

## # Episode 36 — Wound Season

The sound was wrong.

Nurse Chen had been working the surgical ward for seven years, and her body knew what a hospital sounded like at 1 AM—the slow tick of cooling pipes, the ventilation system's steady hum, the monitors with their patient beeping like the pulse of a collective organism. She'd learned to sleep through it, to let the sound be white noise. But this sound was not part of that composition.

It came from Room 407.

She stood outside the closed door, listening, and couldn't place it. A faint *\*working\** sound—rhythmic, deliberate, something moving with purpose. She checked her watch. Vital signs stable. Sleep cycle normal according to the bed sensor. She opened the door.

The room was dark except for the red eye of the monitor. Mr. Dhaka lay on his back, chest rising and falling, recovered from his appendectomy six days prior. His abdominal dressing was visible in the monitor's glow—white gauze, secured with medical tape. And the dressing was moving.

Not the patient. The dressing itself. A subtle, rhythmic bulge and settle, like something breathing beneath the tape. Like something *\*working\**.

Chen moved closer. The movement stopped.

She checked the dressing. The incision site was worse than it had been at 11 PM, when she'd done rounds. The surrounding tissue showed bruising that hadn't been there—a spreading purple-black that didn't follow the surgical line, but circled it in an almost deliberate pattern. No fever. No signs of infection on any lab work from that morning. She'd checked the chart twice. Everything said the wound was healing normally.

Everything except the wound itself.

She wrote it in her notes. *\*Observed unusual movement of abdominal dressing at 01:47 AM. Patient stable, no signs of distress. Dressing remains intact, incision site shows increased bruising not consistent with post-operative timeline. No infection markers.\**

At the end of her shift, she typed the notes into the system. Then she printed them. Then she read them again, stared at them, and filed them in the folder she'd been keeping since May. The folder she never showed anyone.

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The nurse's name was Chen, and she wore her anxiety like a uniform—quietly, professionally, where no one could see it moving beneath her skin.

She met Ace at the emergency entrance at midnight, a week later. The phone call had been cryptic—a doctor at County General, who knew someone, who knew how to reach her. Chen had spent three days deciding to make that call. She'd spent one night waiting to see if Ace would come.

She came in a vehicle that looked like it had survived multiple wars and decided to keep going. She parked it at the edge of the lot where no one would notice it, and when she stepped out, Chen understood immediately why people who'd seen her work didn't need to describe her. She was small enough to be deceptive. She moved like something made for precision.

She said nothing at first. She waited.

“Thank you for coming,” Chen said.

Ace's violet eyes tracked Chen's face. “Show me what you have.”

The folder was thick. Seventeen pages of observations, symptoms, timelines, patterns that Chen couldn't quite articulate but couldn't ignore. Ace read through it in the hospital corridor, standing still, her expression empty in the way of someone concentrating absolutely. When she finished, she asked three questions:

“These wounds—do they respond to antibiotics?”

“No. We've tried two rounds. No change.”

“When the complications start—before or after surgery?”

“After. During recovery. And some patients are pre-surgical. Two patients came in with existing wounds, and both showed complications after they were admitted.”

“The three deaths. Do you have their files?”

Chen had them. She pulled them. Ace looked at them for twenty seconds each, not reading—scanning for a pattern only she could see. She handed them back.

“Show me the ward,” Ace said.

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The surgical ward at midnight had the particular quiet of a place where people were trying to sleep despite wounds. Chen brought Ace through the north entrance, and they moved between the rooms with the practiced silence of night shift. Ace stopped outside each occupied room and did nothing visible—no examination, no equipment, just a pause. Her hand would come up, fingers extended, not quite touching anything.

At Room 407, she stopped for longer.

“This one,” she said. A statement, not a question.

“Mr. Dhaka. Post-op day six. The first one I documented.”

Ace stood in the doorway, still. Chen watched her, waiting for the next thing, and understood in that moment that Ace was listening to something Chen couldn't hear.

“Room 413,” Ace said.

“Ms. Perez. Post-op day three. Liver surgery.”

“Room 418.”

“Pre-surgical. Admitted two days ago. Old laceration that wouldn't heal.”

They moved through the ward like this, Ace marking patients with that strange, focused attention. Six. She identified six. Then, in one final pass through the unit, she stopped outside a room Chen had

passed a thousand times.

"This one," Ace said. "Pre-surgical?"

"Admitted yesterday. Vehicular trauma, lacerations to the left shoulder. Surgery scheduled for morning."

Ace was quiet. "He's colonized too."

She turned to Chen. "I need sedation clearance for emergency procedures. And someone who can move fast."

Chen understood then. "You can actually—"

"Can you move fast?" Ace asked.

