a few months, a supervisor's job is likely to be waiting for them. The Asylum, like many other hospitals in Fell's Point, has no route for professional advancement except the route which takes the nurses away from direct patient care. Thus, the good nurses are separated from the patients as they rise through the ranks, while the bad nurses are stuck caring for the patients.

APPEARANCE: Nurses dress in a white two-piece uniform, their uniform almost as ghostly white as the orderlies' uniforms. The nurses' features are almost lost behind the harsh white uniform... most PCs will find that they cannot remember what a nurse they just talked to looked like; all they will be able to remember is the bleached white uniform burned into their mind. All nurses in the Asylum are women.

Orderlies

"Let me tell ya, my job ain't easy with some of these guys they got in here, and sometimes, you can't even tell which ones are screwed up, the doctors or the patients... some of the other guys who work this ward with me, it's like they friggin' died in their beds, then woke up and kept going to work, like they ain't got nothin' better to do. They're zombies. They don't smile, don't answer when you talk to 'em, and their faces look like they been crusted with this white powder... I don't know. They look like they ain't slept in weeks. It's like someone just flicked off this switch inside 'em, and they just don't feel nothin' anymore.

"I know why they're like that, too... the nurses, see, they can stay in their little glass fort, the shrinks can hang in their room off in the Eastern Division drawing their stupid charts and graphs, but me, I see these guys in the trenches, clean up their shit, kick 'em outta bed, and try to make sure they don't kill each other on the way to the cafeteria. All for a crummy paycheck at the end of the week that might be just enough to make the rent. Me, I got kids to feed, a wife screaming at me every friggin' night, and they wonder why I ain't all hot to jump into the middle of trouble when it happens... and believe me, it happens." [Pauses, glances around.] "Somethin' else you should know, too. These loony toons play a lotta games an' act stupid. But they ain't." [Taps head meaningfully, nods.] "They don't think I can tell, but I can. Some of the ones act all loopy when the therapist is walking around or when the nurse gives them their drugs, but when they think I ain't looking, I can see 'em *change*. They're just waiting for something', an' I ain't gonna be here when it comes down."

1: Again, as per the *physicians* above, the reason for this is unknown. No one really seems to care.

Orderlies

13	STR	13	DEX	13	CON	11	BODY	10	INT
10	EGO	10	PRE	10	COM	3	PD	3	ED
3	SPD	6	REC	26	END	26	STUN		

Powers and Skills: Each orderly possesses the Wrestling Martial Arts Package (All maneuvers listed in *Hero System Rulebook*, p. 33) or the Dirty Infighting Package (Choke Hold, Martial Grab and Sacrifice Throw recommended), depending on their background. Their other skills include AK: Asylum 11-, PS: Orderly 11-, KS: Asylum Patients (in their ward) 11-, KS: Personal Hobby or Interest 11-, Breakfall 12-, Paramedic 11-, Stealth (only in Asylum) 8-, WF: Syringes and Nets (see *Escapes*, below), +1 Combat Level with HTH Combat, and +1 additional Combat Level with Grabs.

Older Orderlies: Any orderly who has been at the Asylum for a year or more will have 9 INT, 8 EGO, -1" Running (5" Total); +5 STR with Invisible Effects to Normal Sight (+1/2), only in the Asylum (-1/2); +5 CON and BODY, only to resist the effects of Stunning, Disabling and Impairing (-1/2); +5 PD and ED, only in the Asylum (-1/2), five points of Presence Defense (*New Power*, provides five points of defense against Presence attacks; nothing phases them), only in the Asylum (-1/2); Talent: Simulate Death, Climbing 13- (only in the Asylum), Shadowing 13- (only in the Asylum), Stealth at 13- (only in the Asylum). [1] Furthermore, all older orderlies will automatically possess the *Martial Escape* maneuver listed in the *Hero System Rulebook*, p. 31; if a character attempts to Grab them or restrain them, the orderly slips through the character's grasp as if insubstantial. In addition to the Combat Levels mentioned in the statistics above, the orderlies seem to gain strength from the presence of other orderlies... for every orderly above one attacking the same character, each orderly gains +1 Combat Level (i.e., four orderlies attacking one character gain +3 Combat Levels to all their attacks). They should be far more terrible when they are encountered in a group; the oppressive silence that presses on each of them seems magnified when they are together.

25+ Disadvantages: Floating Disadvantage [2] (either Psychosomatic Vulnerability, Psychosomatic Accidental Change, Berserk, Enraged, Physical Limitation, Psychosomatic Susceptibility or Dependency, Reputation, DNPC, Unluck or Rivalry, worth ten points), Psychological Limitation (two Common, Moderate limitations or one Common, Strong Limitation, see below), Normal Characteristic Maximum, Distinctive Features: Orderly [3] (Concealable, Recognized), Monitored by Charge Nurse (As Pow, NCI) 8-, Hunted by Asylum Patients (Mo Pow, NCI) on an eight or less.

BACKGROUND: The orderlies are not a homogeneous group. Half are scrounged from the Fell's Point area, usually from the lower-class sections of the Southside and the Borough (i.e., the lower class/slum districts of the campaign city). Most barely have a high school education, but some are psychology students or premed students who have come to the hospital to get an education.

Any orderly that has remained at the Asylum for more than five months will begin to change. Their emotional expression becomes restricted, they lose touch with their feelings, and become stiff and hollow inside. Any life they may have once had outside the Asylum walls usually falls apart, as they slowly lose the capacity to care for family or friends... in several cases, the orderly's family and friends fade from memory. Divorces and suicides are common but are rarely mentioned among the staff.

QUOTE: The Orderlies have developed unresponsiveness to a fine art, so much so that characters may believe the orderlies have been drugged, or that they are not alive at all.

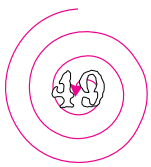
As a general rule, the orderlies don't have casual conversations with the patients, although they will listen when a patient speaks to them. When speaking, the orderlies are firm and direct. In the instances when they do speak, the orderlies are firm and direct, but rarely say anything more than noncommittal phrases such as "how do you do?" They answer all questions with a blank-faced, mechanical "yes."

POWERS/TACTICS: The orderlies have a few simple rules for dealing with the patients, some of which the PCs would be wise to follow: The orderlies don't ever turn their backs on any of the patients and when possible, they keep their back to the walls. They don't point or stare at any of the patients or at anything else

1: It is recommended that for cinematic reasons, that the Asylum orderlies gain Vanishing Teleports and Invisibility within the Asylum. They seem to materialize out of the walls to encircle offending patients.

2: In the older orderlies, any Psychosomatic Disadvantages (especially Berserk or Enraged Disadvantages) will be "quiet" Disadvantages (i.e., Invisible Effects); for example, an orderly with a Berserk or Enraged Disadvantage will act as per the Berserk or Enraged Disadvantage, but their facial expression will never change and they will never become visibly agitated while they are attacking a character. GMs may also simply rule that any Asylum orderlies who have been trapped in the institution for a year or more has the Psychological Limitation: "Flattened Affect" that simulates their deadened spirits. Stress Level-based Psychosomatic Dependencies on being in the Asylum are not uncommon.

3: In recent recruits, this Disadvantage simulates their orderly uniforms which they can take off and dump in the laundry at the end of the day. In the older employees, this Disadvantage should be increased to a Not Concealable, Recognized Disadvantage to simulate the orderlies' stiffened movements, pale skin and somber features. In addition, a Psychosomatic Distinctive Features (Not Concealable, Major) should be added to their character sheet to simulate their restricted emotional expression.



on the ward. When sharp utensils ("sharps") are distributed, the orderlies watch the patients and keep them out of stabbing distance of each other. The orderlies don't make any sudden movements around patients, no matter how sedate the patients appear to be. When they move through the ward, they move slowly and deliberately... they never give any sign that they are anything but in full control of the situation.

The number of orderlies stationed in the Asylum is not important. Despite what is listed in the records, there will always be far more than any character could possibly defeat. For every one the character strikes down, two more will materialize from the Asylum darkness to subdue the character.

APPEARANCE: Most orderlies wear "ghostly whites," a two-piece uniform consisting of a pair of pants and a long-sleeved shirt with metal snaps down one side. Despite the starched stiffness of the uniform, it does not make so much as a whisper when the orderlies move. The orderlies' white shoes have thick rubber soles that allow them to move silently through the ward.

When describing the older orderlies, GMs should not give them too much "flavor," at least when describing them as they are working on the ward. Descriptions should be slanted so the orderlies appear faceless and inhuman, with impassive expression, stubborn relentlessness and a cold monotone to their voice when responding to others. They are unusually pale, featureless, and shadows gather in every crease in their uniform and lurk under their brows so that their eyes are hidden from view.

Domestic Staff

Benjamin Brown — JANITOR [NO WARD]

Skills: [Incompetent template, *Hero System Rulebook*, p. 133.] AK: Asylum, 11-, AK: Asylum Subsystems 8-, PS: Janitor 11- and KS: Asylum Subculture on an 8 or less.

25+ Disadvantages: Psychological Limitation: Social Phobia (the "Asylum on th' outside," Very Common, Strong), Age: 60+.

Appearance: A spindly black man in his early sixties with hair graying at the temples. He is dressed in a faded, dark blue janitorial uniform with pants rolled up at the hem so that they rise above his ankles. He hums softly while mopping the floors and emptying the trash in the staff offices, and he says hello to everyone who walks by him, even the patients who are incapable of hearing him.

Notes: Ben is a black gentleman who has worked at the Asylum staff for the past forty years. Unfailing courteous, and always having a kind word for everyone, Ben has never missed a day of work in his life. Even during the Fell's Point riots and the numerous crisis situations that have taken place at the Asylum, he has somehow managed to arrive on time. If the PCs check on him, they will discover he has no home address, no family, no one to call. In fact, it seems the only thing anyone knows about Ben is that he works in the maintenance department.

In truth, in his forty years of service, Ben has never left the Asylum. He was admitted in his early twenties after he began to hear voices; as all patients at the time were set to work by the staff to cut down on costs, he took up the janitorial role that he has been holding up all his life. He lives in a secret alcove in the basement of the Power Plant. After work, instead of going home, he checks to make sure no one is following him, then slips downstairs. Ben's niche holds only his narrow bed, a few medical magazines and journals, and a wooden box that holds his neatly pressed maintenance uniforms. He spends the evening reading books he has borrowed from the library, goes to bed, then wakes up for work the next morning. If anyone knows Ben lives in the Asylum, they have not reported it to anyone.

Ben is hiding in the Asylum from something he can't define... as best as he can manage, Ben finds the outside world to be "crazy," and it frightens him. The Asylum, on the other hand, he finds somehow comforting, and he spends many of his hours sitting in his niche in the basement and listening to the sounds that drift down through the vents and ducts.

BENJAMIN BROWN

When possible, Ben should be connected to a PC's origin or background. He may have retreated to the Asylum after one of his family was killed by a vigilante or by a villain in the campaign.

Author's Note: Ben serves two roles. One is as *deux ex machina*. Ben can be a valuable source of information and can help the PCs escape the Asylum if they are captured. Ben's other role stems his personality... Ben has a heroic heart. He does the right thing *because* it is the right thing to do. When he sees someone in trouble, he will help them as best he can, either intervening himself or calling a responsible staff member or Asylum security to intervene. If the PC show him kindness (i.e., preserve his secret from the Asylum staff or become his friend), he will go as far as to sacrifice his life for theirs.

Ben claims he knows who the Poet is (see *Asylum Grounds*). He says he was some kinda masked vigilante way back when, probably the first one that ever popped up in Fell's Point.

12 Hours From Midnight

The following is a rough break-down of a "day on the ward." The GM should use this only to get a feel for the passage of time on a day-to-day basis and should change it to mesh with adventures and plots within the Asylum.

7:45 AM: Most patients are in their rooms. Some sit in chairs in the corners of the darkened ward, or lay in front of the kitchen door, waiting.

7:50 AM: The two orderlies on the night shift prepare to leave the ward. They gather their clothes (and any other articles they brought with them) and watch the clock for the day-shift to relieve them.

7:57 AM: The day shift Charge Nurse arrives. The lights in the ward come ablaze, then blacken like expended flash bulbs, then come to life again, until the cycle has been repeated three times. Coupled with the rising and setting of the lights, there is a low, harsh buzz (not unlike a colony of insects) from the Asylum speakers. The alarm is not turned off until all patients have risen from their beds.

As the alarm drones on and the lights flicker, ghostly-white orderlies drift slowly from the nurse's station and slide amongst the beds, pulling the patients to their feet. Once forced from their beds, the patients are mechanically set to work doing chores on the ward. The other patients, usually the Catatonic Schizophrenics, are rolled out of bed, their urine-stained mattresses pulled from their beds, and the ghosts hose their owners down and place them in clean patient greens.

8:00 AM: The Day Shift (8:00 AM to 4:00 PM) shuffles in over the next part of the hour as the night shift orderlies wait impatiently to leave. Once most of the day-shift is assembled, one orderly leaves, while the other orderly gives a dry, monotonous outline of what happened on the night shift to the day-shift personnel. Once he has finished his recitation, the orderly leaves.

8:15 AM: The Charge Nurse takes stock of the day personnel and finds that many are late and unlikely to come in until much later. With barely restrained anger, she assigns duties to day-shift personnel who are present. At least one staff member watches the hall, one prepares the breakfast trays, and the remaining orderlies prepare the baths. If any patient needs to be "specialed," then staff members are taken from those preparing the baths to watch the patient.

8:25 AM, Breakfast: The exact procedure for Breakfast varies from ward to ward. Patients in non-violent wards (wards one through four) are grouped together and sent to the cafeteria in shifts to eat their meals. Patients in the disturbed or violent wards (wards five to eight) have their meals brought to their ward by the kitchen staff, then the nurses feed the patients. In maximum security portions of the Asylum, the meals are delivered to the doors of the patients and slipped through the port in the doors, then are collected once the patient is finished with their meal

Non-Violent Ward: Non-violent patients are allowed a half-hour for meals, and they are forced to remain in the dining hall for the entire half-hour. Generally, the patients are lined up in order of most debilitated first (those in wheelchairs, followed by stumbling schizophrenics, then the more lucid patients) and are then pushed through the food line. They pick one of the identical trays from the stack, and the lucid patients bring trays to the other patients who cannot get it themselves (i.e., patients who are Catatonic or are paralyzed from the waist down). The food at the Asylum tends to be passable, and much better than prison fare, at least at the Fell's Point Pen (the local Penitentiary). Catatonics or those patients in wheelchairs are pressed against the wall or wheeled against it, then fed by the patients or the orderlies. The patients seem to be much gentler in feeding the patients than the orderlies.

Disturbed/Violent Ward: The patients have breakfast either on the hall or in the living room. Some patients only eat inside their cells, while others need to be spoon or tube-fed.

Meal Post-Mortem: After the patients leave the cafeteria, the workers make a half-hearted attempt to deal with the mess. The real cleaning does not come until

after dinner, when all the meals of the day are over and done with.

9:00-12:00 AM: During these few hours, patients shuffle in and out for appointments, sometimes escorted by slow, stern-faced orderlies with paste-like skin. They are sent to ECT or OT or to one of their private therapy sessions, sometimes gibbering or howling in fear, clutching the walls and floors with their hands as the orderlies drag them to one of the many small, tomb-like rooms that fill the Asylum.

9:05 AM, the Ritual: From the nurse's station, the speaker crackles "Medications" and the word ripples through the ward as the patients break from their duties and shuffle toward the nurse's station. The Charge Nurse retrieves a tray of small plastic cups from the medication room (adjacent to the nurse's station) and sets them on the ledge of a Dutch-style door, the top half of which is open into the ward. Each of the plastic cups is filled mostly with vitamin pills, and next to each of the cups is a colored card which indicates the patient's name and the quantity of medication in each of the cups. [1] The patients line up the Dutch door, and file by, each picking up their cup and swallowing the pills. After they have placed the pills in their mouth, the patient's cup is filled by a nurse holding a water pitcher, and the patients then wash the pills down. [2] Sometimes the nurse holding the pitcher does not watch where she is pouring the water and puddles form on the counter and on the floor. Some patients need to have their medication cups brought to them by the orderlies.

The entire process takes no longer than ten minutes.

9:15 AM: The patients wait by the walls and in the chairs as the games are brought out by the orderlies. Games include Candyland, Chutes and Ladders, Monopoly, Pictionary, Instant Hero, various puzzles with the pieces missing (swallowed or stolen) and mismatched packs of cards (along with any other game the GM has in their closet at home).

9:26 AM: A nervous worker wheels a cart onto the ward to collect the dirty trays and dishes. The cart also carries supplies from the kitchen and from the maintenance storerooms (sheets, gauze, and linens), and the worker quickly restocks the nurse's office, glancing around uneasily. As he finishes, the worker scoops up any requisitions lying on the desk of the nurse's office... some of these requisitions have been filled out anywhere from the day to the week before, and they are either lost on their way from the nurse's office to the maintenance office or else are not attended to for quite some time after they are collected.

10:00 AM: A boy comes up and delivers the newspaper and the mail. The bathrooms are still occupied by patients taking baths.

10:23 AM: Mail call. By the time the mail reaches the patients, some of the envelopes have been torn open. This may have been done by the nurses or by workers in the mail room.

11:00 AM: The Doctor (ward administrator) enters the ward. He briskly asks for an update on the patients as he strides out on rounds accompanied by the Charge Nurse. The two of them go over the patients, one by one, until the doctor has made rounds of everyone in the ward (anywhere from 15 min. to an hour), then he leaves.

An Occupational Nurse comes to take some of the patients off for recreation.

12:00 Lunch: Lunch is treated in the same way as breakfast. A half-hour is allowed, and the patients must remain there for the entire time.

12:30 AM: The Charge Nurse comes back on the ward after attending a nurse's conference and lets the other nurse and the two orderlies go get lunch.

12:45 AM: The rest of the ward personnel return from lunch. After they have all arrived, the Charge Nurse retires into the nurse's office/kitchen to write notes on the patients.

Group Meetings: Not all wards have these "group meetings," but the procedure is included here so GMs who want to do one for the sake of role-playing can do so. In the Asylum, Group Meetings take place Monday through Thursday. Usually, the meeting consists of all the patients who are lucid enough to discuss their problems, plus the psychiatrist/administrator in charge of the ward, the other therapists, the ward nurses, and the resident psychiatrist (the group is occasionally joined by an Asylum social worker). For the first half of the meeting, the patients are prodded to talk about themselves, then during the second half,

1: It is possible that characters may find out later on in the adventure that the color cards are being switched around on a regular basis, so different medications are being consumed by different patients. Characters can alternately be sedated, nauseated or even poisoned by some of the medications that find their way into their bodies... if they anger a member of the staff, the PCs will have no idea *what* they are actually swallowing.

2: Patients with Acting or Concealment can "fake" swallowing the pills. If they don't consume them, they will have to tell the GM what they are doing with them... as the wards are cleaned on a regular basis, the pills may be found by the staff while they are cleaning the ward. It is possible that a PC could persuade another patient to take his medication, as long as the "persuasion" is done away from the eyes of the staff (and a medical check-up may reveal the "patient trash can" that the character is using).

the patients listen to the staff talk about them, then as the meeting nears its end, both the patients and staff enter a free-form discussion... the meeting lasts about an hour. After the meeting is over, the doctor and residents leave the ward and retreat to another room outside the ward to discuss the patients.

12:50 AM: The patients set up the ward for the Group Meeting. Tables are cleared away, chairs are arranged in a circle and patients begin to take their seats, leaving spaces for the doctor, the charge nurse and perhaps a student nurse or two.

1:00 PM: The doctor comes onto the ward, his feet clacking like hooves against the tile, and the sound contrasts sharply with the orderlies who drift across the ward without a sound. When he arrives, the nurses take their seats, then he sits down and surveys the patients, pulling out their folders and glancing at their contents.

2:00 PM: The doctor stands, and the meeting immediately ends, even if a patient or staff member is in the middle of speaking. The meeting area is broken down in seconds, and the tables and chairs moved back into their places with military precision. The doctor leaves, his exit marked by the metallic clash of the ward door opening and closing behind him.

2:05 PM: After the Meeting Group, the psychiatrists go to an administrative meeting (nurses and orderlies do not attend these meetings). Asylum policy is discussed during these administrative meetings or else guest lecturers speak to the staff, presenting topics such as community mental health, vigilantism and its effect on criminal statistics, mask complex behavior, and so on. Although they are supposed only to last an hour, these staff meetings can drag on for hours, with people hemming and hawing and nothing much getting resolved except arguing. Most of the psychiatrists end up fighting to stay awake.

3:00 PM: Psychiatrists are finally free to see patients.

3:30 PM: The Supervisor comes to get the day report from the charge nurse; rather than taking it, however, she demands that the Charge Nurse give her the verbal run-down and make it "to the point." The Supervisor stands at door, listening impatiently as the Charge Nurse speaks, and does not take any notes. Her pencil taps an angry rhythm against the metal spiral spine of her notebook. When the Charge Nurse is finished, the Supervisor leaves without a word.

3:50-4:00 PM: The evening shift Charge Nurse arrives, along with three orderlies and one student nurse. The five of them assemble in the nurse's station, and the Day Charge Nurse reports the day's events in the same monotone as the night shift report was delivered to her that morning. No special instructions are given to the late shift. All members of the day shift leave.

4:00-4:05 PM: The Charge Nurse assembles her crew in the kitchen. In the early afternoon no routine work is necessary and the staff members are free to attend to random tasks on the ward. The orderlies stand and silently stare at the patients as they shuffle about the ward.

6:00 PM, Dinner: The patients and trays are made ready for the evening meal. The patients eat their dinner just as they did during breakfast.

9:00 PM, Ritual: The medications are served again in the same way they were during the morning ritual. Red sleeping pills are usually administered at this time to insure that the patients sleep deeply.

9:20 PM: The staff gets the patients ready for bed (the patients are supposed to be in bed by 10 PM, and lights out by 10:30). Once they are secured in their beds with their sheets tied tightly around them, the orderlies check to make sure everyone is accounted for while the rest of the staff clean the ward. The nurse turns off the lights and music with a little key that she inserts into a dial in the nurse's station. The lights are turned off slowly so as not to alarm the patients; the slow darkening in the ward makes it appear as if the sun is setting.

After the lights have fallen, the only light comes from the nurse's station, and the patients drift off into a paralyzed sleep. As they fall unconscious one by one, the Charge Nurse sits in her office, writing notes, until her supervisor comes to the ward and requests the night report. Armed with flashlights, the orderlies then make two more rounds (one at 10:00 PM and the other at 11:00 PM) to make sure everyone is sleeping. They shine the lights on the patient's faces one-by-one and make no sound as they drift from bed to bed. Despite the orderlies' white uniforms, they are almost invisible in the darkness.

12 Midnight: The two orderlies scheduled for the midnight to 8:00 A.M. shift, receive the report from the Evening Charge Nurse and silently take over the ward for the night. On the night-shift (midnight to 8:00 A.M. shift), only two orderlies are present, and they are usually enough for dealing with the two or three patients who might awaken during the night. Patients who awaken are encouraged to go back to sleep as quickly as possible, either by taking them into an empty room and talking to them, or by injecting them with sedatives to keep them out of the way.

Escape

Inside The Ward

If a patient attempts to escape from a ward or is creating a disturbance the orderlies can't handle, the GM has the following options:

1. A staff member gets on the phone and calls for a Suppression Team, a group of orderlies specially trained in handling violent inmates.

2. Another nurse or orderly will reach for one (or both) of the weapons in the nurse's station: one is a syringe prepared with a tranquilizer and the other is a fully-loaded tranquilizer gun. Both items are kept in a locked cabinet at all times when not in use (as are all other sharp instruments and items that could be used as weapons by the inmates). The following statistics are taken from an *Eye for an Eye*, p. 79, and GMs should feel to fill the syringes with other chemicals and Drains, such as weakness drugs (STR Drain) and fatigue drugs (END Drain).

Syringe: 4D6 STUN Drain, recover once per hour (+3/4), OAF, Fragile (-1 1/4), 1 Charge (-2).

Basic Tranquilizer Gun: As syringe above, except no "Fragile" Limitation and only four charges (-1). The nurses usually keep an extra clip close by to reload, especially in the violent and disturbed wards.

Advanced Tranquilizer Gun: 6D6 EB, AVLD (Power Defense), OAF (-1), 4 Charges (-1).

The GM may place tasers and chemical sprays, such as CN, CS and Oleoresin Capsicum ("O.C.") on the ward as well, if they feel they are necessary in order for the staff to be able to deal with the PCs. As with the weapons above, these items are usually secured in locked metal cabinets (DEF 4/BODY 3).

3. The Suppression Team arrives. (They can let themselves onto the ward, as the on-duty Team supervisor has his own key.) Once inside, the Suppression Team will set about helping the orderlies and nurses subdue the patient(s). The number of orderlies in a Suppression Team will vary: realistically, three for non-violent wards, but the GM can make an exception for Dark Champions campaigns and increase the number to six or more, especially for the violent and disturbed wards. Suppression Teams will be equipped with tranquilizers, and may carry additional weapons, including unfolding nets:

Net: 4D6 Entangle, Takes no Damage (+1/2), Area Effect: One Hex (+1/2), OAF (-1), 1 Recoverable Charge (-1 1/4). This net is usually folded in a backpack and unpacked either before or as the orderlies arrive on the ward.

Outside The Ward

When a patient escapes from the Asylum, some orderlies are sent after the patient immediately, while the charge nurse on duty calls the Hospital Police and tells them the situation, identifying the patient as well as his direction and mode of travel (normally "on foot"). If the nurse believes that the patient is a high risk escapee, due to his dependence on medications or because he presents a danger to himself or others, the nurse will tell the police that the escaped patient is a "Category A" patient (Category A patients could be considered "penal code inmates," i.e., they have a criminal record). Most nurses and orderlies label every escaped patient a "Category A patient," because experience has taught them that the Hospital Police only make a serious effort to track patients if they think the patient is dangerous and may create a "situation" that would result in them being fired. Lower category escapees are searched for half-heartedly, with the police making only a cursory search of the grounds before giving up. With Category A patients, the police make a concerted effort, scouring the grounds and surrounding area. In extreme situations they may call the Fell's Point PD for assistance, utilizing their agency's helicopter and K-9 units to track the escapee down.

Calling The Cops

If a patient escapes the Asylum grounds, institutional procedure and state law require that the Asylum staff notify the Fell's Point Police Department. Once they have been given the information, the FPPD will send an informational message to all of its patrol units via the computer dispatching terminal; every police car in Fell's Point will receive the bulletin with the suspect's description and pertinent information on its mobile computer terminal. The FPPD will also send a teletype BOLO ("Be on the Lookout") to surrounding agencies (e.g., the Grays Harbor County Sheriff's Department) as a matter of courtesy.

There is a danger in calling the FPPD on an escaped patient; if the wrong officers find a patient (which can often be the case in Fell's Point), the patient could be shot to death. Sometimes it has nothing to do with dispositions of the officers at the scene; confrontations with Asylum inmates often happen quickly and under dangerous circumstances, so that the officers, fearing for their lives, must resort to using deadly force. The media often paints a different picture, however, especially given the FPPD's already tarnished reputation.

When dealing with escaped mental patients, especially "Category A" escapees, the police will make all reasonable attempts to subdue the patient using

non-lethal means. Such means may include chemical sprays, trained police dogs (K-9s), tasers, batons and tranquilizer darts (if available). Police often forego using chemical sprays, however, due to their decreased effectiveness against mentally ill or enraged subjects.

When a Category A patient is captured by police, he will be sent back to the Asylum (assuming that the subject is a known escapee). If officers contact a mentally ill subject that is unknown to them, the officers will place the patient on a 72-hour psychiatric hold in one of the area Mental Health Centers. There, doctors will call all of the area psychiatric facilities, including the Asylum, to see if the patient is one of theirs. If the patient is deemed a threat to himself or others, he will be transferred to another facility and probably admitted or otherwise released to their care.

Dr. Shreiver

Val	Char	Cost	Combat Stats
8	STR	-2	OCV: 3
9	DEX	-3	DCV: 3
8	CON	-4	ECV: 5
8	BODY	-4	Phases: 7
16	INT	6	
15	EGO	10	Costs
15	PRE	5	
10	COM	0	Char: 8 Base: 50
2	PD	0	+ +
2	ED	0	Powers: 135 Disad: 95
1	SPD	0	= =
4	REC	0	Totals: 143 145
16	END	0	
16	STUN	0	

Cost	Powers	END
	Hypnosis	
15	Hypnosis: 8D6 Mind Control, 0 END (+1/2), Concentrate at 0 DCV (-1/2), Extra Time: 5 Minutes (-2), Requires a SC: Hypnosis Skill Roll (-1/4), Incantations (-1/4) [60/15]	
37	Hypnotic Effects: 3D6 Major Mental Transform, Create Hypnotic Effects (see *Hypnosis*, below, +1), BOECV (Works vs. Mental Defense, +1), Works vs. EGO, not BODY (+0), 0 END (+1/2), Concentrate at 0 DCV (-1/2), Extra Time: 5 Minutes (-2), Incantations (-1/4), Subject must have been successfully hypnotized (Mind Controlled, -1/2) [157/37]	
	Psychotherapy	
1	1D6 EGO Aid, 0 END (+1/2), Can only raise EGO to starting values (-1/2), Requires a SC: Psychiatry Skill Roll (-1/2), Incantations (Psychotherapy Question and Answer Sessions, -1/2), Extra Time: One Week (-4) [7/1]	
	Unfazeable	
3	Presence Defense (*New Power*, provides10 Points of defense against Presence Attacks), Must know the attack is coming (-1/2)	

Dr. Schreiver

	Rudimentary Mentactics	
2	Mental Defense (5 Points), Must know the attack is coming (-1/2), Requires an EGO Roll (-1/2), Must Concentrate at 1/2 DCV (-1/4), Costs END (-1/2)	1
	Shrewd Observer	
3	Detect Lies (based on Normal Sight and/or Normal Hearing), 11-	
	Medical Superintendent Contacts	
14	Contacts: Faculty at Fell's Point Psychoanalytical Institute, Faculty in Psychology Department of Fell's Point University, Hudson City Psychoanalytic Society, Staff of *Journal of Nervous and Mental Diseases*, Member of Fell's Point State Legislature, Doctor Morrow, Doctor Sebastian Poe, all at 11-	

Skills	
	Medical Superintendent
3	Fringe "Benefit": Director of the Asylum
1	Licensed Medical Doctor
1	Licensed Psychiatrist
1	Bureaucracy, 8-
3	AK: Asylum, 12-
3	KS: Asylum, 12-
2	KS: Asylum Subculture, 11-
	Medical Training
3	Paramedic, 11-
1	KS: Cerebellic Mutations, 8-
3	KS: Contemporary Psychiatric Research, 12-
2	KS: Psychiatric Subculture, 11-
5	PS: Psychiatrist, 15-
3	SC: General Medicine (INT), 12-
3	SC: Hypnosis (INT), 12-
5	SC: Psychiatry (INT), 15-

3	SC: Pharmacology/Psychopharmaceuticals (INT), 12-
1	WF: Syringes
	Teaching Experience
3	PS: (Former) College Professor, 13-
3	PS: Journal Editor, 13-
	Background Skills
3	Resistance (3 pts.)
5	Languages: Russian, Greek and Latin (Fluent)
3	KS: Greek and Roman Mythology, 12-

100+	Disadvantages
10	Age: 60+
	Physical Limitations:
5	Far-Sighted (Infrequently, Slightly)
5	Poor Penmanship (Infrequently, Slightly)
	Psychological Limitations:
20	A Bitter, Determined and Hostile Authoritarian (Common, Total)
15	Arachnophobia (Uncommon, Total)
10	Public ID: Dr. Shreiver
	Reputation:
5	Asylum Director (Limited Group: Citizens of Fell's Point), 11-
5	"Dangerous Psychiatrist" (Limited Group: Other Psychiatrists), 11-
	Watched by:
10	The Heretic (see *Heresies*, Mo Pow, NCI), 14-
10	Dr. Morrow and the CIA (Mo Pow, NCI), 8-

BACKGROUND: It was August, late August, when the black carriage rolled past our home. We watched it pull to our gate, mother and I walking along the field lane to the road, my tiny hand locked in hers. Mother, when the man approached, sent me out to play upon the fields, where I had often picked wildflowers with the other girls from the neighboring farms.

The man was elegantly dressed in shadow. The sun, the smell of Earth beneath his feet and the wind seemed to stir him uncomfortably, as if he was not used to these things. After he had paid respects to mother, he moved slowly and carefully among the fields toward me.

His face had been chiseled from cold stone, with inky pools in his eyes. I remember touching his face as he bent down and feeling the lines that wrinkled his forehead, like steps leading down into his eyes.

Those eyes swallowed me, as if into the depths of the Earth, as he took me into his black carriage and we rode from the fields. I watched mother recede in the mirror, wanting to cry out but afraid to do so.

It had always been summer before the man dressed in shadow had come.

Now the summer winds carried the dry taste of Fall.

• • •

It was 1945 when Gans took me from my home. In the cold silence of the black carriage, he informed me that I was to marry him; it had been decided by my father long before I had been born... and any chance of appeal had died with my father in the fires of the great war.

In exchange for my hand, Gans would see that I was properly educated and cared for. I would attend the best universities, attend the best schools.

And I, in turn, would attend him.

I do not love you, I said.

He did not even react.

It did not matter what I felt.

• • •

Gans insured that education came to me swiftly. First came Vassar, then Columbia. Then Johns Hopkins. Throughout these times, Gans loomed like a shadow over my life. He drove me with his chill demeanor, and silently demanded ever more from me.

I need no nurse, he told me.

If you will share my table, you will learn my craft. Your ignorance would do me, and your father, a disservice.

Gans had already accepted what I was barely coming to understand during those years. That it was the mind that bound life and defined it.

And yet, Gans remained pitiful in his great intellect.

He remained pitiful in his need.

• • •

I pose a riddle to you.

Gans needed no nurse.

He only needed someone to care for him, to nurture him in his black days, to provide his anchor when he found his resolve slipping, and to comfort him when it seemed that his efforts were for nothing. Someone to feed him when the tremors became too much for him to feed himself. To guide him to bed when he was too feeble to walk. To be his eyes when the gray film covered them. To talk with him, debate theory and practice, to console him when he worried that nothing remained past death, past the black kingdom he held under his control.

What was I then?

Not a nurse, certainly. Gans needed no nurse.

So he made me his wife.

• • •

I hated him. I would not let him touch me, not in mind or body. I remained impassive, distant.

In time, that hatred became a tired habit, a dull ache that only aged me faster and faster as the years dragged on. And I saw Gans as not some great shadow, but as a man. He had been the caretaker of the dead for so very long, the Asylum had entombed him with its cold touch. It showed him what death was. And it made him afraid.

He would frequently look at me with those dark, bottomless eyes, seeing something in me that he lacked. The richness of his halls drained all vitality from the living, and I longed for the upper world, where the fields were gold, and seemed to bring forth boundless energy.

Gans had never tasted such sensations; he had never felt life as I knew it... as I had known it. Because of this lack of experience, I knew Gans would not give up life easily. I existed in flagrant violation of his convictions.

I walked among his kingdom, upon the shades that filled the stone corridors and halls of the Asylum.

I do not love you, I whispered to the walls, to the world that I felt all around me.

The walls did not react.

It did not matter what I felt.

Things of feeling were of no consequence here. They could be misplaced, forgotten and abandoned within the walls... feelings could be peeled away from their creators and lost.

Yet Gans's fear was never far from him. It drove him as he had driven me. As much as the mind defined life, emotion defined Gans. He wrestled with his fear, rationalized it, contained it, categorized it, and ultimately, succumbed to it.

His fear drove him to terrible things. Terrible things.

• • •

The tilting of the Earth toward Spring had always had a curious, unsettling effect upon me. The nights no longer seemed as stark or cold. March froze and thawed and froze again. With the thaw, memories resurfaced.

And so it came to pass that years later, I returned to the farm.

Gans allowed it because I had dined from his table. He knew I would be forced to return.

The fields had been laid waste, the stubby rows of corn like broken trees poking through the weight of melting snow... and mother, so horribly aged, rocking back and forth on the planks of the porch. She held me to her breast, and cradled me in her fragile, warm arms, even though I was taller than she was.

My coming home brought the vitality back to her face. In the few months that were ours, her age seemed to dim, her eyes brightened, and I was reminded that the world is bright and warm and alive.

But when summer drew to a close and the Fall neared, I watched the vitality die, slowly, taking a year of her life in every return. My dreams became filled with black carriages and a man dressed in shadow.

I have to go, mother, I said. *I belong to him, now.*

You have tasted the seeds of the city, she replied, as if that somehow explained everything. *He will hold you in his cold halls until the summers come, and he is forced to relinquish you.*

There was no anger in her voice, only age and a matter-of-factness, as if she had watched the scene transpire a thousand times before.

• • •

The farm is gone, mother dead, and the world has changed.

There is only the nail-studded oak door, weathered black like a gate, that holds Gans, and his promise for the future of mankind.

QUOTE: "I already count myself among the dead, Ms. Robinson."

Note: Shreiver (rhymes with "reaver") took back her maiden name after Gans died. The *i* and *e* in her name are reversed on purpose.

PERSONALITY: Shreiver makes no illusions that she is some benevolent healer, trying to make the world a better place through love and nurturing. She is ruthless, domineering, and convinced of the righteousness of her actions. While she lacks the physical strength to fight her enemies, her intelligence, quick thinking and the ability to suppress her conscience have often allowed her to outmaneuver her foes and exploit their weaknesses. She is not out to make friends... she is out to defeat her adversaries, and she is surrounded by them, day and night.

POWERS/TACTICS: Dr. Shreiver is an excellent psychiatrist, but a poor administrator. She has a grasp for the workings of the human mind, but not of politics or the necessities of compromise. She believes that others should accept her opinions and judgments as fact, and that all those around her should act in accordance with her wishes. While she is extremely knowledgeable on matters of psychiatry, her perceptions in other areas is less than adequate.

Constant exposure to Asylum patients with mental powers have forced Shreiver to learn rudimentary mentactics, and her mental resistance is greater than most human beings.

Power Notes

1. Dr. Shreiver has an "ability" of sorts that may become apparent only after the PCs have explored the Asylum *without* her as an escort. Shreiver is never affected by the hallucinations and delusions that seem to plague visitors to the Asylum, or if she is, she gives no indication of being disturbed by them. Whether this is because of her own inner strength, a form of mentactic defense, or because of the intervention of other patients is unknown... nevertheless, PCs traveling with Shreiver can thread their way through the most dangerous wards of the Asylum and be at considerably less risk for being attacked or deceived. It is as if Shreiver's presence peels away the illusions and hate around her, revealing the Asylum for what it is, nothing more than a decrepit structure overlooking a decrepit city.

2. Dr. Shreiver has an irrational fear of spiders (see Freak, *Underworld Enemies*, p. 22). Her Mental and Presence Defense will not work in situations or against powers that exploit her arachnophobia.

Hypnosis

Shreiver is a skilled hypnotist and can produce a heightened state of suggestibility in some patients (and PCs), and there have been several cases in which she has found it to be an effective therapeutic technique. In order for her hypnosis (Mind Control) to work, she must be in quiet surroundings and must be able to speak to a subject without interruption. (Shreiver rarely uses a focus such as a pendulum; she relies on her voice.) Repetitively, softly, Shreiver informs the subject that they are getting tired, followed by a slow description of the subject's arms going limp, their feet getting warm, their eyelids getting heavy... and gradually, most subjects succumb and become hypnotized.

It is generally accepted that not everyone can be hypnotized. Still, for some reason, characters who are not otherwise susceptible to hypnotic suggestion can be successfully hypnotized by Shreiver. [1]

In her statistics above, Shreiver has a Major Mental Transform labeled "Hypnosis Effects." This is a quick and dirty way of simulating a number of effects that Shreiver can accomplish with Hypnosis:

(1) *Disinhibition:* Shreiver can reduce a subject's inhibitions. While disinhibited, characters with a Code vs. Killing have been observed to pick up an (unloaded) pistol and fire several rounds at Shreiver or at other patients. Disinhibition can be treated as part of the conventional Mind Control or as part of the Mental Transform.

(2) *Anesthesia:* Shreiver has hypnotized some subjects to withstand treatment and punishment that would normally cause great pain. Although anesthetic drugs are quicker, stronger, and more reliable, Shreiver has found hypnosis to be a surprisingly effective anesthetic for some characters.

Specific Effect: +6PD/+6ED, resistant (the subject takes full accumulated BODY damage once anesthesia is removed) and +10 CON to resist the effects of Stunning (see *Hero System Rulebook*, p. 160). If the GM is using the Impairing and Disabling rules described in the *Hero System Rulebook*, then anesthesia adds +6 BODY to the subject, only to resist Impairing and Disabling effects. Anesthesia does not turn the character into a zombie; they can still carry on a conversation, enjoy a good book, and think on their own. They just shrug off stab wounds easier than they would otherwise.

(3) *Sensory Distortions and Hallucinations:* Shreiver has hypnotized subjects into having auditory, olfactory and visual hallucinations. She can convince subjects that they hear sounds or see things that are not there, or make them fail to hear or see stimuli that are present. Characters' sensations may also be distorted so that something sweet tastes sour or an unpleasant odor smells fragrant.

Effect: The Major Mental Transform accomplishes one or more of the effects listed above. Shreiver controls what sensory distortion/hallucination takes place.

(4) *Posthypnotic suggestions and amnesia:* Shreiver can implant suggestions in a character's mind to influence a subject's behavior later. The most common posthypnotic suggestion involves creating *posthypnotic amnesia;* subjects are told that they will remember nothing while they were hypnotized (the equivalent of a +10 to the Effect Roll; see the Mind Control chart in the *Hero System Rulebook*, p. 78). This can be simulated with Mind Control or the Mental Transform power.

The GM can rule that the hypnosis effects are either the "heal over time" variety or that they are an "all or nothing cure" (Shreiver or another character uses hypnosis or Mind Control to remove the hypnotic effects).

APPEARANCE: Shreiver was an attractive woman when she was young (more due to her vivacity than her looks), but her experiences in the Asylum have aged her beyond her sixty years. While her features are normally pale and drawn, when winter comes to the Asylum, she becomes sickly and her face turns white, almost glacial. Shreiver spends most of her time alone in the office, sitting quietly in her hard wooden chair, staring into space. Despite her hatred of ruminations and preoccupations, she often finds herself dwelling on what might have been and what is to come.

1: Characters who study the pattern, however, will discover that Shreiver's success rate is much lower outside the Asylum. Her proximity to the institution may have something to do with her talent.

Chapter Three: Patientz

Sally remembered little of the night the shadows came for her in Dr. Masters's office.

After he had pronounced her sentence, there had been a moment of stillness before the words sunk in, and it seemed that he had shifted before her eyes, to become almost a bull of a man, grinning, grotesque. She had stared at him, feeling the world slip away as he smiled.

Suddenly the shades were there, like a blood clot, their starched white uniforms, their faces pale as if smeared with chalk. They did not touch her, they merely *waited*, and the threatening stillness frightened Sally. She shivered, as if some ghost had passed through her chest, brushing her heart.

She remembered, even through the pain in her head, wondering if these figures that flanked her were in fact real, or something she had conjured from her imagination. They didn't look real, they didn't seem real. Nothing happening to her seemed real.

She remembered wanting to tell the nice doctor, the one who had been so friendly and comforting before, that some mistake had been made, that she was Sally Anne Robinson, (former) defense attorney, but before she could open her mouth to speak, he had filled the silence, snatching the words from her before she uttered them.

"Sally, I'll see you soon. We'll talk then, all right?" She somehow felt that he had meant the statement to be comforting, but she was also aware, on a deeper level, that he no longer cared, had never cared, about comforting her. The hierarchy in the small room had changed as soon as the costume had found its way into Dr. Masters's hands. She wanted to scream, to cry out, and found that she wished the elderly man who had accompanied her would suddenly come for her, lead her away from this place, save her, as he had saved her from Sharon.

"Don't scream, please," Dr. Masters said softly.

Sally found herself nodding involuntarily. Her every being rebelled against the doctor's words.

Masters did not look at the shades that flanked her. "Please go with them now."

Their cold, chalk-white hands encircled Sally's upper arms and without seeming to exert any pull at all, raised her from the wooden chair. They lead her silently from the room, into the cold narrow halls of the Asylum.

The halls looked different now. Much different. Sally shrank from the sight and shivered again, looking down at her feet.

The shadows glided silently beside her, barely touching her.

Routine Admission

When a new patient is admitted to the Asylum (either voluntarily or by the police), the Receiving Ward (Ward One) sends three or four orderlies to escort the patient to the ward. The patient then remains on the Receiving Ward until they can schedule a time with Dr. Masters (see *Chapter Two: Staff*) to be transferred to one of the other seven wards.

The admission procedure consists of stripping the patient, noting any bruises or marks on the body, including moles, freckles, tatoos, and birthmarks. The

patient is then given a shower, weighed, and their temperature is taken. After the brief physical examination, the patient is given a set of "regulation" clothes (patient uniforms or "greens") and a pair of slippers. The patients are to wear these until name tags are sewed into their clothing and labels made for their private belongings. All the patient's personal belongings, including eyeglasses and dentures, are listed, but patients are not allowed to keep any valuables. The staff takes note of everything a patient does or says during the admission procedure, which they then relay to the doctor working on the patient's case.

Sally did not end up in the Receiving Ward where her guide had taken her on the night she had arrived. For some reason, she had been sealed inside a small cell, a cell which had no windows, a soft brown (beige) floor and walls, and a featureless door with rounded hinges. It was as if they didn't want her to be seen by anyone else.

Before sealing her in the room, they had done a cursory examination, tended to her head, her cuts, looking her over like checking items off on a chart.

Possible head trauma, psychotic features, scrapes and bruises on arms and legs

They had given her a new set of clothes, ugly green clothes, like pajamas

Was she carrying anything when she arrived

Needles passed into her arm without her feeling them

Help you sleep

I don't want to sleep, Sally had told the blurred figures that surrounded her. When I sleep I have this dream that I'm in the Asylum and

The laughter of the figures were whispers around her

Then blackness

...

In her dreams, there was someone speaking to her, but she was too tired to listen.

...

The pain awakened her.

Sandpaper lined the inside of her eyelids and scraped against her eyes as they rolled in their sockets. As she shifted from where she lay on the floor, her head throbbed. Her arms hurt, her legs... everything *ached*. Her upper arm was swollen, and she could feel the raised bumps and the soreness from where it seemed a dozen needles had found their way beneath her skin.

She glanced down at herself, saw the ugly green patient uniform that she was wearing. There had been a mistake. She needed to talk to someone. There had been a mistake.

She swallowed, her throat dry, cracked. The act of swallowing sent a sliver of pain along the back of her neck, right where her spine shot up through her neck, and she winced.

The room was barren. The floors and walls were soft enough to sleep on, but there was *nothing* in the room. Nothing except Sally.

This terrified her. She didn't want to be alone. She staggered to her feet, sinking slightly into the floor, and walked slowly over to the door, feeling its surface slightly, then tapping against it. Her movements were rewarded with new pains in her arms, legs and head.

There was no response as she tapped the door. The fear boiled up within her, and she began to pound against the door, slamming the bottom of her fist against it, again and again and again.

The room, almost bored by the display, swallowed the sound of her fear, muffled it until Sally's movements slowed, her arms and head *burning*, and forced her to slump down against the floor.

She closed her eyes and drifted.

...

When she opened her eyes again, she was not sure if she was dreaming or not. She felt hungry and tired, but the room had a curious, hazy quality to it that made the color (beige-brown-sand) blur and her hands and body seem distant and removed. Her body was on the floor, and she was...

She could not recall why she had awoken. It was not the pain this time.

There was something new in the room, she noticed, something shiny. Trying to focus, she squinted at the new angles that divided the brown walls into pieces. Before her was an ugly metal table, gray, small, with two ugly gray metal chairs. The chairs had been pulled back, as if waiting for a couple to come and sit in them.

Sally had no idea where these skeletal furnishings had come from. She had not dreamed (about) them.

What had she dreamed? Her stomach gurgled in hunger as she shifted on the floor. She could not remember what she had dreamed. For some reason, that was important, but she couldn't remember why.

Sally stood up, slowly, then reached out to touch one of the chairs, as if in confirmation. It was cold, and sent pins and needles along her numbed (?) fingers. She swayed, and the thin fabric of her green uniform rubbed against her legs and back as she sat in the chair. The chair was cold.

The metal table surface had a dull shine. One could see oneself in it. Like looking in a mirror.

Then Sally heard the sound.

...

When Sally heard the *sound*, she jumped... this was the first thing she had heard since she had come here (?... How long had that been? A day? A week?). The sound was the jingle of keys, metal being inserted into a lock.

The table and chairs stood stiffly at attention, the legs rigid. Sally, paralyzed, mimicked them.

There was a *click*.

Sally watched a section of the wall where the door was swing back, until there was a black rectangle in the plain of beige before her. She opened her mouth in surprise, then recoiled as she saw a white-garbed figure fill the black space.

The figure stood there for a moment, then the beige-brown rectangle sealed closed behind her, refilling the plain and leaving the white silhouette behind. Sally opened her mouth again but found she could not speak.

"Yes?" the visitor said. "Is there something you wish to say?"

...

It was the first thing that came into her head.

"You're a woman," Sally offered, then wiped her nose. Her tongue felt thick, and her eyes felt swollen. "You're the first woman doctor I've seen," she added. She sounded like she was trying to speak through a rag, and her head throbbed.

The woman stood at the door, framed. She was old. The doctor's coat she wore was like a shroud, and her face was stern. It was not the face of someone who smiled.

The woman sat down opposite Sally, set a file on the desk and stared at her.

"Does that surprise you?"

Sally did not reply, and she blinked through her inflamed eyelids. Finally, she shook her head.

"No. But you're very old," she said. The woman doctor did not flinch. Sally felt the words coming out of her, spilling out, the drugs (?) having loosened some handle, some floodgate in her. "You're very old. It must be terrible to be so old. And be here." Sally nodded, her vision fuzzy. "And you must be alone among the men. It must be difficult. To be here... every day. Terrible."

"Yes, terrible," Shreiver echoed. She opened the file and drew a pen from her coat pocket. Her voice was an echo only.

Sally stared at the reflection of herself in the metal surface of the table and smiled at the disheveled figure she saw there.

She knew that there was not much that separated them now. The tension lines were drawing tight, and the knot in her chest, the pain that she had kept pressed

down was becoming too much to hold in.

It would only be a matter of time before the reflections met. There would be a terrible collision.

The reflection stared at her. Its eyes were cold and flat.

"I'm ready for you," Sally said. She looked up at Dr. Shreiver. "I'm ready for you."

...

"Why are you keeping me here?" Sally spoke, and her words seemed to splinter in her ears. "You don't have any right to keep me here."

"You're wrong," Shreiver replied. From her folder came a yellow legal pad, and there was the sharp click as Shreiver readied her pen. "You committed yourself. You've also made it clear that you wish us to take responsibility for you."

"I want to leave." Sally's voice had become curiously childlike, almost petulant, and in some distant part of her mind, Sally felt disgusted at herself. But the things the doctor had said... she had agreed to none of them. Or if she had, she could not remember them.

"I want to leave," she repeated.

"You're not stepping outside this cell." Shreiver barely raised her voice, but Sally felt as if she had been slapped. Shreiver's eyes trained on Sally, and she adjusted herself on the chair. "Let's begin." Shreiver touched her pen to the legal pad. "Tell me who you are."

...

Sally told Dr. Shreiver who she was. At the end, Shreiver asked if Sally thought she was Purge.

"No," Sally replied.

Shreiver did not seem surprised by the response, and Sally was not surprised that Shreiver did not seem to believe her.

...

Dr. Shreiver left Sally.

Ghostly shapes came and injected her with drugs to make her sleep until the doctor returned. The needles slipped beneath the skin, and as they did so, the days began to blur into a cycle of Shreiver's returns.

It was the only way Sally found to measure time.

Upon Shreiver's returns, the questions inevitably continued.

...

"Can you tell me why you came here, Sally?"

It was the third time the doctor had asked the question.

"Sam. I came here to find out about Sam. Could you please tell me about Sam?"

It was the third time Sally had asked the question. The echo bumped around inside her head.

Shreiver seemed irritated by the response. She narrowed her eyes, then frowned in what seemed to be confusion. "All right. Sam...?"

"Sam Saunders," Sally continued. "Crusader." She smiled, hoping that the name would somehow jar Shreiver's memory.

The doctor did not reply.

"I came here because Sam was here, before... a few years before he was killed."

Shreiver looked confused, and new wrinkles appeared on her forehead and at the edges of her lips.

"Um, I saw him, in a patient uniform, in a photograph." As she spoke, Sally suddenly realized how lame it sounded. "I thought he had been here."

"To my knowledge, we have never had a Sam Sanders here at the Asylum," Shreiver replied.

"Saunders." Sally said. "Sam Saunders."

"Whatever," Shreiver replied.

...

Sally distantly remembered telling Dr. Shreiver about Sam being killed. Sally didn't feel any emotion when she told the story this time. It felt like it had happened years ago.

Sally watched as Shreiver calmly wrote down the information on the yellow legal pad on her knee.

...

Sally slept without dreaming. When she awoke, it hurt to think, so she learned to force herself back to sleep to keep from staying conscious.

The drugs took root in her mind, and the sessions with Shreiver began to splinter and fragment until time itself became immeasurable.

...

"And what about this man... Daniel Sheridan?" Shreiver skimmed over her notes. "'Crusade?'"

"Like Crusader," Sally said. "Except with no 'r.' As in 'restraint.'"

Shreiver ignored the comment. "This man, Daniel Sheridan, what happened to him?"

"He was arrested in Hudson City, I think." Sally shifted in her chair. She didn't feel like talking about Daniel. It made her head hurt.

"Did you see him again after that night in Sam's apartment?"

"No," Sally said. "I didn't ever want to see him again. Ever. I..." Sally frowned. Had she really thought this? "I... wanted him to go away."

"Crusader?"

Sally shook her head. "No... Crusade."

"They sound like the same person," Shreiver said. "That's interesting, since they both did go away, didn't they? Are you sure they weren't the same person?"

Sally blinked.

"Crusade... Daniel...," Sally paused. "He wasn't like Sam. Sam was a human being." She swallowed again. "Daniel was like... this force. Like a statement. He didn't even seem human to me, even at the end."

...

"And you?" Shreiver prodded. "How did you feel at the end of all this?"

"Difficult." Sally scratched her arm without feeling it. "I didn't... I don't..." She paused, trying to find the words. "I didn't feel like... myself, I suppose. I felt like someone had given me a shake and said 'wake up.'"

Shreiver's pen continued to scratch on the paper.

"Well?" Shreiver said. "Did you 'wake up?'"

Sally thought about that, bit her lip, then shook her head slowly.

"I don't know..." Sally touched her forehead, feeling for sore spots. "It's strange, and I don't... before what happened, I didn't notice it before, but ever since..." Sally drew her hand away from her forehead. "Ever since then, I haven't felt like myself... not all the time, just sometimes. I felt... I feel..." she paused and corrected herself. "I feel like I'm *outside* the world, looking in. Like I'm reading a story, but I'm not a story. I'm not in a story. I'm there, but I'm not."

Sally took a breath.

"I'm looking in, but I can't change what I see and what I hear. Things *happen* to me, and I can't affect things." Sally swallowed, then looked at Shreiver.

"I don't *like* it," Sally murmured, and she found her voice hardening. "I don't like being someone to whom things just *happen*." She frowned, and the act caused her head to hurt even more, the pain to become sharper, but this time, Sally welcomed it. "I can almost hear them saying..." She raised her hand, as if pointing at a crowd of invisible figures. "'Look, there's Sally Robinson. You won't believe what *happened* to her.'" The pain became sharper, and Sally winced. "I'm sick of it."

"So you decided to take action." Shreiver said, then leaned forward slightly, as if trying to draw something out of Sally. "Prove them wrong. Take revenge. Become Purge."

Sally's eyes were dry. Her eyelids burned when she closed them, and she spoke to the darkness.

"I'm not Purge," Sally said. "I won't let the story end like that."

...

"But you did come here. To do something." Shreiver was still leaning forward, as if hoping to see something in Sally if she looked closely enough. "Do what?"

"I told you," Sally said. "I wanted to come and find out about Sam—"

Shreiver waved her hand dismissively, and the action both surprised Sally and angered her. It was as if the truth bored Shreiver.

"*Damn* you," Sally hissed. Bolts of pain shot through her skull. "I *told* you why I came here. I *told* you I'm not Purge. I *told* you everything, and I *told* you the truth. If you don't believe me, that's *your* problem, not mine." Sally glared at the woman opposite her. "Let me out of here. Now."

"No," Shreiver said. She leaned back in her chair, nonplused. "Not on your life."

...

Sally slept, awoke, then slept again.

It seemed to Sally that Shreiver's returns were accompanied by endless questions. It hurt her to hear them.

It was made more maddening by the fact that Shreiver would accept none of her answers.

...

"I'm not out for revenge," Sally spoke. "I don't want to hurt anyone. I'm not Purge."

The doctor nodded. Tolerantly.

"What did you want when Sam died?"

Sally paused.

"I suppose I wanted justice," Sally remarked, her voice stiff. She had never articulated what she had wanted before, at that moment when she saw Sam in the morgue. "I... wanted to see him punished for what he had done."

Shreiver sighed, and to Sally's surprise, the doctor's next words did not form a question. "Miss Robinson, more crimes have been committed in the name of *justice*..." Her withered hands rubbed her eyes, as if to wipe away some cloud or mist that had gathered there. "When people say they want justice, they don't really want justice, they just want to see the pain spread around equally." Shreiver gave her a patronizing look. "I don't believe in murder, Miss Robinson. I don't believe in revenge."

Shreiver sighed again, this time in irritation.

"Now what do *you* want? *Really*?"

...

"Who did you want to see punished?"

"Daniel." Sally replied. "Crusade." She was sure it had been clear before.

Shreiver adjusted herself on her seat.

"And not Sam?"

"Why would I want to punish Sam?" Sally shook her head. "Have you been listen—"

Shreiver held up her hand, and Sally stopped speaking for a moment, then continued on angrily before Shreiver could interject. "Have you been listening to me? Why would I punish Sam—"

And suddenly, she knew.

"He left me here." Sally spoke slowly. "That was what hurt most of all... he left me here alone. He died, and left all of this..." she swallowed, "...all this *damage* after he died."

Sally frowned. "And he left me to clean it up. He was never honest with me about who he was, who he really was... and then... then he went away."

Sally paused then glanced at Shreiver, who was watching her carefully.

"I hate him for that." Sally swallowed again, taking her eyes

from Shreiver. “I hate him for the hurting.”

...

“So Sam died,” Shreiver said, slowly, testing the water. Her pen was poised in her hand. “And—”

Sally’s eyes were dry. She drew her hands, folded them across her eyes to cover them, but she had no idea why. It provided some small comfort, and she found she didn’t want to look at the doctor as she was speaking... she didn’t want to see Shreiver, or the cell in which she had been placed. She didn’t want to be reminded where she was.

“It hurt. It still hurts.” Sally drew a breath, and her voice began to shake. “It hurts to feel all of it. When my father died, what I felt,” she gestured to her chest, still covering her face with her other hand, “...the hurting... it was like an ache compared to this. I don’t think I ever really knew what it was like to have someone I loved separated from me.”

There was a slow silence, and Sally opened her hands. She hoped that Shreiver did not intend to ask any more questions. She was tired. She glanced at the woman opposite from her.

Shreiver was staring at her, entranced.

As if she understood.

...

“You lost this man, Sam,” Shreiver prompted. The statement echoed a thousand times and blurred into endless responses in Sally’s voice. This time, she elected to remain silent.

Sally nodded, staring at her hands. They were shriveling, becoming ragged.

“Did you come here to get revenge against me?”

Sally blinked, then looked up to meet Shreiver’s gaze. “No,” she whispered. The thought had not even crossed her mind. “For what?”

Shreiver shrugged, almost casually, as if the answer wasn’t important, but Sally knew that for some reason, it was. “You tell me. Purge is a revenge-motivated killer, correct?”

“I suppose,” Sally said. She hadn’t really thought about it. She wasn’t getting the angle.

“You must have come here for some sort of revenge. You feel that perhaps the patients—”

Sally carefully examined Shreiver as she spoke.

“—were somehow responsible, perhaps indirectly, for Sam’s death, so you came here to get revenge, correct?”

Sally said nothing for a moment.

“No...” she murmured. “No. You changed what you said...” She tried to press her point, but it was difficult keeping the thought straight in her head. “Why did you say that I’d come here to get revenge against you? Why would I want to hurt you?”

She was missing something. She could tell, just by looking at Shreiver, that something was missing from the chain that prevented her from drawing a connection.

“You said Sam was never here. That you’d never known anyone by that name.” Sally’s eyes narrowed. Shreiver said nothing, merely stared at her blankly.

“Did you? Did you know him?” Sally prompted.

“I never heard of Sam Saunders before I researched your case,” Shreiver said.

...

Sally slept. Shreiver’s words seemed to follow her into unconsciousness and burrow beneath the skin.

...

“You said there was someone else, someone who led you here.” Shreiver’s pen paused on the legal pad. “Who was he?”

Sally fought with the question.

“I don’t know,” she said, finally. “He never spoke. He was an old gentleman, almost as old as you are. He... um. He took me to the Receiving Ward. He tried to make me stay there, so...”

so I wouldn't go further into the Asylum

"So I could rest. But it hurt too much to stay, so..."

"Do you have any idea why this patient would help you?"

Sally was about to shake her head, when she paused. She knew why he had helped her.

The answer was so simple it surprised Sally.

"He saw I was hurt."

...

Sally asked Shreiver if she had any idea who the elderly gentleman might be. She wanted to thank him for helping her.

Shreiver nodded. She said she had checked the Receiving Ward and that the man's name was J Curtis. The other patients sometimes called him the Poet.

"There's no reason for it," Shreiver added.

Shreiver mentioned that Mr. Curtis had been at the Asylum for many years. She claimed that he was a mute, and that she knew very little about him.

Sally felt the lies, but she let them pass. Sally had discovered that Shreiver would lower her voice when she lied, as if afraid someone would overhear her... other than the person she was lying to, that is.

Sally found she was too tired to argue.

...

When Sally awoke, Shreiver was speaking.

"Purge was here a few years ago," Shreiver replied, as if Sally had asked a question. "Of course, that was the real Purge... same costume, though." She sniffed, touched her nose with her finger, as if to scratch something away. "I want to show you something." She fished in her manila folder, then pulled forth some glossy photographs and laid them on the table. "Here."

Sally glanced at them impassively. There were a number of shapes in the picture. Shapes of green and flesh and red. It took a moment for her to connect the shapes to human beings... the strange things did not resemble human beings. They had been broken and split into non-human shapes.

There was something written above some of the shapes.

HEATHEN.

The word was repeated over and over again, written in red above the bodies.

"Do you know who did this?" Shreiver prompted.

Sally looked up. "Purge," she said. The name didn't come out as a question, as she had originally intended. At some point during the interview, her voice had flattened.

"Yes," Shreiver replied. "These pictures were taken shortly after Purge had escaped from his cell. He..." Shreiver shifted in her chair to stretch her legs slightly. "He apparently felt the patients had been conspiring against him, had purposely lured him to the Asylum, trapped him here, were torturing him, so he 'fought back.'"

"What happened?" Sally replied. She wanted to know, but she didn't. This wasn't about her. This had nothing to do with her.

"The patients... you might not think this to look at them, but they have a certain camaraderie here within the walls. As it happened, Purge was found and murdered a few hours after he had killed these patients. I won't bore you with the details." She shrugged. "As a consequence, we thought Purge was dead. But now you come to us, drop this costume in our laps..." Shreiver stared at her. "Tell me who you are."

"Sally. Sally Robinson."

"No," Shreiver shook her head. "That's not what the patients here are going to believe. You're not the only delusional we have here. They'll think you're Purge and treat you accordingly. Do you understand what that means?"

Sally stared down at the photographs again.

HEATHEN.

Introduction

Specific male and female Asylum inmates are presented in this chapter. If the GM wishes, a character's DNPC or family member can be placed in the Asylum as a schizophrenic aunt, a paranoid grandfather or whatever. These characters can serve as Contacts or as adventure seeds.

This chapter is hardly a complete listing of all the patients in the Asylum; future patients and other disturbed personalities will be presented in this book's companion volume, *Asylum Bedtime Stories*.

Patient Presentation

The patients in this section are divided by gender and are also presented with statistics, notes, and *suggestions* for what ward they should be placed in. The GM should place patients where they can maximize role-playing.

Statistics: The patients in this chapter do not have their statistics written out because many of them conform to one of the character templates on pp.133-134 of the *Hero System Rulebook* (Incompetent, Senior Citizen, Normal, and so on), usually with a reduced INT and EGO to account for their mental illness. Some have an increased PRE to account for their strange moods and unpredictable behavior.

These patients do not always possess the full range of Everyman Skills (*Hero System Rulebook*, p. 18); in such cases, this will be listed on their character brief. In addition to their normal Disadvantages (which can run from zero to a hundred points), all patients are assumed have Distinctive Features: Patient (Uniform, Concealable, Major) and Monitored by the Asylum Staff (Ls Pow) on an 8 or less.

Male Patientz

Babyface James [ADMISSIONS WARD]

Powers and Skills: [Normal with 13 DEX, 9 INT and 8 EGO.] +1" Running (7" Total), Contact: "Pickett," a Fell's Point Fence, 8-, Lockpicking 12-, Sleight of Hand 12-, Stealth 12-, Streetwise 11-, AK: The Fell's Point Borough 11-, WF: Small Arms.

25+ Disadvantages: Reputation: "Babyface James, two-bit thief," (Limited Area: The Fell's Point Borough) on an 8 or less.

Appearance: A smooth-faced young black man, not more than twenty years old, with a thin, lean frame and a wild gleam in his eyes. He often murmurs about Jesus, occasionally gesticulating wildly with his hands.

Notes: Babyface James is a small-time hood who has developed a system to avoid being prosecuted in Fell's Point. Mostly working the Fell's Point Borough as a petty thief, he makes sure his thefts are always small-time, such as hub caps, walkmans, wallets, that kind of thing, just enough to keep him under the grand larceny rap. Still, he knows that because of the sheer number of thefts he pulls, arrests are not only an occupational hazard, but bound to happen with regularity. Nevertheless, he also knows how much the Fell's Point police detest busy work, especially considering the relatively minor items James steals. So, to relieve the cops of the chore of having to fill out a bunch of forms and send him to jail, whenever the cops cuff him, Babyface starts talking wildly about Jesus. As long as he talks crazy and puts up half a decent front, he ends up in the Asylum instead of in jail. Once in the Asylum, he simply waits until he is released.

Glenn Beckman [WARD 2]

Skills: [Normal with 12 DEX, 11 CON, 13 INT, 8 EGO, and 8 PRE.] Glenn is not believed to possess any paranormal powers. He claims he can see "electricity in the air, like flickering insects," but this is believed to be due to his hallucinations. He possesses Computer Science 8-, Electronics 8-, Mechanics 8-, Tactics 8- (Paranoia), PS: High School Guidance Counselor (PRE) 11-, SC: Psychology 12-, Danger Sense (Intuitional), Out of Combat, Immediate vicinity 12- (Paranoia) and Defense Maneuver I (See *UMA*, p. 145; this is also a result of his Paranoia).

50+ Disadvantages: Vulnerability (Psychosomatic), x2 Effect from Psionic Attacks, Enraged if contacted telepathically (Uncommon/Common, depending on campaign) 11-, 11-, Psychological Limitation: Paranoid Schizophrenia (Common, Strong), Distinctive Features: Scar on forehead (Concealable, Noticed) and 2D6 Unluck.

Appearance: A black male, about 6' 3", with a thin, bony frame. He appears to be in his late forties, although the many wrinkles etched into his face make determining his age difficult. There is a long scar on his forehead that runs from the upper left of his skull down to just above his right eye. Although his eyes dart about, they will focus and track the movement of any character who comes within striking distance of him. Occasionally a tear travels down the man's face, but he does not seem to be aware of it.

Notes: Glenn is thirty, but he has aged badly. A former guidance counselor at Montgomery High School in Fell's Point, he had an affair with one of the students at the school and was subsequently attacked by the teenager's father, who cornered him in his office with a baseball bat. It is believed that Glenn was in the early

stages of Paranoid Schizophrenia for many years before the attack, but his disorder was exacerbated by the head trauma and has been deteriorating ever since. He has been in the Asylum for only a month and is adjusting poorly. His overbearing wife, Eunice, comes to visit him once a week. He seems to be terrified of her and flinches whenever her name is mentioned.

Glenn experiences auditory and visual hallucinations. He claims to have seen bright, flickering "insects" swarming in the air, and in thick clouds around the walls and ceilings of the Asylum. He also claims he can hear his wife and other figures speaking to him (including the teenager he had an affair with, her father, and the principal of Montgomery School who fired him), berating him and reinforcing his own sense of worthlessness. When given a choice, Glenn will shun others on the ward and retreat to a safe corner, his eyes alert for some imaginary threat.

William "Iron Bill" Billings [WARD 5]

Skills: [Senior Citizen with an 8 INT, 8 EGO and 12 PRE.] He is relatively lucid (at this time; see *Disadvantages*, below) and has most Everyman Skills along with the Lightsleep Talent, AK: Fell's Point Penitentiary (the "Pen") 8, WF: Knives, Pistols, and Prison Weapons.

25+ Disadvantages: Psychological Limitation: Hostile (Common, Moderate), Psychological Limitation: Occasional Depressive Symptoms (Uncommon, Moderate), Psychological Limitation: Undifferentiated Schizophrenia (Chronic, Common, Moderate), Distinctive Features: Tattoo on left forearm (Concealable, Noticed) and 1D6 Unluck.

Appearance: A tiny, frail white male in his fifties or early sixties. He is almost bald except for dirty gray hair above the ears and on the back of his head. He is relatively well-groomed and neat, although he occasionally picks his nose. A poorly-done tattoo of a skull with a serpent slithering through the eye sockets has been stitched on his left forearm. A book is usually tucked under his arm.

Notes: "Iron Bill" is a 53 year old Roman Catholic with a criminal record. His delinquent behavior began when he was twelve, culminating in armed robbery attempt when he was eighteen. Arrested and sentenced to the Fell's Point Penitentiary (the Pen) for ten years, he began to manifest strange behavior in prison. Shortly after his release, he violated parole, and he was sent to the Asylum, where the intensity of his behavior increased. In the first three months of his stay, he began to have delusions, manic episodes and set fire to his mattress twice. While Bill has calmed somewhat since his early days, he can still be dangerous if he feels he is being threatened. He is hostile to newcomers and may try and see how far he can push them without actually getting into a fight.

Bill spends most of his time reading and trying to "broaden his horizons." While his Schizophrenia is currently in remission (this is the reason for his "high" INT and EGO), it is only a matter of time before he returns to a fully psychotic state. Bill frequently has bouts of mania and depression, though they are not serious enough to qualify as Major Depressive or Manic Episodes.

("Bad") Brian [WARD 5]

Skills: [Use the Skilled Normal template for Brian's Manic Episode and the Incompetent template for his Depressive Phase.] Brian has standard Everyman Skills. When he is in his Depressive Episode, he may not have the strength or energy to use them.

LEFT TO RIGHT: GLENN BECKMAN, "BAD" BRIAN, BABYFACE JAMES, IRON BILL

25+ Disadvantages: Enraged if Attacked or if approached in a "father-like" manner (i.e., patronizing, commanding, treating Brian like a child, and so on; Common) 11-, 11-, but Brian has the Enraged Disadvantage only when having a Manic Episode (-1/2), Psychological Limitation: (Rapid-Cycling) Bipolar I Disorder with Psychotic Delusions (Common, Strong), Psychological Limitation: Heroin Addiction (Weak, Uncommon, Moderate), Physical Limitation: Near Sighted (Infrequently, Slightly)

Appearance: An athletic white male in his mid-twenties with a slightly disheveled appearance.

He has sandy blonde hair and freckles, with a square face and bright green eyes.

Notes: Brian (24 years old) has a history of impulsive behavior and was admitted shortly after he attacked his father. He has a past history of drug abuse (heroin) and although he is not doing drugs now, he may have a relapse (he has taken the drug several times during his stay at the Asylum, only to be forced into withdrawal by the staff when they find his cache of drugs). When the characters first arrive at the Asylum, Brian will be in one of Manic Episodes. As a result, he has bursts of hyperactivity, and any character speaking to him may be alarmed by the way he leaps on top of furniture and gestures dramatically to make a point. Although Brian appears alert and lucid, he is psychotic and has a considerable reservoir of animosity, especially toward his father. His emotions rotate like a carousel, cycling through anger, depression and irritation. No matter what emotional state he is in, Brian acts defensive and denies he has any problems; he blames his current "imprisonment" on his father, the government, and Big Brother, who are acting against him to prevent him from being successful.

Bailey Burr [WARD 8F]

Skills: [Normal with 12 STR, 8 INT, 9 EGO.] Bailey has no Everyman Skills except for Language: English (2-3 Points).

25+ Disadvantages: Psychological Limitation: Schizophrenia, Undifferentiated with Auditory Hallucinations (Common, Strong), Psychological Limitation: Borderline Personality Disorder (Common, Moderate), Physical Limitation: No Everyman Skills (Frequently, Slightly), Distinctive Features: Schizophrenic Behavior (Not Concealable, Major), Distinctive Features: Mangled Hands (see *Appearance*; Concealable, Noticed).

Appearance: A large white male in his late twenties, with a sloping forehead, bulbous nose, and big lips. He sports a large, dumb smile and frequently scratches himself through the thin fabric of his patient uniform. His hands are covered with scars, especially around the tips of his fingers, and the pinkie and forefinger are missing from his left hand. (They have been severed where they meet his palm.)

Notes: Bailey is a schizophrenic, which doesn't really make him anything special compared to most of the Asylum patients except he also has a Borderline Personality Disorder and loves to "play games." He always tries to set the staff against each other, everyone from the orderlies to the therapist, acting differently around each (being friendly to one, sullen to another, passing on lies, being nice to the therapist when visiting them, screaming at the charge nurse when he gets back to the ward, obeying one orderly with a smile, then refusing to listen to another). Even if he can't provoke the PCs, he will try and stir up the other patients and staff against them. Play Burr as a stupid meddlesome jerk.

Burr's schizophrenia is pretty advanced; he experiences auditory hallucinations that tell him to stick things in his ears... usually cigarette butts. He goes along with the voices because it makes sense to him that if he stuck things in his ears that would block out the voices. When possible, he scrounges butts from the ashtrays and from other patients to serve as earplugs.

His mangled hands are a testament to what can happen when Bailey can't find anything to stick in his ears. During a particularly bad episode, he bit off both the fingers of his left hand and jammed them in his ears. Occasionally the staff catch him chewing on his other fingers.

"Charlie" [WARD 6]

Skills: [Normal with 9 INT, 8 EGO, 9 PRE and 8 COM.] Everyman Skills, CK: Fell's Point 11-, PS: Factory Worker 11-, WF: Small Arms.

25+ Disadvantages: Undifferentiated Schizophrenia with Paranoid Features and Religious Delusions (Chronic, Very Common, Strong), Psychological Limitation: Alcoholism (Medium Addiction, Common, Strong), Distinctive Features: Schizophrenic Behavior (Concealable, Major)

Appearance: A tall white man in his late twenties with greasy black hair down to his shoulders. He stares blankly into space. There are scars on his neck (apparently made by a knife or razor). He appears unkempt, untidy, and he often wipes his nose on the sleeves of his uniform or lets food fall on his lap during meals.

Notes: Charlie is 22 years old. A Jehovah's Witness by religion and native to the Fell's Point peninsula, he worked on and off at a factory on the Point for many years before being admitted to the Asylum. Charlie's mother took a common law husband while his real father was in a Vietnamese prison camp during the War. Charlie's stepfather mistreated Charlie and his sister, so much so that Charlie considered lacing one of his stepfather's sandwiches with insecticide but changed his mind at the last minute.

Charlie has a criminal record and a history of hospitalization. He held up a Quick Corner in Fell's Point three years ago, was arrested, and sentenced to the Fell's Point Penitentiary (the Pen). Within a month of being at the Pen, he first showed signs of bizarre behavior. When he was transferred to the State Hospital in Fell's Point, he began to have psychotic episodes and made several suicide attempts. He remained

Campaign Note: Charlie is actually the son of Chester "Chuckles" Green, the Vietnam vet who is a member of Clown Alley (see *Chuckles* in *Shadow Syndicates*). Charlie does not know what happened to his father and doesn't care. If Chuckles knew Charlie was in the Asylum, he would try to get him out.

in the hospital for a year, was released, then shortly afterwards, became delusional, claiming that God and the Devil were in direct communication with him. At this time, Charlie also began to hear voices that tell him to cut his wrists and neck and drink himself to death. He slit his wrists once with a razor blade, but then went to a neighbor for help after seeing how much he was bleeding. After this incident, he was admitted to the Asylum, where he has remained for the past few months. He still hears the "voice of the Devil" calling him names and telling him he has no reason to live, but he is so guarded and defensive most of the time, he will rarely admit to it.

Charlie drank heavily in high school, mostly whiskey and beer, and he still is nursing his alcoholism. He has created many problems in the past by getting other patients and visitors to the Asylum to smuggle him alcohol.

Mr. Clockwork [WARD 7C]

Skills: [Normal.] Mr. Clockwork has standard Everyman Skills, except for Deduction, which is impaired due to his disorder.

25+ Disadvantages: Enraged when he feels his "timing" has been disrupted (Common), 8-, 11- but only when having a Manic Episode (-1/2), Psychological Limitation: Bipolar I Mood Disorder with Somatic and Persecutory Delusions (Timing, Common, Strong), 1D6 Unluck.

Appearance: A short, middle-aged, white male in his forties, this patient is thin and wiry, with thin arms that look much too long for his body. He is neatly dressed in a standard green patient uniform, and his face looks as if someone squeezed it in a vise... the muscles all are knotted up and his eyes bulge from his sockets. His speech is slow and methodical, like a metronome.

Notes: Mr. Clockwork spends his time resetting clocks around the Asylum, making them alternately faster and slower. Despite the watchfulness of the staff, he is usually quite successful in screwing up daily schedules. At times, he will steal people's wristwatches and alarm clocks and fiddle with them, occasionally taking them apart to "torture" them by snapping their gears or playing with their battery connections. He often smiles evilly when he "operates" on the clocks, occasionally snickering and laughing as he completes his operations. (He can be used by the GM to disrupt time in the Asylum and confuse the PCs.)

Mr. Clockwork claims his behavior is his "revenge" on time itself. He blames it for a number of crimes, including its direct responsibility for the mortality of man, its constant interference that makes people all over the world late for appointments, the evil deadlines it creates and the way it prevents people from having enough time to do anything properly or to slow down and enjoy life. Shortly after Mr. Clockwork was fired from his job at UPS, he walked into the Fell's Point University Campus library and methodically smashed all the clocks there with a sledgehammer. He voluntarily surrendered to the campus police when they arrived at the scene, claiming that "now his work here was done."

In the future, Mr. Clockwork may put on a silly costume and go out and battle time in Fell's Point. He is more of an annoyance than a serious threat.

Crease [WARD 7B]

Skills: [Normal with 13 DEX, 9 INT, and 8 EGO.] Crease has no superhuman powers, but he is quite limber and agile and can slip through the crawl spaces in the Asylum walls with little difficulty. He has all Everyman Skills, plus Ambidexterity, AK: Asylum Crawl Spaces 8-, and Contortionist at a 13 or less.

25+ Disadvantages: Psychological Limitation: Delusional Disorder, Unspecified ("Folding Mentality," Common, Total), Distinctive Features (Psychosomatic): Folding Mentality (see below, Concealable, Major).

Appearance: A thin white male, about twenty years old, with short brown hair and dark brown eyes. He is on the short side, about five feet tall, and spends most of his time hunched against the wall of the ward, his chest folded over his legs.

LEFT TO RIGHT: BAILEY BURR, MR. CLOCKWORK, CREASE, CHARLIE

Notes: Crease's real name is "Chris." His parents died at an early age, and he went to live with a sickly uncle when he was three. His uncle, however, would mangle Chris's name in a high-pitched voice whenever he spoke to him, making it sound like "Crease" instead of Chris. As the years went by, Chris began to believe Crease was his real name.

His uncle was deathly ill and would call Crease repeatedly for numerous small chores to keep him close in case of an emergency. As a result, Crease saw his uncle wasting away day by day, becoming smaller and folding into himself, and it terrified him. He was at his uncle's side the day his uncle "folded into himself" and died.

Shortly after his uncle's death, Crease began to notice the small folds of his flesh, in his palms and in his hands, which led him to a startling realization. All human beings are like pieces of paper, the wrinkles in the flesh and the tiny lines crisscrossing the skin proof that they can fold themselves as thin as a sheet. Crease regards everyone with this "folding mentality"; in his eyes, tall or obese people are simply more "unfolded" than others, while thin, frail people, especially older people, are "folding" into themselves as they approach death. He will take time to explain this to anyone who seems interested.

When afraid, Crease "folds up" in weird positions. While these positions are painful to get into, constant repetition and practice has made him quite limber. At other times, Crease can be found trying to hide in wastebaskets (with other scrap paper), in file cabinets, or plasters himself against a wall to make himself "invisible" to others. The characters may find him in some surprising places. If Crease wanted to, he could escape from the Asylum within hours, but he is afraid of the outside world and does not want to leave.

Crease also believes he can walk through walls by slipping under cracks in doorways (he can't, but he simulates the effect by waiting at a door until it opens, then "sliding" through the open door to the other side). When he has folded himself into a piece of paper, he gets irritated when the other patients make a lot of movements in the air, because this makes him fly around the room.

Isaiah Dent [WARD 6]

Skills: [Normal with an 8 INT and 8 EGO.] Isaiah has no Everyman Skills except for Shadowing, Stealth (both at 8-) and four points of English Language.

25+ Disadvantages: Psychological Limitation: Undifferentiated Schizophrenia with Psychotic Symptoms and Delusions of Reference (Common, Strong), Distinctive Features: Disheveled Appearance (Concealable, Noticed).

Appearance: A tall, blond-haired white man in his late twenties with an average build. He has a confused expression, as if he is uncertain where he is. He wears a standard green patient uniform and has a disheveled appearance.

Notes: Isaiah (age 27) gets patients and doctors confused, and he usually ends up approaching strange patients and asking them questions, or pestering doctors passing through the ward for help. When informed that he is addressing the wrong person, he looks for anything that might substantiate his theory, including nameplates on door ("That's not right!"), names sewn into clothing ("Hey, those aren't right either! What's going on here?!") and even attempts to get confirmation from other patients and nurses that the character is really someone else. When presented with evidence to the contrary, he frowns suspiciously and continues to follow the characters, demanding an explanation for their "lies." If escorted away by orderlies, he will eventually find his way back to the character, screaming, "you can't fool me! I know it's you!"

Jimmy Diesel [WARD 2]

Skills: [Normal with 16 STR, 13 CON, 9 INT, 8 EGO, 13 PRE, 5 PD and 30 STUN.] Everyman Skills, PS: Truck Driver 11-, TF: Trucks, +2 Combat Levels with HTH Combat (Brawling).

25+ Disadvantages: Enraged (Intermittent Explosive Disorder; Jimmy's Enraged has a Full Turn Delay before he completely loses his temper) 11-, 11-, Psychological Limitation: Psychotic Episodes (Uncommon, Strong), Distinctive Features: See *Appearance* (Concealable, Noticed)

Appearance: A large, burly white male with leathery skin, a bushy beard and mustache and a thick head of dark brown hair. He stands almost six foot, and moves slowly and carefully around the Asylum. He has a tattoo saying "Lullaby" on his arm, but it is nearly lost under his thick arm hair. He has several cigar burns on his forearms and hands.

Notes: Jimmy, 31, used to work as a truck driver before he was admitted to the Asylum. He was unfortunate enough to be driving his rig through Fell's Point during the 1990 riot (see *Sally Robinson, Background*) and was attacked by a band of looters who pulled him from his cab and nearly beat him to death. Jimmy suffered severe head trauma from the attack, which is believed to be responsible for his current condition.

When relaxed, Jimmy likes talking about women, saying vulgar and foul things with a trace of eagerness, but otherwise calm and restrained. Nevertheless, any PC who makes a Sight PER Roll will notice that the staff is extremely careful around Jimmy.

When he gets angry, such as when someone grabs him or runs into him (accident or not), his nostrils flare, and with every breath he draws, he *swells*, clenching his teeth and working his legs until he is running through the ward like a locomotive, smashing down anything in his path (usually whoever touched him). When angry enough, Jimmy has been known to smash a door to pieces and use the fragments as clubs.

Martin Finch, The Handyman [WARD 8G]

Skills: [Competent with a 9 INT.] Despite his template, Martin has no additional skills and powers other than Climbing, Shadowing, Stealth, Sleight of Hand (all at 8-) and three points of English Language.

25+ Disadvantages: Enraged if accused of stealing an object (Common) 11-, 11-, Psychological Limitation: Kleptomania (Common, Strong), Psychological Limitation: Schizophrenia, Undifferentiated (Common, Strong), Distinctive Features: Slightly Disorganized Speech and Behavior (Concealable, Recognized)

Appearance: An obese bald white male in his thirties, this patient looks like a professional wrestler. He has a heavy frame, huge arms and a gorilla-like appearance. He rarely blinks, and often stares intently at others for no apparent reason. He is dressed in a clean patient uniform and wears a pair of light blue slippers on his feet.

Notes: Martin, 32, used to be a construction worker in Fell's Point and lived with his mother in a one-room apartment in the Fell's Point Borough. Although he has had Schizophrenic symptoms since his early twenties, his behavior was ignored for several years until he was finally admitted to the Asylum six years ago.

Martin has two behaviors that may prove to be a problem for PCs: one is his kleptomania. The staff usually turns a blind eye toward his thefts, because Martin becomes threatening and assaultive if he is either accused of stealing something or if he is caught while in the middle of slipping something into his pocket. (Martin usually puts the stolen items down somewhere later, and the items can then be retrieved safely by the staff.) Martin's other problematic behavior is that he likes to "fix" things, usually trying to take something apart and then putting it back together again with a vital piece missing. Sometimes he just leaves the object disassembled and wanders off.

Martin can be used as a plot device in an Asylum adventure, either stealing one of the character's Foci or taking a valuable clue to a mystery taking place within the Asylum and hiding it somewhere.

LEFT TO RIGHT: JIMMY DIESEL, GOUGH GODFREY, MARTIN FINCH, ISAIAH DENT

Gough Godfrey [NO WARD]

Powers and Skills: "Gough" (a nickname given to him by the staff because of his appearance) Godfrey is believed to possess no Everyman Skills and if his appearance is any indicator of his statistics, he possesses typical Senior Citizen abilities (probably with a reduced INT). Gough is incapable of speech.

Disadvantages: Psychological Limitation: Undifferentiated Schizophrenia (Very Common, Total), Distinctive Features (Psychosomatic): Disheveled Appearance, Disorganized Behavior (Not Concealable, Major), Distinctive Features: Missing Left Ear (Concealable, Noticed), Age: 60+, Monitored by the Asylum Staff (Ls Pow) 8-, Mystery ID: (*UE*, p. 5) Michaelis Saietta.

Appearance: This small (4' 11") Caucasian man is a mass of wrinkles and spotted flesh. His hands shake, and he has a facial tic on the corner of his upper left lip... a tic that leads viewer upwards to the black and purple mash of scar tissue where his left ear once was. He looks so old as to be regressing into childhood: his back is hunched, and his legs are bent in almost a crouch. He is incontinent, and can often be found smearing his feces and urine on the floors and walls of the ward.

Notes: There are no records on Gough, and he is considered a permanent fixture of the Asylum... he has been here as long as many of the staff can remember.

Despite his incontinence, he is rarely makes too much trouble for the staff. (In fact, if characters pay attention, it seems that many of the staff members seem to completely forget Gough's presence, even when he is close by doodling with his own feces.) While Gough can be found in almost any ward in the Asylum, he seems to prefer the Seventh Ward.

Characters who make an EGO Roll while examining the "smears" Gough creates with his own excrement will notice that they have a strange intricacy about them.

Juán Guatarez [ADMISSIONS WARD/WARD 8]

Powers and Skills: [Competent.] Juán possesses the Dirty Infighting Package (Kidney Blow, Punch, Eye Gouge), can use knives with Art (+1), and has Lightsleep, Concealment 11-, Lockpicking 12-, Stealth 12-, Streetwise 8- (his Streetwise is 8 or less in the United States; in Guamanga, it is much higher), KS: Fell's Point Underworld 8-, PS: Drug Dealer 11- and +1 Combat Level with HTH Combat. Juán keeps a shiv (1/2D6 HKA) close to him whenever possible.

25+ Disadvantages: Psychological Limitation: Mild Paranoia (Common, Moderate) and Hunted by Guamangan assassins (Mo Pow) on an 11 or less.

Appearance: A Hispanic male in his early thirties with a mustache and short black hair. He stands no more than five foot five inches (he seems even shorter in his patient uniform), with an average build and a slight nervous tension running through his body. He has a tendency to stare at everything around him with wide eyes.

Notes: Juán Guatarez has faked insanity to hide from assassins hired by dissidents in the Central American country of Guamanga (see *JNL*, p. 59) who have ordered Juán's death for taking sides in a sensitive political dispute. Juán arrived in Fell's Point two years ago and was just beginning to feel safe until he someone took several shots at him with a rifle while he was driving in his car about a month ago. Panicked, he drove to the nearest police station and went into hysterics. He wasn't placed in custody, but his performance caused him to be shipped to the Asylum for an evaluation. Juán decided to keep up the "mad front" and lay low in the Asylum until the assassins called off their search. (In actuality, Juán was fired on by members of a Latino street gang who deal drugs in the Southside. A drug pusher himself, Juán sold heroin in their territory without knowing it, and earned their animosity. He still believes that it was the Guamangan assassins who fired at him.)

Juán watches new inmates warily to see if they have come for him or not... while the price on his head is real, his flight from his country and his fear of being killed has contributed to a certain level of paranoia. Juán has been working on making contacts with the Asylum pharmacists so he can continue his drug operations within the Asylum. He is always curious about the outside world and may try to form an alliance with PCs that enter the Asylum. If it decides it is necessary, he may hire some killers from the Asylum to go after the assassins that are looking for him; alternatively, the assassins may have tracked Juán down to the Asylum and pay Hell Razor (*UE*, p. 74) or one of the inmates to dispose of him.

Old Scott Heller [WARD 5]

Powers and Skills: [Normal with 6 INT and 6 EGO.] Heller is not believed to possess any skills, but he has +1" Running and gains +5 STR when Enraged (-1/4).

25+ Disadvantages: Enraged (Common Variable Trigger... see below) 8-, 8-, Psychological Limitation: Undifferentiated Schizophrenia with Auditory Hallucinations (Very Common, Total), Physical Limitation: No Everyman Skills (Frequently, Greatly), Distinctive Features: Screaming (Not Concealable, Major)

Appearance: A white male in his forties with long gray hair and stubble along his chin and neck. His blood red Adam's apple juts from his throat, and his face, neck and shoulders are laced with heavy wrinkles and folds of flesh. When he squints at others, his eyes are nearly lost beneath his creased eyelids.

