Regarding Mrs. Chase

Recently, a new family of simulation mannequins arrived at our school. Marveling at the computer-based technology that allows today’s “SIM-dolls” to reproduce normal and abnormal lung and heart functions in computerized scenarios, I recalled my school days in the 1980s when “Mrs. Chase” was the object of considerable attention, not only as a teaching tool but as a prop for clandestine skits. At the time, I assumed she was a fairly modern invention. Not so. Mrs. Chase has been a central part of nursing education for a century now. Her 
raison d’être is the same now as then: to allow students to practice skills without inconveniencing or harming patients.

The first Mrs. Chase doll was tested at the Memorial Hospital in Pawtucket, Rhode Island, in 1911 (Herrmann, 1981). Ms. Lauder Sutherland, graduate of Toronto General Hospital and principal of Hartford Hospital Training School in Connecticut (1905–1918), birthed the idea of teaching mannequins. In 1910, she contacted the M.J. Chase Company of Pawtucket, to see if they could use their internationally recognized doll making skills to develop a proxy patient. Doll maker Martha Jenks (M.J.) Chase and her husband Julian made patterns for the 5 feet 4 inch doll, whose features included jointed limbs. Used first at the Hartford Hospital, “Mrs. Chase” became popular after a demonstration model was displayed at a nurse’s convention in St. Louis in 1914. This new, improved Chase mannequin was the first model to have an arm injection site, and an internal reservoir for urethral, vaginal, and rectal treatments (Herrmann, 2008).

The first baby Chase mannequin was crafted in 1914; the first male in 1940. Mrs. Chase became a staple of nursing education in America, Europe, Asia, and Latin America. In 1923, American nurse Anna C. Jamme noted about China, “I found with few exceptions good classrooms and equipment for teaching, such as charts, skeletons, a Chase or a homemade doll” (Jamme, 1923, p. 666). Almost a quarter century later in the chaotic postwar years, American nurse Frances Schlosser wrote about the rehabilitation of a hospital and nursing school in central China, “And, then on November 1...after traveling for days on river boats and rafts, the first junks arrived with their precious cargo of nurses, students and equipment. With them came their battered Chase doll and the school’s precious skeleton” (Schlosser, 1947, p. 532).

A nurse writing in 1939 presents Mrs. Chase as a sawdust-stuffed, adult-sized doll with a cameo face painted into a bland expression (Price, 1939). After 20 years of enduring daily baths, enemas, splints, injections, and shampoos, “The leather on my face,” wrote Mrs. Chase’s fictional autobiographer “was rough and spotted. My arms and legs were full of holes made by hundreds of hypodermic and hypodermoclysis injections. My abdomen was seared and burned by the application of hot turpentine stupes. My back was warped from many alcohol rubs. I had been prepared for so many different operations, and treated for so many ailments that my resistance was lowered to practically zero” (Price, 1939, p. 27). By the time the M.J. Chase Company was sold in 1981, Mrs. Chases worldwide had assisted nurses in honing clinical skills and paved the way for a new generation of mannequins to help teach assessment and critical thinking.

Caring for Mrs. Chase and her descendants has been an integral part of nursing education for a century. At its core is a respect for the human body, and for personhood. It matters that Christians view persons as Image Dei—made in the image of God (Genesis 1:26–27). Nursing Mrs. Chase, perhaps paradoxically, is a reminder of the value of being human, and the value of human beings.