

Introduction and Historical

Introduction and Historical Overview

Introduction

The pelvic examination is the most basic maneuver in the evaluation of problems involving the female genital tract. A complete examination includes inspection and palpation of the external genitalia; speculum examination of the vagina and cervix; bimanual examination of the cervix; uterus and adnexae; and rectovaginal examination. Performing a good pelvic examination is a prerequisite for doing a Papanicolaou (Pap) smear, collecting vaginal and cervical secretions, and carrying out colposcopy and endometrial biopsy. Click on the preceding highlighted procedure names for more information about those procedures. The American College of Obstetricians and Gynecologists recommends pelvic examination yearly when a woman is sexually active, or by age 18 ([ACOG](#)). It is also indicated in cases of sexual assault or when there are symptoms such as vaginal itching, discharge, dysfunctional bleeding, or pain. Women who do not require annual Pap smears may still benefit from regular pelvic examinations. This is especially true for older women who are at increased risk for ovarian and uterine cancer.

The examination is also important to evaluate less dire but uncomfortable and treatable conditions such as pelvic prolapse, atrophic vaginitis, and incontinence. [Click here](#) for more on indications for pelvic examination.

Ancient speculum recovered from Pompeii. From Leonardo RA: *History of gynecology*, Plate II, New York, 1944, Theo. Gaus' Sons, Inc.

To preserve modesty, vaginal examinations in the 1800s were at times performed with the patient clothed and standing. From Doane: *Magriet's midwifery illustrated*, New York, George Gregory, 1853.

Historical overview

Documented history of gynecologic illness dates back to about 1550 BC with the papyrus of Ebers, which contains references to diseases of women. First use of a speculum for gynecologic purposes dates back to Pompeii ([Encyclopaedia Britannica](#)). In the 1800s, examination of the female genitalia was viewed as immodest and immoral. Charles D. Meigs wrote in 1848, I hope the day is far distant when the spectacle shall be seen in our hospitals, of troops of women waiting in succession for a public examination of their genitalia, in the presence of large classes of medical practitioners and students of medicine... He is but the pander of vice who parades his thousands of uterine cases before the public gaze..., and in 1854, I confess I am proud to say that in this country generally, certainly in many parts of it, there are women who prefer to suffer the extremity of danger and pain rather than waive those scruples of delicacy which prevent their maladies from being explored. In the 1870s, Howard Kelly was advised to look at the ceiling while doing a vaginal examination in order not to embarrass the patient ([Ricci](#)). Until recently, gynecologic disorders were detected by gross symptoms of advanced disease and had limited treatment options. It was not known that a woman could have serious gynecologic illness without manifesting symptoms ([Encyclopaedia Britannica](#)). This thinking began to change by the early 1900s, and medical care practitioners were subsequently urged to detect disease in earlier, presymptomatic stages. Periodic health screening was first proposed in 1861 and later presented to the American Medical Association. Advances in public health had reduced the impact of communicable diseases such as cholera, so that screening for other diseases seemed reasonable. By the 1900s, physicians affiliated with insurance companies had proposed that periodic health examinations would detect early disease for either treatment or cure. They believed that life insurance policyholder's would thus have a prolonged life expectancy and that their insurance

companies would become more profitable. Doctors promoted the examination, and it became widely accepted among the general public ([Charap](#)).