Notes: Scott is so tortured by his hallucinations that he needs a release... unfortunately, he doesn't know how to express himself in any way other than screaming. If something is going on in the ward that gets him excited, he howls at the top of his lungs. Presence Attacks, the effects of Shock and Stress, and being threatened by another patient are all guaranteed to set him off... furthermore, (ironically enough) Heller can't tolerate loud noises, and if a character near him speaks in anything above a whisper, he will launch himself at them, kicking and pounding. Within a week of his arrival at the Asylum, Heller had assaulted every patient on the ward. He is likely to continue this behavior against any PCs that approach him.

Cyril "C-Dog" Hooks [WARD 3]

Powers and Skills: [Normal with an 8 INT and 7 EGO.] +1" Running (7" Total). Cyril has the standard Everyman Skills, plus one drug dealer Contact in the Fell's Point Borough, AK: Borough 8- and WF with Knives and Small Arms.

25+ Disadvantages: Psychological Limitation: Alcoholism (Common, Strong), Psychological Limitation: Delusional Disorder, Somatic (Common, Strong), Psychological Limitation: Pathological Liar (Common,

Strong), Physical Limitation: Syphilis (Slightly, Infrequently)

Appearance: Uptight, with a nervous smile and darting eyes, this patient is a lean black male in his early twenties with short dreadlocks (some of them barely a few inches long; they look like clumps of ragged black worms sprouting from his head). He dresses in a normal blue T-shirt, but keeps the green pants of his patient uniform, making a half-and-half effect.

Notes: Cyril has escaped from the Asylum twice since his month-long stay, traveling into Fell's Point both times to get stoned and drunk, and then allowing himself to be picked up by the police (usually on some public nuisance charge) and returned to the Asylum, feeling guilty about his "binge." During his last trip, however, Cyril somehow managed to smuggle some marijuana and heroin onto the ward, and his cache has not been discovered by the Asylum staff. Cyril plans to distribute it to make new friends on the ward, and to apologize to the others for "taking off." He will offer to "fix up" any new patients on the ward with drugs or women.

It is difficult to tell what is wrong with Cyril; other than his obvious nervousness and rapid speech, he seems normal. In truth, Cyril has suicidal thoughts and somatic delusions (sometimes he feels his organs moving around in his body, as if changing places with each other and tangling up his breathing and digestion) although he covers them up and lies to the staff and doctors about almost everything. He dimly suspects that during one of his past heroin experiences, he injected some kind of liquid creature into his body that is slowly taking control of him. His symptoms are so deeply buried in his mind that they surface only when he is drinking, and even then, he simply rationalizes them away.

LEFT TO RIGHT: JUÁN GUATAREZ, C-DOG, SCOTT HELLER, THE INVISIBLE MAN

The Invisible Man [WARD 2]

Skills: [Incompetent.] The Invisible Man has standard Everyman Skills except for Stealth at an 11 or less.

25+ Disadvantages: Psychological Limitation: Delusional Disorder (Grandiose, "Invisibility," Common, Strong), Distinctive Features: Naked as a Jaybird (Concealable, Major)

Appearance: A small white man in his early thirties, pale, with short brown hair and green eyes. He is frequently naked, and he creeps along the walls and floor of the ward, holding his breath and darting his eyes back and forth as people pass. Sometimes when someone comes too close, he freezes, then slowly tiptoes after them, smiling evilly.

Notes: The Invisible Man is under the delusion that he can turn invisible at will and is being hunted by the CIA who want to use his powers to assassinate foreign leaders. He was caught streaking in one of the Fell's Point parks, and has been arrested many times for indecent exposure (he claims he was trying to elude the CIA agents who were shadowing him)... the last time he was arrested by police, he was referred to the Asylum, where he has remained for a year with little or no change in his condition. The staff have a hard time keeping him in clothes and try to ignore him when he jumps out at them while "invisible." The Invisible Man will creep behind characters in the wards, shadowing them as he smiles and giggles to himself. He will become extremely upset if someone claims they can see him, and he will argue with them childishly. ("You do *not* see me! Do Not! Do Not!")

Joseph [WARD 8H]

Skills: [Senior Citizen with a 5 INT and 5 EGO.] Joseph has no Everyman Skills except for Language: English (1 point). Joseph functions at about a third grade level and uses only single words and phrases (usually inappropriate to the situation) when expressing himself.

25+ Disadvantages: Psychological Limitation: Dependent Personality Disorder (Common, Strong), Physical Limitation: No Everyman Skills (Severe Mental Retardation), Age: 40+

Appearance: A short (4' 11"), white male in his late fifties. He is almost completely bald except for tufts of hair over his eyes. His smiles are always tentative... and when he opens his mouth, he reveals his toothless gums. He occasionally raises his hand for no apparent reason, as if waiting for someone to call on him.

Notes: Joseph is 58 and relatively harmless, although he can be annoying at times. If given a task by the staff, he often turns to other patients for help if he thinks that they can do it for him and will follow them with an imploring expression until they chase him away or do his job for him. When he is placed in a confusing situation, Joseph must make an INT Roll or else he will run away as quickly as possible. Incontinent during the night, Joseph is mobile during the day and can generally take care of himself. He is allowed to walk the ward without restriction.

Neil Kearns [WARD 8H]

Skills: [Normal with a 8 INT and 7 EGO.] Neil is assumed to have no Everyman Skills, except for Language: English at the two to three point level.

25+ Disadvantages: Psychological Limitation: Disorganized Schizophrenia (Very Common, Strong), Physical Limitation: No Everyman Skills (Frequently, Greatly), Distinctive Features (Psychosomatic): Incessant, Disconnected Speech (Not Concealable, Major), Distinctive Features: Obese (Not Concealable, Noticed)

Appearance: An obese white male in his late teens, with straight brown hair and a balloon-like face. He talks constantly, either to himself or to other patients on the ward; most patients and staff seem to ignore him and his incessant nasal drone out of habit. He is dressed in a standard green patient uniform.

Notes: Neil is twenty years old and has been in the Asylum for close to two years. The staff frequently isolates him from the rest of the patients on the ward, either placing him in his room or in seclusion. As mentioned in his *Appearance* section, above, he talks incessantly in an unenunciated torrent of words... his train of thought is impossible to follow. If by chance, he should hit on a coherent topic, he will jump to another, usually three or more times in the same sentence until he once again makes no sense. The tension and circumstance under which he speaks usually seems to have a bearing on the frequency and incoherency of the words... when frightened or confused, Neil's voice will rise or drop in pitch until he is screeching out words or mumbling piteously.

Lantern Jack [WARD 8J]

Powers and Skills: [Normal with 12 STR, 12 CON, 9 INT, 8 EGO, 24 END and 22 STUN.] Jack has +1" Running (7" Total) and +1" Superleap (3" Forward, 2" Upwards).

25+ Disadvantages: Enraged when spots a "criminal" (Common) 11-, 14-, Enraged if called a "Hobgoblin clone" (Uncommon) 14-, 8-, Psychological Limitation: Grandiose Delusional Disorder ("I am Jack O' Lantern!" Very Common, Total), Distinctive Features: Moves by Leaps and Bounds (Not Concealable, Major).

Appearance: An overweight white male in his late thirties with sparse, brown hair and thick glasses. His patient uniform is rumpled, and the top of his uniform usually rises above his belly, which jiggles when he moves. He can usually be seen jumping through the ward like a demented frog, pulling sheets from the beds of other patients and swirling them around him like a cape. He occasionally strikes a pose in front of others, smiling triumphantly.

Notes: Lantern Jack spends most of his time capering around the ward, jumping from bed to bed and chasing "criminals." He will attack anyone acting suspiciously (i.e., anyone who fits his loose definition of a criminal), pummeling them with his fists until the "criminal" is properly subdued. If the criminal fights back, Jack will jump on the nearest bed and bounce to freedom so he can fight another day. He has to be tranquilized during Halloween or else he starts throwing pumpkins at people. Jack is only one of the many examples of "Jack O' Lanterns" (*JNL*, p. 44) that fill the Asylum, and he has been placed in seclusion so many times the staff has lost count.

Quote: "HA! Didn't expect to see ME here, *did* you, criminal scum?!"

Leon [ROSS HOUSE: GERIATRIC WARD]

Skills: [Senior Citizen with 5 INT, 5 EGO.] Lenny is illiterate and can do little more than feed and clean himself. He has no Everyman Skills except Climbing at an 8 or less.

25+ Disadvantages: Physical Limitation: No Everyman Skills (Moderate Mental Retardation, Frequently, Greatly), Distinctive Features: Retarded, Childish Behavior (Not Concealable, Major), Age: 40+

Appearance: A pleasant black man in his late fifties, with an average height and build, dressed neatly in hospital clothes. His movements and facial expressions

have a certain childishness about them.

Notes: Leon ("Lenny") is a pleasant, 51 year old Black Male who has been at the Asylum for almost twenty years. Prior to his years in the Asylum, he was living at home and would act in a childish manner, biting his palms, throwing tantrums, and so on. His behavior finally culminated on an attack on his mother, after which he was sent to the Asylum for treatment. Lenny enjoys attention, and he spends much of his time shadowing orderlies and nurses; if a character approaches him, he will speak to them in garbled words and nonsensical phrases and then follow them around, hoping for more attention. Lenny cannot identify items, and he cannot read or write. Although Lenny acts at an early childhood level, the staff generally ignore him and let him walk around freely, as he can care for his own cleanliness, and requires little supervision in eating or dressing. He is no longer prone to violent behavior, although he will respond childishly to threats, either running away and sulking or fighting back by shoving his "attacker."

LEFT TO RIGHT: D. NEUMONT, NEIL KEARNS, LANTERN JACK, LEON, JOSEPH

Marrow [NO WARD]

Skills: [Normal with 11 STR, 13 DEX and 11 CON.] +1 to Hearing PER Rolls, Contortionist 12-, Shadowing 12-, Stealth 12-, PS: Escape Artist 12-, AK: Asylum 11-, AK: Asylum Crawl Spaces and Ventilation Subsystems on a 13 or less.

25+ Disadvantages: Psychological Limitation: Paranoid Schizophrenia (The CIA is after him, Common, Strong), Distinctive Features: Schizophrenic Behavior, Disorganized Speech and Appearance (Not Concealable, Major), Distinctive Features: Feral Appearance (Concealable, Major)

Appearance: It is almost impossible to see this man beneath the grime and dirt that covers his body; only the whites of his eyes can be seen clearly in darkness. A white male in his early thirties, this patient (?) wears a tattered green uniform, shred and frayed in several places. He has a long beard and a tangled mass of curly blond hair on his head, filled with dirt, lice, and dead insects.

Notes: Marrow looks feral, but he is soft-spoken and polite, even if his word choice tends to be a little odd. He was admitted to the Asylum in restraints after being arrested for disturbing the peace in Fell's Point Harbor five years ago. On the day he arrived, the intern escorting Marrow left him alone for a few minutes, long enough for Marrow to vanish from the locked waiting room without a trace. The staff spent days scouring the Asylum and the grounds, and they eventually gave up, baffled as to how Marrow escaped.

In actuality, within a minute of being left alone, Marrow shed his restraints, forced open one of the panels in the ceiling and climbed up into an air duct to hide from "CIA radar." Ever since then, he has lived a hermitic existence within the Asylum walls, floors and ceilings. He comes and goes as he pleases, stealing food and materials from the Asylum staff and patients, and has completely furnished some of the shafts and crawl spaces in the Asylum, making an impressive spread of "rooms" and hallways within the walls. It is better furnished than some houses.

Assuming they knew he was there, it would take the Asylum maintenance crew weeks to creep through the hospital's ventilation system (there are many unnecessary shafts and branchings, due to the odd architecture of the building), to map out Marrow's home in the walls. Marrow has been inside the Asylum hollows for years, but even he has not explored the entire web of crawl spaces and old air ducts, mostly out of fear of approaching some wards too closely.

During the course of the campaign, PCs should occasionally hear staff members complaining of losing or misplacing objects... this is usually due to Marrow's raids. Marrow can be used as a *deux ex machina* for the GM, stealing vital clues, files and other items (dinner trays, sheets, towels, office chairs, end tables, pictures, drugs, box-spring mattresses, and so on... the list of items that Marrow has stolen is incredible) and tucking them away in the hollows of the Asylum. Marrow may develop a crush on a female PC (attractive or not) in one of the wards, making himself known to her and offering to help her escape.

Quote: "Y-Y-Yer not supposed ta BE here."

Powers and Skills: [Senior Citizen.] Although not superpowered, David has a sense of underlying plots and dramatics. He has +1 to All PER Rolls, the full selection of Everyman Skills, and KS: *Underworld Enemies* on a 13 or less.

25+ Disadvantages: Psychological Limitation: Delusional Disorder (Grandiose, Believes he is Crusader, Common, Strong), Age: 60+

Appearance: A small, shifty-eyed man in his late sixties with unkempt dull gray hair. He wanders the ward as if lost, dressed in a rumpled patient uniform. A thick "C" has been scrawled on the left breast of the uniform in black magic marker, and he has taped a small paper plate onto his left forearm like a shield. A crude five-pointed star, composed of unsteady lines, has been scribbled on the paper plate. The space outside the star has been filled in with what looks like blue and black finger-paint.

Notes: Daniel befriended Crusader when the vigilante was imprisoned in the Asylum many years ago and has never forgotten him. When he heard that Sam had died, he took up "the uniform and shield" and claimed he was the reincarnation of Crusader. The staff view his actions and his frequent posturing with mild amusement. Although he has incontinence problems, Daniel can attend to his own hygiene and causes little trouble in the wards and so is allowed to move about as he pleases.

Daniel claims he knows what happened when Crusader was killed and repeats it to anyone who comes to the ward, in a clear, steady voice. He claims Crusader, near-sighted and old, was the personification of "old school" Golden Age heroics, and his death symbolized the end of the Golden Age, brought about by the rising tide of killers motivated by revenge and hate, personified by Crusade. These vigilantes prefer to kill law-breakers rather than spending the energy to attempt to help or reform them. He points out that Crusade is the latest chapter in a continuing cycle of violence... just as Crusader murdered the elderly member of the RAVEN assassination bureau (*UE*, p. 8), the aging Crusader himself was murdered many years later by another assassin (Crusade and his training, *UE*, p. 95, second column), and so on. The ironic twist is that at the end of *Underworld Enemies*, the implication is that Sally submits to the murdering culture she herself despised, and therein lies the tragedy. In the framework of *Underworld Enemies* and *Asylum*, if Sally does not give into revenge (personified by the Purge armor, *UE*, p. 81), the cycle of violence will end and her life can continue. If asked what is transpiring in *Asylum*, David will shrug his shoulders and tell characters to talk to a "Madame Sosostris," presumably some character in a future book.

Skills: [Use the Incompetent or Skilled Normal template, depending on whether Noah is having a Depressive or a Manic Episode.] Noah has the full range of Everyman Skills (plus KS: Bible 11-), although when he is having a Major Depressive Episode, he must make an EGO Roll in order to use any of his skills or to defend himself.

25+ Disadvantages: Enraged (Variable Common Trigger, only when having a Manic Episode; this is usually in effect by the end of a normal day) 11-, 8-, Psychological Limitation: Bipolar I Mood Disorder with Religious Hallucinations (Hearing the voice of God, Very Common, Total), Distinctive Features: Disconnected Speech (Not Concealable, Major), Distinctive Features: See *Appearance*, below (Not Concealable, Major)

Appearance: A wild-eyed white male, extremely tall and broad with dark, matted hair. A smell emanates from his rumpled patient uniform like something has crawled in there and died. He usually has a worn Bible clutched in his large hands (his hands are red, as if sunburned). He stares into the distance silently, his cheek muscles twitching, then paces in circles around the ward, mumbling and shaking his Bible. He often clears his throat, as if about to say something.

Notes: Noah is a Catholic preacher who was picked up for brawling with a pimp in the Fell's Point Harbor. His speech is disconnected and inappropriate, switching from religion to random thoughts on white rats and bugs. If he is stopped and asked a question while he is speaking, his expression will shift wildly, and he may begin to shout, throw a punch at the character, or start to cry. He often tells patients that he is in the Asylum because he masturbated too much and it kept him from being a good Christian. He warns them that they will share his fate (disfavor) if they don't repent their evil ways. Noah also claims he can hear God calling his name (auditory hallucinations) and when the hallucination are particularly intense, he will grab other patients, shouting "I have the Spirit now! I have the Spirit!"

In the mornings, Noah is sullen, but this fades as the day goes on (i.e., he is having a Mixed Mood Episode... he will wake up with a Major Depressive Episode, and it will change into a Manic Episode by the end of the day). By the time the evening comes around, he zips through the ward preaching about the Holy Spirit and writing religious songs to show his therapist. He is frequently put in seclusion because he screams at the other patients to repent and throws his Bible at those who are "not living up to his expectations."

Raymond [WARD 4]

Skills: [Normal with 13 STR, 11 BODY, 5 INT, and 7 EGO.] Limited Everyman Skills. PS: Cargo Mover at Avery Foods Grocery Store, 8 or less.

25+ Disadvantages: Psychological Limitation: Undifferentiated Schizophrenia with auditory and visual hallucinations (Raymond claims to see "other people" walking around the wards; Very Common, Strong), Psychological Limitation: Scared of the Dark (Nyctophobia, Common, Strong), Physical Limitation: Limited Everyman Skills (Moderate Mental Retardation, Infrequently, Slightly), Distinctive Features (Psychosomatic): Bizarre and Disturbed Speech (Not Concealable, Major)

Appearance: A white male in his thirties, with a strong build and a slight gut. While neatly dressed, his green patient uniform seems much too small for him. He is bald, and has a slack expression.

Notes: Raymond is 31. He was transferred from Holmesberg prison in Fell's Point over eight years ago after he was found incompetent to stand trial on charges of burglary, terrorist threats, assault and recklessly endangering another person. He has had a lifelong history of mental retardation due to birth trauma; when he was seven years old, he apparently suffered further brain damage when he fell from the roof of his father's house. Before his arrest, he worked as a cargo mover at an Avery Foods Grocery Store in Fell's Point (see *Corporations* for a description of Avery Foods).

Raymond's speech is difficult to understand, as much of thinking is loosely associated and bizarre. He frequently claims to see ghosts and "people" created by the lights in the Asylum and often stares at light fixtures and bulbs. He will not go into shadowy area in the Asylum, and he is afraid of the dark. At night, it is difficult for him to go to sleep, and he murmurs and whimpers to himself when the lights are turned out.

Robertson [WARD 4]

Powers and Skills: [Normal with a 7 INT and 7 EGO.] Robertson has limited Everyman Skills.

25+ Disadvantages: Berserk when a sharp object is pointed at him (Common), 14-, 8-, Psychological Limitation: Antisocial Personality Disorder ("Antisocial Tendencies," Common, Moderate), Psychological Limitation: Undifferentiated Schizophrenia with delusions (Chronic, Very Common, Strong), Physical Limitation: Limited Everyman Skills (Mild Mental Retardation, Infrequently, Slightly), Distinctive Features: Schizophrenic Behavior (Not Concealable, Major)

Appearance: A tall, stocky, middle-aged white man with rumpled, dark brown hair and a jutting chin dotted with gray stubble. He has an unkempt appearance, a slight hunch in his upper back, and moves his legs stiffly, like a robot.

Notes: Robertson ("Rob") is 37 years old and has a long history of psychiatric hospitalization and criminal activity, primarily larceny (petty theft). While he has a tenth grade education, his INT has been deteriorating ever since the onset of his Schizophrenia. He occasionally repeats brief phrases ("in my head, in my head, in my head"), seemingly unrelated to anything that is occurring around him. When nervous, he trembles and laughs loudly. He was admitted thirteen years ago after arrested in the Fell's Point Harbor for breaking car windows and stealing items from parked cars.

Robertson has had episodes of violence at the Asylum, and will attack anyone who sneaks up on him or surprises him. The sight of a knife, syringe or sharp object being pointed at him will cause him to go berserk (the staff is aware of this and exercise caution when giving him medical check-ups).

LEFT TO RIGHT: RAYMOND, HAROLD WEINSTEIN, NOAH, ROBERTSON, MICHAEL TIBBET

Michael Tibbet [WARD 3]

Powers and Skills: [Normal with a 9 INT and 8 EGO.] +1 to Sight PER Rolls and the Talent: Lightsleep. Otherwise, Michael has only the normal range of Everyman Skills.

25+ Disadvantages: Psychological Limitation: Paranoid Schizophrenia with Somatic Delusions (Very Common, Strong), Distinctive Features: Disheveled Appearance (Concealable, Noticed)

Appearance: A white male in his early twenties, with a neat and clean appearance. He is of average height and build, with curly black hair and slight sideburns. He avoids eye contact and always glances tentatively around him.

Notes: Michael is much older than he appears (he is 29). Although he seems neat and clean, orderlies have to supervise his personal hygiene daily in order to keep him looking presentable; when they cannot take the time to attend to him during the course of the day, Michael's appearance unravels, with stubble growing quickly at the corners of his chin and neck, his hair becoming tangled, and he picks at (and dries his hands on) his patient uniform until it is rumpled and dirty. On the ward, Michael makes constant trips to the water fountain and to the bathroom, though he is quick to leave if anyone is standing behind him at the fountain or if anyone else is in the bathroom. His responses to any PCs who approach him will be tentative, cautious and fearful, and he will attempt to get away as quickly as possible. If cornered, he may scream for help and press himself against a wall or floor in order to keep distance between himself and the PC. He has frequent somatic complaints (mostly related to his intestines, and the feeling that his insides are drying out), and he has a tendency to move his foot around or smoke in an agitated manner.

Harold Weinstein [WARD 6]

Skills: [Normal with 9 STR and 9 CON.] He has all Everyman Skills, with AK: Fell's Point Chelsea District 8- and PS: Manager of *Shakey*'s Pizza Parlor on an 11 or less.

25+ Disadvantages: Enraged (Common, Variable Trigger) 11-, 8-, Physical Limitation: Undiagnosed Brain Condition (Frequently, Greatly), Distinctive Features: Shaking Right Hand (Not Concealable, Noticed).

Appearance: This man looks to be in his late forties, with white, spiky hair. He is dressed in a standard sickly green patient uniform. His right hand is constantly shaking, and his tiny, bead-like eyes are almost hidden beneath his thick white eyebrows. His speech is flat, and his face is expressionless.

Notes: Harold ("Harry, please") Weinstein is 33 and married, with one son who is currently enrolled in the Fell's Point Community College. Until two weeks ago, he was manager of a local *Shakey's* but was forced to seek treatment after he bashed one of his waitresses with a napkin dispenser after she refused to restock the napkins. Extremely sorry for what he did, he has only offered the explanation that "it seems the ol' ticker [his brain, not his heart] isn't working right." Weinstein loses his temper easily, can't remember things and is having trouble with simple math and spelling. Alternately confused and angry by his memory loss, he suspects his difficulties might be due to some tranquilizers that were prescribed for him a month ago, but the physicians suspect that his recent memory difficulty and behavior might be due to a brain tumor, so they are preparing an organic work-up for him (EEG, brainscan, psych-testing and a neurological exam).

Female Patientz

Victoria "Vicki" Atkins [WARD 2]

Skills: [Incompetent.] Vicki has the normal selection of Everyman Skills except for AK and TF (she does not have a driver's license).

25+ Disadvantages: Vulnerability (Psychosomatic) x2 Effect vs. Mind Control Attacks, Psychological Limitation: Paranoid Schizophrenia with Delusions of Persecution (Common, Strong)

Appearance: A young white female, about 5' 8" with an average build, short black hair in a bowl cut, and light green eyes. She is well-groomed, clean and wears a standard patient uniform. She fidgets a great deal, and her eyes flicker, as if watching something out of the corner of her eye.

Notes: "Vicki" is barely fifteen years old, but her Schizophrenia is maturing rapidly. She has informed her therapist that her father has set up radios throughout the Asylum (according to Vicki, he performed this feat during his first visit) that tune in to her brain waves and control her thoughts.

Vicki's therapist believes she has nailed down the reason for Vicki's disorder and the distress and delusions that accompany it. The problems started a year ago, when Vicki's father became extremely upset when he learned that she had gone on a date without telling him. The reason for his distress is believed to be that he was worried that some boy would take advantage of her and get her pregnant. (This had hap-

pened to Vicki's older sister during her teens.) In order to keep tabs on her social life, her father took to questioning Vicki about every place she went when she left the house, sometimes even going so far as to follow her in the car. He listened in on her telephone conversations with friends, secretly went through her things and often grounded her without a good reason so he could keep her out of "trouble." As these incidents became more common, Vicki began to have delusions about "radios" in the house that reflected her distress at her father's invasion of her privacy. She is on medication, but it is not clear if she will recover enough so that she can leave the Asylum and return to her father.

Rhetta Bourne [MEDICAL WARD]

Skills: [Incompetent.] Due to her condition, Rhetta cannot run (Max 2") nor can she use her Everyman skills.

25+ Disadvantages: Psychological Limitation: Undifferentiated Schizophrenia with Depressive Features (Common, Total), Physical Limitation: Burns and constant pain (All the Time, Greatly), Distinctive Features: See *Appearance* (Not Concealable, Major), Hunted by Ashtray Art (Mo Pow) 11-, 2D6 Unluck.

Appearance: A thin black female of indeterminate age with pockets of burned and blistering flesh across her body. The hair has been razed from her scalp, her right ear is gone, and her right eye is a milky white pustule, lined with red and black scar tissue. Her face has been burned so badly it is impossible to get a clear idea of what she looked like before she was burned. She is dressed in a white, loose-fitting gown, and rarely moves or speaks.

Notes: Rhetta, thirty-one years old, is a Southern black woman with Schizophrenia and depressive features who has been a fixture at the Asylum for the past fifteen years. Several months ago, Ashtray Art (*UE*, p. 52) asked Rhetta if she would be willing to be one of his masterpieces, and she agreed, thinking he was going to paint her portrait. After the blackened gas-soaked gown was peeled from her burned flesh, she was taken to the Fell's Point Municipal Hospital and treated. Since her return to the Asylum, Rhetta refuses to eat and now will only be tube-fed. Her current antidepressant might as well be a children's vitamin pill for all the good it does her; she desperately wishes to die, but she is almost immobile from pain and the staff has been instructed to watch her carefully.

Art cannot understand why "his" Rhetta is being kept from him and why the staff won't let him see her... he is anxious to see how she turned out.

LEFT TO RIGHT: VICKI ATKINS, CHARLOTTE BRISK, RHETTA BOURNE

Charlotte Brisk [WARD 8A]

Skills: [Incompetent.] +1" Running (6" Total), Everyman Skills, Contact: Male Staff Member (GM: Choose at Random) 11-, and Seduction on an 8 or less (Charlotte's still getting the hang of it).

25+ Disadvantages: Psychological Limitation: Borderline Personality Disorder (Common, Moderate), Psychological Limitation: Histrionic Personality Disorder (Common, Strong), Psychological Limitation: Obsequious (Common, Strong), Distinctive Features: "Seductive" Appearance (Easily Concealable, Noticed)

Appearance: A young white female, barely twenty years old, with cinnamon-colored hair and large brown eyes framed by thick, square-framed glasses. She is dressed in a standard green patient uniform, but it somehow tends to fall open in the front, allowing the viewer to see the curve of her breasts. While not unattractive, her face is oddly rounded and her head looks too big for her small body. She tends to remain in her room and avoid everyone else on the ward.

Notes: Charlotte, 19, was admitted to the Asylum shortly after she sliced her wrists when she learned her "boyfriend" was seeing other girls. (Whenever she speaks about "him" and his infidelity, she speaks as if she had known him for years, rather than two weeks.) Behind her immaturity there is an unhappy, lonely person, and her feelings are deeply suppressed. She tends toward selfishness and putting her feelings above those of others, often trying to gather pity and attention to her

problems. Charlotte tends to handle criticism and rejection like a child (e.g., running away, refusing to talk, sulking in a corner or throwing a tantrum and stamping her feet).

Carol [WARD 2]

Skills: [Incompetent.] Carol has the normal selection of Everyman Skills (including AK: Fell's Point Southside 8-, PS: Housewife 11-), but she must make an EGO Roll in order to use any of her skills while she is having a Major Depressive Episode.

25+ Disadvantages: Psychological Limitation: Major Depressive Disorder with Guilt and Somatic Delusions (Very Common, Strong), Distinctive Features: Cesarean Scar (Easily Concealable, Noticed), DNPC: Husband (Normal) and Children (Incompetent) 11- and 2D6 Unluck.

Appearance: A slender young woman, not more than twenty, with long wavy black hair, a thin face with light brown eyes, small breasts and narrow hips. She does not wear a patient uniform; instead, she is usually dressed in matching light green sweatpants and hooded sweatshirt as if about to go out for a jog. She is usually found sitting slumped in a chair or against the wall of a ward, crying silently as her shoulders make small, shuddering movements. Her eyeliner makes its way down her cheeks in two tear-soaked streams.

Notes: Carol is twenty-five years old (she appears much younger than she actually is). She has had four children, two of whom have already died. She believes that she somehow caused the death of her two children, even though both were crib deaths. Over the past few months, she has developed several somatic complaints, including asthma and chronic stomach pains. Although she has repeatedly visited a general-practice clinic in Fell's Point and has had numerous tests and medications, no explanation has been found for her sickness and she has not improved. She is afraid to discipline her other two children at all, and is having difficulties relating to her husband, who is abusive and considers her "pathetic." She was admitted to the Asylum only recently, but she may be in for a long stay.

Clarisse [ROSS HOUSE: GERIATRIC WARD]

Skills: [Senior Citizen with a 9 INT and 11 EGO.]

25+ Disadvantages: Enraged if someone comes too close to her "without permission" (Very Common) 8-. 14-, Psychological Limitation: Paranoid Schizophrenia with Grandiose Delusions and Auditory Hallucinations (Very Common, Strong), Physical Limitation: Alcoholic (Frequently, Slightly).

Appearance: A thin, formal-looking black female in her late fifties. The heavy lines on her forehead and around her mouth make her face look like a dried prune. She prefers to rest in chairs in the ward rather than move around and sits in a corner far away from everyone else. She occasionally can be heard humming to herself.

Notes: Clarisse (real name Clarrisa) is a 57 year old, Baptist widower. Speaking to her can be frustrating; she stiffens when anyone approaches her without permission and will make threatening gestures until they go away (she sees almost everyone as the enemy). If she allows a character to approach, she will either ignore him completely or else nod her head slowly and respond to questions in thick, slurred speech that is difficult to understand (her word choice also tends to be peculiar). She is convinced that people are out to get her and her family, but these suspicions usually surface only when she is drinking. She has two children (although she claims that both of them died). Her husband was "killed" five years ago; he traveled a great deal and was unfaithful to her. Her delusion is that "they bumped him off when he was making his way home to me."

Jennifer Dorsey [ADMISSIONS WARD]

Skills: [Normal with an 11 INT.] Jennifer has all the Everyman Skills plus AK: Fell's Point Northside 8-, AK: Fell's Point Chelsea District 11-, CK: Hudson City 8- and SC: Business and Finance on an 11 or less.

25+ Disadvantages: Psychological Limitation: Obsessive-Compulsive Disorder ("Takes a half-hour to walk through doors," Very Common, Strong), Psychological Limitation: Meticulously Neat (Common, Moderate), Physical Limitation: Near-Sighted (Infrequently, Slightly), Distinctive Features (Psychosomatic): Obsessive-Compulsive Ritual (See below, Not Concealable, Recognizable).

Appearance: A slightly overweight white female in her early twenties with wire-frame glasses. Her shoulder-length black hair is neatly combed, and her clothes are always clean and well-pressed. She never wears a patient uniform. She appears quite lucid and friendly, though she seems uncomfortable in the ward.

Notes: Jennifer's problem is that it takes her a half-hour to walk through a door. Whenever she tries to do so, she stops and repeats the following ritual: first, she taps each side of the door frame seven times, closes her eyes and mouths something to herself, as if praying. Then she taps the door frame again in exactly the same spots with exactly the same fingers, and then

begins the ritual again until she has completed it seven times... if she does any part of this ritual incorrectly (which happens often), she will begin to hyperventilate, stare around frantically, then start again from the beginning. The smallest distraction from the ritual (e.g., if someone speaks to her or if she has a random thought while performing the ritual), she must start over again, even if she was performing the ritual correctly before the distraction.

Jennifer is twenty-five and earned her Business Degree from the Fell's Point Community College less than a year ago. Shortly after graduation (about the time when she was experiencing stress hunting for a job), she began to manifest her Obsessive-Compulsive behavior. (It is believed that Jennifer had the foundations of the disorder well before coming to the Asylum, but it recently became worse due to stress.) She was admitted to the Asylum only a week ago, and wants to leave as soon as possible... she finds the institution oppressive and evil, and it only fuels her disorder rather than ameliorating it.

Alisha Downs [WARD 7B]

Skills: [Incompetent with a 7 INT and 7 EGO.] She has the Contact: The Baby Man 11-, Concealment 8-, Streetwise 8-, Language: Gang Slang (Borough) and WF: Syringes.

25+ Disadvantages: Psychological Limitation: Alcoholism (Common, Moderate), Psychological Limitation: Psychotic Disorder with Delusions and Hallucinations, Linked to Heroin Addiction (-1/2) (Common, Strong), Physical Limitation: Heroin Addiction, Strong (Greatly Impairing; see *I4I*, p. 45), Distinctive Features: Track marks on arms (Easily Concealable, Recognizable).

Appearance: A short black woman of average height and scrawny build who looks to be in her late twenties. Despite her youth, she carries herself as if bearing a heavy weight, and her rail thin body is afflicted with tremors. Her appearance is haggard, and she looks hungry, gazing with a pleading eye at anyone around her, as if expecting a hand out. A patient uniform is draped limply over her body.

Notes: Alisha is actually thirty-two years old. She drinks a great deal, and has been a heroin addict for the past eleven years. Her judgment and attention span tends to be lacking, and she pays little attention to others around her unless they have heroin or alcohol or can get access to it. She has a dim view toward men for many reasons: her father was not present for most of her childhood, she had a disappointing marriage (they are now separated but not divorced), and most heroin dealers she dealt with in the Borough were men. All of these factors led her to have a shallow, dependent ambivalence on men. If PCs speak with her, she may tell them that she needs money in order to buy her daughter back from the Baby Man, a dealer in the Borough who purchases children from young mothers, using offering drugs in exchange for the infants. If the PCs refuse, she will make obscene gestures at them and say she doesn't need them anyway because "her boy, Clarence" is working with the crime lord Big Money in the Borough and will come after the PCs and "kill ALL their family" if she gives the word.

Ellen [WARD 3]

Skills: [Incompetent with 6 INT and 6 EGO.] Ellen has no Everyman Skills except for Language: English at the 2 point level (Ellen's Language Skill, however, has a 14 or less "Activation roll"... if Ellen makes the roll, she can communicate coherently... if she fails the roll, she babbles a stream of disconnected words).

25+ Disadvantages: Catatonic (Epilepsy, Uncommon) 14-, 8-, Psychological Limitation: Undifferentiated Schizophrenia with Delusions and Hallucinations (Common, Strong), Physical Limitation: No Everyman Skills (Mental Retardation, Frequently, Greatly), Distinctive Features (Psychosomatic): Childish, Schizophrenic Behavior (Not Concealable, Major).

Appearance: A slightly overweight black female in her late thirties who rarely makes eye contact with anyone else in the ward. She has disproportionately large breasts and thighs, and long, disheveled black hair that she falls across her face.

LEFT TO RIGHT: CLARISSE, ALISHA DOWNS, CAROL, JENNIFER DORSEY, ELLEN

Despite her obvious maturity, there is something childish in her movements and expressions, and she often giggles inappropriately. A sloppy dresser, her patient uniform is often stained with food and excrement and has been torn and stitched back together in several places.

Notes: Ellen is 37 but acts like a five-year old. She prefers to speak in whispers, and if a character asks her to speak louder, she will either become silent or shout at the top of her lungs, all the while interrupting with stuttering, inappropriate laughter. She was voluntarily committed three years ago, and claims to have five children, two of whom were born during past hospitalizations, one in the Asylum and another in a local hospital on the peninsula. [1] Ellen has a long history of mental retardation and was unable to complete school past the third grade. In addition to her schizophrenic hallucinations (auditory only), bizarre thought processes, she also has epilepsy.

Esther [WARD 5]

15	STR[2]	13	DEX	13	CON	15	BODY	8	INT
15	EGO	10	PRE	10	COM	6	PD	6	ED
3	SPD	6	REC	30	END	25	STUN		

Powers and Skills: Esther has no superhuman powers but any character with psionic powers will notice something "odd" about her psyche, as if some of her memories were recorded from someone else's perspective. Her skills include PS: Seamstress 11-, KS: Sewing 11-, KS: The Bible 13-, and WF with Knives and Straight Razors. She has +2 to Hearing PER Rolls.

25+ Disadvantages: Psychological Limitation: Pathological Sinner (Common, Strong), Psychological Limitation: Nosy and Curious (Common, Moderate).

Appearance: A white female in her forties with a disheveled appearance. She sullenly watches everyone in the ward, from the patients to the orderlies, and frequently can be found leaning forward and listening in on other people's conversations.

Notes: Esther has been incarcerated in the Asylum for slashing her husband and children to death with a straight razor. A devout churchgoer her entire life, Esther seems possessed with a manic desire to commit sins, whether lustful or violent (though she is disposed to the later). Her psychiatrist is having difficulty finding the reason for her sinful urges. She does not meet many of the criteria for an Antisocial Personality Disorder.

Georgina [WARD 3]

Skills: [Incompetent.] Georgina has all Everyman Skills, including PS: Housewife, 8- and WF: Knives, but she will not be able to use any of her skills when she is having a Major Depressive Episode.

25+ Disadvantages: Psychological Limitation: Alcoholic (Common, Strong), Psychological Limitation: Borderline Personality Disorder (Common, Strong), Psychological Limitation: Dysthymic Disorder [3] with a superimposed Major Depressive Disorder (Very Common, Strong), Distinctive Features: Scars on wrists (Concealable, Noticed).

Appearance: A dull black woman in her early thirties with an average build and height, a thick, flat nose, and short black hair cut almost to the scalp. She appears slow and passive, and is neatly dressed in a patient uniform.

Notes: Georgina, a 23 year old Baptist from the Fell's Point Borough, was referred to the Asylum for a court case evaluation. She had a habit of setting fires when she was young, was sentenced to a Youth Development Center in Fell's Point when she was seven. Five years later, she was charged with disorderly conduct, and three years after that, she was charged with Prostitution and Arson with Aggravated Assault and Battery. Recently she has been arrested for Voluntary Manslaughter after she stabbed her cousin to death while drunk. After the murder of her cousin, she tried to commit suicide by slashing her wrists but was found by the police before she bled to death.

Eliza Grant [WARD 5]

Skills: [Normal with an 8 INT and 11 EGO.] It is not known whether Eliza has Everyman Skills or not.

25+ Disadvantages: Enraged (Common Variable Trigger) 11-, 14-, Psychological Limitation: Borderline Personality Disorder (Common, Strong)

Appearance: A small black female in her early thirties with a slightly unkempt appearance. She has dark black skin and large, bright eyes. She tends to rush

1: Asylum records indicate that Ellen has only four children, and there is no record of Ellen having given birth to a child in the Asylum. Ellen, however seems quite insistent that she has five children. If questioned more on the subject, she will mumble something about "Mr. Smiley Face probably took him" then burst into giggling.

2: Esther's strength is not apparent to the casual observer and should be treated as Invisible Effects (+1/2, Normal Sight).

3: Georgina is constantly depressed at Moderate Intensity but occasionally has bouts of Strong Intensity depression.

around the ward talking loudly to herself in disconnected sentences.

Notes: Eliza (pronounced "Uh-lee-zuh") is 29 years old. She is anxious to leave the Asylum as soon as possible because she feels it's "a hideous, ugly place, an' I don't *belong* here." A bundle of emotions, she acts immature most of the time and is alternately depressed, reactionary, hypersensitive, dependent and uses suicidal gestures as a dramatic means of getting attention. She has had several outbursts of violence (three) since her arrival in the Asylum a few months ago. She is extremely sensitive to any situation where someone appears to be taking advantage of her and may lash out with violence in order to "protect herself."

Ivana [ROSS HOUSE: GERIATRIC WARD]

Skills: [Senior Citizen with a 5 INT and 5 EGO.] Ivana has no Everyman Skills.

25+ Disadvantages: Psychological/ Physical Limitation: Advanced Dementia (Very Common, Total), Physical Limitation: No Everyman Skills (Frequently, Greatly), Age: 60+

Appearance: This tiny, elderly white woman wanders silently around the ward. She wears a thin brown button-up sweater over a patient uniform that appears much too big for her and sags in many places. Her face is relatively smooth of wrinkles, but her ghostly white hair and emaciated appearance betrays her age... her legs and arms are like gnarled sticks. She moves slowly and shows little or no reaction to anything going on around her.

Notes: A daughter of Russian immigrants, Ivana was born in Fell's Point in 1924 and was committed in 1952. She was diagnosed as psychotic and mentally deficient when she first arrived at the Asylum, but has become mute and withdrawn over the decades. Prior to her admission to the hospital she was experiencing periods of depression and disorientation and on several occasions had wandered away from home with no destination. From all reports, she was developing normally until age three, when she was thrown down a flight of stairs and seriously injured the front of her head.

Her psychotic symptoms and her wanderings away from home apparently began after the death of her parents. She has shown no improvement since coming to the Asylum; Ivana can no longer care for herself and needs almost constant supervision. While she was capable of talking when admitted, she is presently totally mute. It is unclear whether she is deaf, partially blind, or simply unresponsive.

Jami "J.J." Jackson [WARD 4]

Powers and Skills: [Incompetent.] Jami has +1 Sight PER Rolls, all Everyman Skills (except Deduction) including PS: Hotel Maid and Waitress on an 8 or less.

25+ Disadvantages: Enraged if she feels "threatened" by a character (Common) 14-, 8-, Psychological Limitation: Paranoid Schizophrenia with Delusions (Very Common, Strong), Distinctive Features: Suspicious and Hostile (Not Concealable, Major)

Appearance: A black woman, maybe in her mid-thirties, dressed in baggy street clothes. Her hair is long and flares out in a halo around her head, and her ears are large. She appears guarded and suspicious, and she glares at everyone on the ward with barely-restrained hostility... any PC matching her gaze will hear her murmur what sounds like a threat under her breath.

LEFT TO RIGHT: IVANA, ESTHER, GEORGINA, J.J. JACKSON, ELIZA GRANT

Notes: Jami (pronounced as "Jamie") is a 33 year old divorcee from the Borough with a criminal record of Assault, Harassment, and Trespassing. Suspicious, guarded and hostile, she is quick to say that she's not a Fell's Point native, that she lived in Hudson City Northside for a year and owns a house there. Her delusions and persecution complex tends to revolve around "people" who took her house and her life away from her. If she feels threatened by a character (GM's discretion), she will try to ambush them in one of the shadowy corridors of the Asylum. During the attack she will kick the character repeatedly, then try and claw out the

character's eyes with her fingernails. While attacking she will hiss under her breath, "ain't gonna get my house THIS time," followed by a stream of disconnected words.

Jo Anne [WARD 2]

Powers and Skills: [Incompetent, with a 9 INT.] Jo has +1" Running (6" Total) and has the standard range of Everyman Skills, including AK: Asylum 8-, CK: Fell's Point 8-, and PS: Cook on an 8 or less.

25+ Disadvantages: Psychological Limitation: Pyromania (Common, Strong), Psychological Limitation: Schizophrenia (Common, Strong, but currently in remission due to medication... it is now Common, Moderate), Distinctive Features: Mild Schizophrenic Behavior (Concealable, Noticed).

Appearance: A pale white female in her twenties, this patient is tall and thin, with straight whitish blond hair, blue eyes and a "willowy" appearance. She appears clean, neat and alert to her surroundings.

Notes: Jo is 22 years old and single. She lived with her two brothers until she was abandoned by her mother when she was three and the three of them were sent to the Fell's Point Orphanage. From there, she was shuttled from the foster home to foster home in a cycle for eight years (living in five different homes during this period). She first displayed signs of her pyromania when she was eleven and burned down the fourth foster home she stayed at, badly burning the family that had taken her in. She remained at the fifth and last foster home until she was sixteen, at which point she dropped out of school, and took a job as a meat-cutter in a Fell's Point deli in the Southside. Jo has a tendency to collapse under stress, and once attempted suicide because of her Pyromania. She is believed to have problems with sex in general, and turns to fire-setting for sexual gratification.

Katie, The Birdiladi [WARD 2]

Skills: [Incompetent with a 7 INT and 7 EGO.] Katie has no Everyman skills.

25+ Disadvantages: Psychological Limitation: Undifferentiated Schizophrenia (Common, Strong), Physical Limitation: No Everyman Skills (Frequently, Greatly), Distinctive Features (Psychosomatic): Schizophrenic Behavior (Not Concealable, Major), Distinctive Features: Heavy make-up (Concealable, Noticed)

Appearance: This patient is small white female in her early twenties, with long, straight black hair that hangs in tangles from her head. It is possible that one of her parents were Oriental, for her eyes are dark, almost like ink, and there are slight epicanthic folds at the corners of her eyes. Her dark eyes are made more striking by thick blue eyeliner, and rouge has been applied to her cheeks so heavily that it makes her appear like a life-size Raggedy Ann doll. Despite the care she has taken with her appearance, she shrinks from others on the ward, and behaves oddly, slapping herself occasionally and making chirping noises.

Notes: Katie is twenty-one and single. Despite her odd behavior, she tries to keep herself in "control," especially during therapy sessions because she desperately wants to be discharged. Unfortunately, her psychotic symptoms are likely to prevent this from ever happening: Katie has auditory hallucinations and believes there is a bird in her head that communicates to her through whistles and chirps... when the bird becomes restless and flaps around in her skull, she slaps her head violently to make it calm down.

Katie is extremely defensive and sexually immature, with no idea how to react around men. Her appearance reflects this immaturity... she wants men, but she doesn't know how to behave to get one. Her uncertainty is evident if a male PC approaches her; she will shrink back violently and attempt to walk away as fast as possible. When she lived in Fell's Point with her mother (a Korean; her father is dead), she would often create problems by making advances to males by staring at them intently, being highly made up, and walking unescorted through dangerous parts of the city.

A doctor examining Katie will be able to tell that she has been pregnant in the past. What happened to her child, however, is unknown. If asked about it, Katie will give a strange, drugged smile and chirp, flapping her hands.

Lauren [WARD 5]

Skills: [Use the Skilled Normal template for Lauren's Manic Episode and the Incompetent template for her Depressive Phase.] Lauren has the full range of Everyman Skills (plus PS: Nurse 11-, Paramedic 11-, AK: Local Hospital 11- and WF: Syringes), although when she is in the Depressive Episode of her Bipolar Disorder, she must make an EGO Roll in order to use any of her skills or to defend herself.

25+ Disadvantages: Psychological Limitation: Bipolar I Mood Disorder (Common, Strong). While having a Manic Episode, Lauren has the following Disadvantages: Enraged (Variable Trigger, Common, GM's discretion), 8-, 8- and Distinctive Features: Manic (Not Concealable, Major). In her Depressive Phase, she has Distinctive Features: Depressed (Concealable, Recognized).

Appearance: An extremely thin woman, perhaps in her early twenties, this patient has curly blond hair (tied in a ponytail) that reaches down past her shoulder. She wears a slightly disheveled green uniform and moves fitfully, like a bird.

Notes: Lauren, 23, was once a registered nurse at a local hospital, but she lost her job after a psychotic episode where she anesthetized several patients and delivered them to the wrong operations. A month after losing her job, she tried to kill herself and was admitted to the Asylum for an evaluation. She has been in the Asylum for a year and has not shown any signs of recovery. She has been known to attack staff and patients during her manic phases.

Louisa [WARD 7B]

Skills: [Normal with 12 STR, 7 INT, 7 EGO.] She has a limited range of Everyman Skills (Concealment, Shadowing, Stealth 8-), plus Survival [Urban] 8-, AK: Fell's Point Borough 8-, and 2 points of Language (English). She is illiterate and can only write her own name. She cannot do simple math (3+3).

25+ Disadvantages: At times, Louisa can become hostile and threatening. This should be treated as the Enraged Disadvantage (8-, 14-) with a variable, Uncommon trigger. She also has the Psychological Limitation: Undifferentiated Schizophrenia with Delusions and Hallucinations (Common, Strong), Physical Limitation: Limited Everyman Skills (Infrequently, Slightly), Distinctive Features (Psychosomatic): Retarded Schizophrenic (Not Concealable, Major), Distinctive Features (Psychosomatic): Echopraxia (mimics motions of others around her, Not Concealable, Major), Distinctive Features: Scars on wrists and neck (Concealable, Noticed).

Appearance: This patient is a black female in her thirties. Her features are unfocused and slack, suggesting a certain level of retardation, and she moves stiffly (her left leg is held straight when she moves, making her walk as if she has a peg-leg). She wears a ragged patient uniform and has a disheveled appearance. Occasionally, she mimics the motions of others near her (echopraxia).

Notes: Louisa is a 34 year old, single female. She has been admitted to the Asylum six times (when not in the Asylum, she lives on the streets of the Fell's Point Borough). She has a criminal record and has been incarcerated in the Fell's Point House of Corrections for Robbery, Theft, Assault and Aggravated Assault. Extremely delusional and occasionally violent, she does not understand (or care) that she has committed crimes and is more concerned with making sure the staff and patients know that she is pregnant with six children (who are already talking to her: auditory hallucinations) and that some of the other patients on the ward are stealing her money. She has a history of numerous suicide attempts and assaultive behavior on staff and patients. When answering a question, her speech tends to be long and confusing.

Maria [WARD 3]

Skills: [Incompetent with a 6 INT and 6 EGO.] No Everyman Skills except for Language (3 Points). She is illiterate.

25+ Disadvantages: Psychological Limitation: Undifferentiated Schizophrenia with Auditory Hallucinations (Common Strong), Physical Limitation: No Everyman Skills (Moderate Mental Retardation, Frequently, Greatly), Distinctive Features: Schizophrenic, child-like behavior (Not Concealable, Major).

Appearance: A white female in her early twenties who speaks in an excited, child-like manner. She is clean, neat and wears bright dresses on the wards, favoring yellow and pink over other colors.

Notes: Maria is 26 years old and mildly retarded. She has auditory hallucinations of her mother's voice telling her to hurt herself, and can become angry when "bossed around or told what to do." (She has never become violent during one of these infrequent displays of anger; it is more like a pique.) Maria prefers to talk about herself

LEFT TO RIGHT: LOUISA, MARIA
KATIE, JO ANNE, LAUREN

and gets extremely excited about clothes (she hates the green patient uniforms, and is glad that she "has clothes of her own"). Her sense of time and place is not good, and she is frequently confused about the year, date and the time of day.

Maria's family situation is something of a mystery. Some records indicate that she has a father and a brother... others insist that she was raised in the Fell's Point Orphanage. One record even goes so far as to mention that Maria has a daughter (which the record claims she gave birth to in the Asylum). If the subject of her "daughter" is brought up, Maria becomes visibly agitated, shaking her head, stuttering, and scratching at her upper right arm, as if trying to remove something. After a few minutes of this (and a slow disintegration in coherency of her speech and mannerisms), she will burst into tears and scream repeatedly that "she doesn't want to smile anymore." The Asylum staff will quickly usher her into the Medical Ward, and after a few days of recovery, Maria will return, behaving normally.

Mary Jane [WARD 5]

Skills: [Normal with 6 INT and 7 EGO.] Mary Jane has a limited range of Everyman Skills, including Climbing, Stealth (both at 8 or less) and Language: English at the three point level. She also has WF: Knives.

25+ Disadvantages: Psychological Limitation: Paranoid Schizophrenia (Common, Strong), Psychological Limitation: Mixed Personality Disorder (Common, Moderate), Psychological Limitation: Drug Addiction, Weak (Various Drugs, especially alcohol, cocaine and heroin), Physical Limitation: Limited Everyman Skills (Infrequently, Slightly), 2D6 Unluck.

Appearance: An emaciated, white female in her mid to late thirties dressed in standard patient "greens." She has long brown hair, a tense face, and light brown eyes that dart across the ward as if looking for something.

Notes: Mary Jane (33) tends to be sullen and expresses occasional irritation and anxiety, including chewing her tongue. She reacts badly to criticism, is excessively sensitive and defensive and believes that other people (staff and patients) know more about her than they claim to. When confronted with a difficult situation, she tends to withdraw, either physically or emotionally (usually whichever one is easier... or both if the circumstance is extremely distressing).

Mary Jane has a long history of drug abuse, mostly amphetamines and cocaine. She has a criminal record: one charge of Assault involving a young boy in her neighborhood (the details are unclear and not listed in her file), and she was sent to the Fell's Point Municipal Hospital after an accidental drug overdose which left her in a coma for four days.

Mary Jane was admitted to the Asylum ten years ago after she threatened to roast her niece in the oven; even before this incident, however, her family was forced to lock Mary Jane in her room at night and hide all the kitchen knives in the house. Since her arrival at the Asylum, Mary Jane has expressed several murderous thoughts against her family and some against the patients and staff as well.

Monica [WARD 3]

Skills: [Incompetent with an 11 STR and 10 BODY.] No Everyman Skills except for English Language (speaking only, 3 points) and Stealth 8- plus -1" Running and -1 to Hearing PER Rolls.

25+ Disadvantages: Psychological Limitation: Dissociative Amnesia (Common, Strong), Psychological Limitation: Undifferentiated Schizophrenia with Auditory Hallucinations (Common, Strong), Distinctive Features: Overweight and Loud, Booming Voice (Not Concealable, Recognizable)

Appearance: A large, overweight, well-groomed black woman in her late thirties. Her lower body looks disproportionally large compared to her upper half, and she speaks in a loud, booming voice when talking with others. When by herself, she laughs occasionally, as if listening to a private joke.

Notes: Monica is 38 years old. She was admitted to the Asylum after she was picked up by the police in the Southside carrying a pistol without a license. While the police questioned her, she explained that she was often hearing things, such as people saying things to her "that made me laugh." Shortly after she was picked up by the police, Monica was referred to the Asylum for diagnosis and treatment, and she has remained there for the past few months with no change in her condition. She still does not realize why she is hospitalized and just wants to "get off th' medicine" and "get out of th' hospital." The Asylum psychiatrists have noticed that she has several gaps in her long term memory.

Mustang Sally [WARD 8A]

Skills: [Normal with 8 INT, 9 EGO, and 14 COM.] Standard Everyman Skills, Contact: Asylum Cook 11-, Persuasion 11- and Seduction at an 11 or less.

25+ Disadvantages: Psychological Limitation: Dependent Personality Disorder (Common, Moderate), Psychological Limitation: Histrionic Personality Disorder (Very Common, Moderate), Psychological Limitation: Nymphomaniac (Common, Strong), Distinctive Features: Seductive (Concealable, Noticed).

Left to Right: Mustang Sally, Mary Jane, Norma Rae, Monica

Appearance: A sexy, vibrant teenager with short, dirty blond hair and an attractive figure. She always wears short dresses, with no panties or a bra, and often watches the male employees as they go about their duties.

Notes: Sally is a sexy sixteen year old who loves to flirt. She acts shamelessly with the male staff, hanging on them and calling them "Daddy." She carries on conversations easily, and she frequently talks about how she would like to leave the Asylum and get married. Characters who speak to her for any length of time will notice that she keeps bringing the conversation back around to the subject of dinnertime. Anyone who follows Sally's daily routine will discover the reason for her preoccupation: after dinner, the Asylum dietitian leaves the institution, and she goes into the kitchen and socializes with the male cooks. She is having an affair with one of them, and they have sex in his office just off the kitchen almost everyday. Afterwards, he usually gives her pastries, apples, pie and cake to take back to her cell late at night. Sally's sexual escapades have become the subject of many cruel jokes around the Asylum.

Sally is pregnant, although she does not know it yet... her lover has a wife and several children and will be fired if his involvement is discovered. As soon as the Asylum staff becomes aware that Sally is pregnant, PCs may notice that they begin to take an inordinate amount of interest in her.

Norma Rae [WARD 8A]

Skills: [Normal with 11 DEX and 8 EGO.] Paramedic 8-, Seduction 11- and Contact: Asylum Staff Member (Male) at an 11 or less.

25+ Disadvantages: Psychological Limitation: Borderline Personality Disorder (Uncommon, Moderate), Psychological Limitation: Histrionic Personality Disorder (Very Common, Moderate).

Appearance: This woman is a slender Caucasian in her early twenties. She is neatly dressed, clean, and with curly blond hair and a perky cheerfulness about her. Her nose is tilted upward slightly, and it gives an attractive lift to her entire face.

Notes: Norma Rae, 21 years old, was abandoned in the Asylum five years ago by her mother, who now lives in Hudson City. Bright and cheerful, Norma is treated almost like one of the attendants in her ward; sometimes when the staff nurses are short-handed, she helps take care of the mentally retarded patients and helps administer medications to the other patients. At first, Norma appears to be an ideal member to have in the ward, but any character who watches her for more than a few hours (male PCs may discover this immediately) will notice her unhealthy interest in the opposite sex. Norma is extremely popular with men (both patients and staff), and if characters aren't careful to keep away from her, they will find themselves in jealous entanglements with angry male staff members and patients. Norma finds these conflicts extremely exciting and often goes out of her way to feed the fires between characters vying for her attention.

Norma is the source of many items smuggled into the Asylum. With her many contacts among the male staff, she often receives expensive gifts, including drugs and alcohol, and barters them for other favors. These items are occasionally turned into homemade weapons or are sold on the Asylum black market for other items.

Margo Roche [WARD 2]

Skills: [Incompetent with a 9 INT, 12 PRE and 14 COM.] She has the standard range of Everyman Skills, both an Asylum Psychiatrist and an Asylum Orderly as Contacts (11-) and the Seduction skill at an 11 or less.

25+ Disadvantages: Psychological Limitation: Bipolar Mood Disorder (Common, Strong, currently approaching Manic episode), Psychological Limitation: Histrionic Personality Disorder (Common, Moderate...only when in Manic Phase), Psychological Limitation: Nymphomaniac (Common, Strong), Distinctive Features: See *Appearance*, below (Not Concealable, Major) and 2D6 Unluck.

Left to Right: Rosebelle, Mary Smith, Margo Roche, Susan

Appearance: This woman looks like a department store mannequin. A slender white female with an attractive nose, bright blue eyes and a beautiful face, she has forsaken the standard patient uniform and seems to prefer wearing bright, revealing clothes. Her hair is light brown, so light as to be almost blond, and a cloud of perfume wafts behind her when she moves.

Notes: Margo is a desperately lonely woman. She admitted herself to the Asylum less than two weeks ago due to escalating problems in her personal life (her husband, away on a business trip, is unaware that she has checked herself into the Asylum). She has often entertained the thought of killing herself, which usually surfaces after one of her "binges," including spending her husband's money on vanities (clothes, a new car, and so on) as well as being unfaithful to him while he is on business trips. She regards all the psychiatrists in purely sexual terms, likes to moan for no reason during interview sessions, and does her best to be seductive. If rejected by a PC, she becomes sullen and cloudy, then tries a new approach the next day until she succeeds.

Rosebelle [WARD 4]

Skills: [Incompetent with 6 INT and 6 EGO.] She has no Everyman Skills except for Language: English (2 points, comprehension; she is illiterate) and Stealth at an 8 or less. Rosebelle will run away if attacked.

25+ Disadvantages: Physical Limitation: No Everyman Skills (Severe Mental Retardation), Psychological Limitation: Major Depressive Disorder with Hallucinations (Common, Strong), Distinctive Features (Psychosomatic): Obviously Depressed (Not Concealable, Major).

Appearance: A short, obese black woman who appears to be in her late thirties but acts like she is six or seven. Withdrawn and silent, she frequently picks at her patient uniform or else sits in a corner of the ward, tearing up bits of trash. She looks as if she is sulking and ignores people who come close to her.

Notes: Rosebelle is a single woman, 36, who was admitted to the Asylum twenty years ago. She suffered considerable physical and sexual abuse from her brother ever since she was ten, and there has been little or no change in her condition since she arrived at the Asylum: she is withdrawn, regressed, and sometimes remains mute for days. She hoards and tear up trash on the ward, then wads it into the toilets in soggy clumps ("to keep the foul water from gettin' in," she explains), and has occasional hallucinations (whose content is unspecified). If the GM is in doubt to how she would respond in a situation, she generally acts like a seven year old.

Rosebelle sometimes pats her belly, smiling and murmuring "all gone now." Records indicate that she gave birth to a son while at the Asylum almost ten years ago and that the child was turned over to her family in Fell's Point. Characters who follow up on this information, however, will discover that Rosebelle has no family in Fell's Point (her brother died when she was twenty-three). If asked what happened to the child, Rosebelle will give a slow, wide smile (which looks forced) and then shrug, as if it is not important. The smile will remain on her face for several hours.

Mary Smith [WARD 2]

Powers and Skills: [Incompetent with 7 INT, 7 EGO.] She has +2" Running (7" Total), but no Everyman Skills. She can only comprehend English at the 1 point Language level, although she frequently gives no sign of having heard the speaker and will not obey the commands of the staff.

25+ Disadvantages: Enraged if someone comes within one foot of her (Very Common) 11-, 8-, Psychological Limitation: Schizophrenia with Delusions and Hallucinations (Very Common, Total), Physical Limitation: No Everyman Skills (Frequently, Greatly), Distinctive Features: Schizophrenic Behavior (Not Concealable, Major).

Appearance: A black girl in her late teens, this patient seems to spend most of her time in seclusion, getting into fights, or yelling at others on the ward. She often lies motionless, back flat against the wall, peering out fearfully from behind her fingers. She bristles when anyone walks by, and her eyes dart back and forth... if anyone comes within a foot of her, she screams. Once in a while she shields her face with her arms, as if warding off blows, and kicks her legs wildly while making choking sobs and screams.

Notes: Mary Smith (18 yrs. old) used to live in one of the worst neighborhoods in the Borough. If she went outside, the boys would make her take off all her clothes and run around the street naked. If she refused or resisted, they would beat her. Raped once when she was thirteen and again when she fifteen, her mother, no longer able to protect her at home, had her admitted to the Asylum, where she has been for the past three years. Drugs have no effect on Mary's condition. Calm at meals, she eats mechanically, and she never responds to anyone else on the ward.

When someone comes too close, Mary cries out like a cornered animal and launches herself at the person, clawing, slapping and biting... if she can reach the character's eyes, she will claw them out or wrap her arms around the character's neck and squeeze as hard as she can. After incidents like these, the orderlies generally subdue her and throw her in seclusion.

Susan [WARD 7B]

Skills: [Normal with 13 STR, 9 INT, 7 EGO, and 8 COM.] Susan has the standard range of Everyman Skills (AK: The Fell's Point Borough 8-), but no other skills or talents.

25+ Disadvantages: Enraged when under stress (i.e., when she gains a Stress Level or is hit with a Presence Attack; Common) 8-, 11-, Psychological Limitation: Borderline Personality Disorder (Common, Strong), Distinctive Features: Scars on wrists (Concealable, Noticed)

Appearance: This tall black female looks to be in her early thirties, with thick arms and broad shoulders. She towers over many of the other females in the ward. Her face looks soft and passive, and she shows little expression or interest in her environment. She is neatly dressed in large sweaters, jeans and sneakers, and shuffles about the ward rather than walks.

Notes: Susan is 32 years old and married. She had an emotionally troubled childhood and spent most of her youth in the Fell's Point Orphanage. In the past five years that she has been at the Asylum, she has made eight suicide attempts. Whenever she talks about her suicide attempts, she always describes them in strangely distant terms; she says that sometimes "things come over her," which she can neither describe or explain.

Despite her passive appearance, Susan is extremely sensitive to her environment and dependent on it. When she fails to receive positive support from other characters, she usually attempts to manipulate them through various attention-seeking behaviors, often becoming seductive, controlling, and demanding in social situations (i.e., a Borderline Personality Disorder). Under stress, she can become extremely hostile, suspicious and depressed, and if she finds herself in a confusing situation, she must make an EGO Roll or else she will run away or attack what she considers to be the source of her confusion or distress.

Heathen

Sally dreamed. She dreamed of blood, and twisted shapes in red, green and flesh. She murmured in her sleep, turning restlessly.

...

The dream was thick and vivid with death. Shapes, shapes near to her, within calling distance and just past the walls, were milling about in thick green herds, shuffling within gray stone walls. Within this ward, within her ward (compound), Sally felt something.

A predator was moving amongst the green herds. They did not seem to recognize the figure for what he was, for they made no motion to run from him, nor was there any tension or undercurrent of fear... they seemed to wait, as if ready to die.

There was a precision in the way the predator moved, the way the merest brush of his fingers seemed to kill every patient he touched. Sally wanted to cry out and warn the patients, but when she shouted, the words froze in her throat.

The predator, garbed in white, continued his killings. His hands constricted, gouged, slaughtered all that came within reach. The green shapes did not stir until they all lay, broken, upon the floor.

When the shapes had fallen from the predator's touch, he stepped back and drew a deep breath, as if drawing life from the still figures that lay around him. The

predator then hunched down, dipped his fingers (claws?) into the thick of the bloody matter, then raised his finger, letting the blood coil and run down his talon. His finger was clothed in black, black gloves. The gloves were familiar.

The red bled with the black, and carefully, the man began to write on the walls of the ward above the bodies. He whistled softly to himself as he did so.

HEATHEN.

...

Sally was sleeping on the floor when she heard the familiar sound of the key rattling in the lock. She opened her eyes from where she lay.

But this time when the door opened, Shreiver was not there.

Instead, the doctor she had seen when she had first come to the Asylum that night so long ago was there, smiling. Sally smiled back without meaning to. It was Dr. Masters. It was good to see him.

"Hello, Sally."

She nodded at him, still smiling.

"I've come to return something to you."

His hand fell from behind his back, and her eyes followed the path of the blood-stained brown paper bag as it fell in front of her. The red smears on the bag stood out sharply to her senses, and she stared at them, hypnotized.

"I apologize for the mess," Masters said, still smiling. "I'm afraid it's true what they say about the unwashed heathen."

...

Sally's eyes burned, and she found it difficult to take her eyes from the bag.

"It's yours," Masters said. "Despite what you've been telling Shreiver."

Sally did not move. The bag had fallen open slightly, and she could see the red and black contours of the Purge costume inside. The bag smelled thickly of blood, and it made her ill.

"You've been Purge all this time." Masters's voice was a gentle reprimand. "So I think you should be aware that I'm extremely disappointed in you. Lying to Shreiver, lying to me," Masters frowned disapprovingly, but there was no harshness in his gentle, father-like voice. "Why did you do it, Sally?" He made a sweeping motion with his hand, as if to encompass the Asylum. "The patients here, they are not heathen for you to butcher. They are people, just like you and I. Some of them... some of them are curiously enlightened." Masters sighed. "Perhaps if I had been counseling you, this tragedy never would have happened."

Masters's frown faded, and he became pensive.

"I blame myself, really."

. . .

Sally began to cry.

"Shhhh," Dr. Masters spoke, then stepped forward, closing the gap between them. She tried to draw away, but he moved faster than she could react. Before she had drawn another breath, he had bent down to where she lay on the floor and cupped her face in his strong hands, smoothing her tear-stained cheeks. "Shhhh now, don't cry, it's all right. Shhhh."

Dr. Masters leaned forward, and inclined his head slightly so that he could whisper in her ear.

"You were right. Your lover, Sam, was here." He licked his lips, as if savoring the taste. "Shreiver knows, she simply won't tell you. It's one of her shameful secrets. But don't worry, Sally. Soon, when the patients come to punish you for what you've done, you will join Sam at last. And though the physical pain you will be subjected to will be excruciating, it will be brief, and the hurting will at last go away."

Sally began to cry harder, her frame shaking. Masters patted her on the back, the smile never having left his face.

"That's what you really came here for, isn't it?"

He disengaged, then as a parting gesture, kissed her lightly on the forehead. His touch had been comforting, and his voice the softest and sweetest sound she had ever heard.

...

When Dr. Masters stepped from her cell, so lightly it seemed he had never been there, the brown paper bag, stained with blood, remained. It waited patiently on the floor, waiting for her as it had since the beginning.

The door lay open a crack, enough for her to run if she wished to. Sally knew it wouldn't matter. This was it. The end.

The echo of Masters's voice lingered in the chamber.

...

Sally could smell the death seeping in through the crack in the door. The tears were drying on her cheeks, and she hugged her knees, rocking gently back and forth. Outside the door, she knew what she would find... there would be the flesh, the green, and of course, the red. The red would be smeared upon the walls like ink blots, and beside it, next to it, over the body of every victim would be written a word, again and again.

She glanced at the stained brown paper bag before her. Its smears were fresh and glistened in the dim light of the cell. It would not be long before they dried on its surface, to become a shade of brown darker than that of the bag itself.

She realized that there were no longer many choices open to her.

She could run.

She could stay here.

She continued to stare at the brown paper bag, that in itself, presented a solution. There was a certain power in the costume, she could *feel* it, and with it, she might be able to fight, buy herself a few seconds, perhaps just enough time to escape...

Sally went through the options again, repressing the panic that was building inside her. If she ran, she would not escape — there was nowhere to run, no one to run to in the Asylum. Even if she made it outside, she would probably be picked up again within hours by the police. The Asylum knew who she was. Even if they hadn't believed she was Purge before, they would now.

And she could stay here. Wait for them, whether they were the staff or the patients, wait for them with the proof of her guilt lying next to her.

She continued to stare at the bag and its drying stains.

She could give in...

Not give up, but give in, just for a little while. Something told her, tugged at her that there was some means of escape within the bag—

No. Sally closed her eyes. She would *never* put on that costume. The other two choices were grim, but the last one was even more unpleasant.

What choices did she have left?

She felt a slight breeze touch her uniform, and she opened her eyes.

...

When she looked up, the Poet was waiting for her in the black rectangle of the door. He seemed so thin as to be insubstantial.

"I didn't do it," she said. "I—"

The Poet nodded, and Sally became silent. He understood what had happened. He extended his hand.

Sally stood unsteadily to her feet, and she clasped his hand. In so doing, it was as if they had signed some formal contract. As his skin touched hers, the drugged haze she had felt before seemed to lift and reason returned. She could see more clearly, she could speak without pain. And she could remember.

"I never should have left you that night in the Eastern Division," Sally whispered. "I'm so sorry—"

The Poet's shook his head, and he seemed more apologetic than she. He gently pulled on her arm, to

the edge of the doorway, prompting her that now was the time to leave. He stepped out and into the death-stained corridor beyond, leaving Sally alone for the last time in the cell.

Sally's eyes flickered to the blood brown paper bag that lay by her feet. Without even understanding why, she lifted up the bag and held it in her hand... she had to carry it just a small ways farther, then she could let it go. She folded up the bloody parcel and placed it clumsily beneath her shirt so that it pressed against her skin.

She stepped from the sealed cell into the darkened corridors of the Eastern Division, following where the Poet led.

...

It was nearing night when the phone rang in Shreiver's office.

"Dr. Shreiver, there's been an incident in the..." The voice swallowed, and Shreiver heard the sound of someone speaking to the caller on the other side of the phone, followed by screams and shouting. "Oh, Christ. Dr. Shreiver, there's been several deaths on the ward where we kept the Robinson woman. The bodies..."

"Where is Miss Robinson?"

"We can't find her, Dr. Shreiver. We think she's loose in the hospital. And the uniform, uh, the Purge uniform, is missing from storage."

Shreiver frowned. There was something wrong. Robinson had been too drugged up to move. She had been certain of it.

Someone had freed her.

"Is Mr. Curtis still in the Admissions Ward?" Shreiver asked.

"What?" The caller seemed surprised. "I'm sorry, Doctor, wha—"

"*Mr. Curtis. Is Mr. Curtis still in the Admissions Ward*?" Shreiver repeated.

"I'll... I'll check, Doctor."

"Call me back as soon as you find out."

Shreiver glanced out the window of her office as she set the phone back on its cradle. The setting sky was framed in the window pane, throwing its last rays over the peaked roof of the institution.

...

When the phone in Dr. Shreiver's office rang again, it delivered the answer she expected.

"Mr. Curtis is gone, Dr. Shreiver. We don't know wh—"

Shreiver, stiffening in anger, slammed down the phone without acknowledging the statement. Standing up quickly, she strode from behind the desk toward the door.

She knew where the two patients were going.

As the door clicked closed behind her, the great leather armchair that faced the Western Division thickened with shadows.

Chapter Four: Timeline

Introduction

The Asylum history exists piecemeal in texts and records scattered throughout Fell's Point. Characters will never find any text that gives a complete and accurate of the history of the Asylum... attempts to publish such books have always been a failure, either in execution (giving only false information) or through accidents involving the manuscripts, research materials and (not uncommonly) the authors, all of which conspired to prevent the text from ever seeing print. The pieces of text below that function as the "Asylum Timeline" are what characters can expect to find if performing research on the Asylum. Even Dr. Shreiver does not possess a complete version of the Asylum history (though she has gathered bits and pieces into a makeshift journal hidden somewhere within the Asylum).

Numerous fires, flooding and the disappearance of many records have contributed to the Asylum's fragmented history. While some of these events were accidents, others were deliberate attempts by the patients or the staff to destroy the Asylum's origins. Much history was lost in the succession of fires that occurred in the past century, starting as far back as the fire of 1904 (which claimed buildings in Fell's Point that housed Asylum records, not just the records stored at the Asylum itself) to the more recent fires engineered by the Pretender and Ashtray Art for paranoid and artistic reasons, respectively (see *Underworld Enemies* and the *Heresies* chapter later on; these fires date into the past decade). Some Asylum residents have eaten large sections of the records, others have specifically destroyed sections (one patient in the 1930s was obsessed with burning the founder's name from all Asylum records with matches and had made her way through several volumes before she was stopped; in the aftermath of WWII, another patient, a former censor in the Army, also mangled several volumes with a thick black marker and a pocketknife). Other pieces and texts have simply vanished. Characters traveling through the Asylum tunnels and the "veins" in its walls may run across yellowed pages of old manuscripts that were stuffed in the walls, as if to shore up the foundations.

While the Asylum's fragmented timeline presents a difficulty for PCs, it is intended to be a tool for the GM. The PCs may experience some frustration about the sketchy timeline, but not having the Asylum history laid out cleanly for them will hopefully contribute to the mystery of the institution and spark their curiosity. GMs should feel free to flesh out or change any portions of the history to accommodate their campaign, as inaccuracies and false information exist aplenty in the records. Again, GMs should tailor the Asylum history to suit their needs.

The Eldritch Era 1600-1900

The Mount Colony

1610: The Fell's Point peninsula has long been famous for the number of colonies that perished on its shores; one of its more infamous sites, however, has never been adequately addressed in records anywhere on the Point, not even in the annals of the Fell's Point Historical Preservation Society. In the early 1600s, a colony was established on the Mount (the future site of the Asylum) and subsequently abandoned. No one knows what happened to the Mount Colony; only its burned remains were found once the English supply ships returned to Fell's Point. It was presumed the Mount Colony was overwhelmed by Indians, but no bodies were ever found in the charred remains of the settlement. [1]

There is little information available on the Mount Colony. It is believed that the colonists (natives of England) had not willingly come to the shores of Fell's Point but had been forced from England in the wake of the Elizabethan Poor Law of 1601. Ostensibly, this law made each town responsible for its needier citizens ("idiots, lunaticks and distracted persons"), but some villages were known to shirk this duty, ridding themselves of potential burdens by kidnapping the homeless and mentally ill and dumping them in other communities under the cover of night.

1: The GM can choose to replace the "Mount Colony" with the (CROATOAN) settlement on Roanoke Island in 1590.

Although reliable information is lacking, some historians have voiced the suspicion that the Mount Colony may have been composed of these indigent persons, some of whom were undoubtedly mentally ill. Instead of being shuttled from town to town, these "colonists" had somehow been shipped to the new world (how this was accomplished is unknown; it is possible that they were shanghaied or sold as slave labor to the merchant vessel of some joint-stock company). Although no evidence of a ship has yet been uncovered near the Mount Colony, some historians believe that the colony ship crashed and sunk in the waters off the Fell's Point peninsula, stranding the colonists on the Mount. [1]

If the colonists were truly displaced persons and the mentally ill from England, at least one historian has voiced the possibility that other settlers on the peninsula may have razed the colony. They may have feared the Mount Colony as a possible burden (indigents from the colony may have wandered to other settlements), or as another possibility, consistent with the beliefs of the mentally ill at the time, was that the Mount colonists had succumbed to demonic influences and moral turpitude, thus providing a justification for their destruction. Still, an extreme set of circumstances would have been needed to provide a catalyst for such a violent action.

The Fell Point Asylum

The Asylum's predecessor, the "Fell Point Asylum" [2] was constructed in 1770, founded in 1773, and was destroyed by fire sometime in the early half of the nineteenth century. Only scraps of information exist on the Fell Point Asylum; the rest can be manufactured by the GM according to the needs of the campaign.

1773: The first public Asylum in the United States, the Fell Point Asylum, was established "for Persons of Insane or Disordered Minds." While the Hudson City Hospital, opened in 1791, provided segregated areas for the mentally disordered, the Asylum was solely devoted to the treatment of the mentally ill.

1815: Faded pages of documentation; looked as if charred remnants from a book or manuscript:

...there existed evils in the Fell Asylum, appalling and revolting to humanity; and by appointment the government has set the example of placing these institutions under the control of a class of persons entirely unqualified for their management. There is no uncertainty that the personal character of the individual appointed will end the abuse, but the nature of the appointment was indicative that the Fell Point government felt insanity was not a curable disease...

The Fell's Point Asylum

The Founder

In the portions of the text below concerning the birth of the Fell's Point Asylum, PCs may come across references to the Asylum's "Founder." Wherever his name appears, however, it was been burned from the text with a match, obliterated with ink, snipped out with scissors, and so on. In the scraps below, his name is written as the Founder, but GMs who are using the text sections as handouts should obliterate the word in some manner before giving it to the players. It is intended that the GM choose the Founder from their own campaign. If the GM does not wish to design the Founder and has no possible candidates for the position, the identity of the Founder can be left a mystery.

The Fell's Point Asylum

The foundation for the present-day Asylum took root in the middle of the nineteenth century (not long after fires destroyed the "Fell Point" Asylum). In 1851, Dorothea Dix came to Fell's Point and convinced the Founder of her methods for the compassionate care of the mentally ill. She joined him to induce the Fell's Point state legislature to establish a new state institution for the treatment of the criminally insane. The success of their efforts persuaded the Founder to found an Asylum of his own (free from political control) to serve as many of the general public as could be allowed.

1853, The Architecture Firm and Preliminary Studies: The firm of Robert and Charles Dixon won the bid to design the Fell's Point Asylum. [3] While Robert Dixon was making preliminary studies of the site, Charles, with several associate architects, traveled to Europe to gather ideas that might prove helpful in building the Asylum. [1, next page]

1: If the PCs look for evidence to back this theory, there are some archaeological sources on the point that record the presence of the wreckage of a ship not far from the Mount Colony; nevertheless, a lack of funds prevents conducting adequate surveys of the remains of the ship... only photographs of the ship's blackened ribs have been taken and published in Fell's Point archaeology journals. In addition, other sources have found several ballast stones in the foundations of the Fell Asylum (see below) that are believed to have been carried to the peninsula sometime in the 17th century.

2: Archaic. (the peninsula was later to become "Fell's" Point) for the sake of division, this first incarnation of the Asylum is referred to as the "Fell Point Asylum" or "Fell Asylum"; it should not be confused with the "Fell's Point Asylum" that was constructed in the late nineteenth century

3: Despite the requests of the Founder that anything that suggested a prison was to be avoided, the cost of materials and poor labor conspired against the Asylum builders. In the interests of time, they renewed the foundations of what they believed to be an old prison that was originally on the Mount, and then hollowed out the tunnels and buildings into an Asylum for the insane. This old prison was the original "Fell Asylum," which in turn, had been built atop the Mount Colony (see above).

1853, The Site: The search began for a suitable location for Asylum. Several miles outside of Fell's Point, the real estate that composed "the Mount" was purchased for sixty thousand dollars.

1860, Gatehouse: A gatehouse is erected to side of the main road. Two nail-studded oak doors of unusual thickness and weight were placed at the entrance gate to the Asylum, but these were destroyed by the fires that claimed the peninsula later in the century. What happened to the doors is unknown, but they were replaced with the wrought iron gate that marks the entrance today.

1861, Civil War: In May, the construction of the Asylum was delayed. Railroad service throughout Fell's Point was disrupted by the transportation of soldiers and supplies, and gunpowder could not be secured for blasting in the quarry.

1862, Civil War: In spite of war, the foundation of the Western Division was laid, iron beams erected to support the arches, and walls raised around the iron and brick skeleton. [2] A start was made on the barn, stables, granaries, carriage and wagon sheds, as well as a shop for repairs and several farm houses. South of the Western Division a power plant and laundry were constructed, including a ninety-foot tower to hold the water tanks. These outlying buildings were connected with the Western Division by an underground tunnel to accommodate the heating and water pipes.

Next to the entry above, someone has drawn a crude skeleton with an unnaturally big head... much like the skeleton of a child. The spine of the skeleton is interlaced with scrawls, like tiny nerves or creeping ivy or something.

1871, Western Division Drainage: This is located in construction notes somewhere in the Asylum libraries:

...Western Division was roofed at this time. The slate roof had suffered great damage during the storms that beleaguered the Point; in addition, much of the flooding had been deemed due to poor drainage through the building and foundation, and more tunneling was done into the foundations and the cliff face to carry off excess water. [3]

Someone has drawn a knot in the margin of this picture, with small lines trickling off the edges. The lines are drawn with red and blue ink... in the center of the knot, however, the red and blue lines have crisscrossed so much that the knot has clotted and become black in the center.

Almost as an afterthought, excavation for the Eastern Division began at the end of this year.

1885, Teamster: Mr. Gill is employed as a teamster. He hauled much of the material used in the construction of the original buildings with a six man mule team. [4]

Asylum Structure

The Asylum admitted its first patient in December of 1886 (see below) and more soon followed. Before this time, most of its potential occupants were housed in jails in Fell's Point or, if the families of the mentally disturbed were wealthy, the insane relative was locked in the attic or basement of the family estate. For GMs, adventuring in a *Horror Hero* Eldritch Era campaign, the Asylum at this time consisted only of the Western Division, the gatehouse, laundry, power plant, and the outlying farm. Construction was still being performed on the Eastern Division.

Staff consisted of the Medical Superintendent and Physician-in-Chief Dr. Edward Bourne, the Assistant Physician Dr. Gardner, and the Superintendent of Nurses, Caroline Bourne (Dr. Bourne's wife). Dr. Dawes was the physician in charge of Occupational

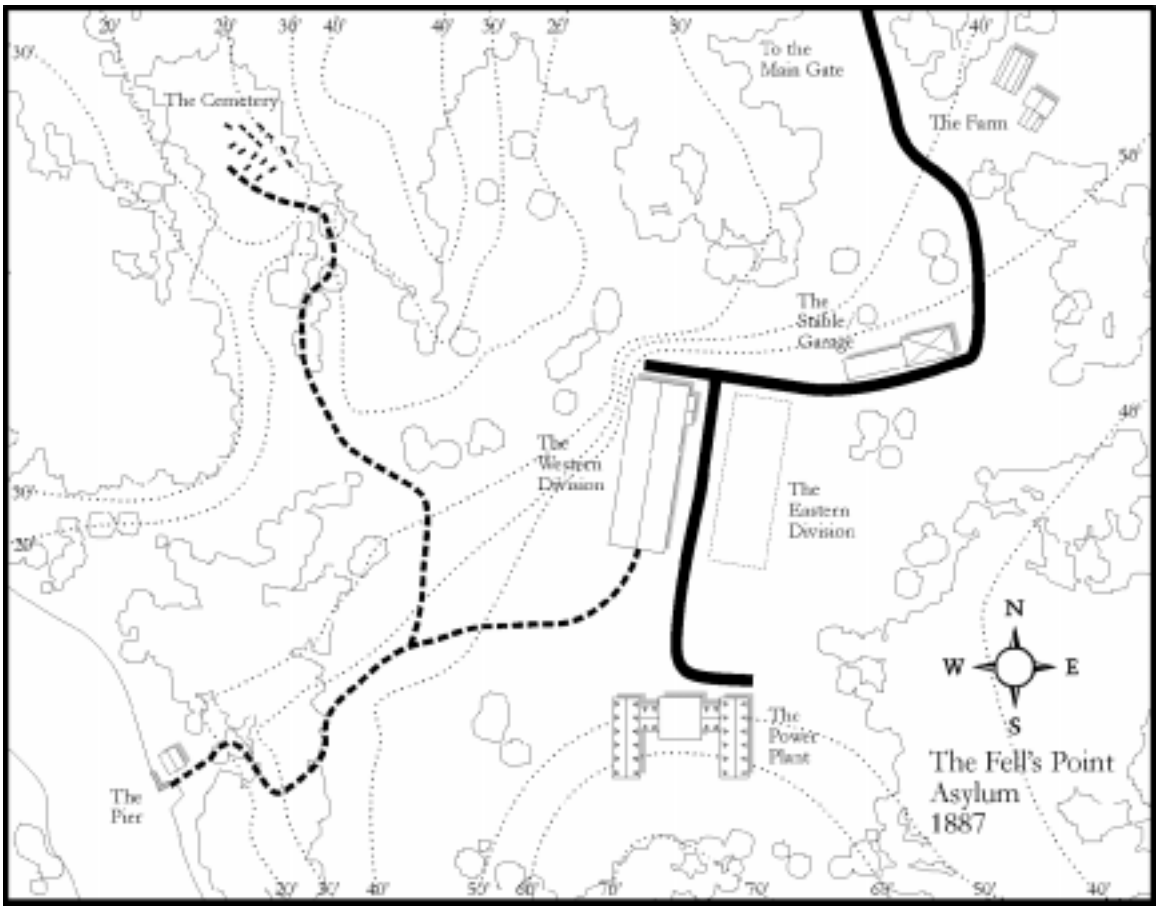
1: Characters examining the old patient records will discover Robert Dixon was interred at the Asylum in 1899 after he murdered his partner with a drafting pencil, stabbing him in both eyes and then in the heart, and then wrapped his partner's body in the drafting designs of the Asylum. (These designs were purchased by an obscure art collector in Fell's Point (the Curator). It is rumored that the designs contain additions to the Asylum etched by Dixon in his partner's blood.) Dixon claimed he wanted to be buried in the Asylum, because he claimed that "it was the most perfect thing he had ever conceived." He died in the Asylum in 1909, after he had wormed his way into one of the shafts beneath the Asylum and starved to death. He was later buried in the Asylum cemetery ("the Hill"), where his bones are believed to rest to this day.

2: A great amount of iron was used in the Asylum's construction; if the PCs manage to examine the designs of the Asylum, they will see that the walls of the Asylum might as well have been made of iron considering the density of the gridwork beneath the brick.

3: The fact this passage states that "more tunneling was done into the foundations" indicates that some sort of drainage system or underground network was already in place, but no mention of it is made in the Asylum records prior to this time. If the characters ask, they cannot find any drainage tunnels located on the Asylum maps (they have been forgotten by all except a few patients who use them to travel outside their cells).

This effort to extend the drainage system was ultimately a failure, as the Asylum is still plagued with heavy flooding to this day. Characters familiar with the current state of the Asylum and its flooding problems may wonder if the problem was due to poor drainage at all, or whether some other force is at work.

4: Gill was a Black Dawn member (see *Horror Hero*) who arranged for the poisoning and slaughter of many animals under his charge. The animals were always uneasy around him, and occasionally, at night, he would chase one of the cattle down and feed on them.



Therapy, and in the 1890s, the neuropathologist Dr. Parson, and his assistant, Dr. Farrell, joined the staff. The senior staff was assisted throughout the remainder of the century by anywhere from five to fifteen assistant physicians and clinical assistants.

The First Decade

1886, First Patient: On December 25, the first patient arrived at the Fell's Point Asylum. She was a 40 year old woman with dementia; she expressed many delusions and claimed she was a scout for the Israelites, and that she had been wandering since birth in search of "Canaan." [1] There is a narrative description of this patient from one of the psychiatrists at the Asylum (the psychiatrist's name is not identified in the text):

Her shoulders were bent at such a way that seemed to have a heavy weight upon them. While only forty, she seemed much older, with heavy lines about her face and a bend to her legs that made it look as if she had done nothing but walk for her entire life. Varicose veins lined her legs, and her feet were heavily callused. Once she had arrived at the Asylum she rarely moved at all and spent much of her time drawing trees within her cell. She claimed that she was able to draw trees from memory, but none of the trees she drew bore any relation to any on the Asylum grounds. [2] They were curiously leafless and bent at long angles from the stem. She refused to allow her drawings to be taken from her, insisting that they were valuable tracts and books. [3] She was known to complain frequently and made a major worry of minor ailments.

Next to this entry, someone has scrawled what looks to be a cross between a male and a female symbol.

A sine wave has been drawn through the symbol. The wave runs from one side of the page to the other, cutting the circle of the male/female symbol in half, turning it into a sideways yin-yang symbol.

1: This woman is a distant relation of Dr. Shreiver; while her condition is listed as "dementia," she was actually a schizophrenic. The records of her presence, unlike many other entries in the Asylum records, are intact and easy to find if the characters trace genealogies within Fell's Point and the Asylum records. It was important to the Asylum patients that Dr. Shreiver one day discover her past; it would be their crowning stroke before she is finally laid to rest within the Asylum walls.

2: The trees on the Asylum grounds were mostly elm, beach, maple, hemlock and pine. The sketches the woman did resembled none of them (see *3*, below).

3: If the GM wishes to provide one of her drawings to the characters, they may do one of two things... they may draw a rough sketch of what appears to be a crude family tree (with no labels) or else they may draw a rough map of the brain's nervous system, using the spine as the base of the tree and running jagged "branches" through where the brain is located in the skull, enough so that the drawing looks like a tree. The patient did many of both kinds of drawing during her stay at the Asylum.

1887, Bourne: Dr. Edward Bourne is offered the position of Physician-in-Chief and Superintendent of the Fell's Point Asylum. At the time of the Trustees offer, Bourne was working at a Pennsylvania Hospital; from 1878 to 1884, he had been employed at the Hudson City State Lunatic Asylum, which came to be known as a training place for Superintendents. Dr. Bourne, in turn, appointed his wife (Caroline, a graduate at the Bellevue Hospital Training School) as the Superintendent of Nurses, and a Dr. Gardner as an assistant physician.

1888, Luther Steward: The Asylum's next donor (after the Founder himself) was the railroad tycoon, Luther Steward. Stationed in Washington D.C., he expanded his business interests south to Fell's Point, where he established a prosperous hardware firm, along with many other business interests. While Steward's greatest gift to Fell's Point was a circulating library, his other dealings had a greater impact on the Point; as his influence spread, he became a director of railroads, banks and steamship companies on the peninsula. Some of these steamship companies included the steamship line that serviced the Fell's Point Dreamland Park at the turn of the century. His business connections brought him into contact with the Founder. [1]

Steward became interested in the Asylum after the Trustees requested his advice concerning its investments; he visited the institution a number of times and talked extensively with Superintendent Bourne. Steward, apparently quite taken with the work being done at the Asylum, donated a million dollars to its construction, and it was used, as per his will, to finish renovation on the Western Division, complete both the Eastern Division and the Service Building, and to erect additional buildings to accommodate two hundred more patients. [2]

1888, Suggested Name Change: A suggestion was put before the Board of Trustees, in light of Steward's donation, to get approval from the state legislature to change the Asylum's name. This suggestion was never carried out, and although the name of the institution was eventually changed to the Fell's Point Hospital for the Treatment of the Mentally Insane (no mention was made of Steward), it was always referred to as "the Asylum" by the citizens of Fell's Point.

