

Lessons from History

When treating patients who are performing artists, it is helpful—and often essential—to have more than a passing familiarity with the artistic behavior that may be responsible for the medical problem. In fact, the accumulation and application of this nonmedical knowledge is the very *raison d'être* for the specialty of performing arts medicine.

The attraction of performing arts medicine for many of us stems from our own background in the arts, whether it be childhood music lessons or professional performance. The special entree into the arts that derives from our own personal experience provides us an opportunity for vicarious reentry into this special world. However, although past education and exposure are genuinely helpful, in most instances they provide only a limited, personalized view of the art form.

Performing artists are trained by teachers whose own training was diverse and unregulated and who, by and large, advocate the same multiplicity of pedagogical methods and philosophical schools from which they emerged. The resulting teaching methods are widely divergent and the potential risks for injuries associated with each are unpredictable. In addition, each teacher will put his or her own stamp on the method used, and it is important to know these details in order to assess the specific physical stresses to which our artists are subjected.

If it is our credo that an understanding of the activity not only sheds light on the etiology of the medical problem but also dictates the individual therapy and rehabilitation, then it clearly behooves us to extend our knowledge of performance methods and styles beyond our personal past experiences. There are a number of

different ways to accomplish this that can complement one another. Far and away the most exciting and dynamic approach is to observe teachers and students in master classes. Opportunities for attending these sessions are increasingly available for the public, and information about them is available from conservatories, universities, music festivals, and arts promoters of many descriptions.

Although its results are generally biased, another method is to use patients as a resource. It is helpful to ask about the technical aspects of their performance, about problems that have been identified, and about solutions that have been discovered.

Finally, there are many treatises on pedagogical theories to be perused, even if not read word by word. Some of these are classics, e.g., Leopold Mozart's *Fundamentals of Violin Playing* or the more recent work of Ivan Galamian. Others are controversial but nevertheless instructive. Whereas medical personnel need not become experts in the minutia of artistic technique, reading these texts is perhaps the most accurate way to gain an appreciation for the wide variety of approaches to helping performers attain specific artistic ends.

In almost any field, whether medicine, law, politics, education, religion, or the arts, current values and practices do not arise *de novo* but are a consequence of what has gone before. Most current artistic pedagogy has evolved from previous teaching methods, whether as a continuation of or a reaction against. In order to appreciate teaching methods currently in vogue, it is instructive to look at their roots. A case in point is an essay written in 1886 by A.R. Parsons, a pianist and educator of that time, which appears elsewhere in this issue

of MPPA in an abridged and edited version. It is presented in the hope that our readers will find it amusing as well as interesting and educational.

In many ways the most dated characteristic of Parsons' article (which appeared in the 1886 *Annual Report* of the Music Teachers National Association) is its language. Although stylistically somewhat humorous, much of what the author says is right on target and equally applicable today as it was more than a century ago. Although I readily admit to being prejudiced in this matter, I found Mr. Parsons' plea for what we now refer to as "a liberal education" timely advice that fortunately—if belatedly—is being introduced into the curriculums of many conservatories.

Most familiar is Mr. Parsons' admonition that preparation for practice is a combined mental and physical process. As I'm sure is true among my colleagues, a great deal of time is spent with our musicians/patients stressing this very point, including specific instructions as to how the preparation may be undertaken. One wonders if Mr. Parsons may have been as frustrated in 1886 as we frequently are in 1992 by the same deaf ears that receive this good advice!

This essay also includes a discussion of several assistive devices for keyboard teaching, including the metronome. The one device Mr. Parsons discusses at greatest length is "the Technicon." We have been unable to uncover much in the way of a detailed description of the Technicon and its use, other than what appeared in a brief journal advertisement from this period and a short paragraph in *Grove's Musical Encyclopedia*. Suffice it to say that this was a mechanical device introduced in the last quarter of the 19th century and patented by a gentleman,

apparently himself a piano teacher, named Brotherhood. The object of the Technicon was to strengthen the extensor muscles of the finger (i.e., those used in lifting the finger off of the key) in recognition of the fact that keyboard players may be hampered by the characteristic inequity in the strength of the flexors versus the extensors. The machine was equipped with a number of springs, each of which could be individually adjusted to provide different degrees of resistance to the extensors. (The Technicon owed something to another device of the time, known as the "Digitorium" and developed by a man named

Myer Marks. This machine was more involved with stretching of the fingers and happily was not recommended by Mr. Parsons.) Based on the description in this essay, the Technicon sounds uncomfortably reminiscent of the device used by Robert Schumann, which, far from being therapeutic, had such disastrous consequences on his pianistic career. All in all we can be grateful that both of these devices are, themselves, history.

The most interesting aspect of this essay is that so many of the points raised have endured as current concerns. Presumably, there were a sufficient number of musicians with

problems to justify Mr. Parsons' addressing the issue of practice methods. Reading this and other historical articles on teaching and performance in the arts does not replace the need for being familiar with current methods of teaching and research. However, this kind of historical view certainly provides a different context in which to consider the medical problems of 1992. Although the awareness on the part of the medical profession is new, the insight of the musical profession about their hazards is old. Once again, "there is nothing new under the sun."

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