"Yes."

"Then yes. I can actually."

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They started with Room 407 at 2:17 AM.

Mr. Dhaka was elderly, recovering well before the complications started. Chen had seen his chart, seen the way his family visited in the afternoons and asked careful questions. She administered the emergency sedation—a dose well within protocols for post-operative pain management, authorized under the standing orders for complications. She'd never used the authorization before. She used it now.

Ace didn't wait for Dhaka to fully sleep. She moved to the bedside while he was still conscious enough to register her presence without understanding it, and she opened the surgical dressing with one smooth motion. The abdominal incision was visible—the one that should have been healing. It wasn't.

The tissue around the incision was discolored, compressed somehow, and within the open wound was something moving.

It was small—maybe three centimeters, dense and organic in a way that belonged to nothing Chen's brain could classify. It had texture like exposed muscle, but the color was wrong, the movement was wrong, the \*being there\* was wrong. It sensed the wound opening. It moved.

Ace's blade was in and out in a motion too fast for Chen to follow completely. The thing came out of the incision on the edge of her katana, writhing, and she flicked it into a pre-positioned specimen container. The blade came back, the wound was sealed with a small pack and precise stitching, and then she was moving.

"Next," she said.

Chen was already moving. Room 413. Ms. Perez. The same protocol. The same sedation. The same opening and finding of something that had no right to be healing a post-operative wound.

They worked through four. The entities came out smaller each time, denser, writhing with an anger that might have been instinct. Ace moved like she was performing surgery at the scale of dust, precise to fractions of millimeters.

By the fifth patient—Room 418, the pre-surgical case—something changed.

Chen felt it in the ward's rhythm. A vibration in the quiet. The monitors ticked slightly faster, or seemed to. Ace sensed it too. She looked up from the sedated patient she was preparing.

“They know,” she said.

The sixth entity was already moving when Ace opened the wound. It was trying to migrate—trying to transfer to another host, another open site. Chen understood this with sudden, clear horror: these things had been separate, but they were coordinated. They were communicating.

“Which rooms?” Ace asked.

“Post-op day two, across the ward—”

Ace was already moving. She needed Chen to contain the movement vector, to prevent the migration while she extracted. So Chen did what she never thought she would do: she went into Room 405, sedated a patient who'd had emergency surgery for a perforated ulcer, and while Ace worked in Room 412, Chen kept her body between the open wound in 405 and the patient in 406, a physical barrier. When the migration wave came—a pulse of something moving through the air or through the walls or through something Chen couldn't perceive—it stopped.

Ace extracted the sixth entity from 412, and the brief moment of resistance was gone.

The ward settled.

By 4 AM, six entities were contained. The patients were sedated, stable, their wounds sealed and beginning the process of actual healing for the first time in weeks. Chen checked vitals one by one, confirming what she already knew: they would be fine now.

The seventh discovery was almost a mistake.

Ace was on her way out. The ward was handled. The night was nearly done. But she stopped at the threshold of the pre-surgical holding area—Room 418, the patient with the old laceration. She looked at him once more, and something made her cross the room.

The wound on his shoulder had been present for weeks before admission. It hadn't healed properly. It wasn't surgical in the way the others were—no clean incision, no controlled environment—but it had been open long enough, vulnerable enough. The entity inside it was larger. It had been feeding for longer.

This extraction took longer. The patient barely stirred, sedated already from the pre-operative protocol, but the entity resisted. It had grown, burrowed deeper. Ace worked with more intensity, her movements sharper, and when it came free, it was larger than the others, still writhing, still fighting.

She stepped back.

The pre-dawn grey was starting beyond the windows, the sky going from black to charcoal to something almost alive. The ward was quiet. The night shift continued its work, unaware or pretending to be unaware of what had happened.

Ace walked toward the emergency exit. Chen followed her to the door.

“Will they be alright?” Chen asked. “The patients tonight?”

Ace paused at the threshold. “The ones tonight. Yes.”

She left without explaining what “yes” meant, or what it meant to make that distinction. She moved to her vehicle, and Chen watched her go—this small, violet-eyed woman who'd come into their hospital and solved an impossible problem in the dark of the morning, working without gloves or visible equipment, moving with the kind of certainty that came from understanding something most people would never comprehend.

Chen went back to her ward. She checked the vitals one more time. Stable. Improving already. The kind of improvement that would look, to the day shift, like a sudden and miraculous recovery.

She looked at her notes—the seventeen pages, the observations, the documentation of something wrong that nobody else could quite see. She thought about putting them in the folder she'd been keeping. Then she put them in the recycling.

Some things were meant to be solved in the dark. Some things were meant to be unknown.

She returned to her charts, and the work that felt like healing.

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