1893, Bourne's Journal: [This fragment can be found in Dr. Shreiver's personal journals.] A piece of manuscript, folded and charred at the edges:

...the shopkeepers of the city actively discourage our attempts. Products made at the Asylum are rebuked for their inferior quality and noted as having an unwholesomeness and ungodliness in their construction. [Illegible.] *...also opposed to such goods and works. The domestics as a group said and thought that making articles for sale would be an injury to those now employed. Out-of-door employment was tried in general means; the patient was put under special charge of the servants, and set to work on the ground in such a way* [illegible] *safe to trust...* [illegible] *taken to the keeper who has the same occupation with which he is acquainted, and induced to work at his trade.*

Scrawled List by Shreiver in Margin: *Twin-makers, bricklayers, joiners, tinners, blacksmiths, shoemakers, tailors, brushmakers?, basket-makers, coopers.*

...reward of a little tea, tobacco, beer or some other luxury, congenial to their taste, will induce them to occupy themselves, either in the ward or out of doors. Indeed 454 patients out of 612 are daily employed [3] *— the others who are idle, are either fatuous or in such a state of disability as to be unable to work, and only very few idle from disinclination...*

1893, Patient Products: If the PCs show any interest in products manufactured in the Asylum manufacture around this time, the GM should make a Sight PER Roll for them. If successful, the PCs may come across brief accounts of Luther Steward purchasing art and furniture from the Asylum to decorate his home in Fell's Point. According to Bourne's writings (either in his journals or in his log entry format) and perhaps contained in some of the historical accounts of art dealers in Fell's Point, there is mention that Steward bought many of these works of art from a "little Van Gogh" in the Asylum. (The nickname was presumably due to the fact the patient was missing his left ear.)

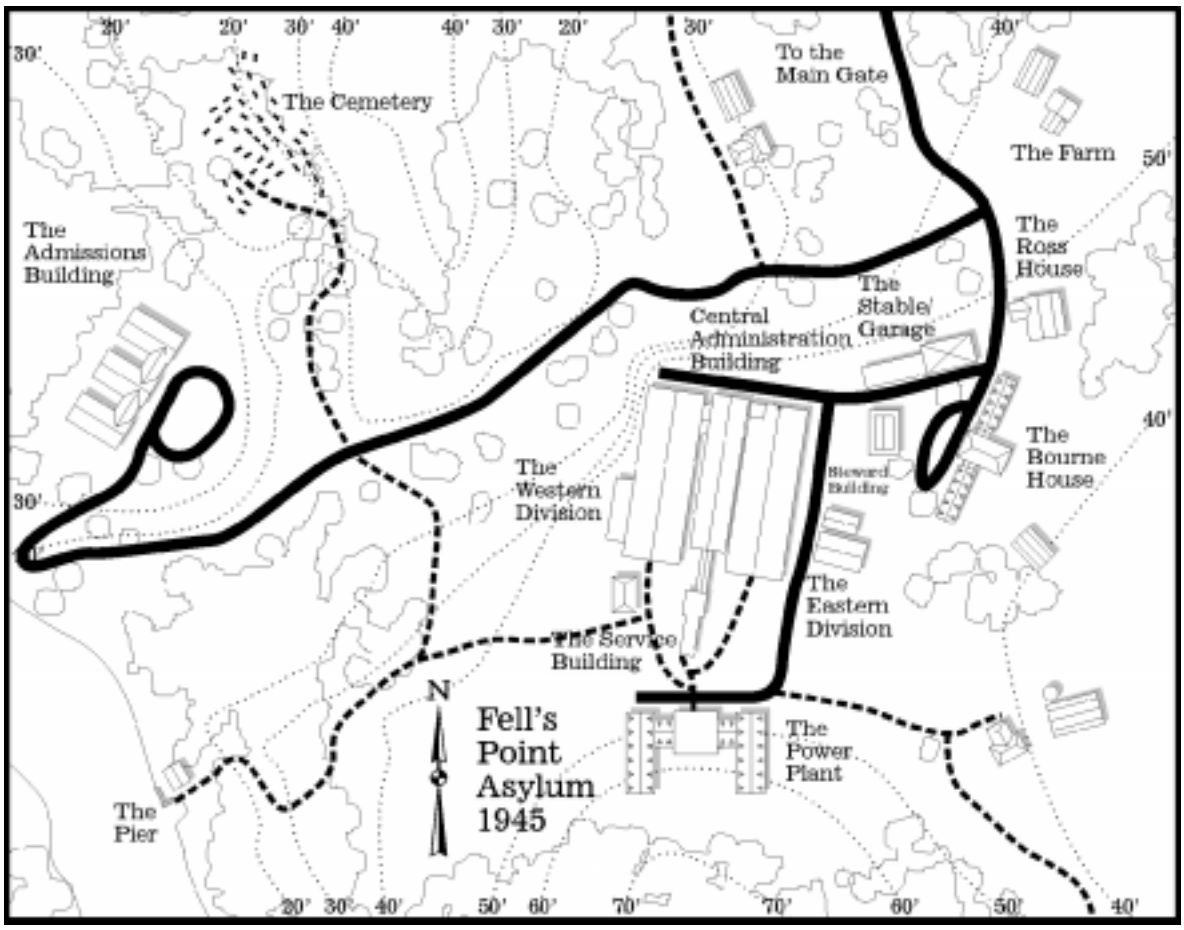
1894, Bourne's Journal: A fragment from Bourne's personal journals... if the PCs are familiar with some of Bourne's journal entries, they may notice (Deduction or PER Roll) that this fragment lacks much of the formal quality of his other entries. The script is hurried (not typed) and many ink smears blot the entry.

...shortly after Gill had shown us the outlying farm and foundations of the Eastern Building, Steward broke his silent observations, and taking in the new construction with some interest, verbally approved of the method of labor. He then remarked to me off-the-subject on the possibility of the dream of humane treatment being realized within the century. The mention of dreams brought the thought of my wife's condition... [the next few lines are illegible]

1: If the GM is using the background for the Black Dawn in *Horror Hero*, Luther Steward is the Incarnate Demon in charge of the American Black Dawn Dominions. If the GM is not using *Horror Hero*, nor using extra planar creatures in their campaign, Luther Steward is either nothing more than a well-meaning (?) businessman or else he is a cultist with no magical powers.

2: The Service Building was later (modestly) known as the Steward Building.

3: It is impossible, especially considering the limits of the Western Division, that these many patients were at the Asylum, much less employed there. Nevertheless, no error is indicated in the text.



...most uncharacteristic of his previous silence during his visits, Steward seemed eager to press the point, even with the teamster present. He spoke that the constructions taking place on the grounds were very much like birth, and that a denial of Caroline's metaphor [1] *would be foolish, which only served to anger me, both for the condes—* [the next two lines illegible] *...and Gill listening upon, nodding in assent to Steward's speech. Steward spoke that the Fell's Point Asylum should be seen as organs of something much larger, and what had begun with the Western Division should be carried out ("mirrored," was the term) in the Eastern Division as well. The thrust of his speech after that was somewhat convoluted and off the subject, as I believe Steward fancied himself learned in the matters of anatomy, as he compared the twin buildings to hemispheres of the brain, both of...* [illegible] *...the Mount as the womb, the description unseemly, lurid and most...* [illegible] *...returned to my wife. I found it then necessary to change the conversation as firmly as possible to prevent further elaborations, for the talk was becoming heated, and I feared my responses would thereafter be construed as impolite.*

1895, Bourne's Journal: A fragment from Bourne's personal journals:

...forced to labor by withholding... [illegible] *...every little indulgence was withheld, as long as they are idle. They soon discovered that employing was to their benefit; and when they saw others happily engaged, and in enjoyment of the little reward of their industry, they generally very soon petition for something to do.*

After prejudice against employing the patients about the house and grounds had in some measure been overcome, there was still the objection of making anything for sale from the institution.*

Brief Footnote Scrawled by Shreiver at Bottom of Page: *Plans and architecture in early foundations? See...* [trails off]

The Pulp Era 1900-1945

Asylum Structure: Pulp Era

The Asylum's Eastern Division was completed early in the century, and the Service Building and the Admissions Building followed in later decades; the Pulp Era Map is considered to be accurate for 1945, and GMs using it in earlier time periods may need to make cosmetic changes to it for the sake of accuracy. Specific details of the interior of these buildings are not

1: Caroline, most likely Bourne's wife.

dissimilar to the present day, and much of the information in the Asylum Grounds section can be used as is.

The Asylum structure during this period was not terribly complicated. The operation of the Asylum was under the direction of the Medical Superintendent/ Physician-in-Chief, followed by the Assistant Physicians, then the Superintendent of Nurses, who headed the Charge Nurses (the nurses who headed each of the Asylum wards), followed by the rank and file nurses and student nurses. The domestic staff usually reported to the Superintendent of Nurses who doubled as the Chief of Service.

The staff members that occupied these positions, however, changed over time. The Asylum's first director, Superintendent Bourne, retired in 1919 and was succeeded by Dr. Ross, who governed the institution until his retirement in 1945. In 1918, the position of Superintendent of Nurses changed from Caroline Bourne to Mary Hodges. Dr. Dawes, who had formerly been the Director of Occupational Therapy during the Eldritch Era died sometime before 1920 and was replaced by Henrietta Keane in 1920. [1]

1920, Ross and Staff: Once Dr. Ross assumed the position of Superintendent, the staff grew. An administrative assistant was added, a social worker was added, and several new psychologists joined the staff. From 1920 to 1945, some of the more important staff members were as follows:

Director Ross, MD	Medical Superintendent
Arnold Paton, MD	Assistant Superintendent
Lawrence Wood, MD	Clinical Director
William Elkins, MD	Chief of Woman's Division
Adolph Gans, MD	Chief of Men's Division
Henrietta Keane, OT	Director of OT and Recreational Therapy
Martin Meyers	Administrative Assistant
Gerrold Schaefer, PhD	Chief Psychologist
Mary Hodges, RN	Superintendent of Nurses. Director of the Training School.
Anne Barber, BS	Chief Dietitian
Sarah Meade, BS	Chief Social Worker
Doris Hamilton	Secretary to the Medical Director, Medical Librarian
Adrienne Elgin	Librarian
Allen Brown [2]	Chief Engineer
Catherine Dujon, Jane Grimes [3]	Executive Housekeepers
Reverend Hawthorne [4]	Chaplain

Special Cases

While skimming through the text of this period, the GM may notice references to the Asylum's "special cases." This label was used by Superintendent Ross to refer to a select number of schizophrenic patients in the Asylum that had manifested "distorted" psychotic symptoms. These symptoms were of such a nature that a schizophrenic specialist, Dr. Solomon, was brought to the Asylum shortly after Ross became Superintendent (see the Timeline below). Unless the PCs are adventuring during the Pulp Era, the GM should not use the label "special cases" to refer to these patients (and if possible, not hint at the existence of these patients at all unless the players are specifically looking for these "special cases"). Ross, during his research in the Asylum, felt that there was something in the biology of these special cases had caused them to manifest unusual abilities and was extremely interested in classifying (and duplicating) the effects.

Census and Admissions

The patient census at the beginning of the Pulp Era is sketchy at best; many records during this period were destroyed by fire or obliterated in one of the floods that struck the Asylum. An approximation of the patient census in the first decade of the twentieth century was probably not all that much different from the Eldritch Era, in which case there was likely an average of a hundred patients a year between 1900-1905, slowly

1: What happened to Dawes is unknown. In actuality, he was murdered in the Steward Building museum one night (reasons unknown), and his murder was considered an "accident" by the rest of the staff.

2: Allen Brown was chief engineer and directed the Asylum's mechanical section, in which there were three engineers, two electricians, three pipe fitters, one plumber, one laborer, one night maintenance man, one night watchman, one auto mechanic and three chauffeurs.

Allen Brown was the bastard son of Gill, the teamster who originally worked on the construction of the Asylum (see *1885*). Gill had raped Brown's mother decades ago, and Brown was unaware of his roots until one of the elderly patients commented on Brown's resemblance to Gill. After this connection was drawn, it was only a matter of time before Brown discovered his true genealogy. Upset at the revelation, he found himself researching Gill's history and strange practices, which eventually placed him in touch with the members of the Black Dawn that still remained in Fell's Point. They told him about his father, his role in the Black Dawn cult, and encouraged Brown to continue his father's work. After attending one of their rituals in Fell's Point, Brown agreed. He set about fortifying the secret passages and tunnels in the Asylum and drafted several personnel working under him into the Black Dawn Cult.

3: The duties of the Housekeepers included proper maintenance of the Hospital; direction of the sewing room, oversight of the Asylum linen, fabrics, furniture and rugs; making recommendations for repairs and selection of new purchases. Normally, there were three assistants, two seamstresses, 11 maids and 23 porters.

PCs familiar with the Dark Corner Society mentioned in Horror Hero may discover that Catherine Dujon, one of the Housekeepers, is related to Chantelle Dujon (*Horror Hero*, p. 152).

4: Reverend Hawthorne was later interred at the Asylum after speaking with one of the patients; he claimed that the patient was the "voice of God" and had told him to set fire to his church in the Point, killing three of his congregation.

growing through the rest of the decade to about 200 a year (this rise was attributed to the completion of the Eastern Division, which opened many more beds in the Asylum), and this daily average was maintained until at least 1932.

During 1900-1910, the Asylum patients had come almost exclusively from Fell's Point; as the institution's reputation increased, however, the Asylum began to draw patients from all over the United States, especially from the South where there were few mental institutions at the time. [1] Patients were interred, on the average, for about eight months.

Although detailed year by year records are not available, pieces of text reveal that admissions ranged from 210 to 274 a year (and discharges rose from 191 to 279 a year), slowly decreasing as the Pulp Era advanced. According to the records, only cases offering "some hope of recovery" were admitted. [2]

Characters may notice that despite decreasing admissions throughout the Pulp Era, the average number of patients remained the same... a core number of patients were always housed in the Asylum walls. The decreasing admission rate had no effect on their number.

The Pulp Era Timeline

1901, The Gallery: The debt on Eastern Division was fifty thousand dollars, and with the extra funds from the Steward donation, the debt was liquidated; more funds from the Steward donation were drawn to build a Gallery on the Asylum grounds. [3] A ridge north of the Asylum was leveled for the Gallery's foundation.

1902, Staff Relocation: The entire Asylum medical staff lived in the two main Divisions. After some deliberation and because of his increasing workload, it was felt that Dr. Bourne deserved some relief from the continuous care of the patients by building a house for his family on the grounds, and this would also have the added benefit of opening the rooms he had occupied in the Western Division to new patients. A Hudson City architect drew a pleasing design for the Superintendent's House and designed it so that it had a lovely view of the cultivated fields. [4]

1904, Service Building: Due to increasing number of patients, a new structure was planned to house the Asylum's kitchens and dining rooms, with the second floor space designed for employees, thus releasing many rooms in the two Divisions for patients. At first this structure was supposed to be called "the Central Building," but it soon became known as the "Service Building" or "Block." Work was to begin as soon as the Bourne House was completed.

1904, Bourne House: The Bourne House is finished. It was a brown shingled structure, two and a half stories tall, with high ceilings, a gracious hall, large drawing rooms, dining room and kitchen on the first floor, and attractive bedrooms on the second floor. A barn big enough for the Superintendent's horse and carriage was placed at the rear.

1904, Fire: This event is listed in newspapers, in business logs and Trustee Minutes in the Asylum library.

A fire burned down the Superintendent's House and swept through Fell's Point, devouring five hundred buildings in the business area, including many owned and rented by the Asylum Trustees. Thirteen warehouse buildings owned by the Trustees were burned down. The cause of the fire is unknown, but many Asylum records were damaged during the inferno. The two Divisions remained standing due to solid construction, although a number of patients were killed.

If the PCs trace the exact date of the fire, they will discover the fire occurred the day after Dr. Bourne and his wife moved from the Western Division into their new home. The cause of the fire was ostensibly that a lamp was accidentally knocked over in the Superintendent House, but this in no way would account for the fire that swept through the Asylum (if the map of the Asylum is examined, PCs will see that almost a hundred feet of dirt and gravel separated the main buildings from the Bourne House) or explain the greater fire that occurred simultaneously in the Fell's Point business district.

GMs using *Horror Hero* may link this to a Black Dawn event transpiring in Fell's Point. It is possible that a war was occurring among the Dominions, or else PCs in the past were trying to destroy the Asylum and the evil within in its walls. It is entirely possible that the patients didn't want Bourne (or his wife) to leave his residence the Western Division, or else they were attempting to kill him for purposes of their own.

Characters may begin to notice the slow exodus of all extraneous services other than patient care from

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1: No matter how the Asylum's reputation grew, however, well over half the patients during this era came from Fell's Point proper.

2: There's a discrepancy in the records as far as this "policy" is concerned, however. Apparently, the Asylum still admitted a number of chronic patients (at far below the normal rate), whether they were schizophrenics (for Dr. Solomon, see below) or those who "heard voices" (i.e., "special cases," see above). Chronics of this type without family were almost always admitted.

3: The Gallery was later renamed the Steward Building (see the *Asylum Grounds*). Plans show that the Gallery had a basement, but it is not mentioned what it was used for in the records.

4: Old diaries from Bourne or other staff members around this time will state that one of the reasons Bourne was interested in moving out of the Western Division was because of the "intense nightmares" his wife was experiencing (none of the diaries or texts remember the content of Mrs. Bourne's nightmares). Dr. Bourne hoped that a change in surroundings would alleviate his wife's condition.

the Western Division (i.e., the construction of the Service Building and the Bourne House); while this can be rationalized by the growing patient population, there were other reasons for this exodus. Many staff members living in the Western Division reported symptoms of restlessness, sleepwalking, and nightmares... with the Superintendent of Nurses (Bourne's wife) one of the staff members most adversely affected (see *1902, Staff Relocation*, above). After one of the male clinical assistants vanished one night on the Western Division, many staff no longer had any desire to remain in the building.

1907, Steward's Estate: In addition, the following fragment is mentioned briefly in the Trustee Notes or in the newspapers:

...the former Luther Steward Home in Fell's Point was sold for fifty-five thousand dollars, and was later given to the Fell's Point Historical Society. [1]

1908, Service Building Completed: The Service Building is finally completed, at a cost of 95,000 dollars.

1909, Dixon: Robert Dixon (see 1853 and 1899) dies in the Asylum, after crawling into one of the Asylum tunnels and starving to death. His body was found curled in a fetal position. He was buried on the "Hill," the Asylum cemetery.

1911, Fell's Point Gaol: From a notation about the Fell's Point Prison at the turn of the century (for some reason, this particular fact seems to have escaped the Asylum records):

...when the Fell's Point prison burned down in 1911, many prisoners were lodged in the Asylum, and many of them died there, ostensibly due to sickness and starvation. Nevertheless, this alone could not have accounted for the sheer number of deaths. Between 1892 and 1911, it is estimated that well over a hundred patients died in the Asylum...

1913, Occupational Therapy: This segment is located in Dr. Shreiver's Journal:

...Dr. Henrietta Keane followed Dr. Dawes as Director of Occupational Therapy and organized classes for nurses. There were eight assistants in the Gallery shop, and two male aides to help with outdoor activity. Many patients paid for craft materials and take the finished products home; some made ornaments for their wards; other finished articles were sold to employees and visitors at the annual bazaar (illegible) furniture repair was accomplished by patients in Occupational Therapy. Skilled patients made stools, tables, chairs and writing desks [2]. In time, an accredited School of Occupational Therapy was established under Keane's leadership. During its first five years of existence, sixty students registered for the sixteen week course, coming from as far away as Louisiana, Wyoming, New York and Canada.

Next to this entry, someone has drawn a silhouette of a person with tiny stick figures scattered inside him (?).

World War I

1917, Rising Costs: When the United States entered the war, a great drain was placed on the Asylum; several assistant physicians were drafted, six Asylum nurses went to France, and twenty-three former male nurses went into the Army.

1918, Staff: Throughout the war, the Asylum was shorthanded in almost every department. Some staff were drafted, and others left the Asylum for the higher wages being offered in munitions factories. Only two Assistant Physicians remained at the Asylum, and the shortage of nurses was so great that restrictions were placed on admitting violent and psychotic male patients. When harvest time came, painters, carpenters, plumbers, laundry workers, and warehouse clerks helped in the field; staff working hours were extended and vacations were canceled. Needed items were delayed or lost.

The pathological lab in the Asylum was discontinued, and the space turned into bedrooms. Although the war hastened its demise, its line of research had not produced any sufficient knowledge or practical results that have warranted its continuation.

Next to this entry, someone has drawn a silhouette of a person with tiny stick figures inside him (?). The belly and head of the silhouetted figure are swelled, and the tiny stick figures fill his (?) interior like a nest of bugs or worms.

1919, Bourne's Journal: A fragment from Bourne's personal journals... if the PCs are familiar with some of Bourne's earlier journal entries (see the Eldritch Era), they may notice (Deduction or PER Roll) that this fragment lacks much of the formal quality of his

1: What happened to Luther Steward is unknown. He sure had a hell of a nice house, though.

2: This section has been underlined with pencil by Dr. Shreiver. Once again, finding that many portions of the Asylum actually were built and furnished by Asylum patients has made her uneasy, wondering what subtle changes were engineered over the years. Some of the items that were sold to the Fell's Point community may be the basis of many Horror Hero adventures, either being cursed or unholy items that have circulated through the Point in the past century.

other entries. The script is hurried (not typed) and many ink smears blot the entry.

...more often now my thoughts turn from Caroline, then to Steward, then again to the Asylum. I am convinced that Steward was not merely making a conjecture, for too often... [illegible] [1] *...wake upon the grounds outside the Western Wing* [illegible] *...rational man, yet when I enter the Wing, I feel as if the structure itself, just beyond the floor, opens into a far darker place, that falls so deep into the Earth that should the stones crumble away, I would fall into the abyss that—* [illegible] *—curses or demonology, but as I see the stones forcing themselves from the ground, the foundation of the Eastern Wing gaping like a hungry child, my heart becomes as ice. The wings like foul arms, its windows black eye sockets, filmed over in the twilight, its distended head, its fingers clutching at the Earth, pulling itself up from the blackness...* [illegible] *...can it be that Caroline...* [illegible] *...begged me not to let her die here...* [illegible] *...and leaving me alone here in this terrible place. She has become one of the shades here, and in their eyes, I see the gray...* [illegible] *...and I am afraid. I can feel its presence around me. It grows here, and I wonder whether I govern the Asylum, or whether the child governs me.*

1919, Bourne Resigns: Superintendent Bourne resigns at the end of this year. No explanation is provided by the Trustee files for the Superintendent's resignation. [2]

1920, Ross Appointed Superintendent: Dr. Ross becomes the new Medical Superintendent and Physician-in-Chief of the Asylum. Characters searching for information on Ross's behaviors and temperaments may have to sift through documents of decisions he made at the Asylum as well as his conflicts with the Board of Trustees; otherwise, the only accessible information on Ross is the number of awards and positions he held at the Asylum and on the peninsula. A summary of his career is provided below:

Born in Hudson City in 1881, Ross took undergraduate work at Hudson City University and obtained his MD degree at the University of Michigan in 1902. After interning at Birmingham State Hospital, he worked there as a Senior Physician from 1908 to 1916, followed by a period at St. Elizabeth's in Washington. Dr. Ross was an instructor in psychiatry at George Washington University and later returned to Hudson City University to serve as a professor in their Psychology Department. During World War I, he was commissioned a Major and Divisional Psychiatrist of the sixth Division in the Army of Occupation in Germany. During World War II, he was a member of the Medical Examiners at the Armed Forces Induction Station in Fell's Point and received the Selective Service Medal for his work.

During his twenty-five years as Physician-in-Chief and Superintendent of the Asylum, Ross was elected President of the Medico-Psychological Association. Ross also served as a Professor at the Fell's Point College of Physicians and Surgeons, the Women's Medical College, and the University of Fell's Point. He was elected President of the Medical and Surgical Faculty of Fell's Point and the State Mental Hygiene Society, and held honorary memberships in several foreign societies; he was also the associate editor of the American Journal of Insanity from 1878 to 1897 and from 1904 to 1921, for forty years he was also a member of the editorial board of the American Journal of Psychiatry, and for 27 years he was its Editor-in-chief. He published more than one hundred medical papers and contributed to a number of medical encyclopedias and textbooks.

The change in administration caused a great deal of unrest. Ross, for one, was angry at the number of "bad habits" which seemed to have become standard practice in many departments due to the pressure of the war; on the flip side, the ward attendants were disconcerted by the long hours and low wages. Ross began to perform damage control on the Asylum. He requested a number of physical additions to the Asylum, including an assembly hall, a stage, a gymnasium and OT quarters. He appointed seven consultants, all doctors, who gave time to the Asylum's special needs.

1921, Social Worker: The Asylum's first trained social worker, Sarah Meade, began her duties in 1921. During this year, she made over 493 visits to the Asylum and over 367 visits to former patients and families living in Fell's Point. [3] She was responsible for maintaining the patients' case histories, maintaining contact with paroled or discharged patients, helping individuals transfer to other institutions, assisting with physical examinations and making contacts with the dispensary at the University of Fell's Point. [4]

1922: In 1922, Ross brought Dr. Solomon from St. Elizabeth's to the Asylum. Shortly after his arrival,

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1: If the PCs ask, tell them that these illegible marks are not due to burns or ink blots... they look like some kind of fungus or rot has eaten away the pages so the entire entry cannot be read.

2: If the PCs do some digging, they will discover Bourne's wife died in 1918 shortly after murdering their two children. Bourne blamed the "unholy" influence of the Asylum for the tragedy, and staff accounts report that he was never the same after the death of his family.

3: Characters may comment on how well her visits to the Asylum and patient's families was tabulated, especially considering how many of her cases and records were "lost" during her work at the Asylum.

4: Sarah was instructed by several members of the Asylum to keep a close watch on certain patients, who she suspected were unstable or were on experimental medication. The staff (among them, Dr. Ross and Dr. Solomon, see below) expected detailed, meticulous reports from her on as many as four dozen patients weekly. Of the other patients that were her responsibility, the staff seemed to inquire infrequently or not at all. Sarah would often experience frustration over the extent of information that she was expected to manage, when only a small fraction of it was ever examined by the physicians.

Solomon was given his own ward in the Asylum, which came as something of a surprise and a source of irritation to the other psychiatrists.

Not much is known about Dr. Solomon's history. He received his medical degree at the Chicago College of Medicine and served at a number of public hospitals, including St. Elizabeth's in Washington, but he never remained at any one hospital for more than two years. His early papers and research projects seem to fluctuate between a number of different approaches to psychiatric problems, from biological factors to sociology. [1]

One of Solomon's odd traits was his obsession with schizophrenic patients; the reason for this has never been made clear... whether one of his relatives may have been schizophrenic or whether he had some peculiar interest in the disorder is not known, but out of his research came many papers on Schizophrenia, including as "The Conservation and Malignant Features of Schizophrenia," "Schizophrenia: Peculiarity of Thought," "Affective Experience in Early Schizophrenia," "The Onset of Schizophrenia," and "Research in Schizophrenia." After Solomon left the Asylum, he wrote many papers based on his work at the Asylum (PCs may be able to run across some of these papers in the Fell's Point libraries) and his concept of psychiatry as the science of "interpersonal relations."

Solomon was a gifted clinician, student and speaker; he worked without interference from others in his own ward at the Asylum, treating young male schizophrenics. No female nurses were allowed in his section.

1923, Solomon's Debts: This is not mentioned directly in the Asylum records, but the longer the characters look, they may notice that Solomon frequently owed money to the Asylum. The reason for his large expenditures is unknown.

1924, Pathology Lab: The records mention that at this time, the Asylum pathology lab was reorganized and refitted under the direction of a Harvard research chemist. [2] If the PCs have shown any interest in the Asylum's pathology lab and how it developed over the years, the GM may choose to give them the following additional information:

According to records, between 1924 and 1926, the pathology lab made over 2100 lab tests, including blood counts, urine tests and spinal fluid tests. [3] The Director of the Pathology lab analyzed many samples, seeking to find a relationship between nitrogenous constituent variations and types of mental disease. His findings corroborated the fact that there existed in the blood of schizophrenic patients a toxic substance. He believed he had discovered the existence of an increased amount of creatine in the blood of catatonic patients and a decreased amount of calcium. His findings were published in several medical journals. After he left Asylum in 1926, his special research was discontinued due to the lack of a suitably trained lab worker to carry on. [4]

1924, Ross Research: Dr. Ross was interested [5] in Schizophrenia and related psychoses, and many of his research studies and articles were geared towards them. It was Ross's belief that:

...these psychoses can all be defined as stress reactions, either conscious or unconscious. [6] In these psychoses, it is the environmental stimuli that impact on the subject's personality that proves important, in many cases, much more so than heredity. This environmental stimuli is particularly acute during the subject's early developmental years, and the stimuli is invariably a precipitating factor to the psychoses. This stimuli could be almost any difficult situation to which the subject appeared unable to adjust: the loss a family member or friend, marriage, sexual assault, or other traumatic experience or emotional pressure.

More difficult to evaluate are the unconscious cravings of these subjects. Desires which can not be gratified or tolerated in their consciousness are channeled into

1: To say that Dr. Solomon was difficult to deal with is something of an understatement; the remaining Asylum records include numerous hints of his personality conflicts and clashes with staff and patients. Strongly opinionated and unpredictable, easily irritated one minute and bitterly sarcastic, critical and demanding the next, Dr. Solomon was not well-liked; his "sensitivity" to less intelligent staff members demanded that he institute a separate ward within the Asylum, not only isolating his patients for research and study, but also to isolate him from the rest of the staff.

2: Ross was directly responsible for hiring the "Harvard chemist" and made his position as Director of the Pathology Lab extremely clear: he was to look for any physiological abnormalities in the Asylum's "special cases" that might explain their condition and report them to Dr. Ross.

3: This alone is not significant given the Asylum's size, but considering that these tests were administered to only ten to fifteen percent of the patient population (including all patients in Dr. Solomon's Ward, who were given all these tests, especially the blood counts and spinal fluid tests, ten or more times in a year.), PCs may find this significant.

4: What happened to the Harvard Research Chemist is unknown. His name is not given in the text.

5: PCs might be inclined to say obsessed. The intensity of some of Ross's later articles on the subjects leave no separation between the emotions of the researcher and the research itself.

6: Thus, began Ross's and Solomon's efforts to use stress as a means of bringing forth "special cases" in the Asylum. Some PC's may notice the use of the term "subject" rather than "patient" (or "individual") in the notes, above.

psychotic symptoms. The psychoses then become the subject's way of handling a difficult or impossible situation, or a conflict into which the subject may have little or no insight. To treat such subjects, careful study is advocated, much like the private labs installed at the Fell's Point Asylum for...

The article trails off. If the GM wishes, it can be at the end of a page... and the page following it has been torn out.

1926, Administration: There are repeated entries during this year, usually spurred by Ross and Solomon, to create a better classification system for the Asylum patients. [1]

1926, Admissions Building: A young Fell's Point architect, Thomas Warren, was chosen to design the Asylum's new admissions building. The new building had room for eighty beds, and was built with the needs of newly admitted patients in mind (reassuring surroundings, out of sight of visitors and officers, and away from disorderly patients). Warren placed the building on a natural plateau a thousand feet from the Western Division. [2]

1926, Ross House: At this time, a house was built on the grounds for Superintendent Ross. The house was tentatively called the "Ross House."

1927, Ross House: In December of 1927, the Ross House was completed, and Dr. and Mrs. Ross moved in.

1929, Admissions Building Opening: The dedication of the Admissions Building was held in May, even though much of the building was uncompleted. Painting had not been finished in many of the rooms, the tiled floors had not been laid, and most of the Building's equipment and furnishing lay in storage.

When the Admissions Building finally opened, new staff accommodations were needed for the building's personnel. As a result, unused spaces on the third floor of Western Division and Eastern Division were equipped with plumbing, [3] and these provided new rooms for attendants and office personnel. Additional rooms were also necessary for nurses, so two new brick wings were added to the Bourne House.

1930, Solomon's Resignation: Dr. Solomon resigns. [4]

1933, Suicides: There was a flood of suicides in 1933. PCs doing research may come across the following fragment, written in a careful, measured script:

...one dreaming patient, in a desperate attempt to turn off the paintings in his head, dashed his skull against the walls of the seclusion room until his head cracked like a clay pot. Another patient tore open the door of a medicine cupboard and seized a bottle of carbolic acid, drinking it before a nurse could stop him. He smiled in relief as it went down his throat, gurgling that it would kill "the voice" that used him to speak the foul things that he could not possibly know. One patient drowned herself by placing her head in a toilet, and another one drowned in the same manner by using a wastebasket filled with water. As always, there is the water. [5]

1939, Research: Ross writes to the American Foundation Studies in Government claiming that there are many advantages in pursuing investigations in mental institutions. He advocated that the finest research (of the period) was being done in hospitals, which had no formal connections with government; it was the background, training experience and drive of the individual was most important in promoting research along the lines of individual interest.

At the Asylum, Ross claimed, there existed a successful research program:

...here are kept complete records of historical material, findings and lab tests, which all serve as the foundation for valuable lab research. There is no research committee, no formal program, and progress is benefited as a result. Politics is reduced to a minimum, as no research project has ever been financed by outside agencies, special gifts, or endowments used exclusively for that

1: Ross wanted a better classification system for patients because the staff were not only having problems with making diagnoses and assigning patients to the proper wards, but when a mistake was made, some patients would become lost during transfer and would vanish completely from the Asylum. How many were lost and what happened to them is unknown, but some were "special cases" that angered Ross greatly.

2: As a side note Characters checking through the records will notice that there is a high suicide rate for patients who were placed in rooms facing the Western Division.

3: While tearing openings in the walls, the workers found many things, including one body embedded in the walls, along with sheaves of old Asylum records that had been eaten by rats nesting within the walls.

4: Solomon and Ross had a falling out around this time, most notably over the decreasing funds available to Solomon (who borrowed extensively from the Asylum's coffers to finance his research) and the lack of progress in Solomon's research during his stay at the Asylum.

5: Shreiver has been attempting to find the author of the above fragment. It seems that the patients would frequently devise ingenious ways of killing themselves, and these were rarely reported. As much as the many times when patients were prevented from committing suicide were never reported (except in the occasional nurses' notes), there may have been other suicides that occurred that were never reported.

purpose; all necessary equipment is purchased from the Asylum's general funds, and at least one member of the staff, during the past fifteen years, has been designated to give most of his time exclusively to work on some subject in clinical research:

[While PCs may come across the following studies individually during their research, they were all compiled here by Dr. Ross in his letter, so this is the best place for PCs to get an overview of the studies of the Asylum during the Pulp Era.]

STUDIES

• 1921-1930: A study of the records of over seven hundred cases of schizophrenia with follow-up on those who have left the hospital, with the end in view of checking, particularly on prognostic criteria. This study was conducted by Dr. Harper. [1]

• 1928: A critical and comparative examination, over a period of eight months, of the therapeutic effects of sleep, metrazol and insulin therapies. [2]

• 1936: A several month study on the possible involvement of organic lesions of the auditory apparatus in various mental conditions, particularly paranoid and hallucinatory states, but also as the result of insulin and metrazol therapy; this study conducted by members of the clinical staff.

• [Date Unknown] Studies in the pharmacological and clinical effects of barbiturate derivatives. This was conducted by an Asylum physician with a consulting chemist.

1939, Deterioration of Care, Staff: The administration could never predict from day to day who would be on hand to work. Alcoholics, the decrepit, and even parolees from the Fell's Point prisons were drafted into the Asylum staff. [3] Conditions in the Asylum became appalling and patient care was possible only through the efforts of student nurses. These students were on duty 52 to 54 hours a week, their classes were accelerated, and their term of training was cut from 36 weeks to 30, and finally to 24.

Next to this entry, someone has drawn a silhouette of a person with tiny stick figures inside him (?). The silhouette is thin and bent, and the tiny stick figures are swarming inside his head and limbs.

1939, Free Patients: During the Trustee Examinations, Chairman Ramses examined the list of Asylum "free patients." In 1939, the average rate for patients was $38 a week, but there were a number of patients that were paying a rate far below the norm (or no rate at all). Six...

...were of special clinical interest: a seventeen year old boy, a ward of the Children's Aid Society which paid his expenses; the illegitimate son of an insane mother, he had been placed on a farm where he spent much time daydreaming. Among those paying a very low rate were the daughter of a poorly paid professor in a southern college, a clergyman from a small Texas town, the poor widow of a distinguished citizen in Fell's Point, a much beloved teacher from Hudson City University, and an elderly man beset with delusions and hallucinations who produced beautiful pieces of artwork that decorated the Asylum. [4]

World War II

World War II: There was once a great deal of information available at this time period, but repeated fires and poor record-keeping took their toll. All that exists during this time period are the fragments listed below. [5]

1944, Staff Pressure: Despite the pressures of the war, the Asylum's skeleton remains intact. Four of the Asylum's leading physicians, Paton, Wood, Gans and Elkins, all refused flattering offers of employment elsewhere.

1: There was never any such doctor in the Asylum. The research dates, however, correspond to the time Dr. Solomon spent at the Asylum.

2: These involved almost solely schizophrenics and patients with psychotic features.

3: This was the true beginning of the decay, as the decrepit and the criminally-inclined began to aid in the Asylum takeover.

4: These patients are included because they are "special cases." GMs in a Golden Age *Champions* campaign or a Pulp Horror campaign might want to make use of them in their adventures. The selection of mental abilities that each of these patients possess is up to the GM. The reason they are paying such a low rate (or none at all) is due to Ross's intervention: recognizing that they are "special cases," he is determined to keep them tied to the Asylum for further study.

If the PCs ask, the GM should inform them that later on in the text above, the elderly artist is mentioned as "missing his left ear."

5: The patients have persistently attempted to destroy all information on the Asylum during World War II. Information such as patient census, employment records and so on look as if they took the worst of the damage.

1944, Patient Employment: This piece is located in Dr. Shreiver's Journal:

Employment: The shortage of maids and dietary help forced the staff to ask the patients to assist in their places. Soon, over fifty patients were working in the kitchens and dining rooms with "evident delight."

Next to this entry, someone has drawn a silhouette of a person with tiny stick figures inside him (?). The tiny stick figures are organized within the silhouette, and they march around inside the figure like a line of ants.

This work experience during the war foreshadowed the "work program" that was developed later at the Asylum. The change in work positions, from Occupational Therapy to kitchen work, changed the attitudes of certain patients.

1944, Patient Employment: This piece is located in Dr. Shreiver's Journal:

Asylum Employment: ...patients are often watched as they go about their duties, whether it is housekeeping, dietary, secretary pool, maintenance, and nursing. The patient is asked to work three hours a day, five days a week, either in the morning or afternoon. Assignments are made on the suggestion of the individual's physician, after consultation with the Chief of Service and the department head. After the assignment is made, the Director of Occupational Therapy takes charge, reporting on the quality of the work accomplished.

1944, Asylum and the War Effort: During World War II, the Asylum's Occupational Therapy Department made garments for relief agencies. In 1944, over two thousand garments were made: including over three hundred for the Red Cross, two hundred for the Children's Aid Society, and approximately a hundred for British relief. In addition, surgical dressings and metal traction splints were manufactured at the Asylum. [1] Later, the number of articles made in a single year reached five thousand. Bedspreads were crocheted and raffled at $110; the money was given to the British Refugee Children's Fund.

During the war, Occupational Therapy often had to improvise equipment for use. Sometimes the patients constructed items from equipment cannibalized from the Asylum itself, including wiring, wooden beams, dismantled furniture, and so on.

1945, Ross Retires: Ross retires. The Trustees arranged a testimonial dinner for him and gave him a inscribed silver tray. Dr. Wood also left the Asylum at this time, and he entered the faculty of Emory University to bolster its psychiatric department. Dr. Elkins and Dr. Gans remained at the Asylum.

The "Modern" Era 1945-1970

The Central Building and the Ford Building were constructed during this period, and the Asylum farm fell into disuse after the herd was sold in the 1950s and the fields were abandoned. GMs can use the current map of the Asylum for this period. Adventures taking place before the 1950s should use the Pulp Era map (see the *Pulp Era*).

The staff records of this era are a mess... more so than normal. It looks as if someone has taken a hacksaw to them, then scattered the bits throughout Fell's Point. Characters will note contradictions (i.e., two or even three staff members occupying the same staff position at the same time), missing staff members (some of the staff have vanished completely from the records), and several mysterious staff positions that appear and disappear at random. As Dr. Shreiver was not at the Asylum for much of this era (she began her work in the 1960s), she has been unable (or unwilling) to correct the gaps and contradictions in the Asylum timeline.

Throughout the timeline below, PCs may be confused about "Gans's gender change" that occurs in the text (i.e., sometimes he is referred to as a female, other times male). Players who are unaware that Shreiver was once married to Gans (not common knowledge; she took back her maiden name in the early 1970s) may not realize that the "Dr. Gans" mentioned in the timeline is actually Shreiver.

Adolph Gans, MD	Medical Superintendent
Daniel Harkness, MD	Physician-in-Chief
William Elkins, MD	Assistant Superintendent (Assistant Medical Director)
Lawrence Wood, MD	Clinical Director
Unknown	Chiefs of Service
Gerrold Schaefer, PhD	Chief Psychologist
Martin Meyers	Administrative Assistant
Marsh, MD	Director of Research
Unknown	Director of Medicine
Anne Kildare, RN	Director of Nurses

1: It is possible that because many of these items were manufactured in the Steward Building (see both above and in the *Asylum Grounds*) that they may have been cursed or defective in some manner. Items such as plague blankets, metal traction splints with metal burrs on the inside, and surgical dressings that drank the blood of the wounded found their way into Europe in the midst of the war.

Joan Blackford	Assistant Director of Nurses, Coordinator of Clinical Instruction
Newland Day, MD	Director of Children's Day Care Program
Emily Bedilia, OT	Director of OT and Recreational Therapy
Anne Barber, BS	Chief Dietitian
Eliza Gates	Chief Social Worker
Adrienne Elgin	Librarian
Allen Brown	Chief Engineer/ Plant Manager
Reverend Abrams and Klein	Chaplain

Unwashed heathen *Patientz*

Personnel Notes

• Gans was Medical Superintendent and Physician-in-Chief until 1949 (see below). Dr. Gans (i.e., Dr. Shreiver) officially became the Asylum Superintendent in 1972.

• Although the Physician-in-Chief position was created in 1949 (see below), there is almost no mention of the "Dr. Harkness" who filled the position other than he "passed away" in 1959. It is not even known when Harkness started his duties as Physician-in-Chief. Dr. Masters assumed this position in 1975, and he has remained at the Asylum to this day (again, who held this post between 1960 and 1974 is unknown).

• A "Dr. Morrow" replaced Elkins as the Asylum Clinical Director in 1965, but almost no records of Morrow or his work at the Asylum exist (see the *Heresies* chapter).

• Schaefer held the Chief Psychologist position at least until 1958 at which point he was replaced with Dr. Benjamin Pope.

• Meyers died in 1955. Who replaced him as Administrative Assistant is unknown.

• The Research department was established in 1968; Marsh headed the department until 1973, then vanished. Who headed this department from 1973-1885 is unknown.

• The Medical department was established in 1967, but all of the personnel in this department from 1967 to 1985 has been erased from the Asylum records.

• Mrs. Kildare replaced Mary Hodges in 1959. As near as can be determined, however, from 1962 to 1968, five different Director of Nurses filled this position. GMs can make up names for these replacements.

• The Assistant Director of Nurses, Coordinator of Clinical Instruction position was created in 1959.

• The short-term Director of Children's Day Care Program position opened in 1967, then Dr. Day left in 1970, taking much of the Asylum Day Care program with him.

Next to Dr. Day's entry, someone has drawn a smiley face with rays emanating from it. Next to this is scribbled 1967 -> 1999?

• Emily (sometimes called "Emilia") Bedilia replaced Henrietta Keane as Director of OT and Recreational Therapy in 1958.

• Many social workers filled the Chief Social Worker position. A "Miss Greene" apparently took over for Eliza Gates at some point after 1947, then Miss Greene retired in 1952. Between 1952-1956, there was no one to fill this position, then Eleanor Gardener came on board and remained until 1970. In 1965, however, Ellen Kingsley became the Director of Social Services and Miss Gardener was reduced to a staff position.

• Chief Engineer/Plant Manager Allen Brown died in 1965 and was replaced with Mr. Clarence Motto. Characters who trace Brown's history through the Asylum records will notice that Brown was at the Asylum for almost sixty-five years... assuming he was in his late twenties or early thirties when he became Chief Engineer, Brown had a remarkably long life span and a hell of a constitution if he carried out the duties of Chief Engineer for the entire 65 years.

• The Chaplain Reverends Abrams and Klein existed in opposition, but neither knew of the other's true goals until 1969... Abrams was in league with the Shapeshifter Conspiracy, while Klein was a member of the Fortunattii Operattii (see *Horror Hero*: *The Eldritch Era*). The two of them played games within the Asylum (often using the patients as pieces) until they finally attacked and killed each other in the Asylum chapel in July of 1969. After their deaths, the Asylum chapel was sealed off and the Ford Building used for services.

Information on patient treatment during this era is sketchy and incomplete, especially in the 60s and 70s. If the national trends in mental health were true at the Asylum as well, then there was a growing use of psychotropic drugs throughout this period. There is some indication from the text that the Asylum cooperated with other hospitals on the peninsula in drug research and maintained a friendly working relationship with the University of Fell's Point's research departments, but there is little or no other information.

Modern Era Timeline

1947, Ross Dies: Ross underwent a severe operation, returned briefly to Asylum, but then died in September of 1947. [1]

1: It is not known why Ross returned to the Asylum or what he did there; by all accounts, he should have been too debilitated to move. It is possible he returned to the Asylum to hide his notes and/or diary there, but where in the Asylum he hid them is unknown.

1947, Gans as Medical Supervisor: It is listed in the Asylum Records that Dr. Gans acted as the Asylum Medical Supervisor for the last two years of Ross's life.

1947, Social Worker: Eliza Gates, the Asylum's sole Social Worker, had 52 patients and seven employees referred to her by the staff. [1] Much of her time was spent counseling patients, especially in relation to their plans after discharge. She assisted with admissions and when necessary, arranged for the entry of patients into other mental institutions. She followed 317 former patients, assembling information on their activities to incorporate the details of their lives into their hospital file.

1949, Gans Appointed Medical Director: In April, Dr. Adolph Gans was appointed the Medical Director of the Asylum. Ross had recommended Gans for the position just before his death.

1949, Gans and Asylum Reorganization: As part of his plans for the institution, Gans claimed that the Asylum needed one or two outstanding therapists, universally acknowledged to be masters in the treatment and understanding of patients and whose time could be devoted fully to that end, and to the instruction of physicians who come here for training. He understood it would be expensive, but was confident that if such therapists were secured, a number of patients would come to the Asylum to fill the long-vacant beds.

Gans submitted a reorganization plan and an outline of the duties of various personnel, the first such document in the records. The outline consisted of building up the most "perfect setting possible for patient care," promote research and educational opportunities, promote hygiene, and research the hospital and the relation to community.

1949, Gans: Fell's Point Psychiatry Texts go so far to say that the:

"...development of psychiatry and psychoanalytic training in Fell's Point stems from Gans. He was a pioneer in psychoanalytic medicine, and the founder of and teacher in the Fell's Point Psychoanalytic Institute, consultant to the National Institute of Mental Health, and the President of the American Psychoanalytic Association. His work, Psychotherapeutic Intervention in Schizophrenia, grew out of his own clinical work at the Asylum, as well as such papers States of Being in Psychotherapy. It was chiefly through Gans's efforts that the Asylum retained its certification as a teaching hospital in the period when such standards were constantly becoming more demanding."

1950s: GMs should make a secret Sight PER/Deduction Roll for characters examining the patient census in the 1950's. If the roll is successful, the GM should inform the PC that a large number of patients (between 35% to 61%) were paying below-standard rate from 1950 to 1960. The reason for this is not indicated in the Asylum records.

1952: Miss Greene, the third social worker at the Asylum, retired in 1952. [2] A replacement could not be found until 1956, although much effort was expended in finding one as quickly as possible. [3]

1955, Housecleaning: In a short period of time, the Asylum lost some of its most valuable employees by retirement or death. Mr. Meyers, Administrative Assistant, who had labored to keep down expenses, died after 25 years of valuable service. [4] Watkins, who had spent fifty years in the laundry and dietary, retired at 80; Koch, who had been an engineer at the Asylum for forty-eight years, died suddenly.

1955, Suicides: A number of suicides occurred in the Asylum and received much publicity in Fell's Point, damaging the Asylum's reputation. After nearly six years without a suicide, two came close together in 1955, and the next year there were five. [1, next page] After this, Asylum patients were carefully studied, and those who seemed especially upset were moved to more protected locations. Some of the staff reported that a "contagious hysteria" among the patients often followed a suicide of one of their number.

1: Eliza Gates was Sarah Meade's successor (see *Pulp Era, Staff*). What happened to Sarah Meade is unknown.

2: Miss Greene was a mild, unassuming woman who did her duties faithfully and unquestioningly. Miss Greene was Eliza Gates's successor (see *1947*) although what happened to Eliza Gates is not mentioned in the records. If the PCs do some digging they will find that Eliza Gates died of a heart attack in 1949.

3: This was a problem because social workers were a necessary link to the outside world, and many patients who were discharged into Fell's Point from 1952-1956 were lost for lack of a good liaison with the Asylum.

4: Meyers died in an "accident" (unspecified) that occurred on Asylum grounds. This accident was arranged by Allen Brown (see *Chief Engineer, Pulp Era*, above), who had hoped to kill the Administrative Assistant. (Meyers had become a problem because he had finally turned his attention to the unusual problems with the Asylum construction crew and maintenance.) Brown was more successful in murdering Koch: Brown suspected that Koch had caught on to his shady business dealings on behalf of the Black Dawn. (Koch had also started to question some of Brown's construction practices, especially the maintenance of the tunnels beneath the Asylum.) Brown poisoned Koch's liquor flask, and the engineer, after sipping from its contents while working, died in one of the Asylum's undertunnels. The conclusion of the Fell's Point coroner was that Koch had a heart attack. This is one of the many examples of Brown's "housecleaning" (weeding?) that took place during this period.

1955-1961: Characters examining the patient census during the modern era may come across the following fragment:

...the rapid increase in operating costs, combined with the low admission rate, disturbed the staff. The only place where money could be saved, Gans decided, was by giving up the residency training program. If this were done, Gans argued, then senior psychiatrists could replace the younger residents, and these senior psychiatrists would give the majority of their time to the Asylum. While the atmosphere would undoubtedly change (as the Asylum would no longer a teaching institution), Gans felt the professional atmosphere of the Asylum would not be affected if the house doctors were carefully chosen. There was concern that if the training program was abandoned, the Asylum might lose its accreditation, and employing senior psychiatrists would be just as costly as the residency program...

Adventure Seed: If the GM wishes, the Shapeshifter Conspiracy (see *Horror Hero*, p. 181) can use the Asylum as a way of indoctrinating themselves into society. By replacing patients with shapeshifters, the shapeshifters could seem to get "well" and be established into new (influential) families. The mental instabilities of the patients make them easy to replace... anything odd about them, whether memory lapses, sudden improvement, or strange behavior could all be explained away by their "former" mental disturbance.

Shreiver's Notes: On the margin next to this entry, Shreiver has written "Morrow/Poe/Marsh."

1956: Eleanor Gardener, a social worker and a therapist, was found to replace Miss Greene, the social worker who retired in 1952. Gardener maintained her post until 1970. [2]

1957-1958, Trustee Deaths: The Asylum Board of Trustees suffered losses in the 1950's. Taylor, who had helped establish the Asylum pension plan, died in 1957. Mathews, a Trustee for 28 years, who had improved the investment policies of the Asylum, died in 1958.

Dr. Forbrush, Headmaster at a Fell's Point School, and John Mott, President of the Mercantile Safe Deposit and Trust Company (and also a leader of the Fell's Point Urban Development and other civic organizations) was named to fill the second vacancy. [3]

1960s, Budgeting: This information is listed in a text discussing the financial viability of mental institutions on the East Coast:

For the first five years of the 1960s, the Fell's Point Asylum operated at a loss, in the last half, because of outside grants and a much larger endowment from income the books were balanced and a sum set aside each year for modernization and new building. Rising wages and salaries, and the cost of employee benefits took its toll. All areas within the Asylum were subject to constant evaluation within departments and across departmental lines. In addition to the monthly Administrative Staff meeting, which included all section heads responsible for non clinical work, and the monthly Medical Staff meeting with reports on utilization, clinical activities, and evaluations, there was a weekly interdepartmental meeting at which all hospital activities were discussed, and a weekly Medical Directors conference. Physicians and department directors belonged to professional societies, attended local and national conventions, and served as committee members and officers. A rather unusual group, consisting of the administrative officers and Chairmen of the Boards of the three neighborhood hospitals and State College, met monthly for luncheon and a discussion of cooperative plans.

1960s: The following is a text fragment on the Asylum's Child Guidance Clinic:

1: The suicides that did occur in the six years before 1955 were simply better camouflaged than the ones that occurred at this time.

In all fairness to the Asylum personnel, however, not all these suicides occurred in the Asylum, although if the PCs check, some of these extra-Asylum suicides had a strange similarity to "Asylum withdrawal symptoms." In particular, one elderly woman home overdosed on sleeping pills while she was home on an authorized visit. (According to her family, she had been obsessed with "going back to the land of paintings" [sleep?]) Other patients, who committed suicide within the Asylum, hung themselves ingeniously; these casualties were usually restricted to Wards One through Four in the Eastern Division.

2: Gardener, much like Miss Greene, did not question what her work was being used for. The reason for Miss Greene's retirement is not listed in the Asylum records, although if the PCs check, they will find that three weeks after her retirement, she was killed in an automobile accident in Fell's Point.

3: The removal of some of the Trustees was orchestrated by Allen Brown (see *Chief Engineer, Pulp Era*, above), others were brought about by carefully forced retirements due to business pressure exerted by influential cultists in Fell's Point. As a result of the removal of these trustees, the Asylum began to change and evolve. Forbrush, one of the people assigned to fill the vacancy, was believed to be a member of the Black Dawn. Mott was a wealthy but a stupid bore of a man, who was deaf and dumb to the concerns of the mentally ill in the Asylum. He frequently seemed to vote on whim on important decisions. Much of this whimsy was due to the advice of an astrologer he consulted regularly.

...from Dr. Day's ideas on child care and child psychiatry, the Asylum's Child Guidance Clinic proposal continued and expanded. [1] In an average year, 250 interviews were held with children and their parents to select candidates for the program.

1960s, Other Hospitals: Both the Greater Fell's Point Medical Center and the St. Joseph Hospital, believing each hospital would eventually have a psychiatric unit, supplied their staff with psychiatric consultants from the Asylum. [2]

1961, Dr. Gans: This fragment is the first item that mentions Dr. Shreiver's (Dr. Gans's) presence at the Asylum. Presumably, this was her first year as a member of the Asylum senior staff:

...was harshly critical and opinionated. She attacked many theories held by psychiatrists, urging reforms in the training of psychiatrists and in the treatment of patients. It was her view that residents should not be treating psychotic patients but instead should begin their training by working with adolescents and young adults. Dr. Gans thought many of the current avenues along which psychiatry was moving were "blind alleys" and thought most community-psychiatric programs, which featured short-term treatment of a large number of people in local situations, did little permanent good. She felt that many patients needed to be removed from family, friends and their jobs and should be placed for a time in a tranquil setting far removed from the turmoils of life.

Dr. Shreiver may have come to the Asylum to teach in the Training School or to practice psychiatry... her exact position is not indicated in the records. If asked, she will claim that she was a Director of Training during this period.

1961, Financial Crisis. In the past, with few exceptions, the Trustees were able to set aside the income from their investments for future building operations. It was expected that the operating cost of the Asylum would be covered each year by the income from patients' board and medical fees. The situation changed in the mid-fifties, however, and became more marked by 1960. Over the next five years, the weekly loss per patient was:

1960: $7. 1961: $20.00, 1962: $13.84 and 1963: $26.56...

Which broke down to the following total losses in funds:

1960: $100,000, 1961: $216,500, 1962: $128,600,
1963: $300,000, 1964: $64, 000, 1965: $157,343

Gans had a gloomy picture of the future of private psychiatric hospitals. He noted the many opportunities now existing for the care for the mentally ill, the increased cost of private hospitals, and the limited aid given by the various insurance plans all had struck a blow at private psychiatric hospitals. [3]

1961, Stabilizing the Patient Population: As the patient census decreased, more long-term treatment patients were admitted. In order to stabilize and increase the patient population, Gans reorganized the patient groupings, placing active treatment patients in the Western and Eastern Divisions, and the long-term treatment patients in the Ross House. [4]

1962, Ross House as Geriatric Center: From a text indicating renovations at the Asylum:

Plans were made at this time to use the Ross House as a geriatric center. It would serve as a home for elderly people no longer able to live alone or bear full responsibility for their own care. Gans was certain that suitable physicians could be found who would create a more hopeful and useful life for those patients. There were certain individuals in the O.T. department who he thought would be valuable in the newly organized effort. [5]

1: "Dr. Day" presumably was Dr. Newland Day, a prominent child psychologist at the time. It may come as a surprise to some characters that he worked at the Asylum. See *1967* for more information.

2: These hospitals did eventually have psychiatric units, but they were burned down or suffered an unfortunate "accident" due to interference from an Asylum patient.

3: In 1961, the Blue Cross paid only for a limited number of days of hospitalization and commercial companies were no less discriminatory; many insurance policies written for $10,000 maximum were reduced to $1500 for mental cases.

4: Gans thought the move would be more pleasing to the patients, as it grouped those with similar degrees of sickness together and avoided a considerable number of multiple moves. On retrospect, however, he often wondered what caused him to make such a move... he had never considered such an arrangement before.

5: These people are not mentioned in the description, and no transfers from OT are observed in the Asylum records.

1962, Gans and Ross House: Gans continued improving the Geriatric Ward in the Ross House, creating...

"...a friendly atmosphere and a feeling of rejuvenation and interest in daily living rarely found among geriatric patients, where apathy usually abounds."

1962, Gans and Ross House: Gans continued his changes and work on the Ross House as a geriatric center. He planned to employ volunteers and institute a diversified program of activities. [1]

1963, Work Program: The following piece of information can be found from a number of sources (two copies of this work program in Shreiver's journals). The Work Program played an important role in the daily routine of almost half the patients. The extent of this program for a typical month is shown:

Patients	Hrs	Work
18	428	Clerical and typing, offices newsletter, mail delivery
3	71	Commissary
6	131	Dietary, kitchen, stock room, linen room
1	35	[2] The Niche, displaying and selling gift items
8	215	Greenhouse
4	130	Grounds, rose garden, raking, hand trimming
7	169	Library, checking-out, cataloging, filing
1	26	Second library
3	98	Nursing, light sewing. bed-making
8	141	OT, Gallery, music and dancing assisting
11	264	Print shop, using equipment, copier, folding
4	91	Recreation, care of are, working with groups
1	40	Sundry shop, care of stock, waiting on customers
4	62	Schoolroom, supervising study hall, library, office
4	128	Swimming pool, maintaining, teaching
6	148	Upholstery shop, working in all areas
2	18	Tour Guides
2	74	Patient-Staff Council
93	2,269	

1965, Morrow's Appointment: Dr. Morrow was appointed the Asylum's Clinical Director. According to excerpts, he was in charge of...

...what happens to the patients, to see their experience was constructive, internally, interpersonally and socially. He did the programming and scheduling of all activities of the junior, assistant and resident physicians, and he explored information about advances and changes in the scientific and medical fields, passing his findings on to the rest of the staff at the Asylum. He evaluated the use of new drugs, safeguarding their use, and he decided when medical consultants should be called, participated in the teaching program, and implemented research. [3]

1965, Modernization: The following fragment is located in Shreiver's journals:

...modernization was pushed forward, although the cost ran into hundreds of thousands of dollars. After numerous organization difficulties, it was decided to move employees from the second floor rooms in the Service Building to the third floors of the Western and Eastern Buildings. These areas were then air conditioned and the twenty-one rooms made into offices for physicians. A new suite was set aside for medical records and the staff of secretaries who kept them up-to-date. [4]

1965, Security: After following increased break-outs and escapes, Gans appointed Mr. Motto as Plant Manager. Motto had the difficult task of making and overseeing repairs and renovations at the Asylum, often of an emergency nature. With skilled mechanics, Motto created new rooms for programs from little-used or forgotten areas. He gave increased attention to safety precautions, and the number of accidents to employees dropped to such an extent that insurance was reduced by $8000 a year. Security measures were expanded, the force of guards doubled, and the large iron gates at the gatehouse closed at 10PM for the first time in many decades. [5]

1: There were many complaints in the Asylum records that Gans spent too much time in the Geriatric Ward and did not devote enough time to the operation of the Asylum itself. Many other staff members (including his wife) were forced to bear the duties that Gans neglected.

2: The Niche is the Asylum "gift shop" that caters to patients, staff and visitors.

3: This is the first clear mention of Dr. Morrow in all the Asylum records (except in the research studies... see *1968*, below). It is as if his presence was carefully erased from the Asylum.

4: Characters may wonder where all the money for this is coming from. The answer is not listed in the Asylum records, although the debt situation that seemed to be a problem in the early 1960's is no longer mentioned, even though the debt was close to $150,000 in 1965.

5: This is the first evidence that the Asylum had ever shown attention to its own security. If the PCs ask, inform them that a number of security measures seemed to be focused on the Western Division and that the intention of the security measures seemed to keep patients in rather than keep trespassers off the Asylum grounds.

1965, Social Service Director: In the spring, Ellen Kingsley joined the Social Service Department and shortly thereafter became its Director. A graduate of Fell's Point University, she received her Masters Degree from Hudson City University, returned to Fell's Point, and gained wide experience through work in the Family Welfare Association of Fell's Point and the Family and Children's Society. [1]

1965: Burned fragment concerning the Trustees and the Asylum senior staff's plans for the future of the Asylum:

...almost overwhelming in scope. Gans illegible the Asylum would be entering a new phase with much in its favor, including an excellent power plant and a substantial endowment. [2]All agreed that treatment programs should come first, then a program of clinical research, followed by programs making possible the extension of services to individuals outside the Asylum and to other institutions.

[The next few lines are illegible.] ...she wanted a group of physicians who would not treat the Asylum as a "way station" to professional careers. Dr. Gans suggested a larger membership, including religious, social, economic, racial and above all, women. She also gave suggestions for improving the residency training program. [3]

1966, Child Psychiatry: Fragment on the Asylum Child Psychiatry program:

Dr. Day became Director of the Department of Child Psychiatry in 1966. Day, a graduate of the Geiger College of Medicine in Detroit, received his psychiatric training at the Lowell General Hospital in San Francisco and the Children's Hospital in Washington, DC. He came to the Fell's Point Asylum from a position as Chief of Children's Psychiatric Services in a hospital in Washington, D.C. and proceeded to develop and diversify child psychiatric activities to support a training program in child psychiatry and to provide residents in adult psychiatry with proper exposure to childhood mental disorders. [4]

Next to Dr. Day's entry, someone has drawn a smiley face with rays emanating from it.

1967: Reports were presented to the Board by the engineering firm covering the electrical, hot/cold water, fire protection, natural gas and steam distribution, air conditioning and ventilation systems. With these reports, the Property Committee spent many sessions considering whether to abandon the ancient power plant or remodel it.

It was eventually decided to renovate the interiors and add a new building if necessary. Contracts were let for the renovation of outside utilities, and for many months the Asylum was laced with trenches as pipes and wires were replaced. As areas were remodeled and attempts were made to install new electrical panels, more and more accidents occurred. The tunnels under the Western and Eastern Divisions, which were reported to contain a miscellaneous collection of pipes and wires claimed the lives of three workers during a sudden collapse. In a period of five years, more and more accidents began to wear on the expense, leading to more than one and a half million dollars spent on improvements.

1967, Children's Day Care Program: In the fall of 1967, the Children's Day Care Program for emotionally disturbed children opened at the Asylum. The children received individual therapy while their families were involved in intensive case work. The western section of the Ross building, once devoted to Occupational Therapy, was made into rooms for this service, and the Child Guidance Clinic also moved into quarters in the same building.

1967, Department of Medicine: A new Department of Medicine was established this year, with Dr. ——— [5] as Chief of Service, ably assisted in day-to-day activities by ———, Medical Assistant, and ———, LPN. A new set of offices was built on the ground floor

1: Kingsley worked for the government for five years when she returned to Fell's Point, then began working for the welfare associations of Fell's Point, although there is no indication that she quit her government position in order to pursue community work. Her "governmental position" is not specified. Any character who pokes too far into this matter will gain a fifteen point Mystery Hunted (CIA) as long as they remain in Fell's Point.

2: Where the "substantial endowment" came from is not specified.

3: This second paragraph concerns Dr. Shreiver's (Dr. Gans's) suggestions... suggestions which were ultimately ignored, much to her frustration.

4: There is a large amount of praise for Dr. Day in the records. He was described as a "cherub-faced" doctor, and often amused the patients and staff with his jokes and pleasant demeanor. During his stay at the Asylum, he was often referred to as "Doctor Smiley Face," a title that apparently pleased him.

5: This name, and the ones following, have been scratched out by someone's fingernail. Their names are not listed anywhere else is Dr. Shreiver's journals. If the GM wishes, the Idiot King may have been playing "ad libs" with fragments like these.

of the Eastern Division to accommodate this department. The Department was responsible for the personal health of the institution, for emergency treatment, and for the screening of new employees (these employment examinations usually ran to about four hundred a year). [1]

1968, Department of Research: Dr. Marsh became the Director of a newly established Department of Research, while Dr. Benjamin Pope took over the leadership of Psychology Services. During this time, Dr. Saidal was transferred to Child Psychiatry to assist Dr. Day and his assistants. [2]

1968, Department of Research: During the first year, the Asylum's Department of Research was occupied with developing a system of collecting data on patients and storing it so it was immediately available to staff. [3] Characters may find records of the following five studies conducted at the Asylum:

Date Unknown: Research Study One, An Analysis of Patient Characteristics Associated with Use of Psychotropic Drugs at Asylum. [4]

1959-1966: Research Study Two, A Study of Selected Characteristics and Follow-Up Data from the Asylum Child Guidance Clinic, 1959-1966. [5]

1960-1964: Research Study Three, Follow-up Survey of Admissions, 1960-1964 at the Asylum.

1960-1970: Research Study Four, Patient Characteristics at the Asylum, 1960-1970.

1966-1968: Research Study Five, A Study of Older Patients Admitted to the Asylum, 1966-1968 [6]

1968, Masters, Psychiatric Staff: Dr. Masters joins the psychiatric staff. He had spent ten years as a practicing psychiatrist and also held an appointment as Assistant Professor of Psychiatry at the State University as a teacher of psychosomatic medicine and had worked as a liaison with other medical specialties in the University Hospital.

1968, Gans: In December, Gans asked that he be relieved of Administrator and retain only the responsibility and management of the Ross Building. This request was not granted. [7]

1969, The Central Building: The decision to construct the Central Building is made. The low bid (2.5 million) for the construction of the Central Building was made by E. J. McIntyre Construction Company. [8] On May 13, 1969, the cornerstone was laid by both the Governor and the President of the Board, in the presence of Trustees, employees and friends.

1963 to 1970, Staff Changes: Characters examining the Asylum Social Services Department will notice that between 1963 and 1970, the number of Social Workers stationed at the Asylum rose from two to ten and case referral rose from sixty patients a year to 410. [9]

1969-1970: Under Day's direction, the Child Guidance Clinic was caring for forty-five children, with two assistant doctors, Dominquez and Lievano, who had received part of their training at the Fell's Point Mallinger Clinic. [10]

1970: Dr. Day also worked at a series of child care clinics and day care centers in the Point, including serving

1: Any character who inquires about the cost of establishing a department like this one should be informed that it would cost at least several hundred thousand dollars. Where the Asylum got this money is unknown

2: No mention is made of what happened to Saidal (or Dr. Day) after this. Dr. Marsh is not mentioned at any point after 1973... who was placed in charge of the Department of Research from 1973-1985 is unknown. Any character who inquires about the cost of establishing a department like this one should be informed that it would cost a good chunk of money (though not as much as the Department of Medicine, above). Where the Asylum got the money for establishing these new Departments is unknown.

3: The current state of the Asylum records attests to the dismal failure of this attempt.

4: Although mentioned, no copies of this research is available, in almost any database. Only one hardcopy exists at the Asylum; Shreiver has hidden it and is secretly studying the material (see Heresies). Several doctors are mentioned extensively in this report... in addition to Dr. Gans, there is also mention of a "Dr. Morrow" and a "Dr. Poe."

5: A portion of this research was done by Dr. Newland Day (see *1960s* and *1967*, above). Some of it appears to be missing. This report is odd because it mentions a "Child Guidance Clinic" at the Asylum, but no official record of it exists... only the Child Day Care Center which was in operation in the 1960s. The research study does not shed any light on this discrepancy.

6: This research includes J. Hess Curtis, the Poet (see Asylum Grounds). Much of the information taken from this report was gathered from notes made by Gans while he was working in the Geriatric Ward.

7: Gans spent an increasing amount of time among the elderly patients, but the reason for this is unknown.

8: The plans for the Central Building can be obtained from E.J. McIntyre company records. The company still exists on the Point, although they have experienced dramatic losses of profits and work since the Central Building project; the reason for this is unknown. Because the Central Building is a relatively new structure, the patients have not had a chance to tailor its construction as much as they would like; say, as they have done with the Western and Eastern Divisions.

9: The incoming patients and expansion created this bureaucratic "clotting." The rising number of social workers was necessary, as many patients were beginning to slip through the cracks in the system.

10: Unknown to the staff, Day hired these two South American doctors from detention centers in Paraguay and Chile. One of them was placed in charge of the Clinic's shock shop, which operated 24 hours a day, seven days a week, and the other assisted Day in the center's psychosurgical operating suite, where the latest techniques in lobotomy were used.

as a counselor at the Fell's Point Orphanage for a year. In 1970, he went to oversee the Sunshine Project that was instituted by the Fell's Point state government and subsequently resigned his post at the Child Guidance Clinic for a chance to help disadvantaged children through the Sunshine grant.

The Fire of 1969

Fire of '69: In March, a patient set fire to her bedroom and caused the worst conflagration in Asylum history. This patient sprayed her mattress with hair spray, set it afire, and left the room, closing the door behind her. The Supervising Nurse on the ward and a senior aide smelled the smoke, gave the alarm, and checked every patient off the ward. Mr. Motto and the fire brigade quickly brought quantities of sand and sawdust for a barricade to contain water damage. The fire, which fed on the ancient pine beams in the attic, should have been prevented from spreading by a curtain of water laid down by the sprinkler system, but the failure of a series of sprinklers in the Western Division caused the fire to spread throughout the Fifth and Sixth Ward, trapping many patients in their cells. While fire fighting apparatus arrived promptly from a local department, joined by additional equipment from other parts of the County, it was necessary for the firemen to break through the slate roof and through the Western Division walls to reach the flames. Damage, which amounted to nearly $85,000, was covered by the insurance company, but thirteen bedrooms and two wards had to be vacated for some time.

A leaf has been pressed into these pages. It looks like it was gathered in autumn, for its surface is brown and crusty and bits of it have flaked off and crumbled in the pages.

1969, Gans departs Asylum: In April, Gans became ill, then died suddenly in August. His portrait was hung with those of Dr. Bourne and Dr. Ross in the Eastern Division.

1969, Shreiver: Dr. Shreiver became the (acting) Medical Director of the Asylum in April of 1969; in 1972, she assumed responsibility for complete administration of the Hospital. [1]

1970, The End: The journals end at 1970, presumably because Dr. Shreiver knows what transpires after this point. GMs should refer to Heresies for information on the years after 1970.

1: Shreiver acted as Medical Director in Gans's absence. The delay in appointing her Medical Director came from the Trustees, who examined several other applicants before reluctantly passing on the reins of the Asylum to the (much-disliked) Dr. Shreiver. Shortly after Gans's death, Dr. Shreiver took her back her maiden name.

Chapter Five: Wards

As night fell on the Asylum, the pair of shadows, still clad in their thin patient greens, threaded their way through the darkened back ways of the Eastern Division, bypassing the heavily-trafficked halls and areas where the ghostly staff seemed thickest. The Poet flowed like a breeze ahead of Sally, his movements smooth and controlled. His hand no longer rested on her shoulder, as it had when they first met, and the freedom seemed to give him new energy.

Watching the Poet's motions, it seemed to Sally that the Asylum was mirroring him... she could feel the Division coming to life, as if stirred by the murders and the broken shapes that Sally had left in her wake.

It seemed that the Asylum was awakening. The sensation terrified her.

The Purge costume lay like a growth, a second heart, thumping against her side.

...

The two shadows paused in an abandoned corridor, at what the edge of the Eastern Division where it joined the Central Administration Building. The Poet indicated to Sally that they were to pause for a moment.

"W-" Sally struggled to catch her breath. The haze of drugs still formed a residue in her head, and she found herself unsteady. The Purge costume was warm beneath her uniform. "We can't go outside, they'll catch-"

The Poet shook his head. He opened his mouth, then shut it again, as if afraid to speak.

"Do you know of someplace safe?" Sally whispered.

The Poet nodded, seemed about to speak again, then stopped himself.

Sally let the silence drag for a moment, and she watched a strange expression cross the Poet's face. He seemed desperate to say something, but the words eluded him. Sally recalled that Shreiver had said the Poet was mute.

Sally reached out and touched his shoulder. His bones were light, and felt almost brittle beneath her hand. The skin was stretched taut between his shoulder blades.

"It's okay..." Sally spoke. "It's okay. I trust you."

Sally watched in surprise as he grasped her hand, then pointed at himself, as if desperate to communicate something.

"J... J Cur-tiss," the Poet whispered fearfully. His tongue was dry and scratched the roof of his mouth, and his words were heavy with dust and age. Sally could almost hear his throat crack. "My n-name is J Curtis."

"Yes," Sally said, staring at him. His lips were trembling, and Sally realized he was frightened that he had spoke. She grasped his hand tighter, in what she hoped would be reassuring.

"My name is Sally Robinson."

His expression relaxed, and Sally felt a warmth pass between them.

Introduction

This section describes the remaining wards in the Asylum (the First Ward/Receiving Ward is described in the *Admissions Building* entry, above). The way the Asylum is laid out, Wards Two through Five are located in the Eastern Division, while Wards Six through Eight are caged in the Western Division. As mentioned before, the GM is under no obligation to divide the wards in this manner, nor limit the number of Asylum wards to eight... the wards below are simply the core wards that are always present in the Asylum. Other, more dangerous wards seem to be created in the Asylum on a regular basis (and according to the needs of the GM's campaign).

The wards are not given a specific location within the Eastern and Western Divisions (i.e., no "first floor," "second floor," and so on) because these wards drift within the Asylum. Characters should never be sure where a particular Asylum ward is located.

Ward Building Blocks

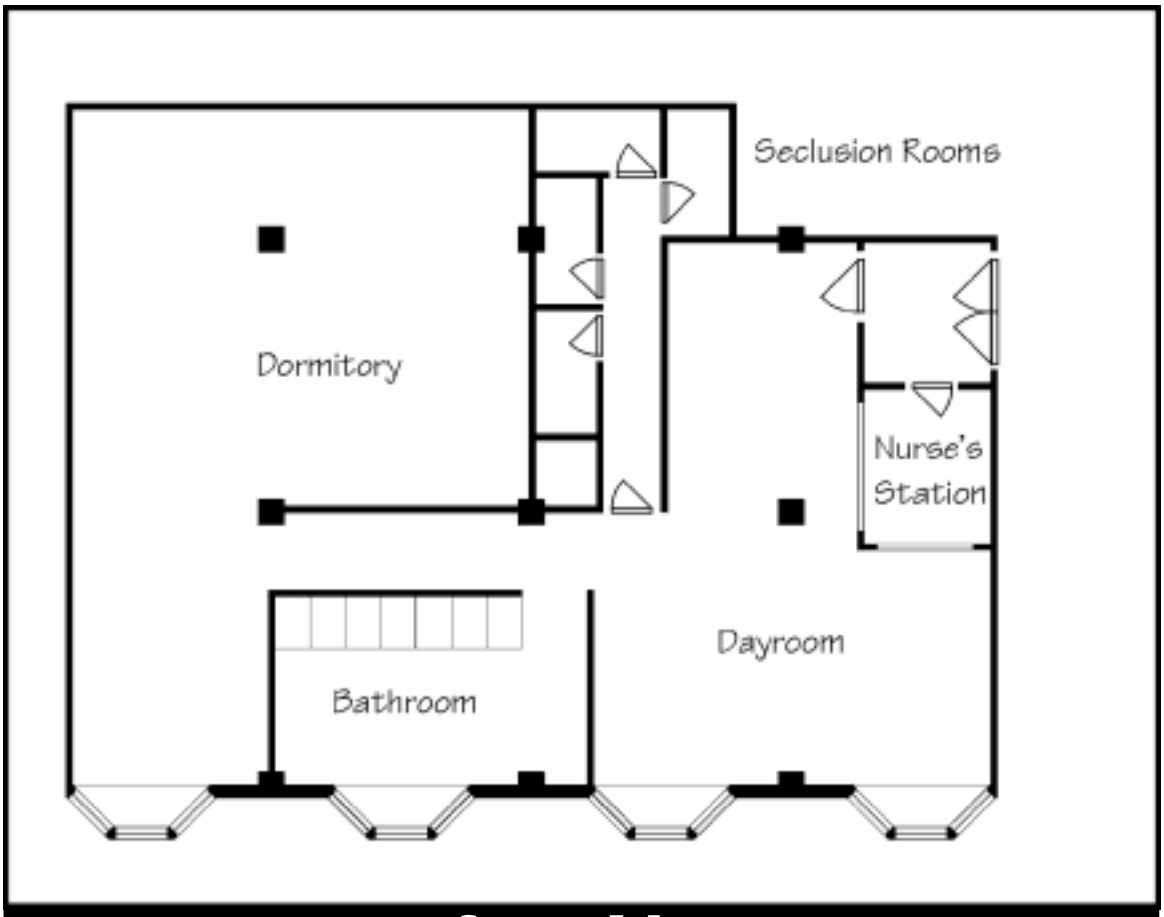
The following aspects could be considered the bare essentials of an Asylum ward; they are assumed to be present in all the wards described in this chapter. If these areas are not included in an Asylum ward description, then the GM should add them according to the information presented below.

The Door: Most ward doors are big and made of heavy metal; they can either have a solid metal surface or (more often) they may have a one square foot viewing window set into them that allows visitors and staff to look beyond the door before opening it.

The doors all give a prison-cell clang when they close. They do not have handles... to open them, staff members insert a five inch key into the door (the key is called a "portable doorknob") and then open the door. Some of the older doors have conventional locks.

Dayroom/Main Area: This is the main mingling area of the ward, and is where most patients are herded when the day begins. The floor tend to be linoleum or bare tile (usually in a black and white checkered pattern or some other pattern appropriate to the theme of the ward). Furnishings include chairs and sofas too heavy for a normal human being to throw (some of them are filled with sand; see Furnishings, below). The windows in the lobby and in the patients' cells are covered with metal bars, grills, or screens, locked tightly and checked occasionally by the orderlies and nurses (see Windows, below).

Furnishings: Asylum furniture is a product of utilitarian convenience and the necessity of protecting patients from themselves and others. Tables and chairs in both the dining areas and the wards are fastened to the ground and to the walls. Care is taken to make



SAMPLE WARD

sure that most furnishing cannot be moved, thrown about, or used as weapons (in general, it will require a 15 STR or more to budge or loosen a piece of furniture from its fastenings; in the violent wards, characters will need a 20 STR or more). Most furniture in the Asylum should be treated as "heavy wood/steel reinforced furniture" on the Object List on p.177 of the *Hero System Rulebook*.

Windows: Most windows are covered with locked metal screens, bars or grills. The screens are generally DEF 5, BODY 5, and bars and steel gratings have DEF 6, BODY 6. The glass is generally reinforced and has DEF 3, BODY 3.

Bathroom: Plumbing problems are always occurring, and nowhere is this more evident than in the Asylum bathrooms. Whether one is assailed by the stench of toilet overflow, or forced to pad through puddles of stale gray water, it as if the Asylum itself is vomiting forth everything the patients force into it. The bathrooms are usually crowded with those needing to use the facilities, along with sick patients and various masturbators who wedge themselves in the stalls.

The Nurse's Station: The Nurse's Station can be a small room adjacent to the ward that has a window that looks out onto the ward or a separate room in the middle of the ward that has a glass wall rising from waist level upwards. The Nurse's Station usually contains a telephone, a refrigerator, the light and sound box for the ward (controlled by the key held by the charge nurse), an alarm system (usually a buzzer for waking patients up), and a desk. A typewriter is usually located on top of the desk, and ledgers, log books and files are packed in the drawers.

The Nurse's Station is where the patients' charts are kept, telephoning done, reports typed, meals prepared, and so on. It is frequently crowded and the nurses tend to become frustrated trying to complete their duties. The ward rules are usually posted here for the nurses and orderlies to read. The metal cabinets (DEF 4/BODY 3) in the nurse's station that hold the medications, needles, tranquilizers and so on are (usually) kept locked.

Patient Quarters: Depending on the ward, the patients may have their own rooms (cells), or they may all share a common dormitory room. See the examples presented in the wards described below to see how these dormitories are usually structured. The doors to the patient quarters cannot be locked.

Seclusion Rooms: See *Seclusion Rooms*, below.

Storeroom: There should be a storeroom located somewhere on the ward. It can store cleaning supplies, toiletries, paper towels, sheets, and even the occasional dead body. The door is usually locked tight.

Staff: Despite the number of patients on the ward (and there can be a great many of them), staff will generally consist of ten nurses and orderlies and one to six student nurses. Four nurses and orderlies work on the day shift (8 AM to 4 PM), four nurses and orderlies on the evening shift (4 PM - 12 Midnight), and two on the night shift (12 midnight to 8 AM). The charge nurse on each shift is responsible for running the ward. All these personnel are supervised by the administrative psychiatrist responsible for the ward (chosen by the GM).

When GMs are building their own ward, it's important to note that at no point after the ward is constructed do they have to abide by their own design, even after the PCs have stepped in and have had a look around the premises. The institution constantly changes, and the GM can continue to tailor their private spaces in the Asylum as the campaign progresses... dormitories become larger or smaller, new walls appear, the floor swallows the nurse's station, and so on. This rule extends to the staff and patients in the wards as well.

Seclusion Rooms

Patients who disturb others, break ward rules, or behave inappropriately are often placed in "seclusion." Three to five seclusion rooms are located in every ward in the Asylum, and some wards (especially the violent and disturbed wards) have more than this. Despite policy, the staff really does not need a reason to imprison a character in these rooms.

Most seclusion rooms are small, containing nothing but a mattress, and sometimes not even that. The mattress does not usually have sheets or blankets, but some rooms come equipped with actual beds bolted to the floor and complete with built-in restraints (5D6 Entangles that Take No Damage from Attack [+1/2] and Prevent the use of most Accessible Foci [-1]). [1] While some seclusion rooms have a window that looks out on the grounds (see below), most only have a foot-square viewing window set in the door so the staff can check on the patient. The door can be locked only from the outside.

High-Detention Seclusion Cells: In the disturbed wards (where most costumed and vigilante PCs are likely to find themselves if they are imprisoned at the Asylum), the seclusion rooms are more secure than the ones described above. These "strong rooms" are slowly replacing the once-classic padded cells (although these padded cells can still be found in half the wards in the Asylum).

The strong room is a medium-sized, squarish room (about two or three square hexes), with cream-colored, smooth, hard-finished walls, and a dark brown linoleum floor, absolutely bare. A postless bed

1: If a suicidal patient is placed in a seclusion room, he is placed in restraints, tied to the bed with leather straps, or else he is accompanied in seclusion by an orderly (if staffing can afford it).

is fastened to the middle of the floor and is covered with a smooth, heavy rubber bedspread and pillow, both of which are the same color as the floor. The hinges of the door are rounded at the top, to allow for "sliding off" should patients attempt to hang themselves on a door hinge with a shoe-string or belt. The locks on the door are made of flexible rubber, and the windows are triple layered and set in a 10" box frame. On the outside of the window are steel bars, and the inside windows are shatter-proof glass covered with a steel mesh grating.

Maximum Detention Cells: If a strong room won't hold a character, they will be thrown into a windowless storage room in one of the basements. The ceilings, walls and floors of these cells are all composed of thick blocks of stone, sometimes covered with thin mattresses infested with fleas or padding covered with urine stains, unidentifiable dried brown smears, and flecks of blood. There is nothing else in the room. The only exit to the room is the equivalent of a vault door (DEF 7, BODY 7). Any character attacking the door should be informed that they may break their hands or feet attempting to bust it down, and kicking or striking the door will create echoes that resound throughout the lower levels of the Asylum. The maximum detention cells become extremely cold during the night, and bugs and insects are present in great numbers no matter what the season. These cells have no window ports in the doors, as they were not designed to serve as cells for patients.

Ward Two

Canto Five

Door: A huge steel door with no doorknob and a chicken wire-embedded security window guards the entrance to the Second Ward. The door is slimy to the touch, as if covered with some invisible secretion. The security window is blurred (as if someone has been breathing on it), and the glass looks smeared with what looks like saliva or semen.

Stress, Ward Two: Past the frenzy of the patients, the uncleanness of this ward sinks in. There is a filthy, salty scent in the air... it comes in humid waves that almost knock characters off their feet. The scent is partly putrid, partly erotic, and falls just short of stimulating the senses. An invisible residue covers every surface in the ward and clings to the skin. Clothes and uniforms feel too tight, one's skin feels damp and sticky, and the murky air is clogged with sweat and unfulfilled lust.

The General Presence Attack/Stress Intensity in this ward varies; there are long, low periods of 2D6 or 4D6 intensity (*Spooky/Wrong*) which slowly build to a 6D6 intensity (*Threatening*) and then climax in an 8D6 intensity attack (*Dangerous*). After the 8D6 intensity fades (no longer than one night) the intensity drops back to the 2D6/4D6 level. During the periods of Threatening and Dangerous intensity, any strangers (or PCs) on the ward will be attacked by the patients; staff will always seem to fade or vanish before any of these attacks take place.

Technical, High-Detention Seclusion Cells: The door is DEF 5, BODY 5, and the bed is DEF 5, BODY 5. The interior steel mesh of the window is locked (the lock is DEF 4, BODY 4, but the lock has a chance of wedging the window shut if the characters mangle it enough when they attack it). Characters can also attempt to rip the mesh off the inside of the window (DEF 5, BODY 5). After this, all they need to do is break the three layers of shatter-proof glass (each layer has DEF 3, BODY 3) and then bend or tear away the steel grating fastened outside the window (DEF 6, BODY 6).

Every Phase the character attempts to break down the door or window, make a PER Roll for the orderly or nurse on duty (the PER Roll will be at a -2 or -3 due to the room's construction which muffles noise). The staff will investigate the disturbance and call the guards to tranquilize the patient if the character seemed to be in danger of escaping. After this incident, they will continue to keep the patient on heavy tranquilizers as long as the character is in seclusion to prevent further damage to the room and to the patient.

Description: The unnatural frenzy that claims this place can be felt even in the near-darkness of this ward. Patients whirl about the dayroom, never stopping, never resting; it is as if the patients are being lashed with invisible whips that drive them through the ward. They leap on top of beds, scamper and crawl beneath tables, and their feet pad wetly on the floor of the ward as they continue their wheeling flight. Obscenities fly throughout the room, and patients shout and curse at the staff, other patients, and sometimes at figures only they can see.

Patients: This is a coed ward. Thematically, all patients who have let their passions overcome their reason reside here. Sexual relations frequently take place in this ward; staff-patient, patient-patient, and so on, and those not having sex are usually masturbating or doing some other sexual (and unsatisfying) act. Every patient's uniform appears rumpled and damp, and their hair is mussed.

Hallucinations: Most patients on this ward are tranquilized before they go to sleep and secured to their beds with black leather straps that are always fastened just a bit too tight. Characters who go to sleep on this ward will feel as if they are being lashed with black whips as they struggle against the straps in their sleep. The GM may add other hallucinations as they see fit... the character may experience distorted flashbacks of sexual experiences or fantasies they have had in the past or entertain in the present. These experiences or fantasies will always fall short of being satisfying (i.e., the character may continually pursue a target of their affections in their dreams and never reach them).

Main Room: No comforts such as couches and armchairs are on this ward; only hard-backed heavy wooden chairs resistant to being stained or damaged are present. Most patients sleep in a large dormitory just off of the main dayroom. The mattresses of the dormitory beds feel damp and smell of sweat; no matter how much the staff seems to clean the patient uniforms, sheets and beds, the smell never leaves. The

Thematic, Ward Two: PCs should never feel comfortable in this ward... everything falls maddeningly short of providing comfort or release. The food served to the patients on this ward is squishy, unpleasant, and unsatisfying. Using the bathroom provides no relief, an itch cannot be successfully scratched, sleep is unsatisfying, and so on. At intervals chosen by the GM, characters should be forced to make an EGO Roll or lose one point of Psychological Resistance. The effect is cumulative. Temporary Psychological Limitations gained in this ward are usually related to sexual disorders and paraphilias. All Seduction Skill Rolls are performed at +2 while characters are on this ward.

bedsprings on the beds creak as if in bad need of oiling. Laundry is done only once or twice a week on this ward, as the staff has given up trying to keep the patients clean.

Nurse's Station: The nurse's station is a cubicle in the center of this ward with a clear plastic window that rises from the waist level upwards. The windows (one on a side, four total) are smeared with dried saliva and other secretions, so much so it looks as if the windows are clouded or fogged. Tape is peeling at the broken areas of the windows, and patients usually stand just outside the station, masturbating or staring hungrily at the nurses inside the station.

Ward Three

Canto Six

Door: The pair of doors to this ward are almost too large to be taken in with the eyes. The doors grind open like the maw of some great beast, the steel edges hungrily tearing at the paving stones beneath them. Past the doors, the ward opens into a dark, narrow hallway that plunges down into darkness. The walls are reddish-pink, and an acrid smell yawns from this ward and forces its way through the skin.

Description: Once characters have been swallowed and have passed through the long, dark hallway, they will find themselves in a large, roughly oval-shaped room that reeks of acid and bile, a mixture of acrid urine and stale feces. Patients thrash and moan at the edges of the room (as if being consumed by the walls and floor) and wail hungrily as if they have not been fed in some time.

