

A Stitch in Time

I WALK into the small examining room, and Lucretia is sitting in the corner looking down at the ground, her arms folded across her chest and her ankles crossed underneath her chair. I hold out my hand and say hello. She looks up briefly, then, looking back down at the ground, she begins. "The doctor in the emergency room put 15 stitches in. He told me to get them out in about a week. I been trying to come in, but I been real busy." Then she hands me the instruction sheet from the emergency department and points to the right side of her head. "It's time I get them out."

"Okay," I reply and glance at the sheet. The stitches were placed in early February, almost a month ago. I walk over to her and position the examination lamp over the side of her head. Fifteen crisscross stitches lie in a line across the right side of her scalp, like a row of ants. Around each stitch is a crust of dried blood. I pull a plastic glove over my hand and run my fingers over the wound, feeling the prickly ends of the sutures sticking through her skin. As physicians—touching lacerations, palpating abdomens, pressing armpits for swollen glands—we are often like the blind reading braille, feeling with our fingertips for encoded bits of information that will tell us something of dark worlds we cannot see. There is no evidence of infection below the wound, and the wound itself is neither tender nor warm. I pick up the suture removal kit from the examination table.

Lucretia shifts in her seat and

looks around me toward the door. "Will this take long?" she mutters, rubbing her forehead.

"Just a few minutes. Now turn your head to the side, keep still, and I'll take the stitches out." Removing her sutures will be a nice break in an otherwise hectic day, a simple, straightforward procedure that should take about 5 minutes. When I'm done, I'll be ahead of schedule, and I'll be able to feel a little more comfortable taking my time with the sick child in the next room.

I reposition the examination lamp over her laceration, then grasp the nylon suture nearest her ear with the forceps and gently lift her skin up as I pull on the thread. "How did you cut yourself?" I ask, slipping the scissors under the stitch and snipping the first suture.

"An accident."

I put the crusted suture in the bottom of the empty suture removal kit. Later, if I lose count, I can check the number of sutures I have removed. Her head is turned toward the ground, away from the light. I reposition myself and grasp the second suture with my forceps.

"What kind of accident?" I slip the scissors under the second stitch, snip it, and pull the thread from her skin.

"You know, an accident," she replies, shaking her head. She sounds irritated as she says the word *accident*.

"Please don't move your head," I tell her and reposition the lamp again so that the focus of the light falls back over her laceration. I wipe off some crust from over

the third suture. She begins to wring her hands together. It is clear that she does not want to talk. I try to judge where the boundary lies between providing good medical care and invading her privacy. I step back, and I ask again, "What kind of accident?"

She looks up and stares straight into my eyes. The bright examination lamp is shining from behind her to her right, lighting up her laceration and casting a shadow over the left side of her face. Her sunken eyes peer out as if from a cave.

"I got jumped," she says, holding my eyes for a second; then she looks back down at the floor.

"Do you know who jumped you?" I ask.

"Yeah. . . ." Her voice is quivering. "A friend." She twists her body toward the far wall, stares at the sink, and begins shaking her head. Her legs are crossed at the ankle and tucked tightly under her chair. In the background, I hear the faint cry of an infant in an examining room down the hall.

"A friend?" I ask. She is staring silently at the floor. "Who was it?"

She begins to knead her hands together again. Her eyes are closed. She takes two deep breaths.

"My man," she says and opens her eyes for a moment to look at me, then closes them and drops her head into her hands. "That's who."

I feel her embarrassment and her shame. I question whether I should have pushed her as I did—she only came in to get her sutures taken out, yet perhaps I can help her

in a way she could not have anticipated. Perhaps I can encourage her to get help.

"That must be awful," I reply, not knowing what to say. I hesitate, then continue. "Is this the same man you've been with for a while?" Before walking into the examination room, I glanced at her chart and noticed that 3 months ago she had been treated for gonorrhea. I remember now how, at that time, she felt that she had gotten the infection from a man she was living with.

"Yeah, two and a half years."

I put the forceps and scissors back on the examination table and sit back down in my chair. "Has he ever hit you before?" I ask.

"No. This was the first time," she says, still staring at the floor.

"Are you sure?"

"Yes. . . ." She hesitates again. Her face is wrinkled around her shut eyes. She begins shaking her head and continues, her voice now a higher pitch. "No. It wasn't the first time, but it was never this bad before. This is the first time I needed stitches."

"What happened?"

"He just came in from outside and started yelling. Maybe he was smoking crack, maybe he was drinking. He was pissed off about something. Then he started pushing me. Asking me, why wasn't his dinner ready yet? Then he starts saying, why was I such a whore, was I out whoring or something with my friends, was that why dinner wasn't ready? And I says no, I just got in from work, but he says, 'Work, bullshit. You was out whoring,' and then he tells me, 'You my woman.' And then he turns around and says, 'I'll teach you,' and he shoves me up against the wall. And I says stop it, and he shoves me down on the couch, and he is cursing at me and picks up the lamp on the table and slams me upside my head. The lamp broke into pieces, and I was bleeding, and my son was crying and hitting him and telling him to get away."

I listen as Lucretia pours out her story. As she talks, she is wringing her hands, and her whole body begins to shake visibly. As she contin-

ues to talk, the shaking becomes less severe, and she grows calmer. She needed to tell someone what happened. She needs someone to listen to her.

