

MEDIC #2/#3 (READ AS ONE)

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INT. OPERATING THEATER

The Being is hoisted onto the operating table. Helen fades into the background as scientists swarm into the theater to look at it. The panicked MEDIC has to shout over the din:

MEDIC

What am I supposed to do now?
Should I give him fluids?

GRANIER

We don't know its physiology. For all we know, the fluids could kill it.

MEDIC

What do I do, then? It's bleeding out. What do I do -- ?

Granier shakes his head, baffled. Helen looks down at the blood on her suit:

HELEN

(quickly, to herself)
Blood.

She calls out to Granier:

HELEN (CONT'D)

Its blood is red. It's oxygenated, like ours --

GRANIER

She's right. Administer the transfusion.

MEDIC

I can't find a vein. It doesn't have any veins!

GRANIER

Subcutaneous, then!

An E.K.G. is attached to the creature. A faint pulse is discovered. Then --

-- the Being begins to go into a seizure.

MEDIC

It's going into cardiac arrest.

A crash cart is wheeled out. More medics crowd around.

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From the shadows, Helen drifts ever closer to the Being on the table, as if drawn to it.

A second Medic applies gel to the Being's chest, then takes out a set of DEFIBRILLATOR PADDLES --

MEDIC 2

Clear.

A jolt of electricity. The Being convulses, and then, suddenly, as if in reply --

-- a SECOND JOLT blasts back through the paddles, SHOCKING the Medic, who drops the paddles. He almost falls over. The bewildered Medics check the defibrillator:

MEDIC

It's dead. Thing shorted it out.

MEDIC 3

Pulse is stabilizing. It's stabilizing.

The E.K.G. confirms it: the Being's pulse is normalizing.

MEDIC

What now, sir?

GRANIER

Surgeons. We need surgeons.

CUT TO:

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INT. OPERATING THEATER OBSERVATION BOOTH

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AN OLD TRANSISTOR RADIO as it's tuned in to a classical radio station. Apparently the Biohazard-suited DR MYRON likes to listen to Puccini as he operates. He selects a gleaming scalpel and goes to work.

Granier and Helen watch in rapt silence, along with a dozen other scientists. Dr. Myron provides color commentary via INTERCOM for the benefit of his spellbound audience:

DR. MYRON

Normally for gunshot we'd be using general anaesthesia, but as we don't know how the, uh... patient will react, I'm opting for a local.

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