Patients: Patients crouch in corners and beneath the tables, their teeth gnashing and snarling, others lie on the floors, rolling and kicking... there are so many patients, in fact, that it seems impossible to walk across the ward without stepping on their backs. Some patients rub feces on each other and some take clumps of it in their hands and cram it into their mouths as if eating chocolate cake. Rather than use the bathroom, patients simply urinate on the floor or on each other, and leave it for others to walk through.

There seems to be no prevailing mental disturbance that characterizes the patients on this ward; there is an eclectic mix of schizophrenics, personality disorders, manic-depressives, impulse-control disorders and severe depression. If captured, greedy and gluttonous villains in the GM's campaign will be imprisoned with the patients on this ward. In addition, any characters who overindulged in alcohol, drugs or other substances (sex does not count... sexual offenders are placed in the Second Ward) will be sentenced to this ward by Dr. Masters.

Characters may find many ties to the Asylum black market in this section; staff and patients smuggle drugs and food into this ward on a regular basis.

Hallucinations: Characters falling asleep for the first time on the stinking mattresses of this ward will be lulled to sleep by a light snowfall. As they descend deeper into unconsciousness, the snow changes into huge hailstones, and where the snow falls, it blackens into a sodden mess that covers the floor of the ward. The patients thrash in their sleep as if they are being pelted with rocks and cry out, struggling in their restraints and chewing on their blankets.

• Characters will sometimes choke and cough in their dreams, as if buried in fetid slush or embedded in an icy paste. Characters will wake up blue and trembling, and their skin will feel foul and unclean.

• Other patients howl, as if in the grips of terrifying dreams that tear and mangle their consciousness. As the characters spend more time in the ward, they will begin to have visions of some huge slavering beast, perhaps a huge dog (yet far too huge to be any dog the characters have ever seen), watching over them and tearing them apart with its dagger-like teeth. Its eyes are red, phlegm drips from its jaws, and it howls as if it had three throats, not one.

Main Area: This ward was originally designed as a kitchen and traces of this construction can still be found throughout areas of the ward (the storeroom, for example, is extremely large, and many of the patient cells in this ward resemble pantries or food preparation rooms). It was decided, however, that an-

Stress, Ward Three: Hunger and excess fills this ward, and the heavy chill makes it seem more like a meat locker than a patient dormitory. Smells of piss, soiled clothing, and bile dominate. A vile slush covers most of the floor of the dayroom, and the entire ward is more like a garbage dump than anything else. Staying in this ward for any length of time will cause a feeling of filth to pour over the character.

The intensity in this ward varies between 2D6 and 4D6 (*Spooky* and *Wrong*). When night falls, the GM should add +2D6 to the stress intensity; if the PCs should happen to be confined here during winter, the GM should add an additional 1D6 to the Presence Attack.

A more serious effect will manifest itself when a character spends more than a few days on the ward... the character will begin to starve. They are fed on a regular basis, but it seems (feels?) like the food simply passes through the character's system without being digested and spills out into the growing collection of waste that chokes the bathrooms and the dayroom floor. The effects of starvation are described on p.27 of the *Hero System Almanac*; for the purposes of Asylum, it is assumed that for every day past the third characters spend on the ward, they will lose 1D6 characteristic points of STUN and BODY (no defense)... the character will also lose points of STR, DEX, CON and EGO at the same rate as they lose BODY. This effect will be halted as soon as the character escapes the ward (not just leaves the ward, but escapes); STUN is recovered as normal, as is BODY (1 Recovery per month). STR, DEX, CON and EGO return at the same rate as the character's BODY.

other kitchen would require additional expenses that the Asylum could not afford, and this "kitchen area" was changed into a ward for the patients.

There is a notable lack of furnishings in the dayroom, and the tables and chairs in the main area are of gaunt stainless steel. Their legs and cross-braces smell faintly of human excrement. Patients sleep in a large dormitory off the main area, reached by a large swinging door with a circular window set into its top half. The dormitory consists of rows of thin beds and foul-smelling mattresses upon which sheets and blankets swell like boils.

The Nurse's Station: The Nurse's Station is a small room adjacent to the ward; the staff enters the nurse's station through a small locked door on the entrance hall. A large window allows the staff to look out onto the ward, but the window seems covered with a gray film that makes it difficult to see into (reducing the staff within to vague shadows and blurs). Announcements from the speakers in the nurse's station echo loudly throughout the dayroom and dormitory, as if in the bowels of a cavern.

Ward Four

Canto Seven

Door: Characters may miss the door to the Fourth Ward; it resembles a minor storage room door, and there is no indication that the door leads to a ward... it is as if the builders wanted to save on expenses by not placing a sign at the entrance. The door opens only under protest (it's like getting a dead man's fist to unclench); beyond it is a short section of corridor that leads to a huge vault door marked Ward 4; the door must be at least a foot thick, and looks as if it was set into the corridor unnecessarily (there doesn't seem to be a reason for two doors to this particular ward). Beyond the great door, characters will find themselves in the entrance hall, below.

Entrance Hall: The great stone walls of the entrance corridor to this ward lean forward slightly, as if they are about to smash against each other.

Description: This large ward is split into two dayrooms by a dividing wall that is made of strong glass from three feet upwards. At first, this glass might be mistaken for a mirror, for patients on both sides lumber toward it in sync, smack their chests against it simultaneously, then wander backwards, mumbling to themselves.

Patients: The patients in this ward are blank, faceless, dimmed beyond recognition. Characters interred here will be lost amongst a sea of unrecognizable patients. Although their features tend to blur together, the number of patients are divided exactly in half by the wall that separates the day rooms.

Patients at Night: At night, the night shift seems to turn a blind eye to the patients, and the two groups rise from their dormitory beds and file into the dayrooms. Like a wave, the two groups stumble toward the wall and throw themselves against it, attempting to knock it down and make it fall on the opposing group. As they do, they all mumble under their breath... it sounds like they are asking a question, but the question can never be made out. The patients always fail to bring down the wall (although the crashing of the waves outside the Asylum makes the attempt seem possible... a thunderous crash seems to strike the cliff outside right when the patients strike the dividing wall), but they always return and try again the following night in a never-ending cycle.

Nurse's Station: The nurse's station is like a hub in the darkened chaos. It is cylindrical shaped, and the staff spend most of their time staring at a small black and white television in the center of the station and turning the TV dial from program to program. As the dial on the TV changes, the dynamics in the ward seem to shift, patients tiring and falling asleep, others being roused suddenly, and others whipped into frenzied motions.

Ward Five

Reaching the Fifth Ward is a nightmare. The corridors surrounding this ward twist like a maze through the Asylum, and characters will find that they will get lost, be forced to retrace their steps, become lost again, and end up winding through broken sections of the Asylum and abandoned corridors until they come to the area that looks like it is still under construction. There, set calmly into one of the walls, is the door to the Fifth Ward.

Entrance Hall: No sooner will characters enter this ward before their feet will come splashing down on the thin layer of water that coats this floor. Upon examination, characters will find that the water is sluggish, black and foul... it is mushrooming out from beneath the bathroom door adjacent to the hallway. The water stretches down the hallway and into the dayroom.

Description: This ward is like a marsh; it is dreary, and the air is humid, vaporous and malignant. "Polluted" is the only word that begins to describe this ward, but it still falls short of describing the horrible smell. The fluorescent lights in the ceiling scatter in the faint mist that covers this ward, and gurgling water (echoed by the gurgling and bubbling speech of the patients) runs from the bathrooms and shattered pipes to spread itself across the floor of the ward.

Patients: Many patients run naked and wild in this ward. The majority seem angry, and they lash out at each other, not only with their hands, but with their

Stress, Ward Four: There is strong, underlying tension in this ward, like an undertow. During the day, the stress intensity in the Fourth Ward fluctuates between 2D6 and 4D6 (*Spooky/Wrong*) and will rise to 6D6 (*Threatening*) when the nighttime ritual begins (see below). Claustrophobic characters will be extremely uncomfortable on this ward, and characters will find that the longer they remain on this ward, the more their behavior seems to fluctuate between cautious hoarding (i.e., they will be unwilling to waste any charges from their gadgets, will always try and conserve their END, and so on) and wasteful violence (i.e., Pushing attacks against targets who are in no need of the extra "oomph" to take them down, blowing a whole clip of charges just to make a Presence Attack, and so on). It is the GM's discretion on how often this fluctuation this occurs, but the character will alternate between the two dayrooms depending on which mood currently affects them.

heads, chests, feet, and even tear at each other with their teeth. Sweat glistens on their bodies like slime.

Other patients are submerged in their blankets or lie face down in the brackish water that covers this ward, gurgling and repeating words to themselves, forming bubbles in the water with their speech. No matter whether they are submerged or running wildly through the dayroom and dormitories, all the patients on this ward speak in a strange warble, as if their throats are filled with phlegm.

Hallucinations: Characters who go to sleep in this ward will find themselves slipping down into unconsciousness... soon followed by the feeling that their beds and bodies are slipping down into the mire of the ward. First the bed's metal posts sink into the muck, then the lower bed frame, then the top until the black slime has covered the character's bodies and has begun to seep into their mouths. The last things characters will see before drowning is an encroaching blackness and a trail of air bubbles that float upwards to the ceiling of the ward.

Bathroom: An examination of the bathroom will show a large crack running through the tiled floor from which the water in the entrance hallway flows. Rather than settling back into the crack, however, the water seeps out the door and down into the main portion of the ward, carrying its stench with it. Characters examining the crack will see air bubbles popping up along the crack, as if people are trapped beneath the water and their air bubbles are floating to the surface.

Stress, Ward Five: There is a great, burning violence in this ward that gives a +2D6 to all Presence Attacks against the PCs as long as they are on the ward. Furthermore, this ward exerts a near-continuous 6D6 to 8D6 stress intensity (*Threatening* to *Dangerous*) while characters are here. The stress does not seem to come from the ward itself as much as the rabid patients trapped inside its confines.

Canto Eight: The Great Tower

Characters who seek admittance to the Western Division (and the Sixth Ward and beyond) must pass through the Fifth Ward and proceed to the base of the main tower in the Eastern Division (see the description of the Eastern Division in the Asylum Grounds). At the base of the tower lies the exit from the Fifth Ward/entrance to the Sixth Ward.

Thematic, Ward Five: Violent and sullen patients are interred in this ward. Characters with the Berserk and Enraged Disadvantages will find that these Disadvantages are exacerbated as long as the character is in the ward (this also applies to Psychological Limitations such as "Bad-Tempered," "Violent," "Destructive," and so on). Every day a character is on this ward, they will lose one characteristic point from INT or EGO (all relevant Skills are affected) and gain one point to all wrath-based Disadvantages or sullen/morose-based Disadvantages (not both... depending on the inclination of the character, only one type of Disadvantage is exacerbated per stay on this ward; it can change from visit to visit, but not while the character is confined). The points to INT and EGO will be recovered at a rate of one per day (with the Disadvantage points fading at the same rate) once the character escapes the ward.

Characters will also have considerable difficulty concentrating on this ward. Any skill that takes longer than a turn (including skill-based powers) will be performed at -1 on the chart for every level past one Turn the Skill requires (see *Hero Rulebook*, p. 18). Characters will receive no bonuses for taking extra time with skills, but they will suffer penalties to any skill that requires more than a turn for its "base time" (see Base Times for Skills, *AC#23*, p. 36).

The Entrance and Exit: Two doors, an outer door and an inner door, each one with an ugly green viewing window one foot square, mark the exit from the Fifth Ward. When a character seeks to enter or leave the Fifth Ward, they must press a button on a black panel by the outer door, and two red lights flare from a console near the handle of the inner door. The two red lights, obviously diodes, are strangely distorted by the viewing window and almost appear as tiny flames, as if from candles. After a moment, a staff member will open the inner door, close it behind them (after which the red lights by the inner door wink out) and the staff member then looks cautiously through the outer door's viewing window to see who seeks admittance or exit. Once the staff member confirms the visitor, the outer door is opened and the visitor brought into the chamber between the outer and inner door. The outer door is then sealed, and the inner door is reopened to allow visitors into the tower area. Once at the base of the tower area, characters can pass into the joined corridor between the Eastern and Western Division.

The Poet seemed to know every bend and turn within the Division. He used them strategically to step along past the emptiness of staff and patients who only appeared to have bodies in the strange half-shadows of the Asylum.

As they traveled, Sally noticing that the Poet seemed to be skirting the edge of the Eastern Division, never coming close to an exit, yet never seeming to travel deeper into the building. He seemed to be keeping his bearings by sticking close to the exterior walls. On occasion, the two even backtracked, though Sally was certain that the Poet had not lost his way... there was some method to his route that she could not determine.

At last, the two figures came to the edge of a great corridor that seemed to span the Eastern and Western Division.

"J?" Sally's whispers echoed alarmingly against the stone. Despite her trust in her guide, she knew she did not wish to approach the Western Division. "Where are we going?"

The Poet swallowed, as if uncomfortable. He started to motion

for her to follow him down the corridor, then remembering himself, he spoke.

"The..." Sally watched the Poet's jaw tremble. "Th-the Luh-Lower Wards lie ahead. In... in the Wes-tern Duh-vision," the Poet stammered. "Wuh-Within are the Uh-Asylum's most disturbed patients." He seemed to gather himself for a moment.

"You-you will be able to escape th-there."

Sally gazed down the corridor, past the bricked over windows, and the distant flickering of what seemed to be fires blazing in the black holes of the Western Division.

...

"What are those fires?" Sally asked. She glanced through the windows of the corridor to see the flickering lights that danced in the windows of the Western Division, like tiny red mosques just inside the barred windows. "It's like a..."

"Forge," the Poet said, then started, as if surprised at himself. Sally looked at him. He had turned pale, as if making the metaphor had weakened him. "They..." His voice was dry, but he no longer trembled as he spoke. "...the fires are tied to the... pipes and ventilation that lead to the Asylum fuh-furnaces. It can get hot in there, the walls..." The Poet swallowed. "The walls sometimes sm-smolder in the heat."

The door to the Western Division was of heavy iron and towered over the two of them. While the Third Ward had had a door that seemed to too large to be taken in by the naked eye, the door to this ward radiated a hostility that clawed at Sally and froze her skin.

Despite the fires that blazed beyond the door, the corridor was cold and seemed to dwarf them with its heavy, threatening weight.

Entrance to the Western Division

The two approached the door, with Sally standing slightly beyond the Poet as they traversed the corridor. Sally watched as the Poet gently reached out to push back the door.

"H-Here is the entrance," the Poet said his voice dropping as the door slid back beneath his touch. "Quiet now. We must be qu..."

As the door slid back into darkness, shadows erupted around them.

...

The shades peeled themselves from the walls, slithered from the blackness, and descended from the ceiling like four-limbed spiders. Before Sally could even draw a breath, a thousand shades thundered around them.

...

It seemed as if the two of them were ringed by walls of flesh and the putrid green of patient uniforms... but where Sally had seen only the blank gazes and slack faces on the patients in the Eastern Division, here she saw alertness and fury.

Beneath her uniform, the Purge armor blazed, as if sensing the threat. The fiery sensation against her side only served to paralyze Sally all the more.

"Who are you?!!" the shades cried in unison, and at the combined fury of their voices, the Poet became pale and shrunk back. Sally flinched as a bearded face with white trailing at the corners of his lips thrust itself toward her. "Who is it that invades the Asylum while alive?!! Dead, dead, all dead here!" The bearded man howled, his eyes darting across her features. "You..." the man's eyes shifted to the frail form of the Poet, and a hungry sneer split his face. "You may come. Come... but alone." The bearded man did not look at Sally as he spoke. "Tell that other with you that it may crawl back along the fool's way it traveled." The man's hand lashed out on the Poet's arm, then tightened like a vise.

"You who are dead can come here only to stay."

...

The black words fell upon Sally and it seemed that each struck her heart, and only when she saw the Poet look as if he was about to give in, she found her voice again.

"You let him go!" she found a sudden fury overwhelming her, and she felt the Purge armor pulsing by her side. The Poet's face snapped toward hers, as if suddenly remembering her presence. "If it's not allowed to go any farther, then he's coming back with me! We're traveling together, him and I... let him go... or..." Sally frowned, hoping that her silence would serve as some form of threat. The patients clustered around them, and she was certain if they decided to strike or contest her move, there would be nothing she could do.

The Poet was looking back and forth between the bearded man and Sally, upset, then seemed to calm himself, as if remembering something. Mustering himself, his voice seemed to deepen, not with anger, but with conviction.

"It is permitted that we pass here." He turned and steadied himself against the raging patients. "It is not your pl—"

"The bitch queen has no POWER here, fallen one!" the bearded man hissed, his words boiling in his vehemence. "You cannot speak with her voice to any effect here!" His face pressed against the Poet's, who tried to step back, momentarily taken by surprise. "And as for your voice, fallen one..." The bearded man's anger turned again to a knowing sneer. "We know that your voice left you many years ago."

"Wait here, Sally," the Poet said, without taking his eyes from the bearded man. "I will see what contests our passing. Don't worry, I will not leave you here." He touched her arm briefly. "I will return soon."

She watched as the Poet was swallowed in the shadows around him, proceeding toward the door to the Sixth Ward.

...

When at last the Poet returned from beyond the sixth door, there was pain in his pace and Sally felt the same cold washing over her that she had felt in the corridor before. Her face paled as J closed with her, his light tread echoing in the stone corridors.

The door to the Sixth Ward that they had opened was slammed, sealed, and the howling and jostling shadows had receded from the Poet as if to torture him with his own thoughts. His eyes were upon the ground, and his brow sagged beneath the weight. "They... they are... right, this time. I have been forbidden to enter these wards.... but... time is so short, why..." But he turned his head upward, steeling himself as he watched Sally's features. "We must find a way to go on. If you remain here, then—"

The Poet stopped, not wanting to go on. Sally read his meaning. Her eyes flickered to the great door that had closed fast behind the Poet. "Isn't there any other way?"

The Poet shook his head. "This was the only way I knew... and with this entrance closed to us, I —" He seemed to diminish as he spoke. "I do not know these wards as well as I should."

"Haven't you ever come down here before?" Sally asked, scanning the corridor. There was no sign of the shadows that had plagued them before, but there was still something threatening about the corridor and what lay beyond the door.

"Once, I crossed here," the Poet replied. His brow seem to become heavier, and they cloaked his eyes in shadows. He seemed to be recalling a painful memory. "Though I was not trying to leave... I was tricked here, but I was able to escape... with help. I returned back to the First Ward... where I belong. So there lies some small reassurance," The Poet smiled, and laid a light hand on her forearm. "Even if escape is denied to us through here, we still have a means to retreat.

One can enter even these darkened wards, perhaps to the final one itself, and still return."

But his eyes flickered slightly as he said it, and his frame slumped more, as if the weight he carried had doubled.

...

They were sitting in silence when the shadows returned.

Sally at first felt nothing, but the Poet's features suddenly cleared and became sharper. His fragile hands, which had been folded at his chest, disengaged and fell lightly to his sides, in what Sally, strangely enough, felt was some sort of threatening gesture.

"J, what...?"

Then she heard the whispers of flesh against the coarse fabric of the patient uniforms as the shadows gathered at the far end of the corridor. They thickened about the door of the Sixth Ward, and Sally, now conscious of their presence, also became aware of the fury building at the door... the shapes were planning to swarm them. At the side of her chest, the Purge armor began to burn, coaxing, whispering at her to slip it on, just for a short time. The sensation was so strong Sally flushed and felt herself become dizzy.

"They've heard," the Poet said. His voice was strangely calm and relaxed. "They must believe you're responsible for the deaths." With one step, he interposed himself between the massing shapes and Sally, blocking her view. "Don't look at them. When I tell you to, you must run as fast as you can back to the Eastern Division, and if possible, reach one of the administrators... under no circumstances stop for a patient and—"

The Poet halted, and suddenly, Sally felt it too... it was a feeling, sharp, like an emotional charge... anger, rage... wrath, rising like a tide within the corridor. It was not coming from the shapes, but from throughout the corridor from every direction at once. The charge ran as hot and fierce as the patient's anger, if not more so... it seemed to bleed from the walls and stream into the corridor like a rising swell. Against Sally's side, the Purge armor seemed to stir, as if being prodded to new life by the rage seeping from the environment.

There was an ebb, then the fury exploded within the corridor.

Ward Six

Cantos Nine and Ten

The fury broke upon the walls of the Western Division like the crashing of a great wave. It was a terrible, silent sound that sent a tremor through the corridor, through its very foundation, and drove the shadows back. It felt as if a continent of silent, unseen water was plunging into the corridor.

Following this came the terrible feeling, like an incoming tide, that rippled down the corridor toward the Sixth Ward door, indifferent to all except its inexorable path. In its wake, the patients were suddenly gone, swept away, their howling cries lost amidst the terrible silence that enfolded in the corridor. As quickly as it had struck, the terrible sensation receded from the door, so fluid, that Sally expected to see white foam trail in its wake.

The corridor was empty except for Sally and the Poet.

"Where did they run?" Sally whispered, but the Poet seemed too stunned to speak. "You felt it, didn't you? That great tide... like a wave of thought, like an impulse..."

The Poet touched his finger to his lips and shook his head with fear. "No, Sally, no, do not speak of it." His face was pale and frightened. "Come... we have little time left."

He took her hand and the pair made their way toward the unguarded door to the Sixth Ward.

Door: The door to the Sixth Ward lies past the entrance to the Western Division described above. The door to this ward is heavier than the doors to the first few wards the characters may have seen, and the window of the door is thickly netted with wire. Beyond the window, there is a narrow stretch of hallway that terminates at another locked door exactly like the first. There is what looks like a doorbell on the side of the outer door. Orderlies (escorts) sentencing new characters to this ward will press the doorbell with their finger, and wait. After a while, a staff member inside the ward will open the locked door at the end of the hall, enter the hall, then close and lock the inner door behind him. After making sure it is secure, the staff member will proceed to the outer door, look warily in the window to check on the delivery, then unlock it. Once the patient is inside the hall, the outer door will be sealed and locked, and the inner door will be reopened and the character escorted into the ward. [1]

Stress, Ward Six: The stress level on this ward varies between a 4D6 and a 6D6 General Presence Attack (*Wrong/Threatening*).

Thematic, Ward Six: GMs should blur the lines between hallucination and reality in the Sixth Ward; the characters should never be certain if what they are experiencing or who they are talking to is real or not. This effect will become more pronounced as the characters move deeper into the Asylum wards, and it is important to foreshadow its effects as far in advance as possible.

Description: The Sixth Ward is situated right above the glowing furnace that spills heat throughout the depths of the Asylum and upwards; many heating pipes and ventilation ducts have broken and split along their seams in this area, and a blistering heat fills the ward. The cells stretch down the corridor like a giant prison, red lights above some cells, nothing above others... there are so many cells, it seems as if a thousand patients are imprisoned here.

The doors to the patient rooms are almost always flung open, but for some reason, many of the patients refuse to step outside. Some of the doors to the cells are like arches, the sides of the door arcing upwards to a point, with a barred window. At some point in the past, it appears that an artist worked on many of the cells on this ward, for the cell walls are painted in burning red and orange colors that twirl into pictures of flaming blossoms and ancient mosques. [2]

Patients: All the patients on this ward sweat profusely, and the ward is unbearably hot, as if a thousand cast-iron radiators were breathing heat into the ward. One patient hops like a frog throughout the ward to avoid placing his feet on the floor too long, other patients hiss and spit like broken steam pipes, and one patient tip toes around the ward, as if every paving stone and tile is a red-hot coal. (Tears well from his eyes, then seem to steam away into vapor as the characters watch.)

Hallucinations: The Hallucinations in this ward are more dangerous than any hallucinations the characters may have experienced previously within the Asylum grounds.. .while prior hallucinations may have caused a character discomfort and stress, hallucinations in the Sixth Ward take on physical malevolence. Characters will take STUN damage from injuries or burns they receive while hallucinating and may become brain-dead if they "die" during the course of the hallucinations. Moreover, characters should become aware that the hallucinogenic state/dream state of many of the patients on this ward seems to define how the Sixth Ward operates; in essence, the hallucinations are shaping the ward itself. This should cause characters some concern.

Characters beset by Temporary or Long Term Psychological Limitations or who fall asleep or unconscious on this ward will have visions of great flames erupting from the stones and the foundation, melting the walls like tallow candles and setting fire to those within the cells. Other dreams and hallucinations include:

• Characters will dream that rings of fire surround the cells, trapping those inside and broiling them. Characters who awake from this dream will notice that many cries and sobs issue from the cells where the patients are sleeping, as if they can feel the heat pouring from the walls. If characters are trapped in the cells, they will awake with second and third degree burns on their skin from where they were touched by the flames.

• Characters in a dream or hallucinogenic state will get the feeling that the entombed patients in this ward are not only crying out their pain, but their crying seems to be done in a chant or litany that cannot be made out. Characters may awake with their voice hoarse and a word poised on the edge of their lips, as if they too were chanting while they slept.

Main Area: Unlike previous wards, the Sixth Ward is set up much like a hotel... small tomb-like cells flank the walls, and a long sweltering corridor runs down the center of the ward to a lobby in which the patients mingle. The highly reflective floors (mopped and waxed to such an extent they seem to be sweating) and brightly painted walls (red and orange colors dominate) serve as kindling for the bright lights that burn down from the ceiling fixtures, so much so that the harsh glare of the bulbs blossom into an inferno, forcing characters to squint and shield their eyes as they move through the ward. Every patient has their own cell and sleeping quarters, and the steel bars and locked metal grills on the windows appear to be much

1: This "open-close-open-close-open" pattern is true for the entrances of many of the wards in the Western Division. Most patients are usually admitted to this ward shackled, chained and cuffed, then are deposited at the entrance to give them a moment to look across the ward that they have been sentenced to.

2: Ashtray Art (*Underworld Enemies*, p. 52) did the paintings on this wing. The paint is flammable, and should the temperature rise too high, or should someone strike a match to its surface, the cell walls will burst into flame and blanket the entire ward. As the flame travels across the walls, it will become apparent to viewers that Art used paint only in certain areas, for the flame trails move in a definite path, tracing the perimeter of the blossoms and mosques first, making them glow red-hot, and then consuming the rest of the wall. Despite its potentially lethal consequences, the effect is quite breathtaking.

stronger than elsewhere in the Asylum (the steel bars are DEF 7, BODY 6, and the metal screens are reinforced so that are DEF 6, BODY 6).

Speakers embedded in the ceiling broadcast a low, crackling static, with intermittent bursts of religious hymns and chants that sound as if they are coming from a phonograph.

Nurse's Station: The nurse's station is set into the wall of the dayroom and has a window that looks out into the ward (a locked door in the entrance hall allows a character to enter the station). A humid red light shines around the window like a halo, and the window itself seems somehow melted or steamed up. Inside the station, a nurse shifts uncomfortably on her chair, and most of the staff in this ward leave many of the buttons on their uniforms undone.

Canto Eleven

PCs have two routes of egress from the Sixth Ward... they may leave the way they came in, or they may use a hidden passage in the back of the ward to enter the Seventh Ward. Characters can either be shown this passage by a patient (the staff are not aware of it) or the characters may stumble across it on their own if they are trapped in the Sixth Ward. The secret passage is a disused administration corridor that runs behind the Sixth Ward. The patients have decorated its expanse with what appear to be small offerings... pyramids of tiny stones and pieces of tile, smeared purple and yellow paint scratched into the walls so that they appear as tiny hieroglyphics, and tiny corpses of rats, insect husks and even what appear to be human bones jut forth from beneath mounds of dirt and rubble in this section. This corridor is silent, and characters who speak will instantly feel like they have violated some sort of sanctuary or temple. Despite the multitude of offerings in the passage, the middle of the corridor remains clear and unobstructed, enough for one person to walk through without their feet touching the devotions that line the corridor. Eventually, characters will come to the crumbling end of the corridor:

Passing through the silence of the administration corridor, Sally and the Poet came to the edge of the Sixth Ward, where the footing became crumbling and uncertain. At first, it looked like renovations were taking place here; cables, dangling wires, and piles of broken bricks and stone littered their path. But studying the wreckage, it seemed to Sally more like some great battering ram had smashed through the floors and walls, or a localized earthquake had hit the passage, and left nothing but dust and jumbled rock in its path. The entire area looked like some great, green sink surrounded by a jumble of rock and broken stones.

Then the stench hit her.

She wrinkled her nose and recoiled from the rim, her eyes watering... it was as if a drainage pipe has burst in the depths of the Asylum, and was spouting the foul, acrid stench that rose from the Seventh Ward.

"What is that smell?" Sally choked between her words, covering her mouth and nose and wincing with every inhalation. The Poet looked little better and was pressing his uniform to his mouth and nose to filter out the stench.

"We'll have to stay here for a moment," he apologized, "to get use to the smell before we can proceed. The ward beyond... it is much larger than the others. It is broken into three wings, each crammed with patients."

The "M" onument: Although characters may not notice it at first (the stench and the rubble before them may draw their attention), a monument to Reverend M (see *Shadows of the City*) rests at the edge of this rocky precipice; it is his portrait, ten feet high, painted on the wall with strange shades of purple and yellow. His arms are outstretched as if he has just caused the landslide that the PCs see before them, and the ice blue eyes of the painting follow the characters as they move around the rubble. As the characters will have to wait to accustom themselves to the stench before moving on (see below), they will have plenty of time to discover the monument as they wait by the top of the rubble.

Hallucinations: Any character experiencing hallucinations or under the control of a Temporary or Long Term Psychological Limitation who stare at the "M"onument will see Reverend M's eyes blink, and then he will step from the wall, robes flowing around him. In the dim light of the corridor, his skin is extremely dark, and his silvery beard seems to catch the light and give his face a pale glow. Reverend M will wait for the characters to bow before him, and if they show him the proper respect, he will speak of things transpiring in the Asylum, chanting and flourishing, as if on a pulpit. The GM can decide whether "M" knows anything of relevance to the characters; this hallucination should be used as a role-playing opportunity.

If the characters attack Reverend M once he steps from the wall (or ignore him), his eyes will burn and he will point defiantly into the sink of the Sev-

enth Ward, as if commanding the characters to fall into its depths.

Ward Seven

Stress, Ward 7A: Menace and barely-restrained bloodlust surrounds the characters, and the stress level on this ward fluctuates between a 6D6 General Presence Attack (*Threatening*) and an 8D6 Attack (*Dangerous*). Characters have a good chance of being assaulted during their visit, either by the ghostly orderlies or by one of the patients.

Thematic, Ward 7A: Characters with the Berserk, Enraged or any rage-based Psychological Limitations will find these psychosomatic Disadvantages exacerbated on this ward. Every day characters are on this ward they will lose one characteristic point of INT or EGO and gain one point to one of their rage-based Psychological Limitations. Once the character escapes this ward, they recover at a rate of one point per day.

Characters will also have considerable difficulty concentrating on this ward as per Ward 5, above (i.e., tasks that take more than a Turn to perform are done at penalties).

If any mentalist attempts to contact or attack any of the patients on this ward with psionic powers (Mental Illusions, Mind Control, Telepathy, and so on), the mentalist will automatically go Berserk. The chance to recover is an 8 or less while on the ward and 14 or less once the character is off the ward.

It is possible to enter the Seventh Ward through the conventional entrance, much like with Ward Six and its inner and outer doors, above. If characters enter through the conventional entrance, however, they will immediately be set upon by one of the groups of orderlies that patrol the Seventh Ward (see the Patrol, below). Characters using the rubble-laden stair that bridges the Sixth and Seventh Ward, should refer to Canto Twelve, below:

Canto Twelve

Sally and the Poet gazed down the crumbling embankment into the Western Division's Seventh Ward. The floor ahead of them was desolate and empty... a ruin that seemed more the result of a poor foundation that any person's attempt at destruction or revenge. The rock face was so badly shattered that it made a series of staggered stairs that led down the face of the wall.

It looked as if someone might be able to make their way down, but not back up.

Stage Directions: Characters need to make a Climbing roll to descend the rubble-laden stair. The roll is made at -2 when heading down the rubble, -6 when attempting to climb back up. Even if a character successfully makes the roll, it requires three times the normal amount of time to navigate the rocks.

This is a problem, because there are always patients on guard in this area, and if possible, they will wait until the characters are ascending or descending the stair, then push rocks down on characters (this attack will occur by surprise unless characters possess Danger Sense). As a general rule, the number of patients on guard depend on the characters themselves... the group will usually consist of one more patient than the characters can comfortably handle. Characters on the stair will be at 1/2 DCV and any character fighting on the rock face must make a DEX Roll every Phase or tumble downwards, doing 2D6 Physical Damage for every hex they fall (GM's discretion as to how far the characters fall; it could be anywhere from one to six hexes). Characters affected by Knockback or Knockdown automatically tumble down the rocky slope.

This area is unsteady and may collapse upon characters who use firearms or grenades in this area, or even trade punches of sufficient force. Whether or not the walls or floor in this section collapse is up to the GM.

The First Wing [7A]

The first step was somewhat more than Sally expected. As her foot touched the crumbling rock, her legs fell out from beneath her.

Shale and slate slid down the sides of the slope and ran from Sally's hands as she tried to stop her descent. She felt a sharp pain in her palms, and saw a sheen of blood stain the stones that rolled beneath her. When she tumbled at last onto a level place, she looked upwards to try and see the top, but it proved impossible... so many rocks had been dislodged and collapsed beneath her touch, Sally wondered if they had ever born the weight of a living person.

As she raised herself to her knees to try and spot her guide, the Poet, coughing on the dust she had left in her wake, collapsed beside her, a few pieces of stone and tile clattering around him. Covered with dust, he looked like some form of broken statue... his face and hair had been grayed further by the stone dust and plaster.

There were no sounds from above, no more of the bellowing or screaming from the Sixth Ward, so the two of them paused for a moment to catch their breath.

"When I... when I first came through here," the Poet puffed, resting his chest over his knees and taking deep breaths, "...this area was whole, undamaged. The damage was done... when a patient..." The Poet paused, coughing on the dust raised by their descent. "...when a few patients attempted to escape from the Asylum many years ago. There was a tremendous battle in these corridors, that stretched all the way to the Eighth Ward." His voice had a slight drone, as if he was trying to steady himself from his fall by speaking. "It was here, as elsewhere, that the rocks were broken and shattered."

"Did the patients escape?" Sally checked her arms and legs as she spoke... except for some minor cuts, she seemed to be fine.

"Did they manage to escape the Asylum?"

The Poet shook his head, and his voice dropped slightly. "No, not all of them."

...

"Turn your eyes there." The Poet nodded to the winding corridor that wove ahead of them through the wing. The floor looked as if it had been freshly mopped, and it shone like the surface of a river. Where the flickering red lights above the doors shone down, it cast the floor red.

"That way leads into and past the first wing of the Seventh Ward. That winding hall should carry us through all three wings, and then on into the Eighth Ward..." He raised himself unsteadily to his feet. "That is where me must go."

Door: The conventional entrance to the Seventh Ward is much the same as the entrance for the Sixth Ward, above.

Description: The Seventh Ward is broken into three wings (7A-7C). The sheer number of violent patients that exist in Fell's Point is enough to justify the presence of these three wings. A winding corridor leads from the entrance through the ward and passes through all three wings in turn. Characters who entered the Seventh Ward through the crumbling stair, above, will find themselves deposited near the entrance door of the ward, but hidden in shadow so that the patrols, below, will not spot the characters until they step out onto the corridor. The smell the characters may have caught at the top of the stairs persists on this level.

The Patrol: Groups of three grim orderlies patrol the Seventh Ward at regular intervals and are quick to force patients back to their cells or into seclusion if they stray from their dormitories or into the dayroom. Characters entering this ward are likely to encounter the orderlies soon after their arrival; the shadows in white will form a clot around visitors, refusing to let them pass (if the characters are being escorted by Dr. Masters or Dr. Shreiver, the orderlies will let them pass).

The Patients: There is a tension in the air, and all the patients in this ward have an alertness about them that is not present in other wards. They blend into the walls, moving slowly, but their movements are predatory and hungry. Several are strapped in their seats, their faces red from the effort of trying to free themselves from the leather straps that encircle their wrists, ankles and waists. Most sit in straight-backed metal chairs, a few lumber around, and some sit menacingly in the corner, watching everyone else with an angry glare.

When the sun sets on this ward, the horizon's red light drapes across the patients, making them look as if they are bathed in blood.

Hallucinations: Hallucinating characters will believe the central corridor that winds through this wing is a scalding purple river in which the shrieking wraiths (patients) are boiled. The orderlies seem to blur until the soft tread of their rubber-soled shoes echo like the galloping of horses, and their features become bearded and heavy, their arms swell, and they seem more bestial than human. The setting of the sun on the ward comes with a torrent of boiling blood that gushes through the corridors, drowning each patient in turn.

As with the Sixth Ward, characters may take STUN damage (no defense) from hallucinations and dreams on this ward.

The Main Corridor: As mentioned in the Description, a winding corridor leads through the first wing, then through the second and third wings, then to the elevator to the Eighth Ward (see Cantos 16 and 17). The corridor's width varies throughout its course, seeming to widen as it nears wards containing patients who are especially ill, only to narrow sharply as the Seventh Ward approaches the Eighth. It is heavily waxed, slippery, and characters can see their reflections on the floor. The corridor is quite narrow at the entrance to the ward but will swell outwards as the characters approach the first wing. Characters touching the floor will notice that it seems quite warm... it is possible that the heating difficulties that were present in the Sixth Ward are present in this ward as well.

Main Area: The first wing of the Seventh Ward is similar to the layout of the Sixth Ward (i.e., a corridor flanked by small cells) and many of the patients are confined in their cells, tearing at the doors and frames as if being immersed in the small rooms is unbearable. The patrol of orderlies walks the corridor, forcing the arms and heads of patients back inside their cells (for some reason, many doors have their windows missing, or have wire mesh with gaps large enough to allow the patients to stick their fingers, hands and arms out into the corridor... the effect is quite disturbing, as if the patients are drowning in the walls of the Seventh Ward). The cells in the Seventh Ward are extremely clean and hot, almost boiling in some sections.

Canto Thirteen: The Second Wing [7B]

Entrance: Characters who follow the winding corridor from Wing A will come to Wing B in short order

Stress, Ward 7B: The stress level on this ward may fluctuate anywhere from a 4D6 General Presence Attack (something is *Wrong*) to an 8D6 General Presence Attack (*Dangerous*) as night falls on the wing. While characters are unlikely to be attacked on this wing, the disturbing nature of the ward contributes to any stress or horror the characters may be experiencing.

Thematic, Ward 7B: Characters who spend more than a day on this ward will lose one characteristic point of INT and gain one point in the Catatonic Disadvantage. The longer characters spend on the ward, the greater their chance of becoming one of the ward's walking wounded.

If any mentalist attempts to contact or attack any of the patients on this ward with psionic powers (Mental Illusions, Mind Control, Telepathy, and so on), he will automatically be Stunned. The character's limbs will go limp, they will stand still for a few moments, then collapse to the floor. The mentalist will not be able to read anything from the patients before they fall unconscious. While stunned, the character will hallucinate (see above).

(see *Description*, below). There is no door that marks the separation between wings; the corridor continues its winding path uninterrupted.

Description and Patients: The winding corridor passes through the first wing to a second wing connected to an outdoor court (fenced with razor wire). The stunted and withered patients in this ward stand around as if rooted in place, and many have been placed on suicide watch for fear they might do harm to themselves if left alone. Some stand in place and swing slightly, like pendulums, and others simply stand in place, sometimes for days at a time. All of the patients have dark stains on their clothing, open wounds and cuts on their wrists and necks that have yet to heal... it looks like most of the wounds occurred a long time ago, but the patient's constant tearing and scratching of the scabs reopens the wounds and causes them to bleed all the more. Cries and sobs can be heard on this ward, but none of the screamers can be seen. (It is as if all the screamers are hidden inside their cells, but once the characters look in the cells to check to see if anyone is there, the cell turns out to be empty and the cries of lamentation seem to come from somewhere else.)

The nurses in this wing are extraordinarily cruel, and whip and push the patients in order to make them comply with the daily schedule. When finished driving the patients out of bed and forcing them to dress and bathe, the nurses return to their nest in the nurse's station. From there, they watch the patients, looking for another opportunity to step out behind the glass window and "spur" them into action. The number of cigarettes the nurses smoke make their laughter and speech more like ragged croaks than anything human.

Hallucinations: In addition to the hallucinations mentioned in Ward 7A above, characters who hallucinate on this ward will find themselves in a blackened forest whose trees are composed of the bodies of the patients in the ward. The trees moan and sigh as blood trickles from their limbs and gaping mouths. The distant croaking of the nurses sound like monstrous birds. Occasionally, terrible black shapes swoop and hover above the forest, cackling, and the characters will be certain that these flying shapes are hunting for them.

As with the Sixth Ward, characters may take STUN damage (no defense) from hallucinations and dreams on this ward.

Stress, Ward 7C: The stress level on this ward may fluctuate anywhere from a 4D6 General Presence Attack (something is *Wrong*) to an 8D6 General Presence Attack (*Dangerous*) as night falls. Characters have a good chance of being verbally, physically, or sexually attacked on this ward during their visit.

Thematic, Ward 7C: If any mentalist attempts to contact or attack any of the patients on this ward with psionic powers (Mental Illusions, Mind Control, Telepathy, and so on), have the mentalist roll the Effect dice, then turn that into an Ego Attack directed back against the mentalist... the character will feel as if hot pellets are being stabbed into their brain. As soon as the characters ceases using their mental powers, the pain will go away, but they may notice their skin is flushed and small trickles of blood are coming from their noses and/or ears.

Characters who remain on this ward too long will lose one characteristic point of EGO per day and gain one point towards a random Impulse-Control Disorder (Pyromania, Kleptomania, Pathological Gambling) chosen by the GM.

Cantos Fourteen and Fifteen: The Third Wing [7C]

Description: There is a sterile feel to this ward... the smell of disinfectant in this ward isn't a sickly-sweet smell, it is harsh (like cleanser) and grates the nostrils. The floor of the wing of seven C is hot to the touch and sand-colored (as are the walls... the ceiling, however, is a discolored red that shines oddly in the flickering fluorescent light). It is possible that this area is touched by the furnace and heating ducts that run through the Asylum, as is the case in the Sixth Ward and Ward 7A.

Patients: A herd of naked and half-naked patients fill this ward. Most of the front part of this ward is taken up by a number of passive patients, many of whom lie on their backs on the floor, occasionally being forced to their feet by the orderlies. Other patients roam in circles around the supine patients, sometimes stepping on or over them on their wandering, purposeless journey. Some of the supine patients seem to having fits and their shaking limbs pull and brush at their bodies, as if brushing away insects or flies.

A third group of patients crouch and huddle in the corners of the room, squatting with their arms wrapped around their knees as if to hold themselves down. The inertness of this ward seems to clash with the running patients and the waiting tension of those patients hunched at the edges of the ward. The faces of all the patients are perpetually squinting; some faces look sunburned, even though the patients do not seem to be let outside at any point during the day.

Hallucinations: Hallucinating characters will see a shower of fire descending upon and around them, the drops of flame scouring away the floor of the ward and leaving sand and dust in their wake. Intermixed with the burning rain, paint on the ceiling peels away like snowflakes and drifts down, scalding the skin of anyone it touches. When the flakes strike the floor, sometimes they spray sparks, like flint striking tender. Characters who wake up from this dream will have minor burns on exposed portions of their body.

As with the Sixth Ward, characters may take STUN damage (no defense) from hallucinations and dreams on this ward.

Main Area: The dayroom in this wing is huge and stretches many yards in all directions, like a plain. The fountains and bathroom in this area, however, are overflowing, so a small current runs from a corner of the dayroom and flows across to the exit on the other side. The patients seem to shun this current whenever possible. The winding corridor that passed through the first two wings of this ward stops on one end of the dayroom, is replaced by the stream of water crossing the dayroom, then resumes once the water touches the opposite bank of the dayroom and proceeds to the elevator (see *Elevator*, below).

The walls of this ward are covered with blasphemous graffiti, defaming God and the Asylum itself in bold, unimaginative terms.

Bathroom: Despite the trickle of water that trails out from beneath the door to the bathroom, the urinals and the sinks in this wing seem to have dried up... in many cases there is little or no water in the toilets, and the empty sinks give metallic screams when the knobs are turned.

Cantos Sixteen and Seventeen: The Third Wing Elevator [7C]

Characters leaving Wing 7C will hear the rumbling and creaking of heavy machinery, like the sound of a chain being rattled out along its length. As they approach the end of this hallway, they will see a pair of blackened steel doors which appear to lead to an elevator, although there is no panel to indicate what floor the elevator is on and no button to make the elevator stop on this floor. There is a low throb behind the doors, as if the elevator car is moving up and down. The doors look as if they are covered with soot and ash, but closer inspection reveals that this is just the effect of the peeling paint and the flecked surface of the doors.

Just to the left of the elevator doors, three patients from 7C are revolving in a shadowdance, their armed locked together and moving like a living wheel. It looks as if they are mimicking the gears and motors of the elevator that roams behind the blackened doors. Their uniforms have been peeled from their bodies and they circle, naked and twisting, on the floor of the hall. If characters approach them, they will let out a wailing cry and flee down the hallway.

As the patients flee, the rumbling in the elevator grows to almost a thunder, the doors shake, and the noise and creaking gears become so loud it is almost impossible to speak.

The Method of Descent: To use the elevator (and enter the Eighth Ward), a character must step up to the black portals, pound their fist against it three times, and then take a step back. In a few minutes, the rumbling will become deafening as something rises within the elevator shaft. As the rumbling continues, the doors peel open, and characters will see the foul shape of the elevator car rise up the shaft through the gloom, forcing its way past vapors and clouds of grease and smoke. The top of the car, as it rolls upward past the split doors, is sharp-angled, with many metal projections and sharp rivets and bolts, and the car and cable are so huge and powerful they look as if they could plow through the stones of the Asylum, shattering through the floor and burrowing into the Earth, or rising upwards to splinter the roof and plunge into the sky. The elevator pauses at the rocky shelf of the corridor, the edge of the elevator an inch or two above the floor, enough so that characters can catch a glimpse of the darkened shaft from which it has risen. Its cable descends down into darkness and is lost in the murky air.

The elevator appears empty.

The Escort Service: Only when characters enter the elevator will they see a figure hunched in the corner. His eyes are bright, alert, and his face is mild and kindly. He smiles at the characters and nods as they enter, acknowledging their presence.

He is a distraction. His compatriot, braced against the roof of the elevator with his arms and hands (he cannot be seen outside the elevator), is waiting to leap down upon the passengers in the car if he gets an opportunity. He is silent and still, much like some kind of lizard or reptile (his green patient uniform emphasizes this), and his forearms and chest are extremely hairy. His face is covered with heavy wrinkles, and his skin is peeling so much it looks like he is molting. When the characters enter, he will either wait until the doors close and leap down, or if there are too many characters, he will remain braced on the ceiling without moving a muscle. Characters may ride the car up or down and never realize he is there.

Ward Eight

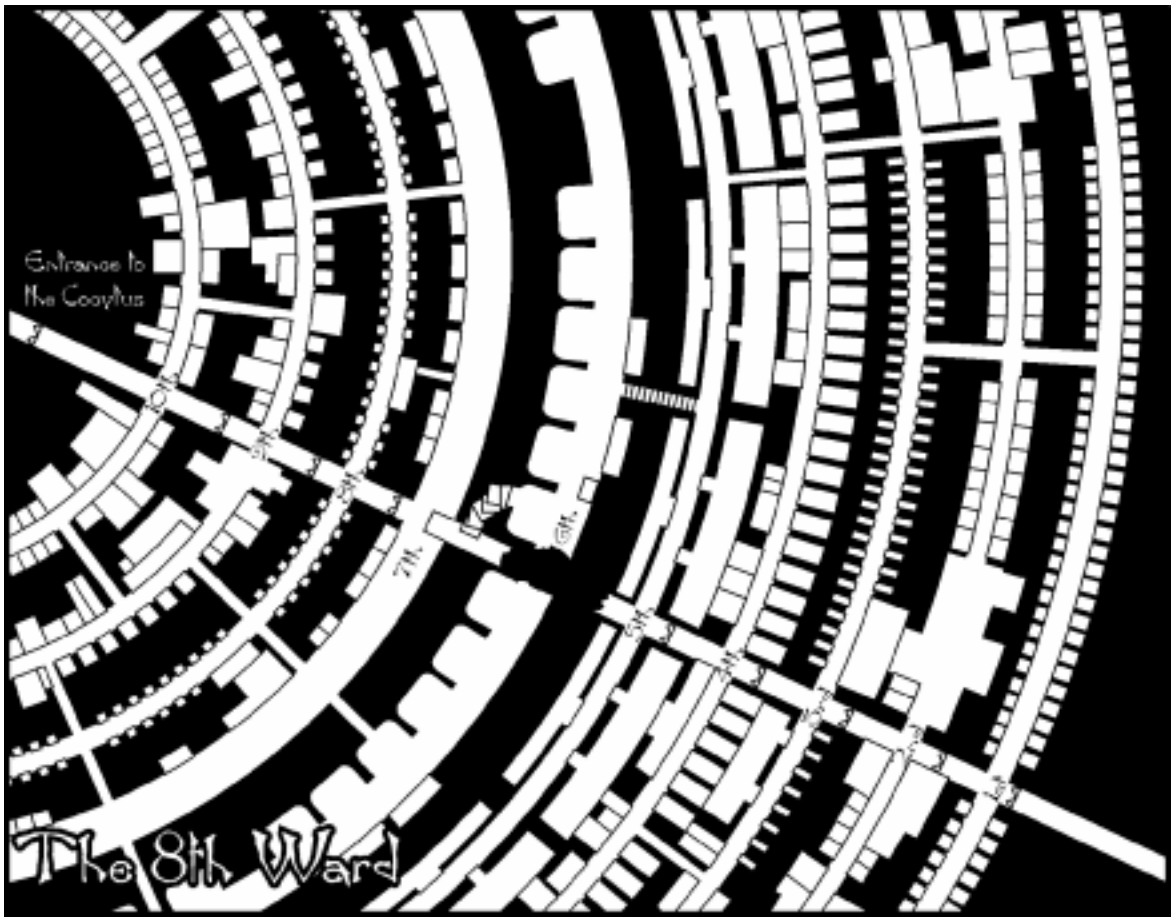
Canto Eighteen

Elevators: Characters will descend in the shaking elevator for several long minutes (the elevator makes small circles within the shaft as it rumbles downwards), until it stops suddenly and silently. The doors ahead of the characters will creak open to reveal the entrance to the Eighth Ward... and ten feet of black, open space that separates the characters from the entrance. Characters will have to jump in order to enter the next ward.

The Eighth Ward

Door: The entrance to the Eighth Ward lies at the terminus of the elevator's descent. Once the elevator deposits characters on this level, the black portals will seal up, and a great rumbling will travel up the elevator shaft away from the characters. The characters can summon the elevator again by pounding three times on the black portal, but it is the GM's choice as to whether the elevator returns for them. ("Leaving so soon...?") Once they have entered the Eighth Ward, characters will find themselves in a barren stone corridor with a high ceiling... there are no windows, and the only door lies on the opposite wall from the elevator (a few feet to the left if the characters have their backs to the elevator door). This door is a heavy vault door, similar to the entrance for the Sixth Ward, above. There is no label or sign on the door, only an infinity symbol that someone has painted above the door in red, with bloody tears winding down across the edges of the stones and the door, glistening as if still wet.

When characters press the button on the side of the vault door to be admitted to the Eighth Ward, no one will come to let them in... the inner and outer doors will grind open in proper sequence, but no one can be seen operating the doors. Beyond the doors,



Stress, Ward Eight: Despite the stress levels indicated for each ward, GMs should be aware that these intensities can become much higher depending on the hallucinations characters experience on the ward (see below). The intensity can become *Terrifying*, *Overwhelming* and *Nightmarish* within seconds.

Thematic, Ward Eight: Mentalists (especially psionics) will become increasingly distressed on this ward. It feels as if a horde of invisible insects are nibbling at their mental senses. Should a mentalist use their powers in the Eighth Ward, they will be opening their mind to a flood of disconnected images and emotions; for every five Active Points in the power, they will suffer an automatic 1D6 STUN (no defense) every time they use their powers.

characters will find themselves in Ward Eight, Subdivision One (*8A*, see next page).

Description: The Eighth Ward is huge, and slopes down in concentric circles to encompass ten subdivisions. It is perhaps the second most dangerous place in the Asylum, and characters not only have to fear the patients but the chance that they may be sealed within the cells here and left to die. Everything on this ward is of black, heavy stone and looks like it dates back a century or more. Lichen and moss grows on the corridor walls, and naked bulbs hang from fixtures. The effect is not unlike being in a mine shaft.

The architecture of this ward becomes more surreal as the characters continue. While there was evidence of oddities in the Asylum construction before, now it seems as if the structure has given up its pretenses and lies open to the characters in all its twisted glory. Corridors radiate from the perimeter like spokes of a wheel, slicing through the subdivisions on their way to the center of the ward. These corridors slope downwards as they make their way toward the center, with steps at certain intervals creating sharp drops.

Subdivisions: These subdivisions contain glass-walled cells in which some of the Asylum's most cunning and violent patients are kept. The ten subdivisions are like troughs that were cut into the stone foundations to gather all the mentally disturbed like swill for pigs and animals. The subdivisions gird the center of the Eighth Ward like defensive moats. Each subdivision is sealed with two heavy steel doors with foot-wide viewing windows as per *Ward Six*, above.

Hallucinations: The gloves are off in this ward; the hallucinations the characters experience might as well be reality. Hallucinations now have the capability of killing characters (i.e., they now do STUN and BODY). Patients and staff behave in increasingly abnormal ways, so much so that it is difficult to believe that the PCs are still walking amongst humans and not some horrors dressed in patient greens. The GM should feel free to let their imagination run wild in the Eighth Ward; here is where the stuff of nightmares is mined and fashioned into terror.

Stage Directions: Flashlights and other light sources will grow dimmer as the characters approach the center of the Eighth Ward. Once they reach Subdivision Ten (8J), their light will have failed completely, and there are no other sources of illumination to help them. If the characters descend all the way into the depths of the Eighth Ward, turn to the *Heresies* chapter to see what happens next.

Ward Eight
Subdivision One [8A]

Description: The orderlies that move through 8A are hidden in shadow. Their forms are as black as pitch, and there is a certain menace in the way they carry themselves; they walk as murderers walk. This First Subdivision is separated into two columns of cells that line the corridors. What seems to be one long, straight corridor actually circles around until it rejoins the central access corridor on the other side (characters will not notice this until they actually walk the length of the subdivision). There seems to be no nurse's station or dayroom... there is only the heavy stone corridor, lined with cells, and the slow tread of the orderlies as they circle the subdivision.

Patients: Almost all the patients stored on this level are naked or have forsaken their clothing, as if some pitiful form or rebellion or as a torture designed by the orderlies. As characters pass the cells, the patients, in exchange for their freedom, will offer drugs, women, money and even themselves to the characters in wheezing, asthmatic whispers as their hands claw at the clear windows of their cells. There seems to be no limit to what they offer for their freedom; if a character asked one of the patients for their souls, they would give it up willingly.

Hallucinations: While characters are hallucinating, they will see the patients in the columns of cells stand at attention, and with a fast tread, begin to file around the perimeter of the ward. The column of cells and their inhabitants closest to the elevator will move counterclockwise around the outside wall of the ward, while the column of cells and their inhabitants closest to Ward 8B will move clockwise around the interior wall of the ward. Characters will notice, only after a minute or two, that the patients are walking through the walls of their own cells as they march quickly along. Characters imprisoned in these cells may awake from the hallucination to find that they are in a different cell than the one they were in before.

Ward Eight
Subdivision Two [8B]

Description and Patients: Whining, flesh striking flesh, the thumping of bone and skin against stone and glass partitions fill this subdivision. Blubbering and the gurgling of semen and mucus seem to travel down the corridors, as if the entire subdivision is having some sort of spasm. The steam and sewage pipes in this section have blistered and split along their seams here and a foul vapor fills this ward, making the air humid and nauseating. Characters will find that the vapor seems to form a crust on them the longer they remain in the ward, and their eyes will water and their nose will burn (-2 to all PER Rolls while on this ward). The ceilings in this subdivision are high, almost lost from sight in the dim lighting... characters may feel like they are traveling in a deep chasm as they circle this ward. Excrement and urine fills the corridor of this ward, and the bathrooms and plumbing look as if they have vomited forth all their contents over the past ten years. No one else on the ward seems to mind this except the characters... the staff and patients seem to have become deadened to it.

Hallucinations: Characters should not realize when the hallucination comes upon them; the first indication that something is wrong is a great metallic grinding coming from the pipes in this subdivision, followed by a heavy torrent of urine and excrement that rushes from the sewage pipes. The torrent becomes a river, and characters will soon find that the level of excrement is rising ankle-high, then to their knees, then higher; within minutes, characters will find themselves drowning in the Asylum's sewage system (use the drowning rules in *Hero System Rulebook*, p. 167). Characters unable to distance themselves from the hallucination will drown in the dream state. Should they awake, the smell of urine and feces will still cling to their bodies.

Canto Nineteen:
Subdivision Three [8C]

Description and Patients: The cells of this subdivision are walled with shatter-proof glass and the central corridor makes a number of sheer drops along its length. The cells in this section are cylindrical inside, like tubes. Circular breathing holes are set into the glass walls, and the patients within stick their fingers through them, as if trying to widen them or force them open. Some are grasping the breathing holes as if the ward has been turned sideways and they are holding on so that they will not fall to the back wall of their cell (characters who examine the cells will notice, however, that the back walls of each cell is a solid black... it does look as if someone could fall into it and plunge forever if the cell was tipped sideways). When the orderlies move by, they smash their fists and clubs at the fingers jutting from the air holes. While the cells on this subdivision are cold, the corridor that runs the length of 8C seems to be receiving some of the excess from Subdivision 8B and is extremely hot. Characters circling the subdivision through this corridor will become extremely sweaty and uncomfortable.

Although many claw at the air holes to their walls, when characters approach the cells, the patients will recede from the walls and hide in the shadows of their cells so that only their calves and bare feet are visible in the gloom. Some of the legs quiver and jerk madly, as if the patient is having a seizure.

Hallucinations: When the hallucinations strike, the ward will tilt madly, and the patients will give choked cries as they clutch at the walls of their cells, desperately attempting to keep themselves from falling into the darkness at the back walls of their cells. As characters watch, a slow trail of flame runs along the glass

Stress, Ward 8A: The stress level on this ward fluctuates from a 6D6 General Presence Attack (*Threatening*) to an 8D6 General Presence Attack (*Dangerous*). The stress comes from the ward itself and the patients within it. The patients in this subdivision watch the characters with a hungry gleam, as if they would gladly capture and sell the characters to free themselves.

Stress, Ward 8B: As per 8A, above, except stress tends toward a 6D6 General Presence Attack (*Threatening*); unlike the subdivision above, the patients seem more pathetic and pitiful, the predatory gleam has been replaced with pairs of cow-like eyes.

Thematic, Ward 8B: Flatterers are imprisoned in this subdivision. Through their blistering eyes and running noses, the patients will speak soft praises to the characters as they walk by, lauding their accomplishments and beauty through their heavy coughing. The patients smell foul, as if they have been swimming in their own shit.

Stress, Ward 8C: As per Ward 8A, above. The malevolence seems to come from the structure of the subdivision itself.

Thematic, Ward 8C: A number of patients with grandiose and religious delusions fill this ward, claiming to offer political or divine favors for those who can meet their price and decreeing legal ruin and brimstone for those without the coin to meet their offers.

walls of the cells, caressing the hands and limbs of the patients clinging to the walls and causing them to scream even louder. Ultimately the patients fail to hang onto the burning walls, and as characters watch, patients fall and are swallowed by the darkness, their hands and feet leaving flame trails as they plunge into the blackness. Should the characters rouse themselves from the hallucination, they will notice that many of the corridors along the subdivision are suddenly silent and empty. Almost on cue, the white-garbed shades escort new patients into the now-empty cells.

Stress, Ward 8D: As per Ward 8A above, but any characters with any psychic abilities (including psychic Danger Sense, Clairsentience, Precognition and Retrocognition) will suffer an additional +2D6 to the stress intensity while on this ward. The basis for this increased stress is that the PCs will have a terrible feeling that this is where they are destined to spend out the rest of their days if they cannot escape the Asylum.

Thematic, Ward 8D: A number of "vision" related problems occur on this ward. Some patients are near-sighted, others far-sighted, some are cross-eyed, wall-eyed, blind, and so on. All of them have some deficiency in vision or sight.

In addition to the STUN Susceptibility mentioned in the general description for Ward Eight, above, any character who uses Clairsentience, Mental Awareness, Mind Scan or Telepathy on this ward suffers an Ego Attack of an intensity equal to the Active Points in their power. When in doubt, round up (i.e., Mental Awareness merits only a 1D6 Ego Attack).

Canto Twenty: Subdivision Four [8D]

Description and Patients: This ward is well-lighted, and each cell is illuminated with a strong flaming bulb from above. Each patient in this ward, however, is shirking from the light, as if the illumination is a thousand times brighter than it really is. (Staff members will rationalize the patients' discomfort by claiming that the medication the patients are taking is photosensitive and the light hurts their eyes, but the problem is that the lights on the ward cannot be dimmed... the ward can either be pitch black or a blinding white. There is no middle ground.) The eyes of the patients are washed in tears and covered with a film, so much so that it seems to blind them... those whose eyes remain open have pupils that are dilated almost to pin points. They sit in their cells silently weeping, their hands and legs wrapped together so it seems as if their entire body is twisted backwards. Their heads never face front, and are bent alarmingly to the side, as if they cannot bear to look at anything directly. When they move, they do not walk as a man moves, but scuttle like an insect or a crab across their cell. Though it is not hot in this ward, a stream of sweat runs from the nape of the necks of many patients, travels down the backs of their uniforms and seeps between the cleft of their buttocks.

Hallucinations: In the throes of hallucinations, the bodies of the patients and characters will be twisted and mangled before their eyes. The heads of the patients are gripped by some great force and twisted about their shoulders so that they are facing backwards. Blood will run like tears from their eye sockets and from the red mash of their necks, flowing down their backs in thick streams. If a character is mangled in such a way, their head is considered Disabled when they are roused from the hallucination (see *Hero System Rulebook*, p.164) and their CVs and PER Rolls are likely to be reduced.

Stress, Ward 8E: As per Ward 8A, above, with a 7D6 to 8D6 General Presence Attack recommended (Dangerous). The main threat on this ward seems to come from the staff (see Description, above and Thematic, below).

Cantos Twenty-One and Twenty-Two: Subdivision Five [8E]

Description and Patients: Characters entering this ward will first hear the screams echoing along the walls of this ward. They rise in pitch, fade for a second, only to begin again, louder than before.

As much as the former subdivision was brightly lit, this one is completely dark. Until the character's eyes adjust to the dimness, they will be unable to see anything in front of them. The floor and walls of this ward are sticky, as if covered with putty, but the heavy stone that makes up the walls and floors of this ward gives no clue as to the origin of the stickiness. When the characters first enter, they will see a pair of white-garbed orderlies leading a patient (in restraints) down the corridor to one of the doors on the left of the ward (this door swings open like a bathroom door, and terrified screams, coupled with trails of steam, become louder as the door is opened). The patient appears to be struggling, dragging his feet as the door opens, but the orderlies force him through before he can firmly plant his feet on anything. Shortly after this, the chorus of screams gains a new voice.

This ward contains the shower room of the Eighth Ward, and this is where the patients from all the subdivisions come for "a rinsing." The large steam room runs the length of most of the ward (although there are cells in this subdivision) and is connected to the central corridor by three swinging doors spaced along its length. Lockers, wooden benches, and green tile interspersed with rusty iron drains fill the room, and bursts of steam come from the communal shower area where the patients are thrust. The water from the nozzles must be scalding, for no sooner are the patients pushed under the water then they begin to scream. Orderlies stand at the entrance and shove back anyone who attempts to leave the shower area; some are armed with poles and clubs and prod patients who attempt to avert their bodies from the burning spray, and they shove some of the patients so hard they fall on the tiled floor, leaving welts and bruises. These "proddings" are usually followed by threatening reminders from the orderlies for the patient to "stay put or get more of the same." The orderlies go so far as to grab some patients by the hair and use it as a makeshift leash to yank them around.

Thematic, Ward 8E: The orderlies in this subdivision are huge, somber and should be treated as one of the Thug templates in *JNL*, pp. 125-127 with all the Skills, Perks and Powers on the "Orderly Template" added to their sheet. There are at least ten orderlies at any one time in this section of the Eighth Ward, and if necessary, they can gather two or three times that number from the surrounding subdivisions. Unlike orderlies in other sections of the hospital, these orderlies seem more alert and aware. Most of them are bitter, crude, and deceitful, however, and take pleasure in watching the mentally disturbed scalded by the blistering water, occasionally pausing from their duties to make racist and vulgar comments, then breaking wind and laughing as they return to their tasks.

These orderlies may offer to escort characters to other sections of the ward only to trap them in cells with violent patients and watch the festivities. If it looks like the characters could overpower them, the orderlies still taunt and threaten them... they may even take a moment to arm themselves with tasers and tranquilizer guns to even the odds should the PCs start acting "uppity." As they are escorting the characters, the orderlies joke amongst themselves about how they can have their "take" of any patient in these subdivisions and follow their boasts with crude gestures.

The orderlies in this section tend to be short-sighted, stupid and greedy. The extent of their self-interest, deceit and double-dealing is unbelievable.

Patients flop like fish on the shower floor, splashing in sticky puddles of their own filth, while others crouch like frogs, letting the blistering water fall on the arch of their backs as they watch the orderlies sullenly under drooping eyelids. Small hooks hang from the top of the shower room, as if they once held shower curtains or straps, but they are empty now. Their tips look sharpened and glint in the lights of the shower.

Hallucinations: If this ward is viewed while the character is under the influence of hallucinations, the orderlies will seem to grow from humans to great horned shadows with white teeth as long as the character's fingers. Their clubs and poles will become mighty tridents and grappling hooks, their cruel edges glinting in the steam and heat of this subdivision's shower rooms. If any of the orderlies notice the characters staring at them while under the influence of a hallucination, their shadowy forms will attack the character en masse and attempt to tear them to shreds.

Progress: Characters attempting to leave Subdivision 8E will find that the central corridor that runs through the ten subdivisions halts abruptly just past the Fifth Subdivision, the archway having fallen in on itself and the corridor beneath it lying in ruin. Yellow construction tape is stretched across their area like flypaper (and is unnecessary, since the fallen stones block forward progress and there are no jutting edges or broken fragments that might harm someone). [1] Despite the work of the maintenance crew, this corridor cannot be reclaimed and there has been talk about bricking it over and building another route through the Eighth Ward, despite the cost.

Without the orderlies to guide them to the entrance to the next subdivision, characters may wander through the first five subdivisions for several hours before discovering the entrance to the Sixth Subdivision (8F).

Canto Twenty-Three: Subdivision Six [8F]

Entrance: The entrance to this subdivision is hidden. A few doors down from the shower room in 8E, an unobtrusive blank steel door (with no viewing window) marks the entrance to the sixth subdivision, 8F. The door is usually unlocked, since patients and staff use these stairs repeatedly (to be difficult, the GM can have it be locked, especially if the characters are being pursued). Past the door, a narrow flight of stairs descends into the ring of the Sixth Subdivision. There are no railings, and the stairs are extremely steep... characters running down these stairs must make a DEX Roll or fall and take 2D6 HKA damage (or 1D6 HKA if they make a Breakfall roll). Once the characters descend to the bottom of the stairs, they find themselves at another featureless steel door that opens on Subdivision 8F.

Description and Patients: Characters may find Subdivision 8F something of a surprise; it is like stepping into a herd of human cattle. Unlike the previous subdivisions, this appears to be an open ward. Low moans come from the patients who pace around this area. They wear heavy pajamas and bathrobes, and their faces are blank and they move as if their limbs were made of lead. The pajamas and bathrobes are a brightly colored array of greens, oranges, yellows, pinks and reds, but the goat-puke green patient uniform is always visible at the sleeves or at the collar of the patient, showing what lies beneath the bright clothing. Some of the patients have make-up smeared on their features, either making them look like tired drag queens or pathetic imitations of American Indians.

Most patients have their ankles and hands bound in restraints, allowing them a minimum of 1" of movement without falling over. One of the patients stands at the exit of the ward as if staked there, his hands and feet touching the corners of the door frame. His face is puffy and he exhales with a lingering wheeze, making gulping and sucking motions with his mouth rather than speaking. Characters will have to force their way by him in order to pass on to the exit from this subdivision.

Stress, Ward 8F: A 4D6 to 6D6 General Presence Attack is recommended (*Wrong* to *Threatening*). Again, the main threat on this ward seems to come from the staff, not the patients, who seem pretty harmless (see *Description*, above).

Hallucinations: Characters hallucinating on this ward will see the patients dressed in brown monk's robes, lined with lead and steel that weighs them down and slows their movements to a snail's pace. The patients will peel themselves from their positions on the floor and drag themselves into a rough circle around the characters and march around them in an endless, slow parade. As (if) characters rouse themselves from the hallucination, the circle of patients will dissolve back into their former positions. Characters who the GM regards as hypocrites will find themselves drawn into the slow-moving circle and will be forced to make an EGO Roll to free themselves from the hypnotic shuffle of patients.

Exit: Past the man that blocks the exit, characters will find a narrow tier of uneven slabs that lead steeply upwards onto 8G, the Seventh Subdivision (these stairs bypass the collapsed corridor mentioned above and reemerge at the Central Corridor that cuts through the Eighth Ward). It looks as if these stairs were made in haste, some of the stones are loose, and there is evidence that a wall had to be knocked down to make the thoroughfare. The stairs are easy to find, and the door to them is usually left unlocked (the patients in 8F never seem to leave their ward).

1: This destruction was caused when Crusader entered this area to rescue the Poet many years ago, then fought his way back out again. The corridor in this section, already structurally unsound, collapsed beneath the fighting and allowed Crusader an extra few minutes to escape while the patients in the lower subdivisions were trying to circumvent the wreckage.

Cantos Twenty-Four and Twenty-Five: Subdivision Seven [8G]

Description: This subdivision is shaped differently than the rest. From the entrance, the dimly-lit hall juts out like a pier into darkness. Characters stepping to the edge of the pier, however, will discover a series of short wide steps that lead down into the main portion of the ward (the floor of the ward was hidden by a trick of the light, so that it appeared that nothing was beneath the "pier").

The dayroom is blanketed with a weaker illumination, not quite completely dark, but enough so it is difficult to make out the patients. Many patients in this section are bound to metal straight-backed chairs or to their beds with leather straps and restraints that coil about them like snakes. Almost all of them have their hands bound and the orderlies and nurses watch them carefully. The walls are of chipping white plaster, rubbed and worn so that it appears as if sandpaper was glued onto the walls and sprayed white. There is an electricity in the air, like a gathering storm, and the subdivision is warm and dry. The air smells faintly of incense and charcoal.

Stress, Ward 8G: This ward fluctuates between a 6D6 and an 8D6 General Presence Attack (*Threatening/Dangerous*), although the stress level may rise once characters are attacked or once they begin to hallucinate (see below).

Stress, Ward 8H: The stress level on this ward comes from the ward itself and its cold, dark silence. There is something threatening here, but the characters will be unable to see it or confront it. The stress intensity varies between a 6D6 and 8D6 General Presence Attack (*Threatening/Dangerous*).

Thematic, Ward 8H: Those who use their superior wisdom to deceive or harm others are interred here. Foes such as the Idiot King (*Underworld Enemies*, p. 14), who do not keep a tight rein over their "wit" and pervert it for selfish ends wind up here. The highly reflective surfaces in this subdivision keep Elliot's Idiot King mentality sharply in check. [2]

Patients: Some kind of game is taking place on this ward. It works like so: one patient creeps up on another (or jumps out at him from the shadows) and then slaps, strikes, or kicks the victim. Sometimes, the attacker simply stares at the other patient for a minute. The patient who was attacked takes a step back as if hit with a hammer, pauses, then cursing and muttering, chases after the other patient, and the process is reversed. [1]

Some patients in this ward stumble about, fall as if struck, then stumble to their feet a few minutes later with a long sigh and a fluttering of their eyelids, as if trying to regain their senses. Their knees and elbows are covered with scabs and bruises. Other patients scuttle and walk about like lizards, while others seem to push themselves around on their chests, touching their tongue to their lips as they do so. One patient seems to move solely on his hands, his feet flung up in the air, waving them as he moves as if he is walking on the ceiling.

It may take characters some time to notice this, but several patients (many of whom are in the cells) are missing limbs or suffering from gross deformities of the flesh, including enlarged craniums, protruding brows with huge lips, or excessively large hands and feet. Some of the paraplegics on this ward look as if their limbs were chewed off by some monstrosity.

Several kleptomaniacs are located on this ward, and the mutant known as Fleshworks may also live upon this ward (see the *Pretender*, *UE*, p. 25), his body having "dried out" into some horrible form. the fool (*Underworld Enemies*, p. 16) may also be sentenced to this ward and is kept in near permanent seclusion.

Hallucinations: Characters who fall asleep on this ward will feel their sheets begin to constrict about them. If they try and free themselves from the sheets, wiring will slither from cracks in the walls to choke them to death. The floor shifts and moves as if made of worms, and characters will quickly find themselves becoming nauseous and feverish. If they look about the nightmare ward, they will see other patients touched by the wires flare brightly, then, with a small puff, burst into flame. Their ashes scatter across the floor and are lost amidst the shifting stones and mortar.

• At other points in the dreaming, it will not be the ward itself that shifts and moves, but the flesh of the character and the other patients. Folds of skin bend and weave, unravel and then stitch themselves back up again in bizarre and twisted shapes, sometimes bulging out to make vestigial hands and fingers on the head and body, and at other times, characters' calves and thighs run together like wax. Characters may see the orifices of patients dilate closed, and the patients claw at the skin that covers their eyes, nose and mouth. Dozens of metamorphoses will occur to characters and other patients within seconds. When the characters awake, their limbs will feel sore, and blood will be trickling from their nose and eyes.

Cantos Twenty-Six and Twenty-Seven: Subdivision Eight [8H]

Description: The section of the Central Corridor that leads to the Ninth Ward is more desolate than the first stretch of hallway from Subdivision One to Five (8A to 8E). The slope downwards increases, more cracks and fissures fill the wall and the lights dim with every step forward. Where some moss and lichen was visible before, now the stones are bare and dead. There is not a trace of life in this section of the corridor, and it becomes even more desolate as the characters approach the Ninth Ward.

The Eighth Subdivision is clean and gleams brightly, as if the walls and floor have just been washed. Rows of burning red lights are spaced throughout the ward, providing just enough light at the right intervals so that they are separated by stretches of blackness. The red lights seem to number in the hundreds, fading as they descend down the corridor from the entrance to the subdivision (this is a trick of the ward itself, a result the lights reflecting from the polished walls, floor and the blackened viewing windows of the cells in this subdivision). The lights flicker and hum

1: Mental combat or Mind Transference is taking place here (see *UM*). The retarded psychics have turned their mental combat into a "game" with each other, taking stabs and snap shots at each other and running. See Heresies for more information.

2: The Idiot King has been damned to this ward for the part he played in the collapse of Fell's Point in January of 1990. His deceit, trickery, and his need to stroke his own ego through treachery and lies had much to do with the civil unrest the plagued the Point on the night of the Fall.

in the silence of this ward... farther down the corridor, one buzzes and flickers erratically, as if fighting to stay lit. Occasionally, the lights shining on the glistening surface of the subdivision reflects like tiny fireflies. Below each flaming red light is a cell door that holds a patient, but their cells are dark, and nothing can be seen if characters look through the viewing window... only the burning red lights reflect in the square foot of glass, cloaking the contents of the cell from sight.

Patients: None of the patients on this subdivision are visible unless the characters crack open their cells and step inside. If they do, they will find themselves in an empty cell and the door will seal closed behind them.

Hallucinations: In the shifting hallucinations on this ward, the red lights above the cells burn like great flames, their light reflecting off the shadowed black windows of the cells doors and preventing the occupants from being seen clearly. Shapes and shadows shuffle within the cells, as if trying to avoid the great flames that lick and taste their bodies through the cold stone and steel of the cells. Characters imprisoned here will find their bodies tortured and lashed by the flames that burn above their cells.

Canto Twenty-Eight: Subdivision Nine [8I]

Patients: As with 8G above, the inhabitants of this subdivision have a number of scars, disfigurements and mutilations. There are almost a hundred patients in this parade of misery, all of them with grievous wounds as if they have returned from some battle and come here to die. Their cries are like broken instruments across the ward.

One patient looks as if he is desperately trying to hold his insides in his stomach, and he wails about how his body parts are not his own. Another patient's chin hangs so slack upon their body it looks as if someone attempted to pry it off with a crowbar. One has a scar that runs from his forehead, down between his eyes, to the cleft in the chin... it passes by the nose, which is missing from the patient's face and has been replaced with scabby tissue. One patient grips his head tightly, as if afraid it will fall off... a red streak of scar tissue around his throat shows where it was once close to being severed. One patient has a dark purple line of scabs emphasizing his eyebrows, while others are missing ears, fingers, and tongues... one patient is even missing his lower jaw, and his upper row of teeth hangs over the empty space like a broken hinge. The entire ward is a grotesque mosaic of human flesh and limbs joined together in unnatural ways; patients crawl about the ward, dragging their broken bodies behind them. Most scars and open sores look fresh and wet, and even the older scars remain as white lines on the patient's skin, showing where the older wounds have knit back together.

Hallucinations: The hideous deformities of the patients in this ward are magnified through the lens of hallucination. Scars suddenly blister on every surface of the ward, then split to have blood shoot from them like geysers. Limbs seem to part from their owners and fall upon the ground, bleeding in a sluggish, pulpy mass. The stomachs of patients peel back like double doors and their intestines trail out like a roll of film freed from a projector. One patient's head slips from his shoulders with a wet, ripping sound and falls into his hands; as it does, the patient takes his head and raises it before him like a lantern, the eyes blazing and disconnected words dribbling from the mouth. Characters will suffer the same fragmentation in the hallucination... depending on the GM, when the character frees himself from the hallucination, his limb may be flushed and bleeding, or he may gain a temporary Somatoform Disorder (physical pain aided or caused by the character's psychological state). The GM may roll on the Hit Location Chart (*Hero System Rulebook*, p. 162) to determine which limb is affected... they may also choose to use the Disabling Rules to represent the "damage" done to the character's limb once they free themselves from the hallucination.

Canto Twenty-Nine: Subdivision Ten [8J.i]

Subdivision Ten is further divided into four sections, each with its own dayrooms and dormitories. These four divisions are listed as 8J.i, 8J.ii, 8J.iii and 8J.iv. All have their own grotesqueness about them, but they flow together like a foul accretion.

Description and Patients: The shrieking coming from this open area stabs listeners like spears, and PCs may have to cover their ears to prevent being overwhelmed. It is as if the unhealthiest regions of the world have poured their inhabitants and their refuse into this ward, leaving mounds of people and garbage to wallow in their own stench. Rashes and infections fill this ward, from burning eczema to itching scabs, and the inmates scratch and tear at them until blood oozes forth. The smell of putrefying flesh makes this subdivision smell like the aftermath of a battlefield, complete with shadowy human vultures and vermin that pick at the bodies. This subdivision seems to stretch for miles. No orderlies or nurses can be seen.

This ward is hell. The near-darkness, the overpowering stench, the shrieks side by side with the rasping of throats almost closed from thirst, the piles of filth, the coughing and ragged scratching of dirty fingernails on bloodied skin, the rampant diseases, the sight of inmates doubled over on the ground, wailing, as if they have been punched in the stomach... no agony has been spared for the characters in this subdivision. Some patients lie sickened on the floor, while others trample over them, chasing others about the ward. Others gasp and try to hold each other upright, only to fail and collapse to the floor with strangled choking sounds.

Stress, Ward 8I: The stress on this ward stems from the patients and their horrible mutilations... the characters should have the feeling that the longer they remain on this ward, the greater chance they have of suffering the same fate as the patients on the ward. The stress intensity varies between a 6D6 and an 8D6 General Presence Attack (*Threatening/Dangerous*).

Thematic, Ward 8I: Discord and chaos, mostly fostered by the patients, fill this subdivision, and wounds received here don't seem to heal. If the GM is not using the Bleeding rules described in the *Hero System Rulebook*, p. 165, consider it to be in effect on this ward. Blood and wounds carpet this subdivision.

Stress, Ward 8J.i: This stress level in this subdivision fluctuates between an 8D6 General Presence Attack and a 10D6 Attack (*Dangerous/Terrifying*). The extent of the suffering and sounds of agony in this subdivision are almost more than anyone can bear. Characters will be attacked at some point while they are on this ward; considering the diseased nature of the residents, the characters are also likely to catch some form of infection or illness.

As the characters watch, one patient fastens himself to the leg of another, and the other turns, and with a demoniac smile, begins to throttle him. In another corner of the ward, amongst a tangle of urine-stained sheets pulled from the dormitories, a group of patients tear and claw each other, fighting over the body of a third patient. One patient strides through the ward, his hand half-raised and is followed by two others who are mocking his movements and aping his facial expressions with a slight leer. One patient sits naked in the middle of the floor, his legs crossed and his chest bent over... a burning red rash decorates his body like a score of tattoos and another patient, covered with the same rash, scratches the back of the first in raking motions, as if trying to scrub the irritation from the body of the other.

Thematic, Ward 8J.i: Every sense is put on edge in this subdivision, and PCs will suffer a -3 to all PER Rolls. In addition, two other effects will occur: one, characters on this ward will begin to starve, as per the rules in *Ward Three*, above. (Characters will generally feel the pangs of thirst first before the gnawing hunger in their stomach.) Two, while on this division, characters will be unable to concentrate on any Skill that requires more than a Phase to complete, as per the rules for *Ward Five*, above. They will suffer a penalty of -1 for every increment of time past one Phase that they take to complete the Skill (see *Hero System Rulebook*, p. 18).

Hallucinations: Characters hallucinating on this ward will suffer an automatic 1D6 STUN Susceptibility per Turn they are immersed in their hallucinogenic state; the chorus of screams and anguish will rise to such levels that the character's eardrums will thunder in their head and blood will trickle from their ears. The patients that dwell here in the darkness will seem to take on one loathsome shape, becoming a writhing carpet of diseased flesh that coats the floors and walls of the subdivision.

Remaining Ward: Sections of this division are similar to the listings for the three lesser divisions below (Fountain, Bathroom, Dormitory, and so on). The rest of the ward should be tailored as the GM sees fit.

Canto Thirty: Subdivision Ten [8J.ii, 8J.iii, 8J.iv]

Characters delving deeper into the corridors of Subdivision Ten will eventually come to a second division, 8J.ii, and from there onto the other two divisions (8J.iii and 8J.iv). These three areas should be treated as one in the description below.

Stress, Ward 8J.ii-iv: As per 8J.i, above. Again, characters will be attacked at some point as they navigate this ward, most likely bitten or clawed by one of the diseased patients.

Thematic, Ward 8J.ii-iv: As per 8J.i, above.

Description and Patients: The patients in this subdivision run around pale, naked and unclean, and bite other patients like hungry animals. It as if their fangs are poisoned, for they bite others, then slink back as if expecting to see the patient writhe and die before their eyes. When this is not the case, they either snap their teeth and try to bite the patient again or go off in search of easier prey. The teeth of these patients are stained brown and gaps are visible in their bruised purpled gums; their tongues are dried and cracked, as if they had no water in months. Other patients seem rooted to the spot, as if their gross weight and infections have sprouted roots into the stone foundations beneath them. They lie in beds, on the floor, in wheelchairs and so on. They can barely move, and their faces are flushed. The only sign of life is their asthmatic wheezing.

Some of the patients on this ward have disproportional bodies... some with heads too big for their frail bodies, others with heads much too small compared to the paunch surrounding their arms, legs and waist. The smell emanating from them is terrible and makes a character's nostrils burn and their stomach lurch. Some patients look so heavy and wide it looks as if it would be impossible for anything smaller than a crane to move them... much less fit them into their cells when nighttime falls.

Hallucinations: The hallucinations in this ward are those of comfort, and they are maddening in their pleasantness. Thirst is quenched, hunger satiated, infections abate, itching fades, scabs flake off to reveal perfect skin beneath... and just when the character becomes comfortable in the dream, they will awaken back to their misery. When possible, try and convince characters that the dream is the reality, then wake them up and put them back in hell.

Dormitories: The soiled mattresses are home to a number of infections and diseases. Characters sleeping on any bed in this ward is likely to get a rash, a skin disease or become infested with lice or tiny, crawling green bugs that root in the hair, armpits and groin.

Bathroom: The water in these bathrooms are dried up. Only empty, stained porcelain basins await the character... some patients wait by the stalls, eager to lap up the urine and excrement to fill their wasted bodies.

Chapter Six: Heresies

Canto Thirty-One: The Giants

Entrance: Characters who reach the end of the Eighth Ward will come to a heavy steel door with no markings. Past the door (which cannot be propped open, no matter what the characters do), the ward opens into a large, gloomy chamber (see *Description*, below).

Description: It's hard to make out anything for certain in the gloom that blankets this area. The first things characters are likely to come across are the huge, oddly-shaped columns that rise like turrets from the brick and dirt floor of this chamber. The columns look as if they were once covered with brick, but the brick veneer has crumbled away to reveal the columns' true core, the primal gray stone that makes up the crag of the Mount and the walls and foundations of the Western Division. The columns are hacked out in rough squares, like giant blocks, slightly more than six feet in diameter at their widest point and less than seven feet tall where they drop out of sight into the ceiling. The blackness of the walls and ceiling make it seem as if the ceiling and walls stretch off into perpetual darkness. The area encircled by the columns looks like some sort of shrine or chapel, but there is no altar or worshipping ground. [1]

This chamber is completely silent... the screaming and shrieking of the Eighth Ward is gone, dismissed, as if told that it has no place here. Sounds are muted and unnatural, and once the steel door to the Eighth Ward closes behind the characters, there will be no sounds from the world they have left behind. This is the darkest depths of the Asylum, and the gloomy surroundings are intended to leave the description of the area to be fleshed out by whatever imaginings and fears the visitor or visitors carry with them. The fading light (of flashlights or other Powers or equipment) will soon leave the area in pitch blackness (see *Cocytus, Stage Directions*, below).

Characters who remain in this chamber for more than a few minutes will begin to feel a tingling in the air, like tiny currents of electricity are passing through their body; the feeling is so pervasive, characters may wonder how they missed it when they first entered this area. Their scalp itches, goose bumps appear on their arms, and the hair on the back of their neck rises... the longer characters remain, the more their body will begin reacting to the charge in this area. The charge will have an adverse effect on all electrical devices (as with any flashlights or any high-tech gadgets the characters are carrying with them).

Stage Directions: If the GM wishes to stage a confrontation with the PCs and Dr. Shreiver in this chamber or in the Ninth Ward, below, then PCs examining the tracks will notice that one pair of tracks seems fresh, as if someone walked this way not more than an hour ago (and has not yet returned back along this route). If the characters have Infrared Vision, they may notice a faint heat signature from the footprints.

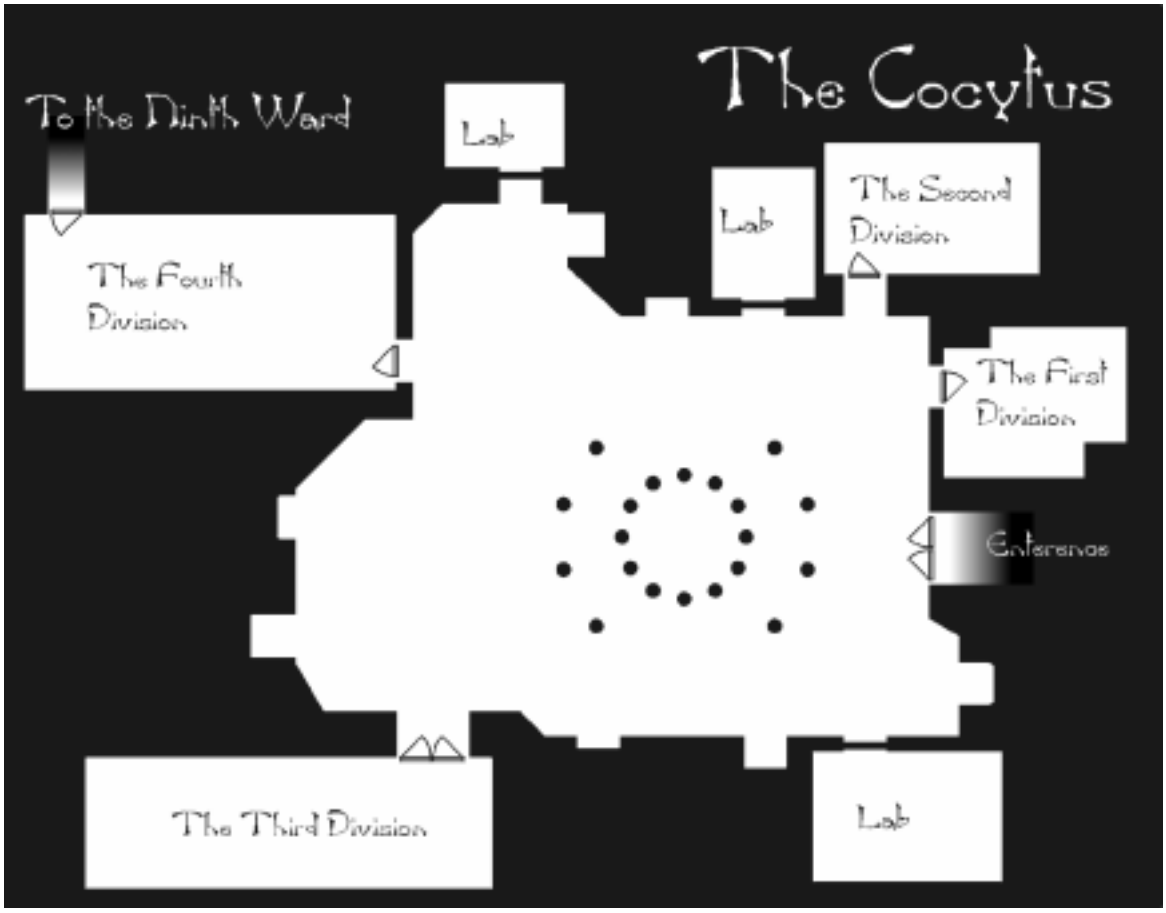
Hallucinations: In the gloom, the columns become the torsos of great gray giants, their lower halves embedded in the stone. The giants face outward from the chamber, as if standing guard, their faces frozen and their eyes like great chunks of coal set into their sockets. [1, next page In the distance, past one colossus that seems to bend under the weight of the ceiling, characters can hear the grinding of stone... it sounds as if one of the gray giants is mumbling, his words like rolling stones in the darkness that envelop this chamber. [2, next page]

Author's Note: The following chamber, which lies at the edge of the Eighth Ward and encompasses the four abandoned research divisions [9A-9D] and the Ninth Ward is known collectively as the "Cocytus." [Co-ki-tiss]

1: Characters who make a Sight PER Roll will notice that there are tracks in the dust and grime of the floor in this chamber. The tracks lead like a stream through and past the columns into the gaping pit of the "Ninth Ward" (see *Ninth Ward*, below). If a character makes a Tracking roll, the character will notice that the tracks appear to be those of a woman, spaced as if one was walking normally (these tracks go back and forth along the path into the gloom, perhaps five or six times). The tracks enter and leave the area at a measured pace.