I sit, shocked, able only to listen. A few minutes earlier, I had walked into the examining room intending to remove 15 sutures. I asked a few questions, and then Lucretia started talking about what was really going on. When I think of the pain that Lucretia is living with, I also think of the hidden pains so many of my patients have. I am often unaware of my patients' pain because I often do not think to ask the right questions. By failing to ask the right questions, I spend my time treating superficial manifestations of underlying illnesses that I don't even know exist, as when I treated Lucretia for bruises 6 months ago and today almost took out her sutures, not suspecting her main problem was that she was being physically abused by her boyfriend.

Lucretia continues. "I grabbed my son and ran out of the house. My head was bleeding, so I ripped off the end of my shirt and held it where he hit me. Then I went to the emergency room and they put in 15 stitches."

"It sounds like that must have been terrible," I say, shaking my head. My words do not convey the emotion I feel. I look at her. Her blue shirt is hanging from her shoulders as she sits slumped over. "How are you feeling now?" I ask.

"Better. It don't hurt no more." Her voice has slowed; she is speaking softly now, looking down at the ground. Then she looks toward the door. "I don't know what to do. I don't know when he is going to hit me again. He's acting fine now. Bought me a new red coat. Maybe he realizes what a stupid thing that was, getting upset over dinner like that." She pauses, looks off to the side thoughtfully, then continues. "I should not have let dinner be so late that night, but I had to do the shopping after work, and there was a long line at the checkout counter. From now on I'll leave more time." She hesitates, looks

straight at me, and continues. "I don't want you getting the wrong impression. He's a good man. It's just . . . sometimes he gets . . . well . . . angry. I don't know why. Maybe it's his upbringing. His dad was an alcoholic. I'm afraid though. I don't know when it's going to happen again. If I watch myself and keep things around the house real good. . . . Maybe he realized now—he is acting nice. . . . Maybe he ain't going to do nothing like that again."

I try to think of a way to explain abuse that Lucretia will understand. I want her to see that what she is living through is not at all her fault and that things will not get better by her hoping they will or by her doing her errands more carefully. She will either need to sever this relationship or somehow convince both herself and her boyfriend to get extensive psychologic help; otherwise, she is going to find herself living through a pattern of abuse that will repeat itself in a series of roller-coaster ups and downs, where the downs will become more dangerous while the ups will remain deceptively smooth and safe.

We talk for about 20 minutes. She is thinking of leaving her boyfriend, but she has no place to go. She feels trapped. She cares for him and isn't sure that she wants to leave him. Perhaps, she says, they can work things out. I try to point out to her that if she wants, there is a way out. Yet I realize that she cannot just walk away; rather, her situation is like that of a wolf caught in a bear trap: before the wolf walks—or limps—away, it must chew off its leg and leave a large part of itself permanently behind. To decide to go through such pain to live must take an enormous instinct for survival. I can only hope to tap some instinct that may still lie deep inside her, whispering with a small voice for her to save herself and her child. I can plant an idea, tell her that options for help are available, so that as she thinks about her situation, she will have some awareness that there is help available if she chooses to seek it.

I give her the phone number

of a local organization for women who are in abusive relationships. The organization provides professional counseling and can set up temporary living arrangements. I warn her not to think that things have suddenly changed because he bought her a red coat and is treating her well this week. I explain that after a man beats a woman, he often feels guilty and may try to treat her especially well for a while. Usually, though, the beatings start again. "Has he abused your son at all?" I ask. Half of the men who batter their wives also beat their children.

"No. He's yelled at him some, but he ain't never hit him. My son used to like him but no more. Now he just tries to stay away from him." She moves nervously in her chair, rubbing her hands on her legs. She continues, "I also been talking to his mother. She says he's on the verge of a nervous breakdown and, if I leave him, she is sure that will be the end of him—that he may go crazy. I can't do that to him."

"Would his nervous breakdown be your fault?" I ask. She is taking responsibility for his problems. She is feeling guilty for his inability to cope, for his mental illness, and by extension, she is feeling partly responsible for the way he abuses her. As long as she takes responsibility for his actions as well as her own, he will not have to take responsibility for his actions, and it is unlikely that their situation will improve.

She shifts again in her chair. "I don't know. I don't know whose fault it is. Some of it's mine. Some of it's his, I guess." Her eyes are red and watery, and she wipes her right eye with her shirt sleeve. Then she looks nervously toward the door. "He's waiting for me outside, and he'll be wondering what took so long. Please take the stitches out. I need to go."

I pick up the scissors and forceps from the examination table. "I'd like you to come back in a week so we can talk some more," I say, knowing that it is unlikely

that she will return. I tilt her head back and focus the examination light over the wound. Her scalp is shining in the light. Silently, one at a time, I grasp each suture, slide my scissors in, snip, and pull the suture out. I deposit each suture in the plastic tray. It takes me about 5 minutes. Then I push the examination lamp away and step back.

"Your scar looks good," I tell her. "Once your hair grows around it, no one will even know it's there."

She looks down toward the ground, then up again, mumbles thanks, grabs her coat, and walks out of the room.

I stare at the doorway she just passed through. From the hallway, I hear, "What took so long, Cre-tia?"

"Don't know," she replies. "Doctor said one of them things was stuck in there real far."

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