'THREE FINGERS ARE APPLIED TO THE ARTERY': PULSE ASSESSMENT IN LATE-EIGHTEENTH CENTURY EUROPE

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Individual paper

Overview of topic: This study examines the principles of pulse assessment in late eighteenth-century Europe. During this period, pulse assessment became an 'indispensable' nursing skill due to the increasing complexity of medical care and treatments. Physicians such as Joseph-Barthélemy-François Carrère, identified nurses needed education regarding physical assessment skills so that they could appropriately recognize and act on patient deterioration. In order to address this need, Carrère's instructional guide, *Manuel pour le Service des Malades (Manual for the Service of the Sick)* was released in 1786. The guide proved so popular it was soon translated and adapted to other European countries including Italy, Germany and Spain. Fourteen pages of the guide were dedicated to pulse assessment.

The historiographical literature on the topic: While considerable research exists about several groups of pre-professionalized European nurses (e.g., Siobhan Nelson's extensive scholarship on the Daughters of Charity), the clinical practices adopted by such nurses remains underexplored. This study provides unique insights into one aspect of quotidian clinical practice: the evolution of pulse assessment.

Methods: Historical methods with a cultural framework are used in this analysis. Primary sources include a digitized copy of *Manuel pour le Service des Malades* and an English translation of the text. Other primary and secondary sources, including a Spanish adaptation of the text, are used to support and contextualize the interpretation. The key themes are then compared to contemporaneous practice.

Summary and implications: Nurses not only learnt the psychomotor aspects of taking a pulse, they were also educated on basic physiology and interpretation. Nurses were expected to perform pulse assessments several times throughout the day in accordance with the treating physician's orders. The nurse could also self-initiate an increased frequency of assessment if they were concerned about the condition of a patient. While palpating the pulse, the nurse was required to observe its rate, rhythm and quality. Their interpretation of these observations took into account the patient's age, gender and activity level, with any deviations from the expected findings being reported to the physician. This study highlights that our predecessors' theory and praxis of pulse assessment are comparable to many aspects of current practice. These findings improve the profession's knowledge about the origins of this fundamental nursing skill.

If applicable: Inclusiveness is promoted by offering a non-Anglo-American historical commentary on the development of clinical nursing practice.