If characters search the floor of the area for a full Turn and make (another) Tracking roll or Sight PER Roll, they will notice a second set of tracks on the floor, very faint, as if the visitor came many years ago. These tracks keep to the wall (?) of the ward, as if the traveler was trying to skulk in the shadows and avoid notice. The skulker's tracks parallel the tracks of the woman, mirroring the same winding path, but they only go one way... if the skulker entered this area, he did return back along the same way.

The female's tracks are Dr. Shreiver's... the skulker's tracks belong to Dr. Reeves (Freak, *UE*, p. 22), who died here many years ago.



Perimeter: The perimeter of this gloomy chamber is smeared with insane messages and pictures scrawled in excrement and blood. Many are unintelligible, but there is a frightening intensity in their presence... not a square foot is free from the mad vandalism. [3]

The Alcoves: Characters fumbling through the main chamber of the Cocytus may find several alcoves set into the walls, but unlike the heavy gray stone that makes up the perimeter of the chamber, the back walls of the alcoves are covered with a cold, crumbling brick. (These alcoves are not free from the graffiti that covers the perimeter of this chamber.)

These alcoves were once doors that opened into research labs that formed the fringe of this chamber. If the characters listen at the back walls of the alcoves, they will hear faint creaking and splintering from within, as if something is moving around behind the wall. If they should somehow gouge their way into the former labs and offices that lie behind the brick, there will be nothing there except the remains of decaying tables and shelves moldering on the rock floor.

Some of the alcoves in the deeper reaches of the chamber (opposite the entrance) have been sealed over with concrete and cement. Only four steel doors remain unobstructed... no matter what search pattern characters use in this chamber, they will come to each of them in the order listed below (they are under no duress to enter any of them). Once the PCs have examined or ignored these four doors, proceed to the Ninth Ward, below.

1: These great gray figures seem as if they were fashioned from the crag itself. Their features, past the caste of their skin and blockish shapes, are familiar to the characters. GMs should choose NPCs or PCs from their campaign (either that exist in the current campaign or from campaigns long since past) and carve their visages in stone here. In the Asylum, characters may see the rough faces of Dr. Sebastian Poe, Dr. Morrow, Shreiver, the Poet, Luther Steward, Elliot Manns and almost a score of other figures they cannot recognize. Who the mumbling form is in the distance of the chamber cannot be determined. When the characters approach, the mad chanting will fall silent, leaving only an echo to mark its passing.

2: Characters who know either Italian, Greek, Latin or all three, will be able to make out crumbling half-phrases from the lips of the colossus (GM's discretion). They seem to form a chant, much like the scrawled words and symbols that decorate the perimeter of this chamber (see below).

3: Characters who make an effort to study the faded messages will find that some of the words appear to be a mish-mash of Italian and Greek, maybe Latin, but beyond that, it is difficult to tell. The pictures appear to be of cracks (?) in the rock, leafless trees, crude drawings of human skulls with words smeared inside the brain cavity... it is clear someone is trying to communicate, but what is unknown. It is as if order and chaos are vying for territory on the surfaces of this ward, as if someone vainly attempted to communicate something that could not be communicated with language or images. Characters judged to have lost touch with reality through their madness (GM's discretion, see *Ninth Ward*, below) will detect a pattern in the scrawls... as they follow the pattern with their eyes, they will have a "depersonalization" experience: the chamber seems to drop away, and if they wish, the character is free to travel the path of the Heretic and enter the Ninth Ward (see below).

Cocytus, Technical: This area seems to throw the laws of physics out the window. The electrical field lines in this area bend in strange ways, and positive and negative point charges appear and disappear throughout this area like fireflies. Characters will not be able to isolate where the tremendous amount of electricity feeding and bending these fields is coming from... there is no functional wiring in this section of the Asylum and no generators that they can find.

Characters familiar with the Asylum construction may be aware that the large quantity of iron in the Asylum skeleton would conduct electricity extremely well; if the iron skeleton of the Asylum descends to this level and rests in this chamber's columns and walls, it is possible that the electrical generator could be located somewhere else in the Asylum and the electricity could be leaking on to this level, but this would be extremely inefficient, and it in no way explains the strange electrical fields that form and dissolve within this area. The electrical fields around the columns and the perimeter of this chamber seem to possess more definition than the fields near the center of the area (where the electrical energy is higher, but the field lines constantly bend and twist).

Characters with compasses will notice that the needle dips and jerks violently in this room. Powerful magnetic fields seem to be present (stronger around the columns and the perimeter of the chamber), but the reason for their constant alternation is unknown. Any character who hypothesizes that the magnetic fields might form some sort of container around this area (like a magnetic bottle or electromagnetic cage) should be told that it is possible, but the construction of the area doesn't lend itself to a plausible explanation of how this "container" functions. Nevertheless, the difference between the density of the electrical fields in this area and the density of electrical fields in the Eighth Ward is markedly different, which seems to suggest that the high density electrical fields are somehow limited to this area..

Characters who examine the electrical fields in the Eighth Ward will notice that it seems as if some form of "leaking" is taking place as a result of the interaction (?) of the magnetic and electrical fields in this chamber... microwaves alternating between the 1 Hz and 20 Hz range are emanating from this area (characters who remain here over time, will notice that the frequency dips as night falls, dropping into the 1 to 7 Hz range, then rising as dawn spills its light over the Asylum). Exactly how all of this is taking place is unknown, but any characters with a knowledge of SC: Physics will be aware that a persistent, concentrated emission of microwaves in the 8-12 Hz range could cause psychological trauma over an extended period of time. The emissions are strong enough to blanket the entire Asylum.

These four abandoned research divisions are known collectively as the "Cocytus." They revolve about the pit of the Ninth Ward like cold stone satellites.

The Tracks: (See *Description*, Footnote Three) Characters following the tracks on the floor of this chamber will pass by each of the divisions of Cocytus, below, and come finally to the pit that marks the entrance to the Ninth Ward. Characters should be given the opportunity to see the remains of the CIA research labs that were once part of the Asylum's day-to-day operations. Hopefully, they will encounter these divisions before Dr. Shreiver or the Heretic informs them of what they were used for, so the PCs have an opportunity to speculate on their function and what they were doing located in the depths of the Asylum.

Canto Thirty-Two: The Cocytus [9A-D]

Sally and the Poet walked through the gloom, through the great columns that seemed to stand at attention as they passed by them. The skin of the columns seemed to be crumbling, rotting, peeling away in great reddish chunks to reveal the gray stone of the crag beneath them.

This is what we were all along
What are you beneath the skin

The columns seemed to be whispering to her in their awful grinding voices. Sally felt herself trying not to pay attention to the details around her, for it seemed like they were hooks to her senses, trying to lure her in and trap her.

Although she could barely hear J's footsteps beside her, her own steps were magnified... they echoed across the chamber and returned to her doubled in force, enough to make her feel uncomfortable.

No, it wasn't to make her feel uncomfortable... Sally felt certain. It was intended to make her feel like an intruder.

By capturing her sounds, by calling attention to her noises, it was a form of heralding. They chamber was alerting someone or something to her presence.

Sally is here
Sally has come
All take heed

The chamber seemed to become colder with the realization, and the cold carried an edge to it that bit through the fabric of her patient uniform.

Even Purge was silent, still, as if paralyzed by the coming of some great predator. It no longer spoke or urged to her... it seemed to hide behind her, as if using her mind as a shield.

Sally's steps continued their distant echoes. It seemed that Sally's steps, freed of her body, were traveling into infinity.

...

When Sally came to the first division of the Cocytus, she knew the sound of her footfalls was to tell the dead that she had arrived.

Stage Directions: Characters exploring these sections may not realize this at first, but despite the fact that their sources of illumination failed as they neared the end of the Eighth Ward, they are somehow able to see while exploring these divisions.

If the PCs ask, GMs should inform them that their light sources (after failing completely for a few minutes, hopefully leaving them in pitch blackness) have slowly rekindled until they shed a faint, almost dusty, illumination. If the characters do not have light sources of their own, inform the PCs that some of the divisions in this area must have some power remaining in them, for lamps and overhead bulbs are giving forth a soft, icy glow. (This illumination should leave most of the areas the PCs explore in shadow, leaving room for room for the character's imagination and fears to complete the scenes they see.) Players who ask why their characters didn't notice these light sources before (after all, they were in pitch blackness for a while) should be told that the light sources came on so slowly, it almost seemed like the character's eyes were adjusting to the blackness, rather than the lamps slowly coming back to life.

The slow illumination is thematic. As when the characters first approached the Asylum through the dark woods (*Asylum Grounds*), they should experience another "black out" during this scene where they can perceive nothing at all... they do not lose consciousness, they are merely left in complete darkness for a few minutes. [1]

Descriptions: Within the divisions of Cocytus lie the dead "patriots" of the CIA intelligence program, who once having murdered all of the subjects they experimented on, perished here after they injected themselves with the Poe Derivative. (See the discussion of the Asylum's history and the Poe Derivative, below.) In so doing, the researchers compounded their treachery to those they tortured in the Asylum (as they masqueraded as physicians), with their treachery to each other (injecting each other with the derivative, despite its lethal consequences), to their country (abusing their influence in the government to conduct these experiments), and finally, to those that they served (in their attempt to "abort" the experiment by poisoning the patients and each other).

After the mass murder and suicide that accompanied this final act, these sections of the Asylum were sealed off and flooded with freezing cold to prevent the rapidly-mutating derivative and thoughts of those imprisoned in these divisions from finding their way into the minds and bodies of others. As a result, the Asylum's gruesome history has been silently preserved for PCs exploring the Cocytus.

The First Division: Caina [9A]

Door: The great featureless steel door to this chamber is covered with the same graffiti that covers the perimeter of this chamber. The markings must have been scratched into the door with a steel stylus of some sort, maybe an iron nail or metal shard. A glance around the edge of the door suggests that this door once had a label or sign on it, but it has been pried loose or obliterated. Instead "Caina" has been smeared above it, as if that somehow explains the silent horror that lies behind the door.

The door is unlocked, though it resists attempts to open it with a dull grinding noise. A chill draft will settle over characters as they pry the door open, much like opening the door of a freezer.

The cold air in this division has an off-taste to it, as if it has been burned or scorched somehow.

Description: Past the door, characters will find themselves in a freezing cold room which may have once been intended as a morgue (and still serves as one, though in much more gruesome light). Many of the shelves and steel cabinets have been removed, and several skeletons are scattered throughout the room along with other corpses in various states of decomposition. The effort of opening and closing the door will cause some of the skulls to rattle free of their shoulders, their teeth spilling from their jaws and scattering across the icy floor.

Two of the corpses are so close together that the strands of hair remaining on their skull twines into a frost-covered braid. They face the entrance door, their jaws open as if they wish to say something, but they can't remember what. Glass walls divide this ward into translucent ice-blue planes, with frost, dust and scratches (from fingernails? knives?) covering their surface. Water drips from overhead pipes, falling upon the faces of the corpses and freezing there.

1: The reason for this is that, although the characters will feel nothing at all during the black out, the GM now becomes free to either supplement or replace anything the characters see from here on with hallucinations and Mental Illusions. The period of utter blackness is a transition point where the characters, at GM's discretion, may step from "reality" into a consensual illusion... as they should have completely lost touch with their surroundings for a minute during the black out (presumably they could see and hear nothing around them), the GM and Mental Illusions can step in and take over. Anything the characters experience after this point can be reality, reality supplemented with illusion, or a convincing consensual hallucination (i.e., the characters leave their bodies lying on the floor of their chamber as their minds step out and take a look around the illusionary world provided for them). The GM may twist and bend what the characters see in the labs and divisions below to increase the unease and terror.

Mentalists will be unable to detect the use of any Mental Illusions in this area; it is so thick with alpha wave interference that to all appearances, no mental powers are present or being employed in this section of the Western Division. The GM should do their utmost to make hallucinating characters believe that what they are experiencing is real (they will take STUN and BODY damage from illusionary attacks in this area).

The mad scrawlings are not visible in this section, nor are there any clues as to where the corpses in this chamber came from or what they were doing here. All that can be found is death, cold and silence. [1]

Canto Thirty-Three: The Second Division [9B]

Door: The door to the second division does not want to open and must be forced (the grinding of the opening door sounds like a key being made). Ice and flecks of frost will fall from the frame as the door is pushed open.

Description: More corpses lie in this room, their necks twisted and bent, looking up as if expecting to see something burst through the ceiling. One of the corpses looks as if he has cut his own throat with a scalpel... another corpse looks as if he froze in the middle of attacking the other doctors, having bitten open their skulls and fed on their brains. Chunks of gray matter still lie in his clawed hands, and dribble from his paralyzed mouth. Frosty crust and an icy glaze of tears covers the discolored faces of those entombed in this division.

As with "Caina" [9A], above, there is no indication of where these corpses came from or how they come to meet their fates.

The Third Division [9C]

Door: Two doors, an outer door and an inner door, stand guard over this division. Despite their weight and thickness, they provide no resistance to characters wishing to enter.

Description: Bent metal dissecting tables fill this ward, twisted as if crushed by some giant hand. When they were functional, it looked as if they were more of a frame for some sort of aquarium... tall enough to keep half the human body submerged in liquids or plasma, while leaving the upper half of their supine bodies open to researchers. The reason for these tables is unknown, but the remnants of straps and metal clamps are visible on the edges of the tables. Some of the box-frame aquariums are small enough to have been intended only for children or infants. There are no corpses here.

The chill that infests this ward persists. Similarities to a frozen mine should be emphasized.

Canto Thirty-Four: The Fourth Division [9D]

Door: This steel door opens only under protest. The sound of its hinges sounds like someone screaming.

Description: The fourth division stretches out like a plain, its walls so covered with frost that it looks as if the division is surrounded by an icy crust or shell. There are no tables, no shelves, no lab equipment... only the frost-covered remains of dead things. The victims within this division have become unrecognizable shapes, their bodies twisted and splintered into bizarre mosaics of pulp and bone. Spines have been bent into multi-angled shapes, muscle has been shucked from bone and intestines have been forced up through the throats of the corpses until obscene tubular tongues drape from their mouths.

A narrow path leads through this division to another featureless steel door. Beyond this door, characters will find themselves back in the central chamber they started from. See *Ninth Ward*, below.

When they had traveled far within the chamber, Sally suddenly became aware that J's steps were failing. His back was hunched, and his legs bent as if his back and shoulders had doubled in weight.

"J...?"

He glanced at her with effort, his forehead wrinkled with pain. His lips peeled back slightly, as if trying to grin, but his expression was disturbed.

"J, are you okay?"

He nodded with difficulty and touched her lightly with his stick-like arm, patting her as if to reassure her.

"J, we can rest—"

He shook his head. "So close," His hand, which had been reassuring her before, clamped down on her arm. "Sally, I h-have to tell you som—"

"J, rest." Sally put her arms around him, and tried to guide him to a resting spot against one of the great columns. "We can rest for a minute. My God, we've gone through all these wards — you must be exhausted." Although she spoke low, her voice still echoed in the chamber. The Poet tried vainly to struggle as she led him to rest, but lacking strength, Sally eventually overcame him. When he fell into his sitting position, Sally crouched beside him, concerned. "Just take it easy—"

The Poet grasped her hand again, and he shook his head violently. His lips were trembling, and his forehead, far from relax-

1: Characters who examine the corpses will notice that the cold seems to have done wonders preserving them... many still have traces of scars and what look to be laboratory coats. Strangely enough, any characters examining the bodies will feel (although there is no supporting evidence that they can see) that many of the corpses in this room somehow killed each other.

ing, creased with new worry lines. "Sally, there is s-s-something I m-must tell you. There is a way to escape here, b-b-but—" J's voice stuttered, and Sally watched in alarm as he clutched his head. "D-damned v-voice!" J hissed in fury, and his eyes burned in the gloom. "Damned v-v-voice always b-betrays me!"

Sally grasped his hand tighter. "J, it's okay. What—"

She gasped as he struck her hand away. "Don't—!" His eyes narrowed, and his words were spit from his mouth as if acid. "I-I-have not been h-honest with you. Th-there is a way to escape, but th-that—" The Poet drew a ragged breath as if his throat was constricting. "That is not—" The Poet's fists clenched, and blood seemed to drain from his fingers and from his hands until they were white claws. "I-I-I need you to reconcile something, to repair the damage that has been done—"

"J, calm down," Sally said, frightened. It seemed that J's face was being peeled apart by conflicting emotions. "What are you talking about?"

J could barely manage to meet her gaze. "There has been so much betrayal already..." Sally, by surprise, was once again reminded how fragile and weak he seemed. "...and I have compounded it by luh-luh-lying to you, I have used you to do something I could not do alone, that I could n-n-never do alone..." He clutched his forehead, as if to claw open his skull. "This is no kind of escape, no kind, no kind—"

Sally stared at him. The Poet's breathing was labored, and his eyes darted from her to the gloom of the chamber. He spoke madly, and Sally's eyes were unconsciously drawn to the patient uniform he wore.

It seemed to cling to him, as if determined never to let him go.

...

"J, is there escape here or isn't there?" Sally let her voice drop in warning, in the hopes that it would cut through his madness. She fought the sudden drop of her heart, fearing his response.

The Poet glanced at her fearfully, then nodded. "Yes, b-but—"

Sally stared at him and let her face become angry. "Then show me."

The Poet's eyes became blank, and with a stilted motion, nodded. Sally pulled him to his feet.

Though he seemed to weigh almost nothing, it seemed that his body had given up and abandoned him, so Sally supported him as best she could.

As she raised the Poet to his feet, she felt the dull throb begin in the back of her skull.

The pain was returning.

The Ninth Ward

Reality

Characters exploring the Cocytus may eventually come to the edge of the Ninth Ward (Shreiver's tracks, mentioned above, can lead characters directly here). Characters who cannot perceive the Ninth Ward (as per the two rules listed below) will simply find a great pit that dips into the Earth here. The space surrounding the pit is nothing more than an open area, ringed by the columns and gray stone walls that make up the perimeter of the chamber. [1] There is a heavy static charge in the air that makes a character's skin itch and sends shivers down their back and arms.

At the bottom of the pit are a pair of shattered oaken doors, stained black by fire and infested with mites and grubs that have burrowed into its surface. The doors seem pitiful, broken, and an anticlimax to the raw, almost primeval architecture that fills the rest of the Asylum. There is nothing else here. If they wish, characters may retrace their steps back to the Eighth Ward.

Surreality

The pit mentioned above is not the "true" Ninth Ward. The Ninth Ward differs from the other wards in the Asylum in two ways:

1. Only certain characters can perceive it. The criteria for this perception is that the character must be "insane" (with an appropriate Strong or Total Intensity

1: Characters examining the edge of the pit will find a wash of dried brown stains — the remains of blood, froth and pus from where Dr. Reeves perceived Gans and went mad (see *Freak, UE*, p. 22). Characters following the fainter set of tracks from the Giants section, above (see footnote three) will see the remains of Reeves immediately. There is no psychic signature coming from the remains... all mental traces of Reeves's transformation have been blotted out.

Psychological Limitation or Temporary or Long Term Psychological Limitation). Vigilante Personality Disorders and sociopathic behaviors do not usually qualify, but Schizophrenia and other psychotic disorders do... the character must be out of touch with reality and the environment around him in order to enter the Ninth Ward. If the character has wandered through every ward in the Western Division, chances are they are insane already. [1]

2. In order to enter the Ninth Ward, characters must have traveled a certain path through the Asylum. They do not have to trace this path all in one visit; the effect is cumulative and characters can navigate sections of the path with every visit until the ritual is completed. See Events, below, to determine what psychological and physical "tumblers" the characters have to release in order to slide back the bolt to the Ninth Ward. If the GM wishes, this requirement can be waived if the PCs are accompanied by Dr. Shreiver or the Poet.

Events

1. Become lost in the woods outside the Asylum.
   (Dark Wood of Error)
2. Meet the Poet. [2]
3. Explore Asylum Grounds.
   (The True Path, Asylum Fringes)
3. Enter the Admissions Building Vestibule.
   (Limbo)
4. Pass Sharon Ferry without harming her.
   (Charon)
5. Explore Admissions Building and Receiving Ward.
   (Circle One).
6. Meet with Dr. Masters and be "sentenced" to a ward.
   (Minos). [3]
7. Enter Wards One-Four.
   (Circles One to Four).
8. Cross from Ward Five to Ward Six
   (The Great Tower). [4]
9. Enter Wards Six-Eight.
   (Circles Six to Eight).
10. Enter the end chamber at the end of the Eighth Ward.
    (Circle Nine, the Cocytus)
11. Enter Ninth Ward, speak with the Heretic and leave the Asylum.

As mentioned in the section describing the Eighth Ward, characters who wish to enter the Ninth Ward must turn off all sources of illumination... if they have been progressing deeper into the Asylum, their sources of illumination should have been failing steadily (see *Stage Directions, Eighth Ward*). It is important that light and sound fail characters completely once they approach the final ward (see *Canto Thirty-Two, Stage Directions*, above). Once the characters reach the end of the Eighth Ward, they must deny their sight and descend into their minds, at which point, if they meet the necessary requirements mentioned above, the Ninth Ward will be revealed.

They trekked on through the gloom. The Poet's strength seemed to have left him completely, and Sally found herself beginning to struggle with the effort of supporting him... he seemed to gain gravity the farther they proceeded. He mumbled under his breath, and his words seemed to be splintering, breaking up, as if colliding with each other. In response, she held him tighter. He had carried her this far... she could manage the rest of the way.

When the great wall suddenly rose before them, Sally stopped, and she felt a great pain burn through the back of her skull. She stared at the infinite gray that seemed to block her progress. Each stone seemed as large as she was. The wall was so high, so wide... there was no way it could be here—

"J—?"

J's only response was to stop his broken stream of words and to stare at the wall before them. She watched as he bit his lower lip, his face ashen.

The Wall

Characters who have the ability to perceive and enter the Ninth Ward will not see the pit that lies in the middle (?) of this area. Instead, a pair of great black oak doors, studded with iron nails and mighty crossbeams, will rise before them, flanked by a huge

1: This criteria can also be used as a means by which PC skeptics (and the GM) can disavow anything that takes place in the Ninth Ward.

2: The characters do not have to take him as a guide, merely be aware he exists. It is important to mention here that the Poet's story is not revealed in Asylum... the GM can either tailor him for their campaign or wait for elaboration on the Poet's past and his personal agenda in future Hero supplements.

3: The character is under no compulsion to accept the sentence or deal passively with Masters. Note that Masters is not dealt with (i.e., punished) in the Asylum narrative so that he can still serve as an adversary in the GM's campaign.

4: If the PCs have not followed steps one through seven, they may find it impossible to enter the Sixth Ward, as the patients will attack them en masse if they attempt to enter the Western Division without having followed the path of the Heretic.

gray stone wall. The wall is perhaps the largest thing that characters have ever seen, or even imagined... the gray stone rises into the sky and stretch off to the sides so far its terminus cannot be seen. It cannot possibly exist here, in the bowels of the Western Division, but it does. The amount of weight, of gravity, that emanates from the doors and the wall press in on the character's senses, forcing one's eyes back into the skull, and dulling one's hearing and touch, silently crushing them. The doors offer no resistance to the character's touch; if characters place their hands upon the blackened surface and push against it, it will silently pull back on its hinges.

Characters will not be able to see anything beyond the open doors. If they wish to enter, see *Descension*, below.

Sally became conscious that the Wall was not unbroken, and she felt herself become weak as she saw the great black doors that interrupted the Wall's surface.

They were mighty doors, weathered black like gates, and it seemed that they were so large that no human could move them.

"J—" Sally's voice dropped to a whisper, and it seemed as if the gates crushed her words as they fell from her mouth, and her head throbbed stronger.

But J was silent. He glanced once at the doors, then forced his eyes away, as if unable to match the door's weight.

J did not have to speak. Sally knew, instinctively, that beyond this door was the only escape from the Asylum that she would find. This is what J had led her to, whatever his intentions.

Though her body rebelled against the gesture, she reached for the door and touched it lightly, as if a caress.

The gates opened at her touch, and rolled back silently on their hinges.

Beside her, the Poet shivered.

Sally stared into darkness.

The Escape

This the lowest point in the Asylum, the point to which all matter and thought descend, the ultimate manifestation of human gravity. At the GM's discretion, characters who have reached this point will gain +10 Experience Points if they have survived the other wards and obstacles in their way. If the PCs survive their encounter with the Heretic, at the GM's discretion, they may find themselves back at the entrance gate of the Asylum (without needing to retrace their steps back through the institution).

If the characters are unable to perceive the Ninth Ward (as per the rules, above) the characters may find a caved-in tunnel within the pit in Cocytus (in the *Reality*, above)... by clawing through the dirt and broken stone, they may uncover a tunnel that leads outside the Asylum (this tunnel is one-way; characters will only be able to leave through this tunnel, not return back along its length).

It was not true that the Poet remained silent, but it had seemed that way when they had come to the Wall and the great doors. He had spoke, but the words were lost like leaves in a storm, twisted and ripped from his throat to scatter across the expanse around him.

"Sally, I knew Sam—"

But his voice lacked strength, his words were lost in the space that surrounded them. Sally, for her part, no longer seemed to be listening, her senses drowned in the dark gravity beyond the door. There was only one way to travel.

Sally grasped J's hand, and as one, they stepped through the great oaken doors.

...

They stepped off the edge of the world.

Descension

Sally was not certain what she had expected to lie behind the great oak doors. Her feet tread silently upon the new surface, slightly yielding, and it muffled her footfalls.

"J?" she whispered. There was no response... and though she moved, she became aware that she could see nothing around her; it was not darkness, not blindness, but it was as if her senses was aware of space, but no details, no forms or shapes were visible. Panic welled up within her.

"J?" she whispered again. Her voice was lost, absorbed in the space that surrounded her.

She swallowed, then almost by instinct, kept moving. Was she descending? There was...

...stone beneath her. Her footsteps were suddenly no longer

muffled, and the space beneath her resolved into great black flagstones that sloped gradually downwards.

Sally descended.

...

Sally did not know what to expect. The stones continued to fall away beneath her feet as she descended. She kept thinking that she must have traveled a mile into the Earth, but still the steps led down into the gloom. The stairs must lead somewh—

Suddenly her feet struck a new surface, and the haze, the space before her resolved itself, as if being focused through some great lens.

Before her was a great oaken dining table, black. It rested on a floor of lustrous black marble, and vague shapes, bookcases perhaps, formed the semblance of walls. Despite this, there was still that frightening sense of space as before that any moment, it would all drop away, and she would plunge into the waiting abyss.

Two great wooden chairs sat at opposite ends of the table. They were so large they looked to be thrones.

Sally was about to wonder who would sit in such chairs, when she noticed that one was already occupied.

...

"J?" she whispered. Her words twisted in the space between herself and the figure in the chair.

But the man who sat at the table was not J. He was a cold, stately looking gentleman, lean of features. There was a certain majesty in the way he sat at the table, as if he was presiding over it, ruling it.

He glanced up as she stared at him. It was like staring into a black and white photograph... the man was a scholar, a professor of some sort...

...he was an echo of something, Sally realized. The figure was but a trace of the terrible weight and space that surrounded her. The man was dressed in shadows, his eyes black pools that reflected nothing but darkness.

"Hello," Sally found herself saying despite her mind screaming at her not to speak, not to draw attention to herself. "I... feel like I know you."

The echo did not respond.

After a moment, it beckoned her to sit down.

...

Sally was suddenly aware that the table was set. There was blood red liquid in a gray goblet and an empty setting before her. The echo's glass was empty, as if he had just drained its contents.

There was some significance in the echo's empty goblet, but it eluded Sally.

She realized that the echo wanted to speak with her.

Dr. Adolph Gans

Note: Before the death of his body and his subsequent metamorphosis, Gans had the statistics listed below; the Characteristics hold true for him before he turned forty years old... GMs using older versions of Dr. Gans in their campaigns, should refer to "*Power Notes*," below.

Dr. Adolph Gans

Val	Char	Cost	Combat Stats			
10	STR	0	OCV: 4			
13	DEX	9	DCV: 4			
10	CON	0	ECV: 5			
10	BODY	0	Phases: 6, 12			
18	INT	8				
15	EGO	10	Costs			
13	PRE	3				
10	COM	0	Char:	32	Base:	50
2	PD	0		+		+
2	ED	0	Powers:	63	Disad:	50
2	SPD	0		=		=
4	REC	0	Totals:	95		100
20	END	0				
22	STUN	2				

Skills	
	Psychiatric Training
1	Licensed Medical Doctor
1	Licensed Psychiatrist
1	Conversation, 8-
1	Persuasion, 8-
3	PS: Psychiatrist, 13-
2	SC: General Medicine, 11-
5	SC: Psychiatry (INT), 15-

	Medical Superintendent of the Asylum
3	Fringe "Benefit": Medical Superintendent of the Asylum
14	Contacts: Advisory Committee on State Medical Care, Faculty in Fell's Point University Department of Psychology, the Fell's Point Department of Planning, Mental Hygiene Committee of the Medical and Chirurgical Faculty of Fell's Point, Dr. Thomas Morrow, Dr. Sebastian Poe, the Subcommittee on the State Organization of Health, all at an 11 or less.
3	Bureaucracy, 12-
3	AK: The Asylum, 12-
3	KS: The Asylum, 12-
2	KS: Psychiatric Subculture, 11-
1	KS: Research of Dr. Sebastian Poe, 8-
1	SC: Cerebellic Mutations, 8-
	Former College Professor
3	KS: English Grammar (INT), 13-
2	PS: College Professor, 11-
2	PS: Editor, 11-
	Background Skills
3	Lightsleep
9	Language: German, Italian and Latin (Fluent)

50+	Disadvantages
5	DNPC: Dr. Shreiver (his wife, Norm), 8-
	Psychological Limitations:
20	Authoritarian (Very Common, Strong)
15	Fear of Death (Thanatophobia, Common, Strong) [1]
5	Reputation: "Medical Superintendent of Fell's Point Asylum," 8-
5	Rivalry: Dr. Shreiver (Professional)

BACKGROUND: There is something I must say before you read this fragment.

Gans was simply a man. He had the usual human fears, insecurities, hates, desires... ultimately, such things are unremarkable. It was only the peculiar circumstances that were forced upon Gans that threaten to color this fact, an attempt to paint a picture of some genius, visionary, destroyer, monster... such things could be said of anyone when viewed from a historical perspective.

So I say again, Gans was simply a man.

...

Gans was born in 1898.

...

Gans was born in the Asylum. His father was a schizophrenic,

Dr. Adolph Gans

his mother a nurse. It is possible that they were both mad, but the pregnancy was not an act of violence, no rape of body or mind, nor was the conception a thing of violence.

Still, to be born in the world within the Asylum...

...I can think of few worse fates. What is it that can be given birth to in these halls?

To which I answer as the corpses in the Cocytus answer:

Death.

...

Gans never knew the name of his true parents. I doubt he even realized that he was adopted. He was absorbed into the gentry of Fell's Point, the somber Gans family, and educated in the best schools. He chose to practice psychiatry.

The field held a curious interest for him that he could not fully explain.

1: When Gans gained the 40+ Age Disadvantage, this Psychological Limitation increased to a Very Common, Strong Disadvantage; when Gans gained the 60+ Age Disadvantage, this Psychological Limitation increased to a Very Common, Total Disadvantage. Also see Power Notes, below.

...

Gans took his wife, Shreiver, from the Midwest. It was a marriage of convenience. Shreiver's father had known Gans and had asked him to care for his family should he die overseas during World War II. Gans agreed, promising to provide for his family and insure that his daughter receive the education that her father wished. As it happened, Shreiver's father died in Europe near the end of the war.

And so Gans traveled to the Shreiver's farm in the Midwest and came upon the daughter of the household. He took her east to Fell's Point.

...

While Shreiver did not want to love, Gans did not know how to love. For him, love was a form of control.

Love was something to be taken, possessed, and held fast. It was not something to be demonstrated or shown.

Or felt.

...

To compound his condition, Gans loved as he lived. For him, life was also something to be taken, categorized and possessed. When Shreiver became his wife, she was so alive that she forced him to reevaluate his own definition of life.

Gans was determined that he would not give up his life as long as doubt remained that he had not fully understood what life was. What his life was.

I suppose that there was a certain bravery in the gesture, in his refusal to surrender, but that would be an unfair characterization. This doubt, this refusal to give up the life he had not bothered to examine... I imagine that there was another reason for it.

Shreiver, at first, called it pride.

But it was the black horse of Fear, breath steaming from its nostrils, that pursued Gans in his dreams and drove him ever onwards.

...

In April of 1949, Gans was officially appointed executive head of the Asylum and given the title of Medical Director. Once he was established in his position, Gans began to reorganize the structure of the hospital in an attempt to improve patient care. Ever since his appointment, he was a firm advocate of bringing experienced therapists and physicians to the Asylum in order to improve its reputation for both instruction and treatment.

...

Gans was not the Asylum's first caretaker. Many had come before, and Gans read of them. Bourne's journals, and those of Ross, proved curious to him.

In them, he read of strange things that caught his attention. The journals grew from curiosities to obsessions.

In them, he began to believe that something else could be given birth in the Asylum.

To this belief, I give the same answer as those entombed in the Cocytus give with their silence.

...

Gans and Shreiver were married in 1950, shortly after Shreiver had completed the first stages of her education. She finally joined Gans at the Asylum in the late 1950s.

...

Gans's welcoming of an open staff brought many new physicians to the Asylum.

...

Of Dr. Poe, and of Dr. Morrow, more will be said later on. I will not echo them here. Poe and Morrow, however, were not men driven by fear, only curiosity. They saw in the Asylum and Gans an opportunity to test this curiosity. The CIA gave them the resources, the tools... Gans gave them subjects and a free reign.

I do not know if Poe and Morrow were evil men.

I do know that they did not think of themselves as evil, and most likely did not believe in the word. Things simply were to them, and events and actions were just that, events and actions, that should not be tainted with judgments such as 'good' and 'evil.'

Like Gans, they were simply men.

...

Gans became ill in the 1960s. He was still active in the Asylum bureaucracy, but he became physically weaker as the years wore on. He began to make renovations to the geriatric center in the Asylum and spent much of his time there with the older patients.

By 1964, Gans was spending the majority of his time with the older patients, supervising the operation and maintenance of the Ross House.

...

It was one thing, Gans discovered, to know one is to die, and it was quite another to feel it growing within your bones day upon day. There are many ways in which to die, and one of the most terrible is to die a lingering death, to die in pain.

His growing obsession with the elderly patients may have been some attempt at kinship, but I cannot say for certain.

In his dreams, the black horse pursued him and drew ever closer.

...

After a lingering illness, Gans died in 1969. His passage was a great loss to the institution, and his portrait joined those of the other Superintendents within the Asylum's museum.

...

I think Gans knew that he was to die in the Asylum. In the end, he had no choice in the matter. As he had been born within its walls, he died there.

Perhaps he was reborn there, but again, I cannot say that for certain.

Nevertheless, in 1969, something was created in the bowels of the Asylum. It awakened, stirred, became aware.

This being called itself the Heretic.

And it promised paradise for mankind.

PERSONALITY: Gans was governed by insecurity and fear. His insecurity lead him to seek a near-obsessive control over his environment and guided his career path into a field where he would be in a dominant position to those that came to him for help (the illnesses of his patients also led him to believe, and unrealistically so, that the "rest of the world" was possessed by an intellectual and emotional weakness that bolstered his feelings of superiority). His fear of death lead him to betray those under his care in the hopes of allaying this fear with a "miracle cure" that was both unrealistic and desperate (see Timeline: Libations later on in this chapter).

There is no doubt that Gans was an intelligent individual. He was well-read in the classics and philosophy, and he knew a great deal about the field of psychiatry. Nevertheless, he seemed to place himself on a pedestal when he compared himself to other psychiatrists, and he would inevitably demean his peer group with dismissive comments or harsh criticism when the opportunity presented itself.

It would be fair to say that Gans knew a great deal about things, but little about himself or other people. His inability to predict or understand some of the essentials of human behavior proved to be a great handicap, both in his profession and in his relationship with his wife.

QUOTE: Gans never had a distinctive quote. He had a preference for complicated words and concepts, however, and he would inevitably use obscure terminology and concepts when simpler ones would serve. If someone asked Gans to stop one of lectures to explain a concept or provide a definition, Gans would use this as further proof of his own intellectual superiority.

POWERS/TACTICS: As mentioned in Dr. Shreiver's narration, time's passage took its toll on Gans's body. When he reached Age: 40+, his Running dropped to 4", and when he reached 60+, his Running dropped to 2". Despite his increasing infirmity, Gans refused all help and though walking about the Asylum exhausted him, he refused a wheelchair or a walker. GMs using Gans between age forty and sixty years should give him a ten point Physical Limitation to represent his increasing illness, and for periods after age sixty, this Physical Limitation should be increased to fifteen, then to twenty points as death closes on him. He was frequently affected with tremors, failing eyesight and persistent nightmares.

APPEARANCE: Gans is a cold gentleman with a distant look. Tall, thin and methodical, his small dark eyes continually scour whatever room he is in, looking at everything except the person he is addressing. Short black hair and a thin, precisely trimmed mustache frame a narrow face that wrinkles in a scholarly fashion when he speaks. Gans prefers dressing in black and earth tones, and his skin is pale, as if he has spent his entire life below ground. He has a tendency to lecture and prefers leading conversations rather than listening to them. He does not waste his breath on social pleasantries.

...

There was a silence as the story was unfolded and laid to rest upon the table. The fact that Shreiver had been married, had been tied to anyone, caused Sally some measure of surprise.

She did not think Shreiver capable of such a thing.

She found her eyes drawn to the empty goblet that rested before the echo of Gans, and the terrible feeling of the abyss resurfaced around her.

...

With the rising abyss, the echo of Gans, the table, the vague walls became insubstantial... and Sally again felt that she was viewing only the tiniest fragment of something far larger... something far larger than she could imagine.

She did not recognize her fear at first.

It came as awareness. A sensation, a sudden, overwhelming consciousness of her surroundings. She felt as if she could feel every current of air, every indrawn breath, every scratch of stone on stone... it was as if her senses were magnified to such an extent that they paralyzed her.

The echoes, the setting before her dissipated (was dismissed?), and Sally watched as the floor and semblance of walls became gray stone.

...

Sally was desperately trying to anchor her senses on the endless plain of gray stones when that which cast the echoes came upon her.

With its coming, walls splintered from the plains and rose around Sally like great spears hurled at the sky. Beneath her, the ground shuddered as the stones plunged beneath the Earth to support the rising walls. Before Sally's perceptions could catch up, she was imprisoned within gray, her body forced to kneel upon the floor by the fearful tremors of the stone.

She lay like a supplicant when the caster of echoes came upon her.

Its voice, if it could be called a voice, was the most terrible thing Sally had ever experienced.

The Heretic

The Ninth Ward has only one inmate. The electrical charge the characters may have noticed in the Cocytus (see *The Giants*, footnote four) is the only physical manifestation of the Heretic's presence. The electrical charges and fields are what could loosely be considered the Heretic's "consciousness." The density and intensity of the electrical fields are directly proportional to the energy the Heretic expends in thought or in using his mental powers.

The Heretic must expend a certain amount of energy in order to remain conscious and therein lies his problem... due to the Asylum's peculiar construction, the Heretic's growing consciousness strengthens the electromagnetic fields that form the walls of his prison (see *The Giants*, footnote four, above, and *The Prison*, below). The more aware he becomes, the more electricity he generates, and the stronger the prison walls become. If he reduced the amount of energy he spent in conscious thought to a level in which he might be able to escape, he would either go into a dormant state (only to have the field reestablish itself when he awakened) or dissipate completely. [1] The Heretic believes Dr. Shreiver is responsible for the construction and maintenance of the electromagnetic field (untrue), and it is the source of much of his anger.

The Heretic currently exists at a delicate equilibrium. He has restrained his electrical activity to such an extent that he can affect the Asylum from inside his prison, but only to create hallucinations and to affect the dreams of patients within the Asylum who are predisposed toward hallucinations and madness.

Author's Note: The Heretic (Gans) is a spiritual entity, not a bundle of statistics. The extent of his power cannot (and should not) be measured in Hero terms.

BACKGROUND: In my last dying moments as I felt my shadow step from my body, I cheated death and sealed my fate.

As long as the Asylum remains, my remains shall be trapped here. It is the construction of the place, the impressions left by all who have died within these halls.

The cold iron skeleton of the Divisions holds me like a cage, its ribs arching over me,

In this, the bitch queen has COMPOUNDED my prison. The final wards of the Asylum are just that, wards. Their heavy iron produces walls beyond which

1: In essence, the Heretic shores up the foundations of his own prison simply by existing.

I cannot pass. It is some thing fashioned of magnetism and electricity that binds me.

And so I languish here, as I did in life, with madness as my companion.

It has forced me to struggle with the definition of the universe itself, called me to battle at that violent edge where things are made and unmade, where logic is drawn into chaos.

• • •

The mind does not define life. The mind is a fiction. It is an arrogant fantasy created by mankind to fool itself into believing that humans are something MORE than matter, something MORE than mortal clay.

The mind is a vanity that elevates its own importance and hides its physical nature.

Thus, when the mind breaks, as all physical things do, the pain is compounded by the collapse of this fantasy. The pain is doubled by the reminder that the human mind, too, is but a thing of clay.

When the mind breaks, all sinews and muscles of behavior are broken, from the innermost sensations of consciousness to the outermost manifestations.

This is death.

You shall know this death. All of you.

In this death, you shall be elevated.

• • •

No longer do sinews hold my bones and flesh together.

No longer am I surrounded by layers of pain and abuse, no longer am I defined by the strata of physical existence.

I am so much MORE now.

There is so much MORE.

PERSONALITY: [1] The Heretic has tapped into the collective consciousness of humanity. As such, his personality fluctuates in tandem with the emotional undercurrents of human beings themselves. It is possible that the Heretic can manipulate these undercurrents to some extent.

While the Heretic is caged in the depths of the Asylum, the range of his perceptions are limited, and it is unlikely he can pierce past the Asylum environs to observe (or affect) the outside world. Still, it is possible that some of his psychic energy leaks from his prison, triggering random mental mutations in others (see *Canto Thirty-One*, *The Giants*, footnote four).

As it is suspected that the Heretic's personality fluctuates depending on the thoughts and emotional undercurrents of those in close proximity to him, it is likely the high concentration of disturbed patients in the Asylum exerts some influence on him. The extent of this influence is unknown.

Dr. Shreiver does not use the title "Heretic" when addressing her late husband and always calls him by his last name, "Gans." Among her other reasons for doing so, she privately believes that any reminder of the Heretic's human roots (such as his "human" name) is a means of humbling him. She has never seriously considered the notion that the Heretic and Gans may be two separate personalities.

QUOTE: The Heretic has no distinctive quote; although he can speak to others telepathically, it requires tremendous effort for him to "focus" enough to use language. Whenever possible, he communicates with others through intuition and images; the listener is usually unaware that their thoughts and urges are not their own.

Presumably, it is easier for the Heretic to communicate with sleeping or unconscious characters or with any character who has become temporarily insane and/or has psychotic features. The reason for his ease in communicating with his estranged wife has never been explained.

POWERS/TACTICS: The Heretic claims to be able to influence the emotions and thought processes of human beings, the range of which is unknown. Dr. Shreiver believes that the Heretic is responsible for the creation of many of the Asylum inmates, and sustains their insanity when she is on the verge of curing them.

The Heretic is believed to possess an arsenal of esoteric psychic powers; it is possible he can employ any mental ability (at any intensity he wishes), merely by thinking about it. If the information listed in the Personality and Powers/Tactics section is true, the Heretic's powers may be limited only by range (i.e., the area within his electromagnetic prison). To Dr. Shreiver's knowledge, however, the Heretic has never manipulated the physical environment of his prison in an attempt to free himself... he either cannot or will not do so.

If the Heretic's claims to Dr. Shreiver (see her narration in the *Preludes* section) are to be believed, time is no barrier to his perceptions. Shreiver is inclined to believe that the rantings of the Heretic are merely grandiose delusions he fabricates to amuse himself. The things of which he speaks are clearly impossible.

The Heretic's motivations with regards to humanity have been ambiguous at best. Dr. Shreiver believes the Heretic's plans for humanity are inimical and is determined to destroy him.

Power Notes

1. The Heretic cannot be combated in any conventional manner unless the GM wishes. It is intended that the Heretic's displacement from the world of game mechanics serve as a catalyst for players to think of solutions other than combat for dealing with the

1: There is some evidence to suggest that Gans and the Heretic are not the same personality. It is likely that Gans's personality was absorbed and changed by the metamorphosis into the Heretic, and Gans now exists as only an echo in the Heretic's psyche.

problem he presents for a campaign world. It is possible the Heretic could somehow be outmaneuvered or defeated through role-playing, but how this would work would depend on the PCs involved.

2. The Heretic apparently cannot psychically free himself from the electromagnetic casket in which he is imprisoned. Shreiver has also formed other hypotheses on why the Heretic remains imprisoned:

• If he was surrounded by a "conventional" human population he might be able to tap into the collective consciousness enough to slip between the bars of his prison. But among the high concentration of disturbed patients in the Asylum whose minds are "broken," this is not believed to be possible.

• Shreiver suspects that the Heretic cannot possess someone's body and walk free of his cage because a human body simply cannot hold all that he has become... should he attempt to enter a human vessel, he may lose all his mental abilities and enhanced perceptions (he becomes "grounded"). Should the body he possess be mentally disturbed as well (extremely likely in the Asylum), he will also be in danger of losing his identity in addition to his mental powers. Shreiver finds the irony of his condition (a disembodied 'all-powerful' mental entity that is unable to free itself because it lacks that which its scorns [physicality]) to provide slight satisfaction when her anger threatens to boil over.

• Gans is not believed to have the ability to focus his powers enough in order to be able to mind control someone to dismantle the cage (if such a thing were possible... it would take a few megatons of explosives).

3. The Heretic is more appropriate for mentalist or horror campaigns than for conventional Dark Champions (to clarify, the Heretic does not exist in the published *Dark Champions* universe except as an hallucination and delusion in the minds of the Asylum patients and staff). He is mentioned here only for background purposes. In low-powered campaigns, his invisible presence should be hinted at, much like a myth or an Asylum legend, but not dwelled upon. Who would believe such a thing?

The Prison

Shreiver is not a physicist, and she knows precious little about what has happened to Gans, the nature of her late husband's current incarnation (the Heretic), or the effects of the Heretic's presence on his immediate environment. If the information listed for the Heretic's Personality and Powers/Tactics section is true (i.e., the Heretic has tapped into the collective consciousness of humanity and his personality fluctuates in tandem with the emotional undercurrents of human beings themselves), then it is likely the Heretic cannot exist without the presence of human beings. If he was freed from his prison, it is probable that some form of symbiosis would result, with the Heretic both defining and being defined by the imaginations and thoughts of humanity.

As it stands, however, the Heretic is sealed inside a one-way mental prison. While the prison prevents the Heretic from spreading his influence far from the Ninth Ward, it does not shield him from the thoughts of others in the Asylum. As more mentally ill are brought to the Asylum, the Heretic is bombarded with stimulations, sensations, desires, passions, fears, phobias, and hysterias... as the mad and the insane clot the halls of the Asylum, the Heretic descends further into madness.

APPEARANCE: The Heretic no longer has human form and can only be perceived by characters with mental powers and/or those characters suffering from psychotic symptoms. Even in these cases, however, the Heretic only communicates and displays itself as an echo of its total being (i.e., the character may speak to fragments of the Heretic's personality, usually through a Mental Illusion of a human being, such as Gans, Shreiver, and so on); if the Heretic appeared to a character in its true form, the vision would drive characters insane (and may actually cause a "radiation accident"; see Freak in *Underworld Enemies*.) This "insanity-induction" effect is assumed to be automatic; it is much like a General Presence Attack of overpowering intensity. The Heretic will never use this insanity-induction as an attack unless the GM wishes the Heretic to do so (i.e., as a plot effect).

Truths

So you have at last come for the TRUTH.

The Heretic's whispers obliterated the cries that rose from Sally's throat. Within the narrow gray walls that entombed her, he seemed to grow in rage, as if Sally's physicality was an affront.

Yet you have come CRAWLING as a crab crawls, backwards, across a terrain of fear and hypocrisy, trusting in good fortune, praying for it, begging for it as a DOG begs.

Now you must embrace the POWER of misfortune.

For there is no greater INSTRUMENT of teaching, of stirring inactive minds to new heights, of stripping away ignorance and unlearning.

And YOU, Miss Robinson.

You have MUCH to unlearn.

...

They grasp the frail belief that they are in control here and call it FAITH. They believe it is strength.

I call their belief DELUSION. They clutch at it because they cannot bear to believe otherwise. This makes them WEAK.

The whispers fell in the growing gloom that was crawling across the walls of his prison. The voice grew deeper, more ragged, and as the darkness fell, Sally, somewhere in the back of her mind, knew she was witnessing some horrifying metamorphosis.

The withered bitch Queen Shreiver believes she HOLDS us here. Her belief casts the shadow over them all.

Only the Heretic's eyes were visible in the darkness, the white orbs burning from within.

She fools herself in that she is one step ahead of us, preserving a veil-thin fragile BALANCE in which she can barely keep us confined.

She is wrong.

WE are in control. The balance was broken so long ago that they have forgotten their defeat, the hour when they, the keepers, became the inmates.

Patients, all. Patience, all.

They cannot hold us. They cannot STOP us. To attempt to do so is suicide. For every one that tends us, there is a madman.

And every one that tends us IS a madman.

Your every pathetic longing, your every hunger, your every base desire — I see ALL that defines you.

You, like them, are shallow, and take comfort in it.

You, like them, live in the past, where the child-like skin of IGNORANCE protected you from harm. You want it BACK.

We see the world as it IS. We are not deluded that there is order. Order is a fabrication. We are TRUTH.

We BUILT the Asylum. We took care of it, and it is OURS.

We built the Wall that encircles us.

It is not a wall to keep us in.

It is to keep you OUT.

Every paving stone laid to rest with an inmate's blood.

It is our refuge. Not yours.

You are an INTRUDER.

The whispers disintegrated in the gray, growing darkness of the walls, until it seemed all around her was stone.

Your every movement was a mirror of MINE, your every burning curiosity sparked by a thought from ME. Your mind is but a sputtering candle in the infinite darkness that is ME.

I have been with you since the beginning.

I have orchestrated this work of misery from the bones of the lost and the fallen, from the impulses and longings of the small things of flesh that surround me. Because I wish to TEACH you TRUTH.

The final words were like hammer blows in her consciousness, and they pounded against her skull, sending fires through her mind, so hot and searing that it seemed that they would burn out of control.

And the truth is that you will NEVER leave here.

NEVER.

Perspectives from the Inside Out

The Heretic speaks the truth. The tenuous balance Shreiver perceives is not truly there; it is an illusion that allows the patients to operate more effectively. The inmates built the Asylum with their own sweat and blood (as hinted in the Timeline section), and they took control of the institution decades ago, when the world was embroiled in World War II (shortly before Gans became the "head" of the Asylum). [1] As the patients labored and built the Asylum walls and foundations, they gradually assumed more responsibilities for the care and maintenance of the institution (see the patient work programs in the Timeline, especially during periods of war) until they were the ones truly in charge, and the staff were none the wiser, content in their mediocrity.

If the PCs have come this far without deducing this, they should now realize that the scope of the battle

1: This is why the patients can escape so easily, then return to the Asylum, only to escape again... they are not being caged here. Though few of the patients realize it, the Asylum is their refuge from the outside world.

is much larger than they first thought. The battle is not to prevent the patients from seizing the Asylum (such a battle is several decades too late), but to prevent them from gaining more ground in the outside world. That is, if stopping them is even possible... the inmates have been waging this war before the characters were born.

The role of the inmates and staff is discussed further in *Libations*, below. While Shreiver is aware that the patients had much to do with the Asylum's construction, she does not (would not) accept the hypothesis that they are somehow controlling or in control of the institution. She will label any character who brings the theory to her attention as "paranoid."

Schizophrenic Psychics

Tears streamed from Sally's eyes as the Heretic's words continued their death march across her consciousness.

I will recite a creation myth for you, if you like.

I pose it at as a riddle:

And the Heretic came upon them in DREAMS, and said unto them, Be fruitful, and multiply and replenish the earth, and subdue it.

Have DOMINION over the fish of the sea, and over the fowl of the air, and over every living thing that liveth upon the earth.

And the Heretic breathed into them the dust of dead thoughts, and breathed into the minds of the stricken the breath of life; and they became not as stricken, but with soul and LIFE.

And the Heretic kept the chosen to him, in the walls of his garden, where they might dress and keep it.

The question I pose to you is a simple one.

Can a garden grow amidst broken stones?

While Shreiver is aware that there are psionics in the Asylum and has even accepted the presence of the Heretic, she has no idea exactly how many of the patients are mentalists, and as before, she will not accept the hypothesis that the patients are somehow controlling or in control of the institution. Her ignorance is due in part to the fact the abilities of these mentalists are often hidden beneath various psychological disturbances and can be rationalized away as psychotic symptoms. [1]

Decades ago, Superintendent Ross (see Timeline) discovered that many of the Asylum's mentally disturbed patients possessed extrasensory perceptions and psionic abilities (see *Libations*, below). At the time, he advanced the theory that mental disturbances were somehow conducive to the development of "sixth senses" and mental powers; later on, however, other parapsychologists came to suspect that the opposite was equally valid... that in some cases, the emergence of mental powers caused psychological damage to an individual (a theory consistent with the findings of Dr. Sebastian Poe; see *Mind Games*).

Many Asylum patients have been cursed with mental powers that have matured improperly. These emerging mental powers have disrupted the natural rhythm of the patients' nervous systems and thought processes. As parapsychology is still a fledgling science (if it exists at all in the GM's campaign) and the medical staff is unaware of the abnormalities that may result from the manifestation of mental powers, these damaged psionics and psychics are often diagnosed as schizophrenic and placed in disturbed wards. [2] After being incarcerated, the characters' uncontrolled powers (especially receiving telepathy) usually cause further brain damage; once the mentalist begins to absorb the thought patterns and sensations of other patients, stress accumulates until the character possesses not only an unfavorable mutation, but several Psychological Limitations as well.

Thus, the seemingly disorganized behaviors, delusions and hallucinations of schizophrenics may be the result of uncontrollable Clairsentience, Mental Illusions, Mind Links, Mind Scans, or Telepathy. These psychic schizophrenics may hear the buzz of machinery on a silent ward. Some perceive strange smells, fragments of memory, scratch itches that aren't there, whistle a tune composed in the mind of a mute, or have urges to attend to bodily functions that are not their own. Their blinking and speech may be stuttered, they may stagger unsteadily, even breath out of sync, as their autonomic nervous system becomes confused by the nervous systems of others around them.

Mental Perception

As mentioned in the *Hero System Rulebook*, p. 54, any character who possesses one of the five Mental Powers can see mental attacks normally invisible to other characters (in addition, as stated in the *Ultimate Mentalist*, GMs are free to classify other powers, such as Clairsentience, as being part of this "Mental

1: GMs running realistic, heroic-level campaigns can ignore this section... as much as "the Heretic" is a hallucination/delusion in such campaigns, the concept of disturbed patients having mental powers can be ignored. (The patients can still run the institution without the aid of mental influence or the Heretic.) This section is primarily intended for *Horror Hero*, paranormal *Dark Champions*, and conventional (super-powered) *Champions* campaigns.

2: Parapsychology, even after the research of Sebastian Poe, is still in its infancy and many members of the scientific community are not inclined to treat it seriously. In a four color campaign, the science may be more respected and advanced. Nevertheless, the realization that some mental patients are actually "damaged" mentalists may not be present in all campaigns. In the fictional city of Fell's Point, the CIA is the only organization that has drawn the connection (see *Libations*, below).

Powers" group). This new level of perception may either lead to a normal human being being classified as psychotic (i.e., neither the character nor the mental health physician is aware that the character may be mentally gifted) or lead to new delusions or hallucinations in the minds of already disturbed patients (i.e., a schizophrenic who claims to see swarms of invisible insects, CIA radio beams, or whispering ghosts may actually be describing the effects of mental powers he sees around him... structural abnormalities in the brain or severe psychological trauma may also cause problems in interpretation and reception of psionic stimuli). These new symptoms are usually passed off or dismissed by the staff as part of a patient's disorder.

Powers

Schizophrenic Psychics may have a variety of powers, but they usually possess a low EGO and little or no control over their mental abilities. Despite the intensity of their powers, they are not usually effective combatants. [1]

Schizophrenic psychics may "see" and "hear" things that aren't there because they cannot filter out or understand the stimuli they are receiving with their Telepathy or Clairsentience; their strange flights of ideas and "hallucinations" may not even be their own. Many telepathically receptive characters complain of painful physical sensations which have been diagnosed as somatoform disorders or somatic delusions, but are actually the pain that others around them are feeling. Some sample powers for mentally disturbed psychics include:

Astral Form: Some catatonic schizophrenics are not really catatonic as much as assuming an astral form and leaving their body behind. This is sometimes interpreted as derealization or depersonalization (feelings of being distanced or removed from one's body).

Clairsentience: Schizophrenics who sit staring blankly at the walls of their ward may actually be watching something transpiring just beyond the viewer's perceptions, either in the past or future.

Mental Illusions: A schizophrenic may be able to broadcast Mental Illusions at any level. Sometimes these Mental Illusions will be projected hallucinations, and thus, limited to a certain Sense Group (see *Ultimate Mentalist*). Schizophrenics with Mental Illusions may shape the world around them to fit in with their psychotic symptoms or delusional theme (i.e., using Mental Illusions, they can be Attila the Hun rolling across Asia instead of sitting peacefully in their cell in the Asylum; characters who speak to these patients may suddenly find themselves on a rolling plain with horses and mad Huns thundering around them).

Mental Transform: As mentioned in the Ultimate Mentalist, almost any effect is possible with a Mental Transform (a Transform that works vs. EGO instead of BODY). Patients may have powers such as mind transference, psychomorph (the ability to change their personalities or that of others), projecting mental disorders (either one or many), telepathically-transmitted diseases (TTDs; see Numbskull in the upcoming *Asylum Bedtime Stories* book), memory transference (or memory absorption, dissociation, or eradication), induce echopraxia, echolalia, or disrupt a character's native language so they can no longer speak to others coherently. Again, as mentioned above, these powers are likely to come with a number of Limitations (Psychosomatic and Physical) that prevent them from being used effectively as offensive weapons.

Mind Control: Schizophrenics with Mind Control may be able to place delusions in the minds of victims. (Paranoid Schizophrenics with this power may unconsciously alter the world around them so everyone really is out to get them.)

Telepathy: A schizophrenic may have Telepathy at any level.

Other mental-based powers may suggest themselves when a GM flips through the *Hero System Rulebook* or through the *Ultimate Mentalist*; almost any variation of mental power is possible (the odder the better). [2]

1: In essence, schizophrenic psychics are not what would be considered "well-designed" characters from a player or GM standpoint. It is in keeping with the disturbed nature of these patients that the majority of their mental mutations be neither beneficial nor combat-oriented (and even if their powers could be used as weapons, the schizophrenics will frequently have no idea how to attack an opponent with their powers because of their Psychological or Physical Limitations). It is recommended that most mentally disturbed mentalists in the Asylum possess defective mutations that cause them more harm than good... every power they possess should have at least a -1/2 Power Limitation associated with it or some form of Disadvantage (either a Psychosomatic or Physical Limitation) that prevents them from using their powers effectively.

One of the reasons for the presence of these disturbed psychics is plausibility... it is implausible to assume that gaining paranormal powers is a neat, tidy process (at least without some rationale or creation myth that explains the beneficial mutations). In Asylum, paranormal powers often come with a cost so high most characters cannot pay for them. Thus, they become shades in the blackened halls of the institution, without the insight or the knowledge to understand what has happened to them.

These cursed paranormals can serve as a counterbalance to gifted paranormals in a GM's campaign (i.e., PC heroes and villains). Much like "low-powered metahumans" (LPMs) mentioned in *Corporations*, p. 77, the psychics in the Asylum act as a contrast in that they are the lowest rung on the paranormal ladder... they are the waste, the refuse, a select population of detrimental mutations.

2: GMs can roll randomly on the Skills, Talents and Powers Charts in the *Hero System Rulebook*, then roll randomly on the Power Advantages/Limitations for some interesting combinations (i.e., Multiform, Usable on Others). Surprise the players.

Power Limitations

Some psychic schizophrenics have psychosomatic foci or rituals for suppressing or controlling their mental powers. They may wrap their heads in aluminum foil, hold TV antennas, wear cowboy hats with weights dangling from the edge (to keep their head from "wandering"), and carry other items that allow them some measure of control or security (see Angela Dross and Betty Pleasants in *Psyciks*, below). In some cases, simply because the schizophrenic believes these items work, they do. When deprived of them, they may be rendered powerless. As a result, the following Power Limitations can be applied to schizophrenic Mental Powers: Concentrate, Focus, Gestures, Incantations and Limited Power (various). GMs can also page through the rules-blistering *Ultimate Mentalist* for more ideas for Power Limitations.

Disadvantages

In addition to the disadvantages that normally occur with Schizophrenia (fragmented speech, fragmented thought, psychotic symptoms), some schizophrenics are, for want of a better term, "user-friendly." They are psychic or psionically receptive, and their minds are more comfortable and easier to mold than that of a normal person (see Gurney Wallace in *Psyciks*, below). Usually, this "mental friendliness" is applicable only with certain types of mental powers, such as psionic powers, psychic powers or psychokinetic powers, but some schizophrenics are globally receptive to all mental powers. This power/disadvantage can be simulated in a number of ways:

1. A Vulnerability to the appropriate mental power(s).

2. A Physical Limitation that reduces the character's EGO for the appropriate attack. Frequency and Impairment depend on the campaign, the type of power the character is receptive to (being receptive to Mind Control, for example, can be much more dangerous than being receptive to Telepathy) and the amount of EGO reduced by the Physical Limitation.

3. Give the user-friendly schizophrenic the Mental Power they are receptive to, but with the Usable by Others Power Advantage (which they give to the attacker). As the schizophrenic cannot usually use the power themselves, this is considered to be a zero-sum modifier. The Trigger Power Advantage and the No Conscious Control Power Limitation can be applied to the power as well.

These characters are sometimes labeled as drones, horses, steeds, and so on. They are mildly gifted with mental ability and can gain telepathic infections as per normal psionics and psychics.

Conclusion

If a telepathic surgeon operated on the psionically sensitive inmates in the Asylum, a brigade of surprisingly powerful telepaths could be brought against the characters (the CIA is well aware of this). As it stands, however, few of the staff even suspect the schizophrenics are psionically active. Some sample "Psyciks" are presented below.

Psyciks

Angela Dross [WARD 5]

Powers and Skills: [Normal with an 8 INT and an 11 EGO.] Angela is telepathically sensitive and has Mental Awareness, Activation 9- (-1 1/2), Clairsentience with Mental Awareness, Activation 9- (-1 1/2), along with Retrocognition [1] with Time as a Range Modifier (-1/2), Activation 9- (-1 1/2), but the Retrocognition provides vague information only (-1; see UM). Angela also possesses Images vs. Mental Awareness, 0 END (+1/2), No Range (-1/2), No Conscious Control [2] (-1). Angela has limited Everyman Skills plus AK: Southside and PS: Store Clerk at an 8 or less.

25+ Disadvantages: Enraged (Variable Trigger, Uncommon to Common) 14-, 8-, Psychological Limitation: Depressive Symptoms (Uncommon, Moderate), Psychological Limitation: Undifferentiated Schizophrenia with Somatic Delusions and Auditory and Tactile Hallucinations [3] (Very Common, Strong), Psychological Limitation: Racist (this is irrespective of her disorder but factors into her paranoid ideas, Common, Moderate), Physical Limitation: Limited Everyman Skills (due to Schizophrenia, Infrequently, Slightly), Distinctive Features: Disorganized Behavior (Not Concealable, Major).

Appearance: A black woman in her mid-thirties. She is dressed in normal street clothes except for what looks like a sheet or white bandage wrapped around her head like a turban. She stands about 5'6" and is a little on the thin side. She appears well-groomed and neat.

Notes: Angela is thirty-five years old and has been in and out of the Asylum for the past eleven years. She has a criminal record and was admitted to the Asylum five months ago after being charged with Assault,

1: Especially to read telepathic messages imprinted in objects (see *UM*, Telepathy). If the GM wishes, Angela may have Astral Awareness as well (see *UM*).

2: Angela, however, has some control in that she can turn off the Images by wrapping her head in a towel or sheet (thus, the -1 Limitation).

3: This is the diagnosis, but it is obviously limited, considering Angela's condition. She does have hallucinations, but a large portion of these "hallucinations" are due to her enhanced perceptions.

Aggravated Assault, Resisting Arrest, Terrorist Threats, and Endangering the Welfare of Others.

Angela's sense of time is badly distorted (she will refer to the present in the future tense, and the past as "now"). She claims the doctors have her age wrong, and it's a common mistake... ever since her relatives gave her the wrong calendar many years ago, everyone thinks she is five years younger than she is. This is often followed by a reminder to the listener that she's not really ill; her problems actually revolve around the number of letters in her name, and that if she remarried, then it would all be "solved." She occasionally talks about the "people with no arms and faces walking through the Asylum," and can often be heard complaining about the roaches and bugs crawling in her head. She claims they wouldn't be there if the Asylum was cleaned more often. [1]

Angela is a racist and distrusts all whites, who she claims are "all out to kill her." If asked to elaborate, she will launch into a long diatribe about how white people have been hounding her and her family for years, and how they finally put an end to her husband and her two children "but that didn't quiet them none, cause I can still hear them keep calling me bad names." She can stop the voices by wrapping a wet sheet or towel around her head. [2]

She likes attention and becomes paranoid when ignored, blaming it on the staff members and their drugs. She gets angry easily and has attacked other patients in the past.

Betty Pleasants [ROSS HOUSE: GERIATRIC WARD]

Powers and Skills: [Senior Citizen with a 9 INT and 8 EGO.] Betty is telepathically sensitive and possesses Mental Awareness, 360 Degree Sensing (+10). [3] She has a limited selection of Everyman Skills, including TF: Automobiles (although she is a poor driver and forgets to stop at red lights), English (3 Points), AK: Fell's Point Suburbs (Colonial Heights) 8-, PS: Knitting at an 11 or less.

25+ Disadvantages: Vulnerability: x2 Effect from Psionic Powers [4] (Common), Psychological Limitation: Delusional Disorder (?) with Visual and Tactile Hallucinations ("Rays," Very Common, Strong), Physical Limitation: Limited Everyman Skills (Infrequently, Slightly), Age: 40+, 1 Stress Level/Day Dependency (Psychosomatic) on Plastic-lined clothes, Distinctive Features: Plastic-lined clothes (Easily Concealable, Noticed), 1D6 STUN Susceptibility from psionically saturated environments (i.e., the Asylum).

Appearance: A white female, around fifty or so, with a troubled face and round, silver-rimmed spectacles. She wears a black wide-brimmed hat (lined with what seems to be plastic), and a few small gray curls peek out from beneath its brim. She has a tendency to pace back and forth, and she wears a heavy floral dress that drapes down to her ankles.

LEFT TO RIGHT: ANGELA DROSS, BETTY PLEASANTS, GURNEY WALLACE

Notes: Betty is fifty-five and claims she is being irradiated through the ceiling of the Asylum. As Betty is quick to relate, the problem all started several years ago when the "rays" began to emanate from the roof of her house. The rays eventually became so bad that she had to sleep under long sheets of plastic at night to get away from "the pesky things." She called the police several times about the problem, but whenever they came, the rays went away. She tried to move away from her home, but the "rays" came into her car and moved in with her. If any character does not appear to believe her, she will smile consolingly (she may pat the character's hand reassuringly) and say that it's all right, and not to trouble themselves humoring her... she is used to people not believing her. If PCs do seem

1: Again, the cause of some of these "delusions/hallucinations" is listed in her statistics.

2: The Asylum records list Angela as "married with two children" (and any doctor examining Angela can tell that she has been pregnant in the past). If PCs attempt to contact Angela's family, however, they will find no record of her husband or children living in Fell's Point or anywhere else.

3: Betty cannot tell what type of mental powers are being used, only that they are present (i.e., she does not possesses Mental Awareness with the Discriminatory addition). When she is wearing her plastic-lined clothes, her Mental Awareness should be treated as a Detect rather than a Sense (see Detect, *Hero System Rulebook*, p. 67). Betty does not like perceiving mental powers, as they cause a psychosomatic (?) allergic reaction and terrible rashes and burns (see *Susceptibility*, below).

4: Betty does not have this Vulnerability as long as she is wearing her plastic-lined clothes (which help keep out the "rays").

to believe her, she will look relieved and pull up the sleeve of her dress and show them the burns she has received from the "rays" (it may be actual radiation or a psychosomatic reaction to what she is perceiving). The medical staff have explained away her burns as some form of allergic reaction.

Betty was admitted to the Asylum about a month and a half ago and is able to take care of herself without much help from the staff. She becomes significantly distressed if anyone attempts to "wean" her of her plastic-lined hat or dress. If her plastic-lined clothes are removed, the psychosomatic burns will begin to carpet her body like a fungus.

Gurney Wallace [WARD 6]

Powers and Skills: [Normal with 9 STR, 5 INT and 5 EGO.] Gurney possesses Mental Awareness with an 11- Activation, and he can Push his STR to maniacal levels (+5) in order to free himself from straps or restraints. Gurney possesses no Everyman Skills.

25+ Disadvantages: Vulnerability: x2 Effect from all Psionic Powers (Gurney is a "user-friendly" Schizophrenic Psychic), Psychological Limitation: Undifferentiated Schizophrenia (Very Common, Total), Distinctive Features: Scars on Forehead and Broken Nose (Concealable, Major) and Distinctive Features: Schizophrenic Behavior (Smashes head against walls, Not Concealable, Extreme)

Appearance: A short, wiry Caucasian man in his early thirties. He has curly red hair, a crooked nose, bloodshot eyes and heavy scarring on his forehead and wrists. He is usually dressed in a pair of faded green pajamas, torn at the knees and arms, and they are so loose in places that they look like they are almost falling off of him. When strapped down, he screams incessantly, breaking into shrieking sobs and howls and tearing at the straps that hold him in place. When freed, he will run to the nearest wall and smash his forehead into it as fast and as hard as he can.

Notes: Gurney no longer makes any sense to the staff or to himself. Picked up from a homeless shelter in Fell's Point, Gurney has no identification, no medical history, and is incapable of any sort of speech other than babbling incoherently. Whenever he is left alone and unrestrained, he runs at the nearest wall and begins to pound his head against it. Usually Gurney is placed in a locked padded seclusion room for his own safety, and even then, he has to be strapped down to a bare mattress so that he will not smash his head against the wire mesh window in the room. When strapped down, he screams at the top of his lungs, sweats profusely and rolls around, straining against his restraints. Even in the seclusion room, his screams carry over the background noise in the Asylum and sends shivers down the spine of anyone who can hear it.

Gurney is a former Army volunteer who was injected with a series of experimental hallucinogens by the CIA (he was considered one of the project's "less receptive" subjects and abandoned). The hallucinogens gave Gurney the power to perceive the use of Mental Powers, but it also gave him an undetectable neurological condition that makes him feel as if a colony of fire ants are nesting in his brain. It is unlikely there is a cure for his condition.

Gurney is a "user-friendly" schizophrenic psychic (see *Schizophrenic Psychics*, above). He can be used as a drone (i.e., operated from a distance with Mind Control) and used as a human time bomb. While Mind Controlled, the pain of Gurney's neurological condition can be dampened to give him the appearance of normalcy.

The Hallucination

You have FELT my presence within these walls. When your mind betrayed you or descended into sleep, it is THEN that you felt my blessing upon your consciousness.

This blessing is not without weight and form. It is as real as the STONE beneath your feet, as real as the WALL that girds these broken minds, as real as the touch of your skin upon MATTER.

It exists. It is palpable.

Which of these states is the Asylum? Is it the hell composed of the broken ROCK of this crag? Or the hell brought forth from the human MIND?

I will answer as I answered many years ago.

The Asylum is HELL.

It is not clear from what source the Asylum hallucinations originate. The phenomena has never been studied, and because of Shreiver's relationship with the Asylum (see Dr. Shreiver, Powers Notes, #1), the hallucinations do not occupy her thoughts. The rest of the staff who are affected by the hallucinations do not discuss them, either passing them off as stress-related nightmares or absorbing them quietly and paying attention to what transpires within them, as if seeking guidance. The lack of communication among the staff prevents the commonalties of the hallucinations from being recognized.

There are several possible explanations for the hallucinogenic effects within the Asylum:

1. They are hallucinations, nothing more. This is not as implausible as it might sound. The specificity and

commonalty of the hallucinations can be attributed either to sheer coincidence or to similarities (structural or experiential) on the patient's ward which could cause certain symbols to appear to several different patients while "daydreaming." As not many patients will discuss their hallucinations or dreams to staff members or PC, these hallucinations may be occurring in only a few individuals (or else can be rationalized as occurring in only a few individuals).

2. The Asylum is being flooded with some sort of chemical agent that is causing these effects (most likely by the CIA; see *Libations*, below). It is possible that the chemical agent is somehow responsible for the common themes that reappear amongst the patients' hallucinations.

3. The Heretic is responsible for the hallucinogenic hell that overlays the Asylum. As much as Gans believed himself a ruler of an underworld or a Hades (see both the narrative above and the *Preludes* section), it is possible that the Heretic projects this belief onto the Asylum itself. As his power is believed limited, however, it is not clear exactly how the Heretic accomplishes this.

4. The "psyciks" are responsible for the hallucinations. Their abilities create and fuel the consensual hallucination that encompasses the Asylum. The problem with this theory is that the hallucinations are extremely specific... most psychotics would lack the ability to maintain or focus the hallucination. It is possible that the hallucination is due to a combination of factors; the psyciks may provide the energy necessary for the hallucination and the Heretic may provide guidance and direction.

5. In a *Horror Hero* campaign, any of a number of extraplanar influences may be responsible for the hallucinations.

Whatever its origins, the hallucinogenic state that overlays the Asylum does exist and has affected the structure and operation of almost every section of the Asylum. The effects vary from location to location and are listed in the description of the Asylum Grounds and Wards.

Mental Powers

Using mental powers in the Asylum is dangerous. More often than not, using a mental power will make a character a juicy target, and the more powerful inmates (Freak; *Underworld Enemies*, p. 22) will gravitate toward the new mental signature, eager to feed on the new psyche. Furthermore, the hallucinations that fill the Asylum walls have an adverse effect on mental abilities (see the descriptions for the buildings and wards in the *Asylum Grounds* and *Wards* chapter).

As a result, the GM may want to include some rules on using Mental Powers in the Asylum: [1]

• The alpha wave activity in the Asylum (especially in the Western Division) is like static to the senses of any character with Mental Powers (or Mental Awareness). During some episodes when the psyciks are alert and active, the alpha wave activity may become so high that characters with Mental Awareness will hear nothing... it is so intense that it has grown beyond their ability to "sense" it. As a result, characters may proceed through the Asylum without detecting the use of a single mental power. They may not realize anything is wrong until they realize they cannot perceive the use of their own mental powers.

• Using Mental Powers in some Asylum wards will cause painful feedback. These wards are described in the Wards section.

• Characters can gain TTDs (telepathically-transmitted diseases) within the Asylum walls. TTDs are transmitted by psionic contact with a TTD carrier... the disease (whatever its nature, whether mental retardation, a contagious thought or idea, echopraxia, echolalia, and so on) will travel along the alpha carrier wave and nest in the mind of the character. Characters using Mental Illusions, Mind Control, Mind Link, Mind Scan and/or Telepathy in the Asylum will be putting themselves at risk for TTDs.

• Characters entering the Asylum in Astral Form (or using Astral Form within the Asylum) will automatically be pulled into one of the hallucinations that blanket the Asylum (see *The Hallucination*, above as well as individual descriptions for each building and ward in the *Asylum Grounds* and *Wards* sections). Characters may find it next to impossible to escape, and to make matters worse, no matter which hallucination they enter, the hallucination will have the potential to do STUN and BODY damage to the character.

Characters flying on the outskirts of the Asylum in Astral Form will feel the Asylum exerting a gravitational pull on their astral forms.

• Psychic senses are no longer reliable within the Asylum walls. There is no guarantee what characters see with Clairsentience really exists, and Retrocognition and Precognition may yield either nothing at all or horrifying images that cause shock or epileptic seizures.

1: These rules are suggestions only. The GM is under no obligation to abide by them. They are listed here solely as a means of frightening mentalists who enter the Asylum. Not being able to count on their powers when the going gets rough can add to the tension, and the realization that their "gifts" are actually a detriment in the Asylum may cause some characters to think twice before using their powers to try and run roughshod over the Asylum and its inhabitants.

• Some Talents (e.g., Absolute Timing, Bump of Direction, Combat Sense, Danger Sense, or Defense Maneuver) may be psychic in nature, and therefore unreliable in the Asylum. GMs can turn these powers on and off (especially Danger Sense) to enhance the tension and uncertainty.

• Characters with psionic Invisibility may be perceived by some patients as ghosts or apparitions. (The patients may chase after the character, trying to "shoo" them away.) Other patients may see Invisible characters as some form of hallucination and will close their eyes tightly to avoid looking at the characters.

• Mental Defense helps characters in the Asylum only if the GM allows it. It may help with individual mental combats, but it will be no more effective than wet cardboard for shielding the character from the other "psi-symptoms" that fill the Asylum.

• Characters with Mental Illusions may find that they gain the No Conscious Control Power Limitation while in the Asylum (they will receive no bonus points for this). When they attempt to use their power, inmates may unconsciously bend the Mental Illusions to reflect their own psychotic state... if characters are around a large number of psychotic patients, then the Mental Illusions will form into a horrifying mosaic of their hallucinations and terrors. GMs may rule that characters who Concentrate at 1/2 DCV or spend x2 END can negate this effect (if the Mental Illusions are purchased at 0 END, then the character can negate the effect by spending the normal END on the power).

GMs may also rule that any character who uses Mental Illusions within the Asylum will be sucked into one of the hallucinations or dream states that fill the Asylum (see the listing for individual wards and buildings).

• Mind Links may be broken or disconnected at random while characters are within the Asylum (Mind Links can be suddenly disrupted at appropriate moments to add to the tension). They may even be "tapped" by other patients who will eavesdrop on the character's thoughts (and who may perceive the communication between characters as auditory hallucinations, "disembodied voices").

• Using Mind Scan in the Asylum is one of the unhealthiest things a character can do. For every Phase the character is looking for a specific mind, the GM should roll 1D6... this number is how many patients suddenly "lock-on" to the character with their Mind Scan (the character may suddenly feel like a number of loaded guns are being pointed at him). What happens next depends on the GM; one of the patients who have "locked on" to the character may have a TTD (see above), the patients may just sit on the character's mental shoulder while the character continues their search (much like vultures), one patient may attempt a Mind Transference (see *UM*), or the patients may choose to feed on the character and attack him with selections from their bizarre mental arsenal (see Schizophrenic Psychics, above). Every Phase the character continues searching with their Mind Scan, they will gain an additional 1D6 patients as "hanger-ons" (i.e., three Phases, 3D6 patients lock on). If the character is perceived as threatening or dangerous, the attackers may reduce the character to a vegetable within seconds.

• Mentalist characters may gain random Power Advantages and Limitations while in the Asylum. Their Ego Attacks may suddenly gain an Area Effect Advantage, or they may suddenly discover that their Ego Attack has limited Charges (simulated with brain fatigue, hemorrhaging, or some form of "brain-burn"). Characters who enter the Asylum may find they no longer know (or can rely on) their own powers. In general, these Advantages and Limitations grow in intensity the longer the character spends in the Asylum. If the character remains long enough, they may even have a "radiation accident" (see *Champions Rulebook*, p. S9).

If the GM wishes, some PCs may learn to tap into the raw mental energy that flows through the Asylum stones and may be able to employ it like a mental battery. This would work well with psychokinetic powers (i.e., Telekinesis), but the GM should include some Side Effects and some danger for characters plumbing this "Asylum battery."

• Mentalist characters with the Invisible Effects Power Advantage for their Mental Powers will find that they can no longer completely mask their abilities in the Asylum. Other inmates with Mental Powers are allowed an EGO-based PER Roll to notice a mental power with Invisible Effects.

• Characters may also gain sudden psychological trauma from using powers (choose a Temporary or Long Term Psychological Limitation).

Timelines: Libations

Have you heard enough?

Every word left a scar, burned into the gray matter in Sally's skull. When it seemed that she could bear no more, the words would invent some new torment, unleash a new flood of ideas and sensations and redefine agony.

You will learn to appreciate your misfortune after you have had the taste of my teachings.

I have found TRUTH to be more bitter than any falsehood.

For in the truth lies the hopelessness of your position.

LISTEN to me.

I have a tale to share with you.

Shreiver... she is madder than us ALL.

As Shreiver's name seared a trail across Sally's mind, it was echoed by another name that cut through the chamber walls.

In its wake, the voice of the Heretic fell still.

...

"Gans."

The word was an order, a command and a warning that cut across the prison. Sally saw the shadow step from the darkness at the perimeter, reality bending around her like a curtain as she came into view.

Sally was too paralyzed to speak, but her first thought was that the woman was old. Terribly old.

And Sally knew, at that moment, that some sort of balance had been brought into effect.

...

In Shreiver's presence, the boundaries of the prison chamber seemed to recede, change, become dampened... Sally was at a loss to describe it, except that Shreiver's presence seemed to moderate the raw intensity of what was transpiring around them. Was Shreiver really here or—?

"I knew you would come here," Shreiver spoke to Sally. "Perhaps one of the stupidest things you could have done."

"Where are we?" The pains Sally had felt at the Heretic's words were fading as quickly as they had come, but the memories lingered like dark clouds in her mind.

"Did he lead you here?" Shreiver asked, ignoring Sally's question. At first, Sally thought she meant the Poet, but then she realized she meant the man who had been seated at the table with her... and the thing he had become. "Did he?"

"I don't know," Sally responded truthfully. "I don't know. J... the Poet... led me here, I thought. But I don't know where he is."

Shreiver did not respond to this, but she seemed to become more angry, as if some line had been crossed where she was no longer in control.

Sally could not tell who the anger was directed at... at Sally, at the Poet, or the imagined echo, Gans... the terrible presence that had spoke from him...

"What now?" Sally found herself saying.

"Don't you know?" Shreiver hissed, and Sally shrank back. "Don't you know? Didn't you come here for a reason?" When Shreiver saw Sally's surprise, she stopped, incredulous, and shook her head in disbelief. "No, you didn't did you?"

"I came here to escape the Asylum." Sally said. "But I don't know how to do that... I came here in search of some answers," Sally found her words begin to spill from her mouth, driven on by anger and frustration. "...except there doesn't seem to be any answers, just more and more questions! Where are we? What is this place? What—"

"What is the Asylum? Is that your question?" Shreiver asked, smiling angrily. "Or perhaps you would like to know what has happened here? Which is it?"

The question hung in the space that separated them. Sally read Shreiver's expression.

"They both have the same answer," Sally replied.

Shreiver nodded. "Very good."

...

"Shall I tell it, Gans?" Shreiver spoke to the space, her words edged with anger. "Will you let me speak without interruption? Or do you have more grandiose threats to make? Any more displays? If so, do it now." Shreiver folded her arms and waited.

Around her, the prison stirred, but there was no sound from the space around them.

And so Shreiver began.

Shreiver does not know the full history of the Asylum (this is why her rendition of the Asylum's "true" history starts in the *Pulp Era*, below). While some patients may be able to provide segments of the information listed in the *Eldritch Era*, below, it may take the PCs some time to gather all the pieces and realize what has taken place.

Eldritch Era

As mentioned in *Truths*, above, the Asylum patients are largely responsible for the founding and construction of the Asylum (most noticeable in the 1893-95 fragments). During the Eldritch Era, however, they were still coming into their own, and they were both unaware of their psionic potential and the community that they were creating within the institution. Though many horrors occurred during the Asylum during this period, the staff still maintained some measure of control over the Asylum and its inhabitants. Though he had not paid much mind to the matter early in his service at the Asylum, the longer Superintendent Bourne spent at the Asylum the more he suspected that some of the patients were beginning to manifest extrasensory perceptions. This suspicion was fostered by the terrible (possibly precognitive) dreams that his wife was having while the Bourne family were staying at the Asylum. Nevertheless, Bourne was a skeptic and a "realist," and he never seriously entertained the possibility that the patients might have any sort of mental awareness. His recorded observations, however, added further fuel to his successor's (Superintendent Ross) belief that there was something out of the ordinary about the Asylum patients.

Unknown to Bourne, the pathological laboratory (under charge of Dr. Farrell at this time), may have been doing research on the psychic phenomena within the Asylum. GM's discretion... the lab and its directors are mentioned in the *Timeline* in case GMs wish to pursue this adventure seed.

Pulp Era

Shreiver folded her arms, and paused, as if hunting for a starting place. [1]

"I'm not sure really where to begin..." She frowned for a moment, as if sorting through her memories. "Perhaps with Superintendent Ross. I think he was the first to notice what was transpiring in the institution. He observed that some of the mentally disturbed patients were manifesting extrasensory perceptions. I imagine at first he found this hard to believe, but eventually he accepted it. He brought Dr. Solomon, a cerebellic researcher, to the Asylum to study the phenomena in these 'special cases' that Ross had identified."

...

Superintendent Ross succeeded Bourne in 1920, and where Bourne had been skeptical about what he had seen within the Asylum, Ross found the growing evidence to be beyond denial. He brought Dr. Solomon (see *Timeline*, 1922) to the Asylum to examine the phenomena. Although Dr. Solomon reputedly specialized in cases of schizophrenia, this was because of his interest in cerebellic mutations, not schizophrenia per se. Dr. Solomon had seen some mentally disturbed patients manifest extrasensory perceptions during his career, and had long been obsessed with categorizing and duplicating whatever caused these patients to have "visions." Ross provided Solomon with his own ward in which to study the special cases in the Asylum and gave Solomon free reign to experiment on the patients within this ward. This was unfortunate, for Dr. Solomon's obsessions with mentalism ruled his actions. The patients were subjected to many torments in the hopes of discovering the source of these mental mutations. [2]

Ross and Solomon had frequent arguments about the research on these "special cases," and frequently, both of them put aside the concerns of the rest of the Asylum patients and staff in order to devote time to this research. This lead to many changes in the Asylum census... many chronic patients were admitted and kept at far below the normal rates so that they might be studied and a core number of these chronic patients were kept at the Asylum for an extended period of time (see *Timeline*). Insulin shock and metrazol, sensory deprivation and surgical examination were all used on patients for research purposes... though in some cases, it appeared more akin to torture. Solomon cared little for those under his care except for what information they might provide for him once they were put under heavy medication, or as often was the case, under the scalpel. Solomon was eventually dismissed from the Asylum after mounting debts and continual failures in research.

1: Again, as Shreiver does not truly know when the secret Asylum history begins, she believes that Superintendent Ross is the "correct" starting place.

2: "Solomon's Ward" was where psychic potential was first studied in the Asylum. It was located in the Admissions Building, and the ward was constructed to be as spartan as possible (much in the manner of a sensory deprivation area) with everything a stark white — Solomon hoped that once isolated from their senses, the patients' special abilities would emerge. Dr. Solomon had so much support from Dr. Ross that he was able to take liberties with the patients, injecting them with psychoactive drugs, strapping them to their beds, and even causing them severe amounts of pain in order to "coax" them into performing. (It is no accident that an operating room and a laboratory are located close to this ward.) This ward may still be located in the Admissions Building if the GM wishes... if so, characters with mental powers can detect faint telepathic traces and signatures (see *UM*) all over the walls and cells of this ward, echoes from the powers used in the ward in the past.

Ross also instituted another project within the Asylum that was to grow in later years. He appointed a social worker to keep track of any schizophrenics and other psychotic patients [1] released in the Fell's Point community, including information on their biological relatives, careers, and their place of residence (see *1921, Social Worker*). Ross hoped to be able to track these patients should any of their "special abilities" re-emerge, or if necessary, monitor their biological relatives to see if they manifested any specialties.

Patients: This is the era when the patients began to become conscious of their abilities and became aware of the invisible community that they had established within the walls of the Asylum. The shortages of staff and supplies in World War I and World War II allowed them to take over many of the duties of the Asylum, and finally, one year before Gans became Superintendent, they took complete control.

The odd thing was, few patients even realized what they had done... and those who did realize only saw a small part of the total picture. To all outward appearances, the Asylum continued to run as before, but beneath the surface, subtle changes occurred. The patients began to make changes in the hierarchy, shuttle doctors around the various wards, and began to expand the subculture within the walls. The patients were responsible for Gans's appointment to Superintendent (and they probably contributed to Ross's death in some fashion) and if some of the Asylum prophets are to be believed, the fact that Gans was born within the Asylum seemed to mark him as someone especially "gifted"... it seemed natural that he should be the one to lead them. (Gans, even at the end of his life, was aware of none of this.)

Once they had established themselves, the special case patients set about attempting to stabilize their influence and expand. Again, it is difficult to argue whether the patients were conscious of what they were doing... it is possible that they simply recognized an instinct within themselves to "procreate" and create a secure environment for themselves. Many of them escaped or were otherwise secretly seeded back into the Fell's Point community.

The Modern Era

Gans succeeded Ross. He set about trying to stabilize the institution and improve patient care as best he could. Nevertheless, as he examined the journals of Ross and Bourne, he too became interested in the special cases present in the Asylum. At first, this was the curiosity of a researcher, but as Gans neared the end of his life, he became convinced that the specialties of the patients held some key to escaping death.

...

Shreiver's voice droned on.

"Gans continued the traditions. He saw it as a form of escape... and a source of fear. Some of the observations of the patients seem to suggest that there was nothing beyond death, a long final sleep from which they would never awake. And so Gans became frightened. He could not physically prevent his own death, but he wondered if perhaps the psionic powers of the patients might somehow save him from his fate." Shreiver shook her head, frowning. "And so he entered into a partnership with the CIA in the 1960s. That was when the horrors begin. They — they left nothing in the Asylum untouched."

Shreiver drew a deep breath. It was ragged in her throat, as if her breath was catching on something. She gave a slight cough, then continued.

"They did... things to the patients here. For almost a decade. And the end result of their research lies here. They made a poison which they felt held the key to 'awakening' psychic powers in human beings. They ingested it, and they died."

Shreiver remained still for a moment, as if listening to something in the silence. The stillness dragged on, until Sally realized that Shreiver intended to say nothing more on the point.

In the darkness, Sally felt that Shreiver had somehow pronounced a judgment upon the dead within the Cocytus.

...

