NARRATIVE
ESSAYS

The Virginal Speculum and Its Myths

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"All rooms should have: 2 extra virginal, 2 virginal, 8 regular, 2 long," read a note tacked to the corkboard facing me in the clinic hallway.

I stared blankly for a few seconds before realizing that these words referred to the vaginal speculum inventory. My cheeks burned with anger at the idea that "extra virginal" or "virginal" could be referring to a size. I recalled my clinical rotation a few months ago, when the preceptor held up one of the smallest speculums and explained: "This is appropriate for a virgin patient." My anger turned to frustration and disappointment. How could a patient's physiological state be described in the language of sexual purity, a social construct? There is no standard medical or scientific definition of virginity. Furthermore, it implies that the only sex that really matters is heteronormative penile-vaginal penetration.

I did not realize, however, how pervasive this naming convention is in medicine until I did an internet search. Peer-reviewed journal articles and textbooks, many published within the last 10 years, as well as medical supply companies, use "virginal" to describe a small speculum. Clearly the language I encountered during my clinical rotation was not the invention of a single provider or clinic, but was instead a system-wide convention. To my surprise, literature searches by the health sciences librarian and me yielded nothing describing the history or continued use of this naming convention. Any discussion or critique of this damaging practice is absent from the scientific literature.

What I did find, however, were anonymous internet forums where fearful people with vaginas queried the online community about whether their sexual experience could be ascertained from a gynecological exam. Included were people concerned that if a doctor did not use a virginal speculum, they would be identified as having "lost" their virginity and face damaging consequences from their family. For these individuals, a routine gynecological visit, a cornerstone of primary care, is seeded with shame, fear, and humiliation.

Patients' concerns about evaluation of their virginity in a medical setting are, unfortunately, founded. Virginity testing is practiced across the globe, including in the United States, to determine whether people with vaginas have engaged in intercourse, despite there being no physiological basis to virginity.[1,2] The World Health Organization harshly condemns the practice of virginity testing and reiterates that virginity is not a medical or scientific term.[2] Hymen examination (ie, size and characteristics) and vaginal laxity are two features commonly evaluated during virginity testing. Both are extremely poor indicators of sexual intercourse.[1] Hymenal characteristics vary greatly between individuals and with age. Similarly, the size and shape of the vaginal canal varies greatly depending on factors including individual variation, age, hormones, sexual arousal, stress, and physical position. This is consistent with my observation that many multiparous postmenopausal patients in clinic require a so-called virginal speculum. When I shared these findings with several of my peers in medical fields, I was surprised that many of them were unaware that there is no physiological basis to virginity. How can we expect patients to understand this about their bodies if medical personnel are equally uniformed?

Language around sex and purity reinforces an association between virginity and physiology, further conflating social constructs with biology. Sexual lingo, like "tight" and "loose," used to describe sexual experience, is a socially constructed judgment derived from the belief that the value of people with vaginas is their chastity and worth within the confines of marriage. Using "virginal speculum" interchangeably with "small speculum" is essentially a medicalized replication of this moral judgment. It suggests that the body is irrevocably

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marked by sexual experience. Sexual purity is based on subjective, outdated, and pejorative notions of how people with vaginas should act and behave, and continues to be a caustic medium of control and oppression. It has no place in health care, where the focus should be solely on a person's well-being.

As medical providers and trainees, our perceived status and expertise allows us an unmatched ability to define what knowledge is valid. The outrage I felt investigating the virginal speculum is in the power that medical language, and health care providers as purveyors of such language, have to shape how people with vaginas and society at large understand the body. By employing this language, the medical community gives it false legitimacy and infuses moral beliefs about sexual purity into routine medical care, as well as teaches new medical trainees to perpetuate these oppressive social constructs. We must refer to speculums by actual size, as we do with other medical instruments, and explicitly educate trainees and patients alike that there is no physiological basis to virginity. All individuals, regardless of their sexual practices, deserve health care free of social or moral judgment.

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References

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