

GYNECOLOGICAL MEDICO LEGAL EXAMINATION

Establishing virginity: refers to the anatomical integrity of the hymeneal membrane. Such an examination is required by the person involved to prove the truth in case of suspicion of statutory rape, sexual activities with minors, prostitution or seduction.

The examination is performed by the following technique: the person to be examined is seated in the gynecologic position and the examiner - holding both major labii simultaneously with both hands- pulls them upwards and outwards. In this way, the antrum of the vagina opens and the hymeneal membrane becomes visible. The position of the membrane, width, thickness, as well as form and sizes of the hymeneal orifice are to be examined.

The hymeneal membrane is usually of membranous consistency and it is elastic. Rarely, it is muscular, and very exceptionally, fibrous. Its width varies between 2 -10 mm and the hymeneal orifice is usually oval or round.

There are different types of the hymeneal membrane as well: sieve-like, bilobed, with stalactites, septated and even imperforated. The free margin is smooth or sometimes presents some natural incisions. These are rarely symmetrical and are never complete, up to the hymeneal insertion line. Their margins are supple and pink in color - like the mucosa that covers the hymen and vaginal antrum. The natural incisions should be differentiated from scarred old ruptures. The hymeneal orifice has a variable diameter, usually between 0.75 – 1.50 cm.

A narrow and elastic hymeneal membrane with a large orifice (diameter over 1.5 cm), allows a complete sexual act without producing ruptures. This type is called a “complacent/amiable hymen” and will tear only during vaginal crowning of the head of the firstborn.

The anatomic state of integrity of the hymeneal membrane attests to the state of anatomical virginity, in the sense that a complete sexual act with intromission of the penis in the vagina did not take place. There can be incomplete sexual acts, in the vulva and vaginal antrum which, followed by ejaculation, can result in pregnancy. Thus, there can be pregnant virgin women – with a normal conformation of the hymen.

Rape: This is the judicial notion which defines the unconsented sexual act, carried over a female virgin or a female who has been previously deflowered.

Thus, this deed is based on two consecutive elements: occurrence of the sexual act, and lack of consent.

The forensic specialist is not allowed to draw the conclusion of rape, when there is evidence of a recent deflowering. He can reveal injuries which, interpreted in the context of judicial proof, can demonstrate opposition of the victim towards the sexual act, thus lack of consent.

In suspicions of rape it is obligatory to perform a genital as well as a general examination of the victim.

The general examination can reveal injuries (excoriations, ecchymosis, and wounds) as a result of blows, bites or other forms of constraint. The location of the ecchymosis and excoriations, especially on the interior aspect of the thighs and in the vulvar region can demonstrate the opposition by the victim to the sexual act.

The psychological examination is also important because certain psychological disorders or psychiatric diseases can annul discernment and therefore, the consent of the victim.

The local examination refers to establishing the existence of deflowering, which can be recent or old.

Recent deflowering: reveals recent ruptures of the hymeneal membrane. These ruptures, going all the way to the base of insertion to the antrum, have swollen, irregular (torn) and hemorrhagic margins. Their location is most frequently in the inferior half of the hymeneal membrane. It scars in approximately 7 – 9 days.

In a recent deflowering, the following items have to be kept in mind:

- presence or absence of traumatic lesions on the body and their exact description (location, sizes, aspect etc.)
- existence of recent hymeneal ruptures (hemorrhages, edema, sensitiveness of the membrane)
- vaginal secretion sampling to reveal spermatozoids (positive sign of sexual act)
- consequent venereal contamination or pregnancy
- examination of the underwear to find sperm or pubic hair
- exam of the aggressor (when known), looking for:
 1. injuries produced by the victim
 2. traces of sperm and hairs on the lingerie
 3. blood or hairs in the balaneal groove

The presence of hairs requires a comparative examination of the pubic hair or the victim and the aggressor.

Location of the hymeneal rupture(s) is described by comparing the hymeneal ring with the dial of an imaginary watch.

Old deflowering: reveals old, scar-like ruptures. Their margins are rounded, pinkish-white.. They need to be differentiated from natural incisions described earlier. Since rape does not necessarily imply a recent deflowering; in such cases the following items are relevant:

- signs of opposition of the victim: injuries on the body and limbs
- positive signs of consummated sexual act: spermatozoids in the the vaginal sac

MEDICO LEGAL EXAMINATION CONCERNING OF PREGNANCY AND STERILITY

Pregnancy state: constitutes the object of the medico-legal examination in cases of rape or incest, during divorces or following requests for postponing or suspending punitive imprisonment. The examination is performed in collaboration with gynecologists and first trimester pregnancies are checked by laboratory determinations. The expert should answer the following problems:

- if the woman is pregnant
- age of pregnancy
- if the pregnancy has a normal evolution

Sterility: is mostly requested in divorce or paternity suits. The diagnosis is based on clinical and laboratory elements and is performed only with the collaboration of specialists.

MEDICO LEGAL EXAMINATION CONCERNING SEXUAL IMPOTENCE

Male impotence is mostly relevant in divorce and paternity cases, but also in rape or incest allegations.

Female impotence reffers to the incapacity of cohabitation and it is a rare occurence. Very rarely, the woman states that she cannot accept her husband, due

to painful intercourse; the cause is most frequently represented by vulvo – vaginal inflammatory , or by constrictive, scarring modifications.

Incapacity to procreate is seen more frequently and it is due to utero – falopian disorders which prevent spermatozoids' access to the ovum, anexial disorders that contributes to sterility or ovular disorders that render them ineffective for fecundation.

In men, the expertise concerning sexual impotence is requested most frequently in cohabitation or procreation cases, but also in rape and incest cases.

Impotence of cohabitation recognizes:

- erectile disorders – due to organic, penian disorders; chronic intoxications (alcoholism), endocrine disorders, cerebro-medullar disorders (sequelae after cerebral, medullar traumas etc.);
- Psychiatric disorders such as: neurosis, asthenia, anxiety, etc.
- male frigidity, which can be generated by psychiatric diseases or hormonal dysfunctions
- ejaculation disorders: testicular diseases, urethral disorders (strictures), psychiatric disorders

Impotence of procreation surmises the following problems:

- disorders which prevent evacuation of sperms (aspermia)
- disorders which lead to lack of spermatozoids in spermatic liquid (azoospermia)
- diseases in which spermatozoids are dead (necrospermia)

Examination of the spermatic liquid is performed in the bioserology or criminalistic laboratories of the forensic institutes.