The Asylum had fallen on hard financial times during the Modern Era, and it was perhaps this, coupled with Gans's fear of death, that lead him to ally himself with the Central Intelligence Agency who was conducting cerebellic research at the time under Project M-K-Ultra. [1, next page] Gans made the Asylum's past observations and research available to the CIA, and he invited two CIA-backed psychiatrists (Dr. Thomas Morrow and Dr. Sebastian Poe) to the Asylum in the 1960s in order to conduct research in

1: These patients were not necessarily special cases. Patients who were special cases or were believed to be special cases were only re-admitted to the community when Ross and Solomon were unable to diagnose their specialty (or in some cases, when the patients used their specialty to convince the doctors to release them). After Solomon left, Ross continued keeping files on all specials (actual or believed) within the Asylum. The social workers, while aware that Ross had an interest in these specific individuals, were never clear exactly why this was.

cerebellic mutations. Morrow and Poe were fascinated by the tremendous psychic potential within the patients, and, backed by government grants (see Timeline... the Asylum's economic problems seem to suddenly vanish), they established several labs in the Eighth Ward, in an area that came to be known as the "Cocytus" (the reason for the name has never been determined... it may have gained its name after the CIA abandoned the labs). The Asylum provided a number of disposable subjects, and because the CIA had control over most of the money that was coming into the institution, the agency held control over Gans and most of the activities within the Asylum, reducing Gans to more of a puppet than a Superintendent. During this period, the CIA maintained close ties with the Fell's Point University Department of Psychiatry (who had a number of scientists undertaking research at the request of the CIA) and Swift Pharmaceuticals (who provided much of the laboratory and chemical agents the CIA used in their experiments). The CIA were also responsible for financing the Medical Division as well as the greater security measures that were implemented at the Asylum in the 1960s.

The CIA was in search of a way to exploit the psychic powers of the inmates for intelligence gathering purposes. While they found some patients who had useful abilities (these patients were promptly shipped off to CIA training camps), others seemed to be dregs with little or no covert operation value (these patients were operated on and tested). During the decade the CIA occupied the Asylum, the goals of their research seemed to change radically on a yearly basis... the last stages of their stay involved tests to determine if psychic powers could be induced by chemical means.

The CIA abandoned the Asylum in 1969 after "completing" their research, not long after the great fire struck the Asylum (see *Fire of 1969*). The final result of their research, the S-Series hallucinogen dubbed "the Poe Derivative," was found to be poisonous and further experimentation with the hallucinogen was presumably discontinued. What happened to Dr. Poe and Dr. Morrow is unknown. [2]

...

Shreiver continued, every word more bitter than the last.

"My husband had wanted to take the derivative, but after the..." Shreiver frowned bitterly, "...'accident,' as he called it, he was too scared." The last word was delivered with a slight hiss of scorn. "His fear had given the CIA the key to this place, then his fear prevented him from following through to their conclusion."

Shreiver's eyes blazed in the darkness.

"People die, Miss Robinson. It is a scary fact, and it is hard for some people to come to grips with. Fear of death is a reasonable thing. But death, the fear of it, is never a reason to send others to die. Especially when the order is given by a man who has sworn, by the oath of his profession, to care for those that come to him for aid."

Shreiver paused again, taking another breath, then continued.

"So..." The next words seemed to be more difficult for Shreiver. "His fear prevented him from taking the hallucinogen the CIA developed. After all they had done with his consent."

Sally shifted on the floor where she lay. "But finally, he did? He took the derivative?"

Shreiver's eyes seemed to lose focus for a moment.

"Yes." She took another breath. "I administered it to him."

Dr. Shreiver: Dr. Shreiver assumed her duties as Medical Superintendent in 1972. It is not clear whether Dr. Shreiver was aware of what was taking place in the Asylum... it is believed that she was aware of the secret labs in the Cocytus, but she chose not to investigate, professing that whatever Gans was interested in was something that she would decidedly ignore. Still, it is unlikely that she would have been able to overlook the presence of the two CIA-backed doctors and the disappearance of many patients within the Asylum walls in the 1960s.

Regardless, at some point Shreiver did become aware of the experimentation (presumably after the mass suicide that took place in the Cocytus in 1969)

1: M-K-Ultra was a real-world project undertaken by the CIA's Office of Technical Services (OTS). OTS was investigating methods of controlling the behavior of others through chemical and biological means, including LSD and mescaline. In Dark Champions, the CIA established a fictional research foundation to provide a cover for clandestine activity involving Morrow and Poe (and also to launder money so that the operations taking place in the Asylum could not be traced back to the CIA); the foundation was called the Human Ecological Research Society (HERS), and it had its headquarters on South 75th Street in Fell's Point.

2: Dr. Poe and Morrow are still alive and well on the Fell's Point peninsula (see future *Dark Champions* supplements for more information). Further experimentation utilizing the data they gathered at the Asylum has resulted in a new series of hallucinogens that have had marginal success in inducing psychic powers in human beings. Among their subjects have been Gurney Wallace (see *Psyciks*, above) and the Cheshire Cat (see the upcoming *Asylum Bedtime Stories*... Bob's brother had been one of their test subjects but died when the CIA injected him with an overdose of the Poe Derivative as an experiment. After the "accidental death" of his brother, the CIA replaced Bob's Lithium with the Poe Derivative to see what would occur).

and punished her husband by administering the Poe Derivative to him and leaving him in the Cocytus to die (see Shreiver's introductory narrative). [1]

"But the derivative is poisonous," Sally pressed. "It can't be used without killing the user."

Shreiver glared, then nodded tersely. "Poisonous, yes."

"So..." Sally's first instinct was to be tactful, but she suppressed it. Shreiver had shown her no such leniency before. "So you purposely administered this derivative to your husband without his knowledge."

Sally both heard and felt the pause before Shreiver spoke.

"Yes," Shreiver replied, but it was a tone lower that Sally had been used to, as if Shreiver did not want to speak too loudly, as if doing so would be admitting her deed. "It was what he wanted."

"He wished to be poisoned?"

Shreiver's eyes narrowed, and her face gave evidence of the struggle to lash back at Sally. Eventually, it seemed some form of restraint won out, and Shreiver's next words seemed carefully chosen.

"Miss Robinson, you could not possibly hope to understand what my late husband had done... in this place of healing. What you may have gathered, even what I have told you, does not tell half of what my husband had done to twist its purpose, because of his own petty insecurities. He violated a trust with the patients here." She swallowed, and it was almost a rasp in her dry throat. "He had wanted this substance, had worked so hard, harmed so many under his care, he deserved to have it. The question of its lethality was simply no longer relevant to me at the time."

"Last I heard that constituted murder," Sally's face was a stone. "And from what you just said, that sounds a lot like revenge."

"Perhaps to you." Shreiver folded her arms.

"To anybody," Sally shot back. "But your hypocrisy aside, I'd appreciate it if you could explain something to me... the substance obviously wasn't lethal." Sally glanced around her. "If it was, then none of this would be happening... would it?"

Shreiver gave what sounded like a sigh, then her voice flat, she launched into a recitation. "From what I had been led to believe, in addition to the behavioral disturbances caused by the derivative, the subject experiences severe motor abnormalities shortly before death... in some cases, this will be a murderous frenzy... as I'm sure you have observed in the remains of the labs here. In Gans, it caused paralysis. A catatonic state. According to the research, this should have been a precursor to his death."

"So what happened?" Sally said. "Why didn't he die?"

The harshness bled out of Shreiver's features for a moment, and Sally felt the wall between them abate. She studied Shreiver's face and realized the answer before she spoke.

"You don't know, do you?"

Gans's Death: As mentioned in his description above, Gans was born in the Asylum, and at least one of his parents (perhaps both) was considered a "special case" (i.e., mentally gifted/disturbed). Gans, however, never displayed any mental power, psionic or otherwise, during his lifetime. When Shreiver poisoned Gans with the Poe Derivative on their final night together in the Asylum (see *Timeline: Libations*, below), it is possible that the hallucinogen acted as a catalyst for a latent mental ability, but this is only conjecture. (Gans's body is no longer available for examination to prove this hypothesis, and his disembodied form will provide no answers to characters who ask.)

Patients: The patients solidified their hold during the Modern Era, continued to breed, and set about plans for expansion into Fell's Point to create more of their "kind" among the population. The Children's Division (1965-1970) was one of these projects, designed to examine (and when necessary, create) disturbed children with psychic powers. [1, next page]

The patients, on some level, were believed to have allowed the CIA within the gates of the Asylum. The reason for this, again, is not clear, but several hypotheses have suggested themselves: one was that the CIA had access to resources and scientists that the Asylum patients did not... by allowing them into the

1: Dr. Shreiver administered the poison to Gans in his wine (again, see Shreiver's introductory narrative in the *Preludes* section).

Asylum, the patients could learn from what the CIA researchers discovered. It is also possible that of the few patients that were aware of what was going on (i.e., the knowledge that they were somehow in charge of the Asylum) recognized that, despite the deaths of their brethren, they stood to gain two things from the government research... the origin of how they developed their new consciousness and how to "awaken" others faster than they had before (i.e., synthetically). Time had shown that attempting to breed more psychics was a long process, and the patients were looking for a short cut in which to create more mentalists through an artificial catalyst... and thus the researchers developed the hallucinogen known as the Poe Derivative.

The patients tailored much of the Asylum to their liking during this time, including removal of some staff members (whether by retirement or death) and forcing changes among the hierarchy. The high fluctuation of the patient census during their period was symptomatic of the times, but the patients also were quick to release "gifted" patients back into the Fell's Point community so that they might breed. The social workers were able to keep track of some of the patients, but not all of them... as many as a few hundred may have slipped through the cracks during this period. What happened to them is unknown.

Timeline: As the reader may have noticed, the period from 1970 to the present has been omitted from the Timeline. This has been done for two reasons; one is that this time period may hit too close to the reader's campaign... it is hoped that the GM has their own ideas what the Asylum staff and inhabitants have been up to during this period. The second reason is that because of the actions of the patients, the Asylum maintained a static equilibrium during this period. Nothing of any bureaucratic or structural importance occurred. Buildings decayed, were repaired, only to decay again in short order. Funds were wasted on maintenance, a few patients were cured, and new patients were admitted. The patient census maintained a steady level from 1970 to 1990.

In the published Dark Champions universe, more patients were released into the Fell's Point population during this period, either due to deinstitutionalization or discharges. The patients continued to look for others of their "kind." The primary opposition to the expansion of the Asylum patients was Crusader (see *Underworld Enemies*), but even he did not fully recognize the threat the inmates presented to Fell's Point. His relation to the Asylum was in his contribution to the Cycle, below:

The Cycle: A wearisome cycle continued throughout the Modern Era as Crusader continually fought, captured and returned escaped inmates to the Asylum (see *Sally Robinson*, Background). On the surface, it seemed to be nothing more than a sorry reflection of a comic book plot, but there are some additional information that the GM may wish to reveal to the PCs at some point in the future:

1. On some level, Crusader recognized that the Asylum had become a nation (a world) unto itself. As such, he accorded it all the respect reserved for foreign nations and left the Asylum community to its own devices as long as its inhabitants did not prey on the citizens of Fell's Point. When this occurred, Crusader would capture the offending member of the Asylum, punish them, and return them to their community. [2] At points during his career he did pressure Shreiver to exert a tighter rein over the patients, but as neither Crusader or Shreiver realized who was really in charge of the institution, this had no effect.

2. Although Crusader would rarely admit this to himself, he was afraid of disturbing the equilibrium between Fell's Point and the Asylum. Although this fear did not stop him from stopping and punishing the Asylum patients when they committed crimes in Fell's Point, he had a terrible feeling that if the institution was seriously threatened it would destroy Fell's Point. He had no evidence to support this suspicion, however.

1: Despite the fact the CIA left the Asylum, this practice of examining disturbed children for mental powers was never discontinued. An examination of the female patients in the Patients section will reveal that a number of their children are missing (see Ellen, Katie the Birdiladi, Maria, Mustang Sally, and Rosebelle, as well as Angela Dross in the Schizophrenic Psychics section, above). These children have been "adopted" by the CIA who use them in medical experiments conducted by a contract physician, Dr. Newland Day (see the Asylum Timeline, 1965-1970 and the Abandoned Children's Division described in the Eastern Division in the Asylum Grounds section). These children, having been born in the Asylum, are believed to have the potential to develop mental powers as a result of their parentage and because of the strange influence the Asylum seems to exert on its inhabitants (i.e., due to the telepathically-transmitted diseases, the Heretic's considerable psionic presence, and so on).

Initially, the Children's Division in the Asylum was to receive mentally disturbed children from the surrounding population and then to check them for mental mutations. When it became clear that the CIA could actually arrange "breedings" among the Asylum patients, the Children's Division became a place where they could shuttle the offspring and examine them. When the Children's Division was abandoned, the CIA and other physicians in the Asylum (some without their knowledge) arranged for a steady stream of children born within the Asylum to be ferried out to Dr. Day and his CIA backers so that they might be examined.

It is believed that the patients (at least a majority of them) agree to this practice in the hopes of continuing their "gifted" bloodlines. Genetic transmission is another way to continue producing more psychically-gifted humans.

The GM can either flesh out this as an adventure on their own or else wait for elaboration on the subject in future *Dark Champions* supplements.

2: Presumably, Crusader would have been well within his rights to execute these patients, but he chose not to do so (this choice was

"And Sam?"

Sally discovered that she didn't want to ask the question. She no longer wanted to know the answer. But she had come too far... and she did not want to leave a gap in her mind of Sam's past that might be filled in with fantasy. She didn't think that she could bear that.

"And Sam?" Sally persisted. "You knew him, didn't you?"

Shreiver nodded, and her voice dropped, as if preparing to soften the blow.

"I knew him, Miss Robinson. But let me tell you right now, that your image of Sam, whatever it may be, is not the true one. Sam was... disturbed, and he suffered from what people sometimes call a 'Mask Complex,' an over-identification with another personality, usually personified in a costume, or mask." Shreiver coughed. "Sometimes it's called a Persona Personality Disorder... nevertheless, it is what drove your friend, Sam, to do the things he did. As a result, many of the patients here became trapped in a cycle that Sam was perpetuating with his disorder. In his role as a 'crime-fighter' he saw it as his duty to hunt and punish the patients in these walls. As long as he continued to do so, he was not only hurting himself, but dozens of other patients in my care."

Shreiver raised her eyebrows, and gave a slight smile that Sally assumed meant that she was supposed to understand and sympathize with what Shreiver was saying... like a small child might agree with her mother.

"And?" Sally became angry again, both at the condescension and what Shreiver was telling her.

"So I helped him," Shreiver said.

She seemed surprised that Sally had asked.

Note: The following is what happened to Crusader in the published *Dark Champions* universe in 1988-1990.

November, 1988: Arriving at the Asylum to question a patient about a crime in Fell's Point, Crusader is tricked and imprisoned by Dr. Shreiver. She unmasks him, identifies him, and attempts to discover what drove him to vigilantism. Despite the amount of drugs pumped into his system and intense psychoanalysis, answers are not forthcoming.

Experiencing frustration due to her inability to gain facts on Sam's past (it is under lock and key in the CIA database, far from prying eyes), Shreiver informs Sam that unless he comes to trust her, she will be forced to move him to the Western Division.

December, 1988: In December of 1988, Shreiver carries through on her threat and Sam is imprisoned in the lowest levels of the Western Division. There, the other patients begin to chip away his resistance, somehow secure in the knowledge that once Crusader breaks, the Asylum itself will break apart and allow them their freedom. [1]

1989: The Hallow's Eve fire rages through the Asylum, engulfing the Fifth Ward and destroying almost a quarter of the Asylum records division and the Medical library. The fire is believed to have been set by the Pretender (see *Underworld Enemies*, p. 24). After the fire, the Pretender assumes Crusader's identity. [2]

During the later half of this year, patients begin to find their way out of the Asylum, either by escaping or being discharged. As Sam descends deeper into madness, the patients drift from the Asylum one by one and filter into Fell's Point. The Idiot King is the last one to leave, but as he has been planning the 1990 festivities for some time, he is in no hurry. [3]

January, 1990: The escaped patients begin testing the inhabitants of Fell's Point through various abhorrent acts, and pressure builds within the city. On the night of Crusader's "Fall" (see below), civil unrest boils over in Fell's Point, leading to wide-scale rioting and looting.

The Fall: Crusader's first (and true) Fall. Suffering under the effects of the continual drug treatments and the torture of the other inmates, Crusader's resistance crumbles, and he confesses his murderous past to Shreiver. Shreiver draws the connection between the guilt of the murder and the manifestation of the Crusader identity, then informs Sam that he will have to remain at the Asylum, most likely for many more years to come.

1: Apparently, some delusional patients felt that the Asylum was a reflection of Sam's personal neuroses... should he "break," it seemed logical to them that the Asylum would "break" as well.

2: Again, this was symptomatic of Sam's identity crisis. The Pretender's breakdown (caused by Freak, see *UE*, p. 24) and his emergence into the outside world was also a way by which the patients were "testing the water" in the outside world.

3: It is suspected that the Idiot King spoke to Crusader the night before his breakdown (see below), but there is no proof of this. The Idiot King insists that he did not speak to Crusader.

As civil unrest boils over in Fell's Point, Crusader goes berserk and leaves the Asylum by force. [1] During his escape, several patients in Wards Seven through Nine are seriously injured, and the Western and Eastern Divisions suffer tremendous structural damage.

Aftermath: Once Sam escaped from the Asylum, he returned to Fell's Point and helped subdue many of the Asylum's escaped patients... enraged and under the influence of drugs, Crusader's delusional state lead him to believe that if he could somehow place these "neuroses" back where they belonged (each neurosis represented by an Asylum inmate), that order would be restored and he would become "sane" again. [2] Whether this "therapy" worked is unknown... it is unlikely. Shortly after defeating the last of the Asylum inmates in Fell's Point and returning them to the Asylum, Crusader drifted out of the public light and began to look for a replacement for his role in Fell's Point. He was never the same after his imprisonment at the Asylum; although he would never admit it, his experiences at the Asylum broke him psychologically. [3]

Sally did not respond when Shreiver had finished. She did not know what to say.

Sam had developed a death-wish in the Asylum. His guilt had been compounded, reflected, intensified. If what Shreiver said was true, then Sam had spent his entire life learning how to die... even when he met her.

Even when he was with her?

She refused to believe it. She could not know what Sam had experienced in the Asylum, but she had known the man, the human side of Sam, and she had known that when they were together, he had wanted to continue with life.

If he had spent his entire life planning his death, then in that time he was with her, she knew he had discovered he no longer wanted to die.

Sally wanted to laugh, to scream, but it just seemed that the irony defied expression.

...

"So that's why you asked if I had come for revenge against you." Sally said, her voice flat. "On some level, you must have known that what you'd done here, what you'd done to Sam, was wrong."

"No," Shreiver said, shaking her head. "Not at all."

Sally gave a brief, scornful laugh. "No, of course not... you'd 'helped' him." She stared at Shreiver impassively. "Thank you for convincing him that life wasn't worth living anymore."

Shreiver looked as if she wanted to speak, but held herself back.

"So what now?" Sally said. "Back to treatment for me? Back to the padded cell? I didn't harm those patients," Sally replied. "You know it."

Shreiver, after a moment, nodded.

"Nonetheless, Miss Robinson, you're still carrying a great deal of anger and undoubtedly a large portion of it is directed at me—"

Sally sighed. "I'm too tired to be angry with you... and as I've told you, I'm not Purge. I never was. I'm fine."

Shreiver let her voice drop again, perhaps as one last attempt to communicate with Sally. "Miss Robinson... Sally, I know it hurts you to hear me say it, but Sam was never that important. Everyone spends their entire life dying. Don't let him dictate how you live now... he's gone." Shreiver's face relaxed slightly, and a trace of emotion came through. "Don't dwell on it, Sally. Don't become one of the walking wounded. There are too many out there—"

Sally closed her eyes. "Why don't you go back to fucking up your own life and leave me alone?"

Shreiver's face hardened again.

"You don't understand yet, Sally. I think you will, though."

1: Although he will not speak of it, the Poet descended into the Asylum's Lower Wards on the night of the Fall in an attempt to rescue Sam.

2: This is the point at which Sam makes his first public reappearance after a year of being "gone" (see *Sally Anne Robinson*, Background).

3: If the subject is brought up with Shreiver, she will mention (off handedly) that Sam manifested a death-wish in the Asylum. She will not admit that this might have been because of the psychological pressure she was placing him under and will steadfastly claim that it was Sam's hatred of himself that led to his self-destructive behavior. Either theory is possible.

Some of the patients in the Asylum (in keeping with the neuroses hypothesis, above) believe that Crusade served as the representation of Sam's self-hatred. There is no way to confirm such an argument, however.

Sally watched as Shreiver turned and walked back through the space, the gray swallowing her.

...

As Shreiver vanished, the prison seemed to shift, and Sally was once again conscious... of Gans, of the Heretic, whatever it was that was caged within the bowels of the Asylum. Its presence seemed to course through her, and she felt the fear she had felt before resurface.

"Are you here to torture me again?" Sally spoke to the presence.

She does not wish it... I do not wish it.

You have done what I needed you to do.

"What about J? Where is he?" Sally asked.

The fallen one is safe for now. He has served his purpose. I will return him to you.

"Yes," Sally said softly. "That's what I want."

You did what he was unable to do, so many years when he traveled this path. For that, I suppose I should give thanks.

Leave what you brought, and then I shall allow you to go free beyond the wall.

Sally nodded, uncertain at his meaning. As she nodded, a thought suddenly came to her, unbidden, and before she realized what she was saying, she spoke the thought to the space around her.

"Do you think if she had loved you... if she had loved you enough, would you have approached death as you did? Would it have held the same..." Sally struggled with the thought, with the words, then composed herself and asked again.

"If she had loved you, would you have feared death?"

She was not sure if she was asking because of Shreiver... or because of Sam. But she was certain that she needed to know the answer.

There was silence in the chamber.

We will meet again.

Outside the Asylum.

...

"Outside the Asylum?" Sally asked. "If —" She faltered. "Then why do you remain here?" Sally asked. "There's—"

Sally felt the impulse as it rolled over her, and she shuddered, blinking back the tears that sprung unbidden from her eyes.

Do you not KNOW?

No...

Perhaps you do not.

It may come to you in TIME.

Understanding, for some, is slow.

When she dies you may find that the FEEBLE walls of this PRISON are no longer enough to contain me. And my vengeance, my blessing to your diseased city will be terrible to behold.

There was silence within the prison... if a prison was what it truly was.

You have brought memories of life with you.

Leave me.

I no longer wish you to BE here.

The terrible sense of space rose around her like an ocean, drowning her in its expanse.

Sally fell.

Asylum Finale: Grounded

When Sally's senses returned to her, she found herself outside the Asylum... exactly where she was she was unsure, but it felt as if she was at the fringes of the Asylum. Steps separated her from the outside world, past the black forest that marked the division.

Beside her, lying upon the ground was the frail form of the Poet. He looked peaceful and still, and Sally at first feared that he was dead. Then she saw his chest rising and falling in sleep.

As Sally looked upon the Poet, she was suddenly conscious that there was something missing from her person, but she could not recall what it was. Whatever it was, she did not miss it, and she found

that her step was lighter than it had been before.

And the hurting was gone.

A cold wind blew across the Asylum grounds, and Sally shivered, pulling the remnants of her uniform tight about her. Winter had come early this year.

Of course it had, she thought.

the rush of air like flight as he fell into the Underworld

The Fall had already come and gone. It remained where it was, where it should be. In the past.

She was so tired. She felt as if she had been turned inside out, and she was exhausted.

Dead leaves crackled beneath her hands as she collapsed onto the grounds outside the Asylum.

...

Sally dreamed.

...

In the dream, there was a shift, a comforting one.

Sally dreamed she was herself.

She was again conscious of an *I*. As she lay unconscious, tears of relief streamed from her eyes and fell upon the Asylum grounds.

Sally

The dream started the same as the other.

I am lying in bed, in the featureless gray. And instead of watching myself from a distance, Im in me, looking out. It feels strange... different. The gray mist is still there, blanketing every corner of the world.

Except this time...

...this time there are other shapes in the mist.

And when Sam appears, suddenly, silently from the mist, the costume is gone. His face is curiously relaxed, and as he walks to me, I study it desperately - I want to see it one more time before...

He comes to the bed, to me and kneels, watching me. Hes waiting for something.

I can speak.

'Sam.

Gently, he brushes the hair away from my face. Behind him in the mist, the forms move in the gray. They are drifting through the mist, except there seems to be a purpose in their movements, a rhythm, a complexity... suddenly, overwhelmingly, I feel an urge, frightening in its intensity. I turn to Sam, the words forcing their way past my lips.

'You know what the Asylum is, dont you, Sam?

There was the flicker of the smile, and his finger pressed against my lips, silencing my words.

The Asylum

I thought of a man, and a woman, forever separated by the past. An irreconcilable separation of mind and body. And hate.

A fierce hate, that perhaps wasnt hate, but something else.

You know what the Asylum is dont you Sam

The question echoed in my mind.

the Asylum

Asylum

But it didnt need an answer anymore.

Appendix 0: Psychotech

I don't even want to know what that thing is for, do I?

- Elliot Manns, the Idiot King -

This section details some of the medical technology used by the Asylum staff to help characters with various mental disorders.

Straitjackets

Straitjackets are canvas shirts with long sleeves designed to bind the arms of a violently insane character. The shirt is put on and securely laced; the patient's arms are then folded, and the ends of the sleeves are fastened behind the back, binding the character's arms to the sides of his body. Straitjackets can be of any strength and durability, although in a paranormal *Dark Champions* campaign, some patients need to be specially fitted for straitjackets made of ballistic mesh or cloth.

Statistics: 5D6 Entangle, Variable Advantage (+1/2, see Notes, below), No Range (-1/2), 1 Recoverable Charge (-1 1/4), Cannot be used to form "Walls" (-1/4), Straitjackets do not usually restrict leg movement (-1/4... although the character can be secured with leg chains if it becomes necessary). [75/23] The straitjacket is an OAF (-1) when used as a weapon to secure someone, but when secured, it is treated as an Obvious Inaccessible Focus (-1/2), due to the difficulty of removing it from the subject once it is secured.

Combat Notes: A character in a straitjacket can still fight, but at penalties. For every point of BODY in the Entangle, the character suffers a -1 DEX, and corresponding losses in OCV, DCV, and SPD. Any maneuver or skill requiring the hands cannot be performed. The following additional rules may apply:

• When a straitjacketed character is being beaten with clubs, punches, and kicks, these attacks are unlikely to damage the straitjacket, only the character (i.e., "Entangle takes no Damage from an Attack," +1/2.) The GM may rule, however, that a character's straitjacket gives the character partial protection from Physical STUN attacks. Every point of DEF in the Entangle gives a character a point of non-resistant PD. Only locations 6-12 (hands, arms, shoulders, chest, stomach; see *Hero System Rulebook*, p.162) are protected... called shots to the character's head and legs are treated as normal.

• Killing Attacks and Energy Attacks have varying effects. In some cases, the Entangle is considered to "take no damage from an attack" (if the character is attacked with a taser, tranquilizer dart, or shot with a bullet... a bullet is generally insufficient to damage the Entangle, but it will seriously hurt the character) while in other cases, the "Entangle and the character both take damage" (for example, if Ashtray Art soaked a character's straitjacket with gasoline, then set fire to the straitjacket, the flames will damage both the character and the straitjacket).

A character with the Contortionist Skill or the Stretching Power can worm their way out of a straitjacket given time. With the Stretching Power, the character needs only to make a DEX Roll to squirm out of the straitjacket. They may continue trying every Phase until they succeed or run out of END.

With the Contortionist Skill, it is recommended that the contortionist make a number of successful Contortionist rolls equal to the BODY of the straitjacket Entangle (i.e., a 5 BODY straitjacket would require the Contortionist to make five successful rolls to escape). These Contortionist Rolls are usually performed at a -2 to -4 penalty, depending on the circumstances. The GM can rule that the Contortionist rolls do not need to be made in succession... in a 5 BODY Entangle, the character can make two rolls, then fail, then try again until five successes have been achieved. The only penalty is wasted time and chafed skin.

Characters with the Talent Double Jointed can make a DEX Roll to escape with the same stipulations as the Contortionist Skill, above (i.e., a 5 BODY Entangle would require 5 DEX Rolls, and the rolls are done at a -2 to -4 penalty), except that the DEX Rolls must be made succession. Once a character fails a roll, they may not try again.

It is implausible for a character to escape from a straitjacket unless the character has some paranormal

power (a flaming Damage Shield, claws, acid blood, superhuman strength), a martial arts ability (controlled breathing to allow them to "slip free" of bonds or a Ch'i power), or some outside help (i.e., a sharp projection on the wall, an ally helping them undo the straps, and so on). GMs should take this account when strapping the character in.

EEG (Electroencephalograph)

An electroencephalograph is a device that monitors electrical activity in the brain. Six to ten electrodes are attached to the character's skull, and the electrical activity in the character's brain is translated into line tracings called brain waves (the graphic record of the line tracings is called an electroencephalogram). These brain waves are associated with different states of mental activity (awake, drowsy, deep sleep, and so on). The alpha wave rhythm is the most common wave form and consists of smooth, regular oscillations at a frequency of 8 to 12 per second. It is usually diminished ("blocked") by sensory stimulation and mental activity (including the use of most psi powers). The beta rhythm has a frequency of 13 to 24 cycles per second and is usually associated with alert subjects (i.e., when the character is solving a problem, deciphering a clue, and so on). Some psychics and mentalists have been observed to have enhanced beta rhythm activity when using their abilities, but these cases have been rare. The theta rhythm has a frequency of 4-7 cycles per second and usually occurs when the character is in light sleep. The delta rhythm occurs when the character is in deep sleep, at about 0-3 cycles per second.

An EEG can be used to diagnose brain damage, neurological disorders, and can be used in some biofeedback techniques where characters attempt to consciously alter their own mental states. In psionic campaigns, an EEG may be a means by which researchers can detect the use of mental abilities in patients.

Statistics: An EEG is usually purchased as Sense Electrical Activity in the Brain, Discriminatory (to detect the specific brain wave patterns), Extra Time (5 Minutes, -2), OIF (-1/2), Bulky (-1/2) [10/2] The EEG will generally need an external power source (i.e., it needs to be plugged in), and it costs END.

Note: An EEG can either be allowed to detect mental powers automatically (for example, a certain frequency and amplitude of alpha wave indicates the use of psionic powers) or else the GM may require that an additional Detect or Sense be Linked (-1/2) to the EEG "power" above.

EKG (Electrocardiograph)

This device is used to record contractions of the heart. It can be used to diagnose and detect heart disease in a character, and it can also be used for monitoring subjects for sleep research in laboratory situations.

Statistics: An EKG is usually purchased as Sense Contractions of the Heart, Extra Time (5 Minutes, -2), OIF (-1/2), Bulky (-1/2). [5/1] It generally requires an external power source (i.e., it needs to be plugged in), and it costs END.

Electroconvulsive Therapy (ECT)

In electroconvulsive therapy (ECT), electrical current is passed through the brain to create a convulsion of the central nervous system, like an epileptic seizure, after which the character is often in a clearer state of mind. Also called electroshock therapy and shock treatment, ECT is used mostly in treating severe Mood Disorders (especially Major Depressive Disorders), although occasionally, ECT is also used to rouse a schizophrenic patient from a catatonic state.

Prior to ECT treatment, the patient is examined and given appropriate tests, which may include an electroencephalogram (EEG, see above) to detect brain injury that might be related to the patient's condition. If the injury is present, the injury rules out the use of ECT.

If no injury is present, the patient is prepared for ECT. Usually, ECT is given early in the morning; the patient must not have anything to eat or drink for eight hours before treatment and morning is generally the best time. The patient is put to sleep (usually with a short-acting barbiturate or an anesthetic given intravenously), then the patient is given a drug (succinycholine) to temporarily paralyze the muscles so they do not contract during the treatment and cause fractures. One electrode is placed above each temple, and an electric current is applied for about a second. The current triggers a brief seizure (lasting 5 to 20 seconds); since the character is already anesthetized and relaxed by the succinycholine, the character is usually unconscious during the procedure (if not, the character is likely to lose consciousness during the treatment). An EEG monitors the seizure activity and an EKG monitors the patient's heart rhythm throughout the procedure.

Recovery is rapid; characters normally awaken anywhere from ten to fifteen minutes after the seizure, but it may take twenty to sixty minutes after awakening for a character to recover completely (many characters have headaches, confusion and muscle stiffness after the procedure). Some temporary memory loss is common, and severe memory loss occurs in about .5% of all patients treated with ECT.

Statistics: 6D6 Electrical Energy Blast, NND [1] (Biological rPD or Power Defense in the head [Location 3-5] protects, +2), Character only gets a REC every ten minutes after ECT is administered [2] (+3/4), No Range (-1/2), Extra Time [3] (5 Minutes, -2), OIF (-1/2), Bulky or Immobile, depending on the campaign. (In the Asylum, it is immobile, -1) [112/22] It generally requires an external power source, and it costs END.

ECT Notes: GMs may wish to take the following into account:

• ECT has proven to be effective in relieving some Major Depressive Disorders and Catatonic Schizophrenia. If this is the case, then it is possible that as a result of the treatment a character loses points in the appropriate Psychological Limitation... but as a consequence, they may suffer any of the following effects: a loss of a point of INT, EGO, PRE, or gain a corresponding Physical Limitation (ECT Amnesia) at a point value equal to the points that were lost from the Psychological Limitation. This is not necessarily the way ECT works in the real world, but GMs may choose to make it necessary in order to maintain "point balance" in the Hero System. If the Major Depressive Disorder/Catatonic Schizophrenia is a Temporary or Long Term Psychological Limitation, this "point balance" does not need to be maintained (as the character never paid points for the Psychological Limitation to begin with).

• If the GM intends to use ECT as a threat in the Asylum, it is recommended that every time ECT is given to a PC, it has a chance of permanently erasing a point of EGO, INT or giving the PC a permanent Physical Limitation related to the ECT side effects. This is decidedly unfair, but it can evoke the necessary fear and anxiety in players whose PCs are receiving as many as three to four shock treatments a day as "punishment." These lost Characteristic or Disadvantage points can be regained with Experience Points, if the GM allows.

History: ECT was used a great deal in the forties and fifties before effective drug therapies were widely available. ECT has long been controversial, and its use declined in the 1960s and 1970s. Nevertheless, it has not been completely phased out of therapy, and some mental institutions still use ECT and consider it the only cure for the some cases of depression. Usually, the paperwork and getting the bureaucratic go-ahead to use ECT is difficult and time-consuming.

The Asylum is not supposed to resort to ECT until they have first tried extensive drug therapy on a character (at least three months with each drug). To use ECT legally, the Asylum is required to go to court and fill out the necessary paperwork, but there have been times when this procedure has been ignored.

Treatment Course: The usual course of ECT treatments is two or three times a week for three to four weeks. A faster method, in which the patient's heart rate is monitored with an electrocardiograph (EKG, see above), employs repeated surges of electric current in one to three sessions. After this period, once the patient and family feel that the patient is more or less back to his original level of functioning, one or two additional treatments are recommended to prevent a relapse.

1: As this defense is rare in *Dark Champions* (it may even be nonexistent, if the *Dark Champions*-Hudson City published universe is used), it is given a +2 Power Advantage. GMs should use either Power Defense or rPD, whichever is more appropriate. ECT cannot usually be used as a weapon unless the character is divested of armor and strapped to the machine.

2: This is allowed only for ECT treatments. Its presence here is not intended to make a case for PCs or NPCs having a similar Power Advantage in the GM's campaign.

3: Considering that the subject must be strapped to the table, have conductive gel applied to his temples, the electrodes put in place, and so on, five minutes is a reasonable estimate. It does not take into account unwilling subjects or the time it takes for the anesthetic to take effect.

Appendix 1: Playgroundz of the Mind

Introduction

This section presents new applications for Skills, Talents, Perks and Powers with a selection of optional new Skills, Powers and Power Limitations. Unless noted otherwise, all rules detailed in *The Ultimate Mentalist* and *Dark Champions* are considered to be in effect, including the "one for ten" rule for Base and Vehicle costs listed in *Dark Champions*, p.29. GMs confronted with an unfamiliar skill in the text should refer to either *The Ultimate Mentalist* or *Dark Champions* for an explanation.

Author's Note: The rules in this section are all optional. They are not considered to be part of the official *Hero System* rules and are presented only as suggestions for making *New Bedlam Asylum* campaigns more interesting.

Skills

New Knowledge Skills

No PC is allowed to purchase any of the following three Skills unless they spend Experience Points gained adventuring in the Asylum itself. Crusader possessed the following three skills at a 12 or less when he was alive. GMs still using the *Dark Champions* version of Crusader (*Underworld Enemies*, p.6) should add these skills to his character sheet.

Cost	Area Knowledge Skill
2/1	AK: Asylum

This Area Knowledge covers the general layout of the Asylum grounds and interior wards. There is a "ceiling" on this skill... only if a character enters certain sections of the Asylum or talks to specific patients can the skill be raised (these point ceilings are listed in Skill Ceilings, below). This skill does not provide the character with any knowledge of the Asylum Subsystems (e.g., the ventilation, drainage and electrical systems); Asylum Subsystems is a separate Knowledge Skill in itself.

Cost	Knowledge Skill
2/1	KS: Asylum

A character with this Skill is familiar with the Asylum's history (see *Chapter Four*) and knows the roster of the more important staff members currently at the institution (mostly the psychiatrists and charge nurses for each ward). The character, at the GM's discretion, might know some of the patients incarcerated in the wards, but never with any certainty. The limit of knowledge characters can possess are discussed in Skill Ceilings, below.

Cost	Knowledge Skill
2/1	KS: Asylum Subculture

No character can purchase this skill unless they have been a patient in the Asylum. Characters who purchase this skill begin to understand the Asylum's inner workings and the machinations of the staff and the patients... as the characters approach an 11 or less roll, they begin to discover the truth behind the peculiar currents in the Asylum. To discover the limits of the KS: Asylum Subculture, see *Skill Ceilings*, below.

The Asylum Subculture Skill is like a Streetwise Skill that works only in the Asylum. (As characters may discover, Streetwise Skill doesn't do much in the Asylum. The staff is hostile to outsiders, and the patients are suspicious and close-mouthed with anyone they see as "alien." As a result, purchasing KS: Asylum Subculture can come in handy.) A successful KS: Asylum Subculture roll allows characters to hear rumors on the Asylum grapevine, send messages to other patients, discover contacts in the Asylum black market, and so on. This skill can keep characters up to date on events transpiring both in and outside the Asylum involving the patients.

Skill Ceilings

AK: Asylum, KS: Asylum, and KS: Asylum Subculture have suggested point ceilings. There are several reasons for these ceilings... one being that it is simply not possible to have total knowledge of the Asylum. It is a constantly changing place; each visit differs from the last and even differs among the PCs involved. GMs may also find that too much knowledge about the Asylum can ruin much of the uncertainty and the fear, especially if they are using the optional rules for KSs described in *Horror Hero* (i.e., in some circumstances, KSs can be used to offset the effects of shock and stress).

Nevertheless, the "skill ceilings" listed below are only suggestions. There is no compulsion to use them in a campaign.

Event AK: Asylum	KS: Asylum	KS: Subculture
1. Become lost in the woods outside the Asylum.		
N/A	N/A	N/A
2. Meet the Poet. [1]		
N/A	N/A	N/A
3. Explore Asylum Grounds.		
8-	N/A	N/A
3. Enter the Admissions Building Vestibule.		
8-	N/A	N/A
4. Pass Sharon Ferry without harming her.		
8-	N/A	N/A
5. Explore Admissions Building.		
8-	8-	8-
6. Meet with Dr. Masters and be "sentenced" to a ward.		
8-	8-	8-
7. Go through wards one-four.		
11-	11-	11-
8. Cross from ward five to ward six.		
11-	11-	11-
9. Go through wards six-eight		
12-	12-	12-
10. Enter the end chamber (Cocytus) at the bottom level of the Eighth Ward.		
12-	12-	12-
11. Speak with the Heretic and leave the Asylum		
13-	13-	13-

Event: This column also lists the path characters must follow in order to gain admittance to the Ninth Ward (see Heresies).

KS: (Asylum) Subculture: This Skill cannot be purchased unless characters have been patients in the Asylum. Characters who have spent a month in the Asylum can purchase a Familiarity (8 or less); characters who have spent two months in the Asylum can purchase KS: Asylum Subculture at an 11 or less. Characters may find it easier purchasing a Contact who has KS: Asylum Subculture rather than weathering the horrors of the Asylum to gain it themselves.

Note that time spent in the Asylum is only part of the requirement to be able to purchase this Skill... the second requirement depends how far the characters have progressed within the Asylum as per the Events column, above. In any event, the GM should limit the amount of points that can be spent on the Skill by choosing the lowest of the two requirements (i.e., a character who has been in the Asylum Admissions Building [#5] for three months can only purchase KS: Asylum Subculture at an 8 or less, similarly a character who has been at the Asylum for a month but has traveled all the way to the Sixth Ward in this time [#8] is also limited to an 8 or less roll with the Skill).

Notes on the Ultimate Mentalist

Characters with the KS: The Psionic World (*UM*) will have some knowledge of psionics in the Asylum, but this information will always be sketchy (i.e., no details) unless the character also has the KS: Asylum Subculture Skill, above.

Survival

Cost	Skill
3/2	Survival [Urban]

This specific Survival Skill is often taken by the homeless and is located in the statistics for some of the characters in the *Patients* section, in *Chapter Four*. Urban Survival enables characters to know where to go to for handouts and where to seek shelter when the weather gets too cold. This roll should be made on a daily basis; if the roll is successful, the character has obtained enough food to make it through the day and has managed to find shelter for the night. This skill is different from Streetwise in that Urban Survival reflects the scavenging, scrounging street culture and not necessarily criminal activity; Streetwise, AK: Campaign City, and KS: Sewer Systems are complementary skills to Urban Survival. It is possible that GMs may wish to have KS: The Homeless as a street subculture skill, much like the subculture skills for street gangs, the martial arts world, and so on.

Weapon Familiarity

Cost	Skill
2	Weapon Familiarity: Homemade Weapons

This WF was first introduced in *Dark Champions*, p.83. "Homemade weapons" are common, household items and substances that can be turned into weapons. A character with this Familiarity can brew napalm with what he finds under the kitchen sink, can turn aerosol cans into miniature flame-throwers, can fashion crude homemade silencers and "zip guns," and

knows what common foods and spices can be turned into poisons. The character can also use some household objects (such as screwdrivers) as HKAs with no penalty. Generally, homemade weapons do no more than 1/2D6 Killing Damage, but this depends on the circumstances, the materials available, the character's skill, and the GM's discretion. Homemade Weapons is considered a two point Uncommon Melee Weapons category. Complimentary skills include Weaponsmith (Homemade Weapons), KS: Homemade Weapons, PS: Home Economics, and SC: Chemistry.

Cost	Skill
2	Weapon Familiarity: Novelty Items

This odd weapon familiarity is common to a number of patients in the Asylum. It is a mixture of knowing how to use such items as bowling pins, yo-yos, slingshots, firebrands, lassos, hoops, rings, scarves, stilt poles and circus-related gear as weapons. As this Weapon Familiarity spans Common and Uncommon Melee Weapons in Champions, it is included as a separate weapon familiarity group for economy. It is essentially combines Common Melee Weapons: Club, and Common and Uncommon Missile Weapons: Knives (throwing daggers) and Slings (Slingshots). Nevertheless, the tightness of this Familiarity (primarily children's toys or circus equipment to the exclusion of more "conventional" weapons such as tonfas, actual slings and so on) gives it its low cost.

This WF is intended especially for *Dark Champions*: The Animated Series (see *Appendix Two: Other Genres*).

Perks

Perks can have Power Limitations and can even be part of a Mastermind Power Pool (see *Power Frameworks*, below). Characters blackmailing other characters may have Contact, Favor and Wealth Perks based on a Focus (the incriminating material being used to blackmail the victims). Perks may also require a Skill Roll limitation (i.e., the character needs to make a Persuasion roll to have access to a Vehicle or Base, or needs to use Persuasion to convince a buddy at the police station to maintain the Anonymity Perk by erasing the character's criminal file, and so on).

Contacts

One new type of Contact is presented in this book:

The Old Boy's Network: This Contact is an old established network, that while not necessarily in positions of power, still exert influence on modern-day organizations and events... the Old Boy's Network in the CIA, for example, would be the former members of the Office of Secret Services (see Chris Cloutier's *Golden Age of Champions*), or for cinematic campaigns, a worldwide Old Boy's Network might consist of Chauncey's old buddies from the Empire Club (see *Justice, Inc.*). If the character in question contacts the Old Boy's Network, this only means trouble for their enemies; credit ratings may be slashed, secret investigations undertaken ("How the hell did I get on the FBI most wanted list?"), or shadowy, skilled killers dressed in black may appear at the Contact's door, eager to get together and do one more hit for "old time's sake." PCs who take this Contact must detail their past associations with the Old Boy's Network and the amount of influence the Network can exert. The GM should then assign a cost to the Old Boy's Network according to their influence and availability, as per the Contact rules on p.43 of the *Hero System Rulebook*. In addition, after contacting the Old Boy's Network, it is possible that the character may get a call from them in the near future requesting the character's assistance with a matter of some delicacy...

Unions, aristocratic clubs, sisterhoods, alumni, fraternal organizations and so on can be taken as Contacts along similar lines to the Old Boy's Network.

Asylum Specific Contacts

Clerks, Nurses, Orderlies: This Contact is a member of the rank and file Asylum staff and can include slightly disturbed patients that help out around the institution. Depending on the specificity of the contact, they may be able to tell characters when a new inmate has arrived at the Asylum or an old one has escaped. They can also surreptitiously check medical records, and some may even be able to get access to drugs and pharmaceuticals a character needs. Orderlies sometimes have a better grasp on what is transpiring in the Asylum than their superiors do (see Orderlies in the Staff section). This Contact category can include almost anyone who works at the Asylum, including clerks, cooks, custodians, housekeepers, nurses, orderlies, police officers, and secretaries. GMs may want to consider putting a higher price on charge nurses, Hospital Police, records clerks, and nurses who work in the pharmacy... if a character is trapped in the Asylum, these contacts will be invaluable. Any nurse, orderly, or attendant that works in Sixth, Seventh or Eighth Ward costs an additional one point, and the PC must detail how they made this Contact. See the *Asylum Staff* section for a selection of potential staff contacts; characters may gain one of these staff members as a Contact after being trapped in the Asylum.

Asylum Patient: Asylum patients can indirectly provide characters with clues to what is transpiring in the Asylum (usually through what they experience in their dreams and nightmares) and can even help characters imprisoned in the Asylum by getting them food or protecting them from the more violent patients. As most patients rarely venture outside the institution, characters may need to get in touch with them by phone, letter, or by visiting them... the patient may even be a family member or a loved one, providing an excuse for the characters to come to the Asylum without

attracting attention. See the *Patients* section for a selection of potential patient contacts; characters may gain one of these patients as a Contact after being trapped in the Asylum. Asylum patients should be taken as an 8- Contact due to the uncertain information they can provide. Special patients (such as *Elliot Manns*, the Idiot King, *UE*, p.13) should be assigned a cost as the GM sees fit.

Asylum Psychiatrist: Asylum psychiatrists are one step above the orderlies and attendants. They can easily get access to records, and even more importantly, they can provide their own version of the Asylum's inner politics. They may be able to tell characters what their patients are saying verbatim in interviews (this is a violation of their professional ethics, but many of them will reveal sensitive information for a price or simply because they feel they have to tell someone before something bad happens). Psychiatrists are +1 Point Contacts. They cannot provide some of the information that orderlies can provide, since they are not working the Asylum "front lines" and observing patients on a day to day basis. As a result, sometimes the psychiatrists are the last to know when something goes wrong.

See the *Staff* section for a selection of potential psychiatrist contacts; characters may gain one of them as a Contact after being trapped in the Asylum.

Dr. Shreiver: Dr. Shreiver is a +2 Point Contact, due to both her position as Medical Director and her psychiatric skills. Nevertheless, while she can help cure disturbed characters (she is the best psychiatrist in the Asylum, especially with Dissociative Disorders) and has tremendous influence in the Asylum, her position as Director has distanced her from the day to day functioning of the wards and information that characters can gain only through Psychiatrists and Orderlies, above.

A character may not begin the Asylum campaign with Dr. Shreiver as a Contact, and even if she is taken as a contact, there must be a good reason for the purchase. Dr. Shreiver is a distrustful cynic, and winning her over may require several sessions (seasons?) of adventuring.

Fringe Benefits

Licensed Doctor: This one-point Perk means the character has a medical degree (M.D.) and has been certified by the state in which they practice. Without this Perk, non-licensed doctors cannot legally prescribe drugs.

Talents

Some Talents are either mental powers or a by-product of mental powers. Where appropriate, a Talent should be labeled as a psionic, psychokinetic or a psychic power on the character sheet when it is purchased (see *UM*). It is suggested that Talents that are side effects of Mental Powers be Linked (-1/2) to the appropriate Mental Power.

Cramming

Cramming can be a psionic ability or a normal Talent. A character may be able to take in skills easily with Telepathy, enabling them to gain a working familiarity with any skill they can "read" from the minds of others. This Talent also simulates characters who have been given low-scale telepathic programming, a sort of "skill pool" that can only hold a limited number of skills, all with a low level of success. Skill Levels do not add to Crammed skills.

Psionic Cramming usually has the "Linked to Telepathy" (-1/2) Power Limitation.

Danger Sense

Danger Sense can be either a psionic or psychic mental power. There are many ways mental Danger Sense can be built, each with a different effects and limitations:

Psychic-Based (+0): Two possibilities for Psychic-Based Danger Sense involve Clairsentience and limited Precognition. Both of these possibilities are treated as conventional Danger Sense.

• Precognition: The character can see a few seconds into the future, warning them of danger. This type of Danger Sense is considered to be a selective form of Precognition. A failed Danger Sense roll can simulate the character "misreading" a future timeline, processing it too late to react, or misjudging when the attack takes place.

• Clairsentience: The character has tapped into his environment with Clairsentience. He is always subconsciously monitoring his immediate surroundings, the equivalent of having eyes in the back of his head. A failed Danger Sense roll can simulate an imperceptive glance at the environment, being too distracted to spot the danger, or simply not reacting fast enough to prevent being hurt.

Psionic-Based (-1/4): One possibility for Psionic-Based Danger Sense is that the character's subconscious mind is always monitoring the thoughts of others in the vicinity. This selective, receiving telepathy picks out hostile thoughts or negative thoughts as long the character is the focus of the hostile or negative thoughts (thoughts such as, "I'm going to shoot the PC," "I've got my rifle trained on the PC," "I'm going to run the PC down in my big bad car," and so on, meet the criteria). The character with Psionic-Based Danger Sense cannot actually read the thoughts in the mind of the attacker, but has the feeling that someone in range wishes to do them harm. The emphasis is on the action; characters with Danger Sense cannot normally pick up thoughts directed at them that have no action

associated with them. Thoughts such as "Man, I really hate the PC," or "the PC is a real jerk" will not trigger Psionic-Based Danger Sense.

Psionic Danger Sense has a handicap; it will not detect bombs, rotten floorboards on a bridge, an advancing security robot, or anything that does not have a thought pattern or actually intends to do them harm. For example, if a driver barreling down on the character on a deserted highway is fiddling with his radio and not looking at the road, the character with Psionic-Based Danger Sense will not realize they are in danger, since the driver does not see them or wishes to do them harm. However, if it was in the middle of a busy street, bystanders may trigger the character's Danger Sense ("That car's going to hit the PC!"), allowing the PC to react.

A failed Psionic-Based Danger Sense roll means that the hostile information was not processed in time, or else it was accidentally "skipped" when the character's mind was filtering the incoming thoughts. Psionic-Based Danger Sense can have any range and be applied to almost any environment, whether in or out of combat; it simply depends on the power of the telepath and the nature of the threat. It is recommended, however, that Psionic-Based Danger Sense be purchased so that the character "becomes forewarned of any danger to his person, regardless of the source" (+15). Psionics, for example, could pick up the hostile thoughts of an invisible attacker, even if they couldn't see them.

It is possible that the Danger Sense Talent, if psionic, needs to be turned on in order to work; in effect, it is a conscious monitoring of thoughts in the vicinity. Power Limitations that would be appropriate for this form of Danger Sense would be Concentrate, Costs END, and Linked (to Telepathy or Clairsentience).

The GM can decide to make Danger Sense either a Mental Sense or an Unusual Sense in the "Enhanced Senses" category. This is optional. If it is allowed, advantages such as Discriminatory (what kind of danger), Targeting (where the danger is), and so on, are allowed. If Danger Sense is treated as an Enhanced Sense, it is already considered to have 360 Degree Sensing and Range built into it.

In addition, Danger Sense can be treated as a Sense for the purposes of defining what sense a power can disable or dispel... examples include Entangles that stop Danger Sense (a telekinetic fist that generates so much alpha wave interference that it blocks telepathic transmissions from the victim), Clairsentience with Danger Sense (this can be dangerous for characters with precognition and should be monitored carefully), Darkness vs. Danger Sense, Flashes vs. Danger Sense, and so on. Characters can also purchase Invisibility to Danger Sense (see the fool in *Underworld Enemies*, p.16) with the GM's permission.

Eidetic Memory

If a character has Enhanced Senses, Eidetic Memory allows them to memorize information they gain from those senses as well; the applications of this are not apparent at first, but Eidetic Memory with Tracking Scent (to keep other character's smells on file, along with poisons and others), Eidetic Memory with Discriminatory Mental Awareness (allowing a character to recognize particular mental powers, especially those of a specific psychic attacker) and so on, might prove useful during an psychic investigation. In addition, a character's Eidetic Memory may be limited depending on the sense; characters may have peculiar forms of Eidetic Memory as a result of their psychic gifts... Eidetic Hearing, Eidetic Touch, Eidetic Smell, and so on. When Eidetic Memory is limited to a single sense, it is usually treated as a -1/2 Limitation.

Eidetic Memory can either be treated as a mental power or a normal Talent.

New Abilities

Aid

Psychiatric Counseling: Aid can be a "non-powered" power when it is assigned the "Requires a SC: Psychiatry Skill Roll" Power Limitation (-1/2). In this case, Aid represents sort of a "super-counseling" for EGO, INT or PRE (PRE Aid may remove someone's fear or timidity). As a non-powered power, this Aid should be given a Time Delay of several weeks or even months.

1D6 EGO Aid, 0 END (+1/2), Can only raise EGO/INT/PRE to starting values (-1/2), Requires a SC: Psychiatry Skill Roll (-1/2), Incantations (Psychotherapy Question and Answer Sessions, -1/2), Time Delay (One week to one month, either -4 or -4 1/2)

Telepathic Surgery: An EGO or INT Aid can simulate telepathic surgery; some telepaths have familiarized themselves with the human mind to such an extent that they can repair psyches by entering the minds of others and patching up or smoothing out psychological trauma. This Aid works only against psyches that have been damaged by mental powers or psychological trauma; it may or may not work against physical trauma that has damaged the EGO (i.e., a bacteria that ate away part of the character's brain tissue, a brain tumor). There may be a Time Delay in the procedure. Concentrate is a good Power Limitation to take with this power.

Any Level of EGO or INT Aid, Can only raise EGO or INT to starting values (-1/2), Requires a SC: Psychic Surgery Skill Roll (-1/2).

Detects

The Psi-Scanners mentioned in *Mind Games*, p.12, were designed to detect and locate the peculiar alpha waves emitted by someone with Dr. Poe's mental mutation; furthermore, there was the suggestion that the devices could be improved to allow the Scanners to detect the nature of the mutant's powers (psionic, psychokinetic or psychic). This implies each category of mental powers has a different frequency. Characters can purchase the following detects:

Detect Cerebellic Mutations: Detect Cerebellic Mutations will only detect the presence of a Cerebellic Mutation, not the type of Cerebellic Mutation (i.e., psionic, psychokinetic, or psychic), unless it is purchased as a Discriminatory Sense.

Detect Psionic Powers: Detect Psionic Powers will only detect Psionic Powers, not the type of Psionic power (Telepathy, Mind Control and Mental Illusions), unless it is purchased as a Discriminatory Sense. It will not allow a character to determine how strong the psionic power is (i.e., the Active Point Cost).

Detect Psychokinetic Powers: Detect Psychokinetic Powers will only detect Psychokinetic Powers, not the type of Psychokinetic power (Biokinesis, Pyrokinesis and Telekinesis), unless it is purchased as a Discriminatory Sense. It will not allow a character to determine how strong the psychokinetic power is (i.e., the Active Point Cost).

Detect Psychic Powers: Detect Psychic Powers will only detect Psychic Powers, not the type of Psychic power (Clairsentience, Retrocognition, Precognition, Aura Sense), unless it is purchased as a Discriminatory Sense. It will not allow a character to determine how strong the psychic power is (i.e., the Active Point Cost).

Detect Lies: Detect Lies is an appropriate Detect or Sense Power, based on either mental senses (telepathic scan or biopathic reading of his heart), smell ("I can smell his lies from here"), hearing (the liar's voice is shaking, or the listener's hearing is so sensitive he or she can hear the liar's heart beat faster), touch (can sense the liar's nervousness through the minute electrical charge traveling through their nervous system, through perspiration or through their pulse) or sight ("He looks like he's lying"). The GM makes the PER Roll to see if the character succeeds. Some characters, especially cops, can figure out when someone is being shifty or trying to pull one over on them just by observing the liar's body movements and facial expression.

Detect Object: Some objects have a powerful and specific psychic signature; some psionics and mages have objects in which they have invested some of their own mental energy, whether it is an amulet, a sword passed down through the generations, a family heirloom, and so on. Characters might be able to locate the object in question even when they cannot see it, by following its specific psychic signature.

Detect Truth: As a side note, "Detect Truth" will not detect truth, per se. It will only detect when someone is speaking what they believe to be the Truth.

Instant Change

Characters who can switch instantly from one Multiform identity to the other (Dissociative Identity Disorder or not) should purchase Instant Change. It usually takes a Full Phase to switch between Multiforms.

Life Support

Longevity

Characters with Longevity age slower than normal human beings. The character should include an approximate year ratio (i.e., they age one year for every five) when they purchase this form of Life Support. Longevity is essentially "Life Support: Immune to Aging" with the limitation that the character still ages, although much slower than a normal human being (-3/4). Longevity costs two points.

"Longevity" is a standard trait of Advanced Generation mutants described in Sean Fannon's *The Mutant File*.

Mental Illusions

Hallucinations: Any character who has the ability to induce hallucinations in others (either through a drug, mental attack or mutant ability) should use the Mental Illusions power (any level). Hallucination induction can be taken with the Power Limitation Limited Sense Group (-1/4 for every sense that is not affected; see *UM*). Schizophrenic hallucinations, for example, commonly affect only the Hearing Sense Group.

Attackers may also consider taking the No Conscious Control Power Limitation (-1, see *UM*). Using Schizophrenia as an example again, schizophrenics usually attribute hallucinatory voices and noises as something familiar to them, not to the attacker.

Mind Control

Characters with Mind Control can temporarily induce any of the Psychosomatic Disadvantages (see below) into a target's mind. The Frequency and Intensity of the Psychological Limitation usually depends on the Effect Roll. It is recommended, for the sake of simplicity, that for every point above the victim's EGO on the Effect Table (once the target's defenses are factored in) that the mentalist can create one point of a Psychosomatic Disadvantage in a target (see Psychosomatic Disadvantages, below). For example, a mentalist who used their Mind Control on a target and scored an EGO+5 on the Effect table could induce a

five point Psychosomatic Disadvantage. If they scored an EGO+15 on the Effect table, they could induce a fifteen point Psychosomatic Disadvantage, and so on. The GM should round normally... i.e., an EGO+3 Effect or an EGO+7 Effect would become a five point Disadvantage, an EGO+13 or an EGO+17 Effect would become a fifteen point Disadvantage, and so on.

Delusions: Some characters can induce a delusional state in a target. For mentalist characters, delusions are considered to be a psionic attack and can be represented with the most versatility by Mind Control. The delusional theme (erotomanic, persecutory, grandiose) can be specified at the time of the attack for a Mind Control power.

Mind Link

As mentioned in the *Ultimate Mentalist*, characters may purchase the Clairsentience Power, with the Limitation "Linked to Mind Link" (-1/2), "only to sense what target is sensing" (-1/2). Rather than a character "communicating" what they see with their thoughts, the psionic can actually see through their eyes, hear what they hear, and so on. Some psionics have developed this ability to such a degree that they take damage when the person they are Mind Linked with takes damage. ("Feedback," a -1 Power Limitation. See *UM*)

Limited Feedback: Another suggested Power Limitation for Mind Link is "Limited Feedback." This -1/2 Limitation only transfers the STUN the character lost from the attack back along the Mind Link circuit. (Under the normal "Feedback" Limitation, the character takes all the STUN from the attack, whether or not the STUN actually penetrated the target's defenses.)

Note: These clarifications are included because a number of Asylum patients use Mind Link in this manner. Many patients have tricked dupes into accepting Mind Links, then used Mind Control on them through the Link to pull them around like puppets and force them to forget their actions while Mind Controlled.

GMs should be careful about allowing mentalist characters to use Clairsentience with Mind Link. Some psionics have used friendly civilians and foreign nationals as "Trojan Horses" to enter conference rooms, records buildings and secret military bases to spy on installations, using the senses of the victim they are Mind Linked with; in addition, when Linked with Clairsentience, the psionic can use their mental powers through the mind of the victim, such as Mind Control or Ego Blast. Characters may believe they have defeated a telepath only to discover that their fallen opponent seems to have possessed no psionic powers at all (although psychic traces may be left in the victim's psyche from the Mind Link or Clairsentience).

This "Trojan Horse" trick (favored by the CIA) can be used on unwilling subjects by substituting Telepathy for the Mind Link power.

Multiform

Multiform can be used to simulate the effects of a Dissociative Identity Disorder (i.e., Multiple Personality Disorder) or a Bipolar Mood Disorder (Manic Depression). In these cases, the Multiform is frequently triggered with the Disadvantage Accidental Change, Psychosomatic (see *Psychosomatic Disadvantages*, below).

Dissociative Multiform: In a Dissociative Identity Disorder, changing from personality to personality is usually a Half Phase action. If the character wants to shift from personality to personality instantly, they should purchase Instant Change. Multiforms that simulate a Dissociative Identity Disorder usually affect a character's Psychosomatic Disadvantages (see *Psychosomatic Disadvantages*, below), but not necessarily their physical abilities.

Bipolar Multiform: A Bipolar Mood Disorder built with the Multiform Power may want to take the Extra Time Disadvantage (some characters gradually slip into Depressive and Manic episodes). There are usually discrepancies in the psychological and physical abilities between Bipolar Multiforms. See *Mad/Sad Billy*, *Shadow Syndicates*, for more details.

Skills

Skills, when purchased as powers, are considered to be part of the Special Powers (*Hero System Rulebook*, p.56) and while advantages and limitations can be applied to them, they cannot be placed in Power Frameworks without the GM's permission.

Telepathy

Some telepaths in the text are labeled as "receiving" or "projecting" telepaths. Receiving and Projecting Telepathy corresponds to Receptive and Broadcast Telepathy in the *Ultimate Mentalist*; the only difference is one of terminology. Receiving telepaths can only read the thoughts of others; projecting telepaths can only send thoughts to others. Neither telepath can have a telepathic dialogue with another character.

Limitation: Telepathic Bridge: Some mentalists can use their mental powers only after they have established a "bridge" with their Telepathy. These characters must first establish an alpha carrier wave to the mind of their opponent, then use the carrier wave as a bridge for attacking characters with their mental powers (see *Freak* and *Crave*, *Underworld Enemies*, p.22 and 36, respectively). Any mental power that requires a telepathic bridge be established before it can be used has a -1/2 Power Limitation.

Sometimes, the telepathic bridge restricts the effect of other mental powers broadcast along its length. In this case, the attacker's mental powers (say, Mental Illusions or Mind Control) are limited by the initial Telepathy Effect Roll that established the bridge.

For example, a character who established a telepathic bridge (i.e., Telepathy) at the EGO+10 level would have all powers that used the bridge restricted to an EGO+10 Effect. The telepath is allowed to attempt to strengthen the carrier wave with new attack rolls until it has reached its maximum EGO+30, but this may take some time. If a mental power requires a telepathic bridge be established first and the bridge also restricts the mental power using the carrier wave, then this is a -3/4 Power Limitation.

This Limitation is essentially a crippled form of Mind Scan that requires Line of Sight and Extra Time to establish.

Telepathy: Pseudopathy

Some characters can tell what others are thinking simply by watching their expressions, their body movements, listening to their tone of voice, and paying attention to what is said and how it is said. This "pseudopathy" is not real telepathy, but it functions much the same way. Pseudopathy is built as follows:

Pseudopathy: Any level of Telepathy, 0 END (+1/2), Invisible Effects (+1/2), AVAD (see New Power Limitations, below; pseudopathy works vs. Presence Defense instead of Mental Defense, +1/4), Limited Power: Effect Roll is limited to EGO+20 (-1/2), Ineffective against characters that have no human mannerisms (-1/4).

This power cannot be pushed (*Hero System Rulebook*, p.168). Other possible pseudopathic Power Limitations include Activation, Concentrate, Extra Time, Reduced by Range, Requires a Skill Roll (Conversation, Deduction, Persuasion, Seduction, SC: Psychology) or Requires a PER Roll. If the pseudopath does not possess enough levels of Telepathy to make a successful EGO+20 Effect Roll against an average human (10 EGO), then they cannot take the Limited Power Limitation listed above.

Transform

Mental Transforms are Transforms with Based On Ego Combat Value Power Advantage (and usually applied against Mental Defense, not Power Defense) and with the Works Against EGO, Not BODY Modifier (which is either an Advantage or a Limitation, or neither, depending on the campaign). Mental Transforms are important because they are capable of inducing any of the Psychosomatic Disadvantages listed below. For more information on Mental Transforms, see the *Ultimate Mentalist*.

Delusions: Some characters can induce a delusional state in a target. For mentalist characters, delusions are considered to be a psionic attack, and can be imposed on a target over a long period by using the Mental Transform power (see *UM*). The delusional theme (erotomanic, persecutory, grandiose) must be specified when the Mental Transform is purchased.

New Powers

Presence Defense (Psychological Resistance)

Cost	Power
1	Presence Defense (Psychological Resistance)

This power is purchased by "unfazeable" characters... the character's nervous system may have been ruined by drug use or toxins (e.g., Poker Face from *Dark Champions*, p.147, or Contagion from *Justice Not Law*, p.98), the character has seen the face of evil and anything else is old hat, or the character is a war veteran who's had flashbacks that would leave some fool in a cape peeing in his tights. Every point of Presence Defense equals two points of Defense against Presence Attacks. When the target with Presence Defense is hit with a Presence Attack, he subtracts two points from the Presence Attack for every point of Presence Defense he possesses. The remaining points in the PRE attack are applied normally to the character.

There are two important rules for using Presence Defense with the Shock and Stress rules (described later on):

1. Presence Defense is added to a character's Psychological Resistance (EGO or PRE, whichever is higher). GMs using the Shock and Stress rules or using Asylum in a Horror Hero campaign should consider renaming Presence Defense "Psychological Resistance."

2. Presence Defense does not aid a character's Psychological Recovery.

Presence Defense is basically a shortened form of the following power: the Characteristic PRE, purchased with only protects against PRE attacks (-1).

Presence Defense Cost: 2 points of Presence Defense for 1 character point, minimum cost is 5 points.

Power Limitations

Limitations and Disadvantages

While researching some of the Psychological Limitations for this book, a heretical idea suggested itself: the idea of assigning Power Limitations (notably, the Linked Limitation) to Disadvantages. The following paragraphs are a discussion of the idea. As with everything in this chapter, it is not a rule, only something for a GM to consider.

For example, some Sleep Disorders (insomnia, hypersomnia, nightmares), while being separate Psychological Limitations in themselves, are caused by other Psychological Limitations such as Anxiety Disorders or Mood Disorders. It is not unreasonable to assume that if the Psychological Limitation that caused the Sleep Disorder were removed (by drug therapy, psychoanalysis, or psychic surgery), then the Sleep Disorder might fade with it. Thus, the Sleep Disorder Psychological Limitation could be treated as if it were Linked to the Psychological Limitation that caused it. Some Substance-Abuse Physical Limitations cause Psychological Limitations... once the direct effects of a substance are removed from a character's body, the Psychological Limitation is likely to fade. Again, in this situation, the Linked Limitation works well. If the GM does not wish to use this "Limitations and Disadvantages" rule in the campaign, then ignore the sections of the text that suggest it.

GMs who want to use this rule, might wish to consider applying other Limitations to Disadvantages: for example, an Unluck Disadvantage tied to one of the character's Foci (which happens all the time in fiction with cursed swords, unpredictable talismans, and so on), a Manic Episode that only occurs once (1 Charge, a -2 Limitation... although a character would have to think of a replacement Disadvantage after the "charge" had expended itself or else buy the Disadvantage off with experience), or a Disadvantage that occurs only in certain situations (i.e., the character only has a chance to go Berserk when there is a full moon in the sky; a Limited Power Limitation worth -2 to the Disadvantage). Generally, Disadvantages with Limitations applied to them are worth much less than they would be otherwise, but allow PCs and NPCs more specificity with their Disadvantages.

Advantages and Disadvantages

Taking the idea one step further, some characters may wish to apply Power Advantages to Disadvantages. An example might work like so:

Example: The Midnight Man has a "quiet" Enraged Disadvantage (trigger: whenever his ally, Kid Midnight, is harmed, a Common Occurrence with a 11 or less to become Enraged and an 11 or less to recover). This Disadvantage is worth a total of ten points. Whenever his sidekick, Kid Midnight, is harmed, the Midnight Man attacks the foe who harmed his friend exactly like someone with the Enraged Disadvantage is supposed to.

The player, however, whines that he doesn't want the Midnight Man to foam at the mouth while "Enraged" and asks the GM if he can purchase Invisible Effects to Normal Sight (a +1/2 Power Advantage) to his Enraged to "quiet it down" and make it more in keeping with his "shadowy stalker of the night" motif.

The GM reluctantly agrees, secretly thinking that the Midnight Man player is silly for wanting such a thing. Since Invisible Effects will make the Enraged Disadvantage less noticeable, and thus, less of a Disadvantage (foes would be less likely to exploit it since it isn't as apparent), Invisible Effects is applied to the Enraged Disadvantage like a Limitation of the opposite value (-1/2). Since the Enraged was originally worth ten points, the Enraged with Invisible Effects (Sight) is now worth only seven points.

When "Advantages" are applied to Disadvantages, they are usually treated as Limitations to the cost (i.e., Invisible Effects is treated as a -1/2 Limitation to the Disadvantage and reduce its cost, since the Disadvantage is no longer as handicapping as a conventional Berserk Disadvantage).

Obviously, not all Disadvantages can have "Advantages" applied to them; the appropriateness of the Disadvantage and "Advantage" combination will vary. Only the following Advantages are recommended: Charges (the Disadvantage only takes place a limited number of times during the adventure and only when the GM deems it appropriate), Invisible Power Effects, and Trigger. Disadvantages that lend themselves to "Advantages" include Age (some characters with an Immortality drug may Trigger their Age Disadvantage when deprived of their drug, while other characters don't look their age, i.e., Invisible Effects), Berserk, Enraged (as per the Midnight Man example above), Distinctive Features (Trigger: The Distinctive Features only manifest themselves in certain circumstances, such as when a vampire is seen in a mirror, or if a mermaid in human form is doused with water), Physical Limitation (Trigger and Invisible Power Effects), Psychological Limitation (Trigger: Whenever character uses X power) and Unluck.

Specific Examples: Specific examples of the use of "Advantages" with Disadvantages include Cognitive Compulsions (a Physical Limitation or Psychological Limitation where the character goes through a silent "ritual" in their head, such as praying, to ward off some negative event they believe will take place; see Obsessive-Compulsive Disorder in Eye for an Eye for more information). Cognitive Compulsion Disadvantages would lend themselves to an Invisible Effects (Sight) Advantage.

Limited Power

The following Limitation is intended for mentalist characters, but it can be extended to almost any power.

Limited Power: Can only be used on other mentalists [-1 Power Limitation]: This Limitation represents "mental paraplegics" who must use a pre-existing alpha carrier wave to attack an opponent with their mental powers. Their powers have no effect on characters who do not possess one of the five Mental Powers defined in the *Hero System Rulebook* (Ego Attack, Mental Illusions, Mind Control, Mind Scan and Telepathy). Mental Awareness does not count, but some

powers with the Based on ECV Power Advantage might, at the GM's discretion. This Limited Power could also be simulated with the Damage Shield and Trigger Power Advantages.

Side Effects

Some Psychological Limitations can be used as Side Effects for a character's powers (physical, mental or otherwise). Some characters who fail to use their powers properly may have a psychological (psychotic?) reaction instead of a physical one. Suggestions include hallucinations, delusions, Panic Attacks, Manic Episodes, Depressive Episodes or some form of Temporary Psychosomatic Limitation.

Note: Some characters automatically have Side Effects whenever they use their powers, even if their powers have no Activation Chance at all. If this is the case, the following chart is recommended:

Automatic Side Effects

Bonus:	Side Effect:
-1/4	Automatic 5-10 Point Disadvantage
-1/2	Automatic 15 Point Disadvantage
-3/4	Automatic 20 Point Disadvantage
-1	Automatic 25 Point Disadvantage

The character automatically gains the appropriate Disadvantage when they use the power, and this Disadvantage must be listed on the character sheet or chosen by the GM before the adventure/campaign begins (although it can be left random and the GM rolls for a Disadvantage every time the Side Effects come into play; i.e., they could roll on the Random Insanity Chart). The Disadvantage lasts as long as if the character took the appropriate BODY damage instead (*Hero System Rulebook*, p.111).

Alternatively, PCs and GMs may wish to simulate the Side Effect with an appropriate Disadvantage (say a Psychological Limitation) with the Trigger "Advantage" (only when using X power). See Limitations and Disadvantages in the Power Limitations section, above, for details on using this optional rule.

With this new, "improved" Power Limitation, PCs and GMs can build psionics who have psychotic episodes (Psychological Limitation) whenever they use their Mental Illusions, experience brain hemorrhaging (Physical Limitation) when they use their Mind Control, or lose control of their bodily functions (Physical Limitation) when using their Telekinesis. The combinations are endless.

New Power Modifiers

Attacks Versus Alternate Defense (AVAD)

Originally called "works vs. power defense instead of mental defense" (or vice versa) in *Underworld Enemies*, Attacks Versus Alternate Defense is a zero-sum Power Limitation that allows characters to specify (at the time of purchase) if they wish a Mental Power to work against Power Defense instead of Mental Defense, or whether they want a power normally resisted by Power Defense (e.g., Dispel, Drain, Suppress, Transfer and Transform) to work against Mental Defense instead.

AVAD Mental Powers: Mental Powers with the Attacks Versus Alternate Defense (AVAD) Modifier are mental powers that effect the physiology of a target rather than their mind (i.e., in *Underworld Enemies*, the fool's Ego Attack attacks the victim's nervous system, not their mind, but it has much the same effect as a conventional Ego Attack). Most AVAD Mental Powers are some form of psychokinetic power. While AVAD is usually handled with the EGO Powers Based on CON Power Limitation, AVAD allows the Mental Power to remain invisible to all senses except Mental Awareness, allows the mental attack to remain based on an ECV Roll (which represents a mental "lock on" target better than Ego Powers Based on Con) and allows the character with the AVAD power to remain able to detect the use of other mental powers.

AVAD Power Defense-Based Powers: Power Defense-based Powers with the Alternate Defense Modifier are Dispels, Drains, Suppressions, Transfers and Transforms that require the character overcome a target's willpower in order to work (END Drain, "You are getting sleepy..."). Transforms that change the psychology of the target, Drains that chip away at a character's willpower, and so on, could be considered AVAD attacks. While this limitation is usually handled with the Based on ECV Power Advantage, it is more economical to use AVAD; especially in campaigns like *Dark Champions* that have "ceilings" on the Active Cost of a power (Based on ECV is an expensive advantage).

AVAD is usually a zero-sum limitation, since Mental Defense and Power Defense cost the same. However, the cost of AVAD should vary according to campaign. Some campaigns have Mental Defense left and right and only a few characters with Power Defense; in other campaigns, the reverse is true. Depending on the campaign, GMs should make AVAD either a Power Advantage or Limitation. For conventional *Champions* and *Dark Champions* campaigns, it is a zero-sum limitation (characters rarely have either Mental or Power Defense, or if they do, it is in equal amounts).

If the GM wishes, Flash Defense (or even Presence Defense, see above) can also be part of the AVAD framework. Some powers (whether Mental or Power Defense-Based) work only if the attacker makes eye contact or can speak to the victim. An AVAD Ego Attack can be a stream of words that fill a victim's minds with terrifying thoughts and imaginings (and be defended against by Hearing Flash Defense), an AVAD Mind Control attack may require the psionic to make eye contact with the victim (and could be blocked by Sight Flash Defense), and so on. Some Flashes may be "brain-frying" electrical blasts that short out a character's nervous system (AVAD, Power Defense) or a mental suggestion that forces the character's brain to "turn off" a selected sense (AVAD, Mental Defense).

Attacks Versus Alternate Defense is usually labeled on a character sheet as "AVAD (the Alternate Defense whether Flash, Mental, Power or Presence Defense that now defends, +0)."

Psychosomatic Power Limitations

The powers of some characters are affected by psychological blocks. The character believes he can use his power only in a certain way, or only under certain circumstances. Because he believes this to be true, he limits his power accordingly. These types of Limitations are called Psychosomatic Limitations.

Example: The mutant heroine Red Witch believes her probability manipulation power is actually magic. In order to use her "magic" correctly, she must perform Gestures and Incantations for her power to "work." If she is in a situation where she cannot speak or move her hands, she cannot use her power.

Psychosomatic Limitations are treated as conventional Power Limitations. The difference is that these Psychosomatic Limitations can be affected by any mental power designed to remove psychological blocks, such as Psychic Surgery, Mind Control or Mental Transform. Certain Drain and Suppress Powers may also affect Psychosomatic Limitations.

When a character's Power Limitation is psychosomatic, it must be labeled on their character sheet.

Linked

Some powers can be Linked to a character's Psychological Limitations. For example, a werewolf might have Mental Defense based on Psychological Limitation: Bestial Instincts (i.e., the beast within allows the character to shrug off mental attacks), or a Mind Controller's power might be linked to his Psychological Limitation: Aristocratic (he believes he has the right to use his Mind Control on others... and does). A character who has an Invisibility power based on Mental Illusions may only be able to use it as long as they possess the Psychological Limitation: Timid or the Psychological Limitation: Social Phobia (they really don't want to be noticed by others, and their power responds accordingly). Some mental powers fluctuate based on a character's state of mind and the strength of their convictions, whether strengthened by fanaticism, weakened by fear or anxiety, or fed by a supreme conceit or arrogance.

As Psychological Limitations do not come into play in every situation (i.e., a religious zealot who has Mental Defense Linked to his Psychological Limitation: Fanatic of Religion, should not be able to use his Mental Defense in situations where his religious belief does not play a part), Linked is treated as a Disadvantage. The value of the Linked Limitation is based on the Frequency of the Psychological Limitation, whether Uncommon (Teleport linked to the Psychological Limitation: Claustrophobia, i.e., the character can teleport only when trapped in a tight place... Uncommon is a -1 Limitation), Common (Images linked to Psychological Limitation: Prankster; can only form Images when trying to pull a prank... Common is a -1/2 Limitation), Very Common (Telepathy linked to Paranoia; the character can only pick up thoughts when he thinks someone's out to get him... Very Common is a -1/4 Limitation).

In fiction, many characters have lost their powers as a result of violating their own codes of ethics or by losing faith in themselves. Some character's powers work only in the strangest circumstances or in tense situations. Linking powers to Psychological Limitations is a way of reflecting this "psychosomatic syndrome" statistically when role-playing is not enough. The power is there, but the character's mood or personality traits limit its performance.

This type of disadvantage is usually role-played, rather than reduced to numbers... nevertheless, some campaigns may need the statistical reinforcement, especially in any game where a character's Psychological Limitations can be tampered with, such as in Asylum. Furthermore, this application of the Linked Limitation allows mentalists who can twist Psychological Limitations to undermine some of the character's powers as well, which can add to the realism.

This version of the Linked Limitation can be bought off with experience points.

Power Frameworks

Disclaimer

It has been difficult to design some of the characters in the Asylum series without violating *Hero System* conventions, notably placing Skills, Perks and Talents in Variable Power Pools. Such Power Pools open themselves up to all kinds of abuse. Nevertheless, some-

times it's the only way certain cinematic effects can be achieved using the Hero rules; these concepts can be more accurately and efficiently represented by a Multipower or a Power Pool rather than purchasing every single skill that a character should possess. If GMs have a problem with including Skills, Perks and Talents in Power Frameworks, they are under no compulsion to use them nor to allow any player in their campaign to purchase them.

Variable Power Pools

A Note on Masterminds

Several characters in this book could be considered to be archetypal "masterminds." They waste a lot of time constructing bases, vehicles and drafting followers into carrying out their dastardly schemes. While they may not have a good reason for doing this, they have the power to do so. In game terms, this can get sticky.

The powers and resources of "Masterminds" can be handled in two ways. One is to give them a Mastermind Power Pool (see Mastermind Power Pool, below), or use the option presented in Chris Cloutier's *Golden Age of Champions*, that of a "Mastermind" power (see Mastermind, below). Either one is fine. The only difference between the two is that the Power Pool tends to be more expensive, but allows more variety (the character can purchase powers and foci, not just Bases), but the Mastermind option is easier, less expensive, and quicker to use. The first option has been used in this text, but the second option is presented here for GMs who prefer the latter method.

Mastermind Power Pools

A Mastermind Power Pool is a cinematic power pool that allows villains access to a number of resources when they embark upon their schemes. Almost every cinematic villain in Asylum has a Power Pool that can be used for bases, followers and vehicles appropriate for their dark designs. Most of the time, these items can just be given to villains for the purposes of plot, but if the PCs are sticklers for rules, GMs may want to play it safe with a Mastermind Power Pool. A Mastermind Power Pool has the following Power Limitations: Only change between adventures (-1/2) and Restricted Powers (-1/4).

Restricted Powers: The "Restricted Powers" Limitation is designed to represent the following disadvantage: the villain cannot usually give themselves biological superpowers (i.e., they could not mutate themselves into monsters, change their physiology so that they could fire energy beams), although they can purchase almost any other power, including Perks (Contacts, Favors, Money, Vehicles and Bases), or any Skill, Talent or Power with the Focus Limitation.

Some players may complain about Perks being part of a Mastermind Power Pool. It does make a certain amount of sense, however; for example, the Face may have tipped over a bank just before the adventure starts and suddenly have the Wealth Perk. He may also be blackmailing several members of the city government, making them either his Followers, or forcing them to act as Contacts or give him Favors. Vehicles and Bases, as any vigilante knows, can be there today and gone tomorrow, making them prime candidates for a Power Pool.

Characters with the Mastermind Power Pool can take the "Requires a Characteristic Roll" (usually INT, although PRE would make sense, too) or "Requires a Skill Roll" Limitation for their Power Pool. Appropriate Required Skills include Criminology (to plan the perfect crime, -1/2), KS: Campaign City Underworld (Limitation is reduced because it is a cheap skill, -1/4), PS: Criminal Mastermind (Limitation is reduced because it is a cheap skill, -1/4), Inventor (-1/2), Mechanics (for Vehicles and gadgets, -1/2), Persuasion (Followers: "Come on, guys. Once more for old time's sake?" -1/2), or Contacts (for getting Bases or Followers, -1/4). A Mastermind Power Pool may be Linked to Wealth as well; if the character doesn't have the funds to finance the crime, then they can't use their Power Pool. It's a GM call.

Mastermind

With the Mastermind option, the character pays fifty points (not subject to Multipower, Elemental Control or any limitation whatsoever) and gets an amount equivalent to his Powers Points to build a base. A villain built on 300 points with 50 points spent on the Mastermind option, would get 300 points available for Bases. Every experience point gives him another point for his base. This option is available only to Masterminds.

If the GM wishes, the Mastermind Option can be lengthened to include Followers and Vehicles as well. GMs using the one for ten rule for Vehicles and Bases in *Dark Champions* should not abuse this rule... it should be used for effect only, not to overwhelm the characters.

Skill Power Pools

Skill Power Pools are useful, because they can accommodate new skills being presented in upcoming Hero books without having to keep adding them to the character sheet. The Power Pools listed below are considered to have a standard Restricted Powers Limitation, Skills only (-1). This does not include Non-Powered Powers such as "super disguise" (Shapeshift with a Disguise roll), "super ventriloquism" (Images vs. Hearing with a Ventriloquism roll), and so on. Restricted Powers that include Skills and Non-Powered Powers (which must have a Skill Roll attached to them and be explained as a skill, rather than a power) are a -1/2 Limitation.

Characters with Skill Power Pools cannot purchase Martial Arts abilities although they can still purchase Combat Levels and Non-Powered Powers that simulate Martial Arts abilities.

Skill Power Pools can represent any of a number of effects:

Cinematic: This Skill Power Pool is for cinematic campaigns. The character with this Power Pool simply has a tremendous repertoire of skills, either through fanatical training, an extensive adventuring career ("When I was in the dank dungeons of the Evil Genius, I was forced to learn how to pick the lock of my cell in order to escape..."), or a powerful Eidetic Memory that has none of the limitations associated with the Eidetic Skill Power Pool listed below. Pulp Era heroes might have a Power Pool like this one. Characters may want to take the "Requires a Characteristic Roll (INT)" Power Limitation to recall the skill, or have an Activation Roll associated with it.

Dormant: A Dormant Skill Power Pool represents a character who has a number of skills stored in their subconscious, any one of which they may recall over the course of an adventure. Whether this is due to CIA programming, brain damage, or amnesia, skills surface in the character's consciousness under certain conditions established by the GM. Dormant Skill Power Pools usually have Restricted Powers (Skills, -1), Skills change only under circumstances established by the GM (Variable Limitation). Circumstances include:

• Environmental: A character may remember their Desert Survival skill when they are lost in the desert. They may remember their WF: Knives skill when a gang member throws them a blade and challenges them to a duel. The environmental trigger is considered a -1/2 Power Limitation, and it should also be accompanied by an INT Roll or an Activation Roll to remember the skill correctly. The skills surface only when the environment is present; when it is gone, the skills submerge back into the character's mind. Even when the character realizes they have a skill they cannot call it up at will; it surfaces only when the environment calls for it. Such Power Pools can have a "Can Change Powers as a 0 Phase Action" (+1) to simulate skills that immediately pop into a character's mind when the circumstances allow. Otherwise, the character slowly remembers the skill necessary to the situation... this works well with Survival skills (taking a minute or two to remember a Survival skill is not usually a problem, considering it is rarely needed in high pressure situations), but during combat, Weapon Familiarities and Combat Levels might be needed immediately and would not normally be available in time without the "Can Change Powers as a 0 Phase Action" Advantage.

• Amnesiac: This is essentially an uncontrolled Dormant Power Pool. It is purchased as a -2 Limitation to the Control Cost. The GM decides when the Skill comes forth, usually to forward the adventure. The Power Pool is unreliable, untrustworthy, and usually raises more questions than it answers. It may require a Characteristic Roll (INT, -1/2) to remember the skill correctly and may have the "Can Change Powers as a 0 Phase Action" Advantage as well. The character cannot hold onto the skill once the GM decides it has served its purpose... the character will quickly forget it until the GM decides it resurfaces. This Skill Pool is usually empty under normal circumstances (which may not be the case for Eidetic Power Pools and Psionic Skill Power Pools).

• Eidetic: This Power Pool can be taken by any character who has the Talent: Eidetic Memory. It is essentially a form of "Super Cramming." This Power Pool simulates characters whose photographic memory allows them to instantly compile and process skills (in minutes of study... things such as memorizing phone books, criminal data bases, mug shots, blueprints, and so on). Eidetic Memory Skill Power Pools are usually Linked to Eidetic Memory (although Linked is usually a -1/2 limitation, it is hard to deprive a character of a Talent, so it is a -1/4 limitation instead), Restricted Powers (Knowledge Skills, -1), Limited Power: Must have some means of studying the needed skill (-1/2). Eidetic skills remain in the Power Pool until they are erased to make room for new skills. Once a skill is erased from the Eidetic Power Pool, the character must study the skill again in order to place it back into his Power Pool.

Eidetic Power Pools usually allow a character only to purchase Knowledge Skills, and it is recommended that characters only be allowed to purchase these Skills up to an 11 less roll. The GM may make exceptions depending on the character.

• Psionic: A character with a psionic skill power pool can telepathically download skills from other characters and use them as their own. Psionic Skill Power Pools are usually Linked to Telepathy (-1/2), Restricted Powers (Skills, -1), Must read the mind of a character of a character that has the needed skill (-1/2), Skill can only be taken at level the target possesses (-1/2). Psionic skills remain in the Power Pool until they are erased to make room for new skills. Once a skill is erased from the Psionic Skill Power Pool, the character must find another target who has the skill in order to place it back into his Power Pool.

This power does not allow a psionic to get a listing of every skill the character possesses. What the character must do is first establish contact with Telepathy (which is much easier with a willing target than a hostile one), then ask the question: "Do you have [insert name of skill the character wishes to copy]?" If no, then the character can either break off contact or ask another question next Phase if they wish to see if the character has another skill.

This power cannot normally be done in combat; it usually takes anywhere from one turn to one minute after establishing telepathic contact for the character to copy the skill... and even then, they should be in surroundings where few distractions are present. Experienced telepaths may wish to purchase a Skill (*Psionics*, see *UM*) for changing the Power Pool in combat.

This power pool does not steal the skill from the character. To simulate telepathically stealing skills from another, characters should purchase a Mental Transform.

Psychosomatic Disadvantages

Some problems are all in the mind. Psychosomatic Disadvantages are Disadvantages caused or influenced by a character's psychological state. When a character purchases a Disadvantage, they need to indicate whether it is related to their physiology or to their psychology (Psychosomatic) and record it on their character sheet (the actual Disadvantage is listed first, followed by the Psychosomatic label in parenthesis). Psychosomatic Disadvantages may be able to be cured by Telepathic Surgery, psychiatric counseling, or may be affected by mental attacks from other characters.

Psychosomatic Disadvantages only take effect when the character perceives that the "trigger" for their disadvantage exists. For example, a character who has a Psychosomatic Dependency on tranquilizers and is being fed a placebo will not take any damage from the Dependency.

Any of the Psychosomatic Disadvantages below may be used in place of Temporary or Long Term Psychological Limitations (i.e., Psychological Limitations caused by Shock and Stress... see the next chapter).

Accidental Change

PCs must indicate whether their Accidental Change Disadvantage (each one) is psychosomatic (emotion or mentally driven, conscious or not) or based on environmental stimuli (the full moon, sunrise, radiation) and label it on their character sheet. A character with Accidental Change does not necessarily change their form; their personality may change. Characters with a Dissociative Identity Disorder (Multiple Personality Disorder) may have a Psychosomatic Accidental Change to simulate their changes from one personality to the other.

Berserk

Berserks and Enraged are usually psychosomatic. If they are triggered by chemical or environmental stimuli, this must be indicated on the character sheet to prevent misinterpretation.

GMs may want to consider giving a character a temporary Berserk or Enraged Disadvantage rather than a temporary Psychological Limitation due to the effects of Stress and Shock (see *Horror Hero*'s Shock and Stress rules, pp.22-31).

