

## F M Alexander and Dr Scanes Spicer



Dr Robert H. Scanes Spicer, Rhinologist at St Mary's Hospital, Paddington. *Vanity Fair*

### 1904 Sydney, Australia

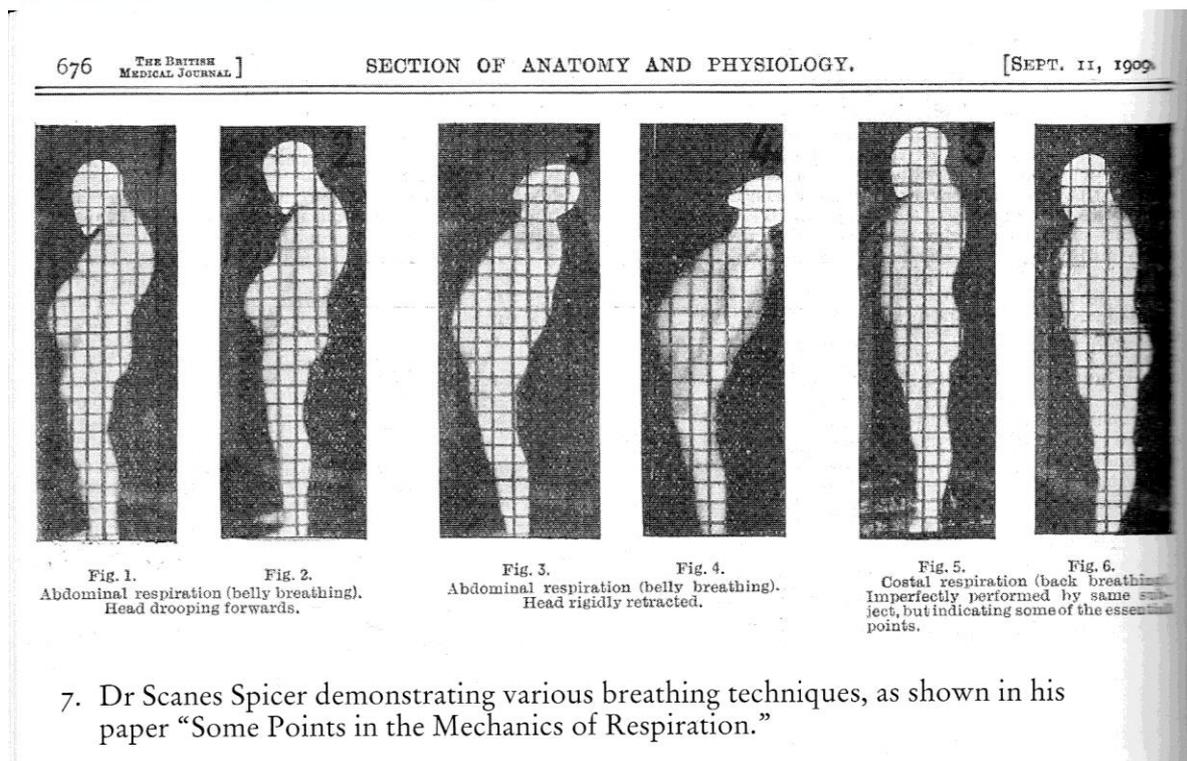
Dr Brady (Throat and Nose Specialist in Sydney) gave FMA a letter of introduction to Dr Scanes Spicer.<sup>1</sup>

### June 1904 FMA in London

### August 1909 Spicer lecture [1]

In my reply I demonstrated very completely a charge of plagiarism against him.

### BMJ September 11, 1909



<sup>1</sup> L&A, p. 108

He [Dr Spicer] describes these photographs as those of a pupil who is gradually acquiring a proper position after being for many years a “belly breather.” As a matter of fact these photographs are portraits of Dr Scanes Spicer himself, and his own statement would appear a sufficient indication that he does not consider himself an efficient exponent. . . .

*Veiled reference to Dr Spicer’s son[?]:*

The boy of twelve or fourteen never dreams that his father’s protruding stomach is anything but the condition proper to middle-age, and often, doubtless, figures to himself the time when he will arrive at the same condition. The time will come when such things as these – I refer to the abnormality of the father – will be considered a disgrace.<sup>2</sup>

## **January 9, 1910 Spicer lecture [2]**

### **April 1910 ‘A Protest’<sup>3</sup>**

To be flattered by imitation, however sincere that form of flattery may be . . . may prove a cause of embarrassment to him who is flattered.

