The atmosphere is different when I walk in to my next clinic shift. More neikonauts than ever, but now there are more clinicians, too — everyone is milling around, poking at screens, trying to be helpful. The fourth and fifth scanner bays, which have been dormant for as long as I can remember, can be heard whirring in rooms farther down the hall. It seems I’m not the only one here who wants to write that important paper on this new class of debris. But people are strangely deferential to me, and it takes me all night to acclimate to my presence casting shadows, my opinion being the last word.

It’s several hours into this, and I’m running through the intake form with a patient. We’ve started reading the questions aloud, and filling out the form ourselves. This way we hope to coax more information from them, when they can’t just silently check *I don’t know/decline to say.* The new strategy, which began as an offhand idea of mine, has been effective mostly in slowing the line down. It’s around quarter to eight in the evening and almost every seat in the waiting room is taken.

“And the source of the debris?” I ask briskly. The patient, who is from a prop trading firm we’ve never heard of, looks me dead in the forehead. “Black-Scholes? Some kind of differential shellmap? A spectral sieve?”

His eyes go a little wide. Among the clinicians working behind me, a low chorus of eye-rolls and mutters offers the only answer we’ve been given tonight, from employees of no less than seven firms: *It’s proprietary.*

“It’s p–p—pp,” he begins, and then collapses to the ground.

His eyes roll to whites. His face is already faintly blue. A glance passes among the clinicians, our medical pretense stripped away, as we all try to remember CPR. As I reach for him, he seizes with sudden, terrified, strobing alertness. With flailing grasps he reaches for something in front of him, rising half to his feet before stumbling, striking his head on the linoleum, and falling still. All I can really do is clip him with monitors and count his shallow breaths while Yao Tongduan dashes down the hall for a stretcher. The remaining neikonauts look almost as ghostly, because *they* were the mild cases, the ones chatting and ribbing and even making trades in the back of the triage line.

By the time we get him up in the service elevator, some of his coworkers in tow, we can already see a medivac veetle’s green flashers hanging above the skyline. The EMTs who land ask his home ward and, based on this information, two of them begin to triangulate a suitable hospital; the third fits him with an oxygen mask and a readonly electrode net. “Grand mal,” she explains, staccato, leaning over the stretcher. “He’s got a little rupture in the the anterior cerebral artery. *Can I get a fucking terahertz pen?*”

“It’s debris from, we think, a novel spectral sieve,” I begin breathlessly. But she glares at me, in my scrubs and badge, across the neikotic abstraction. To me, the patient’s brain is made of Lam columns and Kasibar recurrences; she knows that it’s made of cells and filling with blood. But his eyes are open, and moving, and I know this could be my only chance to answer the question that’s been driving us crazy all night.

“*Listen*,” I whisper, sidling up to the stretcher and rifling through my bag. I must have it on me, I *must*. “I need you to tell me where you picked this thing up. We’ve got a room full of patients down there. Friends of yours.”

“C-c-can’t...”

Fucking...*there* it is. I hoist Mbetethi’s N-1 lanyard from my rucksack and dangle it in the poor neikonaut’s face.

“Was it this man? Did he sell this to you?”

His bloodshot eyes go wide. “D-d-don’t...”

*“Where?”*

“D-d-do...”

“*Don’t* talk to him!” The EMT hisses at me. She mutters something about *shenjing bing de neikongren* as they heave him into the veetle*.* “We’ll have them call you,” she promises flatly. The craft lurches back off the ground in an explosion of steam and disppears behind curtains of heavy rain. But I have my answer. I read it off the neikonaut’s body, off the gentle, many-looped imprint left behind on his wrist.

Back in the clinic, you can hear necks crack and lungs inflate. You can feel the vortex of silent panic. The undercurrent of playful schadenfreude among the clinicians, the smirks and eye-rolls at the pretension of our city’s caste of profanely psychedelic banker-priests, has disappeared. I hear a new sympathy in Yao’s voice as he calls the next patient into the scanner room.

“Where are you going?” he asks, a moment later, watching me stuff my stuff into my stuff-bag.

“Out,” I mutter darkly. Part of me wants Yao to inquire further, to talk me down. Hell, to come with me. But as much as I try to glower ominously, he completely misreads my tone.

“Oh! Well, I’d say you *deserve* a break!” He looks equal parts surprised and delighted. “Mona Xu. Going out.”