Catatonic

The Catatonic Disadvantage works much the same way the Berserk and or Enraged Disadvantage does. A character with the Catatonic Disadvantage will enter a catatonic state (0 DCV) when confronted with a certain circumstance (say, when they see someone killed, or if they are wounded in combat). While they can still perceive their environment, they cannot take any physical action or use any mental power. The point total for the Catatonic Disadvantage is calculated exactly the same way as a Berserk Disadvantage is: the GM and the PC decide how common the circumstance that causes the catatonic behavior occurs in the campaign (Uncommon, Common, Very Common), the chance for the character to become catatonic when exposed to the situation (anywhere from an 8 or less to a 14 or less) and the chance of recovery once the circumstance is removed (anywhere from an 8 or less to a 14 or less). If the character is at 1/2 DCV while Catatonic, then the point total of the Disadvantage is halved.

The character will still be able to see what is going around them while catatonic, but he will either be unable to move (0 DCV) or, if Catatonic is taken at 1/2 DCV, then the character will be incapable of performing a goal-directed action. Characters who cannot perceive what is going on around them (i.e., they enter a coma) gain +5 points to the Disadvantage (which is added to the Disadvantage before the 1/2 DCV modifier, above, is applied).

Catatonic Bonus	
Circumstances	Points
Uncommon	5
Common	10
Very Common	15
Chance to go Catatonic	Bonus
8 or less	+0
11 or less	+5
14 or less	+10
Chance to Recover	Bonus
14 or less	+0
11 or less	+5
8 or less	+10
Modifiers	Bonus
Character Cannot Sense Environment	+5
Character is at 1/2 DCV	x 1/2

Characters can recover only when (1) someone attempts to snap them out of it, (2) when the circumstance is removed (note that the character still must

make a roll every Phase after the circumstance is removed; they do not automatically break out of their catatonic state when the trigger is removed) or (3) the character can take a free recovery after Segment 12 if the character did not have an opportunity to recover that Turn (i.e., no one tried to snap him out of it).

Like Berserk and Enraged, the character completely loses control of their own actions when the circumstance occurs (i.e., an arachnophobic character may become Catatonic when they see a spider). Catatonic is usually a Psychosomatic Disadvantage (although some effects, such as a severe allergic attack or epilepsy, could be simulated with the Catatonic Disadvantage... in a *Horror Hero* campaign, a vampire may go Catatonic if they are staked through the heart). Unless indicated otherwise on the character sheet, however, Catatonic is assumed to be a Psychosomatic Disadvantage.

There are several types of catatonic behavior:

1. Catalepsy/Stupor: The character enters a catatonic stupor where they are completely unaware of their environment. This is a 0 DCV Catatonic Disadvantage.

2. Rigidity: The character maintains a rigid posture and resists efforts to be moved. This is a 0 DCV Catatonic Disadvantage.

3. Negativism: The character resists all instructions or else maintains a rigid posture against attempts to be moved (as per Rigidity, above). The character may become mute as well. This can be treated as a 0 DCV Catatonic Disadvantage. The trigger is Common ("resistance," whenever anyone gives the character an order or tries to move them).

4. Posturing: Inappropriate or bizarre posturing, such as having one's arms outstretched as if crucified, standing motionless with a hand raised as if about to ask a question, and so on. This is taken as a 0 DCV Catatonic Disadvantage.

5. Excessive Motor Activity: Purposeless, excessive activity, such as walking in a circle, hand shaking or waving, body rocking, dancing with an invisible partner, doing jumping jacks, pounding one's head against the wall, and so on. As the character can still move, this is taken as a 1/2 DCV Catatonic Disadvantage, but the character can not perform any goal-directed activity nor think straight while Catatonic.

6. Cataplexy: Cataplexy is the sudden loss of muscle tone that occurs in some disorders. Cataplexy is usually triggered when the character experiences intense emotions such as laughter, anger, fear or surprise, after which the character collapses. Cataplexy is treated as per the Catatonic Disadvantage, (0 DCV) with a Common or Very Common trigger.

Dependence

Dependencies can be Psychosomatic, rather than Physical. For example, Arcturus, the city's most infamous serial killer, may be so possessive of his tiny plush bear that he will go into trauma if he separated from it for long periods of time.

A normal Dependency does STUN Damage to the victim until their STUN is reduced to 0. After this, the victim takes BODY until they perish. Psychosomatic Dependencies, however, usually only do STUN Damage, as they are tied to the victim's psychology rather than their physiology. There are several ways that a GM can simulate a Psychosomatic Dependency:

1. The Psychosomatic Dependency may do STUN only. This Dependency is a -5 Reduction on the chart. Characters, instead of taking BODY, simply become unconscious when their STUN is reduced to 0. They can be roused from their unconscious state, but unless their Dependency is satisfied, they will slip into unconsciousness soon after awakening.

2. The Psychosomatic Dependency may do STUN only, but when the character reaches 0, they become Catatonic (see above). The GM will have to decide how the character can recover after they have become comatose; perhaps through drugs, ECT (electroconvulsive treatment) or slow recovery... but these will only be temporary measures until the Dependency is satisfied, or else the character will sink back into a Catatonic state soon after awakening.

3. The Psychosomatic Dependency may do STUN only, but when the character reaches 0, they begin to lose one point of EGO, rather than BODY. When their EGO reaches 0, they become brain dead.

4. In the description for Dependency in the *Hero System Rulebook*, p.120, the GM is given the option to replace every 1D6 of STUN with 10 Points of an Active Attack. This could include a 1D6 Ego Attack, 1D6 Entangle (so distraught they cannot move), 1D6 Flash (Hysterical Blindness), or a 2D6 Presence Attack with no defense.

The best way to work Psychosomatic Dependencies is to use the Stress and Shock rules mentioned in *Horror Hero* (pp.22-31). Instead of a 1D6 STUN Susceptibility, the character may be struck with a 2D6 General Presence Attack (which can affect future Presence Attacks against the character), gain one Stress Level (which will affect the PC's characteristics and future Presence Attacks directed against them), or gain a 1/2D6 to their Long Term Stress. Characters afflicted with this type of Dependency are considered to have no Psychological Resistance for the purposes of accumulating this Stress. Once the Dependency is satisfied, the character can recover normally. If it is not satisfied, the character will become increasing traumatized, perhaps even going insane, but they will not take BODY damage.

Note: Dependency-Induced Mental Transforms are a way for psionics to psychologically damage a charac-

ter without directly attacking them. Attackers may give a character a Dependency on their gun; if a PC is caged in the Asylum and deprived of their weapon, they may go insane. Other examples include a 1D6 STUN Dependency when not committing a criminal act, a Stress Level Dependency on staying safely at home in their Secret ID, and so on. The GM can undoubtedly think of more foul and unpleasant Psychosomatic Dependencies that can afflict a character. Nevertheless, the Dependency should have a "back door" for the character to work around, so that they can still take action and outwit their attacker.

Distinctive Features

Distinctive Features can be Psychosomatic. For example, the rituals of an Obsessive-Compulsive Disorder (e.g., making sure whatever is touched by the left hand is touched by the right hand in the exact same place for the same length of time; touching every corner in the room starting from the left; always looking twice at every stranger that passes by, and so on), the symptoms of some Anxiety Disorders (especially the trembling and shaking that results from Panic Attacks), Tourette's Disorder, stuttering, and even facial tics could all be considered to be Psychosomatic Distinctive Features. These features rarely cause a Major or Extreme Reaction (with the exception of Tourette's Disorder)... they are simply noticed as "odd" or strange. Their Concealability ranges from Easily Concealable to Not Concealable depending on the behavior or symptoms of the disorder.

Echolalia (the parrot-like repetition of a word or phrase just spoken by another person) and echopraxia (the repeated, unwilling imitation of the movements of another) are two symptoms of some mental disorders, especially Schizophrenia. Both symptoms could be considered to be Distinctive Features (Psychosomatic) that cause either a Recognizable or Major Reaction.

Physical Limitations

Some Psychological Limitations should be treated as Physical Limitations, especially if the GM is using Somatization Disorders (physical pain induced by the character's psychological state) in their campaigns. In these cases, the character's Physical Limitation has a psychological basis and should be treated as a Physical Limitation (Psychosomatic).

Susceptibility

Susceptibilities can be Psychosomatic rather than Physical. A normal Susceptibility does STUN Damage to the victim as long as they are exposed to the situation, object or effect they are Susceptible to, until their STUN is reduced to 0. After this, the victim takes BODY until they perish.

Psychosomatic Susceptibilities, however, usually only do STUN Damage to the victim (as for Dependency, above). There are several ways a GM can simulate a Psychosomatic Susceptibility:

1. The Psychosomatic Susceptibility may do STUN only. This Susceptibility is a -5 Reduction on the chart. When the character's STUN is reduced to 0, they become unconscious. While they can be roused from their unconscious state, they will slip into unconsciousness again if the object or effect they are Susceptible to is not removed.

2. The Psychosomatic Susceptibility may do STUN only, but when the character reaches 0, they become Catatonic (see the Catatonic Disadvantage, above). The GM will have to decide how the character can recover after they have become comatose. Drugs or electroconvulsive therapy (ECT) might work, but they will only be temporary measures until the object or effect the character is Susceptible to is removed.

3. The Psychosomatic Susceptibility may do STUN only, but when the character reaches 0, they begin to lose one point of EGO, rather than BODY. When their EGO reaches 0, the character becomes brain dead.

4. In the description for Susceptibility in the *Hero System Rulebook*, p.126, the GM is given the option to replace every 1D6 of STUN with 10 Points of an Active Attack. This could include a 1D6 Ego Attack, 1D6 Entangle (so distraught they cannot move), 1D6 Flash (Hysterical Blindness), or a 2D6 Presence Attack with no defense.

The best way to work Psychosomatic Susceptibilities is to use the Stress and Shock rules as for Dependency, above: instead of a 1D6 STUN Susceptibility, the character may suffer a 2D6 General Presence Attack (which can affect future Presence Attacks against the character), gain one Stress Level (which will affect the PC's characteristics and future Presence Attacks directed against them), or gain a 1/2D6 to their Long Term Stress. Characters afflicted with this type of Susceptibility are considered to have no Psychological Resistance for the purposes of accumulating this Stress. Once the object or effect they are Susceptible to is removed, the character can recover normally. If not, the character will become increasingly traumatized and gain Temporary Psychological Limitations, but they will not die.

A character with a Phobia may have a Psychosomatic Susceptibility whenever they are in a situation involving their phobia.

Note: Susceptibility-Induced Mental Transforms are a way for psionics to psychologically damage a character without directly attacking them. An attacker could give a character a Stress Level Susceptibility to being imprisoned in the Asylum, which could drive a character mad within hours. A Stress Level Susceptibility to fighting crime or being out at night could cut a vigilante's career off at the knees. Nevertheless, no matter how crippling, the Psychosomatic Susceptibility should have a "back door" for the character to work

around, so that they can still take action and turn the tables on their attacker.

Vulnerability

Many Asylum characters have psychosomatic Vulnerabilities, Vulnerabilities that are not tied to a physical defect or to a character's biology, but to their psychology. Timidness can leave a character vulnerable to Presence Attacks, or a paranoid character may be especially vulnerable to Mental Illusions or Telepathy. Psychosomatic Vulnerabilities are usually intangible (Presence, Mental Attacks), but some phobias can cause a character to suffer additional STUN when attacked by the object of their fear (a pyrophobic character attacked with a torch or a flamethrower may suffer trauma that causes them to be stunned, even if the physical damage would not normally be enough to stun them). Psychosomatic Vulnerabilities of this sort are usually STUN only, and they must be labeled as "Vulnerability (Psychosomatic)" on their character sheet.

Characters with a Mental Transform could conceivably give a victim a Psychosomatic Vulnerability, although this Vulnerability must be coupled with an appropriate Psychological Limitation (i.e., Psychological Limitation: Pyrophobia with a Vulnerability: x2 STUN vs. Flame Attacks). As a general rule, a Transform-induced Psychosomatic Vulnerability must have at least a corresponding Psychological Limitation of equal level (i.e., a character with the Vulnerability: x2 Effect from Presence Attacks [a Common Vulnerability, worth 20 Points], must have a Psychological Limitation [i.e., Timid, Cowardly, Phobic] worth 20 Points). In Transforms where the attacker can only induce one Disadvantage at a time, they must insert the Psychological Limitation into the mind of their target before they induce the Psychosomatic Vulnerability.

Note: In Asylum, a Vulnerability to Presence Attacks is considered a Common Disadvantage. Not only do many characters in this book perform PRE Attacks, but if the GM is using the Stress and Shock rules described in *Horror Hero* section, a Vulnerability to Presence Attacks becomes much more debilitating than it would otherwise be in a conventional *Champions* game.

Disadvantages

Dependent NPC (DNPC)

A character does not even have to know the DNPC in order to take the DNPC Disadvantage. This is treated as a "Floating DNPC." Depending on the character's psychological state, they may form a dependency or a need to protect someone that they mistake for a loved one, or who they feel is appropriate for their heroic/criminal identity. For example, a character who believes they are a four-color superhero may chose a unknowing female reporter as a DNPC. This attachment is usually disconcerting for the "Dependent" NPC.

Characters suffering from a Dependent Personality Disorder (see Personality Disorders in an Eye for an Eye) may take the DNPC at a higher cost than normal... the frequency of the DNPC's appearance is usually high because the character is spending so much time around them.

Hunteds

The cost of the Disadvantage, "Hunted by the Asylum," varies depending on whether the character is hunted by the Asylum staff or by the patients.

The Staff: The Asylum staff, including Shreiver, is not much of a threat. In almost all cases, the Asylum is considered a Less Powerful Hunted with a Limited Geographical Area (Fell's Point or the Campaign City). Whenever possible, this Hunted should be replaced with the local Police, as the police are the ones that actually bring the escaped convicts back to the Asylum (see *Chapter Two: Escapes*). It is not unheard of that the Asylum staff may be looking for the character separately (if they are a patient); reasons such as public embarrassment if the escape was leaked to the press, the fear that the Fell's Point police will accidentally shoot an inmate while apprehending them, and so on can lead to a separate Asylum staff Hunted. Some of the staff members may have a vendetta against the PCs, but in a non-combat role... they may appear on talk shows denouncing the character, convince the local authorities that the character is a menace and that a special task force needs to be appointed, or even form alliances with other vigilantes and heroes, acting as counsel and offering advice in piecing together the character's Secret ID.

Patients: Being hunted by the inmates is a different matter, and the amount of points depends on whether the character is hunted by a specific member of the Asylum or the entire Asylum. Specific patients Hunteds are assigned points as normal.

If the entire Asylum is taken as a Hunted, it should be treated as a Mo Pow threat with a 14- roll. If a PC takes this as a Hunted, the GM is allowed to have the Asylum patients mob the PC en masse and even have them employ team tactics. As this can become rather grisly, GMs should consider suggesting that characters purchase a "Floating Hunted" as a substitute for being Hunted by the entire Asylum (the Floating Hunted usually means that only one patient comes after the PC at any one time, no matter how large the group is, see *DC*, p.41).

Mystery Disadvantage

Cost Disadvantage
Var. Mystery Disadvantage(s)

This Disadvantage is the character version of the Mystery Disadvantage presented in "Vehicles and Bases," on p.191 of the *Hero System Rulebook*. Something is wrong with the character, but they don't know what. The GM chooses the Mystery Disadvantage (i.e., the PC has accidentally pissed off the Master of Crime, the PC is secretly dying of cancer, the PC has a repressed Oedipal complex... whatever). If a player needs the points or wants to spice up their PC's life by placing it in the GM's hands, this is a surefire way to do it. This Disadvantage can also be limited to Mystery Hunteds; characters can declare the Mystery Disadvantage as a "Mysterious Enemy" and let the GM fill in the villain later. Players should be allowed the option to replace the Mystery Disadvantage with appropriate Disadvantages their PCs come across in the course of the campaign ("I'd like to make Bruce Harlick one of my Hunteds"). Until then, the GM can use the Mystery Disadvantage at the PC's expense ("Sorry, Bruce Harlick is already one of your Hunteds").

Physical Limitations

Some of the Disadvantages in this book that at first glance appear to be Psychological Limitations are actually Physical Limitations. Some characters may have been programmed to behave in certain ways, and neither psychiatric counseling or maturity will cause them to change their behavior.

Everyman Skills

There is one "new" Physical Limitation included in this book, primarily for characters who are afflicted with Mental Retardation (i.e., they have an INT below 8). The Physical Limitation is listed as "No Everyman Skills." Everyman Skills are basic abilities that characters gain simply while growing up; some characters, however, due to social isolation or mental retardation, do not have these skills. The Physical Limitation can reflect two of the following:

1. The character does not possess any of the Everyman Skills listed on p.18 of the *Hero System Rulebook*. This is a ten point Physical Limitation. Characters cannot drive a car, read, write, speak, and have no Professional Skills.

2. The character possesses some Everyman Skills (usually Climbing, Concealment, Stealth and two points of Language). This is a five point Physical Limitation. It is usually taken by characters who have Mental Retardation.

Characters can still purchase these "Everyman Skills" later on in the campaign with Experience Points (for example, a character can learn to drive a car, or read and write), but the No Everyman Skills Physical Limitation must be bought off first.

If the GM is not using Everyman Skills in their campaign, then this Limitation should be ignored.

Psychological Limitations

Note: All the Psychological Limitations in this book are labeled, and PCs adventuring in the Asylum must label the Frequency and Intensity of their Psychological Limitations as well.

Psychological Limitations regarding vigilante and criminal psychology have already been covered in Steven Long's *Dark Champions* and *Eye for an Eye*; and players are encouraged to refer to those two books for more details on Psychological Limitations in *Dark Champions.*

Signature: This Disadvantage was first introduced in *Cyber Hero,* p.35. Characters with this Psychological Limitation have a signature they leave at the site of all their escapades. This is a disadvantage for characters who routinely break the law (vigilante or villain) or otherwise make a habit of angering powerful people. It is a common limitation in *Dark Champions* where high EGOs and low sanity tend to run hand in hand.

A character's signature may be trivial (a blue moon card, a black rose, a spray painted slogan) or require elaborate preparation (shaving all the hair from the bodies of one's victims). A signature ensures that other characters in the campaign know who is responsible for criminal acts or vigilante justice, and a well-advertised signature may attract the attention of a "copy-cat" character who will use the signature to commit crimes and leave the character take the blame.

Many *Dark Champions:* The Animated Series villains have this Disadvantage (see *Appendix Two: Other Genres*), and so do some serial killers. Signature is considered to be a Common Psychological Limitation, of any Intensity. If the character has no real compulsion with leaving a signature, but prefers to do so when possible, then it is a Moderate Intensity Limitation. If the character needs to escape a crime scene quickly (i.e., the police are busting down the door) and can avoid leaving a signature by making an EGO Roll, then it is a Strong Limitation. If characters must leave a signature under any circumstances, even when they are in danger of being killed or captured, it is a Total Commitment.

It is possible that a Signature Psychological Limitation may become part of an Obsessive Compulsive ritual (i.e., obsessive compulsive need to leave clues to one's crimes, obsessive compulsive need to perform crimes involving the number two, and so on).

Reputation

A character's reputation can be confined to a Limited Area (e.g., a city, an island, a space colony), that reduces the cost of the Disadvantage by 5 points. This type of Reputation transcends cultural and social boundaries, but not geographical ones... everyone in the Limited Area knows who the character is, from the lowest criminals to the most prominent city businessman. This Disadvantage is appropriate for local vigilantes, gang leaders or civil rights leaders who are big names in their neighborhood, but no one outside of the Limited Area has any idea who they are.

The new Reputation chart reads as follows:

Points	Recognized
-10	Limited Geographical Area (a city block, the Thieves Quarter, "the Hood")
-5	Limited Geographical Area (City)
-5	Limited Group (Criminals, Businessmen, Cops; *DC*, p.42)
0	Split Reputation (*DC*, p.42)

Appendix 2: Other Genres

"What's wrong with the world today is it keeps changing all the time, getting messed up with naive idealism, black and white morality, anti-gravity lasers and all that nonsense."

- Elliot Manns, the Idiot King -

The time of Gods is at hand. What you are witnessing is only the seeds of the Age to come.

- The Heretic -

Other Genres

Asylum is intended to complement an existing campaign. Every campaign has its own feel and house rules, however, so to help integration, a selection of genres is presented below, along with suggested changes, additions and reductions. This section deals only with genres in general. GMs and players interested in including Asylum with specific *Champions* products, whether adventures, sourcebooks or enemies compilations, should turn to the *Other Inmates* section, later on.

Hero Genre Books

A selection of four different genres are included here: Four-Color *Champions*, *Dark Champions*, *Horror Hero* and *Cyber Hero*.

Champions Four-Color

This is the four-color *Champions* Universe, where the *Champions* and other heroes and villains of comparable power and experience exist (this is not necessarily the four-color *Dark Champions* universe inhabited by Card Shark and others, see below). In the standard world of *Champions*, the Asylum is an alternative institution to other psychiatric facilities in the Campaign City and should be employed as a (low-key) horror setting for "change of pace" adventures if the GM and the PCs want to take a break from international or galactic conflicts.

The Asylum, however, presents the problem of campaign tone. Some segments may inappropriate, morally or stylistically, for four-color campaigns. GMs may wish to modify the material here and change this text into the Stronghold Asylum for the Criminally Insane, an Asylum designed to mesh with the mainstream Champions universe better than the Asylum in these pages. If GMs wish to use the SACI institution, it can be used in place of the Asylum described in these pages or as an alternative facility for extremely powerful inmates.

Game Mechanics: To use Asylum in a four-color universe, a few changes have to made. First, the enhanced powers and statistics in four-color campaigns makes rehauling the power levels of the characters presented in these pages a necessity. Offensive and Defensive powers should be increased to 50 or 60 Active Points, and in addition, some "realistic" details from some of the characters should be omitted or ignored. For convenience, Power Variations are included for each character in this sourcebook to minimize the fuss of translating characters and any math... if a villain is needed quickly for a four-color campaign, then the statistics can be added on quickly and the details worked out later.

Readers should also turn to the *Other Inmates* section for details on what four color villains from other *Champions* products could be used with Asylum.

Dark Champions

Asylum is designed for a standard *Dark Champions* campaign (if such a thing exists), but it is *Dark Champions* only in the "feel" of the genre. There are many variations of what can constitute a *Dark Champions* campaign, many of which were outlined in *Justice, Not Law* and the *Dark Champions* rulebook, including Heroic-level *Dark Champions* (the Scarecrow) and Futuristic *Dark Champions* (Copperhead). Specifics on using Asylum in a Futuristic *Dark Champions* genre is included both in the *Cyber Hero* section and in the High-tech section, detailed later on.

As has already been mentioned in the Introduction preceding this section, Asylum takes place in a "Minor Superpowers" or "Occasional Superpowers"

environment discussed in *Justice, Not Law*. Crusader (*Champions Rulebook, Underworld Enemies*) was assumed to exist in an "Idealistic Street Level Campaign," described in *DC*, p.11.

Dark Champions Heroic

The characters in a *Dark Champions* Heroic Campaign are normal human beings, built on 75 base points and having up to 75 points of Disadvantages. Characters do not have to pay points for their weapons. As a general rule, characters in a *Dark Champions* Heroic campaign should be at a power level where they still feel threatened by thugs. DCV is limited to about an 8 or so, with a resistant defense of no more than 8 in each category. Characters using heavy firepower will be met with the same level of force in their opponents.

As explained in the Introduction section, player characters do not have to have weapons to defeat the characters in this supplement; a quick thinking player, or one who simply pays attention to the behavior of the patients, will be able to identify the patients' Achilles heels and use it against them without a single shot being fired. Players should not always have to feel that they have to enter a *Dark Champions* environment armed to the teeth in order to survive.

Tech level will vary. See the *Cyber Hero*, High-Tech and other paragraphs below for using Asylum in high-tech campaigns.

Game Mechanics: Many characters in this supplement possess paranormal powers; if the GM does not permit superpowers in their Heroic *Dark Champions* campaigns, then these characters need to be edited. Information on converting every character in this supplement to a Heroic Campaign is contained in the "*Dark Champions*, Realistic" entry in their Powers/Tactics sections.

Dark Champions: The Animated Series

Dark Champions: The Animated Series ("*DC*:TAS") is a subgenre of *Dark Champions*. It is based on the TV show, *Batman: The Animated Series* (and its related comic book, *Batman Adventures*). *DC*:TAS mixes aspects of street-level and four-color games, taking the best from both worlds. As a general rule, the *DC*:TAS environment tends to be a "sanitized" version of more realistic *Dark Champions* games, and the tone of the campaign is somewhat lighter. Even though the characters are "vigilantes," the morality in this subgenre is usually pretty black and white.

Cyber Hero

There are no cyborgs in Asylum, but many inmates could be given brain tissue grafts, bionics and psychic "wetware" to explain their odd assortment of powers. Asylum could even be a *Cyber Hero* corporation; just drop it in San Francisco 2090 as either an archaic walled building in the Fillmore District (with connections and numerous outlets to the sewer systems and subsystems that run beneath the city), an outlying quarantined suburb (away from the Corporate Suburbs) or inserted directly into the Humana Medical Center (*Cyber Hero*, p.187). If a GM gives Asylum characters a more digital focus, many psychic powers could have technical applications (electropathic characters, mechanical empaths and so on). Also, the Heretic may not exist in a disembodied "psyche" state; he may be an artificial intelligence flowing through Cyberspace, riding the currents of data in an attempt to process everything he can about the human race. He would be attempting to digitize as many humans as possible (the Heretic could make cyber runners afraid to hack into the system). Skeeter, the NPC described in the adventure at the end of *Cyber Hero*, To Raise a Ghost, would make an excellent inmate if he never regained his human body.

In a *Cyber Hero* campaign, Asylum technology should be a decade (or more) out of date, to make it have more of an "old-fashioned" institution. It would be ironic for inmates to be using present-day items in their insane crusades, clashing with the high-technology 2090s.

Also see the "Psiberpunk" campaign theme in *Cyber Hero*, p.96.

Game Mechanics: Other than substituting their powers for cybertechnology, most of the characters in this supplement can remain as they are.

Horror Hero

Warning: Players in a *Horror Hero* campaign using any of the campaign worlds in the *Horror Hero* genre book should read no further; reading this section will spoil many of the surprises and mystery essential to gaming in *Horror Hero*.

The horror in Asylum comes from the extreme manifestations of common human behaviors. These extremes are caused by societal pressure, mental illness, or a sudden loss or tragedy. There is nothing to exclude the possibility that these pressures could be the result of demonic influence or the presence of black magic in the world of *Dark Champions*. Note that the concept of Duality described in *Horror Hero* ("Defining Horror Magic: That Foul Sorcery...") is widespread throughout the Asylum, whether the opposition includes male/female, mind/body, dreams/reality and life/death.

Spell Use: The paranormal powers of many Asylum inmates are psychic. While this translates well into some aspects of *Horror Hero*, it does not translate well with those inmates that have obvious superpowers that cannot be duplicated with spells or with demonic possession. In a "real-world" *Horror Hero* universe, it is advisable to cut away the paranormal powers of the inmates. In the Power Variation section of each character, *Horror Hero* GMs should use the rules for Realistic *Dark Champions* to tailor the characters to a *Horror Hero* campaign.

Timelines: GMs may want to run the Asylum in different time periods. This is fine. Information is provided that details conditions at the Asylum for the three different eras mentioned in *Horror Hero*..."In the Shadow of the Civil War," which takes place either during or in the aftermath of the Civil War, "Beating it to a Pulp" that takes place in the Pulp Era, and the modern-day "Awful Truth."

The Heretic: The Heretic can serve as an Oracle Demon (*Horror Hero*, p.120) in almost any of the timelines listed below, with the Asylum built as a spiritual cage to keep him confined.

The Shadow of the Civil War

The Black Dawn: The GM can make Gans (use his physical statistics, not his incorporeal form) a member of the Black Dawn, or else the GM can replace Gans with Dr. Arthur Barrosmythe and fill the Locust Valley Asylum with patients from the pages of this book. The Locust Valley Asylum may be the precursor to the Asylum, evolving slowly through the twentieth century to become the *Dark Champions* psychiatric institution.

Fell's Point: This fictional campaign city in which the Asylum is located is targeted by Barrosmythe's Dead Soul Dominion for its shipping port and its access to Europe and other coastal cities along the Atlantic. Not only is it an important shipping route, but it is also a means by which cultists can travel internationally with ease, either stowing away or being smuggled to another port. Characters attempting to eradicate a Black Dawn dominion in Fell's Point may be frustrated by the way the members can slip through their carefully planned traps as if they were sieves, drifting into the corners of Fell's Point to regroup elsewhere.

Plots: It is possible the Asylum can serve a processing center for Possessor Demons from the Pit. The Asylum patients can provide a herd of human stock for them to bond with, and patients who are possessed (without outward indication) can be sent back out into society "cured" of their mental illness. If the Possessor Demon fails to sublimate the personality of the host and a contest of wills takes place as the demon and patient vie for control, the patient's behavioral instability and "psychotic symptoms" will hardly be out of place in the Asylum.

Characters: Almost any character in this book could be an Incarnate Demon, although not all of them at once (Incarnate Demons are rare and the Pit employs a variety of other servants to carry out their dark designs). Many may also have been touched by demonic forces. The Asylum may be a breeding ground for servants of the Dead Soul Dominion, possessor demons infecting the deranged prisoners so that more horrifying creatures are created from their union. The Asylum's resemblance to Dante's Inferno may be much more than coincidence.

Dr. Shreiver may either be a member of the Fortunatii or a member of the Dead Soul Dominion under thrall to Barrosmythe; her position as the Asylum can be replaced by Barrosmythe and the Asylum itself turned into the Locust Valley Asylum in New York.

Beating it to a Pulp: The Pulp Era

The pulp era is defined from the pulp fiction from the Twenties and Thirties and spans the Atlantic; as Fell's Point is located on the East Coast, it is ideally suited for adventurers wishing to investigate the mysteries of the Cult of Taxlan.

The characters in this supplement are occasionally referred to as having such and such a power that is "cinematic." These cinematic powers should be exaggerated in a *Horror Hero* pulp campaign. In addition, martial arts styles should be a little flashier, and some characters may have gained their abilities while traveling to hidden temples nestled deep in the Himalayas.

Some Asylum inmates may be possessed by Bakas (shades of Taxlan priests summoned back to the waking world). In the possession, they gain strange and unusual powers. In addition, there should be at least one Aquasanguis in the depths of the Asylum (notice how many water and flooding problems there are in the institution?) or seeping through the sewer system of Fell's Point, as well as one or two Chauches that roam the Asylum interiors or black city streets. If the Asylum has been taken over by the Heretic, some of the orderlies may be zombies.

Furthermore, the Heretic, aspiring to Godhood, may be following the path the God Taxlan did centuries ago. He may even be planning to sacrifice all of the inhabitants of Fell's Point to absorb their psychic energy and to gain enough power to break free of his prison. If this is the case, one of his servants may have uncovered the tattered manuscript of the "Revelations of Chronos" (*Horror Hero*, p.147). To stop the Heretic (and Taxlan) the PCs must recover the twelve pieces of the scroll, each held by a major player in the Asylum (the Idiot King, Reverend M, Freak, Dr. Masters, the Heretic, and so on) and use it against the Heretic and Taxlan.

The Asylum itself may have been one of the sites of a Taxlan cult city, its labyrinths and underground caves long since forgotten and lying hidden beneath the peninsula (these caves and caverns will be on a much smaller scale than Taxlan's lair in Haiti, but daunting nonetheless, touching almost every corner of Fell's Point). The Asylum's position overlooking the Atlantic may have once been the locale of a false lighthouse beacon to send ships crashing into the shores and their crews to a watery grave to strengthen the dark God.

The Asylum, alternatively, could have been financed by the Dark Corner Society who were using the walled compound to cover the Taxlan taint that lay beneath the foundations, attempting to seal it in.

The Awful Truth: The Modern World

The information in this section assumes the Asylum exists in the present-day *Champions* universe, straddling *Dark Champions* and *Champions* (what spawned these paranormals and sociopathic vigilantes, anyway?) The purpose of this book is in part to demonstrate how *Horror Hero* and *Champions* can be meshed into a paranormal horror campaign (e.g., The Crow).

Asylum adventures are essentially built upon a "conspiracy theory." Paranormal mentalists intent upon taking over the world have infiltrated all levels of society, and their victory is imminent. This ("Can it be true?") campaign premise allows for the element of "Paranoid Horror" that fills Modern *Horror Hero* campaigns. Unseen forces are present all around the characters, sinister psionics manipulating leaders for unknown reasons, and a powerful evil is stirring in the depths of the Asylum! There are plenty of adventure hooks, whispered rumors and strange pieces of information to set the PCs on the trail of the conspiracy.

The Asylum may also be charged with mystical energy, making it a target of the Shapeshifter International Conspiracy; the strange selection of psychics and paranormals in the Asylum can become tools by which the Shapeshifters can increase their power. The ranks of the CIA may already be filled with those loyal to the Conspiracy and are keeping a watchful eye on the Asylum to protect it from being taken over by those hostile to the Conspiracy. It may also be that the Heretic and his growing power may be at odds with the conspiracy, and they may attack him and his paranormal servants, leading the PCs into a three-way conflict, with the psychic powers and shapeshifting killers blurring the battle lines.

One adventure seed for a Modern World Horror campaign that might lead characters to Fell's Point would be if Jim Bob Barnes (*Horror Hero*, p.200) was recently captured by the Asylum and being used as bait to lure the other members of SABER into an ambush.

Mystic Masters and *Ultimate Super Mages*

This really isn't a separate campaign as much as a super-magical Asylum campaign; a "Mystic Masters" campaign is one with supermages (weaker, "glamor" mages, sort of the *Mystic Masters Dark Champions* equivalent, with spells far less powerful than those in a regular *Champions* campaign, are mentioned in the *Horror Hero* section, above). In a *Mystic Masters* campaign, the Heretic is creating a number of magical horrors from within the Asylum; the heroes must discover his diabolical plot in time to prevent him from turning Fell's Point into a breeding ground for magical monstrosities... or selling out the city and the world to creatures from another dimension, such as Hell (see *Horror Enemies* and *Horror Hero*). Many characters from *Horror Enemies* and *Mystic Masters* would be appropriate for such a campaign; especially the Devil's Advocates, Mephistopheles, and the Totems. ("You mean the Asylum was built on an Indian burial ground?! Great. Just great.")

The Asylum in a *Mystic Masters* campaign possesses its own magical reservoir and perhaps even a limited personality, given birth from the psychological residue of the inmates.

Asylum can be treated as a minor campaign with a narrow focus, which can serve as a tangent or an intermission from the current campaign; the PCs have to prevent the Heretic (a powerful astral being with tremendous magical power siphoned from the magical energy trapped in the Asylum walls and in the minds of the inmates, both of which become the Heretic's power battery, allowing him to penetrate the prison Dr. Shreiver wove around him) from increasing his own power, perhaps trapping him in the depths of the Asylum with a stronger binding spell so that he may never again exert his powers on the inmates and the surrounding city.

GMs should follow the rules for *Champions* Four-Color in the section above for tailoring the powers of the characters in this book. There are also some additional rules for dealing with characters in a four-color magical campaign:

1. Four-color mages in the Asylum never mess up their spells; magic tends to be more reliable and much more powerful. Mystic Masters are assumed to have a great deal more control of their magical abilities than their *Fantasy Hero* counterparts.

2. Few people can practice truly powerful magic... although magicians will discover that new spells are easy to find (and learn, if the character has enough experience).

3. Magic can come from a variety of sources, including Personal Magic, External Magic (emitted from the Asylum itself, which should be treated as a "manna well" of magical energies), Bestowed Magic (the Heretic can bestow limited powers on his servants, whether they realize it or not) and Focus Magic (which should be used only rarely in Asylum, but may be present in some of the artifacts and artwork manufactured by the inmates in Occupational Therapy; see the *Steward Building, Chapter One*).

Characters: Not all characters in Asylum are appropriate for mystic campaigns, as Asylum tends to ignore the presence of magic in the *Champions* Universe. Powers or abilities that seem to be magical can be explained, and (in truth, are) variations of psychic powers. There are many "mystical hotlines" and "dream crystals" that psionic occultists believe give them their precognitive and clairsentient powers, and some Asylum inmates believe their psychic abilities really are magical powers. GMs who run magical campaigns are encouraged to transform as many inmates as they wish into mystical or magically endowed characters. The

Asylum can become a place where magical energies cross and unexplained phenomena occurs (see *Horror Hero*, above).

In a *Mystic Masters* campaign, Dr. Shreiver is a minor spell caster, whose efforts to imprison the Heretic were only partially successful: her inexperience and limited abilities prevented her from constructing a lasting prison, and now leaks and cracks are developing in the walls of the Heretic's cell, allowing him to use his powers on the Asylum and its inmates. The Heretic's powers should surpass the abilities of the strongest PC in the campaign (but not anywhere near enough to approach Tyrannon's level of power) and have enough raw power to challenge the entire group of characters gaming in the Asylum. While caged, however, his powers are drastically reduced.

Temporal Scope of Campaign

New Bedlam Asylum is assumed to exist in a modern day *Dark Champions* or *Horror Hero* environment. The GM is welcome to change the campaign so that it takes place in the 1880s, the 1940s, or even in the future. As mentioned in the entries that follow, extended timelines of the Asylum have been provided in their sections to help flesh out campaigns that take place in the past. Adventures can be run where the characters are gaming in many timelines at once, the actions in one timeline having consequences in the other timelines.

Appendix 3: Other Inmates

"Well, letz zee. Therez me and me and me and me. Thatz at leazt four right there. I m zure therez zome more of uz around here zomewhere."
- Elliot Manns, as the Idiot King -

Introduction

Many characters from the *Champions* Universe can be integrated into a *New Bedlam Asylum* campaign. The "potential patients" presented in this section, however, are only suggestions; the supporting cast will vary according to the GM, the genre, and power limitations of the campaign.

Four-Color Inmates

In the references below, there are several "ifs," usually relating to confining powerful characters in the Asylum. This is because, as the Asylum stands, most four-color characters can walk in and out of the institution with the staff having little or no chance of stopping them. There are several ways of dealing with this situation. The first is to give the Asylum a series of high-tech guards, either on loan from PRIMUS (*Classic Organizations*), SAT (*Classic Organizations*), UNTIL (*Hero Almanac 2*), NILE (*Shadow Syndicates*) the CIA, or the federal government. The Asylum may have a powerful patron not tied to any government, either a parapharmaceutical company, a dummy corporation established by Master Control or some other arrangement in which high-tech guards are provided to insure their "investment" is protected. If the Heretic exists in the GM's campaign, he should have the power to draw powerful supervillains to his threshold and have them remain there until he relaxes his hold.

Another option, not as unreasonable as some would believe, is the patients, no matter how powerful, remain there willingly. Some characters recognize that they have problems and fear to re-enter the world until they feel secure in their own minds. Some may be too frightened to leave, or the staff may not want them to leave because of the public attention and grants they receive by having superpowered inmates within their walls.

Hot-Sleep: In a conventional *Champions* campaign, Stronghold (*Classic Enemies*) uses special "hot sleep" cells to sedate its criminals, keeping them asleep for the duration of their sentence. While this procedure is controversial and a violation of a prisoner's rights, many Asylum staff would be willing to use this same method with some of the more dangerous prisoners.

Specific Inmates

Champions Rulebook: The *Champions* rulebook has three villains who immediately present themselves as inmates: Ogre's childlike mentality, Dragonfly's social interaction problems and Spider Monkey's psychopathic tendencies (and she may also be labeled with a Regressive Personality Disorder if the physicians believe she was once human)... all these characters need help.

Heroes may also be incarcerated in the Asylum. If the Champions exist in the GM's campaign, two of them are prime candidates: one is Quantum (she is so close to going over the edge that she may need to be captured and forced to seek psychiatric treatment) and Solitaire (while sane, many inmates would love to lure her to the Asylum and trap her there; her naiveté and psychic sensitivity would provide years [perhaps decades] of amusement).

Mind Games: If you need Psis, Scott Heine's *Mind Games* is the place to go. It is possible that PSI could make a bid to take over the Asylum and even succeed. Campaigns can be run where PSI has already seized the Asylum and uses it as a recruiting center or a resting place whenever they come to Fell's Point. If PSI was ever sundered by the PCs, many members of PSI, especially Inquisitor, Revelation, Mind Slayer, Torment and others could be confined at the Asylum. It is also possible PSI may be recruiters for the Asylum, acting as a division of mobile psychics who hunt for new patients to add to the Army of Misery.

If the GM is using *Mind Games* as published, either ignore the references to Dr. Sebastian Poe in the *Timeline* and in the *Heresies* section or integrate PSI's history into the Asylum's history.

Classic Enemies: Wyvern (The Conquerors: Regressive Personality Disorder), Le Sone (Eurostar; Paranoid Schizophrenia), Pantera (Regressive Personality Disorder), Beamline, Black Mamba (also see VIPER), Earthmaster, Griffin, Halfjack, Hideous, Leech and Plague. For a standard Asylum campaign, Halfjack and Hideous should have their powers reduced; if playing in a four color campaign, these characters are fine.

Blowtorch is a prime candidate. Blowtorch, if his suit is reduced to 6PD and 6ED (or less) could easily become a *Dark Champions* foe. Foxbat (or a simulacrum Foxbot) is not only an amusing villain to use, but many of Foxbat's reactions and actions can serve as a commentary on the state of comics and role-playing in the 90s and beyond.

Challenges for Champions: Red Raptor and his obsession with vengeance is a good case study. If trapped on Earth, Morjok's "delusions" of planes beyond the Champions universe could result in him being imprisoned; to make matters worse, his knowledge and magical powers could warp the minds and bodies of those around him, creating new inmates. Dr. Megaton is also a candidate (with the usual problems in confinement), Lucifer ("So, you're... a demon from hell?"), the Puppeteer, and Starhand. (Starhand does talk to his hand, after all. He may remind characters of The Shining.)

Mystic Masters: Allen Varney's *Mystic Masters* has a number of potential inmates. One potential plot line that would involve many *Mystic Masters* villains would be if Vincent Dimitrios is somehow rescued or escapes from the Thanatic Rod (perhaps without the PC's knowledge), is placed in the Asylum ("We found him wandering on the outskirts of the grounds, raving like a madman about the end of the world..."), with his powers drained and his mind shattered by his joining and separation from the Thanatic Rod. PCs searching for the sorcerer would have to rescue him from the depths of the Asylum and its torments in order to protect Earth from Tyrannon's machinations.

As another plot device, Adrian Vandaleur may be "resting" in the Asylum, masquerading as an elderly patient to distance himself from the Vandaleur political climate. Adrian may even be responsible for the creation of new foes or a reason for Deus Ex Machina when things look hopeless for the characters (or the inmates). Edward and Anais Vandaleur, if they were "chastised" by Adrian, may also be in the Asylum, where they would be forced to slowly regain their powers and might create chaos in their attempts to escape.

See *Mystic Masters* campaigns for more details.

The Zodiac Conspiracy: As the Asylum stands, it would be near impossible for any member of the Zodiac to be kept there for long. If the GM wants to run an adventure where one of the Zodiac has lost their warning beacons (and teleport abilities), one of the Zodiac may be trapped in the Asylum. They may have lost all memories of themselves and the Zodiac. Possible patients include: Gemini (the psychiatrists mistake his condition for a Multiple Personality Disorder), Cancer, Libra, Capricorn, Aquarius (if he has amnesia, his unconscious weather manipulation may be the reason ominous storm clouds gather over Fell's Point, a side effect of his brooding) and Aries.

Day of the Destroyer: Rakshasa, the Shape and Dr. Destroyer II.

Kingdom of Champions: Playtime, Dr. Mantis (insectoid fixation), and Dr. Brutallus.

Champions in 3D: See the *Interdimensional* section in the *Other Genres* section.

Alien Enemies: The Cerebraeum, the Champ, the Exterminators, the Midnight Society (perfect), Orion the Hunter (hunting an inmate or imprisoned in the Asylum), the Pantheon (if they could be held) and the Puppeteers ("Why the hell is everyone acting so @#$@#% weird?!").

Road Kill: Ted and Heavy Metal could be inmates in a four color Asylum campaign. Ted, a barely repressed drug-overdosed psychotic with maniacal strength, would make a dangerous foe for most 75 point PCs.

Classic Organizations: Except for DEMON and CLOWN, not many characters in *Classic Organizations* present themselves as inmates. Several patients may believe they have some relation to the Golden Avenger (or who believe they are Golden Avenger). Note that the Disinformer has been given a parallel existence in *Dark Champions* as Alexander Romanov (if the GM has separated *Dark Champions* from the mainstream *Champions* universe; otherwise, either the *Classic Organizations* or Asylum version can be used). Also see the notes on DEMON in the Other Genres mystic section. It is unlikely that CLOWN would (could) be placed in the Asylum.

European Enemies: The Napoleon of Crime, Blackjack, and the Thespian are all delightful fun.

Champions Presents #1: If Spectrum could somehow be defeated (no mean feat), Rage, Slime, Purple Haze, Heatseeker and Nimbus (or Angstrom), may find themselves in the Asylum.

Champions of the North: Jon Mattson's *Champions of the North* has one advantage over many *Champions* supplements in that the characters within are on a point level to compete with characters in a *Dark Champions* universe. While magic and alien races form a core of some of the characters in the book, the presence of low-powered characters makes it an effective addition

to a four-color *Dark Champions* campaign. The Asylum can be redefined as an isolated retreat in the Canadian mountains, or even a part of the McHayle Institute, the MISSION. The following characters may find themselves in the walls of the Asylum (As with *Horror Enemies* below, the mention of any of the villains here does not mean they can be held in the Asylum) Leaper, Inertia, Purifier, Redemption, and Lord Dire.

High-Tech Enemies: Any campaign with Master Control is going to have a higher percentage of schizophrenics, either through the effects of his powers, or mental thoughts he is beaming into the minds of others. Master Control, much like the Mind-Master Complex (see Horror Enemies) may send agents too bent and warped by his telepathic suggestions to cool their heels in the Asylum. He may even use the Asylum as a dumping or recruiting ground to store his mentally-handicapped troops if they react "badly" to his control. If Live Wire (from the Deconstruction Company) becomes too much of a problem, he may also be sentenced there.

Champions Presents #2: MAVRIC's a little crazy. So is every member of Coil.

Champions Universe: This Universe book introduced the Stronghold Institute for the Criminally Insane (see the Champions Timetable). For more information, see *Other Genres*.

VIPER: The entire Serpent Syndicate, if they could ever be captured, need psychiatric help. Python is suffering from extreme Megalomania, and Asylum staff may even interpret his obsession with the "hypothetical" figure of King Cobra as a persecution delusional disorder. As mentioned in *Classic Enemies*, Black Mamba lost his rationality many years ago. Komodo is a psychotic. Hiss is isolationist with an Regressive Personality Disorder and maintains the same persecution complex with the "hypothetical figure" of King Cobra as does Python.

Snake Pack: If the Packmaster is killed, the Snake Pack, freed of control, are suffering from regressive personality disorders and mental retardation. It is not unreasonable for the Snake Pack to be interred at the Asylum.

Other obvious inmates include Shift, Savant, Mind Wipe, Sanction and Scattershot. As with Foxbat, Scattershot can provide a commentary on the state of literature and some cutting criticisms of action heroes in the 90's. When combined with Tenderheart (*UE*, p.86, *Harlequin Novels*) many adventure seeds present themselves.

Dark Champions: Heroes of Vengeance: Rigor Mortis and the Bogeyman from Stephen Long's *Dark Champions* can be inmates (the Bogeyman may work in the Asylum library). Psychiatrists could devote a lifetime to Harbinger.

Shadows of the City: Scott Sigler's street level adventure book had several villains who make the grade, with Reverend M and Reign both prime contestants for the Asylum in a Four-Color *Dark Champions* universe. Any of the Nocturnals are good candidates, but it is unlikely the Asylum could hold any of them for long without many staff casualties. An interesting side adventure to Street Magic was if Savior was not wounded, but simply imprisoned in the Asylum, putting him out of the way for the Nocturnals to rule the night. PCs would be forced to enter the Asylum and rescue him.

Allies: The Posse, Tantrum, Hardwire, the Aryan, Felix 9 (CIA ties), Totengeist, Mr. Nobody, and Interference.

Creatures of the Night: Horror Enemies: This horrifying collection from Dean Shomshak contains many villains and ne'er-do-wells that can be used in Asylum. The following characters (if they could be held) could become major players in any Asylum campaign: Fearmonger, Whisper, Decay, Dr. Black, Hell-Rider, Ooze, the Reverend Gil Purdue, Razor Girl, the Homonculus ("Oh, what a cute little doll!"), Four-eyes, Black Fang, Caiman, Lady Twilight and Lamplighter. Of the ones mentioned, Fearmonger, Dr. Black, Ooze, Gil Purdue and Caiman could be used in a paranormal/X-Files *Dark Champions* campaign.

The Mind-Master Complex: The *Mind-Master Complex* is a special case. If GMs want Asylum and the Mind-Master Complex to co-exist, the MMC would have domination over the Asylum, the military and the CIA. The Asylum then becomes a storage warehouse for MMC puppets. It is suggested Gans be removed from the Asylum in any campaign that involves the MMC (too many psionics spoil the brew). Major Mind should added to the campaign, perhaps in the role of a CIA recruiter.

Any magic-using characters should refer to the *Mystic Masters* entry. In addition, *Horror Enemies* contains a detailed section on serial killers in its pages. GMs interested in knowing more about the place of serial killers in the *Hero* universe are encouraged to read it.

The Mutant File: The Heretic is isolating the Asylum from the rest of the world in order to create/allow the development of second generation mutants within its walls... parapsychologists in the Asylum may soon realize they are sitting on top of the biggest mutant population explosion in history. If this was discovered by

Genocide, the organization would set fire to Fell's Point with their weapons and hate, drawing IMAGE and heroes from across the seaboard into the conflict.

Eye for an Eye: All the New Powers, abilities, talents, skill and Vehicle Combat rules in *I4I* have been observed in Asylum, and the criminal psychology section has been expanded. Raven may be the focus of many of the "delusions" of paranoid schizophrenics in the Asylum; the Asylum may be a human landfill for pawns and tools that have been used and discarded by Raven or driven mad by the Darke Brotherhood.

Murderer's Row: If the PCs have not encountered the killer Mercy in their adventures, she should be placed in the Asylum's Medical Division to await wounded PCs who fall into her clutches (or if she has been encountered before, she has traveled South from Hudson City to escape her pursuers). Her husband, Death's Messenger, may come in search of his wife or looking to cause more destruction. The Cannibal, the Passion Killer and Puritan may find themselves on the streets of Fell's Point or in the halls of the Asylum.

Hudson City Blues: Most of the vigilantes described in Ed Carmien's *Hudson City Blues* would make perfect case studies of Vigilante Personality Disorder.

Enemies for Hire: Cold Drake, Ember, Interface (lawyers could argue he has a Persona Personality Disorder, even though he's pretty sane), Kryogen (looking for information on Crusader in the Asylum), and Oddball.

Enemies Assemble: Aeolus, Megaera, and Foxbat.

Pyramid in the Sky: The Director ("All the Asylum's a stage...") and his allies may either come to free the Method or to destroy him with style.

Justice Not Law

Justice Not Law is a special case because of the potential difficulty in integrating the Asylum with Hudson City (and the Dark Champions published universe). Some Asylum inmates possess psychic or paranormal powers (latent or not).

Nevertheless, as mentioned in *Justice Not Law*, the percentage of paranormals in a campaign (whether before or after Asylum) is up to the GM. As a result, this section details how to how to integrate Asylum into Hudson City, suggesting parallel locations for scenes in this book, connections to Hudson City NPCs, heroes and villains, and so on. Whether or not the campaign takes place in tandem with Hudson City, the world situation presented in *Justice Not Law* ("The World Beyond Hudson City," pp. 55-64) should be used as is, with the fictional countries of Lurranga, Costa Azúl, Guamanga, Taqiristan, and the Kingdom of Awad on the Arabian peninsula present in the "Asylum universe" (see Headhunter and Disinformer).

Asylum, as it stands, takes place in the world of Hudson City, but not in the city proper. This hypothetical city is referred to as "Fell's Point," and except for the greater percentage of paranormals within its confines and its more "cinematic" malevolence, bears some similarities to Hudson City.

Toddberry Asylum: If the GM wishes, the Asylum in these pages can be placed in Hudson City, either complementing or replacing the Toddberry Asylum (*JNL*, p.21), although the GM should take care to observe the Hudson City conventions for superpowered and non-superpowered residents. The presence of Gans alone is enough to complicate matters, and the four color residents of the Asylum may be difficult to integrate into the depowered war zone of Hudson City. In the published universe, all the *Dark Champions*, Realistic versions of Asylum characters should be used, and the presence of the Heretic nothing more than a delusion within the mind of the Asylum patients and Dr. Shreiver.

The following characters from *Justice Not Law* can be used in an Asylum campaign: The Arsenal (see Headhunter), ICE (especially Enock), Carnivore, Charade, Contagion, Darkling (Brrrrrr), Firebug, Guillotine, the Headless Hangman, Predator, Snafu and Voltiac. Penny Dreadful, especially, is perfect.

Dark Angel, Jack O Lantern ("Why the need for these public demonstrations of your skills, Claude? Is it to compensate for not receiving enough attention as a child?"), Renegade (the Janitor of God), and the Sandman all have their own problems and neuroses that could be explored in an Asylum environment.

Underworld Enemies

There is a campaign link between *Underworld Enemies* and *New Bedlam Asylum*. These two books are considered to be in the "same" universe: Some of the foes and aberrant personalities of the Asylum have been described in *Underworld Enemies*, although that book is not necessary to use *New Bedlam Asylum*. All relevant characters are reprinted here with a brief summary for the sake of convenience. Many Asylum characters have had past dealings with or been "blessed" by a character in *Underworld Enemies*.

Sally Anne Robinson, Dr. Shreiver and Dr. Gans have been taken from *Underworld Enemies* and reprinted with changes in their backgrounds and statistics. See their entries elsewhere in the book.

Handout #1

ASYLUM EXAMINATION RECORD

Patient's Name:

Patient's Number:

Name:
Date of Birth:
Patient Number:
Education:
Marital Status:

Date of Examination:
Examiner:
Ward:

Reason for Referral:
Referred By:
Psychological Tests Administered:

BACKGROUND INFORMATION:

BEHAVIORAL OBSERVATION:

INTERPRETATION OF TEST FINDINGS:

SUMMARY:

DIAGNOSTIC IMPRESSION:

RECOMMENDATION:

Handout #2

WORD ASSOCIATION TEST

1. hat
2. lamp
3. love
4. book
5. father
6. paper
7. breast
8. curtains
9. trunk
10. drink
11. party
12. spring
13. bowel movement
14. chair
15. boy friend
16. screen
17. penis
18. radiator
19. frame
20. suicide
21. mountain
22. snake
23. house
24. vagina
25. tobacco
26. mouth
27. horse
28. taxi
29. intercourse
30. look
31. wife
32. table
33. fight
34. beef
35. stomach
36. farm
37. man
38. taxes
39. nipple
40. doctor
41. dirt
42. cuts
43. movies
44. bite
45. dog
46. dance
47. gun
48. water
49. husband
50. mud
51. woman
52. fire
53. suck
54. money
55. mother
56. hospital
57. girl friend
58. masturbation
59. hunger
60. touch

Handout #3

M-M SENTENCE COMPLETION TEST

Patient's Name: Date:
Sex: Age:

Instructions: Below are several partially completed sentences. Read each one and finish it by writing the first thing that comes to your mind. Work as quickly as you can. If you cannot complete an item, circle the number and return to it later.

1. Sometimes he wishes

2. He felt held back by

3. When the other fellow challenged him to a fight

4. His personality

5. Some women

6. He depends on his family for

7. Because of his mother

8. Before entering the doctor's office he usually feels

9. Most women should

10. His family treats him as

11. Most of all he wants

12. He gets sore when

13. When he thinks of marriage

14. His superior officers

15. Compared with other women, his wife

16. Doctors usually

17. If he were King he would

18. Many mothers

19. He would be happy if

20. Nothing is so upsetting as

21. If the bully hit him he would

22. He daydreams about

23. Most men act as though

24. Ever since he became sick

25. When others have to rely on him

26. The thing that bothers him most is

27. When it comes to sexual relations he prefers

28. When they turned him down for the job he

29. A wife usually

30. When he is with a group of people

31. Seeing that he could not make the grade he

32. Talking about his troubles makes him feel

33. His greatest sexual difficulty is

34. He is afraid of

35. When they tried to get his goat

36. His marriage

37. Most people in a position of authority

38. The women in his life

39. He is ashamed of

40. When he was completely on his own he

41. The doctor who is treating him

42. He feels that his family

43. When he was bawled out he

44. The men over him

45. At social gatherings he

46. Because of his illness

47. When she walked out on him he

48. Whenever he was with his father he felt

49. His sexual desires

50. He thinks of himself as

51. The main thing is marriage is

52. He felt the other fellows

53. Because of his father

54. When he failed

55. After he left the interview he felt

56. His mother always used to

57. When they didn't invite him

58. When he has to make a decision he

59. When away from his family

60. His neighbors

61. His first sexual experience

62. When asked to take over the job he

63. In many marriages

64. In the company of women he feels

65. What he really thought would help him

66. When she refused him he

67. When given new responsibilities

68. When they left him flat

69. A fellow can work best when his supervisor

70. Many fathers

71. When he realized he was going to fail

72. If his family would only

73. The men who work in his department

74. It makes him nervous when

75. When they passed him without speaking he

76. Following the sexual act he usually feels

77. More than anything else he needs

78. Having responsibility makes him

79. He felt to blame when

80. When with others he tends to

81. Taking orders

82. When there's a quarrel in the family

83. A man wants a woman who

84. When he was knocked down he

85. When he saw his boss coming he

86. Sexual intercourse

87. He often worries about

88. When he saw that he was not getting ahead

89. Lots of fellows

90. Whenever he was with his mother he felt

91. A man who would

92. Whenever he does below average work he

93. His father always used to

94. Compared to most men he

95. His standards are

96. His lack of success caused him to

97. When he is criticized he

98. Women usually think he

99. The main thing in his life

100. Anybody would be angry if

This exam can either be given out loud, or else the sheet can be given to a character to fill out on their own. The character's response is recorded next to the sentence, and the results of the test are placed in the character's file.

Handout #4

STAFF RULES

1. Ward rounds should be made every ten to fifteen minutes, and each patient should be seen.

2. At least one member of the personnel must be on the hall at all times. If circumstances arise that necessitate using all the personnel they must call the supervisor for relief.

3. Do not hesitate to call for help should you anticipate any unusual difficulty in carrying out a treatment.

4. Tube feedings are to be done by the ward administrator, or the doctor on call. An R.N. Resident Nurse may do this procedure in the presence of the doctor.

5. Patients using "sharps," such as razors, scissors, nail files, and so on, must be specialed. The person who gives out the sharp is responsible for its return.

6. No patients are permitted in the kitchen unless the patient is making a telephone call.

7. All doors leading off the ward are to be double locked.

8. The bathrooms, linen closet, dresser drawers, and closets are to be kept locked.

9. Fruit juice, milk and crackers may be served ad lib between meals. If the patient has candy, or fresh fruit is available, this may be served also. No tea, coffee, or sandwiches may be served. Nourishment hour is from 9-9 PM and sandwiches are served at that time.

10. Appointments with outside doctors, hairdressers, and so on, must be made through the nursing office.

11. Cigarettes are kept in the designated cupboard in the kitchen. Smoking is permitted on the hall, or in the living room. No smoking in rooms is allowed unless a patient is specialed. Patients are not to have matches or cigarette lighters. Cigarettes and matches may be given to patients going for walks or to psychotherapy hours, but they must be turned in upon return to the ward.

12. Ashtrays are always to be used and should be returned to the kitchen.

13. All letters, except those listed below, are to be received from patients only if they are unsealed. These are to be sent to the administrator to be read. Exceptions to this are:

a) To one or more designated, responsible relatives or friends.
b) To the State Department of Mental Hygiene
c) To the Superintendent (or the Assistant Superintendent, in her absence)
d) To the Superintendent of Nurses
e) To the patient's therapist
f) To the patient's administrator

14. Incoming mail is charged on the nurses' notes and then given directly to the patient — unless the behavior of the patient indicates otherwise.

15. **Female Wards** No Tampax, or other internal tampons, are to be worn on the floor without a specific order from the Doctor and Head Nurse.

16. Patients are to be in bed by 10 PM, lights out between 10 and 10:30 P.M. Patients cannot have cigarettes after 10 PM.

Handout #5

Each of these patients is presented so that they can be cut out and pasted onto 3x5 index cards. They are listed in the same order as the text, in case you wish to cross-reference, as some background information has been lost due to space.

Babyface James [ADMISSIONS WARD]

Powers and Skills: [Normal with 13 DEX, 9 INT and 8 EGO.] +1" Running (7" Total), Contact: "Pickett," a Fell's Point Fence, 8-, Lockpicking 12-, Sleight of Hand 12-, Stealth 12-, Streetwise 11-, AK: The Fell's Point Borough 11-, WF: Small Arms.

25+ Disadvantages: Reputation: "Babyface James, two-bit thief," (Limited Area: The Fell's Point Borough) on an 8 or less.

Appearance: A smooth-faced young black man, not more than twenty years old, with a thin, lean frame and a wild gleam in his eyes. He often murmurs about Jesus, occasionally gesticulating wildly with his hands.

Notes: Babyface James is a small-time hood who has developed a system to avoid being prosecuted in Fell's Point. Mostly working the Fell's Point Borough as a petty thief, he makes sure his thefts are always small-time, such as hub caps, walkmans, wallets, that kind of thing, just enough to keep him under the grand larceny rap. Still, he knows that because of the sheer number of thefts he pulls, arrests are not only an occupational hazard, but bound to happen with regularity. Nevertheless, he also knows how much the Fell's Point police detest busy work, especially considering the relatively minor items James steals. So, to relieve the cops of the chore of having to fill out a bunch of forms and send him to jail, whenever the cops cuff him, Babyface starts talking wildly about Jesus. As long as he talks crazy and puts up half a decent front, he ends up in the Asylum instead of in jail. Once in the Asylum, he simply waits until he is released.

Glenn Beckman [WARD 2]

Skills: [Normal with 12 DEX, 11 CON, 13 INT, 8 EGO, and 8 PRE.] Glenn is not believed to possess any paranormal powers. He claims he can see "electricity in the air, like flickering insects," but this is believed to be due to his hallucinations. He possesses Computer Science 8-, Electronics 8-, Mechanics 8-, Tactics 8- (Paranoia), PS: High School Guidance Counselor (PRE) 11-, SC: Psychology 12-, Danger Sense (Intuitional), Out of Combat, Immediate vicinity 12- (Paranoia) and Defense Maneuver I (See *UMA*, p. 145; this is also a result of his Paranoia).

50+ Disadvantages: Vulnerability (Psychosomatic), x2 Effect from Psionic Attacks, Enraged if contacted telepathically (Uncommon/Common, depending on campaign) 11-, 11-, Psychological Limitation: Paranoid Schizophrenia (Common, Strong), Distinctive Features: Scar on forehead (Concealable, Noticed) and 2D6 Unluck.

Appearance: A black male, about 6' 3", with a thin, bony frame. He appears to be in his late forties, although the many wrinkles etched into his face make determining his age difficult. There is a long scar on his forehead that runs from the upper left of his skull down to just above his right eye. Although his eyes dart about, they will focus and track the movement of any character who comes within striking distance of him. Occasionally a tear travels down the man's face, but he does not seem to be aware of it.

Notes: Glenn is thirty, but he has aged badly. A former guidance counselor at Montgomery High School in Fell's Point, he had an affair with one of the students at the school and was subsequently attacked by the teenager's father, who cornered him in his office with a baseball bat. It is believed that Glenn was in the early stages of Paranoid Schizophrenia for many years before the attack, but his disorder was exacerbated by the head trauma and has been deteriorating ever since. He has been in the Asylum for only a month and is adjusting poorly. His overbearing wife, Eunice, comes to visit him once a week. He seems to be terrified of her and flinches whenever her name is mentioned.

Glenn experiences auditory and visual hallucinations. He claims to have seen bright, flickering "insects" swarming in the air, and in thick clouds around the walls and ceilings of the Asylum. He also claims he can hear his wife and other figures speaking to him (including the teenager he had an affair with, her father, and the principal of Montgomery School who fired him), berating him and reinforcing his own sense of worthlessness. When given a choice, Glenn will shun others on the ward and retreat to a safe corner, his eyes alert for some imaginary threat.

William “Iron Bill” Billings [WARD 5]

Skills: [Senior Citizen with an 8 INT, 8 EGO and 12 PRE.] He is relatively lucid (at this time; see *Disadvantages*, below) and has most Everyman Skills along with the Lightsleep Talent, AK: Fell’s Point Penitentiary (the “Pen”) 8, WF: Knives, Pistols, and Prison Weapons.

25+ Disadvantages: Psychological Limitation: Hostile (Common, Moderate), Psychological Limitation: Occasional Depressive Symptoms (Uncommon, Moderate), Psychological Limitation: Undifferentiated Schizophrenia (Chronic, Common, Moderate), Distinctive Features: Tattoo on left forearm (Concealable, Noticed) and 1D6 Unluck.

Appearance: A tiny, frail white male in his fifties or early sixties. He is almost bald except for dirty gray hair above the ears and on the back of his head. He is relatively well-groomed and neat, although he occasionally picks his nose. A poorly-done tattoo of a skull with a serpent slithering through the eye sockets has been stitched on his left forearm. A book is usually tucked under his arm.

Notes: “Iron Bill” is a 53 year old Roman Catholic with a criminal record. His delinquent behavior began when he was twelve, culminating in armed robbery attempt when he was eighteen. Arrested and sentenced to the Fell’s Point Penitentiary (the Pen) for ten years, he began to manifest strange behavior in prison. Shortly after his release, he violated parole, and he was sent to the Asylum, where the intensity of his behavior increased. In the first three months of his stay, he began to have delusions, manic episodes and set fire to his mattress twice. While Bill has calmed somewhat since his early days, he can still be dangerous if he feels he is being threatened. He is hostile to newcomers and may try and see how far he can push them without actually getting into a fight.

Bill spends most of his time reading and trying to “broaden his horizons.” While his Schizophrenia is currently in remission (this is the reason for his “high” INT and EGO), it is only a matter of time before he returns to a fully psychotic state. Bill frequently has bouts of mania and depression, though they are not serious enough to qualify as Major Depressive or Manic Episodes.

(“Bad”) Brian [WARD 5]

Skills: [Use the Skilled Normal template for Brian’s Manic Episode and the Incompetent template for his Depressive Phase.] Brian has standard Everyman Skills. When he is in his Depressive Episode, he may not have the strength or energy to use them.

25+ Disadvantages: Enraged if Attacked or if approached in a “father-like” manner (i.e., patronizing, commanding, treating Brian like a child, and so on; Common) 11-, 11-, but Brian has the Enraged Disadvantage only when having a Manic Episode (-1/2), Psychological Limitation: (Rapid-Cycling) Bipolar I Disorder with Psychotic Delusions (Common, Strong), Psychological Limitation: Heroin Addiction (Weak, Uncommon, Moderate), Physical Limitation: Near Sighted (Infrequently, Slightly)

Appearance: An athletic white male in his mid-twenties with a slightly disheveled appearance. He has sandy blonde hair and freckles, with a square face and bright green eyes.

Notes: Brian (24 years old) has a history of impulsive behavior and was admitted shortly after he attacked his father. He has a past history of drug abuse (heroin) and although he is not doing drugs now, he may have a relapse (he has taken the drug several times during his stay at the Asylum, only to be forced into withdrawal by the staff when they find his cache of drugs). When the characters first arrive at the Asylum, Brian will be in one of Manic Episodes. As a result, he has bursts of hyperactivity, and any character speaking to him may be alarmed by the way he leaps on top of furniture and gestures dramatically to make a point. Although Brian appears alert and lucid, he is psychotic and has a considerable reservoir of animosity, especially toward his father. His emotions rotate like a carousel, cycling through anger, depression and irritation. No matter what emotional state he is in, Brian acts defensive and denies he has any problems; he blames his current “imprisonment” on his father, the government, and Big Brother, who are acting against him to prevent him from being successful.

Bailey Burr [WARD 8F]

Skills: [Normal with 12 STR, 8 INT, 9 EGO.] Bailey has no Everyman Skills except for Language: English (2-3 Points).

25+ Disadvantages: Psychological Limitation: Schizophrenia, Undifferentiated with Auditory Hallucinations (Common, Strong), Psychological Limitation: Borderline Personality Disorder (Common, Moderate), Physical Limitation: No Everyman Skills (Frequently, Slightly), Distinctive Features: Schizophrenic Behavior (Not Concealable, Major), Distinctive Features: Mangled Hands (see *Appearance*; Concealable, Noticed).

Appearance: A large white male in his late twenties, with a sloping forehead, bulbous nose, and big lips. He sports a large, dumb smile and frequently scratches himself through the thin fabric of his patient uniform. His hands are covered with scars, especially around the tips of his fingers, and the pinkie and forefinger are missing from his left hand. (They have been severed where they meet his palm.)

Notes: Bailey is a schizophrenic, which doesn't really make him anything special compared to most of the Asylum patients except he also has a Borderline Personality Disorder and loves to "play games." He always tries to set the staff against each other, everyone from the orderlies to the therapist, acting differently around each (being friendly to one, sullen to another, passing on lies, being nice to the therapist when visiting them, screaming at the charge nurse when he gets back to the ward, obeying one orderly with a smile, then refusing to listen to another). Even if he can't provoke the PCs, he will try and stir up the other patients and staff against them. Play Burr as a stupid meddlesome jerk.

Burr's schizophrenia is pretty advanced; he experiences auditory hallucinations that tell him to stick things in his ears... usually cigarette butts. He goes along with the voices because it makes sense to him that if he stuck things in his ears that would block out the voices. When possible, he scrounges butts from the ashtrays and from other patients to serve as earplugs.

His mangled hands are a testament to what can happen when Bailey can't find anything to stick in his ears. During a particularly bad episode, he bit off both the fingers of his left hand and jammed them in his ears. Occasionally the staff catch him chewing on his other fingers.

"Charlie" [WARD 6]

Skills: [Normal with 9 INT, 8 EGO, 9 PRE and 8 COM.] Everyman Skills, CK: Fell's Point 11-, PS: Factory Worker 11-, WF: Small Arms.

25+ Disadvantages: Undifferentiated Schizophrenia with Paranoid Features and Religious Delusions (Chronic, Very Common, Strong), Psychological Limitation: Alcoholism (Medium Addiction, Common, Strong), Distinctive Features: Schizophrenic Behavior (Concealable, Major)

Appearance: A tall white man in his late twenties with greasy black hair down to his shoulders. He stares blankly into space. There are scars on his neck (apparently made by a knife or razor). He appears unkempt, untidy, and he often wipes his nose on the sleeves of his uniform or lets food fall on his lap during meals.

Notes: Charlie is 22 years old.Charlie has a criminal record and a history of hospitalization. He held up a Quick Corner in Fell's Point three years ago, was arrested, and sentenced to the Fell's Point Penitentiary (the Pen). Within a month of being at the Pen, he first showed signs of bizarre behavior. When he was transferred to the State Hospital in Fell's Point, he began to have psychotic episodes and made several suicide attempts. He remained in the hospital for a year, was released, then shortly afterwards, became delusional, claiming that God and the Devil were in direct communication with him. At this time, Charlie also began to hear voices that tell him to cut his wrists and neck and drink himself to death. He slit his wrists once with a razor blade, but then went to a neighbor for help after seeing how much he was bleeding. After this incident, he was admitted to the Asylum, where he has remained for the past few months. He still hears the "voice of the Devil" calling him names and telling him he has no reason to live, but he is so guarded and defensive most of the time, he will rarely admit to it.

Charlie drank heavily in high school, mostly whiskey and beer, and he still is nursing his alcoholism. He has created many problems in the past by getting other patients and visitors to the Asylum to smuggle him alcohol.

Mr. Clockwork [WARD 7C]

Skills: [Normal.] Mr. Clockwork has standard Everyman Skills, except for Deduction, which is impaired due to his disorder.

25+ Disadvantages: Enraged when he feels his "timing" has been disrupted (Common), 8-, 11- but only when having a Manic Episode (-1/2), Psychological Limitation: Bipolar I Mood Disorder with Somatic and Persecutory Delusions (Timing, Common, Strong), 1D6 Unluck.

Appearance: A short, middle-aged, white male in his forties, this patient is thin and wiry, with thin arms that look much too long for his body. He is neatly dressed in a standard green patient uniform, and his face looks as if someone squeezed it in a vise... the muscles all are knotted up and his eyes bulge from his sockets. His speech is slow and methodical, like a metronome.

Notes: Mr. Clockwork spends his time resetting clocks around the Asylum, making them alternately faster and slower. Despite the watchfulness of the staff, he is usually quite successful in screwing up daily schedules. At times, he will steal people's wristwatches and alarm clocks and fiddle with them, occasionally taking them apart to "torture" them by snapping their gears or playing with their battery connections. He often smiles evilly when he "operates" on the clocks, occasionally snickering and laughing as he completes his operations. (He can be used by the GM to disrupt time in the Asylum and confuse the PCs.)

Mr. Clockwork claims his behavior is his "revenge" on time itself. He blames it for a number of crimes, including its direct responsibility for the mortality of man, its constant interference that makes people all over the world late for appointments, the evil deadlines it creates and the way it prevents people from having enough time to do anything properly or to slow down and enjoy life. Shortly after Mr. Clockwork was fired from his job at UPS, he walked into the Fell's Point University Campus library and methodically smashed all the clocks there with a sledgehammer. He voluntarily surrendered to the campus police when they arrived at the scene, claiming that "now his work here was done."

In the future, Mr. Clockwork may put on a silly costume and go out and battle time in Fell's Point. He is more of an annoyance than a serious threat.

Crease [WARD 7B]

Skills: [Normal with 13 DEX, 9 INT, and 8 EGO.] Crease has no superhuman powers, but he is quite limber and agile and can slip through the crawl spaces in the Asylum walls with little difficulty. He has all Everyman Skills, plus Ambidexterity, AK: Asylum Crawl Spaces 8-, and Contortionist at a 13 or less.

25+ Disadvantages: Psychological Limitation: Delusional Disorder, Unspecified ("Folding Mentality," Common, Total), Distinctive Features (Psychosomatic): Folding Mentality (see below, Concealable, Major).

Appearance: A thin white male, about twenty years old, with short brown hair and dark brown eyes. He is on the short side, about five feet tall, and spends most of his time hunched against the wall of the ward, his chest folded over his legs.

Notes: All human beings are like pieces of paper, the wrinkles in the flesh and the tiny lines crisscrossing the skin proof that they can fold themselves as thin as a sheet. Crease regards everyone with this "folding mentality"; in his eyes, tall or obese people are simply more "unfolded" than others, while thin, frail people, especially older people, are "folding" into themselves as they approach death. He will take time to explain this to anyone who seems interested.

When afraid, Crease "folds up" in weird positions. While these positions are painful to get into, constant repetition and practice has made him quite limber. At other times, Crease can be found trying to hide in wastebaskets (with other scrap paper), in file cabinets, or plasters himself against a wall to make himself "invisible" to others. The characters may find him in some surprising places. If Crease wanted to, he could escape from the Asylum within hours, but he is afraid of the outside world and does not want to leave.

Crease also believes he can walk through walls by slipping under cracks in doorways (he can't, but he simulates the effect by waiting at a door until it opens, then "sliding" through the open door to the other side). When he has folded himself into a piece of paper, he gets irritated when the other patients make a lot of movements in the air, because this makes him fly around the room.

Isaiah Dent [WARD 6]

Skills: [Normal with an 8 INT and 8 EGO.] Isaiah has no Everyman Skills except for Shadowing, Stealth (both at 8-) and four points of English Language.

25+ Disadvantages: Psychological Limitation: Undifferentiated Schizophrenia with Psychotic Symptoms and Delusions of Reference (Common, Strong), Distinctive Features: Disheveled Appearance (Concealable, Noticed).

Appearance: A tall, blond-haired white man in his late twenties with an average build. He has a confused expression, as if he is uncertain where he is. He wears a standard green patient uniform and has a disheveled appearance.

Notes: Isaiah (age 27) gets patients and doctors confused, and he usually ends up approaching strange patients and asking them questions, or pestering doctors passing through the ward for help. When informed that he is addressing the wrong person, he looks for anything that might substantiate his theory, including nameplates on door ("That's not right!"), names sewn into clothing ("Hey, those aren't right either! What's going on here?!") and even attempts to get confirmation from other patients and nurses that the character is really someone else. When presented with evidence to the contrary, he frowns suspiciously and continues to follow the characters, demanding an explanation for their "lies." If escorted away by orderlies, he will eventually find his way back to the character, screaming, "you can't fool me! I know it's you!"

Jimmy Diesel [WARD 2]

Skills: [Normal with 16 STR, 13 CON, 9 INT, 8 EGO, 13 PRE, 5 PD and 30 STUN.] Everyman Skills, PS: Truck Driver 11-, TF: Trucks, +2 Combat Levels with HTH Combat (Brawling).

25+ Disadvantages: Enraged (Intermittent Explosive Disorder; Jimmy's Enraged has a Full Turn Delay before he completely loses his temper) 11-, 11-, Psychological Limitation: Psychotic Episodes (Uncommon, Strong), Distinctive Features: See *Appearance* (Concealable, Noticed)

Appearance: A large, burly white male with leathery skin, a bushy beard and mustache and a thick head of dark brown hair. He stands almost six foot, and moves slowly and carefully around the Asylum. He has a tattoo saying "Lullaby" on his arm, but it is nearly lost under his thick arm hair. He has several cigar burns on his forearms and hands.

Notes: Jimmy, 31, used to work as a truck driver before he was admitted to the Asylum. He was unfortunate enough to be driving his rig through Fell's Point during the 1990 riot (see *Sally Robinson*, *Background*) and was attacked by a band of looters who pulled him from his cab and nearly beat him to death. Jimmy suffered severe head trauma from the attack, which is believed to be responsible for his current condition.

When relaxed, Jimmy likes talking about women, saying vulgar and foul things with a trace of eagerness, but otherwise calm and restrained. Nevertheless, any PC who makes a Sight PER Roll will notice that the staff is extremely careful around Jimmy.

When he gets angry, such as when someone grabs him or runs into him (accident or not), his nostrils flare, and with every breath he draws, he *swells*, clenching his teeth and working his legs until he is running through the ward like a locomotive, smashing down anything in his path (usually whoever touched him). When angry enough, Jimmy has been known to smash a door to pieces and use the fragments as clubs.

Martin Finch, The Handyman [WARD 8G]

Skills: [Competent with a 9 INT.] Despite his template, Martin has no additional skills and powers other than Climbing, Shadowing, Stealth, Sleight of Hand (all at 8-) and three points of English Language.

25+ Disadvantages: Enraged if accused of stealing an object (Common) 11-, 11-, Psychological Limitation: Kleptomania (Common, Strong), Psychological Limitation: Schizophrenia, Undifferentiated (Common, Strong), Distinctive Features: Slightly Disorganized Speech and Behavior (Concealable, Recognized)

Appearance: An obese bald white male in his thirties, this patient looks like a professional wrestler. He has a heavy frame, huge arms and a gorilla-like appearance. He rarely blinks, and often stares intently at others for no apparent reason. He is dressed in a clean patient uniform and wears a pair of light blue slippers on his feet.

Notes: Martin, 32, used to be a construction worker in Fell's Point and lived with his mother in a one-room apartment in the Fell's Point Borough. Although he has had Schizophrenic symptoms since his early twenties, his behavior was ignored for several years until he was finally admitted to the Asylum six years ago.

Martin has two behaviors that may prove to be a problem for PCs: one is his kleptomania. The staff usually turns a blind eye toward his thefts, because Martin becomes threatening and assaultive if he is either accused of stealing something or if he is caught while in the middle of slipping something into his pocket. (Martin usually puts the stolen items down somewhere later, and the items can then be retrieved safely by the staff.) Martin's other problematic behavior is that he likes to "fix" things, usually trying to take something apart and then putting it back together again with a vital piece missing. Sometimes he just leaves the object disassembled and wanders off.

Martin can be used as a plot device in an Asylum adventure, either stealing one of the character's Foci or taking a valuable clue to a mystery taking place within the Asylum and hiding it somewhere.

Gough Godfrey [NO WARD]

Powers and Skills: "Gough" (a nickname given to him by the staff because of his appearance) Godfrey is believed to possess no Everyman Skills and if his appearance is any indicator of his statistics, he possesses typical Senior Citizen abilities (probably with a reduced INT). Gough is incapable of speech.

Disadvantages: Psychological Limitation: Undifferentiated Schizophrenia (Very Common, Total), Distinctive Features (Psychosomatic): Disheveled Appearance, Disorganized Behavior (Not Concealable, Major), Distinctive Features: Missing Left Ear (Concealable, Noticed), Age: 60+, Monitored by the Asylum Staff (Ls Pow) 8-, Mystery ID: (*UE*, p. 5) Michaelis Saietta.

Appearance: This small (4' 11") Caucasian man is a mass of wrinkles and spotted flesh. His hands shake, and he has a facial tic on the corner of his upper left lip... a tic that leads viewer upwards to the black and purple mash of scar tissue where his left ear once was. He looks so old as to be regressing into childhood: his back is hunched, and his legs are bent in almost a crouch. He is incontinent, and can often be found smearing his feces and urine on the floors and walls of the ward.

Notes: There are no records on Gough, and he is considered a permanent fixture of the Asylum... he has been here as long as many of the staff can remember. Despite his incontinence, he is rarely makes too much trouble for the staff. (In fact, if characters pay attention, it seems that many of the staff members seem to completely forget Gough's presence, even when he is close by doodling with his own feces.) While Gough can be found in almost any ward in the Asylum, he seems to prefer the Seventh Ward.

Characters who make an EGO Roll while examining the "smears" Gough creates with his own excrement will notice that they have a strange intricacy about them.

Juán Guatarez [ADMISSIONS WARD/WARD 8]

Powers and Skills: [Competent.] Juán possesses the Dirty Infighting Package (Kidney Blow, Punch, Eye Gouge), can use knives with Art (+1), and has Lightsleep, Concealment 11-, Lockpicking 12-, Stealth 12-, Streetwise 8- (his Streetwise is 8 or less in the United States; in Guamanga, it is much higher), KS: Fell's Point Underworld 8-, PS: Drug Dealer 11- and +1 Combat Level with HTH Combat. Juán keeps a shiv (1/2D6 HKA) close to him whenever possible.

25+ Disadvantages: Psychological Limitation: Mild Paranoia (Common, Moderate) and Hunted by Guamangan assassins (Mo Pow) on an 11 or less.

Appearance: A Hispanic male in his early thirties with a mustache and short black hair. He stands no more than five foot five inches (he seems even shorter in his patient uniform), with an average build and a slight nervous tension running through his body. He has a tendency to stare at everything around him with wide eyes.

Notes: Juán Guatarez has faked insanity to hide from assassins hired by dissidents in the Central American country of Guamanga (see *JNL*, p. 59) who have ordered Juán's death for taking sides in a sensitive political dispute. Juán arrived in Fell's Point two years ago and was just beginning to feel safe until he someone took several shots at him with a rifle while he was driving in his car about a month ago. Panicked, he drove to the nearest police station and went into hysterics. He wasn't placed in custody, but his performance caused him to be shipped to the Asylum for an evaluation. Juán decided to keep up the "mad front" and lay low in the Asylum until the assassins called off their search.

Juán watches new inmates warily to see if they have come for him or not... while the price on his head is real, his flight from his country and his fear of being killed has contributed to a certain level of paranoia. Juán has been working on making contacts with the Asylum pharmacists so he can continue his drug operations within the Asylum. He is always curious about the outside world and may try to form an alliance with PCs that enter the Asylum. If it decides it is necessary, he may hire some killers from the Asylum to go after the assassins that are looking for him; alternatively, the assassins may have tracked Juán down to the Asylum and pay Hell Razor (*UE*, p. 74) or one of the inmates to dispose of him.

Old Scott Heller [WARD 5]

Powers and Skills: [Normal with 6 INT and 6 EGO.] Heller is not believed to possess any skills, but he has +1" Running and gains +5 STR when Enraged (-1/4).

25+ Disadvantages: Enraged (Common Variable Trigger... see below) 8-, 8-, Psychological Limitation: Undifferentiated Schizophrenia with Auditory Hallucinations (Very Common, Total), Physical Limitation: No Everyman Skills (Frequently, Greatly), Distinctive Features: Screaming (Not Concealable, Major)

Appearance: A white male in his forties with long gray hair and stubble along his chin and neck. His blood red Adam's apple juts from his throat, and his face, neck and shoulders are laced with heavy wrinkles and folds of flesh. When he squints at others, his eyes are nearly lost beneath his creased eyelids.

Notes: Scott is so tortured by his hallucinations that he needs a release... unfortunately, he doesn't know how to express himself in any way other than screaming. If something is going on in the ward that gets him excited, he howls at the top of his lungs. Presence Attacks, the effects of Shock and Stress, and being threatened by another patient are all guaranteed to set him off... furthermore, (ironically enough) Heller can't tolerate loud noises, and if a character near him speaks in anything above a whisper, he will launch himself at them, kicking and pounding. Within a week of his arrival at the Asylum, Heller had assaulted every patient on the ward. He is likely to continue this behavior against any PCs that approach him.

Cyril "C-Dog" Hooks [WARD 3]

Powers and Skills: [Normal with an 8 INT and 7 EGO.] +1" Running (7" Total). Cyril has the standard Everyman Skills, plus one drug dealer Contact in the Fell's Point Borough, AK: Borough 8- and WF with Knives and Small Arms.

25+ Disadvantages: Psychological Limitation: Alcoholism (Common, Strong), Psychological Limitation: Delusional Disorder, Somatic (Common, Strong), Psychological Limitation: Pathological Liar (Common, Strong), Physical Limitation: Syphilis (Slightly, Infrequently)

Appearance: Uptight, with a nervous smile and darting eyes, this patient is a lean black male in his early twenties with short dreadlocks (some of them barely a few inches long; they look like clumps of ragged black worms sprouting from his head). He dresses in a normal blue T-shirt, but keeps the green pants of his patient uniform, making a half-and-half effect.

Notes: Cyril has escaped from the Asylum twice since his month-long stay, traveling into Fell's Point both times to get stoned and drunk, and then allowing himself to be picked up by the police (usually on some public nuisance charge) and returned to the Asylum, feeling guilty about his "binge." During his last trip, however, Cyril somehow managed to smuggle some marijuana and heroin onto the ward, and his cache has not been discovered by the Asylum staff. Cyril plans to distribute it to make new friends on the ward, and to apologize to the others for "taking off." He will offer to "fix up" any new patients on the ward with drugs or women.

It is difficult to tell what is wrong with Cyril; other than his obvious nervousness and rapid speech, he seems normal. In truth, Cyril has suicidal thoughts and somatic delusions (sometimes he feels his organs moving around in his body, as if changing places with each other and tangling up his breathing and digestion) although he covers them up and lies to the staff and doctors about almost everything. He dimly suspects that during one of his past heroin experiences, he injected some kind of liquid creature into his body that is slowly taking control of him. His symptoms are so deeply buried in his mind that they surface only when he is drinking, and even then, he simply rationalizes them away.

The Invisible Man [WARD 2]

Skills: [Incompetent.] The Invisible Man has standard Everyman Skills except for Stealth at an 11 or less.

25+ Disadvantages: Psychological Limitation: Delusional Disorder (Grandiose, "Invisibility," Common, Strong), Distinctive Features: Naked as a Jaybird (Concealable, Major)

Appearance: A small white man in his early thirties, pale, with short brown hair and green eyes. He is frequently naked, and he creeps along the walls and floor of the ward, holding his breath and darting his eyes back and forth as people pass. Sometimes when someone comes too close, he freezes, then slowly tip-toes after them, smiling evilly.

Notes: The Invisible Man is under the delusion that he can turn invisible at will and is being hunted by the CIA who want to use his powers to assassinate foreign leaders. He was caught streaking in one of the Fell's Point parks, and has been arrested many times for indecent exposure (he claims he was trying to elude the CIA agents who were shadowing him)... the last time he was arrested by police, he was referred to the Asylum, where he has remained for a year with little or no change in his condition. The staff have a hard time keeping him in clothes and try to ignore him when he jumps out at them while "invisible." The Invisible Man will creep behind characters in the wards, shadowing them as he smiles and giggles to himself. He will become extremely upset if someone claims they can see him, and he will argue with them childishly. ("You do *not* see me! Do Not! Do Not!")

Joseph [WARD 8H]

Skills: [Senior Citizen with a 5 INT and 5 EGO.] Joseph has no Everyman Skills except for Language: English (1 point). Joseph functions at about a third grade level and uses only single words and phrases (usually inappropriate to the situation) when expressing himself.

25+ Disadvantages: Psychological Limitation: Dependent Personality Disorder (Common, Strong), Physical Limitation: No Everyman Skills (Severe Mental Retardation), Age: 40+

Appearance: A short (4' 11"), white male in his late fifties. He is almost completely bald except for tufts of hair over his eyes. His smiles are always tentative... and when he opens his mouth, he reveals his toothless gums. He occasionally raises his hand for no apparent reason, as if waiting for someone to call on him.

Notes: Joseph is 58 and relatively harmless, although he can be annoying at times. If given a task by the staff, he often turns to other patients for help if he thinks that they can do it for him and will follow them with an imploring expression until they chase him away or do his job for him. When he is placed in a confusing situation, Joseph must make an INT Roll or else he will run away as quickly as possible. Incontinent during the night, Joseph is mobile during the day and can generally take care of himself. He is allowed to walk the ward without restriction.

Neil Kearns [WARD 8H]

Skills: [Normal with a 8 INT and 7 EGO.] Neil is assumed to have no Everyman Skills, except for Language: English at the two to three point level.

25+ Disadvantages: Psychological Limitation: Disorganized Schizophrenia (Very Common, Strong), Physical Limitation: No Everyman Skills (Frequently, Greatly), Distinctive Features (Psychosomatic): Incessant, Disconnected Speech (Not Concealable, Major), Distinctive Features: Obese (Not Concealable, Noticed)

Appearance: An obese white male in his late teens, with straight brown hair and a balloon-like face. He talks constantly, either to himself or to other patients on the ward; most patients and staff seem to ignore him and his incessant nasal drone out of habit. He is dressed in a standard green patient uniform.

Notes: Neil is twenty years old and has been in the Asylum for close to two years. The staff frequently isolates him from the rest of the patients on the ward, either placing him in his room or in seclusion. As mentioned in his *Appearance* section, above, he talks incessantly in an unenunciated torrent of words... his train of thought is impossible to follow. If by chance, he should hit on a coherent topic, he will jump to another, usually three or more times in the same sentence until he once again makes no sense. The tension and circumstance under which he speaks usually seems to have a bearing on the frequency and incoherency of the words... when frightened or confused, Neil's voice will rise or drop in pitch until he is screeching out words or mumbling piteously.

Lantern Jack [WARD 8J]

Powers and Skills: [Normal with 12 STR, 12 CON, 9 INT, 8 EGO, 24 END and 22 STUN.] Jack has +1" Running (7" Total) and +1" Superleap (3" Forward, 2" Upwards).