My embarrassment on the present occasion is due to a lecture delivered by one of my pupils – Dr R. H. Scanes Spicer.

. . . I have just cause for complaint in the fact that Dr Spicer should assume the credit of my ideas without a word of acknowledgement. More than this, that he should make slighting references to . . . teachers without a medical degree.

I cannot think it possible that Dr Spicer could even claim to be a teacher of voice-production. He has had no practical knowledge, no professional experience as an actor, a public singer, reciter or elocutionist, experience which is absolutely necessary for any man who is to become a capable instructor of the art.

Dr Spicer recommends ‘that the principles he advocates should only be taught by qualified medical men and not be “exploited by some irregular hypnotists,

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<sup>2</sup> *BMJ* Sept 11, 1909 in *A&L*, p. 165 opp.

<sup>3</sup> ‘A Protest against certain Assumptions contained in a Lecture’ *A&L*, pp. 107-118

suggestion healers, physical and vocal trainers . . . [i.e. without theoretical knowledge].

Every sound method of respiratory re-education, physical culture and voice training must be taught as an art and can be taught only by an artist who alone is able to comprehend an art and to pass on his comprehension to the neophyte. (*Articles and Lectures*, pp. 107-108, 115)

## October 1910

*Man's Supreme Inheritance* (1910) published [Bloch, p. 59].

### Reading from *MSI* (1918), Mouritz, p. 14 (7 May, 2020)

#### *Correct attitude to physical exercises*

The need for a *correct attitude* when doing physical exercises. These are some of the “evils” (ideas and preconceptions) that we have to recognise in ourselves and our pupils as obstacles to learning. Otherwise, sooner or later, if we persisted in the physical exercises we will gradually develop defects which will “counterbalance and finally outweigh the benefits we have admitted”:

1. *A Defective Kinaesthetic System.* Experience has proved to us that the conditions present when he took up the exercises go hand in hand with an incorrect and defective kinaesthetic system. The mere performance of physical exercises could not give him a new and correct kinaesthetic sense [“register of muscle tension”] in connection with the use of the mental and physical organism in his acts of everyday life.
2. *Erroneous Preconceived Ideas.* [*Incorrect Preconceptions and Ideas*] It is impossible for me to set down the myriad dangers with which he is beset in consequence of erroneous preconceptions during his daily practice on “physical-culture” lines. [Beliefs such as , no gain without pain.]
3. *Defective Sense-Registration and Delusions.* [*Unreliable Sensory Appreciation*] “This serious defect is in practice linked up with erroneous preconceptions resulting in mental and physical delusions which are far reaching and dangerous.”
4. *Defective Mental and Physical Control.* We are unable to follow a new instruction, such as when the teacher asks the pupil to “Let me move your arm.”
5. *Defective Inhibition.* The practical teacher finds all pupils more or less hampered by lack of inhibitory control, the possession of which would make re-education and co-ordination from the pupil's standpoint comparatively easy. [Pupils are too quick to react and follow a new instruction. They forget to ‘stop and think’.]
6. *Self-Hypnotism.* This very serious and all too common evil has not been attacked on a practical basis. . . . People will tell you they can think better by closing their eyes. This is a prevalent form of self-hypnotism, self-deception, and produces a state of dreaming which is particularly serious because

it is a harmful condition assumed consciously. The ordinary dreamer falls into this condition unconsciously.

7. *Cultivated Apprehension*. This is probably the most serious condition which we cultivate. [We persuade ourselves that we can't do something. In a lesson, after conditions have been improved the pupils is asked to move her arm of to stand up. The reply is, "I can't because it will hurt", or "I can't get up (or I can't take a step) from this position."]

8. *Prejudiced Arguments and Attempted Self-Defence*. The real weakness and shallowness of human nature is shown in this connection in a way which is uncomplimentary to our intellectual pride. [Even when we know we must be wrong, our emotional and sensory 'feeling tones' dominate over our rational thinking. We dig our heels in and react defensively.]

MW