

The Boss

Surgical great Frederick Amasa Coller: “What I’m teaching is judgment.”

BY JAMES TOBIN

SURGERY AT MICHIGAN WAS RULED in the middle of the 20th century by a chain-smoking veteran of World War I named Frederick Amasa Coller. Everyone except his closest colleagues called him “The Boss.”

Coller was raised in South Dakota, though his parents, grandparents and great-grandparents had all been born in Michigan. (His father, an 1880 graduate of the Medical School, practiced until he was 90.) As a Harvard-trained surgery resident at Massachusetts General in the early 1910s, Coller was spotted as a rising star by Hugh Cabot, M.D., a major figure in urology. When Cabot arrived at Michigan, he remembered Coller and offered him a job.

Cabot was reconstituting the U-M medical faculty with full-timers — a new regime to replace the old, in which each specialty had only one full-time professor supported by part-timers who practiced in town.

Dean Cabot himself was the nominal chair of surgery, but the deanship kept him busy, and Coller’s combination of brains, charisma and good fellowship made him the chair in all but name long before he got the title in 1930.

He built a prodigious record of research, but he made his greatest mark in the teaching of residents.

Before Coller’s era, residency programs followed the model of Johns Hopkins, which trained only a few future academics, the most brilliant in their fields. It was a pyramid — a slippery slope with room for only a tiny elite at the top.

Coller, by contrast, imagined residency as a rectangle, with many good prospects offered a chance and most of them rising to success. This was especially appropriate at Michigan, he argued, because a medical school supported by the public owed a debt to its state, to be paid in the form of well-trained doctors helping patients in every community.

He picked residents not so much for sheer brainpower as for the ability to acquire knowledge on their own. He looked for good character and high potential in each resident, he said, “then I let him train himself with what help I could offer.”

Coller’s residency was no easy path. He expanded the surgical program to five years, with three years in general surgery and two in a specialty, and he insisted that residents increase their knowledge of basic science well before specializing. But in return he became his residents’ chief loyalist and ally. They were always included at dinner parties at the Coller home in Ann Arbor’s elegant Ives Woods neighborhood — the chairman entertained with old-time favorites on the zither, especially after a shot or two of Early Times Kentucky Whisky — and he bent over backwards to make them feel comfortable.

He never bent farther than one evening when a resident stole a bottle of Scotch from Coller’s bar and hid it under his overcoat. Just as the young physician was shaking Coller’s hand and backing out the

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Frederick Collier

door, the bottle fell to the floor and smashed to pieces. “Oh, my poor boy,” Collier said, “let me get you two others” — and he went to the bar and did so. Apparently Collier’s judgment of character had fallen short in this case. But his soft response must have cut deeper than any direct reprimand would have.

The Boss’s solicitude for his residents’ feelings melted away in the hospital, especially on Wednesday evenings, when he conducted grand rounds. On those occasions, “if you were not careful,” one of his charges remembered, “you might be thrown to the lions... You had to know about your patients, all about them, not only their disease but who they were and what they did. It was ‘why’ first and then ‘how.’ All the time you could feel those penetrating blue eyes looking for any mistake, inaccuracy, inexactitude... Some of it may have seemed cruel, but never disloyal or unjust, and you would sit down a humbler man.”

He was a stickler for precise English. If a student said a patient was “inoperable,” Collier would say: “You can operate on anybody who will hold still. What you mean is

that the lesion was unresectable, not inoperable.”

Collier liked to say he was a family doctor who happened to do major surgery, and indeed he was a true generalist at a time when specialists were beginning to crowd the field.

He once demonstrated his all-around prowess before an audience of visiting surgeons. A tubercular patient was scheduled for a one-stage total pneumonectomy with Michigan’s great thoracic specialist, John Alexander. But Alexander took sick on the eve of the operation. His colleague, Cameron Haight, who was not only qualified but distinguished, prepared to step in. But the patient’s family requested the department’s “head man.” Collier had never performed a pneumonectomy, but he said he would do it, with Haight’s assistance. Haight wound up doing no more than holding a retractor.

“I can take a bum off the streets and make a good operating technician out of him in six months,” Collier would tell residents. “What I’m teaching is judgment.”

As a governor, then president, of the American College of Surgeons, Collier helped to raise national

standards in residency and pushed for residents to be allowed to work outside academic hospitals — though still under academic supervision — to gain more experience and improve patient care.

At the height of his career he was regarded as one of the world’s preeminent surgeons. So Collier’s departure from the faculty in 1957 was especially bitter and sad. The rules required retirement at 70; Collier felt his case warranted an exception. He lost a battle to stay on that no one had wanted to fight.

Nonetheless, he was showered with awards and accolades, and the Frederick A. Collier Surgical Society, founded by his former residents in 1947, is still going strong long after Collier’s death in 1964. The society today is an enduring testament to its namesake’s example and influence, seeking to perpetuate Collier’s devotion to the patient and to further his high ideals in medical education.

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Sources include *the Frederick A. Collier papers at the Bentley Historical Library and James O. Robinson, Frederick Amasa Collier: His Philosophy, Surgical Practice and Teachings* (1987).