25+ Disadvantages: Enraged when spots a "criminal" (Common) 11-, 14-, Enraged if called a "Hobgoblin clone" (Uncommon) 14-, 8-, Psychological Limitation: Grandiose Delusional Disorder ("I am Jack O' Lantern!" Very Common, Total), Distinctive Features: Moves by Leaps and Bounds (Not Concealable, Major).

Appearance: An overweight white male in his late thirties with sparse, brown hair and thick glasses. His patient uniform is rumpled, and the top of his uniform usually rises above his belly, which jiggles when he moves. He can usually be seen jumping through the ward like a demented frog, pulling sheets from the beds of other patients and swirling them around him like a cape. He occasionally strikes a pose in front of others, smiling triumphantly.

Notes: Lantern Jack spends most of his time capering around the ward, jumping from bed to bed and chasing "criminals." He will attack anyone acting suspiciously (i.e., anyone who fits his loose definition of a criminal), pummeling them with his fists until the "criminal" is properly subdued. If the criminal fights back, Jack will jump on the nearest bed and bounce to freedom so he can fight another day. He has to be tranquilized during Halloween or else he starts throwing pumpkins at people. Jack is only one of the many examples of "Jack O' Lanterns" (*JNL*, p. 44) that fill the Asylum, and he has been placed in seclusion so many times the staff has lost count.

Quote: "HA! Didn't expect to see ME here, *did* you, criminal scum?!"

Leon [ROSS HOUSE: GERIATRIC WARD]

Skills: [Senior Citizen with 5 INT, 5 EGO.] Lenny is illiterate and can do little more than feed and clean himself. He has no Everyman Skills except Climbing at an 8 or less.

25+ Disadvantages: Physical Limitation: No Everyman Skills (Moderate Mental Retardation, Frequently, Greatly), Distinctive Features: Retarded, Childish Behavior (Not Concealable, Major), Age: 40+

Appearance: A pleasant black man in his late fifties, with an average height and build, dressed neatly in hospital clothes. His movements and facial expressions have a certain childishness about them.

Notes: Leon ("Lenny") is a pleasant, 51 year old Black Male who has been at the Asylum for almost twenty years. Prior to his years in the Asylum, he was living at home and would act in a childish manner, biting his palms, throwing tantrums, and so on. His behavior finally culminated on an attack on his mother, after which he was sent to the Asylum for treatment. Lenny enjoys attention, and he spends much of his time shadowing orderlies and nurses; if a character approaches him, he will speak to them in garbled words and nonsensical phrases and then follow them around, hoping for more attention. Lenny cannot identify items, and he cannot read or write. Although Lenny acts at an early childhood level, the staff generally ignore him and let him walk around freely, as he can care for his own cleanliness, and requires little supervision in eating or dressing. He is no longer prone to violent behavior, although he will respond childishly to threats, either running away and sulking or fighting back by shoving his "attacker."

Marrow [NO WARD]

Skills: [Normal with 11 STR, 13 DEX and 11 CON.] +1 to Hearing PER Rolls, Contortionist 12-, Shadowing 12-, Stealth 12-, PS: Escape Artist 12-, AK: Asylum 11-, AK: Asylum Crawl Spaces and Ventilation Subsystems on a 13 or less.

25+ Disadvantages: Psychological Limitation: Paranoid Schizophrenia (The CIA is after him, Common, Strong), Distinctive Features: Schizophrenic Behavior, Disorganized Speech and Appearance (Not Concealable, Major), Distinctive Features: Feral Appearance (Concealable, Major)

Appearance: It is almost impossible to see this man beneath the grime and dirt that covers his body; only the whites of his eyes can be seen clearly in darkness. A white male in his early thirties, this patient (?) wears a tattered green uniform, shred and frayed in several places. He has a long beard and a tangled mass of curly blond hair on his head, filled with dirt, lice, and dead insects.

Notes: Marrow looks feral, but he is soft-spoken and polite, even if his word choice tends to be a little odd. He was admitted to the Asylum in restraints after being arrested for disturbing the peace in Fell's Point Harbor five years ago. On the day he arrived, the intern escorting Marrow left him alone for a few minutes, long enough for Marrow to vanish from the locked waiting room without a trace. Marrow has lived a hermitic existence within the Asylum walls, floors and ceilings. He comes and goes as he pleases, stealing food and materials from the Asylum staff and patients, and has completely furnished some of the shafts and crawl spaces in the Asylum, making an impressive spread of "rooms" and hallways within the walls. It is better furnished than some houses.

Assuming they knew he was there, it would take the Asylum maintenance crew weeks to creep through the hospital's ventilation system (there are many unnecessary shafts and branchings, due to the odd architecture of the building), to map out Marrow's home in the walls.

During the course of the campaign, PCs should occasionally hear staff members complaining of losing or misplacing objects... this is usually due to Marrow's raids. Marrow can be used as a *deux ex machina* for the GM. Marrow may develop a crush on a female PC (attractive or not) in one of the wards, making himself known to her and offering to help her escape.

D. Neumont [ROSS HOUSE: GERIATRIC WARD]

Powers and Skills: [Senior Citizen.] Although not superpowered, David has a sense of underlying plots and dramatics. He has +1 to All PER Rolls, the full selection of Everyman Skills, and KS: *Underworld Enemies* on a 13 or less.

25+ Disadvantages: Psychological Limitation: Delusional Disorder (Grandiose, Believes he is Crusader, Common, Strong), Age: 60+

Appearance: A small, shifty-eyed man in his late sixties with unkempt dull gray hair. He wanders the ward as if lost, dressed in a rumpled patient uniform. A thick "C" has been scrawled on the left breast of the uniform in black magic marker, and he has taped a small paper plate onto his left forearm like a shield. A crude five-pointed star, composed of unsteady lines, has been scribbled on the paper plate. The space outside the star has been filled in with what looks like blue and black finger-paint.

Notes: Daniel befriended Crusader when the vigilante was imprisoned in the Asylum many years ago and has never forgotten him. When he heard that Sam had died, he took up "the uniform and shield" and claimed he was the reincarnation of Crusader. The staff view his actions and his frequent posturing with mild amusement. Daniel can attend to his own hygiene and causes little trouble in the wards and so is allowed to move about as he pleases.

Daniel claims he knows what happened when Crusader was killed and repeats it to anyone who comes to the ward, in a clear, steady voice. He claims Crusader, near-sighted and old, was the personification of "old school" Golden Age heroics, and his death symbolized the end of the Golden Age. He points out that Crusade is the latest chapter in a continuing cycle of violence... just as Crusader murdered the elderly member of the RAVEN assassination bureau (*UE*, p. 8), the aging Crusader himself was murdered many years later by another assassin (Crusade and his training, *UE*, p. 95, second column), and so on. In the framework of *Underworld Enemies* and *Asylum*, if Sally does not give into revenge (personified by the Purge armor, *UE*, p. 81), the cycle of violence will end and her life can continue. If asked what is transpiring in *Asylum*, David will shrug his shoulders and tell characters to talk to a "Madame Sosostris," presumably some character in a future book.

Noah [WARD 6]

Skills: [Use the Incompetent or Skilled Normal template, depending on whether Noah is having a Depressive or a Manic Episode.] Noah has the full range of Everyman Skills (plus KS: Bible 11-), although when he is having a Major Depressive Episode, he must make an EGO Roll in order to use any of his skills or to defend himself.

25+ Disadvantages: Enraged (Variable Common Trigger, only when having a Manic Episode; this is usually in effect by the end of a normal day) 11-, 8-, Psychological Limitation: Bipolar I Mood Disorder with Religious Hallucinations (Hearing the voice of God, Very Common, Total), Distinctive Features: Disconnected Speech (Not Concealable, Major), Distinctive Features: See *Appearance*, below (Not Concealable, Major)

Appearance: A wild-eyed white male, extremely tall and broad with dark, matted hair. A smell emanates from his rumpled patient uniform like something has crawled in there and died. He usually has a worn Bible clutched in his large hands (his hands are red, as if sunburned). He stares into the distance silently, his cheek muscles twitching, then paces in circles around the ward, mumbling and shaking his Bible. He often clears his throat, as if about to say something.

Notes: Noah is a Catholic preacher who was picked up for brawling with a pimp in the Fell's Point Harbor. His speech is disconnected and inappropriate, switching from religion to random thoughts on white rats and bugs. If he is stopped and asked a question while he is speaking, his expression will shift wildly, and he may begin to shout, throw a punch at the character, or start to cry. He often tells patients that he is in the Asylum because he masturbated too much and it kept him from being a good Christian. He warns them that they will share his fate (disfavor) if they don't repent their evil ways. Noah also claims he can hear God calling his name (auditory hallucinations) and when the hallucination are particularly intense, he will grab other patients, shouting "I have the Spirit now! I have the Spirit!"

In the mornings, Noah is sullen, but this fades as the day goes on (i.e., he is having a Mixed Mood Episode... he will wake up with a Major Depressive Episode, and it will change into a Manic Episode by the end of the day). By the time the evening comes around, he zips through the ward preaching about the Holy Spirit and writing religious songs to show his therapist. He is frequently put in seclusion because he screams at the other patients to repent and throws his Bible at those who are "not living up to his expectations."

Raymond [WARD 4]

Skills: [Normal with 13 STR, 11 BODY, 5 INT, and 7 EGO.] Limited Everyman Skills. PS: Cargo Mover at Avery Foods Grocery Store, 8 or less.

25+ Disadvantages: Psychological Limitation: Undifferentiated Schizophrenia with auditory and visual hallucinations (Raymond claims to see "other people" walking around the wards; Very Common, Strong), Psychological Limitation: Scared of the Dark (Nyctophobia, Common, Strong), Physical Limitation: Limited Everyman Skills (Moderate Mental Retardation, Infrequently, Slightly), Distinctive Features (Psychosomatic): Bizarre and Disturbed Speech (Not Concealable, Major)

Appearance: A white male in his thirties, with a strong build and a slight gut. While neatly dressed, his green patient uniform seems much too small for him. He is bald, and has a slack expression.

Notes: Raymond is 31. He was transferred from Holmesberg prison in Fell's Point over eight years ago after he was found incompetent to stand trial on charges of burglary, terrorist threats, assault and recklessly endangering another person. He has had a life-long history of mental retardation due to birth trauma; when he was seven years old, he apparently suffered further brain damage when he fell from the roof of his father's house. Before his arrest, he worked as a cargo mover at an Avery Foods Grocery Store in Fell's Point (see *Corpor-ations* for a description of Avery Foods).

Raymond's speech is difficult to understand, as much of thinking is loosely associated and bizarre. He frequently claims to see ghosts and "people" created by the lights in the Asylum and often stares at light fixtures and bulbs. He will not go into shadowy area in the Asylum, and he is afraid of the dark. At night, it is difficult for him to go to sleep, and he murmurs and whimpers to himself when the lights are turned out.

Robertson [WARD 4]

Powers and Skills: [Normal with a 7 INT and 7 EGO.] Robertson has limited Everyman Skills.

25+ Disadvantages: Berserk when a sharp object is pointed at him (Common), 14-, 8-, Psychological Limitation: Antisocial Personality Disorder ("Antisocial Tendencies," Common, Moderate), Psychological Limitation: Undifferentiated Schizophrenia with delusions (Chronic, Very Common, Strong), Physical Limitation: Limited Everyman Skills (Mild Mental Retardation, Infrequently, Slightly), Distinctive Features: Schizophrenic Behavior (Not Concealable, Major)

Appearance: A tall, stocky, middle-aged white man with rumpled, dark brown hair and a jutting chin dotted with gray stubble. He has an unkempt appearance, a slight hunch in his upper back, and moves his legs stiffly, like a robot.

Notes: Robertson ("Rob") is 37 years old and has a long history of psychiatric hospitalization and criminal activity, primarily larceny (petty theft). While he has a tenth grade education, his INT has been deteriorating ever since the onset of his Schizophrenia. He occasionally repeats brief phrases ("in my head, in my head, in my head"), seemingly unrelated to anything that is occurring around him. When nervous, he trembles and laughs loudly. He was admitted thirteen years ago after arrested in the Fell's Point Harbor for breaking car windows and stealing items from parked cars.

Robertson has had episodes of violence at the Asylum, and will attack anyone who sneaks up on him or surprises him. The sight of a knife, syringe or sharp object being pointed at him will cause him to go berserk (the staff is aware of this and exercise caution when giving him medical check-ups).

Michael Tibbet [WARD 3]

Powers and Skills: [Normal with a 9 INT and 8 EGO.] +1 to Sight PER Rolls and the Talent: Lightsleep. Otherwise, Michael has only the normal range of Everyman Skills.

25+ Disadvantages: Psychological Limitation: Paranoid Schizophrenia with Somatic Delusions (Very Common, Strong), Distinctive Features: Disheveled Appearance (Concealable, Noticed)

Appearance: A white male in his early twenties, with a neat and clean appearance. He is of average height and build, with curly black hair and slight sideburns. He avoids eye contact and always glances tentatively around him.

Notes: Michael is much older than he appears (he is 29). Although he seems neat and clean, orderlies have to supervise his personal hygiene daily in order to keep him looking presentable; when they cannot take the time to attend to him during the course of the day, Michael's appearance unravels, with stubble growing quickly at the corners of his chin and neck, his hair becoming tangled, and he picks at (and dries his hands on) his patient uniform until it is rumpled and dirty. On the ward, Michael makes constant trips to the water fountain and to the bathroom, though he is quick to leave if anyone is standing behind him at the fountain or if anyone else is in the bathroom. His responses to any PCs who approach him will be tentative, cautious and fearful, and he will attempt to get away as quickly as possible. If cornered, he may scream for help and press himself against a wall or floor in order to keep distance between himself and the PC. He has frequent somatic complaints (mostly related to his intestines, and the feeling that his insides are drying out), and he has a tendency to move his foot around or smoke in an agitated manner.

Harold Weinstein [WARD 6]

Skills: [Normal with 9 STR and 9 CON.] He has all Everyman Skills, with AK: Fell's Point Chelsea District 8- and PS: Manager of *Shakey's* Pizza Parlor on an 11 or less.

25+ Disadvantages: Enraged (Common, Variable Trigger) 11-, 8-, Physical Limitation: Undiagnosed Brain Condition (Frequently, Greatly), Distinctive Features: Shaking Right Hand (Not Concealable, Noticed).

Appearance: This man looks to be in his late forties, with white, spiky hair. He is dressed in a standard sickly green patient uniform. His right hand is constantly shaking, and his tiny, bead-like eyes are almost hidden beneath his thick white eyebrows. His speech is flat, and his face is expressionless.

Notes: Harold ("Harry, please") Weinstein is 33 and married, with one son who is currently enrolled in the Fell's Point Community College. Until two weeks ago, he was manager of a local *Shakey's* but was forced to seek treatment after he bashed one of his waitresses with a napkin dispenser after she refused to restock the napkins. Extremely sorry for what he did, he has only offered the explanation that "it seems the ol' ticker [his brain, not his heart] isn't working right." Weinstein loses his temper easily, can't remember things and is having trouble with simple math and spelling. Alternately confused and angry by his memory loss, he suspects his difficulties might be due to some tranquilizers that were prescribed for him a month ago, but the physicians suspect that his recent memory difficulty and behavior might be due to a brain tumor, so they are preparing an organic work-up for him (EEG, brainscan, psych-testing and a neurological exam).

Victoria "Vicki" Atkins [WARD 2]

Skills: [Incompetent.] Vicki has the normal selection of Everyman Skills except for AK and TF (she does not have a driver's license).

25+ Disadvantages: Vulnerability (Psychosomatic) x2 Effect vs. Mind Control Attacks, Psychological Limitation: Paranoid Schizophrenia with Delusions of Persecution (Common, Strong)

Appearance: A young white female, about 5' 8" with an average build, short black hair in a bowl cut, and light green eyes. She is well-groomed, clean and wears a standard patient uniform. She fidgets a great deal, and her eyes flicker, as if watching something out of the corner of her eye.

Notes: "Vicki" is barely fifteen years old, but her Schizophrenia is maturing rapidly. She has informed her therapist that her father has set up radios throughout the Asylum (according to Vicki, he performed this feat during his first visit) that tune in to her brain waves and control her thoughts.

Vicki's therapist believes she has nailed down the reason for Vicki's disorder and the distress and delusions that accompany it. The problems started a year ago, when Vicki's father became extremely upset when he learned that she had gone on a date without telling him. The reason for his distress is believed to be that he was worried that some boy would take advantage of her and get her pregnant. (This had happened to Vicki's older sister during her teens.) In order to keep tabs on her social life, her father took to questioning Vicki about every place she went when she left the house, sometimes even going so far as to follow her in the car. He listened in on her telephone conversations with friends, secretly went through her things and often grounded her without a good reason so he could keep her out of "trouble." As these incidents became more common, Vicki began to have delusions about "radios" in the house that reflected her distress at her father's invasion of her privacy. She is on medication, but it is not clear if she will recover enough so that she can leave the Asylum and return to her father.

Rhetta Bourne [MEDICAL WARD]

Skills: [Incompetent.] Due to her condition, Rhetta cannot run (Max 2") nor can she use her Everyman skills.

25+ Disadvantages: Psychological Limitation: Undifferentiated Schizophrenia with Depressive Features (Common, Total), Physical Limitation: Burns and constant pain (All the Time, Greatly), Distinctive Features: See *Appearance* (Not Concealable, Major), Hunted by Ashtray Art (Mo Pow) 11-, 2D6 Unluck.

Appearance: A thin black female of indeterminate age with pockets of burned and blistering flesh across her body. The hair has been razed from her scalp, her right ear is gone, and her right eye is a milky white pustule, lined with red and black scar tissue. Her face has been burned so badly it is impossible to get a clear idea of what she looked like before she was burned. She is dressed in a white, loose-fitting gown, and rarely moves or speaks.

Notes: Rhetta, thirty-one years old, is a Southern black woman with Schizophrenia and depressive features who has been a fixture at the Asylum for the past fifteen years. Several months ago, Ashtray Art (*UE*, p. 52) asked Rhetta if she would be willing to be one of his masterpieces, and she agreed, thinking he was going to paint her portrait. After the blackened gas-soaked gown was peeled from her burned flesh, she was taken to the Fell's Point Municipal Hospital and treated. Since her return to the Asylum, Rhetta refuses to eat and now will only be tube-fed. Her current antidepressant might as well be a children's vitamin pill for all the good it does her; she desperately wishes to die, but she is almost immobile from pain and the staff has been instructed to watch her carefully.

Art cannot understand why "his" Rhetta is being kept from him and why the staff won't let him see her... he is anxious to see how she turned out.

Charlotte Brisk [WARD 8A]

Skills: [Incompetent.] +1" Running (6" Total), Everyman Skills, Contact: Male Staff Member (GM: Choose at Random) 11-, and Seduction on an 8 or less (Charlotte's still getting the hang of it).

25+ Disadvantages: Psychological Limitation: Borderline Personality Disorder (Common, Moderate), Psychological Limitation: Histrionic Personality Disorder (Common, Strong), Psychological Limitation: Obsequious (Common, Strong), Distinctive Features: "Seductive" Appearance (Easily Concealable, Noticed)

Appearance: A young white female, barely twenty years old, with cinnamon-colored hair and large brown eyes framed by thick, square-framed glasses. She is dressed in a standard green patient uniform, but it somehow tends to fall open in the front, allowing the viewer to see the curve of her breasts. While not unattractive, her face is oddly rounded and her head looks too big for her small body. She tends to remain in her room and avoid everyone else on the ward.

Notes: Charlotte, 19, was admitted to the Asylum shortly after she sliced her wrists when she learned her "boyfriend" was seeing other girls. (Whenever she speaks about "him" and his infidelity, she speaks as if she had known him for years, rather than two weeks.) Behind her immaturity there is an unhappy, lonely person, and her feelings are deeply suppressed. She tends toward selfishness and putting her feelings above those of others, often trying to gather pity and attention to her problems. Charlotte tends to handle criticism and rejection like a child (e.g., running away, refusing to talk, sulking in a corner or throwing a tantrum and stamping her feet).

Carol [WARD 2]

Skills: [Incompetent.] Carol has the normal selection of Everyman Skills (including AK: Fell's Point Southside 8-, PS: Housewife 11-), but she must make an EGO Roll in order to use any of her skills while she is having a Major Depressive Episode.

25+ Disadvantages: Psychological Limitation: Major Depressive Disorder with Guilt and Somatic Delusions (Very Common, Strong), Distinctive Features: Cesarean Scar (Easily Concealable, Noticed), DNPC: Husband (Normal) and Children (Incompetent) 11- and 2D6 Unluck.

Appearance: A slender young woman, not more than twenty, with long wavy black hair, a thin face with light brown eyes, small breasts and narrow hips. She does not wear a patient uniform; instead, she is usually dressed in matching light green sweatpants and hooded sweatshirt as if about to go out for a jog. She is usually found sitting slumped in a chair or against the wall of a ward, crying silently as her shoulders make small, shuddering movements. Her eyeliner makes its way down her cheeks in two tear-soaked streams.

Notes: Carol is twenty-five years old (she appears much younger than she actually is). She has had four children, two of whom have already died. She believes that she somehow caused the death of her two children, even though both were crib deaths. Over the past few months, she has developed several somatic complaints, including asthma and chronic stomach pains. Although she has repeatedly visited a general-practice clinic in Fell's Point and has had numerous tests and medications, no explanation has been found for her sickness and she has not improved. She is afraid to discipline her other two children at all, and is having difficulties relating to her husband, who is abusive and considers her "pathetic." She was admitted to the Asylum only recently, but she may be in for a long stay.

Clarisse [ROSS HOUSE: GERIATRIC WARD]

Skills: [Senior Citizen with a 9 INT and 11 EGO.]

25+ Disadvantages: Enraged if someone comes too close to her "without permission" (Very Common) 8-. 14-, Psychological Limitation: Paranoid Schizophrenia with Grandiose Delusions and Auditory Hallucinations (Very Common, Strong), Physical Limitation: Alcoholic (Frequently, Slightly).

Appearance: A thin, formal-looking black female in her late fifties. The heavy lines on her forehead and around her mouth make her face look like a dried prune. She prefers to rest in chairs in the ward rather than move around and sits in a corner far away from everyone else. She occasionally can be heard humming to herself.

Notes: Clarisse (real name Clarrisa) is a 57 year old, Baptist widower. Speaking to her can be frustrating; she stiffens when anyone approaches her without permission and will make threatening gestures until they go away (she sees almost everyone as the enemy). If she allows a character to approach, she will either ignore him completely or else nod her head slowly and respond to questions in thick, slurred speech that is difficult to understand (her word choice also tends to be peculiar). She is convinced that people are out to get her and her family, but these suspicions usually surface only when she is drinking. She has two children (although she claims that both of them died). Her husband was "killed" five years ago; he traveled a great deal and was unfaithful to her. Her delusion is that "they bumped him off when he was making his way home to me."

Jennifer Dorsey [ADMISSIONS WARD]

Skills: [Normal with an 11 INT.] Jennifer has all the Everyman Skills plus AK: Fell's Point Northside 8-, AK: Fell's Point Chelsea District 11-, CK: Hudson City 8- and SC: Business and Finance on an 11 or less.

25+ Disadvantages: Psychological Limitation: Obsessive-Compulsive Disorder ("Takes a half-hour to walk through doors," Very Common, Strong), Psychological Limitation: Meticulously Neat (Common, Moderate), Physical Limitation: Near-Sighted (Infrequently, Slightly), Distinctive Features (Psychosomatic): Obsessive-Compulsive Ritual (See below, Not Concealable, Recognizable).

Appearance: A slightly overweight white female in her early twenties with wire-frame glasses. Her shoulder-length black hair is neatly combed, and her clothes are always clean and well-pressed. She never wears a patient uniform. She appears quite lucid and friendly, though she seems uncomfortable in the ward.

Notes: Jennifer's problem is that it takes her a half-hour to walk through a door. Whenever she tries to do so, she stops and repeats the following ritual: first, she taps each side of the door frame seven times, closes her eyes and mouths something to herself, as if praying. Then she taps the door frame again in exactly the same spots with exactly the same fingers, and then begins the ritual again until she has completed it seven times... if she does any part of this ritual incorrectly (which happens often), she will begin to hyperventilate, stare around frantically, then start again from the beginning. The smallest distraction from the ritual (e.g., if someone speaks to her or if she has a random thought while performing the ritual), she must start over again, even if she was performing the ritual correctly before the distraction.

Jennifer is twenty-five and earned her Business Degree from the Fell's Point Community College less than a year ago. Shortly after graduation (about the time when she was experiencing stress hunting for a job), she began to manifest her Obsessive-Compulsive behavior. (It is believed that Jennifer had the foundations of the disorder well before coming to the Asylum, but it recently became worse due to stress.) She was admitted to the Asylum only a week ago, and wants to leave as soon as possible... she finds the institution oppressive and evil, and it only fuels her disorder rather than ameliorating it.

Alisha Downs [WARD 7B]

Skills: [Incompetent with a 7 INT and 7 EGO.] She has the Contact: The Baby Man 11-, Concealment 8-, Streetwise 8-, Language: Gang Slang (Borough) and WF: Syringes.

25+ Disadvantages: Psychological Limitation: Alcoholism (Common, Moderate), Psychological Limitation: Psychotic Disorder with Delusions and Hallucinations, Linked to Heroin Addiction (-1/2) (Common, Strong), Physical Limitation: Heroin Addiction, Strong (Greatly Impairing; see *I4I*, p. 45), Distinctive Features: Track marks on arms (Easily Concealable, Recognizable).

Appearance: A short black woman of average height and scrawny build who looks to be in her late twenties. Despite her youth, she carries herself as if bearing a heavy weight, and her rail thin body is afflicted with tremors. Her appearance is haggard, and she looks hungry, gazing with a pleading eye at anyone around her, as if expecting a hand out. A patient uniform is draped limply over her body.

Notes: Alisha is actually thirty-two years old. She drinks a great deal, and has been a heroin addict for the past eleven years. Her judgment and attention span tends to be lacking, and she pays little attention to others around her unless they have heroin or alcohol or can get access to it. She has a dim view toward men for many reasons: her father was not present for most of her childhood, she had a disappointing marriage (they are now separated but not divorced), and most heroin dealers she dealt with in the Borough were men. All of these factors led her to have a shallow, dependent ambivalence on men. If PCs speak with her, she may tell them that she needs money in order to buy her daughter back from the Baby Man, a dealer in the Borough who purchases children from young mothers, using offering drugs in exchange for the infants. If the PCs refuse, she will make obscene gestures at them and say she doesn't need them anyway because "her boy, Clarence" is working with the crime lord Big Money in the Borough and will come after the PCs and "kill ALL their family" if she gives the word.

Ellen [WARD 3]

Skills: [Incompetent with 6 INT and 6 EGO.] Ellen has no Everyman Skills except for Language: English at the 2 point level (Ellen's Language Skill, however, has a 14 or less "Activation roll"... if Ellen makes the roll, she can communicate coherently... if she fails the roll, she babbles a stream of disconnected words).

25+ Disadvantages: Catatonic (Epilepsy, Uncommon) 14-, 8-, Psychological Limitation: Undifferentiated Schizophrenia with Delusions and Hallucinations (Common, Strong), Physical Limitation: No Everyman Skills (Mental Retardation, Frequently, Greatly), Distinctive Features (Psychosomatic): Childish, Schizophrenic Behavior (Not Concealable, Major).

Appearance: A slightly overweight black female in her late thirties who rarely makes eye contact with anyone else in the ward. She has disproportionately large breasts and thighs, and long, disheveled black hair that she falls across her face. Despite her obvious maturity, there is something childish in her movements and expressions, and she often giggles inappropriately. A sloppy dresser, her patient uniform is often stained with food and excrement and has been torn and stitched back together in several places.

Notes: Ellen is 37 but acts like a five-year old. She prefers to speak in whispers, and if a character asks her to speak louder, she will either become silent or shout at the top of her lungs, all the while interrupting with stuttering, inappropriate laughter. She was voluntarily committed three years ago, and claims to have five children, two of whom were born during past hospitalizations, one in the Asylum and another in a local hospital on the peninsula. [1] Ellen has a long history of mental retardation and was unable to complete school past the third grade. In addition to her schizophrenic hallucinations (auditory only), bizarre thought processes, she also has epilepsy.

Esther [WARD 5]

15	STR[2]	13	DEX	13	CON	15	BODY	8	INT
15	EGO	10	PRE	10	COM	6	PD	6	ED
3	SPD	6	REC	30	END	25	STUN		

Powers and Skills: Esther has no superhuman powers but any character with psionic powers will notice something "odd" about her psyche, as if some of her memories were recorded from someone else's perspective. Her skills include PS: Seamstress 11-, KS: Sewing 11-, KS: The Bible 13-, and WF with Knives and Straight Razors. She has +2 to Hearing PER Rolls.

25+ Disadvantages: Psychological Limitation: Pathological Sinner (Common, Strong), Psychological Limitation: Nosy and Curious (Common, Moderate).

Appearance: A white female in her forties with a disheveled appearance. She sullenly watches everyone in the ward, from the patients to the orderlies, and frequently can be found leaning forward and listening in on other people's conversations.

Notes: Esther has been incarcerated in the Asylum for slashing her husband and children to death with a straight razor. A devout churchgoer her entire life, Esther seems possessed with a manic desire to commit sins, whether lustful or violent (though she is disposed to the later). Her psychiatrist is having difficulty finding the reason for her sinful urges. She does not meet many of the criteria for an Antisocial Personality Disorder.

Georgina [WARD 3]

Skills: [Incompetent.] Georgina has all Everyman Skills, including PS: Housewife, 8- and WF: Knives, but she will not be able to use any of her skills when she is having a Major Depressive Episode.

25+ Disadvantages: Psychological Limitation: Alcoholic (Common, Strong), Psychological Limitation: Borderline Personality Disorder (Common, Strong), Psychological Limitation: Dysthymic Disorder [3] with a superimposed Major Depressive Disorder (Very Common, Strong), Distinctive Features: Scars on wrists (Concealable, Noticed).

Appearance: A dull black woman in her early thirties with an average build and height, a thick, flat nose, and short black hair cut almost to the scalp. She appears slow and passive, and is neatly dressed in a patient uniform.

Notes: Georgina, a 23 year old Baptist from the Fell's Point Borough, was referred to the Asylum for a court case evaluation. She had a habit of setting fires when she was young, was sentenced to a Youth Development Center in Fell's Point when she was seven. Five years later, she was charged with disorderly conduct, and three years after that, she was charged with Prostitution and Arson with Aggravated Assault and Battery. Recently she has been arrested for Voluntary Manslaughter after she stabbed her cousin to death while drunk. After the murder of her cousin, she tried to commit suicide by slashing her wrists but was found by the police before she bled to death.

Eliza Grant [WARD 5]

Skills: [Normal with an 8 INT and 11 EGO.] It is not known whether Eliza has Everyman Skills or not.

25+ Disadvantages: Enraged (Common Variable Trigger) 11-, 14-, Psychological Limitation: Borderline Personality Disorder (Common, Strong)

Appearance: A small black female in her early thirties with a slightly unkempt appearance. She has dark black skin and large, bright eyes. She tends to rush around the ward talking loudly to herself in disconnected sentences.

Notes: Eliza (pronounced "Uh-lee-zuh") is 29 years old. She is anxious to leave the Asylum as soon as possible because she feels it's "a hideous, ugly place, an' I don't *belong* here." A bundle of emotions, she acts immature most of the time and is alternately depressed, reactionary, hypersensitive, dependent and uses suicidal gestures as a dramatic means of getting attention. She has had several outbursts of violence (three) since her arrival in the Asylum a few months ago. She is extremely sensitive to any situation where someone appears to be taking advantage of her and may lash out with violence in order to "protect herself."

Ivana [ROSS HOUSE: GERIATRIC WARD]

Skills: [Senior Citizen with a 5 INT and 5 EGO.] Ivana has no Everyman Skills.

25+ Disadvantages: Psychological/Physical Limitation: Advanced Dementia (Very Common, Total), Physical Limitation: No Everyman Skills (Frequently, Greatly), Age: 60+

Appearance: This tiny, elderly white woman wanders silently around the ward. She wears a thin brown button-up sweater over a patient uniform that appears much too big for her and sags in many places. Her face is relatively smooth of wrinkles, but her ghostly white hair and emaciated appearance betrays her age... her legs and arms are like gnarled sticks. She moves slowly and shows little or no reaction to anything going on around her.

Notes: A daughter of Russian immigrants, Ivana was born in Fell's Point in 1924 and was committed in 1952. She was diagnosed as psychotic and mentally deficient when she first arrived at the Asylum, but has become mute and withdrawn over the decades. Prior to her admission to the hospital she was experiencing periods of depression and disorientation and on several occasions had wandered away from home with no destination. From all reports, she was developing normally until age three, when she was thrown down a flight of stairs and seriously injured the front of her head.

Her psychotic symptoms and her wanderings away from home apparently began after the death of her parents. She has shown no improvement since coming to the Asylum; Ivana can no longer care for herself and needs almost constant supervision. While she was capable of talking when admitted, she is presently totally mute. It is unclear whether she is deaf, partially blind, or simply unresponsive.

Jami "J.J." Jackson [WARD 4]

Powers and Skills: [Incompetent.] Jami has +1 Sight PER Rolls, all Everyman Skills (except Deduction) including PS: Hotel Maid and Waitress on an 8 or less.

25+ Disadvantages: Enraged if she feels "threatened" by a character (Common) 14-, 8-, Psychological Limitation: Paranoid Schizophrenia with Delusions (Very Common, Strong), Distinctive Features: Suspicious and Hostile (Not Concealable, Major)

Appearance: A black woman, maybe in her mid-thirties, dressed in baggy street clothes. Her hair is long and flares out in a halo around her head, and her ears are large. She appears guarded and suspicious, and she glares at everyone on the ward with barely-restrained hostility... any PC matching her gaze will hear her murmur what sounds like a threat under her breath.

Notes: Jami (pronounced as "Jamie") is a 33 year old divorcee from the Borough with a criminal record of Assault, Harassment, and Trespassing. Suspicious, guarded and hostile, she is quick to say that she's not a Fell's Point native, that she lived in Hudson City Northside for a year and owns a house there. Her delusions and persecution complex tends to revolve around "people" who took her house and her life away from her. If she feels threatened by a character (GM's discretion), she will try to ambush them in one of the shadowy corridors of the Asylum. During the attack she will kick the character repeatedly, then try and claw out the character's eyes with her fingernails. While attacking she will hiss under her breath, "ain't gonna get my house THIS time," followed by a stream of disconnected words.

Jo Anne [WARD 2]

Powers and Skills: [Incompetent, with a 9 INT.] Jo has +1" Running (6" Total) and has the standard range of Everyman Skills, including AK: Asylum 8-, CK: Fell's Point 8-, and PS: Cook on an 8 or less.

25+ Disadvantages: Psychological Limitation: Pyromania (Common, Strong), Psychological Limitation: Schizophrenia (Common, Strong, but currently in remission due to medication... it is now Common, Moderate), Distinctive Features: Mild Schizophrenic Behavior (Concealable, Noticed).

Appearance: A pale white female in her twenties, this patient is tall and thin, with straight whitish blond hair, blue eyes and a "willowy" appearance. She appears clean, neat and alert to her surroundings.

Notes: Jo is 22 years old and single. She lived with her two brothers until she was abandoned by her mother when she was three and the three of them were sent to the Fell's Point Orphanage. From there, she was shuttled from the foster home to foster home in a cycle for eight years (living in five different homes during this period). She first displayed signs of her pyromania when she was eleven and burned down the fourth foster home she stayed at, badly burning the family that had taken her in. She remained at the fifth and last foster home until she was sixteen, at which point she dropped out of school, and took a job as a meat-cutter in a Fell's Point deli in the Southside. Jo has a tendency to collapse under stress, and once attempted suicide because of her Pyromania. She is believed to have problems with sex in general, and turns to fire-setting for sexual gratification.

Katie, The Birdiladi [WARD 2]

Skills: [Incompetent with a 7 INT and 7 EGO.] Katie has no Everyman skills.

25+ Disadvantages: Psychological Limitation: Undifferentiated Schizophrenia (Common, Strong), Physical Limitation: No Everyman Skills (Frequently, Greatly), Distinctive Features (Psychosomatic): Schizophrenic Behavior (Not Concealable, Major), Distinctive Features: Heavy make-up (Concealable, Noticed)

Appearance: This patient is small white female in her early twenties, with long, straight black hair that hangs in tangles from her head. It is possible that one of her parents were Oriental, for her eyes are dark, almost like ink, and there are slight epicanthic folds at the corners of her eyes. Her dark eyes are made more striking by thick blue eyeliner, and rouge has been applied to her cheeks so heavily that it makes her appear like a life-size Raggedy Ann doll. Despite the care she has taken with her appearance, she shrinks from others on the ward, and behaves oddly, slapping herself occasionally and making chirping noises.

Notes: Katie is twenty-one and single. Despite her odd behavior, she tries to keep herself in "control," especially during therapy sessions because she desperately wants to be discharged. Unfortunately, her psychotic symptoms are likely to prevent this from ever happening: Katie has auditory hallucinations and believes there is a bird in her head that communicates to her through whistles and chirps... when the bird becomes restless and flaps around in her skull, she slaps her head violently to make it calm down.

Katie is extremely defensive and sexually immature, with no idea how to react around men. Her appearance reflects this immaturity... she wants men, but she doesn't know how to behave to get one. Her uncertainty is evident if a male PC approaches her; she will shrink back violently and attempt to walk away as fast as possible. When she lived in Fell's Point with her mother (a Korean; her father is dead), she would often create problems by making advances to males by staring at them intently, being highly made up, and walking unescorted through dangerous parts of the city.

A doctor examining Katie will be able to tell that she has been pregnant in the past. What happened to her child, however, is unknown. If asked about it, Katie will give a strange, drugged smile and chirp, flapping her hands.

Lauren [WARD 5]

Skills: [Use the Skilled Normal template for Lauren's Manic Episode and the Incompetent template for her Depressive Phase.] Lauren has the full range of Everyman Skills (plus PS: Nurse 11-, Paramedic 11-, AK: Local Hospital 11- and WF: Syringes), although when she is in the Depressive Episode of her Bipolar Disorder, she must make an EGO Roll in order to use any of her skills or to defend herself.

25+ Disadvantages: Psychological Limitation: Bipolar I Mood Disorder (Common, Strong). While having a Manic Episode, Lauren has the following Disadvantages: Enraged (Variable Trigger, Common, GM's discretion), 8-, 8- and Distinctive Features: Manic (Not Concealable, Major). In her Depressive Phase, she has Distinctive Features: Depressed (Concealable, Recognized).

Appearance: An extremely thin woman, perhaps in her early twenties, this patient has curly blond hair (tied in a ponytail) that reaches down past her shoulder. She wears a slightly disheveled green uniform and moves fitfully, like a bird.

Notes: Lauren, 23, was once a registered nurse at a local hospital, but she lost her job after a psychotic episode where she anesthetized several patients and delivered them to the wrong operations. A month after losing her job, she tried to kill herself and was admitted to the Asylum for an evaluation. She has been in the Asylum for a year and has not shown any signs of recovery. She has been known to attack staff and patients during her manic phases.

Louisa [WARD 7B]

Skills: [Normal with 12 STR, 7 INT, 7 EGO.] She has a limited range of Everyman Skills (Concealment, Shadowing, Stealth 8-), plus Survival [Urban] 8-, AK: Fell's Point Borough 8-, and 2 points of Language (English). She is illiterate and can only write her own name. She cannot do simple math (3+3).

25+ Disadvantages: At times, Louisa can become hostile and threatening. This should be treated as the Enraged Disadvantage (8-, 14-) with a variable, Uncommon trigger. She also has the Psychological Limitation: Undifferentiated Schizophrenia with Delusions and Hallucinations (Common, Strong), Physical Limitation: Limited Everyman Skills (Infrequently, Slightly), Distinctive Features (Psychosomatic): Retarded Schizophrenic (Not Concealable, Major), Distinctive Features (Psychosomatic): Echopraxia (mimics motions of others around her, Not Concealable, Major), Distinctive Features: Scars on wrists and neck (Concealable, Noticed).

Appearance: This patient is a black female in her thirties. Her features are unfocused and slack, suggesting a certain level of retardation, and she moves stiffly (her left leg is held straight when she moves, making her walk as if she has a peg-leg). She wears a ragged patient uniform and has a disheveled appearance. Occasionally, she mimics the motions of others near her (echopraxia).

Notes: Louisa is a 34 year old, single female. She has been admitted to the Asylum six times (when not in the Asylum, she lives on the streets of the Fell's Point Borough). She has a criminal record and has been incarcerated in the Fell's Point House of Corrections for Robbery, Theft, Assault and Aggravated Assault. Extremely delusional and occasionally violent, she does not understand (or care) that she has committed crimes and is more concerned with making sure the staff and patients know that she is pregnant with six children (who are already talking to her: auditory hallucinations) and that some of the other patients on the ward are stealing her money. She has a history of numerous suicide attempts and assaultive behavior on staff and patients. When answering a question, her speech tends to be long and confusing.

Maria [WARD 3]

Skills: [Incompetent with a 6 INT and 6 EGO.] No Everyman Skills except for Language (3 Points). She is illiterate.

25+ Disadvantages: Psychological Limitation: Undifferentiated Schizophrenia with Auditory Hallucinations (Common Strong), Physical Limitation: No Everyman Skills (Moderate Mental Retardation, Frequently, Greatly), Distinctive Features: Schizophrenic, child-like behavior (Not Concealable, Major).

Appearance: A white female in her early twenties who speaks in an excited, child-like manner. She is clean, neat and wears bright dresses on the wards, favoring yellow and pink over other colors.

Notes: Maria is 26 years old and mildly retarded. She has auditory hallucinations of her mother's voice telling her to hurt herself, and can become angry when "bossed around or told what to do." (She has never become violent during one of these infrequent displays of anger; it is more like a pique.) Maria prefers to talk about herself and gets extremely excited about clothes (she hates the green patient uniforms, and is glad that she "has clothes of her own"). Her sense of time and place is not good, and she is frequently confused about the year, date and the time of day.

Maria's family situation is something of a mystery. Some records indicate that she has a father and a brother... others insist that she was raised in the Fell's Point Orphanage. One record even goes so far as to mention that Maria has a daughter (which the record claims she gave birth to in the Asylum). If the subject of her "daughter" is brought up, Maria becomes visibly agitated, shaking her head, stuttering, and scratching at her upper right arm, as if trying to remove something. After a few minutes of this (and a slow disintegration in coherency of her speech and mannerisms), she will burst into tears and scream repeatedly that "she doesn't want to smile anymore." The Asylum staff will quickly usher her into the Medical Ward, and after a few days of recovery, Maria will return, behaving normally.

Mary Jane [WARD 5]

Skills: [Normal with 6 INT and 7 EGO.] Mary Jane has a limited range of Everyman Skills, including Climbing, Stealth (both at 8 or less) and Language: English at the three point level. She also has WF: Knives.

25+ Disadvantages: Psychological Limitation: Paranoid Schizophrenia (Common, Strong), Psychological Limitation: Mixed Personality Disorder (Common, Moderate), Psychological Limitation: Drug Addiction, Weak (Various Drugs, especially alcohol, cocaine and heroin), Physical Limitation: Limited Everyman Skills (Infrequently, Slightly), 2D6 Unluck.

Appearance: An emaciated, white female in her mid to late thirties dressed in standard patient "greens." She has long brown hair, a tense face, and light brown eyes that dart across the ward as if looking for something.

Notes: Mary Jane (33) tends to be sullen and expresses occasional irritation and anxiety, including chewing her tongue. She reacts badly to criticism, is excessively sensitive and defensive and believes that other people (staff and patients) know more about her than they claim to. When confronted with a difficult situation, she tends to withdraw, either physically or emotionally (usually whichever one is easier... or both if the circumstance is extremely distressing).

Mary Jane has a long history of drug abuse, mostly amphetamines and cocaine. She has a criminal record: one charge of Assault involving a young boy in her neighborhood (the details are unclear and not listed in her file), and she was sent to the Fell's Point Municipal Hospital after an accidental drug overdose which left her in a coma for four days.

Mary Jane was admitted to the Asylum ten years ago after she threatened to roast her niece in the oven; even before this incident, however, her family was forced to lock Mary Jane in her room at night and hide all the kitchen knives in the house. Since her arrival at the Asylum, Mary Jane has expressed several murderous thoughts against her family and some against the patients and staff as well.

Monica [WARD 3]

Skills: [Incompetent with an 11 STR and 10 BODY.] No Everyman Skills except for English Language (speaking only, 3 points) and Stealth 8- plus -1" Running and -1 to Hearing PER Rolls.

25+ Disadvantages: Psychological Limitation: Dissociative Amnesia (Common, Strong), Psychological Limitation: Undifferentiated Schizophrenia with Auditory Hallucinations (Common, Strong), Distinctive Features: Overweight and Loud, Booming Voice (Not Concealable, Recognizable)

Appearance: A large, overweight, well-groomed black woman in her late thirties. Her lower body looks disproportionally large compared to her upper half, and she speaks in a loud, booming voice when talking with others. When by herself, she laughs occasionally, as if listening to a private joke.

Notes: Monica is 38 years old. She was admitted to the Asylum after she was picked up by the police in the Southside carrying a pistol without a license. While the police questioned her, she explained that she was often hearing things, such as people saying things to her "that made me laugh." Shortly after she was picked up by the police, Monica was referred to the Asylum for diagnosis and treatment, and she has remained there for the past few months with no change in her condition. She still does not realize why she is hospitalized and just wants to "get off th' medicine" and "get out of th' hospital." The Asylum psychiatrists have noticed that she has several gaps in her long term memory.

Mustang Sally [WARD 8A]

Skills: [Normal with 8 INT, 9 EGO, and 14 COM.] Standard Everyman Skills, Contact: Asylum Cook 11-, Persuasion 11- and Seduction at an 11 or less.

25+ Disadvantages: Psychological Limitation: Dependent Personality Disorder (Common, Moderate), Psychological Limitation: Histrionic Personality Disorder (Very Common, Moderate), Psychological Limitation: Nymphomaniac (Common, Strong), Distinctive Features: Seductive (Concealable, Noticed).

Appearance: A sexy, vibrant teenager with short, dirty blond hair and an attractive figure. She always wears short dresses, with no panties or a bra, and often watches the male employees as they go about their duties.

Notes: Sally is a sexy sixteen year old who loves to flirt. She acts shamelessly with the male staff, hanging on them and calling them "Daddy." She carries on conversations easily, and she frequently talks about how she would like to leave the Asylum and get married. Characters who speak to her for any length of time will notice that she keeps bringing the conversation back around to the subject of dinnertime. Anyone who follows Sally's daily routine will discover the reason for her preoccupation: after dinner, the Asylum dietitian leaves the institution, and she goes into the kitchen and socializes with the male cooks. She is having an affair with one of them, and they have sex in his office just off the kitchen almost everyday. Afterwards, he usually gives her pastries, apples, pie and cake to take back to her cell late at night. Sally's sexual escapades have become the subject of many cruel jokes around the Asylum.

Sally is pregnant, although she does not know it yet... her lover has a wife and several children and will be fired if his involvement is discovered. As soon as the Asylum staff becomes aware that Sally is pregnant, PCs may notice that they begin to take an inordinate amount of interest in her.

Norma Rae [WARD 8A]

Skills: [Normal with 11 DEX and 8 EGO.] Paramedic 8-, Seduction 11- and Contact: Asylum Staff Member (Male) at an 11 or less.

25+ Disadvantages: Psychological Limitation: Borderline Personality Disorder (Uncommon, Moderate), Psychological Limitation: Histrionic Personality Disorder (Very Common, Moderate).

Appearance: This woman is a slender Caucasian in her early twenties. She is neatly dressed, clean, and with curly blond hair and a perky cheerfulness about her. Her nose is tilted upward slightly, and it gives an attractive lift to her entire face.

Notes: Norma Rae, 21 years old, was abandoned in the Asylum five years ago by her mother, who now lives in Hudson City. Bright and cheerful, Norma is treated almost like one of the attendants in her ward; sometimes when the staff nurses are short-handed, she helps take care of the mentally retarded patients and helps administer medications to the other patients. At first, Norma appears to be an ideal member to have in the ward, but any character who watches her for more than a few hours (male PCs may discover this immediately) will notice her unhealthy interest in the opposite sex. Norma is extremely popular with men (both patients and staff), and if characters aren't careful to keep away from her, they will find themselves in jealous entanglements with angry male staff members and patients. Norma finds these conflicts extremely exciting and often goes out of her way to feed the fires between characters vying for her attention.

Norma is the source of many items smuggled into the Asylum. With her many contacts among the male staff, she often receives expensive gifts, including drugs and alcohol, and barters them for other favors. These items are occasionally turned into homemade weapons or are sold on the Asylum black market for other items.

Margo Roche [WARD 2]

Skills: [Incompetent with a 9 INT, 12 PRE and 14 COM.] She has the standard range of Everyman Skills, both an Asylum Psychiatrist and an Asylum Orderly as Contacts (11-) and the Seduction skill at an 11 or less.

25+ Disadvantages: Psychological Limitation: Bipolar Mood Disorder (Common, Strong, currently approaching Manic episode), Psychological Limitation: Histrionic Personality Disorder (Common, Moderate...only when in Manic Phase), Psychological Limitation: Nymphomaniac (Common, Strong), Distinctive Features: See *Appearance*, below (Not Concealable, Major) and 2D6 Unluck.

Appearance: This woman looks like a department store mannequin. A slender white female with an attractive nose, bright blue eyes and a beautiful face, she has forsaken the standard patient uniform and seems to prefer wearing bright, revealing clothes. Her hair is light brown, so light as to be almost blond, and a cloud of perfume wafts behind her when she moves.

Notes: Margo is a desperately lonely woman. She admitted herself to the Asylum less than two weeks ago due to escalating problems in her personal life (her husband, away on a business trip, is unaware that she has checked herself into the Asylum). She has often entertained the thought of killing herself, which usually surfaces after one of her "binges," including spending her husband's money on vanities (clothes, a new car, and so on) as well as being unfaithful to him while he is on business trips. She regards all the psychiatrists in purely sexual terms, likes to moan for no reason during interview sessions, and does her best to be seductive. If rejected by a PC, she becomes sullen and cloudy, then tries a new approach the next day until she succeeds.

Rosebelle [WARD 4]

Skills: [Incompetent with 6 INT and 6 EGO.] She has no Everyman Skills except for Language: English (2 points, comprehension; she is illiterate) and Stealth at an 8 or less. Rosebelle will run away if attacked.

25+ Disadvantages: Physical Limitation: No Everyman Skills (Severe Mental Retardation), Psychological Limitation: Major Depressive Disorder with Hallucinations (Common, Strong), Distinctive Features (Psychosomatic): Obviously Depressed (Not Concealable, Major).

Appearance: A short, obese black woman who appears to be in her late thirties but acts like she is six or seven. Withdrawn and silent, she frequently picks at her patient uniform or else sits in a corner of the ward, tearing up bits of trash. She looks as if she is sulking and ignores people who come close to her.

Notes: Rosebelle is a single woman, 36, who was admitted to the Asylum twenty years ago. She suffered considerable physical and sexual abuse from her brother ever since she was ten, and there has been little or no change in her condition since she arrived at the Asylum: she is withdrawn, regressed, and sometimes remains mute for days. She hoards and tear up trash on the ward, then wads it into the toilets in soggy clumps ("to keep the foul water from gettin' in," she explains), and has occasional hallucinations (whose content is unspecified). If the GM is in doubt to how she would respond in a situation, she generally acts like a seven year old.

Rosebelle sometimes pats her belly, smiling and murmuring "all gone now." Records indicate that she gave birth to a son while at the Asylum almost ten years ago and that the child was turned over to her family in Fell's Point. Characters who follow up on this information, however, will discover that Rosebelle has no family in Fell's Point (her brother died when she was twenty-three). If asked what happened to the child, Rosebelle will give a slow, wide smile (which looks forced) and then shrug, as if it is not important. The smile will remain on her face for several hours.

Mary Smith [WARD 2]

Powers and Skills: [Incompetent with 7 INT, 7 EGO.] She has +2" Running (7" Total), but no Everyman Skills. She can only comprehend English at the 1 point Language level, although she frequently gives no sign of having heard the speaker and will not obey the commands of the staff.

25+ Disadvantages: Enraged if someone comes within one foot of her (Very Common) 11-, 8-, Psychological Limitation: Schizophrenia with Delusions and Hallucinations (Very Common, Total), Physical Limitation: No Everyman Skills (Frequently, Greatly), Distinctive Features: Schizophrenic Behavior (Not Concealable, Major).

Appearance: A black girl in her late teens, this patient seems to spend most of her time in seclusion, getting into fights, or yelling at others on the ward. She often lies motionless, back flat against the wall, peering out fearfully from behind her fingers. She bristles when anyone walks by, and her eyes dart back and forth... if anyone comes within a foot of her, she screams. Once in a while she shields her face with her arms, as if warding off blows, and kicks her legs wildly while making choking sobs and screams.

Notes: Mary Smith (18 yrs. old) used to live in one of the worst neighborhoods in the Borough. If she went outside, the boys would make her take off all her clothes and run around the street naked. If she refused or resisted, they would beat her. Raped once when she was thirteen and again when she fifteen, her mother, no longer able to protect her at home, had her admitted to the Asylum, where she has been for the past three years. Drugs have no effect on Mary's condition. Calm at meals, she eats mechanically, and she never responds to anyone else on the ward.

When someone comes too close, Mary cries out like a cornered animal and launches herself at the person, clawing, slapping and biting... if she can reach the character's eyes, she will claw them out or wrap her arms around the character's neck and squeeze as hard as she can. After incidents like these, the orderlies generally subdue her and throw her in seclusion.

Susan [WARD 7B]

Skills: [Normal with 13 STR, 9 INT, 7 EGO, and 8 COM.] Susan has the standard range of Everyman Skills (AK: The Fell's Point Borough 8-), but no other skills or talents.

25+ Disadvantages: Enraged when under stress (i.e., when she gains a Stress Level or is hit with a Presence Attack; Common) 8-, 11-, Psychological Limitation: Borderline Personality Disorder (Common, Strong), Distinctive Features: Scars on wrists (Concealable, Noticed)

Appearance: This tall black female looks to be in her early thirties, with thick arms and broad shoulders. She towers over many of the other females in the ward. Her face looks soft and passive, and she shows little expression or interest in her environment. She is neatly dressed in large sweaters, jeans and sneakers, and shuffles about the ward rather than walks.

Notes: Susan is 32 years old and married. She had an emotionally troubled childhood and spent most of her youth in the Fell's Point Orphanage. In the past five years that she has been at the Asylum, she has made eight suicide attempts. Whenever she talks about her suicide attempts, she always describes them in strangely distant terms; she says that sometimes "things come over her," which she can neither describe or explain.

Despite her passive appearance, Susan is extremely sensitive to her environment and dependent on it. When she fails to receive positive support from other characters, she usually attempts to manipulate them through various attention-seeking behaviors, often becoming seductive, controlling, and demanding in social situations (i.e., a Borderline Personality Disorder). Under stress, she can become extremely hostile, suspicious and depressed, and if she finds herself in a confusing situation, she must make an EGO Roll or else she will run away or attack what she considers to be the source of her confusion or distress.

Angela Dross [WARD 5]

Powers and Skills: [Normal with an 8 INT and an 11 EGO.] Angela is telepathically sensitive and has Mental Awareness, Activation 9- (-1 1/2), Clairsentience with Mental Awareness, Activation 9- (-1 1/2), along with Retrocognition [1] with Time as a Range Modifier (-1/2), Activation 9- (-1 1/2), but the Retrocognition provides vague information only (-1; see UM). Angela also possesses Images vs. Mental Awareness, 0 END (+1/2), No Range (-1/2), No Conscious Control [2] (-1). Angela has limited Everyman Skills plus AK: Southside and PS: Store Clerk at an 8 or less.

25+ Disadvantages: Enraged (Variable Trigger, Uncommon to Common) 14-, 8-, Psychological Limitation: Depressive Symptoms (Uncommon, Moderate), Psychological Limitation: Undifferentiated Schizophrenia with Somatic Delusions and Auditory and Tactile Hallucinations [3] (Very Common, Strong), Psychological Limitation: Racist (this is irrespective of her disorder but factors into her paranoid ideas, Common, Moderate), Physical Limitation: Limited Everyman Skills (due to Schizophrenia, Infrequently, Slightly), Distinctive Features: Disorganized Behavior (Not Concealable, Major).

Appearance: A black woman in her mid-thirties. She is dressed in normal street clothes except for what looks like a sheet or white bandage wrapped around her head like a turban. She stands about 5'6" and is a little on the thin side. She appears well-groomed and neat.

Notes: Angela is thirty-five years old and has been in and out of the Asylum for the past eleven years. She has a criminal record and was admitted to the Asylum five months ago.

Angela's sense of time is badly distorted (she will refer to the present in the future tense, and the past as "now"). This is often followed by a reminder to the listener that she's not really ill; her problems actually revolve around the number of letters in her name, and that if she remarried, then it would all be "solved." She occasionally talks about the "people with no arms and faces walking through the Asylum," and can often be heard complaining about the roaches and bugs crawling in her head. She claims they wouldn't be there if the Asylum was cleaned more often.

Angela is a racist and distrusts all whites, who she claims are "all out to kill her." If asked to elaborate, she will launch into a long diatribe about how white people have been hounding her and her family for years, and how they finally put an end to her husband and her two children "but that didn't quiet them none, cause I can still hear them keep calling me bad names." She can stop the voices by wrapping a wet sheet or towel around her head.

She likes attention and becomes paranoid when ignored, blaming it on the staff members and their drugs. She gets angry easily and has attacked other patients in the past.

Betty Pleasants [ROSS HOUSE: GERIATRIC WARD]

Powers and Skills: [Senior Citizen with a 9 INT and 8 EGO.] Betty is telepathically sensitive and possesses Mental Awareness, 360 Degree Sensing (+10). [3] She has a limited selection of Everyman Skills, including TF: Automobiles (although she is a poor driver and forgets to stop at red lights), English (3 Points), AK: Fell's Point Suburbs (Colonial Heights) 8-, PS: Knitting at an 11 or less.

25+ Disadvantages: Vulnerability: x2 Effect from Psionic Powers [4] (Common), Psychological Limitation: Delusional Disorder (?) with Visual and Tactile Hallucinations ("Rays," Very Common, Strong), Physical Limitation: Limited Everyman Skills (Infrequently, Slightly), Age: 40+, 1 Stress Level/Day Dependency (Psychosomatic) on Plastic-lined clothes, Distinctive Features: Plastic-lined clothes (Easily Concealable, Noticed), 1D6 STUN Susceptibility from psionically saturated environments (i.e., the Asylum).

Appearance: A white female, around fifty or so, with a troubled face and round, silver-rimmed spectacles. She wears a black wide-brimmed hat (lined with what seems to be plastic), and a few small gray curls peek out from beneath its brim. She has a tendency to pace back and forth, and she wears a heavy floral dress that drapes down to her ankles.

Notes: Betty is fifty-five and claims she is being irradiated through the ceiling of the Asylum. As Betty is quick to relate, the problem all started several years ago when the "rays" began to emanate from the roof of her house. The rays eventually became so bad that she had to sleep under long sheets of plastic at night to get away from "the pesky things." She called the police several times about the problem, but whenever they came, the rays went away. She tried to move away from her home, but the "rays" came into her car and moved in with her. If any character does not appear to believe her, she will smile consolingly (she may pat the character's hand reassuringly) and say that it's all right, and not to trouble themselves humoring her... she is used to people not believing her. If PCs do seem to believe her, she will look relieved and pull up the sleeve of her dress and show them the burns she has received from the "rays" (it may be actual radiation or a psychosomatic reaction to what she is perceiving). The medical staff have explained away her burns as some form of allergic reaction.

Betty was admitted to the Asylum about a month and a half ago and is able to take care of herself without much help from the staff. She becomes significantly distressed if anyone attempts to "wean" her of her plastic-lined hat or dress. If her plastic-lined clothes are removed, the psychosomatic burns will begin to carpet her body like a fungus.

Gurney Wallace [WARD 6]

Powers and Skills: [Normal with 9 STR, 5 INT and 5 EGO.] Gurney possesses Mental Awareness with an 11- Activation, and he can Push his STR to maniacal levels (+5) in order to free himself from straps or restraints. Gurney possesses no Everyman Skills.

25+ Disadvantages: Vulnerability: x2 Effect from all Psionic Powers (Gurney is a "user-friendly" Schizophrenic Psychic), Psychological Limitation: Undifferentiated Schizophrenia (Very Common, Total), Distinctive Features: Scars on Forehead and Broken Nose (Concealable, Major) and Distinctive Features: Schizophrenic Behavior (Smashes head against walls, Not Concealable, Extreme)

Appearance: A short, wiry Caucasian man in his early thirties. He has curly red hair, a crooked nose, bloodshot eyes and heavy scarring on his forehead and wrists. He is usually dressed in a pair of faded green pajamas, torn at the knees and arms, and they are so loose in places that they look like they are almost falling off of him. When strapped down, he screams incessantly, breaking into shrieking sobs and howls and tearing at the straps that hold him in place. When freed, he will run to the nearest wall and smash his forehead into it as fast and as hard as he can.

Notes: Gurney no longer makes any sense to the staff or to himself. Picked up from a homeless shelter in Fell's Point, Gurney has no identification, no medical history, and is incapable of any sort of speech other than babbling incoherently. Whenever he is left alone and unrestrained, he runs at the nearest wall and begins to pound his head against it. Usually Gurney is placed in a locked padded seclusion room for his own safety, and even then, he has to be strapped down to a bare mattress so that he will not smash his head against the wire mesh window in the room. When strapped down, he screams at the top of his lungs, sweats profusely and rolls around, straining against his restraints.

Gurney is a former Army volunteer who was injected with a series of experimental hallucinogens by the CIA (he was considered one of the project's "less receptive" subjects and abandoned). The hallucinogens gave Gurney the power to perceive the use of Mental Powers, but it also gave him an undetectable neurological condition that makes him feel as if a colony of fire ants are nesting in his brain. It is unlikely there is a cure for his condition.

Gurney is a "user-friendly" schizophrenic psychic (see Schizophrenic Psychics, above). He can be used as a drone (i.e., operated from a distance with Mind Control) and used as a human time bomb. While Mind Controlled, the pain of Gurney's neurological condition can be dampened to give him the appearance of normalcy.

FUZION™ Information

This section contains FUZION™ write-ups for the various characters mentioned in this book, as well as conversion notes for the various Powers and Complications. This information is arranged in the same order that it appears in *New Bedlam Asylum*.

Chapter Zero: Preludez

Sally Robinson

INT	5	WILL	5	PRE	4	TECH	4	REF	4
DEX	4	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Contacts (The Idiot King 1; The Poet 2; Investigative Reporter 2; Dr. Shreiver 1); Bureacratices 3; Criminology 3; Deduction 3; Latin 6; Oratory 3; Persausion 3; Expert (Law) 2; Expert (Library Research) 2; Expert (*Underworld Enemies*) 2; Professional (Defense Attorney) 2; Science (Computer Science) 2

Important Complications: Dependant (Carol Robinson, Mother), Hunted by Crusade; Near-Sighted (Must wear glasses), Psych Lim: Living in the Past; Psych Lim: Obsession with the Asylum; Public ID; Watched by the Asylum; Watched by the CIA

Chapter One: Asylum Grounds

The Poet

INT	3	WILL	5	PRE	4	TECH	3	REF	4
DEX	4	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Hand-to-Hand 3; Hand-to-Hand Evade 3; Ranged Evade 3; Danger Sense (Detect Any Attack) 10; Contortionist 3; Criminology 3; Deduction 3; Local Expert (Asylum) 4; Expert (Asylum Subculture) 1; Expert (Boxing) 2; Paramedic 3; Sleight of Hand 3; Streetwise 1

Important Complications: Psych Lim: Code vs. Killing; Psych Lim: Persona Personality Disorder; Watched by the Asylum; Mysterty ID (J. Hess Curtis)

Sharon Ferry

INT	3	WILL	3	PRE	6	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	3	Mov	2
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Gnarled Cane: +1 DC to STR attacks; Mental Defense 10; Power Defense 10; Enraged Strength: +1 STR; +5 SD, +5 ED (Only when Enraged, -2 PP); Stealth 3; Shadowing 5

Important Complications: Vulnerability (2x Effect from Mind Control and Hypnosis); Vulnerability (2x STUN to any attack aimed at her legs); Berserker (Enraged if Characters try to force their way past her); Psych Lim: Gandiose Delusional Disorder with Religious, Somatic and Delusions of Reference; Psych Lim: Pain Disorder; Distinctive Features: Obvious limp and pain in her movements; Watched by the Asylum; Mystery ID

Chapter Two: Staff

Physicians

INT	3	WILL	3	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Hand-to-Hand: 3; Bureaucratics 1; Paramedic 3; Local Expert (Asylum) 2; Expert (Asylum Patients in their Ward) 2; Expert (Personal Hobby or Interest) 2

Psychiatrist: Add License (Psychiatrist); Conversation 3; Persuasion 3; Professional (Psychiatrist); Science (Psychology) 3

Doctor: Add License (Doctor); Science (General Medicine) 3

Administrator: As per Psychiatrist or Doctor above, plus Bureaucratics 3

Important Complications: As per the GM's choice

Dr. Masters

INT	7	WILL	7	PRE	7	TECH	6	REF	5
DEX	5	CON	4	STR	4	BODY	10	Mov	4
SD	8	ED	8	SPD	4	Stun	50	Hits	50

Powers & Skills: Hand-to-Hand 4; Firearms 2; Hand-to-Hand Evade 4; Ranged Evade 2; Damage Reduction: Physical and Energy Attacks; Armor: 20 SD; 20 ED (Must be aware of the attack); Mental Defense 10; Presence Defense (+10 Resistance); Pseudopathy: 8d6 Telepathy, 0 END, Ineffective against characters with no human mannerisms (-1 PP); Ambidexterity; Blind Fighting; Danger Sense 10; Find Weakness (All Attacks) 12; Lucky 3d6; License (Psychiatrist); Acting 5; Bureaucratics 3; Conversation 6; Criminology 5; Deduction 5; Disguise 5; Forensic Medicine 3; Forgery 5; Paramedic 3; Persuasion 6; Seduction 3; Shadowing 5; Stealth 6; Tactics 5; Local Expert (Asylum) 3; Expert (Asylum) 2; Expert (Asylum Subculture) 3; Expert (Asylum Files) 2; Professional (Psychiatrist) 6; Science (Pharmacology) 4; Science (Psychology) 4; +4 Power Points to spend as the GM sees fit.

Important Complications: Psych Lim: Quiet Sociopath; Distinctive Features: Asylum Doctor

Nurses

INT	3	WILL	3	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Hand-to-Hand: 3; License (Nurse); Paramedic 3; Local Expert (Asylum) 1; Expert (Asylum Patients in their Ward) 2; Expert (Personal Hobby or Interest) 2

Important Complications: As per the GM's choice

Orderlies

INT	3	WILL	3	PRE	3	TECH	3	REF	4
DEX	4	CON	3	STR	4	BODY	5	Mov	4
SD	6	ED	6	SPD	3	Stun	25	Hits	25

Powers & Skills: Hand-to-Hand: 4; Hand-to-Hand Evade 3; Martial Arts (Wrestling); Local Expert (Asylum) 2; Professional (Orderly) 2; Expert (Asylum Patients in their Ward) 2; Expert (Personal Hobby or Interest) 2; Paramedic 3

Important Complications: As per the GM's choice

Domestic Staff

INT	3	WILL	3	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Local Expert (Asylum) 2; Local Expert (Asylum Subsystems) 1; Professional (Janitor) 2; Expert (Asylum Subculture) 1

Important Complications: Psych Lim: Social Phobia (the "Asylum on th' outside")

Escape Equipment

Syringe

4D6 STUN Drain, Recover 5 pts. per Hour, Focus (Grabbable), Fragile (-1 PP), 1 Charge. Cost: 1 PP

Basic Tranquilizer Gun

4D6 Ranged STUN Drain, Recover 5 pts. per Hour, Focus (Grabbable), 4 Charges. Cost: 7 PP

Advanced Tranquilizer Gun

6D6 Energy Blast, AVLD (Power Defense), Focus (Grabbable), 4 Charges. Cost: 4 PP

Net

Entangle (4D6, KD & EKD 12), Area Effect (2m Radius), Focus (Grabbable), 1 Charge. Cost: 1 PP

Dr. Shreiver

INT	5	WILL	5	PRE	5	TECH	4	REF	3
DEX	3	CON	2	STR	2	BODY	3	Mov	4
SD	4	ED	4	SPD	2	Stun	15	Hits	15

Powers & Skills: Hypnosis: 8d6 Mind Control, 0 END, DV 0 when in use, Extra Time: 5 Minutes, Requires a Science (Hypnosis) Skill Check of 18 (-1 PP), Incantations (Dr. Shreiver must talk to her target, -1 PP); Presence Defense (+10 Resistance); Mental Defense 5; Membership (Director of the Asylum), Licenses (Medical Doctor & Psychiatrist), Bureaucratics 1; Local Expert (Asylum) 3; Expert (Asylum) 3; Expert (Asylum Subculture) 2; Paramedic 3; Expert (Cerebellic Mutation) 1; Expert (Contemporary Psychiatric Research) 3; Expert (Psychiatric Subculture) 2; Professional (Psychiatrist) 5; Science (General Medicine) 3; Science (Hypnosis) 3; Science (Psychiatry) 5; Science (Pharmacology) 5; Professional (College Profession) 3; Professional (Journal Editor) 3; Expert (Greek & Roman Myths) 3; Russian (6); Greek (6); Latin (6)

Important Complications: Physical Limitation: Far-Sighted; Psych Lim: A bitter, determined and hostile authoritarian; Psych Lim: Fear of Spiders; Public ID; Reputation: Director of the Asylum; Reputation: Dangerous Psychiatrist; Watched by the Heretic; Watched by Dr. Morrow and the CIA

Chapter Three: Patientz

Babyface James

INT	3	WILL	3	PRE	3	TECH	3	REF	4
DEX	4	CON	2	STR	2	BODY	4	Mov	5
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Contacts (Pickett, a Fell's Point Fence 1); Lockpicking 3; Sleight of Hand 3; Stealth 3; Streetwise 3; Local Expert (The Fell's Point Borough) 2

Important Complications: Reputation: Two-Bit Thief

Glenn Beckman

INT	4	WILL	2	PRE	2	TECH	3	REF	4
DEX	4	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Danger Sense (Any Attack) 11; Science (Computer Science) 1; Electronics 1; Mechanics 1; Tactics 1; Professional (High School Counselor) 3; Science (Psychology) 3

Important Complications: Vulnerability: 2x STUN from Mental Attacks; Berserker: Enraged if contacted Telepathically; Psych Lim: Paranoid Schizophrenia; Unlucky; Distinctinve Features: Scar on Forehead.

AVLD (Attack vs. Limited Defense):

An Attack with this Adder is affected by only limited or unusual Defenses. Such an attack may be directed against Mental Defense, Power Defense, or Flash Defense. This Defense must be defined when the Power is purchased. For example, a character may buy a AVLD vs. Power Defense. When the Attack is used, the dice are rolled, but the target's Power Defense is used as the Defense instead of SD or ED. The AVLD applies to Energy Blasts only.

AVLD is a +6 PP Adder.

William "Iron Bill" Billings

INT	2	WILL	2	PRE	4	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	3	Mov	4
SD	4	ED	4	SPD	2	Stun	15	Hits	15

Powers & Skills: Local Expert (Fell's Point Penitenitary) 1

Important Complications: Psych Lim: Hostile; Psych Lim: Occasional Depressive Symptoms; Psych Lim: Undifferentiated Schizophrnia; Distinctive Features: Tattoo on Left Forearm; Unlucky

("Bad") Brian

INT	3	WILL	3	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: None of note.

Important Complications: Berserker: Enraged if Attacked or approached in a "father-like" manner; Psych Lim: Bipolar I Disorder with Psychotic Delusions; Phys Lim: Herion Addiction; Phys Lim: Near-Sighted

Bailey Burr

INT	2	WILL	3	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	3	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: None, including Everyman Skills

Important Complications: Psych Lim: Undifferentiated Schizophrenia with Auditory Halucinations; Psych Lim: Borderline Personality Disorder; Phys Lim: No Everyman Skills; Distinctive Features: Schizophrenic Behavior; Distinctive Features: Mangled Hands

"Charlie"

INT	3	WILL	2	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Professional (Factory Worker) 2

Important Complications: Psych Lim: Undifferentiated Schizophrenia with Paranoid Features and Religious Delusions; Psych Lim: Alcoholism; Phys Lim: No Everyman Skills; Distinctive Features: Schizophrenic Behavior

Mr. Clockwork

INT	3	WILL	3	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: None of note

Important Complications: Berserker: Enraged when he feels his "timing" has been disrupted; Psych Lim: Bipolar I Mood Disorder with Somatic and Persecutory Delusions; Unlucky

Crease

INT	3	WILL	2	PRE	3	TECH	3	REF	4
DEX	4	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Contortionist 4; Ambidexterity; Local Expert (Asylum Crawl Spaces) 1

Important Complications: Psych Lim: Delusional Disorder; Distinctive Features (Psychosomatic): Folding Mentality

Isiah Dent

INT	2	WILL	2	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: No Everyman Skills; Shadowing 1; Stealth 1; English 8

Important Complications: Psych Lim: Undifferentiated Schizophrenia with Psychotic Symptoms and Delusions of Reference; Distinctive Features: Disheveled Appearance

Jimmy Disel

INT	3	WILL	2	PRE	4	TECH	3	REF	3
DEX	3	CON	3	STR	4	BODY	6	Mov	4
SD	6	ED	6	SPD	2	Stun	30	Hits	30

Powers & Skills: Hand-to-Hand 4; Hand-to-Hand Evade 4; Professional (Truck Driver) 2

Important Complications: Berserker: Enraged when loses temper; Psych Lim: Psychotic Episodes; Distinctive Features: See Appearance Notes on Page 71.

Martin Finch, The Handyman

INT	4	WILL	4	PRE	4	TECH	4	REF	4
DEX	4	CON	3	STR	3	BODY	5	Mov	4
SD	6	ED	6	SPD	3	Stun	25	Hits	25

Powers & Skills: Climbing 1; Shadowing 1; Sleight of Hand 1

Important Complications: Berserker: Enraged if accused of stealing an item; Psych Lim: Kleptomania; Psych Lim: Undifferentiated Schizophrenia; Distinctive Features: Slightly Disorganized Speech and Behavior

Gough Godfrey

INT	2	WILL	1	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	3	Mov	4
SD	4	ED	4	SPD	2	Stun	15	Hits	15

Powers & Skills: None of note.

Important Complications: Psych Lim: Undifferentiated Schizophrenia; Distinctive Features: Disorganized Behavior; DF: Missing Left Ear; Watched by Asylum Staff; Mystery ID: Michaelis Saietta

Juan Guatarez

INT	4	WILL	4	PRE	4	TECH	4	REF	4
DEX	4	CON	3	STR	3	BODY	5	Mov	4
SD	6	ED	6	SPD	3	Stun	25	Hits	25

Powers & Skills: Shiv: 2D6 Hand-to-Hand Killing Attack, 0 END, Focus (Grabbable); Hand-to-Hand 3; Melee Weapons 1; Hand-to Hand Evade 1; Martial Arts (Streetfighting); Concealment 3; Lockpicking 3; Stealth 3; Streetwise 1; Expert (Fell's Point Underworld 1; Professional (Drug Dealer) 2

Important Complications: Psych Lim: Mild Paranoia; Hunted by Guamangan assassins

Old Scott Heller

INT	2	WILL	2	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	4	Mov	5
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: No Everyman Skills; +1 STR when Enraged

Important Complications: Berserker: Enraged (see his write-up on Page 73); Psych Lim: Undifferentiated Schizophrenia with Auditory Hallucinations; Phys Lim: No Everyman Skills; Distinctive Features: Screaming

Cyril "C-Dog" Hooks

INT	2	WILL	2	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	4	Mov	5
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Contact (Drug Dealer 1); Local Expert (Fell's Point Borough) 1

Important Complications: Psych Lim: Alcoholism; Psych Lim: Delusional Disorder, Somatic; Psych Lim: Pathological Liar; Phys Lim: Syphilis

The Invisible Man

INT	2	WILL	2	PRE	2	TECH	2	REF	2
DEX	2	CON	2	STR	2	BODY	3	Mov	3
SD	4	ED	4	SPD	2	Stun	15	Hits	15

Powers & Skills: Stealth 3

Important Complications: Psych Lim: Delusional Disorder; Distinctive Features: "Naked as a Jaybird"

Joseph

INT	1	WILL	1	PRE	2	TECH	2	REF	3
DEX	3	CON	2	STR	2	BODY	3	Mov	4
SD	4	ED	4	SPD	2	Stun	15	Hits	15

Powers & Skills: No Everyman Skills save English 2

Important Complications: Psych Lim: Dependent Personality Disorder; Phys Lim: No Everyman Skills

Neil Kearns

INT	2	WILL	2	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: No Everyman Skills save English 5

Important Complications: Psych Lim: Disorganized Schizophrenia; Phys Lim: No Everyman Skills; Distinctive Features: Incessant, Disconnected Speech; DF: Obese

Lantern Jack

INT	3	WILL	3	PRE	3	TECH	3	REF	3
DEX	3	CON	3	STR	2	BODY	4	Mov	5
SD	6	ED	6	SPD	2	Stun	20	Hits	20

Powers & Skills: Superleap: +5 m/y

Important Complications: Berserker: Enraged when he spots a "criminal"; Berserker: Enraged if called a "Hobgoblin Clone"; Psych Lim: Grandiose Delusional Disorder;; Distinctive Features: Moves by leaps and bounds

Leon

INT	1	WILL	1	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	3	Mov	4
SD	4	ED	4	SPD	2	Stun	15	Hits	15

Powers & Skills: No Everyman Skills; Climbing 1

Important Complications: Phys Lim: No Everyman Skills; Distinctive Features: Retarded. Childish Behavior

Marrow

INT	3	WILL	2	PRE	3	TECH	3	REF	4
DEX	4	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Perception 3; Contortionist 3; Shadowing 3; Stealth 3; Professional (Escape Artist) 3; Local Expert (Asylum) 2; Local Expert (Asylum Crawl Spaces and Ventilation Subsystems) 5

Important Complications: Psych Lim: Paranoid Schizophrenia (Believes the CIA is after him); Distinctive Features: Schizophrenic Behavior, Disorganized Speech and Behavior; DF: Feral Appearance

D. Neumont

INT	3	WILL	3	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	3	Mov	4
SD	4	ED	4	SPD	2	Stun	15	Hits	15

Powers & Skills: Perception 3; Expert (*Underworld Enemies) 4*

Important Complications: Psych Lim: Delusional Disorder

Noah

INT	3	WILL	3	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Expert (The Bible) 2

Important Complications: Psych Lim: Bipolar I Mood Disorder with Religious Hallucinations; Distinctive Features: Disconnected Speech; DF: See *Appearance* on Page 77

Raymond

INT	2	WILL	2	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	3	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Professional (Cargo Mover) 2

Important Complications: Psych Lim: Undifferentiated Schizophrenia with Auditory and Visual Hallucinations; Psych Lim: Scared of the Dark; Phys Lim: Limited Everyman Skills; Distinctive Features: Bizarre and Disturbed Speech

Robertson

INT	2	WILL	2	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: None of note

Important Complications: Berserker when a sharp object is pointed at him; Psych Lim: Antisocial Personality Disorder; Psych Lim: Undifferentiated Schizophrenia with Delusions; Phys Lim: Limited Everyman Skills; Distinctive Features: Schizophrenic Behavior

Michael Tibbet

INT	3	WILL	2	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Perception 3

Important Complications: Psych Lim: Paranoid Schizophrenia with Somatic Delusions; Distinctive Features: Disheveled Features

Harold Weinstin

INT	3	WILL	3	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Local Expert (Fell's Point Chelsea District) 1; Professional (Pizza Parlor Manager) 2

Important Complications: Berserker: Enraged (see Notes on page 79); Phys Lim: Undiagnosed Brain Condition; Distinctive Features: Shaking Right Hand

Victoria "Vicki" Atkins

INT	2	WILL	2	PRE	2	TECH	2	REF	2
DEX	2	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: None of note

Important Complications: Vulnerability: 2x Effect from Mind Control; Psych Lim: Paranoid Schizophrenia with Delusions of Persecution

Rhetta Bourne

INT	2	WILL	2	PRE	2	TECH	2	REF	2
DEX	2	CON	2	STR	2	BODY	4	Mov	2
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: None of note

Important Complications: Psych Lim: Undifferentiated Schizophrenia with Depressive Features; Phys Lim: Burns and constant pain; Distinctive Features: See Appearance, page 80; Hunted by Ashtry Art; Unlucky

Charlotte Brisk

INT	2	WILL	2	PRE	2	TECH	2	REF	2
DEX	2	CON	2	STR	2	BODY	4	Mov	5
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Contact (Male Staff Member 1); Seduction 1

Important Complications: Psych Lim: Borderline Personality Disorder; Psych Lim: Histronic Personality Disorder; Psych Lim: Obsequious; Distinctive Features: "Seductive" Features

Carol

INT	2	WILL	2	PRE	2	TECH	2	REF	2
DEX	2	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: None of note

Important Complications: Psych Lim: Major Depressive Disorder with Guilt and Somatic Delusions; Dependents: Husband and Children; Unlucky

Clarisse

INT	3	WILL	3	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	3	Mov	3
SD	4	ED	4	SPD	2	Stun	15	Hits	15

Powers & Skills: None of note

Important Complications: Berserker: Enraged if someone comes too close to her "without permission"; Psych Lim: Paranoid Schizophrenia with Grandious Delusions and Auditory Hallucinations; Phys Lim: Alcoholism

Jennifer Dorsey

INT	3	WILL	3	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Local Expert (Fell's Point Northside) 1; Local Expert (Fell's Point Chelsea District) 2; Local Expert (Hudson City) 1; Business 2

Important Complications: Psych Lim: Obsessive-Compulsive Disorder; Psych Lim: Meticlously Neat; Phys Lim: Near-Sighted; Distinctive Features: Obsessive-Compulsive Ritual

Alisha Downs

INT	2	WILL	2	PRE	2	TECH	2	REF	2
DEX	2	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Contact (The Baby Man 1); Concealment 1; Streetwise 1; Expert (Gang Slang) 3

Important Complications: Psych Lim: Psychotic Disorder with Delusions and Hallucinations; Psych Lim: Alcoholism; Phys Lim: Heroin Addiction; Distinctive Features: Track Marks on Arm

Ellen

INT	2	WILL	2	PRE	2	TECH	2	REF	3
DEX	2	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: No Everyman Skills save English 4

Important Complications: Phys Lim: Catatonic; Psych Lim: Undifferentiated Schizophrenia with Delusions and Hallucinations; Phys Lim: No Everyman Skills; Distinctive Features: Childish, Schizophrenic Behavior

Esther

INT	3	WILL	3	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Professional (Seamstress) 2; Expert (Sewing) 2; Expert (The Bible) 5; Perception 4

Important Complications: Psych Lim: Pathological Sinner; Psych Lim: Nosy and Curious

Georgina

INT	2	WILL	2	PRE	2	TECH	2	REF	2
DEX	2	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: None of note

Important Complications: Psych Lim: Borderline Personality Disorder; Psych Lim: Alcoholism; Psych Lim: Dysthymic Disorder with a superimposed Major Despressive Disorder; Distinctive Features: Scars on Wrists

Eliza Grant

INT	2	WILL	4	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: None of note

Important Complications: Berserker: Enraged (see Notes on Page 94); Psych Lim: Borderline Personality Disorder

Ivana

INT	1	WILL	1	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	3	Mov	3
SD	4	ED	4	SPD	2	Stun	15	Hits	15

Powers & Skills: None

Important Complications: Psych Lim: Advanced Dementia; Phys Lim: No Everyman Skills

Jami "J.J." Jackson

INT	2	WILL	2	PRE	2	TECH	2	REF	2
DEX	2	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Perception 2; Professional (Maid) 1

Important Complications: Berserker: Enraged if she feels "threatened" by a character; Psych Lim: Paranoid Schizophrenia with Delusions; Distinctive Features: Suspicious and Hostile

Jo Anne

INT	3	WILL	2	PRE	2	TECH	2	REF	2
DEX	2	CON	2	STR	2	BODY	4	Mov	5
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: None of note

Important Complications: Psych Lim: Schizophrenia; Psych Lim: Pyromaniac; Distinctive Features: Mild Schizophrenic Behavior

Katie, The Birdiladi

INT	2	WILL	2	PRE	2	TECH	2	REF	2
DEX	2	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: No Everyman Skills

Important Complications: Psych Lim: Undifferentiated Schizophrenia; Phys Lim: No Everyman Skills; Distinctive Features: Schizophrenic Behavior; DF: Heavy Make-Up

Lauren

INT	4	WILL	4	PRE	4	TECH	4	REF	5
DEX	5	CON	4	STR	4	BODY	6	Mov	4
SD	8	ED	8	SPD	3	Stun	30	Hits	30

Powers & Skills: Professional (Nurse) 2; Paramedic 3; Local Expert (Local Hospital) 2

Important Complications: Psych Lim: Bipolar I Mood Disorder

Louisa

INT	2	WILL	2	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	3	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Survival (Urban) 1; Local Expert (Fell's Point Borough) 1; English 4

Important Complications: Psych Lim: Undifferentiated Schizophrenia with Delusions and Hallucinations; Phys Lim: Limited Everyman Skills; Distinctive Features: Retarded; DF: Exhopraxia; DF: Scars on Wrists

Maria

INT	1	WILL	1	PRE	2	TECH	2	REF	2
DEX	2	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: None except English 3

Important Complications: Psych Lim: Undifferentiated Schizophrenia with Auditory Hallucinations; Phys Lim: No Everyman Skills; Distinctive Features: Schizophrenic, childlike behavior

Mary Jane

INT	1	WILL	2	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Professional (Factory Worker) 2

Important Complications: Psych Lim: Paranoid Schizophrenia; Psych Lim: Mixed Personality Disorder; Phys Lim: Drug Addiction; Phys Lim: Limited Everyman Skills; Unlucky

Monica

INT	2	WILL	2	PRE	2	TECH	2	REF	2
DEX	2	CON	2	STR	2	BODY	4	Mov	3
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: No Everyman Skills save Stealth 1 and English 6

Important Complications: Psych Lim: Dissociative Amnesia; Psych Lim: Undifferentiated Schizophrenia with Auditory Hallucinations; Phys Lim: Limited Everyman Skills; Distinctive Features: Overweight and Loud, Booming Voice

Mustang Sally

INT	2	WILL	3	PRE	3	TECH	3	REF	3
DEX	3	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Contact (Asylum Cook 1); Persuasion 3; Seduction 3; Beautiful

Important Complications: Psych Lim: Dependent Personality Disorder; Psych Lim: Histronic Personality Disorder; Psych Lim: Nymphomaniac; Distinctive Features: Seductive

Norma Rae

INT	3	WILL	2	PRE	3	TECH	3	REF	4
DEX	4	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Paramedic 1; Contact (Asylum Staff Member 2); Seduction 3

Important Complications: Psych Lim: Borderline Personality Disorder; Psych Lim: Histronic Personality Disorder

Margo Roche

INT	3	WILL	2	PRE	4	TECH	2	REF	2
DEX	2	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Contacts (Asylum Psychiatrist 2; Asylum Orderly 2); Seduction 3; Beautiful

Important Complications: Psych Lim: Biopolar Mood Disorder; Psych Lim: Histronic Personality Disorder; Psych Lim: Nymphomaniac; Distinctive Features: See Appearance on Page 88; Unlucky

Margo Roche

INT	1	WILL	1	PRE	2	TECH	2	REF	2
DEX	2	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: No Everyman Skills; English 4; Stealth 1

Important Complications: Psych Lim: Major Depressive Disorder with Hallucinations; Phys Lim: No Everyman Skills; Distinctive Features: Obviously Depressed

Mary Smith

INT	2	WILL	2	PRE	2	TECH	2	REF	2
DEX	2	CON	2	STR	2	BODY	4	Mov	6
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: No Everyman Skills; English 2

Important Complications: Berserker: Enraged if someone comes within one foot of her; Psych Lim: Schizophrenia with Delusions and Hallucinations; Phys Lim: No Everyman Skills; Distinctive Features: Schizophrenic Behavior

Susan

INT	3	WILL	2	PRE	3	TECH	3	REF	3
DEX	3	CON	3	STR	3	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: None of note

Important Complications: Berserker: Enraged when under stress; Psych Lim: Borderline Personality Disorder; Distinctive Features: Scars on wrists

Chapter Six: Heresies

Dr. Adolph Gans

INT	6	WILL	5	PRE	4	TECH	5	REF	4
DEX	4	CON	2	STR	2	BODY	5	Mov	4
SD	4	ED	4	SPD	2	Stun	25	Hits	25

Powers & Skills: License (Medical Doctor, Psychiatrist); Conversation 1; Persuasion 1; Professional (Psychiatrist) 3; Science (General Medicine) 2; Science (Psychology) 5; Membership (Medical Superintendent of the Asylum); Contacts (See page 148); Bureaucratics 3; Local Expert (The Asylum) 3; Expert (The Asylum) 3; Expert (Psychiatric Subculture) 2; Expert (Research of Dr. Sebastian Poe) 1; Science (Cerebellic Mutations) 1; Expert (English Grammar) 3; Professional (College Profession) 2; Professional (Editor) 2

Important Complications: Dependant (Dr. Shreiver), Psych Lim: Authoritarian; Psych Lim: Fear of Death; Reputation: Medical Superintendent of the Asylum; Rival: Dr. Shreiver

Angela Dross

INT	2	WILL	4	PRE	3	TECH	3	REF	3
DEX	3	CON	3	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Mental Awarness, Activation 13+; Clarisentience, Activation 13+; 12D6 Mental Illusions, Activation 13+, Only Affects People with Mental Powers or Mental Awareness, No Range

Important Complications: Berserker: Enraged (see Note on Page 157); Psych Lim: Depressive Symptoms; Psych Lim: Undifferentiated Schizophrenia with Somatic Delusions and Auditory and Tactile Hallucinations; Psych Lim: Racist; Phys Lim: Limited Everyman Skills; Distinctive Features: Disorganized Behavior

Betty Pleasants

INT	2	WILL	2	PRE	2	TECH	2	REF	2
DEX	2	CON	2	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Mental Awarness, 360-Degree Sense

Important Complications: Vulnerabilty: 2x Effect from Psionic Powers; Psych Lim: Delusional Disorder with Visual and Tactile Hallucinations; Phys Lim: Limited Everyman Skills; Distinctive Features: Plastic-Lined Clothes

Gurney Wallace

INT	1	WILL	1	PRE	3	TECH	3	REF	3
DEX	3	CON	3	STR	2	BODY	4	Mov	4
SD	4	ED	4	SPD	2	Stun	20	Hits	20

Powers & Skills: Mental Awarness, Activation 10+

Important Complications: Vulnerability: 2x Effect from Psionic Powers; Psych Lim: Undifferentiated Schizophrenia; Phys Lim: No Everyman Skills; Distinctive Features: Scars on Forehead and Broken Nose; DF: Schizophrenic Behavior